



MILLENNIUM DEVELOPMENT GOALS REPORT

TURKEY 2010





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Millennium Development Goals Report Turkey 2010

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With the adoption of the Millennium Development Goals (MDGs) covering all aspects of social development in the United Nations Millennium Summit in the year 2000, the development efforts of all developing countries have gained pace. On the other hand, MDGs also build a framework for concrete commitments of developed countries to support the developing countries in their efforts. In this context, Turkey attaches importance to support the achievement of developing and least developed countries to the MDGs, while also aligning its policies with the MDGs.

Turkey believes that the only way world citizens can live a peaceful and prosperous life, is through ensuring an environment where poverty is eliminated, gender equality is established, environment is protected, and equitable education and health services are available for all with a rights-based approach. MDGs bring together the basic goals and targets to build such a world with the concerted efforts of all countries of the world.

One of the most important aspects of the MDGs is that they are based on concrete and measurable indicators. This is why the MDGs Reports are extremely important for every country in monitoring their status of social development in comparison with others. The first MDGs Report of Turkey contributed significantly in shaping the development policies of the country and provided useful guidance in preparation of the 9th Development Plan. I am confident that the 2010 MDGs Report of Turkey will also support Turkey's future development efforts.

With its robust policies implemented in the area of social development, Turkey has advanced in all MDGs indicators, albeit not at the same level for all. Our aim is further improvement of the living standards of all the country's citizens and achievement of all MDGs through sound

socio-economic policies, without being impacted by the global financial crisis.

With this opportunity, I would like to re-confirm Turkey's commitment towards achievement of the MDGs. I am confident that Turkey's 2010 MDGs Report will provide important contributions to the country's efforts in the area of social development. I would like to extend my sincere appreciation to the State Planning Organization for preparing the report and to United Nations Turkey for their technical assistance, as well as to all the institutions that contributed to this process.

Dr. Cevdet YILMAZ
Minister of State



A decade has passed since the world leaders from across the globe expressed their unprecedented resolve and commitment through the 2000 Millennium Declaration to emancipate the humanity from the scourges of poverty, hunger, disease and discrimination and for a more peaceful, prosperous and just world. The eight Millennium Development Goals (MDGs) with numerical targets were established to translate that commitment into reality by 2015. As we enter 2010 just five years away from the universally agreed timeframe, there is a huge differential in the level of attainment of these goals. Still more than 1.4 billion people are below the poverty line with a conspicuous face of girls, children and marginalized segments characterizing the canvass of poverty; 72 million children out of school; 500,000 more women a year dying of pregnancy-related causes; and the severity and rapidity of climate change impacting the livelihood assets of the poor as well as the sustenance of the future generations. Achieving the MDGs with an accelerated effort is thus a strategic imperative which requires a renewed compact, global alliance and the will to use the available resources, technology, knowledge, success stories and best practices gained through hard work over the years.

The Government of Turkey has demonstrated its full commitment to the global pledge made by the world leaders in the Millennium Summit by aligning the MDGs with that of its national development priorities. Compared to the baseline study carried out in 2005, Turkey's MDG Report for 2010 enunciates clearly that Turkey has made significant improvements with regard to the achievement of these development goals. Although there are still challenges related to substantial rural-urban, regional and gender related inequalities, Turkey has made considerable gains in poverty reduction, achieving universal primary education, reducing maternal and infant mortality as well as ensuring environmen-

tal sustainability. In addition, Turkey has also successfully demonstrated its progressively increasing role in international development cooperation with special focus on the poor and least developed countries. The report provides concise and well-grounded information on the progress as well as the major challenges, especially prevailing regional disparities and gender inequality. The government of Turkey acknowledges the need for a comprehensive attempt including further improving the legislative and policy frameworks and, above all, their implementation, for strengthening women's role and participation in decision making and labour market. We hope to see further concrete results of such efforts in the coming years.

United Nations in Turkey fully supports the efforts and the progress of the country towards achievement of the MDGs in a wide range of areas through policy and strategy development, project implementation and advocacy with the major thrust on the poor, vulnerable and marginalized segments of the society. We believe that all inclusive, concerted and rights-based effort is indeed sine qua non to ensuring the accelerated achievement of the MDGs. As United Nations, we will continue our commitment to work with Turkey in the pursuit for realization of its development vision and the MDGs.

We are confident that the report will contribute tremendously to the ongoing endeavours in the country and further stimulate the already initiated action to close the remaining gaps in the full achievement of the MDGs by 2015.

Shahid Najam
United Nations Resident Coordinator

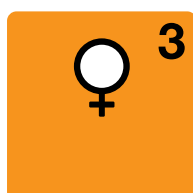




Goal 1: Eradicate extreme poverty and hunger



Goal 2: Achieve universal primary education



Goal 3: Promote gender equality and empower women



Goal 4: Reduce child mortality



Goal 5: Improve maternal health



Goal 6: Combat HIV/AIDS, malaria and other diseases



Goal 7: Ensure environmental sustainability



Goal 8: Develop A global partnership for development



Abbreviations

ADSL	Asymmetric Digital Subscribers Line
ALMP	Active Labour Market Programmes
ARV	Antiretroviral Drugs
BTK	Information and Communication Technologies Authority
BSS	Basic Social Services
CCT	Conditional Cash Transfer
CFCs	Ozone-Depleting Chlorofluorocarbons
CO2	Carbon Dioxide
COP	Conferences of the Parties
DAC	Development Assistance Committee
DOT	Directly Observed Treatment
EU	European Union
HBS	Household Budget Survey
GDP	Gross Domestic Production
GNI	Gross National Income
HLFS	Household Labour Force Survey
HICES	Household Income and Consumption Expenditures Survey
HUIPS	Hacettepe University Institute of Population Studies
ICT	Information and Communication Technologies
ILCS	Income and Living Conditions Survey
ILO	International Labour Organization
IPA	Instrument for Pre-Accession
KIEM	Public Internet Access Centers
LDCs	Least Developed Countries
MDG	Millennium Development Goals
NBSAP	National Biological Diversity Strategy and Action Plan
MONE	Ministry of National Education
NUTS	Nomenclature of Units for Territorial Statistics
ODA	Official Development Assistance
ODP	Ozon Depleting Potential
OECD	Organization of Economic Cooperation and Development
OSP	Official Statistics Programme
PISA	Programme for International Student Assessment
PLHIV	People Living with HIV
PPA	Project/Programme Assistance
PPP	Purchasing Power Parity
PRSBA	Population Registry System Based on Address
SPO	State Planning Organization
TC	Technical Cooperation
TDHS	Turkey Demographic and Health Survey
TGNA	Turkish Grand National Assembly
TIKA	Turkish International Cooperation and Development Agency
TL	Turkish Lira
TurkStat	Turkish Statistical Institute
UN	United Nations
UNDP	United Nations Development Programme
UNFCCC	UN Framework Convention on Climate Change
UNGASS	UN General Assembly Special Session of AIDS
WDAs	Wildlife Development Areas
WHO	World Health Organization
WPAs	Wildlife Protection Areas

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Introduction

In the year 2000, representatives of 189 nations, including 147 heads of state and government, convened under the leadership of the United Nations in the historic summit meeting at which the Millennium Development Goals (MDGs) were adopted. These goals are based on the Millennium Declaration, which aims to eradicate extreme poverty and hunger in the course of the 21st century.

The United Nations Millennium Summit represented the culmination of all national, regional and international conferences held in this framework since the 1990s. At this summit all the participating countries expressed their belief that reaching the MDG targets could change the lives of poor people. The Millennium Development Goals were based on the situation in 1990. International organizations and countries have adopted these goals and begun to adjust their institutional structures in order to facilitate their achievement.

The Millennium Development Goals are focused on human development. They comprise eradicating poverty and hunger, achieving primary education for all, promoting gender equality and empowerment of women, reducing child mortality, improving maternal health,

combating HIV/AIDS, malaria and other epidemic diseases, ensuring environmental sustainability and developing a global partnership for development. All parties have agreed on the majority of these goals. The international efforts, in which Turkey has also been involved, to produce relevant indicators therefore have a direct impact on all parties. All countries are expected to take the necessary steps within the framework of MDG indicators by 2015 and to contribute both to their own national development processes and to global development.

The fact that the MDGs have quantitative indicators and a deadline, and that there is a need for monitoring, necessitates systematic measurement and recording processes. Monitoring work carried out at the global level reveals that individual countries each have a different pace of progress towards these goals and that not all countries have the necessary resources to achieve them. The Millennium Development Goals can only be attained through cooperation between the relevant international organizations, governments, the private sector and voluntary organizations.

Turkey's first MDGs Report was produced in 2005 by the State Planning Organization (SPO) with the technical support of the UN Turkey Office. This 2010 Report is Turkey's second national MDGs report. Preparations were started by the SPO in 2009 and the report was completed in June 2010. The Ministry of Health, the Ministry of National Education, the Ministry of Environment and Forestry, the General Directorate for the Status of Women, the Turkish International Cooperation and Development Agency (TİKA),



the Turkish Statistical Institute (TÜİK), the Ministry of Foreign Affairs, and the UN Turkey Office have all contributed their views to the report.

In 2005 the MDGs consisted of 8 Goals, 18 Targets and 48 Indicators. The Official List of MDG Statistics published in 2008 contained some modifications. As of 2010, the MDGs consist of 8 Goals, 21 Targets and 50 Indicators. The number of relevant indicators for Turkey is 38.

In this report, all goals and targets that are relevant to Turkey are analyzed, dwelling upon their connection with other goals. All data sources used are given in the report. The 2008 Turkey Demographic and Health Survey and the Turkish Statistical Institute (TurkStat) Household Budget Surveys have contributed important data. The report includes one section for each of the eight MDGs. In each section the indicators for Turkey are described, starting with the oldest available data from the period since 1990. Attention is given to current policies regarding MDG targets and to challenges that have been encountered. Developments anticipated in the near future are predicted according to currently available information and data, areas of weakness are pinpointed, and expectations for the future set out.

In many respects, Turkey is well on her way to reaching the MDG targets. Yet structural inequalities, especially those related to geographical and social gender disparities, remain a challenge. Special attention must be paid to Goal 3 (gender inequality) which is the area where Turkey is most likely to encounter serious difficulties and structural obstacles.

In the period 2005-2010 Turkey has achieved significant progress, especially in the area of mother and infant health, registering sharp reductions in infant, under-five and maternal mortality rates. Turkey is expected to reach the MDG targets in these areas with ease by 2015.

Another area in which Turkey has shown a remarkable improvement is Goal 8. Turkey has considerably increased her Official Development Assistance (ODA) to developing countries. The amount of Turkey's ODA is more than that of some EU and OECD-DAC member countries.

Following the first Millennium Development Goals Report on Turkey issued in 2005, Turkey's Ninth Development Plan, covering the period 2007-2013, was prepared. In the process of drafting the 9th Development Plan, the aim of achieving the MDGs was taken into consideration, and Turkey's development goals were designed in line with MDG targets. National policy documents prepared within the framework of the 9th Development Plan can also be seen to be in line with the Millennium Development Goals. It is clear that in the period ahead as well, MDG targets will continue to serve as a guide and reference source for Turkey in her development planning.



Goal 1: Eradicate Extreme Poverty And Hunger

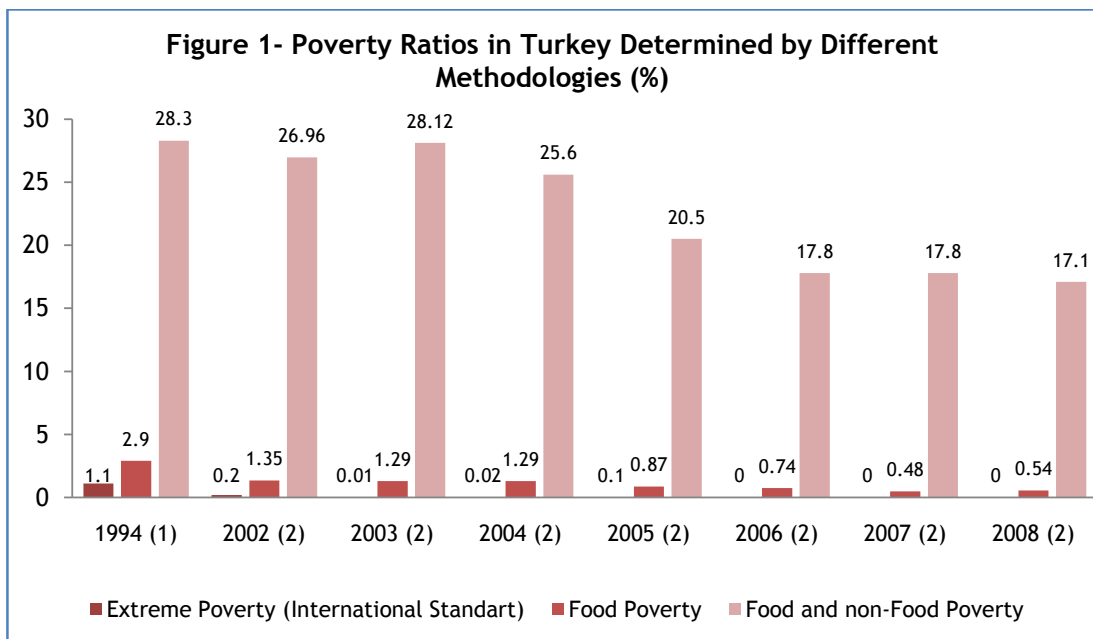
Target 1.A:

Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Indicator 1.1: Proportion of Population Below \$1 (PPP) per day

In Turkey, policies to combat poverty have gained increasing importance since the mid-1990s. The Seventh, Eighth and Ninth Development Plans have aimed to reduce the disparities in income distribution permanently and to eliminate extreme poverty. Following the adoption of the Millennium Development Goals (MDG), Turkey's efforts to combat poverty have acquired greater momentum.

The proportion of the population with a daily income of less than one dollar, which was 1.1% in 1994 and 0.2% in 2002, was reduced to nil in 2006 (Figure 1). The food poverty ratio, which was 1.35% in 2002, declined to 0.54% in 2008. Thus extreme poverty below the income level of one dollar per day does not exist in Turkey today, and food poverty is being kept at a relatively low level.

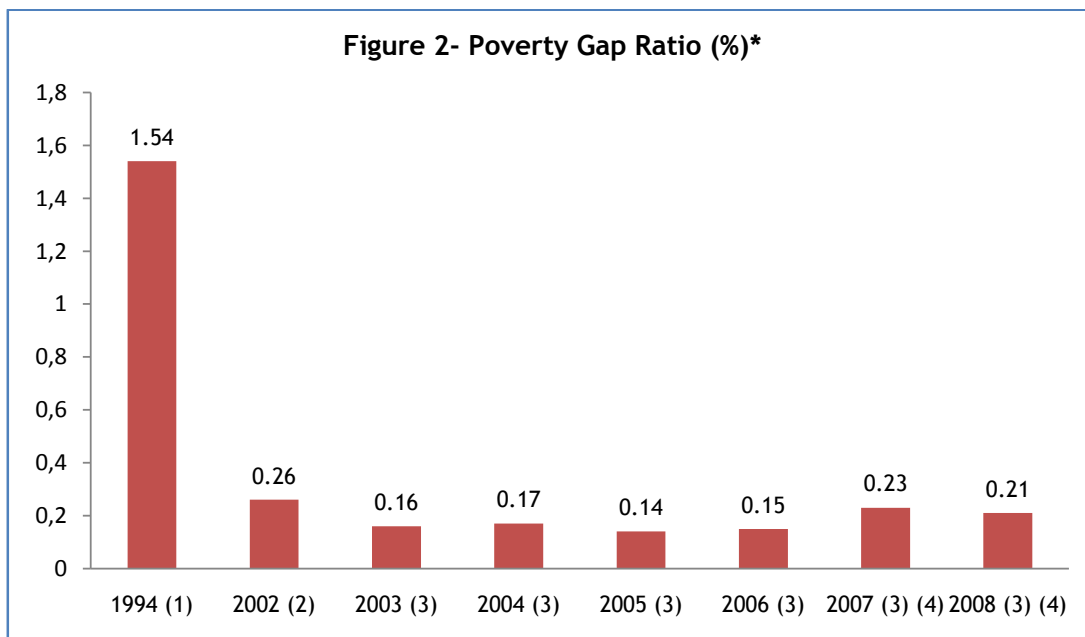


Source (1) TurkStat and World Bank, *Turkey: Joint Poverty Assessment Report, 2004*
(2) TurkStat, *Household Budget Surveys, 2002, 2003, 2004, 2005, 2006, 2007, 2008*

Indicator 1.2: The Poverty Gap Ratio¹

The poverty gap ratio for the year 1994 was high, at 1.54%. This ratio dropped considerably to 0.26% in 2002, although this change stems predominantly from the different methodologies used in the 1994 and 2002 surveys. In 2008, the poverty gap ratio decreased further to 0.21%. These figures also show that a large section of the poor are close to the food poverty line

and they could therefore escape from poverty by means of a minor income transfer. However, social transfer activity in favour of the poor in Turkey is not yet at the desired level. In 2003 the relative poverty ratios in Turkey before and after transfer were 30% and 26% respectively, while the ratios in EU-25 countries were 26% and 16%.



Source: (1) TurkStat, *Household Income and Consumption Expenditures Survey, 1994*
 (2) TurkStat and World Bank, *Turkey: Joint Poverty Assessment Report, 2004*
 (3) TurkStat
 (4) Poverty gap ratios are calculated by using new population projections based on PRSBA
 * Values based on nutrition

Indicator 1.3: Share of the Poorest Quintile in National Consumption

While the share of the population's poorest quintile in total consumption increased between 1994 and 2008 in Turkey overall and in urban areas, in rural areas this share increased until 2005, but started to decrease

thereafter. Similarly, the share of the richest quintile also dropped in Turkey overall and in urban areas. In spite of these changes, however, the consumption level of the richest quintile in Turkey remains approximately four times higher than that of the poorest quintile.

¹ In the poverty gap ratio formulation food poverty line is used. The food poverty line is calculated by the new formula adopted in the 2002 TurkStat Household Budget Survey, which is based on the actual consumption of 80 different food products consumed by the third and fourth (lowest) deciles of the population. This formula assumes a total daily calorie requirement of 2,100 Kcal per average person.



