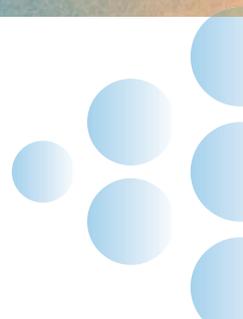




World Health
Organization

JOINT NATIONAL CAPACITY ASSESSMENT
ON THE IMPLEMENTATION OF
EFFECTIVE TOBACCO CONTROL POLICIES IN

TURKEY



WHO Library Cataloguing-in-Publication Data

Joint national capacity assessment on the implementation of effective tobacco control policies in Turkey.

1.Smoking - prevention and control. 2.Smoking - epidemiology. 3.Health policy. 4.Health promotion. 5.Tobacco - legislation. 6.Tobacco industry - legislation. 7.Turkey. I.World Health Organization.

ISBN 978 92 4 150276 4

(NLM classification: WM 290)

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Design and layout by Bernard Sauser-Hall

Printed by the WHO Document Production Services, Geneva, Switzerland

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Abbreviations

CDC	Centers for Disease Control and Prevention (United States of America)
CoA	Council on Advertising
GATS	Global Adult Tobacco Survey
GHPS	Global Health Professional Survey
GYTS	Global Youth Tobacco Survey
MPOWER	A package of policies that builds on the measures of the WHO FCTC and has been proven to reduce smoking prevalence. The package forms an integral part of the WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, endorsed at the 61st World Health Assembly in 2008.
NGOs	Nongovernmental organizations
NTCC	National Tobacco Control Committee
SSUK	National Coalition on Tobacco or Health
TAPDK	Tobacco and Alcohol Market Regulatory Authority
TTA (formerly TEKEL)	Tobacco, Tobacco Products, Salt and Alcohol Enterprises Inc.
VAT	value-added tax
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control



Executive summary

The Republic of Turkey, until recently one of the major tobacco-producing countries of the world, has made substantial progress in tobacco control in a short time. The initial efforts of the Ministry of Health in the late 1980s got a definite impetus when the Government of Turkey ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2004. The Ministry of Health created a unit specifically devoted to tobacco control for the first time in 2006, and the Tobacco and Alcohol Market Regulatory Authority (TAPDK) established its own tobacco control department two years later. In 2007, the Prime Minister launched the National Tobacco Control Programme and Action Plan of Turkey for the years 2008-2012 (herein, the National Action Plan), prepared by the National Tobacco Control Committee. This Committee was created, with representation of the relevant key ministries and civil society, under the general obligations of the WHO FCTC. In 2008, Law 4207 of 1996 was substantially amended and thus became one of the leading tobacco control laws in the world. It expands smoke-free environments to cover all indoor areas, including the hospitality sector, with an adaptation period of 18 months. The Law will enter into force for this sector on 19 July 2009.

Despite many tobacco control efforts in Turkey, smoking is still a very serious health problem with one tenth of all of the disability adjusted life years (DALY) lost in Turkey due to smoking. More than half of males smoke, despite a slight decrease over the last 15 years. In addition, smoking prevalence has significantly increased among women of reproductive age since 1993.

In this context, between 9 and 20 February 2009, a group of 18 national, international and WHO health experts held individual interviews with 125 individuals and met as a group with 61 representatives of the majority of stakeholders involved in tobacco control in Turkey in order to assess the country's tobacco control efforts. The assessment team considers the following to be the most significant challenges to continued progress of tobacco control in Turkey:

- The commitment and dedication to tobacco control and public health of all authorities is exemplary. However overall coordination for implementation of the National Action Plan within both the Government and civil society needs improvement, while for central and provincial levels it needs to be expanded and improved.
- The affordability of tobacco products has increased since 2008. The affordability of tobacco products has increased in recent years owing to various factors, such as the fact that the increase in per capita income is higher than the increases in prices of tobacco products and also the lack of excise increases on any tobacco products in the last year.
- Personnel and funds allocated for tobacco control have increased in the last few years but are still insufficient. While TAPDK has a steady regular funding mechanism for tobacco control, a regular and continuous budget allocation for the Ministry of Health from the revolving funds is still not ensured.
- The Government has taken valuable initial steps to monitor the implementation of tobacco control policies in a systematic manner that needs to be further developed. However, efforts in the area of epidemiological surveillance must be more coordinated, systematic and sustainably planned. Also, monitoring of tobacco industry activities to undermine public health is still in its early stages. Moreover, monitoring and surveillance data are not fully utilized for policy implementation and improvement.

