Voluntary National Survey on the Implementation of the
Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific
(to inform the Asia-Pacific Fourth Review and Appraisal of the
Madrid International Plan of Action on Ageing)

Background
This voluntary national survey will inform the Asia-Pacific Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing (MIPAA) to be organized by ESCAP in 2022.

MIPAA is the global guiding document on population ageing adopted at the Second World Assembly on Ageing, in 2002. It calls for regular and systematic reviews of MIPAA implementation by Member States. After three successful reviews at national, regional and global levels, the General Assembly, through resolution 75/152, took note of ECOSOC resolution 2020/8 and decided to hold the fourth review and appraisal of MIPAA at the global level at the sixty-first session of the Commission for Social Development, in 2023.

Pursuant to ECOSOC resolution 2020/8, regional commissions were asked to facilitate the fourth review and appraisal at the regional levels by: (a) providing assistance to Member States in organizing national review and appraisal exercises; (b) organizing regional review meetings using an inclusive and coordinated approach in relation to the participation of civil society in the process; (c) assisting Member States in following up on analysis resulting from the regional reviews; (d) promoting networking and the sharing of information; (e) providing an analysis of the main findings and identifying priority areas and policy responses by 2022; and (f) assisting and providing advice to Governments in the gathering, synthesis and analysis of information, as well as in the presentation of the findings of national reviews.

The 2022 regional reviews and appraisals will feed into the 2023 global review and appraisal, including the 2023 reporting for the United Nations Decade of Healthy Ageing (2021-2030). The Asia-Pacific voluntary national survey on the implementation of MIPAA is an integral part of the preparations for the Asia-Pacific Regional Review and Appraisal in 2022. The process consists of: (a) voluntary national surveys; (b) stakeholder consultations; (c) documentation; and (d) the intergovernmental meeting. For more information on the Asia-Pacific Regional Review and Appraisal, see: https://www.population-trends-asiapacific.org/mipaa (to be updated regularly).

Suggestions for completing the Asia-Pacific voluntary national survey on MIPAA implementation
The survey should be completed by ESCAP member States, through their national ageing focal points. It is structured according to the MIPAA priority directions, issues and objectives. Some objectives have been merged to facilitate reporting. As MIPAA is a multi-dimensional framework, it is recommended that the national focal points complete the survey in consultation with ministries and departments involved with implementing the various MIPAA priority directions and objectives. The following guidelines are intended to assist member States in reporting on the national follow-up to MIPAA:

1 Report of the Second World Assembly on Ageing, Madrid, 8–12 April 2002 (United Nations publication, Sales No. E.02.IV.4), chap. 1, resolution 1, annex II.
2 In December 2020, ESCAP requested member States to nominate ageing focal points.
3 For a list of priority directions, issues and objectives of MIPAA, see the Annex.
1. A bottom-up participatory approach should be followed by inviting, inter alia, civil society, including organizations of older persons, to contribute to survey responses (ECOSOC 2020/8, OP5).

2. Gender perspectives should be mainstreamed when answering the questions.

3. Member States are encouraged to reflect on any national data collection initiatives for implementing the 2030 Agenda and related SDGs and report on the respective SDG indicator (relevant SDG indicators are listed along with the questions, when applicable).

4. Answers should focus and report on progress made during the period 2018–2022, (ECOSOC resolution 2020/8, OP3).

5. Answers may combine quantitative and participatory qualitative data and analysis, disaggregated by age, and by other relevant factors, including sex and disability, and, where appropriate, include sharing of good practices in such data collection (ECOSOC 2020/8, OP6).

6. Answers should include information on lessons learned and good practices to ensure this review and appraisal exercise contributes to South-South, North-South and triangular regional and international cooperation (GA resolution 75/152, OP39).

7. Ideally, countries should respond to all questions, but it is fully understood that, given the national context, they might not be able to do so.

8. Supporting documentation should be included, if possible.

The companion document attached to this survey provides explanations of some key terms.

The survey should be completed (and submitted/returned), together with relevant attachments by 31 October 2021, by email, to: escap-sdd@un.org or online at: https://icts-surveys.unog.ch/index.php/974559?newtest=Y&lang=en

Please indicate whether the completed survey may be posted on the public website of the Asia-Pacific Regional Review and Appraisal of MIPAA

Yes: ☒ No: ☐

Please do not hesitate to contact escap-sdd@un.org should you have any questions.

A. Contact information

Please identify the office responsible for coordinating the responses to this survey and completing it and include its contact information.

<table>
<thead>
<tr>
<th>Country</th>
<th>Turkey</th>
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<tbody>
<tr>
<td>Ministry/Office/Agency</td>
<td>Ministry of Family and Social Services, General Directorate of Services for Persons with Disabilities and the Elderly</td>
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<table>
<thead>
<tr>
<th>Name contact persons (First and Last)</th>
<th>Title/Position</th>
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<tr>
<th>Name of ageing focal point (First and Last)</th>
<th>Telephone</th>
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| Email | |
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Voluntary National Survey on the Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific - 2021

B. Methodology

What methodology was used to complete this survey? Was a bottom-up approach used involving a variety of stakeholders? Was a whole-of-government approach used? (see also companion document) please elaborate:

The survey was completed in an inter-ministerial context. It was engaged and consulted with other major stakeholders including Ministries, public institutions, academia and civil society organizations. General Directorate of Services for Persons with Disabilities and the Elderly organised a consultation meeting with the participation of major stakeholders. Inputs including qualitative information were collected from Ministries, public institutions, universities and civil society organizations and summarized along with the Ministry of Family and Social Services’ policy actions.

I. National policy and MIPAA implementation

Coordinating body

1. Does your country have a national coordinating body/committee/agency or national multi-stakeholder forum on population ageing and/or older persons?  
   If “yes”, please provide information on the following:  
   Yes ☒ No ☐

1.1 Name of the coordinating body/committee/agency/national multi-stakeholder forum: please elaborate;  
   The General Directorate of Services for Persons with Disabilities and the Elderly affiliated with the Ministry of Family and Social Services

1.2 Year of establishment: please elaborate;  
   2011

1.3 Level (ministerial or other): please elaborate;  
   Ministrial

1.4 Functions: please elaborate;  
   The General Directorate of Services for Persons with Disabilities and the Elderly coordinates the strategies and national policies to ensure full and active participation of persons with disabilities and the elderly to social life without discrimination against any kind of obstacles, neglect or exclusion; renders social services and aids to persons with disabilities and the elderly; provides cooperation and coordination among relevant public institutions and volunteering organizations.

1.5 Contact information, including mailing address, telephone/fax, email and website link: please elaborate;  
   Mailing Address:  
   Engelli ve Yaslı Hizmetleri Genel Müdürlüğü  
   Eskisehir Yolu, Sogutozu Mah. 2177. Sok. No: 10/A Kat: 14-15-16 06510  
   Cankaya/ANKARA  
   Telephone: +90 312 705 70 00
### Definition of older persons

2 Please define “older persons” as used in official Government documents (e.g., legislation, census forms, etc.).

**please elaborate:**

In general, in most of the Government documents such as legislation, census forms, persons aged 65 and over are considered older persons in Turkey. However, the age criteria changes for some services offered to older persons. For instance, while the age of admission to public Nursing Homes, and Elderly Care and Rehabilitation Centres is 60, the age of admission to private Nursing Homes, and Elderly Care and Rehabilitation Centres is 55.

### National legislation, policies and action plans on older persons

3 Does your country have a dedicated legislation, policy and/or action plan to promote and improve the well-being of older persons and protect their rights, such as a “decree or law on older persons”?

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<tr>
<th>Yes</th>
<th>No</th>
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3.1 If “yes”, for each of the following questions, please provide information on: (a) name of legislation, policy and/or action plan and year of enactment; (b) description of legislation, policy and/or action plan; (c) main achievements; and (d) financial and human resources allocated to implement. **but if “no”, please elaborate also:**

A high-level policy document titled “2020-2030 Aging Vision Document” was prepared by the Ministry of Family and Social Services, which will guide the policies, programs and services on aging in the next 10 years. The Vision Document was prepared by taking into account the opinions and decisions of the First International Council on Aging held on 20-22 February 2019. The Aging Vision Document aims to enable people to actively participate in the active aging process in every period of their lives, to strengthen the rights of older persons, to develop new service and support models for older persons with a rights and social inclusion-based approach, to strengthen intergenerational solidarity, and to present a new vision with a family and society-oriented approach. In the Vision Document, policies that developed for older persons are discussed under 6 headings: active aging, care economy, care services for older persons and quality of life, economics of ageing, rights of older persons, and age friendly cities and local governments. With the contribution and participation of the relevant stakeholders, 63 actions were determined for 21 goals related to the policy areas in the document. In this context, the preparatory work for the “Action Plan” which is based on the Vision Document is underway and it is planned to be completed in 2022. The implementation and monitoring of the Aging Vision Document with 5-year action plans is envisaged.

3.1.1 Have gender and disability concerns of older persons been explicitly addressed in the legislation, policy and/or action plan?

**please elaborate:**

Gender and disability concerns of older persons have been explicitly addressed both in the Ageing Vision Document and its Action Plan. Particularly, gender and disability concerns of older persons are addressed in terms of data-driven policy, long-term care and quality of life, specialized care services and facilities, social support services and
### 3.1.2 Is there a monitoring framework for the implementation of the legislation, policy and/or action plan? *please elaborate:*

One of the topics covered in the Ageing Vision Document is the implementation and monitoring. Within this context, 5-year action plans will be issued in order to implement and monitor the policies set in the Aging Vision Document. The first Action Plan based on the Vision Document is underway. It is being studied with a participatory approach with the contribution and participation of the relevant stakeholders including Ministries, public and private institutions, universities and civil society organizations.

### 3.1.3 Are older persons and their organizations included in any monitoring activities of legislation, policy and/or action plan on older persons? *please elaborate:*

One of the roles of the General Directorate of Services for Persons with Disabilities and the Elderly is to provide cooperation and coordination among relevant public institutions, civil society organizations and volunteering organizations. Within this scope, the General Directorate works closely with subject-related actors such as universities, public and private institutions, local governments and civil society organizations. Thus, older persons and their organizations have been included both in the preparation process of Ageing Vision Document and its Action Plan and in the monitoring activities of the Action Plan.

In addition, the main implementation methods of the Document are determined as the mainstreaming ageing, a two-way approach, multilateral cooperation and effective coordination, and the participation of older persons. Particularly, in the Document, the primary element of multilateral cooperation and effective coordination is stated as the effective participation of older persons and their organizations. It also emphasizes that the participation of older persons should be ensured in all decision processes, including the design, financing, presentation and evaluation of the policies, programs and services that will be formed on the way to become an inclusive society as addressed in the Document.

### 3.1.4 Does the Government foster effective consultation with, and involvement of, older persons and/or their representatives at the national, regional and local levels in designing policies? *(SDG 16.7.2)* *please elaborate:*

The most important development regarding the participation of older persons in decision-making processes at the local level in Turkey is the city councils and the councils of older persons formed under them. In 2009, in order to establish the governance mechanism, city councils were established with the participation of central administrations, local administrations, professional organizations and community members, producing solutions to the problems of the city within the framework of
sustainable development. The main task of the councils is to discuss the urban problems and the demands of older persons as well as other groups in the society, and to have a say in decisions about their future. These councils are divided into working groups such as healthy life, intergenerational relations, environment, sustainable and accessible city, culture and art.

In addition, the number of civil society organizations in the field of aging in Turkey has increased in recent years. This contributes to the interest and awareness of the society on aging. Especially many of the associations that carry out studies on ageing generally consist of experts and academicians from the field. On the other hand, the effectiveness of these organizations is limited. Strengthening the participation of older persons in such civil activities and increasing their participation in decision-making mechanisms are the important agenda items for Turkey. For this purpose, Turkish government provides grants to support the work of the civil society and financial support for individual projects made by them.

3.1.5 Does the Government foster work and volunteering of younger and older persons in intergenerational settings? 

**please elaborate:**

The Government foster work and volunteering of younger and older persons in intergenerational settings. For instance, one of the objectives of Ageing Vision Document is to strengthen intergenerational solidarity. In addition, intergenerational solidarity is contained in other policy documents such as Development Plans which are the fundamental policy documents that include holistic policies in the economic, social, cultural and health fields. Development Plans outline the macro policy goals and the institutions and organizations in charge transform these goals into specific implementations in line with these goals. One of the main axes of the goals and actions determined in the scope of the Tenth (2014-2018) and Eleventh Development Plan (2019-2023) is to strengthen intergenerational solidarity in the society.

In addition, intergenerational practices, projects, etc. are carried out in Turkey so that generations can get to know each other better. Public institutions, civil society organizations, educational institutions and universities generally carry out these studies and the Government cooperates and supports these activities. Some examples to these projects are as the following:

“Intergenerational Solidarity” Project: Ankara University Aging Studies Application and Research Centre (YASAM) regularly carries out the “Intergenerational Solidarity” social responsibility project. In this context, visits are made where young and older persons come together, conferences are held on various topics related to ageing, different programs are held for nursing home residents, and various activities are provided for young and older persons to share information and experience.
“Meeting of Generations” Project: In order to strengthen intergenerational solidarity, to provide the participation of children, young people and older people in social life together, and to provide experience-oriented learning, various activities are organized where residents of nursing homes and the children under protection and care come together. Within the scope of the project initiated by the Ministry of Family and Social Services in 2017, 847 activities were held as of the end of 2019, bringing together 13,514 children and 13,011 adults. In the "2020-2030 Aging Vision Document", the project is planned to be continued in order to "support communication and intergenerational solidarity between older persons and their children/grandchildren". For this purpose, some of the actions determined to ensure the full and effective participation of older people in social life and to increase intergenerational solidarity are as follows:

☐ Supporting communication and intergenerational solidarity between older persons and their children/grandchildren,
☐ Encouraging programs for transferring the experiences of older persons to future generations,
☐ Carrying out studies to eliminate the loneliness of older persons.

“While You Were Small, We Grow” Project: High school students and older persons at the 3rd Age University of Ege University in Izmir province came together in 2018 to determine the games they wanted to teach each other and played these games at a different high school every month for 9 months. In these activities, the group consisting of 50 young and 50 old people taught each other the games of their generation. The project was ended with the Intergenerational Game Festival on May 28, World Game Day.

“Fresh Companion” Project: This is a new education and training initiative started among students of 3rd Age University and Gerontology Department of Akdeniz University. Young and old students learn gerontological topics and share what they have learned with each other.

“Aging Young with the Youth” Project: The Project carried out by the Mersin Alzheimer's Association brings together older persons, who are isolated from society due to COVID-19, university students and volunteers. The Project aims to create a stronger society by ensuring intergenerational communication.

Participation of older persons in volunteering activities contributes to many issues such as eliminating the loneliness, the desire for authority, the feeling of belonging, the need for socialization, the development of the intellectual level, the sharing of experiences, the learning of new information, the development of skills, the change of social roles and status. Although volunteering activities are not very common in Turkey, there are various projects carried out by public institutions, local governments and educational institutions in which older persons participate in volunteering activities. One example is the project titled “Soul Neighbour” which aims to rehabilitate older persons in need of
home care by their educated neighbours and to ensure that they participate into social life. The project is carried out in cooperation with Etimesgut Municipality, Etimesgut Sehit Sait Erturk State Hospital and Turkish Home Health and Social Services Association (EVSAED). Volunteers support older persons in their daily living activities and instrumental daily living activities. In the 2020-2030 Vision Document, it is planned to expand this project in the forthcoming years.

Volunteering activities are also carried out by some local governments. For example, a Volunteer Education and Counselling Centre was established by Kadikoy Municipality. Mostly older persons took part in the planning and execution of the studies such as volunteer houses, volunteer council, artistic and cultural activities etc. Another example is the voluntary work of individuals aged 60 and over in the units within the Antalya Governorship and Antalya Metropolitan Municipality. Older persons perform volunteer activities in these units 3 days a week, 4 hours a day. These mutual learning programs aim to raise the social responsibility awareness of older people theoretically and practically, and to develop cooperation, solidarity, and effective communication and self-evaluation skills during practice. In addition, some civil society organizations carry out such civil activities in which older people volunteer.

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<tr>
<th>3.1.6</th>
<th>Does the Government offer opportunities for intergenerational contact and exchange?</th>
<th>Yes ☒ No ☐</th>
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<tr>
<td></td>
<td>Please elaborate: Please see the response for 3.1.5 above.</td>
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<td>3.1.7</td>
<td>Does the Government encourage the private sector and non-profit organizations to involve older persons in planning and design of goods and services?</td>
<td>Yes ☒ No ☐</td>
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<td></td>
<td>Please elaborate: General Directorate of Services for Persons with Disabilities and the Elderly conducts awareness raising activities on ageing issues. In most of the works, it is emphasized that the participation of older persons in decision-making process is significant to reveal the needs of older persons and to produce effective solutions for these needs. In the Ageing Vision Document, it is stated that appropriate support should be provided and necessary arrangements should be made for the involvement of older persons in all decision making processes, including the design, financing, presentation and evaluation of the policies, programs and services. It is emphasized that only in this way it will be possible to realize the sustainable development goals that do not leave anyone behind and to achieve social welfare.</td>
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<td>3.2</td>
<td>If “no”, are there any efforts towards the development and adoption of such a legislation, policy and/or action plan?</td>
<td>Yes ☐ No ☒</td>
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<td>Please elaborate:</td>
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Challenges to legislation/policies
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**4 In the development and implementation of legislation with a focus on older persons, has the Government encountered any of the following challenges? [1 = never, 2 = sometimes, 3 = always]**

<table>
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<tr>
<th>Challenge</th>
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<th>2</th>
<th>3</th>
<th>If answer 2 or 3, have you addressed the challenge? please elaborate:</th>
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<tr>
<td>4.1 Lack of human resources dedicated to population ageing issues</td>
<td></td>
<td>x</td>
<td></td>
<td>Education, training and certificate programs for nursing and elderly care are conducted by universities and private education centers.</td>
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<tr>
<td>4.2 Lack of financial resources dedicated to population ageing issues</td>
<td>x</td>
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<td></td>
<td></td>
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<td>4.3 Lack of data on older persons and/or population ageing at the national and/or subnational levels</td>
<td></td>
<td>x</td>
<td></td>
<td>More diverse, holistic and longitudinal data are needed.</td>
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<td>4.4 Lack of overall political support</td>
<td>x</td>
<td></td>
<td></td>
<td>Since Turkey has a relatively young population, awareness raising of the public institutions on the population ageing issues is needed. The Ministry of Family and Social Services and other relevant stakeholders carry out various activities to address this challenge. Particularly, Vision Document on Ageing will have a great effect to address this issue.</td>
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<td>4.5 Lack of cross-ministerial coordination on population ageing issues</td>
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<td>x</td>
<td></td>
<td>International support and cooperation on population ageing issues are two significant points since Turkey has a relatively young population when compared to other</td>
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### 4.7 Lack of public awareness and understanding of population ageing issues

While the proportion of older population in the total population was 6.7% in 2000, it increased to 9.5% in 2020. Even though Turkey has a young population compared to other developed countries, its population is ageing at a very fast pace. Public awareness on population ageing issues and its challenges and opportunities still needs to be increased.

