

2018-2023

**Tobacco Control Strategic
Document and Action Plan**



BASKI

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PREFACE

Tobacco use is a major public health threat globally.

Today, more than 1 billion people are smokers around the world, 80% living in low- and middle-income countries. There are 15 million smokers in Turkey.

Diseases attributable to tobacco use, a global epidemic, cause more than 7 million deaths in the world and more than 100 000 deaths in Turkey.

Beyond that, 1 million deaths worldwide are associated with exposure to secondhand smoke.

For us, fighting tobacco use is very important as it harms not only users but people around them and the society at large.

Tobacco control is a policy of the state in Turkey.

We signed the Framework Convention on Tobacco Control in 2004 and have since accelerated our efforts in this area.

Over the past these 14 years, our country has achieved numerous considerable achievements in tobacco control and it has become a global model.

We have made important regulations which ban tobacco use in all public indoor areas.

Therefore, Turkey has joined the club of countries with smoke-free indoor areas.

Our achievements have been fed by both our commitment to protect our citizens from the hazards of tobacco use as well as the public uptake of smoke-free air zone practices.

It is our main duty to protect our children who are the safeguards of our future.

For this purpose, we have developed the Tobacco Control Strategic Document and Action Plan covering the years 2018-2023 in collaboration with relevant institutions, universities, civil society organizations and media organizations.

The document and the plan will further our strength and efforts in tobacco control and prevention of all addictions.



Hoping that it will contribute to raising mentally, intellectually and physically fit generations, I extend my congratulations to the contributions of the action plan.

Recep Tayyip ERDOĞAN
President



PREFACE

Dependence is major problem which threatens the present day and the future of societies and which cause numerous material and immaterial losses. The harms of any dependence is not limited to users. These harms extend to the families, friends and the society.

Tobacco products are among the most addictive substances in Turkey and worldwide. They cause fatal health hazards to users and people who are exposed to tobacco smoke. The World Health Organization estimates the number of children exposed to tobacco smoke at 700 million, that is, half of the children in the world.

Tobacco use which shortens life expectancy of individuals and causes premature deaths is a major cause of preventable diseases and deaths.

The commitment to tobacco control in Turkey is strong. All tobacco control efforts are implemented in cooperation with the policy makers, public authorities, local administrations, civil society organizations and the media. The political support to tobacco control has been constant and encouraging. The highest political leader and advocate of tobacco control is Mr. President himself. This level of political commitment enjoyed by the country brings success and sustainability.

The first tobacco control law in Turkey was adopted in 1996. Our government effected a fundamental legislation amendment in 2008 in order to prevent tobacco use and harms associated with it and protect public health. In order to increase population support for the new law, we introduced the provisions in two stages, i.e. on 19 May 2008 and 8 July 2009.

Turkey has become the first country to fulfill all the criteria of M-POWER, a policy package recommended by WHO to all member states for guidance in tobacco control. However, the tobacco industry still pursues aggressive marketing strategies and the prevalence of tobacco use is still high in our country.

The main principle in dependence prevention is protection and prevention. Our main objective is to prevent individuals and young people and children in particular from starting to use tobacco products. Achieving this objective would bring many gains such as preventing use of



other addictive substances as well as tobacco dependence.

The Tobacco Control Strategic Document and Action Plan 2018-2023 will further our efforts to protect especially our children and young people from tobacco use.

I hope the action plan will contribute to a dependence-free, healthy future for our children and young people.

Binali YILDIRIM
Prime Minister



PREFACE

Tobacco use is a serious threat to not only users but also people who share the same space with them, leading to severe health problems and even death. Globally, nearly 20 000 lives are lost to this global epidemic.

Tobacco control policies are gradually becoming a priority for countries worldwide since diseases attributable to tobacco use reduce quality of life, cause labor losses, drain healthcare budgets and increase the burden of the healthcare providers. The Framework Convention on Tobacco Control, the first international health convention in the field of health, was developed by WHO in 2003 and now covers 181 countries (more than 90% of world population) as parties.

In 2004, Turkey signed the Convention which we considered would be instrumental in stopping and reversing the global tobacco epidemic.

After the Convention was approved by the Council of Ministers and enacted by the Parliament, tobacco control efforts have intensified under the auspices and leadership of our President Mr. Recep Tayyip Erdoğan.

Controlling tobacco use is an arduous task. We were aware of the challenges when set out for this long marathon.

First, we adopted basic legislation and banned tobacco use in all public indoor areas. We launched an effective mass media campaign supported by artists, politicians, athletes and community leaders. We opened 450 cessation clinics in 81 provinces which support people who are willing to quit. We launched 171 Quitline. All tobacco advertising, promotion and sponsorship was banned. Taxes on tobacco were raised as an effective deterrent of demand for tobacco products.

Since 2004, our country has achieved significant outcomes in tobacco control and it has become a global model. As a consequence of this efforts, WHO nominated Turkey a leader in tobacco control. Turkey was the first country to fulfill all measures in MPOWER policy package. Eventually, the prevalence of tobacco use has declined. The prevalence of tobacco use across individuals aged 15 years and above decreased from 3.12% in 2008 to 27% in



2012. Like elsewhere, fluctuations in prevalence are to be expected. However, we should always remember that tobacco control is not a short-term effort and it requires continued commitment.

The prevalence of tobacco use in Turkey increased once again in 2014. We were quick to respond with a series of measures and reduced the prevalence in 2016. Currently, the trend in decline is ongoing. We will continue to take decisive action in order to make it a constant trend and rid the country of the epidemic.

The Tobacco Control Strategic Document and Action Plan 2018-2023 which was prepared as a result of a lengthy and diligent process represents a road map of our tobacco control activities in the coming 6 years. The success of the action plan depends on complementary activities which will amplify the impact of one another, systematic monitoring based on defined indicators and objectives and strong coordination at national level.

I extend my thanks to all the individuals, institutions and organizations involved in the development of the Tobacco Control Strategic Document and Action Plan. I believe that the implementation of the action plan will be carried out with a similar determination.

Prof. Dr. Recep AKDAĞ
Deputy Prime Minister



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Abbreviations

APTP	: Addiction Prevention Training Program of Turkey
ATC	: Athlete Training Center
CC	: Cessation Clinic
CDP	: Council of Dependence Prevention
CGC	: Coast Guard Command
CHC	: Community Health Center
CoHE	: Higher Education Council
COPD	: Chronic Obstructive Pulmonary Disease
CSO	: Civil Society Organization
EIN	: Education Informatics Network
FCIB	: Financial Crimes Investigation Board
FCTC	: Framework Convention on Tobacco Control
FHC	: Family Health Center
FMIS	: Family Medicine Information System
GATS	: Global Adult Tobacco Survey
GCG	: General Command of Gendarmerie
GYTS	: Global Youth Tobacco Survey
HCDP	: High Council for Dependence Prevention
HELDI	: Higher Education Loans and Dormitories Institution
HIMS	: Hospital Information Management System
HIR	: Health Implementing Regulation
ITCA	: Information Technologies and Communications Authority
MCT	: Ministry of Customs and Trade
ME	: Myocardial Infarction
MFAL	: Ministry of Food, Agriculture and Livestock
MIA	: Ministry of Internal Affairs
MOBESI	: Mobile Electronic System Integration (Urban Security Surveillance System)
MoF	: Ministry of Finance
MoH	: Ministry of Health
MoLSS	: Ministry of Labor and Social Security



MoNE	: Ministry of National Education
MSIT	: Ministry of Science and Technology
MTMAC	: Ministry of Transport, Maritime Affairs and Communications
MYS	: Ministry of Youth and Sports
OPCT	: Olympic Preparation Center of Turkey
PCBDP	: Provincial Coordination Board for Dependence Prevention
RTBU	: Radio and Television Broadcasters Union
RTSC	: Radio Television Supreme Council
SBIP	: School-Based Brief Intervention Program
SMAZAS	: Smoke-free Air Zone Audit System
SSI	: Social Security Institution
TCSAP	: Tobacco Control Strategic Document and Action Plan
TEA	: Turkish Employment Agency
TECS	: Traffic Electronic Control System
TNA	: Turkish National Police
TRT	: Turkish Radio and Television Corporation
TUBATİS	: Tobacco Dependence and Treatment Follow-Up System
TurkStat	: Turkish Statistical Institute
TÜBİTAK	: Scientific and Technological Research Council of Turkey
TWGDP	: Technical Working Groups on Dependence Prevention
VAT	: Value Added Tax
WHO	: World Health Organization





2018 - 2023

I-Tobacco Control Strategic Document





INTRODUCTION

Tobacco products are among the most addictive substances in Turkey and worldwide. They are also the leading cause of preventable diseases and deaths. For the World Health Organization, tobacco use is one of the major public health threats facing the world. Tobacco use causes numerous health problems including death from the antenatal period through all stages of human life. Tobacco products affect not only users but also people exposed to secondhand tobacco smoke. Every year, nearly 100.000 people die due to an illness associated with tobacco use. The figure is over 7 million globally. Of these, six million people die as a consequence of direct tobacco use while 1 million deaths are associated with exposure to secondhand smoke. Globally, nearly 80% of tobacco users live in low- and middle-income countries.

Harms of tobacco use are often not limited to users but expand to the family and community. These include health, economic and social harms and even fires and other environmental problems.

Measures are absolutely needed to protect human health and prevent individuals and the society from the hazards of tobacco. The Framework Convention on Tobacco Control (FCTC) which is the first international agreement to serve as an instrument to respond to the increase in tobacco use to levels which may threaten human health globally and counter marketing strategies of the tobacco industry was adopted at the 56th World Health Assembly of the World Health Organization (WHO) on 21 May 2003.

The WHO Framework Convention on Tobacco Control (FCTC) was signed by Turkey on 28 April 2004 and later it was adopted by the Grand National Assembly of Turkey. The FCTC came into force after promulgation in the Official Gazette 25656 on 30 November 2004. Turkey was the 43rd country to sign the Convention. Today, 181 countries representing more than 90% of the world population are parties to FCTC.

Tobacco control efforts in Turkey gained significant momentum after FCTC was signed. The Law on the Prevention of Harms of Tobacco Products numbered 5727 was adopted on 3 January 2008 by the Grand National Assembly of Turkey. The provisions in the law which pertains to public indoor areas took effect on 19 May 2008 while the provisions relevant to restaurants, coffeeshouses, cafés, pubs and similar hospitality establishments owned by private legal entities came into effect on 19 July 2009. Smoking was banned in indoor areas except private residences.

Fighting dependence requires a multifaceted approach. Legal bans are only a part of it. Therefore, public education and awareness-raising interventions and national mass media campaigns are very important. Success comes only when the law becomes an instrument for societal advocacy. Following from that, Turkey implemented strong media campaigns entitled "Protect your Air" and Smoke-Free Air Zone" which helped social buy-in and raised societal awareness.

The commitment to tobacco control in the country is as strong. All tobacco control efforts are implemented in cooperation with the policy makers, public authorities, local administrations, civil society organizations and the media. The political support to tobacco control has been constant and encouraging. The highest political leader and advocate of tobacco control is Mr. President himself. This level of political commitment enjoyed by the country brings success and sustainability.



The main principle in dependence prevention is protection and prevention. In this regard, the main objective is to prevent the whole population -and young people and children in particular- from starting to use tobacco products. Tobacco is a step to other substances as well. Preventing tobacco use is a major step to primary prevention of other addictive substances.

Therefore, tobacco control activities targeting young people and children should include age-relevant special non-formal education programs including peer education at education institutions, youth camps, student dorms and media campaigns using role models such as artists and athletes, and new-generation media.

Besides protection and prevention, it is also important to encourage smokers to quit and offer appropriate support to individuals who wish to do so. In Turkey, cessation services are provided through 171 Quitline and cessation clinics. Moreover, cessation drugs and replacement therapies are offered free of charge by the cessation clinics.

Smoking bans in indoor areas aim to protect everyone including children and young people from exposure to secondhand smoke. To support the ban, 7/24 audits are in place to both protect people from tobacco smoke and encourage smokers to quit. A strong audit mechanism also gives visibility to tobacco control efforts and raises public awareness.

With these activities, Turkey has achieved considerable success in tobacco control and become the first and a model country to fulfill all criteria on WHO M-POWER policy package (M: Monitor tobacco use and prevention policies; P: Protect people from tobacco smoke; O: Offer help to quit tobacco use; W: Warn about the dangers of tobacco; E: Enforce bans on tobacco advertising, promotion, sponsorship and brand-sharing; R: Raise taxes on tobacco).

The experience in successful tobacco control plus the field surveys we have conducted have pointed at the areas we need to persist on and strengthen further. For example, activities and programs for young people and women who are the main target group for the tobacco industry need to be given an important focus.

The young people in Turkey, a model country in tobacco control, are directly targeted by the industry.

The potential failure of an important country like Turkey in a world where tobacco control policies are expanding would engender questions marks about the policies recommended by WHO, discourage countries who have recently engaged in tobacco control from applying stringent measures and delay those countries who are yet to start the fight. That is why the tobacco industry pursues aggressive marketing policies and new tactics in Turkey, a country which has global value in tobacco control. All in all, failure of Turkey in tobacco control has become a major goal for the industry.

It is necessary to monitor the process closely and take strong measures in order to sustain the achievements. Therefore, we have diversified the field surveys used for monitoring and evaluation, increased their frequency and expanded their scale. In this regard, Turkey supports the Global Adult Tobacco Survey (GATS) which is conducted every 4 years with TurkStat Health Survey which is conducted every 2 years.

Turkey was very successful in tobacco control in 2008 - 2012 period. In 2014, however, the increase in the number of smokers was higher than 2008 figures. Thus, we have implemented new policies which focus on young people and strengthened audits. Activities have gained momentum particularly after we launched a youth action plan jointly developed with young people.



As a result, the prevalence of tobacco use was reduced from 32,5% in 2014 to 31,6% in 2016.

Continued success in tobacco control relies on steadfast implementation of anti-tobacco policies. A national Tobacco Control Coordination Committee was established by a Prime Ministry Circular dated 27 January 2015 and numbered 2015/1 and 29249 in order to strengthen and improve tobacco control policies. Coordinated by the Ministry of Health, the Committee comprises high-level representatives of the Ministry of Justice, Ministry of Family and Social Affairs, Ministry of Labor and Social Security, Ministry of Youth and Sports, Ministry of Food, Agriculture and Livestock, Ministry of Customs and Trade, Ministry of Interior, Ministry of Economy, Ministry of National Education, Ministry of Transportation, Maritime and Communication, Turkish Statistics Institute, Radio and Television Supreme Council and Council of Higher Education as well as representatives of civilian society organizations.

People dependent on addictive substances tend to shift from one to another. High-level enforcement and coordination is needed to fight them effectively. Therefore, the High Council for Dependence Prevention was created by the Prime Ministry Circular dated 9 December 2017 and numbered 2017/23. The Council which is chaired by a Deputy Prime Minister includes 11 Ministers (i.e. Justice, Family and Social Policies, Youth and Sports; Food, Agriculture and Livestock, Customs and Trade, Interior, National Education, Health, and Transportation, Maritime Affairs and Communications). The Circular also provides that the Chairman of the High Council is authorized to set up committees, sub-committees, technical committees, ad hoc and permanent working groups and provincial and district committees. Within this context, the Council of Dependence Prevention and the following technical working groups for dependence prevention were established by the decision of the Chairman dated 23.12.2017 and numbered 71366025-990: Technical Working Group on the Prevention of Tobacco Dependence, Technical Working Group on the Prevention of Drugs, Technical Working Group on the Prevention of Alcohol Dependence, Technical Working Group on the Prevention of Behavioral Dependence (e.g. technology and gambling) and Technical Working Group on Communication in Dependence Prevention.

The Council of Dependence Prevention chaired by the Parliamentary Commission on Health, Family, Labor and Social Affairs consists of deputy undersecretaries of the relevant 12 ministries, 2 general directors, 2 presidents, 3 vice-presidents, Advisor of the Chairman of the High Council for Dependence Prevention and representatives of 20 relevant institutions and organizations. Pursuant to the Circular, the secretarial services of these bodies as well as coordination and follow-up will be carried out by the Directorate General of Public Health led by the respective Deputy Undersecretary at national level and provincial health directorates led by the governors in the provinces.

When the Tobacco Control Strategic Document and Action Plan 2018-2023 was drafted, it was agreed that an impact assessment of the activities under the Tobacco Control Strategic Document and Action Plan 2015-2018 was needed to decide on rolling out or updating the activities. After a review of international good practices, strategies and activities which were found to create significant impact were included in the new plans. During the preparation phase, policy labs were created to engage all stakeholders including public institutions and CSOs. This update allows for year-by-year monitoring of the achievement of national targets.

Policies for proper data collection were developed to make sure the country data remain up-to-date. Impact analyses were planned for all tobacco control policies and activities.

Tobacco control activities are implemented in coordination with all the Ministries which are members of the High Council for Dependence Prevention and other institutions and



organizations. It is planned to design a monitoring, evaluation and reporting algorithm for the tobacco control activities which are implemented based on scientific evidence. The algorithm will be updated regularly. Measuring the effectiveness of the activities is very important. Therefore, the action plans includes the indicators to measure and targets by years in detail.

An important factor for success is to cascade the policies in the action plan down to the local level. Therefore, strategies and road maps were developed jointly with CSOs, local administrations and other social and civil initiatives.

The Strategic Document and Action Plan thus developed aims to guide the tobacco control activities in the coming 6 years, strengthen the coordination of the efforts throughout the country, monitor impact through defined indicators and targets and achieve success.

In addition, dissemination of the activities under the action plan is very important. Therefore, activities will be reported annually and the public will be properly informed in a timely manner.

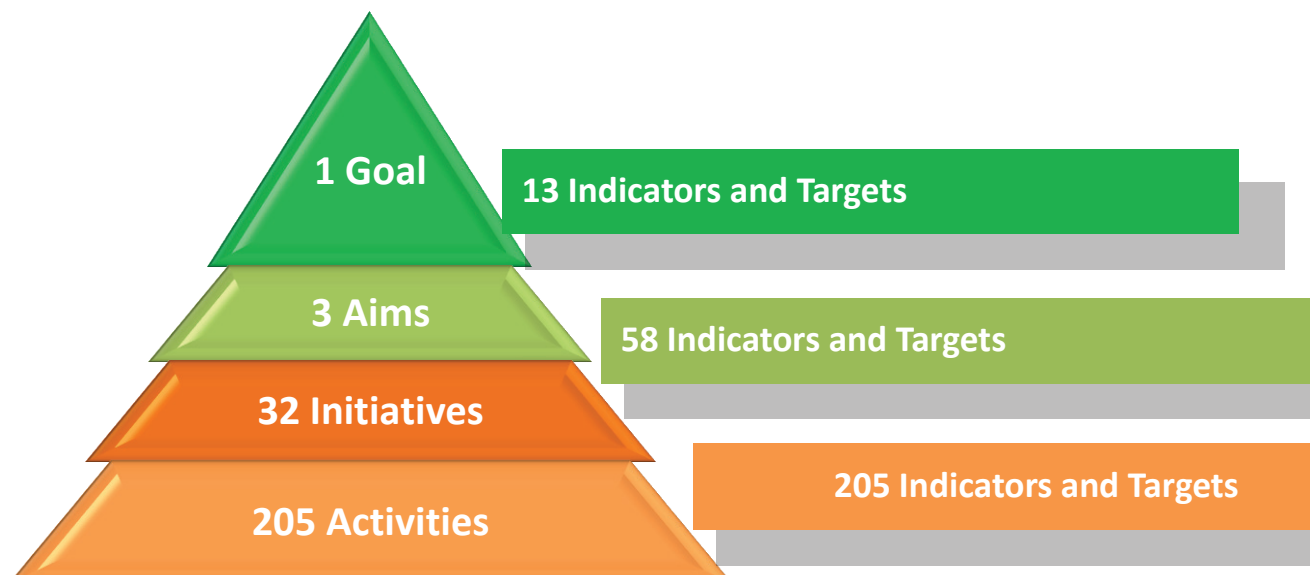


Methodology

The Tobacco Control Strategic Document and Action Plan 2018-2023 was prepared by a broad participant base led by the Ministry of Health which included stakeholder institutions, universities, civil society organizations, academics and field experts. The following were taken into consideration during the effort that took 136 hours:

- ✓ Framework Convention on Tobacco Control, the first international convention on tobacco control signed by Turkey in 2014,
- ✓ M-POWER policy package developed by WHO to support countries in tobacco control efforts,
- ✓ International good practices in tobacco control,
- ✓ Experience from the Tobacco Control Strategic Document and Action Plan 2008-2012 and 2015-2018,
- ✓ Outputs of the meetings of the National Tobacco Control Coordination Committee, Tobacco Control Strategic Document and Action Plan Working Group, Provincial Tobacco Control Boards and provincial evaluation meetings,
- ✓ Results of policy labs where challenges, recommendations for solution and necessary activities were discussed.

The Tobacco Control Strategic Document and Action Plan 2018-2023 was planned at four levels:



The first level of the Plan includes a "Goal" and the "Goal Indicators and Targets" which will be used for monitoring. The first level of the Plan includes three Aims and three "Aim Indicators and Targets" used to achieve the goal. Levels three and four consist of the "Initiatives" and "Activities" to achieve the targets.



