REPUBLIC OF TURKEY
MINISTRY OF HEALTH

PREVENTION AND CONTROL PROGRAM FOR CARDIOVASCULAR DISEASES

Strategic Plan and Action Plan for the Risk Factors

DIRECTORATE GENERAL
PRIMARY HEALTH CARE SERVICES

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Directorate General Primary Health Care Services

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DIRECTORATE GENERAL

PRIMARY HEALTH CARE SERVICES

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Strategic Plan and Action Plan for the Risk Factors

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FOREWORD

The preceding century has faced a health struggle against the communicable diseases in the global scale. The century we are in required new approaches to be implemented in the health area due to the increasing life expectancy and the chronic diseases being the major mortality and morbidity cause in Turkey.

Counteracting against the risk factors causing chronic diseases can be successful only through national policies and long-term strategies. Healthy nutrition, increasing physical activity, and reducing tobacco consumption is the important preventive factors requiring participation from all sectors. Hence, all sectors have roles and responsibilities in the health protection and promotion efforts.

The Health Transformation Program being implemented in Turkey since 2003 is a very comprehensive program inclusive of the studies conducted so far and it aims to generate the most appropriate solutions through participatory and democratic decision processes. The aim is to organize, finance and provide health care services in an effective, efficient, and equitable way.

In the scope of Health Transformation Program, there has been considerable progress in issues such as maternal and child care, vaccination activities, and campaign against communicable diseases. In the second five-years Action Plan of the Ministry of Health, health promotion activities will be emphasized for sustaining a healthy life and activities concerning consciousness raising as well as information, creating awareness and developing behavioral changes that will have a positive impact on health shall be carried out.

I would like to extend my deepest thanks to anyone who have contributed to this study that will be carried out with the principle of equitable, quality, modern, and sustainable health services for all and that will contribute to the health policies and strategies and I wish the continuity for the successful efforts.

Recep AKDAĞ, MD, Prof
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ABBREVIATIONS

SSI:	Social Security Institution
TAF:	Turkish Armed Forces
PHCDG:	Primary Health Care Services Directorate General
TAPDK:	Regulatory Committee for Tobacco, Tobacco Products and Alcoholic Beverages Market
BMI:	BMI – Body Mass Index
NCD:	Non-communicable (chronic) Diseases
WHO:	World Health Organization
DALY:	Disability Adjusted Life Year
YLL:	Years of Life Lost
YLD:	Years Lost with Disability
TRT:	Turkish Radio Television Agency
RTÜK:	Radio and Television Supreme Council
YÖK:	Turkish Higher Education Council
NGO:	Non-governmental Organization
TMA:	Turkish Medical Association
TURKSTAT:	Turkish Statistical Institute
CDC:	Centers for Disease Control and Prevention
SPO:	State Planning Organization
EU:	European Union
TÜBİTAK:	Scientific and Technological Research Council of Turkey
TOBB:	Union of Chambers and Commodity Exchanges of Turkey
SSUK:	Tobacco and Health Council of Turkey
UNICEF:	United Nations Children's Fund
SSCPA:	Social Services and Child Protection Agency
GATA:	Gülhane Military Medical Academy

1. INTRODUCTION

Among the contributing factor for the increase in life expectancy are the increase in the level of education and income, change in nutrition habits, and control of communicable diseases in the 20th century in the worldwide. Although the prolongation of the life expectancy is a desired element, the frequency of the occurrence of chronic diseases also increases in parallel to the increase in life expectancy. Since the aged population increases proportionately to the child population, the health issues within the community changed its direction from childhood diseases to non-communicable diseases in the aged population.

The alarming studies indicate that chronic diseases increase day by day regardless of the development level and the structure of the social classes in countries. Among 57 million people who lose their lives in the world every year, 33.4 million dies from chronic diseases.

Turkey's population structure is still largely young and is similar to population structure of the developing countries. Significant progress has been achieved in Turkey in terms of maternal and child health, vaccination, and communicable diseases. Now, chronic diseases have come forward among the major causes of death, in a way similar to the developed countries. Unless it is controlled, this trend would cause that the non-communicable disease ratio and the death and being unable to work because of non-communicable diseases would be quite high in 10 years when the ratio of aged people increase in the population in Turkey.

The negative effects of the non-communicable diseases on the health system also increase constantly and constitute a threat for the socio-economic development. These diseases waste a significant proportion of the health resources in Turkey.

In general, it is considered that the non-communicable diseases are the natural and inevitable outcome of aging, are less important than the communicable diseases and cannot be controlled. Yet, they are not an inevitable reality in our lives and are mostly preventable.

Although there are many diseases in this disease group, risk factors and prevention strategies are common for the majority of them. All the risk factors are influenced by economic, social, and political environment, by gender and behaviors. Thus, it is easy to propose recommendations, but adopting the recommendations as the life style is not easy. Healthy nutrition, regular physical activity, and quitting

smoking are among the habits that are difficult to change, although everybody believes that it is necessary to do so.

Fight against non-communicable diseases emphasizes the preventive medicine approach. To illustrate, the cardiovascular disease risk decreases by 50% in two years after quitting smoking. Similarly, high blood pressure and high cholesterol can be prevented through encouraging health nutrition and reducing salt consumption.

To fight against risk factors causing chronic diseases can only be attained through national policies and long-term strategies. Non-communicable diseases should be included in the agenda of all community levels. Healthy nutrition, encouraging physical activity, and reducing tobacco consumption are preventive factors requiring participation from every sector. Hence, all sectors have roles and responsibilities in the studies for health protection and promotion.

Negative effect of the chronic diseases on life span and quality, the high level of material and moral costs helps to have a better understanding on the importance of the preventive programs for changing the life style. Controlling the risk factors and other measures will reduce admissions to the hospital, expensive curative and surgical operations; the labor lost due to these diseases and thus will result in the decrease in economic burden.

The positive aspect in terms of the cardiovascular diseases which have a significant share in the non-communicable disease burden is the fact that these diseases are “preventable”. World Health Organization reports that it is possible to halve the occurrence of cardiovascular diseases through controlling blood pressure, obesity, cholesterol, and smoking.

On the other hand, deaths from cardiovascular diseases show a decreasing trend in the developed western countries in contrast to the increasing trend in the developing countries. However, the aging communities and increasing life expectancy causes increase in terms of cardiovascular diseases in the developed countries and the related burden remains high.

Age, gender, genetic and ethnic factors are the “unchangeable factors” among the risk factors related to the cardiovascular diseases, however, tobacco and tobacco products, unhealthy nutrition habits, sedentary life, obesity, high blood fats, high blood pressure, and high blood sugar are in the “improvable risk factors” group.

In this framework, what should be done is; besides providing treatment opportunities for the sick, to develop prevention strategies for “preventable” cardiovascular diseases and to plan for the individual and the community.

For the preparation of Prevention And Control Program For Cardiovascular Diseases Strategic Plan and Action Plan for the Risk Factors; National Heart Health Policy document of The Turkish Society of Cardiology, 2008 Report on the Prevention and Control of Non-Communicable Diseases: Implementation of the Global Strategy prepared by WHO General Secretary, National Tobacco Control Program Action Plan, Fight against Obesity National Action Draft Plan 2008-2012 and Republic of Turkey MoH 2009-2013 Strategic Plan are the documents taken into account and this book was designed to be consistent with the aforementioned national and international publications.

Health Promotion and Improvement activities found wide consideration within Second Five-year Action Plan of the Ministry of Health for the years 2009-2013. "Reducing the threats for the health of our people and improving health" was identified as the Strategic Goal within Preventive and Primary Health Care Services and the objective for "Improving health for a better future and providing access to the healthy life programs for the people" was discussed broadly.

For this purpose; "Health Promotion and Improvement Department" and "Non-communicable Diseases and Chronic Conditions Department" were established within the General Directorate Primary Health Care Services and started their activities in accordance with the Ministerial Approval dated 18.01.2008 and numbered 00708.

2. AIM, SCOPE, AND OBJECTIVE OF THE PLAN

2.1. Aim

This plan aims to prevent cardiovascular diseases and to have control in the area through reducing major risk factors in the fight against cardiovascular diseases for a healthier Turkey.

2.2. Scope

An important component of the prevention and control program for cardiovascular diseases is the integrated community-based programs on the prevention of chronic diseases. Reducing cardiovascular risk factors and social and economic determinants through the programs is an important element in the scope of the plan.

The comprehensive activity approach should bring strategies aimed at individuals at risk and who have the diseases, along with all the approaches aimed at reducing the risks in any level of society.

The integrated approaches are the ones oriented on major risk factors for some chronic diseases such as cardiovascular diseases, diabetes and cancers.

At least 80% of the early deaths caused by heart diseases and stroke would be prevented through healthy nutrition, regular physical activity and prevention of tobacco fume.

Individuals themselves may reduce the cardiovascular disease risks through regular physical activity, avoiding tobacco consumption and passive smoking, adopting a vegetable and fruit weighted diet, not using food containing fat, salt, and sugar, and protecting a healthy body weight.

Thus, for the prevention of major risk factors of the cardiovascular diseases, the scope of this plan includes;

- Reducing tobacco and tobacco products consumption,
- Preventing unhealthy nutrition habits and obesity, and
- Improving physical activity.

Other approaches concerning secondary and tertiary prevention (labor force, technology, drugs, and financing, etc.) for cardiovascular diseases will be developed and included in the national program accordingly.

2.3. Objective

The objective of this plan is to ensure a healthy quality of life for the people through raising consciousness among society on cardiovascular diseases, increasing awareness in the society, and developing positive and permanent behavioral changes in terms of major risk factors.

3. CURRENT SITUATION

3.1. Profile of Cardiovascular Diseases and Non-Communicable Diseases

3.1.1. Introduction

In many low and middle income countries, the impact of the chronic diseases increases gradually each year. Anticipating, understanding and intervening the impact of chronic diseases on human health bear vital importance. A new approach is necessary in terms of prevention and control of chronic diseases. Communicating the most accurate and updated information for the whole society starting from the health workers, increasing health literacy, and health promotion are the activities that should be emphasized.

In terms of chronic diseases, the points raised are:

- They are among the major death causes in almost every country.
- The poorest countries are affected mostly.
- Influence by the risk factors is very widespread.
- The threat they form gradually increases.
- There is insufficient perception by the communities, and the existing global reaction is not sufficient, as well.

35 million people died from chronic diseases in 2005 in the global scale. 60% of the total deaths are caused by chronic diseases. If the necessary action is not taken, it is estimated that 388 million people would die from chronic diseases in the next 10 years. Most of the deaths would be below the expected life span and families and individuals would be negatively affected (1).

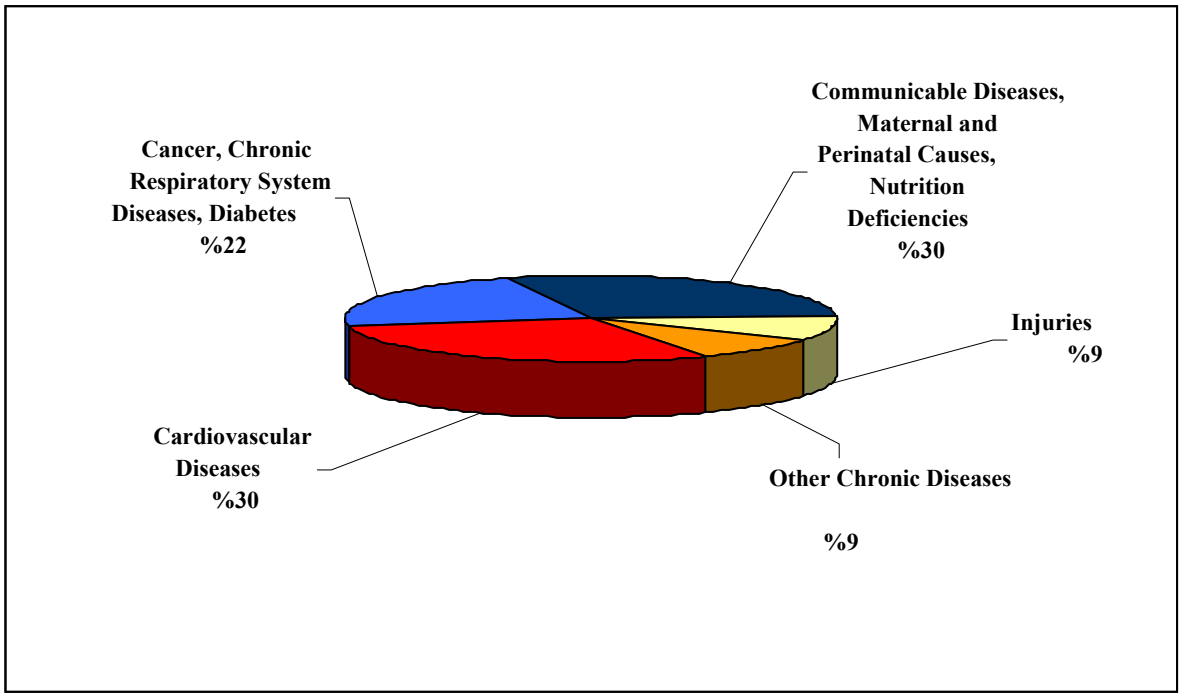
Cardiovascular Diseases

Cardiovascular diseases; Coronary heart diseases (heart attacks), Cerebrovascular diseases, high blood pressure (hypertension), peripheral artery disease, rheumatism heart diseases, congenital heart

diseases, heart failure and cardiomyopathies. The major causes of cardiovascular diseases are tobacco production, physical inactivity, and unhealthy diet.

Cardiovascular diseases are global cause of death and are estimated to be a major death cause for a long period. It is estimated that 17.5 million people died from cardiovascular diseases in 2005 and it represents 30% of the global deaths (see Figure 1). 7.6 million of these deaths are caused by heart attacks and 5.7 million of them are caused by stroke. 80% of the deaths occurred in low and middle income countries. If proper action is not taken, it is estimated that roughly 20 million people would die from cardiovascular diseases, particularly from heart attacks and stroke each year by 2015 (2).

Figure 1: **Distribution of Global Death Causes for 2005**



Source: WHO, 2006

Cardiovascular Diseases in Developing Countries

Economic transition, urbanization, industrialization, and globalization bring about life style changes that increase heart diseases. Among these risk factors, tobacco consumption, physical inactivity, and unhealthy diet come first. Life expectancy in the developing countries increases rapidly and the people are exposed to the risk factors more often. Low birth weight, folate deficiency, and infections are the risk factors seen particularly among the poorest in low and middle income countries (2).

Social and Economic Implications of Cardiovascular Diseases

Clinical treatment of cardiovascular diseases is costly and requires a long time. Cardiovascular diseases affect the individuals in the mid period of their lives and ruin the future of the depended ones, thus damage the economic development, depriving the country from the invaluable human resources in their most efficient years. Risk factor prevalence, diseases incidence, and mortality of the lower socioeconomic groups in the developed countries are higher. As the cardiovascular disease epidemiology becomes mature in the developing countries, the burden goes to the lower socioeconomic groups (2).

Approach of the World Health Organization

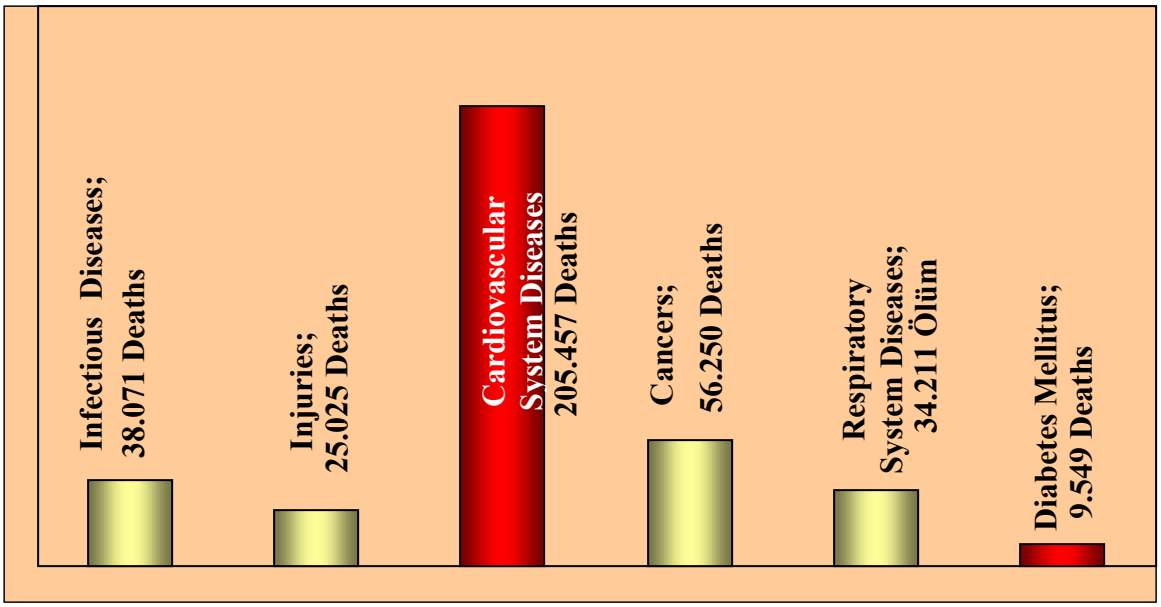
The activities of the World Health Organization (WHO) are integrated in the framework of Chronic Diseases and Health Promotion Department. The strategic objectives of the department are:

- To increase awareness about the epidemiology of global chronic diseases,
- To develop health environment for the society, especially for the poor and disadvantaged communities,
- To hinder and reverse the trends in the common chronic diseases risk factors such as unhealthy diet and physical inactivity,
- To prevent early deaths and preventable disability conditions caused by major chronic diseases (2).

Chronic Diseases in Turkey

Chronic diseases bear great significance for our country. 305.467 (71%) of total 430.459 deaths estimated for the year 2000 in Turkey are caused by chronic diseases (Figure 2).

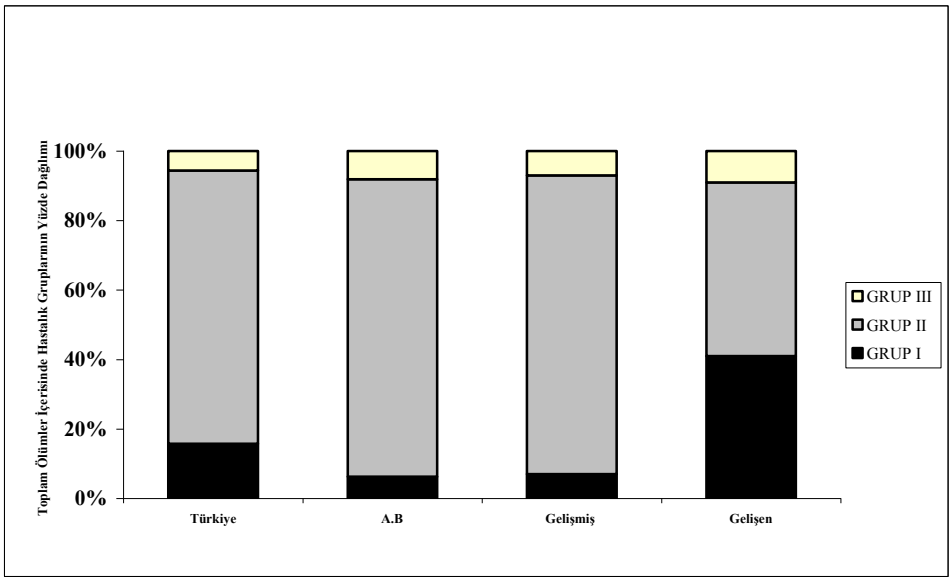
Figure 2: Distribution of Death Numbers for 2000 by the Causes of Diseases



Source: NBD-CE Study 2004, Turkey

When we compare the percentage distribution of the diseases causing death at the national level in Turkey with the European Union, developed and developing countries, it is seen that the group 1 diseases in Turkey (communicable diseases, Maternal and Perinatal Causes and Diseases attached to nutrition deficiencies) are higher than EU and developed countries. However, the picture in the second group of diseases which includes the chronic diseases (Non-communicable diseases, Cardiovascular System Diseases, Respiratory System Diseases, Digestive System Diseases, Endocrine, Nutritional Diseases, Sense Organ Disorders, Genitourinary System Diseases, Malign Neoplasmes, Muscle, Skeleton System and Neurological System Disorders, Neuropsychiatric Disorders and Oral and Dental Health Deformities) is similar to the developing countries, which indicates that the chronic diseases are rising with the increase in the aged population (Figure 3).

Figure 3: Comparison of the percentage distribution of diseases causing death at the national level in Turkey with European Union, Developed and Developing Countries



Group I: Communicable diseases, maternal and perinatal causes, and diseases caused by nutrition deficiency.

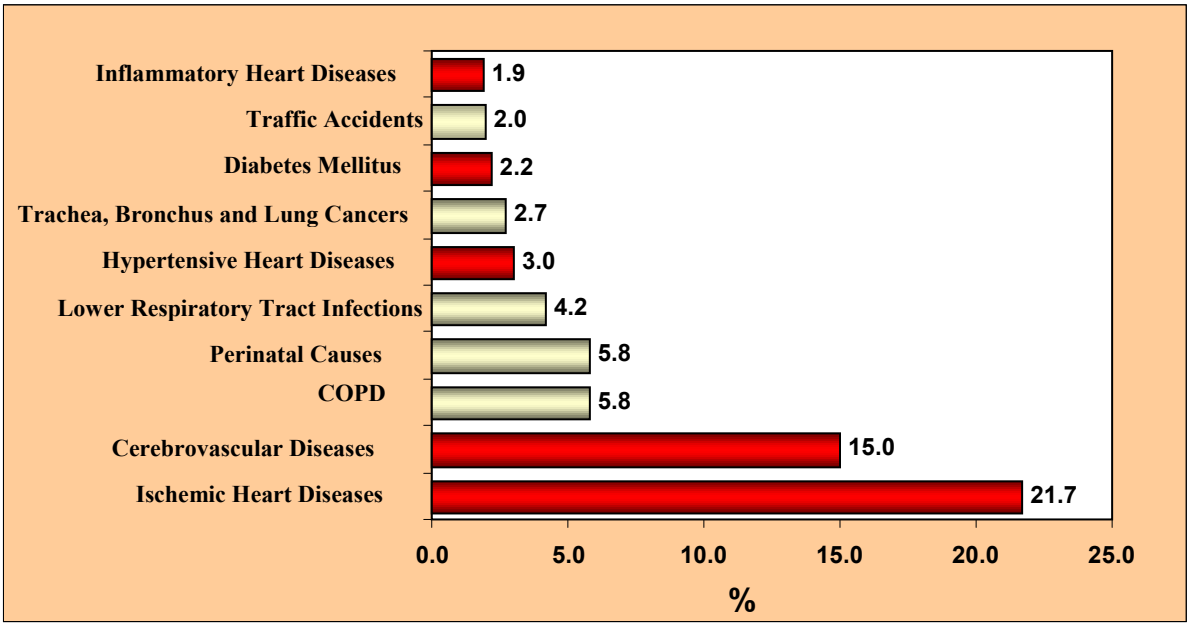
Group II: Non-communicable diseases, Cardiovascular System Diseases, Respiratory System Diseases, Digestive System Diseases, Endocrine, Nutritional Diseases, Sense Organ Disorders, Genitourinary System Diseases, Malign Neoplasmes, Muscle, Skeleton System and Neurological System Disorders, Neuropsychiatric Disorders and Oral and Dental Health Deformities.

Group III: Voluntary and Involuntary Injuries.