### 4.8 A bottom-up approach to population ageing not followed (e.g., involvement of older persons)

Older persons and their representatives are included in developing policies and strategies. However, civil society organizations in the field of ageing and their activities are limited. The Ministry of Family and Social Services develops strategies to support and cooperate with civil society organizations working in the field of ageing.
4.9 Misconceptions and stereotypes about population ageing and older persons

4.10 Any other challenges (please name them)

Priorities of MIPAA “issues”

5. Which of the “issues” listed under the three priority directions of MIPAA has your Government prioritized (for a list of “issues”, see the Annex)?

Please elaborate:

Among the three priority directions of MIPAA listed in the Annex, Turkey has prioritized "advancing health and well-being into old age". Despite significant progress in other two issues (older persons and development, ensuring enabling and supportive environments), in the framework of the Health Transformation Programme implemented in Turkey since the early 2000s, major changes and reforms have been achieved in terms of physical infrastructure, service quality, access to services and financial support in the field of healthcare.

II. Older persons and development

Instruction: For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) date of implementation and time frame; (c) its main elements; and (d) its main achievements. Please elaborate and please attach copies of relevant documents or provide their link.

Active participation

6. Has the Government undertaken any measures to promote the active participation of older persons in society and in decision-making processes at all levels? (SDG 5.8.1; SDG 11.3.2; SDG 17.8.1)

Please elaborate with data, as appropriate:

Councils of older persons:

The most important development regarding the participation of older persons in decision-making processes at the local level in Turkey is the city councils and the councils of older persons formed under them. In 2009, in order to establish the governance mechanism, city councils were established with the participation of central administrations, local administrations, professional organizations and community members, producing solutions to the problems of the city within the framework of sustainable development. In 2013, under the priority of Older People and Development in the "The Situation of the Older People in Turkey and the Implementation Program of Aging Action Plan"; a step was taken to keep the older persons in the active labour force and to include in the community by providing the opportunity to take a role in the decision-making processes through councils of older persons. The main task of the councils is to discuss the urban problems and the demands of older persons as well as other groups in the society, and to have a say in decisions about their future. These councils are divided...
Integration and participation of older persons in society:

It is significant to encourage the establishment of mechanisms to participate in the decision-making processes at the regional and national level for older persons who contribute to the governance mechanism at the local level. To this end, one of the important mechanisms is the civil society organizations. The number of civil society organizations in the field of aging in Turkey has increased in recent years. This contributes to the interest and awareness of the society on aging. Especially many of the associations that carry out studies on ageing generally consist of experts and academicians from the field. On the other hand, the effectiveness of these organizations is limited. Strengthening the participation of older persons in such civil activities and increasing their participation in decision-making mechanisms are the important agenda items for Turkey. For this purpose, Turkish government provides grants to support the work of the civil society and financial support for individual projects made by them.

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<th>7</th>
<th>Has the Government taken measures to facilitate older persons’ participation in physical activity? (see also companion document) please elaborate with data, as appropriate:</th>
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<tr>
<td>Yes</td>
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Materials to raise awareness about physical activity in the old age period have been prepared by the Ministry of Health on special days and weeks of older persons and various awareness raising activities have been carried out throughout the country.

*Physical activities are provided both in Healthy Life Centers affiliated to Ministry of Health and in Active Elderly Service Centers, where day services for older persons are provided.*

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<th>8</th>
<th>Do older persons’ organizations exist in your country? How many are active and what types of organizations are these? please elaborate with data, as appropriate:</th>
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<tr>
<td>Yes</td>
<td>No</td>
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Civil society organizations such as federation, association, foundation, etc. working in the field of ageing exist in Turkey. Although, the exact number of active civil society organizations is not known, it has increased in recent years.

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<tr>
<th>9</th>
<th>Does the Government provide any financial, technical or policy support to these organizations? please elaborate with data, as appropriate:</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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<td>Work</td>
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<td><strong>10</strong> Has the Government engaged in actions to support older persons’ participation in income-generating work, as long as older persons want and are able to do so? (SDG 8.5.1; SDG 8.5.2) <strong>please elaborate with data, as appropriate:</strong></td>
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*Currently, Turkey is in a period where the population growth rate for working age population is higher than the total population growth rate and the share of working age people in the total population increases over time, resulting in an advantageous large labour supply. However, the projections indicate that Turkey, which is currently in the demographic dividend period, will become a country where the proportion of persons aged 65 and over is gradually increasing, while the proportion of working age group is gradually shrinking in about 20 years.*

*The policies and measures envisaged in the 11th Development Plan to protect the young and dynamic population structure and to increase the quality of life of older people and to empower them to participate effectively in economic and social life are:*

- Enhancing access of older persons to lifelong learning opportunities,
- Developing mechanisms to empower older persons to stay in working life,
- Giving priority to households, in which persons with disabilities, economically deprived persons and older people live, in activities aimed at fighting poverty in rural areas.

*Among the direct and indirect approaches on aging and older population, the sensitivity is generally on the importance of the young population. Turkey is one of the rare countries that can benefit from the demographic dividend in terms of workforce potential until 2030. To this end, Turkey aims to make maximum use of the demographic dividend and to increase the quality of life of the population by preserving the productive and dynamic population structure.*

*The policies and measures envisaged in the 11th Development Plan (2019-2023) to protect the young and dynamic population structure and to increase the quality of life of older people and to empower them to participate effectively in economic and social life are:*

- Enhancing access of older persons to lifelong learning opportunities,
- Developing mechanisms to empower older persons to stay in working life,
Giving priority to households, in which persons with disabilities, economically deprived persons and older people live, in activities aimed at fighting poverty in rural areas.

The National Employment Strategy issued in 2014 had four main axes: to strengthen the relation of education and employment in the context of full and productive employment and development of decent work; provide security and flexibility in the labour markets; increase employment for vulnerable segments; and strengthen the relationship between employment and social protection.

Under the Programme on Improving the Social Integration and Employability of Disadvantaged People, activities were supported to remove the barriers to entering and facilitate access to labour market, expand relevant opportunities, and fight against discrimination.

10.1 Has the Government instituted a statutory retirement age? If “yes”, what is it (women/men)?

The retirement age depends on date of birth, date of labour market entry and contribution period. New entrants to the pension system between September 1999 and October 2008 can retire at age 60 for men and 58 for women with a minimum of 7,000 days of contributions or 25 years of coverage with 4,500 days of contributions. For new entrants after October 2008 old-age pension shall be granted provided that the entrant is over 58 if the entrant is female or over 60 if the entrant is male and that a minimum of 9,000 days of invalidity, old-age and survivors insurance premiums are notified. However, the number of premium days condition shall be applied as 7,200 premium days for the insurance holders under item workers (4/a). As per the Law, there is no change in the retirement age until the year 2036. After 2036, there will be a gradual increase in the retirement age and it will be 65 for men in 2044 and for women in 2048. The means-tested pension benefit is payable only to those with no other social security rights, the disabled or those aged 65 years or over.

A gradual increase is foreseen for the years 2036-2048, and the details are given below.
- 1) 59 for women and 61 for men between 1/1/2036 and 31/12/2037,
- 2) 60 for women and 62 for men between 1/1/2038 and 31/12/2039,
- 3) 61 for women and 63 for men between 1/1/2040 and 31/12/2041,
- 4) 62 for women and 64 for men between 1/1/2042 and 31/12/2043,
- 5) 63 for women and 65 for men between 1/1/2044 and 31/12/2045,
- 6) 64 for women and 65 for men between 1/1/2046 and 31/12/2047,
- 7) From 1/1/2048, the retirement age will be applied as 65 for men and women.

10.2 Does the Government provide incentives for longer working life opportunities and more flexible retirement choices?

Yes ☑ No ☒
In the premium pension system offered within the scope of compulsory public social security service, retirement depends on age, number of premium payment days and insurance conditions. When these conditions are met, people are entitled to retirement. In other words, partial or flexible retirement is not regulated in public social social security.

10.3 Does the Government provide work-related training and learning opportunities for older workers?  
please elaborate with data, as appropriate:

Turkish Employment Agency (ISKUR) is the public authority in charge of designing and implementing active and passive labour market policies in Turkey. As per the data of the ISKUR, the number of unemployed persons aged 50 and over registered with the Agency is 165,474 (69,255 women and 96,219 men) as of August 2021.

Within the scope of job placement services to ensure and support the sustainable employment of older workforce by ISKUR, 412,169 people were employed in the 50+ age group between 2011 and 2020 and 41,348 people were employed as of August 2021.

The Turkish Employment Agency (ISKUR) provides vocational training courses, on-the-job training programs, entrepreneurship training programs and other courses, programs, projects and special implementations within the scope of active labor force services to help protect and increase employment, develop the professional qualifications of the unemployed, reduce unemployment and bring groups requiring special policies to the labor market.

The number of persons aged 50 and over benefitted from active labour market programs is as the following:

- Vocational training courses: 50,333 persons in 2012-2020; 4,332 persons in January-August period of 2021 benefitted from the courses.
- On-the-job training program: 20,305 persons in 2012-2020; 3,719 persons in January-August period of 2021 were able to gain experience with the on-the-job training program.

10.4 Does the Government recognize the benefits of increased work experience with age in the labour market?  
please elaborate with data, as appropriate:

Yes  No

10.5 Has the Government implemented any measures to better utilize older persons’ work experience?  
please elaborate with data, as appropriate:

Yes  No

10.5.1 Has the Government implemented any measures to support employers to retain or rehire older persons?

Yes  No
<table>
<thead>
<tr>
<th>10.5.2</th>
<th>Has the Government promoted age-friendly workplaces through policies and training on age inclusion or unconscious bias? please elaborate with data, as appropriate:</th>
<th>Yes ☑ No ☐</th>
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<tbody>
<tr>
<td>10.6</td>
<td>Has the Government undertaken measures to close gender pay or pension gaps? please elaborate with data, as appropriate:</td>
<td>Yes ☑ No ☐</td>
</tr>
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</table>

*Article 5 of the Labour Law No. 4857, titled “Principle of Equal Treatment”, stipulates that no discrimination based on language, race, gender, disability, political thought, philosophical belief, religion, sect and similar reasons can be made in the employment relationship. Though the term “older persons” is not included in the grounds of discrimination, it is generally commented that the connotation “similar reasons” covers older persons as well. According to this, for work of the same or equal value, a lower wage cannot be agreed based on gender.*

*In the Article 1 of the Law No. 6701 on the Human Rights and Equality Institution of Turkey, securing the right of workers to be treated equally, preventing discrimination in benefiting from legally recognized rights and freedoms, and operating in line with these principles are included. Principles and obligations regarding the principle of equality are also stipulated in Article 3 of the Law (art. 3/1). In this provision, “discrimination based on wealth, birth, marital status, health status, disability and age is prohibited” (art. 3/2).*

| 10.7 | In addition to closing the gender pay or pension gap, has the Government accounted for the special situation of older women in work-related policies? please elaborate with data, as appropriate: | Yes ☑ No ☐ |

*In Turkey, regulations on employment, wage equality between men and women, rights and professional rehabilitation of persons with disabilities taking sex, age and disability into account are at an advanced level with regard to the achievement of targets under SDG 8 (Turkey’s SDGs 2nd VNR Report, 2019).*

**Rural and urban areas**

| 11 | Has the Government implemented any measures to address challenges, such as isolation and marginalization, of older persons in (a) rural or remote areas, and (b) urban areas, including slums? (SDG 9.1.1; SDG 11.1.1) please elaborate with data, as appropriate: | Yes ☑ No ☐ |

*“Integrated Urban Development Strategy and Action Plan (2010-2023)”, which is a roadmap for central and local administrations on urbanization and zoning issues and called KENTGES, was prepared by the Ministry of Environment, Urbanization and Climate Change.*
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through a participatory process involving 500 experts from 151 different institutions and was approved with the decision of the High Planning Council dated 25.10.2010 and numbered 2010/34 and published in the Official Gazette dated 4 November 2010 and numbered 27749.

KENTGES, targeting 2023 - the 100th anniversary of the foundation of Turkish Republic, is the country's vision of urbanization and development. It determines the work and actions to be carried out at the central and local level in the fields of transportation, infrastructure, housing and land provision, disaster preparedness, protection, climate change, quality of life, social policies and participation.

Disadvantaged groups are taken into account in the planning and design of urban service areas. In this direction, it is planned to develop design standards and guidelines, taking into account the principles and basis developed through international studies within the scope of the "City for All" approach. Within this context, one of the goals and its strategy and action of the KENTGES is as the following:

"Goal 17: Taking Necessary Measures for the Needy and Disadvantaged Groups to Benefit from Urban Services."

"Strategy 17.1: Accessibility to urban services will be provided to disadvantaged segments of the society, such as persons with disabilities, older persons and special needs groups with limited mobility."

“Action 17.1.1: A standard will be developed to organize urban service areas according to the needs of disadvantaged groups.”

In addition, Turkey's Spatial Strategy Plan is being prepared by the Ministry of Environment, Urbanization and Climate Change. With the Strategy Plan, it is aimed to guide spatial planning in reaching the development and growth goals and realizing the vision of the future by associating economic, social and environmental policies and strategies with space, ensuring the balanced distribution of infrastructure and services in accordance with development policies; creating people-oriented, disaster-resistant, climate change-ready, livable and productive cities with identity.

Within the scope of Strategy Plan, the issues of developing adequate social and cultural services throughout the country, supporting cities to include women, children, young and old populations and ensuring access to public spaces for everyone are discussed. In addition, creating inclusive public spaces that is family and persons oriented and will enable different social groups to come together by taking into account the increasing elderly population and disadvantaged groups, and ensuring accessibility to public services and public spaces for everyone are evaluated within the scope of the plan.
### Education, training

| 12 | Has the Government supported older persons’ access to knowledge, education and training? *(SDG 4.3.1; SDG 4.4.1; SDG 4.6.1)*  
please elaborate with data, as appropriate: |
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<tr>
<td><strong>Educational activities for various age groups including older people are offered by central and local public institutions, and civil society organizations.</strong> The most common of these trainings are the courses that provide lifelong skills, knowledge and cultural development to individuals from different age groups at the Public Education Centres affiliated to the Ministry of National Education. These courses are given free of charge periodically at certain times of the year. These courses are designed to be accessible to all segments of society at the district and neighbourhood level.</td>
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| 12.1 | Does the Government pursue a life-course approach to knowledge, education, training and work, such as lifelong learning opportunities?  
please elaborate with data, as appropriate: |
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<tr>
<td><strong>In addition to the above mentioned Public Education Centers, universities in some of the provinces offer higher education programs for older persons within the framework of active aging and lifelong learning. These programs, called 3rd Age University, enable the individual to spend the aging process as productive and meaningful as other stages of his/her life and to continue his personal development in a comprehensive way within the framework of the concept of lifelong learning. 3rd Age University is an important part of lifelong learning in Turkey. For this reason, it is expected that the education given to older people will improve the health awareness, intellectual and physical activities and artistic capacities of them and encourage active participation in the local environment. 3rd Age University is seen as an opportunity for older people to integrate with the society and maintain their productivity.</strong></td>
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<tr>
<td><strong>In these programs, in addition to the courses such as philosophy, psychology, communication, archaeology, public health, lifelong health, rights of older persons in the legislation, law/copywriting, microbiology, geriatrics, cosmology, mythology; courses on the art of cooking, psychodrama, yoga, aikido, folk dances and knitting are also provided. The education model is voluntary and the content is determined in line with the programs of the relevant universities and the demands of the older participants. Older individuals benefit from these universities free of charge.</strong></td>
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<td><strong>Although the age group is flexible, in general, every individual aged 60 and over can apply to the 3rd Age University. In this context, 3rd Age Universities set an example as the most widespread and sustainable lifelong learning program implemented on ageing in Turkey. The 3rd Age University, which started within the body of Akdeniz University in 2016, became widespread in a short time and</strong></td>
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started to be implemented in many universities such as Ege University, Ankara University, Mugla Sıtkı Kocman University, Nisantası University, Anadolu University, University of Kyrenia. The Ministry of Family and Social Services signed protocols in 2021 with other universities in order to expand the 3rd Age Universities in the country including Mus Alparslan University, Sivas Cumhuriyet University.

The activities to establish a lifelong learning system have been accelerated since 2000s in Turkey. The 2009-2013 Lifelong Learning Strategy Document set the baseline for the lifelong learning system, and the Ministry of National Education aimed to give it a more systematic structure with the 2014-2018 Lifelong Learning Strategy Document and Action Plan in line with national and international approaches. The priorities included in the 2014-2018 National Lifelong Learning Strategy Document and Action Plan prepared to increase effectiveness and efficiency of lifelong learning system are as follows;

- Establishing lifelong learning culture and awareness in the society,
- Increasing lifelong learning opportunities and provision,
- Enhancing access to lifelong learning opportunities,
- Improving lifelong guidance and counselling system,
- Improving recognition of prior learning system,
- Improving lifelong learning monitoring and evaluation system.

The Ministry of National Education established The Lifelong Learning Portal (www.hbo.gov.tr) in January 2018, which allows citizens of all ages to access lifelong learning activities from a single point. The portal is an important innovation as 'the door to learning and working opportunities'. In addition to current learning and employment opportunities, the portal provides lifelong guidance on information for people’s professional and personal development needs. The Portal, where data from various service providers are brought together, provides information on all learning opportunities from basic education to higher education, from non-formal education to distance learning. In the career guidance section of the portal, important information about career planning and profession choice can be accessed, and individuals can make self-evaluations through various scales, questionnaires and worksheets presented on the portal.

The project of “Meaningful Occupation after Retirement for Active and Healthy Ageing (MORE)” (http://www.moreprojesi.com/?lang=en), which was coordinated by Social Security Institution and supported by European Commission in 2017 and 2019, aimed to create an Adaptation to Retirement: Life Long Learning Module in order to ensure that retirees do not fall into the gap in the adaptation process to their new life after work.