Table 1- Share of Quintiles in National Consumption (%)

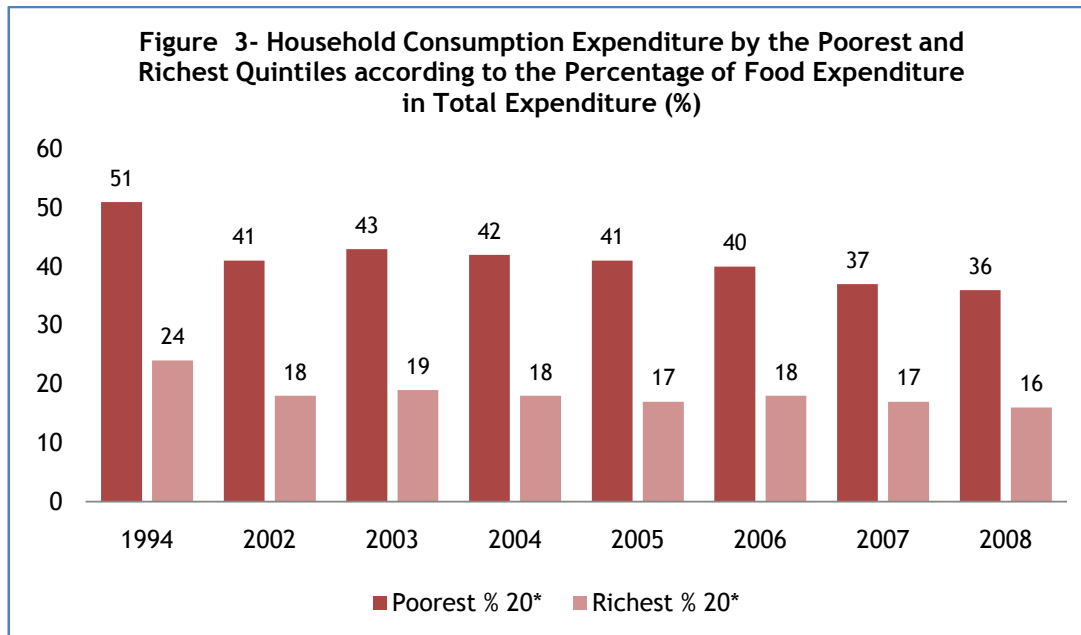
Household*	Turkey							
	1994	2002	2003	2004	2005	2006	2007	2008
Lowest Quintile	8.5	9.3	8.8	9.1	9.2	9.2	9.1	9.1
Second Quintile	12.6	13.2	13.0	12.9	13.2	13.3	13.5	13.8
Third Quintile	16.4	17.2	16.7	17.2	17.4	17.8	17.9	17.7
Fourth Quintile	22.0	22.0	21.7	22.7	22.7	23.2	23.3	22.8
Highest Quintile	40.5	38.2	39.8	38.0	37.5	36.7	36.3	36.7
Urban								
	1994	2002	2003	2004	2005	2006	2007	2008
Lowest Quintile	8.2	9.0	8.7	9.1	9.1	9.5	9.5	9.9
Second Quintile	12.3	13.2	12.7	13.0	13.2	13.6	14.0	14.0
Third Quintile	16.6	16.7	16.5	17.3	17.4	18.0	18.1	17.6
Fourth Quintile	22.2	22.5	21.9	22.1	23.2	23.0	23.0	22.6
Highest Quintile	40.7	38.6	40.2	38.5	37.0	36.0	35.5	35.9
Rural								
	1994	2002	2003	2004	2005	2006	2007	2008
Lowest Quintile	9.9	10.5	10.3	10.5	10.0	9.7	9.8	9.2
Second Quintile	14.3	13.7	14.7	14.0	14.6	13.9	14.2	14.3
Third Quintile	17.7	18.3	17.7	18.2	18.2	18.0	17.7	18.5
Fourth Quintile	21.7	22.6	22.8	24.2	22.8	22.9	23.6	23.3
Highest Quintile	36.4	34.9	34.5	33.2	34.3	35.5	34.7	34.8

Source: TurkStat, *Household Income and Consumption Expenditures Survey 1994 and Household Budget Surveys 2002, 2003, 2004, 2005, 2006, 2007, 2008*

* Quintiles according to household disposable income.

Poor households spend a significant portion of their income on food. According to the Household Budget Survey (HBS) of 2002, families belonging to the poorest quintile allocated 41% of their total expenditure to food, while the richest quintile devoted

only 18% of their expenditure to food. In the Household Income and Consumption Expenditures Survey (HICES) of 1994 the corresponding ratios were 51% and 24%. In 2008, the poorest quintile spent 36% of their disposable income on food, while the richest quintile spent 16%.



Source: TurkStat

* Sequential quintiles according to consumption expenditure.

The data related to income distribution show that the first four quintiles have increased their share of total income, while the share of the fifth quintile has steadily decreased. In 2002 the share of the first quintile, which receives the smallest portion of total income, was 5.3%; in 2007 it had increased to 5.8%². On the other hand, the share of the fifth quintile, which receives the largest portion of total

income, decreased from 50.1% in 2002 to 46.9% in 2007. In line with this, the Gini coefficient, which shows income distribution disparities, dropped from 0.44 in 2002 to 0.38 in 2005. In 2007 the figure was 0.41. In the same year the Gini coefficient in the EU-25 countries was 0.30.

Table 2- Distribution of Annual Personal Disposable Income by Quintiles of Household Population (%)

Household	1987 (1)	1994 (1)	2002 (2)	2003 (2)	2004 (2)	2005 (2)	2006 (3)	2007 (3)
Lowest % 20	5.2	4.9	5.3	6.0	6.0	6.1	5.1	5.8
Second % 20	9.6	8.6	9.8	10.3	10.7	11.1	9.9	10.6
Third % 20	14.1	12.6	14.0	14.5	15.2	15.8	14.8	15.2
Fourth % 20	21.2	19.0	20.8	20.9	21.9	22.6	21.9	21.5
Highest % 20	49.9	54.9	50.1	48.3	46.2	44.4	48.4	46.9
Gini Coefficient	0.43	0.49	0.44	0.42	0.40	0.38	0.43	0.41

Source: (1) TurkStat, *Household Income and Consumption Expenditures Surveys, 1987, 1994*

(2) TurkStat, *Household Budget Surveys, 2002, 2003, 2004, 2005*

(3) See Footnote 2.

² Data related to 2006 and 2007 are derived from the results of the Survey on income and Living Conditions (SILC) conducted by TurkStat. Equivalent household disposable income is taken as the basis in calculating the distribution of annual income among the quintiles.



Turkey's economic growth in recent years and the fact that income distribution has become more equitable have enabled the poor sector of the population to benefit more from the increase in prosperity that has occurred. The proportion of the population living below the poverty line, as defined by food and non-food expenditures, was 28.1% in 2003; it decreased to 17.1% by 2008 (Figure 1). A substantial part of this decrease in poverty comes from the increase in consumption, while a lesser portion results from the improvement in the distribution of consumption among different income groups.

The results of the surveys conducted by *TurkStat* in 1994, 2003, 2006 and 2007 show that there are significant interregional disparities in income distribution between different regions. According to the HBS of 2003, Western Turkey has a high share of income (39.7%) compared to its share in total population (28.1%), while the regions of Eastern and

Southeastern Anatolia have a low income share (13.4%) compared to their share of population (23.5%). A similar finding is noticeable in the intraregional income distribution. Income in Turkey is unevenly distributed not only across the country as a whole but also at the regional and settlement level. In 2003, the region with the most equitable income distribution was Eastern Black Sea Level-1 Region with a Gini coefficient of 0.35, while the region with the most inequitable income distribution was Istanbul Level-1 Region with a Gini coefficient of 0.43. Regional differences in income and poverty levels remain a serious problem for Turkey.

Similar to 2003 data, intraregional income inequalities were high in 2006-2007 as well. According to the results of the Survey on Income and Living Conditions (SILC) of 2007, the most equitable income distribution was in Western Marmara with a Gini coefficient of 0.32, while the most inequitable income distribution was in Mediterranean Level-1 Region with a Gini coefficient of 0.42. North Eastern Anatolia Region follows Mediterranean Region with a Gini coefficient of 0.41. The Central Anatolia Region comes second to the Western Marmara Region in terms of equitable income distribution.

Table 3: Annual Income Distribution among Quintiles ordered by Equivalized Household Disposable Income (%)

	Lowest 20%		Second 20%		Third 20%		Fourth 20%		Highest 20%		Gini Coefficient	
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007
TR1 Istanbul	6.7	8.3	11.3	12.0	15.6	15.9	21.7	20.4	44.7	43.5	0.37	0.35
TR2 Western Marmara	6.7	7.6	12.1	13.2	16.6	17.0	22.5	22.2	42.1	40.0	0.35	0.32
TR3 Aegean	5.7	6.7	9.8	11.2	14.3	15.5	21.3	21.8	48.9	44.8	0.43	0.38
TR4 Eastern Marmara	6.8	7.0	10.9	11.0	15.0	14.9	20.8	20.3	46.6	46.9	0.39	0.39
TR5 Western Anatolia	6.0	7.4	10.3	11.3	14.7	14.8	21.0	20.1	48.1	46.4	0.41	0.38
TR6 Mediterranean	5.3	6.0	10.3	10.3	15.0	14.7	21.4	20.5	48.1	48.5	0.42	0.42
TR7 Central Anatolia	7.6	8.0	12.0	12.1	16.5	16.4	21.7	22.6	42.2	40.9	0.34	0.33
TR8 Western Black Sea	6.1	7.2	11.2	12.1	1.5	16.0	23.2	21.0	43.0	43.7	0.37	0.36
TR9 Eastern Black Sea	6.6	7.5	11.2	12.5	15.9	15.8	21.8	21.7	44.5	42.5	0.38	0.35
TRA Northeastern Anatolia	6.2	5.9	10.6	10.1	15.9	15.5	22.9	22.1	44.4	46.5	0.38	0.41
TRB East-Central-Anatolia	5.9	6.6	10.4	10.9	14.8	14.6	22.3	20.7	46.6	47.3	0.40	0.40
TRC Southeastern Anatolia	6.4	7.1	10.6	11.9	14.8	15.8	21.7	20.4	46.5	44.7	0.40	0.37

Source: TurkStat

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.

Indicator 1.4: Growth Rate of Gross Domestic Product (GDP) Per Person Employed

In the period since 1990, the growth rate of GDP per person employed has been positive in some years and negative in others. In 1991, 1994, 1999, 2001, 2008 and 2009 the growth rate of GDP per person employed

was negative, and in the other years it was positive. In 2004 there was a significant increase in this indicator. This stemmed from the decrease in employment in 2004, which was in fact due the revision of the Household Labour Force Survey. The years which showed a negative growth rate of GDP per person employed were generally years of global and national economic crisis with shrinkages in GDP.



Source: TurkStat

* Calculated at 1987 prices.

** GDP for the years after 1998 was calculated at 1998 prices. Because GDP calculations after 2006 were made taking the year 1998 as basis, the years before 1998 and the years after 1998 should be compared separately within each cluster. Because of this, the figure for the year 1998 has not been calculated.

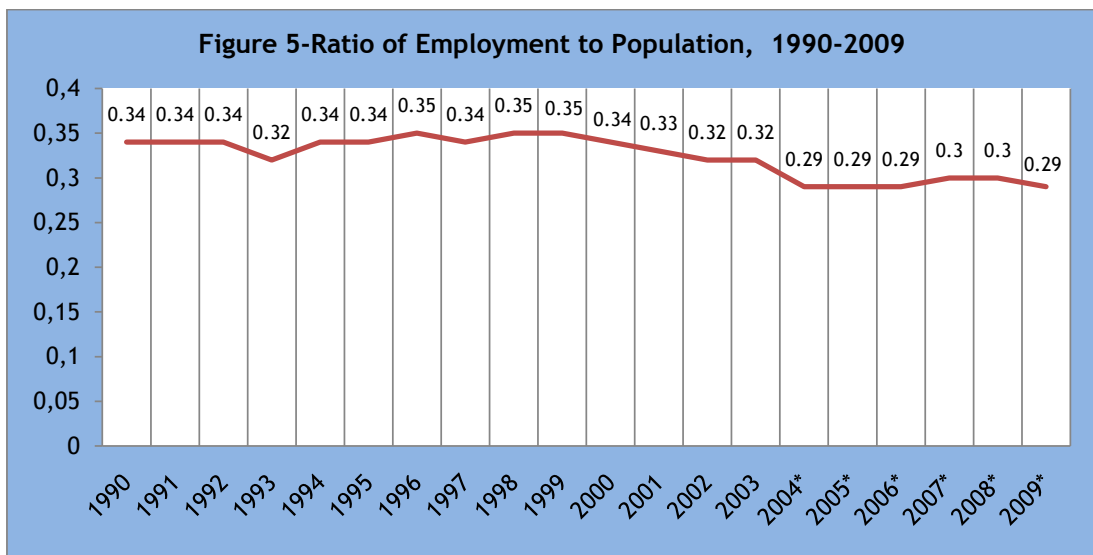
*** These figures were revised according to the population data in the 2008 PRSBA and the results of the 2008 Turkey Population and Health Survey conducted by the Hacettepe University Institute of Population Studies. Therefore the data pertaining to 2004, 2005, 2006, 2007, 2008 and 2009 are not comparable with previous years.



Indicator 1.5: Employment-to-Population Ratio

The rate of employment to the population shows a generally decreasing trend from 1990 onwards. While the employment-to-population ratio in 1990 was 34%, it declined to 29% in 2009. The reason why the percentage of employed people in the total population has diminished is that employment increase has lagged behind population increase. This

situation is mainly the outcome of the failure of economic growth to create sufficient employment and structural disintegration in agriculture. However, it is obvious that the employment-to-population ratio falls particularly in times of crisis. For example, it declined to 29% in 2009 as a result of the global crisis whose impact started to be felt towards the end of 2008. In this period of crisis, production decreased as a result of diminishing domestic and international demand, leading to a decline in employment and an increase in unemployment.



Source: TurkStat

* These figures were revised according to the population data in the 2008 PRSBA and the results of the 2008 Turkey Population and Health Survey conducted by the Hacettepe University Institute of Population Studies. Therefore the data pertaining to 2004, 2005, 2006, 2007, 2008 and 2009 are not comparable with previous years.

In order to improve the conditions of the labour market in Turkey, Law 5763 was passed in 2008. This introduced measures to cut down labour costs, to encourage the employment of young people, women and the disabled, to develop active labour market programmes, to increase unemployment benefits, to improve the relationship between education and employment, to reduce unregistered employment,

to facilitate the opening of private employment offices, to regulate relations with sub-employers, and to cut down the red tape involved in opening new workplaces.

Active labour market programmes (ALMP), which are designed to increase the qualifications and earnings of the unqualified labour force who face difficulties in entering the labour market, and which involve improvement of public employment services, job creation and labour force training, have become particularly important recently, as

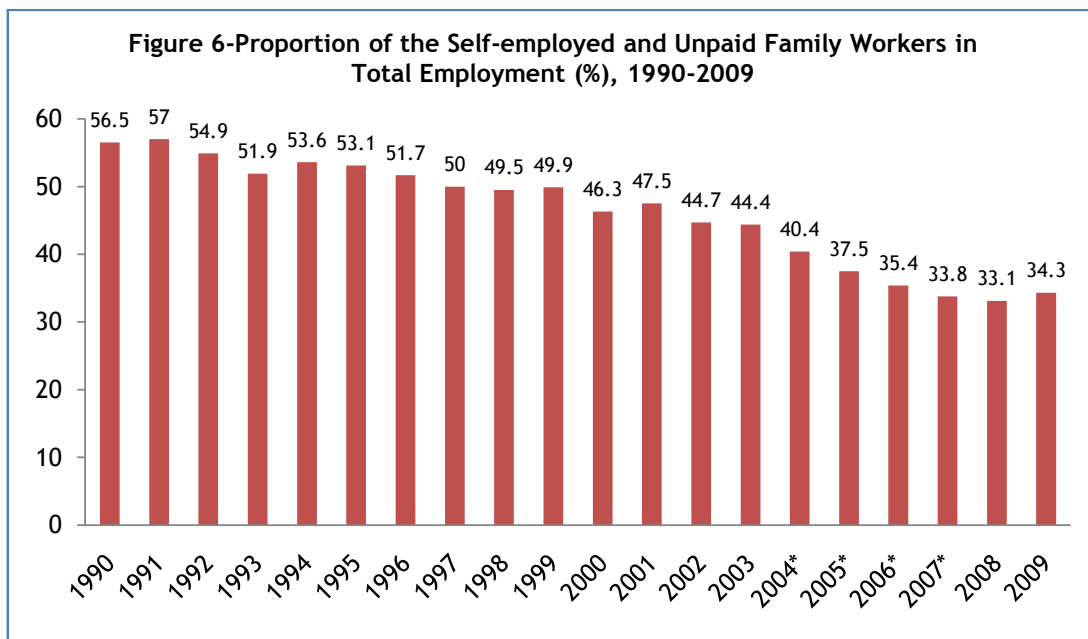
a result of the economic crisis. In fact, resources allocated to ALMPs increased by approximately 300% between 2008 and 2009, while the number of people taking part in these programmes increased by 400%. In 2009, 44 % of total participants of ALMPs is composed of women. Under ALMPs, programs especially like public workfare programs which aim to keep those who are with the least chance of finding a job in touch with the labour market and to meet the basic needs of these people for a certain period, and which provide them short-term employment are expanded.

Indicator 1.7: Proportion of Self-employed and Unpaid Family Workers in Total Employment

Over the years, the proportion of unpaid family workers and the self-employed in total employment has radically decreased. Actually, the ratio dropped from 56.5% in 1990 to 34.3% in 2009. Structural disintegration that has occurred in agricultural employment with urbanisation is a significant factor in this decline. Individuals working in agriculture

are generally employed as unpaid family workers or the self-employed. The migration of people involved in agriculture from rural areas to cities has caused a decrease in the number of unpaid family workers and the self-employed. Thus the proportion of such workers in the total employment figures has radically declined.

In 2009, however, the share of unpaid family workers and the self-employed in total employment increased compared to 2007 and 2008. The same is true also of 1994, 1999 and 2001. During times of global and national economic crisis, people who lose their jobs or are faced with the risk of losing them are obliged to go back to the rural areas and resume agricultural activities, and hence the increase in the number of unpaid family workers and the self-employed.



Source: TurkStat

* These figures are revised according to the new population projections based on PRSBA



Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Indicator 1.8: Prevalence of Underweight Children Under Five Years of Age

Turkey is not a country that is facing a hunger problem. However, it has long been struggling with the problem of malnutrition, especially of children, resulting from poverty. The proportion of underweight children under five years of age was 8.3% in 1998, 3.9% in 2003 and 2.8% in 2008³.

With the fall in the proportion of underweight children, the differences between urban and rural

areas in terms of malnutrition in children are diminishing. In 2008 the proportion of underweight children in rural areas was 4.8% and in urban areas 2.1%.

The fact that children constitute a relatively large portion of the total population suffering from poverty is an indication that children have become one of the disadvantaged segments in terms of poverty. When a household's total level of expenditure declines because of poverty, the share of expenditures that are for the benefit of children, whether unavoidable ones (such as food and clothing) or expenditures such as education and health, can also diminish. Within this framework, reducing household poverty, facilitating children's access to services such as education and health, and thus preventing the intergenerational transmission of poverty are the basic imperatives to pursue in this area.

Table 4: Distribution of Underweight Children (%)

	1998			2003			2008		
	Turkey	Urban	Rural	Turkey	Urban	Rural	Turkey	Urban	Rural
Extremely Underweight Child (%)	1.4	0.9	2.3	0.6	0.6	0.8	0.3	0.2	0.5
Underweight Child (%)	8.3	6.2	11.9	3.9	2.8	5.9	2.8	2.1	4.8

Source: Hacettepe University, *Turkey Demographic and Health Surveys, 1998 and 2003*

Indicator 1.9: Proportion of Population Below Minimum Level of Dietary Energy Consumption

This indicator, also called "food poverty", is an important instrument for measuring the prevalence of malnutrition among the total population. Although there is no sufficient data to

make a sound evaluation of nutrition-based poverty levels in Turkey, the available data shows that in 1994, 2.9% of the population could not meet minimal food costs⁴. Latest findings reveal that the food poverty ratio in Turkey was 0.54% in 2008⁵.

Although the proportion of the population subsisting on less than one dollar a day has been reduced to zero and the food poverty

3 Hacettepe University Institute of Population Studies, *Turkey Demographic and Health Survey*.

4 TurkStat and World Bank, *Turkey: Joint Poverty Assessment Report, 2004*

5 TurkStat, *Household Budget Survey, 2008*.



ratio has fallen in recent years, relative poverty and food and non-food poverty ratios are still high.

Poverty in rural areas is significant on the other hand (in 2008 the food and non-food poverty ratio was 34.6%). The unemployment ratio in rural areas was 8.9% in 2009. In that year 24.7% of employment was in the agricultural sector, while this sector contributed only 8% of GDP. The fact that agriculture is the major employment generating sector in rural areas while its share of GDP remains disproportionately small compared to the volume of employment it provides is the most important reason for the poverty in rural areas. As far as the elimination of rural poverty is concerned, it is envisaged that, first and foremost, income-generating projects should be supported at the local level in order to diversify the economic resources of poor people living in rural areas. It is also important that, in accordance with the National Rural Development Strategy document, the under-qualified labour force emerged in the rural areas as a result of the structural transformation in agriculture should be oriented towards non-agricultural sectors, their qualification and skill should be upgraded to meet the needs of the labour market, and their employability should be improved, particularly through the implementation of active labour market programmes. Additionally, implementation of schemes such as the Rural Development Investments Support Programme, the Social Support Programme and the Agricultural Cooperatives Support Project will be continued. There is, however, a continuing

need for the support given to the abovementioned rural development projects and programmes to be made more effective.

