



**TURKEY HEALTHY NUTRITION
AND
ACTIVE LIFE PROGRAM**

**ACTION PLAN FOR PREVENTION AND
CONTROL OF ADULT AND CHILDHOOD
OBESITY AND PHYSICAL ACTIVITY
2019 – 2023**

ANKARA 2019



**REPUBLIC OF TURKEY
MINISTRY OF HEALTH
GENERAL DIRECTORATE OF
PUBLIC HEALTH**

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1. Edition : February 2010, Ankara, 3500 Copies
2. Edition : March 2011, Ankara, 1000 Copies
3. Edition : November 2013, Ankara, 2500 Copies
4. Edition : October 2019, Ankara

ISBN :
Ministry of Health Publication No :

www.beslenmehareket.hsgm.gov.tr

This publication is prepared and published by The Ministry of Health Republic of Turkey; General Directorate of Public Health, Healthy Nutrition and Active Life and approved by General Directorate of Public Health Publication Board.

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PREPARED FOR PUBLICATION BY

Nazan YARDIM, M.D. Assoc Prof.
Sabahattin KOCADAĞ, M.D.
Betül Faika AYDIN, Dietitian

PUBLICATION BOARD

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PREFACE

The main target of national health policies is towards a healthy society consisting of healthy individuals. There are developers of policies that strengthen sectoral market leadership for products for healthy society. A healthy life cannot be achieved only by improving the quality of health services with a community. Individuals also have the ability to stand on their right, demand service, and develop behavioral behavior in positive behavior.

Nowadays, with the innovations that are made with the rapid advance of technology, people continue to have a life style that changes day by day. In everyday life, even short distances are driven by car and people move less. Developing technology also adversely affects people's nutrition habits. The risk of obesity (obesity) increases when a number of adverse conditions such as nutritional changes and lack of physical activity come together. Studies show that the prevalence of overweight and obesity is increasing in our country as well as in the world and obesity starts to affect especially our children and young people.

In the protection of obesity, one of the biggest health problems of our time, the state and individuals have different responsibilities. The government should promote effective and widespread policies for the fight against obesity, and provide the right information sources and various opportunities to promote society and individuals to a healthy lifestyle; individuals should demand services, take advantage of the opportunities provided by the state, and adopt a lifestyle where they gain the habit of regular physical activity with adequate and balanced nutrition.

Fighting with obesity actually means combating noncommunicable diseases. Because obesity, cardiovascular diseases, high blood pressure, diabetes, some types of cancer, chronic respiratory diseases, musculoskeletal diseases, such as the preparation of many health problems to prepare the ground, quality of life and affect the time negatively. Therefore, it is important to combat obesity in order to reduce noncommunicable diseases, which are important public health problems in our country. Obesity, which develops in children with unhealthy nutrition and physical inactivity, is of special importance due to its potential to continue in adulthood.

Obesity control studies are long-term studies and are a wide range of studies that directly concern many areas such as health, education, transportation, marketing communication, urbanization, food and sports. Turkey Healthy Nutrition and Active Life program is being implemented within the scope of the action plan updated since 2010. Action plans for the period 2019-2023 have been prepared in the main headings of adults, childhood and physical activity. These action plans were prepared in compliance with the World Health Organization and the European Union action plans and scientific literature.

I thank you to the staff of The General Directorate of Public Health, Directorate of Healthy Nutrition and Active Life, and to the representatives of all public institutions and organizations, universities, private sector, professional organizations and representatives of civil society.

I believe that we will achieve the goals set in this struggle which will be carried out together with the participation of our citizens.

Fahrettin KOCA, M.D.
Minister of Health

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ABBREVIATIONS

ACSM	American College of Sports Medicine
USA	United States of America
EU	European Union
AHBS	Family Medicine Information System
R&D	Research & Development
BMI	Body Mass Index
BMR	Basal Metabolic Rate
NCD	Noncommunicable Diseases
CDC	Centers For Disease Control and Prevention
DALY	Disability Adjusted Life Years
RMS	Resting Metabolic Speed
WHO	World Health Organisation
MYS	Ministry of Youth and Sports
HBSC	Health Behaviour in School Aged Children Survey
GDPH	General Directorate of Public Health
MEB	Ministry of Education
MONICA	Multinational Monitoring of Trends and Determinants in Cardiovascular Disease
NHANES	National Health and Nutrition Examination Survey
PAL	Physical Activity Level
RTSC	Radio and Television Supreme Council
GDHR	General Directorate of Health Research
MH	Ministry of Health
HNPOHR	Healthy Nutrition, Protect Our Heart Research
SD	Standard Deviation
GDHP	General Directorate of Health Promotion
SSI	Social Security Institution
NGO	Non-Governmental Organizations (Professional Organizations, Associations, Foundations, etc.)
TSCRF	Turkey Shopping Centers and Retailers Federation
TNHS	Turkey Nutrition and Health Survey
HDRFAT	Research for Heart Disease and Risk Factors in adults in Turkey
TEMS	Turkey Endocrinology and Metabolism Society
TFDAF	Turkey Food and Drink Industry Associations' Federation
TPMDA	Turkey Pharmaceuticals and Medical Devices Agency
TSC	Turkish Society of Cardiology
TDHS	Turkey Demographic and Health Survey
TORA	Turkey Obesity Research Association
TOHTR	Turkey Obesity and Hypertension Research
TRF	Turkey Retailers Federation
TRT	Turkish Radio and Television Corporation
BHSM	Basic Health Statistics Module
TSK	Turkish Armed Forces
TDOHTER	Turkey Diabetes, Obesity and Hypertension Epidemiology Research
TÜBİTAK	The Scientific and Technological Research Council of Turkey
TÜİK	Turkish Statistical Institute
UNICEF	United Nations International Children's Emergency Fund
YLD	Years Lost with Disability
YLL	Years of Life Lost
YÖK	Council Of Higher Education

1. INTRODUCTION

Non-communicable diseases (NCDs) are one of the largest outbreaks in the world today. Of the 56 million deaths that occurred in 2012, 38 million (68%) were caused by NCDs. Approximately 82% of these deaths occurred in low- and middle-income countries, and the highest mortality among the 70-year-olds occurred due to NCDs. The prevalence of NCDs and the number of deaths related to them; It is expected to increase significantly in the low and middle income countries as a result of changes in population growth and aging, economic transitions and behavioral, occupational and environmental risk factors related to them in the future.

There are widespread, preventable risk factors behind the NCDs. These factors are tobacco use, immobility, unhealthy nutrition and harmful use of alcohol. These behaviors lead to four important metabolic / physiological changes. These include high blood pressure, overweight / obesity, hyperglycemia and hyperlipidemia. The major risk factors for NCDs in the world in terms of deaths related to these are high blood pressure (24.7% of all deaths worldwide, 9.4 million); it was followed by tobacco use (15.8%), immobility (8.4%, 3.2 million), high blood sugar (6%) and obesity (5%).

The effects of these behavioral risk factors and other metabolic/ physiological causes on the global NCDs epidemic include:

Inadequate physical activity: Physical inactivity is the fourth most common risk factor in the world. 3.2 million people die each year due to inactivity. People who are not sufficiently mobile are at 20% to 30% higher risk of all-cause mortality. Regular physical activity; high blood pressure reduces the risk of cardiovascular disease, diabetes, breast and colon cancer and depression. It is estimated that approximately 21-25% of breast and colon cancers, 27% of diabetes and 30% of ischemic heart disease are the main causes of physical activity. Inadequate physical activity is most common in high-income countries, but in some middle-income countries, very high levels are observed, especially among women.

Unhealthy nutrition: Enough consumption of vegetables and fruits reduces the risk of cardiovascular diseases, stomach cancer and colorectal cancer. Most people consume more salt than those recommended by WHO for disease prevention; high salt consumption is an important determinant of high blood pressure and cardiovascular risk. Excessive consumption of saturated fats and trans fatty acids is associated with heart diseases. Unhealthy nutrition is rising rapidly in scarce environments. The available data show that fat intake has increased rapidly since the 1980s in lower-middle income countries.

Overweight and obesity: At least 3.4 million people die each year due to excess weight and obesity. Risk of heart disease, stroke and diabetes; body mass index (BMI) is increasing due to increasing. More than 50% of women in the WHO European Region, the Eastern Mediterranean Region and the Americas are overweight. The highest prevalence of overweight among infants and children is in the upper-middle income groups. The fastest increase in overweight is seen in the lower-middle income group.

Epidemiological studies; demographic factors such as age, gender, education level, sociocultural factors such as marital status, biological factors and nutritional habits, smoking and alcohol consumption, and lifestyle factors such as lack of physical activity are also responsible for obesity.

The prevalence of overweight and obesity (obesity) is increasing all over the world and the prevalence of obesity has increased almost threefold since 1975. In 2016, more than 1.9 billion adults over 18 years of age are overweight or obese, with 650 million adults being obese. In 2016, more than 41 million children under five years old is overweight.

Today, the prevalence of obesity is increasing in almost all regions of the world, and this affects not only adult women and men, but also children and adolescents. Obesity, which leads to diseases such as cardiovascular diseases, diabetes, hypertension, some cancers, musculoskeletal diseases, decreased quality of life and death, is not only a global public health problem, but also appears as a negative effect on the economies of the country.

Obesity affects country economies directly or indirectly. Health expenditures related to obesity constitute 2-7% of all health expenditures in developed countries. According to the Health Expenditure Survey between 2000 and 2005 in the United States, the estimated annual cost of obesity-related diseases is \$ 190.2 billion, approximately 21% of the annual health expenditure in the United States. Childhood obesity alone is directly responsible for \$ 14.1 billion in health care expenditure.

Expenditures for health problems caused by physical inactivity and malnutrition around the world constitute approximately 2% of the average total health expenditures. In the European region, physical inactivity is estimated to cost around € 150- € 300 per person per year. Increasing physical activity is one of the most cost-effective and cost-effective strategies for reducing health expenditures and thus economic costs.

Unbalanced nutrition and lack of physical activity, one of the most important causes of obesity, are the second most common cause of preventable deaths after US health problems related to tobacco use. For people of 21st century who have a long, healthy and happy life expectancy, preventive health services approach is very important in the prevention of obesity. Within the scope of preventive health services, health authorities should reach all sections of society and should make a conscious and willing effort to implement effective and widespread education activities.

In the fight against obesity, many international organizations, especially WHO, have pioneered the development of various programs around the world, changing the nutritional habits, establishing adequate and balanced nutrition habits, and adopting the mobile lifestyle and many countries in the world are trying to deliver these efforts to individuals in the form of different strategies and action plans. Development of the Global Nutrition, Physical Activity and Health Strategy by WHO, including the fight against obesity in childhood and adolescence in the Second European Nutrition Action Plan, the preparation of the White Document including the European Commission's strategy on nutrition, overweight and obesity-related diseases in Europe, the establishment of the European Union Nutrition, Physical Activity and Health Platform is an example of these initiatives.

The first study on obesity by the WHO Regional Office for Europe was the report on the prevention and treatment of obesity published in 1997. Following this report, the "Milan Declaration" signed by 24 countries in 1999 was published. Today, it is reported that the obesity epidemic is one of the most important public health struggles in the world, and that the trend has reached an alarm level especially for children and adults and lead to more health burden for future generations.

As a result of the increasing epidemic of obesity, Turkey hosted a "WHO European Ministerial Conference on Counteracting Obesity" on 15-17 November 2006 in Istanbul, in the conference commenced by Prime Minister Recep Tayyip Erdogan, the obesity epidemic and proposed solutions were discussed. The Conference was held on a national and international level, with the participation of approximately 500 people including high-ranking officials of other relevant Ministers and government sectors such as agriculture, education, sports, transportation, social security, representatives of non-governmental organizations, representatives of civil society organizations, experts and representatives of international organizations. During the conference T.R. Minister of Health Dr. Prof. Dr. Recep AKDAĞ and WHO Regional Director for Europe Marc DANZON signed "European Obesity Control Document" in Annex 1. At the Vienna Ministerial Conference held on 4-5 July 2013, Austria hosted the Ministers of Health, Ministers and representatives of the member countries, as well as representatives of the Center, Institute and

Non-Governmental Organizations in the WHO European Region. and this conference has been the first meeting focusing on the relationship between Noncommunicable Diseases and Nutrition. The Vienna Ministerial Conference has been a plan for developing, implementing and evaluating BOH policies on nutrition, physical activity, obesity and other nutrition in member countries and sharing experiences and success stories. In the conference, the Declaration on Nutrition and Noncommunicable Diseases under Health 2020 in Annex 2 is signed by the member states.

In our country, the fight against obesity has taken place in various publications related to national health policy. Obesity is an important risk factor for diseases such as hypertension and diabetes in the "Health 21 Health for All" program prepared by our Ministry. Preparation of a national program to prevent obesity which is a risk factor for various chronic diseases has also been discussed in "Turkey Cardiovascular Diseases Prevention and Control Program". In 2013-2017 Strategic Plan of the Ministry of Health "to inform the society about healthy nutrition, obesity and physical activity and to raise awareness, to create programs with supportive environments to provide healthy nutrition and regular physical activity habits" are among the targets.

To speed up activities for the prevention of obesity, to achieve the set targets, set new goals and strategies based on the needs and the order to be carried out in a certain frame of activity "Obesity Prevention and Control Program of Turkey (2010-2014)" was prepared and the first edition was published on February 2010.

Program was named "Turkey Healthy Nutrition and Active Life Program" as it also covers aspects related to promoting regular physical activity in obesity fight with sufficient and as well as measures to ensure balanced nutrition community and was released in the September 29, 2010 dated and 27714 numbered Official Gazette as Prime Ministry Circular.

In addition, within the scope of "Turkey Healthy Nutrition and Active Life Program", Excessive Salt Consumption Reduction Program of Turkey (2011-2015) was prepared and was updated in 2015 (2016-2021) and put into practice. In this context, according to the recommendations made by the Ministry of Food, Agriculture and Livestock, the amount of salt in bread was reduced from 1.75 gr to 1.5 gr according to the "Communiqué on Bread and Bread Varieties" published on 4 January 2013. Labeling, cooperation with the food industry and public awareness campaigns are ongoing.

Obesity is an important risk factor for diabetes. Other programs being executed are Turkey Diabetes Prevention and Control Program (2011-2014) and Turkey Diabetes Program (2015-2020). Within the scope of the program, obesity is also tackled, public awareness training studies, appropriate treatment and rehabilitation studies (development of clinical diagnostic treatment guidelines) monitoring and evaluation are carried out in the scope.

Under the "Turkey Healthy Nutrition and Active Life Program (2010-2014), obesity is defined as an important health problem in our country. Within the scope of the program, it was aimed to provide adequate and balanced nutrition and regular physical activity habits to pre-school and school age children, adolescents, young people and adolescents, and to contribute to the education of healthy and productive generations. The program is updated and implemented in 2010-2014 and 2014-2017.

For the external evaluation of this program's effect and success, a delegation consisting of international experts and relevant people from WHO European Regional Office has visited entities and institutions that are party to the program "Turkey Healthy Nutrition and Active Life Program" between 25-29 April 2016 and a promotional meeting and press release relating to the evaluation was held and a report was prepared.

2. GENERAL INFORMATION

2.1. Overweight and Obesity

Obesity is defined as "abnormal or excessive accumulation of fat in the body to disrupt health" by the World Health Organization (WHO). 15-20% of body weight in adult males and 25-30% in females are adipose tissue. In case this rate is over 25% in men and over 30% in women, it is called obesity.

To determine obesity, obesity classification of WHO is used and generally Body Mass Index (BMI) is composed the basis. BMI is a value obtained by dividing the individual's body weight (kg) by the height (m) square ($BMI = kg / m^2$). BMI is an indicator that evaluates body weight according to height and does not provide information about fat distribution in the body. According to BMI, the weakness, overweight and obesity classification in adults are given in Table 1.

Table 1. Weakness, overweight and obesity classification in adults according to BMI

Classification	BMI kg/m ²	
	Basic intersection points	Enhanced intersection points
Underweight	<18.5	<18.5
Excessive Thinness	<16	<16
Moderate Thinness	16-16.99	16-16.99
Mild Thinness	17-18.49	17-18.49
Normal weight	18.5-24.99	18.5-22.99
		23-24.99
Overweight	≥25	≥25
Pre-obesity	25-29.99	25-27.49
		27.5-29.99
Obesity	≥30	≥30
Obesity class I	30-34.99	30-32.49
		32.5-34.99
Obesity class II	35-39.99	35-37.49
		37.5-39.99
Obesity class III	≥40	≥40

Source: Global Database on BMI, WHO.

In order to achieve optimal health, the median BMI for the adult population should be between 21 and 23 kg/m². However, for individuals, the target should be to maintain the BMI within the range of 18.5-24.9 kg/m². In the case of BMIs with a distribution range of 25,0-29,9 kg/m², the risk of disease is increased. In the case of more than 30 kg/m² BMI, the associated disease risk increases from moderate to severe.

The intersection values are based on the relationship between BMI and mortality and disease risk factors in European societies. The relationship between BMI and body fat percentage varies according to ethnic characteristics. WHO considers the healthy BMI for Asians to be 23 kg/m², it is recommended not to gain more weight at BMI levels between 23.00-24.99 kg/m² and it is considered obese over 25 kg/m².

In recent years, researchers focus on the region and distribution of fat in the body rather than the total amount of fat in the body. The region and distribution of fat in the body are associated with morbidity and mortality of the diseases. Regional fat distribution is genetically different in males and females. In male-

type obesity, there is more body fat in the upper part of the body, in the waist, upper abdomen and chest areas (apple shape). In female obesity, there is more body fat in the lower part of the body, buttocks, thighs and legs (pear shape).

Abdominal fat is one of the simplest methods that reflects the amount of fat and the most used waist circumference/ hip circumference ratio. The waist circumference value of this denominator reflects mainly visceral organs and abdominal fat tissue, while the hip circumference measurement in the denominator consists of muscle mass and skeletal tissue.

According to WHO, if the ratio of the waist circumference to the hip circumference is over 0.85 for women and over 1 for men it is considered to be men type obesity. Waist circumference measurement alone is also used as an important and practical indicator for fat distribution and deterioration of the abdominal area. Fat accumulation in the abdominal region and internal organs leads to insulin resistance. Insulin resistance is the most important factor providing the relationship between obesity and Type 2 Diabetes, hypertension, dyslipidemia and coronary artery diseases.

In the recent years when the fight against obesity has become widespread, risk assessment has been widely used by measuring waist circumference alone. A waist circumference measurement of 94 cm in men and 80 cm in women leads to an increased risk of disease.

Equations reflecting the relationship between BMI and waist circumference have been obtained in patients with hip circumference around the waist circumference. Then, 25 and 30 kg/m² values were added to these relationship equations instead of BMI, and waist circumference levels were found to fit these. The risk of developing the disease according to waist circumference in adults is shown in Table 2.

Table 2. Risk of disease occurrence according to BMI and waist circumference in adults (cm)

Gender	Risk (Warning Limit) (=BMI>25)	Hight Risk (Action Limit) (=BMI>30)
Male	≥94	≥102
Female	≥80	≥88

2.2. Factors Causing Overweight and Obesity

Among the many factors known to cause obesity, excessive and inadequate nutrition and lack of physical activity are considered as the most important causes. In addition to these factors, genetic, environmental, neurological, physiological, biochemical, sociocultural and psychological factors cause the formation of obesity. The role of environmental factors in the development of obesity is considered to be at the forefront, especially since the increase in childhood obesity in all over the world cannot be explained only by changes in genetic structure.

The main risks and factors affecting the risk of obesity are listed below:

- Excessive and incorrect nutrition habits
- Insufficient physical activity
- Age
- Gender
- Education level
- Sociocultural factors
- Income status
- Hormonal and metabolic factors
- Genetic factors

- Psychological problems
- Frequent practices of low energy diets
- Alcohol drinking and smoking status
- Some medications (antidepressants, etc.)
- Number of births and time between births

One of the factors that should be considered in the development of obesity is the feeding form in the first years of life. In studies conducted, it is reported that the incidence of obesity is lower in children fed with breast milk than in children who are not breastfed, and the duration of breastfeeding, type, amount of complementary foods, and time of onset affect obesity formation.

In various documents published by WHO and UNICEF, it was expressed that breastfeeding for 6 months alone, continuation of breastfeeding after 6 months together with the introduction of complementary nutrients in the appropriate quality and quantity and sustaining breastfeeding for at least 2 years can reduce the risk of obesity and chronic disease in the short and long term.

2.3. Health Problems Caused by Overweight and Obesity

Obesity causes many health problems due to its negative effects on body systems (endocrine system, cardiovascular system, respiratory system, gastrointestinal system, dermis, genitourinary system, musculoskeletal system) and psychosocial condition.

The relationship between obesity and various diseases is known and the effect of increasing morbidity and mortality has been demonstrated. Overweight is responsible for more than 1 million deaths and 12 million years of life in the European Region each year.

Health problems caused by obesity / risk factors:

1. Diseases of cardiovascular system
 - Congestive heart failure
 - Coronary artery disease
 - Hypertension
 - Peripheral vascular diseases
2. Neurological Diseases
 - Stroke
 - Subarachnoid hemorrhage
 - Peripheral and trap neural pathologies
3. Metabolic-hormonal complications
 - Insulin resistance, hyperinsulinemia
 - Type 2 DM
 - Dyslipidemia
 - Hypertension
 - Gout
4. Respiratory system diseases
 - Obesity-Hypoventilation Syndrome
 - Obstructive Sleep Apnea Syndrome
5. Digestive System Diseases
 - Gastroesophageal reflux disease
 - Hiatal hernia
 - Cholelithiasis and gallbladder disease
 - Liver Disease: fatty liver, hepatosteatosis and cirrhosis

6. Diseases of the genitourinary system
 - Sexual dysfunctions
 - Obstetric complications
7. Dermis diseases
8. Surgical complications
 - Perioperative risks: anesthesia, wound complications, infections, incision hernia
9. Cancer (especially hormone-specific cancers)
 - Breast
 - Colon
 - Cervix, endometrium, over
 - Gall bladder
 - Kidney
 - Prostate
10. Mechanical complications of obesity
 - Arthritis, arthrosis
 - Tendency to fall
11. Psychosocial complications
 - Psychological problems
 - Social isolation

2.4. Treatment of Obesity

Protection from obesity is of paramount importance. Protection from obesity should start in childhood. Obesity, which occurs during childhood and adolescence, provides the basis for adulthood obesity. Therefore, the family, school and life milieu should be informed about adequate and balanced nutrition and physical activity. Treatment of obesity is a long process that requires an individual's determination and active participation. The fact that many factors are effective in the etiology of obesity makes the prevention and treatment of this disease extremely difficult and complicated.

The aim of obesity treatment is to decrease the risk of morbidity and mortality related to obesity, to gain an adequate and balanced nutrition habit and to improve the quality of life. In obesity treatment, body weight decreases by 10% in the 6-month period and provides significant benefit in preventing obesity-related health problems.

Methods used in the treatment of obesity are grouped under 5 groups:

1. Medical nutrition (diet) treatment
2. Exercise treatment
3. Behaviour Modification Treatment
4. Medication/medical treatment
5. Surgical treatment

Obesity treatment should be regulated by a team of physicians, dieticians, psychologists and physiotherapists.

