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Analytical Support
on the Socio-Economic Impact
of Social Protection Reforms

Annual National Report 2012

Pensions, Health Care and Long-term Care

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GVG

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List of Abbreviations

	Turkish	**English**
ASAG	Aile ve Sosyal Araştırmalar Genel Müdürlüğü	General Directorate of Family and Social Survey
ASPB	Aile ve Sosyal Politikalar Bakanlığı	Ministry of Family and Social Policies
ÇSGB	Çalışma ve Sosyal Güvenlik Bakanlığı	Ministry of Labour and Social Security
EGM	Emeklilik Gözetim Merkezi	Pension Monitoring Centre
GDP		Gross Domestic Product
GIB	Gelir İdaresi Başkanlığı	Revenue Administration
GSS	Genel Sağlık Sigortası	General Health Insurance
HM	Hazine Müsteşarlığı	Undersecretary of Treasury
KB	Kalkınma Bakanlığı	Ministry of Development
OECD		Organisation for Economic Co-operation and Development
SB	Sağlık Bakanlığı	Ministry of Health
SGB	Maliye Bakanlığı Strateji Geliştirme Başkanlığı	Ministry of Finance Department of Strategy Development
SGK	Sosyal Güvenlik Kurumu	Social Security Institution
SHÇEK	Sosyal Himetler ve Çocuk Esirgeme Kurumu	Social Services and Child Protection Institution
SSK	Sosyal Sigortalar Kurumu	Social Insurance Institution
SYDV	Sosyal Yardımlaşma ve Dayanışma Vakfı	Social Aid and Solidarity Fund
SYGM	Sosyal Yardımlar Genel Müdürlüğü	General Directorate of Social Assistances
TTB	Türk Tabipler Birliği	Turkish Physicians Union
TUED	Türkiye Emekliler Derneği	Turkish Pensioners' Association
TÜİK	Türkiye İstatistik Kurumu	Turkish Statistical Institute (TurkStat)
YPK	Yüksek Planlama Kurulu	Higher Planning Committee

1 Executive Summary

Pension: One of the most important problems in the Turkish pension system constitutes the collection of contributions. A restructuring of contribution debts and a partly contribution amnesty for debtors to the social insurance system were implemented by Law Number 6111 in 2011. Nearly 2.1 million contribution debtors applied to SGK in order to restructure debts amounting to a total of TL 34.5 billion. Due to contribution amnesty for debtors contribution collection has increased. Turkey has started to combat unregistered employment and contribution evasion with the help of a social security reform that includes measures such as contribution incentives, strengthening of the inspection system, cooperation between public institutions and SGK, campaigns aimed at increasing awareness about the benefit of registered employment. The implementation of these measures, in conjunction with a stable economic growth rate, has reduced the unregistered employment rate for employees dramatically from 33% in 2005 to 26% in 2011. These developments have reflected positively on the pension system, as they resulted in an increasing number of insurees as well as higher contribution revenues. Transfers from the state budget decreased from 4.9% in 2010 to 4.1% in 2011. SGK was restructured by Law Number 665 in 2011. Two new general directorates with a number of main departments were established, the General Directorate of Pension Services and the General Directorate of Social Insurance Contributions. Thus, the pension services and the collection of contribution were separated from each other.

In 2012, a fair adjustment system in pensions is planned to be gradually implemented. This appears to be an important step in terms of pension adequacy. Moreover, pension amounts have been rising above inflation rate for the first time since 2002. However, the means-tested old-age benefit amounts and the poverty threshold are still too low. Therefore, effective cover for the old-age population is not provided.

Health Care: Since 1 January 2012, green card holders are also covered by the general health insurance system, which now finally covers the whole population. It is estimated that public health expenditure decreased from 4.5% of GDP in 2010 to 4.4% of GDP in 2011, due to cost control measures such as reducing prices for drugs and the implementation of a global budget. However, with Law Number 6270, co-payments for insurees were increased in order to prevent unnecessary medical treatment and drug use. In addition, SGK has been authorised to determine a range of health care services which are not to be financed by the SGK (Law Number 6270, Article 9). This might lead to a decrease in public health expenditure in the coming years. With Law Number 663, important reforms in the health care sector were made in November 2011. These include restructuring the Ministry of Health, granting work permits to foreign doctors and nurses, establishing public hospital unions and establishing tax free zones especially designed to enhance biomedical industries.

Long-Term Care: In Turkey, no long-term care insurance exists for the elderly at this point, and there are not enough care facilities to meet the demand in numbers. Instead, it is expected that elderly people are cared for within their families. In order to support families on low incomes caring for disabled people, a tax-financed programme was introduced in 2005. Irrespective of age, a means-tested monthly payment of the net minimum wage is paid by the Ministry of Family and Social Policies (ASPB)to the family member caring for a disabled person in need of care living at home. If the person is cared for in a care home, a payment of double the minimum wage is paid by ASPB. Elderly people can, obviously, also benefit from this system. The number of people benefiting from the system had reached 339,186 by September 2011. However, this system does not cover middle and high-income groups. It is planned that a long-term care insurance will be established in the coming years. Another current problem in the long-term care sector is the lack of qualified workers. Another new development is the introduction of health care services at home for disabled people.

With this implementation the Ministry of Health (SB) aims to ensure that disabled patients requiring health care services are treated in their homes in a familiar environment, whenever it is possible to deliver the necessary medical care and rehabilitation services outside a hospital environment, which shall reduce the number and duration of hospital stays.

The role of social protection in promoting active ageing

Turkish labour and social security laws have a number of provisions that discourage active ageing. Social security legislation excludes unpaid family workers and home-based work performed by family members, as well as unpaid work in agriculture, which all lie outside the scope of compulsory social insurance. On the other hand, volunteers are obliged to pay contributions, except in the agricultural sector. There is no long-term care insurance system in Turkey. Elderly people are cared for by their families. If a family's income is below the poverty threshold, the Ministry of Family and Social Policy provides social assistance to caregivers or payments to care centres. It can be said that there has been a shift in the political priority, away from institutional care towards an increase in home care provision.

2 Current Status, Reforms and the Political and Scientific Discourse during the previous Year (from 2011 until February 2012)

2.1 Overarching developments

General election was held on 12th June 2011 in Turkey. The Government Party (AKP) obtained a share of nearly 50% of total votes and thus won the general election a third time. Therefore political stability has continued. The new period in office has begun with new constitution debates. The Government Party has promised to draft a new "civilian, participatory and more libertarian constitution" before the next general election. The Turkish Parliament has founded a constitution commission by the end of 2011 in order to prepare a new constitution draft. GDP increased by 8.9% in 2010, and it is estimated that the economic growth rate is 7.5% in 2011. In addition, the unemployment rate decreased from 14% in 2009 to 9.1% in October 2011 (see Table 1)**.** The number of social security insurees increased from 8,362,290 (February 2008) to 11,078,121 in October 2011 (SGK, 2011/a), resulting in a rise in contribution revenues. Moreover, the ratio of social security transfers from the general budget to GDP decreased from 5.5% in 2009 to 4.1% in 2011, thanks to the increased numbers of insurees and restructuring of contribution debts and payment facilities by Law Number 6111 (Republic of Turkey, 2011: 38). In total, 2,088,841 social insurance contribution debtors applied to SGK for TL 34.5 billion contribution and other debts. SGK will collect TL 29.2 billion of total debts (SGK, information note, 2011).

Table 1: Economic and Social Security Indicators (2005-2010)

	2007	2008	2009	2010	2011*
Economic growth rate (%)	4.7	0.7	-4.8	8.9	7.5
Unemployment rate (%)	10.3	11	14	11.9	9.1 **
Unemployment rate except in agriculture (%)	12.6	13.6	17.4	14.8	11.6**
Young unemployment rate (%)	20	20.5	25.3	21.7	17.4**
General Government Debt / GDP (%)	39.9	40.0	46.1	42.2	39.8
Inflation	8.4	10.1	6.5	6.4	10.5
Insuree number (employees)	8,505,390	8,802,989	9,030,202	10,030,810	11,078,121**
Insuree number (employees +self-employed +civil servants)	14,763,075	15,041,268	15,096,728	16,196,304	17,483,524**
Social Security Transfers from General Budget, GDP Share, (%)	**3.9**	**3.7**	**5.5**	**4.9**	**4.85**

* Estimate

**October 2011

Source: (SGB 2012), TÜİK, House Hold Labour Force Database and Survey ,October, 2011, KB, 2010-2011, (SGK, 2011/a), (SGK, 2011/b)

Table 2: Social Protection Expenditures GDP Share (%) 2006-2012

	2006	2007	2008	2009	2010	2011*	2012*
Pension and other expenditures (such as unemployment insurance)	6.4	6.7	6.6	7.6	7.6	7.6	7.8
Social Assistance and Non-Contributory Payments	0.4	0.4	0.4	0.6	0.6	0.7	0.7
Public Health Expenditures	4.1	4	4.3	5	4.5	4.4	4.3

* Estimate

Source: KB, 2011:246

The Turkish government did not implement austerity measures for pensions. On the contrary, the government increased the pension amounts, which rose above inflation rate in 2010 and 2011. The rate of the pension and unemployment payments was 6.5% of GDP. It increased to 7.6% in 2010 and is expected to be 7.8% of GDP in 2012 (KB, 2011: 246). The government has even been planning to make an adjustment in the case of old pensioners who retired before the year 2000, which would lead to a further increase in the pension amounts. However, the rising ratio of the tax-financed minimum pension (social assistance for needy people) is lower than of the contributory regime (near inflation rate) and its amount is still very low.

The public health expenditure has increased to 4,5 % of GDP in 2010 It is estimated that this share slightly decreased to 4.4% in 2011 (KB, 2011: 246), due to the introduction of retrenchment measures, including implementing a global budget, decreasing prices of medicines, increasing insurees' co-payments and counteracting the general abuse of the health care system (See. Karadeniz 2011/a).

2.2 Pensions

2.2.1 The system's characteristics and reforms

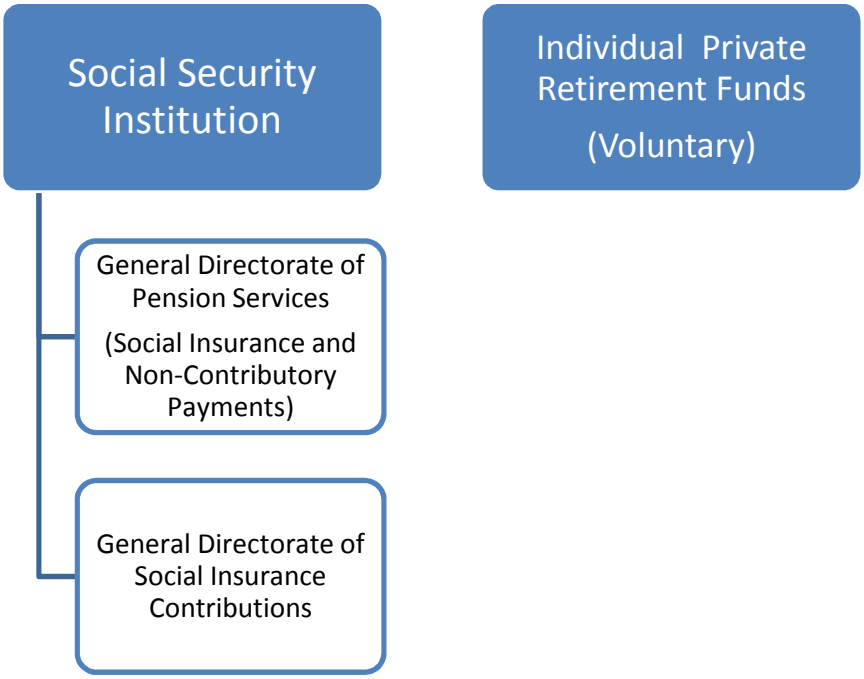
Organisational Reform

The Social Security Institution (SGK) was reorganised by Law Number 665[1]. The General Directorate of Social Insurance and the General Directorate of Non-Contributory Payment and Assistances were repealed and two new general directorates with a number of main departments were established, the General Directorate of Pension Services and the General Directorate of Social Insurance Contributions under SGK. Thus, the pension services and the collection of contribution were separated from each other. Furthermore, a Combatting Unregistered Employment Department was established at the General Directorate of Social Insurance Contributions.

