Annual National Report 2011

Pensions, Health Care and Long-term Care

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Author: Oğuz Karadeniz

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On behalf of the
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List of Abbreviations

	Turkish	**English**
ASAG	Aile ve Sosyal Araştırmalar Genel Müdürlüğü	General Directorate of Family and Social Survey
DPT	Devlet Planlama Teşkilatı	State Planning Organisation
GDP		Gross Domestic Product
GSS	Genel Sağlık Sigortası	General Health Insurance
HM	Hazine Müsteşarlığı	Undersecretary of Treasury
MoLSS	Çalışma ve Sosyal Güvenlik Bakanlığı	Ministry of Labour and Social Security
OECD		Organisation for Economic Co-operation and Development
SHÇEK	Sosyal Himetler ve Çocuk Esirgeme Kurumu	Social Services and Child Protection Institution
SGK/SSI	Sosyal Güvenlik Kurumu	Social Security Institution
TISK	Türkiye İşverenler Sendikası Konfederasyonu	Turkish Employer Association
TÜİK	Türkiye İstatistik Kurumu	Turkish Statistical Institute (TurkStat)
TÜRK-İŞ	Türkiye İşçi Sendikaları Konfederasyonu	The Confederation of Turkish Trade Unions
YPK	Yüksek Planlama Kurulu	Higher Planning Committee

1 Executive Summary

Pension: The Turkish economy increased by 8.9% in 2010. This reflected on the pension system in a positive way, due to an increasing number of insurees, contribution revenues and decreasing budget deficits. With the implementation of Law No. 6111 in February 2011, the coverage of the pension scheme has been extended for casual agricultural employees and taxi drivers. They can now voluntarily pay low contributions (60% of minimum compulsory premiums). Moreover, with the new regulation, part-time work is encouraged. The Law No. 6111 offers the opportunity for part time employees to compensate for non-contributory periods (for missing days) in order to qualify for old-age benefits upon retirement, but this seems unfeasible for part time workers, as they might not be able to pay the missing days' premiums because of their low monthly incomes. With the new regulation (Law No. 6111), the government has restructured the management of contribution debts, and it could be said that it now grants a partial contribution amnesty. It is expected that many debtors who are self-employed, such as tradesmen, craftsmen and farmers, will benefit from this amnesty, so that some of them will still be entitled to an old-age pension, despite insufficient contributions. With the new regulation coming into force in 2011, pensions have increased above the inflation rate, which was also the case in 2010. This has been a great step towards pension adequacy in Turkey.

Health Care: With the general health insurance put into effect in 2008, everybody has been brought under the scope of general health insurance in Turkey. With the Programme of Transformation in Health, which was launched in 2004, access to health care has been facilitated. The number of people who pay for health services out of their own pocket decreased from 14.7% in 2009 to 11.7% in 2010, thanks to the general health insurance system. It is estimated that the number of uninsured will decrease in the following years, due to the latest legal regulation (Law No. 6111), which has extended the health coverage and introduced a contribution amnesty for self-employed people, as well as good practice, such as awareness campaigns. Public health expenditure has increased rapidly in the last years. While public health expenditure was 4.3% of GDP in 2008, it reached 5.2% of GDP in 2009. This shows that the government took stiff measures in order to make the general health insurance system sustainable. It is estimated that health expenditure was 4.5% of GDP for 2010, due to an increase in GDP and retrenchment measures such as global budget implementation, decreasing price of medicines and increasing co-payment of the insurees.

Long-Term Care: In Turkey, there is no long-term care insurance for the elderly at this point. There are not enough care facilities to meet the demand in numbers. However, 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 new tax-financed programme was introduced in 2005. Irrespective of age, a monthly payment of the net minimum wage is paid by SHÇEK to the family member caring for a needy disabled person at home. If the person is cared for in a care home, a payment of double minimum wage is paid by SHÇEK. Elderly people can, obviously, also benefit from this system. The number of people benefiting from the system reached nearly 294,000 by the end of 2010. 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 following years. The number of qualified workers to carry out long-term care is not enough.

2 Current Status, Reforms and the Political and Scientific Discourse during the previous Year (2010 until May 2011)

2.1 Overarching Developments

The Turkish economy shrank by 4.8% during the economic crisis. But in the last quarter of 2009, the economy started to show signs of recovery. GDP increased by 8.9% in 2010. In addition, the unemployment rate decreased from 14% in 2009 to 11.9% in 2010 (Table 1)**.** The number of insurees increased from 8,362,290 (February 2008) to 10,030,810 in 2010 (SGK, 2011/a), so the contribution revenues rose. On the other hand, the ratio of social security transfers from the general budget to GDP decreased from 5.5% in 2009 to 5% in 2010.

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

	2007	2008	2009	2010
Economic growth ratio (%)	4.7	0.7	-4.8	8.9
Unemployment ratio (%)	10.3	11	14	11.9
Unemployment ratio except in agriculture (%)	12.6	13.6	17.4	14.8
Young unemployment ratio (%)	20	20.5	25.3	21.7
Borrowing Requirement, GDP Share, In Percentage	0.19	1.65	5.45	3.67
Outstanding Foreign Debts, GDP Share, In Percentage	39.4	39.5	45.5	41.6
Outstanding Domestic Debts, GDP Share, In Percentage	29.6	27.4	33.2	31.1
Insurers numbers (employees)	8,505,390	8,802,989	9,030,202	10,030,810
Insurers numbers (employees +self employed +civil servants)	14,763,075	15,041,268	15,096,728	16,196,304
Social Security Transfers from General Budget GDP Share, In Percentage	3.9	3.7	5.5	5.0

Source: (TÜİK, 1998-2010), (DPT, 2011), (HM, 2011) (SGK, 2011/a), (SGK, 2011/b)

It cannot be said that the Turkish government implemented austerity policies for pensions. On the contrary, the government increased the pension amounts and they have risen above inflation rate in 2010 and 2011. The ratio of the pension and unemployment payments was 6.5% of GDP. It increased to 7.4% in 2009 and is expected to be 7.6% of GDP in 2011 (DPT, 2011: 240). However, the rising ratio of the tax-financed minimum pension (social assistance for needy people) is lower than the contributory regime (nearly inflation rate) and its amount is still very low.

Public health expenditure has increased rapidly in the last years. While public health expenditure was 4.3% of GDP in 2008, it reached 5.1% of GDP in 2009. This shows that the government took stiff measures in order to make the general health insurance system sustainable. It is estimated that health expenditure was 4.5% of GDP in 2010 (DPT, 2011: 240), due to a rise in GDP and the retrenchment measures. We can categorise retrenchment measures in health as follows (also see DPT, 2010, 2011):

1- Global budget implementation: The Social Security Institution has changed reimbursement methods applied to state hospitals. SGK (Social Security Institution) has

assigned a global budget to hospitals under the control of the Ministry of Health. By means of the global budget, it is aimed to restrict health expenses. SGK has not reimbursed health expenses to the Ministry of Health above the global budget's upper limit. The global budget was expanded to the drug sector in 2010. Moreover, it is planned to be extended to include private hospitals in 2011.

2- Decreasing the price of medicines: The price of medicines decreased between 25% and 50% in 2009.

3- Increasing insurees' co-payments: Insurees' co-payments increased for the second and third steps in 2009. However, the implementation of insurees' co-payments for family physicians (first step) was cancelled by the Council of The State in 2010.

4- Coping with abuse of the health care system: In order to cope with abuse of the health care system, the inspection efforts were increased in 2010 and focused on pharmacies and hospitals. For instance, some suspicious health expenses were investigated by inspectors (e.g. 2,600 patients who were examined twice in one day[1]).

According to the Ministry of Health, the number of private hospitals in Turkey has increased by 60% since 2002 and has reached 450. However, the number of state hospitals has increased by only 8% since 2002.[2] They claim to increase the extra co-payments which are paid to them by patients. This could mean an increase in the out-of-pocket payments payable by patients. On the other hand, because of the global budget's upper limit, competition among private hospitals could increase. In this situation, some private hospital companies could merge with each other or even close down.[3]

2.2 Pensions

2.2.1 The system's characteristics and reforms

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 contribution (see Figure 1).

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, low premium collection, high replacement rates and early retirement. In 1999, the implementation of Law No. 4447 brought changes in the pension parameters. For example, the retirement age of women was increased from 38 to 58 and the retirement age of men was increased from 43 to 60. However, the retirement age of those people who started work before the reform was not increased. Instead, it was equated according to the year they 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

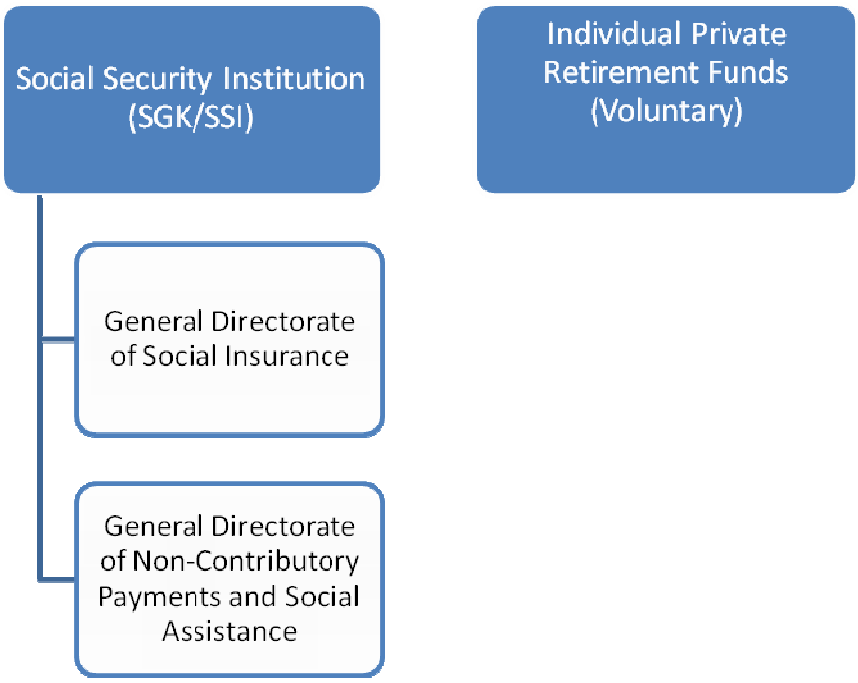
[1] Retrieved from: http://www.ozelhastaneler.org.tr/2010-da-saglik-sektorunde-yasananlar.aspx?pageID=338&nID=4473&NewsCatID=257 on 19 March 2011.

[2] Doruk Çakar's News "Sağlıkta dönüşümün özel hastane rekoru" retrieved from http://www.ozelhastaneler.org.tr/saglikta-donusumun-ozel-hastane-rekoru.aspx?pageID=338&nID=5283&NewsCatID=258 on 20 March 2011.

[3] Huseyin CELIK, chief executive of the Association of Accredited Hospitals, says that many private hospitals have debts and are trying to manage cash flow issues and that some hospitals have been for sale, or merged with each other, News, "Global bütçe 2010'da başlıyor" Medimagazin 5 October 2009, retrieved from: http://www.medimagazin.com.tr/medimagazin/tr-global-butce-2010da-basliyor-676-351-7986.html.

focusing on the average of the last ten years (See Law Number 4447[4]). These precautions were not enough to reduce the deficit of the social security system, so a new law (Law Number 5510[5]) 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.

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. But 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.

a) Employees who cannot reach the required number of contributory days

In order to qualify for a pension, 7,200 contributory days are required. There are, however, provisions for people unable to accrue the required number of contributory days due to part-time work, seasonal work, etc. Those insured with a lower number of contributory days pay premiums for a minimum of 5,400 days. In order for them to qualify for a pension, an additional three years is added to their retirement age as defined by the law (Law Number

[4] Date: 08 September 1999 - Number: 23810 Official Gazette.
[5] Date: 16 June 2006 - Number : 26200 Official Gazette.

5510, Article 28).[6] However, pension payments for those groups will be lower, as the premium contributions are lower.

b) Disabled and people deemed incapable of work

There is an opportunity of simplified early retirement for people partially incapable of work (i.e. with a work capacity of less than 60%) who do not qualify for a disability pension, and for those people who had a disability before they started work for the first time (Law Number 5510, Article 28).

Disabled people who lost 60% or more of their working power before they started work for the first time are eligible for a pension regardless of their age, providing they have a minimum of 3,960 contributory days and they have been insured for minimum 15 years (including non-contributory periods)[7] (Law Number 5510, Article 28).

Disabled people with a work power of between 50% and 59% qualify for a pension, providing they have minimum 4,320 contributory days and they have been insured for minimum 16 years.[8] Similarly, disabled people with a work power of between 40% and 49% qualify for a pension providing they have a minimum 4,680 contributory days and they have been insured for minimum 18 years[9] (Law Number 5510, Article 28).

For people with physically demanding jobs, the retirement age is 55, providing they have accrued the required number of contributory days (Law Number 5510, Article 28).

c) Miners

For workers who work underground, the retirement age is 55, providing they have worked for 20 years (Law Number 5510, Article 28).

d) Insured women caring for disabled children

Women who care for disabled children will accrue 450 contributory days for each insured 360 days according to the new reform. These periods will, in effect, decrease their retirement age (Law Number 5510, Article 28).

e) Insured people working in hazardous work environments

Insured employees and civil servants who work in hazardous work environments (such as coal mining) have early retirement rights. Depending on the type of hazardous work, between 60 and 180 days are added to their contributory days for each 360 days of actual service and 50% of these added extra days are deducted from their retirement age, giving the possibility of retiring earlier (with a maximum of 3 years) (Law Number 5510, Article 40).

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[6] The minimum of contributory days is 4,600 days for workers who started work between 30 April 2008 and 31 December 2008. 100 days per year are added to the 4,600 days as long as the total does not exceed 5,400 days beginning from 1 January 2009 (Law Number 5510, Temporary Article 6).

[7] The minimum of contributory days is 3,700 days for insured workers who became insured between 1 October 2008 and 31 December 2008. The period of 3,700 days is increased by 100 days per year until 2011, and will amount to 3,960 days in 2011. (Law Number 5510, Temporary Article 6).

[8] The minimum of contributory days is 3,700 days for workers who started work in the period between 1 October 2008 and 31 December 2008, and in the following years 100 days are added to the number of the days per year as long as the total does not exceed 4,320 days (Law Number 5510, Temporary Article 6).

[9] The minimum of contributory days is 4,100 days for workers who started work in the period between 1 October 2008 and 31 December 2008, and in the following years 100 days will be added to the number of days per year, as long as the total does not exceed 4,680 days (Law Number 5510, Temporary Article 6).