12.2 Has the Government undertaken measures to promote digital literacy among older persons? Are there any programmes which encourage and support intergenerational exchange on digital literacy? please elaborate with data, as appropriate:

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<td>Yes</td>
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Increasing the IT literacy of older persons: “The Information Society Strategy and Action Plan (2015-2018)” was prepared as a result of a comprehensive and inclusive study in order to get involved in the global transformation and benefit from this process to the maximum extent possible. The Strategy outlines 8 main policy pillars in information society by focusing on growth and employment as main items of our country’s development agenda. In this context, building a strong information technology industry, installing broadband infrastructures through a healthy sectoral structure, organization of human resources in line with the needs of information society agenda, increasing effectiveness and reducing inequalities regarding access to information and communication technologies (ICT) by different segments of the society, ensuring information security and user trust, benefiting from information and communication technologies supported innovative solutions in societal challenges, forming an ecosystem supporting economic development through internet entrepreneurship and e-commerce, and ensuring user-centricity and effectiveness in public services are foreseen targets to be reached with this Strategy. Among the goals for 2018, following goals specifically addressed for disadvantaged groups:

261. In order to provide new employment opportunities through ICT, investments that create employment through remote working such as call centers will be encouraged, particularly in developing regions. These incentives will be aimed at increasing the employability of disadvantaged groups as a priority.

271. ICT access and usage status of individuals and their skills will be measured more soundly. In order to measure ICT access, use and skills, a digital divide index will be developed that will enable development of focused policies for disadvantaged groups in terms of age, income level, gender, physical conditions and residential location. Currently conducted field studies will be improved in a way to measure individuals’ digital skills.

306. Electronic public services will be offered through different platforms in an interoperable and integrated fashion while ensuring information security and privacy. Citizens will not be requested to provide information repeatedly. Demands and needs of disadvantaged groups in access to services will be considered especially. Compliance with international standards in delivery of e-government services will be ensured.

Within the context of the Vision Document on Ageing and Action Plan, one of the actions planned is to expand digital and financial literacy opportunities for older persons within the framework of active aging, social inclusion and digital transformation processes. In this direction, Trainings on "Digital and Financial Literacy for Older Persons” are provided within the framework of the active and healthy aging vision
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and policy objectives of the Ministry of Family and Social Services. In February 2021, studies were conducted to measure digital and financial literacy levels for older persons in 7 provinces. As a result of the field work, the trainings first started on 20 December 2021 in 5 nursing homes in Istanbul and it will be continued in other nursing homes countrywide in the coming years.

The Ministry of Family and Social Services signed cooperation protocols with Vodafone and Turkcell, major telecommunication and technology services providers in Turkey, in order to increase the digital literacy of older persons living in long-term care institutions affiliated to the Ministry. Within this scope, a pilot project titled "Digital Spring Project” was initiated. With the Project, technology rooms will be established in ten nursing homes in three years as of 2021, where older persons can use and experience technology. Based on the outcomes, the Ministry is planning to expand the Project to all nursing homes across the country in the coming years. In addition, tablets were distributed to older residents in nursing homes to improve their digital literacy and utilize digital skills.

A symposium on "Digital Transformation for Persons with Disabilities and the Elderly" was held by the Ministry of Family and Social Services on 19 June 2019 with the participation of public institutions and organizations, civil society organizations, local governments and universities. The aim of the symposium was to reveal and develop the talents of persons with disabilities and the elderly, to increase their participation in active labour market, to increase accessibility in all areas of life and to raise awareness about information technologies.

In addition, Digital Literacy (Basic Level) courses are offered for all adults in lifelong learning institutions.

**Income security, social protection (intergenerational)**

| 13 | Has the Government implemented any of the following measures concerning income security, social protection and social security? (SDG 1.3.1; SDG 1.a.2; SDG 2.3.2; SDG 8.3.1; SDG 8.10.2; SDG 10.2.1) If yes, please answer 13.1 – 13.8 If no, please proceed to 14 please elaborate with data as appropriate: | Yes ☒ No ☐ |
| 13.1 | Social protection floor for the total population, including older persons (see also companion document) please elaborate with data, as appropriate: | Yes ☒ No ☐ |

Within the framework of the social security system in Turkey, workers, self-employed and civil servants are under protection within the scope of occupational accidents and occupational diseases, sickness and maternity situations, invalidity, old age and death risks.

| 13.2 | Old age contributory pensions schemes (universal coverage, or for specific professional groups) | Yes ☒ No ☐ |
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As per provisions of the Social Insurances and Universal Health Insurance Law dated 31/5/2006 and numbered 5510; workers, self-employed and civil servants are entitled to retirement and pension if they complete the number of premium payment days stipulated in the law (7,200 days for workers, 9,000 days for civil servants and self-employed) and meet the age requirement. On the other hand, it is possible to qualify for an old-age pension in retirement through optional insurance.

Unemployment insurance and wage guarantee fund are regulated in Law No. 4447. There is a premium based unemployment insurance system for employees in Turkey, regardless of age. Unemployment benefit is made to those who lose their job while working in a workplace, despite their willingness, ability, health and competence to work, except for their own will and fault, if they also meet other conditions. All individuals, regardless of age, can benefit from unemployment benefit.

### 13.3 Old-age non-contributory (or social) pension (universal coverage or targeted at some segment of older persons)

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**Old Age Pension in accordance with the Law No. 2022:**

In order to contribute to the economic freedom of older persons in need and to ensure their participation in economic and social life, the Ministry of Family and Social Services makes a monthly payment (social old age pension) to citizens aged 65 and over in accordance with Law No. 2022, dated 1/7/1976 on payment of pensions to the older persons aged 65 and over who are destitute.

Old age pension is paid by the Ministry of Family and Social Services to citizens aged 65 and over who do not have social security and whose monthly income per capita is less than 1/3 of the net minimum wage, taking into account the person and his spouse. As of 2021, 797,426 people receive old-age pension. As per the Law No. 2022, older persons who receive pensions and their dependents are covered by Universal Health Insurance and premiums for these persons are paid by the Ministry of Family and Social Services. The payment of the old-age pension can also be made in the residence of the individual upon request.

### 13.4 Specific pension schemes for the informal sector

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<th>Please elaborate with data, as appropriate:</th>
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Yes  No

### 13.5 Other income-support schemes that specifically benefit older persons

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<th>Please elaborate with data, as appropriate:</th>
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Yes  No

*Home Care Allowance is provided to support caregiving families and to encourage intergenerational solidarity among family members. As per the “Social Services Law No. 2828”, the Ministry of Family and*
Social Services pays the family member who provides care to a person with disability and an older person in need of care and in economic and social deprivation, on a monthly basis equal to the amount to be found by multiplying the indicator number (10,000) and the civil servant monthly coefficient. While the number of people benefiting from home care allowance was 28,583 in 2007, this number increased by 18 times and reached approximately to 536,000 in July 2021.

The contribution fees for hospital services, medicine, prescription, optical and individual payments, etc. paid within the scope of healthcare services by the older persons who benefit old age pension are evaluated by the Social Assistance and Solidarity Foundations and can be paid back to them upon request.

Electricity Consumption Support is also provided to people who receive old-age pension in accordance with the Presidential Decision dated 27/2/2019 and numbered 795.

Within the scope of the "Pandemic Social Support Program Phase I" implemented to alleviate the negative socio-economic impact of COVID-19 on citizens, a cash social assistance payment of 1,000 Turkish Liras was made by the Ministry of Family and Social Services to households with older persons benefiting from the old age pension within the scope of Law No. 2022.

13.6 Income-support schemes focused on older women please elaborate with data, as appropriate:

Regular Cash Assistance Program for Widowed Women:

The Program is offered by the Ministry of Family and Social Services to women who do not have someone with social security in the household, who are in need within the scope of Law No. 3294, and who have lost their last married spouse. The majority of beneficiaries of this Program are older women.

13.7 Financial inclusion or financial literacy of older persons please elaborate with data, as appropriate:

Within the context of the Vision Document on Ageing and Action Plan, one of the actions planned is to expand digital and financial literacy opportunities for older persons within the framework of active aging, social inclusion and digital transformation processes. In this direction, Trainings on "Digital and Financial Literacy for Older Persons" are provided within the framework of the active and healthy aging vision and policy objectives of the Ministry of Family and Social Services. In February 2021, studies were conducted to measure digital and financial literacy levels for older persons in 7 provinces. As a result of the field work, the trainings first started on 20 December 2021 in 5 nursing homes in Istanbul and it will be continued in other nursing homes countrywide in the coming years.
### 13.8 Any other measures (please name them)?

*please elaborate with data, as appropriate:

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<th>Yes</th>
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*Electricity Support Program for Chronic Patients is carried out by the Ministry of Family and Social Services in order to meet the electricity bill cost, accumulated electricity debts and uninterrupted power supply needs of households with patients who are dependent on the device due to their severe chronic illness. Within the framework of this Program, the needs of older persons, who are within the scope of Law No. 3294 and who are dependent on the device due to their illness, can also be met.*

### Poverty

| 14 | Has the Government undertaken measures to eradicate poverty of older persons? (SDG 1.1.1; SDG 1.2.1; SDG 1.2.2; SDG 1.4.1; SDG 1.4.2; SDG 2.1.2)
|-----|---------------------------------|

*please elaborate with data, as appropriate:*

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A series of legal and institutional regulations that helped to reduce poverty were issued between 2000 and 2018 in Turkey. Some of the significant developments include the restructuring of the social protection system, increasing efficiency of the Social Assistance and Solidarity Incentive Fund for this purpose and bringing together other units concerning vulnerable groups under the Ministry of Family and Social Services. In addition to the restructuring of the social protection system, important legal regulations were issued such as consolidation of social security institutions and provision of health insurance to the whole population by means of the implementation of Universal Health Insurance.

Sustainable Development Goal 1 is assessed on two focus areas: i. Poverty Reduction and ii. Empowerment of vulnerable groups (Turkey’s SDGs 2nd VNR Report, 2019).

With respect to poverty reduction; a significant improvement was achieved in reducing the rate of national population living in absolute poverty with the help of achieving of macroeconomic stability, economic growth, and the increase in social transfer. Diversifying and increasing the amount of social aids and the steps taken to improve the social assistance system have contributed to poverty eradication.

Social assistance and support provided by various institutions and organisations were brought together under the Ministry of Family and Social Services as the focal body that executes relevant programmes.
The poor segments are provided aid for food, fuel, education, childbirth, and family expenses to raise their living standards. The number and variety of social assistance and support have been gradually increasing since 2003. The increase in aid for education and food aimed to prevent the intergenerational transmission of poverty particularly during this process is remarkable. In addition, assistance programmes started to help various groups in society such as military families in need, individuals with chronic illnesses, and orphans.

Evaluation and monitoring processes of social assistance are operated through an online system, namely, the Integrated Social Assistance Information System. The system facilitates the application processes and improves access to people in need.

In the context of empowerment of vulnerable groups; their integration into the labour force is considered important to combat poverty. In order to increase the labour force participation of women, the amendment to the Labour Law in 2016 granted rights such as the right to work part-time until the start of the month following the start of mandatory primary education age, the right to work part-time for 60 to 360 days following the birth, and part-time work allowance from the Unemployment Insurance Fund to those who meet the criteria for premium. Many projects targeting disadvantaged groups including older persons are implemented in Turkey. In this respect, policies to improve social protection systems and measures have been further developed.

The risks related to environmental disasters that may negatively affect vulnerable groups are addressed in the “Climate Change Strategy” covering 2010-2023. In this framework, the vulnerability of groups living below the poverty line to environmental disasters will be minimised by combating agricultural drought, developing risk maps and implementation plans related to the impact of climate change on infrastructure, health, and urbanisation.

With the Additional Article 19 added to the Law No.5510 with the Law No. 7226 Amending Some Laws dated 25/03/2020, a lower limit was provided for old age, invalidity and death pensions. Within the scope of this Article, on file basis, the total of monthly payments including the pensions paid within the scope of invalidity and old age insurance, cannot be less than 1,500 Turkish Liras (TL) including additional payment to be made pursuant to Article 1 of the Law No. 5454 dated 08/02/2006. Pursuant to the same Law, the total of payments made within the scope of death insurance cannot be less than this amount, considering the ratio of the shares of the beneficiaries.

**Resilience**

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<th>15</th>
<th>Has the Government implemented policies to help older persons cope with emergency situations? (SDG 11.5.1; 13.2.1)</th>
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<tr>
<td>Yes</td>
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<td>Question</td>
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<tr>
<td>If no, please proceed to 16 please elaborate with data as appropriate:</td>
<td>Yes</td>
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<tr>
<td>15.1 Have concrete measures been taken to protect and assist older persons affected by natural disasters, political conflict or other humanitarian emergencies? please elaborate with data, as appropriate:</td>
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</table>
| As per the Turkey's Disaster Response Plan (TAMP) prepared by the Ministry of Interior Disaster and Emergency Management Presidency (AFAD) and Article 27 of the Disaster and Emergency Response Services Regulation dated 18.12.2013 and numbered/28855, the Ministry of Family and Social Services is the main solution partner of the psychosocial support working group and is responsible for the coordination of psychosocial support services in disasters and emergencies. Psychosocial support services in disaster and emergency situations are the whole of multidisciplinary services that cover the works carried out at every stage of the disaster process. In this context, it includes the following services:  

- Prevention of psychological maladjustment and disorders that may arise during the disaster process,  
- Re-establishing/developing relationships at the level of the individual, group, family and society;  
- Increasing persons' awareness of their own capacities, promoting empowerment and advocacy activities in the process of returning to normal life,  
- Increasing the skills of coping/recovery/recovery with possible future disasters and emergencies in the society and supporting aid workers.  

Although the psychosocial support service provided by the Ministry of Family and Social Services after disaster and emergency is provided for all individuals, the priority is given to the vulnerable groups including persons with disabilities and older persons affected by the disaster.  

"Emergency Accessibility: Developing Standard Criteria Workshop" was held by the Ministry of Family and Social Services on 10-11 December 2021 with the participation of persons with disabilities, older persons, disaster and emergency related non-governmental organizations, academia, public institutions and representatives from municipalities. |

| 15.2 Are challenges faced by older persons in disaster situations addressed in national disaster response policies and strategies? please elaborate with data, as appropriate: | Yes | No |
| Turkey Disaster Response Plan (TAMP) prepared by the Ministry of Interior Disaster and Emergency Management Presidency (AFAD) |     |    |
addresses the challenges faced by vulnerable groups including older persons.

15.3 Does the Government recognize the agency of older persons in supporting response, recovery and reconstruction following natural disasters, political conflict or other humanitarian emergencies?

*please elaborate with data, as appropriate:*

Public institutions, volunteers, civil society organizations and other related actors work in cooperation in disaster and emergency situations.

15.4 Are older persons recognized as having a role in mitigating climate change?

*please elaborate with data, as appropriate:*

III. Advancing health and well-being into old age

**Instruction:** For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please supply details of and links to relevant documents or attach copies of them.

**Overall health and well-being**

16 Has the Government developed policies or programmes to promote health and well-being throughout life, including active and healthy ageing?

*please elaborate with data, as appropriate:*

In the framework of the Health Transformation Programme implemented in Turkey since the early 2000s, major changes and reforms have been achieved in terms of physical infrastructure, service quality, access to services and financial support in the field of healthcare. Through these developments, Turkey has made tremendous progress in ensuring healthy lives and promoting well-being for all at all ages.

The Ministry of Health issued “Turkey Healthy Aging Action Plan and Implementation Program 2015-2020” ([https://hsgm.saglik.gov.tr/depo/birimler/kronik-hastaliklar-engelli-db/hastaliklar/Yasli_Sagligi/kitap_ve_makaleler/Healthy_Ageing_Action_plan_2015-2020.pdf](https://hsgm.saglik.gov.tr/depo/birimler/kronik-hastaliklar-engelli-db/hastaliklar/Yasli_Sagligi/kitap_ve_makaleler/Healthy_Ageing_Action_plan_2015-2020.pdf)) in order to provide accessible, effective and appropriate healthcare service for individuals and community and to better respond to the people with special needs due to their physical, social or economic conditions by rendering this service easily accessible for them. The Action Plan aimed to improve healthcare of older persons by means of easy and free access to essential healthcare services that include prevention, promotion, curative, rehabilitative, safe, affordable, effective, good quality essential medicines and vaccines, etc. Executive committee reports have been prepared for the completed activities of the Implementation Program, and “Turkey Healthy Aging Action Plan and Implementation Program 2021-2026” has been prepared for ongoing and new activities.
In line with the goal of "Developing Exercise, Physical Activity and Rehabilitation Services for All Elderly" in the Action Plan, the planning phase for the “Turkey Aging and Health Survey” was completed, however it is postponed to a later time due to the pandemic. The aim of the Survey was to reduce the duration and frequency of hospital admissions and hospitalizations in chronic diseases, to reduce the number of older people who require continuous care due to chronic diseases, and to reduce the cost of elderly care.

In accordance with the goal of "Developing Health Services for Elderly People and Providing Full Access to Health Services" in the Action Plan, family physicians provided multi-faceted follow-up and evaluation for persons aged 65 and over in order to provide early diagnosis and treatment of diseases within the scope of preventive and protective healthcare services.

Within the scope of integrated care and primary healthcare services, a policy goal was set in the 11th Development Plan (2019-2023), which are the fundamental policy documents that include holistic policies in the economic, social, cultural and health fields, indicating “Health follow-ups for older persons will be carried out, preventive and curative services for diseases increasing with age will be strengthened, and the number of centres providing geriatrics and palliative care services will be increased.” In this context, “Disease Management Platform” has been launched on 1 July 2021. With the Platform, it is aimed to ensure early diagnosis of chronic diseases and to treat them appropriately with periodic follow-ups, to control the symptoms and signs of diseases, and to prevent individuals from experiencing loss of function and becoming disabled through follow-up of complications.

In his remarks at the General Assembly of the United Nations on 25 September 2018 on the importance of the issue of ageing and the needs of older persons in Turkey and in other countries of the world, H.E. Recep Tayyip Erdogan, President of the Republic of Turkey underlined the need to declare 2019 as the “Year of Older Persons” and to organize an “International Council On Ageing” that would provide a platform to tackle the issue of ageing comprehensively. Accordingly, First International Council on Aging was held on 20-22 February 2019. In the 1st Council on Ageing, commission studies were conducted with the contributions of foreign and local experts, academicians, representatives of public institutions and civil society organisations on the topics of Active Ageing (Healthy Living and Participation to Social Life), Care Economy, Care Services for Older Persons and the Quality of Life, Age-Friendly Cities and Local Governments”, the Rights of Older Persons, Economics of Ageing.