Source: NBD-CE Study, Turkey

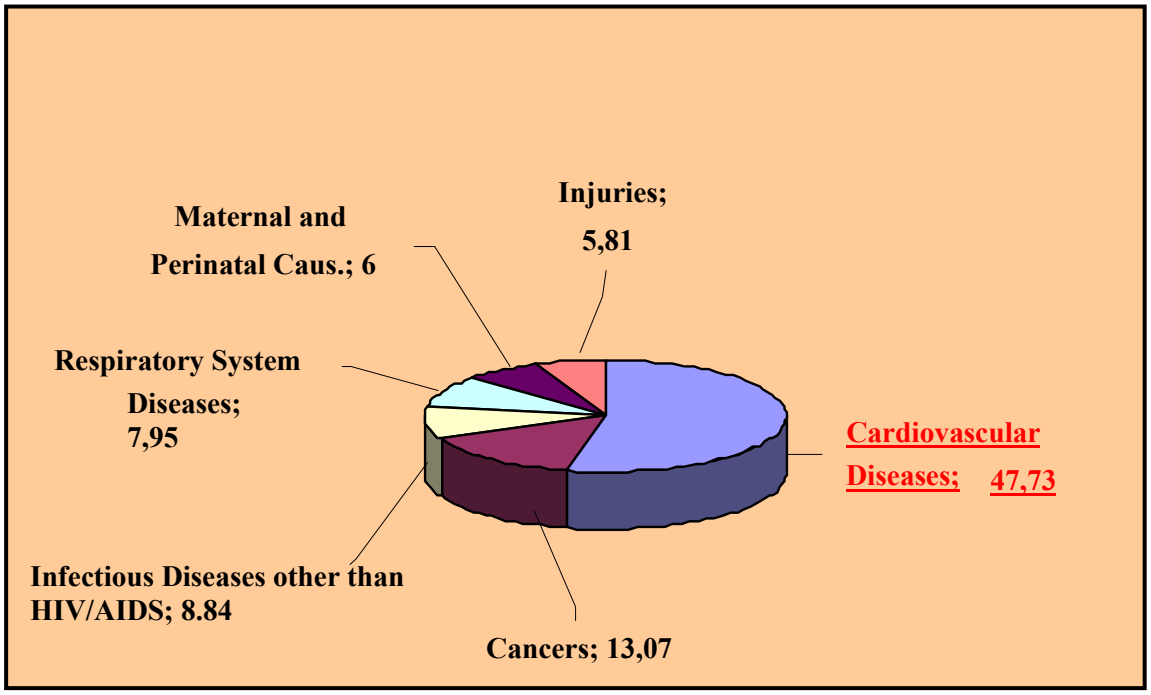
Chronic diseases occupy the first rank among the major ten diseases causing death and in the death causes by primary disease groups (Figure 4 and 5).

Figure 4: % Distribution of the First 10 Diseases Causing Death at National Level in Turkey



Source: NBD-CE Study 2004, Turkey

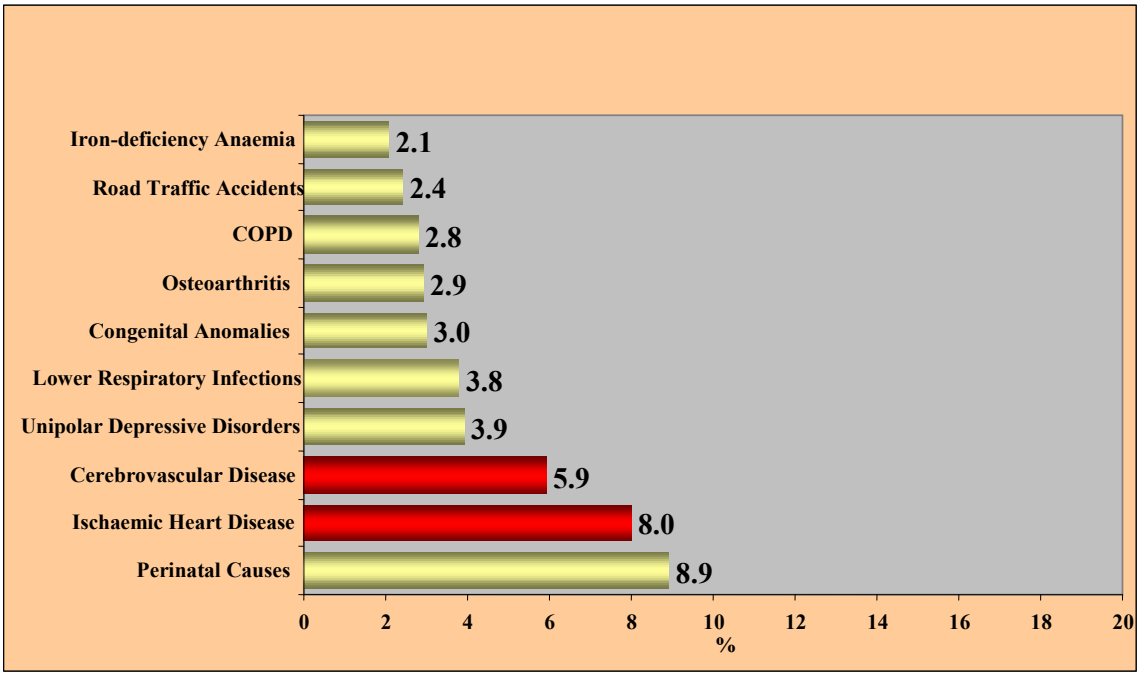
Figure 5: Distribution of Death Causes at the National Level by Primary Disease Groups



Source: NBD–CE Study 2004, Turkey

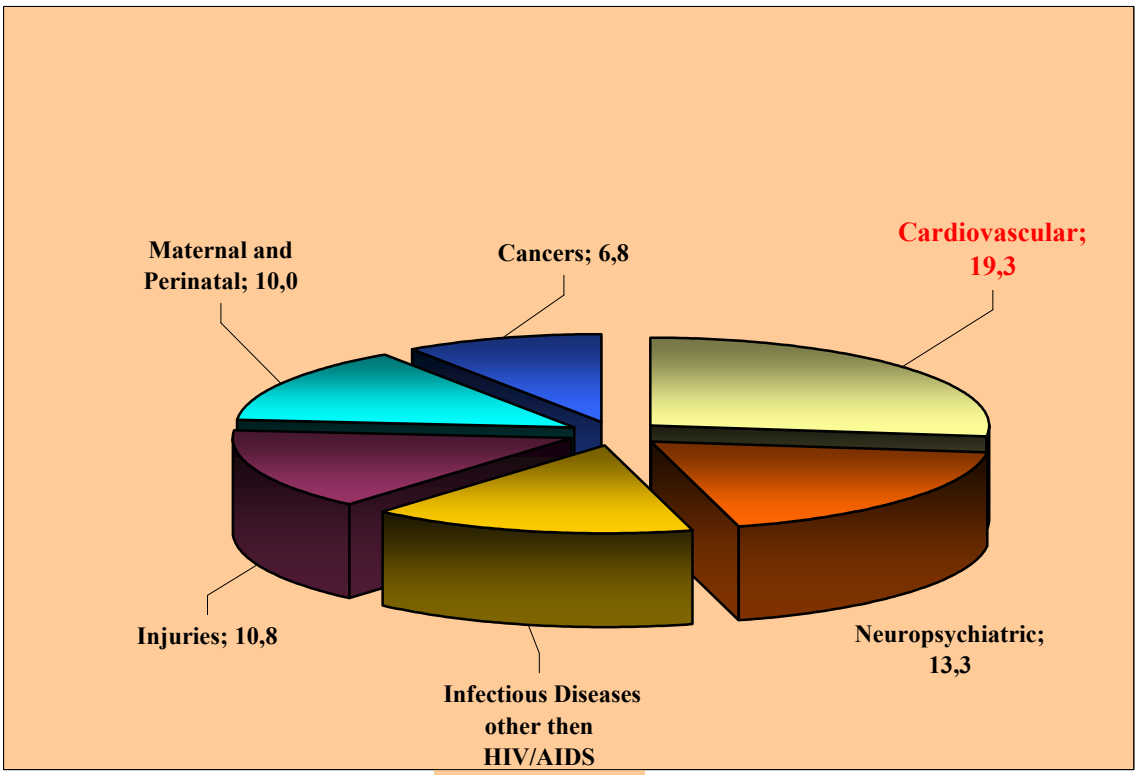
From the national disease burden perspective, chronic diseases are the second and third in the ranking of disease burdens, and first and second in the primary disease groups. Ischemic heart disease is the second with 8% ratio (Figure 6 and 7).

Figure 6: % Distribution of the Major Ten Diseases Causing DALY at the National Level in Turkey



Source: NBD-CE Study, Turkey, 2004

Figure 7: Distribution of DALY Causes at the National Level in Turkey by Primary Disease Groups



Source: NBD-CE Study, Turkey,2004

The diabetes incidence in Turkey varies between 4.75% and 11.9 in various studies (3, 4, 5).

According to the National Household Survey (2003); of the respondents who are 18 years old and above;

- 5.56% (men 5.36%; women 5.73%) received angina pectoris or chest pain diagnosis,
- 13.67% (men 7.57%, women 18.25%) received hypertension diagnosis,
- 1.68% (men 1.52%; women 1.80%) received stroke or paralysis diagnosis (by a physician).

Table 1: % Distribution of First 20 Diseases Which Cause Death at National Level in Turkey by Gender

	Male	%	Female	%	Total Population	Total Deaths (%)
1	Ischemic Heart Disease	20,7	Ischemic Heart Disease	22,9	Ischemic Heart Disease	21,7
2	Cerebrovascular Diseases	14,5	Cerebrovascular Diseases	15,7	Cerebrovascular Diseases	15,0
3	COPD	7,8	Perinatal Causes	5,9	COPD	5,8
4	Perinatal Causes	5,6	Lower Respiratory Disease Infections	4,5	Perinatal Causes	5,8
5	Trachea, Bronchus and Lung Cancer	4,4	COPD	3,5	Lower Respiratory Disease Infections	4,2
6	Lower Respiratory Disease Infections	4,0	Hypertensive Heart Disease	3,3	Hypertensive Heart Disease	3,0
7	Hypertensive Heart Disease	2,7	Diabetes Mellitus	2,9	Trachea, Bronchus and Lung Cancer	2,7
8	Traffic Accidents	2,6	Breast Cancer	2,1	Diabetes Mellitus	2,2
9	Inflammatory Heart Disease	1,8	Inflammatory Heart Disease	2,0	Traffic Accidents	2,0
10	Congenital Anomalies	1,6	Diarrheal Diseases	1,6	Inflammatory Heart Disease	1,9
11	Diabetes Mellitus	1,6	Congenital Anomalies	1,5	Congenital Anomalies	1,6
12	Diarrheal Diseases	1,4	Nephritis and Nephrosis	1,4	Diarrheal Diseases	1,5
13	Stomach Cancer	1,4	Rheumatic Heart Diseases	1,3	Stomach Cancer	1,3
14	Leukemia	1,2	Traffic accidents	1,2	Nephritis and Nephrosis	1,1
15	Bladder Cancer	1,1	Stomach Cancer	1,2	Leukemia	1,0
16	Tuberculosis	1,0	Lymphoma and Multiple Myeloma	0,9	Rheumatic Heart Diseases	0,9
17	Colon and Rectum Cancer	1,0	Falls	0,9	Breast Cancer	0,9
18	Peptic Ulcer	1,0	Peptic Ulcer	0,9	Peptic Ulcer	0,9
19	Lymphoma and Multiple Myeloma	1,0	Ovary Cancer	0,8	Lymphoma and Multiple Myeloma	0,9
20	Falls	0,9	Colon and Rectum Cancer	0,8	Falls	0,9

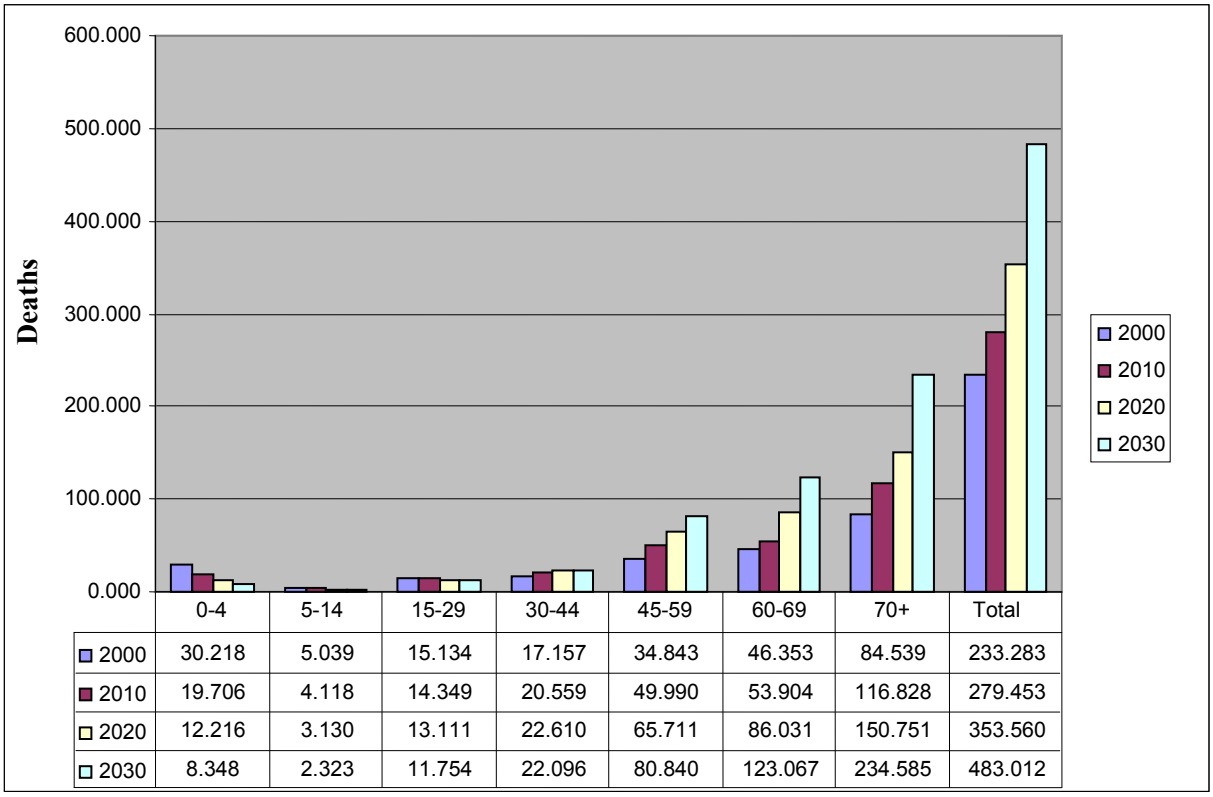
Source: NBD-CE Study, Turkey, 2004

Table 1 depicts the percentage distribution of the major 20 diseases that cause death at the national level by gender.

3.1.2. Projections

In the scope of National Burden of Disease-Cost Effectiveness Study, the total death numbers determined for 2000, 2010, 2020 and 2030 and the projected number of deaths among men and women caused by cardiovascular diseases and Diabetes Mellitus are presented below.

Figure 8: Comparison of the number of deaths among men in 2000 with the projected number of deaths for 2010, 2020 and 2030, by age groups (NBD-CE Study, Turkey)



	0-4	5-14	15-29	30-44	45-59	60-69	70+	Total
2000	30.218	5.039	15.134	17.157	34.843	46.353	84.539	233.283
2010	19.706	4.118	14.349	20.559	49.990	53.904	116.828	279.453
2020	12.216	3.130	13.111	22.610	65.711	86.031	150.751	353.560
2030	8.348	2.323	11.754	22.096	80.840	123.067	234.585	483.012

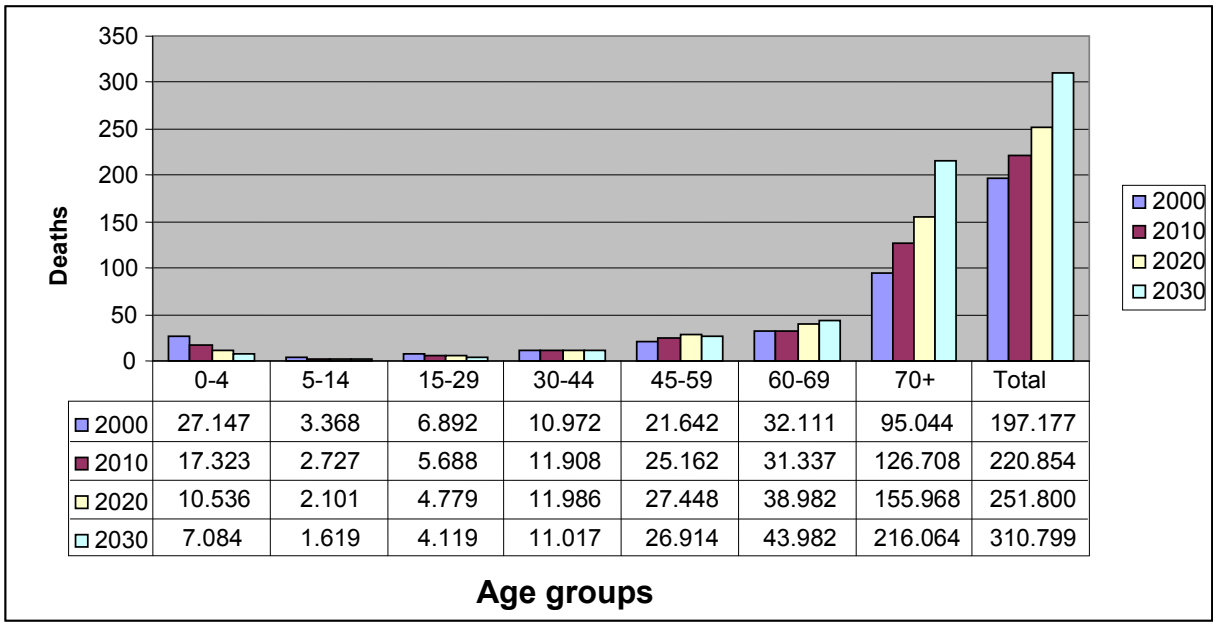
Source: NBD-CE Study, Turkey, 2004

As seen in Figure 8, the total number of deaths among men at the national level in 2000 is 233.283. For the projection of age, sex, and cause-specific number of deaths, regression models were applied taking into account the gross domestic product, time, technological advancements, and schooling ratio. After the application of regression models, the projected numbers of death among men are 279.453 for 2010, 353.560 for 2020, and 483.012 2030. According to the projections, it is estimated that the number of deaths among men would increase by 2.07 fold by 2030. When the number of deaths within the years by age groups is evaluated; it is seen that total number of deaths among age

group 0-4 in 2000 is 30.218. Among this age group, perinatal causes and infectious and prasiter diseases are among the most frequently seen causes of death.

As a result of the projections, it is identified that the projected number of deaths among this age group would decline to 19.706 in 2010, 12.216 in 2020, and 8.348 in 2030. The same declining trend would be observed among the age groups 5-14 and 15-29, while there are observed increase in the number of deaths among the age group above 30-44, as parallel to the increase in the chronic diseases caused by aging. The number of deaths among age group 30–44 was determined as 17.157 in 2000, and estimated to be 20.559 in 2010, 22.610 in 2020, and 22.096 in 2030. The number of deaths among age group 45-59 was 34.843 in 2000. It is estimated that the number would reach to 49.990 in 2010, 65.711 in 2020, and 80.840 in 2030. The number of deaths among age group 60–69 in those years was found to be 46.353, 53.904, 86.031, and 123.067, respectively. The number of deaths among age 70 and above was 84.539 in 2000, whereas it is estimated to reach 116.828 in 2010, 150.751 in 2020, and 234.585 in 2030.

Figure 9: Comparison of Deaths among Women in Turkey in 2000 with Expected Deaths in 2010, 2020, and 2030, by age groups (NBD-CE Study, Turkey)

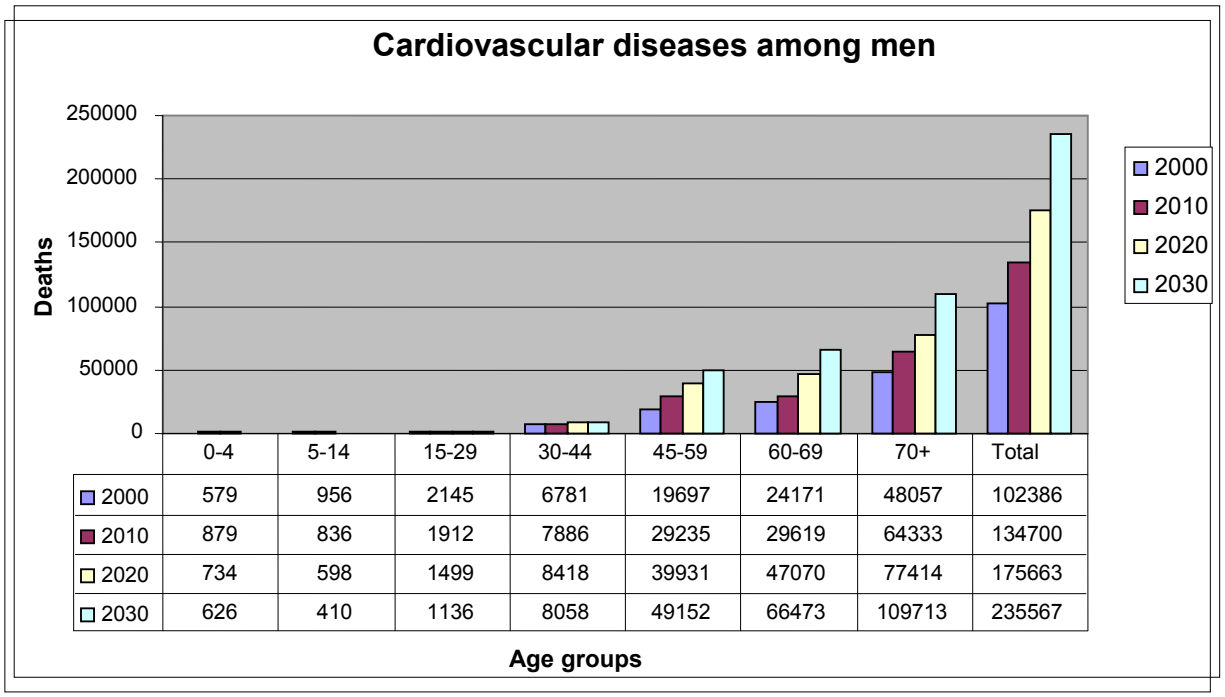


	0-4	5-14	15-29	30-44	45-59	60-69	70+	Total
2000	27.147	3.368	6.892	10.972	21.642	32.111	95.044	197.177
2010	17.323	2.727	5.688	11.908	25.162	31.337	126.708	220.854
2020	10.536	2.101	4.779	11.986	27.448	38.982	155.968	251.800
2030	7.084	1.619	4.119	11.017	26.914	43.982	216.064	310.799

Source: NBD-CE Study, Turkey, 2004

As seen in Figure 9, the total number of deaths among women at the national level was 197.177 in 2000. The estimated number of deaths after the projections is found to be 220.854 in 2010, 251.800 in 2020, and 310.799 in 2030. It is expected that the number of deaths among women would increase by 1.58 fold until 2030. When the number of deaths is evaluated by age groups; the total number of deaths among age group 0-4 was 27.147 in 2000. It is estimated that the number of deaths will decline to 17.323 in 2010, 10.536 in 2020, and 7.084 in 2030. The declining trend in the number of deaths is observed among age groups 5-14 and 15-29, similar to the men; however, there is an estimated increase in the number of deaths among the age group 30-44. The number of deaths among age group 30-44 was found to and 10.972 in 2000, 11.908 in 2010, 11.986 in 2020, and 11.017 in 2030. The number of deaths among age group 45-59 in 2000 was 21.642. It is estimated that the number of deaths among this age group would be 25.162 in 2010, 27.448 in 2020, and 26.914 in 2030. The number of deaths among the age group 60-69 in these years are is found to be 32.111, 31.337, 38.982, and 43.982, respectively. The number of deaths among age 70 and above was 95.044 in 2000; however it is estimated that the number would increase to 126.708 in 2010, 155.968 in 2020, and 216,064 in 2030.

