



This Project is co-funded by
the European Union and the Republic of Turkey

TECHNICAL ASSISTANCE FOR PROMOTING DECENT FUTURE OF WORK APPROACH WITH A FOCUS ON GENDER EQUALITY

(EuropeAid/140341/IH/SER/TR)

TURKEY

QUANTITATIVE DESK RESEARCH REPORT HEALTH SECTOR



This project is co-funded by
the European Union and the Republic of Turkey



This project is co-funded by
the European Union and the Republic of Turkey

**TECHNICAL ASSISTANCE FOR PROMOTING DECENT FUTURE OF
WORK APPROACH WITH A FOCUS ON GENDER EQUALITY**

(EuropeAid/140341/IH/SER/TR)

TURKEY

QUANTITATIVE DESK RESEARCH REPORT

HEALTH SECTOR



This project is co-funded by
the European Union and the Republic of Turkey

Table of Contents

LIST OF ABBREVIATIONS	5
1. EXECUTIVE SUMMARY.....	6
2. INTRODUCTION.....	7
3. ECONOMIC DATA.....	9
4. EMPLOYMENT.....	11
5. EDUCATION.....	13
6. ANALYSIS OF THE SECTOR.....	13
7. HEALTH SECTOR FACTSHEET.....	17
8. BIBLIOGRAPHY	18



This project is co-funded by
the European Union and the Republic of Turkey

LIST OF ABBREVIATIONS

Abbreviation	Meaning
AI	Artificial Intelligence
GDP	Gross domestic product
ICT	Information and Communications Technology
NSFE	Non-standard forms of employment
OECD	Organisation of Economic Cooperation and Development
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
UN	United Nations
WHO	World Health Organisation



This project is co-funded by
the European Union and the Republic of Turkey

1. Executive Summary

In Turkey, the main objective of the Development Plan in Health is “to ensure high-quality, reliable, efficient, and financially sustainable health services provision supported by evidence-based policies, to improve the quality of living of individuals, to allow their active and healthy participation in economic and social life and thus improve the regional distribution of services as well as the quality of physical infrastructure and human resources”.

Health represents a 6.2% of the Turkey GDP. Healthcare systems is continuously challenged to adapt to an ever-changing environment, which requires constant adjustments in the delivery of health services. This has consequences for both how work is carried out and the demands made on the health workforce. Based on WHO health workforce data (1990-2013), *increasing demand for health services is expected to generate around 40 million new jobs for health workers by 2030*, mainly in high- and middle-income countries in the world. Other estimates suggest additional job creation potential due to multiplier effects in related industries, including important opportunities for the establishment and sustainability of small and medium-sized enterprises. According to ILO estimates, 27 million new jobs for workers in health occupations, 45.5 million new jobs for workers in non-health occupations and creating new jobs for the estimated 57 million unpaid non-health workers. Technology and automation will impact jobs in the health sector on multiple levels. They are expected to lead to the elimination of a range of low-skilled jobs, such as the transport of materials in hospitals, and of highly technology-based specialized jobs, including medical radiology.

About the Gender dynamics of the sector, we can reflect about that even though women’s contribution to the health labour force is significant, policies are not adequate to ensure they play their full role or achieve their full potential. Historical trends, where women in the health sector tend to be clustered in lower skilled jobs, are still a reality. Globally, the gender pay gap is estimated to be an average of 20 per cent or greater in the overall economy.

Building sustainable and adequately staffed health services for the future to achieve UHC and equitable access to quality healthcare requires developing a well-trained, motivated, and supported health workforce. To make progress towards this goal, the health sector must be recognized as a contributor to inclusive economic growth, a generator of jobs, and a site for advancing gender equality, providing decent youth employment opportunities, and generating gains across multiple SDGs.

The health sector also could be a promoter of gender equality and decent employment opportunities for youth in Turkey. Is important to put a special attention in the need to properly compensate women’s contribution to the care economy, including by recognizing the unpaid care work carried out in family and community settings, transitioning unpaid care work to formal jobs, and accounting for women’s unpaid work when the health workforce composition is analysed.

Two last recommendations important to this sector are: the cross-cutting nature of the caring system to provide an enabling platform for women’s employment while providing employment opportunities (most likely predominantly for women), and the opportunities offered by medical tourism.



This project is co-funded by
the European Union and the Republic of Turkey

2. Introduction

The health sector is fundamental to both society and the economy. It provides a significant percentage of jobs worldwide, contributing to social and economic development. It is essential to social well-being and to the health of working people. With advances in medical science, new technologies, and enhanced social protection, the health sector has made significant achievements over the past few decades, with a positive impact on the promotion, protection, and restoration of people's health.¹

However, it is currently undergoing major changes worldwide. Complex drivers and trends are creating both challenges and opportunities for health service delivery: healthcare costs are increasing; populations and the health workforce are ageing; and technology promises to radically reshape the health sector in ways yet to be imagined. New health strategy builds on the principles of people-centred health services, community empowerment and engagement, health workers' rights to safe and decent working environments, international collaboration and solidarity, and ethical recruitment practices. The health sector is defined by both the beneficiaries of its wide range of services and those who deliver these services. At a fundamental level, without health workers there can be no healthcare.