Accrual rate

The Turkish pension system had the highest annual accrual rate among the OECD countries before the reform (MOLSS, 2008: 4). It was 2.6% for a person with 25 years pensionable service (MOLSS, 2008: 10-11). The new accrual rate has been established as 2% per year for new contributors joining the scheme. The total accrual rate cannot exceed 90% (Law Number 5510, Article 29).

Revalorisation coefficient

Under the previous legislation, the incomes of workers and the insured were indexed for pension calculation purposes based on the consumer price index (CPI) and gross domestic product (GDP), while under the new regulation the indexing will be based on the sum of 30% of the development pace of the GDP plus the CPI plus 1 (Law Number 5510, Article 3). This means the old-age pension income will decrease when compared to the previous system. Thus, there will be a decrease in the average income, for which a substitution rate will be applied.

Invalidity pension

Minimum 1,800 contributory days and 10 qualifying years is required to qualify (Law Number 5510, Article 25) for invalidity pension.

Survivor pension

Minimum 900 contributory days, except all credited periods (such as maternity, military services, etc.), and 5 qualifying years is required for the surviving family to receive a pension. This period is 1,800 days for civil servants and self-employed people (Law Number 5510, Article 33). If a girl in receipt of survivor pension gets married, she is eligible to receive a lump sum of 24 months of survivor pension payments in advance as a marriage bonus (Law Number 5510, Article 37).

The rate of premiums

The premium rate of invalidity, old-age and survivors insurance is 20%. 11% are paid by the employer and 9% by the employee. Self-employed people, on the other hand, pay all of the premiums. The state contributes to the scheme one fourth of all invalidity, old-age and survivors insurance premium payments collected by the SSI per month (Law Number 5510, Article 81). In the last two years, there has been a discount in premium payments for employers under certain circumstances.

Other pension income

Individual Pension Funds

The private pension system providing complementary pension income was introduced in 2001 with the Law Number 4632.[10] 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 (MoLSS, 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).

[10] Date: 07 April 2001 Number 24366 Official Gazette.

There are 13 private pension companies within the private pension system. In April 2011, 2,406,004 people paid contributions. The amount of contributions by April 2011 (from 2003) was TL 10,302,792,486, and the total funds were TL 12,817,212,481.[11]

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 pension, survivor pension and orphan pension.

A means-tested pension scheme was introduced in 1976 (Law Number 2022) and it 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 April 2011 was TL 100.37 per person. In April 2011, the pension amount was TL 105.40 (SSI, 2011/c).

b) Means-tested old-age pension for needy disabled persons: It provides old-age pension for poor needy disabled elderly citizens above 65 years of age. The poverty threshold in April 2011 was TL 100.37 per person. The pension amount in April 2011 was TL 316.20 per person for people who are disabled to a degree of 70% or more (SSI, 2010/c).

c) Means-tested disability pension for disabled people and their families: It provides a disability pension for poor disabled persons aged from 18 to 64. The poverty threshold in April 2011 was TL 100.37 per person. The pension amount in April 2011 was TL 210.80 for disability degrees between 40% and 69%. If the disability is 70% or more, the disability pension amounts to TL 316.20. (SSI, 2010/c). If a disabled person under the age of 18 is cared for by a relative who is in financial hardship, this carer is eligible for a disabled relative's pension (TL 210.80).

Reforms in 2010-2011

With Law Number 6111[12] important reforms have been made in terms of the extension of social insurance coverage, partial contribution amnesty, part-time employees' social security contributions and increasing pension amounts above inflation rate.

The coverage of the social insurance programmes was extended in February 2011 with the Law Number 6111. The previous social insurance system excluded some workers, such as casual agricultural workers, taxi drivers who work less than 10 days a month, and home-based workers who started to work after the social security reform (2008). With the new regulation, casual agricultural workers and home-based workers can pay lower contributions compared to normal employees. These contributions are voluntary (60% of minimum compulsory premiums). However, their contributions will increase each year and will equalise after twelve years (Law Number 6111, Article 51).

With the new regulation (Law Number 6111), the government has restructured taxes and the management of contribution debts. One could say it now grants a partial contribution amnesty. According to the new regulation, default fines are write-offs. It has implemented the inflation rate as default fine rate, which is lower than the legal default fine rate for contribution debts. It is said to be the biggest tax and contribution amnesty in Turkish history. For instance, premium debts of TL 1,314 from January 2000 decreased to TL 285 after the debts were restructured. The number of people in arrears with their contribution payments is 3,790,000. Many of them are self-employed persons such as tradesmen, craftsmen and

[11] http://www.egm.org.tr/weblink/BESgostergeler.htm 23 April 2011.
[12] Date: 25 February 2011 – Number: 27857 Official Gazette (repeated version).

farmers. It is estimated that nearly 310,000 insurees will be entitled to old-age benefit after they pay their debts.[13]

It has been possible for part-time workers to compensate for their non-contributory periods (missing days) (Law Number 6111, Article 30). For instance, a part-time employee who works 10 days per month and has 1,000 contributory days can pay in premiums for an additional 4,400 days, which is her non-contributory period. Thus, she will be entitled to old-age benefits upon reaching retirement age.

Furthermore, in 2011 pensions have increased above the inflation rate, as was also the case in 2010. This has been a great step towards pension adequacy in Turkey. The pension amounts increased by TL 60 (Law Number 6111, Article 52).

2.2.2 Debates and political discourse

The pension system has experienced deficits since the beginning of the 1990s because of the early retirement system. These deficits have been balanced by the 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 5.14% in 2011 (DPT, 2011 Yearly Programme: 64).

One of the biggest problems in Turkey in respect of social insurance financing is the grey economy and unregistered employment. It is estimated that in January 2011, 23.6% of employees work as unregistered (TÜİK, 2011/a), i.e. SGK cannot collect contributions from them. According to the Medium-Term Public Finance Programme (2011-2013), the Strategy on Coping with the Grey Economy Action Plan will be updated. In order to cope with the grey economy, the participation of all stakeholders will be ensured, the labour and working life legislation will be simplified, the coordination and cooperation among public authorities will be increased, the inspection capacity will be developed, the efficiency of tax and other financial liabilities collection will be ensured and the deterrent effect through sanctions will be increased (YPK, 2010/a). In order to increase coverage through social security inspections, new local social security inspectors are established with Law Number 6111.

In Turkey, general elections will be held on 12 July 2011. All political parties have announced their election declarations. The AKP (Justice and Development Party), which is the government party, has declared that the contributors/pensioner ratio (active/passive ratio) will increase from 1.8 in 2011 to 2.5 in 2023 (AKP, 2011: 103f). The complementary pension schemes (private pension) will be developed and diversified in order to decrease losses in income of workers when they retire. The ratio of the complementary private pension contributors to the employed population will be increased from 9% in 2011 to 30% in the following years (AKP, 2011: 104). Social security financing deficits will be decreased below 2% of GDP and the sustainability of social security financing will be ensured (AKP, 2011: 104). Moreover, social assistance and social services will be unified under a single roof. The family status will be taken into consideration for the social assistance payments. If an insured (registered) person's income falls below the poverty threshold, social assistance will be paid to the insured person in order to prevent them from entering unregistered work to get social assistance (AKP,2011: 108). It can be said that the AKP's election declaration focuses on the financing of the social security schemes, sustainability and coping with poverty in respect of social security policies.

[13] SGK, Press Bulletin, retrieved from: http://www.sgk.gov.tr/wps/wcm/connect/73db8480460c7c7c8ddb9d1c1ce841e2/haber_20110307_03.pdf?MOD=AJPERES 19 March 2011.

The main opposition party, CHP (Republican People's Party) prepared and announced the New Family Allowances System in February 2010. It covers all poor people. CHP declared that if they are elected, they will give between TL 125 and TL 1,200 per month to each poor family. Amounts differ depending on gender, marital status, disability and age (CHP; 2011/a). The social security contributions will be collected by tax offices in order to decrease bureaucracy (CHP, 2011/b: 34). A new social insurance programme will be established in order to increase the formality of some sectors such as the agriculture sector, domestic services, and home-based work (CHP, 2011/b: 36). The social security support premium, which is paid by tradesman pensioners when they start work, will be abolished (CHP, 2011/b:40). The pension amounts will be increased taking into account the rise of GDP. Furthermore, the pension amounts of employees who now retire at different times will be adapted and equalised. (CHP,2011/b: 52-53).

Social partners have criticised the pension reform in respect of its scope and the rights it provides and have made some demands to change the rights in various areas. The Confederation of Turkish Trade Unions (TÜRK-İŞ) has criticised that pension reforms have not ensured equality among civil servants, employees and self-employed in terms of the minimum pension amount (TÜRK-İŞ; dateless: 6-7). TÜRK-İŞ has claimed that 80% of pensioners and survivors (widows and orphans) are below starvation limit[14] according to TÜRK-İŞ survey (TÜRK-İŞ; dateless: 6).

2.2.3 Impact of EU social policies on the national level

It can be generally said that some issues such as e.g. unregistered employment which were criticised by the European Comission's Progress Report were tackled with and improved in 2010.

According to the Progress Report (2010: 70), inspection capacity remains insufficient compared to the wide scope of unregistered economy. With the new regulation (Law No. 6111) enacted in February 2011the number of local social security inspectors as well as their rights in terms of status and salary were improved. It is planned to increase the number of local social security inspectors from currently 736 to 1000 until the end of 2011 (B. Hancer, Head of Department in SGK, personal communication from 1st June 2011).

Further positive effects to cope with unregistered employment are expected from the social insurance programme for casual agricultural employees and home based workers enacted by the Law No. 6111.

2.2.4 Impact assessment

Since April 2010, there have been only 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. Scientific papers focused on the determination of the number of insured people in Turkey and on unregistered employment and financing. The most important paper investigates the impact of the formalisation of the labour market on social security deficits utilising a different simple actuarial model. The deficits are projected through to 2050 under different scenarios (Elveren, 2010). According to the research paper, social security deficits will begin to rise in the late 2030s because of the ageing population (Elveren, 2010: 16). Another study investigates demographic changes and the social security system.

[14] The starvation limit is calculated by TÜRK-İŞ and is defined as food expenditure amounts per month for a four person household. It is TL 881 or May 2011. The starvation calculation method is different from TÜIK's poverty calculation methods.

According to this study, the proportion of population above the age of 65 will reach 17.3% for 2050 and the average life expectancy will rise from 70.8 in 2000 to 77.8 years in 2050. Besides, it is estimated that the average age of the population, which is 28 in 2010, will be 40 in 2050 (Sayan, Alper, 2010: 118). The pension reform should be completed with other measures such as increasing labour participation rates, decreasing unemployment and unregistered employment rates, and rearranging the contribution base and accrual ratio, in order to recover the social security system (Sayan, Alper 2010: 118).

Another study focuses on the pension reform, which has been ongoing since 1999 (Aktuğ, 2010). According to the study, the pension reform has not yet been completed. Private pension funds hold more than 70% of the government bonds. This means that the risk is channelled back to the government (Aktuğ, 2010: 121-122). The ageing population will be a serious problem by the 2030s. Another problem is unregistered employment, which has reached half of all employment (Aktuğ, 2010: 122). Despite some problems, Turkey has an important window of opportunity in terms of demographics in the following years. Thanks to the effects of the pension reforms on the following years and strong economic structure, social security deficits as percentage of GDP are expected to fall (Aktuğ, 2010: 122).

Another research paper focuses on unregistered employment and social security financing in 2010 (Karadeniz, 2010/b). In this paper, utilising TÜİK (2008) (TURKSTAT) Household Employment and Budget Surveys (2006), the author tries to calculate premium income losses caused by unregistered employment. According to the TÜİK Household Employment Survey, nearly 9,200,000 people work as unregistered workers. However, the social security legislation excludes some working groups such as low-income tradesmen, craftsmen, farmers, as well as casual agricultural employees, casual home-based employees and unpaid family workers. They do not have to pay contributions to SGK. The author estimates that the number of unregistered workers who should pay contributions is nearly 3,400,000. In case of the full formalisation of the system, it is estimated that social security deficits could be reduced from 3.52% to 2.5% of GDP (Karadeniz, 2010/b).

Another research paper investigates determinants of the number of insured people in Turkey in the period of 1970-2004. According to the results of the analysis while GNP population affects the number of active insured positively, there is a negative correlation between the number of long-term unemployed and of active insured (Karagöl, 2010).

Yet another research paper investigates the effects of recent pension reforms on old-age pension payments (Arabacı, Alper, 2010). In this paper, utilising GDP growth ratio and inflation in the period of 1967-1999, the authors estimate the proportions of pension amounts before and after the pension reforms (Law Number 4447 and Law Number 5510) for different wage levels. While before the reforms, the highest pension payment was 1.8 times the lowest pension payment, it increased to 6.59 times after the reforms. Besides, the minimum replacement ratio for pension (35% of average insurees' wage) can only protect groups who are entitled to get partial old-age pensions. Although the Ministry of Labour and Social Security states that the reason for the pension reform is coping with poverty, the new pension system will create poverty because of the reduction in monthly old-age pensions. Moreover, the new accrual rates and pension system seem to eliminate the redistribution character of the social insurance system (Arabacı, Alper, 2010: 116).

A study focusing on atypical female workers and their social insecurities states that Turkish social insurance legislation mostly excludes atypical workers. They can be insured paying voluntary insurance contributions. However, their income level is generally too low to pay contributions. The paper investigates poverty and insecurity of atypical female workers such as part-time, casual home-based workers, self-employed and unpaid family workers,

comparing them with male typical employees, utilising the TÜİK (TURKSTAT) Household Employment and Budget Survey. Atypical female employees' earnings are very low and their insecurity ratio is high compared to male atypical workers (Karadeniz, 2011). It is estimated that 79% of the part-time employees, 85.1% of the casual non-agricultural employees, 97.2% of the casual agricultural employees, 96.8% of the home-based workers, 59.1% of the self-employed and 71.1% of the farmers worked uninsured in 2009 (See Karadeniz, 2011: 101-114).

2.2.5 Critical assessment of reforms, discussions and research carried out

81.07% of all retirees think that their pension is not enough. This figure was 85.25% in 2009 (TÜİK 2011). It is understood that the dissatisfaction ratio decreased by nearly 4 points. The government raised pension payments above inflation rate in 2010 and 2011, which may have caused the increase in pensioners' satisfaction with their pensions. In Figure 2 below, the averages of minimum pensions are compared with the poverty threshold[15] valid in the years 2009-2010. This ratio increased a little because of the rise of pensions above the inflation rate.