Within the scope of the Year of Older Persons 2019, “Regional Welfare Seminars on Elderly Welfare” were organized across the country by the Ministry of Family and Social Services in order to
<table>
<thead>
<tr>
<th>16.1</th>
<th>Has the Government strengthened the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol among older persons? (SDG 3.5.1; SDG 3.5.2)</th>
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<td>please elaborate with data, as appropriate:</td>
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| | The current legislation includes restrictions, prohibitions and sanctions regarding the production, transport, use and sale of potentially addictive substances as part of the efforts to combat substance abuse.  
With regard to programs for preventive healthcare services and promoting healthy lifestyles, comprehensive policies are in place in Turkey in the fields of alcohol, tobacco and substance abuse. As a growing issue, drug addiction is not only a social problem but also a major health threat. In this context, the National Anti-Drug Urgent Action Plan was launched in 2015 to keep the society away from all forms of substance abuse, and then the National Anti-Drug Strategy and Action Plans were introduced for the period through 2023 (Turkey's Sustainable Development Goals 2nd Voluntary National Review (VNR) Report, 2019 at https://sustainabledevelopment.un.org/content/documents/23862Turkey_VNR_110719.pdf).  
There are ongoing efforts to increase the number and enhance the quality of treatment centres where drug addicts are rehabilitated through medical and psychosocial interventions. 24 Residential Alcohol and Substance Addiction Treatment Centers (AMATEM) were functional in 2014, this number rose to 39 in 2018, with a total residential bed capacity increasing from 710 to 1,158. In addition to residential treatment centres, 66 outpatient centres also provide addiction treatment services (Turkey’s SDGs 2nd VNR Report, 2019).  
The project Anti-Addiction Training being implemented since 2014 undertakes education and instruction activities to raise awareness in the society on tobacco, alcohol and substance addictions (Turkey’s SDGs 2nd VNR Report, 2019).  
Local administrations are also involved in anti-drug efforts. For example, Metropolitan Municipality of Sakarya developed a Provincial Anti-Drug Action Plan, and provided training to 3,198 individuals. Municipality of Edirne is implementing an Anti-Drug Project in partnership with the Provincial Police Department (Turkey’s SDGs 2nd VNR Report, 2019).  
As part of the project “No to Drug Addition in Tuzla” led by the Municipality and District Governorate of Tuzla, and supported by non-governmental initiatives, voluntary awareness campaigns were undertaken and, 198 training programmes were organised where 311 | Yes ☑ | No ☐ |
volunteers trained 7,326 people (Turkey’s SDGs 2nd VNR Report, 2019).

Turkey was one of the first countries to sign the WHO Framework Convention on Tobacco Control in 2004. In this regard, through the legislation introduced in 2008, the number of places where consuming tobacco products were prohibited were increased and “all closed public spaces” were covered under the prohibition. Further, the National Tobacco Control Programme (2008-2012), National Tobacco Control Action Plan (2015-2018) and Tobacco Control Strategy and Action Plan (2018-2023) is under implementation. In addition, through a new legislative action, the standards on the packaging of tobacco products were revised, and a number of additional restrictions were imposed on the places of sale as well as domains of printed, visual and social media (Turkey’s SDGs 2nd VNR Report, 2019).

The political will, notably the President of the Republic, central and local governments, NGOs and press are strongly committed to and engaged in combating tobacco. In addition to the preventive activities, Helpline 171 for Smokers offers support to tobacco users and free services are offered in clinics to help people including older persons to quit smoking. With its efforts, Turkey sets an example for the rest of the world (Turkey’s SDGs 2nd VNR Report, 2019).

As per the provisions of Article 60 of the Social Insurances and Universal Health Insurance Law No. 5510, healthcare services are financed by the Social Security Institution (SSI) in order to ensure that the health of insured persons and dependants are maintained, diseases are recovered and also incapacity for work and such diseases are recovered, eliminated or reduced in cases of sickness, maternity, work accident and occupational disease. The healthcare services financed in this context are specified in the Health Implementation Communiqué (Sağlık Uygulama Teşvikleri-SUT) and its annexes published by the SSI. In this context, in order to strengthen the prevention and treatment of substance addiction, including drug use and harmful use of alcohol, new operation codes were determined in the Health Implementation Communiqué (SUT) under the title of "Illegal and Abused Substance Analysis" by the Social Security Institution. In addition, screening and confirmation tests of substance abuse patients were included in the scope of payment with the Communiqué published in the Official Gazette dated 11/1/2020 and numbered 31005.

Outpatient treatments provided to drug addicts in official psychiatry branch hospitals, AMATEM (Alcohol and Substance Addiction Treatment Center) within the Ministry of Health and tertiary healthcare service providers and inpatient treatments provided in all public and private health service providers that have contract/protocol for drug addiction treatment are covered by SSI.
| 16.2 | Has the Government implemented any measures to improve access to food and adequate nutrition for all older persons, if needed? (SDG 2.1.2; SDG 6.1.1)  
*please elaborate with data, as appropriate:* |
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<td>Yes</td>
<td>No</td>
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With regard to achieving the targets listed under SDG 2, Turkey attained levels better compared to the international averages on eliminating poverty, improving income distribution and improving access to food and adequate nutrition including for older persons through the instrumentality of economic and social policies, and by the effects of the structural initiatives taken and implemented countrywide.

The key components of the policy framework in line with SDG 2 includes (Turkey’s SDGs 2nd VNR Report, 2019):
- Ensuring reduced poverty, improved income distribution and social inclusion,
- Collecting periodic and interrelated data on food, healthcare and nutrition, and improving data quality,
- Supporting access to food through social policies.

In addition, materials to raise awareness about nutrition in old age period have been prepared by the Ministry of Health on special days and weeks of older persons and various awareness raising activities have been carried out throughout the country.

| 17 | Are issues related to older persons integrated into health policies and programmes, and, if so, how?  
*please elaborate with data, as appropriate:* |
| Yes | No |

Issues related to the older persons are integrated into other high-level policy documents such as Ministry of Health Strategic Plan 2019-2023, Vision Document on Ageing 2030, Development Plans (10th Development Plan 2014-2018 and 11th Development Plan 2019-2023, the New Economy Program (Medium-Term Program) (2019-2021) and Annual Presidential Program.

The five-year development plans are the fundamental policy documents that include holistic policies in the economic, social, cultural and health fields. Since the transition to planned development, eleven development plans have been published and aging policies including health policies have been included in almost all plans. Furthermore, the Tenth Five-Year Development Plan covering the period of 2014-2018 brought a new adjustment by establishing a “Special Expertise Committee on Aging”. The Committee carries out
studies that form the basis of the development goals related to ageing and prepares a report that guides economic and social policies on ageing including health issues.


- Active aging,
- Elderly law and rights/legal regulations,
- Elderly workforce and working life in Turkey,
- Elderly poverty,
- Services for older persons,
- Psychosocial life in old age and intergenerational solidarity,
- Aging and research and development activities on aging.

In this context, the Tenth Development Plan emphasized the need to diversify and expand the services for ageing population. The following actions were planned in terms of health issues;

- Services that provide home care for old-aged people without leaving their own social environment will be diversified and extended. Quantity and quality of institutional care services for old-aged people will be increased,
- Active, healthy and safe living conditions will be provided to growing older population, intergenerational solidarity will be strengthened in the society.


- Active aging,
- Social inclusion,
- Intergenerational solidarity,
- Developing institutional and legal infrastructure,
- Data sources activities on aging
- Healthcare services,
- Long-term care.

In this plan period, the "active aging" approach was taken as a basis in the development of social and economic policies on ageing and aging population. The following actions were planned in terms of health issues of older persons;
582. Home health care will be expanded; elderly care especially in rural areas will be made more accessible and preventive and curative care for the elderly will be strengthened.
582.1. The coverage and quality of home health care will be improved and intensive care, palliative care and geriatric care will be integrated with home care;
582.2. Health follow-ups will be carried out for the elderly; preventive and curative care at advanced age will be strengthened and the number of centers providing geriatric and palliative care will be increased.
587.7. Awareness raising activities on rational use of drugs will be conducted targeting the public particularly including the elderly and people with communicable diseases.
589.2. Health tourism will be integrated with medical, thermal tourism and elderly and rehabilitation tourism.
594.2. High quality, economic and easily accessible child, disabled and elderly care opportunities will be expanded.
656. Health care for the elderly will be strengthened.
656.1. An interdisciplinary method will be delivered in health care delivery, number of specialists in the field of geriatrics will be increased and geriatric services will be expanded.
656.2. A holistic approach covering health, care and R&D will be adopted in the fight against Alzheimer-dementia.

Annual Presidential Program for the Year 2019:

Measure 26. The accessibility and effectiveness of home health care will be improved.

Annual Presidential Program for the Year 2020 and 2021:

Measure 656.1. An interdisciplinary method will be developed in the delivery of health services, the number of specialist personnel in the field of geriatrics will be increased and geriatric services will be expanded.

Measure 656.2. The fight against Alzheimer's-dementia disease will be carried out with an approach that includes all aspects of the issue such as health, care and R&D.

Vision Document on Ageing: The active and healthy aging perspective forms the basis of the Vision Document. In this context, the goals and actions on Active Aging includes the fields of Healthy Living, Participation in Social Life and Independent Living.

**Health-care and long-term care services**

<table>
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<tr>
<th>18</th>
<th>Has the Government undertaken any of the following measures related to universal and equal access to health-care services for older persons? (SDG 3.8.1; SDG 3.8.2; SDG 3.b.3)</th>
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<tr>
<td>Yes ☒</td>
<td>No ☐</td>
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The universal health insurance system has been established by the Social Insurances and Universal Health Insurance Law No. 5510 that entered into force on 1 October 2008 alongside the social security reform. Universal health insurance ensures maintenance of healthy statuses of insured persons and in case of receiving medical care, the system finances the medical cost of insured persons. Universal Health Insurance System provides access to health service for all population (including older persons) who live in the country no matter insured, uninsured, working, not working, regardless of their economic status by bringing all people under one roof of personal coverage. The system provides comprehensive, fair and equitable benefits in terms of access to healthcare services.

Within the scope of the universal health insurance, healthcare services are financed by the Social Security Institution in order to ensure that the health of universal health insurance holders and their dependants are maintained, that they regain their health in case of sickness, that the health care services found necessary in medical terms as a result of work accident and occupational disease, sickness and maternity, and that the incapacity status is eliminated or reduced. Healthcare services financed by the SSI are specified in the Health Implementation Communiqué (Sağlık Uygulama Tebliği-SUT) and its annexes.

In addition, persons who are covered by universal health insurance, including older persons, can apply to primary, secondary and tertiary health care providers contracted/protocol with SSI.

For detailed information and data, see: http://www.sgk.gov.tr/wps/portal/sgk/en/detail/universal_health_ins

In Turkey, apart from the universal health insurance, there are also other health insurance schemes for specific groups as social/public health insurance regulated by the State. Additionally, private health insurance schemes are also exist.

- Equal and affordable access to primary and secondary health-care services, including affordable access to essential medication, therapeutic measures and medical devices for older persons please elaborate with data, as appropriate:

- Persons who are covered by universal health insurance, including older persons, can apply to primary, secondary and tertiary health care providers contracted/protocol with SSI.

- Benefit Package of Universal Health Insurance include;
  - Preventive healthcare services
  - Emergency healthcare services
• Inpatient or outpatient examination and treatment
• Oral and dental examination and treatment
• Optician examination and treatment
• Healthcare services during pregnancy and maternity
• Healthcare services following a work accident or an occupational disease
• Laboratory tests, analysis and other diagnostic methods
• Prescribed medicines, medical and optical devices, vaccinations, orthosis and prosthesis, blood, vaccine, bone marrow
• Assisted reproductive methods (IVF - In-vitro fertilization)
• Transplantation of organ, tissue and stem cell
• Rehabilitation services
• Orthodontic treatment for under the age of 18
• Travel expenses, daily allowance and companion expenses in case the treatment takes place outside of the place of residence
• Treatment abroad (in certain cases)

For detailed information, see:

18.2 Health coverage (universal coverage or targeted at some segment of older persons): (a) population coverage; (b) benefit coverage; and (c) financial coverage
please elaborate with data, as appropriate:

The universal health insurance system has been established by the Social Insurances and Universal Health Insurance Law No. 5510 that entered into force on 1 October 2008 alongside the social security reform. Universal health insurance ensures maintenance of healthy statuses of insured persons and in case of receiving medical care, the system finances the medical cost of insured persons.

a) Universal Health Insurance System provides access to health service for all population (including older persons) who live in the country whether insured or uninsured, working or not working, regardless of their economic status by bringing all people under one roof of personal coverage.

b) The system provides comprehensive, fair and equitable benefits in terms of access to healthcare services. Receiving free healthcare services is an utmost right for the insured persons and their dependants under universal health insurance. Accordingly, financing of such services and rights is an obligation for the SSI. There is a strict rule of not establishing any connection between the contribution levels and healthcare benefits level and durations provided to the insured persons in Turkish Universal Health Insurance System. In this regard, everyone under the personal coverage is equal in receiving the benefits on the same basis pursuant to legislations.

c) SSI pays the costs of healthcare services provided by the healthcare service providers and finances its expenses through contributions
collected from insured persons, employers and also the State for some groups.

(For detailed information see pages 40-62 at http://www.sgk.gov.tr/wps/wcm/connect/758ad33e-87c3-44b1-bcb7-8f9b45988cfe/SGK_english_book.pdf?MOD=AJPERES)
b) The system provides comprehensive, fair and equitable benefits in terms of access to healthcare services.

### 18.3 Involvement of older persons in the development and strengthening of health-care services?

**please elaborate with data, as appropriate:**

In the process of developing health policies and programs for older persons, older persons and representatives of civil society organizations representing older persons are included.

### 18.4 Digital technology to promote inclusive health-care services

**please elaborate with data, as appropriate:**

The General Directorate of Health Information Systems (GDHIS) was established with the Decree Law on the Organization and Duties of the Ministry of Health and its Affiliates No. 663, which was published in the Official Gazette dated 02.11.2011 and numbered 28103 (bis). The duties and powers of the General Directorate are defined in Article 11 of the Decree No. 663. With the entry into force of the Presidential Decree No. 1 on the Organization of the Presidency published in the Official Gazette No. 30474 dated 10.07.2018, the duties and powers of the General Directorate of Health Information Systems were rearranged in Article 358 of the Presidential Decree No. 1. Accordingly, it is among the duties and powers of GDHIS to make and have all kinds of information systems and projects containing personal health data, health status at the country level and data and information flow related to health services. Within this context;

e-Pulse Personal Health Record System (https://enabiz.gov.tr/):
The e-Pulse Personal Health Record System, which was put into service in 2015, is a personal health record system that collects all health records of all citizens on a single platform and provides them easy, fast and reliable access and control regardless of time and place. The system is integrated with e-Government system and has a mobile application.

With e-Pulse, all citizens can access their health history, which includes all kinds of detailed information about their examination and treatment, such as laboratory tests, radiological images, prescription and drug information used, emergency information, diagnosis made, and any report given from their mobile phones, tablets or computers 7/24. Individuals can share all or some of this information with their physicians or relatives for as long as they want, within the framework of the rules they determine.
In addition, citizens can make an appointment via e-Pulse and make blood donation and organ donation notifications. In the e-Pulse system, in which wearable technologies can be integrated, citizens can record health information obtained from smart wristbands or wireless devices such as sugar and blood pressure.

E-Pulse is a systematic and functional recording system that provides online collection and processing of health data created in all health institutions and organizations in Turkey's health system, and improves the data quality. The data generated in this system can be reported on the Statistics and Causal Analysis in Health (SINA), which is a decision support system platform of the Ministry of Health and developed to increase the effective and rapid decision-making at the central and local level. The data can be collected and reported on the basis of age and gender.

The e-Pulse system has also contributed to combat COVID-19 effectively. Due to the COVID-19 pandemic, people in the high-risk group and older persons were provided with an administrative permission document through their e-Pulse profiles. In addition, citizens were enabled to receive the COVID-19 test results as PDF via their e-Pulse profiles and to view the risk status for the influenza vaccine. All citizens including older persons are informed about the priority vaccine group within the scope of COVID-19 vaccination and detailed information about the vaccines applied through the system (name of the vaccine, dose, place of vaccination, date of operation if vaccinated, date range for the second dose, etc.).

Central Hospital Appointment System (MHRS) (https://mhrs.gov.tr/): The Central Hospital Appointment System (MHRS) is a system where citizens can make appointments from the hospitals, oral and dental health centers and physicians affiliated to the Ministry of Health via live operators by calling 182 Call Center, the web or the MHRS mobile application. MHRS provides services at an accessibility level of 99.6% to citizens from the hospitals and family physicians via the call center, the internet, and mobile applications. It contributes to the development of new health policies with the data collected from the appointment system. There is an appointment priority in MHRS for citizens aged 65 and over, women with high-risk pregnancy and persons with disabilities.

Appointments for vaccination during the pandemic process are also made via MHRS. During the COVID-19 vaccination process, an appointment can be made through MHRS and bed-bound patients and persons with disabilities can be vaccinated at their residence.

In order to standardize and report in detail the screening and follow-up of individuals with chronic diseases, the “Disease Management Platform” was developed by the Ministry of Health. On this platform,
there are Versatile Elderly Assessment and Follow-up modules for physicians.

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<tr>
<th>19</th>
<th>Has the Government put in place any of the following long-term care measures for older persons?</th>
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<td>If yes, please answer 19.1 – 19.7</td>
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<td>If no, please proceed to 20</td>
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<td>please elaborate with data as appropriate and proceed:</td>
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| 19.1 Long-term care services for older persons please elaborate with data, as appropriate: |

Long-term care:

Although long-term care services in Turkey are rendered by different institutions and organizations such as municipalities, foundations, associations and similar organizations; the Ministry of Family and Social Services is the main public authority that carries out services of the identification, protection, care, training and rehabilitation for persons with disabilities and older persons with the Decree Law No. 633 dated 3 June 2011. In this context, an integrated care model policy has been implemented in recent years to integrate long-term care and healthcare services. Long-term care services offered for older persons by the Ministry include nursing homes, elderly care and rehabilitation centres and elderly living homes, which are a community based care model. In addition, there are public and private care centres that provide care services for persons with disabilities and older persons with disabilities can also benefit from these care centres.

Nursing homes are residential social care institutions that provide continuous care and psychological, social and physical rehabilitation services for persons aged 60 and over. Services such as accommodation, individual self-care, health, social support-counselling, psychological support-counselling, rehabilitation, social activity, nutrition and cleaning are provided in nursing homes. Older people with insufficient economic status can benefit from services at a discount or free of charge in the nursing homes. While the number of nursing homes under the Ministry was 63 in 2002 and the number of older people receiving service was 4,952, these numbers increased to 163 and 12,241, respectively, as of November 2021.

Elderly care and rehabilitation centres provides services for persons aged 60 and over who need special care and rehabilitation. It is obligatory to establish these centres in every nursing home as a separate unit. Older persons who have lost their physical and mental abilities to different degrees and become in need of rehabilitation, continuous and special care, and older persons who come to this situation while they are at home and become difficult to care for by their families can benefit from these centres.

