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Enhancement of Participatory Democracy in Turkey:
Gender Equality Monitoring Project

Gender Equality in Access to Health Services

Mapping and Monitoring Study
Full Summary

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Ezgi Türkçelik

CEİD PUBLICATIONS

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Mapping and Monitoring Study
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The present text is the informative summary of "Gender Equality in Access to Health Services Mapping and Monitoring Study" prepared under the "Enhancement of Participatory Democracy in Turkey: Gender Equality Monitoring Project." Turkish version of this summary, main text and bibliography are available at: www.ceidizleme.org

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PREFACE

The present report is the outcome of a series of thematic mapping work and efforts to develop gender equality (GE) monitoring indicators under the *Enhancement of Participatory Democracy in Turkey: Gender Equality Monitoring Project*. The project took shape in the period 2013-2017 in a process involving meetings and exchange of opinion with many institutions and persons. The common point emerging in this process was the necessity of developing independent mechanisms for monitoring and evaluation at the stage that GE policies reached in Turkey. In other words, what was needed was an independent monitoring mechanism to assess the appropriateness and effectiveness of national legislation and action plans developed so far in translating GE into life. This also entailed the development of tools satisfying relevant scientific and technical requirements and facilitating systematic monitoring free from political and ideological polemics. To ensure compliance with international norms and sustainability, it was also necessary to develop monitoring indicators and asses these indicators through mapping and periodic reporting, which became the roadmap of the project. It was also among the objectives of the project to take initial steps to ensure the institutionalization needed for the sustainability of these efforts.

While delineating its field of work the *Enhancement of Participatory Democracy in Turkey: Gender Equality Monitoring Project* adopted a "gender sensitive rights-based" approach. The basic objectives of the project include the following: Supporting the inclusion of international norms and standards developed for GE in legislation, practices and monitoring policies in Turkey; reporting of GE related problem areas through mapping; contributing to institutionalization in Turkey of an independent, scientific and mainstreamed strategy by developing GE specific monitoring indicators; and enhancing government-civil society cooperation and monitoring capacity in the field of GE.

Starting in March 2017, the project was planned so as to be completed in 24 months. In the project funded by the European Union, the beneficiary is the Ministry of Foreign Affairs Directorate for EU Affairs, contracting authority is the Central Finance and Contracts Unit and the implementing party is the Association for Monitoring Gender Equality. The target group of the project comprises gender-focused civil society organizations, other civil organizations engaged in rights-based monitoring, relevant governmental agencies, governorates and metropolitan municipalities, and district municipalities as units of equality. Project stakeholders include the Ministry of Family, Labour and Social Services General Directorate on the Status of Women (KSGM), the TBMM (The Grand National Assembly of Turkey) Commission on Equal Opportunities for Women and Men (KEFEK), Human Rights and Equality Institution of Turkey (TİHEK), and Ombudsman Institution (KDK).

Mapping reports and **monitoring indicators** were developed in ten thematic areas identified in line with the objective of the project (combating gender-based violence against women; gender equality in participation to political decision making, to education, employment, religious activities, sports, access to urban rights/services, media and combat against trafficking in women/human beings). Besides, to make project outputs as well as many sources and data

in relevant fields accessible to all, a **Gender Equality Monitoring Centre** was set up and made functional with its e-library. Mapping Reports on ten thematic areas and their summaries were made available in the electronic environment, printed in Turkish and their informative summaries were released in Turkish and English. On the basis of Mapping Reports, 1337 GE monitoring indicators were presented to the public for use, 515 of which have their presently available or accessible data and 822 proposed to be developed.

One important component of the project was intensive work carried out in selected pilot provinces for local-level sharing of data from reports and indicators developed. Training in gender-sensitive rights-based monitoring and in mapping reports and monitoring indicators accompanied by preparatory workshops on local equality monitoring action plans were the activities carried out in selected seven pilot provinces. Efforts were made to establish and maintain **Local Equality Monitoring Platforms**. In Adana, Ankara, İstanbul, İzmir, Kars, Gaziantep and Trabzon as pilot provinces, **Local Equality Monitoring Plans** were developed to assess and monitor whether services delivered at local level observe gender equality, and a **National Equality Monitoring Plan** was prepared to scale up this work countrywide and ensure its sustenance.

The longer-term durability of services developed by the project is possible with the presence of sustained support. We believe that this support will be available as project outputs are used and further improved by large sections of society.

There are so many organizations and individuals contributing to the project without which it would be simply an impossible endeavour. We are grateful to the project team working with full commitment and engagement throughout the process, experts completing mapping reports and indicators in a long and tiresome work, and to CEİD members supporting the management of the project in harmony from its start to completion. CEİD local coordinators and training experts facilitated the implementation of the project by their hard work at both central and local levels. Staff from public organizations and representatives from civil society organizations who prepared Local Equality Monitoring Plans by taking part in work conducted by Local Monitoring Platforms put this work in practice at the local level. In case this project is to be attributed any success, it is the outcome of efforts and contributions of many including those we could not mention here. We are indebted to all for what they have added to the *Enhancement of Participatory Democracy in Turkey: Gender Equality Monitoring Project*.

Association for Monitoring Gender Equality

Board of Directors

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LIST OF ACRONYMS

ASPB	Ministry of Family and Social Policies
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CESCR	Convention on Economic, Social and Cultural Rights
CoCESCR	Committee on Economic, Social and Cultural Rights
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
ÇSGB	Ministry of Labour and Social Security
CSO	Civil Society Organizations
DALY	Disability Adjusted Life Year
EIGE	European Institute of Gender Equality
EWCS	European Working Conditions Survey
FP	Family Planning
GE	Gender Equality
HIPS	Hacettepe University Institute of Population Studies
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immuno-Deficiency Syndrome
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
KSGM	General Directorate on the Status of Women
LB	Live Birth
LPP	Law on Population Planning
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
NMMS	National Maternal Mortality Survey
PC	Prenatal Care
PH	Primary Healthcare
PRR	Patient Rights Regulation
RESC	Revised European Social Charter
RPG	Rate of Population Growth
SB	Ministry of Health
SDG	Sustainable Development Goals
SDVAW	Survey on Donmestic Violence against Women
SRH	Sexual and Reproductive Health

STI	Sexually Transmitted Infections
TCC	Turkish Civil Code
TDHS	Turkey Demographic and Health Survey
TDVaWS	Turkey Domestic Violence against Women Survey
TPC	Turkish Penal Code
TÜİK	Turkish Statistical Agency
UAPF	International Planned Parenthood Federation
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNKK	International Conference on Population and Development
UPR	Universal Periodic Review
VPMC	Violence Prevention and Monitoring Centre
WAWHP	Work Accidents and Work Related Health Problems Survey
WHO	World Health Organization
YLD	Years Lost due to Disability
YLL	Years of Life Lost

Information on the Names of Institutions

Since this report was completed before the decrees mentioned below it does not reflect changes made in the names of some major institutions. The Decree No. 703 in Force of Law on 'Amendment of Some Laws and Decrees to Ensure Compliance with Constitutional Amendments' was published in the Official Gazette No. 30473 dated 9 July 2018. The decree introduced changes to the organization and mandate of some Ministries and institutions.

With the Presidential Decree No. 1 dated 10 July 2018 on the Organization of the Office of Presidency and the Presidential Decree No. 4 dated 15 July 2018 on the Organization of Agencies and Institutions Under, Related and Attached to Ministries and other Agencies and Institutions, organizational structure and mandate of some ministries and institutions were modified.

The ministries and institutions subject to modifications are listed below.

- The Ministry of Family and Social Policies (*Aile ve Sosyal Politikalar Bakanlığı*) and Ministry of Labour and Social Security (Çalışma *ve Sosyal Güvenlik Bakanlığı*) were merged and renamed as 'Ministry of Labour, Social Services and Family.' (Çalışma*, Sosyal Hizmetler ve Aile Bakanlığı*)

  Upon the Presidential Decree (Decree No. 15) dated 4 August 2018 on Amendments to Some Presidential Decrees, the Ministry of Labour, Social Services and Family (Çalışma*, Sosyal Hizmetler ve Aile Bakanlığı*) was renamed as Ministry of Family, Labour and Social Services (*Aile,* Çalışma *ve Sosyal Hizmetler Bakanlığı*).

- The Ministry of European Union (*Avrupa Birliği Bakanlığı*) was closed and the Department of European Union (Avrupa Birliği Başkanlığı) was established within the Ministry of Foreign Affairs.
- The Ministry of Science, Industry and Technology (*Bilim, Sanayi ve Teknoloji Bakanlığı*) and Ministry of Development (*Kalkınma Bakanlığı*) were merged and named as Ministry of Industry and Technology (Sanayi ve Teknoloji Bakanlığı).
- The Ministry of Customs and Trade (*Gümrük ve Ticaret Bakanlığı*) and Ministry of Economy (*Ekonomi Bakanlığı*) were merged and renamed as Ministry of Trade (*Ticaret Bakanlığı*).
- The Ministry of Food, Agriculture and Animal Husbandry (*Gıda, Tarım ve Hayvancılık Bakanlığı*) and Ministry of Forestry and Hydraulic Works (*Orman ve Su* İşleri *Bakanlığı*) were merged and renamed as Ministry of Agriculture and Forestry (*Tarım ve Orman Bakanlığı*).
- The Ministry of Finance (*Maliye Bakanlığı*) was renamed as Ministry of Treasury and Finance (*Hazine ve Maliye Bakanlığı*), and the Undersecretary of Treasury (*Hazine Müsteşarlığı*) which used to be under Deputy Prime Minister was transferred in the new structuring to the Ministry of Treasury and Finance.
- The Ministry of Transportation, Maritime Affairs and Communication (*Ulaştırma Denizcilik ve Haberleşme Bakanlığı*) was renamed as Ministry of Transportation and Infrastructure (*Ulaştırma ve Altyapı Bakanlığı*).

I. Introduction

A. Objective

The present study is a mapping report on the right to health and health services, one of the thematic areas under the "Enhancement of Participatory Democracy in Turkey: Gender Equality Monitoring Project." The objective is to provide the framework necessary for gender equality-based monitoring in the field of the right to health and health services and do develop tools to serve as a source in gender-based monitoring in health. As such this report is expected to contribute to efforts targeting the elimination of gender inequalities and to the process of social transformation targeted by gender-based organizations striving for the realization of rights.

Article 10 in the Constitution stresses equality of sexes and holds the State responsible to translate this equality into life. Turkey accepted her responsibility in ensuring gender equality made her commitment by acceding to many international treaties including the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW, 1985), Beijing Declaration and Action Plan (1995), Convention on the Rights of the Child (1994), Millennium Development Goals (2000), Sustainable Development Goals (2015), Covenant on Economic, Social and Cultural Rights (2003) and European Social Charter (1989).

Particularly after the 1980s, there have been many legislative arrangements, national action plans, programmes and strategies to ensure gender equality also under the impact of efforts waged by rising women's movements, work of gender-based organizations and international developments. In spite of all there, there are still many obstacles to the realization of gender equality which is the goal of gender-based organizations and also the responsibility of the state. According to the World Economic Forum Gender Equality Gap Index, Turkey is the 131st among 144 countries. The persistence of inequality of women and men in education, low rates of women's participation to politics and labour force, and inequalities in health status and realization of the right to health still stand as significant areas of discrimination.

This study first examines norms and standards set by international conventions to realize gender equality in health and then evaluates legislation and policy documents in Turkey with respect to their compliance with these norms and standards. As far as accessed, activities of CSOs working in this field are also covered. Internationally adopted indicators developed to allow gender-based monitoring in health as well as sets of indicators for which data is already collected or must be collected in Turkey are considered to present the state of health in Turkey as supported by quantitative data.

B. Development of the Right to Health

Efforts by international women's movements, United Nations conferences and advocacy work carried out in the process of adoption of conventions have all played an important role in

the realization of the right to health within the framework of gender equality and adoption of present international norms and standards. Many historical issues related to women's right to health still persist today as main issues. While structure and forms of difficulties may be changing, basic problems surrounding women's access to health services still remain including the delivery of services and exercise control over women's body. Preserving international and national level achievements in health, conducting works on the basis of relevant norms and standards and monitoring whether governments translate these into life can be achieved by advocacy work to be carried out by gender-based organizations active in this field.

II. Gender Equality in Health: Norms and Standards

A. Human Rights Instruments Related to Ensuring Gender Equality in Health

The recognition of the right to health in international conventions imposes specific obligations on states to protect and promote health, to eliminate conditions and factors preventing state of good health and ensure people's access to health services. Norms that are developed in the field of health are fundamental values adopted by the United Nations, World Health Organization, Council of Europe, European Union and international civil society organizations in the field of health (like International Planned Parenthood Federation [UAPF/IPPF]) and guaranteed by international legislation. It is the responsibility of states/governments to protect and implement these values.

A.1. United Nations Conventions

The right to health is recognized in many international conventions. In the World Health Organization (WHO) Constitution that took effect in 1948, it is stated that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and it is recognized as a fundamental human right.[1]

1948 The Universal Declaration of Human Rights (1948) provides that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services."[2]

The Covenant on Economic, Social and Cultural Rights (CESCR) taking effect in 1976 is the one among all international human rights instruments which covers the right to health in most comprehensive manner. The convention recognizes the "right of all to highest attainable state of physical and mental health" and gives examples to measures that states are expected to adopt for the realization of this right (Article 12).

United Nations conventions with specific reference to the right to health:

Universal Declaration of Human Rights (Article 25)

Covenant on Economic, Social and Cultural Rights (Article 12)

Convention on the elimination of Racial Discrimination (Article 11 1(f))

Convention on the Rights of the Child (Article 24)

Convention on the Rights of Persons with Disabilities (Article 25)

1 WHO Charter

2 Universal Declaration of Human Rights , Article 25.

International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (Articles 28 and 43)

Convention on the Elimination of All Forms of Discrimination against Women (Article 12)

In its General Comment 14 the Committee on the Covenant on Economic, Social and Cultural Rights stresses that the right to health should not be understood as the "right to be healthy". In this vein, the Committee states that the right to health also covers individual's control over his/her body and health including sexual and reproductive rights, safety against all forms of maltreatment, and immunity from torture, unauthorized medical treatment and experiments. Besides the Committee also recognizes that the right to highest attainable standard of health is closely associated with and dependent on many other factors including food, housing, employment, education, participation, benefiting from scientific advances and practices, right to life, being free from torture, confidentiality and privacy, access to information, to organize, assembly and free movement. Hence, standards, actions and strategies crosscutting all other areas become important in the realization of the right to health.

In access to all rights related to health it is specifically stated that discrimination on any ground is prohibited including race, colour, sex, language, religion, political or other opinion, national or social origin, property, physical or mental disability, health status (including HIV/AIDS), sexual orientation, marital, political social or any other status.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

As in other areas such as education and employment, CEDAW was a landmark in making discrimination against women visible also in the health area. CEDAW is the outcome of the fact that women do not stand with equal rights to men although preceding human rights documents adopted the norms of "equality" and "non-discrimination" and that states still have the duty of adopting necessary measures to ensure equal enjoyment of health services by women and men.

CEDAW imposes upon States Parties the responsibility of ensuring equal enjoyment of health services including family planning and eliminating discrimination in the utilization of these services.[3] Considering the reproductive burden of women, the convention states that "States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation." (Article 12)

CEDAW Recommendations

Article 21 in CEDAW authorizes CEDAW Committee to issue recommendations in relation to specific convention articles and relevant issues. These recommendations may be related to further explanation of articles and/or details related to measures that must be taken by States Parties and what the Committee considers as crosscutting issues. As of August 2017 there are 35 general recommendations adopted/issued by the Committee.[4]

3 CEDAW, Article12

4 http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx

While the Committee has many recommendations related to women's health, the Recommendation No. 24 adopted in 1999 is completely devoted to women and health and points out to obligations of States Parties in the context of Article 12 headed "Health." To ensure full compliance with the Convention, the Committee has also issued recommendations covering such issues as female genital mutilation, HIV/AIDS, women with disabilities, violence against women and equality in family relations.[5]

The Committee Recommendation 24 stresses that gender perspective should be at the centre of all policies and programmes affecting women's health and women should participate to the planning, implementation and monitoring of these programmes and policies as well as to the delivery of health services. Hence, States Parties are expected to present reports that contain information concerning health legislation, plans and policies in the field of health and processes in which they are developed, and also reliable and gender-disaggregated data on incidence of disease, women's health status and factors of risk in women's health and nutrition, and presence and cost effectiveness of preventive and rehabilitative measures.

It is known that biological differences between woman and man lead to differences in their health status as well and there are social factors that affect men and women variably. It is therefore stressed that there is need to focus specially on the right of health and health needs of vulnerable and disadvantaged groups of women including migrant, refugees, women displaced in their countries, girls and elderly women, women in prostitution sector and women with physical or mental disabilities.

According to the convention, any gap in services related to the prevention, diagnosis and treatment of diseases specific to women is considered as discrimination against women. It is discrimination, for example, on the part of a state that refuses to extent specific reproductive health services to women.