As it can be seen from Figure 2, the pensions of workers, civil servants and tradesmen in 2009 and 2010 were all above the poverty threshold of 1.0. However, the minimum pension of farmers was just below the poverty threshold (0.9) in 2010. The tax-financed minimum old-age pension is only 25% of the poverty threshold and is, therefore, too low. The number of retired women within the system is low because of the low rate of women's participation in work in Turkey. When cohabitation of married couples is taken into account, the pension income of tradesmen and craftsmen falls below the poverty limit in both years (0.9).

The complementary individual pension schemes can reduce elderly poverty in the years to come. However, not all insurees pay their contributions regularly. 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 public pension programme reached 14.1% by end of 2010 (see Table 2).

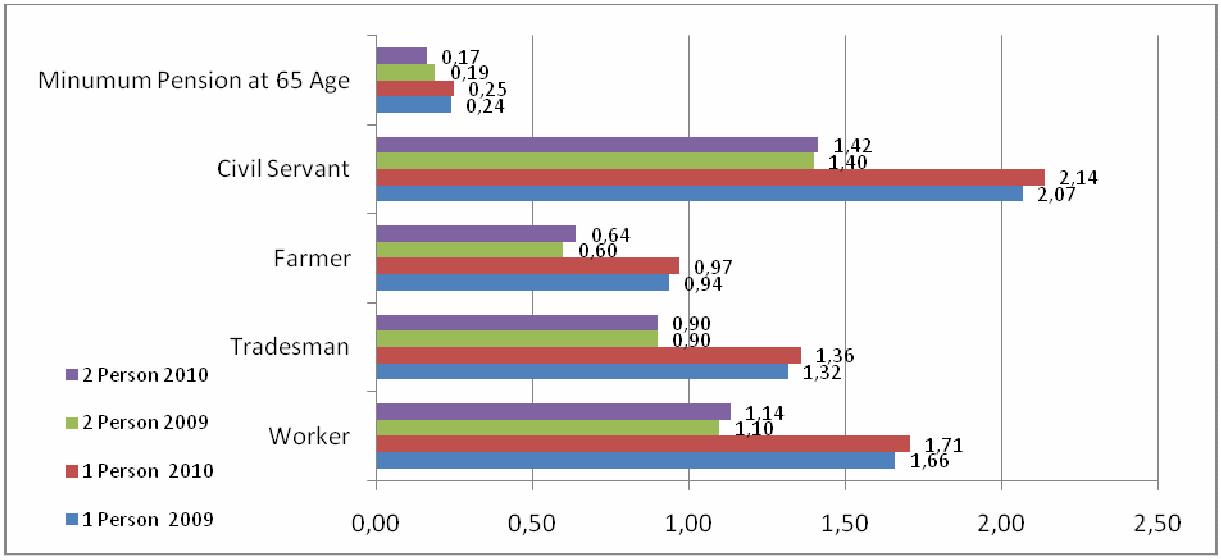
On the other hand, since the pension reforms, the minimum replacement ratio for pension has decreased from 70% of the minimum wage to 35% of the insuree's average income, so future old-age pension amounts will decrease, causing impoverishment amongst pensioners. According to SGK statistics, 46.5% of the private sector employees' wages are declared to be at the level of minimum wage (SGK, 2009), so they will get the minimum old-age benefit when they retire.

With the new regulation (Law Number 6111), the government encourages part-time work. The contributions of part-time workers are calculated comparatively according to their daily working time. For instance, if a part-time employee works 3 hours per day, their premium days are calculated as 9 days per month. It is impossible for part-time workers to complete the necessary premium days even for a partial pension (5,400 days). Law Number 6111 offers the opportunity for part-time employees to compensate for non-contributory periods (for missing days) in order to qualify for old-age benefits upon retirement, but this seems unfeasible for part-time workers as they might not be able to pay the missing days' premiums because of their low monthly incomes. For instance, utilising data from the 2009 TÜİK Household Budget Survey (Karadeniz, 2011: 95), we calculated that 53.6% of male part-time workers' wages and 70.4% of female part-time workers' wages are lower than half the minimum wage

[15] The poverty threshold is defined by TÜİK. It shows the total food and non-food poverty thresholds. The poverty threshold is TL 365 per capita and TL 551 for two people in 2009 and TL 396 and TL 599 respectively in 2010, See. www.tuik.gov.tr retrieved on 24 April 2011.

per month. The government encourages part-time work in order to cope with unemployment, but this can increase partly unregistered employment. However, with this new regulation, the responsibility for social security is partly transferred to the individual.

Figure 2: Minimum pensions as proportion of absolute poverty lines



Source: Calculations by Karadeniz O. TÜIK, 2011/b, SSI, 2011/bc

Table 2: Private and Public Pension Schemes' Contributors 2005-2010

Years	Private Pension Schemes' Contributors (A)	Public Pension Schemes' Contributors (B)	(A/B)
2005	672,696	13,156,439	0,051
2006	1,073,650	14,124,935	0,076
2007	1,457,704	14,763,075	0,099
2008	1,745,354	15,041,268	0,116
2009	1,987,940	15,096,728	0,132
2010	2,281,478	16,196,304	0,141

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

The Turkish labour market has a heterogeneous structure. It includes paid regular employees (54%), casual employees (7%), self-employed and employers (27%) and unpaid family workers (12%) (TUİK, 2008). Their income levels are low and irregular, so the collection of contributions is difficult. For instance, utilising data from the 2009 TÜIK Household Budget Survey, we calculated that 63.1% of male agricultural casual workers' wages and 91.9% of female casual agricultural workers' wages are lower than half the minimum wage per month. These ratios are 30.2% and 69.1% respectively for male and female farmers. (Karadeniz, 2011: 95). They can be covered by social assistance programmes in terms of pension schemes. However, if the tax-financed pension coverage does not extend and the poverty threshold and amounts do not raise, the poverty ratio of typical workers such as part-time workers, farmers on low incomes and unpaid family workers may increase in the following years. The government has prepared a Draft Law of Non-contributory Payments and Social

Assistance, which aims to unite and improve all the programmes for the poor. The Draft Law has not been passed yet.

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. Although the health expenditures of civil servants were previously paid by their own health insurance institutions, since 15 January 2010 they are also included in this general health insurance.[16] Health services for people with an income below the gross minimum wage per capita are provided for via a tax-financed green card programme. Green card holders will be included in the general health insurance system by 2012[17]. The general health insurance is financed by premiums. The premiums are collected by the General Directorate of Social Insurance Administration 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 sump price from health service providers. (Law Number 5510, Article 73). The price of the health services provided and the price of expenditures for travelling, bed and daily wages paid by Social Security Institution are determined by the Commission of Health Service Pricing (Law Number 5510, Article 72).

The services available through the general health insurance are listed below (Law Number 5510, Article 63):

Protective health services

1. Outpatient and inpatient care
2. Maternity care (outpatient and inpatient)
3. Dental care (outpatient and inpatient)
4. Artificial insemination treatment (in-vitro fertilisation)
5. Within the scope of the provided treatment methods and services are: blood and blood products, vaccines, medicines, prostheses, medical equipment for individual use, medical materials for diagnosis and treatment, repair, renewal and maintenance of medical equipment, etc.

Applying general health insurance effectively depends on the following the referral routes.[18] The referral route has been categorised into three steps. Family physicians are determined as the first step of the health institution (Law Number 5510, Article 70).

In order to be covered under the general health insurance scheme, a minimum contributions payment period of 30 days is required. This is irrelevant for people employed by the SSI, 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, those who are in need of immediate medical care, in the case of emergencies, in the case of work accidents and occupational diseases or contagious diseases which should be reported, in the case of

[16] The Social Security Institution (SGK) Announcement of public staff being included in the General Health Insurance, Date: 18 December 2009, Number 27436 Official Gazette.
[17] Law No. 5997 from 19.06.2010, Official Gazette No. 27616.
[18] However, official referral routes have not been implemented yet.

protective health services, for pregnant women 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, they are not allowed to have premium debts or debts related to premiums amounting to more than 60 days (Law Number 5510, Article 67).

Moreover, those who benefit from health services have to pay a share of the costs. A contribution share (patient participation) is payable in the case of physical examination, ortheses, prostheses, healing materials, medicines or adjunct fertility treatments. The aim of the contribution share 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 occupational accident or occupational disease, military operation, natural disaster or war, chronic disease, need for vital transplantation of organs or tissue or stem cell and their control examination, there is no contribution share. Moreover, the employees of programmes related to the payments without premium are not charged with a contribution share (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, will be able to charge additional fees up to double the contribution share determined by the cabinet (Law Number 5510, Article 73).[19]

The General health insurance is financed by premiums. The contribution rate of the general health insurance is 12.5%, 5% of which is paid by employees and 7.5% by employers. The contribution rate is 12.5% for self-employed and 12% for people who do not work. The state contributes to the system, at a rate of one fourth of the universal 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 whose income is above one third of the minimum wage but below minimum wage (Law Number 5510, Article 80).

Reforms in 2010-2011

Extending General Health Insurance Coverage

With Law Number 5510 (Social Insurance and General Health Insurance Law), the whole population was covered by the general health insurance system. However, there were some gaps in the Law for some persons such as apprentices, trainees and foreign students. With Law Number 6111, the coverage of the general health insurance has been extended. Apprentices, trainees who attend vocational training colleges and students who work part time at universities are now covered by the general health insurance (Law Number 6111, Article 24, 34). It is a positive improvement in terms of health coverage. Before the reform (Law No. 6111), if they were not dependants of any insurees or pensioners (as son or daughter), and they were not needy, they had to pay general health insurance contributions to SGK themselves. With the new regulation (Law No. 6111) their contributions are paid by apprenticeship training centres and universities. Also, foreign students at universities are covered by the general health insurance. They have to pay premiums to SGK themselves, based on the minimum wage (Law Number 6111, Article 34).

[19] 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 Date: 08 December 2009 Number 27426 Official Gazette.

Within the framework of the *Transformation in Health* project, which started in 2004, the access of citizens to health services has been further facilitated. The demand for health services has increased steadily. Between 2006 and 2009, the demand for public hospitals increased by 35.8%, while it was up by 206.6% for private hospitals (DPT, 2011 Annual Programme: 212).

2.3.2 Debates and political discourse

Despite the improvements in health services, the inadequacy problems regarding physicians and nurses have continued. 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 15.3 and 14.1 respectively (DPT, 2011 Annual Programme: 213). These numbers show that there is still not enough medical staff. However, between 2007 and 2010 the capacity of medical faculties was increased by 63% and the capacity of nursing schools was increased by 36% (Republic of Turkey, Pre-Accession Economic Programme, 2011: 87).

The AKP, which is the government party, has determined their targets for 2023 within their election declaration. These targets in health care focused on accessibility, quality, establishment of new and big health centres, and increasing health care staff. Some of their main promises in respect of health care are as follows (AKP, 2011: 85-86):

1- Big city hospitals which include health care facilities, research and development centres, health sciences universities, as well as social life and recreation areas, will be established by public private partnerships.

2- The number of physicians will be increased from 120,000 to 200,000 by 2023. The total number of health care staff will be increased from 650,000 to 1,100,000 by 2023.

3- The ratio of inhabitants per family physician will be decreased to 3,200 by 2015 and 2,000 by 2023.

4- The quality of health services will be increased and health costs will be decreased by implementations such as care at home and telemedicine.

The main opposition party CHP's promises in respect of health care focus on accessibility, equality, better working conditions for health care staff, health infrastructure, institutional arrangements with the Ministry of Health and the national drug industry. Some of their main promises in health care are as follows (CHP, 2011/b: 86-88):

1- The health services will be easily accessible, of high quality and equal for all citizens.

2- Regional inequalities in respect of quality and quantity of health services will be resolved.

3- Poor people will not pay co-payments for health services.

2.3.3 Impact assessment

The increase in health expenditures and easier access to health has improved satisfaction with the health services. Before the Transformation in Health project, the number of people who felt satisfied with the services received was 47.6%. This figure has increased to 77.61% in 2010 (TÜİK, 2003-2010 Life Satisfaction Survey)[20].

As a result of the studies comparing the best and worst cities in terms of health care professionals per inhabitants ratio, the problem of unequal geographical distribution of health personnel could be tackled and the ratio of the best and worst cities in terms of the number of

[20] The question is *"Are there any problems with the health services?"*

specialists reduced from 1/24.6 to 1/5.5 in respect of medical specialists, from 1/7.4 to 1/2.4 in respect of general practitioners, between 2002 and 2010 (DPT, 2011 Annual Programme: 214).

With the Transformation in Health project, which was implemented in 2004, the access to health has improved causing a fast increase in health expenditures. Public health expenditure has increased rapidly in the last years. While public health expenditure was 4% of GDP in 2004, it reached 5.1% of GDP in 2009. Therefore, the government took stiff measures to make the general health insurance system sustainable. It is estimated that health expenditure fell to 4.5% of GDP in 2010 (DPT, 2011: 240), due to the retrenchment measures. A study suggests that the Health Care Market Regulation and Supervision Agency should be established in order to provide sustainability of the health care system. Regulations could be focused on price, demand and quality (Yereli, Kobal, Köktaş, 2010).

Before the health reform, the Social Security Institution offered health services through its own hospitals. With the health reform in 2005, 148 SGK hospitals and 373 health centres were transferred to the Ministry of Health (Tosun, Aktan:2010: 112). A study examines the effects of the transformation of SSI hospitals to the Ministry of Health, focusing on hospital efficiency. In this study, 64 of these hospitals are analysed by using Malmquist productivity index using data from the 2003-2008 period. The results indicate that, while productivity increased between the periods of 2005-2006 and 2006-2008, mainly due to changes in technical efficiency, it did not change in the period of 2007-2008 (Tosun, Aktan:2010:112-129). In other words, the hospitals kept their current efficiency during the last two years.

The effects of the transformation of the Turkish health care system on the 'out-of-pocket payments' are analysed in different studies. A study analyses the health reform's impact on the 'out-of-pocket health care expenditures' for premium-based public sector insurees using the Household Budget Survey 2003 and 2006. The results show that, while the ratio of households with 'non-zero out-of-pocket expenditure', the share and level of the 'out-of-pocket expenditures' has decreased with the reforms. A semi-parametric analysis indicates that the rich benefitted more in terms of the decrease in the 'out of pocket' payments.Erus, Aktakke, 2011). However, this study examines only the insured, so a full assessment is still needed for low income groups who do not have health insurance (Erus, Aktakke, 2011). Another study which focuses on 'out-of-pocket payment in health' using Household Budget Survey Data (2003-2006) shows that out-of-pocket payments were regressive in 2003 and 2006. According to the results of the study, out-of-pocket payments had a relatively stronger effect in 2003 on the impoverishment of households compared to 2006 (Göçmez, 2010).