The pension system in Turkey consists of programmes which provide a PAYG-financed social insurance system, a tax-financed minimum pension, as well as voluntary private pension funds financed by defined contributions (see Figure 1). There have been no changes in the main pension indicators and systems in the reporting period. The pension system in Turkey has experienced financial deficits since the beginning of the 1990s for various reasons, such as the high number of undeclared work and workers, low premium collections, high replacement rates and early retirement. In 1999, the implementation of Law Number 4447 brought changes in the pension parameters. For example, the minimum retirement age of women was increased from 38 to 58 years and the retirement age of men was increased from 43 to 60 years. However, the retirement age of those people who started work before the reform was not increased. Instead, it was equated according to the year in which they had started to work. Thus, the cost of early retirement has been transferred to future generations. With the 1999 reform, the minimum pension was decreased from 70% to 35% of insurees' minimum wage. Moreover, the average income of all years was taken as the basis for pension calculations, instead of focusing on the average of the last ten years (See Law Number 4447[2]). These precautions were not enough to reduce the deficit of the social security system, so a new law (Law Number 5510[3]) was implemented on 1 October 2008, designed to tackle the deficits of the pension system by reducing the accrual rate and increasing the retirement age. Moreover, pension premium payments of self-employed, workers and civil servants who started work after the reform were aligned (see. Karadeniz, 2011/a).

1 Official Gazette, Number 28103, 2 November 2011.
2 Official Gazette, Number: 23810, 08 September 1999.
3 Official Gazette, Number: 26200, 16 June 2006.

Figure 1: The Turkish Pension System



Source: Karadeniz, O.

Number of the contributory days and retirement age

The required number of contributory days is 7,200 for workers. Civil servants and self-employed workers, however, have to accrue 9,000 days (Law Number 5510, Article 27). The retirement age is 58 for women and 60 for men who started work for the first time after the 1999 reform. However, the retirement age will gradually increase for persons who started work for the first time after this reform and will reach 65 years for both men and women by 2048. Moreover, there are simplified retirement conditions for part-time workers, miners, people with physically demanding jobs and disabled people.

Other pension income

Individual Pension Funds

The private pension system providing complementary pension income was introduced in 2001 with the Law Number 4632.[4] In Turkey, there is no additional second pillar pension scheme available beyond the PAYG defined-benefit first pillar system, which is financed by public social security funds (ÇSGB, 2007:18). The voluntary private pension system serves as a third pillar, and not as a second pillar, unlike in many other countries. Joining the private pension system is optional. There is a tax incentive for the participants and the employers who pay contributions. The same incentive is provided, regardless of whether the participant receives a lump sum or a pension payment. The person is required to be over the age of 56 in order to receive a pension from this system (Law Number 4632, Article 6).

[4] Official Gazette, Number 24366, 7 April 2001.

There are 13 private pension companies within the private pension system. In February 2012, 2,672,696 people paid contributions. The total amount of contributions by February 2012 (since 2003) was TL 12,920,000,000, and the total funds were TL 15,309,000,000.[5]

Social Assistance

Social assistance and services financed by taxes are structured and organised within various institutions and programmes. Social assistance includes old-age pension, invalidity pension, war veteran's pension, survivor's pension and orphan's pension.

A means-tested pension scheme was introduced in 1976 (Law Number 2022) and includes the following pension provisions:

a. Means-tested old-age pension: It provides old-age pension for poor and elderly citizens above 65 years of age. The poverty threshold in November 2011 was TL 104.43 per person. In November 2011, the pension amount was TL 109.65 (SGK, 2011/c).
b. Means-tested old-age pension for needy disabled persons: It provides old-age pension for poor, needy, disabled and elderly citizens above 65 years of age. The poverty threshold in November 2011 was TL 104.43 per person. The pension amount in November 2011 was TL 328.94 per person for people who are disabled to a degree of 70% or more (SGK, 2010/c).
c. Means-tested disability pension for disabled people and their families: It provides a disability pension for poor disabled persons aged 18 to 64. The poverty threshold in November 2011 was TL 104.43 per person. The pension amount in November 2011 was TL 219.29 for disability degrees between 40% and 69%. For disability of 70% or more, the disability pension amounted to TL 328.94 (SGK, 2011/c). If a disabled person under the age of 18 is cared for by a relative who is in financial hardship, the carer is eligible for a disabled relative's pension (currently TL 219.29) (SGK, 2011/c).

2.2.2 Debates and political discourse

According to a new government programme, the individual pension programme will be promoted and measures will be taken, including tax incentives, in order to increase the contribution to private pension funds (61st Government Programme, 2011). Another issue is the adjustment of pension amounts. For 2012 it is planned that a fair adjustment system in pensions is gradually implemented (Republic of Turkey, 2011: 40). With the first pension reform (Law Number 4447) the pension increase ratio changed. Pensioners who retired after 2000 receive higher old-age benefit, than pensioners who retired before 2000. Thus, pensioners who worked for the same periods received different pension amounts, depending on their year of retirement. With the new pension adjustment system, pension amounts for pensioners who retired before 2000 will be aligned. Turkey Pensioners' Association (TUED) announced the following demands on behalf of pensioners (TUED, 2011:3):

1. A fair adjustment system should be implemented.
2. Pension amounts should be increased above inflation ratio (CPI). Therefore, the revalorisation coefficient should be used as pension raising ratio.
3. Pensioners face high indirect taxes (such as VAT). Therefore tax refund amounts should be increased.
4. Constitution should be changed and trade union right should be given to pensioners.

On the other hand decreasing pension amounts because of the reducing accrual ratio and revalorisation coefficient is one of the important debates in field of pensions. The total accrual ratio for 9000 days was 76% before the first pension reform (1999). It decreased 65% with first pension

[5] http://www.egm.org.tr/weblink/BESgostergeler.htm, 23 April 2011.

reform (Law No: 4447), and again decreased 50% with second pension reform in 2008(Law No: 5510) (Tan, 2012:89).
The grey economy and contribution evasion are however among the most important problem of the Turkish pension system. In 2011, the "Strategy on Coping with the Grey Economy Action Plan" was updated (GIB, 2011), in order to strengthen the inspection capacities. According to this update, the following actions will be taken (GİB, 2011):

1. SGK inspector numbers will be increased to 1,500 by the end of 2012. This number was 760 end of the 2011. SGK employed 400 new inspectors in January 2012. (SGK, personnel communication,1st May, 2012).
2. A risk analysis centre will be established within SGK, in order to increase the efficiency in coping with unregistered employment.
3. The workplace inspection form of the revenue administration and the SGK inspection form and their respective inspections will be standardised and data exchange between the two institutions will be performed digitally.
4. A joint pilot inspection will be planned and the collaboration between the Social Security Institute (SGK), the Ministry of Labour and Social Security (ÇSGB) and the Tax and Revenue Administration (GIB) will be completed by August 2012.
5. In order to increase detection of unregistered workplaces, and to strengthen the cooperation between SGK and other public institutions, workplaces and information such as gas, water electricity supply as well as TÜİK data will be checked and matched with the SGK workplace and employer records using geographical information systems.

To increase public awareness, tax, labour and social security courses will be added to the primary school curriculum. Moreover, a wide ranging media campaign will be run between 2011 and 2013 (GİB, 2011).

2.2.3 Impact of EU social policies on the national level

According to the European Commission's Progress Report (2011: 80), there has been some positive progress in the field of social protection between January 2010 and January 2011, such as increasing the number of insurees by 1.6 million and extending social security coverage to 84% of the population.

However, the pension system has large deficits. In order to ensure the financial sustainability of the pension system, further efforts are needed in respect of increasing registered employment (EC 2011: 80). Inter-institutional cooperation and data-sharing, especially between the tax and social security authorities, need to be accelerated. Social partners should undertake a more active role in the fight against undeclared work (EC 2011: 79). Furthermore, in spite of the positive progress in some provinces, the situation of seasonal agricultural employees continues to be a major source for concern (EC 2011: 80).

The Pre-Accession Economic Programme (2012-2014) was published in December 2011 (Republic of Turkey, 2011). According to the programme, legislation work in respect of the social security reform has been largely completed. Within the SGK, however, the work on the reform process continues in order to establish financial sustainability and to supply quality services with effective audit mechanisms. In this context, projects covering operations of all social insurance branches are being carried out (Republic of Turkey, 2011: 85).

2.2.4 Impact assessment

Since May 2011, there have been only a few studies or publications about projections, including the effects of the public pension reform on workers, its financial sustainability and the predictions for its

future. Instead, scientific papers have focused on coverage, poverty of elderly people and unregistered employment.

According to the OECD, despite its comparatively young population, Turkey spends 6% of GDP on public pension. This expenditure exceeds that of Denmark, the Netherlands, the United Kingdom and the United States, despite the fact that these countries have 2-3 times as many citizens over the age of 65 relative to their population as Turkey (OECD 2011/a: 154). The Turkish pension system has experienced deficits since the beginning of the 1990s because of its early retirement system. These deficits have been balanced by transfers from the state budget. While in 2008, the rate of transfer from the state budget to the Social Security Institution was 3.7% of GDP, it was 5.53% in 2009. It is estimated that it will be 4.85 % in 2011 (KB, 2011:70).

One study focuses on social security reform and financial expectations (Alper, 2011). In spite of the pension reform, social security deficits exceed the target of 4.5% of GDP. According to the study, the reasons for the financial deficits are as follows: postponing of the pension reform (from 2006 to 2008) because of the process of litigation, economic crisis and insufficient increase in number of insurees, increase in number of pensioners because of the economic crisis, low earnings declaration for self-employed persons, and increasing pension above inflation rate. The author suggests that, in order to ensure financial sustainability in the social security system, the current unregistered employment rate should be decreased from 40% to 10%, and the employment rate should be increased from 48% to 60%. Furthermore, low earnings declarations by self-employed people should be prevented. As only persons without social insurance are eligible for social assistance benefits, many employees prefer unregistered work in order to benefit from additional social assistance payments. Thus, the author claims that the fragmented social assistance system causes contribution evasion. (Alper, 2011)

Pension Adequacy, Elderly Poverty and Gender Gap

Another study investigates elderly poverty in Turkey (Karadeniz, Durusoy, 2011). According to this study, the elderly poverty rate was estimated to be 23.4% for 2009 (using data from the TUİK 2009 Household Budget Survey). Nearly 50% of elderly people in Turkey receive old-age pension or a means-tested pension (tax-financed) and 15.4% of them receive survivor pension. There is a gender gap in terms of reaching retirement age. While 68.6% of elderly men receive an old-age pension, this rate decreases to 8% in women. However, the ratio of survivor pensions claimed by 'widows' (26.3%) is higher than that of their male counterparts (13.2%) (Karadeniz, Durusoy, 2011). It can be said that a low labour participation rate and high unregistered employment rate for women translate into pension insecurity and poverty for women in old age. About 56% of needy elderly people do not receive means-tested pensions and 92.4% of them do not receive old-age pension (from the contributory system). With the pension reforms, the minimum pension ratio and the accrual ratio have been decreased and the social insurance scope has been narrowed. This means that the elderly poverty rate may increase in the following years. In order to decrease elderly poverty, the scope of social insurance programmes should be extended, taking into account workers' wage levels and working conditions (Karadeniz, Durusoy, 2011).

One study focuses on relative poverty and living standards, and includes the perspectives of income, housing, health and social security (Aydın, 2011). The author used TUIK Household Budget Survey data (2003-2006). According to the study, the relative poverty rate is 14.5% and 86% of poor people have no social insurance. Their education level is low and they carry out unqualified work (Aydın, 2011).

Another study analyses the effects the changing labour market conditions and the transformation of welfare system have on women's old-age pension security (Gokbayrak, 2011). According to this study, the transformation of the labour market and social security system increases gender inequality in old-age security. Thus, gender inequality is probable to rise in future. With the social security

reform, the pension age has been increased and the benefits have been decreased; and atypical workers, farmers and self-employed persons who have a low level of income and cannot pay contributions have been excluded from compulsory social insurance programmes (Gokbayrak, 2011: 179). Unemployment and unregistered employment rates are higher in women than in men in Turkey. Unpaid family work and self-employment are common in women (Gokbayrak, 2011: 183). Moreover, irregular work does not allow the payment of contribution to a complementary private pension scheme (Gokbayrak, 2011:184). The author suggests that women-friendly employment and social security policies need to be implemented in order to reduce and eliminate gender discrimination in old-age security (Gokbayrak, 2011).

Coverage and contribution evasion

Yet another study investigates factors affecting the attitudes of farmers in Erzurum towards being registered within the social insurance programme, using the Binominal Probit Model (Tumer, et al. 2011). According to this study, the authors found a negative tendency towards registering within the social insurance programme when forage crops production and income from animal husbandry was involved. They found a positive tendency towards registering within the social insurance programme when non-agricultural income was involved and tractors and cattle were part of the farm holding. The authors suggest that policy makers and executives should take into consideration regional characteristics and regional policies when social security programme policies are being implemented (Tumer, et al. 2011). Thanks to the increased cooperation between public institutions in 2010, 398,000 unregistered employees were inspected and subsequently covered by SGK (SGK, 2011/e: 37). One aspect of unregistered employment is undeclared wages. In 2010, 46.3% of all employees' wages were declared at the level of minimum wage (SGK, 2011/f). In order to ensure the declaration of real wages, SGK now requires employers to include in their report the individual employee's profession, in accordance with the International Standard Classification of Occupations [ISCO] (GİB, 2011).