Figure 10: Comparison of Deaths caused by Cardiovascular Diseases among Men in the Nationwide in 2000 with the expected deaths in 2010, 2020, and 2030 (NBD-CE Study, Turkey 2004)

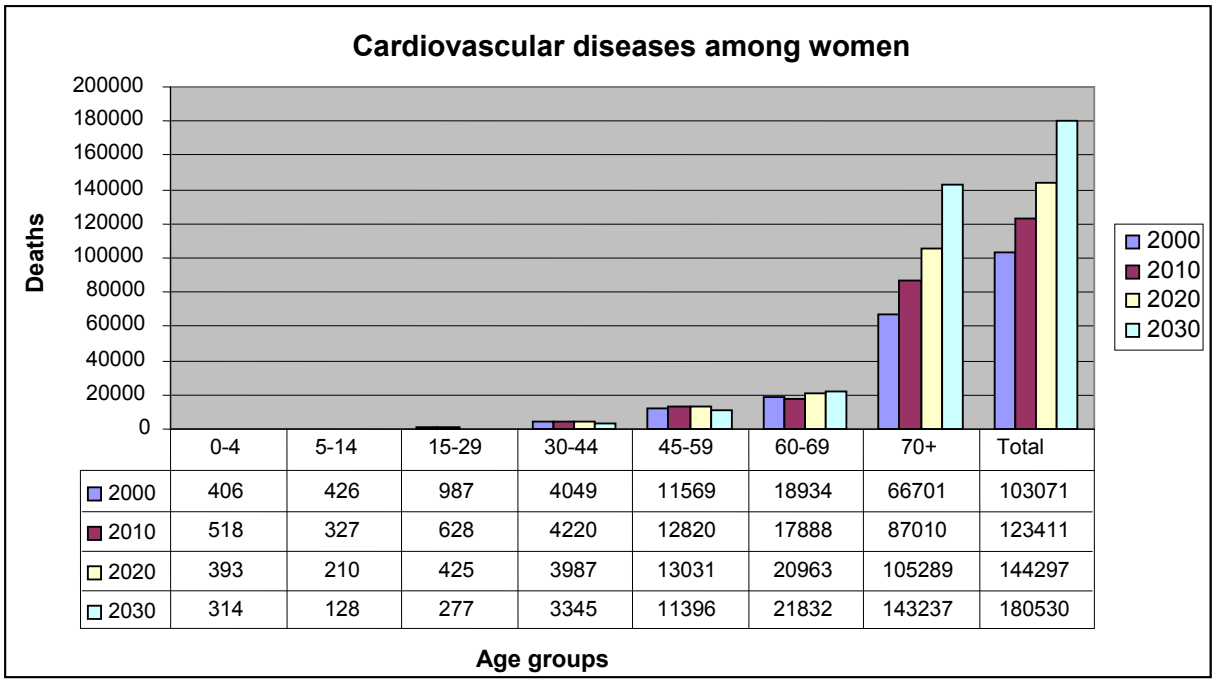


	0-4	5-14	15-29	30-44	45-59	60-69	70+	Total
2000	579	956	2145	6781	19697	24171	48057	102386
2010	879	836	1912	7886	29235	29619	64333	134700
2020	734	598	1499	8418	39931	47070	77414	175663
2030	626	410	1136	8058	49152	66473	109713	235567

Source: NBD-CE Study, Turkey, 2004

The total number of deaths among men in 2000, caused by cardiovascular diseases is 102.386. The number is estimated to be 134.700 in 2010, 175.663 in 2020, and 235.567 in 2030. As it is seen, there would be a 2.3 fold increase in the number of deaths among men, due to the cardiovascular diseases in a 30 years period.

Figure 11: Comparison of Deaths caused by Cardiovascular Diseases among Women Nationwide in 2000 with the expected deaths in 2010, 2020, and 2030 (NBD-CE Study, Turkey 2004)

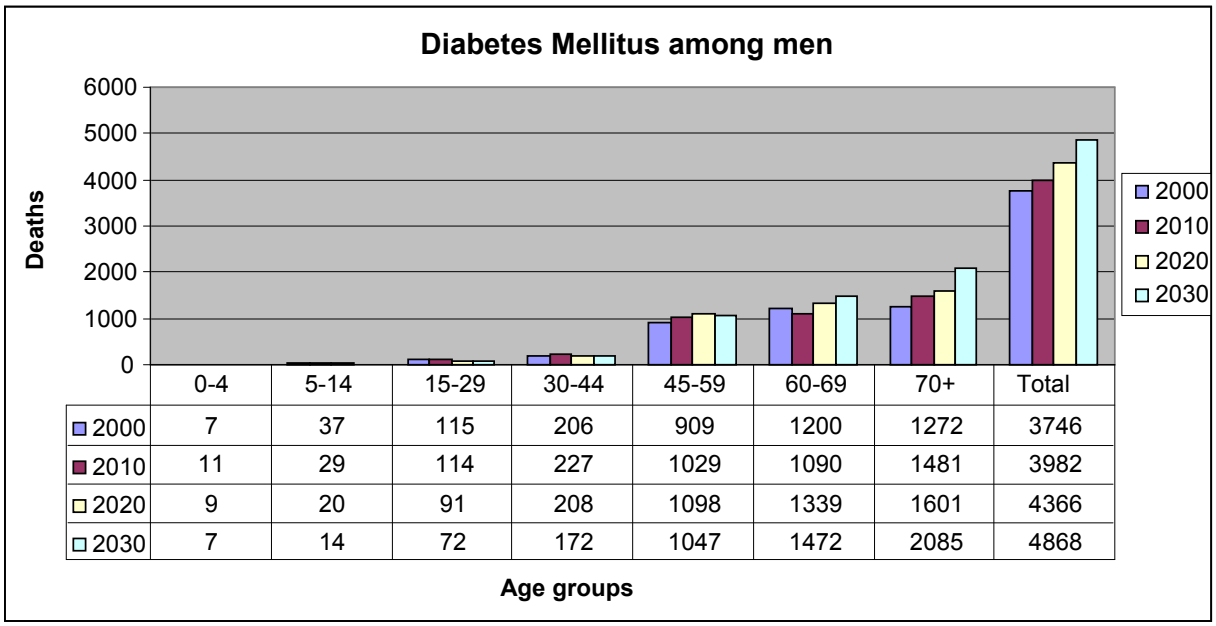


	0-4	5-14	15-29	30-44	45-59	60-69	70+	Total
2000	406	426	987	4049	11569	18934	66701	103071
2010	518	327	628	4220	12820	17888	87010	123411
2020	393	210	425	3987	13031	20963	105289	144297
2030	314	128	277	3345	11396	21832	143237	180530

Source: NBD-CE Study, Turkey, 2004

The number of deaths among women caused by cardiovascular diseases was 103.071 in 2000, and it is estimated that the number will increase to 123.411 in 2010, 144.297 in 2020 and 180.530 in 2030. As it is seen, there would be a 1.8 fold increase in the number of deaths among women due to cardiovascular diseases in a 30 years period.

Figure 12: Comparison of Deaths caused by Diabetes Mellitus among Men Nationwide in 2000 with the expected deaths in 2010, 2020, and 2030 (NBD-CE Study, Turkey, 2004)

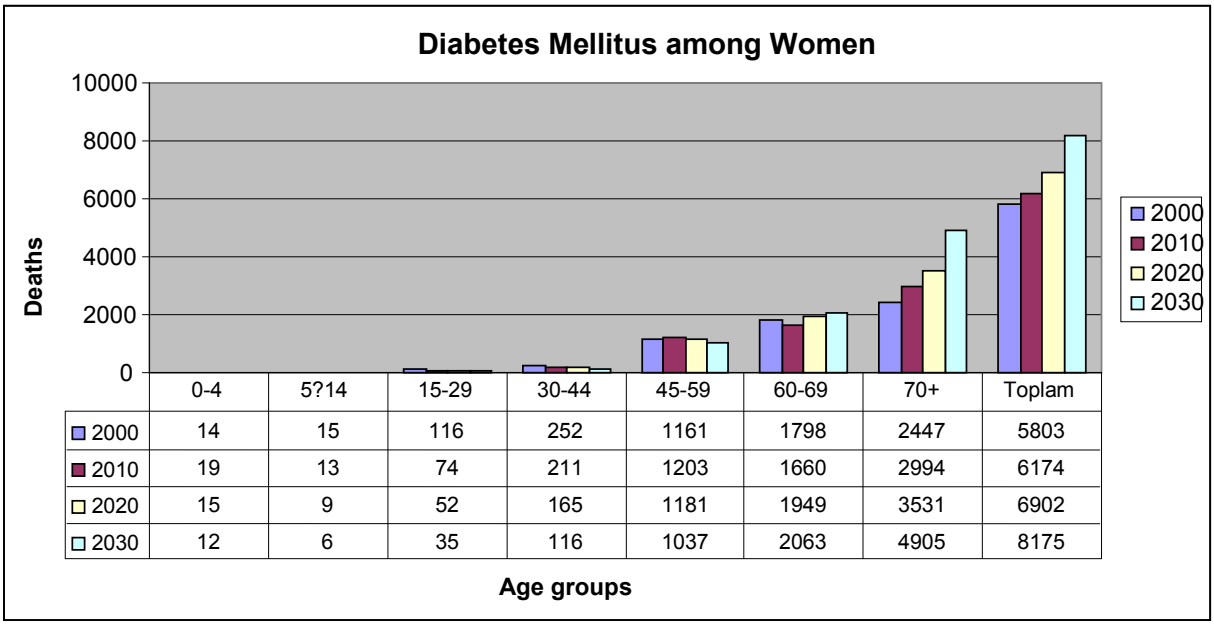


	0-4	5-14	15-29	30-44	45-59	60-69	70+	Total
2000	7	37	115	206	909	1200	1272	3746
2010	11	29	114	227	1029	1090	1481	3982
2020	9	20	91	208	1098	1339	1601	4366
2030	7	14	72	172	1047	1472	2085	4868

Source: NBD-CE Study, Turkey, 2004

The total number of deaths among men due to Diabetes Mellitus was 3,746 in 2000. The number is estimated to be 3,982 in 2010, 4,366 in 2020, and 4,868 in 2030. According to this, is estimated that a 1.3 fold increase would occur in the number of deaths among men due to Diabetes Mellitus.

Figure 13: Comparison of Deaths caused by Diabetes Mellitus among Women in the Nationwide in 2000 with the expected deaths in 2010, 2020, and 2030 (NBD-CE Study, Turkey, 2004)



	0-4	5?14	15-29	30-44	45-59	60-69	70+	Toplam
2000	14	15	116	252	1161	1798	2447	5803
2010	19	13	74	211	1203	1660	2994	6174
2020	15	9	52	165	1181	1949	3531	6902
2030	12	6	35	116	1037	2063	4905	8175

Source: NBD-CE Study, Turkey, 2004

The total number of deaths among women due to Diabetes Mellitus was 5,803 in 2000. The number is estimated to be 6,174 in 2010, 6,902 in 2020, and 8,175 in 2030. According to this, is estimated that a 1.4 fold increase would occur in the number of deaths among women due to Diabetes Mellitus.

3.1.3. Risk Factors

Prevention of risk factors such as hypertension, smoking, high cholesterol, and obesity and increasing physical activity would:

- Prevent 772.814 of the 860.083 DALY burden, and
- Prevent more than 300.000 deaths (6).

Table 2: Deaths and DALY's Preventable in the Nationwide through the Elimination of Selected Risk Factors, by Gender

	Prevented Deaths		
Risk factors	***Male***	***Female***	***Male +Female***
Obesity (>30, Body Mass Index)	26.006	31.136	57.143
Smoking	52.905	1.794	54.699
Insufficient Physical Activity	22.515	22.605	45.120
Low fruit and vegetable intake	21.668	17.066	38.734
	Prevented DALY's		
Risk factors	***Male***	***Female***	***Male +Female***
Obesity (>30, Body Mass Index)	379.980	407.203	787.183
Smoking	870.603	61.306	931.909
Insufficient Physical Activity	254.555	210.072	464.627
Low fruit and vegetable intake	250.660	166.216	416.876

Source: Turkey Burden of Disease Study, 2004

Looking at Table 2, 57.143 deaths would be prevented through obesity control and 54.699 deaths would be prevented through tobacco control.

Similarly, through increasing physical activity, 45.120 deaths would be prevented and through increasing vegetable and fruit consumption, 38.734 deaths would be prevented.

It is estimated that 787.183 DALY would be gained through obesity prevention and 931.909 DALY would be gained through the prevention of smoking.

It is estimated that 464.627 DALY would be gained through increasing physical activity and 416.876 DALY would be gained through increasing vegetable and fruit consumption.

3.1.3.1. Control of Tobacco and Tobacco Products

Tobacco consumption is a global issue with its significant implications on public health. The increase in the production and consumption of tobacco products in the world bring about serious burden in terms of household and national health systems. It is scientifically known that smoking and exposure to tobacco fume cause death, diseases, and disabilities, and that tobacco products causing high level addiction are pharmacologically active, poisonous, and carcinogenic.

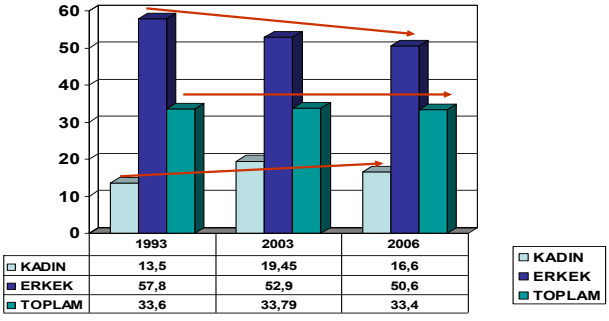
Smoking is a common habit in Turkey and also an important public health issue. Turkey occupies the third rank among European countries and the 7th rank among other countries in the world in terms of tobacco consumption (7).

33.4% of the individuals 18 years and above smokes in Turkey. Tobacco consumption ratio is 50.6% among men and 16.6% among women (8).

According to the "Global Youth Tobacco Survey" conducted among age group 13 -15, one in three children tried smoking, and one third of them started to smoke before age 10.

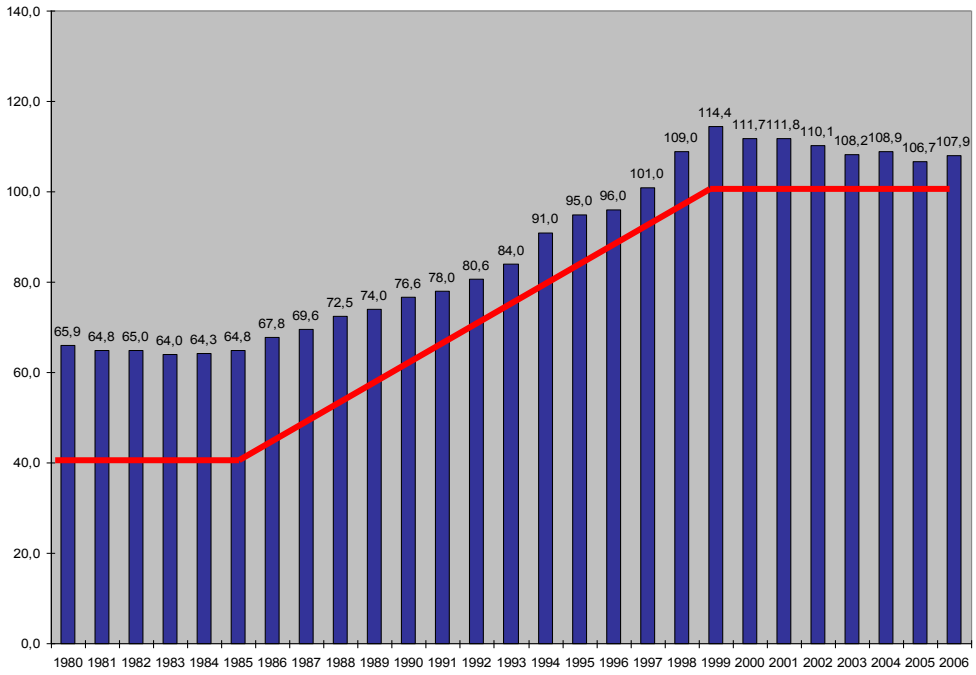
89% of the participants in the survey are exposed to tobacco at home, and 90% of them are exposed in the public places (9).

Figure 14: Smoking Prevalence among the Population age 18 and above in Turkey



Sources: MoH Survey 1993, MoH National Household Survey, 2003, Family Research Institution and TURKSTAT Family Structure Survey 2006.

Figure 15: Cigarette Consumption in Turkey, by years (thousand ton)



Sources: Turkish Liquor and Tobacco Monopoly and Regulatory Committee for Tobacco, Tobacco Product and Alcoholic Beverages Market, 2006 Data

According to 2005 Eurobarometer study, 80% of Turkish people is affected by smoking passively and 50% of them is aware of the harm caused by their exposure to smoking.

According to the National Household Survey 2003, the age to start using tobacco and other tobacco products is 19.3 among persons 18 and above, and the number of cigarettes smoked in a day is 17. The exposure ratio due to a smoker nearby is 54.51% and due to exposure in other frequently visited places is 55.64% (3).

Table 3 depicts the distribution of disease burden and number of deaths attributable to smoking by diseases.

Table 3: Distribution of Disease Burden and Deaths Attributable to Smoking, by diseases

Disease	Attributable Deaths	Attributable YLL	Attributable DALY	Attributable DALY ratio in Total DALY
Trachea, bronchus and lung cancers	10.510	107.075	112.634	1,0
Upper respiratory-digestion tract cancers	1.340	15.593	16.469	0,2
Other cancers	3.341	43.163	45.833	0,4
COPD	12.902	72.689	150.406	1,4
Other respiratory diseases	2.105	33.387	58.377	0,5
Cardiovascular diseases	21.317	274.770	321.237	3,0
Other selected medical causes	3.185	50.006	226.953	2,1
All causes	54.699	596.684	931.909	8,6

Source: Turkey Burden of Disease Study, 2004

As seen, smoking might cause 8.6% of the disease burden related to the diseases, which is a quite big proportion. Cardiovascular diseases related to smoking are responsible for 3% of total DALY.

It is estimated that the number of preventable deaths caused by cardiovascular diseases would be 21.317 through prevention of smoking, which represents 5% of the total deaths (6).

"WHO-Framework Convention on Tobacco Control", which is the first international agreement on tobacco control in the world, was adopted in 56th World Health Assembly held in 21 May 2003 in Geneva. The Convention was also adopted by Turkish Grand National Assembly in 25 November 2004, and the related law No. 5261 was put into effect upon being published in the Official Gazette No. 25656 in 30 November 2004. The "National Tobacco Control Program" covering the years 2006 – 2010 was prepared by the Ministry of Health and was put into effect upon being published in the Official Gazette No. 26312 in 7 October 2006. Following the development of National Tobacco Control Program, "Law No. 5727 Concerning the Amendments of the Law on Preventing the Harms of the Tobacco Products" was adopted in the Turkish Grand National Assembly in 03.01.2008 and was put into effect after published in the Official Gazette No. 26761 in 19 January 2008 (Annex- E).

In this Action Plan, the related sections of the prevention of Cardiovascular Diseases such as Public Information, Awareness and education, quitting smoking, prevention of passive smoking, and prevention of access to the tobacco products by the young people were discussed. The main topics included in the National Tobacco Control Program Action Plan are listed below:

National Tobacco Control Program Action Plan (2008 - 2012)

A. Measures for Reducing Demand on Tobacco Products

1. Information and Consciousness Raising and Education for the People
2. Quitting Smoking
3. Price and Taxation
4. Prevention of Passive Smoking
5. Ads, Promotion and Sponsorship
6. Product Control and Informing the Consumers

B. Measures for Reducing the Supply on Tobacco Products

1. Illicit Trade
2. Accessibility by the young people
3. Tobacco Production and Alternative Policies

C. Monitoring, Evaluating, and Reporting National Tobacco Control Program and Tobacco Consumption

1. Monitoring, Evaluating, and Reporting National Tobacco Control Program and Tobacco Consumption

3.1.3.2. Unhealthy Nutrition

Annually, minimum 2.6 million people in the world die from over weight or obesity (1). It is reported that approximately 400 million adults have overweight in the European countries and 130 million of them are obese (10). Obesity reached the epidemic rates in the worldwide (11).

Against this advancing global threat, WHO European Region organized the "Ministerial Conference on Counteracting Obesity" that aimed at high level measures to be taken by the member states. The conference was organized in 15-17 November 2006 in Istanbul and hosted by the Turkish Ministry of Health (12).

Recep AKDAĞ MD Prof., the Minister of Health and WHO European Region Director Marc DANZON MD signed the European Charter on Counteracting Obesity which is available at Annex C.

One of its kinds, the European Charter on Counteracting Obesity was initiated in 20 February 2007 in Copenhagen. The objective of the European Charter on Counteracting Obesity was identified clearly: "Visible progress, especially relating to children and adolescents, should be achievable in most countries in the next 4–5 years and it should be possible to reverse the trend by 2015 at the latest." Achieving this objective requires specific and targeted actions in many sectors. The initiation of the Charter was organized to focus on the future actions. The important activity areas defined in the Charter are: to reduce the marketing pressure especially that for the children; promoting breastfeeding; reducing the additional free sugar, fat, and salt in the processed food products; ensuring nutrition fact labeling for the food products; promoting bicycling and walking through better city design and transportation policies.

Between 2007-2012, the Second European Food and Nutrition Policy Action Plan was adopted in the 57th Regional Committee Meeting of the WHO European Region.

Obesity prevalence in Turkey has shown a rapid increase since 1990. In the 1990 screenings, the estimated number obese men was approximately 1.5 million, estimates number of obese women was approximately 4 million, while today it is estimated that approximately 2.63 million men and approximately 5.46 million women are obese, indicating a 36% increase in the number of obese women, and 75% increase in the number of obese men (13).

The state of having a Body Mass Index (BMI) 30 kg/m^2 and above is defined as obesity in Turkish Adult Risk Factor Survey (TEKHARF) conducted by Turkish Society of Cardiology, including 3.681 people. Obesity prevalence in 1990 cohort was found to be 16.4% (24% among women and 9%

among men). In the 1997–98 cohort of the same study, the ratio was increased to 28.6% (38.8% among women and 18.7% among men). According to this, obesity prevalence increased by 50% among women and by 65% among men in 8 years. According to 2000 study, it is reported that obesity prevalence increased to 43% among women and to 21.1% among men.

In the 1999-2000 Turkey Obesity and Hypertension Survey (TOHTA); crude prevalence was found to be 26.8% among 23.888 adults. The half of the female population, 40% of the male population and 44.4% of the adults in general were found to have overweight.

Turkey Diabetes, Obesity, and Hypertension Epidemiology Study (TURDEP) was conducted on 24.788 persons above 20 years old. The study finds that only 40% of the adults in Turkey has normal Body Mass Index (BMI) as defined by the World Health Organization (WHO) and that more than half of the Turkish population has overweight problems. In the TURDEP study, general obesity prevalence (BMI $\geq$ 30 kg/ m^2) was found to be 29.9% among women and 12.9% among men. In terms of "Central obesity" defined by WHO, (waist circumference $\geq$ 88 cm for women, $\geq$ 102 cm for men), general obesity prevalence was found to be 34.3% (48.4% among women and 16.9% among men). The fact that "central obesity" prevalence is so high among Turkish women indicates some important health issues to be experienced in future, such as cardiovascular diseases and diabetes mellitus.

Examining the results obtained by Turkey Demographic and Health Survey (TDHS) which is conducted every 5 years among the women in the age group 15-49, it is seen that obesity gradually increase among female population. In that study, BMI between 25,0 and 29,9 kg/m^2 was defined as "mild obese", and BMI $\geq$ 30 kg/m^2 was defined as "obese". Looking at the results of 1998 and 2003 TDHS study, the mild obesity ratio among women in age group 15-49 in Turkey was found to be 33.4% in 1998; 34.2% in 2003; and obesity ratio was found to be 18.8% in 1998; and 22.7 in 2003.

In the scope of "Health 21: Health for All" study of 1997 by Hacettepe University and the Ministry of Health, it is reported that according to their BMI, 37.9% of the men, 32.4% of the women were overweighed, and 9.6% of the men and 23.6% of the women were obese. The ratio of men having waist-hip ratio over 1.0 was 13.4%, while the ratio of women having waist-hip ratio over 0.8 was 46.1% (14).

"Health Nutrition for a Healthy Heart" study conducted by the Ministry of Health General Directorate Primary Health Care Services in 2004 in 7 provinces at 14 health centers examined the obesity and regular physical activity status. As a result of the statistical analysis conducted, obesity

ratio was found to be 21.2% among men, and 41.5% among women. BMI value increases linearly between age 40 and 69 and decreases after age 70 (14).