Another descriptive study analyses the Health Transformation Programme launched in 2003. It also analyses the reasons behind its achievements, and shares the lessons learnt (Baris, Mollahaliloglu, Aydin, 2011). It states the Turkish health reform as a success story. According to the study, the recent Turkish health reform provides at least three key lessons for other high/middle-income countries. These are: investing in the health system, encouraging demand for essential health services by reducing socio-cultural barriers, importance of the vision and leadership, setting values and guiding principles and determination of policy implementation based on the patient or citizen (Baris, Mollahaliloglu, Aydin, 2011).

The green card programme, which provides free health services for poor people, has been an important tool in extending health care coverage since 1992. A study examines green card holder characteristics, such as gender, age, income group and employment status, using Household Budget Survey data (2009). According to this study, more than half of the green

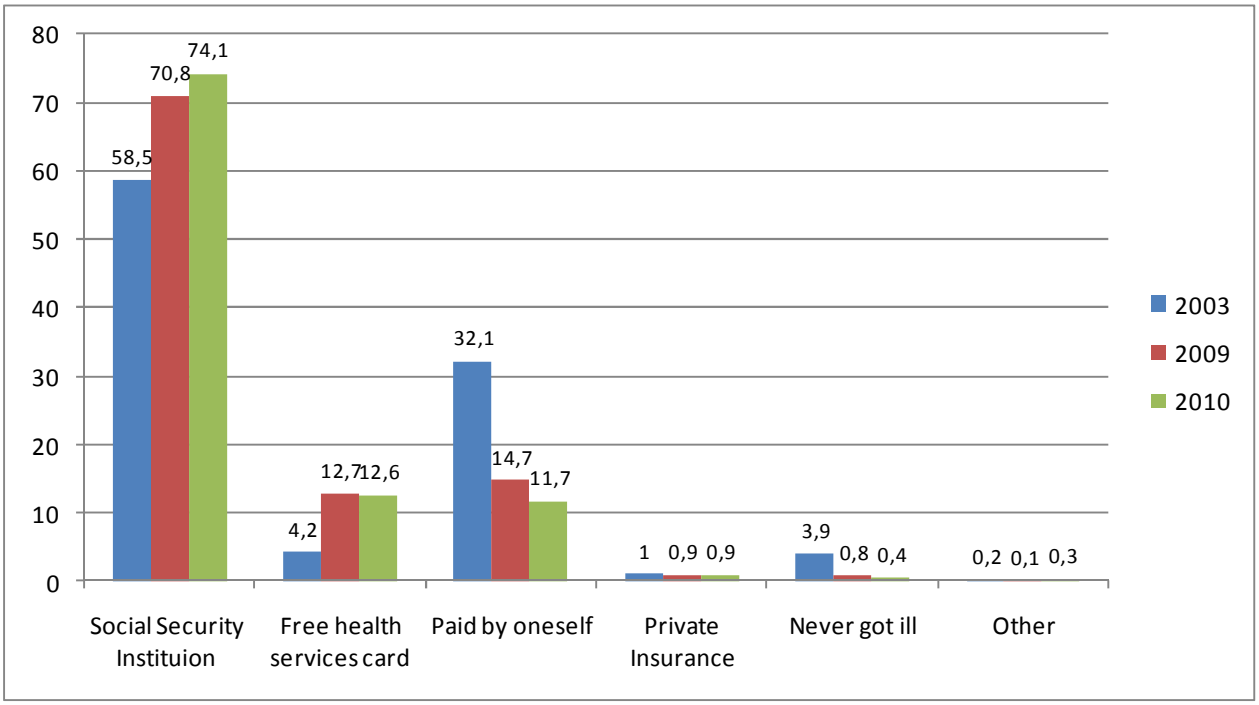
card holders are children and elderly. It is estimated that 84% of green card holders are in the poorest three income groups among ten income groups (Karadeniz, 2010).

Inspite of the success of the health care reforms, there are not enough practising physicians. The ratio per 1000 people was 1.5 in 2008, which was the lowest reatio among the OECD countries. However, Turkey was the country with the fastest growth in the number of practising physicians in the years 2000-2008 among the OECD countries. The average annual change ratio of practising physicials was 4.8% per year between 2000-2008 (OECD, 2010: 77).

2.3.4 Critical assessment of reforms, discussions and research carried out

Access to health services has been facilitated within the framework of the Transformation in Health project. While the percentage of people paying for health services out of their own pocket was 32.1% in 2003, this rate was 14.9% in 2008, 14.7% in 2009 and 11.7% in 2010. The percentage of people who received health services through the health insurance system was 58.5% in 2003, rising to 70.8% in 2009 and 74.1% in 2010. The increase of these figures from 2009 to 2010 was thanks to the rise in numbers of insurees due to the economic recovery. The figures for health service recipients in the green card scheme were 4.2%, 12.7% and 12.6% respectively. Moreover, the number of people who pay for health services out of their own pocket decreased from 14.7% in 2009 to 11.7% in 2010 (see Figure 3). Although this reflects positive improvements within the general health insurance, it is still quite a high percentage. However, we estimate that the number of uninsured will decrease in the following years, due to the latest legal regulation (Law Number 6111), which extends health coverage and offers contribution amnesty for self-employed people, as well as good practice, such as awareness campaigns.

Figure 3: Channels to meet the medicine and therapy costs (%), 2003-2009-2010



Source: TÜİK, Life Satisfaction Survey2003-2009-2010

The fact that self-employed workers, not employed insured people and those who have to pay premiums themselves and those who have incurred premium debts cannot benefit from health services causes inequalities in terms of access to health services. In spite of the contribution

amnesty and its positive effects in terms of access to health services, self-employed people cannot make use of a health insurance in the following years, because most of them, especially farmers, are poor and cannot pay the contributions.

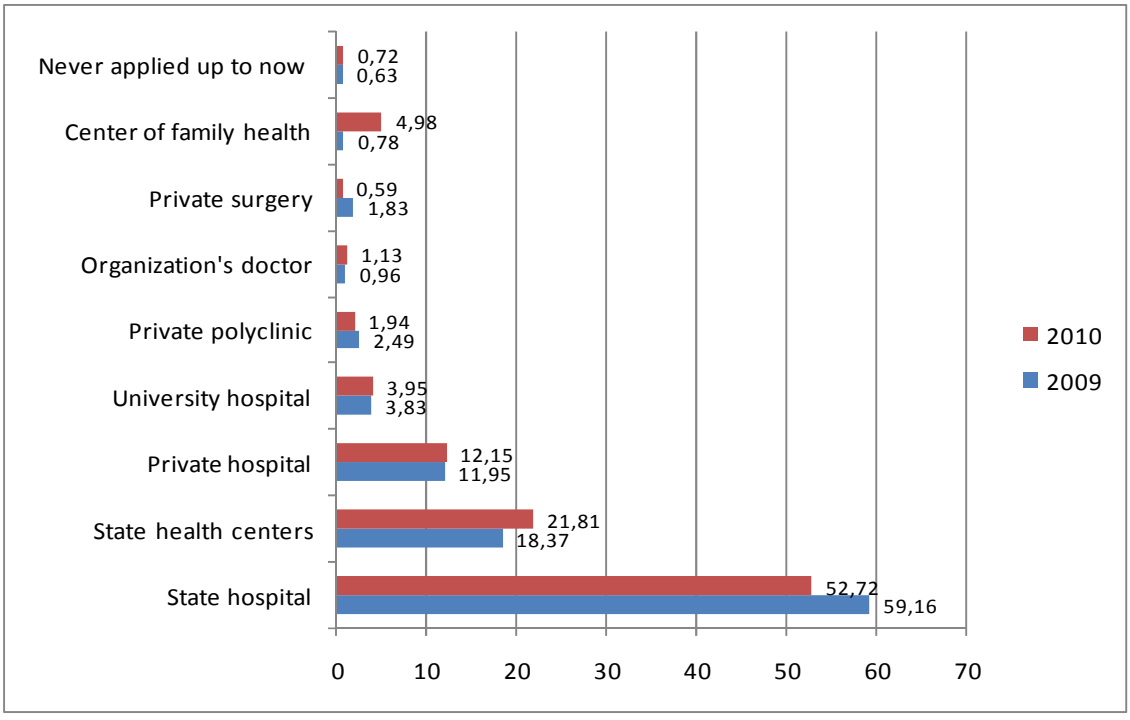
Moreover, the obligation of the publicly employed physicians to work full time at hospitals and close their surgeries or give up work in the private sector will increase the accessibility of health services, as the hospitals, as a result, will be staffed more efficiently, which will reduce waiting times. Moreover, payments of patients for private examinations will also diminish.

A central hospital appointment system has been introduced in Erzurum and Kayseri as a pilot project. This project is implemented in 10 provinces and is planned to be extended into other provinces in the following years (Republic of Turkey, Pre-Accession Economic Programme, 2011: 86). The aim of this project is to facilitate access to health services and to promote a more efficient and active use of the resources.[21]

The family physician system was planned to be implemented in all counties in 2010 (Republic of Turkey, Pre-Accession Economic Programme, 2011: 86). But one of the most important problems in terms of financial sustainability is that the family physician system has not been rolled out and the referral route system has not been implemented yet.

Figure 4 shows the health care settings of insured people first used when they become ill in 2009 and 2010. In 2010, 52.7% 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 26.8% between 2009 and 2010. However, it is not enough to ensure a sustainable and efficient health system.

Figure 4: The health care settings first used in case of illnesses (%), 2009-2010



Source :TÜİK Life Satisfaction Survey, 2009-2010

[21] http://www.saglik.gov.tr/TR/belge/1-10042/eski2yeni.html 24 April 2011.

The family physicians and referral routes are very important for the sustainability of the general health insurance system. Otherwise, it is inevitable that unnecessary examination and treatment will be frequent. However, the number of family physicians needs to be increased to meet the demands that such systemic change will bring. It seems a difficult task, however, to fulfil the aim of increasing the quality and quantity of family physicians in a short period of time. The AKP which is the government party has announced to raise the number of family physicians (AKP,2011:85f). In order to provide financial continuity, the second important issue is that premium incomes should be increased. Increasing premium income mostly depends on an increase in registered employment.

2.4 Long-term Care

2.4.1 The system's characteristics and reforms

In Turkey, there is no long-term care insurance system. The elderly are usually taken care of within their own family. In addition, there are the Social Services and Protection of Children Institution (SHÇEK), publicly and privately run care homes and care services at home. Elderly poor people can benefit from SHÇEK 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 to a care centre, if they are cared for there.

The SHÇEK care homes may be run by public institutions and other real or legal persons. Elderly people who cannot afford to stay at the SHÇEK care homes benefit from care home services free of charge.[22] 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 SHÇEK branch management in the respective towns and cities.[23]

Apart from care homes, home care services can be provided by SHÇEK, public institutions and private legal personalities.[24] 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 SHÇEK branch managements.[25]

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,

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[22] *"[…] 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 of 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 to 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* Article.62/a Date: 21 February 2001 Number 24325 Official Gazette.

[23] *Regulation of care homes and elderly care in care homes and rehabilitation centres*, Article 27/7 Date: 07 08.2008, Number:26960 Official Gazette.

[24] Regulation about home care and day care services provided at care centres for the elderly. Date: 09.08.2008, Number: 26960, Official Gazette.

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

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.

Since 2005, a sound long-term care service for disabled people has been run by SHÇEK (the 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. Thus, this scheme includes the elderly as well (Seyyar, 2005). The scheme is tax-financed and provides four different types of long-term care services:

- Care at SHÇEK care centres (inpatient)
- Care at SHÇEK care centres (outpatient)
- Care at private care centres (cost per month TL 1,294)
- Care at home (if the carer is a family member, the net minimum wage (TL 599.21) is paid to that person each month)

The number of people who benefit from these long-term care services is shown in Table 3 below. As it can be seen from the figures, the number of people who are cared for by relatives at home reached 293,831 in December 2010[26].

Table 3: Disabled Care in Turkey (December, 2010)

Services	Institution Numbers	Number of persons receiving care services
Care provided by relatives at home	-	284,595
SHÇEK Care and Rehabilitation Centres	72	4,490
SHÇEK Family Advisory and Rehabilitation Centres	7	415
Private Care Centres	77	4,331
Total	156	293,831

Source: (SHÇEK, 2010)

2.4.2 Debates and political discourse

The Care Services and Action Plan was accepted by the High Planning Council on 31 December 2010 (Decision No. 2010/44). With this plan, shortages and problems were determined and the strategic priorities in respect of the care system were set. According to the plan, the basic problems of the care system are: insufficient care at home, a shortage in institutional care and vocational training in care services, inadequate supporting technology in care services, as well as the lack of a universal care system (YPK, 2010:5-6).

The strategic priorities of the plan set for 2011-2013 as follows (YPK, 2010:-6-7):

1- The care services at home will be advanced: The care services at home will be restructured by examing international norms and planning the most appropriate services for Turkey during the coming 2 years.

[26] 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.

2- The shortage of institutional care services will be resolved: The rehabilitation and care centres will be opened for individuals whose mental health has deteriorated. Institutional care standards will be upgraded. The inspections of private care centres will be increased in orer to rise the quality of services during the next 2 years.

3- The vocational training programme for care services will be improved during the next 2 years. The long-term care personnel vocational training programme which was approved by the Ministry of National Education will be streamlined with international standards and these programmes will be extended. Psychological support programmes will be developed for long-term care personnel in order to increase their productivity. The guidance, counselling, rehabilitation, training and awareness services will be expanded regarding services for families who have to care for a disabled person.

4- The supporting technology for care services will be developed within the next 3 years.

5- The work for a long-term care security system and finance will be realised: The preparatory work such as funding method, actuarial projections, determining actors in a system in field of long-term care security model and care insurance will be realised within the next 3 years.It is estimated that the number of persons receiving care services at home will reach 561,000 in 2014 and that this number will begin to stagnate after 2014 (see Table 4).

Table 4: Number of Persons Receiving Care Services at Home and Expenditures between 2006-2014

Year	Number of Persons Receiving Care Services at Home	Expenditures (TL Thousand)
2006	8	3
2007	28,583	35,387
2008	113,000	417,603
2009	210,320	869,362
2010*	297,000	1,576,000
2011*	381,000	2,247,000
2012*	453,000	2,920,000
2013*	513,000	3,577,000
2014*	561,000	4,211,000

Source: (SHÇEK, in YPK, 2010/b:5) *estimate

SHÇEK states their aims related to the disabled and elderly care in their 2009-2014 Strategic Plan. According to this plan, it is aimed that the number of people who are cared for at home or in day care centres will rise from 1,000 to 5,000 and the number of people staying at SHÇEK care homes and care centres for the elderly will rise from 7,500 to 8,640, representing a 15% increase. Between 2009 and 2014, it aims to increase the number of private care homes by 72%, care homes of local administrations and STK by 75%, SHÇEK care homes by 17% and SHÇEK rehabilitation centres for the elderly by 10%.

