PROGRESS TOWARDS EXPANDING COVERAGE OF “BASIC OCCUPATIONAL HEALTH SERVICES” IN TURKEY

A. Ergör1,2, Y. Demiral1,2
1Dokuz Eylul University School of Medicine, Dept of Public Health, 2Dokuz Eylul University Occupational Health Center, Izmir, Turkey alp.ergor@deu.edu.tr

INTRODUCTION

One of the biggest problems of Turkish occupational health system is low coverage and accessibility to occupational health services (OHS), as in many other countries. Concept of “basic occupational health services” (BOHS) has been in the agenda of Turkish occupational health and safety professionals, related ministries, universities and nongovernmental organizations for more than 5 years and some progress has been made. Thus achievements and deficits might be beneficial for countries exercising similar problems.

OBJECTIVE

Exploring Turkish experience as an example, and drawing out with some insights to facilitate discussions on OHS provision was aimed.

METHODOLOGY

Scientific meetings, regulations, international agreements and conventions were examined over a time frame of 10 years; success and failures of the attempts to enhance coverage of OHS are discussed.

RESULTS

Evolution of OHS in Turkey can be examined into 3 phases: early period, between 1988 and 2000, from starting of European Union (EU) accession process in early 2000s to present day. Important progress has been made within second and third phases. In the second phase Turkish Medical Association intervention to system with “occupational physicians’ certification program” and this put in a lot in terms of capacity building and standards. After EU accession process new Labour Law was introduced and in 2004 ILO Conventions 155 and 161 was ratified. Immediately after this “1st Global Expert Meeting on Basic Occupational Health Services” was held in Izmir in 2007. MoL was intensely involved promoting BOHS concept and introduced some principles within legal framework. After assignment of 2 consecutive “Biannual Collateral Agreement” with WHO, MoL took a vital step and declare its intention to provide BOHS for the workers in small scale enterprises.

CONCLUSION

In spite of 2 main Ministries intentions and ratification of ILO C155-161 Turkey still do not have a single separate occupational safety and health act, OHS were provided only 15% of the workers who were under Social Security umbrella and almost 5% of whole economically active population. There is a strong need for more political, strategic, managerial and operational decisions which would aim to overcome the barriers and to fulfill the needs of workforce in the small-scale enterprises, agriculture and even informal sector.

OBSTICLES

- Tripartite structure is diminishing
- Labor rapidly loosing power
- Labour force participation is low (~48%)
- Unionization among "legal" labour force is very low (~10%)
- 2 responsible authorities are not cooperating functionally
- Single & separate OHS Act is not yet passed from the Parliament
- Economic crisis has an enormous impact on OHS services
- System is fragmented and open to the private sector without strengthening Labour Inspection and other tools

Figure 1: Component of Production & Affected Factors

What should be taken into consideration in the process of coordination & cooperation between related actors?
Adopted from B Pilyal, OSHEASTNET Meeting Istanbul, 2010

Figure 2: Transition of Turkish OHS System & Related Events

Effect of Globalization

<table>
<thead>
<tr>
<th>WHO &amp; ILO</th>
<th>Alma-Ata / PHC</th>
<th>Health for All</th>
</tr>
</thead>
<tbody>
<tr>
<td>78</td>
<td>2002</td>
<td>06 07 08 11</td>
</tr>
</tbody>
</table>

BOHS Rantamnen*

ILO/WHO Joint Report**

Declaration on Workers Health Stress, Italy - WHO

Workers’ health: global plan of action, 60th WHA 2007