Country Reports on Occupational Safety and Health in TURKEY

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I. Geography and demography

The area of Turkey is 784,000 sq km and most of the landscape located in Anatolia peninsula between Europe and Asia. The country holds a population of 72.5 million in 2010 and the population density is 94 per km2. Capital city is Ankara (4.6 million inhabitants) and Istanbul is the most populated city with 13 million inhabitants. City population ratio is 65.0%. Total fertility rate is 2.18 and life expectancy at birth is 71 for male and 76 for female.
From a population of 72 millions, 52 millions are 15 years and over and approximately 25 million individuals constitute the labour force in Turkey (Table 1). The labour force participation rate is declining during the last ten years and 47% in 2010. The labour force participation rate for females is 25%; and for males is 72%. The agricultural sector comprises 24% of the working population while 20% is employed in industry and 51% in services (Table 2). There is a divergence among the genders in terms of sectoral distribution of the employees. 80% of the agricultural workers are females (57% of total female workers).
Table 1. Employment Configuration in Turkey

<table>
<thead>
<tr>
<th>Years</th>
<th>Non institutional civilian population* (x1000)</th>
<th>Labour force (x1000)</th>
<th>Employed (x1000)</th>
<th>Unemployment rate (%)</th>
<th>Labour force participation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>35,601</td>
<td>20,150</td>
<td>18,539</td>
<td>8.0</td>
<td>56.6</td>
</tr>
<tr>
<td>2000</td>
<td>44,765</td>
<td>22,031</td>
<td>20,579</td>
<td>6.6</td>
<td>49.2</td>
</tr>
<tr>
<td>2002</td>
<td>46,767</td>
<td>24,064</td>
<td>21,691</td>
<td>9.9</td>
<td>51.5</td>
</tr>
<tr>
<td>2010</td>
<td>52,150</td>
<td>24,753</td>
<td>21,162</td>
<td>14.5</td>
<td>47.5</td>
</tr>
</tbody>
</table>

*15 year old and over

Figure 1. Employment Configuration in Turkey.
**Table 2. Change of sectoral percent distribution of employment in Turkey**

<table>
<thead>
<tr>
<th>Years</th>
<th>Agriculture</th>
<th>Industry</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1924</td>
<td>89.8</td>
<td>4.6</td>
<td>5.5</td>
</tr>
<tr>
<td>1950</td>
<td>84.8</td>
<td>8.4</td>
<td>6.8</td>
</tr>
<tr>
<td>1980</td>
<td>54.2</td>
<td>20.0</td>
<td>25.8</td>
</tr>
<tr>
<td>1990</td>
<td>47.1</td>
<td>21.2</td>
<td>31.7</td>
</tr>
<tr>
<td>2002</td>
<td>36.0</td>
<td>23.3</td>
<td>40.7</td>
</tr>
<tr>
<td>2010</td>
<td>23.8</td>
<td>20.2</td>
<td>50.5</td>
</tr>
</tbody>
</table>

**Figure 2. Change of sectoral percent distribution of employment in Turkey.**
Turkey is a middle-income country. Its economy is currently in transition from a high degree of reliance on agriculture and industrial economy to a globalized services sector. Turkish economy has begun to open economy in the 1980s. The largest industrial sector is textiles and clothing, which accounts for one-third of industrial employment. GDP growth has been exceeded 6% for many years, but this expansion has interrupted by a sharp decline after 2001 economic depression in which GNP fell 9.5%. During another depression wave in 2008-2009, Turkey faced an rapid increase in unemployment.

Turkey and the EU formed a customs union in 1995, and in 1999 the European Council granted the status of candidate country to Turkey. Accession negotiations with Turkey were opened in October 2005. Turkey aims to adopt the EU’s basic system of national law and regulation (the acquis communautaire) by 2014(1). Total GDP in PPP is $860 billion in 2009 and GDP per capita is $11,200. GDP composition by sector is as follows: agriculture:9.7% industry:26.8% manufacturing: 22.2% and services: 63.5%.