Elderly living homes have been implemented first in 2012 as a community-based care approach. Three or four elderly persons of the
same gender live in an apartment or a house together with the
neighbours in their own environment without being isolated from the
social life and daily housework, kitchen arrangements and food are
carried out by the care personnel. The purpose of this model is to
support active ageing and participation of the elderly in the society,
and to prevent social exclusion. Elderly living homes are an
exemplary practice in terms of maintaining the life of the elderly
person without being separated from the society and ensuring their
individual autonomy. As of November 2021, 25 elderly individuals
benefit from 8 elderly living homes with a capacity of 35.

In addition to long-term institutional care; home care support
services, home healthcare services, home care allowance, day care
services, consultancy services, old age pension, benefits in-kind and
in-cash, support in assistive technology, tax exemptions and
derrogations, and free or discounted travel opportunities are provided
by the State.

Although the traditional family structure and function in Turkey has
changed in recent years, the care of older persons is still largely
undertaken by family members. At this point, one of the services
offered both to support caregiving families and to encourage
intergenerational solidarity among family members is the “home care
allowance”. As per the “Social Services Law No. 2828”, the Ministry
of Family and Social Services pays the family member who provides
care to a person with disability and an older person in need of care
and in economic and social deprivation, on a monthly basis equal to
the amount to be found by multiplying the indicator number (10,000)
and the civil servant monthly coefficient. While the number of people
benefiting from home care allowance was 28,583 in 2007, this
number increased by 18 times and reached approximately to 536,000
in July 2021.

Home care support services include services such as guidance and
vocational counselling, social and psychological support, technical
services (home repair of the elderly, painting, etc.), health care
(injection, blood pressure measurement, etc.) and cleaning services
(in terms of ensuring the hygiene of the elderly and home), etc.
Day care services are provided through Day Life Centres to older
persons who live in their own home or with their families and
individuals with dementia, especially Alzheimer, in order to increase
their quality of life to meet their psychological, social and health
needs and contribute to their leisure time. As of November 2021, 301
older persons benefitted actively from 32 Day Life Centres.
Home healthcare: The Ministry of Health provides home healthcare
services at home to individuals from all age groups who need home
healthcare and rehabilitation services due to their chronic illnesses.
With the “Directive on Implementation Procedures and Principles of
Home Healthcare Services Provided by the Ministry of Health” dated
1 February 2010, healthcare services provided by institutions and
orgaizations affiliated to the Ministry through home healthcare service units to citizens at home and in the family environment were defined. Citizens across the country can request home healthcare services by calling the call centre at 444 3 833. Since 1 March 2011, home healthcare services have been covered by the social security.

Old age pension is the monthly payment made by the Ministry of Family and Social Services to citizens aged 65 and over who do not have social security and whose monthly income per capita is less than 1/3 of the net minimum wage, taking into account the person and his spouse. As of 2021, 797,426 people receive old-age pension. As per the Law No. 2022, older persons who receive pensions and their dependents are covered by General Health Insurance. The payment of the old-age pension can also be made in the residence of the individual upon request. Electricity Consumption Support is also provided to people who receive old-age pension.

Hot meal service is provided by the Social Assistance and Solidarity Foundations established in each province and district to older persons, persons with disabilities, the sick and those who are not able to cook at home within the scope of Law No. 3294.

Palliative care:
Palliative care is provided to increase the quality of life of patients and their relatives who encounter problems arising from life-threatening diseases, to prevent or eliminate all physical, psycho-social and mental problems, especially pain, by early detection and effective evaluations. As per the statistics of the Ministry of Health, as of 2020, palliative care services are provided in state hospitals and training and research hospitals with a total number of 5,759 beds in Turkey.

19.2 Coordination of social and long-term care and health services, including in-home, residential and community services
please elaborate with data, as appropriate:

Although services for older persons are provided by different public institutions, local governments, civil society organizations and the private sector in Turkey, the main government body that is responsible for both carrying out the services and coordinating public and private institutions who engage services for older persons is the General Directorate of Services for Persons with Disabilities and the Elderly affiliated with the Ministry of Social Policy. The General Directorate of Services for Persons with Disabilities and the Elderly coordinates the strategies and national policies to ensure full and active participation of persons with disabilities and the elderly into social life without discrimination against any kind of obstacles, neglect or exclusion.

In addition, Ministry of Health conducts a project on the "Development of Home Healthcare, Care and Social Services."
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<th>19.3</th>
<th>Health insurance schemes that cover long-term care costs <strong>please elaborate with data, as appropriate:</strong></th>
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<td></td>
<td>Healthcare and home healthcare services rendered by the Ministry of Health are covered by the Universal Health Insurance scheme. On the other hand, long-term care services (including residential care, day care, home care allowance, etc.) for older persons are financed by the general budget of the State in Turkey. In some situations residential care services include out-of-pocket payment depending on the older persons' income.</td>
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<th>19.4</th>
<th>Long-term care costs covered by a separate insurance scheme <strong>please elaborate with data, as appropriate:</strong></th>
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<td>Long-term care services (including residential care, day care, home care allowance, etc.) for older persons are financed by the general budget of the State in Turkey. In some situations residential care services include out-of-pocket payment depending on the older persons' income.</td>
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<th>19.5</th>
<th>Geriatric and gerontological planning and training for health and social care providers <strong>please elaborate with data, as appropriate:</strong></th>
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<td>There are measures taken in the Ministry of Health Strategic Planning 2019-2023 regarding geriatric planning. Under the goal four, &quot;To implement the integrated healthcare services model in healthcare services&quot;, Strategy No. 4.6.4 states that &quot;intensive care, geriatric and palliative care services will be redesigned so as to work in an integrated manner with home health and home care services&quot;.</td>
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<td>In terms of human resources; as a result of the activities aimed at improving the distribution, competence and motivation of human resources for health and ensuring the sustainability of human resources for health, the number of people who received training via the Distance Health Education System increased by four times the targeted value for 2017.</td>
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<td>Within the scope of the project titled “Geriatric Patient Evaluation Training in Home Healthcare Services” carried out by Ankara Health Directorate, trainings were given to the home healthcare personnel between 7 February-1 March 2018.</td>
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<td>In addition, a versatile elderly assessment guide for primary health care services was prepared by the Ministry of Health. Multi-faceted elderly assessment online trainings for physicians and midwives/nurses will start in 2022.</td>
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<td>Yes ☐ No ❌</td>
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<tr>
<th>19.6</th>
<th>Involvement of older persons in the development and strengthening of long-term care services <strong>please elaborate with data, as appropriate:</strong></th>
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<tbody>
<tr>
<td></td>
<td>Yes ☐ No ❌</td>
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</table>
Older persons and representatives of civil society organizations representing older persons are involved in the process of developing and strengthening of long-term care services. Particularly, Ministry of Family and Social Services works closely with relevant stakeholders in developing programs and services for older persons.

19.7 Any other measures (please name them)?

Please elaborate with data, as appropriate:

Raising quality standards for social and long-term care services:

The need for a structural transformation to provide a homogeneous and objective coexistence of care services for persons with disabilities and the elderly in Turkey emerged especially in the 2000s. In this context, the Ministry of Family and Social Services developed the “Quality Standards for Care Services” in order to improve the quality in long-term care system for persons with disabilities and the elderly by managing the disrupted processes, measuring the performance of the services and institutions, ensuring the safety of caregivers and care receivers, and establishing a system that measures the satisfaction. Standards have been prepared with a rights-based and person centred approach by considering the privacy and safety of the person with a disability and older person, the satisfaction of the care receiver and caregiver, and it has been planned to allow quality and performance measurements.

Quality standards for care services have become mandatory for institutional care services for persons with disabilities and older persons, as well as home care services, home care support services and day care services with the directive published on 16 December 2019. In this direction, the “Implementation Guide on the Quality Standards for Care Services” has been prepared based on the service models in 2020.

The project titled “Improving Day Care and Home Care Services for the Elderly (YAGEP)” is carried out by the Ministry of Family and Social Services under the Second Period (2014-2020) of the EU Instrument for Pre-Accession Assistance (IPA). The project aims to create a model for the improvement of day care and home care services for the elderly, and to support active aging by increasing the institutional capacity of central and local institutions. The Project, which was accepted and approved on 1 August 2020, is expected to last for 2 years from the end of 2021.

Elderly Support Program (YADES) was put into practice in 2016 by the Ministry of Family and Social Services in order to support, strengthen, ensure standardization and expand the services of local governments for older persons in Turkey. YADES, which is realized with the resources transferred from the general budget, is a project-based support program that aims to raise awareness about old age by
activating local dynamics, to support older persons in their own home environment and to prevent their isolation from social life. Within the scope of the program, home care and day care services of local governments for older individuals are supported. As of 2021, more than 66,000 older persons have been reached with the YADES program.

Preparations for the "Turkey Aging and Health Survey" are being carried out and it is planned to be completed in 2022. As a result of the research, the dependency levels of older persons (full dependent, semi-dependent, independent) will be determined and the care costs will be calculated.

**Integration of health and social care services**

<table>
<thead>
<tr>
<th>20</th>
<th>Has the Government undertaken measures to develop mechanisms for coordinating health and social care services for older persons? <em>please elaborate with data, as appropriate:</em></th>
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<tbody>
<tr>
<td></td>
<td>Various activities are carried out for the integration and development of the services offered within the scope of the integrated care model in Turkey.</td>
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</table>

In his remarks at the General Assembly of the United Nations on 25 September 2018 on the importance of the issue of ageing and the needs of older persons in Turkey and in other countries of the world, H.E. Recep Tayyip Erdogan, President of the Republic of Turkey underlined the need to declare 2019 as the “Year of Older Persons” and to organize an “International Council On Ageing” that would provide a platform to tackle the issue of ageing comprehensively.

In the 1st International Council on Ageing, which was held on 20-22 February 2019, commission studies were conducted with the contributions of foreign and local experts, academicians, representatives of public institutions and civil society organisations on the topics of Active Ageing (Healthy Living and Participation to Social Life), Care Economy, Care Services for Older Persons and the Quality of Life, Age-Friendly Cities and Local Governments”, the Rights of Older Persons, Economics of Ageing.

"I. International Elderly Care Workshop from the Perspective of Gerontological Care" was held on 18-19 June 2021.

“2nd International Palliative Care Congress” was held on 20-23 May 2021 in cooperation with the University of Health Sciences and the Palliative Health Services Association.

**Monitoring of health care services**

43
Has the Government undertaken measures to establish standards and monitoring mechanisms to ensure the quality of older persons’ care services? *please elaborate with data, as appropriate:*

**Raising quality standards for social and long-term care services:**

The need for a structural transformation to provide a homogeneous and objective coexistence of care services for persons with disabilities and the elderly in Turkey emerged especially in the 2000s. In this context, the Ministry of Family and Social Services developed the “Quality Standards for Care Services” in order to improve the quality in long-term care system for persons with disabilities and the elderly by managing the disrupted processes, measuring the performance of the services and institutions, ensuring the safety of caregivers and care receivers, and establishing a system that measures the satisfaction. Standards have been prepared with a rights-based and person centred approach by considering the privacy and safety of the person with a disability and older person, the satisfaction of the care receiver and caregiver, and it has been planned to allow quality and performance measurements.

Quality standards for care services have become mandatory for institutional care services for persons with disabilities and older persons, as well as home care services, home care support services and day care services with the directive published on 16 December 2019. In this direction, the “Implementation Guide on the Quality Standards for Care Services” has been prepared based on the service models in 2020. The Ministry of Family and Social Services monitors the quality standards on care facilities regularly.

The "Disease Management Platform" has been developed by the Ministry of Health in order to standardize and report in detail the screening and follow-up of individuals with chronic diseases. On this platform, there are Versatile Elderly Assessment and Follow-up modules for physicians.

Turkey signed the Optional Protocol to the United Nations (UN) Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) on 14 September 2005. The purpose of the OPCAT, which entered into force by ratification in 2011 and became binding for Turkey, is "to establish a system in which independent international and national bodies will regularly visit places where people are deprived of their liberty in order to prevent torture and other cruel, inhuman or degrading treatment or punishment." (See: Amnesty International, Combating Torture: A Manual for Action, 1st Edition, London, 2003, pp. 141-142.)
Pursuant to the Law No. 6701 on the Human Rights and Equality Institution of Turkey (HREI), HREI aims to protect and develop human rights based on human dignity, to guarantee the right of individuals to be treated equally, to prevent discrimination in the enjoyment of legally recognized rights and freedoms, and to operate in line with these principles. HREI is responsible and authorized to fight torture and ill-treatment effectively.

In this respect, in accordance with subparagraph 9/1-1 of the Law, the Institution functions as the National Preventive Mechanism (NPM) within the framework of the OPCAT provisions. According to paragraph 2/1-k of the Law, NPM means “the system established to make regular visits to places where persons are deprived of their liberty within the framework of the provisions of the Optional Protocol to the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment”. According to HREI Law No. 6701, the authority of the NPM can be listed as follows:

- To request the necessary information and documents from all public institutions and organizations and other real and legal persons,
- Examining and obtaining copies of the said information and documents,
- To receive written and verbal information from the relevant persons,
- Organizing visits to places where those deprived of their liberty and those under protection reside,
- To conduct inspections in such places and to prepare the necessary reports,
- Interviewing people who are allegedly ill-treated.


**Discrimination in access to health-care services**

| 22 | Has the Government undertaken actions to record and prevent discrimination on the basis of age in access to health services including access to providers, medicines and preventive measures? *please elaborate with data, as appropriate:* | Yes ☒ No ☐ |
In Turkey, the principle of equality before the law and non-discrimination is regulated in Article 10 of the Constitution of the Republic of Turkey. Pursuant to Article 10 of the Constitution, “Everyone is equal before the law without any discrimination based on language, race, colour, gender, political opinion, philosophical belief, religion, sect or any such grounds.” As per an amendment made in the Constitution in 2010, the measures to be taken for children, older persons, persons with disabilities, the widows and orphans of martyrs of war and duty, and veterans to ensure the equality exist in practice shall not be considered as violation of the principle of equality.

Older persons in Turkey can resort to the jurisdiction in case they think their rights are being abused and they can apply to various authorities in order to have the concerned abuses assessed or corrected.

In line with the provisions of Article 74 of the Constitution on the right to petition, citizens hold the right to submit their complaints through official petitions to parliamentary or to competent authorities. The Law on the Right to Petition dated 1984 grants applicants the right to receive a justified response from the competent authorities within 30 days at the latest. Petition Commission responds to the petitions submitted to the parliament within 60 days. The Commission sends some of the petitions to the related public institutions and the responses are collected within 30 days at the latest.

In accordance with Article 74 of the Constitution, citizens can apply to government auditor for their complaints about the functioning of public administrations. Within this context, Public Investigation Institution (Ombudsman Institution) was established in 2012. The Institution is responsible for investigating, researching and making recommendations about the conformity of all kinds of actions, acts, attitudes and behaviours of the administration with law and fairness within the understanding of justice based on human rights. Natural and legal persons including foreign national have the right to apply to the institution and their identities are kept confidential on request. The Ombudsman, the highest administrative officer of the Institution, advises the administrations on the issues he deems appropriate as a result of the investigations made. The Institution submits an annual report to the General Assembly of the Turkish Grand National Assembly regarding its decisions and activities. The Institution can also prepare special reports on the issues it deems necessary within the scope of its powers, without a complaint.

The Human Rights and Equality Institution (HREI) of Turkey was established to protect and develop human rights based on human dignity, to guarantee the right of individuals to be treated equally, to prevent discrimination in the enjoyment of legally recognized rights and freedoms, to operate in line with these principles, and to fight torture and ill-treatment effectively. In addition, the Institution fulfills the task of National Preventive Mechanism in this regard.
Article 3 of the Turkish Human Rights and Equality Institution Law No. 6701 states that everyone is equal in benefiting from legally recognized rights and freedoms. In addition, discrimination based on gender, race, color, language, religion, belief, sect, philosophical and political opinion, ethnic origin, wealth, birth, marital status, health status, disability and age is prohibited. In case of violation of the prohibition of discrimination, public institutions and organizations that have duties and powers on the subject and professional organizations in the nature of public institutions are obliged to take the necessary measures in order to end the violation, eliminate its consequences, prevent its repetition, and ensure its legal and administrative follow-up.

Pursuant to Article 5 of the Law No. 6701, public institutions and organizations, professional organizations in the nature of public institutions, natural persons and private legal entities providing education and training, judiciary, law enforcement, health, transportation, communication, social security, social services, social assistance, sports, accommodation, culture, tourism and similar services are prohibited from discriminating against persons who benefit from or have applied to benefit from these services or who wants to get information about these services in terms of the activities carried out by real and legal persons providing services in the public and private fields. This prohibition also covers the accessibility of public areas and buildings. Persons and institutions responsible for the planning, delivery and supervision of the above-mentioned services are obliged to take into account the needs of different disabled groups and to ensure that reasonable accommodations are made.

In case of violation of the prohibition of discrimination, public institutions and organizations, professional organizations in the nature of public institutions, real persons and private legal entities responsible for the violation can be fined from 1,000 Turkish Liras (TL) to 15,000 TL, taking into account the gravity of the impact and consequences of this violation, the economic situation of the perpetrator, and the aggravating effect of multiple discrimination. (As of 2021, as a result of re-evaluation, the administrative fine can be applied from 1,963 TL to 29,500 TL)

Mental health services

23 Has the Government implemented measures to enhance mental health services for older persons related to dementia or other psychosocial disabilities? *(SDG 3.4.2)*

*please elaborate with data, as appropriate:*

Outpatient and inpatient psychiatric examinations, analyzes and medical interventions and treatments (family interview-evaluation, individual psychotherapy, developmental tests, group psychotherapy, personality tests, psychiatric evaluation, neuropsychological tests,
projective tests, psychiatric services in inpatient treatment for daily
treatment of psychiatric patients according to diagnosis, etc.) based on
diagnosis made by mental health and diseases specialists are covered
by universal health insurance for citizens, including older persons, as
well as diagnoses and treatments made by geriatric specialists in
patients over 65 are covered by SSI in line with the SUT. (Related
legislation:

As a National Preventive Mechanism, Human Rights and Equality
Institution also visits psychiatric hospitals in addition to the nursing
homes, and elderly care and rehabilitation centers where persons
deprived of their liberty or taken under protection reside
(See: https://www.tihek.gov.tr/kategori/ulusal-onleme-raporlari-
2019/page/1,).

