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Europeanization of the Turkish Health Policy: A Historical Exploration

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ABSTRACT

This study examines varying levels in the Europeanization of health policies by taking Turkey as an example country. The institutional adaptation of regulatory institutions in the field of health at both legal and actual levels is analysed in this context. This study puts forward that the Europeanization of Turkey's health policy and health care system has a long history which goes back to the 19th century. On the other hand, this process has been accelerated by having a candidate status and starting the negotiation process. It has also underlined that the demands of the EU to formulate health plans and programs in Turkey by providing financial resources and organizing principles constitute the main vehicle of Europeanization. The materialization of the Europeanization of Turkish health policies is in two main channels direct channel (alignment with the *acquis*) and indirect channel (spill-over effect). In this point, it suggests that the Europeanization in health policy will be achieved when supports with strong institutional capacity.

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The study, then, explores both the process of Europeanization beyond Europe and its limits when it is obstructed by domestic politics, interests, and institutions.

Keywords: Europeanization, Health policy, Europeanization of Health Policy, Europeanization of regulation, Europeanization of Turkish health policies

INTRODUCTION

The European Union's (EU) current position results from a process of enlargement and deepening begun in the 1950s. This movement inevitably has led to common points, unionization and the creation of common policies and programmes in areas such as the common agricultural policy. Health and health policies are among the areas being considered in this process.

Turkey has come a long way in its relations to the EU, accomplished progress in some areas, and continues working on the adoption and implementation of the *acquis*. In fact, as a candidate since 1999 and a negotiating country since 2005, Turkey has exponentially been exposing to the EU dynamism and affected by the EU policies and practices directly and indirectly in health and health policies as in other areas. As a matter of fact, is that the Europeanization of Turkish health policy and the system is not a new phenomenon. Its roots date back to Tanzimat Reforms of the Ottoman Empire. However, by gaining a candidate status and starting to negotiation process, the Europeanization of Turkish health policy has reached a different phase and density and acquired a different dimension.

Based on a review of the published and grey literature and data obtained from secondary sources, including government reports, epidemiological data, academic publications, and policy reports, the main objective of this study is to put into place the Europeanization of Turkish health policy based on a historical perspective, mainly in the EU context as well as to provide the information, data, and knowledge about Turkish health care system and policies on the road of

accession to the EU. To this end, this study is organized into three main sections. The second section provides an overview of the EU-Turkey relations. The third section provides a brief overview of the Europeanization, EU, health and health policies. The fourth section explores the Europeanization of Turkish health policy in a historical context by concentrating on the EU context. Finally, the paper concludes with some policy recommendations.

The European Union – Turkey Relations

The EU, which is seen as a *system of values*, has reached its current position because of enlargement and deepening process begun in the 1950s. For the time being, after the United Kingdom formally left the EU on 31 January 2020, the Union has 27 members, five candidates (Turkey, Albania, Montenegro, North Macedonia, Serbia) and five potential candidate countries (Bosnia and Herzegovina, and Kosovo under UNSCR 1244). Formal opening accession negotiation was opened on 3 October 2005 for Turkey.

The EU project can be regarded as a *sui generis* entity. To become part of this unique project, Turkey started to work since the late 1950s and signed an Association Agreement (Ankara Agreement) with the EU in 1963 that foresaw full membership through the establishment in three phases of a Customs Union. From the 1960s to the 1980s, Turkey-EU relationships went gone up-and-down mainly due to both military coups taken place in Turkey and the distant standing of both sides to each other from time to time.

At the beginning of the 1980s, the development of EU-Turkey relations was held up at times due to political trends in Turkey. After applying for full membership in 1987, Turkey-EU relations have been reviving again, and following the decision was taken for a Customs Union in 1995 (Turkey became a member of the Customs Union by the beginning of 1996), the relations gained a stronger structure. Turkey-the EU relations reached a new phase following the candidacy

status being given to Turkey in the 1999 Helsinki Summit. The decision of the Helsinki Summit to accept Turkey officially as a candidate country is seen as a basic turning point in Turkey-the EU relations.

As is well known, when the candidate countries fulfil all aspects of the Copenhagen Political Criteria then they can start full membership negotiations with the EU. In this regard, based on the Turkish Progress Report 2004 (Commission of the European Communities, 2004a) and Recommended Report (Commission of the European Communities, 2004b), adopted at the 16-17 December 2004 Brussels Summit, the EU decided to start negotiations with Turkey on the October 3rd, 2005. As Demetropoulou (2002) inserted that the decision of the European Council in Brussels to invite Turkey to start negotiations has given new momentum to the efforts of the country to update its institutional structure to make them more compatible with present requirements and to bring them closer to the Western levels. Consequently, full membership negotiations with Turkey started after serious discussions took place at the Brussels Summit on 3 October 2005. Although the official talks opened on 3 December 2005, concrete accession negotiations started on 12 June 2006 with opening and provisionally closure of the chapter on Science and Research. The screening procedure continued in this period and it ended in October 2006. In December 2006, however, the EU Council Summit arrived at the decision to suspend accession negotiations on eight chapters; free movement of goods, right of establishment and freedom to provide service, financial services, agriculture and rural development, fisheries, transport policy, customs union and external relations with Turkey due to lack of progress. The ground that was opened for Turkey failed to fulfil its obligations arising from the Additional Protocol to the Ankara Agreement. Within the context of this picture, talks were also opened on more than seven chapters as of February 2009; Enterprise and Industry; Financial Control; Statistics; Consumer and Health Protection; Trans-European

Networks; Company Law; Intellectual Property Law; Free Movement of Capital; Information Society and Media. So far, there have been opened 16 chapters in the framework of accession negotiations; and one of them was provisionally closed (European Commission, 2019). On the other hand, it is known that public support for EU enlargement among the member states has decreased in time for Turkey's involvement. Schimmelfennig and Sedelmeierargued (2019) argued that Turkey has become the least credibility over time in terms of membership perspective. According to the General Affairs Council's report in 2018, Turkey's accession negotiations have come to a stopping point due to the ongoing circumstances; however, the EU and Turkey have maintained their relationship and cooperation in the areas of interest (European Commission, 2019).

Although it cannot be known when Turkey might join to EU, the accession process will probably last at least three years, i.e. until 2023. In other words, before 2023 Turkey is not likely to have already become a member country.

Europeanization, Health and Health Policies

The studies of Europeanization have an exponential trend in the late 1990s in holding a place in the literature including health policy especially in the course of two past decades to explore the impact on member and candidate countries' politics, policies and polities. The Europeanization studies' first question focuses on answering how European policies, rules and norms are affecting domestic political systems (Vink and Graziano, 2007). Europeanization has different meanings in different milieus. For instance, Steffen et al. (2005) noted that there are, at least, five potential perspectives of Europeanization, all entailing different manners, mechanisms and drives of change. These are: *'1) Institution-building at the supranational level and to focus on EU-level policy-making; 2) An adaptive process at the national level; 3) As a multi-causal phenomenon; 4)*

Transferring of ideas and of the way problems are perceived rather than European rules; and 5) Changing of domestic opportunity structures' (Steffen et al., 2005; Knill and Lehmkuhl,1999) define three mechanisms of Europeanization by considering the domestic impact of European policies: *'(1) European policy-making may trigger domestic change by prescribing concrete institutional requirements with which member states must comply; that is, EU policy "positively" prescribes an institutional model to which domestic arrangements have to be adjusted. (2) European legislation may affect domestic arrangements by altering the domestic rules of the game. (3) European policy affects domestic arrangements even more indirectly, namely by altering the beliefs and expectations of domestic actors.* On the other hand, Mair (2004) notes that there are two faces of Europeanization: (1) *'the institutionalization of a distinctly European political system'* (institutionalization at the supranational European level), and (2) Europeanization as *'penetration of European rules, directives and norms into the otherwise differentiated domestic sphere'*. As Trondal (2002) also emphasizes that *'the Europeanization of policy reflects two interrelated processes: both the emergence of supranational policies at the EU level and the domestic convergence towards these policies.*

Although numerous alternative definitions of Europeanization have been recommended depending on the focus of the diverse research categories (Kostera 2007), for the sake of above perspectives and discussions, and the purpose of the study, Europeanization can very briefly be defined as 'domestic change caused by European integration' (Vink, 2002). This change includes *'national institutional and policy practices that can be attributed to European integration'* (Hix and Goetz 2000). As opposed to such a rather narrow definition, following Radaelli's interpretation (2003), Europeanization refers a *'processes of construction, diffusion, and institutionalization of formal and informal rules, procedures, policy paradigms, styles, "ways of doing things", and*

shared beliefs and norms which are first defined in the making of EU public policy and politics and then incorporated in the logic of domestic discourse, identities, political structures, and public policies'.