The baseline values in the indicator cards which will help monitor the progress will be derived out of the reference sources defined for each indicator. Where data is lacking or data measurement needs to be repeated or measurement of the indicator is yet to start, data will be collected either through surveys or by producing it in the existing system. In this respect, targets for given data will be updated as the current status data for a specific activity or target is updated.



Goal

Goal of the Tobacco Control Strategic Document and Action Plan 2018-2023:

To protect all individuals from the health, economic, environmental and social hazards of tobacco products.

"Goal indicators" and targets for the 2018-2023 period were identified to monitor progress towards the achievement of the goal.



Goal Indicators and Targets

Number	Goal Indicators	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Tobacco use status among students aged 13-15 years of age (%)	17,9 ¹		15		13		10
2.	Percentage of students aged 13-15 years of age who have never tried a tobacco product (%)	59,8 ¹		63		67		73
3.	Percentage of students aged 13-15 years of age who have smoked 11 cigarettes or more in the past one month (%)	9,9 ¹		8		6		4
4.	Students aged 13-15 years of age who use any tobacco product and want to quit (%)	53,2 ¹		60		70		80
5.	Percentage of individuals aged 15-34 years of age who started smoking cigarettes before 18 years of age (%)	57,5 ²		56		53		50
6.	Frequency of tobacco use among individuals aged 15+ (total sometimes and every day) (%)	31,6 ²		29		26		24
7.	Percentage on never cigarette smokers among individuals aged 15+ (%)	61,4 ²		63		67		70

¹ The Global Youth Tobacco Survey (2017)

² Global Adult Tobacco Survey (2016)



Number	Goal Indicators	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
8.	Average number of cigarettes smoked daily by smokers aged 15+ (sticks)	18,0 ²		16		14		12
9.	Percentage of smokers aged 15+ who want to quit (%)	32,9 ²		35		45		50
10.	Percentage of smokers who have quit because of reasons other than health (request of family members, cessation campaigns, cigarette prices, difficulty of finding a place to smoke) %	50,2 ²		53		57		60
11.	Percentage of persons presenting to emergency services with acute exacerbations of diseases attributable to cigarette smoking (asthma, COPD, acute MI) (decline compared to baseline) (%)		Baseline assessment	20	30	35	40	50
12.	Decrease in age-standardized tracheal, bronchial and lung cancer rates in men (%)	52,5*	51	49	47	45	43	40
13.	Decrease in age-standardized tracheal, bronchial and lung cancer rates in women (%)	8,7*	8,2	7,9	7,6	7,3	7,0	6,5

2 GATS (2016)

* To be obtained from Ministry of Health data.



Aims and Components

Aims under the three main categories below will help achieve the goal:

A- Reduce Demand for Tobacco Products:

GOAL:

To prevent all members of the society, children and young people in particular, from starting tobacco use and help users to quit.

COMPONENTS:

- A.1. Information and Raising Awareness**
- A.2. Cessation**
- A.3. Pricing and Taxation**
- A.4. Prevent Passive Exposure to Tobacco Smoke**
- A.5. Prevent Advertising, Promotion and Sponsorship**
- A.6. Product Control, Constituents**

B- Reduce Accessibility of Tobacco Products:

GOAL:

To stop access of children and young people to tobacco products and prevent easy accessibility of tobacco products for the population.

COMPONENTS:

- B.1. Prevent Illicit Trade in Tobacco Products**
- B.2. Protect Children and Young People from Tobacco Use and Prevent Accessibility**

C- Coordination, Monitoring and Evaluation

GOAL:

To strengthen cooperation and coordination in tobacco control, monitor the processes and outputs of activities and evaluate outcomes and impacts.

COMPONENT:

- C. Coordination, Monitoring and Evaluation in Tobacco Control**



A. Reduce Demand for Tobacco Products:

A.1. Information and Raising Awareness

The main principle in dependence prevention is protection and prevention. The main objective is to prevent the whole population -and young people and children in particular- from starting to use tobacco products. Tobacco control is crucial tobacco causes numerous health and social hazards and it is a step to other substances. Therefore, it is necessary to design and implement age-relevant special education programs at all levels of education. These include education approaches for children and young people such as peer education at education institutions, youth camps, student dorms and media campaigns using role models such as artists and athletes, and new-generation media.

There are various education programs implemented by formal and non-formal education institutions in the country. Moreover, the public is constantly informed by the media about tobacco control efforts.

The national media campaigns have played a crucial role in raising public awareness. The "Protect your Air" and "Smoke-Free Air Zone" media campaigns which were launched successively after the 2008 Law were among the key factors in promoting public ownership of the Law. A new wave of national media campaigns will certainly add momentum to the efforts.

Therefore, the aim is to improve existing programs, measure their effectiveness and update as necessary and develop new programs in needed areas. In addition, special emphasis will be placed on comprehensive warnings about harms of tobacco use in order to give a strong message to adolescents and young adults that tobacco use is an undesired behavior. Coordination among institutions will be strengthened to achieve all strategies and activities on the hazards of tobacco products.



A.1. Aim

To inform individuals on the health, economic, environmental and social gains of quitting or never using tobacco products in order to help develop positive attitudes and behaviors.

A.1. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Percentage of students at formal education institutions educated in tobacco control (%)	-	80	90	95	98	98	98
2.	Awareness of students at formal education institutions who have been educated in harms of tobacco products (%)	-	70	75	80	85	90	90
3.	Percentage of students aged 13-15 years who report having been informed about harms of tobacco products at school (%)	56 ¹		80		90		95
4.	Students aged 13-15 years of age who think exposure to secondhand tobacco smoke is harmful to health (%)	79,5 ¹		85		90		95
5.	Support among students aged 13-15 years for smoking bans in areas stipulated by Law 4207 (%)	91,1 ¹		93		95		98
6.	Support among students aged 13-15 years for smoking bans in outdoor public areas (%)	74,5 ¹		77		79		85

1 GYTS (2017)



Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
7.	Persons aged 15+ who think tobacco use causes health problems (%)	89,8 ²		92		95		98
8.	Persons aged 15+ who think exposure to secondhand tobacco smoke causes serious health problems (%)	83,3 ²		88		95		98
9.	Persons aged 15+ who consider quitting smoking because of the public spots [messages] (%)	23,8 ²		30		35		40
10.	Noticing anti-smoking messages among persons aged 15+ years of age (%)	75,6 ²		78		85		90
11.	Support among persons aged 15+ years of age for smoking bans in areas stipulated by Law 4207 (%)	90,4 ²		92		94		96
12.	Persons aged 15+ who support raised taxes on tobacco products (%)	60,8 ²		70		75		80
13.	Public knowledge of the tip-off mechanisms against violations of the Law 4207 (Green Detector, SABIM (MoH Communication Center) 184 hotline etc.) (%)	-	Baseline assessment	70		80		90
14.	Knowledge of smokers about cessation services (171 quitline, cessation clinics) (%)	-	Baseline assessment	60		70		80

2 GATS (2016)



A.1. Initiatives and Activities

1. Inform, raise awareness and develop positive attitudes and behaviors among students, teachers and parents about harms of tobacco use

1.1. Implement educational activities and events on harms of tobacco products and prevention at preschool, primary and secondary education institutions

- 1.1.1. Train APTP master trainers to deliver trainings in provinces
- 1.1.2. Master trainers to deliver practitioner trainings
- 1.1.3. APTP practitioners to deliver parents' module to parents
- 1.1.4. Integrate APTP interactive materials into Education Informatics Network (EIN)
- 1.1.5. Include, to the extent possible, awareness-raising examples of harms of tobacco use in the curricula of science, social skills, mathematics and Turkish lessons
- 1.1.6. Develop implicit scripts for existing animations and cartoons on the skills of saying "No" to peers when necessary, targeting children aged 3-6, 7-12 and 13-15 years
- 1.1.7. Improve the School-Based Brief Intervention Program (SBIP) within the scope of secondary prevention efforts for students who have recently started or tried cigarettes, alcohol or drugs.
- 1.1.8. Select and train SBIP practitioners
- 1.1.9. Strengthen the Green Crescent clubs at schools and make sure that they organize at least one activity every month
- 1.1.10. Promote participation of young people at risk or disadvantaged young people in sports activities in schools
- 1.1.11. Develop age-specific books, magazines and animations on daily living skills to promote awareness of healthy lifestyles
- 1.1.12. Organize drawing, poetry and essay writing contests and campaigns (e.g. My Teacher Does Not Smoke) in schools
- 1.1.13. Schools to post tobacco control posters on announcement boards periodically
- 1.1.14. Educate participants of youth camps and youth centers in harms of tobacco products

1.2. Implement educational activities and events on harms of tobacco products and prevention at higher education institutions

- 1.2.1. Include content in the 1st-, 2nd- and 6th-grade curricula of medical faculties on awareness-raising, disease associations and tobacco control
- 1.2.2. Implement education programs at other health sciences faculties and higher vocational schools on awareness-raising and prevention
- 1.2.3. Develop and implement education programs for undergraduates of education faculties on delivering counseling and guidance in tobacco prevention to their students
- 1.2.4. Implement the peer education model in schools
- 1.2.5. Improve and scale up APTP Peer Practitioner Training for members of Young Green Crescent Clubs in universities
- 1.2.6. Increase the number of individual and organizational members of the Young Volunteers Platform and promote active participation of young people in voluntary activities



2. Develop and Implement Educational Activities for the Employees of Public Institutions and Agencies

- 2.1. Include information on harms of tobacco products and secondhand exposure in occupational health safety training modules**
- 2.2. Include information on harms of tobacco products and secondhand exposure in the training programs for candidate civil servants and orientation training programs of new civil servants**
- 2.3. Include information on harms of tobacco products and secondhand exposure in the education programs of rank and file**
- 2.4. Organize job-relevant trainings to social workers, psychologists and dorm administrators and dorm officers working at the Higher Education Student Loans and Dormitories Institution**
- 2.5. Organize trainings for the local employees of the Department of Religious Affairs**
- 2.6. Organize training of trainers programs for the youth leaders and camp leaders working at the Ministry of Youth and Sports**
- 2.7. Organize prevention and cessation programs for professional groups which are considered role models (e.g. police, military, teachers, health workers)**
- 2.8. Promote "Smoke-Free Organization" in all institutions particularly including education and health institutions**
- 2.9. Besides legal no-smoking warnings, introduce use of informative posters and brochures on general announcement boards and tables and other accessories (e.g. plate saucers, spice shakers, tissue dispensers) used at the cafeterias and other social facilities**
- 2.10. Turkish Dependence Prevention Program (TBM) practitioners to implement the TBM adult training module for teachers other than guidance counselors (teachers) at schools through seminars and similar events**

3. Increase support by CSOs and local administrations to tobacco control efforts

- 3.1. Develop plans and protocols with CSOs and local administrations for joint work on harms of tobacco use and secondhand exposure**
- 3.2. Expand the scope of the "Health Ambassadors Project" to tobacco control at national level through selected volunteers among traders**
- 3.3. Develop a public e-library on tobacco control which volunteers can use to publicly disseminate default text and visual messages prepared by professionals and volunteers**

4. Expand information activities on health and social hazards of tobacco products and prevention to the whole population

4.1. Develop and launch a communication campaign on tobacco control

- 4.1.1. Create a Communication Scientific Committee to support communication activities in tobacco control with scientific base**
- 4.1.2. Develop a communication management plan for the implementation of the communication campaign**
- 4.1.3. Identify the communication theme and methods for tobacco control**



4.1.4. Design and implement the communication campaign

4.2. Conduct activities for increased support for tobacco control by print and audiovisual media

- 4.2.1. Develop training, awareness and certificate programs for drama, movie and theater play directors and script writers and members of the print and visual media (e.g. the Journalists Association, unions of TV organizations, radio broadcasters, members of education and health journalists unions)
- 4.2.2. Develop an incentive mechanism (Ministry of Culture and Tourism incentives etc.) for dramas, movies, theater plays and children's productions to deliver harms of tobacco products and secondhand smoke.
- 4.2.3. Organize periodic meetings with the managers and representatives of mainstream and local media in order to inform about tobacco control efforts
- 4.2.4. Promote publication of feature stories, interviews and series on harms of tobacco use and secondhand smoke and dissemination of awareness-raising messages on newspapers, magazines and radio programs
- 4.2.5. Raise, through print and audiovisual media, public recognition of 171 Quitline, 184 SABİM Hotline (for complaints related to tobacco), Green Detector and cessation clinics which provide services related to tobacco use and prevention of passive exposure
- 4.2.6. Make news reports of selected success stories from 171 quitline and cessation clinics
- 4.2.7. Monitor frequency of coverage of tobacco control activities in the media

4.3. Conduct activities on social media to increase the visibility and effectiveness of tobacco control efforts

- 4.3.1. Develop training, awareness and certificate programs for social media personages and role models to help them support tobacco control activities
- 4.3.2. Create a social media platform to disseminate informative messages on tobacco control
- 4.3.3. Institutions to share messages from official social media accounts on special days and weeks (World No Tobacco Day, Quit Smoking Day, Green Crescent Week etc.)
- 4.3.4. Place unskippable pop-ups and banners including relevant images and videos at the beginning or inside most popular videos on the Internet and doodles on social networks and websites most commonly visited by target users including forums, blogs, online games and online shopping sites
- 4.3.5. Prepare viral videos on the impacts and harms of tobacco use and ensure dissemination on digital media channels
- 4.3.6. Working on building community advocacy on the negative image associated with tobacco use and harms of passive exposure on community blogs and forums etc. which are popular among young people



4.4. Organize education and information activities in public areas and events (concerts, shopping malls, festivals, art events etc.).

- 4.4.1. Open stands where carbon monoxide in breath is measured and information brochures are distributed and maintain public information activities on special days and weeks related to tobacco control (e.g. 21 May, 9 February, World COPD Day) in shopping malls, cinemas, squares, festivals and similar public areas where people gather
- 4.4.2. Provide information to students, young people and citizens about harms of tobacco products and secondhand smoke through religious discourses, Friday sermons, special proselytization programs, conferences, seminars, panels at mosques, Quran tutoring centers, Family and Religious Counseling Bureaus, dormitories and other places deemed appropriate by local religious departments
- 4.4.3. Use billboards, announcement means on public transportation vehicles, outdoor TVs and similar means and spaces to inform the public on tobacco use and its harms
- 4.4.4. GSM operators to send informative SMS messages to subscribers on harms of tobacco products and secondhand smoke
- 4.4.5. Carry out information activities on harms of tobacco products at youth centers, dormitories, youth camps, scout camps etc. through the lifelong learning program, driving courses, public education courses, premarital counseling programs etc.
- 4.4.6. Carry out special information programs on the health and social harms of tobacco use and the tactics of the tobacco industry for women to empower them for protecting themselves and their families
- 4.4.7. Develop and implement working algorithms for protecting out-of-school children of secondary education age from tobacco dependence
- 4.4.8. Deliver awareness trainings to athletes attending to Athlete Training Centers (ATCs) and Olympic Preparation Centers of Turkey (OPCTs)
- 4.4.9. Publicly reward individuals and organizations with outstanding efforts in tobacco control



A.2. Cessation

Never starting using tobacco products is very important. However, encouraging tobacco users to quit and offering appropriate help is also very important.

In Turkey, cessation services are offered to people who want to quit through the 171 Quitline and cessation clinics.

The Regulation on Tobacco Dependence Treatment and Education Centers which aims to set standards for healthcare facilities providing tobacco dependence treatment came into force on 23 October 2011 (OG 28121). This regulation sets standards for healthcare facilities providing tobacco dependence treatment and lists qualifications of staff working at these centers.

The cessation clinics pharmacological treatments and cognitive-behavioral therapies which are complementary to each other.

Cessation drugs which are not included reimbursement scheme were purchased by the Ministry of Health in 2010, 2015 and 2017 and distributed to the cessation clinics to be provided by physicians to eligible patients. Continued availability of these drugs is very important for effective cessation services.

It is necessary to evaluate the impact of the pharmacological treatments and cognitive-behavioral therapies provided at the cessation clinics and strengthen follow-up system to allow for the follow-up of individual patients presenting to the cessation clinics in order to identify cessation rates at national and local levels.

Moreover, it is necessary to expand cessation treatment from specialized clinics to cover primary care in particular. It is also necessary strengthen programs for inquiring about tobacco use and implementing brief clinical intervention to users during routine healthcare delivery.

The action plan aims to scale up cessation centers for special population groups including pregnant women and under-18 groups.

The effectiveness of the services offered by 171 Quitline will be evaluated and the services will be strengthened. In addition, it is planned to digital technologies (smart phone apps, websites etc.) will be used to support cessation services.



A.2. Aim

To improve and scale up tobacco dependence treatment services and increase success rates of tobacco dependence treatment

A.2. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Success rate of cessation clinics (percentage of persons who have not smoked for at least 1 year after quitting) (%)	16.4 ³	20	22	24	28	32	36
2.	Percentage of persons having quit with the assistance of 171 quitline (percentage of persons who have not smoked for at least 1 year after quitting) (%)	8 ⁴	10	11	12	13	14	15
3.	Percentage of tobacco users visiting family physicians who have received brief clinical interventions (%)		Baseline assessment	90	95	97	98	98
4.	Percentage of outpatient care users at secondary and tertiary healthcare facilities who have been inquired for smoking status (%)		Baseline assessment	80	85	90	93	93
5.	Percentage of clients aged 15+ visiting physicians for any health problem who have been inquired for smoking status (%)	46 ²		70		80		90
6.	Percentage of smoker clients aged 15+ visiting physicians for any health problem who have been recommended to quit (%)	87,4 ²		90		95		100

³ TUBATIS

⁴ 171 Quitline Data

² GATS (2016)



A.2. Initiatives and Activities

1. Conduct brief clinical interviews with individuals presenting to health facilities at all encounters

1.1. Ensure that physicians and dentists apply brief clinical intervention (learn, recommend, measure)

- 1.1.1. Brief physicians and dentists on brief clinical intervention
- 1.1.2. Introduce mandatory inquiry of tobacco use status on HIMS and FMIS
- 1.1.3. Include brief clinical intervention in performance indicators

1.2. Ensure that non-physician health workers apply brief clinical intervention

- 1.2.1. Brief non-physician health workers on brief clinical intervention

1.3. Organize training of trainers sessions for health workers and auxiliary health staff working at primary care facilities (FHCs and CHCs)

2. Strengthen cessation services

2.1. Increase number of units providing cessation services

- 2.1.1. Scale up cessation clinics in primary care centers other than FHCs
- 2.1.2. Family health centers to provide cessation services
- 2.1.3. Scale up CCs in secondary and tertiary care facilities
- 2.1.4. Integrate Family Medicine Information System (FMIS) with 171 quitline
- 2.1.5. Ensure continuity of pharmacological therapies for cessation offered by CCs
- 2.1.6. Include tobacco dependence treatment in the Health Implementing Regulation [reimbursement list]
- 2.1.7. Amend the supplementary payment regulation to improve the status of staff working at CCs

2.2. Raise quality of the service

- 2.2.1. Require family physicians to complete the distance training module on tobacco cessation treatment
- 2.2.2. Revise and update CC legislation in line with current needs
- 2.2.3. Provider refresher trainings to all health workers at CCs on tobacco dependence and treatment
- 2.2.4. Evaluate services and performance of CCs regularly

3. Improve cessation support programs and practices

3.1. Strengthen the services of the Quitline

- 3.1.1. Monitor and evaluate Quitline services regularly and update the delivery algorithm as necessary



3.1.2. Organize regular in-service trainings for Quitline staff

3.2. Strengthen digital cessation services (e.g. via websites, SMS services, virtual media and social media)

3.2.1. Improve and diversify smart phone apps (cessation software, CO measurement etc.)

3.2.2. Improve and diversify the content of web applications

3.3. Promote cessation

3.3.1. Organize Quit & Win Campaigns

3.3.2. Introduce positive discrimination practices for nonsmoking staff (e.g. quitting work 30 minutes earlier, adding 7 days to paid annual leave, lowering insurance premium contributions, reduced tax for establishments with no smoking staff, preferential selection of nonsmoking candidates at recruitment, increasing child and family aid for nonsmoking staff)

3.3.3. Introduce new regulations and practices to motivate premarital couples to quit (e.g. compulsory visit to the cessation clinic, providing drugs and patches free of charge)

4. Motivate special target groups to quit and offer cessation support

4.1. Plan special cessation services for pregnant women, people under 18 years of age and people with NCDs

4.1.1. Develop clinical guidelines suitable to the context of the country for special cessation treatment for pregnant women and people aged 18 years or younger

4.1.2. Introduce specialized units to deliver tobacco dependence treatment for pregnant women and young people aged 18 years or younger

4.1.3. Introduce no smoking as a prerequisite for prospective parents who wish to be reimbursed for IVF treatment



A.3. Pricing and Taxation

One of the measures recommended by M-POWER, the policy package of FCTC, is to raise taxes on tobacco products. FCTC recommends implementation of tax and price policies consistent with national policies and prohibition of tax- and duty-free sales of tobacco products. Price and tax measures for reducing demand for tobacco are particularly effective in preventing young people from starting to smoke.