Some other measures taken by the Ministry of Health are as follows;

• In order to ensure that dementia is recognized at an early stage, multi-
faceted follow-up and evaluation are carried out by family physicians
for older persons.
• In order to cope with the burnout syndrome of individuals with
chronic diseases and caregivers, it is ensured that patients and their
relatives are followed up in Healthy Aging Counseling, Social Studies
and Social Support, Individual Counseling/Family Counseling units in
Healthy Life Centers (SHM).
• The Ministry of Health's 2019-2023 Strategic Plan and the Eleventh
Development Plan include aging and health issues, and the progress
processes of each topic are followed.
• The book “Protective Approaches in Individuals with Dementia” has
been made available to physiotherapists and patient relatives.

Support to older persons with disabilities

24 Has the Government undertaken measures to support older persons
with disabilities, such as the provision of rehabilitation services,
appropriate care and the provision of assistive technologies and social
transfers, like disability allowances?
please elaborate with data, as appropriate:

Neurological and orthopedic rehabilitation treatments performed by
physical therapy and rehabilitation specialists of people covered by
universal health insurance, including older persons, are covered by SSI
in line with the SUT (Related legislation:

Old age pension, paid by the Ministry of Family and Social Services,
is the monthly payment made to citizens aged 65 and over who do not
have social security and whose monthly income per capita is less than

Yes ☒ No ☐
1/3 of the net minimum wage, taking into account the person and his spouse. As of 2021, 797,426 persons receive old-age pension. As per the Law No. 2022, older persons who receive pensions and their dependents are covered by General Health Insurance. The payment of the old-age pension can also be made in the residence of the individual upon request. Electricity Consumption Support is also provided to people who receive old-age pension. In addition, disability pension can be granted to the older persons who have a disability rate of 70% or more.

The Ministry of Family and Social Services also provides “home care allowance”. As per the “Social Services Law No. 2828”, the Ministry of Family and Social Services pays the family member who provides care to a person with disability and an older person in need of care and in economic and social deprivation, on a monthly basis equal to the amount to be found by multiplying the indicator number (10,000) and the civil servant monthly coefficient. While the number of people benefiting from home care allowance was 28,583 in 2007, this number increased by 18 times and reached approximately to 536,000 in July 2021.

### Decade of Healthy Ageing

#### 25

| Is the Government implementing any follow-up actions related to the United Nations Decade of Healthy Ageing (2021–2030), such as a national action plan? 
| Please elaborate with data, as appropriate: |

The Ministry of Health issued “Turkey Healthy Aging Action Plan and Implementation Program 2015-2020” in order to provide accessible, effective and appropriate healthcare service for individuals and community and to better respond to the people with special needs due to their physical, social or economic conditions by rendering this service easily accessible for them. The Action Plan aimed to improve healthcare of older persons by means of easy and free access to essential healthcare services for older persons that include prevention, promotion, curative, rehabilitative, safe, affordable, effective, good quality essential medicines and vaccines, etc. Executive committee reports have been prepared for the completed activities of the Implementation Program, and “Turkey Healthy Aging Action Plan and Implementation Program 2021-2026” has been prepared for ongoing and new activities.

In accordance with the goal of “Developing Home Healthcare and Home Care Services for the Elderly” in the Action Plan, the “Implementation/Training Guide for the Project on Home Healthcare and Social Services for Syrian Migrants” was prepared and trainings for Syrian health personnel (physician/nurse) were completed.

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4 General Assembly resolution 75/131 of 14 December 2020.
In line with the goal of "Developing Exercise, Physical Activity and Rehabilitation Services for All Elderly" in the Action Plan, the planning phase for the “Turkey Aging and Health Survey” was completed, however it is postponed to a later time due to the pandemic. The aim of the Survey was to reduce the duration and frequency of hospital admissions and hospitalizations in chronic diseases, to reduce the number of older people who require continuous care due to chronic diseases, and to reduce the cost of elderly care. The research is planned to be completed in the last quarter of 2022.

**IV. Ensuring enabling and supportive environments**

**Instruction:** For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link to or attach copies of relevant documents.

**Housing and living environment**

| 26 | Has the Government undertaken any of the following measures with regard to the housing and living environment of older persons and their families? *(SDG 11.2.1; SDG 11.7.1)*  
If yes, please answer 26.1 – 26.4  
If no, please proceed to 27  
*please elaborate with data as appropriate:* | Yes ☒ | No ☐ |
|---|---|---|---|
| 26.1 | Promotion, safeguarding and ensuring the right to housing and shelter for older persons  
*please elaborate with data, as appropriate:* | Yes ☒ | No ☐ |
| | The Housing Development Administration (TOKI) conducted a project titled "Second Spring" for retirees who did not own a home between 2015-2019. Within the scope of the project, 25% quota was allocated from the housing projects that were implemented gradually in different provinces, and thousands of retired persons were provided with housing.  
Even though the "Second Spring" project exclusively covered retirees was finished in 2019, older persons can benefit from all social housing implementations conducted by TOKI throughout the country. | Yes ☒ | No ☐ |
| 26.2 | Promotion of “ageing in place”, such as the promotion of affordable public housing with age-friendly and accessible housing design or multigenerational housing options *(see also companion document)*  
*please elaborate with data, as appropriate:* | Yes ☒ | No ☐ |
| | In the last few years, the Government and the Ministry of Family and Social Services have developed policies and strategies to promote aging in place and home care. There is a great effort to diversify and expand day care services for older persons to support older persons and their families. Another significant developments is the home care allowance, which is implemented by the Ministry of Family and Social Services to support informal care and strengthen the home care for older people. | Yes ☒ | No ☐ |
On the other hand, some of the issues that are considered in the housing, infrastructure and social reinforcement applications implemented by TOKI are as follows:

- Constructing handrails and railings for older persons to hold on to the sides of the steps and the walls at certain heights, especially on the stairs,
- Installing elevators in the buildings in each project (according to the provisions of the zoning regulation),
- Having a European-style toilet in every residence,
- Accessible doorway thresholds in residences,
- Threshold ramps for easy walking,
- Establishing walking paths suitable for the use of older persons within the building estate and in the public gardens, and placing sports equipment,
- Designing the roads and parking lots close to the building entrances in the building estate.

### 26.3 Improved availability of accessible and affordable transportation to improve older persons’ mobility

**please elaborate with data, as appropriate:**

The Ministry of Transport and Infrastructure has published the “National Intelligent Transportation Systems Strategy Document (2014-2023) and its Supplementary Action Plan (2014-2016)” that indicates the following strategic goals:

- “Arranging the transportation infrastructure to provide more effective and safe services for older persons, children and persons with disabilities.”
- “Regulation of public transport fleets to provide more effective and safe services for older persons, children and persons with disabilities.”

In this context, the project titled “The Accessibility of Passenger Transport Services in Turkey” was carried out between 16 August 2017 and 26 September 2019 by the Ministry of Transport and Infrastructure. The Project aimed to improve the mobility of older persons, persons with disabilities and other persons with mobility limitations who benefit from passenger transport services, including pedestrians. Within the scope of the project, an “accessible transportation services platform” consisting of sub-working groups and representatives of relevant ministries, institutions, private sector, civil society organizations and universities was established. Other outputs of the project are; action plans, pilot projects, training of trainers, communication campaigns and awareness-raising activities.

“Accessible Transportation Strategy and Action Plan (2021-2025)” by the Ministry of Transport and Infrastructure was published in the Official Gazette dated 02.10.2021 and numbered 31616 and entered into force. With this strategy and action plan, the transportation needs of persons with reduced mobility have been addressed from a broad perspective; from infrastructure to vehicles, from technology to
institutional capacity, from governance to awareness, and it is aimed to carry out transportation services effectively in accordance with legislation and accessibility standards.

In the Action Plan, supporting transportation systems with universal designs and innovations is discussed under the 5th Strategic Objective which is "Improving the Accessibility of Infrastructure and Superstructures and Vehicles". In this context, it is aimed to ensure that persons with reduced mobility can move safely and independently by ensuring accessibility in transportation services.

In addition, some free or discounted transportation services for older persons are available nationwide and the Ministry of Family and Social Services provides income support and makes payment to service providers in this regard. These services are stated below:

- Citizens aged 65 and over benefit from free the urban public transportation services of railways and seaways, and free public transportation services that belong to municipalities, companies established by municipalities, unions, institutions and businesses or private individuals or companies authorized by municipalities. It is sufficient to present an identity card to benefit from this service.
- Citizens aged 65 and over benefit from intercity lines of railways and seaways with 50% discount. It is sufficient to present an identity card to benefit from this service.
- 20% discount for passengers aged 60 and over and 50% discount for passengers aged 65 and over are offered on high-speed trains (YHT) and main line trains.
- Passengers aged 65 and over travel free of charge on the suburban lines of Başkentray (Ankara) and Marmaray (Istanbul), which are operated as urban passenger transportation.
- In suburban trains, the seats near the doors are offered for the priority use of older persons, persons with disabilities and pregnant passengers, and warning signs are placed inside the vehicles.
- In Ankara, Konya, Eskişehir, Pendik High Speed Train (YHT) stations older persons and passengers with disabilities, who have difficulty in walking, are provided with necessary support and assistance by carrier personnel.
- On the domestic and international flights, some airline companies occasionally provide discounted/campaign tickets to older persons.

The definition of "accessibility" in Turkish Disability Act, Law No. 5378 and dated 2005 refers to independent and secured access and use of physical environment, transportation, information and communication technologies and systems by persons with disabilities. Older persons might experience problems in accessing social life and services for various reasons such as disability over time. Accessibility

26.4 Universal design in public buildings, areas and transportation (see also companion document)
*please elaborate with data, as appropriate:*
studies carried out within this context will facilitate the access of persons with disabilities and older persons to services and the participation in social life. Within the scope of this Law:

- The existing official buildings of the public institutions and organizations,
- All existing road, pavement, pedestrian crossing, open and green areas, sporting areas and similar social and cultural infrastructure areas and all kinds of structures built by the natural and legal persons serving to public,
- Private and public transportation systems and vehicles with 9 passenger seats apart from driver’s seat used for public transportation by public or private sector,
- Accessibility of information systems and information and communication technologies must comply with the accessibility standards.

A complaint can be filed with the Accessibility Monitoring and Supervision Commissions established within the governorships in 81 provinces regarding incorrect accessibility practices. Complaints on all kinds of structures and open spaces publicly available and inspection of public transportation vehicles can be filed through the Provincial Directorates of Family and Social Services.

Practices to create age-friendly living spaces that fulfil the universal design requirements have gained momentum in the last ten years in Turkey. In particular, the Turkish Disability Act No. 5378, adopted in 2005, and the UN Convention on the Rights of Persons with Disabilities, which Turkey became a party in 2009, contributed significantly to this. With the Convention, a number of administrative and political measures have been taken, both in national law and in practice, with the goal of a more accessible Turkey for all segments of society, including older persons and persons with disabilities. In this direction, with the amendments on related laws such as Law on Land Development Planning and Control (Law No. 3194), Turkish Disability Act (Law No. 5378), Turkish Condominium Law (Law No. 634), etc., a number of provisions have been introduced regarding the physical and built environment and the accessibility of public transportation vehicles. Inspection activities for monitoring and auditing the implementation of accessibility standards are carried out by Accessibility Monitoring and Inspection Commissions in each province.

In order to increase information and awareness on accessibility, the Ministry of Family and Social Services organizes “Regional Accessibility Meetings” for senior managers and technical staff of local administrations throughout the country in cooperation with the Union of Municipalities of Turkey. Trainings within this scope have been continuing since 2011 in order to create an accessibility culture, fulfil the obligations in the legislation and implement the practices in accordance with the standards.
The "2010-2023 National Smart Cities Strategy and Action Plan" was prepared by the Ministry of Environment and Urbanization in order to bring a holistic perspective to Smart City policies at the national level. Within the scope of the policy document, 4 strategic goals, 9 targets and 40 actions were determined with the vision of “Liveable and Sustainable Cities Adding Value to Life”. In the Action Plan, which will shape Turkey's Smart City transformation and accelerate its social, economic and environmental development, the actions addressed for the effective inclusion of persons with disabilities and older people in social and economic life are indicated below:

Within the scope of its strategic goal “17.1: Accessibility to urban services will be provided to disadvantaged segments of the society such as persons with disabilities, older people and special needs groups with limited mobility.”

- “17.1.1: A standard will be developed to organize urban service areas according to the needs of disadvantaged groups.”
- “17.1.2: Planning, architectural solutions and urban designs that take into account the disadvantaged groups will be made.”

Within the scope of its strategic goal; “5.5: Preparation and implementation of standard and design projects for pedestrian and vehicle transportation integrity, which takes into account the needs of those with mobility restrictions in the urban transportation system, will be ensured.”

- “5.5.1: Standards will be developed for the use of transportation services by those with mobility restrictions.”

In the 2018-2022 Strategic Plan of the Ministry of Environment and Urbanization, it is stated that “Spatial planning and urban design practices that respect equality of opportunity and equity will be implemented in order to enhance access to services for those who require special attention, such as persons with disabilities, older people and those with reduced mobility.”

Attention is paid to the issues determined within the scope of the "Accessibility Monitoring and Inspection Regulation" for older persons and persons with disabilities in public building construction projects and applications prepared and approved by the Ministry of Environment, Urbanization and Climate Change.

In the Medium Term Program 2018-2020 period, which is a programming tool that initiates the budget process and directs resource allocations by revealing public policies and practices on the basis of the policies and priorities in the Development Plans, it is stated that “Social and physical environmental conditions will continue to be improved in order to increase the participation of persons with disabilities in economic and social life.”
There are also initiatives to participate in the "Age Friendly Cities Network" initiated by the World Health Organization at the level of local governments. Although limited number of municipalities have joined the Network, a number of them are making a great effort towards this goal with the increasing awareness in recent years.

Another topic that has become more important in recent years for the active and healthy aging of the individual in place is the age-friendly hospitals. As a matter of fact, "creation and dissemination of the age-friendly centre concept in primary, secondary and tertiary care" was counted among the activities related to the realization of the goal of improving health services for older people in the “2015-2020 Turkey Healthy Aging Action Plan and Implementation Program” published by the Ministry of Health. In this context, various public and private health institutions and organizations in Turkey carry out studies at various levels. For example, Izmir Urla State Hospital and Bayindir Icerenkoy Hospital are organized in line with the criteria of age-friendly hospitals. In addition, “Workshop on Age-Friendly Hospital” on 3 December 2019 and “Symposium on Age-Friendly Hospital and Health Practices” on 19 September 2019 were held with the participation of public institutions, civil society organizations and academicians.

Among the activities to be carried out within the scope of the “2022 Presidential Annual Program”, the following action regarding age-friendly environment is included:
- Making interior and environmental regulations to minimize the falls and reduce incidents that older people may encounter, and organizing a symposium on the "Causes and Prevention of Home Accidents for Older Persons" for this purpose.

**Caregiving**

27 Has the Government undertaken measures to support formal and informal caregivers of older persons, including training programmes, accreditation and pay? *(SDG 5.4.1)*

*please elaborate with data, as appropriate:*

The Ministry of Family and Social Services provides trainings for caregivers and social workers, who work in institutional care facilities, on a regular basis.

A number of projects by public institutions and universities have been carried out to increase the capacity and qualification of care workers. For instance, a cooperation protocol was signed on 12 December 2021 between the Yuksek Ihtisas University and the Ministry of Family and Social Services in order to determine joint education strategies and policies in the field of elderly care in order to ensure that elderly care services are carried out regularly, effectively and efficiently. Within this context, training program will be provided to formal caregivers.
who work in the elderly care facilities affiliated to the Ministry to improve their professional capacity.

In cooperation with the United Nations Development Program (UNDP), Ministry of Industry and Technology and Ankara University Aging Studies Application and Research Centre (YASAM), a five-stage webinar training series on “Professional Adaptation for Healthcare and Social Workers” between July 2020 and September 2020 and a four-stage webinar training series on “Aging Studies” between October-November 2020 were held. In this context, for healthcare and social service workers; trainings were given on occupational adaptation and coping with stress during the Covid-19 period, geriatric assessment during the Covid-19 period, occupational practice-case management with older persons and persons with disabilities during the Covid-19 period, professional resilience during the Covid-19 period and the art of life. Within the scope of the Aging Studies Webinar Series, trainings were given on Pandemics: Do They Change Our Views on Age and Aging?, Physical Well-being of Older Persons: Musculoskeletal Health in the Covid-19 Period, Social and Spiritual Well-Being of Older Persons, Psychological Well-Being of Older Persons, and the Art of Living on Diet and Exercise.

In cooperation with the Ministry of Family and Social Services, Ankara University Faculty of Health Sciences and Ankara University Aging Studies Application and Research Centre (YASAM), a five-stage webinar training series was organized on anger management, stress management, case management, corporate communication and evidence-based practice during the Covid-19 process on 1-5 February 2021 for the member of profession working in the care institutions for older persons and persons with disabilities affiliated to the Ministry.

Home care support services provided by the Ministry of Family and Social Services and local governments to households include services such as guidance and vocational counselling, social and psychological support, technical services (home repair of the elderly, painting, etc.), health care (injection, blood pressure measurement, etc.), cleaning services (in terms of ensuring the hygiene of the elderly and home), etc.

Home care allowance is paid by the Ministry of Family and Social Services to a family member who provides care to a person with disability and/or an older person in need of care and in economic and social deprivation on a monthly basis.