CEDAW Optional Protocol

Individuals or groups are entitled to apply to the CEDAW Committee with the claim that any State Party to the Protocol has violated any of the rights enshrined in the convention. These applications are accepted by the committee in cases where domestic remedies have been fully exhausted or prolonged in an unacceptable way or where it is too unlikely to yield any effective remedy. Then, the committee evaluates the case and requests the State Party concerned to present a report. The CEDAW Committee, following its evaluation, has the right to recommend the State Party to take relevant measures.

A.2. United Nations Conferences

Besides international conventions, international conferences organized by the United Nations and declarations made on the occasion of these conferences are also important in determining international norms and standards.

5 https://www.tbmm.gov.tr/komisyon/kefe/belge/uluslararasi_belgeler/ayrimcilik/CEDAW/tavsiye_kararlari/CEDAW%20Komitesi%20Tavsiye%20Kararları_(1-29).pdf

International Conference on Population and Development (ICPD, 1994) and Action Plan

The International Conference on Population and Development held in Cairo in 1994 was a landmark also in women's human rights and the right to health including reproductive and sexual rights as an important component of health beyond population and development.[6] At this conference, the traditional approach to population policies which did not observe individuals' reproductive and sexual rights was abandoned for a different approach placing human being at the centre, recognizing sexual and reproductive rights of individuals and placing special emphasis on women's empowerment (Akın, 2006; Akın & Bahar Özvarış, 2008; Sert, 2013; Karaca Bozkurt, 2012).

Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and its functioning. In this context it implies that "people are able to have a satisfying and safe sex life and that they have the capability to reproduce, and the freedom to decide if, when, and how often to do so."[7]

Adopting this definition, the ICPD defined reproductive rights as individuals' and couples' state of being informed so as to decide freely and responsibly about the number of children they would have and their birth intervals and without facing any pressure, violence or discrimination.

This also includes the right of women and men to legal fertility regulation methods of their choice, to information about safe, effective and affordable family planning methods again of their choice, to safe periods of pregnancy and birth for women, and the right to appropriate health services that provide environments for safe and healthy childbirth. It is further stressed that the objective of reproductive health services is not only extending care and counselling in reproduction and sexually transmitted diseases but also enriching life and personal relations (ICPD, 1994; Karaca Bozkurt, 2011).

ICPD 2014 top level working group experts called on governments to consolidate their political will and invest more to ensuring sexual and reproductive health for all. Specific areas in this call include universal access to quality sexual and reproductive health services and training, youth access to education in sexuality, elimination of violence against women, and provision of special services for victims of gender-based violence.[8]

Fourth World Conference on Women, Beijing Declaration and Action Platform

The Fourth World Conference on Women, Beijing Action Platform and Action Plan (1995) are quite important events for their approaches to the right of women to health. The Beijing Action Platform introduced an integrated approach to the issue and addressed in detail, beyond reproductive and sexual health, social, cultural, economic and political factors that affect women's health status and their enjoyment of health services equally.

6 https://www.unfpa.org/events/international-conference-population-and-development-icpd).

7 https://www.unfpa.org/events/international-conference-population-and-development-icpd).

8 http://icpdtaskforce.org/resources/policy-recommendations-for-the-ICPD-beyond-2014.pdf

The Beijing Action Platform defines women's empowerment and equality of women and men as a human rights issue and stresses that "ensuring equality is the only way for building a sustainable, fair and advanced society." The Action Platform identified 12 critical areas for governments, international community, non-governmental organizations and civil society one of which was "women and health".[9]

Strategies that must be pursued by states in the field of women and health are gathered under five headings[10]: Improving women's access to affordable and quality healthcare, information and services in all periods of their life; strengthening preventive programmes to improve women's health status; undertaking gender-sensitive initiatives addressing sexual and reproductive health including sexually transmitted diseases and HIV/AIDS; extending studies and surveys on women's health and increasing sources and monitoring activities on women's health.

The Beijing Action Platform states that while addressing inequalities between women and men with respect to health status, insufficiency of health services and inequalities in access to these services, governments and other actors must place gender-based approach at the centre of all related policies and programmes and purse an active and visible policy to this end which will also make it possible to monitor how adopted policies affect women and men respectively.[11] In this respect, it is a document that recognizes and accepts gender mainstreaming.

UN Millennium Summit and Millennium Development Goals

The Millennium Development Summit was held in 2000 with the participation of 149 countries. The Millennium Declaration as the outcome document of this summit set an international agenda that contains global values, principles and objectives for the 21st century. The Millennium Declaration makes a commitment for a fairer and more peaceful world and recognizes the collective responsibility of governments towards children and groups that suffer discrimination in particular to preserve and improve equality, justice and human dignity.

The Millennium Development Goals introduced universally accepted and measurable goals in such areas as elimination of poverty and hunger and fatal but preventable and curable diseases, providing wider education opportunities to all children which are also related to the exercise of the right to health. Four of 8 goals to be attained by 2015 are directly related to health: Gender equality and empowerment of women (goal 3), reducing child mortality (goal 4), improving maternal health (goal 5), HIV/AIDS; and combating malaria and other diseases (goal 6). Though gender equality is defined as a distinct goal it can be said that it is actually a precondition for all others.

UN Sustainable Development Summit and Sustainable Development Goals

Upon the expiration of the period of Millennium Development Goals, the United Nations

9 https://www.tbmm.gov.tr/komisyon/kefe/docs/pekin.pdf

10 Beijing Declaration and Action Platform, Part C

11 Beijing Declaration and Action Platform, para. 106

Sustainable Development Summit in 2015 adopted the Sustainable Development Goals to be attained by 2030 with signatures of 193 countries. This new agenda includes 17 Sustainable Development Goals and 169 targets.[12]

Three out of 17 goals are directly related to health: Eliminating hunger, ensuring food security, improving nutrition and supporting sustainable agriculture (goal 2); ensuring healthy life for all and good health at all ages (goal 3); and ensuring gender equality. Since many other goals are related to issues that determine health status they are also related indirectly to health.

A.3. Council of Europe

International conventions adopted by the Council of Europe constitute another ground to set norms. The European Social Charter (1966) complementing the European Convention on Human Rights recognizes the right to all to benefit from measures geared to attaining highest possible standards of health.

In 1997, the Council of Europe opened to signature the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine. The objective of the convention is to guarantee respect for human beings and their rights and freedoms in practices of biology and medicine without any discrimination. The Convention "affirms the primacy of the human being over the sole interest of science or society" (Article 2). It is stated in Article 3 related to fairness in access to services that "The Parties to the Convention are required to adopt the requisite measures as part of its social policy in order to ensure equitable access to health care."

One of the most important conventions of the Council is the Council of Europe Convention on preventing and combating violence against women and domestic violence (İstanbul Convention, 2014) which it opened to signature in 2011. This convention sets norms and standards in protecting women and children against all forms of violence, introducing sufficient mechanisms for protection and support, prosecuting perpetrators of violence and developing integrated policies to ensure gender equality.

A.4. European Union

The right to health and gender equality are also emphasized in documents of the EU institutions relating to ensuring gender equality in health. The Council of the European Union adopted a decision in 2006 on common values and principles to be observed in health systems (EIGE, 2016).

The resolutions of the Council of the European Union were declared in 2010 under the heading "Equity and Health in All Policies: Solidarity in Health". The Council expressed its concerns about disparities in health status of member countries. Recognizing that appropriateness of health services alone is not sufficient to attain highest possible standards and eliminate

12 https://sustainabledevelopment.un.org/post2015/transformingourworld; United Nations, resolution adopted by the General Assembly on 27 July 2012, A/RES/70/1 of 25 September 2015, http://www.un.org/ga/search/ view_doc.asp?symbol=A/RES/66/288&Lang=E.

inequalities, the Council called on states to develop policies and actions to reduce inequalities, optimize data and information collection and enhance public health capacity.[13]

B. Setting Norms

Combating gender-based discrimination faced in realizing the right to health and monitoring legislation and practices of states with respect to their compliance with human rights norms and standards enhance the effectiveness and reliability of monitoring work. Carrying out of monitoring work this way is more persuasive and guiding for decision-makers. On the basis of international human rights documents mentioned, norms related to the field of health are examined under six headings: Equality and non-discrimination, gender equality, respect for human dignity, accountability, participation and empowerment of women.

B.1. Equality and non-discrimination

The International Covenant on Economic, Social and Cultural Rights that covers the right to health in a wide framework recognises the right of all to highest attainable standards in physical and mental health (Article12) and commits to providing equal opportunities to men and women in the realization of this right. Realization of equality in health is possible only with the elimination of all forms of discrimination. When the enjoyment of the right to health is concerned, the Committee on Economic, Social and Cultural Rights prohibits "any form of discrimination which prevents or undermines equal exercise of the right to health including race, colour, language, political or other opinion, national or social origin, physical or mental disability, health status (including HIV/AIDS), sexual orientation, marital, political, social or other status".

B.2. Gender equality

CEDAW as the main instrument stressing gender inequality and discrimination in the field of health obliges States Parties to ensure de jure and de facto equality of women and men. CEDAW carries the norm "non-discrimination" used in many international legal documents (UDHR, European Social Charter and Revised Social Charter) beyond its initial meaning. While there are many documents prohibiting gender-based discrimination and protects both women and men against arbitrary and unfair discrimination, CEDAW underlines that women are exposed to discrimination solely on the basis of their sex and focus on discrimination against women.[14] The Convention targets social and cultural obstacles stemming from the past and continuing in our day that prevent women's enjoyment of human rights and fundamental freedoms, and states that temporary special measures adopted to ensure de facto equality between women and men cannot be considered as against equality and non-discrimination since these are the means to ensure de facto equality. Hence, besides de jure equality which is the equality of men and women before the law, CEDAW also covers de facto equality. De facto equality underlines that given the unequal status of men and women in society, sufficing with de jure

13 http://www.consilium.europa.eu/uedocs/cms_data/docs/pressda- ta/en/lsa/114994.pdf.

14 CEDAW, Recommendation 25

equality only legitimizes this inequality and as a counter measure temporary special measures are needed for de facto equality. The CEDAW Article 5 stresses the need for changing gender roles within family and society to ensure equality between men and women and obligation of states to adopt relevant measures to eliminate stereotype roles of men and women along with associated traditions and prejudices. In this respect, CEDAW also stresses the concept of transformative equality. On the basis of the idea that gender relations are built upon a norm, transformative equality places at the centre of gender equality the understanding that 'transformation of power norms that give rise to inequality deriving from each difference will ensure equality'" (Kurtoğlu, 2015, s. 161) and draws attention to the need for changes in the construction and articulation of the system beyond temporary special measures and gender-specific practices to ensure equality.

The Committee on Economic, Social and Cultural Rights states that respect for sexual rights and the right to sexual orientation and identity is a complementary part of equality between women and men, and that States must take necessary measures to eliminate prejudices and traditional practices stemming the notion of superiority of one sex over other and some gender stereotypes.

B.3. Respect for human dignity

Respect for human dignity is a fundamental principle in human rights. Limited access to the right to health, unavailability of appropriate and quality health services, maltreatment, unacceptability of services offered in cultural, religious and other terms, and practices without informed consent of persons are some obstacles to the realization of this norm. The right of human beings to a dignified life is safeguarded by such human rights instruments as the Universal Declaration of Human Rights, Covenant on Economic, Social and Cultural Rights, European Social Charter, CEDAW, Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities. The norm "respect for human dignity" is a norm that covers a range of rights including access to quality health services in proper standards, ban on maltreatment, non-discrimination, respect for physical and mental integrity, survival, respect for cultural and religious differences, access to information, respect for privacy, informed consent and protection against medical abuse. This fundamental norm sets the framework for promoting the right to right to health, delivery of health services, development of health policies and access to health services.

B.4. Accountability

Relevant international documents state that national health strategies and action plans should have accountability and transparency. Accountability is a fundamental norm in both Sustainable Development Goals and in World Health Organization's Global Strategy. The essence of accountability is answerability; being accountable means the obligation to respond to questions raised in relation to decisions and/or actions (Brinkerhoff, 2003). States bear the obligation to provide information and justification for their acts, practices and programmes related to health services and acts to realize the right to health. States are expected to respond to questions

such as "what was done", "how much spent" and "why". Another aspect of accountability is sanctions. In general, sanctions can be considered as requirements and penalties envisaged in related laws. Human rights documents set the framework and norms to be observed by states in realizing the right to health and gender equality; specify human rights that cannot be restricted in any event and measures to be adopted. In ensuring accountability, States are also obliged to report practices violating human rights and set up and monitor mechanisms to impose sanctions when necessary.

B.5. Participation

Participation of individuals and communities without any discrimination and mechanisms to ensure this participation are important in determining health priorities and in planning, implementing and evaluating health strategies. The Covenant on Economic, Social and Cultural Rights states that "The formulation and implementation of national health strategies and plans of action should respect, inter alia, the principles of non-discrimination and people's participation. In particular, the right of individuals and groups to participate in decision-making processes, which may affect their development, must be an integral component of any policy, programme or strategy."[15] This is the fundamental norm in both developing health policies at macro level and in individual-level medical interventions. The CEDAW General Recommendation 23 stresses the obligation of States Parties to identify obstacles to women's full participation to the development of government policies and to eliminate these obstacles (paragraph 27). The CEDAW General Recommendation 24 envisages the placement of gender perspective at the centre of all policies and programmes affecting the health status of women and making women a part of processes in developing, implementing and monitoring these policies and programmes.

B.6. Empowerment of women

Empowerment of women means the realization of women's rights in a range of areas including education, employment, health and participation to decision-making and presence of women in these areas without facing any discrimination. The right of women to live free of any discrimination to provide the conditions of empowerment is guaranteed by CEDAW. The relationship between empowerment of women and women's human rights is expressed in the ICPD in 1994 together with clarifications about the concepts of sexual and reproductive rights. Empowerment of women means women's deciding on their own in matters relating to their sexuality and participation to all decisions and policies that affect their health. The ICPD Action Programme set forth that women's empowerment and their status as independent individuals is a condition for improvements in their political, social, economic and health status as well as sustainable development.

C. Setting Standards

There are some standards to follow in realizing the right to health which is qualified on the

15 Covenant on Economic, Social and Cultural Rights, General Comment 14, para. 54-55.

basis of norms including equality and non-discrimination, gender equality, respect for human dignity, accountability, participation and women's empowerment as recognized by international human rights and right to health documents. Considering some critical areas with respect to gender equality in health, the present report gathers standards under the headings of health policies and strategies, service delivery standards in health, sexual and reproductive health, sexually transmitted infections and HIV/AIDS, violence against women and child marriages.

On the basis of human rights documents, there is need to assess the presence of 4 fundamental principles in the context of healthcare delivery and realization of the right to health (CESCR General Comment 14, Article 12): Availability, accessibility, acceptability and quality. Explanations are given as follows:

1. *Availability:* Realization of the right to health in States Parties to the convention requires availability and necessary endowment of materials and programmes in public health services.
2. *Accessibility:* It means health opportunities, institutions, materials and services are available to all. For this availability, four principles have to be observed.
    a) *Non-discrimination:* Health institutions, materials and services must be; both de jure and de facto, available to all without allowing for any distinction and in a way to cover vulnerable groups in particular.
    b) *Physical accessibility:* Health institutions, materials and services must be physically accessible and safe to all including vulnerable groups like rural people, ethnic minorities, indigenous peoples, children, youth, elderly persons, persons with disabilities and living with HIV/AIDS.
    c) *Economic accessibility:* Materials and services offered by health institutions must be affordable by all. Besides health services, the principle of equity must be observed in expenses related to determinants of health and it must be ensured that neither public nor private health services do not impose excessive financial burden for low income groups.
    d) Accessibility of information. Here accessibility covers the right to inform, be informed and express opinions in matters related to health. The right to information, however, must not interfere with the privacy of personal health data.
3. *Acceptability*: All health facilities, materials and services must be planned and organized in a way to respect medical ethics, culturally appropriate, sensitive to gender and life cycle, and acceptable by service recipients with their confidentiality and quality.
4. *Quality:* Health facilities, materials and services must be commensurate with scientific and medical requirements and in good quality.

These four standards are fundamental in that rights-based approach has to be developed and services have to be delivered accordingly in each. Hence, relevant human rights documents contain, besides norms, provisions and measures in each of these critical areas like violence against women and ensure the availability, accessibility and quality of services.

Beyond these, the WHO emphasized in the context of realizing the right to health on the

basis of human rights that States are responsible for acting within the framework of two basic principles in health-related legislation and practices. By making maximum use of their available resources, governments have to take urgent steps to ensure that the right to health is realised progressively. They also have to act to eliminate discrimination regardless of their available resources. Another important point in the realization of the right to health is the protection of achievements without any retrogression. Unless there is force majeure States cannot engage in any act of curtailing existing economic, social and cultural rights. This includes, for example, further limiting the period in which abortion is legal or imposing fees on contraceptive services which are currently free.[16]

Considering critical areas in ensuring gender equality in health, presented below are the standards developed in the context of health legislation, policies and strategies, health service delivery, sexual and reproductive health, sexually transmitted infections and HIV/AIDS, violence against women and child marriage.