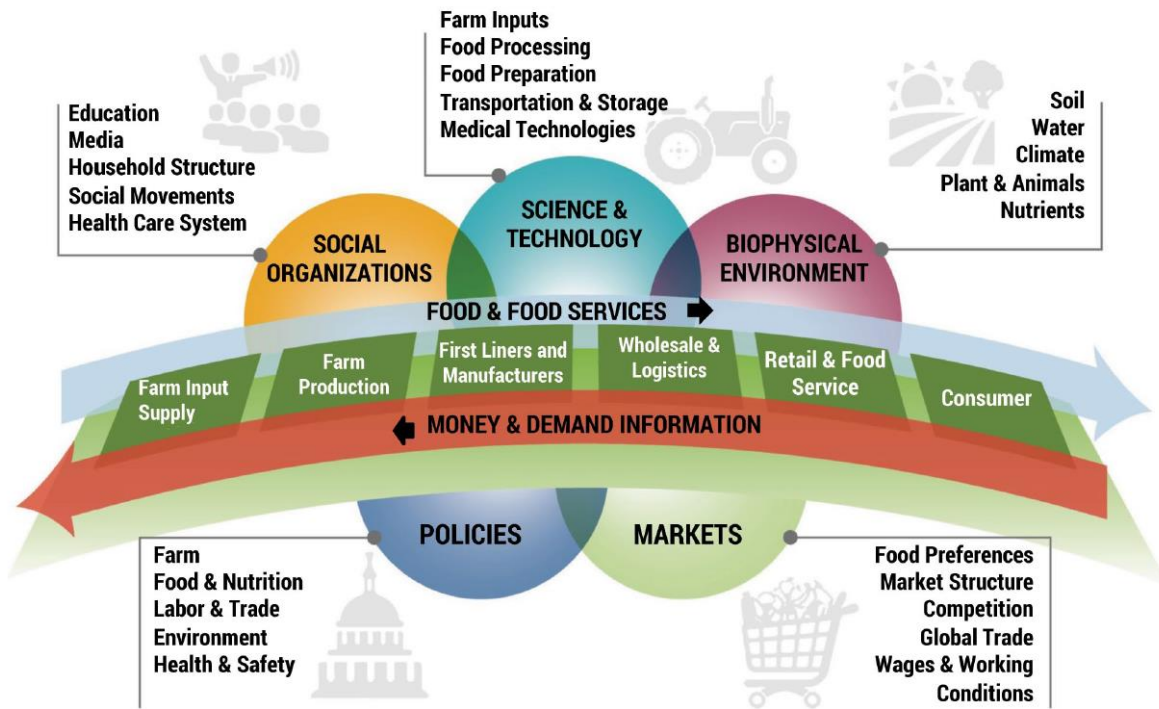
WHAT IS HEALTHY FOOD SYSTEM?

Food systems cover many stages of human resources and human efforts to turn natural resources into food to sustain human life. These stages include cultivation, harvesting, processing, packaging, distribution, marketing, trade, consumption and waste, starting from the farm.

The "supply side" of the food system consists of these steps and while simple food supply chains can be done and still offer healthy options in many communities, others involve complex food chains.

The "demand side" is similarly affected by price, region, consumer preferences, knowledge, tastes, cultural habits and perceptions. Choosing the right public and private investments can make each of these steps more efficient in producing multiple results, including improved nutrition.

Framework for assessing effects of the food system



Source: Nesheim, M.C., et al., 2015. A Framework for Assessing Effects of the Food System. U.S. Institute of Medicine.

Source: Investments for Healthy Food Systems, FAO.

HEALTHY NUTRITION

Healthy food is the food that contributes to healthy nutrition when consumed with appropriate amount of food safety. **Unhealthy foods** are foods with high calorie nutrients that contain high levels of saturated fat, trans fats, free sugar and salt. According to the recommendations of the World Health Organization, a healthy adult consuming 2000 calories daily for healthy nutrition; total fat intake should not exceed 30% of the total daily energy intake; saturated fat intake should be less than 10% of total energy intake; the amount of energy from trans fats should be less than 1% of the total energy intake, in particular the industrial trans fats should be eliminated and instead of saturated fats, more unsaturated fats should be preferred; calories from natural and added sugar should not exceed 35% of total calories and salt intake should be less than 5 grams per day. Turkey Dietary Guidelines by age group and gender are classified in calories and nutritional advice. Below are the high oil, salt and sugar limit values for food and beverages.

Table 3. Limit values for food and beverage categories and coloring

	Reference Intake Quantity	%	Food		Beverages	
			High(% 25) 100 g	High (>% 30) Above 100	High (%12.5) In 150mL	Hight (>%15) Above 150 ml
Energy (kcal)	2000					
Total fat (g)	70	31.5	>17.5	>21	>8.75	>10.5
Saturated fat (g)	20	9	>5	>6	>2.5	>3
Total Sugar (g)	90	18	>22.5	>27	>11.25	>13.5
Salt (g)	6	-	>1.5	>1.8	>0.75	>0.9
Sodium (mg)	2400	-	>0.6	>0.72	>0.6	>0.72
Posa / Fiber (g)	30					

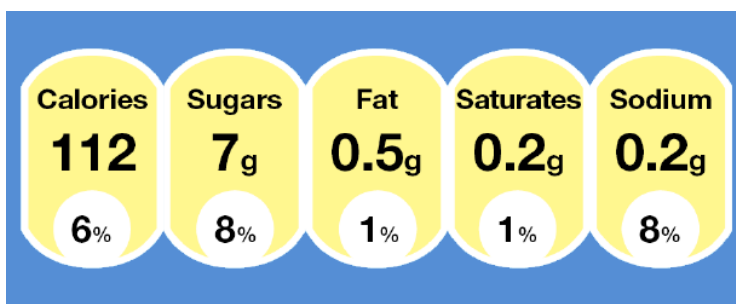
Adequate and balanced nutrition is the sufficient intake of energy and nutrient elements that are required for growth, development and to sustain a healthy and productive life, and the appropriate use in the body.

WHAT IS TRANS FAT?

Trans fat is a kind of unsaturated fatty acid and can be classified into naturally occurring or industrially produced trans fats. Naturally occurring trans fats or ruminant-derived trans fatty acids (rTFA) are produced by intestinal bacteria of ruminants and are present in small quantities in food products derived from these animals (for example meat and dairy products from cattle, sheep and goats). Industrially produced trans-oils are formed by the modification of oil and oil by the use of industrial processing techniques. The partial hydrogenation process is the primary mechanism used in the industrial production of trans fats; In this process, the oil is sensitized to enhance the commercial attraction by enriching the sensory profile and texture and increasing the tolerance to shelf life and reheating. Repeated heating of oils with low trans fat content initially (eg when cooking) may result in the formation of additional trans fats. The proportion of trans fats produced in the food industry is generally higher than that of naturally occurring trans fats and is the main source of trans fats in diets. There is evidence that trans fat consumption is associated with the development of other diseases such as cardiovascular diseases (CVD), central adiposity, diabetes, Alzheimer's disease, breast cancer, impaired fertility, endometriosis, and cholelithiasis. The research has not been able to identify a positive nutrient role in industrially produced trans fats, besides being a potential source of energy. The replacement of trans fats with alternative fat sources in the diet reduces the risk of CHD and the greatest progress is made by using monounsaturated fatty acids (MUFA) or polyunsaturated fatty acids (PUFA) instead of trans fats. All of this evidence shows that removal of trans fats from food supply positively affects health.

Current Situation: The Turkish Food Codex Labeling Legislation is being reviewed to comply with European Union regulations (EC) 1169/2011 (EC) 1924/2004, and in new drafts there are provisions on trans fats. In the Turkish Food Codex Food Labeling and Consumers Information Regulation, it is compulsory to make a declaration on the label and specify the amount for food containing more than 2% trans fat.

Each portion contains



For 2000 ccal of an adult's daily amount

WHO Recommendation: During trans fat substitute, Turkey must provide to obtain the best fat profile in product formulation. The substitution of saturated fatty acids (eg palm oil) is a secondary concern in other countries (palm oil is less harmful than trans fatty acids, but leads to a risk of cardiovascular disease); however, healthier and more cost-effective alternatives are available with the required properties in terms of consistency and texture. The legal limit on the trans fat content in food is unlikely to result in significant negative consequences and this limit will contribute to reducing inequalities. Such a policy is unique with the combination of benefits, cost effectiveness and low negative impact potential. Removal of trans fats

from food supplies is probably one of the most accurate public health interventions to reduce the risk of CHD and improve nutritional quality in meals.

2.5. Food Security

Access to a sufficient amount of reliable and nutritious food is important for the continuation of life and for the improvement of health.

Unreliable nutrients containing harmful bacteria, viruses, parasites or chemicals cause more than 200 diseases, from diarrhea to cancer. Food and water-borne diarrhea causes an estimated 2 million deaths per year, many of them being children.

Safe food, nutrition and food safety are inextricably linked. Unsecured food causes a bad diet – disease vicious circle affecting especially in infants, young children, the elderly and patients. Food-borne diseases disrupt socio-economic development by forcing the health care system and damaging national economy, tourism and trade.

Nowadays, foods have many national borders, from where they are produced to where they are consumed. Strong cooperation between States, producers and consumers will help ensure food safety.

Reliable food stocks support national economies, trade and tourism, and contribute to food and nutrition security and form the basis of sustainable development.

Changes in consumer habits, including urbanization and travel, have also increased the number of people who buy and consume foods prepared in public places. Globalization has triggered a growing consumer demand for a wide range of foods, resulting in a more complex and longer global food chain.

The strengthening and industrialization of agricultural products and animal products in order to meet the growing demand for food with increasing world population has led to both opportunities and challenges in food reliability. Climate change is expected to affect food reliability as temperature changes change the risks encountered in the production, storage and distribution of foods.

The food manufacturers and food vendors have a great responsibility to ensure food safety. Due to the speed and scope of product distribution, events at the local level can be transformed into an international emergency in a very short time. When we look at the last decade, we can say that severe epidemics of food-borne disease occur in every continent, and that the severity of these outbreaks has increased mostly due to global trade.

Melamine contamination in baby food in 2008 (affecting 300,000 infants and young children and causing 6 deaths in only China) and an outbreak of Enterohaemorrhagic Escherichia coli, reported in 2011 in Germany and associated with contaminated fenugreek, involving a large number of cases from Europe and North America along with 53 deaths can be given as examples of large-scale food outbreaks.

The outbreak of E. coli in Germany in 2011 caused a loss of \$ 1.3 billion for farmers and industries in 22 member states of the European Union and \$ 236 million in emergency aid expenditures.

3. GLOBAL ACTION PLAN FOR PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (2013-2020)

The policy options and measures proposed in the WHO Global Action Plan 2013-2020 aim to improve the implementation of global strategies and recommendations to move towards the voluntary global goals set out below:

Policies:

- Halt the rise in diabetes and obesity.
- A 30% relative reduction in mean population intake of salt/sodium.
- A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.

Proposed Measures:

- Member States should consider developing or strengthening national food and nutrition policies and action plans and implementation of related global strategies including the strategy on diet, physical activity and health, the global strategy for infant and young child feeding, the comprehensive implementation plan on maternal, infant and young child nutrition and WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children.

Member States should also consider implementing other relevant evidence-guided strategies, to promote healthy diets in the entire population, while protecting dietary guidance and food policy from undue influence of commercial and other vested interests.

Such policies and programmes should include a monitoring and evaluation plan and would aim to:

- Promote and support exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding.
- Implement WHO's set of recommendations on the marketing of foods and non-alcoholic beverages to children, including mechanisms for monitoring.
- Develop guidelines, recommendations or policy measures that engage different relevant sectors, such as food producers and processors, and other relevant commercial operators, as well as consumers, to:
 - Reduce the level of salt/sodium added to food (prepared or processed).
 - Increase the availability, affordability and consumption of fruits and vegetables.
 - Reduce saturated fatty acids in food and replace them with unsaturated fatty acids.
 - Replace trans fats with unsaturated fats.
 - Reduce the content of free and added sugars in food and non- alcoholic beverages.
 - Limit excess calorie intake, reduce portion size and energy density of foods.

- Develop policy measures that engage food retailers and caterers to improve the availability, affordability and acceptability of healthier food products (plant foods, including fruit and vegetables, and products with reduced content of salt/sodium, saturated fatty acids, trans-fatty acids and free sugars).
- Promote the provision and availability of healthy food in all public institutions including schools, other educational institutions and the workplace.
- As appropriate to national context, consider economic tools that are justified by evidence, and may include taxes and subsidies, that create incentives for behaviours associated with improved health outcomes, improve the affordability and encourage consumption of healthier food products and discourage the consumption of less healthy options.
- Develop policy measures in cooperation with the agricultural sector to reinforce the measures directed at food processors, retailers, caterers and public institutions, and provide greater opportunities for utilization of healthy agricultural products and foods.
- Conduct evidence-informed public campaigns and social marketing initiatives to inform and encourage consumers about healthy dietary practices. Campaigns should be linked to supporting actions across the community and within specific settings for maximum benefit and impact
- Create health- and nutrition-promoting environments, including through nutrition education, in schools, child care centres and other educational institutions, workplaces, clinics and hospitals, and other public and private institutions
- Promote nutrition labelling, according to but not limited to, international standards, in particular the Codex Alimentarius, for all pre-packaged foods including those for which nutrition or health claims are made.

9 VOLUNTARY GLOBAL TARGET AND 25 INDICATOR:

Noncommunicable Diseases Action Plan has been approved in the 66. World Health Assembly and 9 voluntary global targets have been set by the member countries. As a result of the implementation of the targets by the member countries until 2025, it is foreseen that there will be serious improvement in the protection of non-communicable diseases. Determined targets are as follows:



A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases



At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context



A 10% relative reduction in prevalence of insufficient physical activity



A 30% relative reduction in mean population intake of salt/sodium



A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years



A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances



Halt the rise in diabetes and obesity






At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes



An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities

Indicators and Additional

Physical Inactivity		A 10% relative reduction in prevalence of insufficient physical activity	<ul style="list-style-type: none"> - The prevalence of adolescents with insufficient physical activity (less than 60 minutes of moderate or high intensity activity per day) - The age based standardised prevalence of individuals over the age of 18 with inadequate level of physical activity (weekly duration of activity at a moderate intensity, or equivalent definition of less than 150 minutes)
Salt / sodium consumption		A 30% relative reduction in mean population intake of salt/sodium	<ul style="list-style-type: none"> - Standardised median salt consumption in grams per day in individuals aged over 18
Diabetes and obesity		Halt the rise in diabetes and obesity	<ul style="list-style-type: none"> - Age-standardized high blood pressure / diabetes prevalence among individuals over 18 years of age (fasting plasma glucose concentration ≥ 7 mmol / L (126 mg / dl) or defined as drug treatment due to high blood pressure. - Prevalence of overweight and obesity in the cases (WHO is overweight according to WHO's growth reference for school-age children; obesity: 2 standard deviations in body mass index by age and gender) - The prevalence of standardized weight gain and obesity (body mass index is defined as ≥ 25 kg / m² for body weight index and ≥ 30 kg / m² for obesity) among individuals over 18 years of age.
Additional indicators			<ul style="list-style-type: none"> - Age-standardized median ratio of total energy intake from saturated fatty acids in individuals over 18 years of age - Age-standardized prevalence of individuals over 18 years of age who consume less than five portions (400 g) of fruit per day - Total cholesterol concentration of the prevalence of standardized high total cholesterol among individuals over 18 years of age (defined as total cholesterol ≥ 5 mmol / L or 190 mg / dl)

European Food and Nutrition Action Plan 2015-2020 Goals

- Halt the increases in obesity and diabetes.
- Halt the increase in the prevalence of overweight among children under five years old.
- Reduce the mean population intake of salt and sodium by 30%.
- Increase the rate of exclusive breastfeeding in the first six months of life to at least 50%.
- Reduce the proportion of stunted children under five years by 40%.
- Reduce the prevalence of anaemia among non-pregnant women of reproductive age by 50%.

- **The Thirteenth General Programme of Work (GPW 13)** defines WHO's strategy for the five-year period, 2019-2023. It focuses on triple billion targets to achieve measurable impacts on people's health at the country level.

The triple billion targets are to ensure by 2023:

- *One billion more people are benefiting from universal health coverage*
- *One billion more people are better protected from health emergencies*
- *One billion more people are enjoying better health and well-being*

In the pre-classification of outcome outputs, there is acceleration eradication and elimination of high effects of Platform 3. noncommunicable diseases.

4. OBJECTIVES AND SCOPE OF ACTION PLAN OF TURKEY HEALTHY NUTRITION AND ACTIVE LIFE PROGRAM

Mission: Health promotion and promoting being healthy / protecting safe environments / paying attention to disadvantaged groups in service.*

Goal: To increase and increase healthy nutrition habits in order to protect individuals from environmental risks of health and to promote healthy lifestyles, **as included in the Strategic Plan of our Ministry**, in order to fight effectively with the obesity affecting our children and young people, to promote the consumption of healthy food (nutrients that contribute to a healthy diet if consumed in the appropriate amount) to improve and improve the life habits; to reduce the consumption of unhealthy food (saturated fats, trans fats, free sugars or salt content low in nutritional value with high energy value) to promote adequate and balanced nutrition and regular physical activity. Thus, it is aimed to reduce the incidence of obesity related diseases (cardiovascular diseases, diabetes, some types of cancer, hypertension, musculoskeletal diseases etc.) in our country. With the action plan, it is aimed to carry out the studies planned in our country within a certain program, to be measurable, traceable and to ensure coordination.

29.09.2010 dated and 27714 numbered Official Gazette of the Prime Ministry Circular issued and the many activities carried out in cooperation with relevant organizations and institutions in line with the current action plan "Turkey Healthy Nutrition and Active Life Program" Action Plan is updated for the years 2013-2017 and 2019-2023 to be compatible with the restructuring of our Ministry and with the new strategic plan prepared.

Ensuring political desire and determination at national and local level, raising awareness of the community in the scope of preventive health services on obesity, adequate and balanced nutrition and physical activity by using different tools, awareness studies, making necessary legislative arrangements and cooperations and evaluation studies constitute the scope of this program.

* Promote health|Keep the world safe|Serve the vulnerable. WHO

CHAPTER I. ACTION PLAN FOR ADULTS

1. CURRENT STATUS OF THE WORLD AND TURKEY

1.1. Current Status of Obesity in the World and in Europe

Obesity is the most important public health problem of the 21st century. Obesity is increasing day by day in both developed and developing countries. MONICA study conducted by WHO in 6 different regions of Asia, Africa and Europe for 12 years reported a 10-30% increase in obesity prevalence between 1980-1990.

According to the results of US National Nutrition and Health Survey (NHANES) 2015-2016 conducted by the Center for Disease Prevention and Control (CDC) in the US, where obesity is most common, obesity (BMI ≥ 30) prevalence in the USA is 37.9% in men, 41.1% in women, 39.6% in total.

The prevalence of obesity has been increasing since the 1980s in the WHO European Region and has reached an alarm level in many countries, especially in children. The risk of developing more than one of these diseases increases with increasing body weight. Obesity is responsible for 2-8% of health expenditures in the European region and 10-13% of deaths.

Although it was a short period of time to monitor changes in obesity tendency, Eurostat study conducted between 2007 and 2010 in EU countries showed that overweight was between 30-70% and obesity was 10-30%, which is still an alarming number.

According to WHO data, overweight and obesity are responsible for 80% of cases of Type 2 diabetes in Europe, 35% of ischemic heart disease and 55% of hypertension and cause more than 1 million deaths each year.

Non-communicable diseases such as overweight and obesity are also serious health problems in the WHO European Region. Overweight affects 30-80% of adults in WHO European Region countries.

Data from the WHO The Global Health Observatory Data Pool shows that on average for adults 20 years and older (raw estimate), 57.4% of adults for both sexes are overweight or obese. The obesity rate in some countries of Eastern Europe has risen more than three times since 1980. It is estimated that overweight and obesity cause the deaths of approximately 320,000 men and women in 20 countries of Western Europe each year.

The prevalence of obesity in the world has almost doubled between 1980 and 2008. According to country estimates, over 50% of women and men in the WHO European region for 2008 are overweight and almost 23% of women and 20% of men are obese.

Obesity becoming an increasingly common public health problem has caused struggle against obesity studies to begin all over the world.

As stated in the WHO Global Status Report 2010 and 2014, the reduction of the salt intake and the salt content of foods, the replacement of trans fats with polyunsaturated oil and the public awareness of nutrition and physical activity in the visual media are considered as “the most profitable practices-best buys”. These are the steps that need to be taken immediately in order to achieve rapid results in terms of recovered lives, prevented diseases and avoided heavy costs.

1.2. Current Status of Obesity in Turkey

Our country has a view that includes both the developing and developed countries' problems together in terms of nutritional status. Nutritional status of the people shows significant differences according to seasons, socioeconomic status and urban-rural residence in Turkey. The imbalance in income distribution has an impact on the nature and frequency of nutritional problems. In addition, the lack of knowledge about nutrition leads to incorrect food selection, improper preparation, cooking and storage methods and increases the size of nutritional problems.

When we look at the nutritional status of the Turkish people, basic food is bread and other cereal products. Analysing the Table 3 below it can be seen that the consumption of bread and other grains, red meat, fish, fruits and fat decreased; and milk-yoghurt, poultry and egg consumption increased among the years.

According to General Directorate of Public Health (Refik Saydam Hygiene Center Presidency, School of Public Health Directorate) National Household Survey based on the statement made by the people, in our country, it has been found that individuals over 18 consume 1.64 servings of fruits and 1.57 portions of vegetables per day and this rate show differences for the regions and rural / urban settlements. For adequate and balanced nutrition, WHO suggests 400 g and Turkish Dietary Guidelines suggests at least 5 portions (400 g) fruit consumption a day. According to Turkey Nutrition and Health Survey, 2010 daily consumption of fresh fruit and vegetables per capita amount is 548 grams in total, as 545 grams for men and 552 grams for women. Table 3 shows that fruit and vegetable consumption per capita is 540 g / day.

Food	1974*	1984**	2010***	
Bread	402	360	197	Table 3. consumption of basic foodstuffs in Turkey (per person: grams / day) <i>NOTE: Daily consumption of fruit and vegetables per person above 19 years of age (2010): 540 gr/day – * Nutrition Health and Food Consumption Survey 1974 ** Food Consumption and Nutrition Research 1984 *** Turkey Nutrition and Health Survey 2010</i>
Other grains	91	93	67	
Dried legumes, seeds	10	36	15	
Milk, yogurt	79	69	106	
Cheese	24	23	44	
Red meat	49	38	26	
Poultry	3	4	30	
The fish	3	7	4	
Egg	9	13	24	
Vegetables (potatoes	343	245	352	
Fruit	222	173	188	
Oils (including olive oil)	19	24	21	
Fats (including margarine)	19	24	9	
Sweets and desserts	36	42	31	

In recent years, it is seen that fast-food is a preferred diet among children and young people especially in urban areas. Abundant nutrition, high in energy, rich in saturated fatty acids and salt content, but lack of pulp content, vitamins A and C and calcium, often leads to inadequate and unbalanced diet, increasing the risk of chronic diseases such as obesity, cardiovascular diseases and diabetes.

One of the important factors causing obesity to increase is the proliferation of the sedentary lifestyle. It is recognized that regular physical activity is a key element of a healthy lifestyle, and that in a society with increased physical activity, health spending will be significantly reduced and will contribute greatly to the national economy.

In the Turkey Burden of Disease Study conducted between 2002-2004 in our country, it has been reported that 31,519 deaths related to ischemic heart disease and 10,269 deaths related to ischemic stroke could have been prevented in the case of sufficient physical activity habit. As for preventable disease burden,

1.3. Prevalence of Obesity in Adults

In the TEKHARF study conducted by the Turkish Society of Cardiology (TKD), obesity was detected in one fourth of the Turkish men (25.2%), and almost half of the women (44.2%) over the age of 30. In the middle-aged (31-49 years) and elderly (age 50 and older) groups, It has been reported that this prevalence was not significantly altered in males (24.8% and 25.7%) and significantly increased in females (38% and 50.2%, respectively). It was reported that the prevalence of obesity increased over time, it increased by 12.5% in males of similar age in 1990 and doubled to 40% and 50% in females aged 50 and over.