Demographics, including ageing societies and population growth, have a major influence on the health sector. The world population is expected to reach 9.8 billion by 2050. In Turkey, the population is 82,017,514 (July 2020). The age structure of the population is:

- 0-14 years: 23.41% (male 9,823,553/female 9,378,767)
- 15-24 years: 15.67% (male 6,564,263/female 6,286,615)
- 25-54 years: 43.31% (male 17,987,103/female 17,536,957)
- 55-64 years: 9.25% (male 3,764,878/female 3,822,946)
- 65 years and over: 8.35% (male 3,070,258/female 3,782,174) (2020 est.)

The Turkish population aged 60 years and over is expected to increase by 2050. And the population aged 80 years or over, growing at a faster rate. Fertility is a major factor in population growth: in Turkey, fertility is expected to 1.96 births per woman in 2010-2015 to 1.88 births by 2095-2100 (in 1950, the number of children per woman was 6.69). An ageing population presents many challenges for health systems, including a shift towards care-based and end-of-life services. As family structures have reduced in size in tandem with changing demographics and women's increased labour force participation, the availability of unpaid care work traditionally provided by female relatives has been eroded. More than 50 per cent of older people worldwide do not have access to long-term care. Insufficient attention to care work will worsen existing inequalities for the elderly, potentially leading to impoverishment and exclusion. This increases pressure on countries' welfare systems and heightens demand for public and private health and care services. The health workforce is also ageing, with one-third of all physicians in OECD countries aged 55 years or over in 2014. Epidemiological developments pose an additional strain for the health sector. While populations are living longer, many people live longer while suffering with health impairments and disabilities, with rates being higher for women than men. The management of non-communicable diseases requires health systems to adapt to changing health needs and respond to rising demand for health services. Demographic and epidemiological challenges are compounded by global inequality in access to quality health services. This inequality is characterized by critical health workforce shortages, uneven health worker distribution, and skill mismatches. Further inequalities are

¹ In this study, the health sector is defined broadly, including the full range of work related to healthcare, from clinical work to those functions, including in other sectors (e.g., through outsourcing), which support the delivery of health services and outcomes. It refers to the full continuum of health and social work sectors, including personal care work. The term health sector encompasses the entirety of health systems functioning, including health services delivering direct healthcare.



This project is co-funded by
the European Union and the Republic of Turkey

evident when comparing rural and urban areas, with 56 per cent of the rural population experiencing legal health coverage gaps in 2015 compared to 22 per cent in urban areas. ²This is aggravated by difficulties in attracting and retaining high skilled health workers in rural and remote areas, frequently due to concerns relating to decent work deficits and gaps in social protection. ³As a result, more than half the world's rural population (52 per cent) lacks access to healthcare due to the shortage of health workers, compared to 24 per cent in urban areas.

Technological advances are likely to have a significant impact on health services and ways of working. Technological innovations, such as online and mobile health applications (apps), 3D- and bio-printing, artificial intelligence (AI), block chain, electronic health (ehealth) and mobile health (m-health, involving mobile phones), genomics and proteomics, are already affecting health professionals' day-to-day work. ⁴ On a broader level, technological innovations may radically reshape the health sector, as evidenced by the creation of a fully virtual care facility, where healthcare personnel exclusively provide "telehealth" services to patients, whereby medical advice and provision is given remotely through telecommunication technologies. Technologies can also help facilitate care delivery in non-traditional settings, including in the home, and have the potential to improve access to healthcare in rural and remote areas. Additional impacts include improving the delivery of health and disaster management services to poor and remote locations, increasing the transparency and efficiency of governance, integrating related ICT usage into continuing education, and allowing health workers to be trained and kept up to date with the most recent information. ⁵Technology has achieved positive impacts in personnel training through simulation techniques, by facilitating access to information via handheld devices, and in online training. New technologies have the potential to improve the prevention of diseases and to encourage patients to be actively involved in monitoring their own health, conditions, and treatment. In the digital age, patient data will be easier to collect and monitor, including remotely, making it possible to improve healthcare delivery in new ways. In some ways this is patient driven and due in large part to the high level of smartphone ownership globally. By 2015, there were 165,000 mobile health apps in circulation, and m-health is increasingly being used for prevention, diagnosis, treatment, and monitoring. ⁶ Alongside this potential, it has been argued that the health sector should do more to utilize technology and prepare for its future use. ⁷

In Turkey, the main objective of the Development Plan in Health is to ensure high-quality, reliable, efficient, and financially sustainable health services provision supported by evidence-based policies, to improve the quality of living of individuals, to allow their active and healthy participation in economic and social life and thus improve the regional distribution of services as well as the quality of physical infrastructure and human resources. Between the policies to achieve this goal, the Plan suggests:

- Regarding non-communicable disease risks, healthy living style will be encouraged
- the capacity of preventive and therapeutic services will be improved
- cooperation and coordination between sectors and institutions will be increased in the fields of environmental health, food safety, sites suitable for physical activity, health literacy, occupational health, and safety.