C.1. Standards Relating to the Development of Health Legislation/ Policies/Strategies

Relevant Right to Health and Norm	Standard	Document
Right of everyone to the enjoyment of the highest attainable standard of physical and mental health (right to health) Accountability Equality and non-discrimination Gender equality De facto equality Transformative equality Participation Empowerment of women Combating multiple discrimination Availability	Adopting measures to prevent discrimination to ensure the enjoyment by women of the highest attainable standard of physical and mental health	CEDAW M.12, CEDAW General Recommendation 24, CESCR A.12, CESCR General Comment 14, ICPD, Beijing 106
	Reviewing legislation and policies so as to respond to changing needs, roles and responsibilities of women and placing gender perspective at the centre of all policies and programmes affecting women's health (gender mainstreaming)	
	Pursuing a comprehensive national strategy to protect women's health and well-being lifetime (so as to cover women's health, sexual and reproductive health, HIV/AIDS, mental health, violence against women, circumstances and diseases affecting women)	
	Identifying women's health care priorities, planning, implementation and monitoring of health policies and programmes and taking these as a part of processes providing services to women	

16 http://www.who.int/mediacentre/factsheets/fs323/en/

Relevant Right to Health and Norm	Standard	Document
Right of everyone to the enjoyment of the highest attainable standard of physical and mental health (right to health) Accountability Equality and non-discrimination Gender equality De facto equality Transformative equality Participation Empowerment of women Combating multiple discrimination Availability	Formulating national health policies so as to respond to different forms of discrimination and different needs including in relation to: Girls and adolescents Elderly women Women with disabilities Women in low socioeconomic status Rural women Ethnic and linguistic minorities Migrant and refugee women LGBTI individuals Persons living with HIV/AIDS Sex workers and victims of trafficking in women Women and girls seasonally employed in agriculture Women in prison Women in shelters	CEDAW M.12, CEDAW General Recommendation 24, CESCR A.12, CESCR General Comment 14, ICPD, Beijing 106
	Providing women relevant services during pregnancy and postnatal periods including sufficient nutrition in pregnancy and nursing and adopting measures for delivering these services free when necessary	
	Annulling legislative arrangements that prohibit medical operations needed by women only and penalize women who want to undergo such operations, which is a barrier to women's access to health services	
	Ensuring that women's access to health services is not restricted for such reasons as the absence of their husbands', partners', parents' or health authorities' permission or their unmarried status or just for being women	
	In cooperation with women's organizations, developing and implementing de-centralized gender-sensitive health programmes that respond to women's lifetime needs, take due account of their –different roles and responsibilities, meet their needs with respect to time utilization, respond to special needs of rural women and women with disabilities, and address women's various needs deriving from age, socioeconomic status, cultural and other factors	
	Supporting non-governmental organizations working in the field of women's health and strengthening coordination and cooperation in sectors affecting health issues	
	Considering that women have their different needs, making sufficient budget allocation from the general budget and providing human and administrative resources	
	Ensuring cooperation and coordination for the participation of non-governmental organizations, women's organizations in particular, professional organizations and others working to improve the health status of women and girls to government's policy making processes, programmes and to implementation at all levels in the health sector and establishment of support mechanisms	

C.2. Standards Related to the Delivery of Health Services

Relevant Right to Health and Norm	Standard	Document
Right to healthcare and protection of health Equality and non-discrimination Gender equality De facto equality Respect for human dignity Accessibility Availability	Adoption and implementation at widest possible scale all legislative, judicial administrative, budgetary, economic and other measures to ensure women's enjoyment of their right to health	CEDAW M. 12, CEDAW General Recommendation 24, CESCR General Comment 14, CESCR General Comment 22, Beijing 106
	Adopting measures to refer women to alternative service providers in case they refuse services by regular health personnel on the ground of conscientious objection	
	Strengthening health services including first step services in the first place and ensuring that necessary services are available at all levels of the healthcare system	
	Removing all barriers to women's access to health services, training and information in health including in sexual and reproductive health	
	Ensuring that all health services entail rights of women to decide about their ways of life, privacy and confidentiality, informed consent and the right to choose as well as their compliance with human rights	
	Adopting all necessary measures to remove harmful, medically unnecessary or oppressive interventions to women, inappropriate treatment and excessive interest in medicine; and ensuing that women are fully informed about their preferences related to treatment or participation to medical research including their possible benefits and harms	
	Modernization of medicine supply and by taking WHO's Model List of Essential Medicines ensuring safe and regular supply of high quality pharmacological, contraceptive and other medicines and materials	
	Monitoring health services delivered to women by state institutions, civil society organizations and private agencies and ensuring access to and quality of services	
	Including in training programmes for health workers comprehensive and compulsory courses in women's health and human rights and in particular in gender-based violence	

C.3. Standards Related to the Establishment of Health Status

Relevant Right to Health and Norm	Standard	Document
Right to health Gender equality Accessibility Acceptability Quality	Ensuring that women can reach social security systems at equal footing with men throughout their life	CEDAW M.12, CEDAW General Recommendation 24, para. 9, 12, 24, CESCR M.12, CESCR General Comment 14, CRC Art.24, MDG 4, MDG6, SDG 3 , Beijing C1, C2, ICPD
	Identifying how health policies, procedures, laws and protocols affect women and men	
	Collecting gender-disaggregated data about diseases	
	Reducing the incidence of diseases affecting women	
	Identifying conditions that pose risks to women's health	
	Ensuring the availability and cost-effectiveness of protective and rehabilitative measures	
	Ensuring that assessments about women's health status, health legislation, plans and policies are based on scientific and ethical studies on women's health status and needs	
	Development and implementation of comprehensive and appropriate programmes for the prevention of osteoclasis which affects women more	
	Development and/or strengthening of programmes and services, including relevant media campaigns, for combating, early diagnosis and treatment of cases of reproductive organ cancers	

C.4. Standards Related to Sexual and Reproductive Health

Relevant Right to Health and Norm	Standard	Document
Gender equality De facto equality Transformative equality Accessibility Quality	First step healthcare services that are of high quality, accessible and affordable including in family planning, sexual and reproductive health (for individuals of all ages)	Beijing para. 106 (b)(e), ICPD 7, CESCR, General Comment No: 14, para. 14
	Safeguarding the right of all women, particularly marginalized and disadvantaged women groups, to be informed about and access to training and services without any limitation in sexual and reproductive health	CEDAW General Recommendation 24 para. 18, CoESCR, General Recommendation 22, para. 49 (f)
	Delivering safe motherhood, prenatal support, birth and emergency services to reduce maternal mortality rate	CEDAW General Recommendation 24, MDG 5, SDG 5, Beijing para. 106, ICPD 7, CESCR General Comment No: 14, para. 14
	Assigning priority to the prevention of unwanted pregnancies	CEDAW General Recommendation 24, Beijing 106(j)(k)
	Preventing abortions in unsafe conditions and providing care and counselling services after abortion	Beijing 106 (j)
	Ensuring immediate access to safe information and family planning counselling services of women with unwanted pregnancy (to prevent repetitive abortions)	Beijing 106 k
	Amending any legislation prohibiting medical abortion and abolishing sanctions applied to women experiencing induced abortion	CEDAW General Recommendation 24, Beijing para. 106(k), ICPD para. 8.25
	Providing special protection to women during their periods of pregnancy and nursing in works that are described as hazardous and protecting women's health and safety in working life including paid maternity leave; developing policies and programmes in this regard	CEDAW Article 11, Beijing 106 (p), ICPD
	Ensuring that rural women have access to health services including information, counselling and clinic services related to family planning	CEDAW 14 (2) (b)
	Ensuring that women decide freely as to number of and timing of births and supplying necessary information, training and other means to enable them to exercise this right	CEDAW 16 (1) (e). ICPD, Beijing
	Delivering adolescent women and men training in sexual and reproductive health in a manner observing their right to privacy (to ensure that they approach their sexuality in a positive and responsible way)	CEDAW General Recommendation 24 para. 18, Beijing para. 108 (k), CoESCR General Comment 22, para. 49 (f)
	Providing necessary medicines and equipment on the basis of and so as to include the WHO Model List of Essential Medicines.[17]	CoESCR General Comment para. 49, 22 (g)

17 WHO, 20th Model List of Essential Medicines, (2017). http://www.who.int/medicines/publications/essentialmedicines/20th_EML2017_FINAL_amendedAug2017.pdf?ua=1

C.5. Sexually Transmitted Infections and HIV/AIDS

Relevant Right to Health and Norm	Standard	Document
Equality Non-discrimination Participation Availability Accessibility	Development of legislation and gender-sensitive multi-sector policies and programmes to protect women and adolescent women and men against HIV/AIDS related discrimination and to ensure their empowerment	CEDAW General Recommendation 24, CEDAW General Recommendation 15, MDG 6, SDG 3, SDG 5, Beijing C1, C3, Beijing L1, L2 ICPD 7-8
	Ensuring women's participation to all decision-making mechanisms related to the development, implementation, monitoring and evaluation of policies and programmes to protect women against HIV/AIDS and sexually transmitted diseases and to protect those affected by these health problems	
	Putting in effect legislation to eliminate sociocultural practices that lead to women's contraction of HIV infection and sexually transmitted diseases	
	Determining the prevalence of HIV/AIDS and its effects on women	
	Transferring resources to programmes targeting adolescents in preventing and treating sexually transmitted diseases like HIV/AIDS	
	Extension of programmes training men to accept the responsibility of avoiding HIV/AIDS and other sexually transmitted diseases	
	Mobilizing all sections of society to ensure that authorities address the problem of HIV/AIDS in time and in an effective, sustainable and gender-sensitive way	
	Developing gender-sensitive policies and programmes to provide resources and facilities to women with responsibility of caring or economically supporting persons with HIV/AIDS and to other who have overcome the disease	
	Through first step health services, ensuring universal access for couples and individuals to appropriate and affordable preventive services in relation to sexually transmitted infections including HIV/AIDS; enlarging the scope of diagnostic and curative services and counselling to women with due account of voluntarism and privacy; ensuring the availability and distribution in the context of health services quality condoms to avoid sexually transmitted infections	
	Offering seminars, specialized and professional trainings to all decision makers, opinion leaders and parents at all levels including religious and traditional authorities in HIV/AIDS and other sexually transmitted infections and their effects on women and men at all ages	
	Supporting women and women's organizations to develop peer training and programmes appealing to all and to participate to the organization, implementation and monitoring of these programmes.	
	Development of special programmes for males, particularly adult males that introduce voluntary, appropriate and effective methods and establish safe and responsible sexual behaviour in order to prevent HIV and other sexually transmitted infections	
	Exploring and supporting strategies and affordable methods of care, support and treatment that women can control in order to prevent HIV and other sexually transmitted infections	

C.6. Violence against Women and Child Marriages

Relevant Right to Health and Norm	Standard	Document
Right of everyone to the enjoyment of the highest attainable standard of physical and mental health Respect for human dignity Non-discrimination Gender equality Accountability	Integrating psychological health services with first step healthcare or other levels; training first step service providers and developing supportive programmes to help and provide care to all women victims of domestic violence or any other form of violence, of sexual harassment, of armed or unarmed conflict	RESC M. 26, CEDAW General Recommendation19, CEDAW General Recommendation 24, para. 12 (b), para. 15, İstanbul Convention, Report by VAW Special Rapporteur (A/HRC/7/6), Beijing L1, L2, D1, ICPD 4, 7, 8, CEDAW M. 16, CEDAW M. 10
	Making sure that legislation in effect provides sufficient protection to all women against VAW (Sufficient measures of protection, effective legal measures and sanctions, civil code recourses, etc. so as to include redress)	
	Offering women effective channels of complaint including request for redress	
	Providing necessary infrastructure to extend protective and supportive services to women exposed to violence, assault, sexual aggression and other forms of VAW (violence against women) (health workers with special training, offering rehabilitation and counselling services, making these services accessible to rural women as well)	
	Adopting preventive measures including informing and training the public in order to eliminate attitudes, traditions and practices that perpetuate VAW	
	Enacting legislation including healthcare protocols and hospital procedures to ensure the delivery of health services in the context of VAW and abuse of the girl child and developing policies to ensure their effective enforcement	
	Delivering gender-sensitive training to identify and properly manage the implications on health of gender-based violence	
	Introducing fair and protective principles and procedures to address complaints by women patients about sexual harassment	
	Adoption of measures, giving effect to legislation and provision of medical and other assistance besides legal protection to protect women, youth and children against sexual harassment, abuse, sale and violence	
	Imposing sanctions upon health workers involved in acts of sexual harassment	
	Passing of and implementing effectively laws prohibiting the marriage of young girls	
	Making necessary arrangements to facilitate women's access to health services and reduce girls' school dropout due to early pregnancies	

C.7. Standards Relating to Determinants of Health

Relevant Right to Health and Norm	Standard	Document
Right of everyone to the enjoyment of the highest attainable standard of physical and mental health	Ensuring rights to decent housing, electricity and water supply, hygiene, transportation and communication and adequate living standards which are essential in protection against diseases and reliable health service delivery	CEDAW M. 14 (2) (h), Beijing para. 106 (d), 107(n) (w)
Gender equality Right to freedom and security of the person	By paying special attention to gender gap in nutrition, implementing programmes to eliminate iron deficiency anaemia in girls and women and improve the nutritional status of all women	
	Developing/supporting programmes ensuring the participation of women and girls to sports, physical activities and recreation in education systems, workplaces and communities	
	Reducing environmental hazards which pose a growing threat to health particularly in poor regions and communities; taking due account of reports that identify environment-related health risks to women[18]	
	Ensuring that women benefit from social security services throughout their life in equal terms with men	

C.8. Standards Related to Restriction of the Right to Health

The Siracusa Principles adopted by the United Nations defines the limitations of legal justifications for restricting human rights. The basis in determining whether necessary protection is still provided when rights are restricted is whether each of the five criteria in Siracusa Principles is satisfied. Even in cases when restrictions are allowed on the ground of protecting public health these restrictions should be kept limited in time and periodically reviewed.

- Restriction must have its legal basis and implemented as such;
- Restriction must be introduced for a legitimate purpose in interest of the public;
- Restriction must be absolutely necessary for a beneficial end in a democratic society;
- Less imposing and restrictive methods must be sought to attain the same objective;
- Restriction must not be introduced and made accepted arbitrarily or bringing in discrimination in some way.

18 Preventive approach and Agenda 21 unanimously adopted by the Rio Declaration on Environment and development in the UN Conference on Environment and Development.

III. Analysis of Present Situation in the Context of Turkey

A. Development of the Right to Health in the Context of Turkey

In the 1920s and after and at global level, changing approaches and perspectives in the context of health in particular have brought along a variety of struggles as well. In Turkey too, in spite of difficult circumstances that the country was going through there were laws passed that were directly or indirectly related to health and laid the ground for equalitarian exercise of human rights by women and men.

Examples include the establishment of the Ministry of Health in 1920, adoption in 1924 of the unified education law in the field of education which had hitherto been in a rather fragmented nature, and the Public Health Law No. 1593 adopted in 1930 many articles of which are still in effect in our day. The last one in particular assigned special importance to women's and maternal and child health and to the control of infectious diseases. Although there is no special sensitivity to gender equality, the law is noteworthy with its protective and preventive approach to maternal and child health given the circumstances of the time. Unfavourable circumstances in the country in general (i.e. low levels of education particularly in women, poverty and prevalence of infectious diseases) made "vertical" organization in health compulsory and significant achievements were made in controlling infectious diseases and in improving maternal and child health.

Women in Turkey gained their political rights upon legislation and exercised their right to elect and be elected in local elections in 1930 and general elections in 1934. With these legislative arrangements the status of women is conceptualized as "transition from being subject to being citizen and reaching equal status with the opposite sex". Along with women's struggle starting during the Ottoman period, importance attached to women in the process of nation-building had their important roles to play.

As a result of ban on contraceptives and pronatalist population policies followed given the limited population of the country (13 million), total fertility rate (average number of live births per woman until age 50) exceeded 7 in the 1950s. Turkey then faced alarming levels of maternal mortality as a result of unwanted pregnancies stemming from "excessive fertility" and consequent cases of self-induced unsafe abortion (Fişek, 1983; Akın, 2007, 2010). In this period, medical communities, CSOs, leading authors, etc. were engaged in effective advocacy to build awareness in both public in general and decision-makers in particular.

In the 1960s, community medicine and public health approaches spreading in the world were adopted in Turkey as well for their sensitiveness to needs and cost-effectiveness. The Law No. 224 on the Socialization of Health Services was adopted in 1961 under the leadership of Prof.