Table 5: The SHÇEK Plan for care of disabled and elderly people

	2009	2010	2011	2012	2013	2014	Increase rate
Care of elderly at home/ day care	-	1,000	2,000	3,000	4,000	5,000	new scheme
The number of elderly staying at SHÇEK care homes and care centres for the elderly	7,500	7,800	8,040	8,440	8,640	8,640	15%
Private care homes/care centres for the elderly	111	127	143	159	175	191	72%
Private/other public care centres for the elderly	0	7	12	22	32	32	new scheme
Other care homes (Local administration STK)	67	77	87	97	107	117	75%
SHÇEK care homes	53	3	2	2	2		17%
SHÇEK Rehabilitation centres for the elderly	21		2				10%

Source: (SHÇEK 2009/b:40,54,55,56)

The AKP, the government party, promises that the care-at-home system will be developed and numbers of care centres will be increased by 2023 (AKP, 2011: 113). The CHP, the main opposition party, promises that the long-term care insurance will be established and assisting care staff will be assigned to provide care at home for all elderly citizens who need care services (CHP, 2011/b: 73-74).

2.4.3 Impact assessment

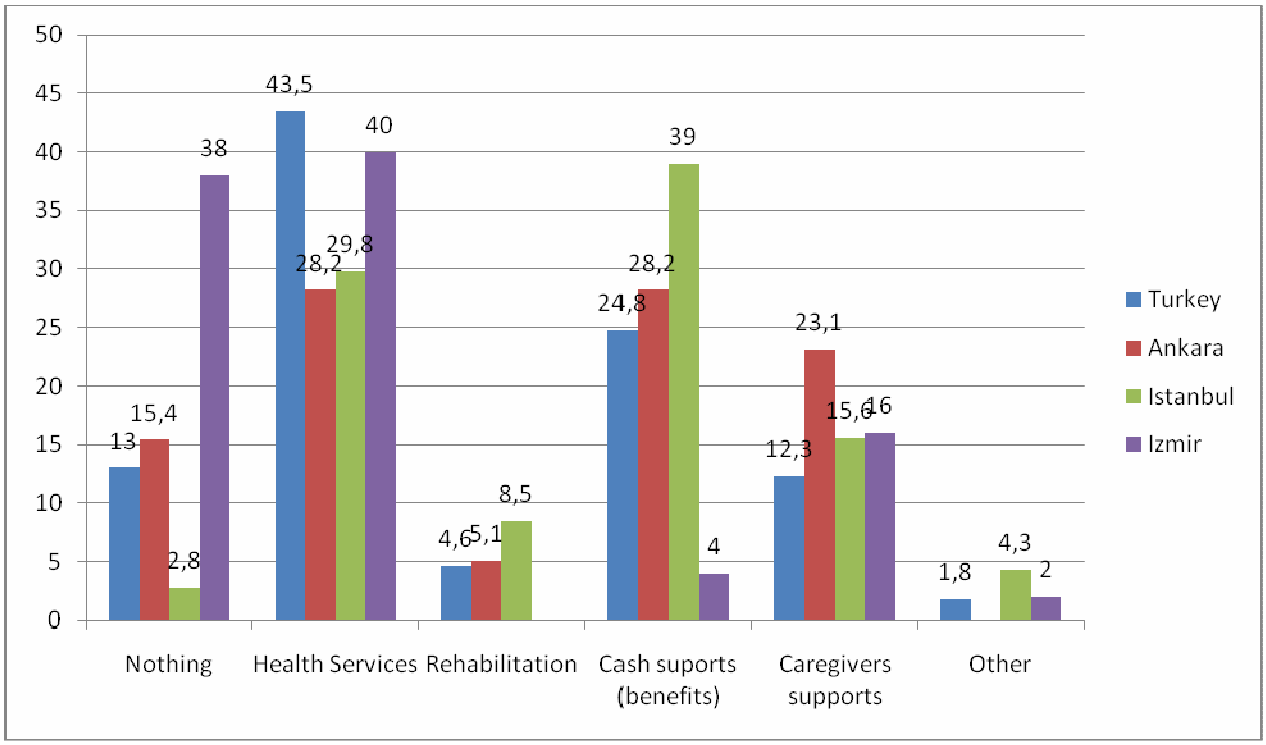
Since April 2010, there have been only few studies or publications about long-term care. One study examines care allowances in respect of care needs and ethical and medico-legal problems (Oğlak, Özkara, 2010). The other study evaluates an elderly care training programme for women (Bayık, Uysal, 2010). According to results of the study, the developed training programme was effective, resulting in an increased knowledge, the acquisition of good attitudes towards the elderly, and the provision of satisfactory caring and communication skills. It is recommended that elderly care programmes support non-professional caregivers (Bayık, Uysal, 2010). Disabled people are usually cared for by family members. SHÇEK supports family members who care for the disabled and pays them the net minimum wage per month in benefit. However, there is no social security, because social security legislation does not cover these carers (Karadeniz, 2011: 113).

The Family Structure Survey shows important results in terms of elderly care. The ratio of households with a disabled elderly person is 5.3%. This figure increases as family income decreases. For instance, it is 8.5% for the lowest income groups (ASAG, 2010/a).

Figure 5 shows that the most important needs of families who have a disabled elderly are health services (43.5%), cash support (24.8%), caregivers' support (12.3%) in Turkey overall. In the big cities, the need for caregivers' support increases, with 23.1% in Ankara and 16% in Izmir.

In Turkey, solidarity is very strong in a typical family and the elderly are taken care of by their families. According to the Family Structure Survey, while 57.2% of the individuals prefer to live with their children, 27.6% of them prefer to receive care in their own home or to live in a care home in old age (Table 6). In big cities such as Izmir, Ankara and Istanbul the proportion of individuals who prefer to live with their children decreases. In Izmir, which is the third biggest city in Turkey, the proportion of individuals who prefer to receive care in their home and to live in care home has increased.

Figure 5: The most important needs of families who have a disabled elderly (%) in 2006



Source: ASAG, 2010/a

Table 6: Life choice of individuals in old age (in %)

	Turkey	Ankara	Istanbul	Izmir
I would stay with my children	57.2	36.2	49.9	31.3
I would get home care service	17.5	17.3	17.1	25.3
No idea	15.1	36.2	23.1	19.4
I would stay at a nursing home	9.1	10.9	8.6	23.1
Other	1.1	1.2	1.3	0.9

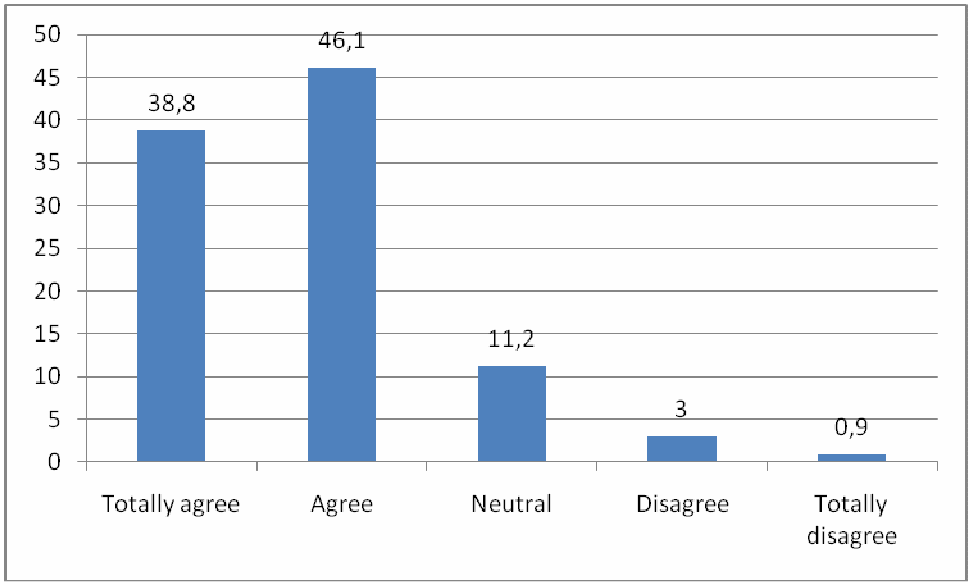
Source: ASAG, 2010/a

Another study investigates the effects of demographic changes on health policies for elderly. It is estimated that the elderly population will grow threefold in the period of 2000-2050 (Akın, Ersoy, 2010: 113) making health planning essential in order to solve health problems in respect of care at home and non-communicable diseases (Akın, Ersoy, 2010: 113).

Another study investigates family values in Turkey. The survey shows parallel results. 84.9% of the participants who were interviewed agreed with the statement "*The elderly should be cared for in their family with their children*" (see Figure 6).

The Family Structure Survey is about elderly and care (ASAG. 2010/b). Most of the population thinks that a nursing home is not convenient and unsuitable for the elderly and they do not think that the elderly are cared for perfectly well in nursing homes (ASAG, 2010/b:126).

Figure 6: Statement: "The elderly should be cared for in their family with their children" n=6135



Source: ASAG, 2010/b

Another survey investigates the outlook on life and future expectations of elderly people living in nursing homes in Denizli (Karaca, 2010). The results of the study indicate that the nursing homes had successfully satisfied the basic needs of the elderly based on its institutional mission. However, the social environment had significant shortcomings in fulfilling the expectations of the elderly (Karaca, 2010: 50). Most of the elderly living in nursing homes have no social insurance (65.7%) and 47.6% of them are illiterate (Karaca, 2010: 55). Over half of the elderly (51%) would rather live at home. The majority of the elderly live in a nursing home because of compulsory reasons (63%) (Karaca, 2010: 57). However, most of them (71%) show satisfaction with their nursing homes (Karaca, 2010: 65).

Elderly people who are not poor can benefit from care homes, care centres for the elderly, day care centres and care services at home, as long as they pay the fee. However, care homes and care centres for the elderly are inadequate in numbers. As it can be seen in Table 7 below, there is a total number of 291 public and private SHÇEK care homes and care centres for the elderly, with a total capacity of 23,171. The number of people registered in these institutions is estimated to be 18,518. In other words, 80% of the current capacity is used. However, the percentage of people above the age of 65 is 7.2% of the total population, i.e. currently 5,083,084 people (TÜİK, 2010).

According to a recent OECD Survey (2011), the size of economy and family responsibilities for caring are not same in the member countries. These factors affect development of long-term care financing mechanism and spending figures (OECD, 2011: 239). For instance, there is relatively little formal care supply in low income OECD Countries (*e.g.*, Mexico, Turkey), in Central European Countries and in countries which have a strong family-care tradition (e.g., Mediterranean Countries). Turkey has both, it is a low income OECD Country and has a strong solidarity tradition among family members. This is reflected by a formal long-term care system with a limited formal care supply and low long-term care spending which is targeted for poor needy persons. However, for middle and high income families who live in big cities and have a needy person require qualified long-term care employees (See Figure 5).

Table 7: The number of care homes and care centres for the elderly, their capacities and the number of people benefitting from these in Turkey

	Number	Capacity	The number of people registered
SHÇEK Care homes, care homes for the elderly and rehabilitation centres	100	9,585	8,058
SHÇEK care centres for the elderly	6	n.a.	950
Private care homes and other public care homes	185	13,586	9,510
Total	291	23,171	18,518

Source: SHÇEK, 2011

2.4.4 Critical assessment of reforms, discussions and research carried out

Because of migration from rural areas to the big cities and the change to nuclear family types, as well as a fast population ageing, there is a need to implement the institutional mechanisms in order to provide care for the elderly. It is estimated that, compared to the total population, the percentage of people over the age of 65 will rise to 9.8% by 2025 (TÜİK, 2011/c). This rate is estimated to rise to 17% by 2050 (SHÇEK, 2009: 22). Thus, the design and implementation of a long-term care insurance scheme financed by premiums and taxes is required. The establishment of a long-term care insurance system is planned according to the Care Services and Action Plan. There is a shortage of highly qualified long-term care workers in Turkey. In order to eliminate this shortage, some vocational training courses and programmes are devised.

SHÇEK pays the minimum net wage each month to persons who care for a disabled person at home if the family income is below the poverty threshold. It is estimated that most of the caregivers do not have any vocational training in long-term care. The current system is not efficient in terms of coverage and efficient services, so the long-term care coverage should be extended to middle and high-income groups and the number of the well trained caregivers should be increased.

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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] Disability

[L] Long-term care

[R] Pensions

[R4] APAK Sudi, TAŞCIYAN Kamer Hagop, Türkiye'de Bireysel Emeklilik Sisteminin Gelişimi, 2010, Ekonomi Bilimleri Dergisi, Vol: 1, No: 2, p: 121-129,

http://www.sobiad.org/eJOURNALS/dergi_EBD/arsiv/2010_2/15sudi_apak.pdf.

"Development of the Private Pension System in Turkey"

The Individual Pension System (IPS) in Turkey is complementary to the social security system, in which only the licensed pension companies are entitled to sell private pension products and collect personal pension contributions. In this system, voluntary contributions are made by the participants and all these contributions are accumulated into pension mutual funds with the aim to provide adequate pension income during retirement. In this study we investigate the development of the individual pension system in Turkey, which commenced on 27 October 2003. We can see that the individual pension system indicator has been growing fast and gives positive signals for its future development.

[R2] ARABACI, YÜKSEL. Rabihan; ALPER, Yusuf Sosyal güvenlik reformunun yaşlılık aylıklarına etkisi: Yoksulluk yaratan bir sosyal güvenlik sistemi, Amme İdaresi Dergisi, 2010, 43(2): 101-117

"The Impacts of Social Security Reform on Old-Age Pensions: A System that Creates Poverty"

This study investigated the effects of the recent social security reforms, which were initiated in 1999 by Law No. 4447 and accomplished in 2008 by Law No. 5510, on old-age pensions. In the study, changes in old-age pensions as a result of both laws individually were analysed on the basis of the former Law No. 506. The study revealed that, in general, the reform reduces the monthly pensions and increases the difference between the lower and upper limits. Moreover, the decline in pensions will increase poverty and income inequalities among the elderly people in the future. It is argued that, due to the reforms, the new Turkish Social Security System will not help to fight poverty. On the contrary, it will both generate and deepen poverty.

[R3] BACAK, Bünyamın, Discrimination between Men and Women in the Working Life in Turkey and Regulations about Positive Discrimination, 2010, the Social Sciences, Vol: 5, No: 2 p: 163-171,

http://docsdrive.com/pdfs/medwelljournals/sscience/2010/164-171.pdf.