In the TOHTA study conducted between 1999-2000; The incidence of obesity in females above 20 years of age was found to be 35.4% and the risk of obesity was 1.8 times higher than males.

The TURDEP study was performed on individuals over 20 years of age. According to this study, obesity prevalence was determined as 29.9% in women and 12.9% in men. In the same study, the obesity prevalence was 34.3% (48.4% in women and 16.9% in men) when central obesity (waist circumference: ≥ 88 cm in women, ≥ 102 cm in men) was evaluated. The high incidence of central obesity in women indicates significant problems that the female population will face in the near future, especially cardiovascular diseases and type 2 diabetes.

When the results Turkey Demographic and Health Survey (DHS) repeated every 5 years in our country covering 15-49 women are analyzed, obesity has increased steadily in the female population. According to the results of this study, the prevalence of overweight (BMI = 25.0-29.9 kg / m²) in women aged 15-49 years was 33.4%, 34.2% and 34.4% in 1998, 2003 and 2008, respectively. Obesity (BMI ≥ 30 kg / m²) the frequency was found to be 18.8%, 22.7% and 23.9%, respectively. As seen, the frequency of obesity in women has increased by 5.1% in the last 10 years.

The prevalence of overweight and obese individuals in the TBSA 2010 Survey was 34.6% (39.1% for men, 29.7% for women) and 30.3% (20.5% for women, 41.0% for men). While obesity was higher in adults aged 51-64 (30.7% in males and 64.4% in females), overweight was found to be higher in adults 65 years and older (46.0% in men and 30.4% in women). High waist circumference and high hip circumference are 24.8% and 54.2% for men, 53.9% and 40.4% for women.

WHO 2025 targets include stopping the increase in obesity rate (trend). As seen in Figure 1, while there is a rapid increase in the period between 1998 and 2010, besides the fact that the rate of increase has been decreased between 2010 and 2017 with developed programs, studies to reverse the situation should be continued.

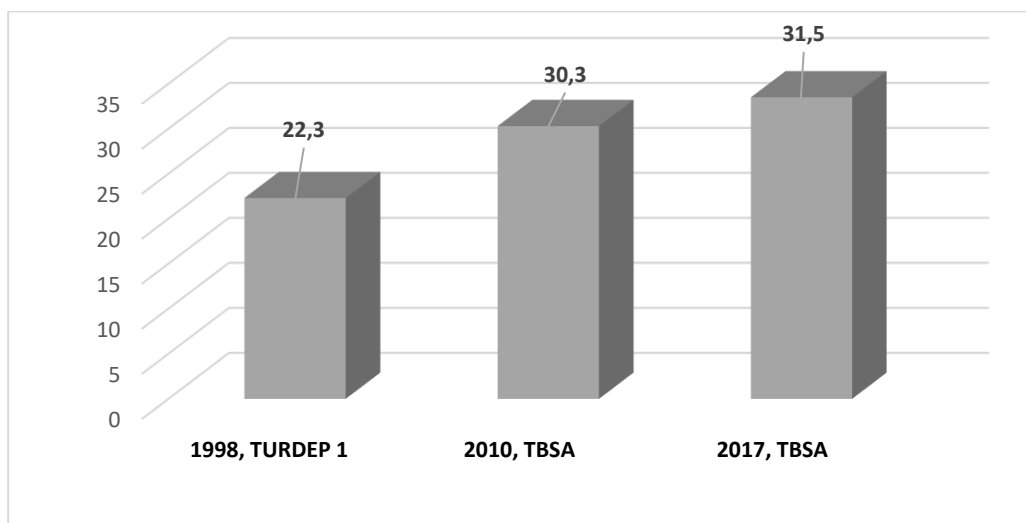


Figure 1. The prevalence of obesity in Turkey

Prevention and treatment of obesity should take place primarily in public health measures. The distribution of the burden of disease and number of deaths attributable to high BMI based on causes according to the results Turkey Burden of Disease Study are shown in Table 4.

As shown in Table 4, the number of deaths that can be prevented by obesity prevention is 29.581 in ischemic heart disease, 11.109 in ischemic stroke and 7.674 in diabetes. In total, 57.143 deaths can be prevented and this constitutes 13.3% of all deaths. The number of DALYs that could be prevented by obesity prevention was calculated as 346.294 in ischemic heart disease, 152.240 in diabetes and 146.930 in ischemic stroke. The number of DALYs that can be avoided is 7.3% of the total DALY.

Table 5 shows the distribution of high BMI attributable disease burden by gender. As can be seen here, the prevention of obesity can prevent 26.006 death in men and constitutes 11.1% of total deaths. The number of deaths that can be prevented in women is 31.136 and it accounts for 15.8% of total deaths. When evaluated in terms of DALY which can be prevented; the rate of preventable disease is 6.7% in men and 7.9% in women.

In addition, according to the preliminary results of the “National Burden of Disease Study 2013 conducted by the Hacettepe University Institute of Population Studies on behalf of the Ministry of Health General Directorate of Health Research (SAGEM), the total burden of disease (DALY) decreased by 6% in 2012 compared to 2002. The biggest cause of this decline is a 40% reduction in the number of diseases (infectious diseases, pregnancy, neonates and feeding-related disease). However, although there is a decrease in total disease burden, there is a 4% increase in disease burden due to Group 2 diseases, non-communicable diseases.

When the first 5 causes of the disease burden are examined, it is seen that all of these causes are non-communicable diseases. Ischemic heart disease with 7.4%, low back pain with 6.1%, and cerebrovascular diseases with 4.1%, respectively. It was followed by diabetes and COPD (3.8%, 3.6%).

Non-communicable (chronic) diseases such as cancer, cardiovascular diseases, diabetes and chronic airway diseases, and risk factors for these diseases (tobacco use, harmful alcohol use, physical inactivity and unhealthy nutrition) is becoming a public health and development problem day by day around the world. NCDs in Turkey affect the productivity of the workforce significantly as a result of disability and premature deaths they cause, which in turn gives rise to a negative impact on socio-economic development. In 2016, the total economic cost of NPLs to the Turkish economy was 69.7 billion TL (3,6% of GDP).

NCD prevention activities are relatively inexpensive and cost effective. In the “Prevention and control of noncommunicable diseases in Turkey The case for investment ” during the intervention costing analysis, five packages aimed at the prevention and control of NCDs has been revised; these packages were primarily mentioned in interviews with local experts: tobacco and alcohol use, salt consumption and policy interventions for physical activity, and clinical interventions for CVD and diabetes in primary care. The 5-year implementation costs of policy packages for increasing physical mobility by reducing tobacco, alcohol and salt consumption were calculated as 384 million, 90.6 million, 46.1 million and 124.3 million TL, respectively. The cost of CVD and diabetes interventions as the most expensive options is 1.619 million TL.

An ROI analysis of these five intervention packages was carried out. The results were generalized for two scaling (dissemination) periods for the first 5 years and then for 15 years. The analysis showed that the economic benefits of the interventions were higher than the implementation costs in both the short and long term.

It was found that the most cost-effective interventions in Turkey is in the salt field: the economic benefits of this package is much higher than the short and long term costs. The expected return for each Turkish Lira spent on salt interventions is 51 TL for 5 years; 88 TL for 15 years. High salt consumption may be attributed to increased risk of NCDs, stroke and other cardiovascular and circulatory diseases due to gastric cancer and hypertension. The rate of cardiovascular death attributable to high sodium is 17.1%. By increasing taxes, etc. reducing tobacco use and increasing physical activity throughout the population are also very cost-effective (the return on investment for 15 years is 5 million TL and 2.3 million TL respectively). The same is true for CVD and diabetes interventions (15-year return on investment is 4.3 million TL).

Table 4. Distribution of high body mass index attributable disease burden and death numbers

Cause	Attributable Deaths	Attributable YLL	Attributable YLD	Attributable DALYs	Attributable DALYs as a proportion of total DALYs
Ischemic heart disease	29581	317790	28504	346294	3,2
Hypertensive heart disease	7174	57723	4073	61796	0,6
Ischemic stroke	11109	93794	53136	146930	1,4
Diabetes Mellitus	7674	73921	78319	152240	1,4
Osteoarthritis	0	0	61035	61035	0,6
Breast cancer	724	7141	1718	8859	0,1
Colon and rectum cancers	646	6583	717	7300	0,1
Corpus uteri cancer	235	2079	651	2730	0,0
Total	57143	559032	228151	787183	7,3

*Source: Turkey Burden of Disease Study, 2004. (YLL: Years of Life Lost, YLD: Years Lost with Disability, DALY: Disability Adjusted Life Years)

Table 5. Distribution of High Body Mass Index-attributable Disease Burden

	Males		Females		Persons	
	Number	Percent	Number	Percent	Number	Percent
Deaths	26006	11,1	31136	15,8	57143	13,3
YLL	278008	8,2	281024	11,0	559032	9,4
YLD	101972	4,5	126179	4,9	228151	4,7
DALYs	379980	6,7	407203	7,9	787183	7,3

* Source: Turkey Burden of Disease Study 2004. (YLL: Years of Life Lost, YLD: Years Lost with Disability, DALY: Disability Adjusted Life Years)

According to Turkey Statistical Institute (TurkStat) death statistics, deaths from circulatory system diseases was 165,323. Circulatory system diseases were the most common cause of death in 39.7% of the first three rows. This is followed by good and malignant tumors with 19.6% and respiratory system diseases with 12% (Table 6).

Table 6. Distribution of causes of death, 2016, 2017, TurkStat

Cause of death	2016		2017	
	Number	(%)	Number	(%)
Total	420 189	100,0	416 881	100,0
Diseases of the circulatory system	166 069	39,5	165 323	39,7
Neoplasms (malign ve benign neoplazms)	81 647	19,4	81 527	19,6
Diseases of the respiratory system	49 295	11,7	49 855	12,0
Endocrine, nutritional and metabolic diseases	20 731	4,9	20 110	4,8
Diseases of the nervous system and the sense organs	20 220	4,8	20 504	4,9
External causes of injury and poisoning	21 473	5,1	18 901	4,5
Other	60 754	14,5	60 661	14,6

*Source: TurkStat, Causes of Death Statistics, 2016, 2017

2. TARGETS AND STRATEGIES

A. Strengthening governance and cooperation for a holistic health approach

Main Priority:

To combat obesity by implementing an action plan to combat obesity in cooperation with relevant institutions to prevent and reduce obesity, an important public health problem.

B. Establishment of healthy nutrition environments

Main Priority:

To gain adequate and balanced nutrition and physical activity habits in society and to reduce the risk of obesity.

C. Supporting the gains of lifelong healthy nutrition, especially for disadvantaged groups

Main Priority:

To ensure access to healthy food for all citizens and for balanced and healthy nutrition within the scope of Turkey Healthy Nutrition and Active Life Program.

D. Reorganization of health services; presentation of integrated healthcare services (providing nutrition-related information and counseling, early diagnosis, treatment rehabilitation services)

Main Priority:

To evaluate the individuals applying to health institutions in terms of overweight and obesity, to make early diagnosis, counseling and treatment of patients diagnosed with obesity (including medical and surgical treatments), to reduce the health expenses caused by the treatment of obesity and obesity related chronic diseases and the frequency of obesity.

A. Strengthening cooperation in the development of holistic health management and healthy nutrition

ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1. Developing financial measures to promote healthy nutrition	1.1. In order to increase healthy nutrition, take measures to minimize inflation in foods with high nutritional value in basic foods (meat, fish, milk, vegetables, fruit legumes, etc.) and to take measures to increase purchasing power	Ministry of Treasury and Finance* Ministry of Agriculture and Forestry Ministry of Health Ministry of Trade NGO	Publication of legislation	Annual Ministry of Agriculture and Forestry Reports and related sector reports Related TurkStat reports	2023	Increasing healthy food consumption
	1.2. Developing fiscal measures, including increasing tax, to reduce the consumption of foodstuffs that are high in the amount of added sugar and / or salt and / or fat	Ministry of Treasury and Finance* Ministry of Health Ministry of Agriculture and Forestry NGO Ministry of Trade	Publication of legislation	Annual Ministry of Agriculture and Forestry Reports and related sector reports Related TurkStat reports	2023	Reduce consumption of food not recommended for excessive consumption
2. Improving nutritional patterns by increasing agricultural subsidies, improving nutrition models by promoting the production and consumption of meat-egg-dairy products, fruit and vegetable	2.1. Implementation of policies for benefits, tax cuts and reducing market prices	Ministry of Treasury and Finance* Ministry of Health Ministry of Agriculture and Forestry NGO Ministry of Trade	Publication of legislation, Applied policies	Annual Ministry of Agriculture and Forestry and related sector reports	2023	Promote healthy food production

	2.1.1. Relative price increase: in order to increase Reduced Agricultural Incentive price taking measures, including reducing government incentives for certain food items, such as corn and sugar beet,	Ministry of Agriculture and Forestry * Ministry of Treasury and Finance Ministry of Health NGO Ministry of Trade	Making relevant arrangements	Annual Ministry of Agriculture and Forestry and related sector reports Related TurkStat reports Food Consumption and Health Surveys	2023	Improving nutrition patterns
	2.1.2. Relative price reduction in freshly produced basic foods: Raised Agricultural Promotion Government support for fresh foods such as fruits and vegetables	Ministry of Agriculture and Forestry * Ministry of Treasury and Finance* Ministry of Trade Ministry of Health NGO	Making relevant arrangements	Annual Ministry of Agriculture and Forestry and related sector reports Related TurkStat reports Food Consumption and Health Surveys	2023	Improving nutrition patterns
	2.1.3. Relative price reduction in freshly produced basic foods: Individual Incentive Provision of individual support by the government (eg food aid / credit to increase the consumption of low-income individuals only for certain types of healthy food)	Ministry of Treasury and Finance Ministry of Agriculture and Forestry * Ministry of Health Ministry of Trade NGO	Making relevant arrangements	Annual Ministry of Agriculture and Forestry and related sector reports Related TurkStat reports Food Consumption and Health Surveys	2023	Improving nutrition patterns
3. Taking legal and commercial measures to reduce accessibility to foods containing high fat, salt and sugar	3.1. In order to support R & D studies for high-fat salt and sugar-containing foods, financial incentives and sector subsidies should be identified and implemented.	Ministry of Industry and Technology * Ministry of Agriculture and Forestry NGO	Number of R & D supporting the reformulation work	legislation Follow-up		Share of 5-10% of total R & D activities

		Ministry of Trade TUBITAK				
	<p>3.2. To make reforms in the national guide (TUBER-2015) in food production in accordance with the recommendations of inin food and nutrients that should be reduced / increased /</p> <p>3.2.1. Ensuring a gradual reduction of the sugar, fat and salt content of food energy in cooperation with the sector to support healthy nutrition</p> <p>3.2.2. Encourage the gradual reduction of sugar and energy content of beverages through cooperation with the sector to support healthy nutrition.</p>	<p>Ministry of Health*</p> <p>Ministry of Agriculture and Forestry</p> <p>MONE</p> <p>Universities</p> <p>Related institutions and organizations</p> <p>TGDF</p>	<p>Legal arrangements for reforming proposed food components to reduce / increase</p> <p>Number of products made in reformulation</p> <p>Reformed product content</p>	Research and control	2023	Determination of the current situation
4. Develop community-based multisectoral policies that will affect the production, marketing and consumption of products that promote healthy nutrition.	4.1. Establishment of National Nutrition Council to ensure strategic management and coordination	<p>Ministry of Health*</p> <p>Ministry of Agriculture and Forestry</p> <p>NGO</p> <p>University and Related Institutions</p>	Establishment of the National Nutrition Council	Council activity reports	Twice a year	Development of relevant proposals by the Council.
	4.2. Encourage food producers to produce products that promote healthier nutrition through the establishment of a cooperation platform based on voluntary participation of food producers and suppliers	<p>Ministry of Health*</p> <p>NGO</p> <p>Ministry of Agriculture and Forestry</p>	Number of companies undertaking voluntary cooperation	Annual Reports of the Ministry of Health	2023	60

5. To develop healthcare reimbursements and follow-up system arrangements for risk factors leading to cardiovascular disease, hypertension, diabetes, various cancers to support the development of healthy behaviors in the community.	5.1. Providing general and facilitating financial incentives in the reimbursement system for the health care costs of the health care providers, and making the necessary arrangements in Law No. 5510, which provides personal follow-up and measurement technical support	Ministry of Health* Social Security Institution *	Making relevant arrangements.	Annual SSI reports	2023	Reduction in behavioral risk factors (smoking in obesity and associated diseases).
6. Ensuring the functioning of the Adequate and Balanced Nutrition and Mobile Life Board	6.1. Monitoring and evaluation of the provincial activity reports submitted at regular intervals by updating the Adequate and Balanced Nutrition and Moving Life Board faaliyet established within the Provincial and District Hygiene Council.	Ministry of Health*	Meeting at least 2 times a year	Receiving meeting reports at the end of the year together with the percentage of realisation	regularly	Providing the implementation of the decisions taken on the basis of the province
7. Develop policy measures to incorporate sectors such as food manufacturers, processors and other related commercial operators	7.1. Reduction of saturated fatty acids in foods with unsaturated fatty acids	Ministry of Agriculture and Forestry * Sector / industry * Ministry of Health*	Number of Application to Voluntary Cooperation Platform	Sector reports	2023	The share of saturated fat in the total product amount in the selected product groups falls below 10%
	7.2. Elimination of trans fats in food (Total oil content is below 2%)	Ministry of Agriculture and Forestry * Sector / industry * Ministry of Health	Publication of legislation	Inspection and Research Reports	2023	Elimination

B. Establishment of healthy nutrition environments						
ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1. Developing healthy nutrition in all public and private institutions (educational institutions, work places, etc.)	1.1. Healthy meals					
	1.1.1. To make healthy protecting and promoting applications in menu planning (energy, salt, sugar, fat reduction, fiber foods, etc.)	Public and Private Institutions and Organizations * Ministry of Agriculture and Forestry Ministry of Health, Ministry of Labor, Social Services and Family Ministry of Education, NGO professional organizations, universities	Whether the menus are made by the dietician	Corporate reports, research and inspection	2023	The number of public and private institutions and organizations recruiting dieticians to reach 50% in all institutions
	1.1.2. Ensuring that employers provide catering services with menus that encourage healthy eating to their employees and promoting healthy food in cases where catering services are evaluated.	Ministry of Health Ministry of Labor, Social Services and Family Related Sector NGO	Number of establishments providing free meals Number of Training Provided	Corporate reports, research and inspection	2023	The number of establishments providing free meals to reach 70% Reaching 80% of the

		professional organizations				Number of Training Provided
1.2 Portion control						
1.2.1. Voluntary reduction of portions of high-fat, salt and sugar-containing foods in order to support healthy nutrition of the consumer or to make required legislation for this	Ministry of Agriculture and Forestry * Ministry of Health Ministry of Labor, Social Services and Family Trade Bk., universities NGO professional organizations	Number of producers regulating portions	Corporate reports, surveys and inspections	2023	5% increase in number of producers regulating portions	
1.2.2. Reducing portions of foods and beverages containing high fat, salt and sugar in places where nutritional nutrition is used to support consumer healthy nutrition	Related sector * Ministry of Health Ministry of Labor, Social Services and Family Ministry of Trade universities NGO professional organizations	Number of institutions and organization regulating portions	Corporate reports, surveys and inspections	2023	5% increase in the number of institutions and organizations regulating portions	
1.2.3. Reducing portions of food and beverages containing high fat, salt and	Related sector * Ministry of Health	Number of institutions and organization	Corporate reports, surveys and inspections	2023	Number of organisations and	

	sugar in work cafeterias to support consumer healthy nutrition	Ministry of Labor, Social Services and Family Ministry of Trade universities NGO professional organizations	regulating portions			institutions regulating portions to reach at 50%
	1.2.4 Increasing awareness of the consumer to provide portion control	Ministry of Health * universities MONE Media, NGO professional organizations Public institutions and organizations	Determining the current situation. Number of primary education, the number of applicants to obesity centres, number of public spots, number of news on the web page of public institutions and organizations	Research and Training Inspectioning Reports	2023	Increasing the indicators on this subject by 5%
2. Promote healthy nutrition environments, including nutrition education in all public and private institutions.	2.1. Nutrition Education 2.1.1 Giving the producers the concept of healthy nutrition within the scope of “food safety training from field to fork” 2.1.2. Giving healthy nutrition education to consumers	Ministry of Agriculture and Forestry Ministry of Health* MONE universities Media, NGO	Number of training firms, institutions and institutions	Institution reports and researches	2023	The number of institutions providing education to reach 60% in all institutions.

		professional organizations, local governments, Public institutions and organizations				
Total labeling of food calories: in office	<p>2.2 Establishment of a Healthy Diet Environment in the fields of public life and work</p> <p>2.2.1. Reducing access to workplaces, offices (food outlets, high-calorie foods) food vending machines and mass consumption sites), promoting healthy options to the forefront</p> <p>Employers' food / office canteens for food containing high fat, salt and sugar</p> <p>Providing total nutrition values (calories) of meals in the menu of the employers and providing information through traffic lights etc.</p> <p>2.2.2. Training and awareness-raising activities in order to make the social environment healthy in public and working environments and to support the healthy food consumption preferences of the employees and to support the employers</p> <p>2.2.3. Offering low calorie options to support healthy food consumption</p>	<p>Ministry of Labor, Social Services and Family</p> <p>Local authorities</p> <p>Other public institutions and organizations</p> <p>Employers and Labor Unions</p>	The number of institutions and organisations establishing healthy nutrition environments in collective life and work places	Institution reports and researches	2023	5% increase in the number of institutions that make up a healthy nutrition environment