Dr. Nusret Fişek who later prepared and ensured the adoption by the parliament of some important bills focusing on public health and women's health status. The importance of the Law No. 224 is that it gave priority to primary healthcare (PH) and also laid down principles for more equitable and fairer delivery of health services. Under this law, primary healthcare was organized horizontally and in an integrated way where "health centre" was the fundamental unit. "Health teams" under health centres were engaged in outreach services extending to remotest settlement units with their nurses/midwives. Through routine home visits by midwives, protective, early diagnosis and curative services were extended to pregnant women, children in the age group 0-6, and women in the age group 15-49.

This service delivery model first adopted in 1961 and put to implementation in 1963 in Turkey came 17 years earlier that the Alma-Ata Conference held in 1978 with the participation of WHO, UN agencies and some important international CSOs. Presently the WHO upholds and suggests this model as a strategy of "*Health for All*".

The Law No. 224 remained in effect for 47 years until the "Family Medicine Law" first adopted in 2004 and then scaled up nationwide in 2010. The Law No. 224 adopted such norms as equality in health services, risk approach, community participation to decisions in the field of service delivery and accountability, and set service standards through regulations issued under the law. The National Population and Health Survey was first conducted in 1963 on a sample representing the country and repeated in every five years, the last one being in 2013. The findings of these surveys make it possible to evaluate the effects of 47 years of implementation of the Law No. 224 as a service model focusing on maternal and child health on the basis of evidence and trends (Akın, 2011; Akın and Özvarış, 2012; TDHS, 1963; TDHS 2008; TDHS, 2013).

When examining developments in women's health status in Turkey, the period of 1950s must be considered as mentioned above. Pronatalist population policies which brought along excessive fertility, increase in unwanted-unplanned pregnancies and cases of unsafe abortion, and resulting high rates of maternal mortality were nothing less than violation of women's right to health. According to a study conducted in that period, cases of self-induced unsafe abortion accounted for 53% of total maternal deaths. After long years of advocacy and efforts by the Turkish Family Planning Association which was a strong CSO in that period, the Law No. 557 on Population Planning drafted by Prof. N. Fişek was eventually adopted in 1965. Upon the adoption of this law, the use of reversible family planning methods was made legal. A special unit was set up within the Ministry of Health (SB) and activities informing the public was carried out by both the Ministry and various associations. While couples started to use their right to determine the number of children they want to have and to have access to services they need with the Law No. 557, the Law still allowed termination of unwanted pregnancy/abortion only upon medical reasons; as couples from lower income groups could not reach this service, unsafe abortions remained as a problem for women.

According to an assessment made in 1981, there were 400,000 cases of abortion in Turkey of which 50,000 were by self-induced unsafe abortions mostly leading to death. Noticing this situation, medical scientists conducted a series of surveys in cooperation with WHO

accompanied by advocacy work by health leaders and women's CSOs influencing the Ministry of Health for the legalization of abortion in early phases of pregnancy. These efforts resulted in the adoption of the Law No. 2827 on Population Planning in 1983.

With this legislation family planning methods reached even remotest locations while midwife nurses were given more authority in family planning services in order to respond to unmet need. The method of surgical sterilization was legalized for women and men, and most importantly, termination of pregnancies within 10 weeks was allowed. Scientific studies conducted later confirmed the great contribution of the Law no. 2827 to women's health. Indeed, the share of unsafe abortion in maternal mortality which used to be by 53% dropped as low as 2% (Akın, Esin and Çelik, 2003; Akın and Özvarış, 2005).

As stated at the beginning, efforts by women's movement that gathered strength after 1980s, activities of gender-based organizations and international developments resulted in many legislative arrangements, national action plans, programmes and strategies to ensure equality between men and women. In spite of all these, however, there are still many obstacles to full realization of gender equality which is the goal of many organizations and responsibility of states. According to 2017 World Economic Forum Gender Equality Gap Index Turkey ranks 131st among 144 countries. Health is the outcome of many factors. Hence, discrimination related to factors affecting health, for example persistence of gender inequalities in education or women's limited participation to politics and labour force have their negative effects on their health status as well and undermine the realization of the right to health. Given all these, health remains today as one of the leading problem areas with respect to discrimination (TDHS, 2013; TÜİK 2018).

B. Mapping Domestic Legislation

Domestic legislation in Turkey is examined under the headings of relevant laws and policy documents and their compliance with established norms is evaluated. Legislation examined in this context are as follows: Constitution, Civil Code, Turkish Penal Code (TPC), Law on the Socialization of Health Services, Law on Population Planning, Regulation on Patient Rights, Labour Code, Law on the Practice of Medicine and Medical Sciences, Fundamental Law on Health Services, Family Medicine Law, Public Health Law, Child Protection Law and Law on the Protection of Family and Prevention of Violence against Women.

Constitution

Article 10 in the Constitution guarantees the equality of sexes before the law and stresses that measures adopted to ensure equality do not pose any contrast to the principle of equality. The Constitution thus lays stress on temporary special measures to ensure de factor equality.

With Article 56, the Constitution entitles citizens to demand assistance and services in the context of their right to health and guarantees that it is the responsibility of the state to protect and improve the health status of citizens. The state is also responsible to fulfil this task by setting up and supervising health and social assistance institutions.

Article10- Everyone is equal before the law without distinction as to language, race, colour, sex, political opinion, philosophical belief, religion and sect, or any such grounds. Men and women have equal rights. The State has the obligation to ensure that this equality exists in practice. Measures taken for this purpose shall not be interpreted as violation of the principle of equality.

Article 56- Everyone has the right to live in a healthy and balanced environment. It is the duty of the State and citizens to improve the natural environment, to protect the environmental health and to prevent environmental pollution. The State shall regulate central planning and functioning of the health services to ensure that everyone leads a healthy life physically and mentally, and provide cooperation by saving and increasing productivity in human and material resources. The State shall fulfil this task by utilizing and supervising the health and social assistance institutions, in both the public and private sectors. In order to establish widespread health services, general health insurance may be introduced by law.

Article 59- The State shall take measures to develop the physical and mental health of Turkish citizens of all ages.

Further, Article 90 in the Constitution states that international agreements duly put into effect have the force of law and in the case of a conflict between international agreements concerning fundamental rights and freedoms and the laws due to differences in provisions on the same matter, the provisions of international agreements shall prevail.

Turkish Civil Code, 2001

Legal age for marriage stated as 17 in the Civil Code and the possibility of pulling this limit down to 16 upon parental and court decision pose problems for both girls and boys, but particularly for girls in terms of psychosocial and physical health. It is necessary to amend this age limit to make it 18 for both males and females.

Turkish Penal Code, 2005

In article 122 of the Turkish Penal Code (TPC) on discrimination it is stated that no person can be prevented from enjoying a service offered to the public on the basis of hatred deriving from their racial, lingual, religious, sexual, political, philosophical belief or opinion, or for being supporters of different sects. and therefore; b) Refuses to deliver nutriments or to render a public service (Article 122 (b)). Though prohibiting discrimination, this article must also include discrimination on the basis of sexual orientation, sexual identity and medical diagnosis which are presently missing.

TPC Article 287- (1) Where a person conducts a genital examination or dispatches a person for such, without a decision of an authorized judge or prosecutor, shall be sentenced to a penalty of imprisonment for a term of three months to one year.

Article 287 in TPC considers it as offence any genital examination conducted without the permission of an authorized judge and prosecutor. The article also stresses that even in the presence of such permission, it is still required to have woman's consent.

Law on the Socialization of Health Services, 1961

This law which was in effect in Turkey in the period 1963-2010 guarantees the exercise of the right to health recognized in human rights documents and to benefit from related services through the Basic Health Services (BHS) approach.

Article 1- Medicine and medical services shall be socialized under a programme to be developed within the framework of the present law in order to ensure the exercise of the right to health and health services in line with principles of social justice.

Law 2827 on Population Planning, 1983

The Law on Population Planning (LPP) was adopted in 1983. With this law, women gained their right to abortion which is an important component of their reproductive rights. In years that followed the law, mortality caused by induced abortion through unsafe methods declined. Further, preventive services were made more accessible by authorizing midwives and nurses with "special certification after training" who have wider outreach in order to ensure that methods of family planning are used by wider sections of society. The law covers and stresses rights to sexual and reproductive health including decision to have or not to have children, information and training in related issues.

The Law on Population Planning has provisions parallel to those in the TPC.

This law permits the termination of pregnancy (before and including the 10th week) upon the request of pregnant woman and, if woman is married, with the consent of her husband. The LPP also specifies some cases where termination of pregnancies after the 10th week is allowed.

Fundamental Law on Health Services, 1987

The objective of this law is to lay down fundamental principles related to health services. Major points include equal and balanced distribution of health services, priority to risk groups, inter-sector cooperation, registry information system and service standards. While there is stress on the right to health and health services, there is no provision stressing gender equality.

Article 3- The following are the fundamental principles to be observed in health services: a) Health institutions and facilities are planned, coordinated, financially supported and improved by the Ministry of Health by soliciting the opinions of other relevant ministries in order to ensure equal and quality service delivery countrywide; b) By assigning priority to protective health services, the essential element is quality service supply and efficiency by procuring services when necessary in the establishment and operation of all health institutions and facilities, public and private, avoiding waste of resources and idle capacity.

Family Medicine Law, 2004

The objective of the law is stated as follows: "In provinces to be identified by the Ministry of Health, to provide for the status, rights and services of health personnel assigned to or employed for the conduct of family medicine in order to improve first step health services, assign weight to protective health services, keep personal health data and to ensure equal access to these services." It is legislation on principles to be observed in health service delivery, underlining the right to health and organization of health services in terms of infrastructure, staff and personnel. In Article 2, the law lays stress on the norms of gender equality and non-discrimination in service delivery.

Article 2- Family medicine physician is a family medicine specialist or practitioner who received training as envisaged by the Ministry of Health who is assigned to deliver on full-time basis personal protective health services as well as first step diagnostic, curative and rehabilitative services without making any distinction by age, sex or type of disease permanently and at a specific space and to engage in outreach services as well if necessary. Family medicine personnel consist of nurses, midwives and other health workers serving together with family medicine practitioner.

Public Health Law, 1930 (Updated in 2009)

Adopted in 1930 it is a quite comprehensive law guaranteeing the right to health and its enjoyment and drawing the framework of services to be extended. Besides bringing health services and the right to health to the fore and having an inclusive nature with respect to environmental factors in health, the legislation introduces an integrated approach to health and places emphasis recording and reporting. It considers it as responsibility of the state to protect pre and postnatal health. However, beyond special emphasis on pregnancy it does not underline gender equality norm.

Regulation on Patient Rights, 1998

The regulation makes references to international norms and standards (accessibility, participation, protecting the privacy of patients and accountability) in realization of the right to health. It covers both human and patient rights. What is missing in this regulation is the absence of any reference to gender equality and gender discrimination although there is emphasis on equality norm and any mention about associated measures.

> **Article 1-** The present regulation is prepared to provide for principles and procedures related to "patient rights" which constitute a part of fundamental human rights and are recognized by the Constitution of the Republic, other legislation and international legal instruments; and to ensure that all can benefit from "patient rights" in all institutions and facilities delivering health services and in other circumstances where healthcare is delivered, that patients are protected against violations of their rights, and that they can resort to legal remedies when necessary.

One provision that is in contrast with international norms and medical ethics related to the exercise of the right to health is in Article 70 in the Law on Practice of Medicine and Medical Sciences which forbids medical intervention without the consent of the person concerned. According to this article, those who are legally considered as minor cannot ask for medical intervention without the consent of their legal representatives. The same approach can also be observed in the Law No. 2827 on Population Planning Services. Accordingly, minors have to give their consent accompanied by the consent of their parents to undergo abortion. Article 24 in the Regulation on Patient Rights which provides for patient's consent to medical intervention it is stated that "If the patient is a minor or under guardianship permission has to be taken from parents or guardians. This condition is not sought if parents or guardians are absent or not present or patient is incapable of expressing himself/herself." Since these articles do not specify who is to be considered as minor, the provision in the Civil Code that all persons under age 18 are minors becomes applicable (Article 11) (Sert, 2013).

According to these legislative arrangements a person under age 18 cannot give consent only by himself or herself to medical interventions. The prevention of STIs requires compliance with international conventions in young people's enjoyment of sexual and reproductive health services and in delivery of health services.

C. Mapping Relevant Policy Documents

The following documents were examined in relation to health and gender in Turkey: Tenth Development Plan and Gender Working Group Report; Gender Equality (GE) National Action

Plan, Ministry of Health Sexual and Reproductive Health National Strategy and Action Plan; Ministry of Health Strategic Plan; and Ministry of Food, Agriculture and Animal Husbandry National Action Plan for the Empowerment of Rural Women (see the report for detailed content of policy documents).

Examining relevant national policy documents in Turkey we find that focal point in national mechanism is shifting away from the approach of ensuring gender equality and empowering woman as an individual to the approach of protecting/strengthening family. Taking the 10th Development Plan (2014-2018) as an example, we find that reports prepared as a source for the plan by the Gender Working Group found no reflection in the plan and that very limited weight was given to gender equality. Further, the report prepared by the Gender Working Group after 6 months of work is the only one released but not printed by the Ministry of Development. In the report mentioned, there were sub-groups for 5 critical areas (participation to decision-making, employment, health, violence against women and education). Each of these critical areas was examined by experts and resulting report included worldwide situation and developments, situation in Turkey and existing problem areas and suggestions for solution. There is no indication either in the Tenth Development Plan or in other official documents that these reports have been considered or made use of. This situation suggests that the norm of and commitment to gender equality has been put on the back burner.

Scientific data suggest that given the present day young population composition, young population will continue to increase until 2050. In 2050, the share of elderly population will be around 17% which is even lower than the present share in developed countries (Hoşgör and Tansel, 2010). While making necessary investments in the health, education and employment of children and young people, creating a productive and qualified population must be a priority. Moreover, the meaning attributed to divorces in the plan is also interesting: divorces should be regarded as normal as marriages; there may be studies about reasons, but their prevention should not be the major aim. In countries where the incidence of violence against women is high and where legal mechanisms do not function so well, such aims bring along the risk of laying the ground for violations of women's rights. In that part of the plan related to family, "empowerment of women and gender equality" should have its place as one of the fundamental norms of sustainable development.

The last of the Population and Health Surveys conducted in Turkey in every five years since 1963 took place in 2013 with the support of the Ministry of Development. The findings of this survey show clearly the tendency in contraceptive methods used by families. For example, the use of intra-uterine device fell from 20% to 16% within five years preceding the survey. Looking at unmet demand for family planning we find that one in every three families has no access to relevant services (TDHS, 2013). Other surveys on sexual and reproductive health point out to some other problems related to services (O'Neil, Aldanmaz, Quiles, Kılınç, 2016; NMMS, 2005). Also, constraints on family planning services lead to concerns that unmet needs in family planning which was found as by 32% (TDHS-2013) may have risen above that. This situation runs counter to norms and standards foreseen by international conventions that Turkey is a State Party and to existing national legislation. Hence, there is need to launch advanced studies on the causes of this situation by considering relevant international norms.

However, the Gender Equality National Action Plan covering the period 2008-2013 has not been renewed. It is a serious gap following the year 2013 the state has not set objectives and strategies on major areas in the context of gender equality letting aside sharing of such objectives and strategies with other sectors. The absence of a new plan brings along question marks concerning the sustainability of earlier steps taken for gender equality including inter-agency cooperation and awareness building.

It can be said that among policy documents prepared by the Ministry of Health the Sexual and Reproductive Health Strategic Plan (2005-2015) is one of the most important with respect to women's health and gender equality in the field of health. It is observed that this plan makes significant references to international conventions that Turkey is a State Party to and was designed within this framework as wall. The plan, not renewed after 2015, gives the following as areas that Turkey should come up with solutions: high rates of maternal mortality; high number of unwanted pregnancies; increase in incidence of STI/HIV/AIDS; low level of information on the part of young people in sexual and reproductive health issues; and disparities between regions and settlements in terms of awareness in sexual and reproductive health.

D. Institutional Structure

The Ministry of Health is the lead institution in charge of ensuring the realization of the right to health. The Law Decree No. 663 on the Ministry of Health and its Affiliated Institutions arranges the organization, duties, authorities and responsibilities of the Ministry.

The mandate of the Ministry under this law is stated as ensuring full state of well-being of all in physical, mental and social terms. The law lays down the duties and responsibilities of the ministry as follows:

a) Protecting and improving public health; reducing and preventing risks to health,
b) Conducting diagnostic, curative and rehabilitative health services,
c) Keeping the country immune from public health risks of international importance,
d) Improving training and research in the field of health,
e) Ensuring the quality and availability in markets of medicines, special products, substances subject to national and international control, substances used in producing pharmaceuticals, cosmetics and medical equipment, presenting to the use of people and setting their prices,
f) Ensuring equal, quality and efficient service delivery nationwide by utilizing human and other resources efficiently, distributing health workforce over the country in a balanced way and realizing the cooperation of all stakeholders,
g) Managing and setting policies for the health system by countrywide planning and extending of health institutions and facilities launched by the public, by corporate and real persons.