In recent years, the Ministry's efforts to diversify and expand home care support services, home healthcare services and day care services are important developments in terms of the cost of care, enabling older persons to age in their own environment and at the same time supporting a strong family structure.
### Family support

| 28 | Has the Government undertaken measures to support women and families who often take care of older persons?  
*please elaborate with data, as appropriate:* | Yes ☒ | No ☐ |
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<td><strong>Home</strong> care support services are provided by the Ministry of Family and Social Services and local governments including services such as guidance and vocational counselling, social and psychological support, technical services (home repair of the elderly, painting, etc.), health care (injection, blood pressure measurement, etc.) and cleaning services (in terms of ensuring the hygiene of the elderly and home), etc.</td>
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<td></td>
<td><strong>Home</strong> care allowance is paid by the Ministry of Family and Social Services to a family member who provides care to a person with disability and/or an older person in need of care and in economic and social deprivation on a monthly basis.</td>
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<td>Day care services are provided through Day Life Centres to older persons who live in their own home or with their families and individuals with dementia, especially Alzheimer, in order to increase their quality of life to meet their psychological, social and health needs and contribute to their leisure time. It also provides a relief for the family members who often take care of a older persons. As of August 2021, 382 older persons benefitted from 31 Day Life Centres.</td>
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### Integration of older migrants

| 29 | Has the Government implemented measures facilitating the integration of older migrants within their new communities, including:  

*(SDG 10.7.2; SDG 10.7.4) (see also companion document)*  
*If yes, please answer 29.1 – 29.3*  
*If no, please proceed to 30*  
*please elaborate with data as appropriate:* | Yes ☐ | No ☐ |
| 29.1 | Older migrant workers returning to countries of origin after lifetimes of overseas employment  
*please elaborate with data, as appropriate:* | Yes ☐ | No ☐ |
| 29.2 | Older persons returning home to rural areas after having spent their working life in urban areas  
*please elaborate with data, as appropriate:* | Yes ☐ | No ☐ |
| 29.3 | Refugees, internally displaced people or stateless persons  
*please elaborate with data, as appropriate:* | Yes ☐ | No ☐ |

### Neglect, abuse and violence

| 30 | Has the Government:  

*(SDG 5.2.1; SDG 5.2.2; SDG 11.7.2; SDG 16.1.3; SDG 16.1.4)*  
*please elaborate with data, as appropriate:* | Yes ☒ | No ☐ |
Articles 2 and 3 of the Final Declaration of the Forum on the Rights of Older Persons organized by HREI in Ankara on 22 March 2021 are as follows; “Older persons have the right to live in a peaceful family environment. Although it is the right way for our older citizens to continue their lives with their families in their homes, both in terms of healthy aging and our social values, this opportunity is not always given to them.” (see: https://www.tihek.gov.tr/upload/file_editor/2021/06/1623708435.pdf)

Articles 10, 13 and 14 of the Final Declaration are as follows; “Everyone has the right to age with dignity and to pass on their experiences. In order not to deprive individuals of this right, all stakeholders, especially the society, must fulfill their responsibilities.” “Although the COVID-19 pandemic has affected all individuals of humanity, its medical, social, physical and psychological effects on older persons are more severe. Its effects on vulnerable groups seem to be more severe.” “Many protective measures have been taken to protect the health of older persons amid the pandemic, and the whole society has been mobilized in this regard. However, with the prolongation of the process, it is seen that the capacity of the society to support older persons decreases, and older persons experience some physical and psychological problems due to the curfew. In addition, due to the pandemic, older persons have been left to die in nursing homes in many European countries.”

HREI visits places such as nursing homes, prisons, detention centers, psychiatric hospitals within the scope of its NPM mission and ensures that both the individual and common needs of these people are met, whether they meet conditions for humanitarian, accessibility, security, hygiene, respect for privacy, and general features such as being spacious and well-maintained are considered. In addition, it is aimed to prevent torture and ill-treatment through informed/unannounced visits to centers where people are taken under protection and detention centres.

30.2 Put in place any services for victims of elder abuse, neglect and violence, including training of care and social service professionals, family members and older persons?
*Please elaborate with data, as appropriate:*

As the National Preventive Mechanism, HREI visits the Elderly Care Centers and reports the current status of these centers and makes various recommendations to ensure that they comply with national and international standards. Subsequently, the implementation of the recommendations is monitored through follow-up visits. Examples of reports regarding the visits made in this context can be found at the following links.


Yes ☒ No ☐
### Public recognition and ageing with dignity

<table>
<thead>
<tr>
<th>31</th>
<th>Has the Government undertaken measures to enhance public recognition of older persons with regard to their authority, autonomy, self-determination, wisdom, productivity and contributions to society? (SDG 10.3.1; SDG 16.7.1; SDG 17.18.1)</th>
<th>Yes ☒</th>
<th>No ☐</th>
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<td></td>
<td><strong>please elaborate with data, as appropriate:</strong></td>
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<td>• “Forum on the Rights of Older Persons” was held by HREI in Ankara on March 22, 2021. (see: <a href="https://www.tihek.gov.tr/yasli-haklari-forumu/">https://www.tihek.gov.tr/yasli-haklari-forumu/</a>)</td>
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<td>• “Workshop on the Rights of Older Persons” was held by HREI in Ankara on 02 December 2019. (see: <a href="https://www.tihek.gov.tr/yasli-haklari-calistayi-kitabi/">https://www.tihek.gov.tr/yasli-haklari-calistayi-kitabi/</a>)</td>
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<td>• “Workshop on the Prevention of Violence” was held by HREI in Ankara on 15-16 November 2019. (see: <a href="https://www.tihek.gov.tr/sykenin-onlenen-calistayi-sonuc-bildirisi-yayinlandi/">https://www.tihek.gov.tr/sykenin-onlenen-calistayi-sonuc-bildirisi-yayinlandi/</a>)</td>
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<td>• An introductory brochure was prepared by HREI for the World Elder Abuse Awareness Day. (see: <a href="https://www.tihek.gov.tr/yasli-haklari/">https://www.tihek.gov.tr/yasli-haklari/</a>)</td>
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<td>• The Academic Journal on the Prevention of Violence has been published by HREI. (see: <a href="https://www.tihek.gov.tr/tihek-akademik-dergisi-sykenin-onlenen-ozel-sayisi/">https://www.tihek.gov.tr/tihek-akademik-dergisi-sykenin-onlenen-ozel-sayisi/</a>)</td>
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<tr>
<th>32</th>
<th>Has the Government undertaken measures to protect older persons’ dignity and enjoyment of all human rights, including to address and eliminate ‘ageism’ and age-based discrimination? (see also companion document)</th>
<th>Yes ☒</th>
<th>No ☐</th>
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<td><strong>please elaborate with data, as appropriate:</strong></td>
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<td>In Turkey, the principle of equality before the law and non-discrimination is regulated in Article 10 of the Constitution of the Republic of Turkey. Pursuant to Article 10 of the Constitution, “Everyone is equal before the law without any discrimination based on language, race, colour, gender, political opinion, philosophical belief, religion, sect or any such grounds.” As per an amendment made in the Constitution in 2010, the measures to be taken for children, older persons, persons with disabilities, the widows and orphans of martyrs of war and duty, and veterans to ensure the equality exist in practice shall not be considered as violation of the principle of equality.</td>
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<td>Turkey had its Human Rights Institution established by Law no. 6332 in June 2012. The Human Rights Institution has now been restructured and replaced by the Human Rights and Equality Institution. The Law on Human Rights and Equality Institution (HREI) became effective with its publication in the Official Gazette of 20 April 2016 and numbered 29690 (Law no. 6701). With this law, which comprises 30 articles, protection against discrimination is strengthened in Turkey.</td>
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According to Article 1 of Law No. 6701, titled “Purpose and Scope”, “The purpose of the Law is; to establish the Human Rights and Equality Institution of Turkey that carries out activities for protecting and improving human rights, ensuring the right to equal treatment of persons, preventing discrimination in enjoying rights and freedoms recognized by law and acting in accordance with these principles, effectively combating torture and ill-treatment and functioning as the national preventive mechanism in this regard.

Various definitions are included in Article 2 of the aforementioned Law such as segregation, instruction to discriminate and implementation of such an instruction, multiple discrimination, direct discrimination, indirect discrimination, mobbing in the workplace, failure to make reasonable accomodation, harassment, discrimination based on presumed grounds.

Pursuant to Article 3 of the Law titled "Principle of equality and prohibition of discrimination"; Everyone is equal in benefiting from the legally recognized rights and freedoms. In case of violation of the prohibition of discrimination, public institutions and organizations that have duties and powers on the subject and professional organizations in the nature of public institutions are obliged to take the necessary measures to end the violation, to eliminate its consequences, to prevent its reoccurrence, and to ensure its legal and administrative follow-up. In terms of real and private legal entities that are under responsibility within the scope of the prohibition of discrimination, they have obligations to identify and eliminate discrimination and ensure equality in matters within their jurisdiction. In the second paragraph of Article 3 of the Law, discrimination based on gender, race, color, language, religion, belief, sect, philosophical and political opinion, ethnic origin, wealth, birth, marital status, health status, disability and age is prohibited. The aforementioned grounds have been determined by counting (numerus clausus); cases where discrimination is claimed on or without any other basis are outside the scope of the Law.

In Article 5 of the Law, the scope of the prohibition of discrimination is regulated in a broad framework. (See response for question 22 for details). While public and private legal entities and real persons present movable and immovable properties openly to the public, it is stipulated that they cannot discriminate against those who want to acquire or rent these properties and those who want to get information about them including the processes of leasing, determining the terms of the lease, renewing or terminating the lease, selling and transferring them.

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<th>33</th>
<th>Has the Government undertaken measures to recognize and support exercise of legal capacity of older persons, such as supported decision-making?</th>
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<td>please elaborate with data, as appropriate:</td>
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Information, innovation and technology

34 Has the Government put in place mechanisms to improve the availability and accessibility of information specifically for older persons? *(SDG 9.c.1)*

*please elaborate with data, as appropriate:*

E-government practices for providing public services electronically have been expanded, increasing their use in many areas such as healthcare, social security, security and public finances. While approximately 600 services could be offered in 2012 on the e-government portal, number of services offered as of April 2019 reached 4,641. Thus, the financial and administrative burdens emanating from public services on citizens and enterprises were minimized and accountability increased (Turkey’s SDGs 2nd VNR Report, 2019).

2016-2019 e-Government strategy and action plan:

In order for citizens to benefit equally from the opportunities offered by the State such as education, healthcare, employment, transportation, etc., the actions addressed to disadvantaged groups in the "2016-2019 e-Government Strategy and Action Plan" are as follows:

- Updating and disseminating public websites and social media sites in accordance with the defined guidelines,
- Restructuring of public information and promotion sites,
- Integrating the information systems related to labour and social security services,
- Integrating the information systems related to the healthcare service sector,
- Integrating the information systems for social services,
- Designing new service delivery models that will increase usage,
- Redesigning e-government services in a way that takes into account all disadvantaged groups,
- Providing e-government services primarily through the e-government gateway,
- Increasing awareness by strengthening information channels for e-government services,
- Ensuring that e-government applications are preferred primarily.

In order to increase the quality of life of all citizens, especially older persons and individuals with health problems, air measurement stations have been established in all provinces by the Ministry of Environment, Urbanization and Climate Change, and the air quality of all provinces can be monitored instantly through software applications developed for this purpose.

35 Has the Government fostered development of any innovative methods and services in support of older persons, such as user- and age-friendly technology and products?

*please elaborate with data, as appropriate:*

Yes ☒ No ☐
Electronic public services and applications provided via e-government are designed as user-friendly.

### V. Data

**Instruction:** For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link or attach copies of relevant documents.

#### Lack of ageing-related data and research

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<th>Question</th>
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<td>36</td>
<td>Is the lack of ageing-related data and research a matter of concern for your Government? If so: (a) what data and research are needed; and (b) how are you addressing these concerns? <em>(SDG 17.18.1; SDG 17.18.2; SDG 17.18.3; SDG 17.19.1; SDG 17.19.2)</em>&lt;br&gt;<em>please elaborate with data, as appropriate:</em>&lt;br&gt;Sustainable Development Indicators are followed by Turkish Statistical Institute (TurkStat) in cooperation with relevant institutions and organizations, and available indicators for Turkey are presented with the annual press release. The Official Statistics Program (OSP) is prepared in 5-year periods. Within the scope of OSP, national data needs are revealed in cooperation with relevant institutions, and the plan is prepared to produce internationally comparable data. Recent improvements in population registers and health registers (birth and death registers etc.) are inclusive for all population groups.&lt;br&gt;The preparatory work for the Turkey Aging and Health Survey (TYSA) is being carried out and it is planned to be completed in 2022. &lt;br&gt;On the other hand, there is a need for both longitudinal and cross-sectional studies on aging in Turkey. It is considered that a research should be conducted that includes subjects such as physical health, cognitive functions, mental health, income, social support, grip strength, walking speed, and whether there is a financial supporter in addition to age, gender, education and working status.</td>
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<td>37</td>
<td>Has the Government undertaken any efforts in data collection activities, including at the national and subnational levels, to disaggregate data by age and sex, with age groups disaggregated beyond 50+ or 60+ <em>(e.g., Household Social and Economic Survey, National Transfer Accounts)</em>? <em>(see also companion document)</em>&lt;br&gt;<em>please elaborate with data, as appropriate:</em>&lt;br&gt;Household surveys (labour force, income and living conditions, time use surveys etc.), regularly carried out by TurkStat, are internationally comparable surveys, and the estimates are produced for older persons. Questionnaires are designed to produce statistics for all age groups in other national surveys (family structure survey, life satisfaction survey etc.). Relevant links: <a href="https://www.tuik.gov.tr/Home/Index">https://www.tuik.gov.tr/Home/Index</a></td>
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### National surveys

| 38 | Has there been: (a) a stand-alone national survey focusing on population ageing or older persons; or (b) inclusion of specific modules on older persons or population ageing into national surveys, such as a National Survey on Older Persons, or DHS, since 2017? If so, please provide: (a) the name of the survey; (b) its focus; (c) the name(s) of the responsible ministries, agencies and institutions; and (d) relevant links. Please elaborate with data, as appropriate:  
There is no a stand-alone national survey on population ageing or older persons. | Yes ☐ No ❌ |
| 39 | Is there any longitudinal data on older persons collected with a focus on their health, and social and economic situation? Please elaborate with data, as appropriate:  
There is no any longitudinal data on older persons in Turkey. | Yes ☐ No ❌ |

### Titchfield Group

| 40 | Is the Government active in the Titchfield Group on Ageing-related Statistics and Age-disaggregated Data? If so, how does the Government contribute to the group? (See also companion document) Please elaborate with data, as appropriate: | Yes ☒ No ☐ |

---

5 The creation of the Titchfield City Group on Ageing and Age-disaggregated statistics was mandated by United Nations Statistical Commission resolution 49/118 in 2018 to contribute to identifying gaps and establishing international standards and methods for the compilation of statistics and data on the major of dimensions related to ageing and age-disaggregated data across the life course. For further information, see https://unstats.un.org/unsd/statcom/49th-session/documents/Report-on-the–49th-session-E.pdf
Studies of Titchfield City Group have been supported and followed by Turkey since its establishment. Annual technical meetings are attended. At the technical meeting held in South Korea in 2019, the presentation of Turkey "register based statistics relevant to older persons" was made. At the same time, information is given to the electronic news portal of Titchfield City Group when the “Elderly Statistics” press release and publication are published.

VI. COVID-19 and older persons

**Instruction**: For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link to or attach copies of relevant documents.

**Effects of COVID-19 on older persons**

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<th>Description</th>
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<td>41</td>
<td>Were hospitalizations and death rates among older persons in 2020 and 2021 higher than for the general population, or as compared with previous long-term observations? <em>(please provide age and sex disaggregated statistics and their sources)</em>  &lt;br&gt; <em>please elaborate with data, as appropriate:</em></td>
<td>Yes</td>
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<td>According to the most recent report published by the Ministry of Health, it has been stated that the highest death rate in our country as of 25.10.2020 belongs to the group aged 80 and over (30.81%). As of this date, of all deaths due to Covid-19, 73% were in people aged 65 years or older. As per the most recent “Death and Causes of Death Statistics” published by the TURKSTAT in 2019, 72% of the total deaths in 2019 consisted of individuals aged 65 and over.</td>
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<td>42</td>
<td>Have older persons been affected socially and economically? How? <em>(please provide any statistical evidence disaggregated by age and sex)</em>  &lt;br&gt; <em>please elaborate with data, as appropriate:</em></td>
<td>Yes</td>
<td>No</td>
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<td>COVID-19 pandemic has impacted the global population in drastic ways both socially and economically, particularly older persons. However, Turkey has continued to provide long-term care and support services for older persons with a view of “human first principle”, &quot;universal human rights approach&quot; and &quot;family-oriented perspective&quot;. Turkey started to take measures for older persons, who stay in nursing homes or receive homecare, even before Covid-19 became widespread in the country. Additionally, all related public, private institutions, universities and civil society organizations took responsibility to support older persons socially. One of the good practices that have contributed to the social inclusion of older persons during the COVID-19 period is the “Socially Distanced Fresh Projects”. Within the scope of the Project, trainings on various topics were provided for older persons and it contributed to reduce the negative effects of the pandemic on older persons and enabled them to spend their days actively in the curfews. At the same time, it has created a sense of solidarity and friendship among the participants of the project. Sportive, cultural and recreational physical activities were carried out especially in the long-term care centres in order to prevent older</td>
<td>Yes</td>
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persons from being adversely affected by the isolation processes. Some psychosocial support activities for nursing home residents including digital conversations, weekend surprises, digital national festivals and birthday celebrations have played an important role in increasing their morale and motivation.

In response to the Covid-19, the Turkey has introduced an economic stimulus package which included some measures for older persons and retirees. For details see 43.3.

### Government response to COVID-19

<table>
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<th>43</th>
<th>Did the Government put policies or measures in place that addressed the impact of COVID-19 on older persons with regard to the following issues: (SDG 3.b.1) If yes, please answer 43.1 – 43.5 If no, please proceed to 44 Please elaborate with data as appropriate:</th>
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<td>Yes</td>
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<th>43.1</th>
<th>Access to health-care services (both usual services and COVID-19 tests) please indicate when the measure was put in place and elaborate with data, as appropriate:</th>
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<td>Yes</td>
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Turkey’s fight against the COVID-19 pandemic may be evaluated in three stages. The protection period (January and February 2020) involved raising public awareness, providing border security and making preparations for healthcare infrastructure. The period of active fight against the disease in the following three months (March, April, May) started with the adoption of a strategy that concentrated on controlling the spread of infection, and on diagnosis and treatment. The spread of diagnostic laboratories, early diagnosis and treatment, contact tracing and the management of medication and protective materials came to the fore in this period. The next period, called “Controlled Social Life,” began in early June and involves the transition to normalization.

The first COVID-19 case was reported on 11 March 2020 in Turkey, later than most European countries. Since the coronavirus arrived later than most of the countries worldwide, Turkey had the opportunity to learn from other countries’ experiences in terms of preventive measures. Thus, Turkey transformed its healthcare system immediately after the detection of the first case.

Turkey has implemented a wide variety of measures such as keeping selected cases in hospitals, the establishment of pandemic hospitals, the isolation of patients who tested positive, contact tracing, routine follow-ups of all contacted persons and patient monitoring at home, measures for quarantine and restriction, the lockdown of children, teenagers and persons aged 65 and over, travel bans and restrictions,
online education in schools and universities, and cancelling outdoor activities in public places and financial measures.

During this period, Turkey's relative advantage in addressing the pandemic was the high number of intensive care beds (46 intensive care unit beds per 100,000 individuals) compared to other OECD countries.

During the COVID-19 vaccination process, home vaccination was started for bed-bound patients and persons with disabilities by an appointment via MHRS.