The basis of the proposition that raising taxes reduces the demand for tobacco products is the studies which indicate that increasing taxes on tobacco products by 10% results in a decline in tobacco use by 4% in high-income countries and 5% in middle- and low-income countries. This suggests that increasing the prices of tobacco products reduces the accessibility of the products for low-income groups and young people who are more susceptible to price and decreases tobacco consumption among these groups in the long term.

Tax raises on tobacco products are not for financial purposes alone. The health aspect and especially the deterrent effect on starting tobacco consumption are important. Therefore, it is often not sufficient to impose a certain rate of tax on tobacco products; it is necessary to develop a mechanism which ensures that prices of tobacco products never fall below a certain threshold. High tobacco prices thus established are known to prevent young people from starting to smoke and encourage current smokers to quit.

Turkey imposes two types of excise tax on tobacco products, i.e. ad valorem and specific excise. Moreover, 18% of VAT based on VAT-free price is added on top of the excise taxes.

The action plan aims to introduce measures which will increase the tax burden on tobacco products and raise the prices further.

Gradual tax raises on tobacco products which are not classified as basic consumption goods will avoid potential increases in inflation.



A.3. Aim

To reduce demand for tobacco products by increasing the tax burden on tobacco products and increasing their price further

A.3. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Ratio of average price of 100 cigarette packages to GDP per capita (%)	2,7 ⁵	2,74	2,77	2,85	2,96	3,1	3,21
2.	Ratio of monthly minimal wage to the cheapest price of 30 packages of cigarettes	6,24 ⁵	6,19	6,14	5,97	5,75	5,52	5,30

⁵ Ministry of Finance, 2017 data



A.3. Initiatives and Activities

1. Raise taxes by considering both the ratio of GDP per capita and increases in minimal wage

- 1.1. Raise taxes to levels which will ensure achieving the goal indicators as a minimum**
- 1.2. Maintain the automated price increase mechanism in a way to make sure that increases in the prices of tobacco products are higher than the purchasing power**
 - 1.2.1. Maintain the existing practice of excise tax increases on tobacco products in January and July**
- 1.3. Increase the tax rates on cheroots and cigarillos at least to the level of taxes on tobacco products**

2. Increase taxes payable by entities that generate revenues out of manufacturing, sales and presentation of tobacco products

- 2.1. Increase tax rates on imported tobacco**
- 2.2. Define a new budget line in the global budget to be funded by earmarking a certain share of the amounts billed to suppliers by dealers of tobacco products, shisha cafés and other persons and entities selling and / or presenting tobacco and tobacco products for use in tobacco control activities in addition to the existing excise tax and VAT**



A.4. Prevent Passive Exposure to Tobacco Smoke

Passive exposure refers to involuntary exposure of nonsmokers to the smoke of tobacco smoked by others or smoke of burning tobacco. Every year, passive exposure causes 890 000 deaths, mainly associated with ischemic heart disease, respiratory diseases and lung cancer.

In recent years, the literature on passive exposure has started mentioning the concept of thirdhand smoke besides secondhand smoke. Exposure to thirdhand or tertiary smoke means exposure to smoke constituents accumulated on surfaces together with the metabolites generated by the oxidation of these constituents. Thirdhand smoke also has carcinogen effects. These metabolites may be absorbed through the skin, digestion or inhalation of settling dust and may have carcinogen effect.

Scientific studies indicate that passive exposure increases the risk of several diseases including heart attacks, asthma attacks, respiratory diseases in children, sudden infant deaths and childhood cancers.

Newborns exposed to secondhand smoke during pregnancy as well exposed children suffer from impaired lung development. These individuals have lower immune response to lower respiratory infections.

On the other hand, passive exposure makes individuals more predisposed to smoking and makes it difficult for smokers to quit. The only way to protect the population from the harms of passive exposure is to prevent smoking in all indoor areas. To this end, nearly 1500 audit teams conduct 24/184 audits including routine audits and responses to tip-offs and complaints received through 7 hotline and the Green Detector app. In addition, efforts for expanding cross-province audits are ongoing. The new action plan includes activities to scale up cross-audits to district level.

The regulations which were developed under the Tobacco Control Strategic Document and Action Plan 2015-2018 and which banned use of tobacco products in [certain] outdoor areas will be expanded and included in the Law and activities for increasing public support for these new provisions will be implemented under the new action plan.



A.4. Aim

To prevent health hazards associated with passive exposure to tobacco smoke and encourage smokers to quit

A.4. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Passive exposure at home among students aged 13-15 years of age (%)	46,1 ¹		40		30		20
2.	Passive exposure among students aged 13-15 years of age in indoor areas where smoking is banned by the Law 4207 (%)	51,8 ¹		45		35		25
3.	Students aged 13-15 years who have witnessed tobacco use inside school buildings or outdoor areas of schools where smoking is banned by the Law 4207 (%)	59,3 ¹		20		10		5
4.	Passive exposure among individuals aged 15+ at cafés or coffeehouses (%)	28,0 ²		20		15		10
5.	Passive exposure among individuals aged 15+ at restaurants (%)	12,7 ²		10		7		5
6.	Passive exposure among individuals aged 15+ in commercial cabs (%)	16,0 ²		10		7		5
7.	Passive exposure among individuals aged 15+ at schools / education institutions (%)	7,1 ²		6		4		2
8.	Passive exposure among individuals aged 15+ at health facilities (%)	4,4 ²		3		2		1

1 GYTS (2017)

2 GATS (2016)

5 Ministry of Finance, 2017 data



Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
9.	Passive exposure among individuals aged 15+ in public buildings (%)	4,7 ²		3		2		1
10.	Passive exposure among individuals aged 15+ in private vehicles (%)	82,3 ²		80		75		50
11.	Two-hour response rate in spring (%)	44,5 ⁶	55	60	70	80	90	90
12.	Violations detected during audits induced by tip-offs (%)	11,50 ⁵	20	30	40	50	60	70
13.	Violations detected during routine audits (%)	0,60 ⁵	1	3	5	5	3	2

A.4. Initiatives and Activities

1. Expand the Scope of the Smoke-Free Air Zone

1.1. Designate areas at risk of passive exposure as smoke-free areas

- 1.1.1. Strengthen the definition of smoke-free areas in front of the entrance and exit doors of busy public places like shopping malls, airports and public buildings by including the definition in the law
- 1.1.2. Develop legislation to ban tobacco use in playgrounds, exercising areas such as walking tracks and outdoor areas of places of worship
- 1.1.3. Update legislation to limit the number of smoking-permitted guest rooms in hotels to 30%
- 1.1.4. Develop legislation to restrict tobacco use in the outdoor areas of hospitals, restaurants and other establishments, university campuses, pools and beaches

1.2. Designate areas occupied by people at risk of passive exposure as smoke-free areas

- 1.2.1. Develop legislation to ban tobacco use in households and private vehicles with occupants who are pregnant or under 18 years of age or people with chronic diseases like COPD, heart disease etc.

2. Strengthen Smoke-Free Air Zone Audits

2.1. Strengthen audits for preventing violations at public institutions and agencies

- 2.1.1. Organize trainings for staff members at public institutions who are tasked with imposing sanctions on violations



- 2.1.2. Develop legislation which provides for imposing sanctions chiefs of units at public institutions where violation has occurred
- 2.1.3. Include audits of public institutions and agencies in annual audit plans
- 2.1.4. Include a standard article in contracts for leasing public property to third parties which provides that detection of violation of smoking bans in the property as laid down in the Law 4207 will result in unilateral termination of the contract

2.2. Strengthen audits for preventing passive exposure in all public and private mass transportation vehicles and private vehicles

- 2.2.1. Work on using MOBESI and TECS footage for detecting violations
- 2.2.2. Include representatives of the print and visual media in audits of private vehicles and public transportation vehicles periodically

2.3. Strengthen audits for preventing violations in indoor and outdoor areas where use of tobacco products is banned by the law

- 2.3.1. Hold information meetings with establishment owners and CSOs such as chambers of tradesmen
- 2.3.2. Include senior managers and representatives of the print and visual media in audits periodically
- 2.3.3. Expand cross-province/district audits
- 2.3.4. Develop legislation for using voluntary inspectors in audits
- 2.3.5. Amend legislation to extend the definition of indoor area in keeping with international standards
- 2.3.6. Set up an effective monitoring system for following on suspension penalties imposed on violating establishments
- 2.3.7. Develop legislation to require suspended to post an announcement indicating the violation of the Law 4207 in a visible manner
- 2.3.8. Promote participation in audit teams
- 2.3.9. Plan for a minimum for three 7/24 audit teams in districts in accordance with the number of establishments and population
- 2.3.10. Each team to include a fixed cadre of certified auditors including at least 1 law enforcement officer, 1 health worker, 1 municipal police, and 2 members from other institutions (to be determined by the Provincial Health Directorate as needed)
- 2.3.11. Improve the distance education system to enhance competencies of audit teams
- 2.3.12. Improve nicotine particle measurement systems
- 2.3.13. Institutions assigning members of audit teams are to select them from their own audit units (e.g. food audit units) and authorize them to conduct tobacco audits
- 2.3.14. Introduce a mechanism whereby audit teams are directly attached to governorships and are paid bonuses from the budget of provincial tobacco control boards
- 2.3.15. Introduce a performance scorecard system for all members of provincial tobacco control boards and ensure incorporation of sanctions related to performance scorecards in the legislation of the respective institutions



A.5. Prevent Advertising, Promotion and Sponsorship

Tobacco advertisements promote tobacco use. Therefore, Turkey made regulations for preventing advertising of tobacco products in line with the relevant binding provision of FCTC. All tobacco advertising, promotion and sponsorship was banned in order to protect the population and particularly children and young people from the harms of tobacco products. However, the tobacco industry still engages in explicit or hidden forms of advertising and sponsorship which targets especially children and young people.

Direct tobacco advertising is banned in many countries. However, the tobacco industry has turned to implicit forms of advertising such as adverts on the social media, product placement in movie scenes and brand matching. Moreover, tobacco points of sale still serve as advertising spots for the industry. The action plan aims to limit points of sale, prevent visibility of points of sale and enforce advertising bans at points of sale.

PLAIN PACKAGING

Despite the pictorial health warnings on cigarette packages, the packages continue to function as a means of advertisement as they carry the brand colors, logos etc and they are packaged in special ways. These features make cigarette packages appealing and are used as a form of marketing and promotion.

Plain packaging refers to prohibition by law of the use of logos, colors and promotional information on packaging other than brand names and product names displayed in a standard color and font style.

Articles 11 ("Packaging and Labeling Tobacco Products") and 13 ("Tobacco Advertising, Promotion and Sponsorship") recommend parties to introduce plain packaging.

The objective of plain packaging is to:

- ✓ reduce the appeal of tobacco products,
- ✓ prevent advertising elements on tobacco packaging,
- ✓ reduce the effect of packaging which portrays some products as less harmful,
- ✓ increase noticeability of health warnings and their impact.

Australia became the first country to fully implement plain packaging in December 2012. Ireland, France and the United Kingdom began implementing plain packaging in May 2016. New Zealand, Hungary, Singapore and Norway switched to plain packaging in 2018. In addition, legislation and planning are under way in several countries.

Scientific evidence suggests that plain packaging reduces the prevalence of tobacco use, and particularly young people develop negative perceptions toward smoking as they think plain packages appear "unclean, odd and ugly".

On the other hand, tobacco packages remain a major advertising space for the tobacco industry. That remains the case although pictorial health warnings cover both sides of packages in Turkey. Therefore, the action plan aims to introduce plain packaging.



A.5. Aim

To prevent the behaviors of experimenting, starting and continuing tobacco use by eliminating the means of reaching out to children and young people in particular

A.5. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Students aged 13-15 years who consider quitting because of the health warnings on cigarette packages (%)	22,9 ¹		30		40		50
2.	Students aged 13-15 years who have seen tobacco advertisements or promotions at points of sale in the past 30 days (%)	26,8 ¹		20		10		5
3.	Students aged 13-15 years who have seen people using tobacco when they watched TV, videos or movies during the past 30 days (%)	66,5 ¹		50		30		10
4.	Students aged 13-15 years who were offered a free tobacco product by a tobacco company representative (%)	8,6 ¹		5		3		1
5.	Individuals aged 15+ years who have seen any advertisement, sponsorship or promotion (%)	17,7 ²		10		7		5

1 GYTS (2017)

2 GATS (2016)



Number	Indicator	Baseline	Targets					
			2018	2018	2018	2018	2018	2018
6.	Individuals aged 15+ years who have seen cigarette advertisements on TV (%)	9,5 ²		7		5		3
7.	Individuals aged 15+ years who have seen cigarette advertisements on the Internet (%)	4,3 ²		4		3		2
8.	Individuals aged 15+ years who have witnessed free distribution of any tobacco product (%)	3,1 ²		2		1		1
9.	Smokers aged 15+ years who have considered quitting because of the pictorial health warnings on the cigarette packages (%)	33,2 ²		50		55		60

A.5. Initiatives and Activities

1. Prevent all advertising, promotion and sponsorship activities at points of sale

1.1. Prepare legislation for introducing the exclusive dealership system

1.2. Develop legislation to ensure that pictorial health warnings are posted at points of sale

1.3. Introduce restrictions on the days and times tobacco products can be sold and presented

1.4. Develop legislation for banning sales and presentation of tobacco products in health, education and training, culture and sports facilities and places where alcoholic drinks are sold and presented

1.5. Designate exclusive sales areas for tobacco products at retail sales of tobacco products and prohibiting access of people under 18 years of age to these areas

1.6. Strengthen measures for sales and commercial display of tobacco products at education, health, sports and entertainment facilities

1.6.1. Strengthen audits

1.7. Conduct spot checks of compliance of establishments in the process of granting and renewing sales and presentation licenses



1.8. Develop legislation to ensure that tobacco products at points of sale are stored inside closed cabinets which prevent visibility of the products inside the establishment

2. Update legislation on product packaging in a way to discourage use

2.1. Develop legislation to introduce standardized plain packaging

2.2. Replace pictorial warnings periodically in accordance with the legislation

2.2.1. Develop legislation on replacing the catalog of pictorial health warnings periodically

2.2.2. Create an archive pictorial health warnings relevant to Turkey

2.3. Develop a brand-neutral design for parcels used to transport tobacco products

3. Strengthen audits concerning advertising, promotion and sponsorship activities

3.1. Monitor and prevent Internet advertisements and sales

3.1.1. Expedite the process of blocking access to websites which advertise and sell tobacco products online

3.2. Enforce a single color for vehicles distributing tobacco products and ban any additional texts, images or color combinations etc. on the vehicles

3.3. Strengthen audits for preventing product promotions in the shops of fuel stations and other establishments

3.4. Strengthen the system for monitoring violations of advertising and covert advertising in coordination with relevant institutions

3.5. Strengthen legislation and cooperation with stakeholders to identify and impose sanctions on organizational social responsibility efforts of the tobacco industry used as a means for advertising, promotion and sponsorship

3.6. Develop a system to identify campaigns and programs of the tobacco industry which encourage young people to use tobacco products and facilitate their access

3.7. Prevent the tobacco industry from providing financial contribution to hospitality establishments for decoration, renovation or fitting special partitions, showcases, awnings or shades

3.8. Strengthen the expression “on television” in Article 3(6) of the Law 4207 to cover all activities and works of science, culture and arts and align with FCTC in a way to cover all media and all tobacco products and activities

4. Increase the deterrence of administrative fines imposed on points of sales of tobacco products and manufacturers and marketers of tobacco products

4.1. Raise the maximum limit of fines imposed on manufacturers and marketers of tobacco in order to increase the deterrent impact of the penalty

4.2. Disclose fines imposed as a result of the audits



5. Protect public health policies on tobacco control from the commercial and other vested interests of the tobacco industry

- 5.1. Require examination of all information and documents of the tobacco industry (i.e. meetings with public institutions and persons and content of meetings, payments made under sponsorship, scholarship or social responsibility projects etc.) by a transparent commission consisting of FCIB (Financial Crimes Investigation Board), Ministry of Food, Agriculture and Livestock and Ministry of Health every 6 months in order to apply FCTC Article 5.3 in the most effective manner**
- 5.2. Prevent any support to the tobacco industry including investment incentives or subsidies**



A.6. Product Control, Constituents and Disclosure

Tobacco smoke contains more than 4000 chemicals which are known to cause more than 50 cancers. However, the tobacco industry gives inaccurate, deceptive and misleading messages about the effects of these substances on health. It also misleads people about the constituents of e-cigarettes or smokeless tobacco products, trying to portray them as harmless, innocent products or presenting them as alternatives to quit tobacco use.

The FCTC provides measures to prevent this and countries are expected to implement these measures. Article 11 which includes rules to follow in the packaging of tobacco products prohibits use of inaccurate, deceptive and misleading messages about the health effects and emissions of tobacco products. Furthermore, it is prohibited to use any term, descriptor, color or other sign that creates the false impression that a particular tobacco product is less harmful than others such as “low tar”, “light”, “ultra-light” or “mild”. In addition, pictorial health warnings are placed on the packages of tobacco products in Turkey.

The Law on the Protection of Consumer numbered 4077 as amended by the Law 4822 provides provisions on the “right to health and safety”, “right to information”, “right to education”, “right to compensation” and “right to live in a healthy environment”. However, these provisions are not well known by consumers.

It is planned to carry out scientific studies and properly inform the public on the harms of tobacco products such as e-cigarettes or smokeless tobacco products which the tobacco industry market by providing misleading information in order to maintain tobacco dependence.



A.6. Aim

To conduct scientific assessments on the carcinogens and toxic constituents in the contents and emissions of tobacco products, improve technical regulation of tobacco products and inform the public on the contents and emissions of tobacco products

A.6. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Students aged 13-15 years who consider quitting because of pictorial health warnings (%)	22,9 ¹		25		30		35
2.	Individuals aged 15+ years who consider quitting because of pictorial health warnings (%)	33,2 ²		35		40		50
3.	Reduction in the number of additives in tobacco products (%)	Baseline Analysis		30		50		100
4.	Reduction in the emissions of tobacco products (nicotine, tar and Co in 1 g of tobacco) compared to baseline (%)	Baseline Analysis		Nicotine<0,1 mg Tar < 1 mg CO< 1 mg	Nicotine<0,1 mg Tar < 1 mg CO< 1 mg	Nicotine<0,1 mg Tar < 1 mg CO< 1 mg	Nicotine<0,1 mg Tar < 1 mg CO< 1 mg	Nicotine<0,1 mg Tar < 1 mg CO< 1 mg

1 GYTS (2017)

2 GATS (2016)



A.6. Initiatives and Activities

1. Strengthen legislation on improving technical regulations concerning tobacco products based on scientific evidence on the harmful or potential harmful effects of contents and emissions of tobacco products on human health, FCTC provisions and related guidelines and best practices in the world

1.1. Develop legislation on limiting or banning contents of tobacco products

2. Set up a national, independent, scientifically audited and accredited laboratory for the measurement of tobacco products

2.1. Setting up the laboratory

3. Effectively assess compliance with technical regulations governing tobacco products

3.1. Increase product audits at manufacturing, importation and storage facilities and points of sale

3.2. The national laboratory to engage in measurement and assessment activities related to product audits and regularly examine contents and emissions of tobacco products

4. Make sure that the toxic constituents and emissions of tobacco products are effectively disclosed to governmental authorities and the public to inform about the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke in accordance with FCTC provisions and guidelines and international best practices

4.1. Set up an e-reporting system for the reporting of all information about the contents and emissions of tobacco products, related justifications, reports and evidence related to the addictive-toxicological effects in standard forms

5. Continue with implementing health warnings and messages on the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke on the packages, labels, wrappers, cartons of tobacco and tobacco products and shisha bottles in line with FCTC provisions and guidelines and international best practices

5.1. Continue with the display of figures for emissions (e.g. tar, nicotine, carbon monoxide) on unit packets and packages of cigarettes including when used as part of a brand name or trademark and develop legislation for including other significant substances in the content

5.2. Ensure use of effective and well-designed combined health warnings on both sides of tobacco product packages

5.3. Ensure periodic replacement of combined health warnings on tobacco product packages and shisha bottles in line with the principles and procedures in FCTC and the



5.4. Develop legislation for mandatory inserts on the packages and wrappers of tobacco products the content of which will be established by the competent governmental authority based on scientific evidence on the contents emissions potentially harmful to human health

5.5. Develop legislation to prevent production and marketing of adhesive labels, stickers, cases, covers, sleeves and similar wrapping use to obscure health warnings and messages on tobacco products

6. Ensure compliance with the legislation at points of sale and presentation

6.1. Develop annual plans for points of sale and presentation audits

6.2. Ensure enforcement of standard practice by all municipalities which requires approval of the provincial tobacco control board for granting the certificates of conformity for presentation and license for waterpipe tobacco products

6.3. Municipalities to develop standard practices for opening, suspending and terminating establishments



B.1. Prevent Illicit Trade in Tobacco Products

One of the provisions of FCTC is to prohibit illicit trade in tobacco products. The illicit trade in tobacco products is a multifaceted problem with health, economic, social and security consequences and it is a transboundary act. Therefore, no country can tackle it on its own.