In this respect, the Ministry:

a) Formulates strategies and targets; ensures planning, regulation and coordination.

b) Engage in international and sector-based cooperation.
c) Engages in guidance, monitoring, evaluation, incentives and supervision and applies sanctions.
d) Plans and conducts health services in emergencies and disasters.
e) Takes measures to eliminate regional disparities and ensure access to health services for all.
f) Regulates practises of relevant organizations and agencies related to factors and determinants that directly or indirectly affect human health; makes relevant notifications, states opinions and applies sanctions in this regard.
g) Adopts all relevant measures as its mandate and services require.
h) Principles and procedures related to setting prices of medicines are determined by the Council of Ministers upon the proposal of the Ministry.

Since its foundation the Ministry of Health underwent various re-structuring and institutional changes. The revision of the institutional infrastructure of the ministry started in 2017; the process is still going on and province-level organization has not yet been finalized.

Beyond legislation and policy documents, there is need to touch upon some major points related to practices under the existing health system. Starting from 2011, Turkey is witnessing practices/developments under family medicine system far from an integrated approach, giving priority to curative rather than protective services and increasing the burden of health spending on individuals. This increase can be seen also in annual reports released by the Ministry of Health. The authority and responsibility of community centres and family health units in protective health services have not gained clarity yet. Some major changes were introduced in 2017 to the new health system structuring envisaged since 2004 and given start at the end of 2010. There is yet no information as to latest configuration of these changes at province level.

There are no more team members like midwives and nurses serving in the first step, having their important place in reproductive health services in particular, making "home visits" and working together with physicians. This absence will have its negative implications on women who are not informed about health issues and cannot visit Family Health Centres in time for early diagnosis as well as their children. The rural population as a whole but women and children in particular will be negatively affected by the new system.

The introduction of performance-based additional remuneration system under the Transformation in Health Programme is now guiding the delivery of health services. The performance-based system may lead to the prioritization of services on the basis of performance scores of health personnel. This is an outcome expected from performance-based practice and incorrect practices here derive not from health personnel but the system itself. For example, since no performance points are accorded to service delivery in family planning or following of chronic illnesses, health personnel prefer not to spare their time for such cases. The state is to be held responsible for this kind of system negatively affecting services and failing to respond to actual needs. Performance-based systems can contribute

to the realization of the right to health only when they are organized in a way to consider health needs in a given society and cover groups that are discriminated against in line with relevant international norms.

Considering existing gaps in rates of maternal mortality with respect to regions and urban/rural settlements, the programme will further exacerbate the situation of vulnerable groups in Turkey. The system introduced in recording and reporting cases of maternal mortality is a positive step; but this requires sustained supervision and updating. Also, there is urgent need for intervention programmes given inter-regional disparities in maternal mortality. What must be considered in this context is to adopt an integrated approach to women's health as suggested by the 1994 International Conference on Population and Development and by ICPD + 20 plan and to ensure that reproductive health services are delivered at the first step by a team composed of nurses, midwives, social workers, etc. accompanying the physician. The existing legislation must be amended to provide for this.

All must receive free, accessible, integrated and quality primary healthcare. Family planning work must be scaled up to reduce unmet need.

In the context of primary healthcare, it must be ensured that unmarried women, adolescents/youth, women in menopause and post-menopause ages and aged women benefit sufficiently from reproductive and sexual health services and comprehensive programmes targeting these neglected groups must be implemented. Further, gender, sexual and reproductive health issues must be included in the curricula of primary and secondary education as fine-tuned with respect to age groups. These topics along with gender-based violence should be included in higher education curricula as well.

The existing health-related legislation/provisions in Turkey must be periodically reviewed to maintain compliance with international norms/principles/standards.

E. Mapping Capacities of Civil Society Organizations and Other Public Actors

This part on CSOs covers in particular those CSOs that are engaged in monitoring related to the right to health and gender equality.

Turkish Family Planning Association- TAPD. Established in 1963, it is a CSOs that had its imprint on important "firsts" in Turkey. In the 1960s, for example, when the term "family planning" was a taboo in Turkey, effective advocacy work carried out by the TAPD brought the issue to the agenda of the country, and then also with support from science community, media and the Ministry of Health and by enlightening the public the Family Planning Law No. 557 was adopted. As a result of this legislative change which was very important in women's health "women's exercise of their right to fertility" was safeguarded and positive outcomes of this achievement were confirmed later through scientific studies. The TAPD was active for long years as a CSO accredited by and associated with International Family Planning Federation. The Association set up the KASAKOM, which is Women's Health Commission bringing many

women's CSOs together and coordinated this mechanism successful. The association is not active as it used to be within the last 10 years.

Family Health and Planning Foundation of Turkey- TAPV. It was established in 1985. Since its foundation, the association has been implementing community-based health programmes targeting risk groups in issues of reproductive and sexual health including family planning. The association has been engaged in successful cooperative work with other sectors, with public, private, civil society and international organizations. Other noteworthy activities of the TAPV include advocacy work carried out prior to and during ICPD; "women's platform" set up in coordination with women's CSOs during preparatory work for ICPD+20; and, for the first time in Turkey, training of soldiers in reproductive health, family planning and gender in cooperation with the General Staff. Also worth mentioning are community training in women's health delivered in southern and south-eastern provinces in cooperation with local governments, universities CSOs and local health directorates and other training activities including in safe motherhood and training of youth in sexual and reproductive health.

Women for Women's Human Rights-New Ways. Established in 1993, it is an independent civil society organization of women advocating for women's human rights and gender equality and elimination of discrimination at national and international levels. Its activities concentrate on legal rights, rights related to sexuality and fertility and rights of the girl child along with education. Since 2005 it enjoys the status of special CSO advisor to the UN Economic and Social Council (ECOSOC).

Sexual Education, Treatment and Research Association (CETAD) was established in 1998. The objective of the association is to ensure coordination among professionals from different disciplines working in the field of sexuality, train health professionals in sexual therapy, ensure that sexual therapies are conducted in compliance with human rights norms, scientific standards and ethical rules, and contribute to sex education. Besides its education and training activities, the association makes public statements from the point of human rights documents and medical ethics in cases of incorrect discourse and practices stemming from gender-based discrimination.

Youth Approaches to Health Association. It is a civil society organization active since 2015. Its objective is to ensure attitude and behaviour change in youth and have youth recognized as subjects in all areas by decision-makers by providing correct information to youth in the fields of education and health. The association focuses on sexual and reproductive health for youth and gives training to peer trainers to ensure young people's access to sexual and reproductive health information.

Mapping Capacities of Civil Society Organizations and Other Public Actors

Professional Organizations with Public Status	Whether there is monitoring activity		Monitoring Report	Year	Content	Whether Includes Women	
	Yes	No				Yes	No
Union of Turkish Dentists		✓					
Union of Turkish Pharmacists		✓					
Turkish Medical Association, Regional Medical Chambers and Union of Health and Social Workers	✓		Syrian Refugees and Health Services Report	2014	Access to health services by Syrian refugees	✓	
Turkish Medical Association Women's Health Branch		✓					
Union of Bar Associations of Turkey Women's Law Commission - TÜBAKKOM		✓					
Rights-based organizations/							
Turkish Society of Public Health Specialists	✓		Turkey Health Report	2012 2014	Present state of health in different fields in Turkey	✓	
Turkish Psychological Association		✓					
The Psychiatric Association of Turkey		✓					
Sexual Training, Treatment and Research Association		✓	Sexual and Reproductive Health Survey	2006	Level of Information on SRH	✓	
Sexual Training, Treatment and Research Association	✓		Press Statement "Sexuality is Multi-dimensional"	2015		✓	
Human Resource Development Foundation	✓		Legal Foundations of Reproductive Rights in Turkey	2013	Examining legislation in Turkey with respect to reproductive rights	✓	
Human Rights Foundation of Turkey	✓		Treatment and Rehabilitation Centres Report	2017	State of treatment and rehabilitation centres	✓	

Right-based Organizations	Whether there is monitoring activity		Monitoring Report	Year	Content	Whether Includes Women	
	Yes	No				Yes	No
Family Health and Planning Foundation of Turkey		✓	Safe Motherhood Training and Counselling Programme Women's Health Training Reports	2012-2014	Training in safe motherhood and information related to women's health status in training regions	✓	
Youth Approaches to Health Association-Young Women's Academy		✓	Policy Document of the Young Woman	2016	Employment, training, participation to politics	✓	
Equal Rights Monitoring Association of (Member of Discrimination Monitoring Platform of 21 CSOs)	✓		Report on Violations of Rights and Discrimination Experienced by Persons with Disabilities in Turkey, 2011 Monitoring Report	2012	Discrimination against and violation of the rights of persons with disabilities	✓	
Positive Life Association	✓		Report on Violations of Rights Experienced by Persons Living with HIV in Turkey 1-2-3	2007, 2008, 2009	Violation of rights of persons living with HIV/ AIDS	✓	
Social Rights and Research Association (TOHAD)	✓		Rights of Persons with Disabilities: From Legislation to Practice Monitoring Report 2014	2015	Rights of persons with disabilities	✓	
TÜSİAD		✓	March Towards equality of Men and Women: Education, Working Life and Politics	2000	Present state of equality of women and men in education, employment and politics	✓	
TÜSİAD/ KAGİDER		✓	Gender Inequality in Turkey: Problems, Priorities and Suggestions for Solution	2008	Present state of equality of women and men in education, employment and politics	✓	
TÜSİAD/ UNFPA		✓	Demography and Government towards 2050: Looking to the Health System	2012	Present state of equality of women and men in education, employment and politics	✓	

Right-based Organizations	Whether there is monitoring activity		Monitoring Report	Year	Content	Whether Includes Women	
	Yes	No				Yes	No
TEPAV	✓		Gender Equality Report Card for 81 Provinces	2014 2016	Participation to decision-making in education and health, women's status in employment in provinces	✓	
TESEV		✓	Woman in Municipalities, Municipality for Women	2017	Access to municipal services	✓	
International Children's Centre	✓		Child Rights Monitoring and Reporting http://www.cocukhaklariizleme.org/hakkimizda	2010-on-going	Monitoring on the basis of Convention on the Rights of the Child, child and forced marriages	✓	

IV. Sources of Indicators and Data

The major tool in monitoring in the field of health is indicators developed on the basis of international human rights documents. The present report examines international indexes and indicators used in the thematic field of health. It includes such global indexes as Human Development Index, Gender Inequality Index, Global Gender Gap Index and European Institute for Gender Equality (EIGE)-Gender Equality Index and their indicators pertaining to health.

A. International Indexes and Thematic Area Indicators

Index	Source	Other Components	Thematic Area Related Indicators
International Indexes			
HDI-Human Development Index	UN	▪ Long and healthy life ▪ Education ▪ Living standard	▪ Life expectancy at birth
GII-Gender Inequality Index	UN	▪ Empowerment (participation to education and politics) ▪ Labour force	▪ Maternal mortality rate (in 100,000 live births) ▪ Adolescent fertility rate (in 1000 births, age 15-19)
Global Gender Gap Index	WEF	▪ Education ▪ Health ▪ Participation to labour force ▪ Participation to politics and decision-making	▪ Gender ratio at birth ▪ Healthy life expectation at birth
European Institute for Gender Equality, (EIGE, Gender Equality Index		▪ Work ▪ Money ▪ Information ▪ Time ▪ Power ▪ Violence ▪ Cross-cutting inequalities	- Health Status ▪ Perceived health status (by gender) ▪ Life expectancy at birth ▪ Healthy life period - Health Behaviour ▪ Percentage of persons not smoking and not having harmful smoking (by gender) ▪ Percentage of persons engaged in physical activity (by gender) - Access ▪ Unmet need for check-up (by gender) ▪ Unmet need for dental check-up (by gender)
Other International Indexes			
The Complete Mother's Index	Save the Children	▪ Education ▪ Economy ▪ Politics	▪ Lifetime risk of death from maternity ▪ Under 5 mortality rate (in 1000 live births)

B. International Indicators

This section covers internationally accepted indicators that guide health and gender-based monitoring. Indicators related to health are from the Millennium Development Goals, Sustainable Development Goals and UN Minimum Set of Gender Indicators.

Millennium Development Goals (2000-2015)	Thematic Area Indicators
Goal 4: Reduce Child Mortality 4.A Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1. Under 5 mortality rate 4.2. Infant mortality rate 4.3. 0-12 months old infants immunized for measles
Goal 5: Improve Maternal Health 5.A Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio 5.B Achieve, by 2015, universal access to reproductive health	5.1 Maternal Mortality Rate 5.2 Proportion of births attended by trained health personnel 5.3. Use of contraceptives 5.4. Adolescent Fertility Rate 5.5. Antenatal care coverage (at least 1, at least 4 check-ups) 5.6. Unmet family planning need
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.1. Prevalence of HIV in the age group 15-24 6.3. Proportion of persons in the age group 15-24 with correct information about how to protect against HIV/AIDS by gender 6.2. Use of condom in the latest sexual intercourse with high risk 6.5. Proportion of cases of advanced HIV infection applied Anti-Retroviral (Arv) Combination treatment 6.6. Malaria prevalence and rates of mortality 6.9 Incidence and prevalence of tuberculosis and related rates of mortality 6.10. Proportion of cases of tuberculosis treated
2. Sustainable Development Goals (2015-2030)	**Indicators**
Goal 3: Healthy Individuals	▪ Under 5 mortality rate (in 1000 live births) ▪ Maternal mortality rate (in 100,000 live births) ▪ Neonatal mortality rate (in 1000 live births) ▪ Number of doctors (per 1000 population) ▪ Incidence of tuberculosis (per 100,000 population) ▪ Traffic mortality rate (per 100,000 population) ▪ Adolescent Fertility Rate (in 1000 births, women in the age group 15-19) ▪ Subjectively perceived state of health (0-10) ▪ Healthy life expectation (years) ▪ Number of infants surviving after having recommended 2 WHO vaccine ▪ Smokers (Age 15 + % of population)
Goal 5: Gender Equality	▪ Unmet need for contraceptive methods (% of women aged 15-49 who are married/having a partner)

4. UN Minimum Set of Gender Indicators -Health	▪ Prevalence of using contraceptives by women aged 15-49 who are married/having a partner ▪ Under 5 mortality rate by gender ▪ Maternal mortality rate ▪ Antenatal care coverage ▪ Proportion of births attended by health personnel ▪ Prevalence of smoking at age 15 and over by gender ▪ Proportion of obese adults by gender ▪ Proportion of women in population aged 15-49 living with HIV/AIDS ▪ Access to anti-retroviral therapy by gender ▪ Life expectancy at age 60 by gender ▪ Mortality by gender, cause and age groups ▪ Percentage of women in the age group 20-24 who married/started living with a partner before age 18 ▪ Adolescent Fertility Rate ▪ Proportion of women in the age group 15-49 exposed to physical or sexual violence of husband/partner within the last 12 months ▪ Proportion of women in the age group 15-49 who have been victimized by physical or sexual violence of persons other than husband/partner within the last 12 months ▪ Proportion of women in the age group 15-49 who have been victimized by sexual violence of persons other than husband/partner within the last 12 months

International indexes and indicators are useful in that they allow for comparing countries with respect to their status in health. However, they are not sufficient in conducting rights-based monitoring of the right to health and health services at national level since they do not cover all rights included in human rights documents. Since these indicators mainly aim at international comparisons with respect to levels of development, they were developed in a way to allow for collecting data from as much countries as possible. Hence, sets of indicators to be presented in the following sections were prepared so as to cover all standards included in international human rights documents to serve as source of country-level monitoring.

To provide a more detailed monitoring tool, WHO's basic indicators, WHO reproductive health and sexual health indicators and EIGE's gender and health indicators are examined and 2 major sets of indicators are developed to provide a source for monitoring parallel to human rights norms and standards.

C. Health Indicators for Which Data is Collected and Used in Turkey

The first set of indicators are health indicators whose data is collected by public agencies (particularly by Turkish Statistical Institute- TÜİK- and Ministry of Health-SB) and national level surveys. In this set of indicators, information related to data collecting agency and frequency of collection.