Some of the measures taken by the Social Security Institution are as follows:
- Antigen test, antibody test, PCR test and isolation test, which are specific diagnostic tests for COVID-19 infection are included in the scope of reimbursement.
- Obtaining and applying antibodies from the serum of people who have recovered from COVID-19 are included in the scope of reimbursement.
- "Pandemic Care Service" is included in the scope of reimbursement, regardless of the positive PCR test, in the case of inpatient treatment for patients who meet the definition of "probable case" in the Ministry of Health's COVID-19 Guidelines.
- Diagnosis and treatment services provided to pandemic cases are included in the scope of emergency and health services without additional charge.
- The Biometric Identity Verification System (BIVS), which was created for the purpose of authentication with biometric methods, was made compulsory on 01/12/2013 in all private Health Service Providers contracted with SGK and was actively used until 11/03/2020. However, after the evaluation made by SSI due to the pandemic, it has been decided to remove the obligation to apply BIVS as of 13/03/2020 in order to reduce the risk of COVID-19 transmission until a date to be specified in the future.
- Since the infectious diseases of people whose immune status is adversely affected due to chronic illness are likely to progress more severely, the health reports for repeat prescription expired on or after 01.01.2020 and registered in the prescription approval system (MEDULA System) are counted as valid until a further notice. An arrangement has been made to provide medication from pharmacies without re-prescribing and seeing a doctor if a consultation was not necessary.
Protection of older persons’ higher vulnerabilities to COVID-19 (e.g., isolating nursing homes, home delivery of medicine or food, etc.)

*please indicate when the measure was put in place and elaborate with data, as appropriate:*

The Ministry of Family and Social Services has started to take measures in January 2020 for older persons, who stay in nursing homes or receive homecare, even before COVID-19 became widespread in the country (The first case in Turkey was recorded on 11 March 2020). Trainings on the health and nutrition of older persons are provided and measures have been taken to meet their needs and procured the essential medical and hygiene supplies to ensure older citizens have access to the care and support they need during the pandemic. Crisis Desks have been created in all provinces and in the Ministry of Family and Social Services in response to the pandemic. Social isolation rooms, blocks and units were created within the long-term care institutions. The personnel in the care institutions have worked in 7-10-14 day’s shift and a PCR tests were regularly applied at personnel shifts. In addition, body temperature, pulse and respiration of older persons and the personnel in the nursing homes have been checked every six hours.

The guidelines have been prepared in multiple formats for older persons and their households, health and social care workers, care facilities and local authorities in order to minimise adverse outcomes of the pandemic for older persons.

Older persons in long-term care institutions have been informed about the measures taken and the course of COVID-19 in a way that will not adversely affect their psychological state. Protective and preventive measures were implemented without raising their anxiety levels, and attention was paid to the implementation of isolation, testing, mask, social distance and hygiene measures by older persons. Follow-up, control of treatment processes, management of symptoms and psycho-social support for older persons and individuals with chronic diseases, who often have to go to health centres and hospitals, were provided via tele-medicine implementations. On the other hand, necessary measures at the health centres where physical presence is required such as dialysis centres have been taken by the Ministry of Health.

Below is some examples of initiatives carried out by civil society organisations, public institutions, universities and other stakeholders across Turkey to overcome the challenges raised by the COVID-19 crisis.

As Turkey declared a partial curfew for senior citizens aged 65 and over, “Vefa Social Support Groups” were formed by the Ministry of Interior under the coordination of provincial and district governorships to help those in need, particularly who live alone or with chronic illnesses. The Groups have displayed the good examples of solidarity,
cooperation and volunteering during the pandemic. The Group volunteers have rushed to the aid of citizens aged 65 and over such as the medicine supply, basic food needs, withdrawing pensions, performing instrumental life activities, etc. Special helplines have been put into service to meet the urgent needs of older persons, and some of the existing lines (112, 155, 156) have started to serve for this purpose. In addition to the Vefa Social Support Groups, the police, gendarmerie, municipalities and local authorities have formed groups to meet the needs of older persons and to prevent negative situations that may occur.

With the collaboration of Ankara University Aging Studies Application and Research Centre, the Ministry of Family and Social Services and the Union of Municipalities of Turkey, a symposium was held titled “Elderly Welfare During the Pandemic Period and Social Policies for the Elderly” on 23 March 2021.

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<tr>
<th>43.3</th>
<th>Economic conditions (e.g., employment, income maintenance, immediate assistance)</th>
</tr>
</thead>
</table>
|     | *please indicate when the measure was put in place and elaborate with data, as appropriate:*

In response to the COVID-19, the Turkey has introduced an economic stimulus package, introducing a mix of financial support, credit support and employment-related measures to help citizens and businesses weather the COVID-19 crisis. In this context, taxpayers having chronic illness or aged 65 and over were granted “force majeure” status during the curfew and the deadline for submitting tax statements and the due date for tax payments were extended by a certain amount of time. Retirees who receive their pensions from public banks could receive their pensions at their residences upon request. Older persons who wanted to benefit from the long-term care institutions affiliated to the Ministry of Family and Social Services have been accepted to receive care regardless of their income criteria. The minimum amount for pensions has been raised from 1,000 TL to 1,500 TL. The holiday bonuses paid twice a year have been increased from 1,000 TL to 1,100 TL. It has been decided to deposit the pension promotion payments directly into the older persons’ accounts. All these socioeconomic interventions aimed that the living conditions of older persons would be affected by the pandemic to a minimum degree.

With the General Letter of Social Security Institution dated 02/04/2020 and numbered 5157380, during the curfew period, citizens aged 65 and over were prevented from experiencing unjust treatment regarding the payment of premiums. As per the General Letter; “Insurance premiums of real person employers/insured persons who were under curfew due to being over 65 years old or having a chronic illness were deemed to be paid in due time if they were paid by the end of the 15th day following the end of the curfew.”
Social situation (e.g., loneliness, social isolation, stress)?

please indicate when the measure was put in place and elaborate with data, as appropriate:

Sportive, cultural and recreational physical activities were carried out especially in the long-term care centres in order to prevent older persons from being adversely affected by the isolation processes. The necessary precautions have been taken within the scope of protective and preventive measures for them to actively value their spare time. In this sense, the open spaces and gardens of the care centres have been used as much as possible. Practices such as the use of camping areas and the resumption of Bocce tournaments, which have become a tradition in nursing homes, have been carried out after the mass vaccination process. Some psychosocial support activities for nursing home residents including digital conversations, weekend surprises, digital national festivals and birthday celebrations have played an important role in increasing their morale and motivation. In addition, the Ministry of Family and Social Services has focused on the importance of digital literacy, which has increased with the pandemic, and initiated digital literacy trainings particularly for older persons who are receive care in institutions or live in their own homes.

One of the good practices that have contributed to the social inclusion of older persons during the COVID-19 period is the “Socially Distanced Fresh Projects” (Akdeniz University, Aging Studies Application and Research Centre, http://yacumer.akdeniz.edu.tr/60-tazelenme-universitesi-projesi/korona-krizi-gunlerinde-mesafeli-taze-projeler/). The second phase of the Project, which started on 14.03.2020 for 60+ Refreshment University students, one of the higher education programs for older persons, has continued online as of 13.07.2020. In this context, various trainings have been given such as Fresh English, Fresh Food, Fresh Memory, Fresh Knitting, Fresh Corona Diary, Fresh Cocoons, Fresh Friends and Fresh Music. These trainings have been provided throughout the week and contributed to reduce the negative effects of the pandemic on older persons and enabled them to spend their days actively in the curfews. At the same time, it has created a sense of solidarity and friendship among the participants of the project. The older students stated that their worries and fears brought about by the pandemic were alleviated and that they were interlocked with each other.

In cooperation with the Ministry of Family and Social Services, Ankara University Faculty of Health Sciences and Ankara University Aging Studies Application and Research Centre (YASAM), a five-stage webinar training series was organized on anger management, stress management, case management, corporate communication and evidence-based practice during the Covid-19 process on 1-5 February 2021 for the member of profession working in the care institutions for older persons and persons with disabilities affiliated to the Ministry.
Prioritized access to COVID-19 vaccines
please indicate when the measure was put in place and elaborate with data, as appropriate:

The vaccination process for COVID-19 in Turkey started on 13 January 2021. Older persons have had the priority in mass vaccination practices carried out in Turkey and the first group given priority in vaccination included health workers, the residents of nursing homes and care centres, and citizens aged 90 and over. After the vaccination of first group, the vaccination of persons over the age of 85, 75, 70 and 65 was started respectively. During all these implementations, older persons have had the right to have an active voice in the precautionary and treatment processes envisaged for them without any imposition.

Yes ☒ No ☐

Good practices/lessons learned in Government response to COVID-19

Are there any good practices and lessons learned from the above-mentioned policies and/or measures, including expanding participation of older persons?
Please give examples: “Vefa Social Support Groups “helped and supported older persons in need, particularly who live alone or with chronic illnesses. The Groups have displayed the good examples of solidarity, cooperation and volunteering during the pandemic.

Taking early measures and actions particularly in elderly care facilities along with the participation of elder residents had a significant role in minimizing the impact of the pandemic. In addition, informing older residents of care facilities about measures to be taken in every stage and having an active voice by older persons in the precautionary and treatment processes envisaged for them without any imposition were two effective ways to combat COVID-19.

To combat COVID-19, the opportunities offered by information and communication technologies were utilized at the highest level. For instance, Life Fits Into Home (HES) application was implemented by the Ministry of Health in order to control and monitor the entire process through health information systems. With this application, citizens are able to see the risk status and incidence rate in the area they live in or they want to travel on the map and in addition to the incidence rate, places to bear in mind in case of emergencies such as hospitals, pharmacies, supermarkets and bus stops are also marked on the map for citizens. The application offer a safe social life for citizens in all social areas such as workplaces, restaurants, public transport, taxis, events like wedding ceremonies, and visits to institutions.

Coordination of services for COVID-19 response
Has the Government implemented measures to improve the coordination of primary health care, long-term care, social services and community-based services for older persons in order to ensure a continuum of care and support during the COVID-19 pandemic?  
*please elaborate with data, as appropriate:*

Under the coordination of the Turkish Presidency, all the involved parties adopted stringent policy measures and implemented them dynamically.

Long before the occurrence of COVID-19 cases in the country, Turkey acted proactively; starting with the healthcare sector, it took the required measures as a whole for risk and crisis management early in January 2020. One of the steps taken for scientifically managing the pandemic was the formation of an operation center. The center, consisting of 15 experts, was established under the Ministry of Health on January 6, 2020 in order to follow developments related to coronavirus around the world instantaneously. Subsequently, the Scientific Advisory Board on Coronavirus affiliated with the Ministry was formed on January 10, 2020 with the participation of scientists from the leading Turkish universities. The decisions and advice of the Committee serve as a guide in the successful management of the process.

**Long-term measures**

Once the pandemic has subsided, do you intend to maintain any measures that were implemented to mitigate the impact of COVID-19 on older persons?  
*please elaborate with data, as appropriate:*

**VII. Other issues**

47. How has the Government designed and/or implemented measures for the pre-ageing population (future older persons) in the following aspects: (a) work; (b) income security; (c) health; and (d) participation. *(open-ended question; please limit response to 750 words).*

48. Would you like to highlight any other issues related to the main challenges and opportunities of population ageing/older persons in your country since the adoption of MIPAA in 2002? Are there any lessons learned or good practices you would like to share? *(open-ended question; please limit response to 750 words).*

49. Is the Government engaged in any regional cooperation on matters related to “population ageing”, including the sharing of experiences in the implementation of MIPAA among ESCAP member States and/or engagement with ASEAN (where applicable) on the implementation of the 2015 Kuala Lumpur Declaration on Ageing *(open-ended question; please limit response to 750 words).*

THANK YOU!
SAMPLE RESPONSE

I. Older persons and development

For the following questions, please provide: (a) the name of the legislation, policy or action plan; (b) date of implementation and time frame; (c) its main elements; and (d) its main achievements. Please elaborate and attach copies of relevant documents or provide links to them.

Education, training

<table>
<thead>
<tr>
<th>12</th>
<th>Has the Government supported older persons’ access to knowledge, education and training? (SDG 4.3.1; SDG 4.4.1; SDG 4.6.1)</th>
</tr>
</thead>
</table>
|    | In 2012, the Government of XX adopted the Older Persons’ Decree which established that older persons have a right to lifelong learning (see: www.xxx.gov). The 3rd National Plan on Older Persons (2012–2020) requested that the Ministry of Education, through public universities and schools, offers free continuing education programmes for persons, 60 years or older. Older women and persons with disabilities will be given priority if demand for such programmes is greater than supply ...
|    | For SDG 4.3.1, the latest data from the National Statistical Office show that as of 2020 (June), 85 per cent of youth (15-24 years) at the national level were in formal education in the previous 12 months (see: www.xxx.gov)
|    | For SDG 4.4.1, country XX has not collected any data; however, it has included a question on this in its 2022 population and housing census.
|    | As of May 2021, according to the Ministry of Education (2019–2020 Annual Report of the Ministry of Education, see: www.mineducation.gov), 5 out of 20 public universities offer tuition-free continuing education programmes (3-months during the summer and fall semesters) to older persons. About 250 persons 60 years or older are enrolled in such programmes and are taking courses in architecture, literature and business administration. About 75 per cent of the “older students” are women.
|    | Since 2015, the City of XX and the City of YY in Country AA, have partnered with the City of ZZ in Country BB and are offering an exchange programme for older persons studying at their local universities. Since its inception in October 2015, 66 older persons have participated in the exchange programme and older persons of both countries have praised the exchange programme highly. The City of XX is exploring to expand the exchange programme to other countries and intends to make the programme intergenerational, something participants favoured.

Reference is made to legislative mandates, with links to websites.

Policy, programmes focusing on women or persons with disabilities are highlighted.

Make specific reference to data on SDG indicators; where data are lacking, highlight this as well and indicate what has been done to address the lack of data.

Concrete evidence is listed, including with reference to the source of the data.

Examples of good practice and lessons learned are listed.

Qualitative and quantitative evidence is combined.

| a | Does the Government pursue a life-course approach to knowledge, education, training and work, such as lifelong learning opportunities? |
|   | Yes ☒ No ☐ |

| b | Has the Government undertaken measures to promote digital literacy among older persons? Are there any programmes which encourage and support intergenerational exchange on digital literacy? |
|   | Yes ☒ No ☐ |
### Annex: Priority directions, issues and objectives of the Madrid International Plan of Action on Ageing

<table>
<thead>
<tr>
<th>Priority Direction</th>
<th>Issue</th>
<th>Objective</th>
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<tbody>
<tr>
<td>Older persons and development</td>
<td>1. Active participation in society and development</td>
<td>1. Recognition of the social, cultural, economic and political contribution of older persons</td>
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<tr>
<td></td>
<td></td>
<td>2. Participation of older persons in decision-making processes at all levels</td>
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<td></td>
<td>2. Work and the ageing labour force</td>
<td>1. Employment opportunities for all older persons who want to work</td>
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<td></td>
<td>3. Rural development, migration and urbanization</td>
<td>1. Improvement of living conditions and infrastructure in rural areas</td>
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<td></td>
<td>2. Alleviation of the marginalization of older persons in rural areas</td>
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<td>3. Integration of older migrants within their new communities</td>
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<td></td>
<td>4. Access to knowledge, education and training</td>
<td>1. Equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services</td>
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<td></td>
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<td>2. Full utilization of the potential and expertise of persons of all ages, recognizing the benefits of increased experience with age</td>
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<td>5. Intergenerational solidarity</td>
<td>1. Strengthening of solidarity through equity and reciprocity between generations</td>
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<td></td>
<td>6. Eradication of poverty</td>
<td>1. Reduction of poverty among older persons</td>
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<tr>
<td></td>
<td>7. Income security, social protection/social security and poverty prevention</td>
<td>1. Promotion of programmes to enable all workers to acquire basic social protection/social security, including, where applicable, pensions, disability insurance and health benefits</td>
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<td>2. Sufficient minimum income for all persons, paying particular attention to socially and economically disadvantaged groups</td>
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<td></td>
<td>8. Emergency situations</td>
<td>1. Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies</td>
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<td></td>
<td></td>
<td>2. Enhanced contributions of older persons to the re-establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies</td>
</tr>
<tr>
<td>Advancing health and well-being into old age</td>
<td>1. Health promotion and well-being throughout life</td>
<td>1. Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age</td>
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<td></td>
<td></td>
<td>2. Development of policies to prevent ill health among older persons</td>
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<tr>
<td></td>
<td></td>
<td>3. Access to food and adequate nutrition for all older persons</td>
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<td></td>
<td>2. Universal and equal access to health-care services</td>
<td>1. Elimination of social and economic inequalities based on old age or any other ground, including linguistic barriers, to ensure that older persons have universal and equal access to health care</td>
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<tr>
<td></td>
<td></td>
<td>2. Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process</td>
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<tr>
<th>3. Development of a continuum of health care to meet the needs of older persons</th>
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<tbody>
<tr>
<td>4. Involvement of older persons in the development and strengthening of primary and long-term care services</td>
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<tr>
<th>3. Older persons and HIV/AIDS&lt;sup&gt;7&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>1. Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and for those who are caregivers for infected or surviving family members</td>
</tr>
<tr>
<td>2. Provision of adequate information, training in caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers</td>
</tr>
<tr>
<td>3. Enhancement and recognition of the contribution of older persons to development in their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents</td>
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<tr>
<th>4. Training of care providers and health professionals</th>
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<tbody>
<tr>
<td>1. Provision of improved information and training for health professionals and paraprofessionals on the needs of older persons</td>
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<tr>
<th>5. Mental health needs of older persons</th>
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<tbody>
<tr>
<td>1. Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons</td>
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<tr>
<th>6. Older persons with disabilities</th>
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<tbody>
<tr>
<td>1. Maintenance of maximum functional capacity through the life course and promotion of the full participation of older persons with disabilities</td>
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<tr>
<th>Ensuring enabling and supportive environments</th>
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<tbody>
<tr>
<td>1. Housing and the living environment</td>
</tr>
<tr>
<td>1. Promotion of “ageing in place” in the community with due regard to individual preferences and affordable housing options for older persons</td>
</tr>
<tr>
<td>2. Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons, in particular those with disabilities</td>
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<tr>
<td>3. Improved availability of accessible and affordable transportation for older persons</td>
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<tr>
<td>2. Care and support for caregivers</td>
</tr>
<tr>
<td>1. Provision of a continuum of care and services for older persons from various sources and support for caregivers</td>
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<tr>
<td>2. Support the caregiving of older persons, particularly older women</td>
</tr>
<tr>
<td>3. Neglect, abuse and violence</td>
</tr>
<tr>
<td>1. Elimination of all forms of neglect, abuse and violence of older</td>
</tr>
<tr>
<td>2. Creation of support services to address elder abuse</td>
</tr>
<tr>
<td>4. Images of ageing</td>
</tr>
<tr>
<td>1. Enhancement of public recognition of the authority, wisdom, productivity and other important contributions of older persons</td>
</tr>
</tbody>
</table>

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<sup>7</sup> This issue has not been addressed in the survey.