	<p>preferences of employees in workplaces</p> <p>2.2.4. Supporting canteen arrangements in the workplace to ensure that employers establish more clearly healthy (vegetable, fruit and salad) canteen areas. Reducing the average progresses of employers in office canteens</p> <p>2.2.5. Developing a Certificate of Nutrition-Friendly Public Institution for Employees</p> <p>2.2.6. Employers provide personal technology platforms and wearable technology to provide better health outcomes and support healthy practices. Providing financial incentives for better basic health indicators (eg discounts on insurance cuts, free gym membership, awards, etc.).</p>					
<p>3. Developing labeling where the consumer is correctly and easily informed</p>	<p>3.1. Labelling</p> <p>3.1.1. Making nutrition information in prepackaged foods to be compulsory Providing writing of portion information in prepackaged foods</p>	<p>Ministry of Agriculture and Forestry* Ministry of Health Businesses</p>	<p>Number of enterprises engaged in implementation</p>	<p>Monitoring</p>	<p>2020-2023</p>	<p>At least 100 % minimum Number of enterprises engaged in implementation</p>
	<p>3.1.2. Color labeling (logo, color marking, etc.) in the voluntary and / or compulsory front-end / basic field of</p>	<p>Businesses Ministry of Health</p>	<p>Number of enterprises</p>	<p>Business reports</p>	<p>2020-2023</p>	<p>The number of Compliant</p>

	view so that the consumer can be informed more comprehensively besides the compulsory nutrition declarations in prepackaged foods.	Ministry of Agriculture and Forestry	engaged in implementation			Entities to be at least 50%
	3.1.3. Providing voluntary food / calorie / allergen information and providing personal choices in the menus of mass consumption places / Restaurants and ready food restaurants Reducing average portions of meals and snacks voluntarily in mass consumption places / restaurants Encouraging to remove extra large single-room restaurant menus	Food Industry * Ministry of Health* Ministry of Agriculture and Forestry NGO	Number of enterprises engaged in implementation	Business reports	2020-2023	The number of Compliant Entities to be at least 50%
	3.1.4. To make awareness, to conduct educational studies and to develop legislation in order to encourage the creation of menus that will enable personal healthy choices in mass consumption places.	Food industry * Ministry of Health* Ministry of Agriculture and Forestry	Number of enterprises engaged in implementation	Business reports	2020-2023	The number of Compliant Entities to be at least 50%
	3.1.5. Ensuring the voluntary / mandatory limitation of promotions (high, free, etc.) of producers and retailers of high fat, salt and sugar foods to support healthy nutrition of the consumer	Food Business * Ministry of Health Ministry of Agriculture and Forestry	Number of enterprises engaged in implementation , required legislative regulation	Business reports	2020-2023	The number of Compliant Entities to be at least 50%
4. Increasing public awareness on healthy nutrition	4.1 Public Health Campaigns					
	4.1.1. Comprehensive public health campaigns: Implementation of campaigns promoting healthy nutrition, including	Ministry of Health * RTÜK Media	Number of campaign and number of people reached	Monitoring Reports	2023	Organizing at least one campaign per year

visual, inspectionary, written, digital and social media for the purpose of health protection and development, reaching individuals through intelligent technologies and software (sending alert messages, scanning appointment reminders, etc.)	Local Governments universities NGO				
4.2. Media Limitations					
4.2.1. Regulation of high-fat, salt and sugar-based food advertisements on TV and other media	Ministry of Health* Ministry of Trade * Advertising High Board RTÜK Ministry of Trade Advertisers Association	Regulation of legislation Reports of the Current Regulation	Monitoring Reports	2023	Making the necessary arrangements for all media as in TV Programs TV especially will be in the 90% compliance of all regulations, If broadcasting programs include children's programs in the broadcast, they will not be able to advertise the products in the red category in their children's programs.
4.2.2 Including TV, ensuring that advertisements, including product placement in the Media, support	Ministry of Trade* RTÜK	Number of ads that support	Related Monitoring Reports Researches	2023	Eligible ads being 70%

	healthy nutrition and establishing cooperation with media employees, managers and advertisers, and with cinema, theater, series producer and screenwriters.	Ministry of Health	healthy nutrition Applications realised			
	4.2.4. Taking preventive measures to prevent the sale of food and food supplements from the media in contradiction with the legislation	Ministry of Trade* Ministry of Health* RTÜK * Ministry of Agriculture and Forestry Ministry of Justice Ministry of Industry and Technology	Number of sales blocked products	Monitoring Reports	2023	Inhibition of at least 85% of the sale of inappropriate products
5. Healthy Nutrition and Active Life Cooperation Platform To promote “Healthy Nutrition and Active Life” in all areas, to do cooperation between the Sector and Ministry of Health / to strengthen the cooperation within the scope of the volunteer activities determined, to ensure that good practices promoting the healthy nutrition and	5.1. Reforms of firms within the framework of cooperation In cooperation with food manufacturers and food enterprises, it is necessary to make changes in food and beverages in a small but incremental manner that will not attract the attention of consumers (eg reducing the amount of sugar).	Ministry of Health * TGDF * Ministry of Agriculture and Forestry	Number of companies in voluntary cooperation	Monitoring Reports	2023	60 of the number of collaborating companies The number of reformulated products in the market is 10
	5.2. Certification of restaurant / food manufacturers within the framework of cooperation by related association / federation	Ministry of Health * Restaurateur and Pastry Turkey Federation * YESİDEF * TESKA	Number of restaurants / dinners certified under specified criteria	Monitoring Reports	2023	750

active life is increased		Ministry of Agriculture and Forestry				
Targeted supermarkets promotions Prevent access to high-calorie food and beverages Labeling total food calories:	5.3. Developing cooperation with food retailers Retail space for more healthy foods and categories Retail markets are more important for healthy foods (eg corridor breaks, safe deposit box, warehouse entrance) Encourage the removal of extra large single portions from packed food stalls Retailers limit promotions for high-calorie food and beverages	Ministry of Health * TAMPF * TPF * Ministry of Forestry and Agriculture	Number of retail markets producing within the framework of specified criteria	Monitoring Reports	2019-2023	60
	5.4. Develop cooperation with food producers Promoting healthy nutrition by marketing campaigns and recipes Food and beverage producers reduce their average portions in high-calorie products manufacturers limiting promotions for high-calorie foods and beverages (eg a free one)	Ministry of Health * TGDF * Ministry of Agriculture and Forestry	Number of enterprises producing within the framework of specified criteria	Monitoring Reports	2019-2023	60

C. Supporting the gains of lifelong healthy nutrition, especially for disadvantaged groups						
ACTION PURPOSE	ACTION	RESPONSIBLE* AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1. In health care services (primarily primary care), primarily obesity is aimed at the disadvantaged groups (pregnant and breastfeeders, elderly people, disabled people, workers, immigrants, poor people, chronic and metabolic diseases, prisoners, quit smoking, housewives etc.). for the prevention of all types of malnutrition dissemination healthy nutrition gains	1.1. Nutritional counseling services, training and information activities related to health preservation and promotion activities (healthy diet pattern and physical activity)	MB Other public institutions and organizations Local authorities NGO universities Professional organizations	Number of people receiving counseling, training and information services according to their disadvantageous situation	Agency reports research	2019-2023	100% access to disadvantaged groups
2. Elimination of inequalities in health including risk factors such as obesity and physical inactivity	2.1. Strengthening community health literacy studies	Ministry of Health*	General Health Literacy Disease Prevention Health Literacy	Research results (%)	2019-2023	Improving the current situation
	2.2. Development of intervention programs for rural people, women and the poor - increasing the literacy of women in East and Southeast, in all Turkey - Increasing female employment	Ministry of Health* MONE * Municipalities * Ministry of Interior* Ministry of Trade*	Women's literacy, Female Workforce Increase	Reports of public institutions	2019-2023	%5-10

		Ministry of Labor, Social Services and Family *				
	2.3. prevention shortness in children (chronic hunger) in all of Turkey, especially in the eastern and southeastern regions.	Ministry of Health * Municipalities * Ministry of Agriculture and Forestry MONE* NGO	Turkey 6-9 years shortness rate is 2.3% (Turkey Childhood Obesity Surveillance Initiative (Primary School Second Grade students) (COSI-TUR 2016))	Research data and reports	2023	%5-10 decrease

D. Reorganization of health services; presentation of integrated healthcare services (providing nutrition-related information and counseling, early diagnosis, treatment rehabilitation services)						
ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1.Regulation of health services	1.1. Taking necessary measures to provide services in ASM (family physician and family health staff) and SHM / TSM etc. units for the management of chronic diseases and risk factors in primary care.	Ministry of Health*	Indicators of risk factors management in chronic diseases Reaching to scanning percentages determined for Diabetes Hypertension and Obesity	Related Ministry reports	2023	Chronic disease management integrated by all family physicians
	1.2. Ensuring a sufficient level of staff capacity in the first, second and third stages about healthy nutrition and mobility (dietitian, psychologist, physiotherapist, etc.)	Ministry of Health* Ministry of Treasury and Finance	Number of dieticians, psychologists and physiotherapists per patient	Related Ministry reports	2023	100 percent increase in the number of dieticians, psychologists and physiotherapists that is 100,000 now.
2. To provide health care workers with pre- and post-graduate education support for the protection and	2.1. Training for all health workers for this purpose					
	2.1.1 Adding / enhancing courses in different undergraduate and graduate programs (medicine, nursing, nutrition, education, agriculture, food, etc.) that will bring healthy life behaviors to the curriculum on the	HEC (core education programs responsible) universities Ministry of Health *	Number of course hours in different undergraduate programs	Study reports	2023	Healthy life course time of 50 hours and above

development of community health	importance of healthy nutrition and physical activity	Specialist associations DGCA				
	2.1.2 Training about healthy living behaviors / development of certification program	Ministry of Health* Universities (including Sports Sciences) Specialist associations	Number of trainers Number of hours of instructor training	Study reports	2023	20% increase in the number of certified trainers
	2.1.3 Preparing guidelines on the subjects of training and consultancy services / updating of prepared ones	General Directorate of Public Health* universities Relevant NGOs	Number of updated contacts Number of developed guides	Annual follow-up	2023	
	2.1.4 In-service training	Ministry of Health* universities	Number of personnel receiving in-service training	Monthly notification forms	2023	The number of personnel receiving in-service training to reach 80%
	2.1.5 Awareness-raising activities and incentive performance arrangements for health professionals to be role models (obesity, smoking status).	Ministry of Health* Ministry of Youth and Sports	Obesity in health workers 19.1% overweight 44.4% smoking status; 23.3% each day Currently occasionally smoking 8.7% Leave 15%	research	2023	20% reduction from existing
3. Integration of primary prevention, early diagnosis,	3.1. Training and counseling: Pregnant women, elderly and so on. training of risk groups and healthy people	Primary level: SHM*, workplace health units*, schools	Risk groups given training	Ministry of Health reports	January 2020	10% increase over the previous year

treatment and follow-up services		MONE Public Training Centers Municipalities Workplace physicians Ministry of Labor, Social Services and Family	Number of individuals trained			
	3.1.1. Education of adults in child nutrition					
	3.1.1.1 Trainings parents on healthy nutrition behaviors in the context of lifelong learning	Ministry of Health* Ministry of Education * universities Ministry of Labor, Social Services and Family	Number of individuals trained	3-month notices	Constantly	10% increase over the previous year
	3.1.1.2 Preparation of Parent Training Guide: For primary health care workers	Ministry of Health* DGCA universities Ministry of Labor, Social Services and Family	Preparation and publication of the guideline Number of health workers using the guideline	Number of clicks to the guideline on web Number of trainings and number of parents reached	2023	10% increase over the previous year
	3.1.1.3 Preparation of Parent Training Guide: For secondary health care professionals	Ministry of Health * universities Ministry of Labor, Social	Preparation and publication of the guideline	Number of clicks to the guideline on web	2023	10% increase over the previous year

		Services and Family	Number of health workers using the guideline			
	3.1.1.4 Parent education: health education for preschool children and schoolchildren to provide education to parents of preschool children so parents to provide healthy food, food feeding styles and physical activity (eg 12 weeks if possible) - First step, short guidance and guidance guided by a guideline by health care workers + by SHM	Ministry of Health* Ministry of Labor, Social Services and Family	Number of parents trained by SHM Number of parents referred to SHMs	HSYS database	Constantly	Every year, at least 50% of the families should be trained
	3.1.2 Individual counseling under the health system: Presenting a short term “Individual” treatment / counseling program on nutrition in order to change the nutrition and physical activity behaviors under the health system	Ministry of Health *	Number of people receiving counseling from SHM	HSYS database	Constantly	Ensuring that 50% of the applicants each year reach their ideal weight
	3.1.3 “group counseling” service under the health system: Presenting a consultancy program as a short-term group on nutrition in order to change the nutrition and physical activity behaviors under the health system	Ministry of Health *	Number of people receiving counseling from SHM	HSYS database	2023	Giving group counseling by 10% increase each year
	3.1.4. Weight management during pregnancy: Pregnancy period, pre- and post-birth weight management recommendations	Ministry of Health *	Monitoring and evaluation of weight gain during pregnancy	Analysis of pregnant follow-up data (USS / KDS)	Continuous analysis is in annual periods	To ensure that at least 80% of the monitored pregnancies are at the recommended

						level of weight gain.
	3.2. Early diagnosis / screening: determination of nutritional parameters (BMI, waist circumference, biochemical parameters etc.) of people who apply to Family Medicine Unit	Ministry of Health *	Number of people screened	USS/KDS	2023	50% increase per year in the number of people screened
4. Providing integrated diagnosis, treatment and follow-up services in second and third step obesity	4.1. Opening of Obesity / Diabetes Centers and / or polyclinics in hospitals and increasing the effectiveness of existing ones	Ministry of Health * universities Ministry of Treasury and Finance SSI Private health institutions	Number of obesity / diabetes center / polyclinic opened	SHGM reports	2023	Increase the number of centers every year by 20%
	4.2. Updating legislation related to determination of standardization of centers where obesity surgery can be performed	Ministry of Health* universities Ministry of Treasury and Finance SSI Private health institutions	At least 1 suitable standard center in 29 regions	Obesity surgery center health ministry and SGK database reports of specialist associations	2023	Number of surgical centers suitable for obesity surgery
	4.3. To carry out or update the necessary legislative arrangements to increase the effectiveness of the over-the-counter medication, the approval procedures for reinforcing foods and,	Ministry of Health Turkey Pharmaceuticals	Supervised pharmacy / market / transfer etc. number	reports of specialist associations	2023	Annual follow-up

	in particular, to maintain their supervision within the scope of health statements.	and Medical Devices Agency* Ministry of Agriculture and Forestry General Directorate of Public Health SSI SB TEB				
	4.4. Developing media programs that support healthy life	SGGM * HSGM RTÜK universities DGCA	Number of healthy living programs	Research reports	2023	Increasing the number of healthy living programs.
	4.5. Prescription drugs: Support of the drugs to give weight to the current follow-up.	SSI MH	Drugs covered by SUT	SUT	2023	-

CHAPTER II. ACTION PLAN FOR TERMINATION OF CHILDHOOD OBESITY (2019-2023)

1. OBESITY IN CHILDREN AND ADOLESCENTS IN THE WORLD AND IN OUR COUNTRY

In recent years, as in all over the world, overweight and obesity in children has become an alarming public health problem. One out of every four children in the WHO European Region is affected. This situation tends to increase more especially in the WHO Southeast Europe Region. Moreover, the region is also experiencing malnutrition problem, both overweight and obesity and micro nutrient deficiencies in some countries like Turkey access to compelling levels.

Obese or overweight children should be evaluated in terms of possible health problems (Insulin resistance - Hyperinsulinemia, Type 2 DM, hypertension, fatty liver, metabolic syndrome, menstrual disorders, excessive hair, orthopedic problems and some mental problems). It is also known that childhood obesity is associated with excess weight / obesity in adulthood. Prevention of childhood obesity is of great importance in order to prevent non-communicable and chronic diseases (metabolic diseases, musculoskeletal, cardiovascular diseases and cancer risk) that may occur in adulthood.

Today, obesity is one of the most common chronic health problems of childhood. According to data from Turkey Demographic Health Survey (DHS) 2013 children under the age of five are overweight / fat ratio (weight to height above 2 standard deviation) was 10.9%.

According to the research report Turkey Monitoring Growth in School Age Children (TOÇB 2009) Project FOR 6-10 age group in Turkey, 14.3% of children are overweight, and the rate of obese also were found to be 6.5%. Obesity incidence rate was 7.5% in males and 5.4% in females; while the rate of being overweight was 15.1% in males; 13.5% for females.

In the 2009-2010 report on Health Behavior in School Aged Children Survey, 7% of girls in 11-year-olds, 16% of boys, 10% of girls in 13-year-olds, 18% of boys and 15 years of age 6% of girls and 17% of boys were overweight or obese..

According to the results of Turkey Childhood Obesity (COM TUR) Survey in 2016;

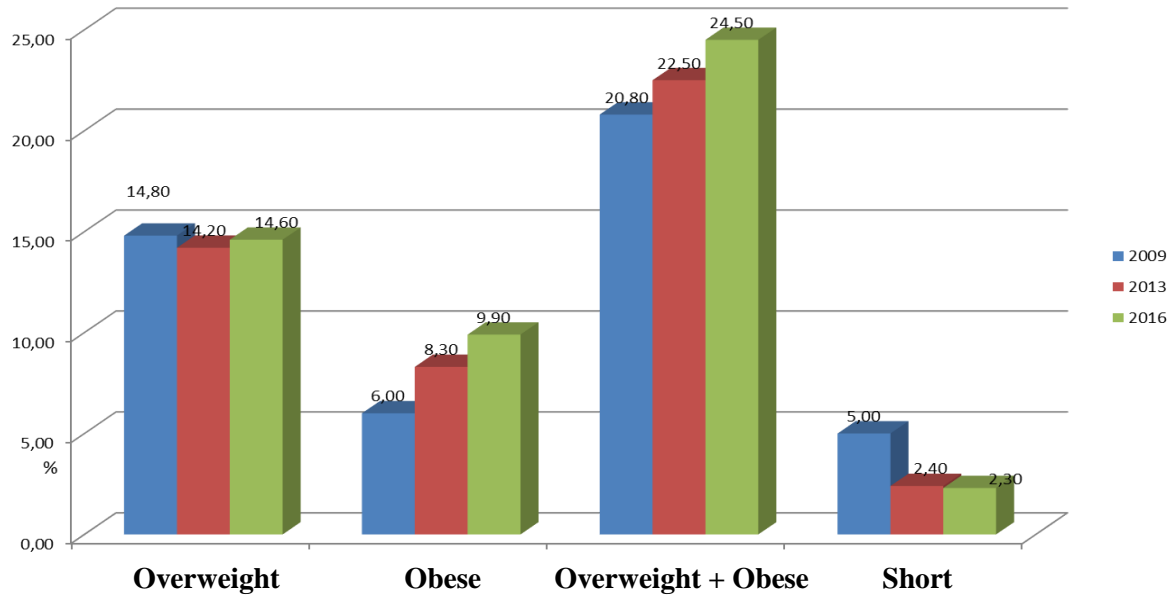
Obesity and Overweight: Primary school 2nd grade students 9.9% fat, 14.6% overweight, 1.5% weak, 74% normal

Shortness: Turkey: %2.3 Northeast Anatolia %3.5 Middle eastern Anatolia %3.5 Southeast Anatolia %5.4

Birth Weight of Students: 3179,5 kg on average

Students' Breast Milk Time: 15,6 months on average

Students' Only Breast Milk Time: 4.5 months on average

Figure 6. Overweight, Obesity and Shortness Distribution in 7-8 Age Group Students %

Source: TOÇBİ 2009 , COSI TUR 2013, COSI TUR 2016

Health-Related Physical Fitness Report 2017 September and October Period, of the measurements of 3.750.999 secondary school students (10-14 years) BMI Z-Score distribution by gender; 20.2% of male students and 19.0% of female students overweight, 13.0% of male students and 7.8% of female students were found to be obese (Table 6, Figure 7).

Table 6. Physical Fitness Age 10-14 Ratings of Secondary School Students BMI Z-Score Distribution by Gender, October 2017-September Turkey

Gender		Very Thin	Thin	Normal	Overweight	Obese	Total
Male	Number	21362	62488	1196039	387196	249840	1916925
	Percent	1,1	3,3	62,4	20,2	13,0	100,0
Girl	Number	17338	60959	1265386	347706	142685	1834074
	Percent	0,9	3,3	69,0	19,0	7,8	100,0
Total	Number	38700	123447	2461425	734902	392525	3750999
	Percent	1,0	3,3	65,6	19,6	10,5	100,0

*row percentage.

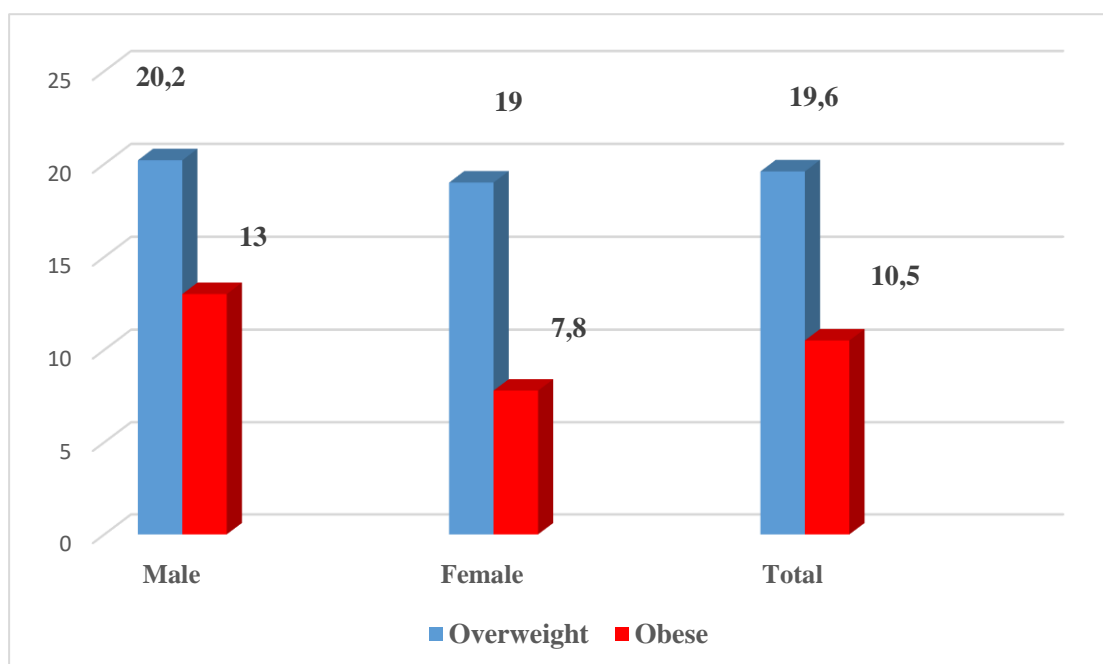


Figure 7: 10-14 Age Secondary School Students Physical Fitness Ratings BMI Z-Score Distribution by Gender, % Turkey, October 2017-September

Health-Related Physical Fitness Report 2017 September and October Period, of the measurement of 1.531.269 high school students (15-18 years) the BMI Z-Score distribution by gender; 16.5% of male students, 13.5% of female students were overweight, 6.8% of male students and 4.3% of female students were fat (Table 7, Figure 8).

Table 7. Physical Fitness School Age 15-18 Ratings student BMI Z-Score Distribution by Gender, Turkey, October 2017-September

Gender		Very Thin	Thin	Normal	Overweight	Obese	Total
Male	Number	6791	23190	550694	125051	51813	757539
	Percent	0,9%	3,1%	72,7%	16,5%	6,8%	100,0%
Female	Number	4371	18986	612505	104404	33464	773730
	Percent	0,6%	2,5%	79,2%	13,5%	4,3%	100,0%
Total	Number	11162	42176	1163199	229455	85277	1531269
	Percent	0,7%	2,8%	76,0%	15,0%	5,6%	100,0%

*row percentage.

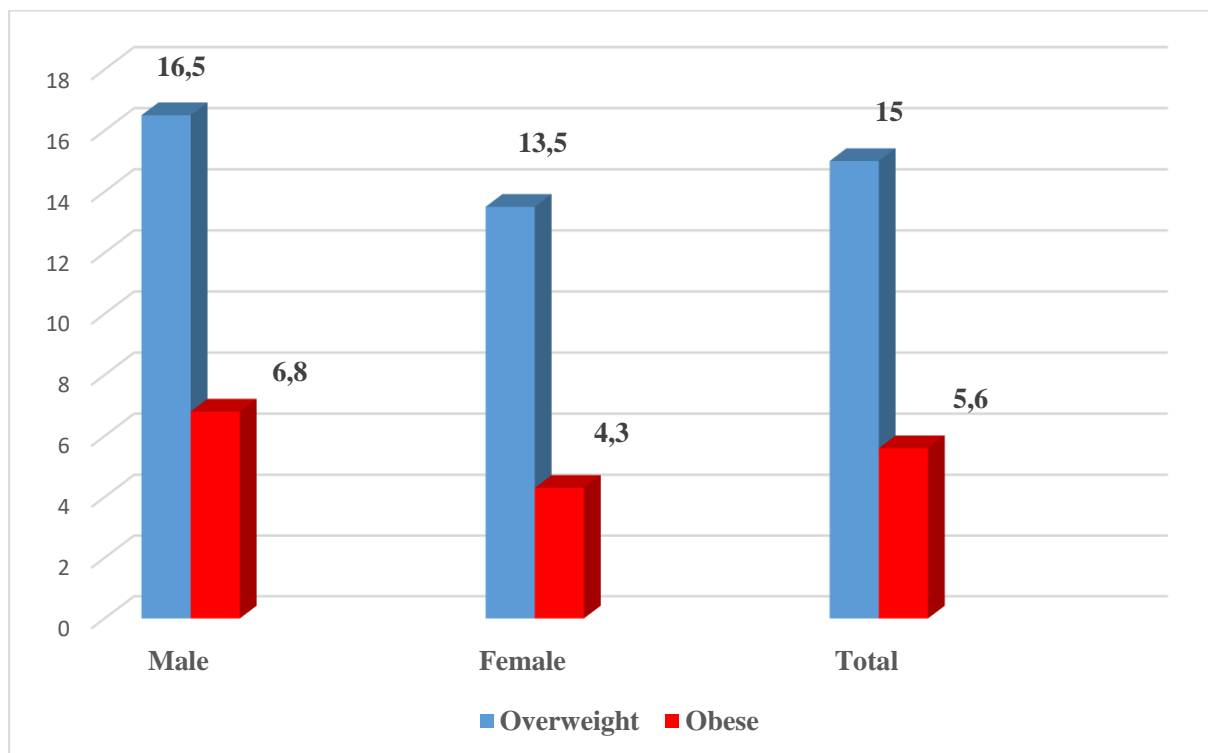


Figure 8. Age 15-18 Physical Fitness School Ratings of high school students BMI Z-Score Distribution by Gender, % Turkey, October 2017-September

2. TARGETS AND STRATEGIES

The action areas and main priorities in the program are listed below and detailed activities and monitoring indicators for actions are included in the tables..