1. Indicators Relating to Health Status					
Theme	**Relevant Human Rights/Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Health Status	Right to health Right to healthcare and protection of health Right to survive Gender equality Equality and Non-discrimination CEDAW Art..12, CEDAW General Recommendation 24, para. 9, para. 24., CESCR Art.12, CESCR General Comment 14, CRC Art..24, EHS M.25, MDG 4, MDG 6, SDG 3, Beijing C1, C2, ICPD, EHS M.25	Life expectancy at birth by gender	TÜİK, Population Projections SB, Statistical Yearbook in Health	TÜİK website, SB website	5 years
		Healthy life expectation by gender (at birth, age 65)	IHME, Global Burden of Disease Study	SB website	5 years
		Gender ratio at birth	TÜİK, birth statistics	TÜİK website,	2 years
		Infant mortality rate by provinces and gender	SB, General Directorate of Public Health	SB website	Annual
		Under 5 mortality rate by gender	SB, General Directorate of Public Health	SB website	Annual
		Neonatal mortality rate (in 1000 live births)	SB, General Directorate of Public Health	SB website	Annual
		Perinatal mortality rate (in 1000 live births)	SB, General Directorate of Public Health	SB website	Annual
		Proportion of female/ male children under age 1 immunized for measles	SB, General Directorate of Public Health	SB website	Annual
		Incidence of tuberculosis (in 100,000)	SB, General Directorate of Public Health	SB website	Annual
		Tuberculosis deaths by gender (in 100,000)	TÜİK Mortality statistics	TÜİK website	Annual
		Level of satisfaction about overall health status by gender	TÜİK Life Satisfaction Survey	TÜİK website	Survey period
		Percentage of persons engaged in physical activity (by type of activity and gender)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Gender and age distribution of consumption of fresh fruit by persons at age 15 and over (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Gender and age distribution of consumption of vegetables or salad by persons at age 15 and over (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution by age and gender of persons at age 15 and over using tobacco	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Percentage of adults assessed as obese by gender	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Causes of death by ICD-10 diagnosis groups and gender (%)	TÜİK Causes of Death Statistics	TÜİK website	Annual

1. Indicators Relating to Health Status					
Theme	**Relevant Human Rights/Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Health Status	Right to health Right to healthcare and protection of health Right to survive Gender equality Equality and Non-discrimination CEDAW General Recommendation 24, para. 9, para. 24., CESCR Art.12, CESCR General Comment 14, CRC Art..24, EHS M.25, MDG 4, MDG 6, SDG 3, Beijing C1, C2, ICPD, EHS M.25	Age-standardized Early Death Rates in selected causes of death by ICD-10 major diagnostic groups and gender	TÜİK Causes of Death Statistics	TÜİK website	Annual
		DALY by age groups and gender	IHME, Global Burden of Disease Study 2016	SB website Statistical Yearbook	Survey period
		Life years in disability by gender (in 100,000)	IHME, Global Burden of Disease Study 2016	SB website TÜİK website	Survey period
		Years of life lost (YLL) in 100.000 people by gender	IHME, Global Burden of Disease Study 2016	SB website TÜİK website	Survey period
			CEDAW Art..12,	SB website TÜİK website	Survey period
		Total incidence of cancer by gender (in 100,000 by World Standard Population)	General Directorate of Public Health	SB Statistical Yearbook	Annual
		Incidence of 10 most frequently observed cancer types by gender (in 100,000 by World Standard Population)	General Directorate of Public Health	SB Statistical Yearbook	Annual
		Distribution by gender of major diseases that 0-6 age group children contracted within the last 6 months (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution by gender of major diseases/health problems that 7-14 age group children contracted within the last 6 months (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution by gender of major diseases/health problems that 15+ persons contracted within the last 12 months (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution by gender and age groups of overall health status of 15+ persons (%) (Diabetes, hypertension, depression, Alzheimer, etc.)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution by gender of body mass index of 15 + persons (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years

1. Indicators Relating to Health Status					
Theme	**Relevant Human Rights/Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Health Status		Distribution by gender of 15 + persons facing difficulty in their personal care (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution by gender and age of persons who felt any physical pain within the last 4 weeks (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
			TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution by gender and age groups of persons facing difficulties in learning and remembering relative to their peers (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Disability by gender and age (by type of disability and urban/rural distinction)	TÜİK Disability Survey 2002	TÜİK website	
		Social security and registration status of persons with disabilities by gender	TÜİK Disability Survey 2002	TÜİK website	
		Time allocated to social life, hobbies, recreation and culture by gender	TÜİK Time Utilization Survey	TÜİK website	

2. Indicators Related to Delivery of Health Services					
Theme	**Relevant Human Rights**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Health Services	Right to health Gender equality Availability Accessibility (Physical and economic accessibility, access to information) Quality CEDAW M.12, CEDAW General Recommendation 24, CESCR M.12, CESCR General Comment 14, MDG 5, MDG6, SDG 3, Beijing C	Number of doctors (per 1000 population)	SB, TÜİK	SB website Statistical Yearbook	Annual
		Number of family medicine doctors (per 1000 population)	SB, TÜİK	SB website Statistical Yearbook	Annual
		Number of nurses and midwives (per 100,000 population)	SB, TÜİK	SB website Statistical Yearbook	Annual
		Number of nurses and midwives per 100000 population by provinces	SB, TÜİK	SB website	Annual
		Number of first step health facilities	General Directorate of Public Health	SB website	Annual
		Utilization of first step health facilities (%)	SB	SB website	Annual
		Proportion of births taking place in health facilities (%)	General Directorate of Public Health	SB website	Annual
		Share of caesarean sections in total births (%)	General Directorate of Public Health	SB website	Annual
		Share of primary caesarean section in total births (%)	General Directorate of Public Health	SB website	Annual
		Distribution of inpatient services by ICD-10 groups and gender (%)	General Directorate of Health Services	SB website	Annual
		Proportion of tuberculosis cases treated (%)	SB, General Directorate of Public Health	SB website	Annual
		Distribution of 15 + women's self-breast examination (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution of 15 + women with their mammography taken (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Distribution of 15 + women with their smear tests (%)	TÜİK, Turkish Health Survey	TÜİK website	2 years
		Number of mammography devices in inpatient health facilities per 1.000.000 population	SB General Directorate of Health Services	SB website	Annual
		GNP share of total public spending and investment in health (%)	TÜİK	TÜİK website	Annual
		Proportion of persons satisfied with health services by gender (%)	TÜİK Life Satisfaction Survey 2016	TÜİK website	Survey period

3. Indicators Related to Sexual and Reproductive Health (including STD and HIV/AIDS)					
Theme	**Relevant Human Rights**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Sexual and Reproductive Health	Right to health Right to healthcare and protection of health	Maternal mortality rate (per 1000 000 live births)	SB, General Directorate of Public Health, Hacettepe University Institute of Population Studies (HIPS), National Maternal Mortality Survey (NMMS-2005)	SB Records, HIPS website	Annual
	Right to survive	Maternal mortality rate by provinces (12 NUTS)	SB, General Directorate of Public Health	SB Records	Annual
	Equality and non-discrimination Right to not to have a child	Institutional maternal mortality rate	SB, General Directorate of Public Health	SB Records	Annual
	Accessibility	Lifetime risk of death related to maternity (region, rural/urban)	SB NMMS-2005	SB reports HIPS website	Survey period
	Quality	% distribution of maternal deaths	SB, NMMS-2005	SB records, HIPS website	SB Records-Annual, Survey period
	CEDAW M. 12, CEDAW General Recommendation 24,	Share of preventable maternal mortality in total maternal mortality	SB, NMMS-2005	SB Records, HIPS website	SB Records-Annual, Survey period
		Share of unsafe abortions in maternal mortality	SB, NMMS-2005	SB Records, HIPS website	Annual, Survey period
	CEDAW General Recommendation 15,	Births attended by health personnel by age and place of residence (rural/urban)	SB, HIPS, Turkey Demographic and Health Survey (TDHS)	SB Records, HIPS website	Annual, Survey period
	CESCR M.12,	Share of births given in health facilities in all births (%)	SB, TDHS	SB Records, HIPS website	Annual, Survey period
	CESCR General Comment 14, para.14, 22-24,	Use of modern contraceptives (by age and place of residence)	TDHS	HIPS website	5 years
		Use of contraceptives	TDHS	HIPS website	5 years
	CRC Art..24, MDG 5, MDG 6, SDG 3, SDG 5, Beijing C1, C3, Beijing L1, L2 ICPD 7-8	Unmet contraception need (%, women aged 15-49 married or with a partner)	TDHS	HIPS website	5 years
		Adolescent fertility rate (in 1000 births, age 15-19)	TÜİK birth statistics TDHS	TÜİK website	Annual

3. Indicators Related to Sexual and Reproductive Health (including STD and HIV/AIDS)					
Theme	**Relevant Human Rights**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Sexual and Reproductive Health	Right to health Right to healthcare and protection of health Right to survive Equality and non-discrimination Right to not to have a child Accessibility Quality CEDAW M. 12, CEDAW General Recommendation 24, CEDAW General Recommendation 15, CESCR M.12, CESCR General Comment 14, para.14, 22-24, CRC Art..24, MDG 5, MDG 6, SDG 3, SDG 5, Beijing C1, C3, Beijing L1, L2 ICPD 7-8	Age at first birth	TÜİK birth statistics	TÜİK website	Annual
		Prenatal care, at least 1 visit (%)	SB	SB website	Annual
		Cases of induced abortion (in 100 pregnancies)	TDHS	HIPS website	5 years
		Proportion of age group specific births to all births (%)	TÜİK, birth statistics	TÜİK website	Annual
		Age specific fertility rate	TÜİK birth statistics	TÜİK website	Annual
		Total fertility rate (per woman)	TDHS		5 years
		Adolescent fertility rate (‰)	TÜİK birth statistics	TÜİK website	Annual
		Share of adolescent mothers in all mothers (%)	TDHS	HIPS website	5 years
		Average number of monitors per pregnant woman	SB, General Directorate of Public Health	SB website	Annual
		Average number of monitors per infant	SB, General Directorate of Public Health	SB website	Annual
		Average number of monitors per child	SB, General Directorate of Public Health	SB website	Annual
		Average number of monitors per puerperant	SB, General Directorate of Public Health	SB website	Annual
		Number of pregnant, infant, child and peuperant monitors by regions	SB, General Directorate of Public Health	SB website	Annual
		Number of cases of AIDS by regions and gender	SB, General Directorate of Public Health	SB website	Annual
		Incidence of AIDS	SB, General Directorate of Public Health	SB website	Annual
		HIV prevalence in the age group 15-24 (by gender)	SB, General Directorate of Public Health	SB website	Annual
		Proportion of women in persons living with HIV/AIDS in the age group 15-49	SB, General Directorate of Public Health	SB website	Annual

3. Indicators Related to Sexual and Reproductive Health (including STD and HIV/AIDS)					
Theme	**Relevant Human Rights**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Sexual and Reproductive Health		Access to anti-retroviral treatment by gender	SB, General Directorate of Public Health	SB website	Annual
		Use of condom in the latest sexual intercourse with high risk (%)	SB, General Directorate of Public Health	SB website	Annual
		Proportion of cases of advanced HIV infection where Anti-Retroviral (Arv) combination treatment is applied (%)	SB, General Directorate of Public Health	SB website	Annual
		AIDS-related death by gender (%)	SB, General Directorate of Public Health	SB website	Annual

4. Indicators Related to Violence against Women and Child Marriages					
Theme	**Relevant Human Rights**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Violence against Women and Child Marriages	Right to health Right to make preferences in marrying and having a family Non-discrimination Respect for human dignity Ban on maltreatment Accessibility Availability CEDAW General Recommendation12, General Recommendation 19, General Recommendation 24, para. 12 (b), para. 15, İstanbul Convention, Report by VAW Special Rapporteur(A/HRC/7/), Beijing L1, L2, D1, ICPD 4, 7, 8	Whether there is an action Plan for Combating Violence against Women	ASPB	ASPB website	5 years
		Age at first marriage by gender	TÜİK	TÜİK website	Annual
		Percentage of women marrying before age 18 by basic social and demographic characteristics (urban/ rural, region, age group, education level)	Survey on Domestic Violence against Women [SDVAW], 2008, 2014)	ASPB HIPS website	Survey Period
		Percentage of women in the age group 20-24 who married before age 18	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women experiencing physical violence of husbands or partners by basic social and demographic characteristics (lifetime, within the last 12 months)	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women experiencing sexual violence of husbands or partners by basic social and demographic characteristics (lifetime, within the last 12 months)	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women experiencing emotional violence of husbands or partners by basic social and demographic characteristics (life time, last 12 months)	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women who have suffered economic violence of their husbands or partners by basic social and demographic characteristics (life time, last 12 months)	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period

4. Indicators Related to Violence against Women and Child Marriages					
Theme	**Relevant Human Rights**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Violence against Women and Child Marriages	Right to health Right to make preferences in marrying and having a family Non-discrimination Respect for human dignity Ban on maltreatment Accessibility Availability CEDAW General Recommendation12, General Recommendation 19, General Recommendation 24, para. 12 (b), para. 15, İstanbul Convention, Report by VAW Special Rapporteur(A/HRC/7/), Beijing L1, L2, D1, ICPD 4, 7, 8	Percentage of women who have suffered physical violence of their husbands or partners during their pregnancy by basic social and demographic characteristics	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women who were injured by physical and/or sexual violence of their husbands/ partners by basic social and demographic characteristics (life time, last 12 months)	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women who were injured by physical and/or sexual violence of their husbands/partners to the extent to receive medical care by basic social and demographic characteristics (Age 15 -59, life time, last 12 months)	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women who thought about/attempted suicide as a result of violence they experienced	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women stating their health status as bad or very bad as a result of violence	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women who experienced physical violence of persons other than husbands or partners by basic social and demographic characteristics	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of women who experienced sexual violence of persons other than husbands or partners by basic social and demographic characteristics	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage of cases of sexual abuse by non-partners before age 15	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period

4. Indicators Related to Violence against Women and Child Marriages					
Theme	**Relevant Human Rights**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Violence against Women and Child Marriages	Right to health Right to make preferences in marrying and having a family Non-discrimination Respect for human dignity Ban on maltreatment Accessibility Availability CEDAW General Recommendation12, General Recommendation 19, General Recommendation 24, para. 12 (b), para. 15, İstanbul Convention, Report by VAW Special Rapporteur(A/HRC/7/), Beijing L1, L2, D1, ICPD 4, 7, 8	Women's application to health facilities after experiencing physical and/or sexual violence of their husbands or partners (life time)	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Percentage distribution by settlement and region of service delivery to women injured as a result of physical and/or sexual violence of their husbands or partners (asking about the cause of injury, referral to relevant institutions, contentment with the behaviour of health personnel)	SDVAW 2008, 2014	ASPB and HIPS website	Survey Period
		Number of shelters	ASPB	ASPB website, ASPB interview	Annual
		Number of VPMCs	ASPB	ASPB website, ASPM interview	Annual
		Number of women's counselling centres under municipalities and CSOs	ASPB, CSOs and Municipalities	ASPB website, ASPM interview	Annual
		Number of centres for combating child abuse (by provinces, Child Monitoring Centre and Centres in Universities)	SB, Universities	SB interview University interview	Annual

5. Employment, Unpaid Labour and Health					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data**	**Data Collection Method**	**Data Collection Frequency**
Employment, Unpaid Labour and Health	Right to health Right to protection of health Right to work in fair and favourable environments	Number of work accidents by gender and branches of economic activity	Ministry of Labour, SGK Central Office and Provincial Directorates	ÇSGB reports	Annual
		Number of occupational diseases by gender and branches of economic activity	Ministry of Labour, SGK Central Office and Provincial Directorates	ÇSGB reports	Annual
		Percentage of persons experiencing work accident while employed in last 12 months by gender (disaggregated by occupation group, status at work, age)	TÜİK, Work Accidents and Work-Related Health Problems Survey (WAWHP 2007, 2013)	TÜİK website	Survey Period
		Percentage of those presently employed or employed in near past who have faced any work related health problem within the last 12 months by gender.	TÜİK, WAWHP 2007, 2013	TÜİK website	Survey Period
		Percentage distribution of work-related health problems faced within the last 12 months by gender (disaggregated by type of health problems such as bone, joint or muscle problems affecting back or waist, stress, depression or anxiety, respiratory/lung, skin, audial problems)	WAWHP 2007, 2013	TÜİK website	Survey Period
		Percentage of persons stating to have been exposed to factors affecting their psychological health negatively by gender (time pressure or excessive work burden, violence or threat of violence, disturbing behaviour by others)	WAWHP 2007, 2013	TÜİK website	Survey Period
		Percentage of persons stating to have been exposed to factors affecting their physical health negatively by gender (difficult posture and movements, carrying heavy load, noise and excessive vibration, chemicals, dust, fume, long visual focusing, etc.)	WAWHP 2007, 2013 European Working Conditions Survey (EWCS, 2015)	TÜİK website	Survey Period
		Percentage distribution by gender of care and assistance at least once a week to persons experiencing chronic problems due to disease, disability or old age	TÜİK, Turkish Health Survey	TÜİK website	2 years

6. Gender-Sensitive Environment in Health Sector for Labour Force and Health Workers					
Theme	**Human Rights/Norms and Standards**	**Indicator**	**Data**	**Data Collection Method**	**Data Collection Frequency**
Gender Sensitive Environment	Gender equality Non-discrimination	% distribution of doctors by gender	SB	Requesting information from SB	Annual
		% distribution of doctors in fields of specialty by gender	SB	Requesting information from SB	Annual