2.2.5 Critical assessment of reforms, discussions and the research carried out

Pension System and Labour Market Structure

The Turkish labour market has a heterogeneous structure (Karadeniz, 2011/a). Unpaid family work and self-employment are widespread. Social insurance legislation excludes atypical workers such as casual agricultural employees, home-based workers, casual home services employees, farmers and craftsmen on low incomes. One of the aims of the social security reforms was to ensure standardisation of the different employment statuses in terms of contribution and benefits (ÇSGB, 2007). However, this seems unfeasible as their income, social risks and working conditions are quite different from each other. Table 3 shows the average annual main employment incomes of individuals by employment status. As can be seen from the Table, there are income differences in respect of status of employment and gender. Especially the incomes of casual employees and self-employed persons are lower than that of regular employees. Moreover, atypical workers' incomes are disproportionately lower in rural areas. The social insurance system partly takes this issue into consideration. Under the new regulation (Law Number 6111), casual agricultural employees and home-based workers can voluntarily pay lower contributions compared with workers in other sectors. But their contributions will gradually be increased each year and contribution amounts will be equal to those of regular employees within eleven years. This, however, seems impossible for them to afford because of their low income, so they will probably be unable to pay their contributions in the future, which will probably lead to an increase of unregistered work. Nearly 90,000 atypical workers have paid contributions to SGK since the beginning of 2011 (SGK, personnel communication on 5 February 2012). The number of insured persons is very low.

Pension and Gender Gap

Another issue is the gender gap in respect of income (see Table 3). This gap will be reflected in old age, as women are likely to receive a lower pension, even if they have been insured during their entire working period.

Table 3: Average annual main employment incomes of individuals by employment status, (average income in TL), (Turkey, Urban, Rural), 2010

	Turkey			Rural		Urban	
Status in employment	Total	Male	Female	Male	Female	Male	Female
Total	12,558	13,202	10,034	9,894	6,022	14,624	11,097
Regular employee	13,707	14,080	12,470	11,892	10,451	14,487	12,704
Casual employee	4,960	5,730	2,472	4,634	1,646	6,405	2,852
Employer	26,522	27,363	16,956	19,979	9,946	29,438	20,623
Self employed	9,508	10,369	4,616	9,001	4,009	12,476	5,286

Source: TÜİK, Income and Life Condition Survey, 2011

Pension Financing and Contribution Evasion

One of the biggest problems in respect of social insurance financing is the grey economy and unregistered employment in Turkey. It is estimated that in the third quarter of 2011, 26% of employees (including both regular and casual employees) were unregistered (TÜİK, 2011/a), i.e. SGK did not collect contributions from them. However, the unregistered employment rate has decreased in recent years thanks to both the economic growth rate and some government measures. For instance, in the third quarter of 2005, 33% of employees were unregistered (TÜİK, Household Labour Force Survey, October 2005-2011). The Turkish government has taken the following measures in order to decrease unregistered employment in the last eight years: decreasing employees' social security contributions, increasing campaigns aimed at raising awareness about the benefits of registered employment, strengthening coordination and cooperation among different public institutions, strengthening the inspection system (i.e. increasing inspector numbers), and decreasing bureaucracy (Karadeniz, 2011/b). The efforts made to curb unregistered employment in Turkey could serve as a good example to countries that face the same problem.

However, social security legislation excludes certain groups, such as craftsmen, farmers on low incomes and unpaid family workers (Karadeniz 2011/a-b), which means the unregistered employment rate is very high within these groups (see Figure 2). The new regulation (Law No: 6111) have covered these groups on voluntary basis. The contribution will be increased gradually each year, which is problematic because of the low income within these groups we expect that the number of insured atypical workers will rise in coming years, provided that their contribution rate will be decreased and an awareness campaign conducted.

As mentioned above, the Social Assistance system in Turkey is a contributing factor in unregistered employment. According to social assistance legislation, a person is not allowed to work regularly in order to receive benefits, so some employees carry out unregistered work so they do not lose social assistance. Consequently, the social assistance system needs to be reformed, so that a person can still receive social assistance benefits, even if they work in registered employment (Karadeniz, 2011/b).

Pension Adequacy

Table 4: Minimum and maximum pension increase rate, inflation and economic growth rate, 2002-2011 (in %)

	Employees		Self Employed		Farmers		Civil Servants		Minimum pension at 65 age	CPI (Inflation)	Economic Growth Ratio
Years	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.			
2002	22.3	11.4	22.1	33.3	18.6	18.6	50.7	23.0	18.6	29.7	6.2
2003	38.5	24.4	80.6	20.0	151.9	27.0	19.1	7.4	110.1	18.4	5.3
2004	20.7	24.8	20.5	20.9	21.0	21.0	14.4	12.9	12.6	9.3	9.4
2005	12.2	12.3	16.3	12.3	15.7	14.5	12.5	8.6	11.0	7.7	8.4
2006	6.0	7.5	7.4	7.5	7.5	7.5	7.5	7.6	1.6	9.7	6.9
2007	10.4	9.0	8.9	9.0	10.0	9.1	11.0	8.6	3.7	8.4	4.7
2008	9.3	9.3	9.3	9.3	9.3	9.3	7.9	6.7	3.0	10.1	0.7
2009	5.7	5.7	5.6	5.7	5.7	5.7	9.0	8.8	3.6	6.5	-4.8
2010	13.8	9.3	16.8	8.4	23.2	10.6	6.6	6.4	3.0	6.4	9.0
2011	13.0	8.8	15.3	8.2	20.0	10.4	8.7	8.5	4.0	10.5	7.5

Source: SGK, 2011/c-d, SGB, 2011

As Table 4 shows, over a period of ten years, pension amounts have increased above the inflation rate, except in the case of minimum pension at the age of 65 (social assistance). This is an important factor in terms of pension adequacy. However, minimum pensions of self-employed persons and farmers are still below the poverty threshold for couples with no dependent children (Karadeniz, Durusoy, 2011, Karadeniz, 2011/a). Moreover, the minimum pension at the age of 65 (social assistance) needs to be increased, as it is extremely low compared to other minimum pension amounts and does not ensure enough protection.

Table 5: Distribution of needy elderly people by social benefits and gender (in 2009), (in %)*

Type of social benefits	Gender	Those in receipt of social benefit
Means-tested old–age benefit (non-contributory system)	Male	16.6
	Female	26.7
	Total	43.2
Old–age pension (contributory system)	Male	7.8
	Female	0
	Total	7.8
Survivor benefit	Male	0.02
	Female	7.8
	Total	8

Source: Karadeniz, Durusoy, 2011 (calculated by authors using TÜİK Household Budget Survey 2009 data)
*Needy elderly people indicates that elderly (65+) whose income below the 60% of median income.

As Table 5 shows, whilst 43.2% of needy elderly people received means-tested old-age benefit (non-contributory system), 7.8% received old-age pension (contributory system) and 8% received survivor benefit in 2009. It means that 41% of needy elderly do not receive any benefits. Old-age benefit cannot cover all needy elderly people because entitlement to the benefit depends on an extremely low income threshold.

Therefore, the minimum pension ratio for the contributory system as well as the means-tested pension amounts need to be increased. Employment of the elderly should be promoted. Registered

employment needs to be encouraged, and inspection of workplaces to curb unregistered employment should be increased, in order to ensure real wage declaration (Karadeniz, Durusoy, 2011).

Table 6: Private and Public Pension Schemes Contributors 2005-2011

Years	Private Pension Schemes' Contributors (A)	Public Pension Schemes' Contributors (B)	(A/B) in %
2005	672,696	13,156,439	5,1
2006	1,073,650	14,124,935	7,6
2007	1,457,704	14,763,075	9,9
2008	1,745,354	15,041,268	11,6
2009	1,987,940	15,096,728	13,2
2010	2,281,478	16,196,304	14,1
2011	2,609,792	17,483,524	14,9

Source: EGM (2011), SGK (2011/a)

The complementary individual private pension schemes could reduce elderly poverty in the years to come. However, not all insurees pay their contributions regularly (Karadeniz, 2011/a). With the assumption that everybody paying premiums to individual pension funds also pays premiums to the public social insurance system, the rate of people additionally insured within the private pension schemes was 14.9% in October of 2011 (see Table 6).

In order to provide a sustainable and effective pension system:

1. Unregistered employment should be converted into registered employment and the efforts to promote registered employment should be continued. Complementary pension schemes should be encouraged via increasing tax incentives.
2. Social assistance should be integrated with the social insurance system, so if an employee registers with the SGK, social assistance should not automatically be cut or stopped.
3. Total amounts and the low income threshold of means-tested old-age benefit should be increased.
4. Contributions should be decreased for atypical workers such as causal agricultural employees, home-based workers and farmers on low incomes, and the social insurance system should be redesigned taking into consideration their working conditions, income levels and social risks.

2.3 Health Care

2.3.1 The system's characteristics and reforms

The Turkish general health insurance system includes everybody, with a few exceptions, and came into effect on 1 October 2008. The general health insurance is financed by premiums, which are collected by the General Directorate of Social Insurance Contribution of the SGK. The General Directorate of General Health Insurance purchases the health services. It does not have its own health care services, which means that health services have to be purchased from external health services institutions (Tuncay, Ekmekçi, 2009: 404). Health services can be purchased at a lump sum price from health service providers. (Law Number 5510, Article 73).

Effective general health insurance depends on referral routes[6], which have been categorised into three levels. Family physicians are determined as primary care services (Law Number 5510, Article 70).

[6] However, official referral routes have not been implemented yet.

In order to be covered under the general health insurance scheme, a minimum contributions payment period of 30 days is required. This is not necessary for people employed by the SGK, stateless persons, refugees, and people in receipt of social assistance payments. There is also no obligation to fulfil such requirements for persons below the age of 18, for pregnant women, in the case of emergencies, work accidents, occupational diseases or contagious diseases which should be reported, in the case of protective health services or when there is a natural disaster, war, strike or lock-out (Law Number 5510, Article 67). In order for self-employed people to be covered, any premium debts or debts related to premiums they may have must not exceed 60 days (Law Number 5510, Article 67).

Moreover, those who benefit from health services have to pay a share of the costs. Co-payments are payable in the case of physical examination, ortheses, prostheses, healing materials, medicines or adjunct fertility treatments. The aim of the co-payment is to prevent redundant usage (Tuncay, Ekmekçi, 2009: 397). However, this sum cannot exceed 75% of the minimum wage per service received or per item purchased.

In the case of work accident or occupational disease, military operation, natural disaster or war, chronic disease, need for vital transplantation of organs or tissue or stem cell treatment and related control examinations, there is no co-payment. (Law Number 5510, Article 69).

In addition to the fee for health services determined by the Commission of Health Service Cost, all health institutions other than public health institutions, are able to charge additional fees up to double the co-payment determined by the cabinet (Law Number 5510, Article 73).[7]

The general health insurance system is financed by premiums. The contribution rate of the general health insurance is 12.5% of income, 5% of which is paid by employees and 7.5% by employers. The contribution rate is 12.5% for self-employed people and 12% for people who do not work. The state contributes to the system, at a rate of one fourth of all health insurance premiums collected per month (Law Number 5510, Article 81). The contributions of people with incomes below one third of the minimum wage are paid by the state. There is an option to pay lower contributions for those with income above one third of but below minimum wage (Law Number 5510, Article 80).

SGK gained monopsonic power to purchase and reimburse health care services through General Health Insurance (Tatar, et.al., 2011:74). While Ministry of Health is main actors and provides primary, secondary and tertiary care, private sectors has gained power for recent years because of the reforms on the provision side. On the other hand universities are also major providers of tertiary system (Tatar, et.al.2011:xvi).

Reforms in 2011 and 2012

In November 2011, important reforms in health care were made with the implementation of Law Number 663[8]. These are summarised as follows:

1. *Restructuring of Ministry of Health*: The Ministry of Health was restructured and new institutions founded such as the Public Hospital Institution, the Public Health Institution, the Drug and Medical Devices and the General Directorate of Health for Borders and Coastlines.
2. *Granting work permits to foreign doctors and nurses*: A change in regulations now ensures that foreign doctors and nurses can work in Turkey (Articles 58-59).

[7] While the maximum additional fee was initially set at 30%, it was increased to 70% by a Cabinet decision in 2009. See Cabinet Decision Date 16 November 2009 and 2009/15627.
Official Gazette, Number 27426, 08 December 2009.

[8] Law Number 663, Official Gazette (repeated), Number 28103, 02 November 2011.

3. *Establishing Public Hospital Unions:* In order to use the sources as efficiently and effectively as possible, the new Public Hospital Institution can now establish Public Hospital Unions for secondary and tertiary care institutions in rural areas (Article 30/1).
4. *Establishing Tax Free Zones:* In order to accelerate the entrance of foreign capital and medical high technology, and under the provisions of the Free Zones Law Number 3218 dated 06 June 1985, a tax free zone for bio-medical industries can now be established (Article 49).