From a sociological viewpoint⁶, the inability of urban labour markets to provide job opportunities to the migrants from rural areas, the weakening of family networks, and the saturation in slum areas are important factors which increase the risk of poverty.

Poverty is also an obvious obstacle to the attainment of other targets, such as education for all and the reduction of infant and maternal mortality. In fact, reducing poverty is directly related to all of the targets of the Millennium Development Goals. It is particularly closely related to Targets 2-6, which address education, empowerment of women, gender equality, reducing infant mortality, improvement of maternal health, and preventing the spread of HIV/AIDS, malaria and other epidemic diseases. This perspective clearly demonstrates the difficulty of designing poverty reduction schemes with reference to poverty *per se*; strategies and policies must be implemented with mutual and concerted efforts directed towards the other above-mentioned targets.

6 Buğra and Keyder, *New Poverty and the Changing Welfare Regime of Turkey*, UNDP, 2003



Goal 2: Achieve Universal Primary Education

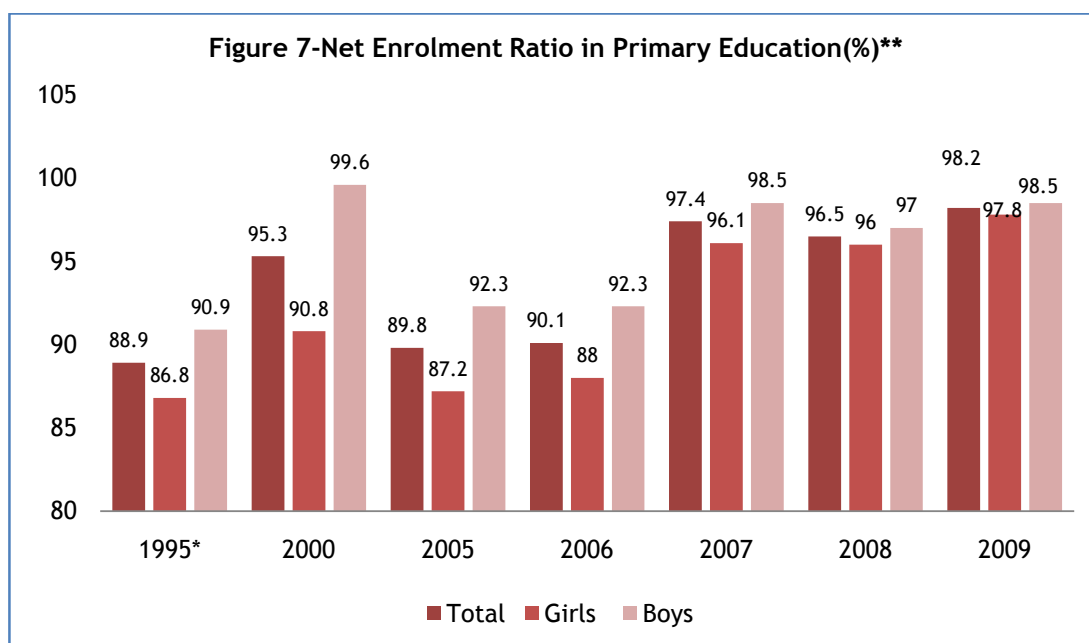
Target 2.A:

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Indicator 2.1: Net Enrolment Ratio in Primary Education

In 1997 compulsory education in Turkey was extended to 8 years (from 5). In the last few years important developments have been achieved in primary education, and the net enrolment ratio has nearly reached 100%. Moreover, the gap between the enrolment ratios for boys and girls has almost been closed. Particularly effective in contributing to these advances have been the campaign "OK Girls, Off to School" ("Haydi Kızlar Okula"), promoting the schooling of girls, the Conditional Cash Transfer scheme and the use of school transport for children in remote locations.

Although significant progress has been achieved in net enrolment ratios in Turkey in general, factors such as gender, family income and education levels, family size and place of residence remain critical in determining access to education. An examination of the net enrolment ratio distribution by province shows that regional differences persist, and that the ratio of children left out of primary education is higher in the central Anatolian and eastern regions (see Map 1).



Source: MoNE, *National Education Statistics 2009-2010*

* Ratio for 1995 belongs to 5 years of primary education.

** Schooling ratios for the years 2000, 2005 and 2006 were calculated according to the latest population projection based on the results of General Population Census 2000. The ratios for the year 2007 and onwards were calculated according to the results of PRSBA.



Map 1: Net Enrolment Ratios in Primary Education by Province (%), (2009-2010)

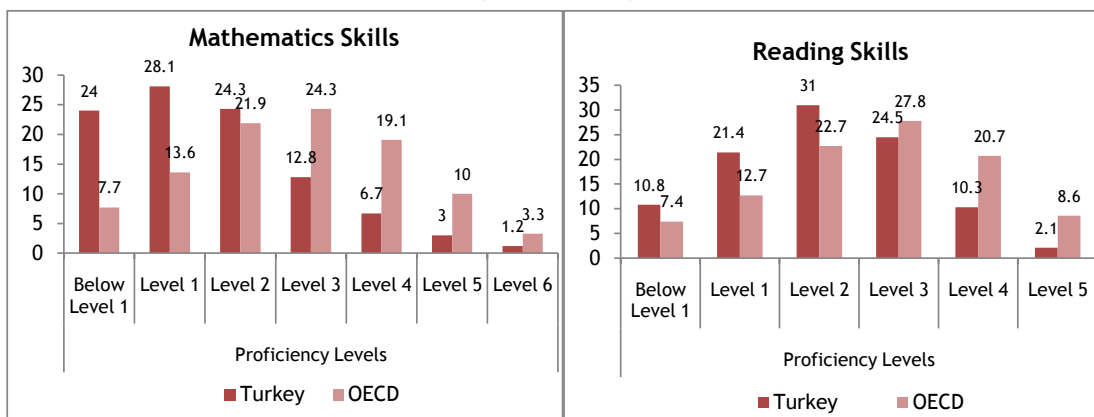


Source: MoNE, National Education Statistics 2009-2010

Through the Residence Based Population Registry System, started in 2007, and the e-school system organized by the Ministry of National Education, data can be obtained that make possible the accurate calculation of the number of children who are left out of formal education. These data reveal that

two-thirds of all primary school-age children who do not attend school are girls. Girls living in the eastern regions and in rural areas are the most disadvantaged group.

Figure 8-Distribution of Students According to Achievement Levels in Mathematical and Reading Skills (PISA 2006)



Source: OECD, PISA 2006

At the primary school level, another aspect just as important as access is the acquisition of basic skills. Although in recent years Turkey has come a long way in providing access to primary schooling, for this progress to be meaningful it is necessary for educational outcomes to be brought up to international standards.

It is important for individuals to acquire basic skills for personal development and social integration. Inadequate command of basic skills creates problems in later stages of education and in work life. In the PISA (Programme for International Student Assessment) survey, which



aims to determine the basic skill levels of students country by country, Turkey is one of the lowest-ranked among the OECD countries. In mathematical skills approximately half (52.1 %) the students, and in reading skills one-third (32.2 %) of the students in Turkey achieved scores of “1st Level” or “Below 1st Level”. Thus it is evident that a significant proportion of Turkish children do not possess an adequate level of basic skills.

In order to improve the efficiency of the primary education system in parallel with the increasing access, radical changes have been introduced in primary school curricula in the last few years, and efforts have been launched to improve the physical

infrastructure of school facilities and the qualifications of teaching staff. However, the inability to eliminate inequalities in educational provision between different regions, and the fact that socio-economic conditions affect the acquisition of basic skills as much as they affect access, remain as serious problems in this area.

In order to ensure the possibility of quality education for all, an ideal class size, sufficient educational material and equipment, and an adequate number of teaching staff must be provided. The fact that, in the last five years, although the overall number of children in primary school has increased, the number of students per classroom has gone down from 35 to 32 and the number of students per teacher from 27 to 22 is considered a positive development. Nevertheless, inequalities in the said indicators caused by regional differences still remain as an important problem (see Maps 2 and 3).

Map 2: Number of Students Per Classroom in Primary Education (2009-2010)



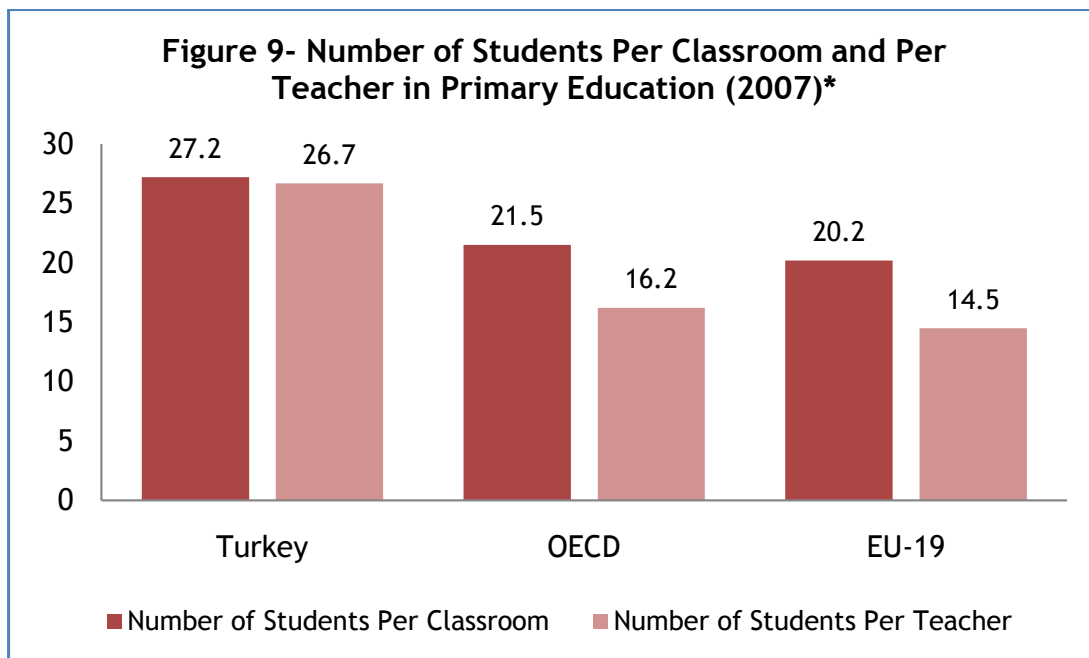
Source: MoNE, *National Education Statistics 2009-2010*.

Map 3: Number of Students Per Teacher in Primary Education (2009-2010)



Source: MoNE, *National Education Statistics 2009-2010*.

Turkey is below international standards in terms of both physical infrastructure and number of teachers. When compared with the OECD and EU-19 countries, the number of teaching staff, in particular, is seen not to be at the desired level (see Fig. 9).



Source: OECD, *Education at a Glance*, 2009.

- The EU-19 are the OECD member countries of the European Union.

** Information of number of students per classroom and per teacher in primary education is for 2006-2007 education period. Ratio of 27.2 shows class size in double shift education. Number of students per classroom for 2006-2007 education period in one shift education assumption is 34.3.

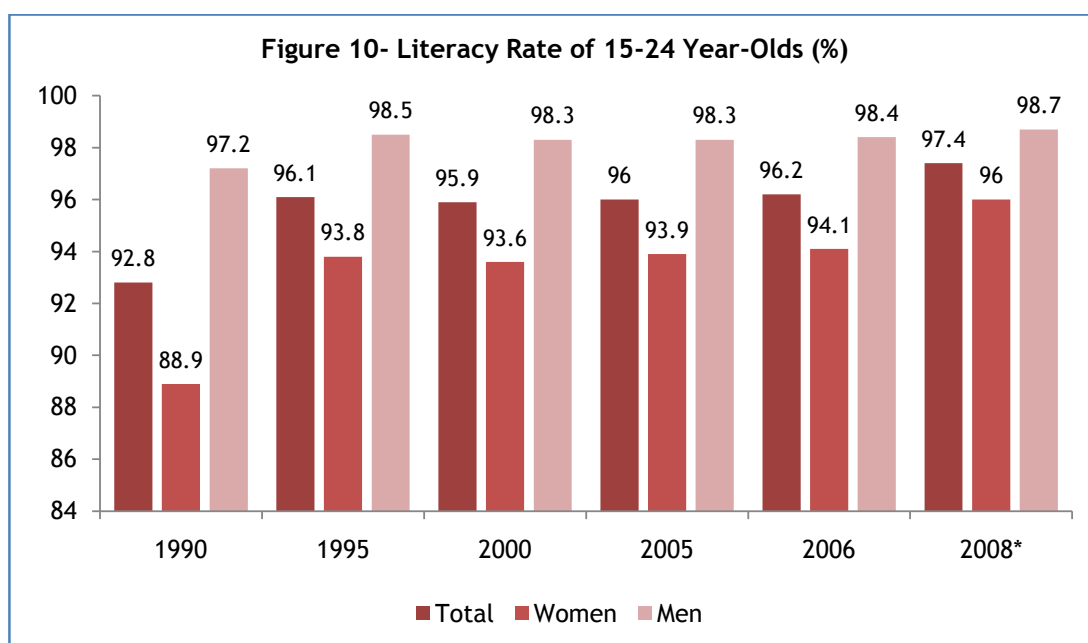


In the period ahead, Turkey's educational expenditures will be focused on improving the quality of education rather than on physical infrastructural investments, in parallel with the fall in fertility rates and consequently in the school-age population. During this period, policies must be developed to enable everyone to benefit equally from quality education opportunities and to reduce the impact of regional and

socio-economic conditions on the acquisition of basic skills.

Indicator 2.3: Literacy Rate of 15-24 Year-Olds, Women and Men

The literacy rate among the 15-24 year age group is improving and the gap between women and men is closing. Over the years, increasing primary school attendance rates have been instrumental in reducing the ratio of illiterate population.



Source: TurkStat

* Calculated according to the Residence Based Population Registry System count of 2008 does not include those whose literacy level is unknown.

3.2% of the current primary school students are receiving 'open primary education' by distance learning. Extending open primary education and literacy courses

for those who have not had the opportunity to attend school, and encouraging the implementation of such schemes, will help in boosting the literacy rate.



Goal 3: Promote Gender Equality And Empower Women

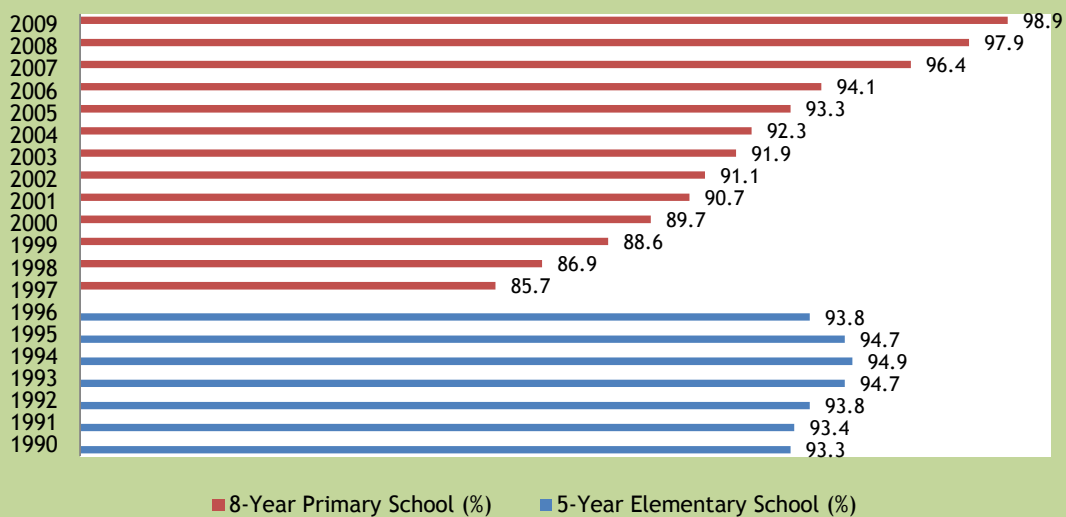
Indicator 3.1: Ratios of Girls to Boys in Primary, Secondary and Tertiary Education

The gender ratio, defined as the ratio of girls to boys, in primary education was around 94% between 1990 and 1996. Following the raising of the period of compulsory education to 8 years in 1997-1998 school year, the gender ratio in primary education dropped to 85.7%. This fall was due to the (relatively) small number of girls in grades 6, 7 and 8. But between 2000 and 2009 the gender ratio in primary education rose from 89.7% to 98.9%. Extending the duration of compulsory education contributed to this result. Turkey has almost reached the target of eliminating gender inequality in primary education.

Target 3.A:

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

Figure 11-Gender Ratio in 5-Year Elementary and 8-Year Primary Education (%)



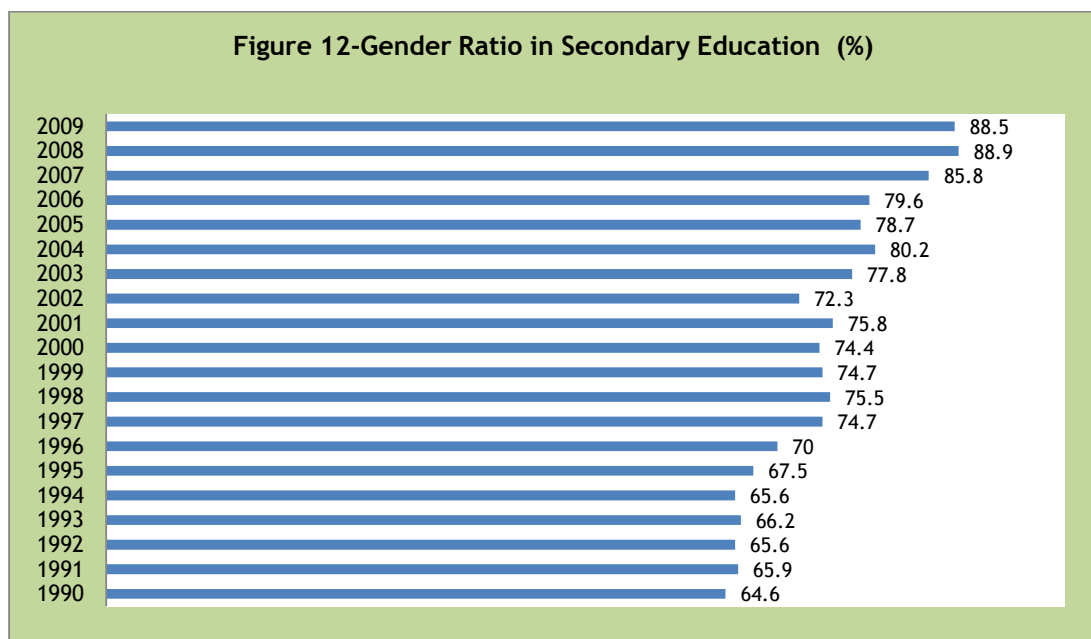
Source: MoNE, 2010



The gender ratio data for primary and secondary education show that fewer girls than boys are in the formal education system at both primary and secondary levels. Although primary education is compulsory, the fact that 3.2% of primary school-age girls were not enrolled in school in 2008 points to a problem around this issue. Similarly, the increase in the number of girls attending secondary school is not satisfactory. The proportion of girls who are not taking up secondary education is noteworthy, considering the young age structure and the size of the population; it is obvious that improvement is necessary in this area. Moreover, because this

indicator relies on school enrolments rather than graduations, it is impossible to gain an idea as to what proportion of the girls enrolled in secondary school, who constitute slightly more than three-quarters of their age group, will successfully complete this stage of education.

While economic circumstances negatively affect the ratios of both girls' and boys' school attendance in urban areas, the major factor in rural regions is 'families' lack of interest in sending their children to school'. The failure to have girls enrolled in education is put down to household duties and family values. In urban regions, cost is the number-one factor. The further one goes down the socio-economic ladder, the less a woman's chance of accessing and staying in education becomes.