There are many individuals coming from different segments and groups among the individuals of the society. Since the interests of these individuals conflict with each other, there is an ongoing competition among them. Therefore, due to their diversities, individuals' exposure to negative treatment and behaviours in economic, social or political areas leads to discrimination. In spite of the existence of several types of discrimination (ethnicity and race-based, religion and faith-based, age-based, sexual orientation-based, etc.), gender-based discrimination leading to abuse in working life in Turkey and the regulations related to positive discrimination stated in the labour and social security legislation will be handled in this study.

[R4] BAKIRTAŞ, İbrahim, KECEK, Gülnur, ÖZTÜRK, Doğan, Efficiency Evaluation of the Turkish Individual Pension System by Data Envelopment Analysis, 2010, Journal of Money, Investment and Banking, Issue: 18, p: 29-39,

http://www.eurojournals.com/JMIB.htm.

The aim of this study is to carry out comparative efficiency analyses of companies that operate in the Turkish individual pension sector and to determine whether the sector has been affected by the financial crisis, on the basis of average efficiency levels of the sector. The comparative efficiency of the companies is measured with the help of input-focused DEA and Malmquist Total Factor Productivity Index under the assumption of variable return to scale. Three important results were obtained at the end of the analyses. Firstly, according to the obtained efficiency measurements, the annual and 2006-2009 efficiencies of the companies in the individual pension system vary among each other. Secondly, the sector is not efficient on the average. Thirdly, Malmquist Total Factor Productivity Index values suggest that the sector has been adversely affected by the 2007 financial crisis and such adverse effect also continued in 2009.

[R4] CAN Yeşim, Bireysel Emekliliğin Türkiye'deki Durumu ve Gelişimi, 2010, Ekonomi Bilimleri Dergisi, Vol: 1, No: 2, p: 139-147,

http://www.asosindex.com/journal-Article-abstract?id=10104.

"Status and Evolution of Individual Pension in Turkey"

The Individual Pension System, launched in 2003, is a funding system based on voluntary participation, supplementing social security. Micro-target here is to guide individuals towards savings, to be used as additional income; while macro-target is to create resources for the economy. Savings are transferred into pension investment funds in capital markets. Inclusion of minor savings into the economy and their evaluation by portfolio managers improve markets. Funding tools of the private sector increase, contributing to risk distribution and providing funding for high-profit projects, with stimulus on economic growth. In this study, the importance of the individual pension system for financial markets will be discussed with analysis of the Turkish system.

[R1] ELVEREN, Adem Yavuz, The Formalization Of The Labour Market And Social Security Deficits In Turkey: What Should Be Done?, 2010, 6th International Policy and Research Conference on Social Security, Emerging Trends in Times of Instability: New Challenges and Opportunities for Social Security, International Social Security Association, Luxembourg,

http://www.issa.int/Ressourcen/Tagungsberichte/The-formalization-of-the-labour-market-and-social-security-deficits-in-Turkey-What-should-be-done.

This study examines the impact of the formalisation of the labour market on social security deficits in Turkey. After a brief discussion on the causes and consequences of the informality of the economy, the paper reveals the effect of possible developments in the labour market - such as the reduction in informal employment, the decrease in contribution evasion, and the increase in youth employment and women's employment - on the deficits, which have increased since the early 1990s. To assess the effect, we utilise a simple actuarial model to project the deficit through 2050 under different scenarios. The model uses the population projection by OECD, wage data by the TurkStat, and labour market data of active workers by the Social Security Institution in Turkey.

[R2] ERDOGAN, Özcan, Kayıtlı İşçi Ücretlerinde Vergi Kaçaklarını Ve Sosyal Güvenlik Primi Kaçaklarını Önlemek Amacıyla Sendikalarına Üyeliğin Özendirilmesi, 2011, Celal Bayar Üniversitesi Sosyal Bilimler Dergisi, Vol: 9, No: 1, p: 37-60,

http://www.asosindex.com/journal-Article-abstract?id=9902.

"Being Encouraged to Become a Member of the Labour Unions with the Aim of Preventing Tax Evasions and Leakages relating to the Social Insurance Premium on Registered Labour Wages"

It is very common in Turkey, as it is in the majority of developing economies, for a worker who is registered, but who is not a member of a trade union, to receive payment for some of his wage off the record. This means that the income tax, the stamp tax and the social insurance premiums are paid to the treasury and the corresponding social security institution based only on the lower registered wages of these workers, thus creating a vast loss in public revenue. Tax incentives could try to encourage workers to become members of the trade unions in order to be able to prevent these evasions of tax and social insurance premium payments in the long run. This study analyses whether this kind of loss of public revenues could be reduced through membership to the trade unions instigated by tax incentives, and whether this would bring an increase in wealth to the all tax payers.

[R4] EROL, Hatice, ÖZDEMİR, Abdullah, YURDAKUL, Meryem, Türkiye'de İşsizliğin Yol Açtığı Olumsuz Sonuçların Giderilmesinde 4447 Sayılı İşsizlik Sigortası Kanunun İşlevi, 2010, TİSK Akademi Dergisi, Vol: 5, No: 10, p: 6-37,

http://www.asosindex.com/journal-Article-abstract?id=9717.

The Function of the No. 4447 Unemployment Insurance Law in Erasing the Adverse Consequences of Unemployment in Turkey

The main purpose of social security systems is to give the individual and his family a sense of security and spare them worries about the future by guaranteeing their future against various risks. One of the risks that individuals may encounter during their life is unemployment. Unemployment is a source of problems that prevents both economic and societal peace.

Therefore, fighting unemployment is of vital importance. Fighting unemployment is generally realised in two ways, by eliminating either the causes of unemployment or the negative consequences of it. These two methods should not be regarded as alternatives but as complementary to each other. Unemployment insurance is a social policy instrument that aims to alleviate economic and social problems caused by unemployment. The studies that started in 1959 in Turkey resulted in the Law No. 4447 in 1999. In this study, the Unemployment Insurance Law is presented under a general framework and the development of practice of the unemployment law since it was put into effect and the problems experienced in the system are analysed. Additionally, the function of the No. 4447 Unemployment Insurance Law in erasing the adverse consequences of unemployment is given in detail.

[R2] GÖKBAYRAK, Şenay, Türkiye'de Sosyal Güvenliğin Dönüşümü, 2010, Çalışma ve Toplum Dergisi, No: 25, p: 141-162,

http://www.asosindex.com/journal-Article-abstract?id=2403.

"Transformation of Social Security System in Turkey"

This study is aimed at analysing the recent social security reform in Turkey within the framework of the welfare state transformation. Within this framework, the question of whether this reform can provide appropriate solutions for structural problems of the social security system is investigated. When the characteristics of the Turkish welfare and social security system are analysed, it can be said that this reform cannot provide appropriate solutions for the structural problems of the social security system in Turkey. This reform process can be defined as a reflection of welfare state transformation under neo-liberal market conditions. Under these conditions, it is seen that the main objectives of the current social security reform are decreasing attractiveness of provision of a public welfare system and increasing the role of the private sector in the welfare service provision. Nevertheless, such practices have serious limitations for the access to social security rights of the low-income population groups in Turkey and reproduce income inequality for large population groups.

[R1] KARAGÖL, Erdal, *Türkiye'de Aktif Sigortalı Sayısını Belirleyen Faktörler*, 2010, Sosyal Siyaset Konferansları Dergisi, No: 58, p: 34-43,

http://www.iudergi.com/tr/index.php/sosyalsiyaset/Article/viewFile/134/135

"The Role of Factors in Determining the Number of Insured People in Turkey"

The aim of this paper is to investigate determinants of the number of insured people in Turkey for the 1970–2004 period. A cointegration analysis of a multivariate system of equations is applied in order to empirically estimate the long–term relationship among the determinants of insured people. The results indicate that GNP and population are found to have a positive effect on the insured people. Whereas, unemployment has a negative effect on the active insured people in Turkey.

[R1] KARADENİZ, Oğuz, (2011), Türkiye'de Atipik Çalışan Kadınlar ve Yaygın Sosyal Güvencesizlik, Çalışma ve Toplum Dergisi (Journal), Sayı: 29, pp. 83-127

"The Atypical Female Worker and Widespread Insecurity"

Atypical working comprises flexible working types in terms of working time and working place, unlike typical working. Atypical working is an employment system in which women

are commonly found working. It includes casual work, part-time work, home-based work, unpaid family workers and self-employment, as opposed to full-time employment, which includes working with employment security and regularly paid working styles. The majority of workers of the atypical system are not covered by the Labour and Social Security Law in Turkey. This study analyses the position of women working in an atypical style in Turkey in relation to the social security system. This study has found out that most atypical types of women workers are vulnerable and unregistered and are excluded from or not sufficiently protected by the social security system.

[R4] KAYA, Anıl Kemal, CANSEL, Arıl, Türkiye pazarında bireysel emeklilik kurumlarının bütünleşik pazarlama iletişimi uygulamaları, 2011, İktisat İşletme ve Finans Dergisi, Vol: 26, No: 300, p: 45-66,

http://www.iif.com.tr/index.php/iif/Article/view/iif.2011.300.2876.

"Integrated Marketing Communication Practices of Individual Pension Institutions in the Turkish Market"

This paper analyses the acceptance of Integrated Marketing Communication in the Turkish marketplace and the development of marketing communication in *Turkey*. As the theoretical basis for a research study, strategic communication and newly developing *pension* firms were studied. A questionnaire was developed to elicit responses on Integrated Marketing Communication perception and practices in marketing communication areas. The quantitative analysis findings of our research will contribute to the efforts to find a common ground and definition for the concept of Integrated Marketing Communication. The study also reports the latest developments in marketing communication in *Turkey*.

[R4] ÖNER KAYA, Emine, Yoksullar İçin Sosyal Güvenlik: Mikrosigorta, 2011, Elektronik Sosyal Bilimler Dergisi, Vol: 10, No: 35, p: 202-220,

http://www.asosindex.com/journal-Article-abstract?id=9590

"Social Security for the Poor: Micro-Insurance"

Although social security is accepted as one of the fundamental human rights under many international agreements, more than half of the world's population is still living in a manner deprived of social security. Microinsurance is one of the instruments thought to be effective in meeting the deficits in terms of social security by International Labour Office. Microinsurance is expected to contribute in extending the scope of social security in underdeveloped regions. In line with the objective at issue, microinsurance has different advantages such as closeness to the target group, thereby lower transaction costs, as well as an easy understanding of the target group's need. However, a lower educational level of the target group, lack of information pertaining to the insurance, inadequate financial recourses of microinsurance programmes, non-fulfilment of financial sustainability and, thereby administrative sustainability constitute the basic obstacles for microinsurance in reaching large masses. It is suggested to raise the target group's conscious regarding towards insurance, supply of microinsurance applications as supplement for formal social security systems and for different microinsurance providers, such as commercial insurers, microfinance institutions, NGOs, cooperatives to operate in cooperation by getting into a partnership.

[R1] VAN RIJCKEGHEM, Caroline, Determinants of Private Saving in Turkey: An Update, 2010, Bogazici University, Department of Economics in its series Working Papers, No: 4. http://www.econ.boun.edu.tr/public_html/RePEc/pdf/201004.pdf.

The Turkish private saving rate has declined over time and is currently low in international comparisons, in particular relative to developing Asia. This paper provides an update and extension of an earlier ERF paper on the same topic, based on 3 additional years of household survey data and revised demographic data. It also brings macro-data as well as ISE corporate saving data to bear on questions related developments in total and corporate saving. An equation estimated on macro-data for Turkey for 1988-2009 suggests that the decline in private saving is related to fiscal consolidation, an increase in credit availability, and a reduction in uncertainty (as proxied by inflation) following stabilisation of the economy. Household budget survey data for 2004-08 show that a wealth effect also appears operative, with households who own their homes responding strongly to the business cycle (compared to tenants). Available corporate saving data for firms listed on the Istanbul Stock Exchange indicates that the key determinant of corporate saving appears to be profits, not dividend payments. The results suggest that, as financial deepening resumes after the current crisis, the private saving rate may decline again (directly, as credit becomes more widely available, and through a wealth effect if this increase in credit contributes to a rise in real estate values). We also find, based on TurkStat demographic projections, that demographic changes — a reduction in the youth dependency ratio combined with an increase in the old-age dependency ratio — will be at best neutral for the private saving rate. Meanwhile, reforms to social security may stimulate private saving over time, but this is uncertain as the social security reform also includes a lengthening of the contribution period, which should reduce private saving for retirement. The study concludes with policy prescriptions.

[R2] YANARDAĞ AYKAÇ, Aslıhan, Karşılaştırmalı bir bakış açısından sosyal güvenlik reformunun emek piyasasına etkisi, Toplum ve Bilim, 2010,(118): 198-220

"The Impact of the Social Security Reform on the Labour Market in Turkey"

The purpose of this study is to evaluate the social security reform gradually taking effect in Turkey in terms of its impact on the labour market. Social security systems include a variety of services for workers such as savings, pensions and health care and provide basic coverage for the non-working segments of the society. The services provided for workers not only regulate the working conditions and the long-term returns of the work period, especially through the pension system, but also have structural implications for the labour market. In this sense, social security systems need to establish a reciprocal relationship with the labour market. However, the financial concerns of the social security system jeopardise the social dimension of social security provision. On the other hand, the transformation of national economies under globalisation and their modes of integration with the global economy indicates that labour markets are to a great extent under the influence of global dynamics, especially seen in the impact of flexible accumulation as the dominant mode of production on employment patterns, working conditions and the social composition of the labour force. Therefore, social security systems develop a unique relationship and reciprocity with labour markets, directly shaped by the historical milieu. Social security systems need to be analysed with respect to the historical context of the systems they exist in. This article makes a conceptual introduction to social security systems and labour markets. The relationship between the two structures is further illustrated with cases from different systems. Next, the social security reform in Turkey is evaluated with respect to contemporary transformations in the labour market. On a micro level, sector-based comparisons of agriculture, tourism and

textiles help to demonstrate the diversity of the labour issues that need to be addressed by the social security reform in Turkey. Finally, the success of the social security reform in meeting the needs of the labour market is critically evaluated with policy suggestions to further enhance its impact on the labour market.

[H] Health

[H1; H4] AYTEKİN, Sinan, ÇİFTÇİ AYTEKİN, Gamze, Türkiye'de Sağlık Hizmetleri ve Kamu Sağlık Harcamalarının Finansmanı, 2010, Gümüşhane Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, No: 2, p: 159-180.

"Health Care Services and the Financing of Public Health Care Expenditures in Turkey"

Most countries are faced with uncontrollable health care expenditures due to the uncertain ties in their health care systems. Because of the expenditures, which became a threat to the economy, The Ministry of Health of Turkey took some serious steps forward as to the management of human and material resources at the hospitals operating within its own structure. While, on the one hand, it expects that these actions will provide positive results, on the other hand, it attempts to provide an autonomous structure to the health care system via the formation of the Association of Public Hospitals. This study aims to illustrate that, regarding the restructuring activities; there is an issue of efficiency in the financing of public health care expenditures and also in the supply of health care services in Turkey.