The Protocol to Eliminate Illicit Trade in Tobacco Products which was developed under guidance of FCTC to tackle this problem was adopted in Seoul on 12 November 2012. The protocol which was signed by Turkey on 10 January 2013 is binding on the parties in that the parties must take effective domestic measures and cooperate and exchange information with one another.

Illicit tobacco products are sold cheaper. Therefore, they facilitate access to tobacco products, increase consumption and undermine efforts to prevent accessibility of tobacco products for children and young people.

The action plan aims to strengthen efforts to prevent illicit trade in tobacco products under the Protocol to Eliminate Illicit Trade in Tobacco Products which was adopted by the Grand National Assembly of Turkey in 2017.



B.1. Aim

To fight illicit trade in tobacco products effectively by ensuring full coordination and cooperation among all relevant institutions and organizations

B.1. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Consumption of unstamped cigarettes among individuals aged 15+ years of age (%)	8,4 ²		7		5		3
2.	Number of penalties imposed on illicit producers, marketers and sellers of fine cut tobacco for roll-your-own		Baseline analysis	50% increase compared to baseline	10% increase compared to previous year	5% increase compared to previous year	10% decrease compared to previous year	10% decrease compared to previous year

B.1. Initiatives and Activities

Prevent illicit trade in tobacco products

- 1.1. All institutions to work on matters in their mandate under the Protocol to Eliminate Illicit Trade in Tobacco Products
- 1.2. Develop an Action Plan to Prevent Illicit Trade in Tobacco Products
- 1.3. Prevent illicit sales of fine cut tobacco for roll-your-own and hand-rolled cigarette tubes
 - 1.3.1. Increase audits
- 1.4. Prevent use of illicit waterpipe products at shisha cafés
 - 1.4.1. Increase audits
- 1.5. Increase audits on illicit waterpipe tobacco products

² GATS (2016)



1.6. Prevent entry into the country, sales and use of e-cigarettes and all other products which resemble tobacco products

B.2. Protecting Children and Young People from Tobacco Use and Preventing Accessibility

The primary objective in dependence prevention efforts is to prevent people in general and children and young people in particular from starting to use addictive substances. Young people often tend to have the false perception that trying tobacco products is something ordinary. However, scientific studies suggest that the risk of dependence among first-time experimenters is as high as 60%.

Tobacco dependence needs special attention as it causes numerous health hazards and it is a step to other substances. Family and environmental effects and easy accessibility of tobacco products are important factors which affect young people in starting to use tobacco products.

Role models such as the family, teachers, friends etc. have a significant effect on young people in starting to use tobacco products. It is important to increase audits to prevent sales of cigarettes to students in individual units or packets by shops or peddlers around schools. In addition, it is planned to develop regulations to ban tobacco sales points closer than 500 m to education institutions.

The primary target of the tobacco industry is children and young people. The industry focuses on Turkey because the country has a significant youth population. All countries take measures to ban marketing of tobacco products to minors. However, legislation alone is not sufficient to protect children and young people from tobacco products. Legislation needs to be supported with information activities for young people about the harms of tobacco products. It is necessary to break the false impression that smokers are held in high esteem.

Information activities for the whole population including children and young people are carried out in order to prevent tobacco dependence. The Ministry of National Education implements age-specific education programs on dependence prevention for students at all levels of formal education. It is planned to conduct an impact assessment of the education activities and scale up and improve them.

Civil society organizations and volunteers have a crucial role in efforts to prevent children and young people from starting to use tobacco products. The Civil Society and Youth in Tobacco Control Workshops were organized in order to actively involve young people in tobacco control. A Tobacco Control Youth Action Plan was prepared as a result of the workshops. Peer education sessions on tobacco control were organized for voluntary young people as part of the action plan. It is planned to collaborate more intensively with civil society organization in order to expand the peer education models in the new action plan period.

The minimum sales age must be posted visibly and clearly at tobacco points of sale and identification must be requested in cases of doubt. It is planned to develop regulations for preventing marketing of tobacco products in a directly accessible and visible manner.

On the other hand, the number of shisha establishments for young people is increasing and different flavors are used to encourage shisha consumption. It is planned to strengthen audits to prevent this.



B.2. Aim

To prevent access of people under 18 years of age to tobacco products through sales and distribution

B.2. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Minors aged 13-15 years of age who can buy cigarettes (%)	73,3 ¹		30		20		5
2.	Students aged 13-15 years who buy individual cigarettes (%)	29,4 ¹		15		10		5
3.	Students aged 13-15 years who have reported feeling more comfortable when they smoke at celebrations, parties and social events (%)	26,2 ¹		22		18		10

B.2. Initiatives and Activities

1. **Audit compliance with the existing legislation which bans the sale, distribution and presentation of tobacco products to people under 18 years of age and impose deterrent sanctions on violations**
 - 1.1. Ministry of Interior to conduct regular audits
 - 1.2. Increase measures to prevent sales of individual tobacco products (e.g. cigarette sticks) and cut tobacco, cigarette tubes and leaf cigarette papers to young people
 - 1.3. Develop legislation to introduce administrative fines besides the existing sanctions and to terminate the sales-presentation license in case tobacco products are sold, distributed or presented to people under 18 years of age
2. **Require sellers of tobacco products to ask young people to present identification to prove they are aged 18+ years**
 - 2.1. Inform sellers about asking for identification
 - 2.2. Audit sellers for compliance with identification requirements
 - 2.3. Introduce obligation for all points of sale and presentation to install security cameras and to present images to auditors without requirement for a court decision

¹ GYTS (2017)



- 3. Expand the scope of existing legislation which bans the sales and distribution of tobacco products to people under 18 years of age**
 - 3.1. Raise minimum age for tobacco sales to 21**
 - 3.2. Introduce a legal obligation for establishments which sell retail tobacco products or present waterpipe tobacco to have a door-to-door distance of at least 100 (one hundred) meters from formal education institutions and student dormitories**

- 4. Ensure compliance with the legislation which prohibit placement of the logo, colors and figures of tobacco products on objects such as sweets, treats, toys, t-shirts, bags etc. and sales and distribution of such objects**
 - 4.1. Conduct joint work with the relevant ministries and institutions (Ministry of Customs and Trade, Ministry of Health and municipalities) for developing secondary legislation for compliance with and effective enforcement of the Law 4207**
 - 4.2. Improve the relevant audit system**



C. Coordination, Monitoring and Evaluation in Tobacco Control

Sufficient data on forms of tobacco use and diseases and deaths attributable to tobacco is crucial for developing a robust monitoring policy in tobacco control.

In addition, it is important to develop local and national intervention programs based on regular, comparable surveys. Surveys also help evaluate the impact of tobacco control policies and track the activities of the tobacco industry.

Therefore, the Global Adult Tobacco Survey which is conducted by WHO in all countries that are parties to FCTC and which indicates the official tobacco use status in the countries is important.

Beside surveys on the effectiveness of tobacco control efforts, it is planned to create a monitoring and reporting system to monitor the action plan.



C. Aim

To monitor and report the processes and outputs of the Tobacco Control Strategic Document and Action Plan

C. Indicators and Targets

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Percentage of board decisions implemented (%)		85	85	90	90	95	95
2.	Action Plan activities completed within the defined time frame (%)		80	80	85	85	90	90
3.	Achievement of targets in the action plan projects approved by the boards (%)		70	80	85	85	90	90
4.	Ratio of the number of universities involved in joint projects to all universities (%)		20	30	40	50	60	70
5.	Ratio of the number of municipalities involved in joint projects to all municipalities (%)		20	30	40	50	60	70



C. Initiatives and Activities

- 1. Identify and define indicators to be used for monitoring and evaluation**
 - 1.1. Develop Indicator Scorecards (including indicator title, frequency of data collection, calculation method etc.) for the indicators specified in A1, A2, A3, A4, A5, A6, B1, B2 and B3**
 - 1.2. Develop a software program to allow stakeholder institutions to enter their data online**

- 2. Conduct monitoring through targeted surveys**
 - 2.1. Ensure implementation of GATS at provincial level in predetermined periods**
 - 2.2. Ensure implementation of GYTS at provincial level in predetermined periods**
 - 2.3. Conduct surveys on tobacco consumption among specific groups (e.g. health workers, teachers, police officers)**

- 3. Implement activities for strengthening the coordination mechanism**
 - 3.1. Introduce a performance scorecard system for all members of provincial tobacco control boards and ensure incorporation of sanctions related to performance scorecards in the legislation of the respective institutions**

- 4. Work on strengthening tobacco control boards/committees and increasing communication and cooperation among the members**
 - 4.1. Ensure that dependence prevention councils convene at intervals defined in their working procedures and principles**
 - 4.2. Monitor and report the enforcement status of the decisions taken by the boards**
 - 4.3. Ensure that all tobacco control projects are implemented upon approval by the relevant boards**
 - 4.3.1. Require all institutions which provide project funding to projects related to tobacco control to stipulate prior approval by a relevant board (HCDP, CDP, TWGDP etc.); provide budgets needed for by the boards to function effectively**
 - 4.4. Provide budgets the boards need for operating effectively**





*All the activities needed to
successfully achieve the goal, aims,
targets, initiatives and indicators
in the Document and responsible
institutions and organizations are
specified in the*

**Tobacco Control Action Plan
2018-2023**





2018 - 2023

II - Tobacco Control Action Plan 2018-2023





A- REDUCE DEMAND FOR TOBACCO PRODUCTS

A1. Information and Raising Awareness								
Aim: To inform individuals on the health, economic, environmental and social gains of quitting or never using tobacco products in order to help develop positive attitudes and behaviors.								
Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Percentage of students at formal education institutions educated in tobacco control (%)	-	80	90	95	98	98	98
2.	Awareness of students at formal education institutions who have been educated in harms of tobacco products (%)	-	70	75	80	85	90	90
3.	Percentage of students aged 13-15 years who report having been informed about harms of tobacco products at school (%)	56 ¹		80		90		95
4.	Students aged 13-15 years of age who think exposure to secondhand tobacco smoke is harmful to health (%)	79,5 ¹		85		90		95
5.	Support among students aged 13-15 years for smoking bans in areas stipulated by Law 4207 (%)	91,1 ¹		93		95		98
6.	Support among students aged 13-15 years for smoking bans in outdoor public areas (%)	74,5 ¹		77		79		85
7.	Persons aged 15+ who think tobacco use causes health problems (%)	89,8 ²		92		95		98
8.	Persons aged 15+ who think exposure to secondhand tobacco smoke causes serious health problems (%)	83,3 ²		88		95		98
9.	Persons aged 15+ who consider quitting smoking because of the public spots [messages] (%)	23,8 ²		30		35		40
10.	Noticing anti-smoking messages among persons aged 15+ years of age (%)	75,6 ²		78		85		90
11.	Support among persons aged 15+ years of age for smoking bans in areas stipulated by Law 4207 (%)	90,4 ²		92		94		96
12.	Persons aged 15+ who support raised taxes on tobacco products (%)	60,8 ²		70		75		80



A1. Information and Raising Awareness

Aim: To inform individuals on the health, economic, environmental and social gains of quitting or never using tobacco products in order to help develop positive attitudes and behaviors.

Number	Indicator	Baseline	Targets						
			2018	2019	2020	2021	2022	2023	
13.	Public knowledge of the tip-off mechanisms against violations of the Law 4207 (Green Detector, SABIM (MoH Communication Center) 184 hotline etc.) (%)	-	Baseline assessment	70			80		90
14.	Knowledge of smokers about cessation services (171 quitline, cessation clinics) (%)	-	Baseline assessment	60		70			80



A1. Information and Raising Awareness

INITIATIVE 1: Inform, raise awareness and develop positive attitudes and behaviors among students, teachers and parents about harms of tobacco use

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets							
			2018	2019	2020	2021	2022	2023		
<p>1.1. Implement educational activities and events on harms of tobacco products and prevention at preschool, primary and secondary education institutions</p>										
<p>1.1.1. Train APTP master trainers to deliver trainings in provinces</p>	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of master trainers trained in addition to existing ones 	❖ 100	❖ 100	❖ 100	❖ 100	❖ 100	❖ 100	❖ 100	
<p>1.1.2. Master trainers to deliver practitioner trainings</p>	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of guidance counselors trained as APTP practitioners in addition to existing ones 	❖ 2.000	❖ 2.000	❖ 500	❖ 500	❖ 500	❖ 500	❖ 500	
<p>1.1.3. APTP practitioners to deliver parents' module to parents</p>	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Percentage of students at formal education institutions educated in tobacco control (%) 	❖ 20%	❖ 40%	❖ 60%	❖ 70%	❖ 75%	❖ 80%	❖ 80%	
<p>1.1.4. Integrate APTP interactive materials into Education Informatics Network (EIN)</p>	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Status of APTP and EIN integration 	❖ Complete integration and launch	❖ Use interactive APTP content	❖ Continue with implementation	❖ Continue with implementation	❖ Continue with implementation	❖ Continue with implementation	❖ Continue with implementation	



A1. Information and Raising Awareness

INITIATIVE 1: Inform, raise awareness and develop positive attitudes and behaviors among students, teachers and parents about harms of tobacco use

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>1.1.5. Include, to the extent possible, awareness-raising examples of harms of tobacco use in the curricula of science, social skills, mathematics and Turkish lessons</p>	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Implementation is in place 	<ul style="list-style-type: none"> ❖ Develop legislation and start implementation 	<ul style="list-style-type: none"> ❖ Continue with implementation 	<ul style="list-style-type: none"> ❖ Receive feedback, improve as necessary and continue with implementation 	<ul style="list-style-type: none"> ❖ Receive feedback, improve as necessary and continue with implementation 	<ul style="list-style-type: none"> ❖ Receive feedback, improve as necessary and continue with implementation 	
<p>1.1.6. Develop implicit scripts for existing animations and cartoons on the skills of saying "No" to peers when necessary, targeting children aged 3-6, 7-12 and 13-15 years</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information ❖ Turkish Green Crescent Society ❖ Ministry of National Education ❖ TRT 	<ul style="list-style-type: none"> ❖ Number of implicit scripts developed 	<ul style="list-style-type: none"> ❖ At least 10 	<ul style="list-style-type: none"> ❖ At least 10 	<ul style="list-style-type: none"> ❖ At least 10 	<ul style="list-style-type: none"> ❖ At least 10 	<ul style="list-style-type: none"> ❖ At least 10 	
<p>1.1.7. Improve the School-Based Brief Intervention Program (SBIP) within the scope of secondary prevention efforts for students who have recently started or tried cigarettes, alcohol or drugs.</p>	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of students at risk who were delivered SBIP 	<ul style="list-style-type: none"> ❖ 100% 	<ul style="list-style-type: none"> ❖ Conduct impact analysis of the program, revise as needed and continue with implementation on 100% of students 	<ul style="list-style-type: none"> ❖ 100% 	<ul style="list-style-type: none"> ❖ Conduct impact analysis of the program, revise as needed and continue with implementation on 100% of students 	<ul style="list-style-type: none"> ❖ 100% 	<ul style="list-style-type: none"> ❖ Conduct impact analysis of the program, revise as needed and continue with implementation on 100% of students



A1. Information and Raising Awareness							
<i>INITIATIVE 1: Inform, raise awareness and develop positive attitudes and behaviors among students, teachers and parents about harms of tobacco use</i>							
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
1.1.8. Select and train SBIP practitioners	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of trained practitioners 	❖ 240	❖ 240	❖ 100	❖ 100	❖ 100
1.1.9. Strengthen Green Crescent clubs at schools and make sure that they organize at least one activity every month	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of formal education institutions with an active Green Crescent club 	<ul style="list-style-type: none"> ❖ Identify number of schools with a Green Crescent club and make sure the clubs organize at least one activity every month 	<ul style="list-style-type: none"> ❖ Establish Green Crescent clubs at formal education institutions and make sure that the clubs organize at least one activity every month 	<ul style="list-style-type: none"> ❖ Green Crescent clubs to continue with activities 	<ul style="list-style-type: none"> ❖ Green Crescent clubs to continue with activities 	<ul style="list-style-type: none"> ❖ Green Crescent clubs to continue with activities
1.1.10. Promote participation of young people at risk or disadvantaged young people in sports activities in schools	<ul style="list-style-type: none"> ❖ Ministry of Youth and Sports ❖ Ministry of National Education ❖ Sports federations 	<ul style="list-style-type: none"> ❖ Number of at-risk and disadvantaged young people participating in school activities 	<ul style="list-style-type: none"> ❖ 50.000 	<ul style="list-style-type: none"> ❖ Additional 50.000 	<ul style="list-style-type: none"> ❖ Additional 100.000 	<ul style="list-style-type: none"> ❖ Additional 100.000 	<ul style="list-style-type: none"> ❖ Additional 100.000
1.1.11. Develop age-specific books, magazines and animations on daily living skills to promote awareness of healthy lifestyles	<ul style="list-style-type: none"> ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of age-specific educational videos and children's story books 	<ul style="list-style-type: none"> ❖ 2 	<ul style="list-style-type: none"> ❖ Additional 3 	<ul style="list-style-type: none"> ❖ Additional 5 	<ul style="list-style-type: none"> ❖ Additional 5 	<ul style="list-style-type: none"> ❖ Additional 5



A1. Information and Raising Awareness

INITIATIVE 1: Inform, raise awareness and develop positive attitudes and behaviors among students, teachers and parents about harms of tobacco use

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
1.1.12. Organize drawing, poetry and essay writing contests and campaigns (e.g. My Teacher Does Not Smoke) in schools	<ul style="list-style-type: none"> ❖ Ministry of National Education 	<ul style="list-style-type: none"> ❖ Number of activities organized 	<ul style="list-style-type: none"> ❖ At least 2 activities organized in each school every year 	<ul style="list-style-type: none"> ❖ At least 2 activities organized in each school every year 	<ul style="list-style-type: none"> ❖ At least 2 activities organized in each school every year 	<ul style="list-style-type: none"> ❖ At least 2 activities organized in each school every year 	<ul style="list-style-type: none"> ❖ At least 2 activities organized in each school every year 	
1.1.13. Schools to post tobacco control posters on announcement boards periodically	<ul style="list-style-type: none"> ❖ Ministry of National Education 	<ul style="list-style-type: none"> ❖ Number of different types of posters used in schools 	<ul style="list-style-type: none"> ❖ Design posters 	<ul style="list-style-type: none"> ❖ 8 	<ul style="list-style-type: none"> ❖ 8 	<ul style="list-style-type: none"> ❖ 8 	<ul style="list-style-type: none"> ❖ 8 	
1.1.14. Educate participants of youth camps and youth centers in harms of tobacco products	<ul style="list-style-type: none"> ❖ Ministry of Youth and Sports ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of students attending the camps 	<ul style="list-style-type: none"> ❖ 2.000 students 	<ul style="list-style-type: none"> ❖ 2.000 students 	<ul style="list-style-type: none"> ❖ 4.000 students 	<ul style="list-style-type: none"> ❖ 4.000 students 	<ul style="list-style-type: none"> ❖ 4.000 students 	
1.2. Implement educational activities and events on harms of tobacco products and prevention at higher education institutions								
1.2.1. Include content in the 1st-, 2nd- and 6th-grade curricula of medical faculties on awareness-raising, disease associations and tobacco control	<ul style="list-style-type: none"> ❖ CoHE ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Ratio of faculties implementing the program (%) 	<ul style="list-style-type: none"> ❖ 30 	<ul style="list-style-type: none"> ❖ 70 	<ul style="list-style-type: none"> ❖ 90 	<ul style="list-style-type: none"> ❖ 95 	<ul style="list-style-type: none"> ❖ 100 	



A1. Information and Raising Awareness								
INITIATIVE 1: Inform, raise awareness and develop positive attitudes and behaviors among students, teachers and parents about harms of tobacco use								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
1.2.2. Implement education programs at other health sciences faculties and higher vocational schools on awareness-raising and prevention	<ul style="list-style-type: none"> ❖ CoHE ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Ratio of faculties implementing the program (%) 	<ul style="list-style-type: none"> ❖ Develop the program 	<ul style="list-style-type: none"> ❖ 70 	<ul style="list-style-type: none"> ❖ 90 	<ul style="list-style-type: none"> ❖ 95 	<ul style="list-style-type: none"> ❖ 100 	<ul style="list-style-type: none"> ❖ 100
1.2.3. Develop and implement education programs for undergraduates of education faculties on delivering counseling and guidance in tobacco prevention to their students	<ul style="list-style-type: none"> ❖ CoHE ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Ratio of faculties implementing the program (%) 	<ul style="list-style-type: none"> ❖ Develop the program 	<ul style="list-style-type: none"> ❖ 20 	<ul style="list-style-type: none"> ❖ 30 	<ul style="list-style-type: none"> ❖ 40 	<ul style="list-style-type: none"> ❖ 50 	<ul style="list-style-type: none"> ❖ 60
1.2.4. Implement the peer education model in schools	<ul style="list-style-type: none"> ❖ Ministry of National Education 	<ul style="list-style-type: none"> ❖ Status of implementation 	<ul style="list-style-type: none"> ❖ Implementation is in place 	<ul style="list-style-type: none"> ❖ Continue with implementation 	<ul style="list-style-type: none"> ❖ Continue with implementation 	<ul style="list-style-type: none"> ❖ Continue with implementation 	<ul style="list-style-type: none"> ❖ Continue with implementation 	<ul style="list-style-type: none"> ❖ Continue with implementation
1.2.5. Improve and scale up AP/TP Peer Practitioner Training for members of Young Green Crescent Clubs in universities	<ul style="list-style-type: none"> ❖ Turkish Green Crescent Society ❖ Universities 	<ul style="list-style-type: none"> ❖ Number of trained practitioners 	<ul style="list-style-type: none"> ❖ 300 	<ul style="list-style-type: none"> ❖ Additional 300 	<ul style="list-style-type: none"> ❖ Additional 300 	<ul style="list-style-type: none"> ❖ Additional 300 	<ul style="list-style-type: none"> ❖ Additional 300 	<ul style="list-style-type: none"> ❖ Additional 300