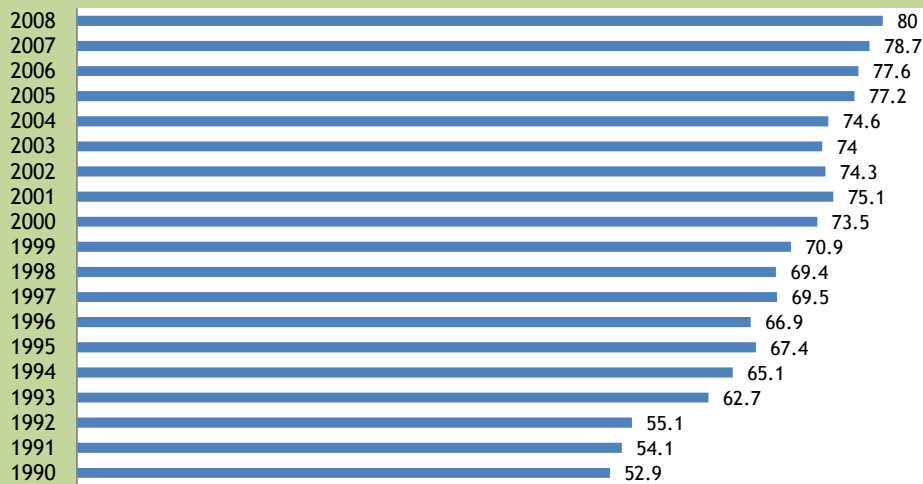


Source: MoNE, 2010

In tertiary education, the ratio of female to male students shows an increase over the years. The gender ratio in tertiary education was 52.9% in 1990 and had risen to 80.1% by 2008, thus beginning to close the gap between male and female students.

In Turkey, women's participation in the labour force increases as their level of education rises. Among women who are graduates of secondary-level vocational or technical schools, labour force participation is 38.3%, and among those who are graduates of standard secondary schools it is 29.1%. However, among university graduates the rate of participation rises to 70%.

Figure 13-Gender Ratio in Tertiary Education (%)



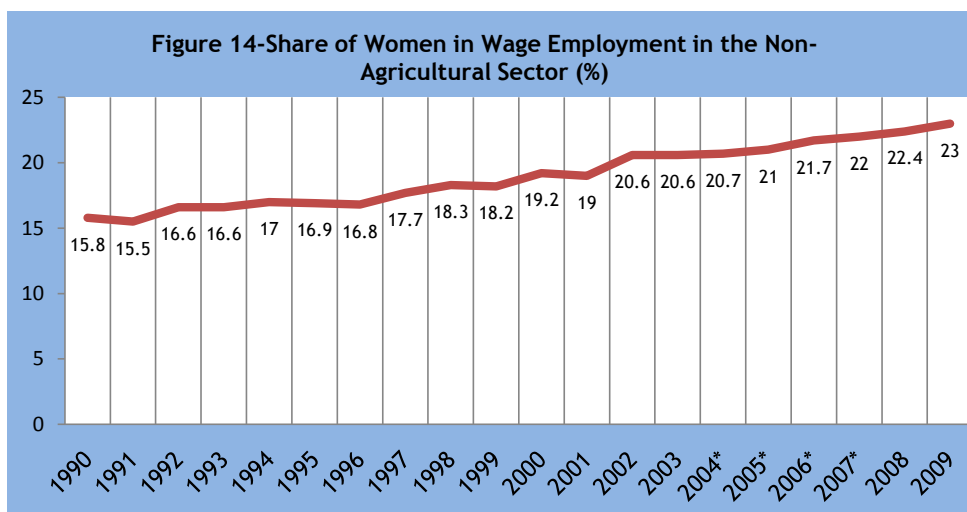
Source: MoNE, 2010

Indicator 3.2: Share of Women in Wage Employment in the Non-Agricultural Sector

Although the ratio of wage-earning women working in non-agricultural sectors to the total non-agricultural employment has shown a slight increase over the years, this ratio is still rather small. The main reason for this is the very low participation of women in the labour force as a whole. A great majority of working women are involved in agricultural activities as unpaid family workers. In 2009, 41.7% of women were employed in the agricultural sector. In the same year, 82.5% of women working in non-agricultural sectors

were wage-earners (including daily paid workers). Therefore wherever women begin to work in non-agricultural sectors this will increase the ratio of women in wage employment. The means of achieving this is to develop the labour qualifications and skills of those women who, as a result of migration from villages to cities, have left the agricultural sector, and to enable them to be integrated into non-agricultural sectors.

Figure 14-Share of Women in Wage Employment in the Non-Agricultural Sector (%)



Source: TurkStat, Household Labour Force Survey

*These figures revised according to new population projections based on PRSBA



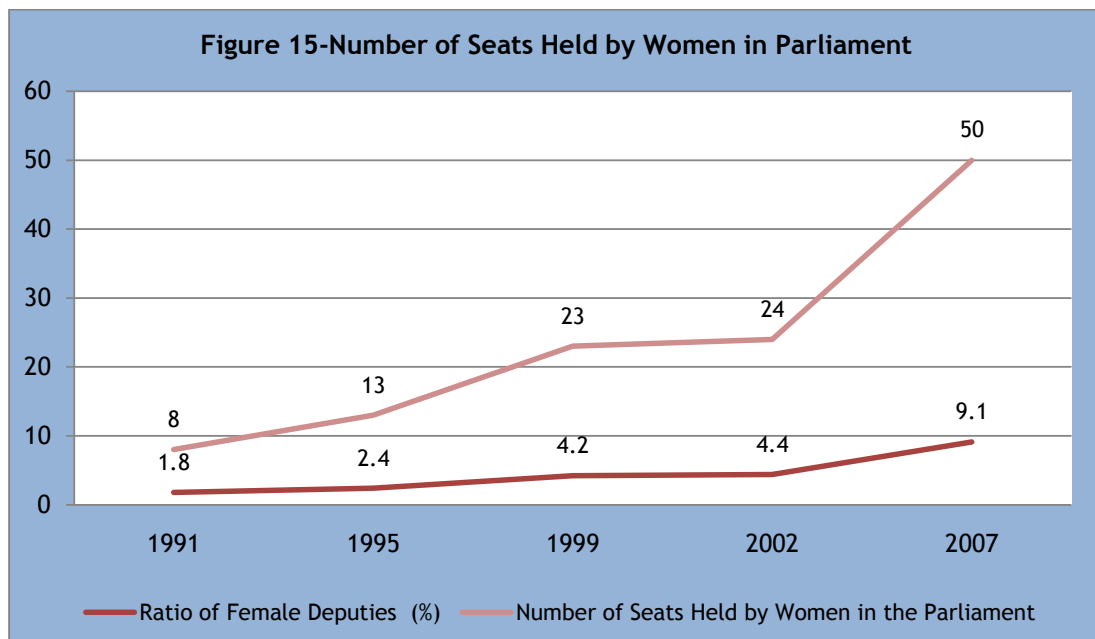
Increasing women's labour force participation is among one of Turkey's important priorities in its policies regarding the labour market. In 2008 a new law, popularly known as the "employment package", was passed to encourage female employment. By this law the state undertook to pay, on a graduated basis, the employer's share of the social security premium in cases where the employee was a woman.

As part of the "Operation in Support of Women's Employment" conducted by the official Turkish Employment Organization (İŞKUR) within the framework of the EU's Instrument For Pre-Accession

Assistance (IPA), grant schemes are being implemented to improve the employability of women. Nationally and internationally financed projects are also being conducted to increase women's participation in the workforce.

Indicator 3.3: Proportion of Seats Held by Women in National Parliament

Women's participation in political decision-making mechanisms is one of the most important aspects of democracy. Yet presently in Turkey, where gender representation in politics is a very problematic issue, it is difficult to claim that "gender equality" exists. Although in the last 16 years the ratio of female members of the Turkish Parliament (Grand National Assembly of Turkey) has increased from 1.8% to 9.1%, women still have only 50 seats in the 550-member parliament.



Source: Grand National Assembly of Turkey

Women in Turkey are greatly under-represented in the political decision-making process. In terms of women's representation in parliaments worldwide, Turkey ranks 107th among 175 countries (source: UNDP, 2008). Currently,

women's representation in politics in Turkey remains below the average of European, American, Pacific and African countries, both at the parliamentary level (9.1%) and at that of local government (less than 2%).



Goal 4: Reduce Child Mortality

Target 4.A:

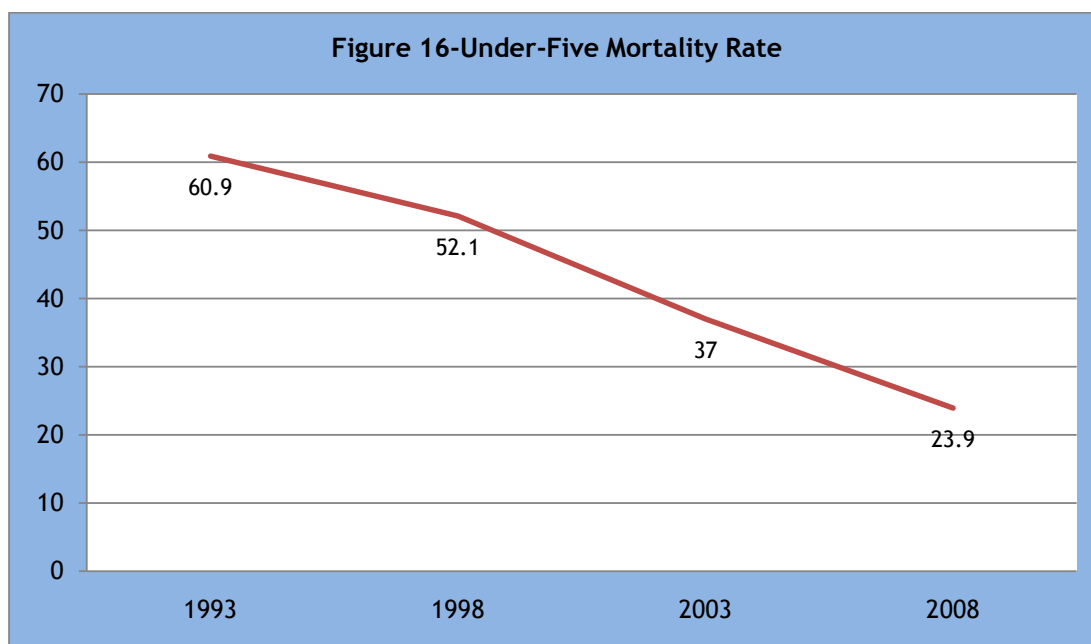
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Indicator 4.1: Under-Five Mortality Rate

It is envisaged that the goal of reducing infant and child mortality will be reached by providing skilled health personnel assistance in childbirth, improving infant and mother care services, immunizing children against preventable diseases and increasing the education level of women.

Within the framework of the Health Transformation Programme implemented since 2003, Turkey has adopted the family medicine system and established a universal health insurance scheme. Alongside these structural reforms, the following measures have brought about a significant decrease in the rate of infant and under-five mortality: expanding the scope of free vaccination programmes for children, improving screening and disease prevention schemes aimed at children, providing free iron supplements, encouraging breastfeeding, increasing the number of programmes specifically targeting infants such as the baby-friendly hospitals programme, and in particular, improving the services provided to newborns. Free iron supplements are given to infants since May 2004, and are provided to mothers in pregnancy and post-partum period since November 2005. Since May 2005 free Vitamin D supplements are also provided to infants. On the other hand, screening programmes are enriched and, besides phenylketonuria screening programme, in late 2006 hypothyroidis screening and in 2007 hearing screening programme have been started.

According to the Turkey Demographic and Health Survey (TDHS), the under-five child mortality rate per 1,000 live births, which was 60.9 in 1993, had declined to 23.9 in 2008. The under-five child mortality rate, which was decreased by 35%, has particularly improved in the last five years. Considering this declining trend, it is estimated that the under-five mortality rate will come down to around 20 per 1,000 live births by 2015.



Source: TDHS

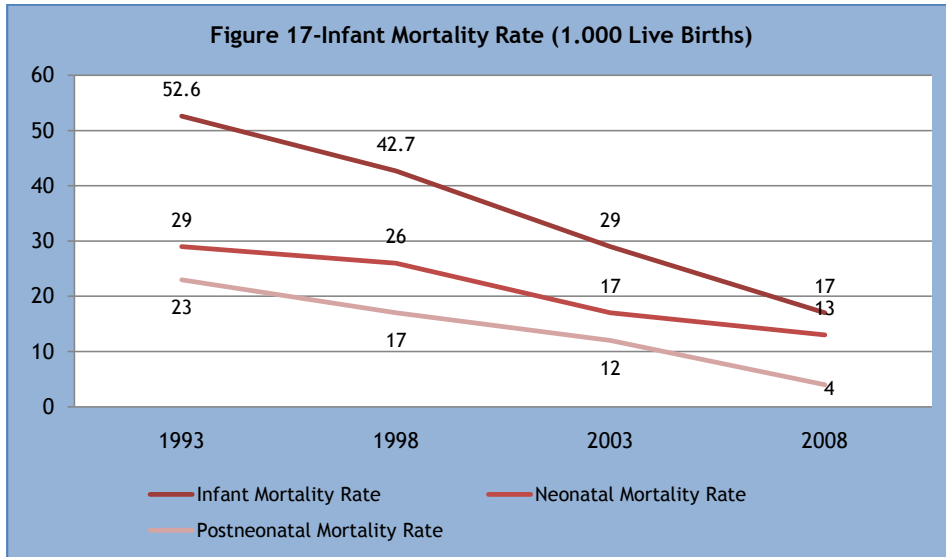
As regard to regional dimension, in 1998 the lowest under-five mortality rate, 38.3 per 1,000 live births, occurred in the western region, and the highest rate, 75.9, was in the eastern region. In 2008, the lowest rate was 23 in central Anatolia while the highest was 50 in eastern Anatolia.

Since 2003 the Conditional Cash Transfer Programme Health Scheme has been implemented in Turkey for the purpose of supporting the child care expenses of low-income mothers. Mothers are paid 20 TL per month for each child aged 0-6, provided that children undergo health checks regularly. A total of 24,644 children benefited

from this cash transfer in 2003, by 2009 the number of active child beneficiary had risen to 753,462. A total of 534.3 million TL was distributed under this scheme in the period 2003-2008.

Indicator 4.2: Infant Mortality Rate

The infant mortality rate in Turkey, which in 1993 was 52.6 per 1,000 live births, had decreased to 17 by 2008. According to TDHS data, the neonatal mortality rate among infant deaths in 2008 was 13 per 1,000 live births, and the postneonatal mortality rate was 4 per 1,000 live births. During the period 1993-2008 the most striking decrease was observed in postneonatal infant mortality, with a 82.6 per cent decrease. The same mortality rate has decreased 67 per cent in the 2003-2008 period.

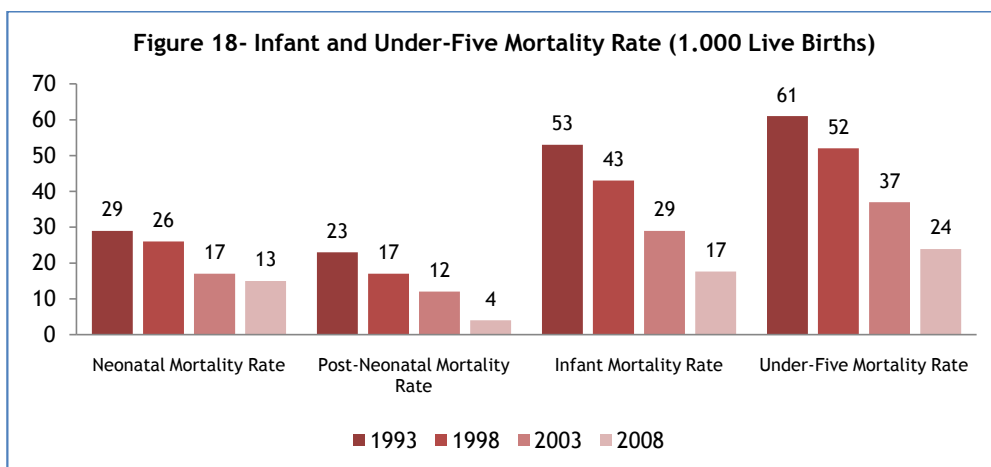


Source: TDHS, 1993, 1998, 2003, 2008

Albeit decreasing, regional disparities in infant mortality rates still persist. In the period 1993-1998, the infant mortality rate was the lowest in the southern region, at 32.7 per 1,000 live births, and the highest in the eastern region at 61.5 per 1,000 live births. In 1998-2008 the lowest infant mortality rate was registered in the western region with 16 per 1,000 live births and the highest in the eastern region with 39 per 1,000 live births.

Infant mortality rates decline as the ratios of births assisted by skilled health personnel and pre-natal care increase. Furthermore, increases in the mother's level of education and the income level of family have an important effect in terms of decreasing the infant and under-five mortality rates, especially in the case of

postneonatal deaths. Similarly, with the rise in mothers' age at first birth, the decrease in the number of adolescent births has also helped reduce the risk of infant mortality. Short birth intervals are another important factor putting at risk the health of both mothers and babies; hence in mothers who have a high birth interval the rate of infant mortality decreases. The proportion of 24-month birth intervals, among non-fiot birth which is too short a period, was 27 in 2003; this had fallen to 20.4 by 2008. The median birth interval has also risen in parallel with this trend.



Source: TDHS 1993, 1998, 2003, 2008



Indicator 4.3: Proportion of Under-One-Year-Old Children Immunized Against Measles

Whereas measles vaccination was hitherto applied to infants at the age of 9 months, the timing of the vaccination has been changed to the age of after 12 months as of January 2006. In 1993 the ratio of children vaccinated against measles in the age of

12-23 months had been 77.9 per cent, according to Ministry of Health records, the ratio rose to 97 per cent in 2009. On the other hand, in the past, measles cases had been periodically rising and last epidemic was occurred in 2001 as about 30 thousand measles case registered. Due to the expanded immunization programs, measles case decreased dramatically to 34 in 2006 and 5 in 2009, which all were from abroad. By 2010, total elimination of measles is expected.

Table 5- Proportion of Under-One-Year-Old Children Immunized Against Measles

	1993	1998	2003	2009
Ratio of Children Immunized Against Measles (%) ⁽¹⁾	77.9	78.5	79.4	97

Source: Ministry of Health; TDHS

(1) 1993, 1998 and 2003 are based on TDHS, 2009 is based on Ministry of Health Registry.

Due to expansion in the scope of immunization and control programmes in recent years, immunization rates, which have a positive impact on infant and under-five mortality rates, have been increasing over years. Up to late 2005, diphtheria, pertussis, tetanus, polio, measles

hepatitis-B, tuberculosis are in the routine free provided vaccine list. In 2006 rubella, mumps and haemophilus influenza type b and in 2008 conjugate pneumococcus vaccine have been added to the free vaccine list. In the period of 2002-2010, budget funds used for immunisation of children increased 11 times in real terms, rising to 250 million TL in 2009.