[H3] BACAK, Bünyamın, Discrimination between Men and Women in the Working Life in Turkey and Regulations about Positive Discrimination, 2010, the Social Sciences, Vol: 5, No: 2 p: 163-171,

http://docsdrive.com/pdfs/medwelljournals/sscience/2010/164-171.pdf.

There are many individuals coming from different segments and groups among the individuals of the society. Since the interests of these individuals conflict with each other, there is an ongoing competition among them. Therefore, due to their diversities, individuals' exposure to negative treatment and behaviours in economic, social or political areas leads to discrimination. In spite of the existence of several types of discrimination (ethnicity and race-based, religion and faith-based, age-based, sexual orientation-based, etc.), gender-based discrimination leading to abuse in working life in Turkey and the regulations related to positive discrimination stated in the labour and social security legislation will be handled in this study.

[H1] BEKMEZ, Selahattin, EVKURAN, Seran, Türkiye'de Eğitim ve Sağlık Hizmetlerinin Geleneksellik Endekslerinin Hesaplanması, 2010, TİSK Akademi Degisi, Vol: 5, No: 10, p: 88-111,

sbe.gantep.edu.tr/~sbd/index.php/sbd/Article/download/270/204.

"Calculation of Traditionality Indices of Education and Health Services in Turkey"

Since education and health expenditures create externalities, this study aims to analyse traditionality of these expenditures in the Turkish budget. In order to do that, data regarding education and health services have been collected and an "expenditure experience index" has been calculated. Using the expenditure experience index, expenditure experience functions have been constructed for all the sub-sectors of the health and education services. With the

help of those expenditure experience functions and the traditionality index, the structures of mentioned sectors creating externality have been analysed in detail. The results show that both sectors, including most of the sub-sectors, preserve their traditional structures in the Turkish budgetary system.

[H1] BOZKURT, Hilal, Eğitim, Sağlık Ve İktisadi Büyüme Arasındaki İlişkiler: Türkiye İçin Bir Analiz, 2010, Bilgi Ekonomisi ve Yönetimi Dergisi, Vol: 5, No: 1, p: 7-27.

"Relationships between Education, Health and Economic Growth: An Analysis for Turkey"

Many empirical analyses indicate that improvements in health and education have a positive effect on economic growth. Improvement in health and education are analysed separately in order to determine which components are effective on economic growth. In this study, we analysed the relationship between economic growth and life expectancy. Apart from life expectancy, there are several variables affecting economic growth. Physical investments (saving rate) and education (schooling rates) are sample variables. The annual data of the period 1980-2005 is tested via the Two-Step Engle Granger, Johansen Cointegration and Stock-Watson methods. According to the findings, with education and health being analysed separately, there is causal relation between health and education and economic growth. But if the variables are analysed together, there is causal relation between health and growth. Health is the dominant factor.

[H1] ÇETİN, Murat, ECEVİT, Eyub, Sağlık Harcamalarının Ekonomik Büyüme Üzerindeki Etkisi: OECD Ülkeleri Üzerine Bir Panel Regresyon Analizi, 2010, Doğuş Üniversitesi Dergisi, Vol: 11, No: 2, p: 166-182,

http://journal.dogus.edu.tr/13026739/2010/cilt11/sayi2/M00243.pdf.

"Impact of Health Expenditures on Economic Growth: A Panel Regression Analysis on OECD Countries"

In recent years, theoretical and empirical studies in the economic growth literature emphasise the role of human capital in the process of economic growth. In general, most of the empirical studies have centred on the relation between education and economic growth. In this study, the effect of health on economic growth has been tested by a panel data analysis. This study consists of annual data of 15 OECD countries for the period from 1990 to 2006. In the analyses, the share of public health expenditures in total health expenditures as well as other explanatory variables has been employed. The relationship between health expenditures and economic growth was estimated in Pooled Regression Model by the panel OLS method. As a result, we have not found any statistically significant relationship between health expenditures and economic growth.

[H4; H5] ÇİFTÇİ, Murat, Türkiye'de Hekim Arzının Bölgesel Dağılım Eşitsizliği (1897–2004), 2010, Business and Economics Research Journal, Vol: 1, No: 3, p: 101-115,

http://www.berjournal.com/?p=621.

"Regional Inequality of Medical Doctors in Turkey (1897-2004)"

This paper looks at the long-term change of inter-regional human utility from medical doctors in provinces between Ottoman and Modern Turkey. Using data from the first statistical yearbook of the Ottoman Empire for the dynastic period and the TÜİK website for

the republic period the method applied is based on the Atkinson inequality index. The indices have revealed that there is an imbalance in the regional distribution of doctors when compared to the population in 1897. This means that there is a dramatic decline in the rate of social utility for the people. In accordance with the population figures the level of social utility from physicians have been calculated to be 49.2% for all over the Empire and 41.5% for the provinces in the border regions of Turkey in 1897. In contrast to the Ottomans period, there exist high levels of improvements in the social utility of health services in modern Turkey. The level of social utility from specialised physicians have been found out to be 64.3%; from medical doctors 84%, and from both kinds of doctors 77.3% in 2004. It is shown that the inter-regional social utility from medical doctors has improved between the two periods.

[H1, H3] ÇUKUR, Asuman, BEKMEZ, Selahattin, Türkiye'de Gelir, Gelir Eşitsizliği Ve Sağlık İlişkisi: Panel Veri Analizi Bulgular, 2011, Gazi Antep Üniversitesi Sosyal Bilimler Dergisi, Vol: 10, No: 1, p: 21-40,

http://www1.gantep.edu.tr/~sbd/index.php/sbd/Article/view/315.

"Income, Income Inequality and Health Relationship in Turkey: Panel Data Analysis Findings"

The relationship between health and income has caught increasing attention in welfare economics and policy discussions. A lot of research conducted in developed countries regarding income, income inequality and health relations has especially focused on testing assumptions of competing hypotheses that offer different linkages between health and income: absolute income hypothesis and income inequality hypothesis. The main purpose of this study is to investigate income, income inequality and health (infant mortality and under-five mortality) relations in Turkey within absolute income and income inequality hypotheses frameworks. The analysis was conducted by using pooled OLS and panel data methods of FE and FD estimations for 1975-2001 aggregated regional data. The results of panel data method of FE and FD estimations supported the absolute income hypothesis in that a higher per capita GDP is associated with lower infant and under five mortality rates in Turkey. Also, the results of pooled OLS on infant mortality supported the income inequality hypothesis in that higher income inequality is associated with higher infant mortality in Turkey.

[H1] ELVEREN, Adem Yavuz, The Formalization Of The Labour Market And Social Security Deficits In Turkey: What Should Be Done?, 2010, 6th International Policy and Research Conference on Social Security, Emerging Trends in Times of Instability: New Challenges and Opportunities for Social Security, International Social Security Association, Luxembourg,

http://www.issa.int/Ressourcen/Tagungsberichte/The-formalization-of-the-labour-market-and-social-security-deficits-in-Turkey-What-should-be-done.

This study examines the impact of the formalisation of the labour market on social security deficits in Turkey. After a brief discussion on the causes and consequences of the informality of the economy, the paper reveals the effect of possible developments in the labour market - such as the reduction in informal employment, the decrease in contribution evasion, and the increase in youth employment and women's employment - on the deficits, which have increased since the early 1990s. To assess the effect, we utilise a simple actuarial model to project the deficit through 2050 under different scenarios. The model uses the population

projection by OECD, wage data by the TurkStat, and labour market data of active workers by the Social Security Institution in Turkey.

[H4] ENİS, Barış, MOLLAHALİLOĞLU, Salih, AYDIN, Sebahattin, Health Care in Turkey: From Laggard to Leader, 2011,

http://www.bmj.com/content/342/bmj.c7456.full.

Enis Baris and colleagues observe that a political commitment to universal health coverage together with a significant investment in health has seen Turkey's health indicators catch up and surpass other middle-income countries. Less than a decade ago, the health system in Turkey was considered a laggard, not only relative to the rest of the Organisation for Economic Cooperation and Development (OECD) but to other high-middle-income countries. A major discrepancy existed between constitutional aspirations of equitable access to health care for all citizens and the reality on the ground. Health mattered, yet was seldom addressed on the political agenda. Today, the health system in Turkey is transformed, not quite to the point of favourable comparison with the rest of the OECD and most of the European Union, but fast closing the gap in health outcomes, responsiveness, and fair financing. We describe the Health Transformation Programme (HTP) launched in 2003, analyse the reasons behind its achievements, and share the lessons learnt.

[H1] ERUS, Burcay, AKTAKKE, Nazlı, Impact of Health Care Reforms on Out-Of-Pocket Health Expenditures in Turkey for Public Insurees, 2011, Eur J Health Econ DOI 10.1007/s10198-011-0306-2,

www.erf.org.eg/CMS/getFile.php?id=1537.

The Turkish health care system has been subject to major reforms since 2003. During the reform process, access to public health care providers was eased and private providers were included in the insurance package for public insurees. This study analyses data on out-of-pocket (OOP) health care expenditures to look into the impact of reforms on the size of OOP health expenditures for premium-based public insurees. The study uses Household Budget Surveys that provide a range of individual and household-level data as well as health care expenditures for the years 2003, before the reforms, and 2006, after the reforms. Results show that with the reforms the ratio of households with non-zero OOP expenditure has increased. Share and level of OOP expenditures have decreased. The impact varies across income levels. A semi-parametric analysis shows that wealthier individuals benefited more in terms of the decrease in OOP health expenditures.

[H3] ESER, Dilek, How Does the New Social Insurance and Universal Health Insurance Act Affect Women?, 2011, İş Güç Endüstri İlişkileri ve İnsan Kaynakları Dergisi, Vol:13, No:1, p: 7-16,

http://www.asosindex.com/journal-Article-abstract?id=8597.

Recently a reform has been made in the Turkish social security system by changing the legal framework. After some Articles of the Law Nr. 5502 on Social Security Institution and the Law Nr. 5510 on Social Securities and General Health Security have been changed upon interference of the Constitutional Court, the reform has been in force since October 2008. The reform has affected all the segments involved in social security, i.e. both actively and passively insured people. Women have also been affected directly by the process, as actively

insured employee, daughter, wife or mother. In this study, departing from the short and long-term insurance branches, the way women are affected by the Law Nr. 5510 is analysed along the main changes.

[H1] GÖÇMEZ, Özlem, Out of Pocket Payments for Health Care in Turkey and Equity in Financing, 2003-2006, 2010, Erasmus University/Erasmus MC Rotterdam Institute of Health Policy and Management Thesis Master of Science in Health Economics,

http://oaithesis.eur.nl/ir/repub/asset/7939/Ozlem%20Gocmez-thesisEU.doc.

Background: The Turkish health care system, like in other countries, has been subject to efficient and equity-oriented reforms during the last six years, which in turn is expected to change the composition of financing, as one of the objectives is to ensure financial protection. Objective: This study's aim is to examine the equity in health care financing before and after the HTP and the financial consequences of the health care reform on the welfare of the households. Methods: To assess the impact of the reforms on health care finance, cross-sectional analyses are performed on the Household Budget Survey 2003/2006, using Stata statistical software package. In order to assess the equity in health-care financing, progressivity of the OOP payments is measured by Kakwani Index. In addition, catastrophic and impoverishing impacts of the OOP payments are measured as well. Results: Results show that the out-of-pocket payments are regressive in both periods. On the other hand, the incidence of catastrophic payments is low with approximately 5% of households spending more than 10% of total expenditure on health. As for the impoverishing effect, the results suggest that the OOP payments had a relatively stronger effect in 2003 on the impoverishment of households, compared to 2006. Conclusion: The results are not sufficient to criticise the policies and the results of the reform. Especially in order to analyse the impact of the reform on the financial protection of the poor, the results of the universal health insurance system that was introduced and initiated in 2008 should be evaluated.

[H1] KARADENIZ, Oguz, Extension of Health Services Coverage for Needy in Turkey: From Social Assistance to General Health Insurance, 2010, 6th International Policy and Research Conference on Social Security, Emerging Trends in Times of Instability: New Challenges and Opportunities for Social Security, International Social Security Association, Luxembourg,

http://www.issa.int/Resursy/Conference-Reports/Extension-of-health-services-coverage-for-needy-in-Turkey-From-social-assistance-to-general-health insurance.

In the beginning of the 1990s, Turkey started to implement a new free tax-financed health service named green card programme, for needy people with a household income of below one third of the minimum wage. This paper examines the green card programme and its effect on health coverage in Turkey. We use the Turkish Statistical Institute's (TURKSTAT) Household Budget Survey, Turkey Life Satisfaction Survey and the Social Security Institution's statistics to examine green card holders' characteristics, such as gender, age, income group, employment status, etc. In 2009, about 14% of the population who do not have social insurance received health services with expenses covered at the rate of 6 per thousand of GDP with the application of the green card. More than half of the green card holders are children and elderly people. We estimated that 84% of green card holders are in the poorest three income groups among ten income groups, and almost 82.6% of the green card holders

are below the poverty limit according to data from the TURKSTAT Household Budget Survey.

[H1] KARAGÖL, Erdal, *Türkiye'de Aktif Sigortalı Sayısını Belirleyen Faktörler*, 2010, Sosyal Siyaset Konferansları Dergisi, No: 58, p: 34-43,

http://www.iudergi.com/tr/index.php/sosyalsiyaset/Article/viewFile/134/135

"The Role of Factors in Determining the Number of Insured People in Turkey"

The aim of this paper is to investigate determinants of the number of insured people in Turkey for the 1970–2004 period. A cointegration analysis of a multivariate system of equations is applied in order to empirically estimate the long–term relationship among the determinants of insured people. The results indicate that GNP and population are found to have a positive effect on the insured people. Whereas, unemployment has a negative effect on the active insured people in Turkey.

[H7] SALLAN GÜL, Songül, DERİCİOĞULLARI ERGUN, Ayşe, Piyasa Odaklı Bir Uygulama Olarak Aile Hekimliği: Sağlık Hizmetinin Sunumunda Olası Kayıplar, 2010, II. Sosyal Haklar Ulusal Sempozyumu Bildiri Kitabı, p: 299-315,

http://www.sosyalhaklar.net/2010/bildiri/2010sosyalhaklar.pdf.pdf.

