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Screening report

Turkey

Chapter 28 – Consumer and Health Protection

Date of screening meetings:

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Bilateral meeting: 6–7 July 2006

I. CHAPTER CONTENT

The *acquis* under the Consumer and Health Protection chapter consists of horizontal policy instruments, including financial support, regulatory and governing measures as well as vertical policies. These describe in detail the mechanisms, on the one hand, for the protection of the consumer's safety and his/her economic interests and, on the other hand, human public health.

The *acquis* in the area of **consumer protection** includes the following instruments: a general financing framework and rules for the governing of consumer protection at the Community and Member State level, including injunctions and access to justice. It also covers aspects related to the consumer's general product safety, such as dangerous imitations, liability for defective products and the Community's Rapid Alert System (RAPEX), as well as topics like sale of consumer goods and associated guarantees, unfair contract terms, price indications, doorstep selling, distance selling, distance marketing of financial services, consumer credits, misleading and comparative advertising, unfair commercial practices, timeshare and package travel.

The *acquis* in the area of **public health** comprises measures as regards the general financing framework and measures for governing this area. It also deals with issues related to tobacco, communicable diseases, blood, tissues and cells, mental health, socio-economic determinants of health, health inequalities, alcohol, cancer as well as health and environment.

Member States need to transpose the *acquis* into national legislation. The implementation and enforcement of consumer and health protection policies require adequate administrative capacities and infrastructure at national, regional and local level. As regards consumer protection, this refers to effective market surveillance and appropriate independent judicial and out-of-court dispute resolution mechanisms. It is also necessary to raise public awareness, consult with the public and involve consumers actively in effective policy implementation, thus informing and educating the consumer and ensuring a role for consumer associations.

II. COUNTRY ALIGNMENT AND IMPLEMENTATION CAPACITY

This part summarises the information provided by Turkey and the discussion at the screening meeting. Turkey indicated that it can accept the *acquis* regarding consumer and health protection. It indicated that it does not expect any difficulties to implement the *acquis* by accession.

II.a. Consumer protection

Horizontal aspects

The Turkish constitution (Article 172) guarantees the protection and information of the consumer by the State and also encourages the consumers to take initiatives for protecting themselves. In line with the EU approach and policy on consumer protection, a first law on consumer protection was adopted by Turkey in 1995 (LCP 1995). Incorporating quite a number of consumer protection aspects in a single text, it amounted to a framework law with the view to protecting the health, security and economic interests of the consumer in line with the public interests, likewise formulating Turkey's Consumer Policy Framework. The amendment to the law in 2003 (LCP 2003) aimed at further harmonisation with the *acquis*. Product safety issues are covered through Law No. 4703 of 2001 relating to the Preparation and Implementation of the Technical Legislation on the Products.

In addition, the Turkish strategy on consumer protection for the period 2007–2013 is included in general terms in the ninth Development Plan officially published on 1 July 2006.

Through the EU accession process Turkey expects to reach all consumer rights and strengthen the health system of the consumers, to develop a social dialogue also focussing on support of consumer NGOs and their local networks and to establish more consumer courts.

Concerning the institutional framework, the main actor is the General Directorate for Protection of Consumer and Competition (GDPCC) of the Ministry of Industry and Trade (MoIT) established in 1993. Its task is to ensure the compatibility of the Turkish legislation with the *acquis* regarding the promotion of the economic interests of the consumer. In this context, it also has direct enforcement functions as regards supervising and monitoring the whole Turkish market, undertaken by its own inspectors based in Ankara. There are also decentralised MoIT units for the Protection of the Consumers' Economic Interests at the Provincial Directorates in 81 provinces which act as an enforcement body. In addition to the Ministry and the provincial directorates, municipalities are empowered to check the price labelling. Statistics indicate that around 1 753 companies were inspected by the GDPCC and 86 593 companies by the provincial units in 2006.