Table 4: Distribution of Disease Burden and Deaths Attributable to High Body Mass Index, by Causes

Cause	Attributable Death	Attributable YLL	Attributable YLD	Attributable DALY	Attributable DALY Ratio in Total DALY
Ischemic heart diseases	29.581	317.790	28.504	346.294	3,2
Hypertensive heart diseases	7.174	57.723	4.073	61.796	0,6
Ischemic Stroke	11.109	93.794	53.136	146.930	1,4
Diabetes Mellitus	7.674	73.921	78.319	152.240	1,4
Osteoarthritis	0	0	61.035	61.035	0,6
Breast cancer	724	7.141	1.718	8.859	0,1
Colon and rectum cancer	646	6.583	717	7.300	0,1
Corpus uterus cancer	235	2.079	651	2.730	0,0
Total	57.143	559.032	228.151	787.183	7,3

Source: Turkey Burden of Disease Study, 2004

As seen in the table, 29.581 deaths from ischemic heart diseases would be prevented through preventing obesity. The estimated total 57.143 deaths that can be prevented represent 13.3% of total deaths. The DALY numbers estimated to be prevented through preventing obesity are 346.294 for ischemic heart diseases. Prevented DALY number for all represent 7.3% of total DALY.

World Health Organization reports that consuming five and more vegetable and fruit meals as sufficient consumption of vegetables and fruits. In Turkey, however, the detected daily consumption is 1.64 portion of fruits and 1.57 portions of vegetables (3).

7.92% of the population in Turkey eats without salt, 9.20% eats with too much salt (3).

Average “total cholesterol” level in age group 35-64 is 185 mg/dl among men and 192 mg/dl among women in Turkey. The cholesterol level that is low until the age group in thirties is 188 mg/dl among men in age group 40 and above, and 204 mg/dl among women in age group 40 and above, indicating 25% increase when compared to former values. The average total cholesterol level in Turkey

is 40–50 mg/dl less than the level in Northern European Countries and even Mediterranean Countries (15).

3.1.3.3. Physical Inactivity

According to the results obtained in National Household Survey (2003), 20.32% of the population in Turkey lives inactive (sedentary) and 15.99% of the population has insufficient physical activity. The ratio of individuals in age 18 and above who has physical activity for 150 minutes and above in a week is 63.69% (3).

Table 5: Distribution of Disease Burdens and Deaths Attributable to Physical Inactivity, by Causes

Cause	Attributable Death	Attributable YLL	Attributable YLD	Attributable DALY	Attributable DALY Ratio in Total DALY
Ischemic heart diseases	**31.519**	**277.445**	**23.405**	**300.850**	**2,8**
Ischemic stroke	10.269	70.003	31.575	101.578	0,9
Diabetes Mellitus	1.663	17.194	20.262	37.456	0,3
Breast Cancer	821	10.793	3.606	14.399	0,1
Colon and rectum cancer	848	9.389	954	10.343	0,1
Total	45.120	384.823	79.804	464.627	4,3

Source: Turkey Burden of Diseases Study, 2004

It is estimated that the 31.519 deaths by ischemic heart diseases would be prevented if physical activity is encouraged. Looking at the preventable disease burden, 300.850 DALY by ischemic heart diseases would be prevented when physical activity is sufficient. In total, 464.627 DALY would be prevented, which represents 4.3% of total disease burden.

4. OBJECTIVES AND STRATEGIES

4.1. COMBAT AND CONTROL OF SMOKING AND OTHER TOBACCO PRODUCTS

A-PREVENTION OF THE EFFECTS OF PASSIVE SMOKING

Objective(s):

- Convey the message "passive smoking is as harmful as active smoking" to the overall public by 2010
- Full ban on tobacco consumption in public and work places by end-2010
- Reduce passive smoking of expectant mothers, children, adolescents and other risk groups by 2010

Strategies:

1.Deliver in-service training regarding passive smoking in all institutions gradually, primarily in education and health institutions

2.Inform the public regularly and raise awareness on the risks of passive smoking trough training activities

3.Inquire those referring to the primary care whether they are passive smoker or not and explain them all the ways of protection

4. Inquire pregnant women and children at primary health care services about passive smoking and explain them the ways of protection

5. Implement legal regulations for full prevention of passive smoking in work places, education-training centers, health institutions, public transport and waiting lounges, at culture and art centers, restaurants, bars, coiffeurs, shopping malls, sports centers and at gardens of schools and health facilities

6. Monitor complaints about side effects of passive smoking and strengthen organizations for protection of rights

7. Carry out research at national level for identification of data on passive smoking and for regular monitoring

B- INFORMING THE PUBLIC, RAISING AWARENESS AND EDUCATION

Objective (s):

- Create an anti-tobacco approach at 90% of the public by 2012

Strategies:

1. Develop and implement formal and informal education policies with regard to tobacco control actions

2. Convey the message that utilization of tobacco products is a non-prestigious attitude among the public and expand use of striking visual themes at all places related to tobacco products

3. Share with the public the information on practices of tobacco industry from past to present

4. Inform people and raise their awareness by developing broad wide educational materials oriented towards all target population primarily to professional groups that are known to be a role model or major impact in the society

5. Create awareness among institutional managers and authorities and people in charge of work places on harmful effects of tobacco products and prevention of smoking indoors

6. Ensure active involvement of media in informative efforts, ensure active participation of those who are considered model for the whole community

7. Raise awareness on the issue, in addition to any kind of educational activities by municipalities and NGOs targeting adults

8. Raise awareness of relevant public entities and all NGOs on their anti-tobacco roles

9. Conduct joint educational activities with institutions and organizations to implement educational policies determined

10. Monitor efficacy of on-going information/awareness campaigns regularly

C- QUITTING SMOKING

Objective (s):

- Identify smoking cessation rate in the society by 2009
- Increase smoking cessation rate above 40% by 2012
- Increase smoking cessation rate among health staff above 50% by end-2010
- Increase smoking cessation rate among teachers, religious staff, managers and among related professional groups above 50% by 2012
- Increase smoking cessation rate in pregnancy above 90% by 2010

Strategies:

1. Identify the actual smoking cessation rates and monitor them at regular intervals

2. Include nicotine addiction neurobiology, techniques to quit smoking and standard education on tobacco control in educational curricula within the scope of undergraduate education of health staff

3. Include involvement of short clinician intervention in all clinical encounters including primary health care services

4. Provide supportive organization increasing motivation for those who are willing to quit smoking

5. Ensure ease of accessibility of treatments proved to be effective in treating nicotine addiction and put into practice those that are not currently in use in the country

6. Identify smokers in schools and work places and launch motivation and support programs to help them quit smoking

7. Organize massive campaigns for cessation targeting the general public and special groups (health staff, teachers, religious staff)

8. Include smoking cessation practices in national and/or international health programs related to cardio-vascular diseases and ensure coordination among such programs

9. Prevent introduction of smoking cessation techniques that are not based on scientific evidence

10. Monitor efficacy of smoking cessation practices regularly and strengthening units that will ensure monitoring

D- PREVENT ACCESS TO TOBACCO PRODUCTS AMONG THE YOUTH

Objective(s):

- Reduce smoking rate to zero among the youth below 15 years, and to half of the current rate among the age group of 15 – 24 years by 2012

Strategies:

1. Supervise conformity to the existing legal regulation banning sale and provision of tobacco and tobacco products to those below 18 years and apply penalty sanctions as disincentive to those who do not conform

2. Ensure sale of tobacco and tobacco products at places exclusively allocated for such sale

3. Ensure that tobacco product sellers require from the young willing to buy tobacco to document that they above 18 years

4. Create awareness about the ban of tobacco sale to those under 18 years.

5. Ensure compliance with the regulation banning accessibility to tobacco products through tobacco vending machines, self-service sale, mail order, on-line order as well as through direct means such as at market shelves and cash of the markets

6. Give due care that logo, color and shapes of tobacco products are not the same with those of candies, appetizers, toys, t-shirts, bags, etc and that the regulation banning distribution and sale of such goods is respected

7.Ban sale and use of tobacco and tobacco products (cigarettes, hookah/hubble bubbles) at cafes, internet cafes, canteens, dormitories and etc where young population frequently goes

8. Ensure that local authorities, NGOs, institutions and organizations provide places for youth for sportive and cultural activities without being exposed to smoke

4.2. HEALTHY NUTRITION

A-PREVENTION OF OBESITY AND ENSURING HEALTHY NUTRITION

Objective(s):

- Raise awareness in the society with regard to healthy nutrition, ensure sufficient and healthy diet and prevent diseases related to malnutrition

Strategies:

1. Promote vegetable and fruit based (at least 400 g/5 portion per day) nutrition, increase access to fresh vegetables and fruits
2. Ensure consumption of reasonable amount of bread, cereals, pasta, rice and potato, instead of over-consumption
3. Ensure consumption of unsaturated fat instead of saturated fat (more than 30% of daily energy should not be taken from fat)
4. Promote consumption of fat-free red meat, fish, chicken and pulses instead of fat red meat
5. Promote consumption of fat-free or light milk and dairy products (fat-free or skimmed milk, curd cheese)
6. Promote consumption of food with little sugar, limit daily consumption of soft drinks and sweet and pastry
7. Decrease consumption of salt to enable daily intake of 100 mmol/L maximum (daily <6 g NaCl or < 2.4 g Na)
8. Re-regulation of salt rates in convenience food
9. Ensure preparation of food in hygienic conditions, promote healthy cooking methods like steam cooking, boiling, cooking in oven
10. Impose additional tax on food with adverse effects on health, reduce value added tax on basic food necessary for healthy nutrition
11. Take necessary measures for supply and access to healthy food for the poor and disadvantageous groups

B- IMPLEMENTATION NATIONAL NUTRITION PROGRAM

Objective(s):

- Prepare healthy nutrition programs and promote inter-sectoral cooperation

Strategies:

1. Prepare the National Obesity Prevention Program and Action Plan
2. Carry out "Food Consumption, Nutrition and Health Research in Turkey" in order to identify the current status of nutrition and diseases related to nutrition in Turkey
3. Update "Nutrition Guide for Turkey" according to risk and age groups and to ensure its common use
4. Organize training for health staff and public training in line with the recommendations in "Nutrition Guide for Turkey".
5. Emphasize the issues of obesity and healthy nutrition in curricula of medical and vocational health schools
6. Update curriculum related to nutrition at schools, teach primary principles of healthy nutrition at primary and secondary education
7. Prepare legal regulations for mandatory declaration of clear nutrition instructions on labels that inform consumers to promote healthy consumption of food
8. Increase coordination between the Ministry of Health and Ministry of Agriculture and Rural Affairs
9. Carry out studies for delivery of catering services (health institutions, nursing homes, schools, crèches, restaurants, public institutions and organizations, etc) according to healthy nutrition requirements, develop certification programs for those working in the sector
10. Develop consumer training programs related to safe selection, preparation, storage and cooking methods for healthy nutrition
11. Carry out periodic national survey for identification of nutrition behaviors in all age groups in the country, especially among children and adolescent
12. Limit sale of high calorie but low nutritive food at school canteens and cafeterias, take measures to deter target population from consuming such food, regulate advertisement of food for children

Objective(s):

- Developing healthy nutrition in kids and adolescents

Strategies:

1. Inform public about the role of breast milk in healthy development of infants through published and visual media
2. Restrict consumption of food and beverages which cause of overweight that are frequently consumed during childhood and puberty.
3. Promote sale of healthy food in places where children and adolescent go frequently such as schools, private education centers and cinema
4. Prevent utilization of products that attract children at fast food restaurants as advertisement and promotion
5. Promote feeding of infants only with breast milk in the first 6 months of the delivery and starting complementary food accompanying breast milk after the first 6 months and promote giving breast milk until the age of 2
6. Increase activities related to healthy nutrition at schools
7. Ensure consultancy service on nutrition in health facilities and expand these services, particularly pregnant and breast feeding mothers
8. Develop "dietitian" services at the community health centers particularly for risk groups

Objective(s):

- Promote healthy nutrition in adults

Strategies:

1. Broadcast programs to emphasize the side effects of fat, flour, salt and sugar consumption
2. Restrict advertisement of food products that have side effects on health
3. Draw attention to meals that prevent overweight and protect heart in cooking programs and if recipes are given, indicate the nutritional value and calorie of a single portion
4. Organize informative meetings for soldiers at the Turkish Armed Forces on the benefits of healthy nutrition and overweight
5. Address healthy nutrition in sermons and preaches
6. Organize activities related to healthy nutrition with participation of local authorities and related experts.
7. Promote community health, consistent with national nutrition policies and scientific basis that programs and announcements related to nutrition within audio-visual media.
8. Cooperate at utmost level with the relevant public institutions and organizations, private sector, NGOs, universities and international organizations

4.3. PHYSICAL ACTIVITY

RAISE AWARENESS IN THE SOCIETY RELATED TO POSITIVE EFFECTS OF PHYSICAL ACTIVITY ON HEALTH

Objective(s):

- Raise awareness related to physical activity in children and adolescents

Strategies:

1. Establishment of adequate and safe playground and sports grounds at easily accessible points
2. Open sports facilities of public entities and schools to the use of public during holidays
3. Expand cycle paths and walking routes in the existing settlements, and make this practice compulsory in new settlements
4. Increase the time and quantity of physical activities at the curricula, club activities in schools
5. Develop scouting activities that will contribute to social and physical development of children
6. Organize summer camps as at least one camp in each province and increase the number of students benefiting from these camps
7. Minimize activities leading to less physical activity in children and adolecents such as watching TV, playing computer games.
8. Ensure inter- sectoral cooperation (public, municipalities, private, NGO)

Objective(s):

- Create awareness of physical activity in adults

Strategies:

1. Promote employees to engage in physical activity during lunch breaks and provide adequate conditions for this
2. Make pedestrian roads safe and comfortable for all age groups
3. Raise awareness of local administrations that ensure healthy environments for pedestrians, instead of vehicles
4. Broadcast TV programs for elderly people for ensuring healthy behaviors

5. Monitor body mass index (BMI) and waist circumference of adults in primary health care centers, training of health staff and establish referral system
6. Ensure inter- sectoral cooperation (public, municipalities, private, NGOs)
7. Facilitate physical and financial accessibility to physical activities

5. IMPLEMENTATION

5.1. Mission Organization

Ministry of Health Undersecretary is responsible for the execution of this plan on behalf of the Minister. Directorate General Primary Health Care Services is responsible for the implementation of the plan.

5.2. Action Plan

Please see Annex-A.

6. MONITORING AND EVALUATION

The Prevention and Control Program for Cardiovascular Diseases, Monitoring and Evaluation of the Strategic Plan and the Action Plan for Risk Factors, will be executed by the relevant MoH units in accordance with the monitoring and evaluation criteria defined in the said plan.

7. REFERENCES

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8. ANNEXES

ANNEX – A: Action Plan

ANNEX – B: Other Important Issues Concerning A Comprehensive Cardiovascular Disease Control and Prevention Program

ANNEX – C: European Charter on counteracting obesity

ANNEX – D: Luxemburg Declaration

ANNEX – E: The Law Amending the Law on the Prevention of the Harms of the Tobacco Products

ANNEX – F: National Heart Health Policy

ANNEX – G: European Heart Health Charter

8.1. ANNEX A: Action Plan

Combat and control of smoking and other tobacco products

A. Prevention of the effects of passive smoking

Objectives	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Convey the message "passive smoking is as harmful as active smoking" to the overall public by 2010 **Full ban on tobacco consumption in public and work places by end-2010** **Reduce passive smoking of expectant mothers, children, adolescents and other risk groups by 2010**	Strategy 1 Deliver in-service training regarding passive smoking in all institutions gradually, primarily in education and health institutions	Ministry of Health Ministry of Education	Ministry of Health Ministry of Education	All public institutions	Ministry of Health Ministry of Interior, TAPDK, Local Administrations WHO	Preparing training contents, Planning and initiating the trainings	In-service training materials and quantities	Executive units will report to the Responsible Unit semi-annually.	2008-2010
	Strategy .2 Inform the public regularly and raise awareness on the risks of passive smoking trough training activities	Ministry of Health	Ministry of Health Ministry of Education	Ministry of Health Ministry of Education, TRT, RTÜK, Local Administrations Presidency of Religious Affairs, Turk Telecom Media, Universities, WHO, CDC, EU, NGO	Ministry of Health Ministry of Education, TRT, RTÜK Presidency of Religious Affairs, Media, Universities	1. Planning special programs for passive smoking and its impacts on health in special days 2. Preparing programs for the national and local media on passive smoking and emphasizing the message of "Smoke-free Life is a Right" in those preparations Making campaign such as "I want my smoke-free air" 3. Making periodic announcements on TV and other media for increasing public consciousness on the current circular. 4. periodically broadcasting striking short awareness-raising messages in the visual media 5. In collaboration with the Presidency of Religious Affairs, making short presentations based on scientific data in Friday sermons 6. starting the implementation of sending messages on passive smoking and its impacts to the agency members via agency phone lines on special days for smoking, child rights, women etc 7. trying to establish a phone line for the subject	Number of activities, Health Impact Assessment studies	Executive units will report to the Responsible Unit semi-annually.	2008-2012

A. Prevention of the effects of passive smoking

Objectives	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Convey the message "passive smoking is as harmful as active smoking" to the overall public by 2010 **Full ban on tobacco consumption in public and work places by end-2010** **Reduce passive smoking of expectant mothers, children, adults and other risk groups by 2010**	Strategy 3 Inquire those referring to the primary care whether they are passive smoker or not and explain them all the ways of protection	Ministry of Health	Family Medicine, Health Centers , Departments of Health Promotion, NCD and Chronic Cases, and Combat against Tobacco and Addictive Materials	Ministry of Health, Provincial Health Directorates, YÖK, TMA, Specialty Associations, WHO	PHCDG	1. preparing training programs for the attitudes and behaviors of physicians regarding the impacts of passive smoking 2. making additions to the curriculums of School of Medicine on the physician attitude regarding the subject 3. defining the concepts regarding passive smoking and forming the terminology dictionary for joint use	1. the physicians' attitudes towards to the people who apply for the impacts of passive smoking 2. completing the dictionary	Current status and the situation after the activities, their comparison and impact analysis	2008-2009
	Strategy 4 Inquire pregnant women and children at primary health care services about passive smoking and explain them the ways of protection	Ministry of Health	Family Medicine, Health Centers , Departments of Health Promotion, NCD and Chronic Cases, and Combat against Tobacco and Addictive Materials MCHFP	Ministry of Health, NGO WHO ,AB	Ministry of Health,	1. conducting a workshop to discuss how to achieve collaboration and supervision amongst the institutions in the fight against passive smoking 2. applying approaches like "Baby friendly" approaches in the institutions against passive smoking	Conducting the workshop	Current status and the situation after the activities, their comparison and impact analysis	2008-2009
	Strategy 5 Implement legal regulations for full prevention of passive smoking in work places, education-training centers, health institutions, public transport and waiting lounges, at culture and art centers, restaurants, bars, coiffeurs, shopping malls, sports centers and at gardens of schools and health facilities	Ministry of Health Ministry of Labor and Social Security	Ministry of Health, Ministry of Labor and Social Security	Ministry of Health, Ministry of Labor and Social Security, Ministry of Interior, Ministry of Culture and Tourism, NGO, WHO, TMA	Ministry of Health, Ministry of Labor and Social Security, Ministry of Interior, Ministry of Culture and Tourism, MNE	1. examples to the activities that can be included under "nonsmoking workplace" activity: a. developing nonsmoking workplace certificate b. starting the implementation of giving a certificate to the nonsmoking workplaces. 2. hanging warning notices in the workplaces saying "Passive smoking is harmful to health" 3. making the necessary regulations for banning smoking for the drivers of in-city and intercity transportation vehicles and banning smoking in resting-stop points	Number of activities	Current status and the situation after the activities, their comparison and impact analysis	2008-2012

A- Prevention of the effects of passive smoking

Objectives	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Convey the message "passive smoking is as harmful as active smoking" to the overall public by 2010 **Full ban on tobacco consumption in public and work places by end-2010** **Reduce passive smoking of expectant mothers, children, adults and other risk groups by 2010**	Strategy 6 Monitor complaints about side effects of passive smoking and strengthen organizations for protection of rights	Ministry of Interior Ministry of Health	Ministry of Interior Ministry of Health	Ministry of Interior Ministry of Health Provincial Health Directorates Local Administrations NGO	Ministry of Interior Ministry of Health	1. issuing a regulation or a circular including the details of the fine implementation and sending it to all institutions, getting the support of the governors on this 2. introducing the Faults Law to inform the society about it	Issuing the regulations and the circulars Number of complaints	Number of procedures made based on legislation Amount of fines given	2008-2012
	Strategy 7 Carry out research at national level for identification of data on passive smoking and for regular monitoring	Ministry of Health TURKSTAT	Ministry of Health TURKSTAT	Ministry of Health Ministry of Labor and Social Security-*İSGÜM* SPO, WHO, CDC, NGO, TURKSTAT, Universities	SB Universities TURKSTAT	1. Making researches a. developing a standard and easily practiced form for evaluating passive smoking in Turkey b. making the validity and reliability analysis of this form c. planning and implementing a field study for passive smoking prevalence and risk factors in Turkey by using this form 2. making research on a national and accredited reference measurement laboratory for measuring the effects of passive smoking, if any supporting the activities, if not making establishment works	Research results	Monitoring the results of the researches made and defining the subjects of the new researches	2008-2009

B- Informing the Public, Raising Awareness and Education

Objectives	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Create an anti-tobacco approach at 90% of the public by 2012	Strategy 1 Develop and implement formal and informal education policies with regard to tobacco control actions	Ministry of Health Ministry of Education	try of Health, try of Interior try of Education	try of Health, try of Interior try of Education tries responsible for y and Sport, , Media, NGO, OK Administrations	try of Health, try of Interior try of Education	nducting a workshop which will be led by all parties (senior level gers) of the subject (evaluating the nd the actions plan foreseen in the o.5727)	shop organization	nt status analysis y ess status survey	2009

B- Informing the Public, Raising Awareness and Education

Objectives	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Create an anti-tobacco approach at 90% of the public by 2012	Strategy 1 Develop and implement formal and informal education policies with regard to anti-tobacco actions	Ministry of Health, Ministry of Education	nistry of Interior, nistry of ucation, ÖK, nistries ponsible for mily and Sport, HO, Media, NGO,	ovincial Education rectorates Universities lice departments, nistries responsible for mily and Sport, HO, Media, NGO, hool Family Unions, hool Student Assembly esidents cal Administrations	nistry of ucation nistry of alth, nistry of erior ÖK nistries ponsible for mily and Sport,	preparing curriculum for different ucation levels and institutions, . issuing and monitoring circulars for engthening the nonsmoking school rm within all kinds of schools and for effective implementation of the law .5727, . establishing tobacco control groups schools, . creating and implementing "white g project" for nonsmoking schools . increasing the number of mpetitions at schools regarding the rms of smoking (picture, brochure, mposition etc) . making announcements in the MOE b site . starting and continuing computer-sed trainings at schools with computer rdware	noking attitude in rious groups and uations smoking ratio amongst chers, ratio of teaches oking in front of dents, smoking ratio amongst dents	Current situation alysis questionnaire Progress situation estionnaire	08-2009
		Ministry of Health YÖK	Ministry of Health, YÖK	Faculties WHO NGO	Universities YÖK	3. including curriculum that can change information, attitudes and behaviors regarding the fight against smoking into the curriculum of the School of Medicine and other health faculties, identifying methods for monitoring the implementations	1. creating the curriculum 2. smoking prevalence in health schools amongst students	Current situation alysis questionnaire Progress situation estionnaire	2008-2009
		Ministry of Health TAPDK	Ministry of Health TAPDK	Ministry of Interior Ministry of Education, Ministries responsible for Family and Sport, Local Administrations WHO, Media, NGO, YÖK,	Ministry of Health TAPDK	4. conducting conferences, preparing and distributing informative brochures, Ensuring that the role models in society (sportsmen, artists) join the activities regarding the harms of smoking	Achieving change in terms of information, attitude and behaviors in the society and role model groups with respect to smoking	Current situation alysis questionnaire Progress situation estionnaire	2008-