II. OHS legislation and actors

Actors and their functions within occupational health and safety system is depicted Table 3. Ministry of Labour and Social Security (MoLSS) is the responsible body of the Turkish work life. Under the organization of MoLSS there are 4 divisions which are responsible from occupational health and safety (OHS) of workers:

• Directorate General of Occupational Health and Safety (DGOHS)/Occupational Health and Safety Institute (ISGUM)
• Labour Inspection Board (LIB)
• Labour and Social Security Training and Research Centre (ÇASGEM)
• Social Security Institution
In accordance to EU acquis communitarie “National Occupational Health and Safety Council” has been approved and established by the MoLSS in 2005. DGOHS has been appointed to execute the secretarial work of this National Council which will convene at least twice annually.

The aims of the National Council were defined as to “bring together the social partners (trade unions and employers’ organisations), universities, non-governmental organisations and other relevant institutions and organisations in the field of occupational health and safety, and to create a platform where the partners could discuss, express their opinions and define the priorities, needs, policies and strategies in the field of OHS”\(^{(2)}\).

Representatives of other actors are Confederation of Turkish Trade Unions (TÜRK-İŞ) and Confederation of Turkish Employers Associations (TİSK). There are 2 other main Labour Confederations and all of them have OHS training programs for union members. TİSK also organizes OHS training programs and conducts projects. Turkish Medical Association (TTB) and Turkish Engineers and Architectures Association (TMMOB) are other important partners in this field. Both organizations provide training programs in the field of OHS. Universities also have a role especially with their educational activities.
### Table 3. Actors and Their Functions Within Occupational Health and Safety System in Turkey.

<table>
<thead>
<tr>
<th>Parties</th>
<th>Organs &amp; Tools</th>
<th>Functions*</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>MoLSS</td>
<td>Legislation Inspection Social protection Surveillance, research Supervision of employment ...</td>
</tr>
<tr>
<td></td>
<td>MoH</td>
<td>Health care from primary to tertiary level BOHS?</td>
</tr>
<tr>
<td>Labour</td>
<td>Unions</td>
<td>Coordination of labour’s power Advocacy Observation and follow-up Education ...</td>
</tr>
<tr>
<td>Employers</td>
<td>Unions</td>
<td>Advocacy Education Observation and follow-up Service (OH services, protection, treatment, rehabilitation) ...</td>
</tr>
<tr>
<td>NGOs</td>
<td>T Medical Association, T Engineers &amp; Architects Association, ...</td>
<td>Training &amp; education Service Research ...</td>
</tr>
<tr>
<td>Universities</td>
<td></td>
<td>Education &amp; training Research Service ...</td>
</tr>
</tbody>
</table>

* The functions are not completely covered by the parties
There is no single separate OSH law in Turkey. OHS regulated by Labour Laws and the latest one (No:4857) was issued in 2003. The Labour Law was considered by many unionists, academicians and politicians as a tool to legitimized flexibility in to Turkish work life. After Labour Law enactment, 40 new regulations were released, among them 22 were directly address OHS issues and 18 were related working conditions such as wages, working time, employment status. Labour Inspection system is regulated according to ILO Convention 81 by a specific regulation (Regulation of Labour Inspectorate 1991). Turkish Parliament is approved ILO Conventions 155 and 161 in 2005, yet the full integrity has not completed yet.

A swift transformation is taking place within the legal background particularly due to Turkey’s involvement of EU accession process. Following the Labour Act No.4857, legal regulations on occupational health and safety have been harmonized in accordance with EU Directives and number of regulations on OSH has been issued. The most important input for the Labour Act and these regulations are considered to be rendering flexibility to the working life and the new working methods like part-time working, on-call working, lent working, shared working, fixed-period service agreements, and broadening of sub-contracting. One important and positive recent development on occupational health area is single separate OSH Act has been drafted by MoLSS which is intended to cover all employees.