Goal 5: Improve Maternal Health

Target 5.A:

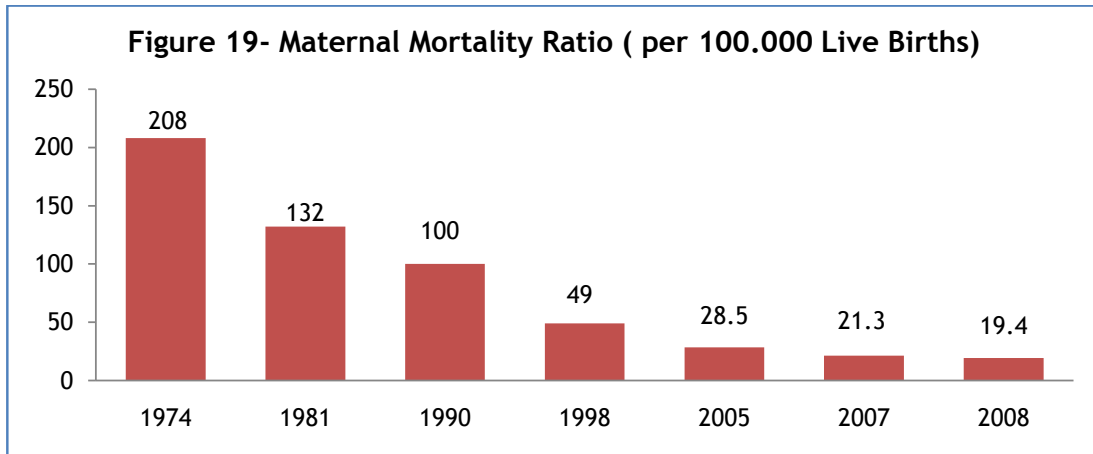
Reduce by three quarters, between 1990 and 2015, maternal mortality ratio that occurs during pregnancy, delivery and postpartum period

Indicator 5.1: Maternal Mortality Ratio

Maternal mortality ratio is estimated based on surveys in Turkey. According to the Demographic Survey held in 1974-75 for the first time in Turkey, maternal mortality rate was 208 per 100,000 live births. In the Turkish Demographic Survey conducted in 1989, maternal mortality rate was predicted to be 132 per 100,000 live births for the year of 1981. "Health Hospital Registry Study", conducted in 1998, found that mortality rate was 49.2% per 100,000 live births. Despite the fact that aforementioned surveys have an error factor risk due to methodology and sampling selection, the mortality rates are meaningful to display the decreasing trend in maternal mortality rate.

To obtain data on maternal mortality rate at national level, "National Maternal Mortality Survey" was conducted in 2005 within the framework of "Reproductive Health Programme of Turkey". This survey has been the most extensive study to assess maternal mortality in the country, and the level and reasons for maternal mortality including regional and urban-rural differences have been identified. According to this survey, maternal mortality rate was found to be 28.5% per 100,000 live births for the year 2005. This rate was 20.7% in urban areas and 40.3% in rural areas. When this rate is analysed according to Nomenclature of Units for Territorial Statistics (NUTS 1), maternal mortality rate has the lowest level in Western Anatolia by 7.4% and the highest level in Eastern Black Sea and North-eastern Anatolia by 68.3%.

Following the completion of "National Maternal Mortality Survey", data is being collected from 81 provinces using the Maternal Mortality Data System established under Ministry of Health within the scope of Maternal Mortality Monitoring Programme. According to the information obtained from this national data base, while the maternal mortality rate was 21.3% per 100,000 in 2007, it was recorded as 19.4% per 100,000 in 2008. These are the lowest rates among upper-middle income group countries-including Turkey, according to the World Health Organisation classification. The Strategic Plan of the Ministry of Health aims at a further reduction in maternal mortality rate to below 10 per 100,000 births by the year 2012.



Source: 1974, 1981 are based on TurkStat, 1990 is projection, 1998 is based on Ministry of Health Hospital Registry Study, 2006 is based on National Maternal Mortality Survey, 2007-2008 are Ministry Records

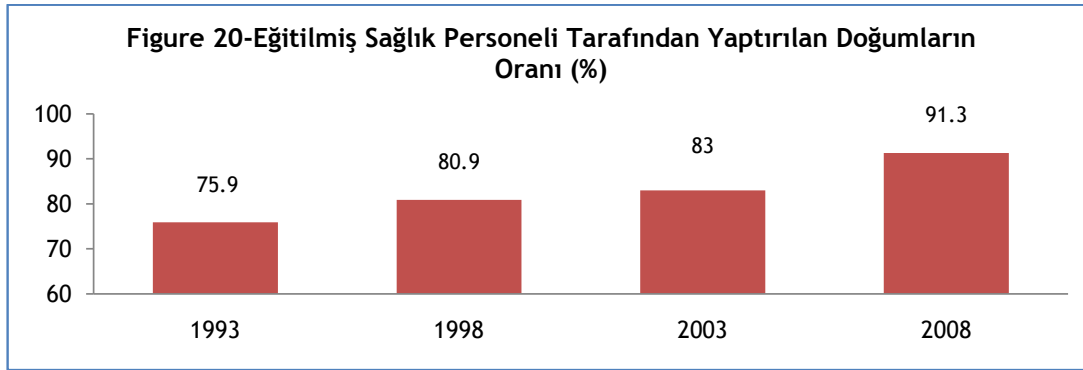
According to the “National Maternal Mortality Survey”, the primary cause of death is bleeding right before, during or after delivery by 25%. Moreover, 21.2% of maternal deaths are due to indirect reasons. According to the survey, 61.6 percent of deaths linked to pregnancy were affected by one or more preventable factors. As far as deaths linked to pregnancy are concerned, the effect of preventable factors in rural areas is higher compared to urban areas. On the other hand, the impact of factors related to healthcare centres on maternal mortality is negligible.

Reducing maternal mortality has been adopted as a policy priority by the Health Transformation Programme executed since 2003 and considerable developments have been achieved. Within this framework, pre-marriage and pre-pregnancy consultation program, family planning program,

antenatal care program, preventing iron-deficiency for pregnant program, emergency obstetric care and infant care program, birth and caesarean program, postnatal care program, maternal mortality monitoring program, adolescent health and youth program, training for reproductive health in services are implemented by the Ministry of Health to avoid preventable factors caused to maternal mortality.

Indicator 5.2: Proportion of Births Attended by Skilled Health Personnel

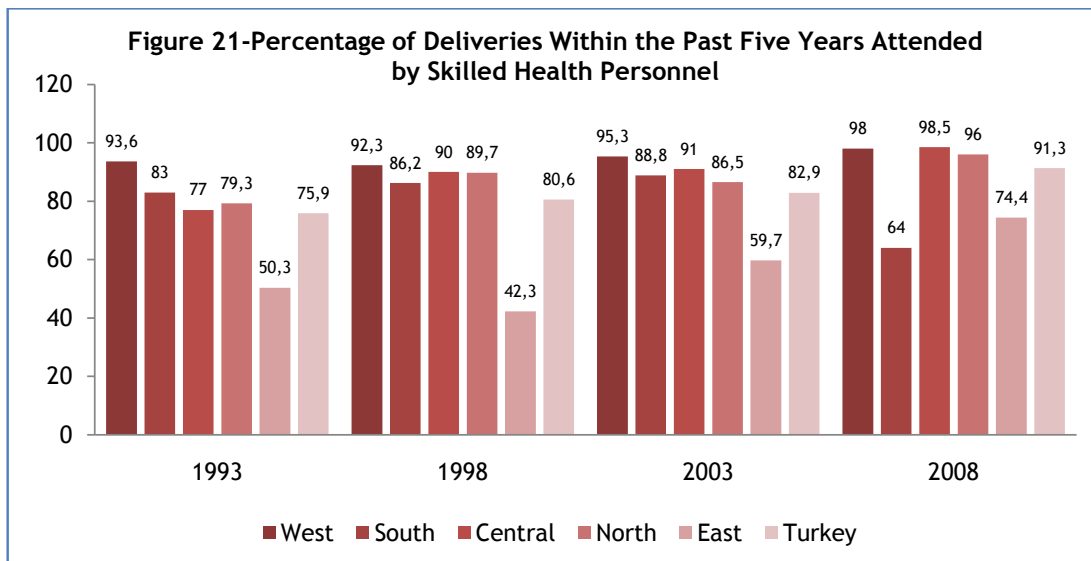
It is crucial to give birth in a healthcare centre and have a skilled healthcare professional attend deliveries to prevent deaths of mothers and newborns. According to the “Turkish Demographic and Health Survey 2008”, 91% of deliveries within the past five years were carried out with the help of skilled health personnel. This percentage has increased approximately by 25% in the period 1993-2008. The rate of deliveries realised at a healthcare centre in 2008 is 89.7%, 16.7% of deliveries occurred elsewhere were attended by a physician or nurses/midwives.



Source: Hacettepe University Institute of Population Studies (HUIPS), *TDHS 2008*

Having skilled healthcare professionals attend births varies significantly according to the educational level of the mother, her place of settlement, age, status as well as number of deliveries. Women living in the eastern part of the country, those uneducated or not having complete elementary education and those with low income level have

considerably low chances to get skilled healthcare staffs attend their deliveries. On the other hand, almost all of the women with secondary or higher education and/or high level of income have been assisted in their deliveries by skilled professionals.



Source: HUIPS, *TDHS*

The Ministry of Health is executing Delivery and Caesarean Programme in order to ensure safe and healthy delivery for each pregnant woman in a hospital, to keep the rate of caesarean births at reasonable levels and also to rule out

inequalities. With the contribution of this programme, the target is to increase the rate of births occurring at a healthcare centre over 98 by the end of 2010.

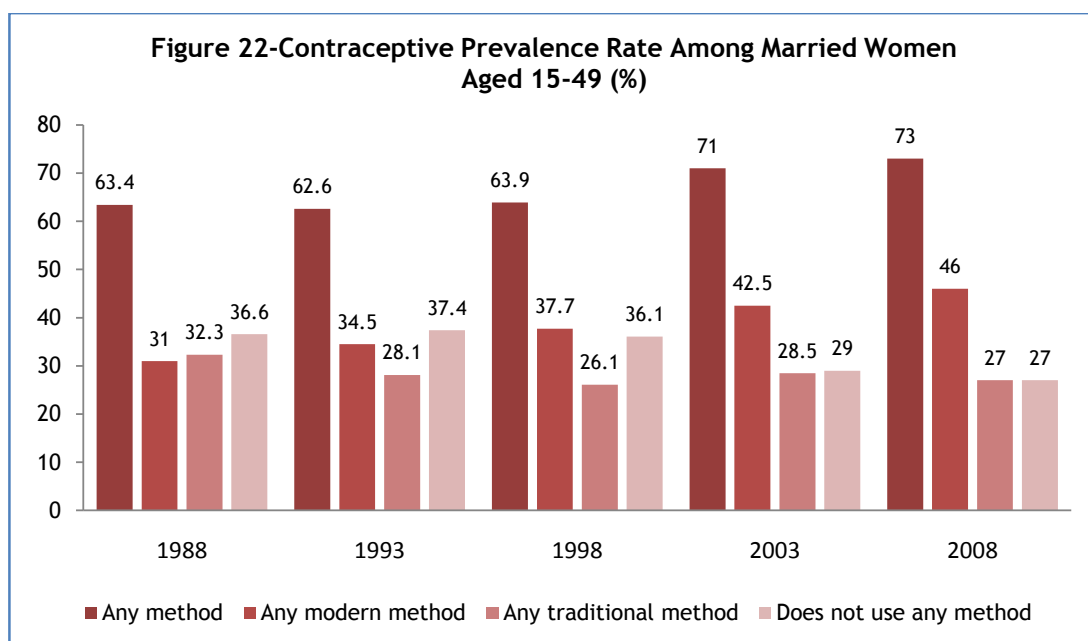


Target 5.B: Achieve, by 2015, universal access to reproductive health

Indicator 5.3: Contraceptive Prevalence Rate

According to the results of the Turkish Demographic and Health Survey (TDHS) 2008, 99.8% of

married women are familiar with at least one of the family planning methods. While the contraceptive prevalence rate was 62.6 in 1993, this number went up to 73% in 2008. Another improvement that took place in the same period is that the rate of using traditional contraceptive methods decreased. The use of modern contraceptive methods went up to 46% in 2008 as compared to 34.5% in 1993.



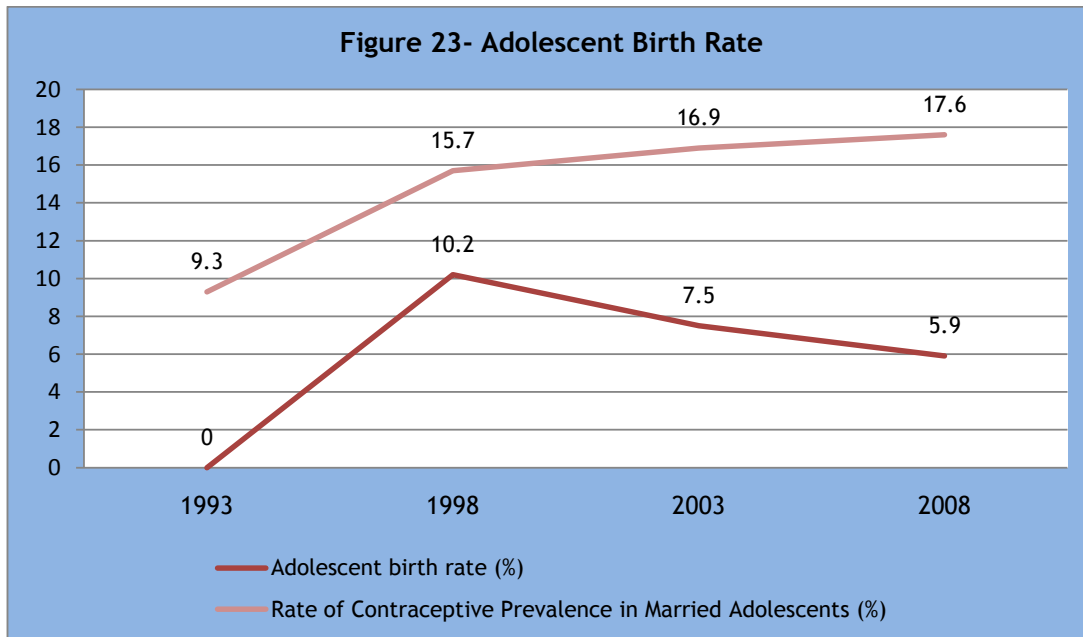
Source: HUIPS, TDHS

Ministry of Health conducted Reproductive Health Programme between 2003-2007 within the framework of EU Financial Cooperation in order to enhance the usability and accessibility of Reproductive Health services and to boost the quality of services in Turkey.

Indicator 5.4: Adolescent birth rate

Adolescent birth rate decreased in Turkey in connection with the increase in age at first marriage

rise up to 20.9 in 2008. In line with the data attained from TDHS, birth rates in married adolescents receded to 7.5% in 2003 and 6% in 2008. Adolescent motherhood is more widespread in rural settlements in comparison to urban areas, and there are significant discrepancies among regions themselves. Central Anatolia, with 10.4% adolescent birth rate in 2008, holds the highest place in this field among regions. Knowledge of contraceptive methods is also low during adolescence when one faces the most risky pregnancies and births. While usage of any modern contraceptive methods is 46 percent among married women in 2008, it is only 17.6% in married adolescents.

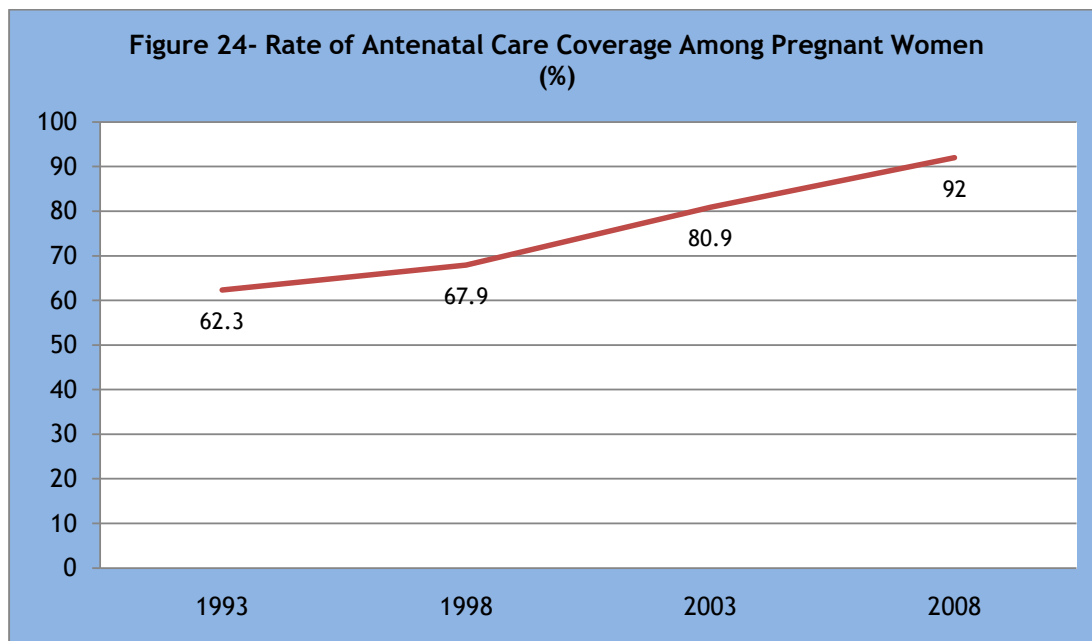


Source: HUIPS, TDHS, 1993-2008

The Turkish population is considerably young although population growth and fertility rates are declining. Therefore, increasing the knowledge and awareness of youth about sexual and reproductive health is crucial. Ministry of Health is carrying out Adolescent Health and Youth Programme in order to prevent adolescent pregnancies and risky behavior at young age to improve youth health. Furthermore, the Ministry aims to improve youth health services by the end of 2014 by increasing the number of concerned units that will provide special assistance for each 250,000 young people (aged 10-24) for easy access to “youth-friendly” services. Within this framework, one adolescent polyclinic will be launched in at least one hospital for each city by the end of 2010.

Indicator 5.5: Antenatal Care Coverage (at least one visit and at least four visits)

Women making use of antenatal care coverage increased by 50% in the period 1993-2008. While 62.3% of women received antenatal care in 1993, this rate increased significantly within the recent years as a result of effective efforts. In accordance with TDHS 2008, 92% of women received antenatal care from health professionals at least once. Almost all of these women received antenatal care from a physician.



Source: TDHS 1993, 1998, 2003, 2008

Ministry of Health is conducting Antenatal Care Coverage Programme in order to prevent maternal deaths by monitoring pregnancy in time and keeping a record of examinations in line with clinical protocols. The aim of pregnancy monitoring is to prevent pregnancy risks, intervene if there are any complications, protect women from anaemia during pregnancy and perform safe delivery in a hospital. The main target is to increase antenatal care coverage rate over 98% by the end of 2012.

Furthermore, pregnant women started receiving cash aid with the implementation of the Conditional Cash Transfer (CCT) Programme launched in 2003. Accordingly, pregnant women receive 60 TL just once provided that they deliver at a healthcare centre. They also collect a monthly payment of 20 TL in the antenatal period on condition that they pay regular visits for examination, and finally they receive 20 TL twice after delivery. 49,626 women made use of the CCT Programme and the amount of cash aid totalled 3.67 million TL in the period 2005-2009.

