Turkey
NCD Joint programming mission, 20-22 April 2016

Key mission findings

1. Turkey has a high burden of NCDs which is having a significant socioeconomic impact.

2. Tobacco trends, which were on the decline, have recently started to rise again.

3. The levels of obesity are high.

4. There has been significant progress in scaling up action for NCDs in primary care, although current financial incentives still reinforce a specialist/hospital led system for NCDs.

5. There has been a recent increase in the coverage of cervical cancer screening.

6. There is high-level political, financial and technical commitment for moving ahead on NCDs.


8. NCDs are included in the current UN Development Cooperation Strategy 2016-2020 and the UN Country Team is committed to scaling up coordinated support to the Government of Turkey.

“I want to ensure that we have a whole-of-government and whole-of-society response to NCDs. The epidemic of NCDs is now one of our biggest socioeconomic issues. We simply cannot afford the costs of people becoming ill from NCDs at such a young age.”

Dr Mehmet Müezzinoğlulu, Minister of Labour and Social Security of Turkey (former Minister of Health of Turkey)

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Key adult NCD mortality and risk factors*

- Probability of premature mortality from NCDs: 17% (2015)
- 33% of adults are insufficiently physically active (2010)
- 13% of adults have raised fasting blood glucose (2014)
- 40% of men (aged >=15 years) smoke tobacco (2015)
- 22% of adult men and 36% of adult women are obese (2014)
- Pure alcohol per capita consumption: 2.4 litres per year (population 15+, 2015)
- 19% of adult men and 20% of adult women have raised blood pressure (2015)
- No data for consumption of fruit and vegetables

*Updated: April 2017
Key recommendations

1. The national multi-stakeholder NCD action plan on NCDs should be finalised and adopted at the highest level of government as soon as possible. Once published, a supplement to the action plan should be rapidly developed to set out the roles and responsibilities of different government ministries.

2. A full review of tobacco control action is required in order to reverse the recent increase in tobacco use in Turkey. The total ban on tobacco smoking in public places must be fully enforced.

3. The Government should prioritize policies and scale up action nationally in order to encourage healthier diets and increased physical activity in the Turkish population. This should be a national (whole-of-society) initiative.

4. Government should use a combination of regulatory and voluntary approaches to reduce the amount of salt and sugar in food and beverages, with trans-fats being eliminated as of the beginning of 2018.

5. Integrated primary health care should be implemented to detect and manage NCDs more effectively.

6. Data collection will be crucial in order to plan services in the future.

Next steps

1. Launch the multisectoral NCD Action Plan.

2. Undertake National Household Health Survey, Global Adult Tobacco Survey and Global Youth Tobacco Survey.

3. Undertake smoke-free compliance study.

4. Evaluate “Turkish Healthy Nutrition and Active Life Programme”.

“*We are committed to supporting the Government putting NCDs at the forefront of the national development agenda and to seeing the government working together to tackle some of the key causes of NCDs, such as smoking, where nearly one in three men smoke and levels of salt intake that are 3 times higher than WHO recommends.*

Dr Pavel Ursu,
WHO Representative in Turkey

“*Government ministries must come together and engage to ensure policy coherence and mutual accountability of different spheres of policy making that have a bearing on NCDs.*

Dr Gauden Galea, Director of the Division of NCDs and Life-course at WHO’s European Office

Adding value: actions taken following the mission


2. Accelerated efforts to strengthen NCD care in primary healthcare, including piloting cardiovascular risk assessment in preparation for national roll out.

3. Technical assistance being provided to support the upcoming National Household Health Survey, the Childhood Obesity Survey and Global Youth Tobacco Survey.