Processes of Europeanization are merely not limited to EU member countries only, but also occur in candidate countries (Vink, 2002) because *'these countries are already subjected to substantially the same pressures of adaptation to EU policies as current member states'* (Grabbe, 2003: 304). In this regard, within the context of candidacy process and more specifically of accession talks process, the EU's mechanisms to shape institutional context and policy-making in candidate countries (the mechanisms of Europeanization) can be noted as *'the provision of models, financial and technical aid, advice and twinning, benchmarking and monitoring, and gate-keeping'* (Grabbe, 2001). Bulmer and Radaelli (2004) pointed out that candidate countries may import, imitate, and creatively absorb EU policies.

Europeanization and the public policies of the member states have a reciprocal relationship with each other; and the research in this issue tries to answer that "how national policies are shaped and changed due to European integration" (Töller, 2004). In this respect, there are two main debates in the process of Europeanization of public policies. The first debate addresses that can Europeanization be understood as the implementation of policies. The second debate is that whether the Europeanization of public policies can be interpreted with a broader notion of European impulses that may have an impact on national policymaking or not (Töller, 2004).

Europeanization has been widely detailed in the academic literature on European integration in general (see, *inter alia*, Featherstone, 2003; Börzel and Risse, 2000; Mair, 2004) and health in particular in the framework of integration theories such as neo-functionalism and intergovernmentalism (see, *inter alia*, Mossialos and Permanand, 2000; Mossialos and McKee,

2002; McKee and Dubois, 2004; Permenand and Mossialos, 2005; Steffen et al., 2005; Greer, 2006a, 2006b, 2008; Kostera, 2007; Martinsen and Vranbaek, 2008). It is widely accepted that there is an outstanding convergence in European health care systems and the policies in the context of European integration (Abel-Smith and Mossialos, 1994; Abel-Smith et al., 1995; Comas-Herrera, 1999). Lamping (2005) claims that there are 'three distinct sources of change and pressure for Europeanization *of health policies*: first, Europeanization by market integration and compliance; second, Europeanization by crises; and third, Europeanization by policy diffusion and discourses. As a result of these sources, it can be claimed that health, health policies, and related areas have exponentially Europeanized over time mainly in three main channels: public health, market regulation and the European Semester (Azzopardi-Muscat et al., 2016). This situation has led to primarily 'uninvited' Europeanisation of health systems often resisted by domestic stakeholders. In addition to the EU's direct authority in health (public health strand), there are significant effects on the health and health services of the EU's internal market dynamics, especially resulting from four freedoms of movement (internal market strand). Greer (2006) argues that health is quickly being remoulded by European legislation and jurisprudence. Greer also asks that although health is harboured very cautiously by member states from EU dynamics and policy interference, why health is being Europeanized? Greer answers this question as all the factors which constitute a health system subject to the EU legal regime. It is therefore inescapable that health systems are Europeanized. Core areas of health systems and health regulation have inevitably become subject to an incremental and irresistible process of harmonization and Europeanization. The process of Europeanizing health policy can be characterized as a discontinuous, incoherent, unsystematic and sometimes accidental one (Lamping, 2005). Lamping (2005) notes that 'the Europeanization process is developing as an issue-specific, fragmented and

incremental process, still patch and sometimes accidental rather than systematic, but consistent'. Europeanization of health policy is an ambivalent and extremely complex phenomenon operating on various levels, in different forms and with diverse effects (Lamping, 2005). The extent of the EU's penetration into the national health policy arena has continually increased, while certainty, calculability and the capacity to act seem to have decreased proportionally in member states (Lamping 2005).

Europeanization of Turkish Health Policy and Health Care System

As Demetropoulou (2002) noted that the EU accession aspiration can bear significant EU-oriented transformations and adaptations in the Turkish domestic scenes including health care policy. As noted previously, the Europeanization of Turkish health care system and policies is not a new phenomenon. Its background goes back to Tanzimat Reforms of the Ottoman Empire[3]. As Ahmad (1993) noted, The Ottoman Empire and especially the Republic of Turkey have always turned their directions to the West when they intended to modernise the state and the society. This process has been termed as modernisation, Westernisation and more recently Europeanization. Tanzimat Reforms of the Ottoman Empire, which was a period of reformation that began in 1839 and ended with the First Constitutional Era in 1876, can be given as the most striking and old example of this kind inclination. Since Tanzimat Reforms, westernization or Europeanization has been the centre of development policies. Below, this process is elaborated from a historical perspective, by concentrating on the EU context.

[3] Before Tanzimat Reforms (Administrative Reforms of the Ottoman Empire), in time of both Seljuk and the Ottoman Empire, Sultans and charitable people had established some hospitals and healing homes which had been managed by private foundations. However, the organisation of the government's health affairs and the assignment of health workers had been conducted by Chief Physician which was the only official organisation for health affairs. The Ottomans had tried to meet their health needs and problems until the mid-19th century by this structure. From that time, however, the Ottoman's medicine turned to the Western (The Ministry of Health 1973).

A Historical Exploration of The Europeanization of Turkish Health Policy

The Ottoman Empire Era

The Tanzimat Reforms, which are so much credited to European inspiration in respect of science and technology, as well as ideas about the role of the state in the life of its citizens, had been strongly influenced by the European dynamics (Aksakal and Hutt, 2003; Dole, 2004). In the field of health, this was reflected in two points the state's engagement with public health and the founding of the medical and pharmacy schools which its curriculum had been based on European practice and intellectuality such as the first state Faculty of Medicine (The Imperial Military College of Medicine, 1827), which was based upon a European hospital model (especially Vienna Medical School) and emphasized employing European (particularly French and Austrian) medical instructors, and run by an Austrian physician (The Ministry of Health, 1973; Aksakal and Hutt, 2003; Dole, 2004; Özbek, 2006). Moreover, a new class of physicians and pharmacists whose interests were aligned with a Western-style medical establishment became part of the reform movement (Aksakal and Hutt, 2003). These medical doctors were employed as state officials either the physicians of the fatherland *(memleket tabibi in Turkish)* or the government's physicians *(hükümet tabibi in Turkish)* in the late nineteenth century and the early twentieth century (Aydın, 2002). Furthermore, the Ottoman Empire had imported European scientists to building the institutional and intellectual capacity of the health sector. In addition, health professional unions were started to be formed in this period as well (The Ministry of Health, 1973).

In addition, pharmacy studies were also undertaken and the first Ottoman pharmacological codex, the Pharmacop´ee Militaire Ottomane was published. Its instruction was conducted in French until 1870. The late nineteenth century brought increased attention to medical and scientific research as well. Sultan Abdulhamid took great interest in the work of Louis Pasteur and funded

Rabies Institute in Istanbul in 1887. In 1893 European experts were invited to supervise Istanbul's new bacteriological laboratory, where Ottoman doctors were trained in bacteriology (The Ministry of Health, 1973; Aksakal and Hutt, 2003).

The first medical association was established in 1856 in Istanbul by an English physician who had come to the Ottoman Empire as part of the allied forces in the Crimean War. Pharmacists also established professional associations (Aksakal and Hutt, 2003).

Later, following the Constitutional Monarchy, the General Directorate of Health was established in 1908, attached to the Ministry of Internal Affairs and taking a leaf out of Italian's book. In 1914, the Ministry of Internal Affairs was renamed as Ministry of Health and Internal Affairs (The Ministry of Health, 1973). The trend towards Europeanization has increased exponentially in subsequent decades.