Increasing co-payments and determining exceptions of health care services

One of the most important areas of public health expenditures in 2011 was medical drugs. In order to reduce drug expenditure, prices of original and generic drugs were decreased by 9.5% in 2011 (KB, 2011:72). At the beginning of 2012, the Social Insurance and General Health Insurance Law (Law Number 5510) was changed by Law Number 6270 and co-payments on drugs, outpatient and inpatient treatment were increased. Overall, the new law authorises SGK to collect co-payments from insurees of up to 1% of the total health care cost in the case of inpatient treatment (Law Number 6270, Article 9). Moreover, SGK has been authorised to determine a range of health care services which are not to be financed by the SGK (Law Number 6270, Article 9). This could lead to a decrease in health expenditures in the coming years.

In order to prevent unnecessary hospital stays and to control health expenditures, co-payments will be increased by TL 5 in case of repeated application within the same branch.. Furthermore, in order to reduce misuse of emergency services, SGK is charging co-payments since 21 January 2012in the case of treatments received through emergency services which are, in fact, no emergency[9].

Extending General Health Insurance

Since 1 January 2012, Green card[10] holders are covered by the general health insurance system[11]. Green card holders can use their current cards until the end of their expiry date. After that they will have to apply to the Social Assistances and Solidarity Funds (SYDV) for an income test. Anybody who does not have a health insurance is, in fact, subject to this income test. According to Law Number 5510, if the per-capita income of a person is below a third of the minimum wage, their health insurance is paid by the state.

Table 7: General health insurance contribution amounts depending on insuree income

Income Status (per capita)	Income Scale (in TL)	Contribution (in TL) per month
below one third of monthly minimum wage	0—295.50	Contribution is paid by the state
Between one third of monthly minimum wage and monthly	295.50-886.50	295.50 x 12%= 35.46
minimum wage		
Between monthly minimum wage and twice the monthly minimum wage	886.50-1,773	886.50 x 12%= 106.38
more than twice the monthly minimum wage	1,773- ∞	1. 773 x 12%= 212.76

Source: SYGM (2011)

If a person who has no health insurance does not apply to SYDV, SGK will calculate contributions as maximum contribution (EUR 91) per month.

[9] Emergency services are often used by patients instead of referring to polyclinics and primary health care institutions (Arslanhan, 2010). There is no precondition to receive health services from hospital emergency services, i.e. uninsured persons, contribution debtors, and people who simply do not want to pay co-payments could use the hospitals' emergency services free of charge. See Sağlık Uygulama Tebliği, 2012.

[10] Green card system was covering needy people and was providing free (limited) health services to them. It was being financed taxes (see.Karadeniz, 2010).

[11] Law No. 5997 from 19 June 2010, Official Gazette No. 27616.

2.3.2 Debates and political discourse

One of the biggest problems in the health sector is the deficit of health personnel. In 2008, there were 14.3 physicians and 13 nurses for every 10,000 people in Turkey (DPT, 2010 Annual Programme: 206). These figures increased slightly and were 16.9 and 15.7 respectively (KB, 2011: 219). For comparison, in the EU-27 area, these ratios were 33 and 82.4 respectively (KB, 2011: 219). In order to reduce the deficit of health personnel, an increase of 80% in the quotas for medical faculties and an increase of 60.5% in the quotas for nursing colleges were provided in the period of 2008-2011 (Republic of Turkey, 2011, 2011: 85).

One of the reform projects in health care is the central hospital appointment system, which aims to introduce a sophisticated health information system. By October 2011, it was implemented in public hospitals in 69 provinces, and it aims to cover the whole of the country by the end of 2012 (Republic of Turkey, 2011: 85). Nearly 70,000 persons per day make hospital appointments by phone (Akdağ, 2011).

Overall, the Turkish government has determined the following policies and priorities to be realised by the end of 2012 (KB, 2011:220-223):

1. Accessibility, quality and effectiveness of health services will continue to improve: Within this scope: efforts to increase the number of health personnel and equal distribution of health care professionals throughout the country will be continued. Diagnostic related groups and pricing will be expanded. The National Health Information System will continue to be strengthened. Home health services will be strengthened.
2. Preventive health services will be spread and strengthened
3. Information activities and necessary control for health care service provider and citizens will be increased in order to ensure effective drug use.
4. The role of the Ministry of Health concerning regulation, planning and controlling will be strengthened.

Turkey Retired Association (TUED) has a satisfaction from health care reform in terms of the accessibility. On the other hand they demand that pensioners should be exempted from co-payment (TUED, 2011:3).

The other debate about health care is referral route system. Although referral route system amended in general health insurance law (Law No: 5510), it hasn't implemented since 2008 except on limited implementation in four provinces (Denizli, Gümüshane, Bayburt, Isparta) in 2009. In these provinces referral numbers decreased 70% (Tezel, 2011/a).In order to provide financial sustainability of general health insurance system referral route should be established (Tezel, 2011/b). On the other hand we should emphasise in order to establish referral route system number of physicians should be increased.

OECD (2011/b) has stated that the number of physicians, nurses and hospital beds per 1000 inhabitants were below the average of the OECD (see Table 8). As above-mentioned in Section 2.3.1., the legislation concerning doctors and nurses was changed in 2011 and the increased use of suitably qualified foreign doctors has been ensured in Turkey. The Turkish Physicians Union (TTB) has criticised employing foreign health medics. They claim that the reason for employing foreign doctors and nurses is to afford cheap labour. According to TTB, preconditions such as knowledge of the Turkish language, education levels, etc. for employing foreign health medics have yet to be determined (TTB, 2011). The Minister of Health, Recep Akdağ, rejected these criticisms and gave statistics about health personnel shortages in Turkey in comparison to EU countries.

Table 8: Health Personnel, Hospital Beds in Turkey and OECD Countries (average), (per 1000 inhabitants) (2009)

	Turkey	OECD (average)
Physicians	1.6	3.1
Nurses	1.5	8.4
Hospital beds	2.4	3.5

Source: (OECD, 2011/b)

2.3.3 Impact of EU social policies on the national level

According to the European Commission's Progress Report (2011: 80-81), there have been some positive developments regarding the health care system: progress has been made in respect of the family physician system. The state covers the health expenses of children of low income families and of children not covered as dependents by the social security system.

According to a study that discusses patient choices (choices of hospital and doctor) in Turkey, as part of the health transformation programme, EU social policies and legislation affect national patient policy in Turkey, a country with EU accession ambitions, in terms of increasing accessibility of health care services (Yıldırım et al. 2011). However, the authors claim that the lack of health care professionals, the uneven distribution of resources across the nation, and the lack of systematic information on provider outcomes limit the scope of choice for much of the population (Yıldırım, et al. 2011).

2.3.4 Impact assessment

Basic Outcomes of the Health Transformation Programme

The health transformation programme has been on-going since 2003. The results of the health transformation project so far have been evaluated with four basic outcomes in the Ministry of Health's 2012 budget presentation (Akdağ, 2011):

1. *Recovering health indicators:* life expectancy at birth has increased within the last years in Turkey and reached 75 in 2009. The infant mortality rate decreased from 28.5 per thousand to 9 per thousand, mother mortality rate decreased from 61 per thousand to 14.5 per thousand in the period 2003-2011.
2. *Protecting citizens from financial risk*: while the percentage of people paying for health services out of their own pocket was 32.1% in 2003, this rate increased to 11.7% in 2010 according to the Turkey Life Satisfaction Survey.
3. *Satisfaction with health services*: satisfaction with health services increased from 39.5% to 73.1% in the period 2003-2010, according to the Turkey Life Satisfaction Survey.
4. *Financial sustainability*: The minister of health, Recep Akdağ, claims that the health care system is financially sustainable. In the period 2002-2011, while general public expenditure increased by 214%, public health expenditure only increased by 183%.

The coverage rate of emergency and health services was increased from 20% to 100%.of population in rural areas in the period 2002-2011 (Akdağ, 2011).

Another important report about health care (WHO 2011) makes an assessment of the performance of the health care system. According to this report, the government tries to ensure universal health care coverage for Turkish citizens. The health care coverage increased from 70% in 2000 to 98% in 2010. There have been important improvements in terms of the depth of coverage, such as extending health care services to poor people (WHO, 2011:18-19). The report states that countries seeking to extend universal coverage via a health insurance system may draw important lessons from the Turkish experience (WHO, 2011:19). However, the report also highlights some problems, e.g. that hospital-

based services do not provide adequate levels of coverage and the costs of pharmaceuticals, which could represent a large percentage of a household's expenditure. Therefore, improvement of the depth of coverage is considered as very important (WHO, 2011:19).

Family Physicians System and Referral Route System

Family physicians system has been implemented to all over the country since end of the 2010.

Table 9 health care settings of insured people first used when they become ill in 2009 and 2011. In 2010, 52.1% of the insured went to public hospitals, which are second step health institutions. This figure was 59.2% in 2009. It is clear that most of the patients went to second step health institutions first. The ratio of patients who went to first step health institutions, state health centres and centres of family health increased from 19.2% to 30.4 % between 2009 and 2011. This can be seen as good signal in terms of the using family physicians system. But increasing ratio of applications to family physicians and acting them as a gatekeeper depend on increasing their numbers as well as their education quality.

Table 9: The health care settings first used in case of illnesses (%), 2009-2011

Health organisations	2009	2011
State hospital	59,2	52,1
State health centers	18,4	1,5
Private hospital	12,0	11,3
University hospital	3,8	3,6
Private polyclinic	2,5	1,6
Organisation's doctor	1,0	0,5
Private surgery	1,8	0,4
Center of family health	0,8	28,9
Never applied up to now	0,6	0,2

Source :TÜİK Life Satisfaction Survey, 2009-2011

On the other hand, because of the insufficient number of doctors at the primary care who can act as gatekeepers and general undersupply of doctors nationwide, compulsory referral system couldn't be implemented (Tatar, et.al.2011: xviii). On the other hand it is claimed that interim co-payment exemptions at secondary and tertiary level facilities can act as an incentive for people to first obtain a referral through a family physicians (Tatar, et. al.2011:

170).

Efficiency of Public Hospitals and Effects of Health Care Reform on Health Personnel

With the health care reform, the accessibility to health care services has increased. The Ministry of Health (SB) has implemented a performance-based supplementary payment system for health service personnel in order to increase the efficiency of hospitals. A study investigates the effects on the efficiency of public hospitals of the Health Transformation Project and performance-based supplementary payment system. The author used the Data Envelopment Approach and the Malmquist index to comparatively examine the efficiency of the public hospitals operating in the provinces before and after the reform years, i.e. 2001 and 2006 respectively (Sülkü, 2011). The author used

input data such as the number of beds, the number of primary care physicians, and the number of specialists, as well as output data such as inpatient discharges, outpatient visits, and surgical operations. Moreover, quality indicators such as death rate, hospital bed occupation, and average length of stay were considered (Sülkü, 2011). According to the results of the study, the Health Transformation Project only partly achieved the expected benefits on hospital performance. The performance-based supplementary payment (wage) system for health personnel succeeded in increasing health personnel productivity and the level of service provided (Sülkü, 2011: 259). However, it is determined that quality indicators have not developed in the short run. With the introduction of a global budget system, SGK have determined the limit of health expenditures. The author claims that the global budget system cannot prevent the unnecessary use of resources. In order to provide cost control and to improve quality and efficiency, diagnostic related groups should be implemented and clinical performance indicators should be developed (Sülkü, 2011: 260).

A book based on a PhD thesis, which was written using qualitative research methods, investigates the effects of the health care reform on health personnel and work processes (Ünlütürk, Ulutaş, 2011:357-359). According to the author, due to the marketing of health processes, work processes in health care have started to resemble any other work process in the business world. Therefore, expectations and outputs from health personnel have increased with the same inputs, i.e. the extension of working hours. Physicians have worked longer hours to increase their wages, which are based on their performance. As a result of the health care reform, health personnel are now employed in different, multi-layered and insecure employment types. However, thanks to reform, new customer satisfaction policies have caused some positive results such as decreased waiting times. On the other hand, the health reform encouraged unnecessary prescriptions and medical examinations by doctors.

Another paper investigates the effects of the health transformation programme on health personnel (workload, job security, status, professional skills and abilities, working conditions, motivation, social networking and cultural life styles) and asks how they perceive the health care reform (Aka, 2011: 197-198). The study determined that some implementations, such as *performance-based payment revolving fund, family physicians and patient rights practice,* created negative effects on health personnel and caused an increase in their workload and loss of status.