B- Informing the Public, Raising Awareness and Education

Objectives	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Create an anti-tobacco approach at 90% of the public by 2012	Strategy 2 Convey the message that utilization of tobacco products is a non-prestigious attitude among the public and expand use of striking visual themes at all places related to tobacco products	Ministry of Health, RTÜK	Ministry of Health, RTÜK	Ministries responsible for Family and Sport Ministry of Education RTÜK Film producers Media NGO Local Administrations. WHO CDC, AB	Ministry of Health, Ministries responsible for Family and Sport Ministry of Education RTÜK	1. conducting trainings on the negative health and social impacts of smoking 2. showing negative attitudes and behaviors towards the people smoking in all media programs particularly movies 3. introducing positive images and messages on the subject 4. ensuring that role models such as the known artists, sportsmen, politicians etc give messages 5. giving the message that smoking is not acceptable in the society by decreasing smoking areas and increasing smoking cessation activities	1. change in perceptions of the society on cigarette smoking 2. change in the attitudes towards cigarette smoking	Repeated studies	2008-continuous
	Strategy 3 Share with the public the information on practices of tobacco industry from past to present	Ministry of Health, TAPDK	Ministry of Health, TAPDK	NGO Ministry of Education TAPDK TEKEL Ministry of Finance Ministry of Interior Undersecretariat of Customs Ministry of Industry and Trade Media RTÜK WHO Relevant international organizations	NGO Ministry of Education TAPDK TEKEL Ministry of Finance Ministry of Interior Undersecretariat of Customs Ministry of Industry and Trade Media RTÜK WHO Relevant international organizations	1. giving information to the world and Turkish community about the evidence-based information 2. increasing collaboration with the media institutions 3. informing the media members 4. sharing the fines given for tobacco use 5. informing the public about the TAPDK accumulation and implementation on the subject	Change in the information level of the society on the subject	Studies measuring the information level of the society	2008-continuous

	Strategy 4 Inform people and raise their awareness by developing broad wide educational materials oriented towards all target population primarily to professional groups that are known to be a role model or major impact in the society	Ministry of Health, TAPDK Ministry of Education	Ministry of Health, TAPDK Ministry of Education	Provincial Education Directorates Provincial Health Directorates Parliament Local Administrations Media NGO	Ministry of Education Ministry of Health Grand National Assembly Ministry responsible for Family	1. conducting a workshop which will be attended by all relevant parties, 2. developing training material for the target groups and ensuring that the developed materials are distributed to the relevant groups	1. making the workshop 2. preparing the material and records showing that they are distributed to the relevant institutions and people 3. increase in the information level of the role models of the society	Studies measuring the information level of the various section of the society	2008

B- Informing the Public, Raising Awareness and Education

Objective	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Create an anti-tobacco approach at 90% of the public by 2012	Strategy 5 Create awareness among institutional managers and authorities and people in charge of work places on harmful effects of tobacco products and prevention of smoking indoors	Ministry of Health Ministry of Labor and Social Security	Ministry of Health Ministry of Labor and Social Security	All public institutions and agencies All private institutions and agencies Media	Grand National Assembly Ministry of Interior Worker and Employer Syndicates Civil Servant Syndicates	1. holding meetings to inform the province and district managers on the law no. 5727, Faults Law and the other legislation 2. holding meetings with the syndicates of workers, employers and civil servants to start the campaign of "Nonsmoking workplaces" 3. introducing the positive examples to the society	1. Number of "nonsmoking workplaces" 2. number of implementing the relevant article of Faults Law 3. publication time regarding the positive examples	1. number of implementing the relevant article of Faults Law 2. evaluations showing the number of the nonsmoking workplaces	2008-2009
	Strategy 6 Ensure active involvement of media in informative efforts, ensure active participation of those who are considered model for the whole community	Ministry of Health RTÜK	Ministry of Health RTÜK	All national /international and local media institutions Sensitive artists and sportspeople	Ministry of Health State Ministries Ministry of Interior TAPDK	1. meeting with RTÜK 2. meeting with the Newspapers Association 3. holding meetings with the local TV-radio institutions and local media in the provinces 4. Finding relevant/sensitive roles model identities 5. planning and regularly implementing the joint activities where the positive examples will be introduced to the society 6. preparing materials for the media (especially by Ministry of Health)	1. number of related news on the media 2. number of positive images in TV shows and movies	Repeated studies on the subject	2008- 2009
	Strategy 7 Raise awareness on the issue, in addition to any kind of educational activities by municipalities and NGOs targeting adults	Ministry of Interior	Ministry of Interior	Local Administrations Provincial Health Directorates NGO Representatives Public Education Directorates WHO	Ministry of the Interior	1. holding regional meetings with the mayors and he health directors 2. Municipalities making implementations for establishing nonsmoking provinces and districts within the concept of healthy city 3. conducting trainings to increase the interest of the municipal police on the subject (especially on the prevention of cigarette sales around schools) 4. holding regional meetings with the NGOs	1. number of provinces-district that adopted the policy of nonsmoking city 2. number of public trainings on the matter	1. works evaluating the numbers of the nonsmoking provinces and districts 2. getting regular information on the subject from the mayoralties 3. making researches on the subject in intervals	2008-2010

B- Informing the Public, Raising Awareness and Education

Objective	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Create an anti-tobacco approach at 90% of the public by 2012	Strategy 8 Raise awareness of relevant public entities and all NGOs on their anti-tobacco roles	Ministry of Health	Ministry of Health	Ministry of Interior Ministry of Finance Ministry of Industry and Trade Ministry of Education Undersecretariat of Customs Undersecretariat of Foreign Trade Undersecretariat of Treasury Professional chambers NGO, WHO	Ministry of Interior Ministry of Finance Ministry of Industry and Trade Ministry of Education Undersecretariat of Customs Undersecretariat of Foreign Trade Undersecretariat of Treasury Professional chambers	1. holding meetings with the representatives of the relevant ministries and the other public institutions and agencies 2. holding meetings with the NGO representatives	1. Number of non-smoking closed spaces 2. number of criminal implementations	Minutes of the evaluation meetings held with the participation of the relevant parties	2008
	Strategy 9 Conduct joint educational activities with institutions and organizations to implement educational policies determined	Ministry of Health Relevant agencies	Ministry of Health Relevant agencies	Ministry of Interior Ministry of Finance Ministry of Industry and Trade Ministry of Education Undersecretariat of Customs Undersecretariat of Foreign Trade Undersecretariat of Treasury Professional chambers NGO WHO, Media	Ministry of Interior Ministry of Finance Ministry of Industry and Trade Ministry of Education Undersecretariat of Customs Undersecretariat of Foreign Trade Undersecretariat of Treasury Professional chambers	1. holding meetings with the representatives of the relevant ministries and the other public institutions and agencies 2. preparing the training program 3. establishing a coordination council for ensuring the sustainability of the works, planning and evaluating the activities annually	1. Number of meetings conducted 2. whether the decisions taken are implemented 3. coordination council formed	Annual evaluation of works	2008-2009

	Strategy 10 Monitor efficacy of on-going information/awareness campaigns regularly	Ministry of Health	Ministry of Health	Ministry of Interior Ministry of Finance Ministry of Industry and Trade Ministry of Education TAPDK Undersecretariat of Customs Undersecretariat of Foreign Trade Undersecretariat of Treasury NGO, TURKSTAT	Ministry of Interior Ministry of Finance Ministry of Industry and Trade Ministry of Education TAPDK Undersecretariat of Customs Undersecretariat of Foreign Trade Undersecretariat of Treasury NGO, TURKSTAT	1. holding meetings with the representatives of the relevant ministries and the other public institutions and agencies 2. holding meetings with the NGO representatives	1. number of campaign for various groups 2. increasing the information level of the society , Change in attitude in the population regarding smoking in society	1. making researches in order to monitor the smoking ratios 2. making researches in order to monitor the passive smoking ratios	2008-2009

C- Quitting smoking

Objectives	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Identify smoking cessation rate in the society by 2009 **Increase smoking cessation rate above 40% by 2012** **Increase smoking cessation rate among health staff above 50% by end-2010** **Increase smoking cessation rate among teachers, religious staff, managers and among related professional groups above 50% by 2012** **Increase smoking cessation rate in pregnancy above 90% by** 2010	Strategy 1 Identify the actual smoking cessation rates and monitor them at regular intervals	Ministry of Health	Ministry of Health TURKSTAT Universities	Provincial Health Directorates TURKSTAT School of Public Health TÜBİTAK SPO Universities Population Studies Institute	TURKSTAT School of Public Health TÜBİTAK SPO Universities Population Studies Institute	1. Adding questions on smoking-quitting ratios to "Turkey Population and Health Research" which is done regularly 2. making regular studies to detect the achievement of the program implementations and the current status in terms of smoking quitting Those works should be as follows: *talking to the institutions such as SIS, Population Studies Institute, School of Public Health which ask status of smoking in their surveys and making collaboration protocols *projecting the Turkey Tobacco use study *providing resources and realizing Turkey Tobacco Utilization Research Project and repeating it in 5 year intervals	Making researches	Monitoring research results	2008-
	Strategy 2 Include nicotine addiction neurobiology, techniques to quit smoking and standard education on tobacco control in educational curricula within the scope of undergraduate education of health staff	Ministry of Health YÖK Universities	Ministry of Health YÖK Universities	Ministry of Education Relevant Faculties	Ministry of Education YÖK	Including the education objectives related to this issue within the core training programs of higher education	Including them in the curriculum	Monitoring the curriculum change	2008
	Strategy 3 Include involvement of short clinician intervention in all clinical encounters including primary helath care services	Ministry of Health	Ministry of Health	Provincial Health Directorates Universities TMA Specialist Physician Associations Pharmaceutical industry	Ministry of Health Universities TMA Specialist Physician Associations Pharmaceutical industry	1. preparing the diagnosis and treatment manuals 2. giving port-graduate training programs to the relevant professions 3. starting the pilot implementation for recording smoking info into the personal file (the rule of using labels) 4. adding the short clinic talks to the performance points Ministry of Health	Diagnosis and treatment guidelines Post-graduate training programs that are given The results of labeling implementation	Evaluating the results of the monitoring of the physician and health institutions in terms of short interventions	2009-

Identify smoking cessation rate in the society by 2009 **Increase smoking cessation rate above 40% by 2012** **Increase smoking cessation rate among health staff above 50% by end-2010** **Increase smoking cessation rate among teachers, religious staff, managers and among related professional groups above 50% by 2012** **Increase smoking cessation rate in pregnancy above 90%**	Strategy 4 Provide supportive organization increasing motivation for those who are willing to quit smoking	Ministry of Health	Ministry of Health	NGO Telecom and GSM operators Specialty Associations	NGO Telecom and GSM operators Specialty Associations	Establishing a review and study team primarily for forming the quit lines Forming the quit line	Launching the pilot implementation for quit line and evaluation reports	Quit line utilization information	2009-
	Strategy 5 Ensure ease of accessibility of treatments proved to be effective in treating nicotine addiction and put into practice those that are not currently in use in the country	Ministry of Health	Ministry of Health	Ministry of Finance SSI Turkish Union of Pharmacists Pharmaceuticals Industry TMA Specialty associations	Ministry of Finance SSI	1. licensing the drugs in this field in the world 2. meeting with the relevant parties to cover the drugs treating nicotine addiction under insurance coverage	List of the licensed drugs The decision for taking the treatment drugs under insurance coverage	Monitoring the licensing phase Procedures for taking under insurance coverage	2009-2010
	Strategy 6 Identify smokers in schools and work places and launch motivation and support programs to help them quit smoking	Ministry of Health Ministry of Education Ministry of Labor and Social Security	Ministry of Health Ministry of Education Ministry of Labor and Social Security	Provincial Education Directorates Relevant public institutions Private sector workplaces Faculties Ministry of Interior	Universities Ministry of Interior MNE	Initiating the "nonsmoking institution" process in collaboration with the 5th strategy of the first groups	Number of non-smoking workplaces and schools	Monitoring the number of non-smoking institutions	2008-2010

Identify smoking cessation rate in the society by 2009 **Increase smoking cessation rate above 40% by 2012** **Increase smoking cessation rate among health staff above 50% by end-2010** **Increase smoking cessation rate among teachers, religious staff, managers and among related professional groups above 50% by 2012** **Increase smoking cessation rate in pregnancy above 90%**	Strategy 7 Organize massive campaigns for cessation targeting the general public and special groups (health staff, teachers, religious staff)	Ministry of Health	Ministry of Health	Provincial Education Directorates Provincial Health Directorates Worker, employer and civil servant institutions, Offices of the Muftis Media WHO	Ministry of Education Ministry of Labor and Social Security Worker, employer and civil servant institutions Presidency of Religious Affairs	Continuing the national campaign of Quit-Win in every 2 years and quit-win campaign in the interim years for special groups	Number of campaigns conducted Number of participants to the campaigns	Monitoring the campaign activities	2008-
	Strategy 8 Include smoking cessation practices in national and/or international health programs related to cardio-vascular diseases and ensure coordination among such programs	Ministry of Health	Ministry of Health	Relevant program managers Specialty associations	Relevant program managers Specialty associations	1. holding meetings with the relevant institutions 2. programs entering into implementation	Including information in the relevant programs on quitting smoking	Monitoring whether information on quitting smoking are included I the relevant programs	2008-

Identify smoking cessation rate in the society by 2009 **Increase smoking cessation rate above 40% by 2012** **Increase smoking cessation rate among health staff above 50% by end-2010** **Increase smoking cessation rate among teachers, religious staff, managers and among related professional groups above 50% by 2012** **Increase smoking cessation rate in pregnancy above 90%**	Strategy 9 Prevent introduction of smoking cessation techniques that are not based on scientific evidence	Ministry of Health	Ministry of Health	Specialty associations Universities Turkish Union of Pharmacists, Ministry of Justice Ministry of Industry and Trade Undersecretariat of Customs TAPDK	Specialty associations Universities Turkish Union of Pharmacists, Ministry of Justice Ministry of Industry and Trade Undersecretariat of Customs TAPDK	1. preparing a report on the current situations and the measures to be taken 2. preparing a legislation for ensuring the legal base	Number of methods for quitting smoking which are non-scientific and prevented Preparing the legislation	Monitoring the number of prevented methods	2008-
	Strategy 10 Monitor efficacy of smoking cessation practices regularly and strengthening units that will ensure monitoring	Ministry of Health	Ministry of Health	Universities WHO	Universities WHO	Forming the monitoring committee	Monitoring committee reports	Monitoring the reports	2008-

D- Prevent access to tobacco products among the youth

Objectives	Strategies	Responsible Unit	Stakeholders			Activities	Performance Criteria	Monitoring and Evaluation	Timing (Dates of commencement and completion)
			Planning	Implementation	Execution				
Reduce smoking rate to zero among the youth below 15 years, and to half of the current rate among the age group of 15 – 24 years by 2012	Strategy 1 Supervise conformity to the existing legal regulation banning sale and provision of tobacco and tobacco products to those below 18 years and apply penalty sanctions as disincentive to those who do not conform	Ministry of Interior TAPDK SSUK	Ministry of Interior TAPDK SSUK	Province Tobacco Control Councils Provincial Special Administrations Municipalities Media SSUK	Province Tobacco Control Councils Provincial Special Administrations Municipalities Media SSUK	1. Provincial Special Administrations ensuring that the ban is implemented by all sectors 2. Cigarette Health National Committee advocating the law no.5227 and its requirements	1. number of activities for the implementation of the law 2. fines implemented	Monitoring the activities	2008-constant
	Strategy 2 Ensure sale of tobacco and tobacco products at places exclusively allocated for such sale	TAPDK	TAPDK	Ministry of Interior Municipalities NGO Groceries and Dealers' Federation	Ministry of Interior Municipalities NGO Groceries and Dealers' Federation	1. implementing the law 2. making the audits	1. number of audits 2. number of exclusive points of sale	Monitoring the number of the audits	2008-constant
	Strategy 3 Ensure that tobacco product sellers require from the young willing to buy tobacco to document that they above 18	Ministry of Interior TAPDK	Ministry of Interior TAPDK	Municipalities, Municipal police NGO SSUK Media Voluntary youth group	Municipalities, Municipal police NGO SSUK Media Voluntary youth group	1. tobacco products sellers asking for documents regarding age during cigarette sale 2. forming a voluntary youth group to monitor the status of asking for the above mentioned document 3. media introducing this ban 4. introducing the positive examples to the community	1. results of the studies on the subject 2. number of positive examples 3. number of violations detected by the voluntary youth	Monitoring the research data	2008-

	Strategy 4 Create awareness about the ban of tobacco sale to those under 18 years	Ministry of Health TAPDK SSUK	Ministry of Health TAPDK SSUK	Ministry of Interior RTÜK Media MNE NGO (TV broadcasters Association etc)	Ministry of Interior RTÜK Media MNE NGO (TV broadcasters Association etc)	1. media giving messages about no selling cigarette to the ones below the are of 18	Number of messages published in the media	Monitoring the relevant messages in publications	2008-
Reduce smoking rate to zero among the youth below 15 years, and to half of the current rate among the age group of 15 – 24 years by 2012	Strategy 5 Ensure compliance with the regulation banning accessibility to tobacco products through tobacco vending machines, self-service sale, mail order, on-line order as well as through direct means such as at market shelves and cash of the markets	TAPDK	TAPDK	Ministry of Interior Ministry of Industry and Trade NGO	Ministry of Interior Ministry of Industry and Trade NGO	Making the necessary arrangements at the points of sale	Audit results	Evaluating the audit results	2008-
	Strategy 6 Give due care that logo, color and shapes of tobacco products are not the same with those of candies, appetizers, toys, t-shirts, bags, etc and that the regulation banning distribution and sale of such goods is respected	Ministry of Industry and Trade	Ministry of Industry and Trade	Industry and Trade Chambers Ministry of Interior TAPDK NGO	Industry and Trade Chambers Ministry of Interior TAPDK NGO	1. Holding meetings with the relevant institutions and defining the shortcomings 2. performing the subject-related audits	Preparing a report for the identified deficiencies Number of audits /their reports	Status of eliminating the deficiencies Evaluating the audit reports	2008-
	Strategy 7 Ban sale and use of tobacco and tobacco products (cigarettes, Hookah/Hubble bubbles) at cafes, internet cafes, canteens, dormitories and etc where young population frequently goes	Ministry of Interior Municipalities TAPDK	Ministry of Interior Municipalities TAPDK	TAPDK TOBB NGO Local /national Media	TAPDK TOBB NGO Local/national Media	1. preventing smoking in common areas and implementing the law 2. rendering the owners of the cafes, internet cafes etc enterprises on nonsmoking via mayors 3. implementing smoke detectors in voluntary institutions	1. Implementation of legal support 2. number of places with some detector	Monitoring the activities performed	2009-

	Strategy 8 Ensure that local authorities, NGOs, institutions and organizations provide places for youth for sportive and cultural activities without being exposed to smoke	Youth and Sports Directorate General	Youth and Sports Directorate General	Sport Clubs Federations Municipalities YÖK Media Ministry of Interior Private sector Clubs	v Municipalities YÖK Media Ministry of Interior Private sector Clubs	1. promoting nonsmoking clubs, - e.g. nonsmoking club campaign 2. training the trainers 3. placing subject-related information in the sports or training works	1. information level and the attitudes of the trainers 2. information level and the attitudes of the sportsmen 3. number of nonsmoking clubs 4. change in the curriculum 5. number of club campaigns	1. Studies on the subject 2. regular information flow from the sports clubs 3. number of clubs joining the campaign	2008-2012

Healthy Nutrition

A-Prevention of Obesity and Ensuring Healthy Nutrition

Objective	Strategy	Responsible Unit	Stakeholders			Performance Criteria	Monitoring and Evaluation	Timing
			Planning	Implementation	Execution			
Raise awareness in the society with regard to healthy nutrition, ensure sufficient and balanced diet, prevent diseases related to malnutrition	Strategy 1 Promote vegetable and fruit based (at least 400 g/5 portion per day) nutrition, increase access to fresh vegetables and fruits	Ministry of Health	PHCDG Universities	Provincial Education Directorates Provincial Health Directorates Municipalities Offices of the Muftis, NGO Food Associations Federation Ministry of Agriculture and Rural Affairs Ministry of Finance Media, TURKSTAT, Universities	Ministry of Health Ministry of Education, RTÜK, Ministry of Agriculture and Rural Affairs Ministry of Finance Presidency of Religious Affairs, TURKSTAT Universities	Number of activities made in this field, Making field studies, Daily amount of vegetable/fruits consumed per capita (g/day), Annual amount of vegetable/fruits consumed per capita (kg/year/person)	Annual Report and/or 5-10 yearly report	2008-2012
	Strategy 2 Ensure consumption of reasonable amount of bread, cereals, pasta, rice and potato, instead of over-consumption	Ministry of Health	PHCDG Universities	Provincial Education Directorates Provincial Health Directorates Municipalities, Offices of the Muftis NGO, Food Associations Federation, Ministry of Agriculture and Rural Affairs Media, Universities, URKSTAT	Ministry of Health Ministry of Education RTÜK Ministry of Agriculture and Rural Affairs Presidency of Religious Affairs	Studies made in this field, Number of activities made in this field	Annual Report and/or 5-10 yearly report	2008-2012
	Strategy 3 Ensure consumption of unsaturated fat instead of saturated fat (more than 30% of daily energy should not be taken from fat)	Ministry of Health	PHCDG, University	Ministry of Agriculture and Rural Affairs Provincial Education Directorates Provincial Health Directorates Municipalities, Offices of the Muftis NGO, Food Associations Federation Ministry of Industry, Media	Ministry of Health Ministry of Education RTÜK Ministry of Agriculture and Rural Affairs Presidency of Religious Affairs	Number of activities made in this field, Field studies made, Amount of fat sold, Daily amount of unsaturated fat consumed per capita	Annual Report and/or 5-10 yearly report	2008-2012

Raise awareness in the society with regard to healthy nutrition, ensure sufficient and balanced diet, prevent diseases related to malnutrition	Strategy 4 Promote consumption of fat-free red meat, fish, chicken and pulses instead of fat red meat	Ministry of Health	PHCDG, University	Ministry of Agriculture and Rural Affairs Provincial Education Directorates Provincial Health Directorates Municipalities Offices of the Muftis NGO Food Associations Federation Ministry of Industry, Media	Ministry of Health Ministry of Education RTÜK Ministry of Agriculture and Rural Affairs Presidency of Religious Affairs	Field studies, Amount of red meat, white meat and pulses consumed per capita	Annual Report and/or 5-10 yearly report	2008- 2012
	Strategy 5 Promote consumption of fat-free or light milk and dairy products (fat-free or skimmed milk, curd cheese)	Ministry of Health	PHCDG, University	Ministry of Agriculture and Rural Affairs Provincial Education Directorates Provincial Health Directorates Municipalities Offices of the Muftis NGO, Food Associations Federation Ministry of Industry, Media	Ministry of Health Ministry of Education RTÜK Ministry of Agriculture and Rural Affairs Presidency of Religious Affairs	Field studies, Amount of milk and dairy products consumed per capita, Amount of milk and dairy products sold	Annual Report and/or 5-10 yearly report	2008-2012
	Strategy 6 Promote consumption of food with little sugar, limit daily consumption of soft drinks and sweet	Ministry of Health	PHCDG, University	Ministry of Agriculture and Rural Affairs Provincial Education Directorates Provincial Health Directorates Municipalities Offices of the Muftis NGO Food Associations Federation Ministry of Industry, Media	Ministry of Health Ministry of Education RTÜK Ministry of Agriculture and Rural Affairs Presidency of Religious Affairs	Field studies, Daily amount of sugar consumed per capita, Sales of soft drinks and sweet	Annual Report and/or 5-10 yearly report	2008-2012