Table 6- Number of Antenatal Care Visits and the Pregnancy Month in which Antenatal Care Visits Started

	2003			2008		
Number of antenatal care visits	Urban	Rural	Total	Urban	Rural	Total
None	11.6	34.2	18.6	5.0	15.7	7.8
Once	5.8	11.2	7.5	3.1	7.7	4.3
2 or 3 times	17.8	21.5	18.9	11.1	21.4	13.8
More than 4	63.7	32.5	53.9	80.4	54.8	73.7
Unknown	1.1	0.6	0.9	0.4	0.3	0.4
	100	100	100	100	100	100
Pregnancy month in which antenatal care visits started	Urban	Rural	Total	Urban	Rural	Total
None	11.6	34.2	18.6	5.0	15.7	7.8
Before the 4 th month	66.5	37.8	57.5	78.9	60.8	74.2
4 th -5 th month	13.5	14.6	13.8	11.7	15.1	12.5
6 th -7 th month	6.2	9.6	7.2	3.4	5.7	4.0
8+	2.0	2.9	2.3	0.8	2.5	1.2
Unknown	0.3	0.9	0.5	0.2	0.2	0.2
	100	100	100	100	100	100

Source: TDHS 2003, 2008

According to the results of TDHS, regarding the rate of postpartum care, 83% of mothers get postnatal care service within 42 days after giving birth, and 82% of this service is provided by a physician. While the rate of women in rural areas who receive no postpartum care is 24.8%, this same number

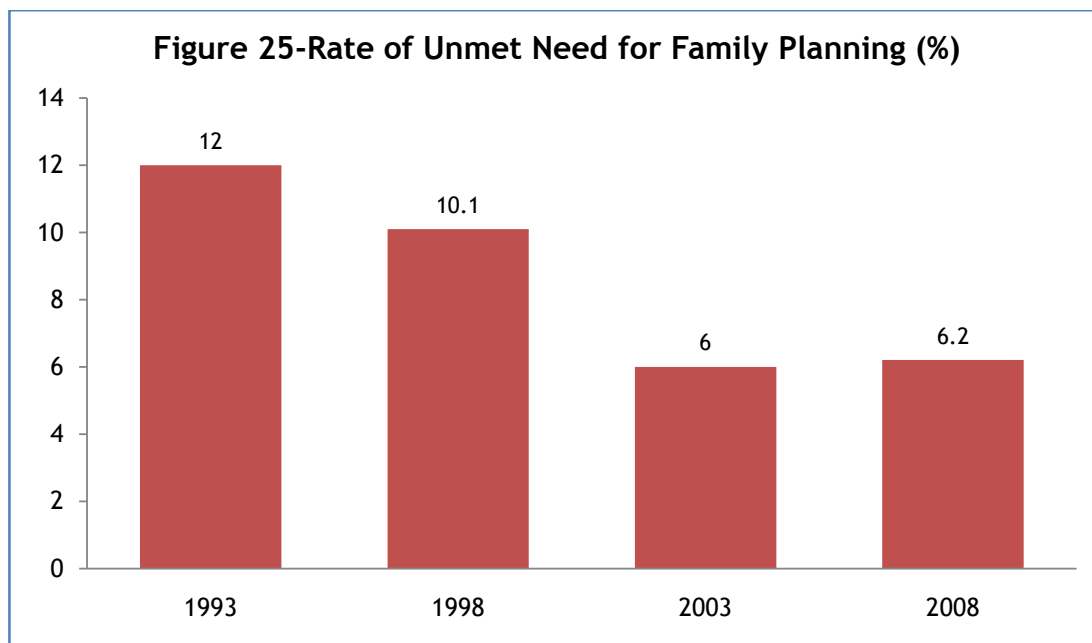
is 12.2% in urban areas, 32.6% in the east and 8% in central Anatolia. As the household income and mother's educational level increases, so does the rate of demand for postpartum care.



Indicator 5.6: Unmet need for family planning

With the increase of educational level besides other reasons, unmet need for family planning in the period of 1993-2008 for married women decreased by

50% and went down to 6% in 2008. Ministry of Health is conducting a family planning programme in order to reduce maternal and infant mortality by preventing unwanted and risky pregnancies. The aim is to reduce the rate of unmet need for family planning below 3% by the end of 2014.



Source: TDHS 1993, 1998, 2003, 2008

Unmet need for family planning among young women who prefer to increase the interval between births and in older women who do not want any more pregnancies is high. As the level of income

and education rises, unmet need for family planning falls. Furthermore, unmet need for family planning among women living in rural areas is higher than the same figure among those based in urban areas.



Goal 6: Combat HIV/ AIDS, Malaria And Other Diseases

Target 6.A:

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

The total number of case of HIV infected in Turkey reported in the period of 1985-2009 is 3,898 and 771 of them are diagnosed with AIDS. The number of HIV infected cases reported was 158 in 2000 and is 528 in 2009, 75 of which are diagnosed with AIDS. According to the statistics of reported HIV-positive cases, more than half (57.4%) of those infected have contracted the disease mainly through unsafe sex, particularly through heterosexual relationship. Transmission of HIV by homo/bisexual relation and intravenous drug usage is 12.6% of all cases. Although males constitute 70% of the cases, infection among females is on the rise as well.

The infection mostly involves people in the 20-49 age group. Therefore, starting with the young population, making the society conscious of HIV/AIDS is crucial in curbing the spread of the infection. In this context, Ministry of Health is conducting the programmes aiming to raise society's awareness and consciousness against risky behaviour concerning HIV/AIDS and providing counselling and screening activities for risky groups. The aim is to reduce the number of new cases to 400 per year during the period 2010-2014.

In 2007, Ministry of Health launched HIV/AIDS Prevention and Support Programme. With this program in Ankara, İstanbul, İzmir and Trabzon, eleven HIV/AIDS Voluntary Counselling and Testing Centres, where individuals can make use of counselling and information services as well as get tested for free, were established. It is targeted to increase the number of these centres and become widespread around the country with a view to provide easy access to these services, especially for risky groups for HIV/AIDS. Consequently, through detecting HIV cases in early phases, and providing required counselling and health care services, it is aimed to ensure HIV positive (PLHIV) people live longer and healthier.

By signing UNGASS (UN General Assembly Special Session) Declaration of Commitment on HIV/AIDS, Turkey has pledged to pro-



tect the human rights of PLHIV, diminish discrimination against them and provide access to sustainable medical treatment.

In order to facilitate the citizens' access to the sexual and reproductive health services, Ministry of Health executed Reproductive Health Programme (TRHP) in the period of 2003-2007. Safe motherhood and emergency obstetric care, family planning, sexually transmitted diseases and youth-friendly reproductive health services were basic priority issues worked on the programme. Alongside the activities of the programme, 88 projects with a total budget of EUR 20 million have been implemented.

Indicator 6.1: HIV Prevalence among Population Aged 15-24 Years

According to Ministry of Health records, the number of HIV/AIDS cases reported up to end of 2009 among population aged 15-24 years is 501 and the age specific incidence is 0.4 per 100,000 people.

Considering that the duration between the HIV infection and the signs of symptoms is typically 10 years and the highest sexual activity falls into 20-30 age group, HIV prevalence among population aged 15-24 years reveals the potential incidence of HIV infection in Turkey.

Indicator 6.2: Condom Use at Last High-Risk Sex

In accordance with data from the UNGASS country report prepared

in 2008, the rate of condom use at last sex for women aged 15-49 who had more than one partners within the previous 12 months is 58%. A study on the high-risk group covering the period 2006-2007 mentioned in this country report shows that while the rate of condom use among sex workers at last sexual relation is 35.8%, the same rate for homosexual males is 36.7% and 10% among injected drug users.

Indicator 6.3: Proportion of Population Aged 15-24 Years with Comprehensive Correct Knowledge of HIV/AIDS

Youth Sexual and Reproductive Health Research was conducted in 2007 within the scope of Reproductive Health Programme of Turkey. The survey aimed to determine the knowledge and understanding of young people, aged 15-24, about sexual and reproductive health, reproductive and sexual rights, as well as their needs and service expectations. According to this research, 9.6 per cent of females, 11.2 per cent of males and 10.4 per cent of the total population aged 15-24 have correct knowledge regarding HIV/AIDS.

Within the framework Youth Friendly Reproductive Health Service Program, 20 new Youth Consultant and Health Service Centres are founded in 13 provinces, which have intense youth population, in order to supply for the sexual and reproductive health service needs of the 10-24 age group.

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs

In accordance with data from the UNGASS country report prepared in 2008, proportion of population with advanced HIV infection with access to antiretroviral drugs (ARV) is

24% for females and 76% for males. The Strategic Plan of the Ministry of Health for the 2010-2014 period aims at facilitating access to ARV therapy.

Target 6.C: Have Halted By 2015 and Begun To Reverse the Incidence of Malaria and Other Major Diseases

Indicator 6.6: Incidence and Death Rates Associated With Malaria

The incidence of malaria has decreased

by approximately 90 per cent in the period 2005-2008 owing to intensive efforts within the previous years. Therefore, there has been a transition from the process of “pre-elimination” to “elimination” in the combat with malaria.⁷ As malaria is largely widespread in the southern part of Turkey, the prevalence of the disease all over the country is considerably low.

Table 7: Number of Malaria Cases and Incidence Rate

	1990	1995	2000	2005	2006	2007	2008
Infected locally	8.664	81.737	11.381	2.036	751	313	166
Infected abroad	16	359	51	48	45	45	49
Total	8.680	82.096	11.432	2.084	796	358	215
Incidence Rate (per 100,000)*	15	129.8	16.9	2.8	1.2	0.5	0.3

Source: Ministry of Health

* Incidence rate has been estimated as per mid-year population.

By implementing “Malaria Eradication Programme”, Ministry of Health aims to eliminate local malaria epidemics by the end of 2012 and to fully eradicate malaria in 2015. Within this framework, the focus will be on active surveillance wherever infection is detected, population movements

will be monitored to keep the spread of malaria cases under control, case management will be coordinated electronically and public awareness about malaria will be raised.

Table 8: Number of Households and Number of Inhabitants Under Control in Five Malaria-Risk Towns, 2008

	Diyarbakır	Mardin	Şanlıurfa	Batman	Siirt
Households Under Control	29.861	202	164.455	7.599	400
Inhabitants Under Control	173.766	1.783	877.564	26.707	3.428
Population Under Control/Town Population	11.6	0.2	55.7	5.5	1.1

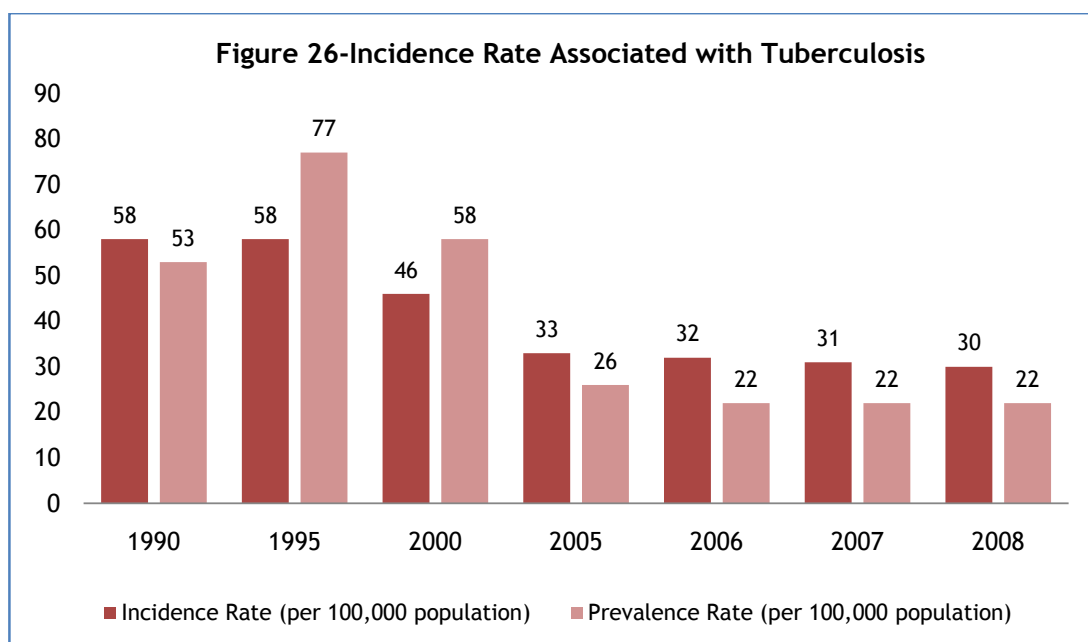
Source: Ministry of Health



Indicator 6.9: Incidence, Prevalence and Death Rates Associated with Tuberculosis

There has been an improvement in the incidence rate associated with tuberculosis over the years, and this rate has decreased

by 9% in the period 2005-2008. Regarding tuberculosis, World Health Organisation (WHO) analyses countries in five groups in terms of the number of new cases notified annually in a given country per 100,000 population. Turkey is in the second least incidence group concerning tuberculosis.



Source: Ministry of Health

Death rate related to tuberculosis was 7 per 100,000 population in 1990, this rate decreased to 3.2 in 2008. It is aimed to reduce incidence rate to 20 per 100,000 population and prevalence rate to 21 per 100,000 population in 2014.

Indicator 6.10: Proportion of Tuberculosis Cases Detected and Cured Under Directly Observed Treatment Short Course

While the rate of Directly Observed Treatment (DOT) of tuberculosis patients was 95.9% in 2008, the aim is to increase this same rate to 98% in 2014.

A circular was published in June 2006 to disseminate the practice

of DOT country-wide. With this regulation, records of all patients who were diagnosed with tuberculosis and cured under DOT are saved electronically.

Ministry of Health supplies all tuberculosis medicines to patients for free.

According to the 2010-2014 Strategic Plan of the Ministry of Health, the trainings of all staff working in tuberculosis control dispensaries and family doctors will be completed and DOT application for all patients diagnosed with tuberculosis will be continued. Also, a new network among laboratories and related institutions will be developed in order to share data electronically and laboratory quality control procedures will be developed. Moreover, Tuberculosis Control Programme will be executed in all primary health care facilities.

Goal 7: Environmental Sustainability

Target 7.B:

Reduce Biodiversity Loss, Achieving, by 2010, A Significant Reduction in the Rate of Loss

Target 7.A:

Integrate the Principles of Sustainable Development into Country Policies and Programmes and Reverse the Loss of Environmental Resources

Indicator 7.1: Proportion of Land Area Covered by Forest

It is observed that the land area covered by forests in Turkey is increasing. While total forestland in 1973 was 26.1%, it went up to 26.6% in 1999 and to 27.2% in 2005. Among basic reasons of change in the increasing rate of forestland are: More accurate statistics relating to forest entity, inclusion of afforested public domain and other potential areas in the forest regime and transforming of lands into forest areas in some regions due to population movements such as migration to bigger cities.

Table 9: Land Area Covered by Forests in Turkey

	Total		Normal		Rotten (ha)	
	Hectares	%	Hectares	%	Hectares	%
1973	20,199,296	26.1	8,856,457	11.3	11,342,839	14.6
1999	20,763,248	26.6	10,027,568	12.9	10,735,680	13.8
2005	21,188,747	27.2	10,621,221	13.6	10,567,526	13.6

Source: Ministry of Environment and Forestry, *Forestry Statistics 2007*

* The aforementioned data (%) has been calculated accepting that Turkey's total surface area is 779.452 km².



Indicator 7.2: CO₂ Emissions, Total, Per Capita and Per \$1 GDP (PPP)

When UN Framework Convention on Climate Change (UNFCCC) was opened for signature in 1992, being an OECD member, Turkey was included among both Annex I and Annex II countries together with developed nations. Although Turkey supported the treaty's goals and general principles, Turkey did not ratify the Convention until 2004 because of being placed unjustly in both Annex I

and Annex II lists. Following the decision that "Turkey's name will be removed from the Annex II list and recognised her unique condition Turkey will be placed on the list of Annex I countries in a different position compared to other Annex I countries" taken at COP 7 (Conferences of the Parties) meeting in Marrakech, 2001, Turkey ratified UNFCCC on 24 May 2004 and became a party to the Kyoto Protocol on 26 August 2009.

Turkey's greenhouse gas emissions, in total and per capita, showed an increase between 1990 and 2008. Main reasons for this upward tendency are economic growth, increase in energy demand and industrialisation.

Table 10: Indicators for Turkey's Greenhouse Gas Emission

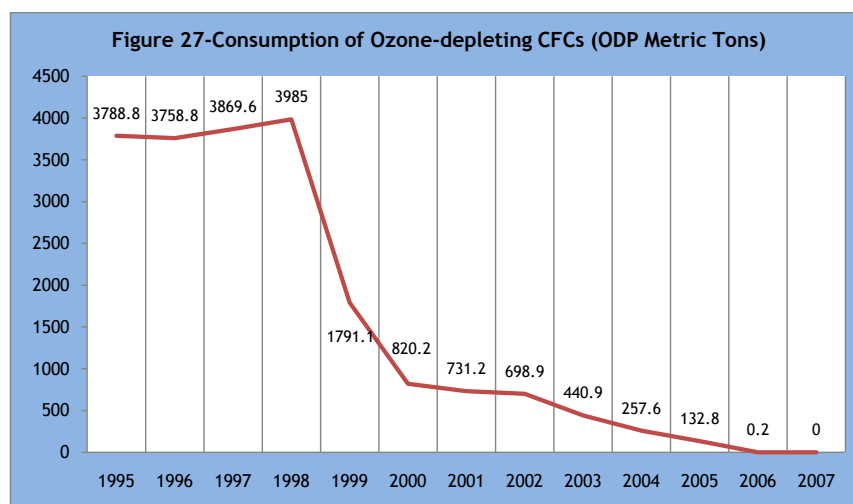
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Emission Per Capita (tons/person)	2.6	2.6	2.7	2.8	2.7	2.9	3.2	3.3	3.3	3.2	3.5	3.2	3.3	3.5	3.6	3.8	4.0	4.4	4.2
Total Emission (million Tons)	187.0	199.1	210.2	221.7	217.2	237.5	258.6	271.9	274.0	274.8	297.0	278.1	286.1	302.8	312.3	329.9	349.6	380.0	366.5

Source: TurkStat, *Population and Development Indicators*

Indicator 7.3: Consumption of Ozone-depleting Substances

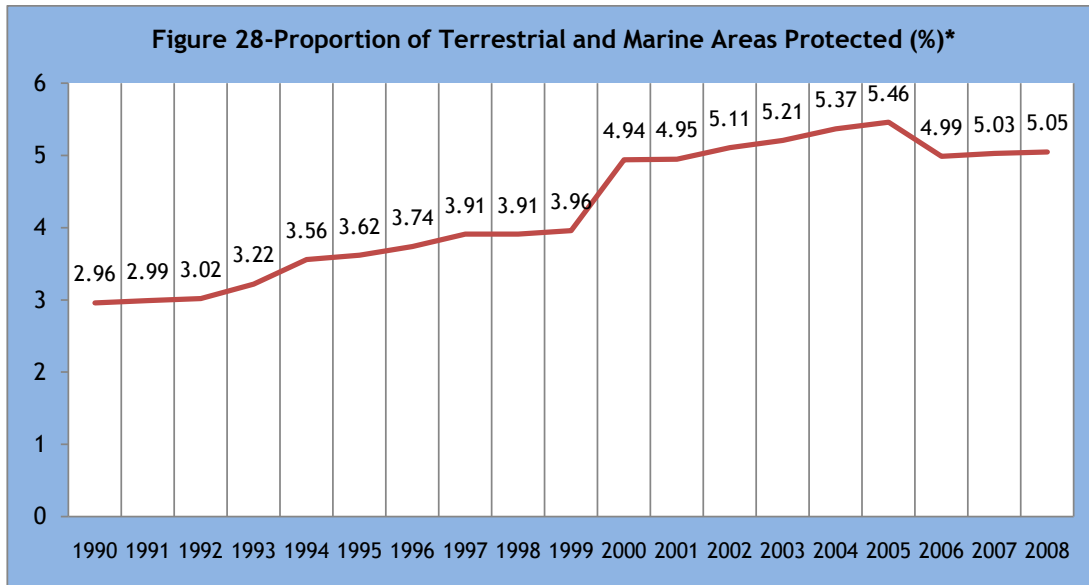
Consumption of ozone-depleting chlorofluorocarbons (CFCs) fell distinctly between 1995 and 2005. 3,788 metric tons of CFCs were used in 1995. Turkey

noticeably improved in this field and eliminated the consumption of CFCs totally in 2007. Turkey started to freeze the use of CFCs before most of the Article 5 countries of the Montreal Protocol and received an outstanding achievement award from UNDP in 1997.



Source: Ministry of Environment and Forestry and United Nations Environment Programme (UNEP)

Indicator 7.6: Proportion of Terrestrial and Marine Areas Protected



Source: Ministry of Environment and Forestry, 2009

* Natural sites and zones where fishing is limited are not included in this proportion.