The Republic of Turkey Era

World War I brought an end to the Ottoman Empire. After the collapse of the Ottoman Empire, the founder of the Turkish Republic after won the war of independence, Mustafa Kemal Atatürk, put Turkey on a Western course (Kubicek, 2005) and was intended to westernize, modernize and civilize Turkey, and instituted various policies to carry out this process (McLaren, 2000) including health care policies. In this sense, Europe was the model for modernization and Europeanization of Turkey (Arnold, 2007). In fact, on 2 May 1920, nine days after the founding of the Turkish National Assembly (TNA), Atatürk declared his plans for a National Ministry of Health (Dole, 2004). At this point, it should be noted that although the roots of the contemporary Turkish health system trace back to the Tanzimat Reforms, as mentioned above, the system was more and more strongly institutionalized when the Ministry of Health and Social Assistance (MoHSA, now MoH) was first set up in 1920 (The Ministry of Health, 1973).

From the outset, the development of Turkey's health care system has made advancement by having been more intensively adopted the European lines of science and technology (Dole, 2004). Having been established the Republic and the MoH in the early 1920s; Turkey has been inspired by the European orthodox medical point of view and institutionalisation. Regarding this, the period of the 1920s-1960s can be accepted as the era of institutionalisation and legislation of the Turkish health policies. In this era, it can be said that the Western practice and dynamics have been reflected in this institutionalisation and legislation. For instance, The Law on Practice of Medicine and Medical Sciences in 1928 was approved to define the authority and responsibilities of medical professions (The Republic of Turkey, 1928). The state focused on the establishment of medical faculties to increase the number of human resources in health and medical doctors were enforced for mandatory services in different geographic areas. On the other hand, The Public Health Law in 1930 declared that the state was responsible for protecting the health of its population against prevalent communicable diseases including malaria, tuberculosis, trachoma, syphilis, and leprosy (The Republic of Turkey, 1930; Günal, 2008). The state's role in public health to protect the population increased in preventive healthcare services; but local governments encouraged opening hospitals to provide curative healthcare services in every district. Hospitals were found in western style and western technology was transferred in this period and health services were carried out with "single-purpose care in broad geography - vertical organization" model. As Tatar and Erigüç (2001) pointed out, building hospitals and vertical programmes for malaria, tuberculosis, trachoma, syphilis, and leprosy characterised health policies during this period which also were the widespread and the case in Europe.

When we came to the 1960s, it is obvious to note that the socialisation reform in the Turkish health system which aimed at integrating health services (The Republic of Turkey, 1961), was

inspired by the post-war welfare policies raised in European countries dominated by the state involvement. After the 1961 constitution, the Socialisation of Health Services Programme (The Republic of Turkey, 1961) was prepared in the context of universal healthcare provision and with the leadership of Mr. Nusret Fişek. The establishment of this programme was based on a vertically organised healthcare delivery system to serve across the country through health posts, health stations, and health centres. These public healthcare service institutions foresaw an introduction of a referral system that was taken from the National Health System (NHS) in England and the integration of all healthcare units under the authority of the MoH (Fişek, 1964; Günal, 2008; Yılmaz, 2017). Mr. Fişek indicated that the Socialisation of Health Services Programme was inspired by both the system of England and the Swedish system, but Turkey tried to find the most suitable by considering the conditions of the country and the experiences of other countries (Fişek 1963; 1964). Until the early1980s, the main structure of the Turkish health sector had been shaped considering 'statism'. Then towards the end of 1980s and the early 1990s, the Turkish health policies reinstitution has begun to change in parallel to the liberalisation policies emerged from European (such as Thatcher's reforms, including NHS reforms) side, i.e. European healthcare reform trends, and further accelerated by the globalisation process. The contents of Turkish health care reforms which were put into place at the beginning of the 1990s have broadly been affected by the European health care reforms and policies. Despite Turkey is not a member country; it is underlined that she has been an important factor of European politics, for major periods of European history and she is member of all important other European organisations and has since the Second World War played an important role in contributing to the shaping of European policies, but her status as a European country has always been ambiguous (Commission of the European Communities, 2004a; Kubicek, 2005). For example, one of the main strategies of the reforms in

question is to split financing from providing side has been inspired by the NHS internal market reforms took that place in 1991. In other words, it can be said that in this time, Turkey's main reform strategies were introduced in line with the developments taking place in other European countries such as the internal market. Moreover, since the early 1990s, it can be claimed that the Turkish health politics arena has been widely exposing exponentially to European health care reform dynamics and health policy strategies in general; and policy impositions of international institutions such as WHO, WB, OECD, and IMF.

Having been accepted to several effective and outstanding European and western organisations, such as United Nations (1945, founding member), OECD (1961), WHO (1948), Council of Europe (1949), NATO (1952), Western European Union (associate member, 1992), and more importantly became an associate member of European Economic Community in 1963 (predecessor of EU), implies, once again, that Turkey has been always a European or Western orientation country and accepted as European identity, and a policy transfer (the spread of policy ideas) has been taken place from mediating these international organisations reciprocally.

Turkey, in close collaboration together with WB, for example, has conducted studies to realize health care reforms since the late 1980s. Thus, the WB has provided financial and technical support to/for health care reforms in Turkey. In this context, the WB supported The First Health Project (1990-1998), The Second Health Project (1995-2004), The Primary Health Care Services Project (1997-2001), The Health Transformation Programme (HTP) (2003- ongoing), Health Transition Project (2004 – 2009), Project in Support of Restructuring of Health Sector (2009 – 2015) and Health System Strengthening and Support Project (2015 – ongoing) (World Bank 2018). Some 80% of the World Bank loan was devoted to developing health infrastructure in eight provinces and the rest to institutional development such as reorganizing the Ministry of Health, developing

managerial capacity and conducting operational research. The project was first started in 1991. Interim reports until then stated that achieving many of the projects aims required changing the health care system (Ergör and Öztek, 2000). More recently, the Bank has been supporting the HTP in terms of financial (accounts for approximately 270 million Euros) and technical support since 2004 (World Bank, 2018). Furthermore, within the coverage of Programmatic Public Sector Development Policy Loan (PPDPL), the WB approved two major loans to support a sustained medium-term process of legal, institutional, and structural development including health and social protection system , the first one in June 2006 (Euro 403 million) and the second one in June 2008 (255.4 million). The other ongoing two projects have continued to be financially supported by the World Bank; the first one in 2009 and the second one in 2015 (World Bank, 2018).

Take Turkey's relations with the WHO as another example, Turkey's founding position for WHO in 1948 and as a member country of European Region of WHO means that Turkey has been interacting with its counterpart European countries under the WHO's umbrella in terms of health policies, ideas, polities, politics, and so for at least since 1948. In this regard, Turkey is just not affected by European health policies and practices but also affects the European policies by affecting the policies of these agents. For instance, the WHO launched a policy framework called 'HFA by the Year 2000' in 1978, has since then been advocating this framework for health policymaking to all its member states (Tervonen-Gonçalves and Lehto, 2004). In the Alma Ata Declaration, primary health care (PHC) was declared as the sole way of attaining the WHO's global goal of Health for All by the Year 2000 (Tatar, 1996). Following the Declaration several countries, *including Turkey,* have embarked on programmes that emphasized all aspects of the PHC approach (Tatar,1996). In other words, by signing the original document in 1978, Turkey declared its pledge to the PHC approach (Tatar and Tatar, 1997).

Turkey has become a party to many policy documents of WHO origin, mainly being the strategies and principles in connection with / relative to primary health care of Alma Ata Declaration (1978) and employed these policy documents to shape its domestic health policies. Beside Alma Ata Declaration; (1) targets in support of the European regional HFA strategy (1985); (2) The Ottawa Charter for Health Promotion (1986); (3) Copenhagen Declaration on Health Policy (1994); (4) European Charter on Alcohol (1995); (5) The Ljubljana Charter on Reforming Health Care (1996); (6) HEALTH 21: Health for all in the 21st Century: The Health for all Policy Framework for the WHO European Region (1998); (7) European Declaration on Mental Health (2005); (8) European Charter on Counteracting Obesity (2006, İstanbul); and (9) The Berlin Declaration on tuberculosis (2007), and more recently (10) the Tallinn Charter on Health Systems for Health and Wealth have come to the forefront. Turkey drafted its health for all targets in 1990 with the technical support of WHO experts, producing a document called the National health policy of Turkey (Ergör and Öztek, 2000). Turkey, as a member of the WHO European Region, has adopted the Health 21 framework and has developed the National Health 21 Policy Framework for Turkey (The Ministry of Health, 2000; 2007) by tailoring it to Turkey's circumstances. In 2002 and 2011 there were two The Health Care Systems in Transition (HiT) reports that were prepared by the cooperation of WHO and the MoH to provide an analytical description of the health care system in Turkey (Savaş et al., 2002; Tatar et al., 2011). These reports play a key role in the work of the European Observatory on Health Care Systems.