As regards the safety of products, there are in total twelve different public bodies for enforcing legislation in Turkey depending on product groups. The MoIT is in charge of market surveillance for a broad range of products (a number of Classical Approach Directives and New Approach Directives, including energy labelling, textiles and footwear), except for detergents, cosmetics, toys, medical devices and medicinal products (competence of the Ministry of Health) and food, feeding stuffs, fertilisers and veterinary medicinal products (competence of the Ministry of Agriculture and Rural Affairs). Other bodies such as the Telecommunication Authority (radio and telecommunication equipment), the Tobacco, Tobacco Products and Alcoholic Beverages Market Regulatory Authority (tobacco and tobacco products, alcoholic beverages, ethyl alcohol) and the Ministry of Labour and Social Security (personal protective equipment) are also involved in the market surveillance of certain product groups. A Coordination Board on Market Surveillance is in charge of coordination between the different authorities; it also monitors the preparation and implementation of technical legislation and takes advisory decisions relating to market surveillance.

A Consumer Council established in 1995 acts as an advisory body to the MoIT and represents 57 bodies, including public institutions, universities, professional chambers and consumer organisations. The number of representatives from public institutions and universities cannot exceed 50 % of the total number (94) of the Council members. The Board of Advertisement, again with representatives from public organisations (1/3) and NGOs (2/3), sets up principles for commercial advertisement/notices and monitors/examines this area.

Currently, six bigger and around 40 smaller non-governmental bodies are active as consumer organisations. Some of the bigger organisations have received limited public financial assistance in the past. More recently, six of the organisations have established a national federation.

As regards the *EU Regulation on Cooperation between National Authorities responsible for the Enforcement of the Consumer Protection Laws*, Turkey stated to be willing to cooperate or participate in the foreseen network even before accession.

Concerning the *EU Regulation on the Conformity Checks on Safety of Products imported from Third Countries*, the plan of the Undersecretariat for Foreign Trade is to link its import control database with the internal market surveillance system to be used collectively by the

twelve market surveillance authorities and with the possible option to open the system to producers, importers and consumers. This system is at an early stage. However, it covers already data on import checks of certain product groups such as toys, telecommunication and personal protective equipment as well as batteries.

As far as the EU *Directive on Injunctions* is concerned, Turkey stated that minimum legal alignment has been reached through LCP 2003. As for the consumers' access to justice, Turkey has a dual structure. Firstly, semi-judicial and semi-administrative provincial arbitration committees deal with consumer complaints as part of the extra-judicial and out-of-court settlement for consumer disputes. There are 932 committees which are located in 81 provinces and 850 districts. Filing of disputes with a value of less than €432 before the arbitration committee is mandatory, but free of charge and with legally binding decisions. Secondly, 24 consumer courts in nine provinces as first instance single judge civil courts deal with the court cases (court procedures). In the other provinces General Civil Courts are provisionally authorised to act until the establishment of specialised consumer courts. Legal actions brought before the courts by consumers, their organisations or the Ministry are exempt from any duties or charges. Thus, consumer organisations are entitled to file lawsuits, also for precautionary injunctions to terminate violation in the collective interest of consumers.

The number of consumer complaints reaches up to around 50 000 per year. In 2006, about 79 % of the 68 855 complaints handled by the arbitration committees were in favour of the consumers. In the long term (since 1995), the percentage of decisions in favour of the consumers has even reached 92 % as part of the alternative dispute resolution. The number of court cases rendered by the 22 consumer courts reached about 33 000 in 2005.

Product safety related issues

The Law on the Preparation and Implementation of Technical Legislation on Products of 2001 constitutes the regulatory framework in the area of product safety. According to Turkey, it is to a large extent in line with the EU *Directive on General Product Safety* of 1992. It lays down the rules and procedures for the placing on the market of products, conformity assessments and market surveillance. It fixes the obligations of the producers and distributors as well as the rights of the enforcement bodies and their instruments. Four by-laws for implementation were adopted in 2002. It is foreseen to revise the current legislation by end 2007 in order to take into account the new EU *Directive on General Product Safety* of 2001.