A1. Information and Raising Awareness							
INITIATIVE 1: Inform, raise awareness and develop positive attitudes and behaviors among students, teachers and parents about harms of tobacco use							
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
1.2.6. Increase the number of individual and organizational members of the Young Volunteers Platform and promote active participation of young people in voluntary activities	<ul style="list-style-type: none"> ❖ Ministry of Youth and Sports ❖ Ministry of Health ❖ Ministry of National Education ❖ Ministry of Family and Social Policies ❖ Department of Religious Affairs ❖ Ministry of Internal Affairs ❖ Universities ❖ Ministry of Culture and Tourism ❖ Local Administrations ❖ Sports Federations 	<ul style="list-style-type: none"> ❖ Increase in volunteers joining the Young Volunteers Platform and in the number of published adverts 	<ul style="list-style-type: none"> ❖ Additional 10.000 Young Volunteers ❖ Additional 300 adverts 	<ul style="list-style-type: none"> ❖ Additional 10.000 Young Volunteers ❖ Additional 300 adverts 	<ul style="list-style-type: none"> ❖ Additional 10.000 Young Volunteers ❖ Additional 300 adverts 	<ul style="list-style-type: none"> ❖ Additional 10.000 Young Volunteers ❖ Additional 300 adverts 	<ul style="list-style-type: none"> ❖ Additional 10.000 Young Volunteers ❖ Additional 300 adverts



A1. Information and Raising Awareness

INITIATIVE 2: Develop and Implement Educational Activities for the Employees of Public Institutions and Agencies

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
2.1. Include information on harms of tobacco products and secondhand exposure in occupational health safety training modules	<ul style="list-style-type: none"> ❖ Ministry of Labor and Social Security ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Percentage of individuals trained in harms of tobacco products and secondhand exposure under occupational health safety training (%) 	<ul style="list-style-type: none"> ❖ Develop training module and include it in occupational health and safety curriculum 	❖ 100	❖ 100	❖ 100	❖ 100	❖ 100
2.2. Include information on harms of tobacco products and secondhand exposure in the training programs for candidate civil servants and orientation training programs of new civil servants	<ul style="list-style-type: none"> ❖ State Personnel Department ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of orientation training of candidate civil servants new civil servants in harms of tobacco products and secondhand exposure 	<ul style="list-style-type: none"> ❖ Develop training module ❖ Include the module in the orientation training curriculum 	❖ All new civil servants are trained	❖ All new civil servants are trained	❖ All new civil servants are trained	❖ All new civil servants are trained	❖ All new civil servants are trained
2.3. Include information on harms of tobacco products and secondhand exposure in the education programs of rank and file	<ul style="list-style-type: none"> ❖ Ministry of National Defense ❖ Ministry of Health ❖ Ministry of Internal Affairs ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Coverage (%) 	❖ 20	❖ 50	❖ 100	❖ 100	❖ 100	❖ 100



A1. Information and Raising Awareness

INITIATIVE 2: Develop and Implement Educational Activities for the Employees of Public Institutions and Agencies

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>2.4. Organize job-relevant trainings to social workers, psychologists and dorm administrators and dorm officers working at the Higher Education Student Loans and Dormitories Institution</p>	<ul style="list-style-type: none"> ❖ Ministry of Youth and Sports ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of HELDI staff trained as trainers 	<ul style="list-style-type: none"> ❖ Additional 162 	<ul style="list-style-type: none"> ❖ Additional 162 	<ul style="list-style-type: none"> ❖ Additional 162 	<ul style="list-style-type: none"> ❖ Additional 162 	<ul style="list-style-type: none"> ❖ Additional 162 	<ul style="list-style-type: none"> ❖ Additional 162
<p>2.5. Organize informative and awareness-raising trainings for the local employees of the Department of Religious Affairs</p>	<ul style="list-style-type: none"> ❖ Department of Religious Affairs ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Status of implementation of trainings and number of trainees 	<ul style="list-style-type: none"> ❖ Develop training modules and complete ToT by training additional staff members as trainers 	<ul style="list-style-type: none"> ❖ Continue with the implementation of training modules 	<ul style="list-style-type: none"> ❖ Continue with the implementation of training modules 	<ul style="list-style-type: none"> ❖ Continue with the implementation of training modules 	<ul style="list-style-type: none"> ❖ Continue with the implementation of training modules 	<ul style="list-style-type: none"> ❖ Continue with the implementation of training modules
<p>2.6. Organize training of trainers programs for the youth leaders and camp leaders working at the Ministry of Youth and Sports</p>	<ul style="list-style-type: none"> ❖ Ministry of Youth and Sports ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of youth leaders trained as trainers ❖ Number of camp leaders trained as trainers 	<ul style="list-style-type: none"> ❖ Additional 162 youth leaders ❖ Additional 80 camp leaders 	<ul style="list-style-type: none"> ❖ Additional 162 youth leaders ❖ Additional 80 camp leaders 	<ul style="list-style-type: none"> ❖ Additional 162 youth leaders ❖ Additional 80 camp leaders 	<ul style="list-style-type: none"> ❖ Additional 162 youth leaders ❖ Additional 80 camp leaders 	<ul style="list-style-type: none"> ❖ Additional 162 youth leaders ❖ Additional 80 camp leaders 	<ul style="list-style-type: none"> ❖ Additional 162 youth leaders ❖ Additional 80 camp leaders



A1. Information and Raising Awareness								
INITIATIVE 2: Develop and Implement Educational Activities for the Employees of Public Institutions and Agencies								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
2.7. Organize tobacco prevention trainings for professional groups which are considered role models (e.g. police, military, teachers, health workers)	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Internal Affairs ❖ Ministry of National Education ❖ Ministry of National Defense ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of beneficiaries 	<ul style="list-style-type: none"> ❖ 50.000 	<ul style="list-style-type: none"> ❖ Additional 75.000 	<ul style="list-style-type: none"> ❖ Additional 75.000 	<ul style="list-style-type: none"> ❖ Additional 75.000 ❖ Additional 75.000 		
2.8. Promote "Smoke-Free Organization" in institutions particularly including education and health institutions	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Internal Affairs ❖ Ministry of National Education ❖ Ministry of National Defense ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of institutions engaged in the Smoke-free organization initiative ❖ Percentage of engaged institutions which have meet the Smoke-free organization criteria 	<ul style="list-style-type: none"> ❖ Develop program and start receiving applications ❖ 60% 	<ul style="list-style-type: none"> ❖ 20% increase compared to baseline ❖ 70% 	<ul style="list-style-type: none"> ❖ 25% increase compared to baseline ❖ 80% 	<ul style="list-style-type: none"> ❖ 30% increase compared to baseline ❖ 90% 	<ul style="list-style-type: none"> ❖ 35% increase compared to baseline ❖ 95% 	<ul style="list-style-type: none"> ❖ 40% increase compared to baseline ❖ 95%



A1. Information and Raising Awareness						
INITIATIVE 2: Develop and Implement Educational Activities for the Employees of Public Institutions and Agencies						
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets			
			2018	2019	2020	2021
<p>2.9. Besides legal no-smoking warnings, introduce use of informative posters and brochures on general announcement boards and tables and other accessories (e.g. plate saucers, spice shakers, tissue dispensers) used at the cafeterias and other social facilities</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ All public institutions and agencies 	<ul style="list-style-type: none"> ❖ Percentage of institutions implementing the program 	<ul style="list-style-type: none"> ❖ Develop visuals and messages and disseminated to institutions ❖ Identify number of institutions implementing the program 	<ul style="list-style-type: none"> ❖ 10% increase in the number of institutions implementing the program 	<ul style="list-style-type: none"> ❖ 20% increase in the number of institutions implementing the program 	<ul style="list-style-type: none"> ❖ 30% increase in the number of institutions implementing the program ❖ 40% increase in the number of institutions implementing the program ❖ 50% increase in the number of institutions implementing the program
<p>2.10. Turkish Dependence Prevention Program (TBM) practitioners to implement the TBM adult training module for teachers other than guidance counselors (teachers) at schools through seminars and similar events</p>	<ul style="list-style-type: none"> ❖ Ministry of National Education ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Percentage of teachers trained in the adult training module in seminar programs 	<ul style="list-style-type: none"> ❖ 70% 	<ul style="list-style-type: none"> ❖ 80% 	<ul style="list-style-type: none"> ❖ 90% 	<ul style="list-style-type: none"> ❖ 95% ❖ 95% ❖ 95%



A1. Information and Raising Awareness							
INITIATIVE 3: Increase support by CSOs and local administrations to tobacco control efforts							
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
<p>3.1. Develop plans and protocols with CSOs and local administrations for joint work on harms of tobacco use and secondhand exposure</p>	<ul style="list-style-type: none"> ❖ Turkish Green Crescent Society ❖ Ministry of Health ❖ Ministry of Family and Social Policies ❖ Ministry of Youth and Sports ❖ Ministry of Labor and Social Security ❖ CSO 	<ul style="list-style-type: none"> ❖ Number of local administrations that signed the protocol 	<ul style="list-style-type: none"> ❖ 10 districts with > 200.000 inhabitants ❖ 5 districts with > 100.000 inhabitants 	<ul style="list-style-type: none"> ❖ 20 districts with > 200.000 inhabitants ❖ 10 districts with > 100.000 inhabitants 	<ul style="list-style-type: none"> ❖ 30 districts with > 200.000 inhabitants ❖ 15 districts with > 100.000 inhabitants 	<ul style="list-style-type: none"> ❖ 20 districts with > 200.000 inhabitants ❖ 15 districts with > 100.000 inhabitants 	<ul style="list-style-type: none"> ❖ All districts with > 200.000 inhabitants ❖ 15 districts with > 100.000 inhabitants
<p>3.2. Expand the scope of the "Health Ambassadors Project" to tobacco control at national level through selected volunteers among traders</p>	<ul style="list-style-type: none"> ❖ Turkish Green Crescent Society ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Number of districts to implement the project 	<ul style="list-style-type: none"> ❖ 50 	<ul style="list-style-type: none"> ❖ Additional 50 	<ul style="list-style-type: none"> ❖ Additional 40 	<ul style="list-style-type: none"> ❖ Additional 40 	<ul style="list-style-type: none"> ❖ Additional 40
<p>3.3. Develop a public e-library on tobacco control which volunteers can use to publicly disseminate default text and visual messages prepared by professionals and volunteers</p>	<ul style="list-style-type: none"> ❖ Turkish Green Crescent Society ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of developing the e-library 	<ul style="list-style-type: none"> ❖ E-library is developed and in use 	<ul style="list-style-type: none"> ❖ Improve based on feedback and continue implementation 	<ul style="list-style-type: none"> ❖ Improve based on feedback and continue implementation 	<ul style="list-style-type: none"> ❖ Improve based on feedback and continue implementation 	<ul style="list-style-type: none"> ❖ Improve based on feedback and continue implementation



A1. Information and Raising Awareness										
<i>INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population</i>										
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets							
			2018	2019	2020	2021	2022	2023		
4.1. Develop and launch a communication campaign on tobacco control										
4.1.1. Create a Scientific Committee on Tobacco Control Communication to support communication activities in tobacco control with scientific base	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information ❖ RTSC ❖ Turkish Green Crescent Society ❖ Universities 	<ul style="list-style-type: none"> ❖ Status of creating the committee 	<ul style="list-style-type: none"> ❖ Committee is created and functional 							
4.1.2. Develop a communication management plan for the implementation of the communication campaign	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information ❖ RTSC ❖ Turkish Green Crescent Society ❖ Universities 	<ul style="list-style-type: none"> ❖ Status of developing the plan 	<ul style="list-style-type: none"> ❖ Plan is developed and published 							



A1. Information and Raising Awareness								
INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
4.1.3. Identify the communication theme and methods for tobacco control	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information ❖ RTSC ❖ Turkish Green Crescent Society ❖ Universities 	<ul style="list-style-type: none"> ❖ Status of identifying communication methods 	<ul style="list-style-type: none"> ❖ Communication theme and methods are identified 					
4.1.4. Design and implement the communication campaign	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Internal Affairs ❖ RTSC ❖ Ministry of Culture and Tourism ❖ Journalists Association ❖ RTBU ❖ Education and Health Journalists Association 	<ul style="list-style-type: none"> ❖ Status of campaign implementation 	<ul style="list-style-type: none"> ❖ Communicate all phases of the campaign to related stakeholders and publicize the campaign 	<ul style="list-style-type: none"> ❖ Start implementing the campaign 	<ul style="list-style-type: none"> ❖ Continue with campaign implementation 	<ul style="list-style-type: none"> ❖ Conduct impact analysis and continue with implementation 	<ul style="list-style-type: none"> ❖ Continue with campaign 	<ul style="list-style-type: none"> ❖ Continue with campaign



A1. Information and Raising Awareness									
INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population									
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
<p>4.2. Conduct activities for increased support for tobacco control by print and audiovisual media</p> <p>4.2.1. Develop training, awareness and certificate programs for drama, movie and theater play directors and script writers and members of the print and visual media (e.g. the Journalists Association, unions of TV organizations, radio broadcasters, members of education and health journalists unions)</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ RTSC ❖ Ministry of Culture and Tourism ❖ Journalists Association ❖ RTBU ❖ Education and Health Journalists Association ❖ CSO 	<ul style="list-style-type: none"> ❖ Number of certified trainings organized 	<ul style="list-style-type: none"> ❖ Develop training program, communicate to concerned parties and begin receiving applications 	❖ 2	❖ 2	❖ 2	❖ 2	❖ 2	❖ 2
<p>4.2.2. Develop an incentive mechanism (Ministry of Culture and Tourism incentives etc.) for dramas, movies, theater plays and children's productions to deliver harms of tobacco products and secondhand smoke</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Culture and Tourism 	<ul style="list-style-type: none"> ❖ Status of implementing the incentive mechanism 	<ul style="list-style-type: none"> ❖ Implement the incentive mechanism and define budget 	<ul style="list-style-type: none"> ❖ 10% increase in incentive budget compared to previous year 	<ul style="list-style-type: none"> ❖ 10% increase in incentive budget compared to previous year 	<ul style="list-style-type: none"> ❖ 10% increase in incentive budget compared to previous year 	<ul style="list-style-type: none"> ❖ 10% increase in incentive budget compared to previous year 	<ul style="list-style-type: none"> ❖ 10% increase in incentive budget compared to previous year 	<ul style="list-style-type: none"> ❖ 10% increase in incentive budget compared to previous year



A1. Information and Raising Awareness						
INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population						
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets			
			2018	2019	2020	2021
4.2.3. Organize periodic meetings with the managers and representatives of mainstream and local media in order to inform about tobacco control efforts	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information 	<ul style="list-style-type: none"> ❖ Number of meetings held 	<ul style="list-style-type: none"> ❖ Hold meetings twice a year 	<ul style="list-style-type: none"> ❖ Hold meetings twice a year 	<ul style="list-style-type: none"> ❖ Hold meetings twice a year 	<ul style="list-style-type: none"> ❖ Hold meetings twice a year
4.2.4. Promote publication of feature stories, interviews and series on harms of tobacco use and secondhand smoke and dissemination of awareness-raising messages on newspapers, magazines and radio programs	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information 	<ul style="list-style-type: none"> ❖ Number of yearly news reports, interviews and series 	<ul style="list-style-type: none"> ❖ 6 	<ul style="list-style-type: none"> ❖ 10 	<ul style="list-style-type: none"> ❖ 10 	<ul style="list-style-type: none"> ❖ 10

A1. Information and Raising Awareness

INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>4.2.5. Raise, through print and audiovisual media, public recognition of 171 Quitline, 184 SABIM Hotline (for complaints related to tobacco), Green Detector and CCs which provide services related to tobacco use and prevention of passive exposure</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of news reports covered by the national media about 171 Quitline, 184 SABIM hotline, Green Detector and cessation clinics 	❖ 2	❖ 6	❖ 6	❖ 6	❖ 6	❖ 6
<p>4.2.6. Make news reports of selected success stories from 171 quitline and cessation clinics</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information 	<ul style="list-style-type: none"> ❖ Number of news reports on success stories 	❖ 6 new success stories covered every year	❖ 6 new success stories covered every year	❖ 6 new success stories covered every year	❖ 6 new success stories covered every year	❖ 6 new success stories covered every year	❖ 6 new success stories covered every year
<p>4.2.7. Monitor frequency of coverage of tobacco control activities in the media</p>	<ul style="list-style-type: none"> ❖ Directorate General of Press and Information ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of implementation of data monitoring mechanism 	❖ Begin monitoring data	❖ Monitor data and prepare feedback reports for institutions	❖ Maintain the system	❖ Maintain the system	❖ Maintain the system	❖ Maintain the system



A1. Information and Raising Awareness								
INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
4.3. Conduct activities on social media to increase the visibility and effectiveness of tobacco control efforts								
4.3.1. Develop training, awareness and certificate programs for social media personages and role models to help them support tobacco control activities	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of persons disseminating messages 	❖ 20	❖ 20	❖ 20	❖ 20	❖ 20	
4.3.2. Create a social media platform to disseminate informative messages on tobacco control	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of messages disseminated 	❖ 400	❖ 500	❖ 600	❖ 700	❖ 800	❖ 1000
4.3.3. Institutions to share messages from official social media accounts on special days and weeks (World No Tobacco Day, Quit Smoking Day, Green Crescent Week etc.)	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ All CDP member institutions 	<ul style="list-style-type: none"> ❖ Number of institutions disseminating messages 	❖ All CDP member institutions	❖ All CDP member institutions	❖ All CDP member institutions	❖ All CDP member institutions	❖ All CDP member institutions	❖ All CDP member institutions



A1. Information and Raising Awareness						
INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population						
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets			
			2018	2019	2020	2021
<p>4.3.4. Place unskippable pop-ups and banners including relevant images and videos at the beginning or inside most popular videos on the Internet and doodles on social networks and websites most commonly visited by target users including forums, blogs, online games and online shopping sites</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information ❖ Turkish Green Crescent Society ❖ Universities 	<ul style="list-style-type: none"> ❖ Number of videos and banners prepared ❖ Number of pop-up and banner placements 	<ul style="list-style-type: none"> ❖ Develop 5 videos and 10 banners 	<ul style="list-style-type: none"> ❖ Continue to use the materials 	<ul style="list-style-type: none"> ❖ Develop 5 videos and 10 banners 	<ul style="list-style-type: none"> ❖ Continue to use the materials
<p>4.3.5. Prepare viral videos on the impacts and harms of tobacco use and ensure dissemination on digital media channels</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ ITCA ❖ CSO 	<ul style="list-style-type: none"> ❖ Number of viral videos prepared 	<ul style="list-style-type: none"> ❖ 2 	<ul style="list-style-type: none"> ❖ 2 	<ul style="list-style-type: none"> ❖ 3 	<ul style="list-style-type: none"> ❖ 4
<p>4.3.6. Working on building community advocacy on the negative image associated with tobacco use and harms of passive exposure on community blogs and forums etc. which are popular among young people</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Directorate General of Press and Information ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Status of implementation of the activity 	<ul style="list-style-type: none"> ❖ Create and operationalize a social media team for the activity 	<ul style="list-style-type: none"> ❖ Social media team to continue with the activity 	<ul style="list-style-type: none"> ❖ Social media team to continue with the activity 	



A1. Information and Raising Awareness						
INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population						
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets			
			2018	2019	2020	2021
<p>4.4. Organize education and information activities in public areas and events (concerts, shopping malls, festivals, art events etc.).</p>						
<p>4.4.1. Open stands where carbon monoxide in breath is measured and information brochures are distributed and maintain public information activities on special days and weeks related to tobacco control (e.g. 21 May, 9 February, World COPD Day) in shopping malls, cinemas, squares, festivals and similar public areas where people gather</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Turkish Green Crescent Society ❖ Municipalities 	<ul style="list-style-type: none"> ❖ Number of events per province in 1 year 	❖ At least 6 events	❖ At least 6 events	❖ At least 6 events	❖ At least 6 events
<p>4.4.2. Provide information to students, young people and citizens about harms of tobacco products and secondhand smoke through religious discourses, Friday sermons, special proselytization programs, conferences, seminars, panels at mosques, Quran tutoring centers, Family and Religious Counseling Bureaus, dormitories and other places deemed appropriate by local religious departments</p>	<ul style="list-style-type: none"> ❖ Department of Religious Affairs ❖ Ministry of Health ❖ Turkish Green Crescent Society ❖ Ministry of Youth and Sports ❖ Ministry of Family and Social Policies 	<ul style="list-style-type: none"> ❖ Increase in the number of religious discourses, special proselytization sessions, conferences seminars, panels etc. on harms of tobacco compared to previous year (%) 	❖ 50%	❖ 50%	❖ 50%	❖ 50%