Tobacco control is another field where significant cooperation between WHO and the Ministry of Health can be observed. The WHO Framework Convention on Tobacco Control (WHO FCTC) is developed to respond to the globalization of the tobacco epidemic and it is addressing addictive substances and reduction strategies as well as supply issues. Turkey signed the FCTC in

2004 and the new law (No. 5727) was implemented to broaden the scope of all laws on tobacco control in 2008 (Keklik and Gultekin-Karakas, 2018). In this regard, Turkey had a strong anti-tobacco law in the world with the UK, Ireland, New Zealand, Uruguay and Bermuda (Keklik and Gultekin-Karakas, 2018). According to Global Tobacco Control Report by the WHO (2013), Turkey's strategy to reduce the tobacco epidemic had a high level of success in the six MPOWER strategies (Calikoglu and Koycegiz, 2019).

It can be noted that the process of Europeanization of Turkey in general and Turkish health policy has predominantly been shaped by the dynamics of Westernization and modernization, and to a lesser extent by having a position of association membership with EEC (EU) until the end of 1990s. As it was noted already, '*there are already well-established, close ties between Turkey and the EU, contractual relations begin with the Association Agreement of 1963*' (Sadik, 2006). However, when we come to the late 1990s and early 2000s, it can be easily seen that the dynamism of Europeanization of Turkish health policy has dramatically changed by gaining first being a member of Customs Union in 1995 and second having candidacy status with the EU in late 1999 coupled with being started the process of accession negotiations in late 2005. As Öniş (2007) stressed that as the ultimate goal of full EU membership, when it became a concrete possibility after the release of the candidate countries Turkey, Europeanization gained momentum in Turkey was a significant speed and starting accession negotiations status. In the following section, specifically, the Europeanization of Turkish health policy is dealt with within the context of EU dynamics in this regard.

The Europeanization of Turkish Health Policy Within the EU Context

The Europeanization of Turkish Health Policy within the EU Context should be reviewed under two dimensions; the first one of them is in the context of the EU Alignment Process and the other one is the Health Transformation Program (HTP) in 2003.

First of all, it is remarkable to note that although the countries' transposition of the *acquis* to their internal legislation started by gaining a candidate statute and picked up speed by starting to the negotiation process and continued by having membership position to EU, this adventure has followed a different commencing for Turkey. The main reason lying down based on of this disparity, however, is Turkey's membership to the Customs Union in 1995 without full membership of the EU. In other words, as Sadik (2006) notes, Turkey is the only country in the Customs Union which is not also a full member of the EU. This picture is peculiar to Turkey. Therefore, it ought not to be wrong to note that the studies of transposing the EU *acquis* concerning health into the Turkish domestic legislation first started with having been a member of Customs Union in 1995 before being accepted as a candidate country in 1999. When it is considered within this framework, by having been a member of the Customs Union in 1995, as Andoura (2006) pointed out, Turkey enjoyed the free movement of goods including medical goods. Under the EC-Turkey Customs Union established in 1995, Turkey was already committed to align with the part of the internal market, *acquis*, including free circulation of goods, intellectual and industrial property rights, and competition policy and to adopt the common external tariff. However, as Öniş and Keyman (2003) emphasized that the customs Union in the absence of a firm for full membership had few incentives for the Turkish political elites to undertake reforms designed to satisfy the EU's Copenhagen criteria. Subsequently, these alignment works have gained more momentum together with gaining a candidacy status at Helsinki Summit of 1999 coupled with the

starting negotiation process in October 2005; however, the Europeanization of Turkish health policy has reached a different phase and density and acquired a different dimension.

For the second dimension, with the Health Transformation Program (HTP)'s implementation in 2003, a new era began in alignment with EU legislation on health-related issues (The Ministry of Health 2003). The responsibility of the Ministry of Health (MoH) has been carried under the title of "Health Protection" since the beginning of the transformation program. In this regard, the harmonization with EU legislation on public health issues was completed in medical devices, medical products, cosmetics, detergents, tobacco and tobacco products, toys, biocidal products, infectious diseases, health professions, blood and blood components, tissue/cells, laboratory infrastructure (The Ministry of Health, 2012). Despite there is not a direct impact of the European Union on the HTP process, the obligations which have to be fulfilled in the membership process have an impact on the determination of health policies. Henceforth, it can be claimed that the Europeanization process of Turkey in general and Turkish health policies, in particular, have been and will be mainly shaped by the dynamics of the EU which have been and would be taking place through two main channels. In other words, within the context of EU dynamics, it can be claimed that the Turkish health policy and the system have been Europeanizing through two main channels: direct (formal) and indirect (informal) channels, which are not mutually exclusive and it is not easy to draw a clear cut line between the two main channels since they are complementary and interconnected. However, for the sake of conceptualisation we try to elaborate these channels separately. Related with this, the dynamics of the first channel is the adaptation of the *acquis,* whereas the dynamics of the second channel are all factors and variables other than the *acquis*.

Europeanization through Direct Channel: Europeanization in Acquis Terms

The term 'direct channel of Europeanization' of Turkish health policy refers to the alignment of the legislation of Turkish health policies and elements with the EU legal accumulation, i.e. the *acquis* in the course of the accession period. In other words, the direct channel of Europeanization is associated with the internalisation of the related massive body of law into Turkish domestic health policies. It refers mainly to the adoption of the *acquis*, which all candidate countries have to transpose by the time that they acceding to the EU. The adaptation of the body of law is to transpose this *acquis* into domestic legislation. Therefore, the Europeanization through the direct channel has been taking place via health legislation alignment with the *acquis*. As Grabbe (2003: 312) notes the *'legal transposition of the acquis and harmonization with EU halws?? are essential to becoming a member state, and they have so far been the central focus of the accession process and preparations by the candidates.* Within the scope of this channel, the Europeanization is ensuring a review of Turkish health-related legislation and updates it considering EU *acquis* as in other areas.

Despite there is no chapter that is directly concerned with 'health services' in the negotiation process, health and health-related issues are predominantly negotiated under the chapters of consumer and health protection and employment and social policy. In addition to these two chapters, the chapters discussing the environment, Customs Union, free movement of goods (e.g., pharmaceuticals and medical devices), free movement of services (e.g., health insurance), free movement of persons (e.g., free movement of health professionals and patients), free movement of capital (e.g., hospital investment), education, and science and research are also relevant to health care. As can be seen, health and health-related components of the *acquis* are scattered among different chapters in the process of negotiation. There are many reasons for the

scattering of health and health-related components. The first reason that we give is the intrinsic nature of health issues, which can be called the *inter-sectoral dimension*. The second reason is the way health is dealt with at the EU level in general and, connected with this, the evolution of the dynamics of EU health policy. Due to their nature and the reasons mentioned above, health services are negotiated under different chapters with different scopes and dimensions in the process of negotiation. As noted previously, there is no single chapter dealing with the health care arena. However, health and health related issues are dealt with in the coverage of many chapters such as, *inter alia*, free movement of goods; right of establishment and freedom to provide services; free movement of persons; statistics; social policy and employment; environment; consumer protection and health; and Customs Union. The contents of these chapters can fall into a sphere of duties or sphere of interests of different national ministries and actors. *'In Turkey, the harmonization of Turkish health legislation with EU legislation began in the early 1990s and continues at present. Specifically, this harmonization has involved regulations on cosmetics, medical products and devices, dangerous substances, the safety of toys, and the general protection of consumer health'* (Kisa et al., 2002; Kisa et al., 2007).

In the acquis, health-related regulations are not collected under the common title and they are distributed with many acquis chapters. Health regulations are mainly included in ''free movement of goods", ''right of establishment and free movement of services", "social policy and employment", "environment", "consumer and health protection" and "intellectual property law'' (Pushkarev et al., 2019).

Since the year 2000, the European Commission has a list of relevant priorities, principles and conditions and a roadmap for the candidate country. Documents on the Accession Partnership for Turkey were prepared in 2000, 2003, 2005, and 2008. In response to these Accession

Partnership Documents, National Programmes were also published 2001, 2003 and 2008. When the National Action Plan for EU Accession, covering the years 2016-2019, is examined; it is necessary to make a total of 25 regulations related to the health field within the scope of five chapters as follows; free movement of goods, freedom of movement for workers, social policy and employment, environment and consumer protection and health (The Ministry of Foreign Affairs, 2016).