"Family Medical Practice as a Market-Oriented Application: Possible Losses in Health Service Presentation"

In the mid 1970s, the outstanding effects of the process of redefining the state's role and structure resulting from reflection on the crisis from which the capitalist system suffered worldwide were on the public sector and the public administration. The restructuring of public administration, the minimisation of state existence in the market, the proliferation of market methods, decentralisation, and the permeation of competition, choice, responsiveness, and concerns for performance have also taken place in the area of health care services, which constitutes a significant part of public services. Accordingly, the model of market economy and its values such as competition, productivity, total quality, and flexibility have been implemented in the area of health care services, thus shifting the focus onto the transfer of the provision of health care services to the private sector and the establishment of market dominance in the area of health care. While this approach considers the citizens as customers, it also transforms public services into market commodities exchanged or traded in the market and treats them as if they were not civil rights. In the framework of new liberal ideology, with the implementation of decentralist policies such as labelling the public health care sector as unproductive and unqualified, forcing the state to withdraw from providing service by separating it from its finance, outsourcing and making hospitals autonomous, the health care field has been opened to the competition of market actors. Thus it was asserted that such an approach would provide solutions for the existing problems. Making the health care field increasingly privatised has had a negative effect on health care workers. The change from service provision to service marketing has affected significantly the working conditions of health care workers. Furthermore, considerable losses have started to emerge in the issue of right to work. With a family physician system that reconstructs primary health care according to market ideology, health care workers have started to face deteriorated situations such as unemployment, underemployment, disorder in working hours, increase in workload, and unsecured working. In this study, the new family physician system, which will be put into

practice nationwide in a very short time, is evaluated and the losses of rights by health care personnel are discussed.

[H3; H7] TOKSABAY, Burcu, The Health Right of Refugees in Turkey, 2010, A Thesis Submitted to the Graduate School of Social Sciences of Middle East Technical University,

http://etd.lib.metu.edu.tr/upload/12611661/index.pdf.

The main objective of this thesis is to analyse the access of refugees to the right of health in Turkey. There are significant problems in the access of refugees to the available health services and there are no special health services designed to meet the needs of the refugees. Through field research in a city where refugees are settled, the problems related with the access to health services by refugees were examined. In a qualitative study design, this piece of research involved in-depth interviews with health professionals, representatives of the NGOs working with refugees and refugees to understand the problems associated with the access of refugees to health services and the dynamics of the clinical encounter between the health professionals and refugees. The study has found that refugees cannot reach sufficient and appropriate health services in Turkey and their fundamental right to health is not realised in practice. Moreover, it was found that the provision of health services is riddled with many difficulties, such as the lack of professional translators, the stereotypes common among health professionals about refugees. The legislation about health services and health insurance should be revised in a way to cover all asylum seekers and to provide special health services for refugees, such as comprehensive medical screenings on arrival and trauma and psychological counselling.

[H4; H5] TOSUN, Ömür, AKTAN, Hande E., SSK Hastanelerinin Saglık Bakanlığına Devrinin Hastane Verimlilikleri Üzerindeki Etkileri, 2010, TİSK Akademi, Vol: 5, No: 10, p: 112-129,

http://www.tisk.org.tr/download/akademi/tiskakademi_10.pdf

"The Effects of Transformation of SII Hospitals to Ministry of Health on Hospital Efficiency"

Although there are different actors in the Turkish health sector like the Ministry of Defence, universities, private sector and Social Insurance Institutes (SII), the main actor is the Ministry of Health. It is questionable whether this multi-headed structure in control of the management of the health sector is efficient or not. One of the first steps towards eliminating this multi-headed structure was taken on 19 February 2005 by transferring 373 medical facilities, 148 of them hospitals, from the SII to the control of the Ministry of Health as a means of transforming the health care service. In this study, 64 of these hospitals are analysed to explain the change in efficiency since the transfer by using the Malmquist productivity index and the 2003-2008 period data. The results show that there is a progress of 10.2% and 11.2% in total factor productivity over the 2005-2006 and 2006-2007 periods respectively, but in the 2007-2008 period there is no visible change in efficiency. The changes in efficiency in the first two periods mainly consist of changes in technical efficiency.

[H4; H5] YERELİ, Ahmet Burçin, KOBAL, İsmail, KÖKTAŞ, Altuğ Murat, Türkiye'de Sağlık Piyasasının Düzenlenmesi ve Denetlenmesi Gereği, 2010, Finans Politik ve Ekonomik Yorumlar Dergisi, Vol: 47, No: 549, p: 5-20,

http://www.ekonomikyorumlar.com.tr/dergiler/makaleler/549/Sayi_549_Makale_01.pdf.

"The Necessity of Regulation and Supervision of the Health Market in Turkey"

In Turkey, health care spending has increased as a result of reforms carried out since the early 1990s. The funding issue, depending on this increase in health care spending has emerged. Many countries are trying to lighten the burden of health care expenditure on the budget. Countries are trying to produce policies to control and to reduce health care spending. In this setting, market regulation and supervision can be considered as a solution. Such regulation and supervision, as well as being price-focused, can be focused on demand or quality. The implementation of a price control in the health care sector is preferred in both health care service and drugs by cost restriction strategies rather than demand control. Securing sustainable price stability and maintaining the quality of health care services via a regulation policy is not an administrative process that the policy makers apply alone. The need for a regulatory and supervisory agency on the Turkish health care market should lead to the establishment of the Health Care Market Regulation and Supervision Agency (HMRSA).

[L] Long-term care

[L] BAYIK TEMEL, Ayla, UYSAL, Aynur, Evaluation of an elderly care training programme for women, 2010, International Nursing Review, No: 57, p: 240–246,

http://www.ncbi.nlm.nih.gov/pubmed/20579160.

Background: Care-giving across different cultures has conventionally been perceived as a private or family responsibility, predominantly performed by women who accept their care-giving as part of their gender role. Aim: This study aimed to design, deliver, and evaluate an elderly training programme for women by assessing their knowledge, attitudes and skills as a lay care-giver. Encouraging the women to find suitable positions for employment in private or governmental institutions was the further objective of the study. Design: The study was a quasi-experimental one-group pre-test post-test design. Methods: The study was conducted in a solidarity centre for women and in a nursing home for the elderly. The sample covered 120 women selected from the community by convenience sampling. Data were gathered through pre- and post-test evaluation and observation forms from 2 May – 22 December 2005. The training programme consisted of 230 hours of didactic sessions, demonstrations and clinical practices. Findings: The mean change in the participants' knowledge score (pre-test: 41.44 _ 0.92; post-test: 71.16 _ 1.34) demonstrated a statistically significant improvement in their knowledge. According to clinical observations, most of them displayed satisfactory caring and communication skills towards the elderly. Virtually all participants reported increased skill, knowledge and confidence. Conclusion: The developed training programme was effective, resulting in an increased knowledge, the acquisition of good attitudes towards the elderly, and performing satisfactory caring and communication skills. Similar community-based programmes managed by nurses are recommended to support non-professional care-givers. The research is not only an innovative but also a revolutionary model to promote women.

[L] KARACA, Feyyaz, (2010), Huzurevinde Kalan Yaşlıların Hayata Bakış Açıları ve Gelecekle İlgili Beklentileri, Aile ve Toplum Dergisi (Journal),Nisan, Mayıs, Haziran, pp. 50-72

"Outlook on Life and Future Expectations of Elderly People Living in Nursing Home"

Objectives of the study: The aim of this study is to reveal current situations, outlook on life and future expectations of elderly people living in Denizli city-state nursing home. Methods: A descriptive cross-sectional study was designed based on qualitative field research. For data collection semi-structured face-to-face interview techniques were applied to 35 elderly

volunteers living in the state nursing home. Conclusion: In conclusion, while the nursing home had successfully satisfied the basic needs of the elderly based on its institutional mission, the social environment had significant shortcomings in fulfilling the expectations of the elderly. The results of this research generally support the role exit theory and the disengagement theory but partially support the activity theory.

[L] OĞLAK, Sema, Erdem ÖZKARA, (2010), Care Allowance for People in Need of Care in Turkey: An Ethical and Social Evaluation, Indian Journal of Forensic Medicine & Toxicology, Volume 4, Issue: 2

With economical and social developments, population structures of countries have changed and the rate of people in need of care and demands for care services have increased. People may need the help of their relatives with activities of daily living in order to survive at one stage of their life. Both the foresight that the burden of care is too severe to cope with and the fact that all states have social responsibilities, underlined the importance of regulations to support families, although, traditionally, people are responsible for caring for their ill relatives. In recent years, attempts to support people in need of care have increased in Turkey. The Disability Law was enacted in 2005 and modified in 2006. The statutes regulating the selection of disabled people in need of care were also issued in 2007. The Disability Law and the statutes, for the first time, made it possible for people cared for by formal and informal care-givers to receive care allowance. Care allowance for formal and informal care at home has underlined ethical principles. It provides formal and informal care-givers with financial support. However, it is still debatable whether care-givers should be paid by governments. In this article, the scope and effects of the Disability Law and the relevant statutes will be evaluated and ethical and medico-legal problems likely to appear in practice will be discussed.

[L] ÖZGÖKÇELER, Serhat, ALPER, Yusuf, Özürlüler Kanunu'nun Sosyal Model Açısından Değerlendirilmesi, 2010, Business and Economics Research Journal, Vol: 1, No: 1, p: 33-54,

http://www.berjournal.com/?p=195.

"An Assessment of the Turkish Disability Act in View of a Social Model"

The medical model as a trouble approach in disability literature characterises the disabled status to be "amenable to treatment, capable of improvement or illness". The main viewpoint of the model is to assess people with disabilities who are unwell/sick. The new social model has described disability as a result of the community's affirmative reaction since the 1950s and 1960s. In this context, a person with a disability is exposed to biased opinions of other people or society. Therefore, the social model focuses on the problematic exclusive reactions against people with disabilities. Turkey has taken a keen interest in social policy applications and legal regulation(s) for people with disabilities since the second half of the 1990s, for instance, forming the Administration of Disabled People (1997), holding the 1st National Disabled People's Council (1999), and introducing the Turkish Disability Act (2005). The purpose of this study is to determine implications of the social model approach for the Turkish Disability Act. Furthermore, this study demonstrates that the Act has a synthesis–approach.

4 List of Important Institutions

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

Contact Person:	Namık ATA
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.

Sosyal Hizmetler ve Çocuk Esirgeme Kurumu - General Directorate of Social Services and Child Protection

Contact Person:	Dr. İsmail BARIŞ General Director, ibaris@shcek.gov.tr
Address:	T.C. BAŞBAKANLIK Sosyal Hizmetler Çoçuk Esirgeme Kurumu Genel Müdürlüğü Anafartalar Cad. No: 70, 06240 Ulus / Ankara/Turkey
Phone:	0090.312 310 24 60 – 80
Webpage:	www.shcek.gov.tr

Governmental Organisation. SHÇEK provides social services for elderly, women, children and disabled needy persons. Main Recurring Publication: Bulletins that are published by the provinces directorate of SHÇEK. Main Recurring Publication: n.a.

Sosyal Yardımlaşma ve Dayanışma Genel Müdürlüğü - General Directorate of Social Assistance and Solidarity

Contact Person:	Aziz YILDIRIM General Director Social Assistance and Solidarity General Directorate
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. MoLSS manages the labour and social security system. MoLSS 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 TÜRK-İŞ
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's. 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:	Salim USLU 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:	Süleyman ÇELEBİ 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 İşçi Emeklileri Cemiyeti - Turkish Retired Workers 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. It has 86 branch offices. TIED is represented in the Social Security Institution and Social Security Advisory Board.

Türliye Kamu Çalışanları Sendikaları Konfederasyonu - Turkey Civil Servant Trade Union Confederation

Contact Person:	Bircan AKYILDIZ General President KAMU-SEN
Address:	Dr.Mediha Eldem Sokak No:85, Kat:1 06640 Kocatepe / Ankara/TURKEY
Phone:	00.90. 312. 424 22 00 (Pbx)
Fax:	00.90.0312 424 22 08
Webpage:	www.kamusen.org.tr

Non Governmental Organisation. KAMU-SEN is a trade union confederation for civil servants.

MEMUR-SEN Memur Sendikaları Konfederasyonu - Confederation of Public Servants Trade Unions

Contact Person:	Yusuf YAZGAN General President MEMUR-SEN
Address:	Özveren Sok. No: 9 Kat:4 Demirtepe / Ankara
Phone:	0090.312 230 48 98
Fax:	0090.312 230 39 89
Email:	info@memursen.org.tr
Webpage:	www.memursen.org.tr

Memur-Sen is a trade union confederation for civil servants. Main Recurring Publication: Kamuda Sosyal Pollika/ Social Policy in Public.

Kamu Emekçileri Sendikaları Konfederasyonu - Confederation of Public Employees Trade Unions

Contact Person:	Sami EVREN General President
Address:	Çehre Sokak No:6/1 Gaziosmanpaşa Ankara –TURKEY Phone: 0090.312 436 71 11
Email:	90.312 436 74 70
Webpage:	www.kesk.org.tr

Non Governmental Organisation. KESK is a trade union confederation for public employees.

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;TISK 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 No. 6964, which differs from Law No. 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 Chamgers of Agriculture is a public association which is a legal personality".
The duties of the chambers are detailed in Law No. 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. TUSIAD 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

Contact Person/Address:	Prof. Dr. Ayşe Buğra
Address:	Boğaziçi Üniversitesi Sosyal Politika Forumu Kuzey Kampus, Otopark Binası Kat.1 No. 119 34342 Bebek-Istanbul-TURKEY
Phone:	0090.212. 359 7563-64
Fax:	0090.212. 287 1728
Email:	spf@boun.edu.tr
Webpage:	http://www.spf.boun.edu.tr

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 - Fisek Institute Science and Action Foundation for Child Labour

Contact Person:	Prof. Dr. A. Gürhan FİŞEK
Address:	Selanik Cad. 52/4 Kizilay-Ankara, 7, TURKEY
Webpage:	http://www.fisek.org.tr

Non-Governmental Organisation. The Fisek Institute is a non-governmental organsiation 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 applicaitons especially for smal 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

Contact Person/Address:	İsa KARAKAŞ President SSK İşhanı A Blok Kat:8 No:510 Kızılay-Ankara-TURKEY
Postal Address:	404 Mithatpaşa Caddesi-Yenişehir-Ankara-TURKEY
Email:	tcsgd@tcsgd.org
Webpage:	http://www.tcsgd.org.tr

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
Email:	iletisim@keig.org
Webpage:	http://www.keig.org

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

Contact Person/Address	Mehmet UZUN President
Address:	SSK İşhanı B-1 Blok Kat : 5 No : 226 06420 Kızılay-Ankara/TURKEY
Phone:	90.312 435 37 64
Fax:	90.0312 435 37 26
Email:	sosgum@ttmail.com
Webpage:	http://www.simder.org.tr/

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.
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(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