A1. Information and Raising Awareness

INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>4.4.3. Use billboards, announcement means on public transportation vehicles, outdoor TVs and similar means and spaces to inform the public on tobacco use and its harms</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Union of Municipalities ❖ Ministry of Internal Affairs 	<ul style="list-style-type: none"> ❖ Number of implementing provinces 	❖ 20	❖ 40	❖ 50	❖ 60	❖ 70	❖ 81
<p>4.4.4. GSM operators to send informative SMS messages to subscribers on harms of tobacco products and secondhand smoke</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Information Technologies and Communications Authority 	<ul style="list-style-type: none"> ❖ Number of SMS messages sent in 1 year 	❖ 300.000	❖ 500.000	❖ 1.000.000	❖ 2.000.000	❖ 2.000.000	❖ 2.000.000
<p>4.4.5. Carry out information activities on harms of tobacco products at youth centers, dormitories, youth camps, scout camps etc. through the lifelong learning program, driving courses, public education courses, premarital counseling programs etc.</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Family and Social Policies ❖ Ministry of National Education ❖ Ministry of Youth and Sports ❖ Union of Municipalities ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Number of programs where information on harms of tobacco product was provided 	❖ 7	❖ 7	❖ 7	❖ 7	❖ 7	❖ 7



A1. Information and Raising Awareness								
INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>4.4.6. Carry out special information programs on the health and social harms of tobacco use and the tactics of the tobacco industry for women to empower them for protecting themselves and their families</p>	<ul style="list-style-type: none"> ❖ Ministry of Family and Social Policies ❖ Local Administrations ❖ Ministry of Health ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Status of program implementation 	<ul style="list-style-type: none"> ❖ Develop training modules and other documents ❖ Start training selected volunteers 	<ul style="list-style-type: none"> ❖ Train additional 500 volunteers 	<ul style="list-style-type: none"> ❖ Train additional 500 volunteers 	<ul style="list-style-type: none"> ❖ Train additional 500 volunteers 		
<p>4.4.7. Develop and implement working algorithms for protecting out-of-school children of secondary education age from tobacco dependence</p>	<ul style="list-style-type: none"> ❖ Ministry of Family and Social Policies ❖ Ministry of National Education ❖ Ministry of Health ❖ TEA ❖ Ministry of Health ❖ Turkish Green Crescent Society 	<ul style="list-style-type: none"> ❖ Status of starting activity ❖ Percentage of children reached 	<ul style="list-style-type: none"> ❖ Develop the algorithms ❖ Identify number of children included and not included in the employment system by province 	<ul style="list-style-type: none"> ❖ 50% 	<ul style="list-style-type: none"> ❖ 60% 	<ul style="list-style-type: none"> ❖ 70% 	<ul style="list-style-type: none"> ❖ 80% 	<ul style="list-style-type: none"> ❖ 90%



A1. Information and Raising Awareness							
INITIATIVE 4: Continue with information activities on health and social hazards of tobacco products and prevention to cover the whole population							
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
4.4.8. Deliver awareness trainings to athletes attending to Athlete Training Centers (ATCs) and Olympic Preparation Centers of Turkey (OPCTs)	<ul style="list-style-type: none"> ❖ Ministry of Youth and Sports ❖ Turkish Green Crescent Society ❖ Ministry of Health ❖ Sports Federations 	<ul style="list-style-type: none"> ❖ Number of trained athletes at ATC and OPCT 	<ul style="list-style-type: none"> ❖ Additional 250 	<ul style="list-style-type: none"> ❖ Additional 250 	<ul style="list-style-type: none"> ❖ All 	<ul style="list-style-type: none"> ❖ All 	<ul style="list-style-type: none"> ❖ All
4.4.9. Publicly reward individuals and organizations with outstanding efforts in tobacco control	<ul style="list-style-type: none"> ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Number of activities organized 	<ul style="list-style-type: none"> ❖ 81 	<ul style="list-style-type: none"> ❖ 81 	<ul style="list-style-type: none"> ❖ 81 	<ul style="list-style-type: none"> ❖ 81 	<ul style="list-style-type: none"> ❖ 81



A2. Cessation

Aim: To improve and scale up tobacco dependence treatment services and increase success rates of tobacco dependence treatment

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Success rate of cessation clinics (percentage of persons who have not smoked for at least 1 year after quitting) (%)	16.4 ³	20	22	24	28	32	36
2.	Percentage of persons having quit with the assistance of 171 quitline (percentage of persons who have not smoked for at least 1 year after quitting) (%)	8 ⁴	10	11	12	13	14	15
3.	Percentage of tobacco users visiting family physicians who have received brief clinical interventions (%)		Baseline assessment	90	95	97	98	98
4.	Percentage of outpatient care users at secondary and tertiary healthcare facilities who have been inquired for smoking status (%)		Baseline assessment	80	85	90	93	93
5.	Percentage of clients aged 15+ visiting physicians for any health problem who have been inquired for smoking status (%)	46 ²		70		80		90
6.	Percentage of smoker clients aged 15+ visiting physicians for any health problem who have been recommended to quit (%)	87.4 ²		90		95		100

² TUGATS (2016)

³TUBATIS [Tobacco Dependence and Treatment Follow-up System]

⁴171 Quitline Data



A2. Cessation

Initiative 1: Conduct brief clinical interviews with individuals presenting to health facilities at all encounters

Activity	Responsible and Collaborating Institutions/Or ganizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
1.1. Ensure that physicians and dentists apply brief clinical intervention (learn, recommend, measure)								
1.1.1. Brief physicians and dentists on brief clinical intervention	❖ Ministry of Health	❖ Percentage of briefed physicians and dentists	❖ Develop module and disseminate in the field	❖ 100%	❖ 100%	❖ 100%	❖ 100%	❖ 100%
1.1.2. Introduce mandatory inquiry of tobacco use status on HMS and FMIS	❖ Ministry of Health	❖ Status on integration of information systems	❖ Complete necessary infrastructure and legislation work	❖ Integrate into information systems and launch the application	❖ Maintain implementation	❖ Maintain implementation	❖ Maintain implementation	❖ Maintain implementation
1.1.3. Include brief clinical intervention in performance indicators	❖ Ministry of Health	❖ Status of incorporation into performance indicators	❖ Complete technical and legislation work	❖ Included in performance indicators	❖ Improve and maintain implementation	❖ Improve and maintain implementation	❖ Improve and maintain implementation	❖ Improve and maintain implementation
1.2. Ensure that non-physician health workers apply brief clinical intervention								
1.2.1. Brief non-physician health workers on brief clinical intervention	❖ Ministry of Health	❖ Percentage of briefed non-physician health workers	❖ Develop training module, disseminate and roll out	❖ 60%	❖ 70%	❖ 80%	❖ 90%	❖ 100%



A2. Cessation

Initiative 1: Conduct brief clinical interviews with individuals presenting to health facilities at all encounters

Activity	Responsible and Collaborating Institutions/Or ganizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
1.3. Organize training of trainers sessions for health workers and auxiliary health staff working at primary care facilities (FHCs and CHCs)	<ul style="list-style-type: none"> ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Percentage of auxiliary health staff trained in dependence prevention 	<ul style="list-style-type: none"> ❖ Develop training modules ❖ Train 162 people as trainers ❖ Launch trainings 	❖ 100%	❖ Train new and untrained auxiliary health staff	❖ Train new and untrained auxiliary health staff	❖ Train new and untrained auxiliary health staff	❖ Train new and untrained auxiliary health staff



A2. Cessation

Initiative 2: Strengthen cessation services

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
2.1. Increase number of units providing cessation services								
2.1.1. Scale up cessation clinics in primary care centers other than FHCs	❖ Ministry of Health	❖ Proportion of CCs at primary level to all institutions (%)	❖ 70	❖ 90	❖ 90	❖ 100	❖ 100	❖ 100
2.1.2. Family health centers to provide cessation services	❖ Ministry of Health	❖ Proportion of CCs at family health centers to all centers (%)	❖ 60	❖ 70	❖ 80	❖ 90	❖ 100	❖ 100
2.1.3. Scale up CCs in secondary and tertiary care facilities	❖ Ministry of Health ❖ SSI	❖ Number of CCs in secondary and tertiary care facilities	❖ 333	❖ 400	❖ 450	❖ Additional 50 if needed	❖ Additional 50 if needed	❖ Additional 50 if needed
2.1.4. Integrate Family Medicine Information System (FMIS) with 171 quitline	❖ Ministry of Health ❖ SSI	❖ Status of integration	❖ Provide technical infrastructure and software	❖ Integration is in place				



A2. Cessation

Initiative 2: Strengthen cessation services

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
2.1.5. Ensure continuity of pharmacological therapies for cessation offered by CCs	❖ Ministry of Health	❖ Number of users to benefit from free cessation drugs and preparations	❖ 200.000	❖ 300.000	❖ 400.000	❖ 500.000	❖ 500.000	❖ 500.000
2.1.6. Include tobacco dependence treatment in the Health Implementing Regulation [reimbursement list]	❖ Ministry of Health	❖ Status of including tobacco dependence treatment in the Health Implementing Regulation	❖ Complete necessary technical work and draft legislation	❖ Tobacco dependence treatment is included in the Health Implementing Regulation				
2.1.7. Amend the supplementary payment regulation to improve the status of staff working at CCs	❖ Ministry of Health	❖ Legislation is in place	❖ Legislation drafted	❖ Legislation is enforced	❖ Assess and revise legislation as necessary			
2.2. Raise quality of the service								
2.2.1. Require family physicians to complete the distance training module on tobacco cessation treatment	❖ Ministry of Health	❖ Percentage of trained family physicians	❖ Provide technical infrastructure and software	❖ 70%	❖ 100%	❖ 100%	❖ 100%	❖ 100%



A2. Cessation

Initiative 2: Strengthen cessation services

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
2.2.2. Revise and update CC legislation in line with current needs	❖ Ministry of Health	❖ Status of legislation amendment	❖ Review current practice and legislation with stakeholders and draft legislation	❖ New legislation is enforced					
2.2.3. Provider refresher trainings to all health workers at CCs on tobacco dependence and treatment	❖ Ministry of Health	❖ Percentage of health staff who have received the refresher training		❖ 100%			❖ 100%		
2.2.4. Evaluate services and performance of CCs regularly	❖ Ministry of Health	❖ Status of evaluating success rates of clinics and provinces	❖ Develop performance criteria and evaluation standards	❖ Prepare performance report and use the report in the reward and incentive mechanism			❖ Prepare performance report and use the report in the reward and incentive mechanism		❖ Prepare performance report and use the report in the reward and incentive mechanism



A2. Cessation						
INITIATIVE 3: Improve cessation support programs and practices						
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets			
			2018	2019	2020	2021
3.1. Strengthen the services of the Quitline						
3.1.1. Monitor and evaluate Quitline services regularly and update the delivery algorithm as necessary	❖ Ministry of Health	❖ Status of conducting performance evaluation every two years	❖ Prepare performance report and use the report in the reward and incentive system ❖ Update service delivery algorithm as necessary	❖ Prepare performance report and use the report in the reward and incentive system ❖ Update service delivery algorithm as necessary	❖ Prepare performance report and use the report in the reward and incentive system ❖ Update service delivery algorithm as necessary	❖ Prepare performance report and use the report in the reward and incentive system ❖ Update service delivery algorithm as necessary
3.1.2. Organize regular in-service trainings for Quitline staff	❖ Ministry of Health	❖ Number of trainings organized in one year	❖ 2	❖ 2	❖ 2	❖ 2
3.2. Strengthen digital cessation services (e.g. via websites, SMS services, virtual media and social media)						
3.2.1. Improve and diversify smart phone apps (cessation software, CO measurement etc.)	❖ Ministry of Health	❖ Status of developing smart phone app	❖ Develop software infrastructure and framework and determine necessary budget	❖ Develop and launch smart phone app	❖ Evaluate the program and update as necessary	❖ Evaluate the program and update as necessary



A2. Cessation

INITIATIVE 3: Improve cessation support programs and practices

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
3.2.2. Improve and diversify the content of web applications	❖ Ministry of Health	❖ Status of developing the web application	❖ Conduct impact assessment and identify needs	❖ Update website in line with identified needs	❖ Keep content up-to-date	❖ Update content as necessary	❖ Keep content up-to-date	❖ Keep content up-to-date
3.3.Promote cessation								
3.3.1. Organize Quit & Win Campaigns	❖ Ministry of Health	❖ Number of events per province in 1 year	❖ 2 (organize on 9 February and 31 May)	❖ 2 (organize on 9 February and 31 May)	❖ 2 (organize on 9 February and 31 May)	❖ 2 (organize on 9 February and 31 May)	❖ 2 (organize on 9 February and 31 May)	❖ 2 (organize on 9 February and 31 May)
3.3.2. Introduce positive discrimination practices for nonsmoking staff (e.g. quitting work 30 minutes earlier, adding 7 days to paid annual leave, lowering insurance premium contributions, reduced tax for establishments with no smoking staff, preferential selection of nonsmoking candidates at recruitment, increasing child and family aid for nonsmoking staff)	❖ CDP member institutions	❖ Status of legislation amendment ❖ Number of participating establishments ❖ Number of participating public institutions	❖ Review and update existing legislation ❖ Launch implementation among public institutions and establishments owned by private legal persons on voluntary basis ❖ Identify participating establishments and public institutions	❖ Implement drafted legislation ❖ Start implementation in all public institutions in accordance with the legislation ❖ 20% increase in the number of participating establishments compared to previous year	❖ 20% increase in the number of participating establishments compared to previous year	❖ At least 30% of the establishments throughout the country have participated	❖ At least 40% of the establishments throughout the country have participated	❖ At least 50% of the establishments throughout the country have participated



A2. Cessation								
INITIATIVE 3: Improve cessation support programs and practices								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
3.3.3. Introduce new regulations and practices to motivate premarital couples to quit (e.g. compulsory visit to the cessation clinic, providing drugs and patches free of charge)	<ul style="list-style-type: none"> ❖ Municipalities ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Percentage of smoker applicants who have received cessation service 	❖ 20%	❖ 50%	❖ 70%	❖ 90%	❖ 95%	❖ 95%



A2. Cessation

INITIATIVE 4: Motivate special target groups to quit and offer cessation support

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets							
			2018	2019	2020	2021	2022	2023		
<p>4.1. Plan special cessation services for pregnant women, people under 18 years of age and people with NCDs</p>										
<p>4.1.1. Develop clinical guidelines suitable to the context of the country for special cessation treatment for pregnant women and people aged 18 years or younger</p>	<p>❖ Ministry of Health</p>	<p>❖ Start working with professional organizations to develop the guidelines</p> <p>❖ Status of drafting the guidelines</p>		<p>❖ Publish the guidelines and disseminate nationally</p>						
<p>4.1.2. Specialized units to deliver tobacco dependence treatment for pregnant women and young people aged 18 years or younger are in place</p>	<p>❖ Ministry of Health</p>	<p>❖ Number of tobacco special cessation clinics for pregnant women, people under 18 years of age and people with NCDs</p>	<p>❖ 2</p>	<p>❖ 20</p>	<p>❖ 35</p>	<p>❖ 45</p>	<p>❖ 60</p>	<p>❖ 70</p>		



A2. Cessation									
<i>INITIATIVE 4: Motivate special target groups to quit and offer cessation support</i>									
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
4.1.3. Introduce no smoking as a prerequisite for prospective parents who wish to be reimbursed for IVF treatment	❖ Ministry of Health	❖ Status of legislation development		❖ Legislation is enforced					



A3. Pricing and Taxation

Aim: To reduce demand for tobacco products by increasing the tax burden on tobacco products and increasing their price further

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Ratio of average price of 100 cigarette packages to GDP per capita (%)	2,7 ⁵	2,74	2,77	2,85	2,96	3,1	3,21
2.	Ratio of monthly minimal wage to the cheapest price of 30 packages of cigarettes	6,24 ⁵	6,19	6,14	5,97	5,75	5,52	5,30

⁵Ministry of Finance, 2017 data



A3. Pricing and Taxation						
INITIATIVE 1: Raise taxes by considering both the ratio of GDP per capita and increases in minimal wage						
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets			
			2018	2019	2020	2021
1.1. Raise taxes to levels which will ensure achieving the goal indicators as a minimum	❖ Ministry of Finance	❖ Status of tax increase which will raise cigarette prices	❖ Revise current system to enable increases in cigarette prices to reduce access of children and young people in particular, draft necessary legislation amendment	❖ Implement the new tax system	❖ Implement the new tax system	❖ Implement the new tax system
1.2. Maintain the automated price increase mechanism in a way to make sure that increases in the prices of tobacco products are higher than the purchasing power						
1.2.1. Maintain the existing practice of excise tax increases on tobacco products in January and July	❖ Ministry of Finance	❖ Status of automatic price increases in every January and July	❖ Prices are raised in January and July	❖ Prices are raised in January and July	❖ Prices are raised in January and July	❖ Prices are raised in January and July



A3. Pricing and Taxation

INITIATIVE 1: Raise taxes by considering both the ratio of GDP per capita and increases in minimal wage

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
1.3. Increase the tax rates on cheroots and cigarillos at least to the level of taxes on tobacco products	❖ Ministry of Finance	❖ Proportion of the tax rate applied to cheroots and cigarillos to that of cigarettes	❖ 0,6	❖ 1	❖ 1	❖ 1	❖ 1	❖ 1



A3. Pricing and Taxation									
INITIATIVE 2: Increase taxes payable by entities that generate revenues out of manufacturing, sales and presentation of tobacco products									
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
2.1. Increase tax rates on imported tobacco	❖ Ministry of Finance	❖ Status of adoption of legislation	❖ Draft legislation on a new tax system applicable to imported tobacco	❖ Legislation is enforced					
2.2. Define a new budget line in the global budget to be funded by earmarking a certain share of the amounts billed to suppliers by dealers of tobacco products, shisha cafés and other persons and entities selling and / or presenting tobacco and tobacco products for use in tobacco control activities in addition to the existing excise tax and VAT	❖ Ministry of Finance ❖ Ministry of Health	❖ Status of adoption of legislation	❖ Draft legislation	❖ Legislation is enforced					



A4. Prevent Passive Exposure to Tobacco Smoke

Aim: To prevent health hazards associated with passive exposure to tobacco smoke and encourage smokers to quit

Number	Indicator	Baseline	Targets							
			2018	2019	2020	2021	2022	2023		
1.	Passive exposure at home among students aged 13-15 years of age (%)	46,1 ¹		40			30			20
2.	Passive exposure among students aged 13-15 years of age in indoor areas where smoking is banned by the Law 4207 (%)	51,8 ¹		45			35			25
3.	Students aged 13-15 years who have witnessed tobacco use inside school buildings or outdoor areas of schools where smoking is banned by the Law 4207 (%)	59,3 ¹		20			10			5
4.	Passive exposure among individuals aged 15+ at cafés or coffeehouses (%)	28,0 ²		20			15			10
5.	Passive exposure among individuals aged 15+ at restaurants (%)	12,7 ²		10			7			5
6.	Passive exposure among individuals aged 15+ in commercial cabs (%)	16,0 ²		10			7			5
7.	Passive exposure among individuals aged 15+ at schools / education institutions (%)	7,1 ²		6			4			2
8.	Passive exposure among individuals aged 15+ at health facilities (%)	4,4 ²		3			2			1
9.	Passive exposure among individuals aged 15+ in public buildings (%)	4,7 ²		3			2			1
10.	Passive exposure among individuals aged 15+ in private vehicles (%)	82,3 ²		80			75			60
11.	Two-hour response rate in spring (%)	44,5 ⁵	55	60	70		80	90		90
12.	Violations detected during audits induced by tip-offs (%)	11,50 ⁵	20	30	40		50	60		70
13.	Violations detected during routine audits (%)	0,60 ⁵	1	3	5		5	3		2

