



# TURKEY

## Does Turkey recognize and treat obesity as a chronic disease?

- The Turkish Ministry of Health officially recognised obesity as a chronic disease after the World Health Organization (WHO) European Ministerial Conference on Counteracting Obesity took place in Istanbul in 2006. The Ministry of Health has been responsible for developing and implementing an obesity prevention and management strategy across the lifespan. Obesity Prevention and Control Program (2010–2014) of Turkey was published and presented to WHO in 2010.
- Obesity prevention implementation strategies, which started in 2010 have focused on promoting healthy eating and physical activity.
- The Ministry of Food and Agriculture has advocated the obesity prevention strategies through decreasing the amount of salt, fat and sugar in certain food products.
- Turkey is also participating in the WHO Childhood Obesity Surveillance Initiative.
- Since 2010, there have been many childhood obesity prevention programs implemented such as school-based obesity prevention strategies, community programs, healthy lifestyle programs, as obesity education programs.

## How is obesity care structured in Turkey?

- Turkey has a mix of public (approximately 80%) and private (approx. 20%) health services. The universal health care system provides obesity management services through primary care programs and specialty care programs.
- A patient living with obesity can be treated by their family physician, but they can also be referred to a Family Health Centre which offers access to interprofessional care and education provided by physicians, dietitians, exercise specialists, psychologists and social workers. Finally, a patient can also be referred by their family physician to a speciality care centre (Comprehensive Obesity Centres) where they can have access to obesity specialists such as internists, endocrinologists, and bariatric surgeons. In this setting, patients with obesity may also be recruited to a one-year structured education program.

- The Comprehensive Obesity Centres (COC) are either accredited by the Turkish Ministry of Health or the European Association for the Study of Obesity, latter being called “Collaborating Centres for Obesity Management” (COMs). Comprehensive centers may have dual accreditation by becoming a part of the COMs network.
- The accreditation of COCs through the Turkish state has increased access to and coverage of obesity treatments in Turkey. The training of health care professionals by EASO COMs initiative has improved obesity management and research in all institutions providing obesity care.

## Which evidence-based obesity treatments are covered through the public health care system?

- Obesity interprofessional care provided by physicians, dietitians, exercise specialists, psychologists, nurses, social workers, internists, endocrinologists, and bariatric surgeons is covered in the public health system to a great extent leaving a very small co-pay for people living with obesity.
- Obesity treatments available in Turkey include; medications, psychological and behavioural interventions, nutrition therapy, physical activity, and bariatric surgery.

## What are the facilitators and barriers to effective obesity prevention and treatment?

- There is a lack of funding for the treatment of obesity. Neither public health care systems nor private insurance companies cover all obesity treatments. Currently there are two anti-obesity medications in Turkey. Only one is reimbursed if the patient’s BMI is above 40Kg/m<sup>2</sup>. Anti-obesity medications are not covered by private insurance companies at all. Bariatric surgery is covered thoroughly only at designated state hospitals where accredited bariatric centers are located. Although there are thirteen EASO accredited obesity treatment centres (COMs), access and personnel recruitment to these treatment programs remains a challenge.
- There is a lack of cost-effective studies on obesity treatment programs in Turkey. The implication is that data are



# TURKEY

lacking to demonstrate the cost-effectiveness of obesity treatment programs relative to other health care programs, for example. More research is needed to develop more cost-effective obesity policies and interventions.

- Health care professionals also lack sufficient training on obesity. Although basic mechanisms and treatments of obesity are included in some health professional curricula, it is not standardized.
- The specialty obesity treatment centres are based in teaching hospitals and can develop and deliver obesity training programs for health care professionals.
- The Turkish Association for the Study of Obesity (TASO) which is also a member of the European Association for the Study of Obesity also develops and implements education programs for health care professionals. TASO is also working to include obesity training in medical schools and other health care professional programs.
- More work is still needed to educate the public about obesity as a chronic disease.

## Are there any formal patient education and advocacy strategies?

- There is no legally incorporated patient advocacy organization but there are many individuals living with obesity advocating for obesity prevention.
- Turkish Association for the Study of Obesity has been providing educational webinars, press conferences and media release to raise public awareness.