In summary, it can be stated that the ongoing studies carried out in the field of health regulations are significant; but there are problems in implementation. The reasons for these problems are derived from both the EU's failure to present a clear membership perspective for Turkey and the lack of institutionalization process in Turkey.

Europeanization through Indirect Channel: The Europeanization Pioneering by Variables Other Than Acquis

The term indirect channel of Europeanization, on the other hand, is used in this paper to mean the exposition of Turkish health policy and system to all dynamics of EU except for *acquis*. That is, within the framework of the indirect channel, the Turkish health policy and system is mainly exposing some variables which are predominantly being attributed to the EU dynamics except for *acquis*. There are lots of dynamics or variables which ensure the Europeanization of a Candidate country within the coverage of indirect channel. Among these variables, which stem from the European perspective and the dynamics of candidacy and accession process itself; accession partnership documents; national programmes; progress reports; twinning (institutionalization and capacity building); negotiation framework documents; screening; monitoring of negotiations; participation to the Community programmes, agency, projects, research programmes (such fp6, fp7, public health programmes, and so forth), and education

programmes; strength of NGOs; foreign investment; health tourism; reforms; and European common values (ECVs) come to the forefront. These have been important driving forces in Turkey's health policy Europeanization process within the context of the indirect channel. Most of these are tools or elements of (an enhanced) pre-accession strategy, shortly explained in below.

First of all, it can be stated that the EU perspective and dynamics of candidacy and accession process itself to the EU and finally the EU membership itself is an anchor to Europeanize a candidate country itself in general, and its health policies, politics, and polities in particular.

Europe Agreements

The Europe Agreements (Association Agreements) is a basic legal instrument of the relationship between the EU and the associated countries. They cover trade-related issues, political dialogue, legal proximation and various other areas of co-operation and they create "special, privileged links with a non-member country," allowing the third country concerned to "take part in the [Union] system (Van Elsuwege and Chamon 2019). In the context of accession to the EU, *the Association Agreements provide a legal basis for bilateral relations between candidate countries and the EU.* They have also reciprocal rights and obligations in the partnership; because these agreements are based on privileged links between the EU and non-EU countries that aim to co-operate between them. They pay attention to the respect of human rights and democratic principles and they have carried opportunities to build cooperation beyond trade in terms of other areas including environment, science, education, social policy and health (Van Elsuwege and Chamon, 2019). As Sissenich (2007) pointed out that these agreements formed bilateral institutions for accession negotiations and they constituted a legal framework for political and economic relations between the EU and candidate countries, focusing on political dialogue, trade, movement of workers, and economic, financial, and cultural cooperation.

The Association Agreement between Turkey and the EEC and its Member States, known as the Ankara Agreement, signed in 1963. The Ankara Agreement envisioned three phases for Turkey's gradual accession to the EU Common Market through the establishment of a Customs Union (Official Journal of the European Communities, 1963).

The institutions established under the Europe Agreement have assumed the additional responsibility of overseeing the running and implementation of the accession partnerships. The accession partnerships have made explicit the concept of conditionality in EU-candidate countries relations (Ramsey, 1999). In our case, Association Committee, Association Council, Joint Parliamentary Commission, Customs Union Joint Committee, Joint Consultative Committee, EU Related Administrative Bodies in Turkish Administration (Secretariat General for European Union Affairs; and under the secretariat of Foreign Trade EU Executive Board) are the structures of the institutional cooperation between Turkey and EU (European Commission, 2019).

As Demetropoulou (2002) asserted that *'To respond to the gradual creation of the integration conditions, Turkey has promoted policies that promote the elaboration of the necessary framework and the modernisation of the country's institutional structure. As the relations with the EU intensify and the rights and obligations of Turkey increase, the whole institutional edifice further evolves through the development of new institutions, the re-orientation of already existing ones, the clearer allocation of competencies and the more efficient coordination of activities.'* In this context, it can be given as an example that General Directorate of EU and Foreign Affairs has been established in order to carry out the harmonization studies with the European Union and to provide the necessary cooperation and coordination on the issues that fall under the responsibility of the Ministry of Health.

There are ongoing dialogues in all areas and levels between Turkey and the EU. On the one hand, the High-Level Dialogue Meetings on key policy areas have the vast potential of Turkey-EU relations. On the other hand, association organs constitute the institutional structure of Turkey-EU relations to promote the implementation of the accession process. For instance, the Turkey-EU Association Committee meeting was held on 28 November 2018 and Turkey-EU Association Council was held on 15 March 2019 in Brussels after an interval of almost four years. The Turkey-EU Joint Parliamentary Committee (JPC) was held on 26 April 2018 in Brussels and the 78th JPC meeting was held on 19-20 December 2018 in Ankara (European Commission, 2019).

Accession Partnership

'The Accession Partnerships issued from 1998 onwards present a huge range of demands. The candidates must implement the Accession Partnerships to move forward towards accession and qualify for EU aid and other benefits' (Grabbe, 2003).

At its meeting in Luxembourg in December 1997, the European Council decided that the Accession Partnership would be the key feature of the enhanced pre-accession strategy, mobilizing all forms of assistance to the candidate countries within a single framework. In this manner, the Community targets its assistance towards the specific needs of each candidate to provide support for overcoming particular problems with a view to accession (Official Journal of the European Union, 2008).

The Accession Partnership sets out the priorities for the candidates as they prepare themselves to become members of the EU and bring together all the different forms of EU support within a single framework. The Accession Partnership includes short-term, medium-term priorities and highlights as well as the main instruments and financial resources available, which should help target the objectives effectively' (Official Journal of the European Union, 2008). It is also important

that Turkey fulfil the commitments of legislative approximation and implementation of the acquis in accordance with the commitments made under the Association Agreement, Customs Union and related decisions of the EC_Turkey Association Council (Official Journal of the European Union, 2008).

Accession Partnerships Documents include principles, priorities, programming, conditionality, and monitoring (Commission of the European Communities, 2007). Accession Partnerships contain the principles, priorities, intermediate objectives and conditions (programming, conditionality, and monitoring). They reveal the priorities with EU legislation and policies that must be essentially performed for Turkey's full EU membership. These priorities, which are determined by considering the Community policies, also coincide with the areas in which the programs and agencies operate (Official Journal of the European Union, 2008). The main priorities for Turkey are based on meeting the criteria defined by the Copenhagen European Council of 1993 and the requirements of the negotiations that adopted by the Council on 3 October 2005. In this point, health and health - related priorities were within the scope of short-term priorities and medium-term priorities in the latest accession partnership documents in 2008 (Official Journal of the European Union, 2008).

As known, after being given a candidacy status to Turkey in 1999, the EU issued its first Accession Partnership in 2001. In the Commission's Strategy Paper on the enlargement of October 2002, it was stated that the Commission would propose a revised Accession Partnership for Turkey. A revised Accession Partnership was then presented by the Commission in March 2003 and adopted by the Council in May of the same year. In its recommendation of October 2004, the Commission proposed that to guarentee the sustainability and the irreversibility of the political reform process, the EU should continue to monitor closely the progress of the political reforms. In

particular, the Commission proposed the adoption of a revised Accession Partnership in 2005 and the last Accession Partnership Document was published in 2008. Following the expected progress in the implementation of the short-term priorities of the Partnerships, it is practice updating the partnerships every other year. Therefore, the Commission proposes to renew the Accession Partnership (Official Journal of the European Union, 2008).

It is stated that the accession partnership may also be revised in the light of new developments, especially any new priorities identified during the pre-accession process. In this regard, The Revised Accession Partnership provides the basis for a number of policy /financial instruments which will be used to help Turkey in the preparations for membership. In particular, the revised Accession Partnership serves as a basis for future political reforms and as a yardstick against which to measure future progress (Official Journal of the European Union, 2008).