Satisfaction with Health Services

Another study analyses how the health care reform is perceived by citizens (Çelikay, Gümüş, 2011). Data gathered via questionnaires were analysed by using the ANOVA method. According to the results, citizens view the health care reform as favourable. However, the satisfaction level changes depending on the age and income level. Insurees on low income, old SSK and old BK insurees (employees and self-employed) and those aged over 36 have been satisfied with the health care reform. However, young citizens with high incomes and civil servants have a rather negative view. Respondents generally have a negative view of the family physician system. This could explain partially the assessment that the referral route doesn't work as effectively as expected. Additionally, respondents perceive co-payments for drugs as a financial burden. According to the TÜİK Life Satisfaction Survey (2003-2010), with decreasing education level of recipients of health services, the satisfaction with health services increases (Table 10). It can, thus, be said that the health care reform is seen to have had a positive effect, especially by citizens who are fairly uneducated and probably poor, which means their accessibility of health services has been increased.

Table 10: Satisfaction with health services (2004-2010)* (in%)

Years	2004			2010		
Education Level	Yes	No	No Idea	Yes	No	No Idea
Illiterate	37.90	51.41	10.69	12.9	76.01	12.96
Literate but not completed a school	33.31	60.12	6.57	14.1	79.41	6.49
Primary school graduate	42.94	52.48	4.58	15.91	80.94	3.15
Primary education/secondary school graduate	43.18	50.28	6.54	15.79	79.72	4.49
Secondary education or equivalent graduate	45.51	48.42	6.7	19.6	76.52	3.89
Tertiary education/university graduate	47.35	45.17	7.48	25.77	69.07	5.17
General average	43.07	50.87	6.6	17.65	77.71	4.65

*The question is "*Are there any problems with the health services?*"
Source: TÜİK Life Satisfaction Survey, 2004-2010

Coverage Problems

Another study discusses whether the general health insurance system can achieve universal coverage in Turkey. According to this study, some socio-economic problems such as the high unregistered employment and the unemployment rate, inefficiency in the creation of adequate employment opportunities, inequitable income distribution, widespread poverty, as well as contribution conditions have made reaching full coverage of the general health insurance in Turkey impossible (Yenimahalleli Yaşar, Uğurluoğlu, 2011).

Health Expenditures

Thanks to the health transformation programme, the out-of-pocket payments of citizens using the health service have decreased. The Ministry of Health has planned that health expenditure will be increased to over 7% in 2015, to 7.5% in 2019 and to 8% of GDP in 2023 (Ministry of Health, 2011: 375). According to a report of the Ministry of Health (2011: 375), citizens will be able to access all health services. The increase of health expenditures will not create a burden to citizens. The Ministry of Health promises that health care services will be provided at higher quality but at lower costs compared to other countries.

Yet another study analyses the effects of per-capita income on per-capita health expenditures in Turkey over the period 1975–2007. According to the results of the study, income has no effect on health expenditures in the long run. However, in the short run an increase in per-capita income of 1% creates an increase of 0.75% in per-capita health expenditures (Yavuz, et al. 2011).

2.3.5 Critical assessment of reforms, discussions and research carried out

A better access to health services has been facilitated within the framework of the Health Transformation Project, which serves as a good example for middle-income countries. Thanks to the project, patient satisfaction has increased and out-of-pocket payments have decreased.

With the Health Transformation Project, the accessibility of health services has been increased, so the per-capita annual consultation with a doctor increased from 2.5 times in 2000 to 7.3 times in 2009.[12] This rate is above the OECD average of 6.3 times (OECD, 2011/c: 81). In addition, out-of-pocket payments for health care have slightly decreased. The increase in the accessibility of health services could have been caused by the slight decrease in out-of-pocket payments. The household health expenditure decreased from 2.3% to 2.1% of the total household budget in the period 2002-2010. It

[12] OECD Health Data, 2011, retrieved on 19 February 2012.

can be said that the health care reform has had a positive effect on people with low and middle income.

However, there have been some (de-facto) coverage problems. Whilst SGK statistics show that 4.2% of the population had no public health insurance, according to the TÜİK Life Satisfaction Survey, the percentage of people paying for health services out of their own pocket was 11.7% in 2010 (SGK,2010/b, TÜİK, Life Satisfaction Survey, 2010). This disparity can be partly explained by de-facto coverage problems. Some groups such as contribution debtors and those who do not apply for an income test have not received benefits from the general health insurance, with some exceptions such as emergency situations, maternity, etc. However, a contribution amnesty was implemented by Law Number 6111 in 2011. Nearly 1,432,000 self-employed contribution debtors applied to SGK in order to pay their contribution debt (SGK, 2011). This has helped to extend the general health insurance coverage. Moreover, green card holders have been covered by the general health insurance system since 01 January 2012 and the contributions of poor people will be paid from the general state budget. The income test (means test) for them is carried out by the Social Assistances and Solidarity Foundation (SYDV). By 13 February 2012, nearly 4,600,000 people had applied to SYDV for means testing[13].

Another problem is the registration of those who do not have health insurance. Most of them do not know their rights and responsibilities in respect of health insurance. Even if SGK detects them via control or cross-checks with other institutions' data and declarations of hospitals, they sometimes do not apply to SGK.

Yet another problem can be the reimbursement of co-payments to poor people whose contributions are paid for by the state. In the old system, green card holders were not paying co-payments directly. According to the new system, they will pay any co-payments and then claim it back from SYDV (Social Assistances and Solidarity Foundation). But if they do not apply to SYDV, they will not be reimbursed. This new rule might increase bureaucracy and decrease patient satisfaction.

2.4 Long-term Care

2.4.1 The system's characteristics and reforms

Organisation Reform in 2011

With Law Number 633[14] the organisation of social assistance and social services was reorganised and the Ministry of Family and Social Policies (ASPB) was founded. The Social Services and the Protection of Children Institution Law (Law Number 2828) was repealed and a new regulation introduced (Article.35/2/a). With Law Number 633 (Article 10) the General Directorate of the Disabled and Elderly was founded as part of the ASPB. One mission of this organisation is related to care services for disabled and elderly people in need of care (Article 10/g).

Care Services

In Turkey, there is no long-term care insurance system. The elderly are usually taken care of within their own family. On the other hand Turkish Civil Code and Turkish Penal Code include certain obligations for family members to look after dependants in their families (Tatar et. al., 2011:141) In addition; there are the ASPB, publicly and privately run care homes and care services at home. Elderly poor people can benefit from ASPB care homes and a limited number of them can receive care services free of charge in private care homes and care centres. A tax-financed scheme, designed in 2005, provides payments to families of poor and disabled people cared for at home and payments

[13] Meltem ÖZGEÇ' news, retrieved on 15 February 2012 from http://www.hurriyet.com.tr/ekonomi/19919439.asp.
[14] Official Gazette, Number:27958 (Repeated), 8 June 2011.

to a care centre, if they are cared for there. The ASPB care homes may be run by public institutions and other real or legal persons. Elderly people who cannot afford to stay at the ASPB care homes benefit from care home services free of charge.[15] 5% of the capacity of private care homes is dedicated to care for poor old people who cannot afford the fees for the service. The elderly eligible for free care services are determined by the ASPB branch management in the respective towns and cities.[16]

Apart from care homes, home care services can be provided by ASPB, public institutions and private legal personalities.[17] These institutions dedicate a maximum of 5% of their capacity to free care for people on low income in need of the services who do not have any relatives to care for them. The elderly eligible for free care services are determined by the ASPB branch managements.[18]

As mentioned above, there is no long-term care insurance system in Turkey. Elderly or frail people in need of long-term care satisfy their needs through the tax-financed social assistance system. If a person cares for an elderly family member, there is a monthly cash benefit available amounting to the net minimum wage. If the person is cared for at a care centre, twice the minimum wage is given to the person receiving care. This form of benefit is available to people whose individual income is below two-thirds of the net minimum wage.

Social Assistance for Caregivers

Since 2005, a sound long-term care service for disabled people has been run by ASPB (repealed Social Services and Child Protection Institution). Although it was initially set up to provide for disabled people, it is understood that there is not much difference between the burden of disability or of old age in terms of mobility. The scheme is tax-financed and provides four different types of long-term care services:

- Care at ASPB care centres (inpatient)
- Care at ASPB care centres (outpatient)
- Care at private care centres (cost per month TL 1,402.28)
- Care at home (if the carer is a family member, the net minimum wage (TL 701.14) is paid to that person each month)

The number of people who benefit from these long-term care services is shown in Table 11 below. As the figures show, the number of people who are cared for by relatives at home reached 339,186 in September 2011[19]. It is estimated that this number will reach 561,000 by 2014 (YPK, 2010).

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[15] *"[…] An old person is eligible for free care in a care home if it is clear that this person has nobody legally responsible to look after them, and they do not receive old-age, widow or survivor pension from social security institutions, and they have no movable or immovable property registered in their name or, if they have immovable property registered in their name, their income is still too low to be able to survive. Also eligible for free care are old people whose income is documented to be below the poverty threshold and those who have a family member responsible to look after them but whose income is too low to be able to care for them. Those who can afford the fees, but are socially deprived are accepted on the condition that they pay the fee." Regulation of care homes, elderly care in care homes and rehabilitation centres"* Official Gazette, Number 24325, Article.62/a, 21 February 2001.

[16] *Regulation of care homes and elderly care in care homes and rehabilitation centres,* Official Gazette, Number 26960, Article 27/7, 07 August 2008.

[17] Regulation about home care and day care services provided at care centres for the elderly. Official Gazette, Number: 26960, 09 August 2008.

[18] Regulation about home care and day care services provided at care centres for the elderly, Article 25/5.

[19] It should be mentioned that the numbers represent all age groups. Data providing a break-down into age groups who benefit from cash benefits could not be attained. However, the proportion of people above the age of 50 who are incapable of work to a degree of 70% or more is estimated to be 30% (SGK, 2009). Thus, it can be assumed that 30% of these numbers refer to needy elderly people.

Table 11: Disabled Care in Turkey (September 2011)

Services	Institution Numbers	Number of persons receiving care services
Care provided by relatives at home	-	339,186
ASPB Care and Rehabilitation Centres	83	5,807
ASPB Family Advisory and Rehabilitation Centres	7	445
Private Care Centres	95	8,592
Total	**185**	**354,030**

Source: (repealed SHÇEK, September 2011)

Care Services at Home

Another new project by the Ministry of Health is the introduction of health care services at home for disabled people. With this implementation the Ministry aims to ensure that disabled patients requiring health care services are treated in their homes in a familiar environment, whenever it is possible to deliver the necessary medical care and rehabilitation services outside a hospital environment, which will reduce the number and duration of hospital stays. The target is to provide all disabled patients (150,000 persons) with home care services by 2015 (SB, 2011:372). By February 2012, it had reached 124,000 patients and 80,388 people registered within the system[20].

2.4.2 Debates and political discourse

There were a number of debates and political discourses about long-term care in 2011. According to the 61st Government Programme, in the period 2011-2015, the quality of health services will improve with some implementations such as care at home, telemedicine, etc. In addition, care services will be professionalised. According to the 2012 Government Annual Programme, institutional and alternative care services will be developed for the elderly. For this purpose, the quality and number of nursing homes will be increased. In addition, the roles of local government and NGOs will be increased in this field. Vocational training for qualified caregivers will be improved (KB, 2011: 234-235).

2.4.3 Impact of EU social policies on the national level

The European Commission's Progress Report (2011:80-81) noted that the strategy and the Action Plan on Care Services, which provides for the improvement of home-based care services for children and people with disabilities, have been adopted. However, according to this report, the number of social services units run by the ASPB (old SHÇEK) remains a source for concern.

2.4.4 Impact assessment

In 2010, the General Directorate of Services for Disabled Persons and Elderly has conducted a "Survey on Problems and Expectations of Disabled People" in order to determine the everyday problems and expectations of disabled people who are registered in the National Disabled People Database (TÜİK Survey on Problems and Expectations of Disabled People, 2011). As Table 12 shows, the 3rd most important expectation of disabled persons from governmental institutions and organisations is improving and expanding care services.

[20] http://tedavi.saglik.gov.tr/, 10 February 2012.

Table 12: Registered disabled individuals' expectations from governmental institutions and organisations by type of disability (in %) in 2010

Expectations from governmental institutions and organisations	**Total**	**Visual disability**	**Hearing disability**	**Language and speech disability**	**Orthopaedic disability**	**Intellectual disability**	**Mental and emotional disability**	**Chronic illness**	**Multiple disabilities**
Increasing social assistance and support	85.7	85.1	85.3	74.1	84.4	85.0	84.9	86.7	87.0
Improving health services	77.0	74.4	73.5	66.3	73.8	74.1	75.0	82.0	79.2
Improving and expanding care services	**40.4**	**33.8**	**25.4**	**23.4**	**38.0**	**35.4**	**41.4**	**48.0**	**47.0**
Increasing job opportunities	28.7	45.5	43.5	31.0	40.5	21.9	28.7	27.0	23.5
Increasing educational opportunities	25.6	17.4	33.3	54.4	17.4	43.0	17.6	13.4	21.4
Improving l,iving environment	17.7	23.0	15.1	13.2	23.0	12.3	14.3	19.6	20.4
Disabled persons who do not have any expectations	2.2	1.8	2.5	4.3	2.0	2.6	5.0	1.8	1.9
Other	8.6	7.0	8.5	16.0	8.0	11.6	10.4	6.1	7.7

Source TÜİK, Survey on Problems and Expectations of Disabled People, 2011
Note: Respondents are able to mark more than one choice, so that sum of percentages may not be equal to 100.

