



STATE OF THE ART REPORT ON OCCUPATIONAL SAFETY AND HEALTH IN TURKEY

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Adana

Gaziantep

(Halap) Halab

Nicosia (Lefkoşa)

Suriye

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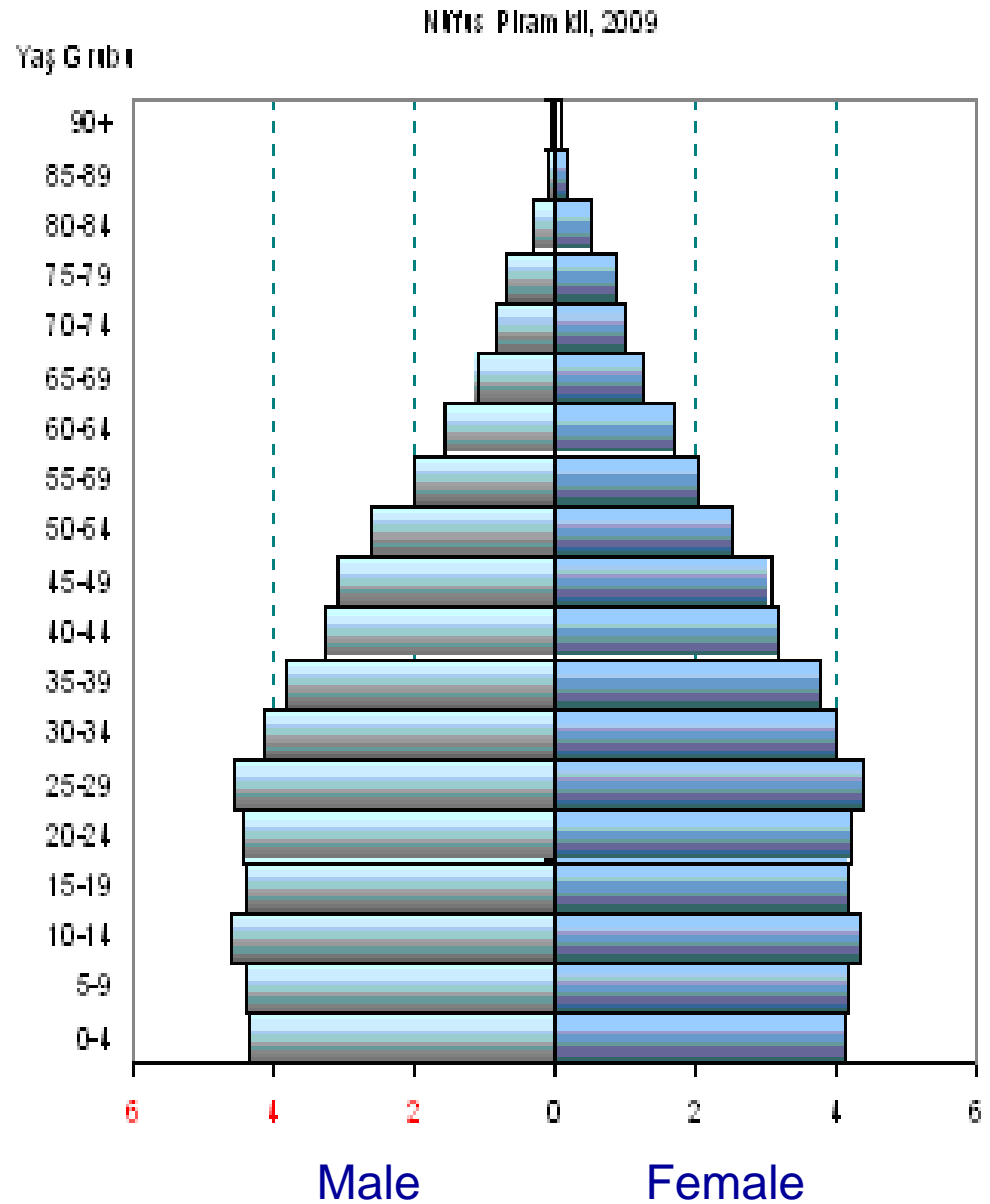
Bakış İrtifası 103