² ILO: Improving employment and working conditions in health services, Report for discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services, ILO Sectoral Policies Department (Geneva, 2017).

³ ILO. Conclusions on improving employment and working conditions in health services, 2017.

⁴ OECD: New Health Technologies: Managing Access, Value and Sustainability. (Paris, OECD, 2017).

⁵ C.P. Chandrasekhar and J. Ghosh: "Information and communication technologies and health in low-income countries: The potential and the constraints", in Bulletin of the World Health Organization (2001, Vol. 79), pp. 850–855.

⁶ OECD: New Health Technologies, op. cit.

⁷ PricewaterhouseCoopers (PwC): Healthcare: A digital divide? op. cit.



This project is co-funded by
the European Union and the Republic of Turkey

- Rational, effective, and efficient use of the resources allocated to primary health care services will be ensured.
- The need for health care services will be met at this stage through improving the quality and quantity of health care services provided by family physicians.
- The number of healthy living centres will be increased, a strengthened and integrated family medicine structure will be established at these centres, and the required primary healthcare services will be provided at these centres.
- The responsibilities of family physicians will be increased in processes such as screening and diagnosis of diseases, especially non-communicable diseases.
- Family medicine performance system will be redesigned proportionally with the accuracy of diagnoses and treatments and the service load, in an integrated manner with the performance system in the secondary and tertiary levels.
- The coverage of home care services will be expanded, and their accessibility, efficiency and quality will be improved, and intensive care, palliative care and geriatric services will be integrated with home care services.
- Health monitoring will be carried out for the elderly, the preventive and therapeutic services for diseases increasing by age will be strengthened, and the number of centres providing geriatric and palliative care services will be increased.
- The capacity of specialized health services such as emergency health, intensive care, oncology, organ transplantation services will be expanded, and their speed and quality will be improved.
- Specialized health services will be centralized, and a management model will be established for the physicians providing service in these fields.

3. Economic Data

Health represents a 6.2% of the Turkey GDP.

Life expectancy in Turkey has also grown from an average of 48.27 years in 1960 to 73.94 years in 2011. After the year 1970, life expectancy statistics show a steeper slope in its rate increase.

There are several indicators that can help to evaluate the quality of life in Turkey. The World Happiness report shows a ranking of 74 worldwide with a rating of 5.4 in overall happiness. Some additional factors to consider in this rating might include the lack of HIV in the area, as well as 100% of the population having access to improved drinking water and a low percentage of the population struggling with access to improved sanitation facilities (only 5.1% struggle with this aspect). Physician density is at 1.85 per 1,000 residents and hospital bed density comes in at 2.8 per 1,000 individuals.

To understand the projection of Turkey Population by Year we consult the UN World Population Prospects:



This project is co-funded by
the European Union and the Republic of Turkey

Turkey Population by Year (Projections)

Year ▲	Population	Growth Rate	Density (km ²)	Population Rank	Density Rank
2022	85,561,976	1.07%	111.17	18	103
2023	85,957,253	0.86%	111.69	18	104
2024	86,316,463	0.68%	112.15	18	104
2025	86,705,224	0.56%	112.66	18	104
2030	89,157,785	0.56%	115.84	18	105
2035	91,864,241	0.60%	119.36	18	105
2040	94,131,585	0.49%	122.31	19	107
2045	95,892,325	0.37%	124.60	19	108
2050	97,139,570	0.26%	126.22	19	108
2055	97,828,330	0.14%	127.11	19	108
2060	97,940,717	0.02%	127.26	21	110
2065	97,508,360	-0.09%	126.70	22	113
2070	96,624,270	-0.18%	125.55	23	116
2075	95,388,601	-0.26%	123.94	24	117
2080	93,896,595	-0.32%	122.00	25	117
2085	92,203,329	-0.36%	119.80	25	120
2090	90,335,919	-0.41%	117.38	26	121
2095	88,315,631	-0.45%	114.75	27	123

Source: UN World Population Prospects (2019 Revision) - United Nations population estimates and projections.