A recent study focuses on the contribution of a young person working as a volunteer in home care service providers for the elderly in Ankara (Hablemitoglu et al., 2011). The results of the study indicate that whether or not a young person becomes a volunteer in elderly care services at home is related to their educational status and the size of their family. As family size increases, the number of young volunteers to be concerned with care of the elderly increases. However, their parents' education level has a negative effect (Hablemitoglu et al., 2011:160-161).

Another study aims to determine the problems and thoughts on ageing of caregivers who work in nursing homes (Öntanç, Tunç, 2011). According to this study, caregivers working in nursing homes express the need for higher wages, psychological and emotional support, as well as improved physical conditions. The number of qualified personnel should be increased. The economic satisfaction of caregivers and giving psychological support to caregivers are, according to the authors, important factors in improving the quality of professional care-giving.

2.4.5 Critical assessment of reforms, discussions and research carried out

Qualified caregivers are very much needed in Turkey. It is estimated that 12.3% of families who have a disabled elderly relative need caregivers' support. The rate of households with a disabled elderly person is 5.3% (ASAG, 2010). We estimate that there are currently nearly 900,000 qualified caregivers in Turkey (Karadeniz, fortcoming). However, the supply of formally qualified caregivers has been very low. Caregivers' vocational training is provided by different institutions such as universities (vocational training colleges), the Ministry of Education and Is-Kur. The curriculum for the vocational training of caregivers should be unified in cooperation with related institutions (Oğlak, 2008:243). Although the number of relevant faculties at universities, vocational training colleges and the number of courses have increased in recent years, qualified caregivers shortages have continued. Nearly 8,000 students have graduated from these schools and courses. However, on university degree courses, the quota of places on offer has not been filled. (Karadeniz, forthcoming).

The following measures need to be taken iin order to improve long-term care services in Turkey:

1. Long-term care coverage should be extended to middle and high-income groups and long-term care insurance should be introduced for them.
2. The number of the qualified caregivers should be increased and their working conditions should be improved in terms of the wage, paid holidays, social security, etc.
3. Caregivers at home are financed by the ASPB and they should be trained in caregiving.

2.5 The role of social protection in promoting active ageing

2.5.1 Employment

The Turkish labour and social security legislation include discouraging regulations for employees. Before the second pension reform accrual ratio, revalorisation coefficient were higher than current system. Because of pension parameters such as a decreased minimum old-age pension accrual rate and revalorisation coefficient the pension system has a discouraging effect on insurees who started to work before 1999. If they've continued to work after second pension reform in 2008, their pension amounts will decrease. Therefore, those insurees are reluctant to extend their working lives (Kurt, 2011). [21] On the other hand, the new Social Insurance Law rewards longer careers for newly insured people who started their jobs after 2008. They have to work more times than old insurers to get same old age pension benefit. The accrual rate is 2% per each year the working career and the total rate cannot exceed 90%, as stipulated by current legislation (Law Number 5510).

As Table 13 shows, the employment rate decreases from the age of 55.

Table 13: Employment Rate by Age Groups (2004-2008-2009-2010) in %

Age groups	2004	2008	2009	2010
50-54	38.4	39.5	39.4	41.1
55-59	32.6	30.2	31	32.4
60-64	25.6	23.7	24.5	25.8
65+	14.1	11.6	11.7	11.8
Overall employment rate	41.3	41.7	41.2	43

Source: TÜİK Household Labour Force Survey Database

Table 14: Employees awarded with old-age Pension (years 2000, 2007-2010)

	2000	2007	2008	2009	2010
Average age	49	50	50	50	51

Source:(SSK, 2001), (SGK, 2010)

As Table 14 shows, in 2010 old-age pensions were awarded to people aged 51 on average. So, the pension reform has reflected positively on the average pension age. However, the early retirement regulations of the past have continued for employees who started work before 1999. Therefore, it can be said that an early statutory retirement age has a major effect on the insured person's decision to leave the labour market early. Furthermore, if employees complete the required contribution days

[21] Resul KURT, Çok çalışınca maaş düşüyor mu? 26 July 2011 Star Gazetesi http://www.alitezel.com/tezel/index.php?sid=yazi&id=4710.

without reaching the age, they can terminate their labour contract to receive a severance payment (Law Number 1475, Article 14).

The Eurobarometer Survey on Active Ageing (2011) reached a parallel result with official statistics. According to the survey, Turkish respondents think that they will be capable of working in their current job until the age of 52.3 on average. This figure is 61.7 years for EU-27. 34% of Turkish respondents would like to work after reaching retirement age. This figure is slightly higher than the EU-27 average (33%). This trend seems to be normal because of the low retirement age in Turkey for insurees who started work before 1999.

Moreover, if an old-age pensioner continue to work as self-employed or as an employee, social security contribution to the SGK has to be paid at a rate of currently 15% for self-employed, which will be deducted from the old-age pension payments (Law Number 5510, Article 30). For employees, the social security contributions ranges from 31% to 36.5% of the gross wage. Employees share is 7.5% and employer share ranges from 23.5 to 29.5 depending on occupational accidents contribution ratio (Law Number 5510, Temporary Article 14). It can be said that such high contribution for pensioners discourages pensioners to stay in or return to the labour market. Insurees who started work after 2008 (second pension reform) are not allowed to (registered) work when they are entitled to pension payments. Otherwise, their pension will be cut by the SGK. Likewise, if pensioners work for a public institution, their old-age pensions are cut (Law Number 5335, Article 30).

2.5.2 Participation in society

Social security legislation excludes unpaid family workers and home-based work for family members. Spouses of employers who carry out unpaid work or home-based work for family members and unpaid work in agriculture lie outside the scope of compulsory social insurance (Law Number 5510, Article 6). However, voluntary work is subject to contribution payment, unless it is in the agricultural sector. Turkish people seem to be rather unwilling to consider voluntary work compared with citizens in EU-27 countries. In the Eurobarometer Survey (2011) on Active Ageing, just 5% of Turkish respondents aged over 55 years are engaged in voluntary work. This figure is 27% for EU-27 countries.

2.5.3 Healthy and autonomous living

There is no long-term care insurance system in Turkey. Elderly people are cared for by their families. If the family income is below the poverty threshold, the Ministry of Family and Social Policies provides social assistance to caregivers or payments to care centres. It can be said that there has been a political priority for home care compared to institutional care. According to the National Ageing Plan (DPT, 2007:81-82), ageing in a person's own environment will be promoted instead of care in a nursing home. Also, according to the Eurobarometer survey (2011), the most useful three requests the government could realise to help people who care for older family members in Turkey are as follows:

- Receiving some financial remuneration for the care they provide, 54% (44% for EU-27)
- Having the right to work part time, 33% (27% for EU-27)
- Having an annual holiday entitlement with publicly funded replacement care during this time, 25%, (16% for EU-27).

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WHO, (2011) Health System Performance Assessment Turkey, Executive Report retrieved on 1 February 2012 from www.euro.who.int/__data/.../e95429.pdf.

YAVUZ, Cil, Nilgün, Veli YILANCI,Zehra AYCA ÖZTÜRK (2011) Is health care a luxury or a necessity or both? Evidence from Turkey, European Journal Health Economics, DOI 10.1007/s10198-011-0339-6.

YENİMAHALLELİ YASAR, Gulbiye, UGURLUOGLU, Ece, (2011) "Can Turkey's general health insurance system achieve universal coverage?", 2011, The International Journal of Health Planning and Management, Vol.26, Issue 3, pages 282–295, http://onlinelibrary.wiley.com/doi/10.1002/hpm.1079/pdf http://www.haber7.com/haber/20120215/46-milyon-kisi-gelir-testi-istedi.php/844543.

YILDIRIM, Hasan Hüseyin, HUGHES, David, YILDIRIM Türkan,(2011) "Markets, modernisation and national interest: three faces of patient choice policy in Turkey", Health & Social Care in

the Community, Vol.19, No.2, p: 168–177, http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2010.00956.x/pdf.

Meltem ÖZGEÇ' news, retrieved on 15 February 2012 from http://www.hurriyet.com.tr/ekonomi/19919439.asp.

3 Abstracts of Relevant Publications on Social Protection

[R] Pensions
- [R1] General trends: demographic and financial forecasts
- [R2] General organisation: pillars, financing, calculation methods or pension formula
- [R3] Retirement age: legal age, early retirement, etc.
- [R4] Older workers activity: active measures on labour market, unemployment benefit policies, etc.
- [R5] Income and income conditions for senior workers and retired people: level of pensions, accumulation of pensions with earnings from work, etc.

[H] Health
- [H1] Health expenditures: financing, macroeconomic impact, forecasting, etc.
- [H2] Public health policies, anti-addiction measures, prevention, etc.
- [H3] Health inequalities and access to health care: public insurance coverage, spatial inequalities, etc.
- [H4] Governance of the health system: institutional reforms, transfer to local authorities, etc.
- [H5] Management of the health system: HMO, payments system (capitation, reimbursement, etc.)
- [H6] Regulation of the pharmaceutical market
- [H7] Handicap

[L] Long-term care

[R] Pensions

[R1] ALPER, Yusuf, "Sosyal Güvenlik Reformu ve Finansmanla İlgili Beklentiler", 2011, Sosyal Güvenlik Dergisi, 2011/1, p: 7-47, http://asosindex.com/journal-article-abstract?id=14500.

Reform in the Turkish Social Security System and Expectations about Financing

One of the main purposes of the social security reform, which came into force in 2008, is creating a financially sustainable social security system. A retirement system that is dominated by insurance principles and a cost-effective general health insurance system were planned to be established by the social security reform. Measures aimed at increasing revenues and reducing expenditures, such as the prevention of informal employment, the increase of earnings subject to premium payments and prime collection rates, were applied simultaneously in order to close financial deficits of the social security system. Moreover, raising the retirement age and changing pension calculation parameters were measures taken to reduce expenditures. Unfortunately, the expected positive results from the social security reform have not materialised in the past 2.5 years. A rise in unemployment after the Economic Crisis in October 2008 postponed the expected improvements from the reforms. Moreover, the reduction in expenditures have not materialised. Despite all these negative developments, the reform has the potential to allow the expected positive results.

[R1] GÖKBAYRAK, Şenay, "İşgücü Piyasaları ve Sosyal Güvenlikte Dönüşüm Ekseninde Kadınların Emeklilik Güvencesi", 2011, Çalışma ve Toplum Dergisi, 2011/2, p: 165-190, http://calismatoplum.org/sayi29/gokbayrak.pdf.

The Transformation in Labour Markets and Social Security in respect of Pension Assurance of Women

This study is aimed at analysing the effects of changing labour market conditions and welfare state transformation on women's old-age security. In many countries, under the transformation of the welfare state, while the role of the public pension programmes has been reduced, private pension programmes have gained an important role in old-age income security. However, this process creates more adverse effects on women's income security. Gender roles in the welfare state, gender division of labour, low employment rates of women; gender segmentation in labour markets and a-typical employment patterns of women are the main reasons of this situation. Under unsecured employment

conditions for women, many women cannot access old-age security. This study indicates that the transformation of the labour market and the social security system increases the gender gap in old age-security and transports gender inequality from the present to the future, as a result of existing gender inequality in social security and the labour market in Turkey. Therefore it is important to implement women-friendly employment and social security policies to reduce and eliminate gender discrimination in old-age security.

[H] Health

[H1, H2, H4] ADAS, Emin, "Privatisation of Health and Publicisation of Violence: Violence toward Doctors in Turkey", 2011, Critical Public Health, Vol. 21, No. 3, pp: 339-351, http://www.tandfonline.com/doi/pdf/10.1080/09581596.2010.493171.

Privatisation of Health and Publication of Violence: Violence toward Doctors in Turkey

In recent years, health professionals have been suffering from widespread violence in Turkey and, in fact, around the world. Based on the data obtained from fieldwork in Gaziantep and Kilis, this article aims to discuss the neo-liberal transformation of the health sector and the consequences of this transformation in effecting violence towards doctors. The data shows that physicians working at public health institutions are the main victims of verbal and physical attacks coming mostly from patients and their companions. The social and economic context within which the violence towards physicians takes place is a process of restructuring of the provision of health services based on neo-liberal market logic. The health services and field are increasingly shaped and redefined in accordance with economic logic, including efficiency, profit, cost, competitiveness, etc. These policy changes in the health sector have resulted in differentiation of health services, devaluation of public services, the stigmatisation of employment in and consumption of public health services as signs of low status as well as devaluation of general practitioners' practices.