A. Supporting a healthy start to life

“Strengthening and integrating existing prenatal and pre-pregnancy care guidance for the reduction of risk of childhood obesity and prevention of NCDs”

Main Priority:

To provide an effective approach as early as possible.

B. Okullarda ve okul öncesinde daha sağlıklı çevrelerin teşvik edilmesi

“Developing healthy behaviors and ensuring appropriate growth of children, providing healthy nutrition, sleeping and physical activity during early childhood and providing guidance”.

“Implementation of comprehensive programs for the development of healthy school environments for health and nutrition literacy and development of physical activity in school-age children and adolescents”.

Main Priority:

To determine the health of children as a priority in schools.

C. Ailelerin bilgilendirilmesi ve güçlendirilmesi

“Providing multi-component family-based service on lifestyle weight management for children and young people who are obese”.

Main Priority:

To inform the families with children about daily foods and healthy options.

D. Ensuring that healthy options are an easy option

“Implementation of comprehensive programs that reduce intake of sugar and unhealthy foods by children and adolescents and promote the intake of healthy foods”.

Main Priority:

Ensuring the provision/access to a wide range of healthy food choices to children.

E. Reducing marketing pressure on children

Main Priority:

To limit the exposure of children to excessive fat, sugary and salty food / beverage advertisements, to take effective measures such as developing relevant legislation and regulations and to establish mechanisms for effective implementation of legislation.

“Implementation of WHO recommendation sets on soft drinks and food marketing for reducing marketing exposure of unhealthy foods and reducing marketing exposure of children and adolescents”.

A. Supporting a healthy start in life <i>“Strengthening and integrating existing prenatal and pre-pregnancy care guidance for the reduction of risk of childhood obesity and prevention of NCD”</i> Main Priority: To provide an effective approach at an early stage / age as possible						
ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION	TIME	GOAL
1. To increase the prevalence of breastfed children	1.1. Development of breastfeeding services in pregnancy follow-up and postpartum	Ministry of Health Ministry of Labor, Social Services and Family MONE universities NGO	Percentage of breastfed children	Researches National database	2020	According to national recommendations, the percentage of children who have only breast milk for the first 6 months to reach 50%
	Developing national practices for breastfeeding infants up to 2 years of age		Increase in breastfeeding rates, duration of breastfeeding and measurement of adequate breastfeeding		2023	According to national recommendations, the percentage of children who receive only breast milk for the first 6 months reaches 60% Height and weight development in the first 2 years % of children with normal 95%

1.2. Promoting breastfeeding through national health strategies	Ministry of Health Ministry of Labor, Social Services and Family MONE universities NGO	Percentage of breastfed children Increase in breastfeeding rates, duration of breastfeeding and measurement of adequate breastfeeding	Researches	2020 2023	According to national recommendations, the percentage of children who have only breast milk for the first 6 months to reach 50% According to national recommendations, the percentage of children who receive only breast milk for the first 6 months to reach 60%
1.3. Training of healthcare workers to raise awareness of parents about the importance of breastfeeding	Ministry of Health universities NGO	Percentage of health care personnel who were established in line with WHO recommendations and provided training on breastfeeding and sustainability of breastfeeding organized by the Ministry of Health	Researches National Database	2023	Training all relevant health care workers

2. Promote timely and appropriate delivery of complementary foods.	2.1. Follow-up of the provisions of the Communiqué on the Marketing of Breast Milk Substitutes TKG-Baby Formulas Specifically, preventing Baby Fromula Brands to advertise to mothers	Ministry of Agriculture and Forestry * Ministry of Health universities RTÜK	TKG- Baby formulas Compliance with international regulations Inspection reports	Inspections	2023	Compliance with the provisions of the Communiqué on Marketing of Breast Milk Substitutes and 100% regular monitoring of violation
	2.2. Developing / updating complementary nutrition guidelines for families, particularly health workers and mothers, including time, content, preparation and feeding method of supplementary nutrition	Ministry of Health* universities Ministry of Agriculture and Forestry Ministry of Labor, Social Services and Family NGO Specialist Associations	Guide development / updating	Research National database	2020	Providing access to guides by all families
	2.3.1. The legislation related to marketing of complementary foods and beverages with high content of fat, sugar and salt in infants and young children, by evaluating the effect of the regulations, reviewing the legislation when necessary and developing and implementing the regulations.	Ministry of Agriculture and Forestry Ministry of Health	Updating legislation Compliance percentage	Researches Inspection Reports	2023	Revision of legislation and compliance with international standards (WHO) (Baby Formula Code)

	2.3.2 Develop mechanisms for ensuring the implementation, review and monitoring of legislation on the marketing of complementary foods for infants and young children.	Ministry of Agriculture and Forestry Ministry of Health	Updating legislation Compliance percentage	Researches Inspection Reports	2023	Ensuring the implementation of the legislation
2. Awareness study	3.1. Preparation / updating of informative current materials for health care workers (eg vitamin D, iron) and pregnant women (eg: folic acid, iodine)	Ministry of Health* Universities Specialist Associations	The use of folic acid in women and pregnant women D vitamin utilization rates in pregnant women % Of infants with vitamin D supplementation % Of baby using iron	Researches (TNSA, TBSA etc.) Ministry of Health database	2023	Guide development / updated material Using vitamin D in pregnant women: 5% increase Vitamin D in infants: 5% increase Iron using iron: 5% increase
	3.2. Inform healthcare professionals, teachers and parents to develop children's taste for healthy foods	Ministry of Health* MONE Ministry of Labor, Social Services and Family Universities	Number of materials distributed Trainings	Researches of Ministry of Health database	2020	Preparation of materials Realization of necessary trainings

4. To promote healthier nutrition habits in pregnant women and children aged 0-6 years before pregnancy; include disadvantaged / vulnerable groups and respect cultural nutrition habits.	4.1. Increasing awareness of mothers and fathers about the importance of nutrition for mothers (eg folic acid for pregnant women), physical activity and healthy weight gain during pregnancy	Ministry of Health*	Number of people receiving education and training in pregnant classes Developing guidelines on nutrition and physical activity of mothers Better consumption of folic acid and other micronutrients	National researches Ministry of Health	2020	Trainings to reach 100%
	4.2. Hypertension and hyperglycemia screenings during pregnancy and pregnancy and taking measures for gestational diabetes	Ministry of Health*	Screening numbers or percentage	Ministry of Health	Constantly	Screening over 90%
	4.3 Taking necessary measures for the prevention of SGA (gestational age), LGA (born to gestational age) and premature births: To be effective at least two years between pregnancies by making effective family planning, to take effective prenatal and care	Ministry of Health*	prematurity DDA Number of pregnancy follow-ups	Ministry of Health	2023	Prematurity: 15.8% to 12% DDA: from 8.4% to 6% Increasing at least 4 Pregnancy follow-up to 8

<p>4.4. Increasing awareness of the importance of ensuring and maintaining proper body weight before pregnancy Ensuring healthy nutrition counseling before and during pregnancy Updating guidelines for appropriate weight gain during pregnancy</p>	<p>Ministry of Health* universities NGO</p>	<p>Indicators of the WHO Global Monitoring Framework: - Percentage of people with appropriate body weight before pregnancy Percentage of women who have appropriate body weight during pregnancy</p>	<p>Ministry of Health National researches</p>	<p>Constantly</p>	<p>80% of pregnant women gaining appropriate weight during pregnancy</p>
<p>4.5 Adding healthy nutrition and physical activity to marriage counseling services and inform expecting parents and provide guidance</p>	<p>Ministry of Health*</p>	<p>Number of individuals receiving healthy nutrition and physical activity counseling</p>	<p>Ministry of Health</p>	<p>Constantly</p>	<p>Reaching 100% in the consulted couple</p>
<p>4.6. Supporting healthy diet with physical activity and reducing sedentary behavior and providing understandable messages and support to families about the risk of childhood obesity. Support the development of parenting skills by supporting the implementation of recommendations (eg early childhood period; day care center / kindergarten), preparation of preschool nutrition and physical activity guidelines</p>	<p>Ministry of Health*</p>	<p>Number of documents prepared for families Percentage to transition to complementary feeding at the right time Compliance percentage to pre-school prepared guidelines</p>	<p>Reports and studies of Ministry of Labor, Social Services and Family</p>	<p>Constantly</p>	<p>Compliance over 90%</p>

	4.7. Especially for low-income families, develop trainings on subjects of healthy food purchase / preparation / storage / storage etc.	Ministry of Health MONE Ministry of Labor, Social Services and Family Universities Municipalities	Planning of training programs and development of guidelines Performing trainings and the number of participants	Researches National Database	2020 2023	Guides have been prepared 80% of the applications have been completed
	4.8. Promote the consumption of healthy foods by taking into account the purchasing power of families; In particular, the choice of fruits and vegetables as an alternative to snacks, fewer servings for unhealthy food options, smaller portions, etc. are preferred.	Ministry of Health Municipalities MONE Universities	Determination of consumption rates of healthy foods in transition to supplemental feeding	Researches	2023	Healthy food consuming families to reach 80%
	4.9.1. Performing needs analysis and development of projects for the organization of healthy nutrition targeting pregnant and lactating women 4.9.2. Assesment of impact assessment of the programs carried out	Ministry of Health MONE universities Ministry of Industry and Technology Ministry of Labor, Social Services and Family NGO	Size / ratio of target audience reached Data on availability of programs and tools / materials for the target audience Data showing the impact of programs; data on direction or change behavior, promoting healthy outcomes in the target population, or impact on behavior changes	Analysis of current situation Project reports Researches Ministry of Health database	2023	Developing / revising evidence-based policies

	<p>4.10.1 Providing clear guidance and support to promote the consumption of a wide variety of healthy foods (sensitive feeding that encourages babies and young children to eat a wide variety of healthy foods)</p> <p>4.10.2 Providing guidance and support in avoiding certain food categories (eg sugar-flavored milks and fruit juices or foods that are low in energy, low in nutrients) to prevent excess weight gain</p> <p>4.10.3 Providing guidance on appropriate nutrition, diet and portion size for all age groups, including infants and children</p>	Ministry of Health	<p>Number of people trained and trained</p> <p>Number of public spots prepared and published</p>	Ministry of Health	2023	Number of people given the training and consultancy to reach 80%
5. Improve the effective intervention of health care providers.	5.1. Training of healthcare professionals on health-related issues related to childhood obesity	Ministry of Health Universities	Number of medical staff trained	Provincial Health Directorates	2020	Health personnel receiving education should be 80 percent

	5.2. Establishing a healthy environment in hospitals and primary health care facilities	Ministry of Health Universities	Development of guidelines for the presentation of healthy foods in places / areaslike canteen, cafeteria, vending machines (food and beverage machines) etc. Percentage of hospital and primary health care facilities providing guidance for developed guidelines	Researches	2023	25% of hospital and primary health care facilities offer healthy food
	5.3. Develop and update programs for the prevention and management of overweight and obesity in children, based on inter-professional cooperation involving all health professionals 5.3.1 Training of family physicians, providing first-line and second-line integration and treatment services by providing treatment and referral in line with clinical guidelines	Ministry of Health Universities	Number of health personnel applying guidelines and programs	Researches	2020	Widespread use of programs and guidelines

B. Promote healthy environment in schools and pre-school

“Implementation of comprehensive programs for the development of healthy school environments for health and nutrition literacy and development of physical activity in school-age children and adolescents”

“Developing healthy behaviors and ensuring appropriate growth of children, providing healthy nutrition, sleeping and physical activity during early childhood and providing guidance ”

Main priority: determining child health as a priority in schools

ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INDICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1. To start a school meal program to ensure healthy growth	1.1. Preparation of needed legislation and infrastructure 1.2. Determination of school meal menus, creation of guides 1.3. Establishing places to eat in schools and improving the conditions of existing places	Ministry of Treasury and Finance Ministry of Education * Ministry of Agriculture and Forestry * Ministry of Health Ministry of Labor, Social Services and Family	Number of schools implementing school meal programs Number of students benefiting from the program	Researches	2020 2023	Pilot / priority application of the school lunch program in East and Southeast Extending the school lunch program across the country
2. To increase the consumption of healthy food (milk, fresh fruits and vegetables, water, etc.) in schools, to provide healthy options	2.1. Supply of fresh vegetables and fruit as well as programs such as school milk and school grapes (Launching School Fruit / Vegetable Program)	Ministry of Education * Ministry of Health Ministry of Agriculture and Forestry * Ministry of Treasury and Finance Municipalities Universities NGO	Number of schools and students distributed	Researches Program data	2023	Development of healthy nutrition habits in children

2.2. Promotion of nutrition-friendly schools	Ministry of Education * Ministry of Health Ministry of Agriculture and Forestry* Ministry of Industry and Technology NGO	Number of nutrition-friendly schools	HTS data system	2023	Nutrition-friendly school ratio to reach 90%
2.3. Ensuring the adaptation of the canteen (including all the food sold in the school, including the vending machines in the school) to the circular and improving canteen conditions, giving more place to healthy foods in school canteens (eg vegetables, fruits and salads)	Ministry of Education * Ministry of Health Ministry of Interior Ministry of Agriculture and Forestry Private sector* Universities Municipalities	Number of school canteens that comply with the circular	Inspection Reports	2020	Compliance with the canteen circular in all schools with canteens
2.4. Encouraging the sale of foods suitable for sale in schools canteens in food stores close to 100 m of schools, making arrangement with related stakeholders when necessary	Ministry of Education * Ministry of Health Ministry of Interior Ministry of Agriculture and Forestry Private sector* Universities	Voluntar/Regulation	Inspection Reports	2023	Increase in the number of enterprises around schools that sell food in accordance with school canteen standards and make arrangements in this regard

<p>2.5. Providing incentives to canteens, which show high adaptation to healthy food sales with a certificate of appreciation, etc.</p>	<p>Ministry of Education * Ministry of Health Ministry of Interior Ministry of Agriculture and Forestry Private sector* Universities Municipalities</p>	<p>Number of certified canteens /%</p>	<p>MONE data</p>	<p>2023</p>	<p>Certificate of Appreciation of the canteens 50%</p>
<p>2.6. Training on healthy nutrition habits and combating food waste</p> <ul style="list-style-type: none"> • Organizing the curriculum (Including healthy nutrition and food safety issues in the curriculum), • Training of teachers and parents 	<p>Ministry of Education * Ministry of Health Ministry of Agriculture and Forestry * Universities NGO</p>	<p>Developing a program and creating a training module within the program</p> <p>Updating the curriculum</p> <p>Number of teachers and parents</p>	<p>Percentage of schools applying the program</p> <p>Change of legislation</p>	<p>2023</p>	<p>Ensuring the sustainability of the program</p>

	2.7. Reduce consumption of sugar-flavored beverages and promote water consumption. To ensure that children have easy access to clean and safe water in educational institutions	MONE Ministry of Health Municipalities Ministry of Labor, Social Services and Family	Provision / provision of safe water access areas in schools Dissemination of the White Flag Program Activities to promote water consumption in pre-primary and primary schools	Researches	2023	Increase in the number of schools receiving a White Flag Increased number of schools providing access to potable water Ensuring access to safe water in all schools
3. Developing training programs on healthy nutrition, healthy food choices and regular physical activity in schools	3.1. Starting from pre-school education, nutrition and physical activity at all levels as a part of the training program All school staff, including teachers, catering staff, school administrators and school health workers, collaborate in creating a healthy school environment that will promote healthy nutrition	Ministry of Health Ministry of Education * Ministry of Labor, Social Services and Family	Number of school employees receiving training Number of schools integrating nutrition and physical activity training	Research	2020	school workers receiving education to reach 70%

<p>3.2. In order to provide practical skills related to the subject and to raise awareness in the field of nutrition and health education while incorporating the components into the curriculum in cooperation with the Ministry of National Education (MoNE), establishment of fruit/vegetable gardens and/or implementing kitchen workshop applications</p>	<p>Ministry of Education * Ministry of Health Municipalities Ministry of Agriculture and Forestry</p>	<p>Percentage of schools with food gardens Percentage of primary schools with kitchens to prepare meals</p>	<p>MONE data Researches</p>	<p>2023</p>	<p>At least 25% of schools should have a schoolyard At least 20% of schools have kitchens to prepare meals</p>
<p>3.3. Development of in-service training programs and modules about healthy nutrition, healthy food preparation, portion sizes and etc. to kitchen staff and canteen employees in the schools with kitchen</p>	<p>MEB* Ministry of Health* Universities NGO</p>	<p>Development of Program and Module Number of trained staff</p>	<p>MONE and MH records</p>	<p>2023</p>	<p>100% of the staff should be trained</p>

<p>4. To guide the health institutions by taking care not to stigmatize weak, overweight and obese children</p>	<p>4.1. Development of family and child information materials (guidance, brochures, brackets, etc.) 4.2. Measurements of height and weight of children within the scope of Physical Fitness and School Health Programs and directing them to health institutions 4.3. Increasing the number of applications for obesity in health institutions 4.4. Providing service to families and children with multidisciplinary approach and using the prepared guides 4.5. Training of health personnel on identification and, management of childhood obesity and on stigmatization</p>	<p>Ministry of Health* MEB* Universities</p>	<p>Number of families and children with guides Number of directed children Number of training sessions and number of trained personnel Physical Compliance Scorecard Reports</p>	<p>Researches Ministry of National Education and Ministry of Health databases</p>	<p>2023</p>	<p>Number of children referred to health institutions and followed-up</p>
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C. Informing and strengthening of families

“ Providing multi-component family-based service on lifestyle weight management for children and young people who are obese ”

Main priority: To inform families about healthy food selection and regular physical activity

ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INDICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1. Provide and educate families on nutrition and physical activity	<p>1.1. Within the scope of the trainings to be given to families, creating workshops for families about the preparation of affordable and nutritious foods developing healthy recipes, developing methods for cooking methods and portion size,</p> <p>1.2. Social media and smartphone applications (daily recommendations, menu of the day, physical activity proposal, etc.) for families to improve their healthy lifestyle and make the right food selection</p> <p>1.3. Adolescent and youth trainings / awareness studies on the correct use of technology through internet and social media .</p>	<p>Ministry of Health BTK * Ministry of Education * Municipalities Ministry of Labor, Social Services and Family Ministry of Transport and Infrastructure Universities Media NGO</p>	<p>Number of contacts delivered</p> <p>Number of workshops opened</p> <p>Number of participants in workshops</p> <p>Number of people using smartphone applications</p> <p>Health literacy level</p> <p>The level of knowledge about nutrition and physical activity level of families</p> <p>Internet and social media proper use training program</p>	<p>Researches Public trainings Working reports MONE (Lifelong Learning Programs)</p>	<p>2023</p>	<p>Increasing the level of current knowledge about nutrition and physical activity of families to 70%</p> <p>Increasing health literacy to 70%</p> <p>Curriculum regulation</p>

	1.4. Carry out awareness, informative (brochure, public spot etc.) studies on the importance of sleep order for health and development and the necessity of regular physical activity	Ministry of Health MONE Municipalities Universities NGO Media	Number of printed brochures Awareness studies	Ministry of Health database Researches	2020 2023	To reach 10% of total population To reach 50% of the total population
	1.5. To organize awareness campaigns and campaigns to raise public awareness on the consequences of childhood obesity .	Ministry of Health	Number of public spots and campaigns	Ministry of Health	2023	Public spots are prepared and published
2. To encourage the importance of spending time based on active communication with family and friends	2.1. Conducting awareness-raising activities to encourage families to become role models on the use of technology and the internet for their active, effective and safe use Establishing a multi-stakeholder platform on the issue	Ministry of Health Ministry of Education * Ministry of Labor, Social Services and Family RTÜK BTK Universities Media organizations NGO	Number of published public spots and duration Number of multi-stakeholder meetings Number of cooperated institutions	Researches database	2020 2020	Creating a multi-stakeholder platform Public spots are prepared and published
	2.2. To increase the activities of all family members together; conducting awareness-raising activities on active weekends (eg, outdoor outdoor activities), active travel	Ministry of Health MONE Ministry of Labor, Social Services and Family RTÜK	Number of activities to be arranged and number of participants Number of published public spots and duration	Researches	2020	Public spots are prepared and published

		Ministry of Youth and Sports Municipalities NGO				
3. Make the healthy option the easy option for families	3.1. Ensuring that families gain the habit of reading a label by conducting awareness studies on labeling arrangements in the context of health literacy development studies	Ministry of Health* MONE Ministry of Labor, Social Services and Family Ministry of Agriculture and Forestry RTÜK NGO Universities	Time and number of published public spot Number of materials distributed Number of performed activity, training, etc. for families. number of participants	Researches Database	2020 2023	Development and distribution of materials To reach 50% of the total population
	3.2. Applying a voluntary / mandatory information program that promotes healthier choices for foods and foods in the following places: <ul style="list-style-type: none"> • Providing energy (calories) and nutritional information in menus including menus and restaurants, especially coffee chain restaurants. • Encourage restaurants to offer a half-serving option in their children's menu 	Ministry of Health Turkey Restaurants, Kebab and Pastry Federation * Ministry of Agriculture and Forestry Ministry of Labor, Social Services and Family RTÜK NGO Universities	<ul style="list-style-type: none"> • Number of restaurants and markets included in the voluntary / compulsory nutrition declaration and information system • Number and percentage of firms included in voluntary / compulsory nutrition notification system • Number of campaigns to increase awareness of label literacy for the use of nutrition labels 	Researches Business database	2023	The number of restaurants that volunteer to participate in the program to be 750 Number of markets: 60 Ensuring that 25% of the enterprises have been provided with voluntary / compulsory nutrition notification and information system participation.