TURKEY

- **Population: 72.5 million**
- **Turkey is the 3rd most populated country in Europe**
- **Urban: 75.0%**
- **Population density 94 people per kmsq**
- **Total fertility rate: 2.18**
- **Life expectancy at birth: 72**
 - **Male: 71**
 - **Female: 76**

Age distribution

- 67% Working age (15-64)
- 26% 0-14 age
- 7 % 65 and older



Employment Configuration in Turkey

	Noninstitutional population (x1000)	Labour force (x1000)	Employed (x1000)	Unemployment rate (%)	Labour force part. (%)
1990	35,601	20,150	18,539	8.0	56.6
2000	44,765	22,031	20,579	6.6	49.2
2002	46,767	24,064	21,691	9.9	51.5
2010	52,150	24,753	21,162	14.5	47.5

Sectoral percent distribution of employment in Turkey

Years	Agriculture	Industry	Services
1924	89.8	4.6	5.5
1950	84.8	8.4	6.8
1980	54.2	20.0	25.8
1990	47.1	21.2	31.7
2002	36.0	23.3	40.7
2010	23.8	20.2	50.5

Economy

- Total GDP is \$860 Billion in 2009 (in ppp)
- GDP per capita \$11,200.
- Turkey and the EU formed a customs union in 1995
- The European Council granted the status of candidate country to Turkey in 1999.
- 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

II. OHS legislation and actors

Ministry of Labour and Social Security (MoLSS) is the responsible body

1. Directorate General of Occupational Health and Safety (DGOHS) / Occupational Health and Safety Centre (ISGUM)
2. Labour Inspection Board (LIB)
3. Labour and Social Security Training and Research Centre (ÇASGEM)
4. Social Security Institution

“National Occupational Health and Safety Council” has been approved and established in 2005

Aims of the National Council

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,

create a platform where the partners could discuss, express their opinions and define the priorities, needs, policies and strategies in the field of OHS

National Occupational Health and Safety Policy Documents
2006-2008 and 2009-2013

2009-2013 Policy Document

- Enactment of a separate OHS Act
- Informing the interested parties on Act
- Reduction in the rate of industrial accidents would be 20% in the following 5 years.
- Increase 500% of the cases with occupational diseases
- Increase 20% of the number of OSH lab. professionals
- 20% increase in training and promotional activities NC member organizations.
- Evaluation and review of the targets at the end of each year.

- Representatives of parties
 - Confederations of Turkish Trade Unions
 - Confederation of Turkish Employers Associations

Limited OHS training programs

Other actors

- Turkish Medical Association (TTB)
- Turkish Engineers and Architectures Association (TMMOB) are other important actors

Both organizations provide training programs

Legislation

- A swift transformation is taking place within the legal background particularly due to Turkey's involvement within the context of EU accession process
- Labour Act (No.4857) regulations on OHS have been harmonized in accordance with EU Directives and number of regulations on OSH have been issued.

Turkish Parliament is approved ILO Conventions 155 and 161 in 2005

III. Occupational accidents and occupational diseases

- Official records showed 72.9 thousand occupational accidents occurred in 2008.
- 865 resulted in death (1.2 %)
- 1452 in permanent incapacity for work
- Approximately 1.8 million work days have been lost from work accidents.

- Approximately 1,000 occupational diseases have been diagnosed annually
- There were 593 occupational diseases registered in 2008.
- Silicosis and poisonings appear the most frequent diseases occasionally.

many occupational accidents are also present which could not be notified or defined as occupational accidents

Diagnoses for occupational diseases have been lagging far behind the expected quantity.

- National Occupational Health Council estimated the total cost of occupational illnesses and accidents per year to be approximately 38 Billion TRL (20 Billion €).