Raise awareness in the society with regard to healthy nutrition, ensure sufficient and balanced diet, prevent diseases related to malnutrition	Strategy 7 Decrease consumption of salt to enable daily intake of 100 mmol/L maximum (daily <6 g NaCl or < 2.4 g Na)	Ministry of Health Ministry of Agriculture and Rural Affairs	Ministry of Health Ministry of Agriculture and Rural Affairs	NGO, Food Associations Federation Ministry of Industry Food producers Ministry of Industry and Trade Media	RTÜK Ministry of Agriculture and Rural Affairs NGO	Daily amount of salt consumed per capita, Field studies	Annual Report and/or 5-10 yearly report	2008-2012
	Strategy 8 Re-regulation of salt rates in convenience food	Ministry of Health Ministry of Agriculture and Rural Affairs	Ministry of Health Ministry of Agriculture and Rural Affairs	NGO, Food Associations Federation Food producers / Firms Ministry of Industry and Trade Media	Ministry of Agriculture and Rural Affairs Ministry of Industry and Trade, NGO Manufacturers	Making the relevant legal regulation	Following the necessary regulation	2008-2012
	Strategy 9 Ensure preparation of food in hygienic conditions, promote healthy cooking methods like steam cooking, boiling, cooking in oven	Ministry of Health	PHCDG, Universities, TAPDK	Media Food producers Municipalities NGO	Media Food producers NGO, Municipalities	Amount of the food prepared in hygienic conditions, making the audits	Annual Report	2008-
	Strategy 10 Impose additional tax on food with adverse effects on health, reduce value added tax on basic food necessary for healthy nutrition	Ministry of Finance Prime Ministry	Ministry of Finance, Ministry of Agriculture and Rural Affairs, PHCDG Universities Food Associations Federation, NGO	Ministry of Finance	Ministry of Finance	List of the products with additional tax and deducted VAT	Annual Report	2011
	Strategy 11 Take necessary measures for supply and access to healthy food for the poor and disadvantageous groups	Municipalities Ministry of Finance	Ministry of Finance, Municipalities	Prime Ministry SPO Ministry responsible for family Provincial Education Directorates, Schools Municipalities, NGO	Ministry of Finance Municipalities NGO	Regulations made on this matter, the activities conducted	Annual Report	2008-2012

B- Implementation of National Nutrition Program

Objective	Strategy	Responsible Unit	Stakeholders			Performance Criteria	Monitoring and Evaluation	Timing
			Planning	Implementation	Execution			
Prepare healthy nutrition programs and promote inter-sectoral cooperation	Strategy 1 Prepare the National Obesity Prevention Program and Action Plan	Ministry of Health	PHCDG SPO, Prime Ministry Youth and Sports Directorate General, Ministry of Agriculture and Rural Affairs, Ministry of Education, Ministry of Interior, Ministry of Industry and Trade, Universities, TURKSTAT, Professional organizations , NGOs	SPO, Prime Ministry Youth and Sports Directorate General, Ministry of Agriculture and Rural Affairs, Ministry of Education, Ministry of Interior, Ministry of Industry and Trade, Universities, TURKSTAT, Professional organizations , NGOs	Ministry of Health Ministry of Agriculture and Rural Affairs ,NGO Ministry of Education, Ministry of Industry and Trade	Preparing the plan	Following the preparation process	2008- 2009
	Strategy 2 Carry out "Food Consumption, Nutrition and Health Research in Turkey" in order to identify the current status of nutrition and diseases related to nutrition in Turkey	Ministry of Health	PHCDG	Universities TURKSTAT NGO	PHCDG Universities NGO	Making the research in 5 and/or 10 years	5-and/or 10 years Report	2008-2013
	Strategy 3 Update "Nutrition Guide for Turkey" in view of risky groups and age groups and expand its use	Ministry of Health	PHCDG	PHCDG Universities, NGO Specialty associations	PHCDG SEGM	81 provincial health institution utilization ratio	Information Flow Questionnaire	2012
	Strategy 4 Organize training for health staff and public training in line with the recommendations in "Nutrition Guide for Turkey".	Ministry of Health	PHCDG	Universities Provincial Health Directorates Ministry of Education Municipalities, NGO	PHCDG Ministry of Education Municipalities NGO	Number of trainings/ Number of trainees	Center and province training reports	2008-2012

Prepare healthy nutrition programs and promote inter-sectoral cooperation	Strategy 5 Emphasize the issues of obesity and healthy nutrition in curricula of medical and vocational health schools	YÖK	Universities, YÖK	Universities	Universities YÖK	Healthy nutrition subject included in the curriculum	Annual Report	2009-2012
	Strategy 6 Update curriculum related to nutrition at schools, teach primary principles of healthy nutrition at primary and secondary education	Ministry of Education Ministry of Health	Ministry of Education PHCDG	National Education Directorates /Schools Universities NGO	Ministry of Education	Content and time of the nutrition classes	Annual Report	2008-2012
	Strategy 7 Prepare legal regulations for mandatory declaration of clear nutrition instructions on labels that inform consumers to promote healthy consumption of food	Ministry of Agriculture and Rural Affairs	Ministry of Agriculture and Rural Affairs	Ministry of Health Universities Trace Chambers NGO	Ministry of Agriculture and Rural Affairs	Making and implementing the legal regulations	Annual Report	2008-2012
	Strategy 8 Increase coordination between the Ministry of Health and Ministry of Agriculture and Rural Affairs	Ministry of Health Ministry of Agriculture and Rural Affairs	Ministry of Health, Ministry of Agriculture and Rural Affairs	Ministry of Health, Ministry of Agriculture and Rural Affairs	Ministry of Health Ministry of Agriculture and Rural Affairs	Number of collaboration works, protocols signed	Annual Report	2008
	Strategy 9 Carry out studies for delivery of collective catering services (health institutions, nursing homes, schools, crèches, restaurants, public institutions and organizations, etc) according to healthy nutrition requirements, develop certification programs for those working in the sector	Ministry of Health	PHCDG	PHCDG Universities Municipalities Ministry of Agriculture Ministry of Industry and Trade TSE, NGO Ministry of Education,	Ministry of Health Ministry of Education	Working minutes, number of the certification programs	Annual Report	2008-2012

Prepare healthy nutrition programs and promote inter-sectoral cooperation	Strategy 10 Develop consumer training programs related to safe selection, preparation, storage and cooking methods for healthy nutrition	Ministry of Health	PHCDG	Universities Media NGO Ministry of Agriculture and Rural Affairs	Ministry of Health	Number of consumer training programs	Annual Report	2008-2012
	Strategy 11 Carry out periodic national survey repeated at certain intervals for identification of nutrition behaviors in all age groups, especially among children and adolescents in our country	Ministry of Health	Ministry of Health	Universities TURKSTAT NGO	Ministry of Health TURKSTAT Universities NGO	Making researches	Study reports made in 5-10 years	2009-2012
	Strategy 12 Limit sale of high calorie but low nutritive food at school canteens and cafeterias, take measures to deter target population from consuming such food, make regulate advertisement of food for children	Ministry of Education Ministry of Health	Ministry of Education Ministry of Health	Ministry of Education, RTÜK, NGOs, Food producers Municipalities Ministry of Agriculture and Rural Affairs	Ministry of Education, RTÜK, NGOs, Food producers	Number of canteens and cafeterias that make sales in consistency with the healthy nutrition criteria	Audit reports	2008-2012

Objective	Strategy	Responsible Unit	Stakeholders			Performance Criteria	Monitoring and Evaluation	Timing
			Planning	Implementation	Execution			
Develop healthy nutrition in kids and adolescents	Strategy 1 Inform public about the role of breast milk in healthy development of infants through published and visual media	Ministry of Health	MCHFP	81 provincial health directorates Municipalities Media NGO, RTÜK WHO, UNICEF	Ministry of Health NGO RTÜK	Number of publications included in the media	Annual Report	2008-
	Strategy 2 Restrict consumption of food and beverages that are frequently consumed during childhood and puberty and that carry the risk of leading to overweight	Ministry of Health, Ministry of Education	Ministry of Health, Ministry of Education	National Education directorates /school family unions Ministry responsible for family Ministry of Agriculture and Rural Affairs, Media, NGO Food producers	Ministry of Education, PHCDG, MCHFP, RTÜK, NGOs	Number of plans prepared and the programs implemented	Annual Report	2008-2012
	Strategy 3 Promote sale of healthy food in places where children and adults go frequently such as schools, private education centers and cinema	Ministry of Education, Ministry of Agriculture and Rural Affairs	Ministry of Health, Ministry of Education	Ministry of Education Ministry of Agriculture and Rural Affairs, Municipalities Ministry of Industry and Trade, Ministry of Interior, NGO, Media Food producers	Ministry of Education, Municipalities Ministry of Agriculture and Rural Affairs	Number of healthy food sold in relevant places	Annual Report	2008-2012
	Strategy 4 Prevent utilization of products that attract children at fast food restaurants as advertisement and promotion	Ministry of Health, Ministry of Agriculture and Rural Affairs	Ministry of Health, Ministry of Agriculture and Rural Affairs,	Ministry of Agriculture and Rural Affairs, Ministry of Industry and Trade, Universities, NGOs Manufacturers	Ministry of Agriculture and Rural Affairs, Ministry of Industry and Trade	Number of fast food restaurants that do not give out promotional products	Annual Report	2008-2012

Develop healthy nutrition in kids and adults	Strategy 5 Promote feeding of infants only with breast milk in the first 6 months of the delivery and starting complementary food accompanying breast milk after the first 6 months and promote giving breast milk until the age of 2	Ministry of Health	MCHFP Directorate General	Prime Ministry, Provincial Health Directorate, Media, NGOs Universities, SSCPA	Ministry of Health	Number of infants who are fed only with breast milk in the first 6 months	Annual Report	2008-2012
	Strategy 6 Increase activities related to healthy nutrition at schools	Ministry of Education	Ministry of Education	Ministry of Education Municipalities NGO WHO UNICEF	Ministry of Education	Number of activities performed	Annual Report	2008-2012
	Strategy 7 Ensure consultancy on nutrition in health facilities and expand these services, particularly enable expectant and lactating mothers take advantage of such services	Ministry of Health	MCHFP, PHCDG Curative Services Directorate General,	MCHFP, PHCDG, Curative Services Directorate General, Prime Ministry, SSCPA, NGOs	MCHFP, PHCDG, Curative Services Directorate General	Number of women who received consultancy service	Annual Report	2008-2012
	Strategy 8 Develop "dietitian" services at the community health centers particularly for risk groups	Ministry of Health	PHCDG	Universities	PHCDG	Preliminary work minutes	Annual Report	2008-2012

Objective	Strategy	Responsible Unit	Stakeholders			Performance Criteria	Monitoring and Evaluation	Timing
			Planning	Implementation	Execution			
Promote healthy nutrition in adults	Strategy 1 Broadcast programs to emphasize underlining the side effects of fat, flour, salt and sugar consumption	Ministry of Health	Ministry of Health, Universities RTÜK	Media Universities NGO	Press media institutions RTÜK	Number of programs broadcasted	Annual Report	2008-2012
	Strategy 2 Restrict advertisement of food products that have side effects on health	Ministry of Health	Ministry of Health, RTÜK	Ministry of Health, Media NGO	Press media institutions , RTÜK	Number of products whose advertisements are restricted	Annual Report	2008-2012
	Strategy 3 Draw attention to meals that prevent overweight and protect heart in cooking programs and if recipes are given, indicate the nutritional value and calorie of a single portion	Ministry of Health	Ministry of Health, RTÜK	Ministry of Health, Media NGO RTÜK	Press media institutions RTÜK	Making the necessary legal regulations on this matter	Annual monitoring and audit reports	2008-2012
	Strategy 4 Organize informative meetings for soldiers at the Turkish Armed Forces on the benefits of healthy nutrition and overweight	Ministry of National Defense, TAF	Ministry of National Defense, Ministry of Health, General Staff, GATA	Ministry of National Defense, Ministry of Health, General Staff, GATA	Ministry of National Defense, Ministry of Health, General Staff, GATA	Number of soldiers who received lecture on healthy nutrition	Annual Report	2009
	Strategy 5 Address healthy nutrition in sermons and preaches	Presidency of Religious Affairs	Ministry of Health, Presidency of Religious Affairs	Offices of the Muftis NGO	Presidency of Religious Affairs	Number of sermons and preaches on healthy nutrition	Annual Report	2009
	Strategy 6 Organize activities related to healthy nutrition with participation of local authorities and related experts	Ministry of Health	Ministry of Health, Universities Ministry of Interior	Local Administrations NGO	Ministry of Interior Municipalities	Number of activities organized	Annual Report	2008-2012
	Strategy 7 Promote community health, consistent with national nutrition policies and scientific basis that programs and announcements related to nutrition within audio-visual media.	Ministry of Health, RTÜK Press media institutions	PHCDG RTÜK Universities	PHCDG, RTÜK Press media institutions, NGOs, Food producers	PHCDG RTÜK Press media institutions , NGO	Number of programs in consistency with the national nutrition policies	Annual Report	2008-2012

	Strategy 8 Cooperate at utmost level with the relevant public institutions and organizations, private sector, NGOs, universities and international organizations	Ministry of Health	PHCDG	Prime Ministry, Relevant national and international institutions and agencies, NGOs, Food sector	PHCDG	Number of meetings and activities organized with the participation of numerous institutions	Annual Report	2008-2012

Physical Activity

Raise awareness in the society related to positive effects of physical activity on health

Objective	Strategy	Responsible Unit	Stakeholders			Performance Criteria	Monitoring and Evaluation	Timing
			Planning	Implementation	Execution			
Raise awareness related to physical activity in children and adolescents	Strategy 1 Establishment of adequate and safe playground and sports grounds at easily accessible points	Ministry of Interior	Ministry of Health, Ministry of Interior, Local Administrations, National Real Estate Directorate General	Ministry of Interior, Local Administrations, National Real Estate Directorate General	Ministry of Interior, Local Administrations, National Real Estate Directorate General	Playground and sports ground that are put into service	Annual Report	2008-2012
	Strategy 2 Open sports facilities of public entities and schools to the use of public during holidays	Youth and Sports Directorate General	Ministries, Ministry of Education, Youth and Sports Directorate General	Ministries, Ministry of Education, Youth and Sports Directorate General	Youth and Sports Directorate General, Governorships	Number of the sports facilities open for public use during holidays	Annual Report	2008-2012
	Strategy 3 Expand cycle paths and walking routes in the existing settlements, and make this practice compulsory in new settlements	Ministry of Interior	Ministry of Interior, Ministry of Public Works, Local Administrations, National Real Estate Directorate General	Ministry of Interior, Local Administrations, National Real Estate Directorate General	Ministry of Interior, Local Administrations, National Real Estate Directorate General	Length of the cycle paths and the walking routes that are new	Annual Report	2008-2012
	Strategy 4 Increase the time and quantity of physical activities and education, club activities in schools	Ministry of Education	Ministry of Education Ministry of Health	81 provincial health directorates, Ministry of Health, NGO	Ministry of Education	Number of weekly physical activity lectures	Annual Report	2008-2012
	Strategy 5 Develop scouting activities that will contribute to social and physical development of children	Ministry of Education	Ministry of Education Ministry of Health, Youth and Sports Directorate General	81 provincial health directorates Ministry of Health, Youth and Sports Directorate General	Ministry of Education Youth and sports provincial directorates	Number of scouting camps and activities	Annual Report	2008-2012
	Strategy 6 Organize summer camps as at least one camp in each province and raise the number of students benefiting from these camps	Youth and Sports Directorate General, Municipalities	Youth and Sports Directorate General	Youth and Sports Directorate General Municipalities, NGO Private clubs	Youth and sports provincial directorates	Number of students benefiting from summer camps	Annual Report	2008-2012
	Strategy 7 Minimize activities leading to less physical activity in children and adults such as watching TV, playing computer games	Ministry of Health, Ministry responsible for Family	Ministry of Health Ministry responsible for Family Universities	Ministry of Education, Ministry of Culture and Tourism, Youth and Sports Directorate General Media, NGO Universities, RTÜK	Relevant ministry and the provincial organizations of the relevant institutions	Studies on the durations children spend watching TV and working with the computer	Study results	2008-2012
	Strategy 8 Ensure inter-sectoral cooperation (public, municipalities, private, NGO)	Ministry of Health	PHCDG	Prime Ministry, All relevant institutions and agencies, NGOs,	PHCDG	Number of meetings and activities organized with the participation of numerous institutions	Annual Report	2008-2012

Objective	Strategy	Responsible Unit	Stakeholders			Performance Criteria	Monitoring and Evaluatio	Timing
			Planning	Implementation	Execution			
Create awareness of physical activity in adults	Strategy 1 Promote employees to engage in physical activity during lunch breaks and provide adequate conditions for this	Ministry of Health Ministry of Labor and Social Security	Ministry of Health Ministry of Labor and Social Security	Universities All relevant public institutions and agencies NGO, Municipalities	Governorships, Local Administrations	Number of workplaces that opened gyms	Annual Report	2008-2012
	Strategy 2 Make pedestrian ways safe and comfortable for all age groups	Ministry of Interior	Ministry of Health, Ministry of Interior, Local Administrations, National Real Estate Directorate General	Ministry of Interior, Local Administrations, National Real Estate Directorate General	Ministry of Interior, Local Administrations, National Real Estate Directorate General	Length of the ways made safe and comfortable to walk	Annual Report	2008-2012
	Strategy 3 Raise awareness of local administrations that living spaces are primarily for pedestrians, not for vehicles	Ministry of Interior	Ministry of Health, Ministry of Interior, Local Administrations, National Real Estate Directorate General	Ministry of Interior, Local Administrations, National Real Estate Directorate General	Ministry of Interior, Local Administrations, National Real Estate Directorate General, Press media institutions	Number of the activities performed	Annual Report	2008-2012
	Strategy 4 Broadcast TV programs for habituating the elderly to physical exercises fitting their age and health	Ministry of Health	Ministry of Health, Universities Municipalities RTÜK	Media Municipalities Universities NGO	Municipalities NGOs, Press media institutions	Number of programs broadcasted	Annual Report	2008-2012
	Strategy 5 Monitor body mass index (BMI), waist circumference of adults in primary health care centers, training of health staff and establish referral system	Ministry of Health Directorate General Primary Health Care Services	Ministry of Health Primary Health Care Services Directorate General, MCHFP Directorate General	81 provincial health directorates	Ministry of Health Primary Health Care Services Directorate General, MCHFP Directorate General	BMI index, Number of the trainings given to the health personnel	Annual Report	2008-2012
	Strategy 6 Ensure inter- sectoral cooperation (public, municipalities, private, NGOs)	Ministry of Health	Ministry of Health Primary Health Care Services Directorate General	Prime Ministry, All relevant institutions and agencies, NGOs,	PHCDG	Number of meetings and activities organized with the participation of numerous institutions	Annual Report	2008-2012
	Strategy 7 Facilitate physical and financial accessibility to physical activities	Private sector Municipalities	Municipalities NGOs,	All relevant institutions and agencies, NGOs, Municipalities Private sector	All relevant institutions and agencies, NGOs, Municipalities	Regulations made in this field	Annual Report	2008-2012

8.2. ANNEX B: Other important issues concerning a Comprehensive Cardiovascular Disease Control and Prevention Program

Other important issues proposed by World Health Organization concerning a comprehensive "Cardiovascular Disease Control and Prevention Program" are described below.

Other Important Study Areas

Other components of the prevention and control program of the cardiovascular diseases, apart from decreasing the outstanding risk factors and social and economic markers of the cardiovascular diseases are as follows:

- Developing the standards of curative and cost-effective case management for cardiovascular diseases,
- Increasing the capacity to meet the needs of the health services concerning cardiovascular diseases
- Assessing the major risk factors relating to the models and tendencies, developing applicable surveillance methods for monitoring the attempts concerning the prevention and control,
- Developing, in an efficient way, global network and partnership between the countries and regions.

Reducing the Burden of Cardiovascular Diseases

80% of the heart diseases and premature deaths subject to paralysis can be prevented by healthy nutrition, regular physical activity and through avoiding smoke. People can reduce their cardiovascular diseases risk by performing regular physical activity, avoiding smoking and being a passive smoker, preferring a fruit and vegetable rich diets, avoiding nutrition rich in fats, salt and sugar and preserving the healthy weight of the body.

On the other hand, under a comprehensive preventive program, other approaches for secondary and tertiary prevention covering manpower, technology, medicine and financing should be developed as well.

Amongst the recommendations of the World Health Organization concerning to reduce the burden of cardiovascular diseases, the following issues are mentioned;

- There are efficient and inexpensive pharmaceuticals for the treatment of cardiovascular diseases.
- Heart attack or repetition of it after paralysis or risk of death can be reduced considerably through a combination of pharmaceuticals. (Statins reducing the

cholesterol +pharmaceuticals reducing the blood pressure +preparations of acetylsalicylic acid)

- Medical devices and solutions like pace-makers, prosthetic valves and patches that heal the heart leaks are developed for the treatment of cardiovascular diseases.
- Operations like coronary arteries bypass, balloon angioplasty, valve fixing or replacement, heart transplantation and artificial heart operations are being executed for the treatment of cardiovascular diseases.
- The investments on these areas should be increased through national programs in order to prevent and control the cardiovascular and other chronic diseases.

It is important that the emergency health services should be structured so as to provide intervention in a timely and sufficient manner especially for acute MI and paralysis cases.

As part of the Health Transformation Program, in our country under the Ministry of Health, there are Command Control Centers in all provinces throughout the country at the 10th anniversary of the establishment of 112 emergency health services. Still there are 1468 fully equipped ambulances and 1179 station and no fee is charged regarding the ambulance services for the ones with no social security.

Additionally, through tele-training and tele-medicine services practices, it is aimed to increase the quality, efficiency and effectiveness of the health services delivered regarding the areas on diagnosis, treatment, training, management, research, medical monitoring and treatment; and provide facilities for the specialization centers' to consult each other. Telemedicine Project was formed considering the lack of sufficient specialist in the medical display areas, in order to meet the needs through consultation of a second opinion in complex cases, raising the patient satisfaction and for the implementation of right diagnosis and treatment. This will raise the opportunity for the implementation of tele-radiology and tele-pathology (tele-dermatology and tele-cardiology will be covered later).

8.3. ANNEX C: European Charter on counteracting obesity

WHO European Ministerial Conference on Counteracting Obesity

Diet and physical activity for health

Istanbul, Turkey, 15–17 November 2006

EUR/06/5062700/8
16 November 2006
61995
ORIGINAL: ENGLISH

European Charter on counteracting obesity

To address the growing challenge posed by the epidemic of obesity to health, economies and development, we, the Ministers and delegates attending the WHO European Ministerial Conference on Counteracting Obesity (Istanbul, Turkey, 15–17 November 2006), in the presence of the European Commissioner for Health and Consumer Protection, hereby adopt, as a matter of policy, the following European Charter on Counteracting Obesity. The process of developing the present Charter has involved different government sectors, international organizations, experts, civil society and the private sector through dialogue and consultations.

We declare our commitment to strengthen action on counteracting obesity in line with this Charter and to place this issue high on the political agenda of our governments. We also call on all partners and stakeholders to take stronger action against obesity and we recognize the leadership on this issue being provided by the WHO Regional Office for Europe.

Sufficient evidence exists for immediate action; at the same time, the search for innovation, adjustments to local circumstances and new research on certain aspects can improve the effectiveness of policies.

Obesity is a global public health problem; we acknowledge the role that European action can play in setting an example and thereby mobilizing global efforts.

1. THE CHALLENGE

We acknowledge that:

1.1 The epidemic of obesity poses one of the most serious public health challenges in the WHO

European Region. The prevalence of obesity has risen up to three-fold in the last two decades.

Half of all adults and one in five children in the WHO European Region are overweight. Of these, one third are already obese, and numbers are increasing fast. Overweight and obesity contribute to a large proportion of noncommunicable diseases, shortening life expectancy and adversely affecting the quality of life. More than one million deaths in the Region annually are due to diseases related to excess body weight.

1.2 The trend is particularly alarming in children and adolescents, thus passing the epidemic into adulthood and creating a growing health burden for the next generation. The annual rate of increase in the prevalence of childhood obesity has been rising steadily and is currently up to ten times higher than it was in 1970.

1.3 Obesity also strongly affects economic and social development. Adult obesity and overweight are responsible for up to 6% of health care expenditure in the European Region; in addition, they impose indirect costs (due to the loss of lives, productivity and related income) that are at least two times higher. Overweight and obesity most affect people in lower socioeconomic groups, and this in turn contributes to a widening of health and other inequalities.

1.4 The epidemic has built up in recent decades as a result of the changing social, economic, cultural and physical environment. An energy imbalance in the population has been triggered by a dramatic reduction of physical activity and changing dietary patterns, including increased consumption of energy-dense nutrient-poor food and beverages (containing high proportions of saturated as well as total fat, salt, and sugars) in combination with insufficient consumption of fruit and vegetables. According to available data two thirds of the adult population in most countries in the WHO European Region are not physically active enough to secure and maintain health gains, and only in a few countries does the consumption of fruit and vegetables achieve the recommended levels. Genetic predisposition alone can not explain the epidemic of obesity without such changes in the social, economic, cultural and physical environment.