1 GYTS (2017)

2 GATS (2016)

5 SIMAZAS data



A4. Prevent Passive Exposure to Tobacco Smoke										
INITIATIVE 1: Expand the Scope of the Smoke-Free Air Zone										
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets							
			2018	2019	2020	2021	2022	2023		
1.1. Designate areas at risk of passive exposure as smoke-free areas										
1.1.1. Strengthen the definition of smoke-free areas in front of the entrance and exit doors of busy public places like shopping malls, airports and public buildings by including the definition in the law	❖ Ministry of Health	❖ Status of adoption of legislation	❖ Draft legislation	❖ Legislation is enforced						
1.1.2. Develop legislation to ban tobacco use in playgrounds, exercising areas such as walking tracks and outdoor areas of places of worship	❖ Ministry of Health	❖ Status of adoption of legislation	❖ Draft legislation	❖ Legislation is enforced						
1.1.3. Update legislation to limit the number of smoking-permitted guest rooms in hotels to 30%	❖ Ministry of Health	❖ Status of adoption of legislation	❖ Draft legislation	❖ Legislation is enforced						
1.1.4. Develop legislation to restrict tobacco use in the outdoor areas of hospitals, restaurants and other establishments, university campuses, pools and beaches	❖ Ministry of Health	❖ Status of adoption of legislation	❖ Draft legislation	❖ Legislation is enforced						



A4. Prevent Passive Exposure to Tobacco Smoke										
INITIATIVE 1: Expand the Scope of the Smoke-Free Air Zone										
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets							
			2018	2019	2020	2021	2022	2023		
1.2. Designate areas occupied by people at risk of passive exposure as smoke-free areas										
1.2.1. Develop legislation to ban tobacco use in households and private vehicles with occupants who are pregnant or under 18 years of age or people with chronic diseases like COPD, heart disease etc.	❖ Ministry of Health	❖ Status of adoption of legislation	❖ Draft legislation	❖ Legislation is enforced						



A4. Prevent Passive Exposure to Tobacco Smoke							
INITIATIVE 2: Strengthen Smoke-Free Air Zone Audits							
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
2.1. Strengthen audits for preventing violations at public institutions and agencies							
2.1.1. Organize trainings for staff members at public institutions who are tasked with imposing sanctions on violations	<ul style="list-style-type: none"> ❖ All public institutions and agencies ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Percentage of public institutions with trained and authorized staff 	❖ 20%	❖ 100%	❖ 100%	❖ 100%	❖ 100%
2.1.2. Develop legislation which provides for imposing sanctions chiefs of units at public institutions where violation has occurred	<ul style="list-style-type: none"> ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of adoption of legislation 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Legislation is enforced 			
2.1.3. Include audits of public institutions and agencies in annual audit plans	<ul style="list-style-type: none"> ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Percentage of public institutions audited at least 3 times a year 	<ul style="list-style-type: none"> ❖ 50% 	<ul style="list-style-type: none"> ❖ 80% 	<ul style="list-style-type: none"> ❖ 100% 	<ul style="list-style-type: none"> ❖ 100% 	<ul style="list-style-type: none"> ❖ 100%



A4. Prevent Passive Exposure to Tobacco Smoke

INITIATIVE 2: Strengthen Smoke-Free Air Zone Audits

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
<p>2.1.4. Include a standard article in contracts for leasing public property to third parties which provides that detection of violation of smoking bans in the property as laid down in the Law 4207 will result in unilateral termination of the contract</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ All public institutions and agencies 	<ul style="list-style-type: none"> ❖ Status of legislation development 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Enforce legislation and include relevant provisions in contracts 			
<p>2.2. Strengthen audits for preventing passive exposure in all public and private mass transportation vehicles and private vehicles</p>							
<p>2.2.1. Work on using MOBESI and TECS footage for detecting violations</p>	<ul style="list-style-type: none"> ❖ Ministry of Internal Affairs ❖ Ministry of Health ❖ Local Administrations 	<ul style="list-style-type: none"> ❖ Status of adoption of legislation 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Legislation is enforced 			
<p>2.2.2. Include representatives of the print and visual media in audits of private vehicles and public transportation vehicles periodically</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Turkish National Police ❖ Ministry of Internal Affairs (Municipalities) 	<ul style="list-style-type: none"> ❖ Number of yearly audits 	<ul style="list-style-type: none"> ❖ 6 	<ul style="list-style-type: none"> ❖ 12 	<ul style="list-style-type: none"> ❖ 12 	<ul style="list-style-type: none"> ❖ 12 	<ul style="list-style-type: none"> ❖ 12



A4. Prevent Passive Exposure to Tobacco Smoke

INITIATIVE 2: Strengthen Smoke-Free Air Zone Audits

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
<p>2.3. Strengthen audits for preventing violations in indoor and outdoor areas where use of tobacco products is banned by the law</p>							
<p>2.3.1. Hold information meetings with establishment owners and CSOs such as chambers of tradesmen</p>	<ul style="list-style-type: none"> ❖ Chambers of Tradesmen etc. ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Number of meetings with establishment owners and chambers of tradesmen in a year (per province) 	❖ Hold meetings twice a year	❖ Hold meetings 4 times a year	❖ Hold meetings 4 times a year	❖ Hold meetings 4 times a year	❖ Hold meetings 4 times a year
			❖ Conduct 2 audits	❖ Conduct 2 audits	❖ Conduct 2 audits	❖ Conduct 2 audits	❖ Conduct 2 audits
<p>2.3.2. Include senior managers and representatives of the print and visual media in audits periodically</p>	<ul style="list-style-type: none"> ❖ Ministry of Internal Affairs (Governors) ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Number of audits with participation of senior managers and media representatives (per province) 	❖ Conduct 2 audits	❖ Conduct 2 audits	❖ Conduct 2 audits	❖ Conduct 2 audits	❖ Conduct 2 audits
			❖ Conduct cross-province audits 6 times a year	❖ Conduct cross-province audits 6 times a year	❖ Conduct cross-province audits 6 times a year	❖ Conduct cross-province audits 6 times a year	❖ Conduct cross-province audits 6 times a year
<p>2.3.3. Expand cross-province/district audits</p>	<ul style="list-style-type: none"> ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Number of cross-province audits ❖ Number of cross-district audits 	❖ Conduct cross-province audits 6 times a year	❖ Conduct cross-province audits 6 times a year	❖ Conduct cross-province audits 6 times a year	❖ Conduct cross-province audits 6 times a year	❖ Conduct cross-province audits 6 times a year
			❖ Conduct cross-district audits 12 times a year	❖ Conduct cross-district audits 12 times a year	❖ Conduct cross-district audits 12 times a year	❖ Conduct cross-district audits 12 times a year	❖ Conduct cross-district audits 12 times a year



A4. Prevent Passive Exposure to Tobacco Smoke

INITIATIVE 2: Strengthen Smoke-Free Air Zone Audits

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
2.3.4. Develop legislation for using voluntary inspectors in audits	❖ Ministry of Health	❖ Status of legislation development	❖ Draft legislation	❖ Legislation is enforced					
2.3.5. Incorporate the definition of indoor area which is consistent with international standards in the Law	❖ Ministry of Health	❖ Status of legislation development	❖ Draft legislation	❖ Legislation is enforced					
2.3.6. Set up a monitoring system for following on suspension penalties imposed on violating establishments	❖ Ministry of Health ❖ Ministry of Internal Affairs (Municipalities)	❖ Status of implementation	❖ Establish monitoring system	❖ Monitor the system and notify provincial health directorate of the date of execution of suspension penalties 15 days beforehand	❖ Monitor the system and notify provincial health directorate of the date of execution of suspension penalties 15 days beforehand	❖ Monitor the system and notify provincial health directorate of the date of execution of suspension penalties 15 days beforehand	❖ Monitor the system and notify provincial health directorate of the date of execution of suspension penalties 15 days beforehand	❖ Monitor the system and notify provincial health directorate of the date of execution of suspension penalties 15 days beforehand	❖ Monitor the system and notify provincial health directorate of the date of execution of suspension penalties 15 days beforehand



A4. Prevent Passive Exposure to Tobacco Smoke

INITIATIVE 2: Strengthen Smoke-Free Air Zone Audits

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>2.3.7. Develop legislation to require suspended to post an announcement indicating the violation of the Law 4207 in a visible manner</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Internal Affairs (Municipalities) 	<ul style="list-style-type: none"> ❖ Status of adoption of legislation 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Legislation is enforced 				
<p>2.3.8. Promote participation in audit teams</p>	<ul style="list-style-type: none"> ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of adoption of the legislation on the incentive mechanism 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Legislation is enforced 				
<p>2.3.9. Plan for a minimum for three 7/24 audit teams in districts in accordance with the number of establishments and population</p>	<ul style="list-style-type: none"> ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Percentage of districts with at least 2 audit teams 	<ul style="list-style-type: none"> ❖ 30% 	<ul style="list-style-type: none"> ❖ 50% 	<ul style="list-style-type: none"> ❖ 70% 	<ul style="list-style-type: none"> ❖ 90% 	<ul style="list-style-type: none"> ❖ 100% 	<ul style="list-style-type: none"> ❖ 100%
<p>2.3.10. Ensure that each team includes a fixed cadre of certified auditors including at least 1 law enforcement officer, 1 health worker, 1 municipal police, and members from the Ministry of Food, Agriculture and Livestock and Ministry of National Education if required by the local civil administrator</p>	<ul style="list-style-type: none"> ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of implementation 	<ul style="list-style-type: none"> ❖ Develop necessary legislation and start implementation 	<ul style="list-style-type: none"> ❖ Expand implementation around the country and standardize teams 				



A4. Prevent Passive Exposure to Tobacco Smoke

INITIATIVE 2: Strengthen Smoke-Free Air Zone Audits

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
2.3.11. Improve the distance education system to enhance competencies of audit teams	❖ Ministry of Health	❖ Percentage of trained audit staff	❖ 50%	❖ 100%	❖ 100%	❖ 100%	❖ 100%	❖ 100%
2.3.12. Improve nicotine particle measurement systems	❖ TÜBİTAK ❖ Ministry of Health	❖ Status of developing the system			❖ Prepare a project for the development of the system	❖ Launch project and start R&D	❖ Based on positive R&R results, pilot the project in 16 metropolitan cities	❖ Develop necessary legislation and implement throughout the country
2.3.13. Institutions assigning members of audit teams are to select them from their own audit units (e.g. food audit units) and authorize them to conduct tobacco audits	❖ Ministry of Health ❖ Ministry of Internal Affairs (Governorships)	❖ Status of implementation	❖ Draft legislation	❖ Start implementation				
2.3.14. Introduce a mechanism whereby audit teams are directly attached to governorships and are paid bonuses from the budget of provincial tobacco control boards	❖ Ministry of Health	❖ Status of implementation	❖ Draft legislation	❖ Start implementation				
2.13.15. Introduce a performance scorecard system for all members of provincial tobacco control boards and ensure incorporation of sanctions related to performance scorecards in the legislation of the respective institutions	❖ Ministry of Health	❖ Status of implementation	❖ Draft legislation	❖ Start implementation				



A5. Advertising, Promotion and Sponsorship

Aim: To prevent the behaviors of experimenting, starting and continuing tobacco use by eliminating the means of reaching out to children and young people in particular

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Students aged 13-15 years who consider quitting because of the health warnings on cigarette packages (%)	22,9 ¹	30			40		50
2.	Students aged 13-15 years who have seen tobacco advertisements or promotions at points of sale in the past 30 days (%)	26,8 ¹	20			10		5
3.	Students aged 13-15 years who have seen people using tobacco when they watched TV, videos or movies during the past 30 days (%)	66,5 ¹	50			30		10
4.	Students aged 13-15 years who were offered a free tobacco product by a tobacco company representative (%)	8,6 ¹	5			3		1
5.	Individuals aged 15+ years who have seen any advertisement, sponsorship or promotion (%)	17,7 ²	10			7		5
6.	Individuals aged 15+ years who have seen cigarette advertisements on TV (%)	9,5 ²	7			5		3
7.	Individuals aged 15+ years who have seen cigarette advertisements on the Internet (%)	4,3 ²	4			3		2
8.	Individuals aged 15+ years who have witnessed free distribution of any tobacco product (%)	3,1 ²	2			1		1
9.	Smokers aged 15+ years who have considered quitting because of the pictorial health warnings on the cigarette packages (%)	33,2 ²	50			55		60

1. GYTS (2017)

2. GATS (2016)



A5. Advertising, Promotion and Sponsorship

INITIATIVE 1: Prevent all advertising, promotion and sponsorship activities at points of sale

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
1.1. Prepare legislation for introducing the exclusive dealership system	❖ Ministry of Food, Agriculture and Livestock	❖ Status of adoption of legislation	❖ Draft legislation	❖ Legislation is enforced					
1.2. Develop legislation to ensure that pictorial health warnings are posted at points of sale	❖ Ministry of Food, Agriculture and Livestock	❖ Status of adoption of legislation	❖ Draft legislation	❖ Adopt and enforce legislation		❖ Pictorial warnings are in place at all points of sale	❖ Pictorial warnings are in place at all points of sale	❖ Pictorial warnings are in place at all points of sale	❖ Pictorial warnings are in place at all points of sale
1.3. Introduce restrictions on the days and times tobacco products can be sold and presented	❖ Ministry of Food, Agriculture and Livestock	❖ Status of adoption of legislation	❖ Draft legislation	❖ Enforce legislation	❖ Restrictions on the days and times are in place for points of sale and presentation		❖ Restrictions on the days and times are in place for points of sale and presentation	❖ Restrictions on the days and times are in place for points of sale and presentation	❖ Restrictions on the days and times are in place for points of sale and presentation
1.4. Develop legislation for banning sales and presentation of tobacco products in health, education and training, culture and sports facilities and places where alcoholic drinks are sold and presented	❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Internal Affairs	❖ Status of adoption of legislation	❖ Draft legislation	❖ Enforce legislation					



A5. Advertising, Promotion and Sponsorship							
INITIATIVE 1: Prevent all advertising, promotion and sponsorship activities at points of sale							
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
1.5. Designate exclusive sales areas for tobacco products at retail sales of tobacco products and prohibiting access of people under 18 years of age to these areas	❖ Ministry of Health ❖ Ministry of Food, Agriculture and Livestock	❖ Status of adoption of legislation	❖ Draft legislation	❖ Enforce legislation and start implementation in 100% of retail sales points	❖ Implement in 100% of retail sales points	❖ Implement in 100% of retail sales points	❖ Implement in 100% of retail sales points
1.6. Strengthen measures for sales and commercial display of tobacco products at education, health, sports and entertainment facilities							
1.6.1. Strengthen audits	❖ Ministry of Health ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Youth and Sports ❖ Ministry of Internal Affairs	❖ Number of daily routine audits	❖ 7500	❖ 8000	❖ 9000	❖ 9500	❖ 10000



A5. Advertising, Promotion and Sponsorship

INITIATIVE 1: Prevent all advertising, promotion and sponsorship activities at points of sale

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
1.7. Conduct spot checks of compliance of establishments in the process of granting and renewing sales and presentation licenses	❖ Ministry of Food, Agriculture and Livestock	❖ Amend relevant legislation	❖ Draft legislation on spot checks	❖ Conduct spot checks in all establishments carrying sales and presentation licenses and terminate license in case of non-compliance	❖ Spot checks conducted in 100% of establishments	❖ Spot checks conducted in 100% of establishments	❖ Spot checks conducted in 100% of establishments	❖ Spot checks conducted in 100% of establishments
1.8. Develop legislation to ensure that tobacco products at points of sale are stored inside closed cabinets which prevent visibility of the products inside the establishment	❖ Ministry of Food, Agriculture and Livestock	❖ Status of legislation amendment	❖ Draft legislation	❖ At least 50% compliance rate among establishments	❖ At least 70% compliance rate among establishments	❖ At least 80% compliance rate among establishments	❖ 1000% compliance rate among establishments	❖ 1000% compliance rate among establishments



A5. Advertising, Promotion and Sponsorship								
INITIATIVE 2: Update legislation on product packaging in a way to discourage use								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
2.1 Develop legislation to introduce standardized plain packaging	❖ Ministry of Food, Agriculture and Livestock	❖ Status of legislation amendment	❖ Draft legislation	❖ Introduce plain packaging				
2.2. Replace pictorial warnings periodically in accordance with the legislation								
2.2.1. Develop legislation on replacing the catalog of pictorial health warnings periodically	❖ Ministry of Food, Agriculture and Livestock	❖ Status of legislation amendment	❖ Draft legislation	❖ Start using new pictorial warnings		❖ Replace pictorial warnings with new ones		
2.2.2. Create an archive pictorial health warnings relevant to Turkey	❖ Ministry of Food, Agriculture and Livestock	❖ Status of developing a pictorial health warning repository	❖ Draft necessary legislation and start creating the repository	❖ Create repository	❖ Create repository	❖ Create repository	❖ Create repository	❖ Create repository
2.3. Develop a brand-neutral design for parcels used to transport tobacco products	❖ Ministry of Food, Agriculture and Livestock	❖ Status of legislation amendment	❖ Draft legislation	❖ Legislation is enforced				



A5. Advertising, Promotion and Sponsorship

INITIATIVE 3: Strengthen audits concerning advertising, promotion and sponsorship activities

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
3.1. Monitor and prevent Internet advertisements and sales							
3.1.1. Expedite the process of blocking access to websites which advertise and sell tobacco products online	❖ Information Technologies and Communications Authority	❖ Status of legislation amendment	❖ Draft legislation	❖ Legislation is enforced			
3.2. Enforce a single color for vehicles distributing tobacco products and ban any additional texts, images or color combinations etc. on the vehicles	❖ Ministry of Food, Agriculture and Livestock	❖ Status of legislation amendment	❖ Draft legislation	❖ Legislation is enforced			
3.3. Strengthen audits for preventing product promotions in the shops of fuel stations and other establishments	❖ Ministry of Food, Agriculture and Livestock	❖ Number of routine monthly audits (fuel stations)	❖ Audit fuel stations at least 6 times a year	❖ Audit fuel stations at least 6 times a year	❖ Audit fuel stations at least 6 times a year	❖ Audit fuel stations at least 6 times a year	❖ Audit fuel stations at least 6 times a year



A5. Advertising, Promotion and Sponsorship

INITIATIVE 3: Strengthen audits concerning advertising, promotion and sponsorship activities

İNİSYATİF 2: Dumansız hava sahası denetimlerinin güçlendirilmesi

		Targets					
		2018	2019	2020	2021	2022	2023
	Institusyonlar/Organizasyonlar	İncelenecek Kurumlar					
3.4. Strengthen the system for monitoring violations of advertising and covert advertising in coordination with relevant institutions	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health ❖ Ministry of Customs and Trade (Advertisement Board) 	<ul style="list-style-type: none"> ❖ Status of implementation 	<ul style="list-style-type: none"> ❖ Amend legislation as needed 	<ul style="list-style-type: none"> ❖ Set up a unit to monitor advertisements and hidden advertisements in all media 	<ul style="list-style-type: none"> ❖ Maintain the system 		
3.5. Strengthen cooperation with stakeholders to identify organizational social responsibility efforts of the tobacco industry used as a means for advertising, promotion and sponsorship	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health ❖ Ministry of Customs and Trade (Advertisement Board) 	<ul style="list-style-type: none"> ❖ Status of cooperation 	<ul style="list-style-type: none"> ❖ The team has started identifying projects 	<ul style="list-style-type: none"> ❖ Adopt legislation to impose deterrent penalties on parties that condone such activities of the tobacco industry or collude with the industry 			
3.6. Develop a system to identify campaigns and programs of the tobacco industry which encourage young people to use tobacco products and facilitate their access	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health ❖ Ministry of Customs and Trade (Advertisement Board) 	<ul style="list-style-type: none"> ❖ Status of cooperation 	<ul style="list-style-type: none"> ❖ The team has started identifying projects 	<ul style="list-style-type: none"> ❖ Adopt legislation to impose deterrent penalties on parties that condone such activities of the tobacco industry or collude with the industry 			



A5. Advertising, Promotion and Sponsorship

INITIATIVE 3: Strengthen audits concerning advertising, promotion and sponsorship activities

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>3.7. Prevent the tobacco industry from providing financial contribution to hospitality establishments for decoration, renovation or fitting special partitions, showcases, awnings or shades</p>	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Internal Affairs (Municipalities) 	<ul style="list-style-type: none"> ❖ Status of cooperation 	<ul style="list-style-type: none"> ❖ Set up a team to identify such practices of the tobacco industry 	<ul style="list-style-type: none"> ❖ The team has started identifying projects 	<ul style="list-style-type: none"> ❖ Adopt legislation to impose deterrent penalties on parties that condone such activities of the tobacco industry or collude with the industry 			
<p>3.8. Strengthen the expression “on television” in Article 3(6) of the Law 4207 to cover all activities and works of science, culture and arts and align with FCTC in a way to cover all media and all tobacco products and activities</p>	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health ❖ RTSC 	<ul style="list-style-type: none"> ❖ Status of legislation amendment 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Legislation is enforced 				



A5. Advertising, Promotion and Sponsorship								
INITIATIVE 4: Increase the deterrence of administrative fines imposed on points of sales of tobacco products and manufacturers and marketers of tobacco products								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
4.1. Raise the maximum limit of fines imposed on manufacturers and marketers of tobacco in order to increase the deterrent impact of the penalty	❖ Ministry of Food, Agriculture and Livestock	❖ Status of legislation amendment	❖ Draft legislation	❖ Legislation is enforced				
4.2. Disclose fines imposed as a result of the audits								



A5. Advertising, Promotion and Sponsorship

INITIATIVE 5: Protect public health policies on tobacco control from the commercial and other vested interests of the tobacco industry