In order to protect and improve the rich biological diversity in Turkey, protected areas have been designated under various statuses including National Parks, Natural Parks, Nature Conservation Areas, Natural Sites, Wildlife Development Areas, Special Environmental Protection Areas, and wetlands of international importance. Such protected areas have reached about 4.1 million hectares in total in 2008. While the proportion of areas protected in Turkey in relation to the country's total surface area was 2.96% in 1990, this ratio increased considerably by the end of 2008 and went up to 5.05%. Status of Wildlife Protection Areas (WPAs) was changed to Wildlife Development Areas (WDAs) in 2005. As a result, there has been a decrease in the proportion of terrestrial and marine areas protected in 2006.

Indicator 7.7: Proportion of Species Threatened With Extinction

Being a party to the UN Convention on Biological Diversity, Turkey revised her National Biological Diversity Strategy and Action Plan (NBSAP) in 2007, which was first prepared in 2001 within the framework of the Convention.

Turkey has rich biological diversity thanks to its geographical location. Climatic differences, topographical, geological and geomorphologic diversities, existence of different types of aquatic bodies such as seas, lakes and rivers, altitude differences that range between 0 and 5,000 metres and existence of three different biogeographic regions play an important role in the country's rich biological diversity.

When comparing countries located in the temperate climatic zone according to biological diversity, Turkey is highly rich in fauna. Among defined species, invertebrates constitute the largest group. The number of invertebrate species in Turkey is approximately 19,000, out of which 4,000 species and sub-species are endemic. On the other hand, total number of vertebrate animal species defined until now is about 1,500, out of





which over 100 species, including 70 fish species, are endemic. Of those known animal species, 139 are endangered species. There are about 15,000 known plant species in Turkey, and nearly 1,300 of them are endangered species (NBSAP-2007).

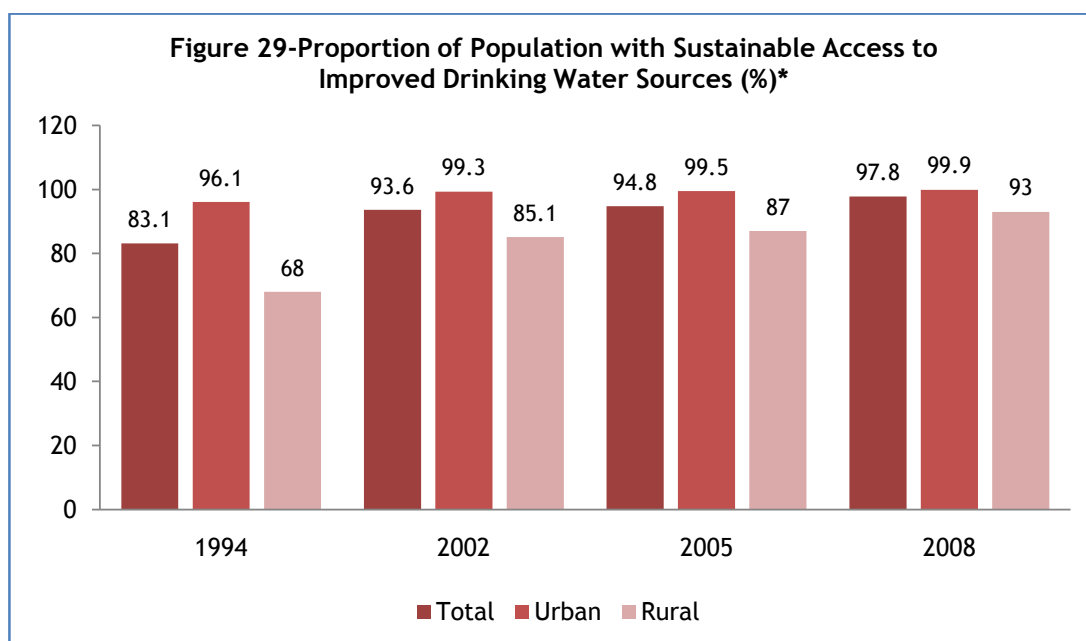
Turkey's genetic diversity is significant, particularly with its plant genetic resources. Turkey has five micro-gene centres where more than 100 species display a broad variation. Turkey is also the origin or diversity centre of many important cultivated plants and other plant species. These centres provide significant genetic resources for the sustainable agriculture of numerous cultivated plants and other plant species in the future. In terms of animal genetic resources, it is accepted that many animal species were bred and spread to other parts of the world from Anatolia due to its location (NBSAP-2007).

Researching, protecting and utilising Turkey's rich biological diversity and genetic resources and transforming them into economic value were taken as a priority in the 9th Development Plan (2007-2013). In accordance with this priority, public and private institutions and NGOs as well as international organizations are conducting many projects and activities.

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator 7.8: Proportion of Population Using an Improved Drinking Water Source

The proportion of population with access to safe drinking water to total population is 97.8%. While the proportion of people without sustainable access to safe drinking water was 6.4% in 2002, it decreased by 65% in 2008 and went down to 2.2%. The proportion of population with access to safe drinking water differs in urban and rural areas. The rate of people in rural areas without access to sufficient drinking water fell by 53% between 2002 and 2008.



Source: TurkStat, *Household Budget Survey*

* According to the household budget survey: Proportion of population having water network in their houses

According to data collected in 2008, proportion of people with access to safe drinking water to total population is 99.9% in urban areas. 93% of existing rural residential areas have access to sufficient drinking water sources. Except for new residential areas and ongoing renewal and maintenance operations, need for the construction of water supply networks lessened. However, need for waste treatment plants are increasingly continuing.

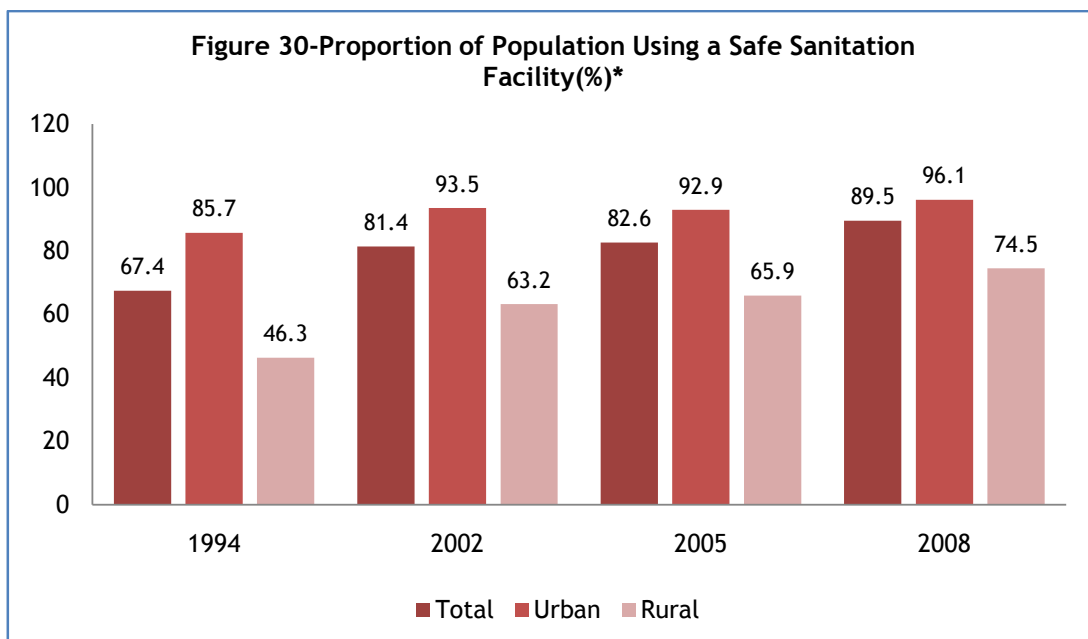
One of Turkey's policy priorities in 2000's is to ensure sustainable access to safe drinking water for higher number of users.

Financial bottlenecks are one of the important setbacks concerning drinking water. Reasons for inefficient utilization of water sources are insufficient monitoring and assessment practices and lack of imposing sanctions in managing water sources; absence of a single authority; inability to establish coordination among concerned bodies; lack of collective database and information flow; inadequate

scientific approach and lack of R&D. There are limitations regarding protection, planning and management of underground and surface-water sources. The fact that unplanned and uncontrolled constructions contaminate drinking water sources is also an important problem.

Indicator 7.9: Proportion of Population Using an Improved Sanitation Facility

Proportion of population using an improved sanitation facility in Turkey is 89.5%. This rate is 96.1% in urban areas, whereas it is 74.5% in rural areas. Proportion of population not being able to use an improved sanitation facility has declined by 43.5% in comparison to 2002.



Source: TurkStat, *Household Budget Survey*

* According to the household budget survey: Proportion of population having water closet in their houses



Wastewaters are a major source of contaminants, and they pose a grave threat upon drinking, domestic and irrigation water. Water is scarce in Turkey as well as in the world, and its contamination with domestic and industrial wastewater is an important issue.

Establishing sewage systems and treatment plants, protecting underground and surface-water sources from contaminants, encouraging the use of treated wastewater in agriculture and industry and processing treated sludge with appropriate technology are among Turkey's priority aims in line with the Urban Wastewater Treatment Directive.



Goal 8: Develop A Global Partnership For Development

Target 8.A:

Develop Further An Open, Rule-Based, Predictable, Non-Discriminatory Trading and Financial System

Target 8.B:

Address the Special Needs of the Least Developed Countries

Indicator 8.1: Net Official Development Assistance (ODA), Total and To the Least Developed Countries, As Percentage of OECD/DAC Donors' Gross National Income

Turkey has expanded the scope of its development assistance to developing countries in 2000's. Prime Ministry Circular No. 2005/11 assigned the duty of collecting data on Turkish Official Development Assistance (ODA) to Turkish International Cooperation and Development Agency (TIKA). The main reasons for Turkey's quantitative expansion of ODA are that TIKA makes estimations according to criteria set by OECD/DAC (OECD Development Assistance Committee) and has improved its performance in collecting data. On the other hand, regarding the change in ODA figures between 2004 and 2005, it is seen that there is an increase in resource allocation for ODA. Total ODA increased about 30% in 2008, and this increase was reflected in ODA/GNI percentage as well.

Table 11: Turkey's Official Development Assistance (ODA)

	2002	2003	2004	2005	2006	2007	2008
ODA (Million US Dollars)	73	66	339	601	714	602	780
ODA/GNI (%)	0.032	0.022	0.09	0.12	0.14	0.09	0.11
GDP (Million US Dollars)	230.494	304.901	390.387	481.497	526.429	648.754	742.094

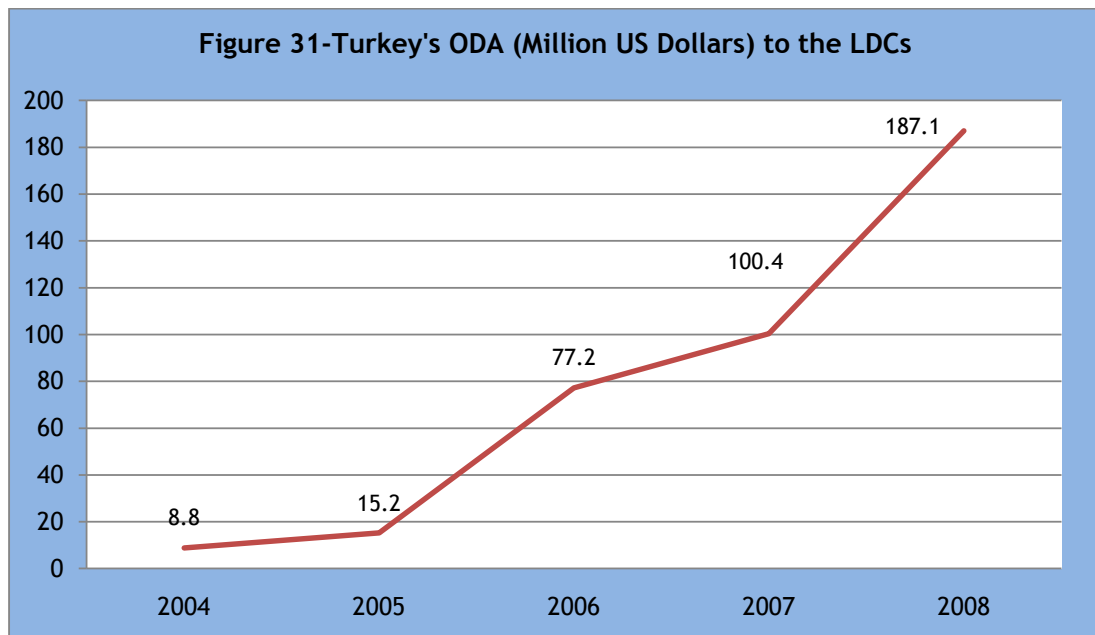
Source: TurkStat, TIKA



Development Assistance implementations are an indication of Turkey's willingness to contribute to the efforts of other countries in achieving the MDGs. The quantitative increase realised in development assistance is not sufficiently reflected on aid effectiveness. The fact that Turkey's ODA does not rely on medium and long-term programming as well as capacity issues of TIKA and other relevant public institutions pose challenges for improved aid effectiveness. On the other hand, the momentum for increasing aid effectiveness has increased. In this regard, the project named "Bridging South-South Cooperation and Emerging Donor Roles: Strengthening Tur-

key's Participation in International Development Cooperation" has been launched in cooperation with UNDP Turkey and TIKA in 2008. The project aims to increase the capacity of TIKA, which is the primary institution of Turkey's development cooperation activities, on various issues including aid effectiveness.

The share of financial cooperation in Turkey's ODA is very small. Turkey's ODA in 2006 amounted to 714 million US Dollars, but only 50 million US Dollars out of this amount came from financial cooperation. Turkey has the legal framework to provide ODA to developing and the least developed countries within the framework of financial cooperation. However, there are institutional shortfalls for project-based financial aid.



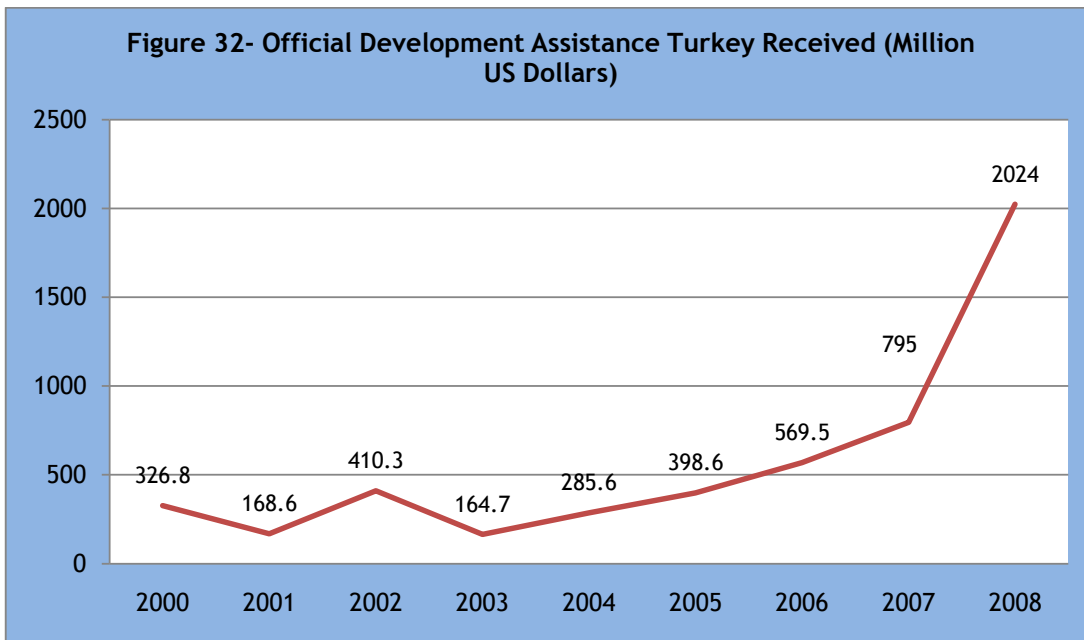
Source: TIKA

The amount of Turkey's ODA to the Least Developed Countries (LDCs) is growing every year. Turkey's total ODA increased by 129% from 2004 to 2008, and its ODA to the LDCs rocketed to 187.1 million US Dollars in 2008

from 8.8 million US Dollars in 2004, with almost 2,000% increase. This situation stems from the increase in the ODA to the African LDCs within the framework of Africa Action Plan as well as Reconstruction Programme of Afghanistan, which is also an LDC.

Turkey's interest in the development efforts of the LDCs is not only limited to delivering aid to them. UN Ministerial Conference on LDCs convened in Istanbul in 2007. Furthermore, the 4th UN Conference on LDCs will also take place in Istanbul in 2011. Following the

first three conferences that took place in Belgium and France, the UN Conference on LDCs will be organised in a developing country for the first time.



Source: OECD

Although Turkey is accepted as an emerging donor among OECD countries, it still continues to be an ODA recipient country according to OECD/DAC criteria. Turkey's national income and development level are increasing, but the ODA it receives is also increasing every year. The main reason for this is the continuous increase in the financial assistance received from EU, within the framework of full membership negotiations. The share of grants in the ODA that Turkey receives, excluding the EU financial assis-

tance is low. Concessional loans extended by bilateral development agencies or development banks constitute a considerable chapter in this fragment. Considering the expectation that EU Financial Cooperation package will grow with every coming year, it is estimated that the ODA Turkey will receive in the forthcoming years will increase and will exceed the ODA it will deliver.



Indicator 8.2: Proportion of Total Bilateral, Sector-Allocable ODA of OECD/DAC Donors to Basic Social Services (Basic Education, Primary Health Care, Nutrition, Safe Water and Sanitation)

Proportion of total bilateral, sector-allocable ODA (Project/

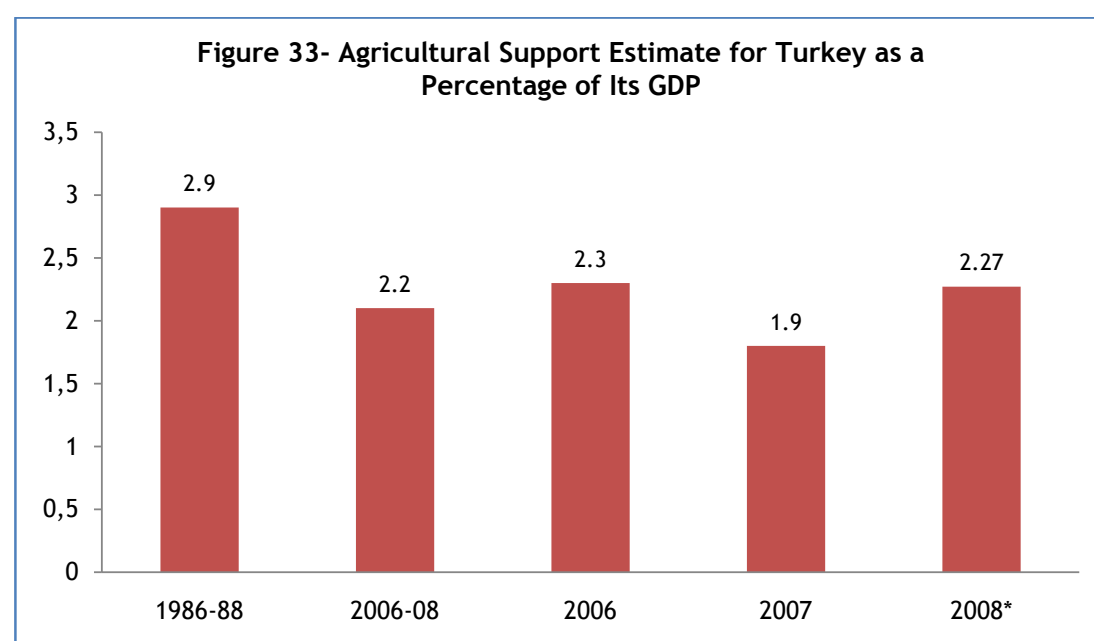
Program Assistance and Technical Cooperation) to basic social services is significant for monitoring the direct impacts of development cooperation activities in partner countries. It is seen that in 2008, Turkey is for the first time above the OECD-DAC average with its existing performance. This situation stems from the increase in the education and health infrastructure projects especially in Afganistan in 2008.

