

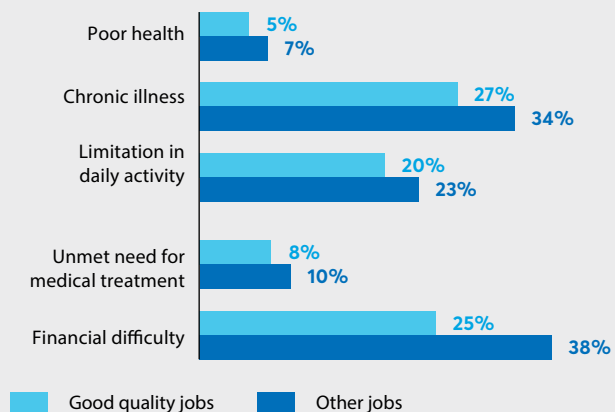
**BOX 3.1 Health care reforms in Türkiye**

Half a decade after HTP’s full implementation, the Household Income and Living Conditions Survey of Türkiye before the pandemic (2019) can help elucidate the health status of the workforce along with access to health care. First, only 4 per cent of the labour force reported poor health at the time of the survey even though about a quarter had a long-standing chronic illness or condition such as diabetes, hypertension, asthma, renal failure or rheumatic diseases. While about 16 per cent of the overall labour force reported limitations in daily activities because of physical or psychological health problems in the past six months, over 60 per cent among those with chronic illness reported limitations in daily activities. Estimating aggregate economic cost due to such limitations is beyond the scope of this Report. However, it is important to recognize that such limitations can have economically meaningful productivity and welfare effects at the individual, household, and national levels.

When asked about unmet need for medical examination or treatment during the last 12 months, only 8 per cent reported that in at least one occupation they had unmet need. Among this group, three main reasons were reported including financial (30 per cent), inability to take time off due to work or care for children or others (25 per cent), wanted to wait and see if the problem got better on its own (23 per cent) and late time for appointments (12 per cent) and distance to health facility (5 per cent). There are some gendered differences in these reasons with men being more likely to wait and see while women are more likely to report that they could not take time off due to work or care of children or others.

Formal regression analysis controlling for individual and household circumstances such as sex, age, education, location and household income continue to find statistically significant differences among the employed within the labour force particularly when the quality of employment is taken into consideration. As shown in figure 3.4, workers with access to good quality jobs<sup>a</sup> are less likely to report poorer health, chronic illnesses, limitations in daily activities in the past six month and unmet need for medical examination or treatment in the past 12 months. Among those who report unmet needs, financial difficulty is much less likely to be reported as the main reason among workers with good quality jobs.

**FIGURE 3.4 Health and decent employment in Türkiye**



Source: ESCAP elaborations based on Income and Living Conditions Survey (2019), Türkiye obtained from the Turkish Statistical Institute (TURKSTAT). Note: Predicted probability for selected indicators based on ILC Türkiye. Total number of observations is 27,524 individuals in the labour force.

Even after controlling for quality of employment, differentials emerge across individual circumstances. Notably, women are more likely to report poorer health and chronic illnesses than men in the labour force. Older people and people with no education and primary education are also more likely to report these negative health outcomes relative to youth and adults as well as people with secondary and tertiary education, respectively. Such differentials in outcomes are also observed in access to health care. The disadvantaged groups are more likely to report unmet need for health care, particularly due to financial difficulties. It is important to note that these results should not be interpreted as causal relationship between decent employment and health of the workforce since they are likely to be simultaneously determined by unobserved factors and reinforce one another over time. Further analysis is needed to isolate the exogenous impact of good quality jobs on health outcomes.

<sup>a</sup> The quality of jobs is determined by the availability of variables in the survey including status of employment, status of registration in social security and type of contract. This is in a similar vein to Section 2.3 although here the Income and Living Conditions Survey is used as opposed to the Labour Force Survey.