1.5 International action is essential to support national policies. Obesity is no longer a syndrome of wealthy societies; it is becoming just as dominant in developing countries and countries with economies in transition, particularly in the context of globalization. Taking intersectoral action remains a challenge, and no country has yet effectively managed to

bring the epidemic under control. Establishing strong internationally coordinated action to counteract obesity is both a challenge and an opportunity, as many key measures are cross-border both in character and in their implications.

2. WHAT CAN BE DONE: the goals, principles and framework for action

2.1 The obesity epidemic is reversible. It is possible to reverse the trend and bring the epidemic under control. This can only be done by comprehensive action, since the root of the problem lies in the rapidly changing social, economic and environmental determinants of people's lifestyles. The vision is to shape societies where healthy lifestyles related to diet and physical activity are the norm, where health goals are aligned with those related to the economy, society and culture and where healthy choices are made more accessible and easy for individuals.

2.2 Curbing the epidemic and reversing the trend is the ultimate goal of action in the Region.

Visible progress, especially relating to children and adolescents, should be achievable in most countries in the next 4–5 years and it should be possible to reverse the trend by 2015 at the latest.

2.3 The following principles need to guide action in the WHO European Region:

2.3.1 High-level political will and leadership and whole-government commitment are required to achieve mobilization and synergies across different sectors.

2.3.2 Action against obesity should be linked to overall strategies to address non-communicable diseases and health promotion activities, as well as to the broader context of sustainable development. Improved diet and physical activity will have a substantial and often rapid impact on public health, beyond the benefits related to reducing overweight and obesity.

2.3.3 A balance must be struck between the responsibility of individuals and that of government and society. Holding individuals alone accountable for their obesity should not be acceptable.

2.3.4 It is essential to set the action taken within the cultural context of each country or region and to acknowledge the pleasure afforded by a healthy diet and physical activity.

2.3.5 It will be essential to build partnerships between all stakeholders such as government, civil society, the private sector, professional networks, the media and international organizations, across all levels (national, sub-national and local).

2.3.6 Policy measures should be coordinated in the different parts of the Region, in particular to avoid shifting the market pressure for energy-dense food and beverages to countries with less regulated environments. WHO can play a role in facilitating and supporting intergovernmental coordination.

2.3.7 Special attention needs to be focused on vulnerable groups such as children and adolescents, whose inexperience or credulity should not be exploited by commercial activities.

2.3.8 It is also a high priority to support lower socioeconomic population groups, who face more constraints and limitations on making healthy choices. Increasing the access to and affordability of healthy choices should therefore be a key objective.

2.3.9 Impact on public health objectives should have priority consideration when developing economic policy, as well as policies in the areas of trade, agriculture, transport and urban planning.

2.4 A framework, linking the main actors, policy tools and settings, is needed to translate these principles into action.

2.4.1 All relevant government sectors and levels should play a role. Appropriate institutional mechanisms need to be in place to enable this collaboration.

– Health ministries should play a leading role by advocating, inspiring and guiding multisectoral action. They should set the example when facilitating healthy choices among employees in the health sector and health service users. The role of the health system is also important when dealing with people at high risk and those already overweight and obese, by designing and promoting prevention measures and by providing diagnosis, screening and treatment.

– All relevant ministries and agencies such as those for agriculture, food, finance, trade and economy, consumer affairs, development, transport, urban planning, education and research, social welfare, labour, sport, culture, and tourism have an essential role to play in developing health promoting policies and actions. This will also lead to benefits in their own domain.

– Local authorities have great potential and a major role to play in creating the environment and opportunities for physical activity, active living and a healthy diet, and they should be supported in doing this.

2.4.2 Civil society can support the policy response. The active involvement of civil society is important, to foster the public's awareness and demand for action and as a source of innovative approaches. Nongovernmental organizations can support strategies to counteract obesity. Employers', consumers', parents', youth, sport and other associations and trade unions can each play a specific role. Health professionals' organizations should ensure that their members are fully engaged in preventive action.

2.4.3 The private sector should play an important role and have responsibility in building a healthier environment, as well as for promoting healthy choices in their own

workplace. This includes enterprises in the entire food chain from primary producers to retailers. Action should be focused on the main domain of their activities, such as manufacturing, marketing and product information, while consumer education could also play a role, within the framework set by public health policy. There is also an important role for sectors such as sports clubs, leisure and construction companies, advertisers, public transportation, active tourism, etc. The private sector could be involved in win-win solutions by highlighting the economic opportunities of investing in healthier options.

2.4.4 The media have an important responsibility to provide information and education, raise awareness and support public health policies in this area.

2.4.5 Intersectoral collaboration is essential not only at national but also at international

level. WHO should inspire, coordinate and lead the international action. International organizations such as the United Nations Food and Agriculture Organization (FAO), the United Nations Children's Fund (UNICEF), the World Bank, the Council of Europe, the International Labour Organization (ILO), and the Organisation for Economic Cooperation and Development (OECD) can create effective partnerships and thus stimulate multisectoral collaboration at national and international levels. The European Union (EU) has a principal role to play through EU legislation, public health policy and programmes, research and activities such as the European Platform for Action on Diet, Physical Activity and Health. Existing international commitments such as the Global Strategy on Diet, Physical Activity and Health, the European Food and Nutrition Action Plan and the European Strategy for the Prevention and Control of Noncommunicable Diseases should be used for guidance and to create synergies. In addition, policy commitments such as the Children's Environment and Health Action Programme for Europe (CEHAPE), the Transport, Health and Environment Pan-European Programme (THE PEP), and the Codex Alimentarius within the limits of its remit, can be used to achieve coherence and consistency in international action and to maximize efficient use of resources.

2.4.6 Policy tools range from legislation to public/private partnerships, with particular

importance attached to regulatory measures. Government and national parliaments should ensure consistency and sustainability through regulatory action, including legislation. Other important tools include policy reformulation, fiscal and public investment policies, health impact assessment, campaigns to raise awareness and provide consumer information, capacity-building and partnership, research, planning and monitoring. Public/private partnerships with a public health rationale and shared specified public health objectives should be encouraged. Specific regulatory measures should include: the adoption of regulations to substantially reduce the extent and impact of

commercial promotion of energy-dense foods and beverages, particularly to children, with the development of international approaches, such as a code on marketing to children in this area; and the adoption of regulations for safer roads to promote cycling and walking.

2.4.7 Action should be taken at both micro and macro levels, and in different settings.

Particular importance is attached to settings such as the home and families, communities, kindergartens, schools, workplaces, means of transport, the urban environment, housing, health and social services, and leisure facilities. Action should also cover the local, country and international levels. Through this, individuals should be supported and encouraged to take responsibility by actively using the possibilities offered.

2.4.8 Action should be aimed at ensuring an optimal energy balance by stimulating a healthier diet and physical activity. While information and education will remain important, the focus should shift to a portfolio of interventions designed to change the social, economic and physical environment to favour healthy lifestyles.

2.4.9 A package of essential preventive actions should be promoted as key measures; countries may further prioritize interventions from this package, depending on their national circumstances and the level of policy development. The package of essential action would include: reduction of marketing pressure, particularly to children; promotion of breastfeeding; ensuring access to and availability of healthier food, including fruit and vegetables; economic measures that facilitate healthier food choices; offers of affordable recreational/exercise facilities, including support for socially disadvantaged groups; reduction of fat, free (particularly added) sugars and salt in manufactured products; adequate nutrition labelling; promotion of cycling and walking by better urban design and transport policies; creation of opportunities in local environments that motivate people to engage in leisure time physical activity; provision of healthier foods, opportunities for daily physical activity, and nutrition and physical education in schools; facilitating and motivating people to adopt better diets and physical activity in the workplace; developing/improving national food-based dietary guidelines and guidelines for physical activity; and individually adapted health behaviour change.

2.4.10 Attention should also continue to be focused on preventing obesity in people who are already overweight and thus at high risk, and on treating the disease of obesity.

Specific actions in this area would include: introducing timely identification and management of overweight and obesity in primary care, provision of training for health professionals in the prevention of obesity; and issuing clinical guidance for screening and treatment. Any stigmatization or overvaluation of obese people should be avoided at any age.

2.4.11 When designing and implementing policies, successful interventions with demonstrated effectiveness need to be used. These include projects with proven impact on the consumption of healthier foods and levels of physical activity such as: schemes to offer people free fruit at school; affordable pricing for healthier foods; increasing access to healthier foods at workplaces and in areas of socioeconomic deprivation; establishing bicycle priority routes; encouraging children to walk to school; improving street lighting; promoting stair use; and reducing television viewing. There is also evidence that many interventions against obesity, such as school programmes and active transport, are highly cost-effective. The WHO Regional Office for Europe will provide decision-makers with examples of good practice and case studies.

3. PROGRESS AND MONITORING

3.1 The present Charter aims to strengthen action against obesity throughout the WHO European Region. It will stimulate and influence national policies, regulatory action including legislation and action plans. A European action plan, covering nutrition and physical activity, will translate the principles and framework provided by the Charter into specific action packages and monitoring mechanisms.

3.2 A process needs to be put together to develop internationally comparable core indicators for inclusion in national health surveillance systems. These data could then be used for advocacy, policy-making and monitoring purposes. This would also allow for regular evaluation and review of policies and actions and for the dissemination of findings to a wide audience.

3.3 Monitoring progress on a long-term basis is essential, as the outcomes in terms of reduced obesity and the related disease burden will take time to manifest themselves. Three-year progress reports should be prepared at the WHO European level, with the first due in 2010.

Prof. Dr. Recep Akdağ
Minister of Health of Turkey

Dr. Marc Danzon
WHO Regional Director for Europe

Istanbul, 16 November 2006

8.4. ANNEX D: Luxembourg Declaration

"Promoting Heart Health: A European Consensus", which includes population health, health promotion and high risk strategy was frame in the meeting on 24-26 February and in the light of this report, a meeting was held in Luxembourg with the participation of the representatives from the Ministries of Health of the EU countries, the heads of National Cardiac Societies, EC President and the authorities from the European Commission and it was decided to declare it to the member states under the name of "Luxemburg Declaration".

On 29 June 2005, representatives of the Ministries of Health of the Member States of the European Union, the European Society of Cardiology, National Cardiac Societies, the European Heart Network, National Heart Foundations and the UEMS Cardiology section who attended the EU Heart Health Conference signed the Luxembourg declaration in Luxemburg under the presidency of the Minister of Health of Luxembourg who was the EC President.

LUXEMBOURG DECLARATION

"Cardiovascular disease is the biggest cause of death of men and women in the European Union. More women die of cardiovascular disease than of all cancers combined. In addition there are significant differences and inequalities in cardiovascular health within and between Member States. Some EU countries are experiencing declining rates of mortality from cardiovascular disease, but increasing numbers of men and women are living with cardiovascular disease the majority of which is preventable.

Today, 29 June 2005, we (representatives of the Ministries of Health of the Member States of the European Union, the European Society of Cardiology, National Cardiac Societies, the European Heart Network, National Heart Foundations and the UEMS Cardiology section), participants of the Heart Health Conference) agree that:

We reiterate the importance of the Council Conclusions on Heart Health and the necessity to put them into action.

Necessary measures, giving priority to lifestyle oriented interventions, should be considered by each Member State to reduce the burden of cardiovascular disease.

We agree to work towards the following, realising that these measures will also favourably impact other non-communicable diseases like chronic lung disease, diabetes, osteoporosis and cancer:

1. raising awareness among European population of those characteristics associated with cardiovascular health:

• Avoidance of tobacco consumption (0),

• Adequate physical activity (at least 30 minutes per day),

• Healthy food choices,

• Avoiding overweight,

• Blood pressure (below 140/90),

• Blood cholesterol 200 mg/dl.

2. implementing strategies to help individual Europeans to achieve these characteristics.

3. acknowledging the importance of starting early in life.

4. using the above mentioned characteristics (tobacco, blood pressure, etc) as indicators of successful national programmes aiming for improved prevention and care.

5. As of today, we have identified that the following factors are essential to ensure an efficient implementation process. These factors have been agreed upon based on past experiences that we have shared and debated today.

6. the need for a combined, strong and devoted partnership between health care professionals, non-governmental organizations, governments and public health authorities. The need to involve and mobilize all stakeholders, including:

• World Health Organization,

• partner medical organizations with shared objectives,

• policy makers for agriculture, transport, environment, social policy, education, etc,

• patient organizations,

• organisations involved in raising awareness among the general population,

• relevant foundations such as the European Heart Network,

• Media,

• the relevant industries (agro-food, pharmaceuticals, etc),

• Universities,

• Local Administrations.

7. Further development of evidence based tools to reduce the cardiovascular risk factor burden in individuals and populations, adapted to individual country conditions.

8. We agree that we want to see cardiovascular prevention and care improved across Europe and therefore we consider this conference as another important step to ensure a comprehensive action plan in each individual country. The contacts that were made today should facilitate the creation of national taskforces to ensure, or further develop such a plan.

9. We reiterate the need for continued European Commission, European Parliament and Council endorsed activities within the general framework of a heart healthy Europe.

10. We intend to share progress in 2006 and to work towards a European Charter on Heart Health.

European Union

Protection of Health and Consumer Directorate General

European Union Council Luxemburg Presidency

European Cardiology Association

8.5. ANNEX E: THE LAW AMENDING THE LAW ON THE PREVENTION OF THE HARMS OF TOBACCO PRODUCTS

19 January 2008 Saturday Official Gazette No : 26761

LAW

THE LAW AMENDING THE LAW ON THE PREVENTION OF THE HARMS OF TOBACCO PRODUCTS

Law No. 5727 **Date of Adoption: 3/1/2008**

ARTICLE 1 – 7/11/1996 dated and 4207 numbered Law on the Prevention of the Harms of Tobacco Products shall be amended as "Law on the Prevention and Control of Tobacco Products".

ARTICLE 2 – Article 1 in the Law no.4207 shall be amended as follows:

"ARTICLE 1 – (1) The objective of this law is to make regulations and take precautions in order to protect the individuals and the next generations from the harms of tobacco products and the encouraging influence of the advertisements, publicity and promotion campaigns, as well as to ensure that everybody breathes clean air."

ARTICLE 3 – Article 2 in the Law no.4207 and its title shall be amended as follows:

"Prohibition of Tobacco Products

ARTICLE 2 – (1) Tobacco products shall not be consumed in;

a) indoors of public service buildings,

b) indoors of any buildings that belong to corporate bodies and that are intended for education, health, production, commerce, social, cultural, sports, entertainment, etc. and that are available for the entrance of more than one person (excluding the residences for accommodation),

c) mass transportation vehicles for roads, railroads and sea route including taxi cabs,

ç) indoors and outdoors of the cultural and social service buildings of the primary and secondary education institutions including pre-school institutions, courses, private education and training institutions,

d) buildings for entertainment services such as restaurants, cafeterias, beer houses, belonging to corporate bodies,

(2) However, areas may be formed in the following places intended for the consumption of tobacco products;

a) nursing centres for old persons, mental health hospitals, prisons,

b) on the decks of the vehicles for passenger transportation on inter-provincial or international sea route. Individuals under eighteen may not be allowed in these areas.

(3) Rooms for the accommodation of the customers who consume tobacco products may be allocated within the hotel managements.

(4) Tobacco products shall not be consumed within the places for outdoors sports, cultural, artistic and entertainment activities, as well as their audience spots. However, areas may be formed in such places intended for the consumption of tobacco products.

(5) Indoor areas that are allocated by this law for the consumption of tobacco products shall be isolated in order to prevent the passing of smell and smoke and be equipped by ventilation system.

(6) For the purpose of the execution of this Law, the term "tobacco product" shall mean the substance that is produced as raw material wholly or partly from tobacco leaf for the purpose of smoking, sucking, chewing or sniffing."

ARTICLE 4 – Article 3 in the Law no.4207 and its title shall be amended as follows:

"Other protective precautions

ARTICLE 3 – (1) Advertisements and publicity activities of tobacco products and producer firms may on no account be conducted through using their names, brands and marks. Campaigns that encourage or promote the consumption of these products shall not be arranged. The firms producing or marketing tobacco products may on no account support an event with their names, emblems or brands or signs of their products.

(2) The names, emblems, brands or signs of the firms that operate in the tobacco products sector or the signs reminding them shall not be worn as clothing, ornament or accessories.

(3) Any implementation for the publicity of the brands of these products on the vehicles belonging to the firms that operate in the tobacco products sector shall not be conducted.

(4) The firms shall not distribute the tobacco products that are produced and marketed to the dealers or consumers as incentive, gift, sample, promotion, free of charge or as an aid for any reason.

(5) No sorts of announcements or press releases shall be made using the names, logos or emblems of tobacco products for any reasons.

(6) Tobacco products or their views shall not be used for the TV programmes, films, serials, music videos, advertisement and publication videos.

(7) Tobacco products shall not be sold in the places providing health, education, training, culture and sports services.

(8) Tobacco products shall not be sold to and served for the consumption of the individuals under eighteen.

(9) Individuals under eighteen shall not be employed in the management, marketing or purchasing of the tobacco products.

(10) Tobacco products shall not be purchased individually as opening the package or as dividing into smaller packages.

(11) Tobacco products shall not be sold in the places other than the authorised merchandisers, automatic machines, through electronic media such as telephone, television and internet, and they shall not be transported via cargo for the purpose of purchasing.

(12) Stubs, packages, holders, papers or similar wastes of tobacco products shall not be thrown away.

(13) Tobacco products shall not be put up for sale in a way to be directly accessed by the individuals under eighteen or to be seen by them. Tobacco products shall not be purchased without a purchasing certificate and in the places other than specified on the certificate.

(14) Any kind of chewing gums, candies, snacks, toys, clothing, ornaments, accessories, etc. shall not be produced, distributed or purchased in a way to suggest tobacco products or their brands.

ARTICLE 5 – Article 4 in the Law no.4207 and its title shall be amended as follows:

"Ensuring the Control

ARTICLE 4 – (1) Warnings indicating the legal regulation and its penal consequences shall be placed within the halls (as 10 cm font size), mass transportation vehicles (as 3 cm font size) in the places that the consumption of tobacco products is prohibited, as to be visible by everybody. Additionally the health warnings in relation with the risks of tobacco consumption shall be placed in the places intended for the consumption of tobacco products, as to be visible by everybody.

(2) Notices including the warning "Legal Notice: Tobacco and tobacco products may not be sold to the ones under the age of 18. Legal proceedings shall be applied for the ones violating this rule." shall be hung on places where they can be easily seen and read in the places where tobacco sale is permitted. The writing shall be with capital letters of at least 5 cm font size in black and be placed on white background.

(3) Warnings and notices on the harms of tobacco products in Turkish shall be placed on both of the widest surfaces of the packet in a specific frame on the packages of imported tobacco products or on the ones produced in Turkey. The frame containing the warning and notices shall not be less than 40 % on one side and less than 30 % on the other side of the total area of the packet. These warnings shall also be placed on the tobacco product packets containing more than one packet in the same way. Warning messages may be in the form of pictures, figures or graphics. Tobacco products without a warning message shall not be imported or sold.

(4) Wrong or missing information on the characteristics of these products, their effects, their harms on health and their emissions shall not be provided on the packages and labels of tobacco products. Deceiving identification, brands, colours, figures or signs shall not be used.

(5) The issues with regard to the legal warning writings, pictures, figures, signs or graphics mentioned in this law shall be regulated by a regulation. The regulation shall be improved by the Board on Tobacco, Tobacco Products and Alcoholic Beverages Market Regulation taking into consideration the approval of the Ministry of Health.

(6) The firms playing a role in the tobacco products sector shall submit any kind of relevant information and data on products, production, marketing and other related activities to the Ministry of Health and Board on Tobacco, Tobacco Products and Alcoholic Beverages Market Regulation within fifteen days when such information and data is demanded.

(7) The Radio and Television Supreme Council and the private television institutions and radios carrying out national, regional and local broadcast shall televise or radio programs warning and training people on the harms of tobacco products and other harmful habits for a period of at least ninety minutes per month. The programs shall be broadcasted between 08:00-22:00 and the minimum thirty minutes of these programs shall be broadcasted between 17:00-22:00. the copies of these programs shall be regularly submitted to the Radio and Television Supreme Council. The broadcast of these programs carried out in periods apart from the one mentioned above shall not be taken account in terms of the ninety-minute period. These periods shall be inspected by the Radio

and Television Supreme Council. The Ministry of Health, the Ministry of National Education, the Radio and Television Supreme Council, the Board on Tobacco, Tobacco Products and Alcoholic Beverages Market Regulation, scientific establishments and non-governmental organizations shall prepare these programs or they will ensure that such programs are prepared. The programs prepared shall be broadcasted by the Radio and Television Supreme Council taking into consideration the approval of the Ministry of Health.

(8) The Ministry of National Health shall prepare a curriculum taking into consideration the opinions of the relevant institutions and non-governmental organizations in order awaken children and adolescents into awareness on the health risks of smoking and being exposed to tobacco smoke.

(9) The Ministry of Health shall carry out studies in order to ensure that programs discouraging consumption of tobacco products and the treatment against tobacco addiction are available.

(10) The Ministry of Health and the Ministry of National Education shall allocate budget with the aim of financing the programs mentioned in the seventh, eighth and ninth paragraphs of this article.

(11) Notice and advertisement expenditures mentioned in the subparagraph (7) of the paragraph (1) of the Article 41 of the Law on the Income Tax dated 31/12/1960 No: 193 shall not be displayed as expenditures for the determination of the tax for incomes and institutions."

ARTICLE 6 – The article 5 of the Law No: 4207 shall be amended as follows:

"Penal provisions

ARTICLE 5 – (1) The ones consuming tobacco products in areas mentioned in paragraph one and four of the Article 2 and the ones acting contrary to the paragraph two of the Article 3 of this law shall be punished in accordance with the provisions of the Article 39 of the Law on Public Wrongs dated 30/3/2005 No: 5326. the ones acting contrary to the paragraph twelve of the Article 3 shall be punished in accordance with the provisions of the Article 41 of the Law on Public Wrongs

(2) Management officers failing in applying of the prohibitions mentioned in paragraph 1, 3, 4 and 5 of the Article 2 excluding the subparagraph (a) and in taking precautions shall be warned in a written way by the authorities of the institutions granting management license. This notice shall be notified to the management officer. The ones not complying with the provisions provided in the period identified in spite of the notice shall be fined to a hundred to a thousand Turkish Liras by the town council within municipalities and by the civilian authority.

(3) The ones acting contrary to the provisions mentioned in the paragraph 1, 3, 4, 5 and 11 of the Article 3 shall be fined to fifty thousand to two hundred and fifty thousand Turkish Liras. The Board on Tobacco, Tobacco Products and Alcoholic Beverages Market Regulation shall be authorized to decide for such a verdict.

(4) In case of the violation of the prohibition mentioned in the paragraph 6 of the Article 3 through visual broadcasting, the institutions broadcasting locally shall be fined to a sum of up to five thousand Turkish Liras, regional institutions shall be fined to a sum of up to ten thousand Turkish Liras and the national institutions shall be fined to a sum of fifty thousand up to a hundred thousand Turkish Liras. The Radio and Television Supreme Council shall be authorized to decide for such a verdict.

(5) The ones acting contrary to the paragraph 7 of the Article 3 shall be fined to a sum in Turkish Liras by the town council within municipalities and by the general police force out of the municipality borders.

(6) The ones acting contrary to the paragraph 8 of the Article 3 shall be punished in accordance with the Article 194 "Provision of harmful substances for health" of the Turkish Penalty Code dated 26/9/2004 No: 5237.

(7) The ones acting contrary to the paragraph 9 of the Article 3 shall be fined to a thousand Turkish Liras per person by the local civilian authority.

(8) The ones acting contrary to the prohibition mentioned in the paragraph 10 of the Article 3 shall be fined to two hundred and fifty Turkish Liras by the municipal police. Out of the borders of the municipality such an authorization shall be exercised by the general police force.