The National Council realized two consecutive “National Occupational Health and Safety Policy” Documents for the 2006-2008 and for 2009-2013. Following targets have been proposed by the National Council according to 2009-2013 Policy Documents:

1. Enactment of a separate OHS Act and complete related legislations.
2. Informing the interested parties and the public in order to ensure the implementation of new legislation.
3. The expected reduction in the rate of industrial accidents would be 20% after the implementation of new OHS legislation and the effective dissemination of the service in the following 5 years.

4. 500% increase of the cases with occupational diseases that failed to detect and register,

5. 20% increase of the number of OSH professionals that provide laboratory services

6. 20% increase in training and promotional activities that carried out by National Council member organizations.

7. The activities referred to in the Document will be evaluated and reviewed by the National Council at the end of each year.
III. Occupational accidents and occupational diseases

Data concerning the occupational accidents and diseases in Turkey are acquired through the records of the Social Security Institution and through research\(^{(3)}\). However, approximately 8.5 million of the working population out of 25 million labour force of Turkey is covered under the scope of social security which includes occupational accidents and diseases. Approximately one in three workers in urban areas and three in four in rural areas are not registered with the social security institutions\(^{(4)}\).

Therefore, many occupational accidents are also present which could not be notified or defined as occupational accidents\(^{(5)}\). Official records showed 80.6 thousand occupational accidents occurred in 2007 (948 per 100,000 workers or 3.61 per million worked hours). Of those 1,043 resulted in death (12 per 100,000 workers) and 1,550 in permanent incapacity for work (23 per 100,000 workers). Approximately 1.8 million work days have been lost from work accidents (634 hours per million worked hours). Most of the accidents have occurred in small scale work places in Turkey. Metal processing and stone quarrying, clay and sandy pits are the high risk sectors in terms of occupational accidents. Diagnoses for occupational diseases have been lagging far behind the expected quantity. Approximately 1,000 occupational diseases have been diagnosed annually in Turkey for many years given the incidence rate of 14 per 100,000 workers. Silicosis and poisonings appear the most frequent diseases occasionally. National Occupational Health Council estimated the total cost of occupational illnesses and accidents per year to be approximately 38 billion TRL.
IV. Occupational health services

Social security system have been under profound changes during the last decade. There were three different institutional structure for the social security system. These are Social Insurance Institution (SSK) for workers employed under a service contract; Bağ-Kur for Self-employed; and Retirement Fund (Emekli Sandığı) for Civil Servants. Among those institutions SSK were the most comprehensive one which cover wide range of social rights including old age, invalidity, survivorship, occupational disease and accidents, maternity and health care. It is noteworthy that the other institutions does not cover occupational disease and accidents. The new Law Social Insurance and Universal Health Insurance Law No:5510 enacted as an umbrella for those 3 main different social security organizations. On the other hand some of the obsolete Laws of which articles are still in effect which means some groups of employees still out of some of the social insurance schemes. As a result of this vogue infrastructure occupational disease and accident insurance covers only approximately 9.7 million employees out of 23 millions.

The main actor of OHS management is MoLSS as mentioned above and Directorate of Labour Inspectorate is responsible form implementations of OHS regulations. According to Labour Law (No: 4857, 2003) each enterprise that employs 50 and more employee has to establish occupational health unit and provide preventive health services within the enterprise. Same Law implies occupational health physician and industrial hygienist employment as an obligation for the enterprises with more then 50 employees. These “in site occupational health services provides primary care and basic occupational health services for only 12 to 15 % of all employees. There has been debating for providing occupational health services for small scale enterprises and self employed people thorOUGH health centres and community health centres. Occupational health and safety services on enterprise level are to be provided by health units within the enterprise or provided by the private organizations outside the enterprise.
Turkish Medical Association (TTB), which provides education and training as certification programs for occupational physicians since 1987, holds a very substantial position in the field of OHS. Turkish Engineers and Architectures Association (TMMOB) is another important partner in this field. TMMOB issues approval and permission for pressure devices, lifting devices, cranes, machineries and carries on control and inspection programs, moreover training programs for machinery operators, blasting operators in mining industry are delivered by TMMOB. Turkish Standards Institute is another organization which plays an considerable role with OHS standards. Universities are other contributors of OHS in Turkey. There are 6 medical schools (and Health Sciences Institutes) with OHS PhD programs, a single university with industrial hygiene master program. MoLSS started to provide certification programs for occupational health physicians and industrial hygienists 5 year ago, but recently with a new regulation MoLSS withdrew its educational activities and held a supervisory position. By this new regulation universities and private sector will be able to provide certification programs for occupational health physicians and industrial hygienists after the accreditation process.