D. Indicators Suggested for Use in Turkey

1. Indicators Related to Monitoring of National Legislation, Programmes and Strategies					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data**	**Data Collection Method**	**Data Collection Frequency**
Monitoring of National Legislation, Programmes and Strategies	Accountability Gender equality	Presence of periodic reporting by the Government on international conventions on gender equality and right to health that Turkey is a State Party to	Ministry of Foreign Affairs	Ministry of Foreign Affairs information request	5 years
	De facto equality Transformative equality Equality and	GE sensitivity of national reports prepared by the Government for UN Universal Periodic Reviews	Ministry of Foreign Affairs	Ministry of Foreign Affairs information request	5 years
	non-discrimination Participation	Number of recommendations related to the use of the right to health and gender equality made in relation to Turkey by UN's Universal Periodic Reviews	Universal Periodic Review (UPR) reports	Examination of UPR reports	5 years
	Empowerment of women	Suggestions related to health and gender equality in recommendations made by the CEDAW Committee	CEDAW reports	Examination of reports	5 years

1. Indicators Related to Monitoring of National Legislation, Programmes and Strategies					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data**	**Data Collection Method**	**Data Collection Frequency**
Monitoring of National Legislation, Programmes and Strategies	CESCR General Comment 14, CESCR General Comment 20, CEDAW General Recommendation 24 para. 6-7, ICPD 15.6, Beijing	Presence of reports of visits to Turkey by the Special Rapporteurs of Women's Right to Health and Violence against Women	Reports by Special Rapporteurs	Examination of reports	5 years
		Whether women's health is included in SB Strategic Plan in the context of gender equality	SB	Examining SB policy documents	5 years
		Whether National Health Policies, Action Plans and Programmes have specific provisions relating to the following groups: a) Girls and adolescents b) Elderly women c) Women with disabilities d) Women in low socioeconomic status e) Rural women f) Migrant and refugee women g) LGBTI individuals h) Persons living with HIV/AIDS i) Sex workers and victims of trafficking in women j) Women and girls seasonally employed in agriculture k) Women in prison l) Women in shelters	SB	Examining SB policy documents	5 years
		Whether women in general and women belonging to groups mentioned above are included in processes where healthcare priorities are determined and in the planning, implementation and monitoring of health policies and programmes	SB	SB interview	5 years
		Number of rights-based organizations active in in the fields of women's health and gender equality participating to the process of developing health policies and programmes.	SB	SB interview, CSO interview	5 years

1. Indicators Related to Monitoring of National Legislation, Programmes and Strategies					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data**	**Data Collection Method**	**Data Collection Frequency**
Monitoring of National Legislation, Programmes and Strategies	CESCR General Comment 14, CESCR General Comment 20, CEDAW General Recommendation 24 para. 6-7, ICPD 15.6, Beijing	Presence of a coordination/ cooperation mechanism for sectors and agencies working in the field of women's health and gender equality	SB, ASPB	SB, ASPB website; SB, ASPB interview	5 years
		Presence of legislation/policy and practices preventing medical operations needed only by women and penalizing women who want to	SB	Going over laws and regulations	5 years
		Presence of a system encouraging dialogue and communication on service quality, accessibility and acceptability of services between users and service providers/health workers	SB	SB website, SB interview	5 years
		Presence of mechanisms compensating for victimization in health services including sexual and reproductive health services (at which level, effectiveness and accessibility)	SB	SB website, SB interview, CSO interview	5 years
		Presence of and number of patients' rights centres	SB	SB interview, CSO interview	5 years

2. Indicators Related to Service Delivery					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data**	**Data Collection Method**	**Data Collection Frequency**
Service Delivery	Equality and non-discrimination Gender equality De facto equality Respect for human dignity Accessibility Availability CEDAW M. 12, CEDAW General Recommendation 24, para. 19, 30, 31(f), CESCR General Comment 14, CESCR General Comment 22	Frequency of utilization of public health services by gender and first, second and third steps	SB, Survey	Survey	Annual
		Unmet need for medical examination on the basis of statement made (by gender, age, education level and disability)	TÜİK Health Survey Question	Survey	2 years
		Unmet need for dental examination on the basis of statement made (by gender, age, education level and disability)	TÜİK Health Survey Question	Survey	2 years
		Unmet need for medical examination (for special groups like LGBTI individuals, migrant women, women in prison, women in seasonal agriculture, women in shelters, sex workers and victims of trafficking)	SB, Municipalities, relevant CSOs	Survey	Annual
		Unmet need in dental examination (for special groups like LGBTI individuals, migrant women, women in prison, women in seasonal agriculture, women in shelters, sex workers and victims of trafficking)	SB, Municipalities, relevant CSOs	Survey	Annual
		Availability of WHO essential medicines and medical materials	SB	SB interview	2 years
		Number of first step institutions delivering sexual and reproductive health services	SB	SB interview	Annual
		Number of second step institutions delivering sexual and reproductive health services	SB	SB interview	Annual
		Percentage of institutions delivering emergency obstetric services – at least 5 such facilities per 500,000 population (4 basic and 1 comprehensive)	SB	SB interview	Annual
		Percentage in GNP of total spending in women's health (including sexual and reproductive health and FP)	TÜİK	SB interview	Annual
		Discrimination and obstacles that individuals face in health institutions (for special groups like LGBTI individuals, migrant women, women in prison, women in seasonal agriculture, women in shelters, sex workers and victims of trafficking); number of cases by years	Relevant CSOs (Association of Women with Disabilities, KAOS-GL, Red Umbrella, etc.)	Monitoring reports by relevant CSOs	Annual

2. Indicators Related to Service Delivery					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data**	**Data Collection Method**	**Data Collection Frequency**
Service Delivery	Equality and non-discrimination Gender equality De facto equality Respect for human dignity Accessibility Availability CEDAW M. 12, CEDAW General Recommendation 24, para. 19, 30, 31(f), CESCR General Comment 14, CESCR General Comment 22	Discrimination and obstacles that individuals face in health institutions delivering sexual and reproductive health services (for special groups like LGBTI individuals, migrant women, women in prison, women in seasonal agriculture, women in shelters, sex workers and victims of trafficking); number of cases by years	Relevant CSOs (Association of Women with Disabilities, KAOS-GL, Red Umbrella, etc.)	Monitoring reports by relevant CSOs	Annual
		Percentage of schools of health that include in their curricula courses in human rights, women's human rights, gender and violence against women	Universities YÖK (Women Studies in Academy Unit) SB	Information request from institutions	Annual
		Institutions that women in specially difficult circumstances including those in environments of armed conflict or migrant women can receive free services including in sexual and reproductive health (by provinces)	SB Universities	SB interview	Annual
		Institutions that women in specially difficult circumstances including those in environments of armed conflict or migrant women can receive free services including in sexual and reproductive health in provinces other than where they are registered (by provinces)	SB Universities	SB interview	Annual

3. Indicators Relating to Health Status					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Health Status	Right to health Gender equality Accessibility Acceptability Quality CEDAW M.12, CEDAW General Recommendation 24, para.9, 12, 24, CESCR M.12, CESCR General Comment 14, CRC Art.. 24, MDG 4, MDG6, SDG 3, Beijing C1, C2, ICPD	Incidence of breast cancer (by age groups, in 100,000 women)	SB	SB information request	Annual
		Prevalence of uterine and services cancer (by adult age groups, in 100,000 women)	SB	SB information request	Annual
		Prevalence of osteoclasis	SB	SB information request	Annual
		Health literacy by gender (%)	SB	Survey	5 years
		Percentage of women informed about cancer screening programmes (breast and cervical cancer, by level of education and age groups)	SB	Survey	2 years
		Percentage of cases of anaemia in women aged 15-49 by age groups, income and education (haemoglobin levels 1102/lt in pregnancy and 120g/l in general)	SB	Survey	5 years
		Incidence of anorexia, bulimia and postnatal depression in women aged 15-49	SB	SB information request	2 years
		Causes of neonatal mortality by gender	SB	SB information request	2 years
		Causes of perinatal mortality by gender	SB	SB request	2 years

4. Sexual and Reproductive Health					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Sexual and Reproductive Health	Right to health Right to survive Gender equality De facto equality Non-discrimination Respect for human dignity Accessibility Quality Acceptability CEDAW M. 12, CEDAW General Recommendation 24, CESCR M.12, CESCR General Comment 14, para.14. 22-24, CRC Art..24, MDG 5, MDG 6, SDG 3, SDG 5, Beijing C1, C3, L1, L2, ICPD 7-8, CEDAW General Recommendation 24, para. 14. para. 18., para. 23. para. 11.	Share of maternal mortality in total female mortality (%)	SB	SB information request and survey	2 years
		Percentage distribution of maternal mortality (in 100,000 live births) by causes, age, income, place of residence, disability, migration status and education level)	SB	SB information request and survey	2 years
		Percentage of women aged 15-49 who received at least 4 prenatal care services by age, income, place of residence, migrant status and education level	SB	SB information request and survey	5 years
		Number of institutions delivering safe abortion services	SB, CSO	SB information request and survey	Annual
		Number of first step health institutions where young women and men can receive sexual health services in privacy	SB, CSO	SB CSO University Interview Survey	Annual
		Percentage of education institutions delivering education in sexual and reproductive health (by age group and level of education)	MoNE, YÖK, Universities SB	Requesting information from institutions	Annual
		State of access to contraceptive information and services without delegating authority to or informing parents/legal guardians and without age limitation	SB	Survey	Annual
		Whether access to information and services to contraceptives is still guaranteed in cases where a health worker or pharmacist decline to extend services due to his/her conscientious objection	SB, Survey, CSO interview	SB information request	Annual
		Proportion of health institutions offering free contraceptives (%)	SB, CSO	SB information request CSO monitoring reports	Annual

4. Sexual and Reproductive Health					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Sexual and Reproductive Health	Right to health Right to survive Gender equality De facto equality Non-discrimination Respect for human dignity Accessibility Quality Acceptability CEDAW M. 12, CEDAW General Recommendation 24, CESCR M.12, CESCR General Comment 14, para.14, 22-24, CRC Art..24, MDG 5, MDG 6, SDG 3, SDG 5, Beijing C1, C3, L1, L2, ICPD 7-8, CEDAW General Recommendation 24, para. 14. para. 18., para. 23. para. 11.	Variety of contraceptive methods: Health institutions where, besides permanent methods, at least one short-term, one longer-term and one urgent contraceptive methods are available (offered by second and third step services according to national policy and in a way that at least one has duel protection function)	SB	SB interview	Annual
		Percentage of healthcare institutions that are supposed to provide contraceptive services but not doing so	SB CSO	SB interview	Annual
		Percentage sexually active youth using condom in their first/last sexual intercourse	SB	Survey	Annual
		Obstacles than unmarried young persons face in having access to contraception services	SB	SB request	Annual
		Percentage of cases of elective caesarean section	SB	SB information request	Annual
		Percentage of women receiving postnatal care within 2 days following delivery by education level, age, income, disability status and place of residence	SB, TÜİK	SB information request	Annual
		Adolescent Fertility Rates by age groups (12-14, 15-17, 18-19), level of education and place of residence	SB, TDHS	SB information request	Annual
		Proportion of youth aged 10-24 informed about basic sexual and reproductive health by gender, age groups, education status, disability, place of residence and marital status (%)	SB	SB information request	Annual
		Percentage of institutions delivering comprehensive training in sexual and reproductive health	SB, MoNE, YÖK	Requesting information from institutions	Annual
		Percentage of institutions where all women including sex workers and victims of human trafficking can receive information about sexual health	SB	Requesting information from institutions	Annual

5. Sexually Transmitted Infections and HIV/AIDS					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Sexually Transmitted Infections and HIV/AIDS	Right to health Accessibility Equality Non-discrimination CEDAW General Recommendation 24, CESCR M.12, CESCR General Comment 14, para.14, 22-24, MDG 6 , SDG 3, 5, Beijing C1, C3, Beijing L1, L2 ICPD 7-8	Prevalence of STD by gender, age groups and level of education (gonorrhoea, syphilis, HPV) (%)	SB	SB information request	Annual
		Incidence of Hepatitis B and Hepatitis C by gender and age groups	SB	SB information request	Annual
		Proportion of women who had their proposed doses of HPV vaccine after age 15 (% by age groups)	SB	SB information request	Annual
		Proportion of women who had their proposed doses of HPV vaccine after age 18 (% by age groups)	SB	Survey	Annual
		Percentage of pregnant women aged 15-49 covered by syphilis screening	SB	SB information request (information about premarital examination)	Annual
		Proportion of persons in the age group 15-24 with correct information about how to protect against HIV/AIDS by gender (%)	SB	Survey	Annual
		Percentage of persons displaying discriminatory attitude to persons with HIV/ AIDS by age, gender and level of education	SB	CSO monitoring reports, Survey	Annual
		Percentage of health personnel with discriminatory attitude to persons with HIV/AIDS	SB	Survey	Annual

6. Violence against Women and Child Marriages					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Violence against Women and Child Marriages	Respect for human dignity Non-discrimination Gender equality Accountability RESC M.26, CEDAW General Recommendation 19, General Recommendation 24, para. 12 (b), para. 15, İstanbul Convention, Report by VAW Special Rapporteur (A/HRC/7/6), Beijing L1, L2, D1, ICPD 4, 7, 8	Presence of an action plan at province level to prevent violence against women	ASPİM, Municipalities	ASPİM Municipality Requesting information	2 years
		Presence of a policy document enabling health institutions respond appropriately to violence against women	SB, ASPB	SB Requesting information	2 years
		Presence of health protocols/ hospital procedures ensuring appropriate service delivery in cases of violence against women and abuse of girls	SB, ASPB	SB ASPB information request	2 years
		State of implementation of established procedures in cases violence against women and abuse of girls	SB ASPB	SB ASPB interview CSO monitoring	2 years
		Presence of a budget allocated to responding to the needs of women experiencing violence and abuse, and its share in general budget if there is	SB	SB ASPB Requesting information	Annual
		Proportion of health personnel trained in violence against women and gender (%)	SB	SB Requesting information	Annual
		Proportion of health personnel aware of procedures to be followed in cases of violence against women (%)	Survey	SB, ASPB	Annual
		Number of women applying to health facilities as a result of physical violence injuries by husbands/partners within the last 12 months according to official records	SB, Forensic Medicine University Hospitals	Examining records of institutions	Annual
		Number of women applying to health facilities as a result of sexual violence by husbands/partners within the last 12 months according to official records	SB, Forensic Medicine	Examining records of institutions	Annual
		Number of women taken to a health facility for suicide attempt resulting from violence against women within the last 12 months	SB, Forensic Medicine	Examining records of institutions	Annual

6. Violence against Women and Child Marriages					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Violence against Women and Child Marriages	Respect for human dignity Non-discrimination Gender equality Accountability RESC M.26, CEDAW General Recommendation 19, General Recommendation 24, para. 12 (b), para. 15, İstanbul Convention, Report by VAW Special Rapporteur (A/HRC/7/6), Beijing L1, L2, D1, ICPD 4, 7, 8	Number of women applying to health facilities for psychological support because of violence within the last 12 months	SB, Forensic Medicine	Examining records of institutions	Annual
		Number of women applying to CSOs and municipal women's solidarity centres for psychological support because of violence within the last 12 months	CSO Municipality Survey	Examining records of institutions	Annual
		Percentage of women at age 15 and over experiencing physical violence by their husbands/ partners within the last 12 months	ASPB HIPS, SDVAW	Field survey	Survey period
		Percentage of women at age 15 and over experiencing sexual violence by their husbands/ partners within the last 12 months	ASPB, HIPS, SDVAW	Field survey	Survey period
		Percentage of women at age 15 and over who tried to commit suicide as a result of experience of violence within the last 12 months	ASPB HIPS, SDVAW	Field survey	Survey period
		Percentage of women receiving depression and anxiety treatment for experience of violence	SB	Survey, Requesting information	Annual
		Among women diagnosed as having depression and anxiety, proportion of those experiencing violence by their husbands/ partners	SB	Survey, information request	Annual
		Among women with chronic pains, proportion of those experiencing violence by their husbands/ partners	SB	Survey, information request	Annual

7. Employment, Domestic Labour and Health					
Theme	**Human Rights/Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Employment, Domestic Labour and Health	Respect for human dignity Equality Right to work in fair and favourable environments Right to health CEDAW General Recommendation 19 para. 18, CEDAW General Recommendation 24, ILO 177 Home Work Convention, ILO 184 Home Work Recommendation, Beijing F.6	Percentage of those experiencing sexual harassment at workplace (by gender)	Survey, 6. European Working Conditions Survey	Survey	
		Percentage of those with health risks and diseases related to domestic work	ÇSGB	Survey	
		Percentage of home accidents by gender and age group	ÇSGB	Survey	
		Percentage of health risks and diseases that domestic workers are exposed to	ÇSGB	Survey	
		Percentage of health risks and diseases that seasonal agricultural workers are exposed to by gender	SB and local governments	Survey	
		Percentage of persons thinking their health or safety is under risk due to their work by gender	SB and ÇSGB written question	Survey	
		Percentage of persons having complaints like stress, depression, anxiety, etc. due to long spells of unemployment by gender (disaggregated by gender and education status)	ÇSGB	Survey	
	Gender equality Non-discrimination De facto equality Transformative equality Beijing F.6, CEDAW Recommendation 25, RESC M.27, Conventions that Turkey is not a State Party -ILO 156, 167 Workers with Family Responsibilities	Daily working hours by gender	TÜİK Time Utilization Survey Question	TÜİK	
		Time allocated to leisure time activities by gender (voluntary activities, politics, trade union activities, child care, cooking, household works, care for sick/elderly, participation to education or training courses, sports, cultural activities)	TÜİK Time Utilization Survey	TÜİK	
		Number and percentage distribution of those enjoying maternity leave and duration of leave in public/private employment	ÇSGB	Examining institutional records	
		Number and percentage distribution by those enjoying nursing leave and duration of leave in public/private employment f	ÇSGB	Examining institutional records	
		Number and percentage distribution by gender of those enjoying maternity leave and duration of leave in public/ private employment	ÇSGB	Examining institutional records	