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>5.1. Require examination of all information and documents of the tobacco industry (i.e. meetings with public institutions and persons and content of meetings, payments made under sponsorship, scholarship or social responsibility projects etc.) by a transparent commission consisting of FCIB (Financial Crimes Investigation Board), Ministry of Food, Agriculture and Livestock and Ministry of Health every 6 months in order to apply FCTC Article 5.3 in the most effective manner</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Finance 	<ul style="list-style-type: none"> ❖ Status of implementation ❖ Number of annual examinations 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Enforce legislation and start examinations 	<ul style="list-style-type: none"> ❖ Two examinations a year 	<ul style="list-style-type: none"> ❖ Two examinations a year 	<ul style="list-style-type: none"> ❖ Two examinations a year 	<ul style="list-style-type: none"> ❖ Two examinations a year



A5. Advertising, Promotion and Sponsorship

INITIATIVE 5: Protect public health policies on tobacco control from the commercial and other vested interests of the tobacco industry

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>5.2. Prevent any support to the tobacco industry including investment incentives or subsidies</p>	<p>❖ Ministry of Food, Agriculture and Livestock</p>	<p>❖ Status of preventing any support to the tobacco industry including investment incentives or subsidies</p>	<p>❖ Enforce legislation and update as needed</p>	<p>❖ Tobacco industry cannot benefit from any incentive mechanism</p>	<p>❖ Tobacco industry cannot benefit from any incentive mechanism</p>	<p>❖ Tobacco industry cannot benefit from any incentive mechanism</p>	<p>❖ Tobacco industry cannot benefit from any incentive mechanism</p>	<p>❖ Tobacco industry cannot benefit from any incentive mechanism</p>



A6. Product Control, Constituents and Disclosure

Aim: To conduct scientific assessments on the carcinogens and toxic constituents in the contents and emissions of tobacco products, improve technical regulation of tobacco products and inform the public on the contents and emissions of tobacco products

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Students aged 13-15 years who consider quitting because of pictorial health warnings (%)	22,9 ¹		25		30		35
2.	Individuals aged 15+ years who consider quitting because of pictorial health warnings (%)	33,2 ²		35		40		50
3.	Reduction in the number of additives in tobacco products (%)	Baseline Analysis		30		50		100
4.	Reduction in the emissions of tobacco products (nicotine, tar and Co in 1 g of tobacco) compared to baseline (%)	Baseline Analysis		Nicotine<0,1 mg Tar < 1 mg CO< 1 mg	Nicotine<0,1 mg Tar < 1 mg CO< 1 mg	Nicotine<0,1 mg Tar < 1 mg CO< 1 mg	Nicotine<0,1 mg Tar < 1 mg CO< 1 mg	Nicotine<0,1 mg Tar < 1 mg CO< 1 mg

1 GYTS (2017)

2 GATS (2016)



A6. Product Control, Constituents and Disclosure								
<i>INITIATIVE 1: Strengthen legislation on improving technical regulations concerning tobacco products based on scientific evidence on the harmful or potential harmful effects of contents and emissions of tobacco products on human health, FCTC provisions and related guidelines and best practices in the world</i>								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
1.1. Develop legislation on limiting or banning contents of tobacco products	❖ Ministry of Food, Agriculture and Livestock	❖ Status of legislation amendment	❖ Draft legislation	❖ Legislation is enforced		❖ Review legislation	❖ Legislation is enforced	



A6. Product Control, Constituents and Disclosure									
<i>INITIATIVE 2: Set up a national, independent, scientifically audited and accredited laboratory for the measurement of tobacco products</i>									
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
2.1. Setting up the laboratory	❖ Ministry of Food, Agriculture and Livestock	❖ Status of setting up the laboratory	❖ Complete necessary infrastructure and legislation work	❖ Setting up the laboratory					



A6. Product Control, Constituents and Disclosure								
INITIATIVE 3: Effectively assess compliance with technical regulations governing tobacco products								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
3.1. Increase product audits at manufacturing, importation and storage facilities and points of sale	❖ Ministry of Food, Agriculture and Livestock	❖ Increase in the number of audits	❖ Baseline assessment	❖ 10% increase compared to previous year	❖ 15% increase compared to previous year	❖ 20% increase compared to previous year	❖ 25% increase compared to previous year	❖ 30% increase compared to previous year
3.2. The national laboratory to engage in measurement and assessment activities related to product audits and regularly examine contents and emissions of tobacco products	❖ Ministry of Food, Agriculture and Livestock	❖ Status of publication of laboratory analysis reports	❖ Draft legislation	❖ Disclose results of analysis on a public website in a non-promotional manner				



A6. Product Control, Constituents and Disclosure

INITIATIVE 4: Make sure that the toxic constituents and emissions of tobacco products are effectively disclosed to governmental authorities and the public to inform about the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke in accordance with FCTC provisions and guidelines and international best practices

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
4.1. Set up an e-reporting system for the reporting of all information about the contents and emissions of tobacco products, related justifications, reports and evidence related to the addictive-toxicological effects in standard forms	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of setting up the system 	<ul style="list-style-type: none"> ❖ Prepare technical infrastructure and draft legislation 	<ul style="list-style-type: none"> ❖ Legislation is enforced 				



A6. Product Control, Constituents and Disclosure

INITIATIVE 5: Continue with implementing health warnings and messages on the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke on the packages, labels, wrappers, cartons of tobacco and tobacco products and shisha bottles in line with FCTC provisions and guidelines and international best practices

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>5.1. Continue with the display of figures for emissions (e.g. tar, nicotine, carbon monoxide) on unit packets and packages of cigarettes including when used as part of a brand name or trademark and develop legislation for including other significant substances in the content</p>	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of legislation amendment 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Legislation is enforced 				
<p>5.2. Ensure periodic replacement of combined health warnings on tobacco product packages and shisha bottles in line with the principles and procedures in FCTC and the Guidelines</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Food, Agriculture and Livestock 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Adopt and enforce legislation 		<ul style="list-style-type: none"> ❖ Pictorial warnings are in place at all points of sale 	<ul style="list-style-type: none"> ❖ Pictorial warnings are in place at all points of sale 	<ul style="list-style-type: none"> ❖ Pictorial warnings are in place at all points of sale 	<ul style="list-style-type: none"> ❖ Draft legislation



A6. Product Control, Constituents and Disclosure

INITIATIVE 5: Continue with implementing health warnings and messages on the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke on the packages, labels, wrappers, cartons of tobacco and tobacco products and shisha bottles in line with FCTC provisions and guidelines and international best practices

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>5.3. Develop legislation for mandatory inserts on the packages and wrappers of tobacco products the content of which will be established by the competent governmental authority based on scientific evidence on the contents emissions potentially harmful to human health</p>	<ul style="list-style-type: none"> ❖ Ministry of Health ❖ Ministry of Food, Agriculture and Livestock 	<ul style="list-style-type: none"> ❖ Status of adoption of legislation 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Amend and enforce legislation 				
<p>5.4. Develop legislation to prevent production and marketing of adhesive labels, stickers, cases, covers, sleeves and similar wrapping use to obscure health warnings and messages on tobacco products</p>	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of adopting the legislation 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Amend and enforce legislation 				



A6. Product Control, Constituents and Disclosure								
INITIATIVE 6: Ensure compliance with the legislation at points of sale and presentation								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
6.1. Develop annual plans for points of sale and presentation audits	❖ Ministry of Food, Agriculture and Livestock	❖ Number of audits	❖ 6 audits a year per point of sale	❖ 6 audits a year per point of sale	❖ 6 audits a year per point of sale	❖ 6 audits a year per point of sale	❖ 6 audits a year per point of sale	❖ 6 audits a year per point of sale
6.2. Ensure enforcement of standard practice by all municipalities which requires approval of the provincial tobacco control board for granting the certificates of conformity for presentation and license for waterpipe tobacco products	❖ Ministry of Food, Agriculture and Livestock	❖ Status of legislation amendment	❖ Draft legislation	❖ Amend and enforce legislation				
6.3. Municipalities to develop standard practices for opening, suspending and terminating establishments	❖ Ministry of Food, Agriculture and Livestock	❖ Start implementation		❖ Legislation amended				



B- REDUCE SUPPLY OF TOBACCO PRODUCTS:

B1. Prevent Illicit Trade in Tobacco Products									
Aim: To fight illicit trade in tobacco products effectively by ensuring full coordination and cooperation among all relevant institutions and organizations									
Number	Indicator	Baseline	Targets						
			2018	2019	2020	2021	2022	2023	
1.	Consumption of unstamped cigarettes among individuals aged 15+ years of age (%)	8,4 ²		7	10% increase compared to previous year	5	10% increase compared to previous year	3	10% increase compared to previous year
2.	Number of penalties imposed on illicit producers, marketers and sellers of fine cut tobacco for roll-your-own		Baseline analysis	50% increase compared to baseline					

² GATS (2016)



B1. Fighting Illicit Trade

INITIATIVE 1: Prevent illicit trade in tobacco products

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
1.1. All institutions to work and report on matters in their mandate under the Protocol to Eliminate Illicit Trade in Tobacco Products	<ul style="list-style-type: none"> ❖ Ministry of Customs and Trade ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Internal Affairs (Coast Guard Command) ❖ Turkish National Police (General Command of Gendarmerie) ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Number of activity reports 	❖ 1	❖ 1	❖ 1	❖ 1	❖ 1	❖ 1	
1.2. Develop an Action Plan to Prevent Illicit Trade in Tobacco Products	<ul style="list-style-type: none"> ❖ Ministry of Customs and Trade ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Internal Affairs (Coast Guard Command) ❖ Turkish National Police (General Command of Gendarmerie) ❖ Ministry of Health ❖ Ministry of Finance (FCIB) 	<ul style="list-style-type: none"> ❖ Status of developing the action plan 	❖ Draft the action plan	❖ Publish the action plan					



B1. Fighting Illicit Trade

INITIATIVE 1: Prevent illicit trade in tobacco products											
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets								
			2018	2019	2020	2021	2022	2023			
1.3. Prevent illicit sales of fine cut tobacco for roll-your-own and hand-rolled cigarette tubes											
1.3.1. Increase audits	<ul style="list-style-type: none"> ❖ Ministry of Internal Affairs ❖ Ministry of Food, Agriculture and Livestock 	❖ Percentage of increase in yearly audits by province	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	
1.4. Prevent use of illicit waterpipe products at shisha cafés											
1.4.1. Increase audits	<ul style="list-style-type: none"> ❖ Ministry of Internal Affairs ❖ Ministry of Finance ❖ Municipalities 	❖ Percentage of increase in yearly audits by province	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	
1.5. Increase audits on illicit waterpipe tobacco products	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ CSO 	❖ Percentage of increase in yearly audits by province	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	
1.6. Prevent entry into the country, sales and use of e-cigarettes and all other products which resemble tobacco products	<ul style="list-style-type: none"> ❖ Ministry of Internal Affairs ❖ Ministry of Customs and Trade ❖ Ministry of Finance 	❖ Percentage of increase in yearly audits by province	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	



B2. Protect Children and Young People from Tobacco Use and Prevent Accessibility

Aim: To prevent access of people under 18 years of age to tobacco products through sales and distribution

Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Minors aged 13-15 years of age who can buy cigarettes (%)	73,3 ¹	30			20		5
2.	Students aged 13-15 years who buy individual cigarettes (%)	29,4 ¹	15			10		5
3.	Students aged 13-15 years who have reported feeling more comfortable when they smoke at celebrations, parties and social events (%)	26,2 ¹	22			18		15

¹ GYTS (2017)



B2. Protect Children and Young People from Tobacco Use and Prevent Accessibility

INITIATIVE 1: Audit compliance with the existing legislation which bans the sale, distribution and presentation of tobacco products to people under 18 years of age and impose deterrent sanctions on violations

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
1.1. Ministry of Interior to conduct regular audits	<ul style="list-style-type: none"> ❖ Ministry of Internal Affairs ❖ Ministry of Health ❖ 	<ul style="list-style-type: none"> ❖ Percentage of increase in yearly audits by province 	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%
1.2. Increase measures to prevent sales of individual tobacco products (e.g. cigarette sticks) and cut tobacco, cigarette tubes and leaf cigarette papers to young people	<ul style="list-style-type: none"> ❖ Ministry of Internal Affairs ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Percentage of increase in yearly audits by province 	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%	❖ 10%
1.3. Develop legislation to introduce administrative fines besides the existing sanctions and to terminate the sales-presentation license in case tobacco products are sold, distributed or presented to people under 18 years of age	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock 	<ul style="list-style-type: none"> ❖ Status of adoption of legislation 	❖ Draft legislation	❖ Amend and enforce legislation				



B2. Protect Children and Young People from Tobacco Use and Prevent Accessibility									
INITIATIVE 2: Require sellers of tobacco products to ask young people to present identification to prove they are aged 18+ years									
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets						
			2018	2019	2020	2021	2022	2023	
2.1. Inform sellers about asking for identification	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health ❖ Ministry of Internal Affairs 	<ul style="list-style-type: none"> ❖ Percentage of informed establishment owners 	❖ 20%	❖ 40%	❖ 60%	❖ 80%	❖ 100%	❖ 100%	
2.2. Audit sellers for compliance with identification requirements	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health ❖ Ministry of Internal Affairs 	<ul style="list-style-type: none"> ❖ Number of audited establishments 	❖ 20%	❖ 40%	❖ 60%	❖ 80%	❖ 100%	❖ 100%	
2.3. Introduce obligation for all points of sale and presentation to install security cameras and to present images to auditors without requirement for a court decision	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health ❖ Ministry of Internal Affairs 	<ul style="list-style-type: none"> ❖ Status of adoption of legislation 	❖ Draft legislation	❖ Amend and enforce legislation					



B2. Protect Children and Young People from Tobacco Use and Prevent Accessibility

INITIATIVE 3: Expand the scope of existing legislation which bans the sales and distribution of tobacco products to people under 18 years of age

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
3.1. Raise minimum age for tobacco sales to 21	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of adoption of legislation 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Amend and enforce legislation 				
3.2. Introduce a legal obligation for establishments which sell retail tobacco products or present waterpipe tobacco to have a door-to-door distance of at least 100 (one hundred) meters from formal education institutions and student dormitories	<ul style="list-style-type: none"> ❖ Ministry of Food, Agriculture and Livestock ❖ Ministry of Health 	<ul style="list-style-type: none"> ❖ Status of adoption of legislation 	<ul style="list-style-type: none"> ❖ Draft legislation 	<ul style="list-style-type: none"> ❖ Amend and enforce legislation 				



B2. Protect Children and Young People from Tobacco Use and Prevent Accessibility							
<i>INITIATIVE 4: Ensure compliance with the legislation which prohibit placement of the logo, colors and figures of tobacco products on objects such as sweets, treats, toys, t-shirts, bags etc. and sales and distribution of such objects</i>							
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets				
			2018	2019	2020	2021	2022
4.1. Conduct joint work with the relevant ministries and institutions (Ministry of Customs and Trade, Ministry of Health and municipalities) for developing secondary legislation for compliance with and effective enforcement of the Law 4207	<ul style="list-style-type: none"> ❖ Ministry of Customs and Trade ❖ Ministry of Health ❖ Ministry of Food, Agriculture and Livestock ❖ Municipalities 	❖ Status of legislation development	❖ Draft legislation	❖ Amend and enforce legislation			
4.2. Improve the relevant audit system	<ul style="list-style-type: none"> ❖ Ministry of Customs and Trade ❖ Ministry of Health ❖ Ministry of Food, Agriculture and Livestock 	❖ Status of implementation of the audit system	❖ Complete necessary infrastructure and legislation work	❖ Launch the system			



C- MONITORING, EVALUATION AND REPORTING

C. Coordination, Monitoring and Evaluation in Tobacco Control								
Aim: To monitor and report the processes and outputs of the Tobacco Control Strategic Document and Action Plan								
Number	Indicator	Baseline	Targets					
			2018	2019	2020	2021	2022	2023
1.	Percentage of board decisions implemented (%)		85	85	90	90	95	95
2.	Action Plan activities completed within the defined time frame (%)		80	80	85	85	90	90
3.	Achievement of targets in the action plan projects approved by the boards (%)		70	80	85	85	90	90
4.	Ratio of the number of universities involved in joint projects to all universities (%)		20	30	40	50	60	70
5.	Ratio of the number of municipalities involved in joint projects to all municipalities (%)		20	30	40	50	60	70



C. Coordination, Monitoring and Evaluation in Tobacco Control

INITIATIVE 1: Identify and define indicators to be used for monitoring and evaluation

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
<p>1.1. Develop Indicator Scorecards (including indicator title, frequency of data collection, calculation method etc.) for the indicators specified in A1, A2, A3, A4, A5, A6, B1, B2 and B3</p>	<p>❖ Ministry of Health</p>	<p>❖ Indicator scorecards are in place</p>	<p>❖ Develop indicator scorecards</p>	<p>❖ Publish the report developed as a result of evaluation conducted using the indicator scorecards</p>	<p>❖ Publish the report developed as a result of evaluation conducted using the indicator scorecards</p>	<p>❖ Publish the report developed as a result of evaluation conducted using the indicator scorecards</p>	<p>❖ Publish the report developed as a result of evaluation conducted using the indicator scorecards</p>	<p>❖ Publish the report developed as a result of evaluation conducted using the indicator scorecards</p>
			<p>❖ Develop software</p>	<p>❖ Launch software and start data entry</p>	<p>❖ Retrieve data using the software and report the data</p>			
<p>1.2. Develop a software program to allow stakeholder institutions to enter their data online</p>	<p>❖ Ministry of Health</p>	<p>❖ Software is in place</p>						



C. Coordination, Monitoring and Evaluation in Tobacco Control

INITIATIVE 2: Conduct monitoring through targeted surveys

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
2.1. Ensure implementation of GATS at provincial level in predetermined periods	❖ Ministry of Health	❖ Status of conducting GATS		❖ Conduct GATS		❖ Conduct GATS		❖ Conduct GATS
2.2. Ensure implementation of GYTS at provincial level in predetermined periods	❖ Ministry of Health	❖ Status of conducting GYTS		❖ Conduct GYTS		❖ Conduct GYTS		❖ Conduct GYTS
2.3. Conduct surveys on tobacco consumption among specific groups (e.g. health workers, teachers, police officers)	❖ Ministry of Health	❖ Status of conducting the survey		❖ Conduct survey		❖ Conduct survey		❖ Conduct survey



C. Coordination, Monitoring and Evaluation in Tobacco Control								
<i>INITIATIVE 3: Implement activities for strengthening the coordination mechanism</i>								
Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
3.1. Introduce a performance scorecard system for all members of provincial tobacco control boards and ensure incorporation of sanctions related to performance scorecards in the legislation of the respective institutions	❖ All CDP member institutions	❖ Status of legislation development	❖ Draft legislation	❖ Legislation is enforced	❖ Implement activities for strengthening the coordination mechanism			



C. Coordination, Monitoring and Evaluation in Tobacco Control

INITIATIVE 4: Work on strengthening tobacco control boards/committees and increasing communication and cooperation among the members

Activity	Responsible and Collaborating Institutions/Organizations	Process Indicator	Targets					
			2018	2019	2020	2021	2022	2023
4.1. Ensure that dependence prevention councils convene at intervals defined in their working procedures and principles	❖ All CDP member institutions	❖ Number of meetings	❖ HCDP: 4 ❖ CDP: 6 ❖ TWGDP: 6 ❖ PCBDDP: 6	❖ HCDP: 4 ❖ CDP: 6 ❖ TWGDP: 6 ❖ PCBDDP: 6	❖ HCDP: 4 ❖ CDP: 6 ❖ TWGDP: 6 ❖ PCBDDP: 6	❖ HCDP: 4 ❖ CDP: 6 ❖ TWGDP: 6 ❖ PCBDDP: 6	❖ HCDP: 4 ❖ CDP: 6 ❖ TWGDP: 6 ❖ PCBDDP: 6	❖ HCDP: 4 ❖ CDP: 6 ❖ TWGDP: 6 ❖ PCBDDP: 6
4.2. Monitor and report the enforcement status of the decisions taken by the boards	❖ Ministry of Health	❖ Percentage of enforced decisions	❖ 85%	❖ 85%	❖ 90%	❖ 90%	❖ 95%	❖ 95%
4.3. Ensure that all tobacco control projects are implemented upon approval by the relevant boards	❖ CDP member institutions	❖ Status of implementation		❖ Implementation is in place				
4.3.1 Require all institutions which provide project funding to projects related to tobacco control to stipulate prior approval by a relevant board (HCDP, CDP, TWGDP etc.)	❖ CDP member institutions	❖ Percentage of board-approved projects	❖ 100%	❖ 100%	❖ 100%	❖ 100%	❖ 100%	❖ 100%
4.4. Provide budgets the boards need for operating effectively	❖ Ministry of Finance ❖ Ministry of Internal Affairs ❖ Ministry of Health	❖ Status of implementing the institutional structure	❖ Define budget	❖ Start using the budget	❖ Ensure continuity	❖ Ensure continuity	❖ Ensure continuity	❖ Ensure continuity