The population is young with almost 27% ranging from 0 to 14 years of age, while 67% are 15 to 64 years old. Only around 6% are above 64 years of age. The median age of the population is at 30.9 years of age, with a total life expectancy of 75 years of age in 2020.⁸

According to OECD, we can present this relevant comparative information⁹:

⁸ Information is from Turkish Statistical Institute and UN World Population Prospects

⁹ *Health Statistics Yearbook* (PDF)(2016 ed.). Istanbul, Turkey: General Directorate of Health Research. 2016.



This project is co-funded by
the European Union and the Republic of Turkey

Doctors to population ratio ^[4]	2.3	3.27	35th
Life expectancy at birth (years) ^[4]	78.3	80.6	29th
Percentage of daily smokers aged 15+ ^[4]	26.5%	21.81%	3rd
Obesity rate (BMI≥30) (2017) ^[4]	20.0%	17%	25th
Caesarean section among all births ^[4]	53%	32%	1st
Number of hospital beds per 10,000 population ^[4]	27.3	51.4%	22nd
Number of physicians per 10,000 population ^[4]	181	343	24th
Number of dentists per 10,000 population ^[4]	33	71	20th
Number of nurses per 10,000 population ^[4]	257	1,098	22nd
Number of pharmacists per 100,000 population ^[4]	35	89	23rd
Share of out-of-pocket expenses ^[4]	16.5%	20.3%	16th
Antibiotic consumption per 1,000 population, defined daily dose (DDD) ^[4]	39.8	20.9	1st
Average length of stay in hospitals, days ^[4]	4.0	8.2	37th (last)

4. Employment

Healthcare systems is continuously challenged to adapt to an ever-changing environment, which requires constant adjustments in the delivery of health services. This has consequences for both how work is carried out and the demands made on the health workforce. Based on WHO health workforce data (1990-2013), *increasing demand for health services is expected to generate around 40 million new jobs for health workers by 2030*, mainly in high- and middle-income countries in the world. Other estimates suggest additional job creation potential due to multiplier effects in related industries, including important opportunities for the establishment and sustainability of small and medium-sized enterprises.¹⁰ Globally, despite progress in addressing health workforce shortages, an estimated shortfall of 18 million health professionals by 2030 has been projected, especially in low- and lower middle-income countries and rural areas, supplemented by an estimated global shortage of 31.8 million workers in non-health occupations supporting health service delivery.¹¹

To achieve UHC, these gaps need to be addressed, which would create jobs on a significant scale. According to ILO estimates, achieving UHC will require significantly more jobs by 2030 in the health sector and beyond; specifically, 27 million new jobs for workers in health occupations, 45.5 million new jobs for workers in non-health occupations, and creating new jobs for the estimated 57 million unpaid non-health workers.¹² Technology and automation will impact jobs in the health sector on multiple levels. They are expected to lead to the elimination of a range of low-skilled jobs, such as the transport of materials in hospitals, and of highly technology-based specialized jobs, including medical radiology.¹³ The use of technology to achieve more efficient health services also provides new opportunities for governments, employers, and workers in the form of new types of work and related occupational profiles.

¹⁰ Liu et al.: “Global health workforce labour market projections for 2030”, in Human Resources for Health (2017, Vol. 15); HEEG Commission: Working for health and growth: Investing in the health workforce, op. cit.

¹¹ Health occupations include professions such as physicians, nurses, physiotherapists; non-health occupations include workers in administration, cleaning, manufacturing; unpaid workers include those providing care for family members due to lack of carers.

¹² Scheffler et al.: “Forecasting imbalances in the global health labour market and devising policy responses”, in Human Resources for Health (2018, Vol. 16).

¹³ Frey and M.A. Osborne: The future of employment: How susceptible are jobs to computerisation? (Oxford, Oxford Martin School, University of Oxford, 2013)



This project is co-funded by
the European Union and the Republic of Turkey

About the Impact on employment and working conditions, ILO suggests that *Decent work* is fundamental to ensuring effective and resilient health systems and to achieving equal access to quality healthcare¹⁴. Non-standard forms of employment (NSFE) In response to cost and efficiency concerns, health sector reforms have resulted in greater diversification of the types of jobs available, including the use of non-standard forms of employment (NSFE), which include fixed-term work, temporary and agency work, dependent self-employment, and part-time work. Well-designed and regulated NSFE provide the means to address changing demands, short-term absences of workers and challenges related to work-life balance. ¹⁵¹⁶

As a result of technological developments, jobs in the health services sector are likely to be redefined, with increased coordination and supervisory roles, and new employment paths will emerge in areas such as telehealth and mobile clinics. The automation of repetitive and administrative tasks can relieve heavy workloads, help reduce medical error, and enable staff to focus more on patient care. Automation also means that health workers are likely to be dealing with tasks of greater complexity, creating risks of cognitive and emotional overload. However, accessing health services via telemedicine raises concerns about quality assurance, data propriety, and cybersecurity. In these contexts, health systems need to prepare health workers to navigate changing expectations from both patients and employers and changing work environments. ¹⁷