National Programmes for the Adoption of the Acquis (NPAA)

The National Programme for the Adoption of the Acquis is a detailed, multi-annual plan in order to complete the target of full membership successfully; the main aim of this programme is to benefit from the Instrument for pre-accession assistance (IPA). In this case, the candidate countries' set out their programmes in detail and they reveal their willingness to fulfil the priorities of the Accession Partnership. The essential requirements both in terms of human resources and in terms of budgetary support are indicated to meet those priorities. As Sissenich (2007) pointed out that *'The national programmes for the adoption of the acquis (NPAAs) have been the candidate countries public roadmap of accession preparations. Stipulated by the Commission since 1998, the programmes are documents of several thousand pages in length that contain legislative timetables and financial frameworks for accession preparations in each sector. They have been updated annually in response to the Commission's criticisms in the regular reports. Though the candidate*

countries are solely responsible for the NPAAs, the Commission has assessed its quality in the regular reports and made decisions on financial assistance based on the strategy outlined in the NPAAs. Thus, the NPAAs have served as yet another reference for measuring progress on the accession criteria'.

The overall aim of the National Programme is to assist Turkey's preparations for EU membership, based on the priorities identified in the Accession Partnership for Turkey, approved by the Council on 8 March 2001 (Official Journal of the European Communities, 2001). Turkey's National Program for the Adoption of the EU Acquis covers the works to be realized in the short and medium term in Turkey's full membership process to the European Union, and there are three National Programmes for the Adoption of the Acquis of Turkey so far.

Regular Reports: Progress Reports and Annually Strategy Papers (Monitoring Procedures)

Progress towards EU accession is a central issue in CEE political debates, so the European Union can influence policy and institutional development through ranking the applicants, benchmarking policy areas, and providing examples of best practices that the applicants seek to emulate. Monitoring is a key mechanism in the conditionality for membership, through the cycle of "Accession Partnerships" and "Regular Reports" published by the European Commission on how prepared each CEE applicant is in different fields. Conditionality for aid and other benefits is based on implementing the Accession Partnerships issued to each applicant since 1998. These documents provide a direct route into domestic policy making in CEE, because the European Union sets out a list of policy "priorities" that have to be implemented within the year or in the medium term (defined as five years). The European Commission then reports on each applicant's progress in meeting each priority in the autumn of the year and may public a revised Accession Partnership

for a candidate for the following year. The benchmarking is increasingly used as a powerful vector of Europeanization for both candidates and member states' (Grabbe, 2003).

The Commission has adopted a monitoring procedure that produces annual progress reports on each candidate state's progress towards accession (Ramsey, 1999). Regular or Progress Report is the European Commission's yearly assessment of the progress that has been achieved by each candidate country towards accession. It assesses (1) the relations between the candidate country and the Union, (2) the country situation and progress with respect to the Copenhagen criteria, and (3) addresses the question of the capacity to adopt the obligations of membership.

The Reports on Progress towards Accession, available from 1998 onwards, included a special chapter on Social Policy and Employment, and Public Health and Consumer Protection, where the performance of Turkey is evaluated and if necessary clear policy recommendations are provided. The Commission keeps the Council and the European Parliament duly informed about the candidate countries' progress, through annual strategy paper and individual country progress reports. It also monitors the fulfilment of benchmark requirements and progress in respecting undertakings (European Community, 2007).

The Regular Report records Turkey's progress towards accession over the past twelve months. It also examines Turkey's track record with respect to the political and economic criteria for accession since the decision by the Helsinki European Council in 1999 (Commission of the European Communities, 2004a).

Progress reports, which reveal the status of the candidate or negotiating country regarding the EU accession process, carry a function of Europeanizing the country. They are published each year; the first one was in 1998 for the EU to Turkey and there have been published 21 progress reports including 2019 (EU Delegation of the European Union to Turkey, 2019a).

In this context, it should be noted that there are some issues in the field of health at the latest Progress Report in 2019. There are as follows;

1) There is a good agreement with public health statistics on the cause of death and data on health surveys, further progress is needed on health expenditure and non-monetary health care data.
2) It is noted that the epidemiological surveillance system against infectious diseases and serious cross-border threats to health works effectively.
3) Turkey's sustainable efforts to provide support for refugees, especially Syrian refugees in terms of and education and health care services are emphasized strongly and in many respects.
4) There are no detailed data available in terms of inequality in access to health services for people with disabilities, HIV-bearing persons and children and adults using drugs.
5) The reporting and monitoring systems must be strengthened to prevent occupational accidents and injuries as well as diseases.
6) The legal requirements on the alignment of the legislation on tissues, cells and organs, and the functioning of the hemovigilance system are not available and they must be prepared.
7) The restructuring of the Ministry of Health has continued to establish administrative structures to address public health issues at central and provincial levels (European Commission, 2019).

Recommendation Paper

The Commission of the European Communities (2004) issued a Communication titled 'Recommendation of the European Commission on Turkey's Progress towards Accession', which notes that 'in views of the overall progress of reforms attained and provided that Turkey brings

into force the outstanding legislation, the Commission considers that Turkey sufficiently fulfils the political criteria and recommends that accession negotiations be opened', has been one of the turning-point (cornerstone) in the relationships between Turkey and EU.

With the Recommending Paper, the Commission presented a strategy consisting of three pillars for Turkey. The first pillar concerns cooperation to reinforce and support the reform process in Turkey in relation to the continued fulfilment of the Copenhagen political criteria. In the second pillar, the specific conditions for the conduct of accession negotiations with Turkey are proposed. The third pillar suggests a substantially strengthened political and cultural dialogue bringing people together from the EU Member States and Turkey (Commission of the European Communities, 2004a).

Negotiating Framework for Turkey

The Negotiating Framework was issued on 3 October 2005, the date of deciding to start negotiation, putting into place the overall principles governing the negotiations, substance of the negotiations, and negotiating procedures (Commission of the European Communities, 2005).

Accession Negotiations focus on the conditions and timing of the candidate's adoption, implementation, and application of EU rules (acquis) (European Commission, 2007). Turkey is negotiating with the EU in 35 chapters. As Toshkov (2007) asserted that the accession negotiations should follow a sectoral logic and they are organized along sectoral lines. Several negotiation chapters divide the issues into separate domains. At this point, The European Commission strategy for accession negotiations with Turkey is based on three pillars. The first pillar is designed to support the reform process in Turkey. The second pillar sets out the framework for accession negotiations. The third pillar concerns the strengthening of political and cultural dialogue through civil society in Turkey and the EU (European Commission, 2019). Accession implies the

acceptance of the rights and obligations attached to the Union system and its institutional framework, known as the *acquis* of the Union. Turkey must apply this as it stands at the time of accession. Furthermore, in addition to legislative alignment, accession implies timely and effective implementation of the *acquis* (Commission of the European Communities, 2005b)

All previous accession negotiations with other countries have resulted in full membership in the history of EU enlargement. However, according to Aybet (2006), the Turkish case probably is the greatest challenge for the EU because of highly sensitive policy challenges in both external and internal issues. The chapter "Science and Research" was opened to negotiations on 12 June 2006 at the Intergovernmental Conference, but this chapter was temporarily closed. Currently, there are ongoing 16 chapters in negotiations on Turkey's accession; and one of them is temporarily closed. As a result of the political obstacles of the Council of the EU and the Greek Cypriot Administration (GCASC), 14 chapters are blocked (Directorate for EU Affairs, 2019a).

Screening

The first stage of the accession negotiations which was initiated with Turkey in December 2005, involved the analytical examination of the Acquis, a process known as the Acquis screening. This process was designed to determine the areas where the necessary changes in Turkish law need to take place in order to harmonize it with EU legislation. The acquis screening phase of the negotiations was concluded in 2006. The first step in negotiations is called ‘screening’; its purpose is to identify areas in need of alignment in the legislation, institutions or practices of a candidate country (European Commission, 2007). Grabbe (2003) emphasised that legislative gaps and institutional weaknesses are also identified by the screening process that takes place with each applicant before negotiations on the 31 negotiation chapters. Accession negotiations with Turkey started in October 2005 with the analytical examination of the EU legislation (the so-called

screening process). In this regard, the first screening meeting was held on 20 October 2005 for the "Science and Research" chapter and the last screening meeting was on 13 October 2006 for the "Judiciary and Fundamental Rights" chapter. The screening process of 33 chapters for Turkey ended in 2006; however, the last 8 chapters screening reports are not delivered to Turkey and they are being waited in the Council (Directorate for EU Affairs, 2019b).

TAIEX

Technical Assistance and Information Exchange is an instrument of the Directorate-General Enlargement of the European Commission, which helps countries regarding the approximation, application, and enforcement of EU legislation.