	<p>3.3. To promote of encouraging the development of reward programs (certificates, etc.) for the good practice examples of the businesses producing convenience food.</p> <p>To determine the number of people who need to benefit from food support programs (cooperative, soup kitchen, etc.) and to ensure that priority groups (including elderly, pregnant, child, immigrant, disabled, etc.) benefit.</p>	<p>Ministry of Health Municipalities *</p> <p>The Ministry of Finance* YESİDEF *</p> <p>Local Governments *</p> <p>Ministry of Labor, Social Services and Family *</p> <p>Ministry of Agriculture and Forestry</p> <p>Treasure and Ministry of Interior</p> <p>NGO</p>	<p>Number of catering companies rewarded</p> <p>Number of people benefiting from support programs</p> <p>Number of service cooperative, soup kitchen and so on.</p>	<p>Researches Databases</p>	<p>2020</p> <p>2023</p>	<p>5% of the catering companies should be awarded</p> <p>Creating reports on the implementation of support programs</p>
<p>4. To increase the consumption of healthy nutrition options (especially fruits and vegetables) of families and children, especially for disadvantaged groups and to encourage</p>	<p>4.1. Promoting / informing families to grow vegetables / fruit in places like garden or balcony etc. /</p> <p>Propose a project for school to grow vegetables / fruits in places like nursery gardens, children's parks and so on.</p>	<p>Ministry of Education * MH *</p> <p>Municipalities *</p> <p>Ministry of Labor, Social Services and Family</p> <p>Ministry of Agriculture and Forestry</p>	<p>Number of projects on the subject</p> <p>Number of schools / nurseries in fruit / vegetable growing</p>	<p>Researches Database</p>	<p>2023</p>	<p>Creating reports on project applications</p>

families to produce healthy food at home						
5. Supporting communities, particularly disadvantaged groups, to help increase access to healthy food .	5.1. To implement pilot projects targeting children, pregnant and elderly people to improve nutrition	Ministry of Health Ministry of Industry and Technology Ministry of Labor, Social Services and Family Municipalities	Size of target audience reached Data on the recalling of campaigns and tools / materials in the target population and the qualitative measures of their taste The campaign; data, for example, on manipulating or modifying behavior, promoting intervention actions in the target population, or triggering behavioral changes	Project data Databases	2020	Final reports of projects and new recommendations
	5.2. To ensure that health professionals working in programs and projects related to nutrition work on the dissemination and development of existing nutritional guidelines, especially for disadvantaged children.	Ministry of Health Universities NGO	The size of the target audience that reached the guides	Results of current and ongoing research	2020 2023	Developing the Guide Preparation of research results reports

6. Encourage professional health institutions to develop guidelines for strengthening nutrition and (daily) physical activity training.	6.1. As a part of health care work, to produce projects and researches on national scale for families and children on the ongoing nutritional and physical activity activities of Ministry of Health on nutrition, physical activity and health improvement	Ministry of Health Universities NGO	Number of research and projects carried out by the institutions providing health services on the improvement of health by physical activities of families and children	Research data Project reports	2020	Reporting of researches and project results
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D. Ensuring that healthy options are easy options

“Implementation of comprehensive programs that reduce intake of sugar and unhealthy foods by children and adolescents and promote the intake of healthy foods”

Main priority: to provide healthy food options for children in all settings

ACTION PURPOSE	ACTION	RESPONSIBLE* AND RELATED INSTITUTIONS	INDICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1. Making healthy foods an easy choice.	1.1. Establishing legislation on marking of food labels (traffic lights, coloring, logo etc.)	Ministry of Agriculture and Forestry* MH MONE Ministry of Treasury and Finance Universities TGDF Related institutions and organizations	Legislation is enacted Compliance percentage	Researches Inspection Reports	2023	Ensuring the publication of the legislation
	1.2. Taking financial measures to provide healthy options	MH * Ministry of Treasury and Finance Ministry of Trade	Legislation is enacted Compliance percentage	Inspection Reports	2023	Reduce consumption of foods with low food consumption value

	<p>1.3. Ensuring the nutrition of children in accordance with the standards for national nutrition guidelines and Collective Nutrition Systems in all the organisations and institution where they cared and educated</p> <p>* Providing food diversity by meeting daily energy and nutrient requirements according to age, gender and physical activity</p> <p>* Providing portion control according to the above criteria</p>	<p>Ministry of Health* Ministry of Education * Ministry of Agriculture and Forestry Universities TGDF Related institutions and organizations NGO</p>	<p>Number of establishments and institutions providing nutrition suitable for National Nutrition Guidelines</p>	<p>Observation Research Inspection Reports</p>	<p>2023</p>	<p>100% implementation of National Nutrition Guidelines recommendations in institutions and organizations</p>
	<p>1.4. Providing free, clean, potable water by providing water fountains in all school corridors and sports areas</p>	<p>MONE Health Directorates Municipalities</p>	<p>Number of schools providing free drinking water</p>	<p>Research Observation Inspection</p>	<p>2023</p>	<p>70% of schools providing free drinking water</p>

<p>2. In food production, to make reforms in accordance with the recommendations of the national guidelines (TUBER 2015) on “nutrients and nutrient elements thae consumption of which need to be reduced / increased</p>	<p>2.1. Developing cooperation platforms to encourage the food sector to develop reform efforts in accordance with national guidelines in line with public health objectives and recommendations</p> <p>2.2. Increasing research incentives for food reforming enterprises</p>	<p>Ministry of Agriculture and Forestry * SB * TGDF * MONE Universities Related institutions and organizations Ministry of Industry Ministry of Trade TUBITAK</p>	<p>Legal arrangements for reforming proposed food components to reduce / increase</p> <p>Number of products made in reformulation</p> <p>Reformed product content</p> <p>Number of incentives for food reformulation</p>	<p>Research Observation Inspection Reports</p>	<p>2023</p>	<p>Ensure reformulation of all food products that need to be reformulated</p> <p>30% share of food reformation incentives within Research Incentives</p>
<p>3. Promote drinking water</p>	<p>3.1 Providing clean, potable water by providing free water fountains in public areas such as administrations, hospitals, etc</p>	<p>MONE MH GSB Municipalities Related institutions and organizations</p>	<p>Number of administrations adopting proposals for increasing access to free clean, potable water in public areas</p>	<p>Research Observation Inspection</p>	<p>2023</p>	<p>All administrations to provide access to free clean, potable water</p>

4. To make arrangements within the scope of TGK-Food Labeling and Consumers Information Regulation in order to reduce the portions and improve the menu contents	4.1. Regulation and implementation of legislation in order to reduce existing portion sizes in prepackaged foods by taking into consideration the amounts recommended in TUBER 2015	Ministry of Agriculture and Forestry * MH * TGDF * TESKA * NGO Related institutions and organizations	Maknig the regulation Number of prepackaged products in small serving sizes suitable for children Number of companies producing according to the legislation	Research Observation Inspection	2018-2023	Production of packaged products in 20% smaller portions
	4.2. To review and develop the content of the menus and portion amounts/sizes consumed by children in the places where mass nutrition services are provided, conduct studies to raise children's awareness	MH * MONE Ministry of Agriculture and Forestry NGO TGDF TESKA Related institutions and organizations	Number of institutions and organizations implementing nutritional practices according to the recommendations of the National Nutrition Guidelines	Research Observation Inspection	2018-2023	Providing children's portions in 100% of institutions and organizations providing mass nutrition services

E. Reducing marketing pressure to children						
Main Priority: To limit the exposure of children to excessive fat, sugary and salty food / beverage advertisements, to take effective measures such as developing relevant legislation and regulations and to establish mechanisms for effective implementation of legislation.						
ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INDICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1. Prevent the marketing of foods to promote unhealthy nutrition in all settings where children are	1.1. In order to prevent children from being exposed to high fat, salt and sugar-containing foods in all their environments, to ensure that legal regulations are made and applied to prevent such food from being marketed	GTB * Ministry of Education * SB * STB Ministry of Agriculture and Forestry GSB RTÜK Universities NGO TGDF Municipalities Media Other related institutions and organizations	Percentage of compliance to legal regulations	Research Observation Inspection	2023	Keeping non-compliants below 5%

2. Develop / update food marketing criteria other than TV for children	2.1. To develop and implement legislation in accordance with food marketing criteria other than TV for children	Ministry of Agriculture and Forestry MH MONE RTÜK Universities NGO TGDF Other related institutions and organizations	Establishing legislation on marketing of foods to children Percentage of implementation of marketing criteria	Regulations Research Observation Inspection	2023	To ensure the implementation of the criteria latest by 2020
	2.2. Developing sales / marketing and shelf arrangement strategies and necessary legislation to increase the preferability of foods that promote healthy nutrition at food outlets Ensure the sale of food in accordance with the labeling legislation (including food vending machines) at all food outlets in children's environments	Ministry of Trade* MH * Sector* Ministry of Agriculture and Forestry Universities NGO TGDF MONE Other related institutions and organizations	Establishing the strategy and necessary legislation on marketing of food to children Percentage of implementation of marketing criteria	Regulations Research Observation Internal inspection	2023	To ensure the implementation of the criteria latest by 2020

<p>3. Identify recommendations for marketing of food through audiovisual, print media, internet, sports and social events, etc. other than TV</p>	<p>3.1. To establish and implement legislation that includes criteria for marketing of foods containing high fat, salt and sugar through printed media, internet, sports and social events, etc. apart from the TV</p>	<p>Ministry of Agriculture and Forestry * Ministry of Trade* MH Ministry of Industry and Technology GSB RTÜK BTK Universities TGDF NGO Sector Advertising Agencies Media service providers</p>	<p>Percentage of food producers adopting recommendations for marketing of food to children</p> <p>Issue and implementation of relevant legislation</p>	<p>Research Observation Inspection</p>	<p>2023</p>	<p>Implementers to reach 100%</p>
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<p>4. Encourage media service providers and advertising agencies to use warning codes for easy understanding of food content during the marketing of food through visual, audio, printed media, internet, etc</p>	<p>4.1. To ensure that media service providers, advertising agencies and food producers use colored warning codes (traffic lights, flowing textiles, etc.) for foods to be understood during their marketing through visual, auditory, print media, internet, etc</p> <p>Effective use of warning codes for food recommended by food producers, media service providers and advertising agencies for food advised to be consumed less by children and monitoring their applications</p>	<p>Sector* Ministry of Agriculture and Forestry Ministry of Trade* Mh Ministry of Industry and Technology RTÜK BTK Universities TGDF NGO Media service providers Advertising agencies</p>	<p>Percentage of media service providers that adopt recommendations for marketing of food to children</p> <p>Percentage of food producers who adopt recommendations for marketing of food to children</p> <p>Percentage of advertising agencies that adopt recommendations for marketing of food to children</p>	<p>Research Observation Inspection</p>	<p>2018-2023</p>	<p>Implementers to reach 100%</p>
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CHAPTER III. PHYSICAL ACTIVITY ACTION PLAN



1. CURENT STATUS OF THE WORLD AND TURKEY

Regular physical activity has been shown to help prevent and treat noncommunicable diseases (NCDs) such as heart disease, stroke, diabetes, breast and colon cancer. It also helps to prevent hypertension, overweight and obesity, improve mental health, quality of life and health.

In addition to the many health benefits of physical activity, more active societies may generate additional returns, including less use of fossil fuels, cleaner air and safer routes. These items are also among the common objectives and political priorities of the 2030 Agenda for Sustainable Development.

What is Physical Activity?

Physical activity is defined as any bodily movement with energy consumption by using our muscles and joints in daily life. Physical activity can be carried out in many different ways such as walking, cycling, sports and recreation (eg dance, yoga, tai chi). Physical activity can be done at work and around the home. It is one of the basic tools for improving the physical and mental health of individuals. In addition to addressing a public health problem, it also promotes community welfare, environmental protection and creates an investment for future generations.

Current Situation

Awareness and lack of investment slow the global progress in increasing physical activity.

Three out of four adults worldwide and three out of four adolescents (11-17 years) do not meet global physical activity recommendations as determined by WHO. As countries develop economically, their inactivity levels decrease. In some countries, physical inactivity levels may be as high as 70% due to changing transport patterns, increased technology use and urbanization.

Physical activity levels are also affected by cultural values. In many countries, women, the elderly, disadvantaged groups, people with disabilities and chronic illnesses have fewer opportunities to access safe, affordable programs and places where they will be physically active.

Cost of Physical Inactivity on Health System and Society

Globally, it is estimated that physical inactivity will reach 54 billion INT dollars in direct health care; 57% of this rate is covered by the public sector in 2013 and attributed to an additional productivity loss of US \$ 14 billion. Estimates in both high- and low-income and middle-income countries (LMICs) indicate that 1-3% of national health expenditures are due to physical inactivity. These estimates are considered moderate due to restrictions on access to available data and the exclusion of costs associated with mental health and musculoskeletal system. Furthermore, the costs outside the health system, such as increased walking, cycling and the use of public transport and the potential environmental benefits resulting from the reduction in fossil fuel use, have not yet been included in the overall impact assessment.

According to World Health Organization data, 1 out of 4 adults and more than 80% of the adolescent population are not physically active. WHO points out that 70% of global deaths are the main cause of noncommunicable diseases (40 million people every year). 17.7 million cardiovascular diseases per year, 8.8 million cancers, 3.9 million respiratory diseases and 1.6 million diabetes mellitus. Among the four behavioral risk factors of NCDs, physical inactivity is also included. Physical activity reduces blood pressure, increases HDL level and has key role in controlling body weight.

Global targets include reducing the rate of inactive population by 10% by 2025. In our country, it is aimed to determine the level of physical activity in many studies.



According to the results of Turkey Nutrition and Health Survey conducted in 2010 (TBSA), 71.9% of the individuals in our country is not making regular physical activity. While the rate of never exercising male among the ages of 12-14 and 15-18 was 41.4% and 44.6% respectively, this rate was detected to be rising up to 69.5 in 19-30 ages, 73.2% in 31-50 ages and 83.7% above the age of 75. Similar to the males, the rates for females were rising by age and determined as 69.8% for 12-14, 72.5% for 15-18, 76.6% for 19-30 and 88.0% over the age of 75.

According to the results of the Turkey Childhood Obesity Research 2016 (CO-ENG-2016) (7-8 years) conducted in cooperation with the World Health Organization (WHO), for the children spending time by computer or TV within the week apart from studying, it was observed that 21.0% did not spend any time, 42.5% spent 1 hour, 23.5% spent 2 hours and 12.7% spent 3 hours or more. These rates are 12.2%, 17.9%, 28.3% and 41.6% respectively.

According to the Turkey's Health Research made by Turkey Statistical Institute in 2014, concluded that 38.5% of people over the age of 15 sits mostly, 53.3% had moderate doing jobs that require physical strength, 8.2% were doing jobs that require heavy work or physical strength; In 2016, 41.1% stated that they were mostly occupied, 53.0% of them were doing jobs requiring moderate physical force, and 5.9% of them did jobs that required heavy work or physical power

According to the Report on the Assessment of Schools in Bike in 2015 within the Scope of Physical Activity Promotion Project (10-15 age group) 59.0% of the students went school from home on foot and 28.3% of them went by school service and 25.0% is a member of a sport or dance club. According to the situation of having moderate activity in their free time (WEEK TIME), the frequency of those who say less than 1 hour (inadequate) or not to be done every day is 28.4% and 21.1% respectively; the frequency of those who have 1 hour or more (adequate) was found as 50.5%. As for the WEEKEND, those who stated less than an 1 or non at all per day was found to be 22.5% and 15.3% respectively and those stating 1 hour and more (adequate) was found to be 62.3%.

90.9% of the students had a computer / tablet / smart phone at home. On weekdays, 14.0% spend about 2 hours each day and 9.1% every day about 3 hours or more on their computer / tablet / smartphone. This rate was determined as 22.0% and 19.7% at the weekend. 22.7% of the students are licensed under the school team or sports clubs. 93.3% of students know how to ride and 60.8% of them have their own bikes.

According to the 2017 Report of Turkey Household Health Survey of Risk Factors for Non-Communicable Diseases (STEPS), 43.6% of the population in Turkey do not meet WHO's health recommendations for the physical activity. This rate is 53.6% for women and 33.1% for men.

According to WHO, a moderate exercise of 150 minutes per week (5 days per week, 30 minutes per week) is sufficient for adults to protect and improve health. Children between 1-4 years of age must perform a total of 180 minutes of physical activity at different intensities during the day. For children and adolescents between the ages of 5 and 18, activities that vary from moderate to high intensity activities are recommended for 60 minutes per day.

During moderate activity, the person can speak, but cannot sing. Quick walk, low tempo, dancing, rope skipping, swimming, playing table tennis, cycling at slow pace etc. are examples of moderate activity. During high-intensity activities, one cannot speak more than a few words without being breathed off during the activity (tempo, basketball, football, volleyball, handball and tennis play, step-aerobics classes, brisk dancing, etc.).

Active life as much as possible is the first step of a healthy life. In order to gain more benefit and to protect and improve health, physical activities should be done on a regular basis and made a part of life.



2. TARGETS AND STRATEGIES

1. **VISION;** To ensure a healthy and long life for all citizens through a physically active life
2. **MISSION;** By providing cooperation between all public institutions and sectors and between sectors, reducing physical inactivity and sedentary lifestyle, supporting physical activity, gender, age, income level, education and providing equal opportunities to be physically active between regions, reducing li sedentary environments kamu and physical remove barriers for activity

Goal

To achieve a relative reduction of 15% in the prevalence of physical inactivity by 2030 in adults and adolescents in accordance with the goal of the World Health Organization.

A. Leadership and coordination to improve physical activity

“Creating an Active Society”

B. Supporting the development of children and adolescents (See also Chapter 2 Action Plan for Children and Adolescents)

“Ensuring the implementation of comprehensive programs to increase physical activity and reduce sedentary behavior in children and adolescents”

C. To promote physical activity as part of their daily lives, including transportation, leisure time, workplaces, and healthcare for all adults

“Creating Active Circles“

D. Restoring the functional capacity of older people To promote physical activity among the elderly

“Creating Active People”



A. Ensuring leadership and coordination to improve physical activity "Creating an Active Society"					
ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME
1. Bringing together relevant stakeholders in the dissemination of physical activity to the community by Ministry of Health (providing high-level leadership coordination by health sectors)	1.1. To integrate the actions to increase the habit of life-long physical activity in the national health policy Integration of physical activity support to national health policy in the wider context throughout life	Ministry of Health GSB MONE environment and urban ministry culture and Tourism Ministry Local authorities Ministry of Labor, Social Services and Family Universities NGO MSB Directorate of Religious Affairs Media	Establishment of science, advisory and coordination committees Developing awareness about the subject by holding meetings with related units Number of legislation required in case of detection of possible defects Number of policy proposals integrated in national health policy	Ministry of Health's work reports from relevant organizations	2023
	1.2. Development of multi-stakeholder policies and establishment of coordination mechanisms under the leadership of Ministry of Health for increasing	Ministry of Health All public institutions and organizations Local authorities Universities NGO	Number of developed policies	Related records	2023



	physical activity and reducing sedentary behavior in all segments of society	sector			
	1.3. Addition of the concept of exercise is drug to the health system and identification of the responsible specialist groups (Sports Medicine, Physiology, Physical Therapy and Rehabilitation Specialists (important for forming the relevant expert staff))	Ministry of Health Ministry of Treasury and Finance YÖK	Preparation of necessary legislation on the subject Training programs on exercise counseling	Number of programs prepared and the number of experts graduated within the framework of these principles	2023
	1.4. Recognition and encouragement of local administrations, private sector, NGOs etc. that carry out various activities in order to encourage community physical activity (Providing training room, educator, material, etc.)	Ministry of Health * (HSGM) All public institutions and organizations Local authorities Universities NGO Private sector	Number of meetings, number of seminars, training etc given in those places	Annual	2023
	1.5. Media campaigns, To increase awareness and awareness of regular healthcare activities and less sedentary behavior for many health benefits associated with	Ministry of Health* (SGGM) Media Institutions TRT	Media campaign	Annual	2023



	community-based programs				
	1.6. Supporting international NGO and stakeholder cooperation through existing networks such as the National and WHO, European Union to improve the basic function capacities of physical activity and individuals for life-long health	Ministry of Health* WHO Related International NGO HEPA etc.	Number of collaborations	Constantly	2023
2. Giving education to raise awareness of society	2.1. Establishment of a training team on the fight against physical inactivity in 81 provinces within the Provincial Health Directorates Performing an activity / training periodically presented by the Kurulu Adequate and "Balanced Nutrition and Moving Life Board" established within the Provincial Hygiene Board	Ministry of Health GSB MONE environment and urban ministry culture and Tourism Ministry Local Governments Ministry of Labor, Social Services and Family Universities NGO MSB Directorate of Religious Affairs Media Organizations	Number of trained trainers Number of people trained Number of training sessions	Annual	2023
	2.2. Ensuring that the issues related to physical inactivity are included	Ministry of Health * / Public Institutions	Number of training courses	Constantly	2023



	<p>in the existing in-service training programs of all public institutions and organizations and the private sector</p> <p>strengthening pre-service and in-service training of professionals both inside and outside health sector to increase the knowledge and skills related to their roles and contributions to creating an inclusive and fair opportunity for an active society, including community-based groups and non-governmental organizations, as well as transport, urban planning, education, tourism, recreation, sports and fitness sectors</p>	<p>GSB MONE environment and urban ministry culture and Tourism Ministry Local Governments Ministry of Labor, Social Services and Family Universities NGO MSB Directorate of Religious Affairs Media Organizations Institutions and organizations employing workers and workers</p>	<p>Number of people trained</p>		
	<p>2.3. Updating existing educational modules and educational guides (books, brochures, posters, films, etc.) and making them used widespread</p>	<p>Ministry of Health (HSGM, SGGM) GSB MONE environment and urban ministry culture and Tourism Ministry Local Governments</p>	<p>Number of materials developed Conducting research on the use and effectiveness of materials delivered and retrieved</p>	<p>Annual</p>	<p>2023</p>



		Ministry of Labor, Social Services and Family Universities NGO MSB Directorate of Religious Affairs Media Organizations Institutions and organizations employing workers and workers			
3. Establishing and encouraging coordination mechanisms	3.1. Elimination of inequalities in risky groups and regions in terms of physical inactivity, providing free / low paid facilities for increasing physical activity	Ministry of Health GSB Ministry of Labor, Social Services and Family The Turkish Red Crescent Green Crescent General Directorate of Migration Management AFAD	Number of risky regions, number of participants benefiting from the opportunities	Constantly	2023
	3.2. Providing guidance and coordination to 81 Provincial Directorates of Youth and Sports amacıyla Provincial Sports Centers İl for projects aiming to improve physical	GSB * MONE SB	Number of aged 5-18 years children and youngsters led	GSB data	2023



	activity of children and young people in the age group of 5 to 18 in order to improve their physical activities.				
4. For the creation of active environments Government officials redesign urban planning to facilitate and encourage walking Government officials redesign urban planning to facilitate and encourage cycling To discourage car use	<p>4.1. Urban design and urban design for urban and rural neighborhoods to promote walking, cycling (including the infrastructure and operational recommendations for transport basics) and the use of wheeled vehicles (including wheelchairs, scooters and skates) and public transport ensuring prioritization of the government / administratives at all levels of strengthening transport planning policies</p> <p>4.2. Re-regulation of the relevant tariffs, pedestrianization practices and parking laws by ministries and municipalities, improving the quality of public transport, encouraging the use of non-motorized modes of transport, and establishing areas where the entry of pedestrian</p>	Ministry of Transport and Infrastructure Environment and Urban Mlanning Ministry* Local Governments * MH	Secured roads	Records of relevant Ministries	2023



	zones in the city center will be restricted				
	4.3. Executives to ensure that road and passenger safety is provided for these groups to promote and ensure the use of walking, bicycles and wheelchairs (including wheelchairs, scooters and roller skates) and public transport; work for the development and use of bus and rail system vehicles that can be transported for this purpose	Ministry of Transport and Infrastructure Environment and Urban Planning Ministry* Local Governments * SB Ministry of Transport and Infrastructure MH *	Secured roads	Records of relevant Ministries	2018-2023
	4.4. Information and awareness of all users and stakeholders involved in transport should be increased in terms of their transport and related traffic rules and priorities.	Ministry of Transport and Infrastructure MH * Ministry of Education * NGO * Public institutions and organizations	Number of given trainings	Data collected from relevant institutions and organizations	2023