As regards the rules for the EU system on *Rapid Exchange of Information on Dangers arising from the Use of Dangerous Products (RAPEX)*, a draft for alignment has been elaborated. Turkey stated that it is aware of the need to determine one competent authority (RAPEX contact point) for the operation of the system on their side.

Turkey stated that the LCP 2003 aims at transposing the *acquis* on *dangerous imitations* and on the *liability for defective products*. Turkey mentioned a few prominent consumer court cases in favour of consumers forming the basis for a case law on consumer rights concerning products.

Non-safety related issues

Turkey stated that the EU *Directive on Certain Aspects of the Sale of Consumer Goods and Associated Guarantees* is transposed into Turkish legislation through the LCP 2003 and one by-law.

As regards the EU *Directive concerning Unfair Terms in Consumer Contracts*, Turkey indicated that it is also transposed into Turkish legislation through the LCP 2003 and one by-law and is in compliance with the *acquis*. The courts of law are to be addressed in the event of measures to be taken for the elimination of unfair terms in contracts.

The LCP 2003 and one by-law also aim at transposing the EU *Directive on Price Indications*. With respect to the indication of the prices of services, alignment goes far beyond the EC law, as it also requires the labelling of the prices of services. However, Turkey stated that, although most of the relevant articles are in compliance with the text of the Directive, there are no exceptions for small companies, craftsmen and individual traders on stating the unit price for the product's unit of measure. It was reported that in 2006 224 violations of the obligation concerning price indications were observed.

Turkey indicated that the EU *Directive on Contracts negotiated away from the Business Premises (Doorstep Sale)* is transposed into Turkish legislation through corresponding articles in the LCP 2003 and one by-law.

For the EU *Directive on Distance Sales* Turkey indicated that legal alignment has been mostly achieved.

As regards the EU *Directive on Distance Marketing of Financial Services*, the legal alignment is planned for 2008. Turkey mentioned that certain elements of the *acquis* can be found presently in the Turkish legislation.

The LCP 2003 and one by-law form the basis for legal alignment with the EU *Directive on Consumer Credits* relating to contracts between business and consumers.

At present, the LCP 2003 and two by-laws provide the Turkish legal basis for transposition of the rules laid down by the EU *Directives on Misleading / Comparative Advertising*. However, it was indicated that the Turkish legislation will be amended to take into account recent *acquis* modifications. An Advertising Self-Regulatory Board as well as the Board of Advertisement deal with control aspects. The decisions of the Board of Advertisement are public and can be challenged at the competent court.

Concerning the EU *Directive on Unfair Commercial Practises*, Turkey has got only some provisions in its Code of Commerce. At present, technical studies are carried out which aim at an alignment with the *acquis* in all areas by 2008.

Turkey indicated that basic alignment with the EU *Directive on Timeshare* has been achieved through the LCP 2003 and one by-law. Turkey is aware of the fact that new EU rules will come up in due course.

For the EU *Directive on Package Travel*, the LCP 2003 and one by-law provide the legal basis for alignment with the EU rules. Also in this case Turkey is aware of the fact that new EU rules will come up soon.

II.b. Public health

Horizontal aspects

In 2003, Turkey adopted a Health Transformation Programme, forming its Public Health Framework as regards maintaining and promoting the health of its entire population in an effective, productive and equal way. Having a young population and a positive natural population growth rate, particular attention is paid to neonatal mortality (safe motherhood

programme) which exceeds postnatal mortality in most of the Turkish regions, although all indicators of infant and child mortality have declined rapidly in recent years. In addition, significant differences in infant and child mortality are observed between regions, by urban rural residence and socioeconomic groups. Moreover, the modern health promotion policy applied in Turkey is also directed at the prevention of communicable and other diseases supported by educational and further measures for the society on all health issues.

The Turkish constitution (Article 56), the Law on General Hygiene (1930) and the Basic Law on the Health Care Services (1987) form the legal platform for the implementation of Turkey's public health policy.