Labour Inspectorate (LI) operates in 2 main paths:

1. Inspections in the field of occupational health and safety
2. Inspections in the field of working conditions such as employment status, wages, working hours, unionization

LI execute different types of inspections such as problem oriented – project based inspections, inspections which are based on employee or union complaints, case based inspections such as diseases or accidents, routine inspections and control inspections. Operation permission and authorization during the establishment phase are also LI’s duties.

There is no established organization in Turkey for industrial hygienists, but 5 years ago a web based networking has been set up by some volunteers and it is an extensively used tool among professionals of OHS in Turkey. Industrial hygienists are not represented under the umbrella of TMMOB.
V. Main problems on OHS

Obstacles of Turkish OHS system could be discussed under 2 main categories:

i. Obstacles due to Employment Conditions:

Low labour force participation and high unemployment rate: This presents a substantial problem by rendering more informal and unsafe working conditions into work life. Contracted work is extended and getting more share from employment every year. Employment policies should be improved. However, the required employment should definitely be generated in the form of employment opportunities for which decent work atmosphere as well as job security are granted. By ignoring these issues, Turkey is going to be drifted into being a country which supplies cheap labour for global economic market.

ii. Obstacles due to Working Conditions and Structural Aspects of Work Life:

a. Work force is not accepted as a whole and not covered by the single separate OHS Act.

b. Small scale industries’ (SSI) have a great share within the system in which almost 75% of the occupational accidents occur.

c. Small scale industries are not covered by the regulation which implies occupational physician and industrial hygienist employment. Approximately 50% of the labour force is employed in SSIs and very few limited portion of them offer OHS services to employees.

d. Turkey does not have a comprehensive OHS surveillance system.

e. Labour Inspectorate has manpower shortage, and they suffer financial limitations.

f. Most of the EU Directives issued as national regulations but do not properly adopted to the Turkish working life.
g. Manpower particularly within the field of occupational hygiene is very limited, education & training programs are insufficient in number and inadequate in terms of their content.

h. High risk groups within sectors and occupations are not adequately defined.

Some strategies which are discussed by the related parties for a long time, in order to overcome these barriers could be summarized as:

- Related parties’ effective contribution and National Occupational Health and Safety Council capacity should be enhanced and its effectiveness should be improved.
- Education & training programs should be developed by all related parties, and these programs should and monitored by MoLSS.
- Workers’ education and training should be emphasized.
- All work force should be covered and OHS should be accessible for all the workers.
VI. Main priorities for the next 5 years

• A single separate OSH law that covers everyone should be put into force.

• Occupational health services should be considered within the circumference of public health services especially for the small enterprises. A separate department in the MoH is needed that aimed the development of OSH within the primary health services. The scope should be extended to include all basic occupational health services while Ministry of Health’s participation as well as MLSS’s in service contribution should be provided.

• Reinforcement of union organizations involvement of OSH is required.

• Effective strategies should be developed to enhance occupational diseases’ diagnosis at all levels.

• OSH experts and professionals other than the medical doctors such as; occupational nurses, hygienists, and ergonomics specialists are needed.

• Occupational health should be considered as a professional and academic area and there is an significant lack of human resources in this area. Occupational hygienists working in the enterprises are mostly take OHS tasks as in addition to their main tasks.

• Association that would cover all occupational health professionals (i.e. physicians, hygienists, ergonomists, nurses) is necessary.
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