For Turkey to achieve the necessary legal and real convergence, the EU assists Turkey through instruments such as TAIEX and twinning.

Twinning (Institutionalization and Capacity Building)

Twinning was launched in May 1998 as the principal mechanism of the institution building process to help the candidate countries in their development of modern and efficient administrations with the structures, human resources and management skills needed to implement the *acquis* to the same standards as the Member States. An important aspect of the EU's assistance in strengthening institutional capacity, or institution building, by developing the structure or training the staff responsible for applying EU rules in the candidate country. Advice on implementing the *acquis* is often provided via twinning arrangements, in which experts are seconded from the EU Member States, or through short-term workshops (European Commission, 2007).

As Grabbe (2003) said that *'The European Union has a direct line into policy-making structures in CEE through its "twinning" programme. Twinning pays for the secondment of civil servants from EU member states to work in CEE ministries and other parts of public administration. That provides a direct route for cognitive convergence, as EU civil servants work alongside CEE counterparts.*

Twinning constitutes a form of technical assistance (TA) and it is conducted between two public agencies to advance the capacity and quality of institutions in recipient countries (Bahçecik, 2014). A total of 166 twinning projects funded by the IPA Programme were managed in Turkey and the EU member states between 2002 and 2017. The total budget of these twinning projects was € 220 million. 132 of them were ended successfully; 15 projects of these were short term; 4 of them were in the contract phase and 12 of them are still in practice. 72 projects were on justice and home affairs; 24 projects were about Environment. While 21 projects were Agriculture and lastly, 18 projects were conducted in Finance sectors (Turkish Atomic Energy Authority, 2020). In 2019, the main aim of ongoing twinning projects (Strengthening the Institutional Capacity of Personnel Training Centres of the Penal Institutions; "Improving Administrative and Institutional Capacity of the Law Enforcement Agencies in Fighting against All Form of Terrorism"; "Improvement of the Efficiency of Pre-service Trainings for Candidate Judges and Prosecutors"; "Improving the Effectiveness of Family Courts: Better Protection of the Rights of Family Members"; "Improving Turkish Notary System") is to improve the quality of related institutions and to raise operational standards by harmonising with the European standards (European Neighbourhood Policy and Enlargement Negotiations, 2019).

EU Financial Assistance (EU Funds)

The EU contributes financially to the candidate countries' economic and social development through a variety of financial instruments. These are called pre-accession funding. The goal of EU pre-accession funding is to help candidate countries prepare for EU membership. The aim of pre-accession funds' is to improve the lives of individuals.

'The European Union is the largest external source of aid for CEE, providing funds administered by the European Commission and bilateral programmes form individual member states. They have an important role in reinforcing the transfer of EU models because the aid helps to pay for implementation and technical assistance builds institutional capacity to use EU practice. The Co-financing requirements for applicant countries to allocate public resources to particular policy areas too, so EU aid can change the order of priorities on a government's agenda' (Grabbe, 2003).

Turkey's candidate status enables her to enjoy a higher amount of EU financial support under the pre-accession fund umbrella. As a part of the harmonization process, the EU is committed to supporting candidate countries for membership. The major objective of the EU financial support towards the candidate countries is to create and maintain an area of peace, stability, and prosperity within and beyond Europe. The main scene of funding drives from the priorities of reform in Turkey, cross-border cooperation and partnership with member states. Turkey has been receiving pre-accession assistance from the EU since 2001, under the Turkish Financial Instrument. Funds are programmed on an annual basis under National Programmes for each year. As of 2007, this pre-accession Financial Instrument for Turkey was replaced by the Instrument for Pre-Accession Assistance (IPA) which provides pre-accession assistance for both candidate and potential candidate countries (Alakavuk and Helvacıoğlu, 2007).

The EU funds of pre-accession tend to be the most influential tools in attaining a favourable attitude towards the EU. In this respect, the candidate countries are the 'consumers' of Europeanization. The recent researches undertaken in Europeanization focus on analyzing the effects of EU funding in giving impetus to achieving European values and understanding. Turkey's candidate status enables her to enjoy a higher amount of EU financial support under the pre-accession fund umbrella. As a part of the harmonization process, the EU is committed to supporting candidate countries for membership. Turkey has been receiving pre-accession assistance from the EU since 2001, under the Turkish Financial Instruments such as Phare, ISPA, and SAPARD. Funds are programmed on an annual basis under National Programmes for each year. As from 2007, this pre-accession Financial Instrument for Turkey has been replaced by the Instrument for Pre-Accession Assistance (IPA) which provides pre-accession assistance for both candidate and potential candidate countries (Alakavuk and Helvacıoğlu, 2007). The IPA has been in place since 1 January 2007. IPA will help strengthen democratic institutions and the rule of law, reform public administration, carry out economics reforms, promote respect for human as well as minority rights and gender equality, support the development of civil society. For candidate countries, the additional objective is the adoption and implementation of the full requirements for membership (European Commission, 2007).

The European Union Presidency of the Ministry of Foreign Affairs takes the key responsibilities for the overall coordination of the system, including the preparation and monitoring of the program. On the other hand, the Republic of Turkey Ministry of Treasury and Finance serves as the National Authorizing Officer to bear all the responsibility for the financial management of IPA funds to Turkey. The National Authorizing Officer is responsible for the management of IPA accounts and financial transactions as well as the effective functioning of internal audit systems

and the budget implementation. The Central Finance and Contracts Unit (CFCU) under the Republic of Turkey Ministry of Treasury and Finance conduct the preparation of budgets, contracts, payments, accounting and financial reporting (EU Delegation of the European Union to Turkey, 2019b).

Turkey is the largest beneficiary of EU pre-accession assistance to help it meet the criteria for EU membership. In this context, EU financial support for Turkey was €4,483.6 million in the previous IPA cycle between 2007 and 2013. The five components of these financial supports were transition assistance and institution-building, cross-border cooperation (CBC), regional development, human resource development, and rural development. For the 2014 – 2020 period of IPA financial assistance, The EU has allocated €4,453.9 million under some components including democracy and governance; the rule of law and fundamental rights; environment and climate action; transport; energy; competitiveness and innovation; education, employment, and social policies; agriculture and rural development; and regional and territorial cooperation (EU Delegation of the European Union to Turkey,2019c).

Participation in Community Programmes, Agencies and Committees

The main purpose of participating in EU programmes, agencies and committees are to support enlargement countries in order to become familiar with EU policies and instruments and to contribute to the development of a collective European identity. The European Union's most comprehensive support programs and the mechanisms were opened to Turkey's accession. Programs, agencies, and committees have been operated from education, research, and development, the internal market, energy to social policy and health. They can be utilized by all segments of society and they provide financial, technical and scientific support. These supports are

an important point to conduct the harmonization process to the Union by the way of establishing positive public opinion towards Europeanization (İktisadi Kalkınma Vakfı, 2001).

Participation of candidate countries in programs and agencies will enable them to recognize the EU structures and working methods in technical terms. Projects and experiences gained through collaborations within the framework of the programs will help to fulfil the obligations in preparation for full membership. Participation in the agencies in this process will facilitate access to comprehensive information in the fields in which the agencies operate and to be informed about the practices in the EU Member States and will enable the use of scientific and technical information provided by the agency (İktisadi Kalkınma Vakfı , 2001).

It is designed to familiarise the candidate countries with the way Community policies and instruments are put into practice. They participate in Community programmes in particular in the fields of education (Socrates, Leonardo da Vinci and Youth for Europe), culture (Raphael and Culture, 2000), support of small and medium sized enterprise, public health action (2003-2008 and 2008-2013 action programmes), research (Eureka, Cost, 4^{th}, 5^{th}, 6^{th} and 7^{th} research framework programmes), social area (Equality between men and women), energy (Save) environment programmes, and consumer programmes.The research programmes allow to sharing of best-practices among parties such as countries, NGOs, researches, universities, students, research centres and so on so forth. Europeanization is a growing factor in research policies. It is considered to be the main driver for research policy (Kozlowki, 2006). Europeanization of research consists of three components as the dynamics of the European Framework Programme, of national research systems and local research organizations (Van Der Meulen, 2002). The Europeanization of research is also related to active participation in EU projects (Van Der Meulen, 2002). It has also three different meanings: the development of European research networks between university

researchers, the participation of university researchers in the European Framework Programme, and the growing importance of the EU as a funding body in the research system (Van Der Meulen, 2002).