About the Gender dynamics of the sector, we can reflect about that even though women's contribution to the health labour force is significant, policies are not adequate to ensure they play their full role or achieve their full potential. ¹⁸ Historical trends, where women in the health sector tend to be clustered in lower skilled jobs, are still a reality. ¹⁹ Globally, the gender pay gap is estimated to be an average of 20 per cent or greater in the overall economy. The pay gap is even more pronounced in the health and social work sectors.²⁰ Studies have demonstrated that female physician researchers, physician assistants, pharmacists and nurse practitioners are earning less than their male counterparts. ²¹Women working in the health sector face considerable pressure in balancing work and family responsibilities. Insufficient recognition is given to informal and unpaid activities carried out by women, or to gendered differences in the provision of patient care. Women are also

¹⁴ ILO (2019) The future of work in the health sector; Geneva

¹⁵ ILO: Improving employment and working conditions in health services, op. cit.

¹⁶ However, workers in these forms of employment tend to be more exposed to decent work deficits, including job insecurity, lower pay, social protection gaps, and increased health and safety risks. They often have more limited organizing capacities and collective bargaining power, impacting fundamental principles and rights at work and restricting opportunities for meaningful social dialogue in the sector. There are high numbers of informal wage workers in the health and social care sector in certain countries, including Turkey. NSFE are likely to grow in the health services sector due to the increasing shortage of health professionals and expectations of work-life balance. Zero hours contracts, an arrangement whereby workers do not have guaranteed working hours, are on the rise.

¹⁷ ILO (2019) The future of work in the health sector, op. cit.

¹⁸ Langer et al.: "Women and health: The key for sustainable development", in The Lancet (2015, Vol. 386, Issue 9999), pp. 1165-1210.

¹⁹ Adams: "Gender and feminization in health care professions", in Sociology Compass (2010, Vol. 4, Issue 7), pp. 454-465; Gill: "Gender stereotypes: A history of nursing in India", in Social Action (2018, Vol. 68), pp. 43-55; Donley and C.L. Baird: "The overtaking of undertaking? Gender beliefs in a feminizing occupation", in Sex Roles (2017, Vol. 77, Issue 1-2), pp. 97-112.

²⁰ ILO: Improving employment and working conditions in health services, op. cit.

²¹ Coplan et al.: "Salary discrepancies between practicing male and female physician assistants", in Women's Health Issues (2012, Vol. 22, Issue 1), pp. e83-e89; Carvajal, G.M. Armayor and L. Deziel: "The gender earnings gap among pharmacists", in Research in Social and Administrative Pharmacy (2012, Vol. 8, Issue 4), pp. 285-297; Edmunds: "Another task for NPs: Gender salary disparity", in The Journal for Nurse Practitioners (2015, Vol. 11, Issue 10), pp. A21-A2



This project is co-funded by
the European Union and the Republic of Turkey

disproportionately represented in the care economy. The percentage of women in the formal long-term care workforce in Turkey has a high percentage. With respect to unpaid care work, such work is most frequently carried out by the female partners, daughters, or daughters-in-law of those being cared for, and they perform this work without appropriate social protection. Care work is frequently and systemically undervalued.

5. Education related to employment

The future of work will generally require mechanisms that ensure lifelong learning, flexible education, and training systems that can anticipate the skills demanded by the labour market.²² The transformations in work driven by new technologies mean that education and training will have to better prepare health workers for their new tasks and roles. Investment in continuous skills development will be critical to ensure that technologies and AI are properly supervised and managed, and do not add to the workload of health workers.²³ It will be essential to analyse those tasks that may be automated in the future, and to identify those that will continue to require hands-on human expertise. Education and training in the health professions will most likely be influenced by the larger factors shaping the future of work, characterized by a continuous decrease in the need for physical and manual labour and basic cognitive skills. Due to these factors and the growing importance of AI, it is expected that the relative weight of certain skills will grow in value. This includes interpersonal and soft skills like communication, social and emotional skills, higher cognitive and technological skills,²⁴ as well as teamwork and team-building abilities.²⁵ The changing relationship between patients and health workers due to technological advances will require tailored training related to social media, and education through simulation training. Strengthening health systems in an interdependent world requires curriculum development and student evaluations that are competency-based to prepare health workers for services remodelled around peoples' needs. Traditional boundaries between professions are likely to become blurred as new job profiles and work patterns emerge. Therefore, education and training will need to include inter-professional training to adequately prepare health professionals for changing realities.

In the Development Plan, there is a specific measure on Simulation-Supported Education and Application Centres will be established to provide simulation-supported medical education, biomedical engineering education and hospital pharmacy education.