[H3] AYDIN, Kemal, "Gelir, Sağlık ve Sosyal Güvenlik Açısından Türkiye'de Nispi Yoksulluk ve Hayat Standartları", 2011, Business and Economics Research Journal, Vol. 2, No.3, p: 189-206, http://asosindex.com/journal-article-abstract?id=11670.

Relative Poverty and Living Standards Perspective of Income, Housing, Health and Social Security in Turkey

This study assesses the relative poverty and the quality of life in Turkey. The database used for the study is based on the raw data obtained from the Turkish Statistical Institute Household Budget and Consumption Expenditure questionnaires between 2003 and 2006. In the article, those that are relatively poor, according to the total annual income, are illustrated in crosstabs in accordance with their socio-economic and demographic status. Then the ownership status of housing of those in the relatively poor category is assessed. Finally, the housing data are combined with the socio-economic and demographic status, as well as other factors such as dwelling types, housing facilities, health insurance, and the social security institution they are connected to, which help to explain the relative poverty from different points of view. According to our calculations, based on questionnaires completed by 51,423 households, the 14.5% that form the lowest level of income distribution throughout Turkey also falls within the relative poverty category. The average annual income for the 14.5% that fall under the relative poverty line during the same years is TL 1,828. Out of the total 7,475 (14.5%) households that fall under the relative poverty throughout Turkey, 17% of the household heads live in rural areas, while 12.7% live in cities. The majority of those in the relative poverty category (40.7%) have an education level that is below primary school education. The

livelihood of those in the relative poverty category consists mainly of agriculture and animal husbandry and work that do not require any qualifications. While the poverty rate for female household heads is 34.2%, this rate is 12.4% for male household heads, and 21.5% for those over 60. Among the 15% that fall under the relatively poor category, 74% are homeowners, while 20% are tenants. In terms of the social security institutions, 86% have no social security, while 39% have no health insurance. Apart from unemployment, the nature of the jobs carried out stands out among the reasons behind poverty.

[H2] ÇELİKAY, Ferdi, GÜMÜŞ, Erdal, "Sağlıkta Dönüşümün Ampirik Analizi", 2011, Ankara Üniversitesi SBF Dergisi, Cilt 66, No. 3, p: 55-92, http://dergiler.ankara.edu.tr/dergiler/42/1608/17301.pdf.

Empirical Analysis of Transformation in Health

The efficiency of the Turkish health system, which was restructured by the health transformation framework, depends on the mutual compliance of both health service providers and users. The future and success of the new health system may be determined by solving problems that were generated from the old system and by providing qualified, easily accessible, widespread health services. This study analytically evaluates the new health system structured by the transformation of health project during of the 2000s. In this study, by employing a sampling method, a questionnaire was used to interview citizens about the health system. The data were analysed using the ANOVA technique. The study reaches the conclusion that "citizens generally find the new health system favourable".

[H1] ÇELİKAY, Ferdi, GÜMÜŞ, Erdal, "Türkiye'de Sağlık Hizmetleri ve Finansmanı", 2011, Eskişehir Osmangazi Üniversitesi Sosyal Bilimler Dergisi, 11(1), p: 177-216, http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1909447.

Health Services and their Financing in Turkey

Increasing and sustaining the quality of life can be possible when people are healthy. Good health conditions require good quality and accessible health care services. Because of the market failure, and as a result of asymmetric information, the public as well as private sectors provides health care services. The study first investigates the Turkish public health care services and their financing. It then compares the Turkish health care financing system with that of selected countries.

[H1] TATAR, Mehtap, "Sağlık Hizmetlerinin Finansman Modelleri: Sosyal Sağlık Sigortasının Türkiye'de Gelişimi", 2011, Sosyal Güvenlik Dergisi, 2011/1, p: 103-133, http://asosindex.com/journal-article-abstract?id=14504.

Financing Health Care Services: Development of Social Health Insurance in Turkey

Health care financing and share of health expenditures in the economic wellbeing of countries have long been among the priority topics of policy makers' agendas. Regardless of the selected method of health care provision and financing, the main goal should be to provide health care services with an acceptable quality, accessibility, efficiency and effectiveness. The Turkish health care system has witnessed a radical transformation process since the "Health Transformation" programme after 2003 and radical changes have been made in both the provision and financing of heath care services. This article aims to present the theoretical aspects of social health insurance adopted as the main financing model of the Turkish health care system. First, different models of health care financing are elaborated in detail followed by an analysis of the development of social health insurance in Turkey.

The article also focuses on the organisational issues of social health insurance and presents contemporary issues in the Turkish system.

[H1, H3] TÜMER, Emine İtikat, KESKİN, Atilla, BİRİNCİ, Avni, "Factors Affecting the Farmer Attitudes Toward Buying Social Security Insurance: The Case of Erzurum, Turkey", 2011, African Journal of Business Management, Vol. 5 (6), p: 2129-2134, http://www.academicjournals.org/ajbm/PDF/pdf2011/18Mar/Tumer%20et%20al.pdf.

Factors Affecting the Farmer Attitudes toward Buying Social Security Insurance: The Case of Erzurum, Turkey

The aim of this study is to determine the factors which affect the attitudes of farmers to buy social security insurance and to analyse them according to the kinds of social security policies. The Binomial Probit Model was used for this purpose. According to the results of the study, farmers who deal with both animal husbandry and field crops are more inclined to make arrangement for social security schemes, compared with farmers who deal with only field crops or only animal husbandry. A negative relationship was found between the tendency to buy social security and forage crops production area and the income from animal husbandry. A positive relationship was found between the tendency to buy social security and non-agricultural monthly income, and the availability of tractors and cattle in the farm holding.

[H1] YENİMAHALLELİ YASAR, Gulbiye, UGURLUOGLU, Ece, "Can Turkey's General Health Insurance System Achieve Universal Coverage?", 2011, The International Journal of Health Planning and Management, Vol. 26, Issue 3, pages 282–295, http://onlinelibrary.wiley.com/doi/10.1002/hpm.1079/pdf.

Can Turkey's general health insurance system achieve universal coverage?

This study aims to evaluate the General Health Insurance System (GHIS) in Turkey, implemented since 1 October 2008, in order to assess whether the GHIS will be able to achieve its objective of universal coverage. Both the breadth and depth of coverage will be taken into account. The study notes that some socio-economic problems, such as a significant informal economy, high unemployment rate, inefficiency in the creation of adequate employment opportunities, inequitable income distribution, and widespread poverty, are the main problems preventing the GHIS from reaching breadth of coverage in Turkey. Contribution conditions for entitlement to health services prevent the GHIS from providing breadth of coverage, too. Out-of-pocket payments, which are higher than in European and OECD countries, narrow the depth of coverage, but the GHIS brings in additional user fees. Statistics show that despite its objective, the GHIS struggles to provide universal coverage. It seems the GHIS will not be able to provide universal coverage in the near future because of the socio-economic conditions and conditions for entitlement to health services. In this case the government should either introduce radical arrangements to cope with the socio-economic problems and issues with the funding system or should consider switching from an insurance-based system towards a tax-based system.

[L] Long-term care

[L] CANKURTARAN ÖNTAŞ, Özlem, TUNÇ, Melike, "Caregiving of aged people, either professional job or acquiring merit in God's sight: An example of qualitative research", 2011, Archives of Gerontology and Geriatrics, doi:10.1016/j.archger.2011.08.002, http://pdn.sciencedirect.com/science?_ob=MiamiImageURL&_cid=271271&_user=1010270&_pii=S

0167494311002482&_check=y&_origin=article&_zone=toolbar&_coverDate=01-Sep-2011&view=c&originContentFamily=serial&wchp=dGLzVlV-zSkzV&md5=35ddd461908bb21c2668fafe4ed8ef14/1-s2.0-S0167494311002482-main.pdf.

Caregiving of Aged People, Either Professional Job or Acquiring Merit in God's Sight: An Example of Qualitative Research

Life expectancy is increasing for many reasons, and, thus, caring for elderly people becomes more and more important. Today it is understood how the professional care of elderly people is significant, compared to care being carried out by volunteers. This study, with the help of qualitative research, aims to understand the problems and opinions on ageing of professional caregivers who work in nursing homes. Structured interviews with 13 caregivers were carried out and taped and subsequently transcribed verbatim. Then, the results were grouped into three main themes, which are "ageing", "work life", "caregiving to elderly people". Elderly people were described as people who are dependent, need interest, and represent wisdom. Caregiving was described as both a good job and a punishment. The main reason for working as a caregiver is economic needs. The suggestions of caregivers are increasing payment, giving psychological and emotional support, and also improving physical conditions. Thus, the economic satisfaction of caregivers, psychological support to caregivers and improved physical conditions for them are important factors in increasing the quality of professional caregiving.

[L] HABLEMİTOĞLU, Şengül, ÖZMETE, Emine, BAYOĞLU, Ayşe Sezen, YILDIRIM, Filiz, "Evde yaşlı bakımı hizmetlerinde gönüllü olmanın gençlerin yaşamlarına katkısı", 2011, C.Ü. İktisadi ve İdari Bilimler Dergisi, Cilt:12, Sayı:1, p:147-163, http://iibfdergi.cumhuriyet.edu.tr/archive/evdeyalbakmhizmetlerindegnllolmanngenlerinyaamlarnakatks.pdf.

The Contribution of Volunteering in Elderly Home Care Services to Young People's Lives

This study is carried out in order to create volunteer support to improve an alternative care service model for elderly people who are living alone at home and are registered in the "Care Centre for Elderly People", founded by Ankara Metropolis Municipality, and to evaluate young peoples' attitudes towards their volunteer status and the contribution this voluntary service in elderly home care makes to their life. The sampling constitutes of 117 university students who volunteer in elderly home care. The results of the study indicate that becoming a volunteer in elderly home care services is related to their parents' educational status and the size of their family. It is established that young people who volunteer to provide elderly care services think that participating in those services as a volunteer makes them grow as individuals, teaches them team work and professionalism, introduces them to a vocational field, and helps the society in general.

[L] OĞLAK, Sema, "Türkiye'de Yaşlı Bireylerin Bakım Gereksinimlerine Yönelik Yaşadığı Ortamda Sunulacak Bakım Modelleri", 2011, İş, Güç, Endüstri İlişkileri ve İnsan Kaynakları Dergisi, Cilt 13, Sayı 4, http://www.isguc.org/?p=article&id=468&cilt=13&sayi=4&yil=2011

Care Models to Resolve Care Requirements of Elderly Individuals in Turkey

Currently, the increase in the number of elderly people has been high on the socio-economic and political agendas of not only the developed countries, but of the developing countries as well. Along with an ageing population the need of care and health and social care expenditure has been increasing rapidly. Population ageing and longevity challenges not only the social security systems, it

simultaneously causes problems concerning long-term care and quality of life. In this context, in order to solve the problems that arise, both cost-effective and universal new care solutions are needed. With the increase of care burden and the expectation of quality of life, it is noticed that a lot of countries are changing their elderly care policy from the institutional care system services to the community care services, and aiming at holistic care models. The aim of this study is to raise awareness in our country by intending to generalise the implementation of care models based on community care that increase quality of life, reduce costs and care expenditures in the countries who have confronted ageing problems before. The reason for this is that, in the future, Turkey will need more care models that will guarantee social inclusion of an individual, and that will provide higher levels of satisfaction.

4 List of Important Institutions

Türkiye İş Kurumu (İş-Kur) - Turkey Employment Institution

Contact Person:	Kazım YİĞİT General Director
Address:	General Directorkiye İş Kurumu Genel Müdürlüğü Atatürk Bulvarı Bakanlıklar, Ankara, Turkey
Webpage:	www.iskur.gov.tr

Governmental Organisation. Turkey Employment Institution manages and implements unemployment insurance. Main Recurring Publication: İş-Kur Bulletin.

Sosyal Güvenlik Kurumu (SGK) - Social Security Institution

Contact Person:	Fatih ACAR, President of SGK Sosyal Güvenlik Kurumu
Address:	Ziyabey Cad. No: 6 Balgat, Ankara/Turkey
Phone:	0090.312 207 80 00
Webpage:	www.sgk.gov.tr

Governmental Organisation.
SGK manages the social security system and implements social security laws. Main Recurring Publication: Sosyal Güvenlik Dergisi / Social Security Magazine.