(9) The ones acting contrary to the prohibition mentioned in the paragraph 13 of the Article 3 shall be fined to ten thousand Turkish Liras by the local civilian authority. Tobacco products sold or kept for sale in unlicensed places are confiscated and disappropriated by the local civilian in case that the source of these products is not demonstrated.

(10) The ones producing the products mentioned in the paragraph 14 of the Article 3 shall be fined to a sum of twenty thousand to a hundred thousand Turkish Liras by the municipal police within the municipality and by the local civilian authority out of the borders of the municipality.

(11) The ones acting contrary to the prohibition mentioned in the paragraph 1 and 2 of the Article 4 shall be fined by the local civilian authority.

(12) The firms acting contrary to the prohibition mentioned in the paragraph 3 and 4 of the Article 4 shall be fined by The Board on Tobacco, Tobacco Products and Alcoholic Beverages Market Regulation to a sum which is equal to the market value of the products marketed. The amount of the fine shall not be less than two hundred and fifty Turkish Liras.

(13) The firms acting contrary to the provision of the sixth paragraph of the Article 4 shall be fined to a sum of fifty thousand Turkish Liras up to a hundred thousand Turkish Liras by the Board on Tobacco, Tobacco Products and Alcoholic Beverages Market Regulation.

(14) In case of the violation of the prohibition mentioned in the paragraph 7 of the Article 4, the television institutions broadcasting locally shall be fined to a sum of a thousand Turkish Liras to five thousand Turkish Liras, regional institutions shall be fined to a sum of five thousand Turkish Liras to ten thousand Turkish Liras and the national institutions shall be fined to a sum of fifty thousand Turkish Liras up to two hundred and fifty thousand Turkish Liras. These penalties shall be implemented for the radio broadcasting institutions as one tenth ratio. The Radio and Television Supreme Council shall be authorized to decide for such a verdict.

(15) For the officers and other public servants who do not fulfil the responsibilities assigned to them by this Law, disciplinary provisions of the legislation to which they are liable shall be executed, without prejudice to the criminal law responsibilities."

ARTICLE 7 – Article 7 in the Law no.4207 and its title shall be amended as follows:

ARTICLE 7 – (1) Disappropriation of any kind of articles falling under the scope of the prohibitions in the second, third and fourth paragraphs of Article 3 in this Law and the tobacco products falling under the scope of the third and fourth paragraphs of Article 4 shall be decided by the local civilian authority."

ARTICLE 8 – Article 8 in the Law no.4207 shall be abolished.

ARTICLE 9 – The following provisional article shall be added to the Law no.4207.

"PROVISIONAL ARTICLE 3 – (1) The regulations foreseen by this Law shall be issued within one month following the date of entry into force of this Law."

ARTICLE 10 – Article 3 of this Law and sub-paragraph (d) of the first paragraph of Article 2 in the amended Law no.4207 shall enter into force 18 months as of the date of its publication; the other provisions shall enter into force 4 months as of its publication.

ARTICLE 11 – The provisions of this Law shall be executed by the Cabinet.

18/1/2008

8.6. ANNEX F: National Heart Health Policy

National Heart Health Policy document is prepared considering the current status of the cardiovascular diseases and its progress within the following 10 years so as to determine the strategies to diminish the negative effects of the cardiovascular diseases as much as possible and to present necessary hints for the political authority on this subject. Through the coordination of the Ministry of Health and with the participation of all the parties, the document, prepared by a commission consisting of roughly 50 specialists, was opened to discussion on the internet for a period of 3 months; the suggestions received from various sectors during this period were converted to texts by the editorial committee and later revised by dividing it to sections as per their specialties at the workshop again with the participation of all the parties (various National Specialty Associations, SPO and concerned Ministry representatives) and with the presidency of the Ministry of Health, Recep Akdağ on March 22nd, 2008; the latest version was opened to discussion on the internet again for a period of three months and the latest version is formed through the addition of the latest opinions and suggestions. However it should be noted herewith that this document has a dynamic characteristic and that the requirement of its revision and preparation in the course of time according to the alternating conditions is highlighted at all stages.

National Heart Health Policy document primarily illustrates the current status of the cardiovascular diseases in the world and in our country and carries over the successful war samples applied in advanced countries. Epidemiological data especially concerning our country are reported in details. Considering the fact that the accomplishment of the war against the cardiovascular diseases can be realized with a sound health infrastructure and system, suggestions regarding this subject for the forthcoming ten years are featured. While making the evaluations and suggestions, all area of specializations on cardiovascular medicine were considered. “Protection against cardiovascular diseases” generates the most important part of the report and various protection strategies were expressed in this part

Additionally, priorities concerning the necessary researches in our country on the cardiovascular field are dealt with. This document which covers the part about the expected developments on the field of cardiovascular medicine is specifically of importance because of its innovations and exemplification.[1]

On December 25, 2007 in Ankara, with the participation of TGNA Head of Health Commission Prof. Dr. Cevdet Erdöl, Ministry of Health Recep Akdağ, Heads and General

[1] National Heart Health Policy, Turkish Society of Cardiology web site http://www.tkd.org.tr/pages.asp?pg=276

Secretaries of 9 professional associations, "Signing Ceremony on European Heart Health Agreement" was realized. The contributing entities and agencies on the formation of the National Heart Health Policy text are given below: [2]

Turkish Society of Cardiology

Refik Saydam Hygiene Center Presidency, School of Public Health

Rheumatism Research and Control Association

Hypertension and Kidney Diseases Association of Turkey

Hypertension Prevalence Working Group of Turkey

Cardiovascular Surgery Association of Turkey

Pediatric Cardiology Association of Turkey

Physical Medicine and Rehabilitation Specialist Physicians Association of Turkey

Asso. Prof. Dr. Mehmet Ağırbaşlı, Marmara University School of Medicine

Op. Dr. Serap Aykut Aka, Prof. Dr. Siyami Ersek Chest Cardiovascular Surgery Training and Research Hospital

Asso. Prof. Dr. Atıf Akçevin, American Hospital

Asso. Prof. Dr. Mehmet Aksoy, Gaziantep University School of Medicine

Op. Dr. Cem Alhan, Acıbadem Hospital

Prof. Dr. Mete Alp, Koşuyolu Heart Training and Research Hospital

Asso. Prof. Dr. Armağan Altun, Trakya University School of Medicine

Asso. Prof. Dr. Bülent Altun, Hacettepe University School of Medicine

Dr. Fahri Arıca, Ankara 112 Emergency Health Care Services

Asso. Prof. Dr. Mustafa Arıcı, Hacettepe University School of Medicine

Prof. Dr. Oktay Arpacıoğlu, Gülhane Military School of Medicine (retired in 2000)

Asso. Prof. Dr. Özgür Aslan, Dokuz Eylül University School of Medicine

Asso. Prof. Dr. Enver Atalar, Hacettepe University School of Medicine

Dr. Kemal Aydın, Ankara 112 Emergency Health Care Services

Uz. Dr. Cüneyt Ayrık, Dokuz Eylül University School of Medicine

Dr. Altuğ Aysun, Ankara 112 Emergency Health Care Services

Prof. Dr. Aydın Aytaç, American Hospital

Prof. Dr. Vedat Aytekin, K. Has University, Florence Nightingale Hospital

Asso. Prof. Dr. Kudret Aytemir, Hacettepe University School of Medicine

Asso. Prof. Dr. Serdar Bayata, İzmir Atatürk Training and Research Hospital

[2] National Heart Health Policy, Turkish Society of Cardiology web site http://www.tkd.org.tr/pages.asp?pg=276

Prof. Dr. Said Bodur, Selçuk University Meram School of Medicine

Asso. Prof. Dr. Bülent Boyacı, Gazi University School of Medicine

Prof. Dr. Suat Büket, İzmir Kent Hospital

Prof. Dr. Şali Çağlar, Hacettepe University School of Medicine

Asso. Prof. Dr. Ahmet Çelebi, Prof. Dr. Siyami Ersek Chest Cardiovascular Surgery Training and Research Hospital

Prof. Dr. Alpay Çeliker, Hacettepe University School of Medicine

Prof. Dr. Atiye Çengel, Gazi University School of Medicine

Asso. Prof. Dr. Ülver Derici, Gazi University School of Medicine

Asso. Prof. Dr. Oben Döven, Mersin University School of Medicine

Dr. Hakan Dural, Ankara 112 Emergency Health Care Services

Asso. Prof. Dr. Nuray Enç, Istanbul University Florence Nightingale Higher School of Nursing

Prof. Dr. Bülent Erbay, Ankara University School of Medicine

Prof. Dr. Yunus Erdem, Hacettepe University School of Medicine

Asso. Prof. Dr. Ülkü Ergene, Celal Bayar University School of Medicine

Prof. Dr. Oktay Ergene, İzmir Atatürk Training and Research Hospital

Prof. Dr. Çetin Erol, Ankara University School of Medicine

Prof. Dr. Murat Ersanlı, İstanbul University Cardiology Institute

Asso. Prof. Dr. Fatih Sinan Ertaş, Ankara University School of Medicine

Prof. Dr. Faruk Erzengin, İstanbul University Istanbul School of Medicine

Asso. Prof. Dr. Ali Serdar Fak, Marmara University School of Medicine

Uz. Dr. Gökmen Gemici, Florence Nightingale Hospital

Dr. Gökhan Girgin, Ankara 112 Emergency Health Care Services

Dr. Özge Gümüş, Ankara 112 Emergency Health Care Services

Asso. Prof. Dr. Ali Gürbüz, İzmir Atatürk Training and Research Hospital

Prof. Dr. Tevfik Gürmen, Istanbul University Cardiology Institute

Prof. Dr. Enver Hasanoğlu, Gazi University School of Medicine

Prof. Dr. Ömer Işık, Medicana Hospital

Dr. Sema İlhan, İzmir Balçova Korutürk Health Post

Dr. Vedia İlkutlu, Ankara 112 Emergency Health Care Services

Asso. Prof. Dr. Gökhan İpek, Koşuyolu Heart Training and Research Hospital

Prof. Dr. Giray Kabakçı, Hacettepe University School of Medicine

Dr. Esin Karaduman, Ankara 112 Emergency Health Care Services

Prof. Dr. Oktay Karatan, Ankara University School of Medicine

Prof. Dr. Hakan Karpuz, Istanbul University Cerrahpaşa School of Medicine

Asso. Prof. Dr. Ozan Kınay, İzmir Atatürk Training and Research Hospital

Asso. Prof. Dr. Sedat Köse, Gülhane Military School of Medicine, Ankara

Asso. Prof. Dr. Füsun Köseoğlu, Ankara Physical Treatment and Rehabilitation Hospital

Dr. Vecihi Murat Kutlay, Ankara 112 Emergency Health Care Services

Prof. Dr. Ali Kutsal, Dr. S. Ulus Child Health and Diseases Training and Research Hospital

Asso. Prof. Dr. Osman Küçükosmanoğlu, Çukurova University School of Medicine

Prof. Dr. M. Koray Lenk, Gülhane Military School of Medicine

Prof. Dr. Haldun Müderrisoğlu, Başkent University School of Medicine

Dr. Efsun Müftüoğlu, Ankara 112 Emergency Health Care Services

Asso. Prof. Dr. Cem Nazlı, İzmir Atatürk Training and Research Hospital

Asso. Prof. Dr. Gökhan Nergizoğlu, Ankara University School of Medicine

Prof. Dr. Aytekin Oğuz, Göztepe State Hospital

Prof. Dr. Şule Oktay, Marmara University School of Medicine

Prof. Dr. Ahmet Oktay, Marmara University School of Medicine

Prof. Dr. Altan Onat, Istanbul University Cerrahpaşa School of Medicine

Prof. Dr. Ali Oto, Hacettepe University School of Medicine

Prof. Dr. Öztekin Oto, Dokuz Eylül University

Prof. Dr. Zeki Öngen, Istanbul University Cerrahpaşa School of Medicine

Prof. Dr. Nazan Özbarlas, Çukurova University School of Medicine

Asso. Prof. Dr. Fatih Özçelik, Trakya University School of Medicine

Prof. Dr. Bülent Özin, Başkent University School of Medicine

Asso. Prof. Dr. Mehmet Özkan, Koşuyolu Heart Training and Research Hospital

Dr. Alper Özkoçak, Ankara 112 Emergency Health Care Services

Prof. Dr. Ferhan Özmen, Hacettepe University School of Medicine

Op. Dr. İbrahim Özsöyler, İzmir Atatürk Training and Research Hospital

Prof. Dr. Vedat Sansoy, Istanbul University Cardiology Institute

Prof. Dr. Tayyar Sarıoğlu, Acıbadem Bakırköy Hospital

Asso. Prof. Dr. Arda Saygılı, Gazi University School of Medicine

Prof. Dr. Osman Akın Serdar, Uludağ University School of Medicine

Prof. Dr. Şükrü Sindel, Gazi University School of Medicine

Dr. Alp Giray Şahin, Ankara 112 Emergency Health Care Services

Prof. Dr. Mustafa Şan, Çukurova University School of Medicine

Assi. Prof. Dr. Fisun Şenuzun, Ege University, İzmir Atatürk Higher School of Health

Asso. Prof. Dr. Ahmet Temizhan, Turkey Yüksek Ihtisas Research and Training Hospital

Prof. Dr. Kürşat Tokel, Başkent University School of Medicine

Prof. Dr. Lale Tokgözoğlu, Hacettepe University School of Medicine

Prof. Dr. Çetin Turgan, Hacettepe University School of Medicine

Prof. Dr. Ercan Tutar, Ankara University School of Medicine

Dr. Ahmet Haki Türkdemir, Ankara 112 Emergency Health Care Services

Dr. Sevinç Türkdemir, Ankara 112 Emergency Health Care Services

Prof. Dr. Reyhan Uçku, Dokuz Eylül University School of Medicine

Asso. Prof. Dr. Belgin Ünal, Dokuz Eylül University School of Medicine

Prof. Dr. Cevat Yakut, Koşuyolu Heart Training and Research Hospital

Prof. Dr. Peyman Yalçın, Ankara University School of Medicine

Dr. Ağakan Altemur Yalçınkaya, Ankara 112 Emergency Health Care Services

Asso. Prof. Dr. Aylin Yıldırır, Başkent University School of Medicine

8.7. ANNEX G: European Heart Health Charter

The aim of the European Heart Health Charter is to substantially reduce the burden of cardiovascular disease in the European Union and the WHO European Region and to reduce inequities and inequalities in disease burden within and between countries. The charter emphasizes the importance of the government activities implemented in collaboration with the NGOs and public health organizations in order to create support policies and settings that will help people to adopt healthy behavior types.

Dr. Nata Menabde, Regional Director of WHO Europe, and EU Health Commissioner Kyprianou, declared the European Heart Health Charter in the European Parliament in Brussels with the participation of "European Heart Network" "European Society of Cardiology". The charter was signed on behalf of European professional and public health organization that join this effort that is implemented in order to fight against the biggest killer in Europe.

25 December 2007 – The national ceremony for signing the "European Heart Health Charter" was held in Ankara in December 25th of 2007 and the charter was signed by the Minister of Health Prof. Dr. Recep Akdağ and the heads of the none specialty associations.

European Heart Health Charter

Preamble

Mortality and Morbidity

Cardiovascular disease is the number one cause of death among women and men in Europe [1]. It accounts for almost half of all deaths in Europe causing over 4.35 million deaths each year in the 53 member states of the World Health Organization (WHO) European Region and more than 1.9 million deaths each year in the European Union [2]. Cardiovascular disease is also a major cause of disability and of reduced quality of life.

Yet cardiovascular disease is eminently preventable. WHO estimates that modest population-wide and simultaneous reductions in blood pressure, obesity, cholesterol and tobacco use would more than halve cardiovascular disease incidence.

While cardiovascular disease mortality, incidence and fatalities are falling in most Northern, Southern and Western European countries, they are either not falling as fast or are rising in Central and Eastern European countries.

Even though the European Union is experiencing declining rates of mortality from cardiovascular disease , an increasing number of men and women are now living with cardiovascular disease [1] . This paradox relates to increasing longevity and improved survival of people suffering from cardiovascular disease.

Cardiovascular disease is killing more people than all cancers combined, with a higher percentage of women (55% of all deaths) than men (43% of all deaths) [3], and a higher mortality among men and women with a lower socio-economic position.

Risk Factors

The main, well known risk factors for cardiovascular disease are tobacco use and raised blood pressure and blood cholesterol, factors directly related to individual lifestyle and eating habits as well as physical activity levels. Other factors associated with cardiovascular disease include overweight and obesity, diabetes mellitus, excessive alcohol consumption and psychosocial stress.

Costs

Cardiovascular disease is estimated to cost the EU economy €169 billion/year. This represents a total annual cost per capita of €372. Per capita costs vary over tenfold between Member States – from less than €50 in Malta to over €600 per capita/year in Germany and the UK respectively [4].

Moreover, countries with high rates of cardiovascular disease suffer from impaired economic development. Production losses due to cardiovascular disease mortality and morbidity cost the EU over €35 billion, representing 21% of total cost of those diseases, with around two thirds of this cost due to death (€24.4 billion) and one third due to illness (€10.8 billion) among people of working age.

Multisectoral Cooperation and Action

High-level EU documents, particularly the Council Conclusions [5] from 2004 on promoting cardiovascular health, emphasise the importance of acting both at a population and an individual level, notably by identifying individuals at high-risk.

The European Union Council Conclusions, adopted under the Irish Presidency, called upon the European Commission as well as the Member States to ensure that appropriate action is taken to address cardiovascular disease. The Luxembourg Declaration [6], adopted under the Luxembourg Presidency, established an agreement among representatives of National Ministries of Health, European and National representatives of Cardiac Societies and Heart Foundations, present at the Luxembourg meeting, to pursue vigorously the initiation or strengthening of comprehensive cardiovascular disease prevention plans and to ensure that effective measures, policies and interventions are in place in all European countries. Several WHO resolutions and charters [7] have been adopted with a view to combat cardiovascular disease and other major non-communicable diseases.

Moreover, the purpose of protecting health and improving the quality of life in the European population by reducing the impact of cardiovascular disease is registered fully in the EU Treaty (8) and in the objectives of the EU's Lisbon Agenda and the prospects of the integration of health in all policies expressed by the conclusions of the European Council of the 30 November 2006 under the Finnish Presidency (9).

With the support of the European Commission and the World Health Organization (WHO), the European Heart Network and the European Society of Cardiology invite concerned European and International Organisations to

- Sign up to a European Charter on Heart Health,
- Commit to combating early death and suffering from cardiovascular disease through prevention,
- Act on the Valentine's Declaration from the Winning Heart Conference of 14 February 2000:

"**Every child born in the new millennium has the right to live until the age of at least 65 without suffering from avoidable cardiovascular disease"**

Part I: Aim

Article 1

The aim of the European Heart Health Charter is to substantially reduce the burden of cardiovascular disease in the European Union and the WHO European Region and to reduce inequities and inequalities in disease burden within and between countries.

In this document the term "Heart Health" covers heart diseases, stroke and other atherosclerotic vascular diseases

Article 2

The Charter recommends signatories to promote and support measures giving priority to lifestyle oriented interventions that will help reduce the burden of cardiovascular disease considerably.

Part II: Signatories recognize that:

Article 3

Cardiovascular disease is a multi-factorial condition and that it is essential that all risk factors and determinants are addressed at societal and individual levels.

Characteristics associated with cardiovascular health include:

- No use of tobacco,
- Adequate physical activity – at least 30 minutes 5 times a week,
- Healthy eating habits,
- No overweight,
- Blood pressure below 140/90,
- Blood cholesterol below 5 mmol/L (190mg/dl)
- Normal glucose metabolism,
- Avoidance of excessive stress.

Article 4

Risk factors associated with risk of cardiovascular events can be divided into three categories:

Biological	**Lifestyle determinants**	**Broader determinants**	
		Fixed	**Modifiable**
Raised blood pressure	Tobacco use	Age	Income
Raised blood sugar	Unhealthy diet	Sex	Education
Raised blood cholesterol	Alcohol abuse	Genetics	Living conditions
Overweight/obesity	Physical inactivity	Ethnicity	Working Conditions

Article 5

Risk factors can be addressed:

- by policy makers through providing supportive environments whether through legislative, including on taxation and marketing, or other measures,
- by individuals through behaviours favouring healthy diets, being smoke-free and engaging in regular physical activity,
- and by health professionals through advocacy and identification and treatment of people at high risk

Article 6

A life course approach to these risk factors is required starting in childhood.

Article 7

The burden of established cardiovascular disease may also be reduced by early diagnosis, appropriate disease management, rehabilitation and prevention, including structured lifestyle counselling.

Article 8

There is a need to be sensitive to gender-specific aspects of cardiovascular health and disease.

Part III: Signatories agree to:

Article 9

Implement the policies and measures agreed upon in high-level European political documents

- Council Conclusions on Heart Health (June 2004)[5]
- Luxembourg Declaration (June 2005) on implementing cardiovascular health promotion[6]
- WHO resolution on the prevention and control of non-communicable diseases in the WHO European Region[10]

Implementation will take place at European, national and regional levels.

Article 10

Advocate for and support the development and implementation of comprehensive health strategies as well as measures and policies on European, national, regional and local level that promote cardiovascular health and prevent cardiovascular disease.

Article 11

Build and strengthen dedicated heart health alliances in order to achieve the strongest possible political support for policy developments and co-ordination of actions to reduce the burden from cardiovascular disease.

Article 12

Engage in education and empowerment of the public and patients by involving mass media and developing social marketing for raising awareness as appropriate and by securing community mobilisation and broad based coalition-building.

Article 13

Develop health promotion capacity through undergraduate and postgraduate training and education in order to meet the aim of this Charter.

Article 14

Support the establishment of national strategies for detection and management of those at high risk and prevention and care of those with established cardiovascular disease.

Article 15

Promote the adoption of the most recent European Guidelines on cardiovascular disease prevention produced by the Joint European Task Force. This promotion includes translation of the Guidelines into local language(s) and adaptation to national specifications, comprising domestic mortality and morbidity statistics, local practices and adjustment to local health care customs, and to support their dissemination among all medical professions and other allied partners involved in health preservation.

In collaboration with health authorities, ascertain that preventive work gets highly prioritised within the health care sector, is provided with well educated, sufficient manpower and is reasonably reimbursed within the framework of domestic insurance policies.

Article 16

Prioritise research on the effectiveness of policy and preventive interventions including aspects on health care expenditures.

Initiate research focused on epidemiology and behavioural factors including the impact of various programmes devoted to improved and preserved population health, including those directed towards the young and towards the understanding of the mechanisms of ageing in the cardiovascular system and the cardiovascular vulnerability of women.

Address fragmentation of research in the field of cardiovascular diseases in Europe by promoting and funding further cooperation, expansion and coordination of research projects.

Article 17

Assess the current status of cardiovascular health (including risk factor prevalence) to measure progress made at the population and individual levels to achieve targets set in Article 2.

Article 18

Review regularly the extent to which national plans and policies are adopted and implemented.

Organise in partnership with the European Commission and the World Health Organization meetings on the European Heart Health Charter which will be a platform for exchange of ideas and experiences and which will put forward the improvements done or to be done.

Sources:

[1] *2733rd Employment, Social Policy, Health and Consumer Affairs Council Meeting – Luxembourg – 1 and 2 June 2006*

[2] *European Cardiovascular Disease Statistics – British Heart Foundation and European Heart Network – 2005*

[3] *Cardiovascular diseases in women: a statement from the policy conference of the European Society of Cardiology, European Heart Journal, March 2006*

[4] *Economic burden of cardiovascular diseases in the elarged European Union – European Heart Journal*

[5] *Council of the European Union – 9507/04 – 2586th Council Meeting – 1 and 2 June 2004*

[6] *Luxembourg Declaration – 29 June 2005*

[7] *EUR/RC56/R2; WHA53.17; EUR/RC52/R12; EUR/RC55/R1; EUR/RC54/R3; EUR/RC55/R6*

[8] *Article 152 of the EU Treaty*

[9] *2767th Employment, Social Policy, Health and Consumer Affairs Council Meeting – Brussels – 30 November and 1 December 2006*

[10] *Regional Committee resolution EUR/RC56/R2 on the prevention and control of non-communicable diseases in the WHO European Region*

http://www.heartcharter.eu/download/English.pdf

REPUBLIC OF TURKEY

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