6. Sector Analysis

Building sustainable and adequately staffed health services for the future to achieve UHC and equitable access to quality healthcare requires developing a well-trained, motivated, and supported health workforce. To make progress towards this goal, the health sector must be recognized as a contributor to inclusive economic growth, a generator of jobs, and a site for advancing gender equality, providing decent youth employment opportunities, and generating gains across multiple SDGs.

²² ILO. Skills policies and systems for a future workforce. Issue Brief, No. 8. 2018.

²³ Benhamou and L. Janin: Intelligence Artificielle et Travail (Paris, France Stratégie, 2018).

²⁴ PricewaterhouseCoopers (PwC): Workforce of the future: The competing forces shaping 2030, 2018.

²⁵ Smailhodzic: "Social media use in healthcare: A systematic review of effects on patients and on their relationship with healthcare professionals", in BMC Health Services Research (2016, Vol. 16). ,Levett-Jones and S. Lapkin: "A systematic review of the effectiveness of simulation debriefing in health professional education", in Nurse Education Today (2014, Vol. 34, Issue 6), pp. e58-e63. ,Frenk et al.: "Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world", in The Lancet (2010, Vol. 376, Issue 9756), pp. 1923- 1958. 119 RCSI. Brain Drain to Brain Gain: Ireland, in ILO, The future of world in health sector, op. cit.



This project is co-funded by
the European Union and the Republic of Turkey

With the overall vision of securing a skilled workforce with the capacity to respond effectively to population health needs, the HEEG Commission²⁶ produced ten recommendations to foster job creation in the health sector and to address the predicted workforce shortages.²⁷

Six of the recommendations aim to transform the health workforce in ways that contribute to achieving the SDGs and are included in the Development Plan.

- stimulate investments in creating decent health sector jobs
- maximize women's participation and foster their empowerment
- scale up transformative, high-quality education and lifelong learning
- reform health service delivery and organization
- harness the power of technology
- ensure core capacities for response in emergencies and the protection of health workers.

The four other recommendations address needs that must be met to achieve the envisaged change:

- raise adequate funding
- build partnerships and collaboration
- manage international migration to maximize generalized benefits and protect migrant rights
- manage data and information to strengthen accountability.

Political will and inter-sectoral, multi-stakeholder involvement are indispensable to achieving the Commission's recommendations and the Development Plan in this sector.

Turkey will need to account for a wide range of implications related to technological advances, including the virtual delivery of services and the integration of robotics and AI. However, the health sector must evaluate the added benefits of technology for patients and workers and enhance its usefulness through improved policy and practice. While health technology can contribute to cost containment, it has added to healthcare expenditure growth in recent years in OECD countries.²⁸ Evidence of the effectiveness and utility of new technologies is not always clear, and policymakers must balance innovation with value.

The health sector also could be a promoter of gender equality and decent employment opportunities for youth in Turkey.²⁹ It is important to put a special attention in the need to properly compensate women's contribution to the care economy, including by recognizing the unpaid care work carried out in family and community settings, transitioning unpaid care work to formal jobs, and accounting for women's unpaid work when the health workforce composition is analysed.^{30 31}

²⁶ High-Level Commission on Health Employment and Economic Growth of the World Health Organisation, more information available at: <https://www.who.int/hrh/com-heeg/en/>

²⁷ HEEG Commission: Working for health and growth: Investing in the health workforce, Report of the High-Level Commission on Health Employment and Economic Growth (Geneva, WHO, 2016).

²⁸ OECD: New Health Technologies, op. cit.

²⁹ Globally, gender inequality concerns four areas: economic participation and opportunity, educational attainment, health and survival, and political empowerment. Among physicians, the proportion of women is still lagging that of men in some, mainly surgical, specialties. Research shows that female medical students tend to gravitate towards specialties such as obstetrics-gynaecology, paediatrics, paediatric surgery, dermatology, and oncology. However, an increasing proportion of women are specializing in domains such as neurosurgery, urology, and orthopaedics.

³⁰ Langer et al.: "Women and health: The key for sustainable development", in The Lancet (2015, Vol. 386, Issue 9999), pp. 1165-1210.

³¹ The Women and Health Commission³¹ produced recommendations to achieve these needed changes, including the development and enforcement of gender-responsive policies, equal pay for work of equal value, and collecting and analysing sex-disaggregated health workforce data.



This project is co-funded by
the European Union and the Republic of Turkey

Gender imbalances take many forms in the health sector, from medical specializations to unpaid care work. To ensure that women can fully participate in the health workforce, the health sector must ensure parental leave for both men and women, value and recognize the contribution of both paid and unpaid care work and ensure gender-responsive social protection floors. The health sector could also prove a source of decent employment for youth, who are the most affected by unemployment. This trend also can open opportunities for young women. Work on core skills is a useful starting point to promote skills attainment among youth. Focusing on the four broad skill categories – learning to learn, communication, teamwork, and problem-solving – can empower young workers to successfully navigate the future work environment.