Table 12: Turkey's ODA to Basic Social Services (million USD Dollars)

	2004	2005	2006	2007	2008
Education	23.69	14.61	20.97	31.16	46.26
Health	2.03	4.06	18.16	14.16	48.83
Safe Water and Sanitation	0.52	0.78	8.66	5.09	16,3
Basic Social Services	26.24	19.4	47.7	50.4	111.3
Bilateral Sector-Allocable ODA	184.7	272.5	326.7	342.1	426.8
BSS/PPA+TC (%)	14.2	7.14	14.62	14.7	26.1
DAC Average(%)	16	16	20	19	18

Source: TIKA, World Bank

Indicator 8.8: Agricultural Support Estimate for OECD Countries as a Percentage of Their Gross Domestic Product (GDP)



Source: OECD, *Agricultural Policies in OECD Countries, Monitoring and Evaluation, 2009*

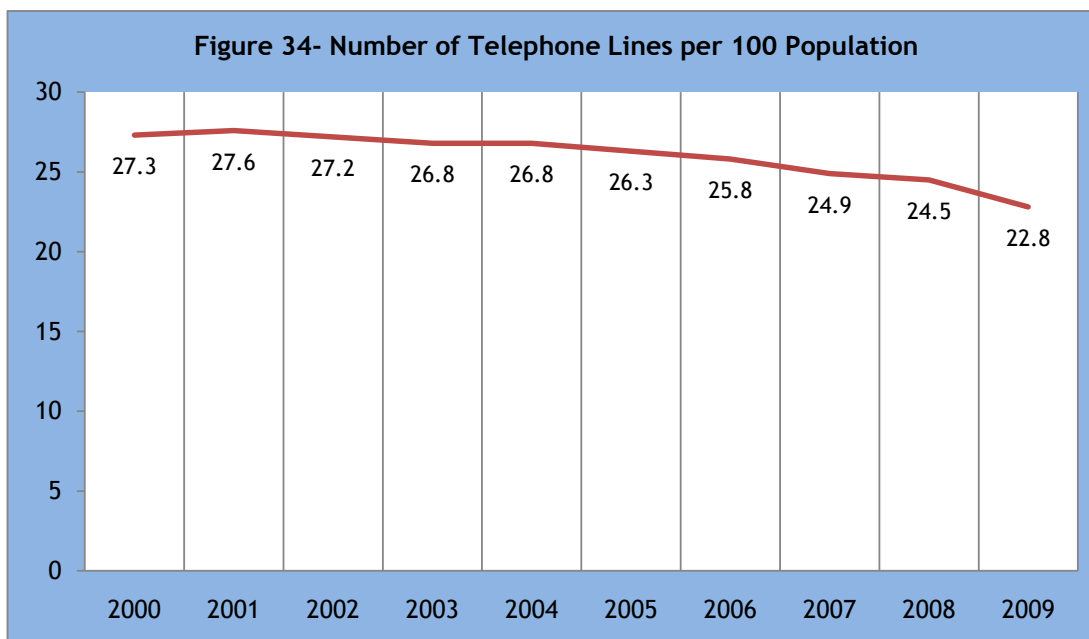
* Provisional

Target 8.F: In Cooperation with the Private Sector, Make Available the Benefits of New Technologies, Especially Information and Communications

Information Society Strategy (2006-2010) defines Turkey's information society vision as, "A country that has become a focal

point in information and technology production, uses information and technology as an effective tool, produces more assets with information-based decision making processes, and is successfully competitive and highly wealthy".

Indicator 8.14: Telephone Lines per 100 Population



Source: BTK (Information and Communication Technologies Authority)

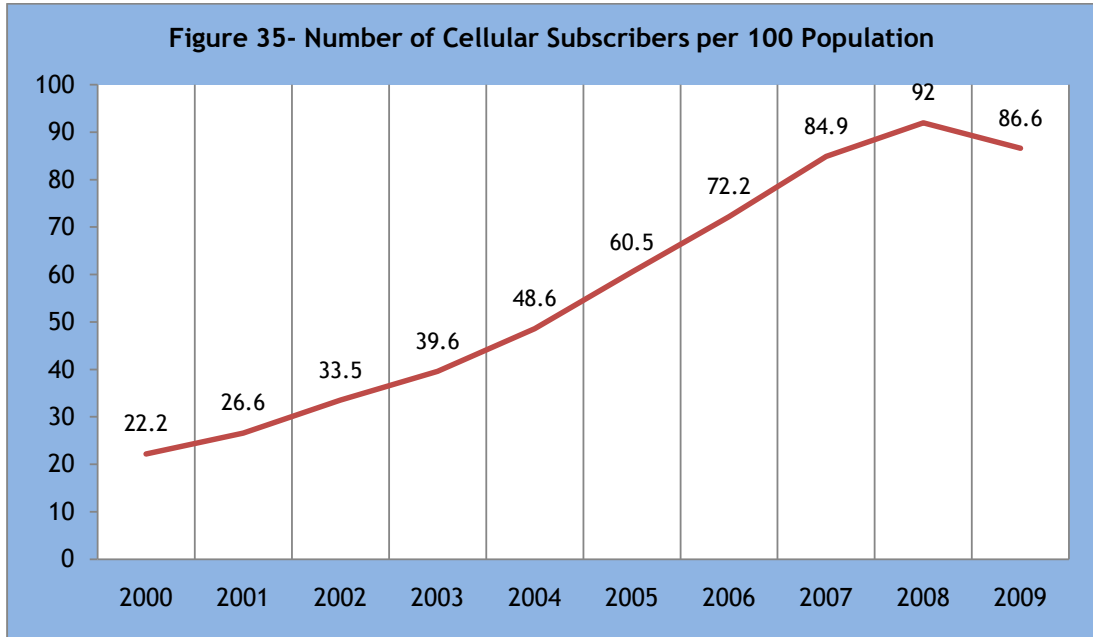
While the ratio of landline subscriptions was 25.8% in 2006, it fell to 22.8% by the end of 2009. The number of cellular phone subscribers in Turkey are continuously increasing and replacing landline subscriptions and therefore causing a fall in landline subscription.

A considerable amount of required adjustments for the liberalisation of the electronic communication market have been made,

however due to implementation related problems, competition was not achieved at the desired pace. On the other hand, the effects of adjustments already implemented for increased competition are gradually surfacing, causing decreases in service prices as well as variety in tariff structures.



Indicator 8.15: Cellular Subscribers per 100 Population

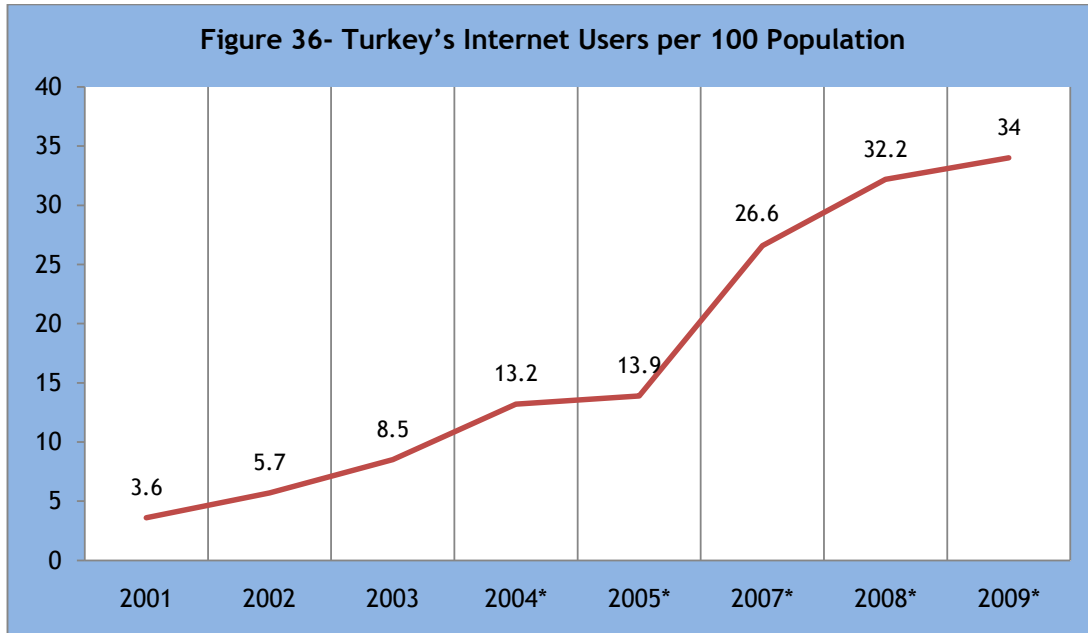


Source: BTK

Along with the liberalisation of the communication sector, a lot of new companies entered the market. Increasing competition gave rise to product and service variety in addition to price falls. Together with the fast growth in the number of cellular subscribers, number of cellular subscribers rose to 92% by the

end of 2008. However, as a result of number portability and reduced price rate options for off-network calls, some of the subscribers cancelled their second subscription and the number of cellular subscribers fell to 86.6% by the end of 2009. Due to competition among the three operators in the cellular communication market, subscribers are enjoying price rate reductions.

Indicator 8.16: Internet Users per 100 Population



Source: TurkStat

* Figures obtained from Household Information Technology Usage Survey for 16-74 year-olds. Therefore, internet usage rates belong to the age group 16-74.

Usage of broadband Internet access services in Turkey increased rapidly in the recent years. While the number of broadband Internet subscribers was only about 100,000 in 2003, this number rocketed to 6.8 million by the end of 2009 and subscription density reached 9.4%.

The majority of the population consists of young people in Turkey and computer and internet usage is still on the rise. Rate of Internet use reached to 34% only within the last quarter in 2009. Agreeable payment terms and attractive sale campaigns enabled household access and usage of Internet technologies for those with sufficient income. These technologies are also becoming an indispensable part of business activities, and a lot of people have access to ICT in the workplace. E-government projects being implemented in accordance with and parallel to Information Society Strategy and its annexed Action Plan enable citizens and enterprises access public services easily.

Increased access opportunities and the convenience that comes with Internet use further boost the demand for Internet use. Together with the expansion of e-government services, Internet use will also expand and become more effective.

On the other hand, establishing computer laboratories in schools and providing them with Internet access facilities made it possible for the young generation to become familiar with the above-mentioned information technologies. Education programmes in all branches of primary education have become computer-assisted while education programmes of some disciplines in secondary education curriculum have been renewed.



ADSL internet access was provided for 20.000 schools/institutions until 31 October 2004, and this number rose to 29.000 by the end of 2007. 36,082 schools/institutions had ADSL Internet access by the end of 2009 while 4,917 schools/institutions, where ADSL access is not possible, have internet access via satellites. In conclusion, 94% of primary school

pupils and all secondary education students have broadband access in their schools.

Besides, a total of 1,850 Public Internet Access Centres (KIEM) have been established in centres affiliated to Public Education and Vocational Education Centres, libraries, military barracks and General Directorate of Social Services and Child Protection.

Millennium Development Goals Indicators And Monitoring Capacity In Turkey

Turkey took important steps in 2005 to improve coordination in the field of statistics. Turkish Statistical Law has been published in the Official Gazette on 18 November, 2005 and entered into force. With the new law, provisions concerning the organizational structure of the Turkish Statistical Institute are introduced and principles and standards regarding the production of official statistics are set out. The new law has been adopted in the context of compliance to EU requirements such as collection and evaluation of data and information, and production, publication and dissemination of statistics.

Turkish Statistical Law set the ground for coordination among institutions and organizations involved in the statistical process in the Official Statistics Programme (OSP). After Turkey's first MDGs Report was published, the name of the primary institution was changed to Turkish Statistical Institute (TurkStat), previously functioning under the name of State Institute for Statistics.

OSP, based on the Turkish Statistical Law, has been prepared for a term of five years in order to determine the basic principles and standards dealing with the production and publication of official statistics, and to produce up-to-date, reliable, transparent and impartial data required at national and international level. With the "OSP 2007-2011", Turkish statistical system has entered a new phase of programmed approach. This Programme aims to promote the quality of official statistics by preventing multiple data entries encountered in the production and publication of official statistics, reducing the burden on the respondents, saving on human and financial resource in the public sector and consequently enhancing trust in official statistics. The OSP also has set the standards for official statistics, defined the accountable and relevant institutions, and clarified which data should be collected by which institution and by which particular method and period, and when they should be published.

Apart from coordinating statistics, TurkStat is also the main institution that collects and



compiles data in Turkey. Therefore, TurkStat provides a great deal of data regarding MDG indicators. These data are collected through surveys made by TurkStat. A significant portion of data regarding poverty is derived from TurkStat Household Budget Survey (HBS). All settlements within Turkey's borders are included within the range of HBS. These settlements have been divided into two categories by taking into account the definition of urban-rural areas determined by SPO, also being used by TurkStat in its other surveys. According to this definition, settlements with a population of 20,001 and over are accepted as urban areas and those with a population of 20,000 and under are accepted as rural areas. HBS covers all household inhabitants living within Turkey's borders. However, HBS does not include inhabitants of nursing homes for the aged and retirement homes, student residences, penal institutions, military barracks, hospitals, hotels and kindergartens, defined as institutional population, for practical reasons.

TurkStat conducts another survey entitled Household Labour Force Survey (HLFS) which is of importance regarding Turkey's MDG statistics. HLFSs were first launched in 1966. However, data obtained from labour force surveys until the end of 1985 are not comparable among themselves in time series because there are discrepancies in geographic scopes, definitions, concepts, variants and classifications. In the years following 1985, this survey was restructured in different times with the collaboration of international organizations such as UNDP, ILO and the World Bank. In the beginning of 2005, questions asked within the scope

of HLFS were revised in accordance with EUROSTAT's requirements, new variants were included and the number of questions rose to 110. Since 2005, HLFS's estimates are published monthly on a basis of tri-monthly moving average.

As a result of an agreement reached between TurkStat and the MONE, education statistics relating to Turkey's enrolment ratio are being collected by MONE. Statistics provided by MONE cover most of the indicators of MDG 2 and MDG 3. Of those indicators, the one and only indicator that cannot be obtained is "the proportion of pupils starting grade 1 who reach last grade of primary education". It is expected to obtain data for this indicator within the forthcoming period.

Another key study that provides data in regard to MDG indicators is the Turkish Demographic and Health Survey (TDHS) carried out by Hacettepe University Institute of Population Studies (HUIPS) every five years. HUIPS was founded in 1967 and the institute has conducted field surveys regularly every five years since 1968. These surveys provide researchers an excellent source for comparative demographic data in an environment where vital statistics are inadequate. It is rare to find other examples of similar series of surveys conducted in other countries. Within the forty years following 1968, TDHS has been successfully conducted eight times with an interval of five years. TDHS 2008 is the ninth in the series of surveys conducted by HUIPS. TDHS meets particularly the data requirements regarding MDG 4 and MDG 5.

All indicators within the scope of the MDG 4 and MDG 5 are attainable in Turkey. In MDG Report of Turkey-2005, information on the indicator on MDG 5 involving "Maternal mortality ratio" could not be provided. Following the first MDG Report, the Ministry of Health conducted "National Maternal Mortality Survey" and collected data on this indicator for the first time in 2005. Due to improvements in its data system, the Ministry of Health is now able to supply accurate information related to this indicator.

Indicators of MDG 6 are statistics associated



with HIV/AIDS, malaria and tuberculosis. The Ministry of Health provided these statistics in MDGs Report 2010. Statistics concerning HIV/AIDS in MDG 6 are based on surveys conducted by the Ministry of Health intermittently. These statistics are not regular like the ones on tuberculosis and malaria. Monitoring capacity regarding HIV/AIDS indicators need to be improved in the coming period.

In the post-2005 era, changes occurred in indicators of the MDG 7 that are related to ensuring environmental sustainability. In parallel with the growing importance of climate change, indicators relevant to this area have been added to MDG indicators. Among those indicators, the ones concerning "Proportion of Fish Stocks within Safe Biological Limits" and "Proportion of Total Water Resources Used" are inaccessible. Because of rapid changes occurring in the dynamic urbanisation process, indicator regarding "Proportion of Urban Population Living in Slums" is not accessible either. Indicators that are available in the field of MDG 7 are provided by the Ministry of Environment and Forestry and TurkStat.

Improvements were made in the area of development assistance statistics following the Prime Ministry Circular No. 2005/11 issued in 2005. TIKA was assigned to keep inventory of development assistance. TIKA improved its performance related to keeping inventory of development assistance with each passing year, and Turkey's statistical capacity in this area was brought into line with OECD standards. This improvement enabled access to accurate data associated with MDG 8.

Following the improvements achieved by TurkStat and Information and Communication Technologies Authority, it is now possible to access fully accurate statistics on ICT mentioned in the MDG 8.

As of 2010, there are eight goals, 21 targets and 50 indicators in the official list of Millennium Development Goals. While some of the targets and indicators are relevant for

all countries in the world, some others are only relevant to LDCs. Some indicators in MDG 8 are only relevant to donor countries that are members of OECD/DAC. In addition, there are indicators that are monitored separately for landlocked developing countries and small island developing states. Therefore, Turkey does not need to monitor such indicators. On the other hand, although Turkey is a developing country, it is accepted as an emerging donor country and allocates significant resources for ODA. Therefore, information regarding ODA statistics was included in MDGs Report although Turkey is not a DAC member.

Some of the indicators concerning HIV/AIDS mentioned in Goal 6 are relevant to countries where HIV/AIDS is much more prevalent compared to Turkey. Therefore, these indicators bear no meaning for Turkey.

The Report deals with 32 MDG indicators out of 50. Number of indicators relevant to Turkey is 38.

Just like the first Report, Turkey's second MDGs Report also refers to some data that are not included among official MDG indicators but are closely linked to Turkey's position in the relevant goal. Additional data regarding poverty referred to in Goal 1 will particularly be helpful. Moreover, due to the fact that Turkey is both a beneficiary and a recipient country, ODA Turkey received is also stated in Goal 8.



Official list of MDG indicators

Goals and Targets	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day ¹ 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<p>6.1 HIV prevalence among population aged 15-24 years</p> <p>6.2 Condom use at last high-risk sex</p> <p>6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS</p> <p>6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years</p>
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<p>6.6 Incidence and death rates associated with malaria</p> <p>6.7 Proportion of children under 5 sleeping under insecticide-treated bednets</p> <p>6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs</p> <p>6.9 Incidence, prevalence and death rates associated with tuberculosis</p> <p>6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course</p>
Goal 7: Environmental Sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<p>7.1 Proportion of land area covered by forest</p> <p>7.2 CO2 emissions, total, per capita and per \$1 GDP (PPP)</p> <p>7.3 Consumption of ozone-depleting substances</p> <p>7.4 Proportion of fish stocks within safe biological limits</p>
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	<p>7.5 Proportion of total water resources used</p> <p>7.6 Proportion of terrestrial and marine areas protected</p> <p>7.7 Proportion of species threatened with extinction</p>
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	<p>7.8 Proportion of population using an improved drinking water source</p> <p>7.9 Proportion of population using an improved sanitation facility</p>
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums



Goal 8: Develop a global partnership for development	
<p>Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Includes a commitment to good governance, development and poverty reduction - both nationally and internationally</p> <p>Target 8.B: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p> <p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p><i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.</i></p> <p><u>Official development assistance (ODA)</u></p> <p>8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income</p> <p>8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied</p> <p>8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes</p> <p>8.5 ODA received in small island developing States as a proportion of their gross national incomes</p> <p><u>Market access</u></p> <p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty</p> <p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help build trade capacity</p> <p><u>Debt sustainability</u></p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI Initiatives</p> <p>8.12 Debt service as a percentage of exports of goods and services</p>
<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>8.13 Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>8.14 Telephone lines per 100 population</p> <p>8.15 Cellular subscribers per 100 population</p> <p>8.16 Internet users per 100 population</p>

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