8. Gender-Sensitive Environment in Health Sector for Labour Force and Health Workers					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Gender-Sensitive environment in Health Sector for Labour Force and Health Workers	Right to health Equality Gender equality Respect for human dignity Availability Accessibility CESCR M.7, CEDAW M.11, CESCR General Comment 14, CEDAW, General Recommendation 15, 19, 23, 24, 25, ILO 111 Discrimination Convention, Beijing C, ICPD 4, 7, 8, 13, 15	Presence of a Ministry of Health policy of human resources sensitive to gender equality and human rights	SB	SB website SB information request	5 years
		Presence in human resources policy relevant criteria and targets enabling to see gaps in the number of health workers per unit of population	SB	SB information request	5 years
		Percentage of practicing doctors by gender in institutions delivering first, second and third step health services (disaggregated by provinces and public/private health facilities)	SB	SB information request	Annual
		Percentage of specialized doctors by gender in institutions delivering first, second and third step health services (disaggregated by provinces and public/private health facilities)	SB	SB information request	Annual
		Distribution of medical specialty fields by gender (%)	SB	SB information request	Annual
		Percentage distribution by gender of decision makers and managers in health institutions	SB	SB information request	Annual
		Number of health institutions that include the topics of women's human rights and gender equality in their in-service trainings	SB	SB information request	Annual
		Percentage of health institutions having their policy documents against sexual harassment and assault	SB, Universities	Requesting information	Annual
		Number of complaints about health workers involved in offences of sexual harassment and assault	SB	Requesting information	Annual
		Number of institutional penalties imposed upon health workers involved in offences of sexual harassment and assault	SB	SB information request	Annual

9. Indicators Related to Environmental Determinants of Health					
Theme	**Human Rights/ Norms and Standards**	**Indicator**	**Data Source**	**Data Collection Method**	**Data Collection Frequency**
Determinants of Health	Right to health	Data on air, soil, etc. pollution related diseases by gender (asthma, respiratory tract diseases, intoxication, circulatory system diseases)	SB	SB information request	2 years

V. Present State in Turkey by Some Selected Health Indicators

1. Some demographic indicators for Turkey

Indicator	Present Value	Source
Composition of Population		TÜİK-2015
Turkey-Total Population	77 695 904	Gender Statistics
Male (%)	50.2	
Female (%)	49.8	
Population by Marital Status (%)		TÜİK-2015
Never married		
Female	23.3	
Male	31.5	
Married		
Female	63.7	
Male	64.2	
Divorced		
Female	9.3	
Male	2.7	
Average age at first marriage		TÜİK-2015
Male	26.8	
Female	23.6	
Life expectancy at birth (years)		TÜİK-2016
Total	78.0	
Female	80.7	
Male	75.3	
Annual population growth rate (PGR) (%)		Hoşgör, Tansel 2010
2010	1.2	
2030	0.7	
2050	0.1	
Distribution of population by age groups*		Hoşgör and Tansel projection 2010; TÜİK
2000		
0-14	30	
15-64	64	
65 +	6	
2030		
0-14	21	
15-64	68	
65+	11	
2050		
0-14	18	
15-64	65	
65 +	17	

(*): Presently Turkey has a young population composition and according to projections population will continue to grow even in 2050 as a result of this young population. The proportion of economically active population (age 15 to 64) will be larger in 2050 than it is today while that of elderly population (age 65+) will be 17%, lower than that presently observed in developed countries. It must be a priority to avoid approaches that may interfere with young people's full exercise of their rights to education and work for any reason whatsoever and to ensure their access to education and work.

2. Some child health indicators in Turkey[19]

Indicator	Present Value	Source
Within 4 years preceding the survey (2009-2013): IMR Child MR U5MR	 13. 2. 15.	TDHS-2013
Infant mortality rate (in 1000 live births) Male Female	 15 20	TDHS-2013
U5MR (in 1000 live births) Male Female	 18 23	TDHS-2013
Infant mortality rate (IMR) (in 1000 live births-LB) *		
Total* Female Male	10.0 9.4 10.5	SB, TÜİK- 2017 TÜİK, 2016
Perinatal infant mortality rate- In total of 1000 births (Stillbirth+ ENN deaths)*	7.6	SB, TÜİK- 2017
Neonatal (NN) infant mortality rate (in 1000 LB) *	4.	SB, TÜİK- 2017
Post neonatal infant mortality rate (in 1000 LB) *	3.3	SB, TÜİK- 2017
U5MR (in 1000 LB)*	9.4	SB, TÜİK- 2017
Duration of breastfeeding by gender (%) (0-6 months) Total Female Male	 30.8 31.5 30.1	SB-2017 Annual Report
Median duration in breastfeeding (months) Female Male	 16.3 18.0	TDHS - 2013

(*) In Ministry of Health calculations of "infant, perinatal, neonatal, post neonatal and under five" mortality rates termination of pregnancies after 28 months and births over 1 kg are considered as birth. The mistake in this way of calculation is that it excludes births taking place in weeks 23-27. Since this calculation also excludes cases of still birth and miscarriage happening in this period, figures given for stillbirth, miscarriage, perinatal, early neonatal, neonatal, infant and even under 5 mortality will be misleading. As a matter of fact the SB data gives rates that are unexpectedly low. According to what the science says, the risk of stillbirth or death after live birth is the highest in births taking place in weeks 23 to 27 of pregnancy.[19] Since these calculations are not in conformity with international standards, comparisons will also be misleading. In such a comparison, rates in Turkey seem to be lower than in OECD and EU countries. The correct way to follow is to consider pregnancies terminating before 22nd week as miscarriage and birth taking place after as "birth". PNIMR, ENNMR, NNMR, IMR and under 5 MR stated in the table above are all lower than what is expected due to this incorrect method and thus are not of guiding value. Similarly, rates of morbidity and incidence in these groups are also misleading.

19 https://www.acog.org/-/media/For-Patients/faq173.pdf?dmc=1&ts=20180724T0858369597

3. Some maternal health indicators in Turkey (maternal mortality)

Indicator	Present Value	Source
Maternal mortality rate (MMR) – in 100,000 LB)	14.7	SB, TÜİK- 2017
Maternal mortality rate- in 100,000 LB Pregnancy-related mortality rate	28.5 38.3	HIPS, National Maternal Mortality Study -2005 (NMMS-2005)
Lifetime risk of maternal death (one in …….women) and MMR (in 100,000 LB) İstanbul Western Marmara Aegean Eastern Marmara Western Anatolia Mediterranean Central Anatolia Western Black Sea Eastern Black Sea North-eastern Anatolia Central Eastern Anatolia South-eastern Anatolia Turkey Urban Rural	Risk/MMR 4876 11.0 1560 42.1 1764 31.5 2549 21.7 6947 7.4 1737 25.1 3067 11.9 1956 26.8 883 68.3 439 68.3 755 36.9 626 38.9 1536 28.5 2391 20.7 869 40.3	HIPS, National Maternal Mortality Study -2005 (NMMS-2005)
Causes of pregnancy-related deaths (%): Direct obstetric causes Indirect obstetric causes Accidental causes Unknown	 58.0 15.8 23.2 2.4	HIPS, National Maternal Mortality Study -2005 (NMMS-2005)
Causes of maternal deaths (%): Haemorrhage Indirect causes Toxaemia Other direct causes Unknown direct causes Early pregnancy	 24.9 21.2 18.4 15.7 10.1 1.8	HIPS, National Maternal Mortality Study -2005 (NMMS-2005)
Distribution of maternal deaths by biomedical risk factors (%) No risk Single risk factor More than one risk factor	 35.3 27.1 37.6	HIPS, National Maternal Mortality Study -2005 (NMMS-2005)
Maternal death and preventable factors causing pregnancy related deaths (%): There is preventable factor in MM There is preventable factor related to health service providers Household/social factors There is preventable factor in pregnancy-related deaths	 61.6 13.7 40.7 49.3	HIPS, National Maternal Mortality Study -2005 (NMMS-2005)

4. Some maternal health indicators in Turkey (Fertility)

Indicator	Present Value	Source
Total fertility rate by regions (# per women)		TDHS-2013
Turkey	2.26	
Urban	2.16	
Rural	2.73	
West	1.9	
South	2.4	
Central	1.89	
North	2.02	
East	3.4	
Total fertility rate (number of children per women)		TDHS-2013
No education/no primary school diploma	3.76	
Primary school graduate	2.75	
Secondary school graduate	2.45	
High School +	1.66	
Adolescent maternity (Under age 18 %)	4.6	TDHS-2013
Ideal number of children (married women)	2.9	TDHS-2013
Desired fertility rate	1.9	TDHS-2013
Total fertility rate	2.3	TDHS-2013

5. Some maternal health indicators in Turkey (Family planning)

Indicator	Present Value	Source
Information about periods when pregnancy is possible (%)		TDHS-2013
Correct information	27.0	
Incorrect information	38.5	
No information	34.5	
State of contraceptive behaviour in Turkey (%)		TDHS-2013
Not method is used	27	
Total method (%)	73	
Traditional methods (%)	26	
Modern methods (%)	47	
Use of modern methods by place of residence (%)		TDHS - 2013
Urban	49.0	
Rural	40.0	
Distribution of contraceptive behaviour by methods used (%)		TDHS -2013
Pills	4.6	
IUD	16.8	
Condom	15.8	
Hormonal injection	0.1	
Tube ligation (TL)	9.4	
Vasectomy in males	0.0	
Withdrawal	25.5	
Medical abortion (in 100 pregnancies)	4.7	TDHS 2013
Miscarriage (in 100 pregnancies)	14.	TDHS 2013
Place of medical abortion (%)		TDHS-2013
Public health facility	31.7	
Private health facility	61.9	
University hospital	1.9	
Other/unknown	4.5	
No more children is desired permanently or for a period of time, no protection (%)	6.	TDHS 2013
No more children is desired permanently or for a period of time, contraceptive method is used (%)	26.	TDHS 2013
Unmet need in family planning (%)*	32.	TDHS 2013

(*): Unmet need in family planning is one of the most concrete indicators of the extent to which women can actually enjoy their rights to health, health services and reproduction. One in every 3 families receives to FP service.

6. Some maternal health indicators in Turkey (Prenatal care, delivery and postnatal care)

Indicator	Present Value	Source
Antenatal Care (AC)		TDHS 2013
AC (%) (once)*	97.	
As required (at least 4)	89.	
Delivery at a health facility (%)	97.	TDHS 2013
Postnatal care – DSB(%)	93.	TDHS 2013

(*): Antenatal care– according to international standards there must be at least 4 check-ups during the period of pregnancy. Besides the number of check-ups the quality of care and monitoring must also be considered.

7. Some indicators on state of health in Turkey (Morbidity)

Indicator	Present Value	Source
DALY (DALY in 100,000 persons)	22.471	SB-2017 Annual Report
DALY by gender and age groups **Age 15-49** Total Male Female	 6.77 3.5 3.2	SB-2017 Annual Report
YLD in 100,000 by gender Total Male Female	 11.596 10.363 12.787	SB-2017 Annual Report

8. Some indicators on state of health in Turkey (Contagious Diseases)

Indicator	Present Value	Source
Incidence of some infectious diseases (in 100,000) AIDS Measles Tuberculosis (Tbc.) Tbc. prevalence Malaria	 0.13 0.01 15.3 24 0.3	SB-2017 Annual Report
Involvement by gender Lungs Male Female Other than lungs Male Female	 70.7 47.1 25.9 48.7	SB-2017 Annual Report

9. Some indicators on state of health in Turkey (Cancer)

Indicator	Present Value	Source
Never engaged in self-examination of breast (%)*	60.6	SB-2017 Annual Report
Never had mammography (%)*	71.0	SB-2017 Annual Report
Never had cervical smear test (%)*	69.3	SB-2017 Annual Report
Total cancer incidence by gender (in 100,000) Total Male Female	 210,2 173,6 246,8	SB-2017 Annual Report
5 most frequently observed incidences of cancer in men (in 100,000) Trachea, Lung, Bronchial Prostate Colorectal Bladder Stomach	 52,5 32,9 22,8 19,3 14,3	SB-2017 Annual Report (2014 data)
5 most frequently observed incidences of cancer in women (in 100,000) Breast Thyroid Colorectal Uterine corpus Trachea, Lung, Bronchial	 43,0 20,7 13,8 9,8 8,7	SB-2017 Annual Report (2014 data)

(*): Protective services and early diagnosis have to be the most essential element in "health services and the right to health". Available statistics suggest that there are deficiencies in turkey in regard to people's health awareness and access to services (as seen in cases of breast examination and smear test).

10. Some indicators on state of health in Turkey (Chronic diseases)

Indicator	Present Value	Source
Distribution of first 5 causes of death by major ICD-10 Diagnosis Groups (%)		SB-2017 Annual Report
Female	43,9	
Circulatory System Diseases	15,1	
Neoplasms	10,9	
Respiratory System Diseases	6,3	
Endocrine, Nutritional and Metabolism Diseases	5,9	
Nervous System and Sense Organ Diseases	36,4	
Male	23,6	
Circulatory System Diseases	12,7	
Neoplasms	4.	
Respiratory System Diseases	3.9	
Nervous System and Sense Organ Diseases		
Endocrine, Nutritional and Metabolism Diseases		
Obesity by body mass index and gender (%)		SB-2017 Annual Report
Overweight	34.3	
Total	38.6	
Male	30.1	
Female	19.6	
Obese	15.2	
Total	23.9	
Male		
Female		
Prevalence of diabetes by gender (Age 15 and over)		Study on the Prevalence of Chronic Diseases and Risk Factors in Turkey 2013
Total	9,8	
Male	9,3	
Female	10,5	
Prevalence of cardiovascular diseases by gender (Age 15 and over)		Study on the Prevalence of Chronic Diseases and Risk Factors in Turkey 2013
Total	12,7	
Male	11,8	
Female	13,5	
Prevalence of hypertension by gender (Age 15 and over)		Study on the Prevalence of Chronic Diseases and Risk Factors in Turkey 2013
Total	21,8	
Male	19,1	
Female	24,6	
Prevalence of asthma by gender (Age 15 and over and as diagnosed by a doctor)		Study on the Prevalence of Chronic Diseases and Risk Factors in Turkey 2013
Total	4,5	
Male	2,8	
Female	6,2	

11. Some indicators on state of health in Turkey (Disabilities)

Indicator	Present Value	Source
Distribution by gender of persons who cannot climb stairs without help or using aides (%)		SB-2017 Annual Report
Total	8,7	
Male	5,0	
Female	12,4	
Distribution by gender of persons who cannot walk without help or using aides (%)		SB-2017 Annual Report
Total	6,5	
Male	4,0	
Female	8,96	

12. Some indicators on state of health in Turkey (Health behaviour)

Indicator	Present Value	Source
Tobacco use (Daily) (%)		SB-2017 Annual Report
Total	40.1	
Male	26.5	
Female	13.3	
Alcohol use		SB-2017 Annual Report
Presently using		
Total	12,2	
Male	19,3	
Female	5,3	
Health perception by gender:		SB-2017 Annual Report
Well/very well		
Total	63.5	
Male	70.0	
Female	57.5	
Bad/very bad		
Total	10.7	
Male	7.9	
Female	13.4	

13. Some indicators on state of health in Turkey (Health service delivery)

Indicator	Present Value	Source
Vaccination status by gender **BCG** Female Male KKK Female Male	 93.8 95.1 88.4 91.4	TDHS -2013
Applications to doctor per person (number)	8.6	SB-2017 Annual Report
Proportion of applications to doctors by service type (%) 1.step 2. and 3. steps	 31 69	SB-2017 Annual Report
Gender distribution of persons receiving at least 1 night of inpatient services within the last 12 months (%) Total Male Female	 11,3 9,5 13,1	Turkish Health Survey, TÜİK, 2016
Share of health spending in GNP (%) Total health spending Public health spending Private health spending	 5.4 4.4 1.0	SB-Strategic Plan
Number of doctors (000)	169	SB-Strategic Plan

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