With the right policies in place, the health sector can offer decent employment opportunities for youth and promote gender equality by offering stable career paths for a highly feminized workforce, across all occupational levels and health specialities.

Two last recommendations important to this sector are: the cross-cutting nature of the caring system to provide an enabling platform for women’s employment while providing employment opportunities (most likely predominantly for women), and the opportunities offered by medical tourism.

About the first recommendation we can say that there’s a need to reduce and redistribute unpaid care work. Women carry out most of the unpaid care work, and this work is not perceived as skilled or valuable. This heavy and unequal responsibility for care limits women’s control over their time and mobility and undermines opportunities for leadership and training. This constraints women’s access to decent productive work, pushing them into lower-paid, precarious roles. Care services also ‘care for the economy’: they create a healthier, more productive workforce, getting workers back to work more quickly.

But the care workforce includes care workers in care sectors (education, health, and social work), care workers in other sectors and domestic workers. It also includes non-care workers in care sectors, as they support the provision of care services. Care employment is therefore a significant source of employment throughout the world, particularly for women.

Working conditions in the health sector influence the quality of care. Patient outcome indicators, such as morbidity and mortality, are strongly associated with staffing levels, staffing stability and health workers’ education levels. Improving employment and working conditions both attracts and retains health workers, while also enabling them to provide care more effectively.

For other part, the progress in the Health Tourism emerged in connection with the developments in medicine. In this respect, it is sector in which medicine and Tourism come together and integrated. In recent years, Turkey improved in medical sector and start to export of health services abroad. In 2012, an official letter No. 2082 dated January 16, has been sent to 81 provincial health directorates which request all public and private hospitals in the provinces to provide data under two categories, “Health Tourism” and “Health Tourists”. All foreign patients data are in the Department of Health Tourism in a website called “Foreign nationals Patient Tracking System.” It represents an authentic opportunity of employment for many people.



This project is co-funded by the European Union and the Republic of Turkey

7. HEALTH SECTOR FACTSHEET

	QUANTITATIVE AND QUALITATIVE DATA
BASELINE	<ul style="list-style-type: none"> • It represents the 6,2% of the GDP. • Jobs need to be redefined (for telehealth and mobile clinics). • It includes NSFE (Non-Standards Forms of Employment): Fixed term work, temporary and agency work, part time that need to be regulated. • Women participation in the sector is high but there is a gender gap of 20%.
POTENTIAL	<ul style="list-style-type: none"> • Technological advances are likely to have a significant impact on health services and ways of working: Mobile Health App, 3D, AI, Electronic health, Genomics (EHealth services). Technological innovations may radically reshape the health sector, as evidenced by the creation of a fully virtual care facility in homes and in rural areas. • Increased demand for health service is expected (Population over 60's is expected to increase in 2050 presenting many challenges, including care services and end of life services). • Integration of ICT usage into continuing education and allowing health workers to be trained and kept up to date with the most recent information (e.g., online training). cooperation and coordination between sectors and institutions will be increased in the fields of environmental health, food safety, sites suitable for physical activity, health literacy, occupational health, and safety. • Main objective of the Development Plan in Health: to ensure high-quality, reliable, efficient, and financially sustainable health services provision supported by evidence-based policies, to improve the quality of living of individuals, to allow their active and healthy participation in economic and social life and thus improve the regional distribution of services as well as the quality of physical infrastructure and human resources.
SKILLS	<ul style="list-style-type: none"> • Deal with tasks of greater complexity (Telemedicine raises concerns about quality assurance and cybersecurity). • Decrease in the need of physical and manual labors and basic cognitive skills. • Increment of communication (interpersonal skills), technological, team building abilities. • In this sector is important to scale up a transformative, high-quality education and lifelong learning.
AREAS FOR POSSIBLE POLICY INTERVENTION	<ul style="list-style-type: none"> • More of 50% of older people do not have access to long term care (social security system - Increase the pressure on country 'welfare system). • Demographic and epidemiological challenges could be compounded by global inequity in access to quality health service. • Women working in the health sector face pressure unbalancing work and family responsibility. • The health sector also could be a promoter of gender equality and decent employment opportunities for youth in Turkey. Is important to put a special attention in the need to properly compensate women's contribution to the care economy, including by recognizing the unpaid care work carried out in family and community settings, transitioning unpaid care work to formal jobs, and accounting for women's unpaid work when the health workforce composition is analysed.