Concerning the institutional framework, Turkey has established the necessary infrastructure for the enforcement of the *acquis* at central and local level. The main actors are the Ministry of Health (MoH) and the subordinate Refik Saydam National Hygiene Centre, the General Directorate for Borders and Maritime Health as well as Provincial Health Directorates in 81 provinces. This system – considered, according to Turkey, as a strength of the country's health care system – is also supported at field level through an extensive network of health facilities providing primary, secondary and specialised in-patient and out-patient services.

In more detail, the Refik Saydam National Hygiene Centre with its central unit in Ankara and regional directorates in each of the seven regions covers all aspects of control and analysis of cosmetics, pharmaceuticals, biological products, blood products, water, environmental health aspects, microbiological, serological, haematological and chemical diagnostic, as well as training, research and risk assessments in all of these areas.

Health expenditure in 2005 constituted 7.6 % of the GDP. The share of public health care expenditure is around 71.4 % and of private health care expenditure 28.6 % in Turkey.

Tobacco

The law on the Prevention of Harmful Effects of the Tobacco Products and the regulation on Methods and Essentials concerning the manufacture type, labelling and surveillance for the protection from the damages of the tobacco products form the legal basis for the transposition of the EU *acquis* on tobacco. Amendments to the current legislation are under preparation in order to complete alignment with the *acquis*.

A national action plan on tobacco control has been drafted by a working group comprising NGOs with the objective to decrease the rate of smokers in Turkey drastically by 2010.

In the field of the *acquis* on *tobacco products*, Turkey considers to have achieved full compliance with the *acquis* as regards general and additional warnings, a ban on misleading product description, the obligation for manufacturers and importers to submit annually a list of all tobacco products' ingredients and their quantities, including the toxicological data and dissemination of those data to consumers, as well as the rules for yields and batch labelling. However, problems related to tobacco with high tar contents still remain.

The *acquis* on *tobacco advertising* has not been transposed yet. However, Turkey indicated that their present rules are very close to those of the EU. Certain principles, such as the ban on tele-shopping of tobacco products and the ban on sponsoring of TV programmes by undertakings with the principal activity of the manufacture or sale of tobacco products as laid down by the EU Directive on TV without Frontiers, can be found in the current Turkish legislation.

The WHO *Framework Convention on Tobacco Control (FCTC)* was ratified by Turkey on 31 December 2004.

The Tobacco Regulatory Authority is responsible for market surveillance and control on the rules of tobacco. Illegal production and sale of tobacco products is subject to fines and a penalty of imprisonment for 1–3 years.

Communicable diseases

The Turkish Constitution (Article 56) and the Law on General Hygiene from 1930 provide the basis for legal alignment in this area. The MoH is the competent authority.

Control of communicable diseases has a long history in Turkey. For example, in 1985 the “National Vaccination Campaign” increased the immunisation coverage from 20–30 % to 80 %. In 2002, Turkey eradicated polio and was declared to be a polio free country in this year by the WHO. A “Neonatal Tetanus Elimination Programme” was adopted in 2000 and a “Measles Elimination Programme” in 2003 with the objective of eliminating measles by 2010. With respect to fight against HIV/AIDS, Turkey continues to be a low prevalence country on the basis of available data.

As regards legal alignment with the *acquis*, an expert commission (involving universities and relevant institutions) was established in 2002 to make immediate adjustments to the EU *List of Communicable Diseases and Case Definitions*. As a result, the list of notifiable diseases was updated in 2004: standard case definitions were established and introduced for the first time and notification by laboratories for some infectious agents was made compulsory. Instructions and guidelines on case definitions and recommended laboratory work for diagnosis were distributed. Case definitions are expected to be updated by 2008.

The national network to collect aggregated data on communicable diseases has been updated so as to attain a nationwide coverage as of February 2005. Turkey has also established contact points for different *networks on communicable diseases surveillance and control* at European level. As regards the *early warning and response system*, studies to include early warning function to the national communicable diseases network is foreseen to be completed by the end of 2007.

Blood, tissues and cells

As regards the *acquis* on *quality and safety of blood and blood components*, the Turkish authorities stated that a law and a by-law on blood and blood components from June 1983 provide the basis for legal alignment in this field. New draft law which aims at ensuring full alignment with the *acquis* on blood has been submitted to the Parliament.