Europeanization has been a prominent factor of change and driver for research systems in Turkey. Socrates, Leonardo da Vinci, and Youth are Community programmes in the field of education. They help improve citizens' skills through the promotion of transnational mobility, innovation, and training. Turkey has been participating in the Community programmes Socrates, Leonardo da Vinci, and Youth since 1 April 2004 after having implemented preparatory measures

The number of Turkish beneficiaries has been growing steadily over the past years. In particular, the Erasmus programme, part of Socrates, has seen high demand in Turkey. In 2005 more than 1300 students and 320 teachers took advantage of it to pursue academic activities abroad (EU Delegation of the European Commission to Turkey, 2006). Turkey joined the Bologna Process in 2001 and took measures to implement its action lines. The structure of Turkish higher education degrees is a three-cycle system. Diploma Supplement and the European Credit Transfer System (ECTS) were made mandatory at all universities. Work is ongoing on the implementation of a new set of regulations for the quality assessment of all universities.

Turkey already participated in the 4th and 5th Framework Programmes on a project basis and has been an associated country to the 6th Framework Programme and is now an associated country to the 7th Framework Programme. As far as the national coordination system for all Framework Programmes is concerned, the Turkish Scientific and Technological Research Council (TUBİTAK) ensures the national coordination of FPs, participates as an observer in the programme committees, and is also a national contact point organisation.

The EU-funded Projects

The EU finances every year thousands of projects in Turkey, from social services to enterprise support and regional development. All projects have a single objective: preparation for EU membership and harmonization for the Union's rules, policies, and standards. The enlargement of the EU is a gradual and carefully managed process and projects provide financial and technical supports and assistance to prepare candidate countries for accession.

The EU-funded projects support;

– The functioning of the market economy and increased competitiveness
– adoption, implementation, and enforcement of EU legislation
– civil society dialogue between the EU and Turkey
– preparation for managing the Structural Funds
– regional and urban development
– employment and social inclusion
– agriculture and rural development
– maritime and fisheries policies
– research and innovation
– humanitarian aid (EU Delegation of the European Union to Turkey, 2019d).

EU-Turkey Civil Society Dialogue

Civil society in the EU is a highly organized force and NGOs play a very active role in the determination of policies both at the individual member states and at EU level. EU-Turkey Civil

Society Dialogue aims to integrate into civil society in the process of Turkey's accession to the EU. It targets to establish mutual understanding and knowledge among the civil societies in the EU and Turkey.

EU-Turkey Civil Society Dialogue seeks to integrate civil society into the process of Turkey's EU accession. It aims to generate mutual knowledge and understanding between civil societies in both Turkey and the EU Member States. The dialogue creates for a where mutual concerns and topics of common interest can be discussed. Further to the EU funded activities below, projects contributing to the Civil Society Dialogue are also carried out on a bilateral basis between the EU Member States and Turkey (EU Delegation of the European Commission to Turkey, 2006).

As Öniş (2007) indicated that civil society actors have been much more active and vocal in their push for EU membership in the first instance and the subsequent reform process. Within the civil society, business actors and notably big business have been central actors in Turkey's Europeanization and reform process. At this point, NGOs are the leading actors in the Europeanization of candidate countries. NGOs play the following main roles in this Europeanization process by the way of multiplying, benefiting from projects, cooperating with partners, and improving their institutional capacities. NGOs in Turkey have four lanes to benefit from the EU's dynamics. First, the number of NGOs has increased exponentially since 1999; secondly, they benefit from EU funds. Third, they cooperate with their counterparts in EU countries and fourth, they participate in projects.

Studies indicate that civil society organisations in Turkey have proliferated during recent years. The growth of civil society organisations in Turkey appears to have been closely linked with the EU dynamics. There were four phases in terms of the civil society dialogue program. The first

phase was in 2008-2009; the second phase was in 2010-2012; the third phase was in 2014-2016, and the fourth phase was in 2015-2017 (Civil Society Dialogue, 2020). As Turan (2007) emphasized that 'Many Turkish organisations are in contact with their counterparts elsewhere in the EU and can rely on the support of these sibling groups in the pursuit of their domestic agendas'. Amendments to the legal framework introduced in 2004 had positive results. These include an increase in the number of associations and their membership. The positive trend in civil society development and dialogue triggered by recent reforms and observed over the last few years has continued. Civil society organisations have been able to take a more active role in shaping policy and addressing social, economic and political causes. According to the latest data from the General Directorate of Civil Society Relations, there are 306.658 associations in Turkey; and 118.980 of them have an active status. 2,616 of these associations are directly health associations. While 1,475 are rights and advocacy associations; 1,397 are active in the disability field (The Ministry of the Interior, 2020).

European Common Values and Health Care Reforms

If one accepts that the candidacy position and accession talks process itself is a reformation process itself, yes it should be accepted that Turkey, as a candidate country which is in the process of negotiation, has been conducting reforms in general and health care reforms in particular with the EU considerations and emanating from the dynamics of EU.

Under the cover of the indirect channel in which the Turkish health care policy and the system is being Europeanized, ECVs have also come to the forefront. ECVs are at the top of the policy agenda at the EU level and individual member countries. Turkey has been trying to address these common values by HTP since 2003. All these common values are the main objectives of the HTP of Turkey. However, it should be noted that these objectives of the reforms and the reform

elements are not a direct result of the Europeanization process of the Turkish health policy and system. The Turkish health care reforms are predominantly the product of international developments (global epidemic health care reforms) and more specifically the product of or guidance by international institutions mainly being the WB. The WB has provided financial and technical help for the Turkish health care reforms since 1990, especially since 2003 within the coverage of HTP and social security reforms (SSR). Nevertheless, the dynamics of the EU's spillover effects should not be overestimated. It is a powerful and common argument that EU accession speeds up necessary reforms in candidate countries (Sissenich, 2007). Increasing foreign investment or additional resources through EU funds (donations and others) also brings European values and ways of doing business. Although the Turkish health care reforms, which have been undertaken in particular since 2003, do not directly result of the EU process or stemming from EU dynamics, sometimes the EU dynamics has directed the reforms by questioning the Turkish health care system and its outcomes in the Progress Reports as it was done in the 2006 Progress Report or the other documents of EU. An opportunity to realize the health reforms which it was not possible to implement for years came to the surface with the Turkish membership outlook. It is useful to carry out at least coordinated health reforms carried out from these two lanes.

European Union Coordination Board (ABEK)

The European Union Coordination Board (ABEK) was established in order to carry out and coordinate the harmonization with the acquis communautaire on October 17, 2019.

The ABEK's meetings held under the chairmanship of the Deputy Minister of Foreign Affairs and the President of the European Union with the participation of the Ministerial Ministers of the relevant Ministries and senior executives of the institutions, the studies to be carried out in the EU harmonization process and the steps to be taken are also evaluated.

Secretariat services of the Council are run by the European Union Presidency of the Ministry of Foreign Affairs, and it is expected to meet at least once a year. ABEK meetings are one of the important platforms in terms of conducting a situation assessment of the negotiation process with the public institutions and organizations and directing the studies on the harmonization and implementation of the acquis communautaire. The European Union Coordination Board is responsible for issues such as ensuring the harmonization of the works to be carried out in the acquis communautaire, evaluating the implementation, directing the relevant studies and monitoring them.

CONCLUDING REMARKS

This paper sheds light on the Europeanization of Turkish health policy and politics from a historical perspective, particularly within the EU context. It has demonstrated that the demands of the EU to formulate health plans and programmes by providing financial resources and organizing principles constitute the main vehicle of Europeanization. From our analysis, the main point which can be noted that the Europeanization of Turkey's health policy and health care system has a long history which goes back to the 19th century. However, the intensifying and differentiation of this process has taken place by having a candidate status and starting the negotiation process. This paper has also revealed that, within the EU context, the Europeanization of Turkish health policy has materialized through two main channels with diverse effects: Direct channel (alignment with the *acquis*) and indirect channel (spill-over effect). At this point, it can be claimed that the strategic approach should be to be able to manage effectively this process in favour of citizens' health potential. The essential part of this process is to minimize threats and convert these threats to opportunities through strategic thinking and approach.

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