This project is co-funded by
the European Union and the Republic of Turkey

8. BIBLIOGRAPHY

a. Resources

- Benhamou and L. Janin: *Intelligence Artificielle et Travail* (Paris, France Stratégie, 2018).
- Campbell et al.: *A universal truth: No health without a workforce*, Report for the Third Global Forum on Human Resources for Health, Recife, Brazil, 2013 (Geneva, Global Health Workforce Alliance and WHO, 2013).
- Carvajal, G.M. Armayor and L. Deziel: “The gender earnings gap among pharmacists”, in *Research in Social and Administrative Pharmacy* (2012, Vol. 8, Issue 4), pp. 285-297.
- Chandrasekhar and Ghosh: “Information and communication technologies and health in low-income countries: The potential and the constraints”, in *Bulletin of the World Health Organization* (2001, Vol. 79), pp. 850–855.
- Coplan et al.: “Salary discrepancies between practicing male and female physician assistants”, in *Women's Health Issues* (2012, Vol. 22, Issue 1), pp. e83-e89.
- Deloitte: *Global health care outlook – The evolution of smart health care*, 2018.
- Edmunds: “Another task for NPs: Gender salary disparity”, in *The Journal for Nurse Practitioners* (2015, Vol. 11, Issue 10), pp. A21-A2
- Evidence Centre for Skills for Health: *How do new technologies impact on workforce organisation? Rapid review of international evidence* (Bristol, Skills for Health, n.d.).
- Frey and M.A. Osborne: *The future of employment: How susceptible are jobs to computerisation?* (Oxford, Oxford Martin School, University of Oxford, 2013)
- Glinos et al.: *How can countries address the efficiency and equity implications of health professional mobility in Europe? Adapting policies in the context of the WHO Code of Practice and EU freedom of movement*, Policy Brief 18 (Copenhagen, WHO Regional Office for Europe, 2015).
- Global Commission on the Future of Work: *Work for a brighter future* (Geneva: ILO, 2019).
- HEEG Commission: *Working for health and growth: Investing in the health workforce*, Report of the High-Level Commission on Health Employment and Economic Growth (Geneva, WHO, 2016).
- High-Level Commission on Health Employment and Economic Growth of the World Health Organisation, more information available at: <https://www.who.int/hrh/com-heeg/en/>
- ILO (2019) *The future of work in the health sector*, available at: https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_669363.pdf
- ILO (2019) *The future of work in the health sector*; Geneva
- ILO. *Conclusions on improving employment and working conditions in health services*, 2017.
- ILO. *Skills policies and systems for a future workforce*. Issue Brief, No. 8. 2018.
- ILO: *Care work and care jobs* (Geneva: 2018)
- ILO: *Conclusions of the Meeting of Experts on Non-Standard Forms of Employment*, GB.323/POL/3 (Geneva, 2015).
- ILO: *Conclusions of the Meeting of Experts on Non-Standard Forms of Employment*, GB.323/POL/3 (Geneva, 2015) and M. Quinlan: *The effects of non-standard forms of employment on worker health and safety* (Geneva, ILO, Conditions of Work and Employment Series No. 67, 2015).



This project is co-funded by
the European Union and the Republic of Turkey

- ILO: Improving employment and working conditions in health services, Report for discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services, ILO Sectoral Policies Department (Geneva, 2017).
- ILO: Social Protection Floors Recommendation, 2012 (No. 202)
- Langer et al.: “Women and health: The key for sustainable development”, in The Lancet (2015, Vol. 386, Issue 9999), pp. 1165-1210.
- OECD: New Health Technologies: Managing Access, Value and Sustainability. (Paris, OECD, 2017).
- PricewaterhouseCoopers (PwC): Healthcare: A digital divide? Insights from PwC’s 2015 Global Digital IQ® Survey, 2016.
- PricewaterhouseCoopers (PwC): Workforce of the future: The competing forces shaping 2030, 2018.
- Quinlan: The effects of non-standard forms of employment on worker health and safety (Geneva, ILO, Conditions of Work and Employment Series No. 67, 2015).
- Scheffler et al.: “Forecasting imbalances in the global health labour market and devising policy responses”, in Human Resources for Health (2018, Vol. 16).
- Scheil-Adlung: Long-term care protection for older persons: A review of coverage deficits in 46 countries (Geneva, ILO, ESS Working Paper No. 50, 2015)
- UNISON – The Public Service Union: Zero hours contracts, 2015.
- WHO: Global strategy on human resources for health: Workforce 2030, 2016.

b. Links:

- <https://www.saglik.gov.tr/>
- https://www.sbb.gov.tr/wp-content/uploads/2020/06/Eleventh_Development_Plan-2019-2023.pdf
- <https://www.womenandhealthcommission.org/>



This project is co-funded by
the European Union and the Republic of Turkey



This publication was prepared with the financial support of the European Union. The content is totally under the responsibility of the consortium lead by WEglobal Consultancy Inc. and does not necessarily reflect the opinions of the European Union.