Aile ve Sosyal Politikalar Bakanlığı (Ministry of Family and Social Policies)

Address:	Akay Caddesi No: 6 Bakanlıklar/Ankara/Turkey
Phone:	0090.312. 424 09 40 & 90.312.424 09 40
Webpage:	http://www.aile.gov.tr

Governmental Organisation

Sosyal Yardımlar Genel Müdürlüğü - General Directorate of Social Assistance

Contact Person:	Aziz YILDIRIM General Director
Address:	Akay Caddesi No: 6 Bakanlıklar/Ankara/Turkey; Karanfil Sokak No: 67 Kızılay/Ankara/Turkey
Phone:	0090.312. 424 09 40 & 90.312.424 09 40
Email:	sydgm@sydgm.gov.tr
Webpage:	www.sydgm.gov.tr

Governmental Organisation. "[...] The Social Assistance and Solidarity General Directorate as the state's most important social assistance and protection agency fulfils the state's social responsibility throughout the country by helping citizens who do not have social security , orphaned and needy and also by supporting employment-oriented training and projects."

Çalışma ve Sosyal Güvenlik Bakanlığı - Ministry of Labour and Social Security

Address:	T.C. Çalışma ve Sosyal Güvenlik Bakanlığı İnönü Bulvarı No:42 pk: 06520 Emek / Ankara/Turkey
Phone:	0090.312 296 60 00
Webpage:	www.calisma.gov.tr

Governmental Organisation. ÇSGB manages the labour and social security system. ÇSGB implements and inspects labour legislation, and takes measures which regulate working life (See: Law Number 3146, Article 2).

Sağlik Bakanlığı - Ministry of Health

Address:	T.C. Sağlık Bakanlığı Mithatpaşa Cad. No : 3 06434 Sıhhıye / Ankara/Turkey
Phone:	0090.312. 585 1000
Webpage:	www.saglik.gov.tr

Governmental Organisation.

Türkiye İşçi Sendikaları Konfederasyonu - Confederation of Turkish Trade Unions

Contact Person:	Mustafa KUMLU General President
Address:	Bayındır sok.No:10 06410Kızılay Ankara/TURKEY
Phone:	0090(312) 433 31 25 (pbx)
Fax:	0090.0312. 433 68 09
Email:	turkis@turkis.org.tr
Webpage:	www.turkis.org.tr

Non Governmental Organisation. TÜRK-İŞ is the biggest Confederation of Trade Unions in Turkey. It is also the first Confederation to be established in Turkey. It was established in 1952. As of January 2008, TÜRK-İŞ has 2,154,132 members (according to the statistics of the Ministry of Labour) organised within its 33 affiliated unions in 28 industrial branches. Most affiliated unions have a membership with their corresponding ITS. Main Recurring Publication: Türk-İş Dergisi (Magazine).

Hak İşçi Sendikaları Konfederasyonu - HAK-İŞ Trade Union Confederation "The Confederation of Turkish Real Trade Unions"

Contact Person:	Mahmut ARSLAN General President HAK-İŞ KONFEDERASYONU
Address:	Tunus Cad. No:37 Kavaklıdere/Ankara/Turkey
Phone:	0090.312.417 80 02 - 417 79 00
Fax:	0090.312.425 05 52
Email:	hakis@hakis.org.tr
Webpage:	www.hakis.org.tr

Non Governmental Organisation. The Confederation of Turkish Real Trade Unions (HAK-İŞ) was set up on 22 October 1976 in Ankara. Today, HAK-İŞ has 9 affiliate trade union members.

Devrimci Işçi Sendikaları - Confederation of Progressive Trade UNIONs

Contact Person:	Erol EKİCİ, General President
Address:	ABİDEİ HÜRRİYET CAD. NAKİYE ELGÜN SOK. 117 Şişli - İstanbul/TURKEY
Phone:	0090 212 2910005
Fax:	0090 212 2342075
Email:	disk@disk.org.tr
Webpage:	www.disk.org.tr

Non Governmental Organisation. DİSK was established in 1967. 18 Trade Unions are members of DISK.

Türkiye Emekliler Derneği - Turkish Retired Association

Contact Person:	Kazım ERGÜN General President TÜRKİYE İŞÇİ EMEKLİLERİ DERNEĞİ
Address:	Anıttepe Mh. Işık Sk. 11/1, Tandoğan - Ankara /TURKEY
Phone:	0090.0312 230 34 28-29-89
Fax:	0312 230 16 41-92

Email: tied@tied.org.tr
Webpage: www.tied.org.tr

Non Governmental Organisation. TİED was established in 1970. It has more than 1 million members and is organised in 86 branch offices. TIED is represented in the Social Security Institution and Social Security Advisory Board.

Türk Tabipleri Birliği - Turkish Medical Association

Address: Gazi Mustafa Kemal Bulvarı Ş. Daniş Tunalıgil Sok. No: 2 / 17 - 23 Maltepe /Ankara 7 TURKEY 06570
Phone: 90 312 231 31 79 & 90 312 231 19 52
Email: ttb@ttb.org.tr
Webpage: www.ttb.org.tr

The Turkish Medical Association (TTB) is the organised voice of physicians in Turkey, under constitutional guarantee. It is a public association founded under Law Number: 6023. 80% (83,000) of the country's physicians are members of the TTB. Its main income source are membership fees. Main Recurring Publication: Toplum ve Hekim Dergisi (Community and Physician Review).

Türkiye İşverenler Sendikası Konfederasyonu - Turkish Employer Association Confederation

Contact Person: Tuğrul KUTADGOBİLİK General President
Address: Hoşdere Cad., Reşat Nuri Sokak No. 108 06540 Çankaya / ANKARA
Phone: 0090 312 439 77 17 (pbx)
Fax: 0090 312 439 75 92-93-94
Email: tisk@tisk.org.tr & gensec@tisk.org.tr
Webpage: www.tisk.org.tr

Non Governmental Organisation. TİSK is the biggest employer association and the unique qualified employer organisation's confederation for collective agreement.
Main Recurring Publication: TİSK Akademi Dergisi (TİSK Academy Review), Işveren Dergisi (Employer Magazine).

Türkiye Esnaf ve Sanatkarları Konfederasyonu - The Confederation of Turkish Tradesmen and Craftsmen

Contact Person/ Bendevi PALANDÖKEN General President TESK
Address: Tunus Caddesi No. 4, 06680 Bakanlıklar / Ankara/TURKEY Phone: 0090.312 418 32 69
Fax: 90.312 425 75 26
Email: info@tesk.org.tr
Webpage: www.tesk.org.tr

Non-Governmental Organisation. The Confederation of Turkish Tradesmen and Craftsmen (TESK) has a country-wide organisational structure with its 13 Sector Occupational Federations, 82 Tradesmen and Craftsmen Union of Chambers and 3,171 Local Occupational Chambers. It is representing nearly 1.8 million tradesmen and craftsmen members working in service and production sectors. All of its managers are assigned to their positions through democratic elections carried out by its members, and it is managed by an administration board consisting of 15 persons. Main Recurring Publication: Vitrin Dergisi (Vitrin Magazine).

Türkiye Odalar ve Borsalar Birliği - The Union of Chambers and Commodity Exchanges of Turkey

Contact Person: Rıfat HİSARCIKLIOĞLU President TOBB
Address: Atatürk Bulvarı No:149 Bakanlıklar/Ankara/TURKEY
Phone: 0090-312-413 80 00
Fax: 0090.312.418 32 68

Webpage: www.tobb.org.tr

Non-Governmental Organisation. "The Union of Chambers and Commodity Exchanges of Turkey (TOBB) is the highest legal entity in Turkey representing the private sector.
Similar to the patterns of guilds and syndicates, which traditionally organised and represented tradesmen and producers throughout Turkish History, TOBB, too, adopted a representative role in a democratic and modern society.
Today, TOBB has 365 members in the form of local chambers of commerce, industry, commerce and industry, maritime commerce and commodity exchanges."
Main Recurring Publication: Ekonomik Forum Dergisi (Economic Forum Magazine) .

Türkiye Ziraat Odaları Birliği - Foundation and Organisation of the Union of Turkish Chambers of Agriculture

Contact Person:	Ş. Şemsi BAYRAKTAR General President
Address:	Gazi Mustafa Kemal Bulvarı No:25 Demirtepe 06440 Ankara 7, TURKEY
Phone:	0090 312 231 63 00
Fax:	90 312231 76 27
Email:	ziraatodalari@tzob.org.tr
Webpage:	www.tzob.org.tr

"As it is stated in Law Number 6964, which differs from Law Number 2979 by the first article: "Chambers of Agriculture are responsible for professional services to the agricultural sector and for assisting the government in developing its agricultural plans and programmes, covering the mutual needs of farmers, facilitating professional activities, protecting duty, professional discipline, ethic and unity. The Union of Turkish Chambers of Agriculture is a public association which is a legal personality".
The duties of the chambers are detailed in Law Number 6964, Article 3. Chambers of Agriculture are responsible for gathering data about farmers, production, input serving and distributing output, recording combines, organising courses with other agricultural organisations, meetings and giving support to social activities."
Main Recurring Publication: Çiftçi ve Köy Dünyası Dergisi (Farmer and Village World Magazine).

Türkiye Sanayici ve İşadamları Derneği - Turkish Industrialist and Businessmen's Association

Address:	TÜSİAD Türk Sanayicileri ve İşadamları Derneği Merkez, İstanbul
Phone:	90.212 249 19 29
Fax:	90.212. 249 13 50
Email:	tusiad@tusiad.org
Webpage:	www.tusiad.org.tr

Non-Governmental Organisation. TUSİAD is an important employer organisation in Turkey. TUSİAD examines economic and social problems in order to contribute to problem solving.
Main Recurring Publication: No; others: Reports about social security and health reform.

Sosyal Politika Forumu - Social Policy Forum

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University Research Centre. Main Objectives: "The Social Policy Forum is a research and policy centre founded at Boğaziçi University with the objective of generating critical knowledge pertaining to the main issues of social policy. The Forum aims to instigate and contribute to the debate on social policy and citizenship rights, carry the European experience and perspective on social policy and welfare reform to the Turkish context, and foster a deeper interest among intellectuals, policy-makers and media in social policy-making in Turkey."
Main Recurring Publication: Working papers, reports.

Fişek Enstitüsü - Fişek Institute Science and Action Foundation for Child Labour

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Non-Governmental Organisation. The Fişek Institute is a non-governmental organisation acting in the field of occupational health and safety at the national level. It focuses on the continuation and enrichment of the community medicine philosophy by its applications especially for small and medium scale enterprises and working children.
Main Recurring Publication: Çalışma Ortamı Dergisi (Work Environment Review).

Çalışma ve Sosyal Güvenlik Derneği - Labour and Social Security Association

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Non-Governmental Organisation. The Labour and Social Security Association aims at designing projects within social security to ensure the right to access to social security for everybody, to inform the public and to contribute to social dialogue processes. Main Recurring Publication: Sosyal Diyalog Dergisi (Social Dialogue Review).

KEİG Kadın Emeği ve İstihdam Girişimi - The Initiative For Women's Labour and Employment

Address:	SEKRETERYASI KADAV İstiklal Caddesi Gazeteci Erol Dernek Sokak Hanif Han No: 11/5 Beyoğlu İstanbul,7,TURKEY
Phone:	0090.212 251 58 50
Fax:	0090.212 251 58 51
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Non-Governmental Organisation
"The Women's Labour and Employment Initiative Platform (KEIG) in Turkey is a newly established platform of NGOs, academics, local authorities, labour unions and semi-public institutions to promote a gender perspective in labour and employment issues […].The main aim of the platform is to make women's domestic and public labour visible and recognised, to disseminate research and information on issues of women's labour and employment and to combat discrimination against women by proposing policies towards equal opportunities for employment, decent working conditions and decent income in Turkey."

Sosyal Güvenlik Müfettişleri Derneği - Social Security Inspectors Association

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Non-Governmental Organisation
The Social Security Inspectors Association aims at protecting its members' rights and publishes magazines, books, reviews about social policy and social security problems.
Main Recurring Publication: Sosyal Güvenlik Dünyası (Social Security Review).

This publication is financed by the European Community Programme for Employment and Social Solidarity (2007-2013). This programme was established to support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields. The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries. The Programme has six general objectives. These are:

(1) to improve the knowledge and understanding of the situation prevailing in the Member States (and in other participating countries) through analysis, evaluation and close monitoring of policies;
(2) to support the development of statistical tools and methods and common indicators, where appropriate broken down by gender and age group, in the areas covered by the programme;
(3) to support and monitor the implementation of Community law, where applicable, and policy objectives in the Member States, and assess their effectiveness and impact;
(4) to promote networking, mutual learning, identification and dissemination of good practice and innovative approaches at EU level;
(5) to enhance the awareness of the stakeholders and the general public about the EU policies and objectives pursued under each of the policy sections;
(6) to boost the capacity of key EU networks to promote, support and further develop EU policies and objectives, where applicable.

For more information see:
http://ec.europa.eu/social/main.jsp?catId=327&langId=en