- The implementation of legal smoke-free provisions is well under way. Authorities know, however, that compliance with the law is still a challenge and that exposure to second-hand smoke remains an important threat for the population in Turkey. Preparations for entry into force of smoke-free provisions in the hospitality sector in July 2009 have been initiated by the Ministry of Health and TAPDK. However, these measures need to reach the intensity required for best-practice results. Strengthening capacity to counteract the opposition organized by the tobacco industry and the hospitality sector needs attention.
- Help offered to those who want to quit tobacco is very limited in the health system.
- Intensive efforts to warn the population about the dangers of tobacco were made by the Government and civil society and the Government has planned to implement pictorial health warnings.
- Turkey has implemented a comprehensive ban on tobacco advertising, promotion and sponsorship. However, the tobacco industry is using tobacco product displays at point of sale to circumvent the ban.

To ensure the sustainability of current initiatives and further progress, there are three key recommendations that are considered as critical and having the best potential for success in the short term. The following recommendations should be implemented in the next few months.

1. Immediately scale up and intensify preparatory activities, communication and coordination of all stakeholders for the successful implementation of the upcoming second phase of smoke-free legislation.

The Ministry of Health needs to strengthen collaboration with TAPDK and the National Coalition on Tobacco or Health (SSUK) and thoroughly inform and mobilize stakeholders and enforcers. Also, with the mass media and other experienced partners, it will need to develop and implement an evidence-based communication strategy for mobilizing the full support of the public.

2. Strengthen and enhance the leadership and capacity of the Ministry of Health in order to establish a clear coordination mechanism to advance the implementation of the National Action Plan and to meet the obligations of the WHO FCTC.

To achieve this goal, the tobacco control unit needs to be upgraded, with an increased number of well-trained staff who can establish operational workplans for the Government stakeholders. Also, a sustainable regular funding mechanism must be established.

3. Continue to increase tobacco prices through taxation at a rate at least as high as inflation. Given the estimated demand elasticity of cigarettes, any increase in excise taxes will generate more revenue for the Government while reducing cigarette consumption, bringing benefits both for the Government and for health.

Smuggling of tobacco products is an important problem. Coordination of the control of illicit trade activities by responsible organizations, including the Ministry of Justice, Ministry of the Interior, Customs and TAPDK, should be strengthened with the aim of creating more effective control measures.

Other recommendations offered by the team of experts for each of the tobacco control policies assessed follow.¹

¹ A list with all the recommendations of the assessment is presented in Annex 4.

The Ministry of Health, in close collaboration with TAPDK, Parliament and other competent authorities, should:

- integrate a core set of Global Adult Tobacco Survey (GATS) questions into ongoing surveys to ensure sustainability and more frequent assessment;
- introduce, monitor and evaluate strong pictorial warnings in line with the best practices;
- regulate the display of tobacco products at point of sale to avoid these being used to circumvent the existing legislation banning advertisement, promotion and sponsorship;
- withdraw sale licenses from premises selling tobacco in educational and health facilities and other facilities with high traffic of children;
- develop, monitor and evaluate a nationally coordinated and integrated communication strategy, with sustained funding to catalyse behavioural change;
- prepare and endorse national consensus guidelines as the first step to creating services for treatment tobacco dependence, with a strong emphasis on brief advice at primary care level;
- create a toll-free national quitline that could also serve as a hotline to help to monitor compliance with the law by channelling complaints from the public.

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