A Transfusion Committee was established in 2004 to ensure a general hospital policy on consumption, collection, preparation, storage and safety of use of blood and blood components in Turkey. The Committee holds meetings at least four times a year. Since 1998, a database has been maintained about reporting of monthly activities of hospital blood banks and blood stations, also to provide safety conditions. Turkish Red Crescent notifies its monthly activities in this context, too.

As regards the *acquis* on *human tissues and cells*, a law on transplantation of organ and tissue from June 1979, a by-law on organ and tissues transplantation services from June 2000, a by-law on cord blood banks from July 2005 as well as instructions and

circulars on transplantation centres and stem-cell research provide the basis for legal alignment in this field in Turkey.

The objective of the Turkish law on transplantation of organ and tissues is to regulate donation, procurement, preservation and transplantation of organs and tissues. The scope of the Turkish legislation is different from the *acquis*, as Turkey includes organs as well, but excludes stem cells, cord blood, auto-grafts, skin, reproductive cells as well as foetal tissues. *Acquis* requirements such as record keeping for 30 years, reporting of serious adverse events and reactions, data protection and standard operating procedures for processing and testing of cells and tissues are not addressed in the Turkish legislation. The objective of the by-law on organ and tissues transplantation services is to regulate operating procedures and principles, licensing, activities and inspection of the organ and tissue transplantation centres, eye bank and cornea transplantation centres as well as human leucocyte antigen typing laboratories. A national coordination system of organ and tissue transplantation was established in 2001 to cover donation procurement and distribution of organs and tissues.

Embryonic stem cell research is prohibited in Turkey since September 2005.

Mental health, socio-economic determinants of health, health inequalities, alcohol, cancer and health and environment

As regards *mental health*, Turkey signed the WHO Declaration and Action Plan for Mental Health in Europe in 2005. After that, an expert group to analyse mental health policy developments was established with the objective of making recommendations to increase bed capacity and the number of staff, carry out technical studies for legislation and to focus on preventive mental health care. As a result, the National Mental Health Policy was completed in July 2006 with the objective of promoting development of community-based mental health care, developing comprehensive mental health services integrated into primary health care, promoting strategies for prevention and promotion and encouraging inter-sectoral links between mental health and other sectors.

Services related to mental health are mostly provided by mental health and State general hospitals as well as university hospitals which are located in city centres or large districts. Each of the 81 provinces has a mental health department. The Turkish mental health services are basically therapy-oriented. Mentally ill patients have the right to access to care, rehabilitation, consultation and support services free of charge. However, resources (budget, staff, capacity, etc.) for public mental health and mental health improvement are limited in relation to the needs. Problems related to the insufficient number of staff and training in mental health issues are being addressed. Projects are namely ongoing in view of developing community-based mental health services – the concept of sheltered homes being new to Turkey – as well as in view of informing the general physicians and providing them with the skills for the early recognition and treatment of common mental health disorders at the primary health care level. Plans also exist to collect information about the public mental health situation.

In the field of *drug abuse prevention*, Turkey elaborated its national strategy on the fight against addictive substances in 1997. Alignment of the strategy for the period 2003–2008 with the EU policy in this field is ongoing. Two committees for monitoring and steering the fight against use of narcotic drugs have been established; they bring together representatives of 18 institutions and organisations in this field. The Turkish Monitoring Centre for Drugs and Drug Addiction is active in carrying out projects and organising training activities. Turkey is also a member of the European Monitoring Centre for Drugs and Drug Addiction

(EMCDDA) and has established cooperation with Council of Europe, WHO as well as the UN International Drug Control Programme.

As regards *obesity, nutrition and physical activity*, according to a demographic and health survey of 2003, obesity is increasing in Turkey. Different programmes are ongoing to reduce obesity rate and to promote healthy nutrition.