B. Supporting the development of children and adolescents (see also chapter 3 action plan for children and adolescents)

ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INDICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME
1. promoting physical activity during pregnancy and early childhood;	1.1. develop policies to provide information on the importance of physical activity during childhood and during pregnancy	ministry of health * ministry of labor, social services and family local governments universities ngo gsb media organizations	number of developed policies	constantly	2023
	1.2. establishment of consultancy services and screening programs in the centers providing primary care for pregnant and early children.	ministry of health * gsb ministry of labor, social services and family local authorities	number of screening programs created number of consultations	constantly	2023
	1.3. development and implementation of exercise programs for pregnant women.	ministry of health * professional organizations gsb universities local authorities	number of programs developed and implemented number of participants	constantly	2023
	1.4. increased awareness of the importance of physical activity and healthy birth weight range for women	ministry of health provincial health directorates *	number of women receiving training	national researches mh reports	2023
	1.5. informing the families - especially	ministry of health ministry of education *	number of parents receiving training	mh reports	2023



	high school students' - about the disadvantages of sedentary life and improving physical activity	ministry of labor, social services and family gsb local governments			
	1.6. establishing environmental and spatial conditions for newborns, infants, early childhood, pregnant women and mothers	local authorities * gsb * mone environment and urban planning ministry	evaluation of individual data number of facilities for local administrations	researches	2018-2023
2. promoting physical activity in preschool and all educational institutions and schools	2.1. developing legislation to promote physical activity in basic education and secondary education	ministry of education * ministry of health * gsb	regulation on social activities of educational institutions development of legislation no 30522 and dated 1/9/2018	change of curriculum	2020
	2.2. ensuring adequate and appropriate staff and facilities for quality / effective physical education in the school curriculum, providing standards for quality physical education in the school curriculum	ministry of education * ministry of treasury and finance ministry of health	effectiveness of physical education in schools and student satisfaction	surveys/researches	2023
	2.3. development, implementation and dissemination of physical activity and	ministry of health ministry of education * mchr * gsb	number of programs developed	analysis and reporting by mchr and mone	2023



	exercise programs for 3-6 year old children and coordination between the responsible expert groups		number of teachers training hours given		
	2.4. increasing the in-service training of kindergarten teachers in order to develop physical activity and exercise programs	ministry of education * ministry of health * child development departments	number of child development teachers regulation in the in-service curriculum	mh reports	2023
	2.5. ensuring that the health-related physical fitness card at the secondary and high schools is carried out regularly with the data received in the periods specified twice a year.	ministry of education * ministry of health * gsb universities sport sciences faculties and besyo	analysis and reporting by mone and ministry of health	constantly	2023
	2.6. arrangement of fun activities in order to increase physical activity and effective implementation of physical activity-oriented activities without increasing competitiveness in schools. in this sense, the activities to be held in special days and weeks	ministry of education * ministry of health ministry of youth and sports* culture and tourism ministry ngo local government media organizations	number and duration of events number of children attending the event satisfaction level of the participants	constantly	2023



	(european sport week, bike time, european school sports day, world walk day etc.) will be raised.				
	2.7. providing and encouraging the support of disadvantaged children to participate in physical activities with their peers	ministry of health ministry of education * ministry of treasury and finance ministry of labor, social services and family * ministry of foreign affairs migration management afad local governments the turkish red crescent ministry of interior green crescent	activities attended by disadvantaged children and the number of children participating in the event	mone reporting and analysis continuous	2023
	2.8. developing strategies to reduce prejudices of children with low or low body weight, encouraging their participation in physical activity and increasing the sensitivity of children and peers.	ministry of health ministry of education * gsb universities	number of programs developed percentage of children included in these programs	cos1 research mone screening and analysis	2023
	2.9. informing the families of children with body weight	ministry of education * ministry of health	number of children evaluated number and percentage	e-school database records ministry of health	2023



	problems and directing them to a health service including first step	universities	of children referred to the health institution	records	
3. development of physical activity-friendly nursery and school environments	3.1. creation of a physical activity-friendly school / nursery program	ministry of education * sb * local governments * environment and urban planning ministry ngo	creation of the program	-	2020
	3.2. schools transform into physical activity friendly school standard living spaces	local governments * ministry of education * ministry of health ngo universities gsb ministry of labor, social services and family	number of physical activity friendly school	constantly	2023
4. to raise awareness about physical activity, nutrition and healthy lifestyle behavior	4.1. training / counseling for parents of preschool children and staff working in these schools on feeding styles of parents and physical activity for individuals and / or groups (eg 12 weeks)	ministry of health ministry of education * universities	number of family / persons provided training and counseling	constantly	2023
5. encouraging children to physical	5.1. conducting researches on issues that will give new	ministry of health * ministry of education* universities*	research planning	research reports	2023



activity in out-of-school settings	attitudes to motivation / motivation in physical activity in adolescents				
	5.2. encouraging the increase of physical activities of children / adolescents by using technological practices	universities * ministry of health ministry of education * ministry of science, industry and technology * telecommunication companies media organizations	number of projects promoted number of projects realised	constantly	2023
	5.3. to give importance to the construction of gyms / areas in the new schools, to develop and spread the existing sports halls in schools	ministry of education * ministry of treasury and finance gsb	number of newly constructed schools with gyms / areas number of schools that already had sports areas / gyms and developed them	none	2023
	5.4. organizing various activities in schools by the provincial directorate of youth sports and sports federations in schools in order to create the love of sports in children and young people	gsb * ministry of education * sports federations ministry of health	number of events number of participants satisfaction	gsb delivering data to mh	2023
6. strengthening physical activity policies with international links	6.1. developing international cooperation (eu, unicef, un, etc.) for the promotion of	ministry of health ministry of education * ministry of foreign affairs* universities *	2007 indicator number of events	eurostat-public health data on the application of physical activity commission report on the implementation of	2018-2023



	<p>physical activity and participation, encouraging the participation of our country in the existing international projects and campaigns as well as organizing campaigns, updating and dissemination of the guidelines to be prepared with relevant experts. commit to supporting health enhancing activities through: improving eu physical activity guidelines to increase awareness and participation in adequate physical activity and strengthening dialogue and policy with member states in the context of the implementation of council recommendations on inter-sector hepa, strengthening dialogue and policy with member states</p>	<p>local governments ministry of treasury and finance ministry of industry and technology ngo sports federations</p>	<p>number of projects developed and got involved</p>	<p>council recommendations on intersectoral hepa, including the monitoring framework</p>	
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	supporting hepa activities, networks and activities within the sports section of the new erasmus + program				
	6.2. special awareness about the concept of "exercise medication" (not only obesity, chronic disease exercise relationship, but also the protective role of exercise in healthy life)	ministry of health local governments ngo mone media organizations	number of promotional events number of people engaged in physical activity number of wellness centers opened and the number of people headed here	statistical information of the relevant units	2018-2023
7. developing urban design and planning to reduce sedentary behavior after school	7.1. implementation of tarafindan health in every policy etmek approach in inter-sectoral work to be carried out by administrations and stakeholders to promote post-school physical activity european guidelines for the development of infrastructures for the free time physical activity applied systematically to the plan, taking into account the criteria of the neighborhood	environment and urban planning ministry* local governments * mone gsb ministry of industry and technology	number of projects compatible with action	number of projects carried out	2018-2023



	walkability index in the planning and construction of infrastructures				
	7.2. providing comprehensive and well-managed walking and cycling infrastructure for students to walk or cycle to school and cycle in their free time	local governments* ministry of industry and technology mone gsb ministry of environment and urbanization	path length compatible with action (km) percentage of students walking or cycling to school	data collection with surveys for target population action	2023
	7.3. establishment of adequate free / low-cost sports facilities to enable sporting activities in and around the school	ministry of education * local governments* gsb * ministry of treasury and finance ministry of industry and technology environment and urban planning ministry ministry of health	number of facilities number of students using the facility	facility records mone data (number of facilities) gsb data (number of installations)	2023
	7.4. increasing the number of safe and accessible sports, parks and playgrounds in areas where individuals need social services and social assistance	local governments * ministry of labor, social services and family gsb ministry of interior afad ngo	number of created fields number of students using the field	related records	2023



	7.5. increasing the number of camps and number of camps facilities and contingents for students to participate during the holiday period	gsb * the turkish red crescent* mone noc ngo sports federations	number of installations number of camps organized number of participating students	related records	2023
	7.6. to enable children to participate in school, city and environmental planning to develop physical activity and sport areas, to improve their physical literacy.	ministry of education * environment and urban planning ministry* municipality* gsb * ministry of labor, social services and family ngo	number of students referred to opinion number of projects carried out according to opinions	data from local governments	2023
	7.7. to make thematerials and materials used in playgrounds and playgrounds for children to be simpler healthier and more qualified materials and to create playgrounds for multipurpose purposes.	ministry of education * environment and urban planning ministry* municipality* gsb * ngo	number of playgrounds organized	local government data	2023



C. To promote physical activity as part of their daily lives, including transportation, leisure time, workplaces, and healthcare for all adults

ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME
1. to increase the number of special roads and sports fields that will reduce vehicle traffic and encourage walkability and cycling	1.1. public transportation should be promoted by walking and cycling routes suitable for geographic and cultural structure. implementation / development of policies and legislation to make bicycles and walkways where necessary carry out national and community-based campaigns to increase awareness and use of physical activity on the social, economic and environmental benefits, and in particular the use of other modes of transportation (including wheelchairs, scooters and skates),	local governments * environment and urban ministry* ministry of industry and technology ministry of transport and infrastructure ministry of interior ngo	road length (km) number of legislation number of developed policies	TurkStat local governments	2018-2023



	including walking, cycling and other use of non-motorized vehicles				
	1.2. increasing green areas in city centers and organising nature walking activities in remote areas of the city center.	local governments * environment and urban planning ministry* ministry of agriculture and forestry	active green area per person	data obtained from local authorities	2018-2023
	1.3. application of traffic congestion fee to encourage bicycle use and walking, and transfer of revenue from practice to bicycle use and walking promotion	ministry of treasury and finance local governments * ministry of interior* ministry of transport and infrastructure	collected revenue road length (km) air pollution traffic density in areas where application is performed	finance data municipality records ministry of environment and urbanization data ministry of internal affairs data	2018-2023
	1.4. establishment of exercise areas, sports facilities and recreation (including river and coastal areas) in public open green spaces and parks for all segments of society. increasing fields such as basketball court, football field etc.	ministry of interior* ministry of industry and technology ministry of treasury and finance ngo	road length and number of sports fields	municipal data	2018-2023
	1.5. formation of urban areas without barriers	ministry of interior* local authorities * ministry of health	total length of road (km) constructed for his purpose	data from 81 provincial municipalities	2018-2023



		ministry of labor, social services and family moeu ngo			
	1.6. establishment of exercise areas intended for all segments of society in public use areas such as shopping malls, public facilities, schools, health facilities, sports and recreation facilities, workplaces and social housing 1.7.	ministry of interior* local authorities * ministry of health gsb	percentage of places providing exercise areas	data obtained from local authorities	2018-2023
2. provide opportunities and counseling for physical activity in workplaces	2.1. appropriate measures should be taken to promote active participation between home and workplace. arrangement for companies related to dressing rooms, shower facilities, bicycle parking places can cover financial incentives and regulations.	ministry of labor, social services and family *			2018-2023
	2.2. in order to provide more physical activity in the	ministry of labor, social services and family *			2018-2023



	<p>workplace, it must agree to adapt appropriate measures under the legislation. it may include regulation, financial incentives and regulations for sports facilities and programs operated by companies for exercise, physical-based play and sports breaks or physical activity in related companies or for larger companies.</p>				
	<p>2.3. In order to reduce the time spent in workplaces, it must agree to adapt appropriate measures under the legislation. regulation on workplace arrangement (table change) and regular breaks may include regulation, financial incentives and regulations for relevant companies.</p>				2018-2023
	<p>2.4. it should focus on the inequalities</p>				2018-2023



	associated with physical activity at work for the access of its employees that are in socially disadvantaged group. (researches show that access to physical activity support for white-collar workers is easier than blue-collar workers.)				
	2.5. creation of in-service training materials and programs in which these materials are used (training at the desk / work place etc.) and ensuring continuity	hsgm*	ensuring the use of developed material in institutions and organizations	number of institutions and organizations using materials	2018-2023
	2.6. organizing training programs in order to contribute to increase the knowledge level of occupational physicians working in public and private sectors in the fight against obesity	hsgm / ministry of labor, social services and family *	number of workplace physicians trained		2018-2023
	2.7. enforcing the obligation to establish a sports center / facility with	hsgm / ministry of labor, social services and family *	change of legislation	legislation regulation increase in number of establishments with	2018-2023



	the appropriate capacity for the number of employees in the workplaces with more than 500 employees and carrying out exercise programs by experts in these facilities			sports facilities / centers (percent) data on the number of exercise programs conducted by experts	
	2.8. preparing a training set to improve the physical activity behavior of employees at all workplaces before, during and after work hours.	hsgm*		distribution of training set	2018-2023
	2.9. ensuring areas for staying healthy and providing symbols for use of stairs	hsgm*	material development		2018-2023
	2.10. providing physical activity counseling with a structured program in workplaces and institutions 2.11. for a healthy office environment to encourage physical activity and better basic health indicators, employers should	hsgm * ministry of labor, social services and family	number of people participating in the event and counseling	statistical data	2018-2023



	encourage teams to compete. providing financial incentives for better basic health indicators (eg discounts on insurance cuts, free gym membership, awards, etc.) by employers.				
3. physical activity integration in health care, treatment and rehabilitation	3.1. focusing on the groups with the lowest physical activity, conducting applications based on national physical activity guide, providing low-cost / free access to physical activity	ministry of labor, social services and family * local authorities * all public institutions and organizations private sector local governments ngos	number of institutions / organizations providing such facilities number of beneficiaries	ilgili kayıtlar	2018-2023
	3.2. should prepare physical activity counseling norms to be given by practitioners counseling, physical activity classes, sports courses and physical activity based rehabilitation proposals at primary health level should be covered by reimbursement by health insurance companies or	universities * ministry of health ministry of treasury and finance gsb	number of norms prepared amendments to the relevant legislation		2018-2023



	<p>national health systems</p> <p>as a part of general health care, ensuring that patient assessment and counseling systems are strengthened in primary health care and social services by appropriately trained health, community and social care providers to increase physical activity and reduce inactivity</p>				
	<p>3.3. to promote change in the health sector and to improve knowledge and ability in health care workers; the relevant faculties and colleges should be coordinated, their curricula should be regulated and the necessary infrastructure for working together should be established..</p>	<p>yök * ministry of health ministry of treasury and finance</p>	<p>number of purpose-built educational programs</p>		<p>2018-2023</p>



	3.4. in-service training for healthcare workers (doctors, dieticians, nurses, psychologists and exercise specialists) to provide physical activity counseling in primary care	hsgm* universities*	number of healthcare workers providing in-service training	annual	2018-2023
	3.5. ensuring and updating the effective use of clinical guidelines for primary and secondary health care workers for physical activity	hsgm* specialty associations	preparation of guidelines	distribution of prepared guides	2023
	3.6. developing modules for the inclusion of physical activity in health care training programs	hsgm* university ngo	percentage of hospitals / health care centers involved in the health service center initiative	mh reports	2023
	3.7. promote the implementation of digital technologies and innovation				
4. improving access to physical activity services and recommendations for particularly vulnerable-weak groups	4.1. considering the creation of incentives to create low entry fees and physical activity opportunities for all population groups, including vulnerable-weak	ministry of health* local governments ngo			2023



	<p>subpopulations (eg, unemployed adults or others (low-income, disabled, migrated individuals, women, and others))</p> <p>implementing community-based initiatives to promote physical activity on a regular basis in public spaces, providing free access to pleasurable and affordable social and culturally appropriate physical activity experiences that will be made attractive for all segments of society</p>				
	<p>4.2. develop policies for the promotion of policies in the development of the sports sector, including decision-makers at the local level, in order to promote compliance with national and local contexts</p>	<p>local governments * professional chambers* gsb</p>			<p>2019-2023</p>



	4.3. information services for the development and dissemination of counseling services and physical activity opportunities for people with disabilities	hsgm * ministry of interior*	preparation of guidelines and creation of a supportive environment for people with disabilities	hsgm reports	2023
	4.4. development of intervention programs to increase physical activity for rural, women and poor people (family physicians and tsms)	ministry of health*			2023
	4.5. ensuring that individuals aged 40 and over are directed to participate in activities carried out by the sports federation for all, so that they can continue their lives as active people	gsb* sports federation for all *	number of people aged 40 and over who are referred to the sports federation for all	reports of the relevant institution	2023

D. Improving the functional capacity of older people, promoting physical activity among the elderly

ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME
1. improve the quality of physical activity recommendations	1.1. ensure that health professionals are equipped to advise	ministry of health* universities	number of training courses	training records	2023



given by health professionals for elderly	elderly people to adopt an active lifestyle tailored to their individual health needs, capacities and preferences		number of educated individuals (elderly)		
	1.2. making necessary arrangements for health professionals to provide additional incentives for physical activity counseling to patients	mh* ssi sector	legislation regulation	research reports	2023
	1.3. awareness studies for the elderly living in places like nursing homes, elderly care centers etc.	hsgm * ministry of labor, social services and family *	development of cooperation protocol and number of elderly trained	number of events / training the number of participants	2023
2. provide infrastructure and appropriate environments for elderly people to do physical activity	2.1. in order for the elderly to remain physically active and to participate fully in the life of the community, many different sectors to impose “elderly-friendly” policies rehabilitation programs and health centers may include	local authorities * environment and urban ministry* ministry of labor, social services and family * ministry of industry and technology ngo	determining the criteria of elderly friendly policies	number of public institutions and organizations implementing elderly friendly policy	2023



	<p>unobstructed workplace, flexible working hours, modified working environments for elderly people, well-lit streets for safe walking, accessible public toilets, and traffic lights and unobstructed access to people with more time to cross the street. urban planning, parks, recreation, sports and health providers should define their priority policies in this area by using the cross-sectoral approach.</p>				
<p>3. increasing awareness and activities of elderly people about the benefits of physical activity</p>	<p>3.1. to enable inactive elderly people, especially those with a socially disadvantaged background, to benefit from existing social structures in order to encourage physical activity</p> <p>depending on social and cultural contexts, these</p>	<p>ministry of labor, social services and family * local governments *</p>	<p>number of training sessions number of events performed number of publications related to the subject in visual or written media</p>	<p>statistical data of related units</p>	<p>2023</p>



	<p>structures may differ between regions; community centers, social clubs, religious institutions, ngos and others may be involved. giving information to people to create awareness and encouraging activities.</p>				
	<p>3.2. it should support ngos and social networks, especially at the local level, to identify and strengthen opportunities for physical activity for seniors. governments provide support to csos and social networks at both national and local level to develop programs and facilities suitable for physical activity among seniors for innovative and participatory approaches; counseling,</p>	<p>ministry of transport and infrastructure ngo * local authorities * media organizations ministry of health communication operator companies</p>	<p>number of social networks and number of members</p>	<p>institution records</p>	<p>2023</p>



	additional research, guidance materials and financial support.				
	3.3. promoting active tourism for the elderly as the new way of active socialization. in addition to elderly people, the sports, health and tourism sectors can participate with appropriate and attractive prices and this can be a socially new approach to employment.	culture and tourism ministry* ministry of labor, social services and family * gsb profession groups and rooms media organizations	number of activities and participants	registration statistics	2018-2023
	3.4. to fall back on wellness coaches who can make elderly people do physical activity in order to ensure healthy aging	Sports Federation for All * NGOs MoH	number of individuals getting support	reports of the relevant institution	2023



CHAPTER IV. MONITORING, EVALUATION AND RESEARCHES



1. TARGETS AND STRATEGIES

A. Surveillance, monitoring, evaluation and support of Research

Main Priority:

“Ensuring widely and effectively implementation of Turkey Healthy Nutrition and Active Life Program. Monitoring and make an assessment.

Ensuring impact and traceability for program budgeting, monitoring and performance evaluation.





A. Surveillance, monitoring, evaluation and support of Researches

ACTION PURPOSE	ACTION	RESPONSIBLE * AND RELATED INSTITUTIONS	INCICATOR	DATA COLLECTION AND EVALUATION MECHANISMS	TIME	GOAL
1. Researches to obtain evidence on the effectiveness of individual and community-based interventions in nutrition, obesity, physical activity and diabetes prevention and control	1.1. Periodic support and implementation of researches	Ministry of Health TÜSEB TurkStat WHO Ministry of Industry and Technology Universities MONE NGOs Specialist Associations Ministry of Agriculture and Forestry	Food consumption levels Data on nutritional status Disease frequency Physical activity level Anthropometric measurements	Research data	3-5 year	Establishing evidence-based policies by conducting researches
	1.1.1. Turkey Nutrition and Health Survey	Ministry of Health TurkStat TÜSEB Ministry of Agriculture and Forestry Universities	Food consumption levels, Data on nutritional status Disease frequency Physical activity level Anthropometric measurements	Research data	5 year	Establishing evidence-based policies by conducting researches
	1.1.2 Childhood Obesity Research	Ministry of Health WHO TurkStat TÜSEB MONE Universities	Food consumption levels, Data on nutritional status Physical activity level Anthropometric measurements	Research data	3 year	Establishing evidence-based policies by conducting researches



2. Improving surveillance system	2.1. Regularization of the surveillance system, including obesity and obesity, throughout the country	Ministry of Health* HSGM	Number of patients diagnosed obese, Obesity surgery number, Number of patients with complications	USS, MEDULLA	Annual	Publishing regular statistics
	2.2. Action plan impact assessment 2.2.1. Reconsidering stakeholder, communication and financial practices through a review of the plan through interim evaluations 2.2.2. Strengthening the system and process for strengthening organizational performance	SB	Activities implemented / not implemented Health inequalities were considered Adequate resource availability, including financing Adequate monitoring system and capacity Rating and evaluation	Relevant stakeholders	2023	Realization of 85% of the Action Plan

INDICATORS OF PROGRAM OUTPUTS

Adoption of national policies that effectively limit saturated fatty acids and industrially produced trans fatty acids in food sources

Definition: The country has adopted national policies that effectively limit saturated fatty acids and industrially produced trans fatty acids in food sources.

Expected Data Collection Frequency: Once in every 2 years

Link: www.who.int/chp/ncd_capacity/en/

It applies WHO recommendations on food and beverage marketing towards children.

Data Validation Process: Countries are required to submit a copy of these policies when responding to NCD-CCS.

Expected Data Collection Frequency: Once in every 2 years

Link: www.who.int/chp/ncd_capacity/en/

Has carried out an awareness campaign for at least one public nutrition and / or physical activity.

Data Validation Process: Countries are required to submit a copy of these policies when responding to NCD-CCS.

Expected Data Collection Frequency: Once in every 2 years

Link: www.who.int/chp/ncd_capacity/en/

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ANNEX.1 WHO EUROPEAN CERTIFICATE FOR FIGHTING OBESITY

WHO European Ministerial Meeting on Fighting Obesity

Diet and physical activity for health

Istanbul, Turkey, 15-17 November 2006

EUR/06/5062700/8

16 NOVEMBER 2006

European Certificate for Fighting Obesity

The Ministers and delegates who participated in WHO European Ministerial Conference on Obesity (Istanbul, Turkey, 15-17 November 2006) in order to address the increasingly negative impact of obesity epidemic on health, economy and development, adopted the European Draft Document on combating Obesity below, as a policy, in the presence of the European Commissioner for Health and Consumer Protection. Different government sectors, international organizations, experts, civil society and the private sector have participated in the process of developing the present document through dialogue and consultation meetings.