OHS Services

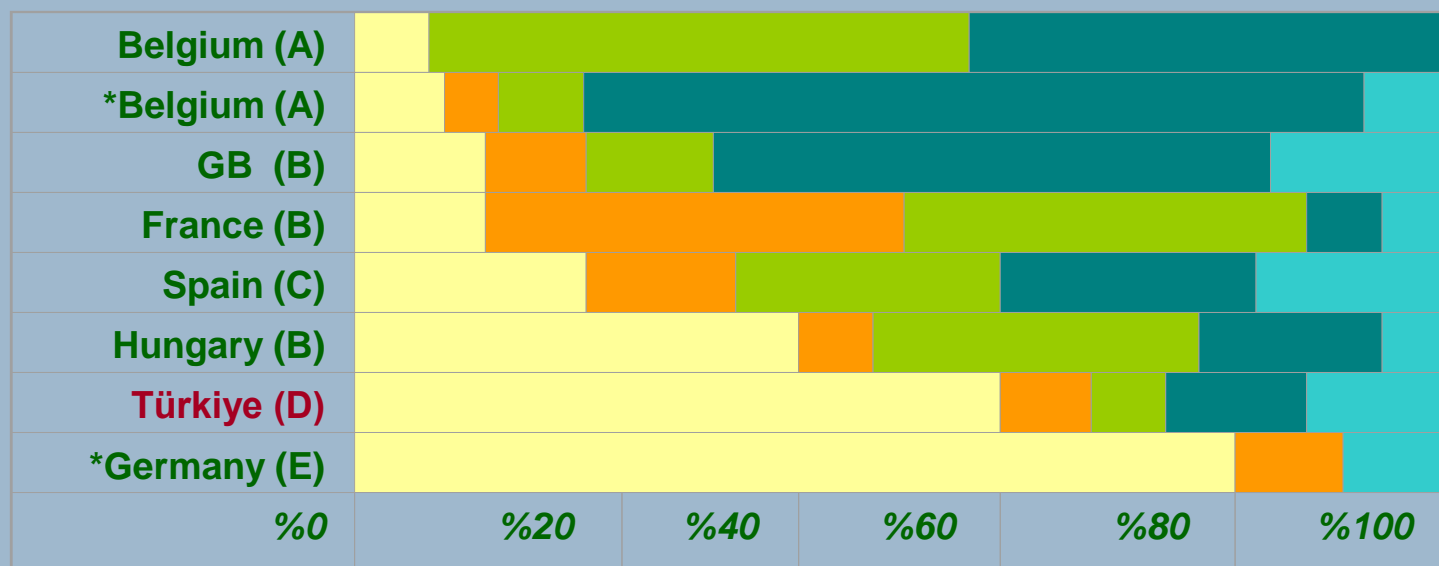
- Each enterprise that employs 50 and more employees has to establish occupational health unit and provide preventive health services within the enterprise.
- Occupational health physician and industrial hygienist employment is an obligation for the enterprises with more than 50 employees.

Multinational company – different countries – OH units – % distribution of OH activities

Characteristics of OH services:

(A) In company, multidisciplinary; (B) Part-time MD, fulltime Nurse; (C) Part-time MD & Nurse;
(D) Fulltime MD; (E) Part-time MD

*M.Bratveit et al. Occupational health services in a multinational company.
Occup.Med. Vol.51, No.3, 168-173, 2001*



	<i>Curative services for everyday problems</i>
	<i>Curative services for work related health problems</i>
	<i>Entrance & periodical exams</i>
	<i>Preventive services related to working environment</i>
	<i>Health education, health promotion activities</i>

- Turkish Medical Association, provides education and training courses on OHS as certification programme for occupational physicians since 1987
- Turkish Engineers and Architectures Association (TMMOB)

Issues approval and permission for pressure devices, lifting devices, cranes, machineries and carries on control and inspection programs,

training programs for machinery operators, blasting operators in mining ind.

Industrial Hygiene Association

- There is no established organization for industrial hygienists,
- Industrial hygienists are not represented under the umbrella of TMMOB.
- 5 years ago a web based networking has been set up by some professionals of OHS.

Main problems and priorities for the next 5 years on OHS

- Low labour force participation and high unemployment rate
- Single separate OHS Act
- Turkey does not have a comprehensive OHS surveillance system
- A department in the MoH is needed that aimed the development of OSH within the primary health services.
- Manpower particularly occupational hygiene is very limited
- Reinforcement of union organizations involvement of OSH is required.
- Occupational health should be considered as a professional and academic area
- Association that would cover all occupational health professionals (i.e. physicians, hygienists, ergonomists, nurses) is necessary