Use of *alcohol* in Turkey is much less frequent than smoking. Only 3 % of the population aged 20 and above are alcoholic. According to domestic data, the total recorded alcohol consumption per capita (15+) of pure alcohol in Turkey was 1,25 litres in 2006 . Two by-laws regulate the domestic and foreign trade of alcohol and alcoholic beverages, on one hand, and the wholesale, retail sale and selling of licenses of alcohol and alcoholic beverages, on the other hand. The age limit for buying alcoholic beverages is 18. There are sales restrictions where the places of sale are located at 200 m of educational or religious buildings, and alcohol consumption is banned in health care establishments, educational buildings, government offices and at workplaces. On the other hand, advertising and sponsorship is not restricted in printed newspapers/magazines, on Internet or at the cinema.

In the field of *cancer screening*, a variety of legal provisions and the enforcement structure provided through the MoH and the 81 Provincial Health Directorates (81 Cancer Registry Centres) form the framework for the application of the *acquis* in this field in Turkey. Their task is to collect and process data to identify the incidence rate of cancer and to determine the factors behind cancer occurrence. They also organise training programmes as well as activities to raise public awareness and to perform an effective cancer control. A cancer screening programme free of charge covering the whole population has started in Turkey. 29 Cancer Early Diagnosis and Screening Centres have been set up by the MoH, and a further 11 Cancer Screening and Education Centres have been established. New Cancer Screening and Education Centres (21) are foreseen to be established by end 2007.

The by-law of July 2001 on determination, measurement methods and supervision of the limit values of electromagnetic field force from fixed telecommunication devices provides the basis for legal alignment in Turkey with the EU *Recommendation on Electromagnetic Fields*. A by-law on prevention of negative effects of electromagnetic areas caused by non-ionising radiation emission environment and human health is under preparation and is expected to be finalised by 2009. The current legislation is based on fixed telecommunication, while other products which originate electromagnetic fields (e.g. power lines, mobile telephones, microwaves and other domestic appliances, welding equipment, medical equipment) are not clearly covered.

The competent authority is the Telecommunications Authority. A Protocol between this Authority and the Ministry of Environment and Forestry regulates cooperation in view of assessing environmental factors prior to the establishment of fixed telecommunications devices and systems. The opinion of provincial environmental board is required while choosing a place for the establishment of these devices and systems. Moreover, a safety certificate is given to each telecommunications device in Turkey.

III. ASSESSMENT OF THE DEGREE OF ALIGNMENT AND IMPLEMENTING CAPACITY

Overall, Turkey has reached a satisfactory level of alignment with the *acquis*. It needs to finalise the alignment process on a significant number of EU measures in both parts of the chapter. It also needs to further strengthen its administrative capacity for *acquis* enforcement and

application of EU technical standards both in the areas of consumer and health protection. Consumer movement needs to be strengthened.

III.a. Consumer protection

Horizontal aspects

Turkey is developing a consumer protection system in line with the EU consumer protection strategies and values. The Turkish legislation has been aligned with the *acquis* to some extent.

The administrative capacity is at a reasonable level, but needs further strengthening. The number of legally qualified experts in the administrative authority in the field of consumer protection, the GDPCC in the MoIT, should be increased. The specialisation of the experts and the controllers should become a priority. Implementation of the decisions of the Consumer Council by the relevant organisations needs to be improved, as well as market surveillance, as there have been cases of products not being withdrawn from the market despite the fact that they were considered unsafe. Consumers should be better informed by the companies and relevant public institutions about risky, dangerous and unsafe products in the market.

The consumer movement in Turkey has a history of 15–16 years. However, there is room for improvement. Cooperation and partnership among the existing consumer NGOs is very limited. Many NGOs are financially weak. The relationship between state bodies and the NGOs needs strengthening. Turkey is encouraged to further support the development of an independent, representative and effective consumer movement and to involve consumer organisations in the development and implementation of consumer policy.

In relation to judicial enforcement capacity, improvements are necessary in handling the applications by consumers due to the fact that the composition of the district consumer arbitration committees is not consistently stable throughout Turkey. The number of members legally qualified should be increased, and existing members should receive additional legal training. The committees should also be better equipped and supported by the Government.