In accordance with this document, we declare our commitment to strengthen the action of combating obesity and to bring this issue to the top of our governments' political agenda. We call upon all of our partners and stakeholders to identify stronger action against obesity and acknowledge that the leadership in this regard will be provided by the WHO Regional Office for Europe.

There is sufficient evidence for immediate action, but also research for innovation, arrangements for local environments, and new research on specific topics will improve the effectiveness of policies.

Obesity is a global public health problem. We declare that European action will play a role in creating an example and thus mobilizing global efforts.

1. FIGHT:

We hereby accept:

1.1 The obesity epidemic is one of the most important public health struggles of the WHO European Region. The prevalence of obesity has increased threefold in the last 20 years. Half of all adults in the WHO European Region and one fifth of children are overweight. One third of them are obese and the numbers are increasing rapidly. Overweight and obesity contribute to increased rates of non-communicable diseases, shorten life span, and adversely affect quality of life. More than one million deaths per year in the region are caused by diseases related to body weight.

1.2 The trend has reached an alarm level especially for children and adults, so that the epidemic is going into adulthood and creating an increasing health burden for the next generation. The annual rate of increase in the prevalence of childhood obesity is steadily rising and is now ten times as high as in 1970.

1.3 Obesity has a significant impact on economic and social development. In adults, obesity and overweight account for 6% of all health care expenditures in the European Region, with indirect costs of at least twice as much (loss of productivity and related income). Excess weight and obesity affect low socio-economic groups more, and contribute to the increase of health and other inequalities.

1.4 The epidemic are increasing in recent years as a result of changing social, economic, cultural and physical environment. The energy imbalance in the population is triggered by the dramatic decrease in physical activity and the changing diet patterns combined with the inadequate consumption of fruits and vegetables, including the increase in energy-intensive nutrient-low foods and beverages (including high fat content as well as total fat, salt and sugar). According to the available data, two-thirds of the adult population in many European Countries have no physically sufficient activity to maintain and maintain health gain, and in only a few countries consumption of fruit and vegetables has managed to reach the recommended rates. Genetic susceptibility alone cannot explain the obesity epidemic without changes in social, economic, cultural and physical environment.

1.5 International action is essential to support national policies. Obesity is no longer just a syndrome of rich societies. Especially in the context of globalization, developing countries and their economies dominate the same rate in countries that are in the process of transformation. Cross-sectoral action is still a challenge, and no country has been able to effectively control the epidemic. It is both a challenge and a possibility to build strong international coordinated action in the face of obesity because many key measures are cross-border in terms of both character and results.

2. WHAT CAN BE DONE: Objectives, Principles and Action Framework

2.1 The obesity epidemic can be reversed. It is possible to reverse the trend and take the epidemic under control. This is; it can only be achieved through comprehensive action because the source of the problem lies in the social, economic and environmental determinants of rapidly changing human life forms. Vision is to shape the societies where healthy lifestyles related to diet and physical activity are the norm, health goals are in line with their economic, social and cultural goals and healthy choices are more accessible and easier for individuals.

2.2 The prevention of the epidemic and reversal of the trend is the main target in the Region. An obvious progress, especially with regard to children and adolescents, should be achieved in most of the 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 guidelines should guide action in the WHO European Region:

2.3.1. High level political aspiration and leadership and a holistic state commitment are necessary to achieve mobilization and synergy between different sectors.

2.3.2. Action against obesity should be linked to general strategies aimed at noncommunicable diseases and health promotion, as well as to a wider context of continuous development. Improved nutrition and physical activity will have a permanent and often rapid impact on public health, beyond the benefits of overweight and obesity reduction.

2.3.3. There should be a balance between the responsibilities of individuals and the responsibilities of governments and societies. It should not be acceptable to hold individuals responsible only because of their obesity.

2.3.4. It is necessary to regulate the action taken in the cultural context of each country or region and to underline the satisfaction of healthy nutrition and physical activity.

2.3.5. At all levels it is necessary to build partnerships between all stakeholders such as government, civil society, private sector, professional networks, media and international organizations (national, sub-national and local).

2.3.6. Policy measures should be coordinated in different parts of the region, especially to prevent the market pressure for energy intensive foods and beverages to be translated into countries with weaker regulation. WHO will play a role in facilitating and supporting intergovernmental coordination.

2.3.7. Special attention should be paid to sensitive groups such as children and adolescents who should not be exploited by commercial activities for their purity and inexperience.

2.3.8. It is also a high priority to support low socio-economic population groups, who face more restrictions and restrictions on making healthy choices. Increased access to healthy choices and their affordability should therefore be a primary target.

2.3.9. Public health objectives should be considered as a priority in developing economic policy, as well as policies in the areas of trade, agriculture, transport and city planning.

2.4. A framework that brings together the main actors, the political tools and the environment is necessary to transform these principles into action.

2.4.1 All relevant government sectors and levels should play a role. Appropriate institutional mechanisms must act to make this cooperation possible.

-Health ministries should play a pioneering role in advocating, encouraging and guiding multisectoral action. It should be an example for facilitating healthy choices among healthcare workers and healthcare users. The role of the health care system is also important when dealing with people at high risk and already overweight and obese by designing and promoting prevention measures and providing diagnostic monitoring and treatment.

-All relevant ministries and institutions, such as agriculture, food, finance, trade and economics, consumer affairs, development, transport, urban planning, education and research, social welfare, labor, sports, culture and tourism, are very important in promoting health-promoting policies and actions. has a role. This will also be beneficial for their own areas.

- Local authorities has a significant power and a major role in creating an environment and opportunity for physical activity, active living and healthy nutrition and they should be supported in this sense.

2.4.2 Civil society can support the policy response. The active participation of civil society as a source of public awareness and the demand for action and as a source of innovative approaches is important. Non-governmental organizations will be able to support strategies to combat obesity. Employers, consumers, parents, youth and sports associations and other associations and trade associations may play a special role. Health care organizations should ensure that their members are fully committed to preventive action.

2.4.3 In addition to the creation of a healthier environment, the private sector should play an important role in promoting healthy choices in its own work environment. This includes businesses in the entire food chain from basic producers to retailers. While consumer education can also play a role within the framework of public health policies; they should focus on their main activity fields such as action, production, marketing and product information. Sports clubs, entertainment and construction companies, advertisers, public transportation and active tourism also have an important role. The private sector can participate in solutions that will benefit both sides by emphasizing economic opportunities in investing in healthy options.

2.4.4 The media has an important responsibility for providing information and education, raising awareness and supporting public health policies in this area.

2.4.5 Cross-sectoral cooperation is essential not only at national but also at international level. WHO can encourage, co-ordinate and lead 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 Labor Organization (ILO) and the Organization for Economic Co-operation and Development (OECD) can create effective partnerships and thus mobilize multisectoral cooperation at international levels. The European Union (EU), play a key role through research and activities such as the European Nutrition, Physical Activity and Health Platform EU legislation, public health policy and programs. Existing international commitments such as the Global Strategy on Nutrition, 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 synergy creation. In addition, political commitments such as the Codex Alimentarius within the limits of the European Children's Environment and Health Action Program (CEHAPE) and the remission of the Pan-European Transport, Health and Environment Program (THE-PEP) may be used to ensure consistency and commitment in international action, and to maximize the effective use of resources.

2.4.6 By giving special attention to regulatory measures, policy instruments may vary from legislation to public / private partnership. Government and national parliaments should ensure consistency and continuity through regulatory measures, including legislation. Other important tools include reformulating the policy, financial and public investment policies, health impact assessment, awareness raising campaigns, capacity building and partnership, research, planning and monitoring. Public / private partnerships should be encouraged with public health justification and shared public health objectives. Special regulatory measures; development of international approaches such as the marketing codex for children in this area should the continuous reduction of the scope and impact of commercial promotion of energy-intensive food and beverages, particularly children, as well as the adoption of arrangements for safe routes for the promotion of cycling and walking.

2.4.7 Action must be taken at both micro and macro levels and in different environments. Special attention should be paid to settings such as homes and families, communities, kindergartens, schools, working environments, transportation vehicles, urban landscaping, housing, health and social services, and leisure facilities. Action should include local, country and international levels. In this way, individuals should be encouraged and encouraged to take responsibility for the active use of the facilities offered.

Prof. Dr. Recep Akdağ

Dr. Marc Danzon

T.R. Minister of Health

Director of WHO Regional Office for Europe

İstanbul, 16 November 2006

ANNEX.2 VIENNA DECLARATION

WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020

Vienna

5 July 2013

4–5 July 2013

Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020

1. We, the Ministers of Health and representatives of the Member States of the World Health Organization in the European Region, together with the WHO Regional Director for Europe and health experts and representatives of civil society and intergovernmental organizations, have gathered in Vienna, Austria, on 4 and 5 July 2013 to face the challenges posed by the burden and threat of noncommunicable diseases (NCDs) and reaffirm our commitment to existing European and global frameworks to address important NCD risk factors, notably unhealthy diet and physical inactivity.
2. We confirm our commitment to relevant United Nations-led global processes following from the United Nations Political Declaration on the Prevention and Control of Noncommunicable Diseases 2011, in particular, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, endorsed by the 66th World Health Assembly, and the 8th WHO Global Conference on Health Promotion in Helsinki.
3. We recognize that a healthy diet can contribute to achieving the global targets on NCDs adopted by the 66th World Health Assembly, including achieving a 25% relative reduction in premature mortality from NCDs by 2025. Focused common action to support better nutrition will assist us in our efforts to achieve this voluntary global target. We acknowledge the importance of multisectoral action and health systems' capacity, universal health coverage and science-based methods in preventing and treating NCDs within comprehensive and integrated national strategies.
4. We acknowledge the high, and still increasing, burden of disease caused by unhealthy dietary and lifestyle patterns in many countries of the Region; in particular, we are concerned about the rapid rise of overweight and obesity, especially in children. We recognize its negative impact on the quality of life and well-being of the individual and of society as a whole and the high burden it puts on health systems and the economy. We believe it is timely to revisit, revitalize and strengthen the European Charter on Counteracting Obesity – the Istanbul Charter, especially in the field of nutrition.
5. Building on the new European policy framework Health 2020, we agree to facilitate decisive action to prevent and tackle overweight, obesity and undernutrition. This includes supporting food systems that encourage healthy nutrition and are sustainable and ensure equity. Investing in diet-related NCD prevention and control will support a country's human capital and its economy. This requires the widespread and active engagement of all relevant sectors and players and their engagement in whole-of-government, whole-of-society and health-in-all-policies approaches is crucial. Policy options for governments to consider include production, consumption, marketing, availability, access, economic measures and education-based interventions, taking into account the cultural dimensions of nutrition.
6. We are committed to addressing inequities in health and diet. Access to healthy and affordable diet is an integral part of the effort to tackle social inequalities. Supporting the most vulnerable groups in order for all citizens in the WHO European Region to attain the important and affordable benefits of a healthy

diet and active life at a time of limited resources is an ethical imperative. Increasing the availability and affordability of healthy diets for all population groups will require us to address gaps in food system governance in Europe.

7. We will contribute significantly to the reduction of NCDs by addressing priority concerns such as excessive intake of energy, saturated fats and trans fats, free sugars and salt, as well as low consumption of vegetables and fruit. These are important risk factors for obesity and diet-related NCDs.

8. We urge the WHO Regional Committee for Europe to mandate the development of a new food and nutrition action plan.

9. We urge the WHO Regional Committee for Europe to mandate the development of a physical activity strategy, alongside the new food and nutrition action plan.

10. We will work on ensuring that healthy options are accessible, affordable and attractive. We concluded that there is no blueprint or “one size fits all” solution, but that evidence points clearly in the direction of creating conditions that make the healthy choice the easiest choice. Policies must rely on best available evidence translated into common practice. They will be most effective when used in the context of overarching health promotion strategies.

11. With this in mind, we will intensify our political and strategic efforts in the context of Health 2020, in the following priority areas, to take us towards a sustainable and healthy life. Due consideration should be given to options appropriate to the different national contexts, and maintaining an appropriate balance between increasing public awareness and facilitating healthy choices.

12. Create healthy food and drink environments and encourage physical activity for all population groups by:

- taking decisive action to reduce food marketing pressure to children with regard to foods high in energy, saturated fats, trans fatty acids, free sugars or salt, implementing common approaches to promote product reformulation, consumer-friendly labelling and nutrient profiling tools which facilitate a healthy choice;
- considering, according to national context, the use of economic tools and incentives to promote healthy nutrition;
- engaging in intersectoral collaboration to facilitate healthier food choices by taking into account socioeconomic inequality in settings such as schools, kindergartens, nurseries, hospitals and workplaces, for example, school fruit/meal schemes; and
- implementing effective programmes at various levels of administration, with a focus on communities and the role of local governments, to promote healthy diets, encourage physical activity and prevent childhood obesity.

13. Promote the health gains of a healthy diet throughout the life-course, especially for the most vulnerable by:

- investing in nutrition from the first stages of life, starting from before and during pregnancy, protecting, promoting and supporting of adequate breastfeeding, providing appropriate complementary feeding, followed by healthy nutrition in the family and school environments during childhood and adolescence;
- improving the ability of the citizen to make informed choices, taking into account different population groups (age, gender, education), through encouraging reliable consumer information, improving food and health literacy and strengthening consumer rights;

- encouraging the use of social media and new techniques to promote healthy food choices and healthier lifestyles, particularly among children and adolescents; and
- developing approaches to address the special nutrition needs of the aged population.

14. Reinforce health systems to promote health and to provide services for NCDs by:

- scaling up healthy nutrition and physical activity schemes in people-centred primary health care and ensuring an appropriate continuum of nutrition and physical activity ranging from health promotion to prevention and care throughout the life-course;
- ensuring universal health coverage for the core avoidable, preventable and treatable diet-related NCDs;
- ensuring appropriate human resources to provide evidence-informed nutrition interventions, including counselling and care, as well as technologies compatible with a people-centred health system based on strong primary health care; and
- setting up nutritional assessment and intervention procedures in the most relevant settings for different age groups, especially the aged.

15. Support surveillance, monitoring, evaluation and research of the population's nutritional status and behaviours by:

- consolidating, fine-tuning and scaling up existing national and international monitoring and surveillance systems, and ensuring the transparency and accessibility of data to promote new research and better returns on investments, including identifying and sharing existing intersectoral health and consumer data;
- supporting nutrition and health surveillance systems for different population groups which have the capacity to disaggregate by socioeconomic indicators and gender and ensure nutritional risk screening procedures; and
- monitoring and evaluating nutrition interventions, diet-related activities and policies in different socio-economic and socio-demographic population groups in order to identify effectiveness and disseminate good practice.

16. Strengthen governance, alliances and networks and empower communities to engage in health promotion and prevention efforts by:

- strengthening coordinated actions between different administrative levels, encouraging and supporting local actions such as food councils and community coalitions and work with regional and local producers, including recovering traditional diets when and where appropriate;
- strengthening multistakeholder action at local and regional levels such as developed in the Healthy Cities, Health Promoting Schools and other initiatives; and
- strengthening networks of countries committed to implementing specific action such as the Action Network on Salt Reduction and the Action Network on Reducing Marketing of Foods to Children.

17. The Vienna Ministerial Conference has been an outstanding setting for sharing experiences and success stories in the development, implementation and evaluation of nutrition, physical activity, obesity- and other diet-related NCD policies in Member States.

18. We declare our commitment to health promotion and NCD prevention in line with this Declaration and to raise the priority accorded to this issue on the political agenda of our governments at all levels.

We also recognize the leadership on this issue provided by WHO at all levels, including the WHO Regional Office for Europe.

ANNEX.3 THE INSTITUTION AND ORGANIZATIONS CONTRIBUTING TO THE PREPARATION OF TURKEY HEALTHY NUTRITION AND ACTIVE LIFE PROGRAM 2019-2023*

1. Ministry of Health
 - a. General Directorate of Public Health
 - b. General Directorate of Public Hospitals
 - c. General Directorate of Health Information Systems
 - d. General Directorate of Health Promotion
 - e. General Directorate of Health Services
 - f. Presidency of Strategy Development
 - g. Turkey Pharmaceuticals and Medical Devices Agency
 - h. Turkey Institutes of Health Presidency
2. Ministry of Justice
3. Ministry of Family, Labor and Social Services
4. Information Technology and Communication Authority
5. Presidency Strategy and Budget Presidency
6. Ministry of Labor, Social Services and Family
7. environment and urban ministry
8. Ministry of Youth and Sports
9. Ministry of Treasury and Finance
10. Ministry of Interior
11. culture and Tourism Ministry
12. Ministry of Education
13. National Defense Department
14. Radio and Television Supreme Council
15. Ministry of Industry and Technology
16. Social Security Institution
17. Ministry of Trade
18. Ministry of Agriculture and Forestry
19. The Scientific and Technological Research Council of Turkey (TUBITAK)
20. Turkish Statistical Institute
21. Ministry of Transport and Infrastructure
22. Federation of Family Physicians Associations
23. Ankara Kantinciler Room
24. Bicycles Association
25. Children's Endocrinology and Diabetes Association
26. world Health Organization
27. Disability Rights and Accessibility Monitoring, Supervision Association
28. METU Development Foundation Schools
29. Association for Promoting Healthy Life and Health Policy
30. Healthy Cities Association
31. Health Reporters Association

* Alphabetical order

32. Union of Municipalities of Turkey
 33. Dieticians Association of Turkey
 34. Food and Drink Industry Associations of Turkey Federation
 35. Turkey Endocrinology and Metabolism Society
 36. Healthy Cities Association of Turkey
 37. International Children's Center (ICC)
-

ANNEX.4 PEOPLE CONTRIBUTING TO THE PREPARATION OF TURKEY HEALTHY NUTRITION AND ACTIVE LIFE PROGRAM 2019-2023*

1. Prof. Berrin AKMAN, PhD, Hacettepe University, Faculty of Educational Sciences / Department of Early Childhood Education
2. Prof. Emine AKSOYDAN, PhD, Başkent University, Faculty of Health Sciences / Department of Nutrition and Dietetics
3. Prof. Aysel KÖKSAL AKYOL, PhD, Ankara University, Faculty of Health Sciences / Department of Child Development and Education
4. Prof. Nurcan YABANCI AYHAN, PhD, Ankara University, Faculty of Health Sciences / Department of Nutrition and Dietetics
5. Prof. Pelin ARIBAL AYRAL, MD, Ankara University, Faculty of Medicine / Department of Internal Medicine
6. Prof. Gül BALTACI, PhD, Private GuvenHospital
7. Prof. Merih BERBEROĞLU, MD, Ankara University, Faculty of Medicine / Department of Pediatric Endocrinology
8. Prof. Pelin BİLGİÇ, PhD, Hacettepe University, Faculty of Health Sciences / Department of Nutrition and Dietetics
9. Prof. Deniz ÇALIŞKAN, MD, Ankara University, Faculty of Medicine / Department of Public Health
10. Prof. Şükran DARCAN, MD, Ege University, Faculty of Medicine / Child Health and Diseases Department Pediatric Endocrinology Department
11. Prof. F. Feyza DARENDELİLER, MD, Istanbul University, Faculty of Medicine / Department of Internal Medicine, Department of Pediatrics
12. Prof. Gıyasettin DEMİRHAN, PhD, Hacettepe University, Faculty of Sport Sciences
13. Prof. Oya ERCAN, MD, Istanbul University, Cerrahpaşa Faculty of Medicine / Department of Pediatrics
14. Prof. Akın ERDAL, MD, Atatürk University, Faculty of Medicine / Department of Physical Medicine and Rehabilitation
15. Prof. Deniz İNAL İNCE, PhD, Hacettepe University, Faculty of Health Sciences / Department of Physiotherapy and Rehabilitation
16. Prof. Bahittin KAHVECİ, PhD, Karadeniz Technical University, Faculty of Health Sciences / Department of Nutrition and Dietetics
17. Prof. Hülya KAYIHAN, PhD, Hacettepe University, Faculty of Health Sciences / Department of Physiotherapy and Rehabilitation
18. Prof. Gül KIZILTAN, PhD, Başkent University, Faculty of Health Sciences / Department of Nutrition and Dietetics
19. Prof. Hamit KÖKSEL, PhD, Hacettepe University, Faculty of Engineering / Department of Food Engineering
20. Prof. Hilal ÖZCEBE, MD, Hacettepe University, Faculty of Medicine / Public Health Department

* By last name

21. Prof. Nursel Elif ÖZMERT, MD, Hacettepe University, Faculty of Medicine, Department of Pediatric Disease and Health
22. Prof. Gülhan SAMUR, PhD, Hacettepe University, Faculty of Health Sciences / Department of Nutrition and Dietetics
23. Prof. Nevin ŞANLIER, PhD, Lokman Hekim University, Faculty of Health Sciences / Department of Nutrition and Dietetics
24. Prof. Muhittin TAYFUR, PhD, Başkent University, Faculty of Health Sciences / Department of Nutrition and Dietetics
25. Prof. Meryem TEKÇİÇEK, Dentist, PhD, Hacettepe University, Faculty of Dentistry / Department of Pediatric Dentistry
26. Prof. Volga Bayrakçı TUNAY, PhD, Hacettepe University, Faculty of Health Sciences / Department of Physiotherapy and Rehabilitation
27. Prof. Mine UYANIK, PhD, Hacettepe University, Faculty of Health Sciences / Department of Physiotherapy and Rehabilitation
28. Prof. Yakup Sedat VELİOĞLU, PhD, Ankara University, Faculty of Engineering / Department of Food Engineering
29. Prof. Okan BÜLENT YILDIZ, MD, Hacettepe University, Faculty of Medicine / Department of Internal Medicine, Department of Endocrinology and Metabolic Diseases
30. Prof. Ali Murat ZERGEROĞLU, MD, Ankara University, Faculty of Medicine / Department of Sports Medicine
31. Assoc. Prof. Raika DURUSOY, MD, Ege University, Faculty of Medicine / Internal Medicine Department of Public Health
32. Assoc. Prof. Aydan ERCAN, PhD, Trakya University, Faculty of Health Sciences / Department of Nutrition and Dietetics
33. Assoc. Prof. Kibriya FİDAN, MD, Gazi University, Faculty of Medicine, Department of Pediatric Nephrology
34. Assoc. Prof. Ayda KARACA, PhD, Hacettepe University, Faculty of Sport Sciences
35. Assoc. Prof. S. Prof. Nazan KOŞAR, PhD, Hacettepe University, Faculty of Sport Sciences
36. Assoc. Prof. Nilüfer ACAR TEK, PhD, Gazi University, Faculty of Health Sciences / Department of Nutrition and Dietetics
37. Assoc. Prof. Hüsrev TURNAGÖL, PhD, Hacettepe University, Faculty of Sport Sciences
38. Assoc. Prof. Dr. Nazan YARDIM, MoH, Public Health General Directorate
39. Asst. Prof. Dr. Prof. Dr. Irmak HÜRMERİÇ ALTUNSÖZ, Middle East Technical University, Faculty of Education / Department of Physical Education and Sports
40. Asst. Prof. Ali ÖZKAN, PhD, Bartın University, Faculty of Sport Sciences / Department of Anthropology
41. Diet. Tülay BAĞCI BOSİ, PhD, Hacettepe University, Faculty of Medicine / Public Health Department
42. Semra ŞAHİN, PhD, Hacettepe University, Faculty of Health Sciences / Department of Child Development
43. Timuçin EROL, MD, Surgeon, Hacettepe University, Faculty of Medicine / Department of General Surgery
44. Seher Dila BAKİ, Ankara University, Faculty of Medicine / Public Health Department
45. Fatma Semanur KORKMAZ ÖNER, Gazi University, Faculty of Medicine / Public Health Department
46. Aslı DEVRİM, Hacettepe University, Faculty of Health Sciences / Department of Nutrition and Dietetics