Furthermore, there are notable delays in the court cases filed by consumers due to lack of infrastructure and insufficient personnel and judges in the consumer courts. Consistency in interpretation and comprehension of consumer legislation by the courts needs to be ensured. The establishment of metropolitan consumer courts should continue.

Product safety related issues

In the field of general product safety, Turkey has reached a satisfactory level of alignment. The revised General Product Safety Directive from 2001 remains to be transposed. Legal adjustments are necessary in view of completing alignment with the *acquis* on dangerous imitations. Turkey also needs to pursue preparations for the participation in the RAPEX system.

Non-safety related issues

Many elements of the *acquis* have been introduced in the Turkish law.

In the field of the *acquis* related to certain aspects of the sale of consumer goods and associated guarantees, further alignment is necessary as regards the scope of contracts, the

compliance of the definitions as well as some details of warranties and remedies. The legislation needs to ensure that the consumer can equally enforce his rights against the seller. The repair or replacement procedure in the Turkish law appears complex.

The Turkish legislation on doorstep sale is largely in line with the *acquis*. However, exceptions under article 14 of the LCP 2003 need to be reviewed for compliance with the *acquis*, in particular concerning the exclusion of books, discs and sales of goods and services outside the workplace that are recognised as to be general practice or commercial custom. In the field of distance sales, further work is required on scope and definitions, written confirmation, prior and additional information and rights of withdrawal. The Turkish legislation on unfair contract terms needs some further adjustments, in particular concerning the interpretation of contractual terms and the effective control of terms drawn up for general use. To complete harmonisation with the *acquis* on consumer credits, the current Turkish definitions have to be reviewed and amended, as currently certain types of credits risk not to be regulated. As regards the *acquis* on timeshare, further harmonisation will have to cover a revision of the Turkish legislation with a focus on the EU minimum standards. Concerning the *acquis* on package travel, further harmonisation is required as regards the scope (inclusion of cover for moral damages) and some definitions.

III.b. Public Health

With its national Public Health Framework, its legal measures, its current administrative structures and available infrastructure, Turkey has established a basis for the completion of legal alignment with the *acquis* and its enforcement. However, further progress is needed, in particular in the fields of blood, tissues and cells.

Tobacco

Legal alignment in the field of tobacco is fairly advanced.

As regards the *acquis* on the manufacture, presentation and sale of tobacco products, harmonisation is necessary to take into account the provision of the tar yield per cigarette, and the ban on tobacco for oral use, although currently not produced and sold in Turkey. In the area of tobacco advertising, alignment needs to be completed regarding the scope and certain technical details, in particular in relation to sponsoring of cross-border events and activities.

It would be also advisable to have legislation to remove tobacco products from self-service displays in retail outlets, to prohibit the sales of sweets/toys which resemble tobacco in the context of the prevention of tobacco sales to children and adolescents, to introduce the use of price measures to discourage tobacco product consumption and to introduce measures to protect against exposure to second-hand smoke as part of the implementation of the EU Recommendation on the Prevention of Smoking and Initiatives to improve Tobacco Control.

Communicable diseases

Progress has been made through setting up of a network of epidemiological surveillance and control of communicable diseases. However, further developments are necessary to strengthen the institutional structure, capacity and the legal framework. Further investment in testing laboratories is needed. Laboratory diagnostic capacity has to be improved to implement the EU case definitions. An Early Warning and Response System for rapid exchange of information on potentially health threatening events remains to be established.

Blood, tissues and cells

Legal alignment in the field of blood and blood components is limited and will need to be completed. Further adaptations are necessary, in particular as regards reporting of serious adverse events and reactions, information to and on potential donors and frequencies for inspections.

In the field of tissues and cells, further legal adaptations are particularly necessary as regards record keeping for 30 years, reporting of serious adverse events and reactions, data protection and standard operating procedures for processing and testing of cells and tissues.

As regards the enforcement of the *acquis*, particularly concerning the facilities for handling blood, blood components, tissues and cells, it is expected that upgrading and restructuring is required in order to meet the EU technical standards.