

Investing for a safe and healthy Turkey

WHO Health Emergencies Programme
at the country level



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WHO Health Emergencies Programme at the country level

Disasters and emergencies disrupt communities and destroy livelihoods – most of all they threaten people’s health. In a typical year, Europe suffers economic losses of € 10 billion from disasters and emergencies,¹ which result in hundreds of people dying or becoming severely ill.

Europe’s 21st century emergencies include a wide range of hazards:

- Many countries have measles epidemics.
- Countries in southern, central and eastern parts of the Region have outbreaks of vector-borne diseases, such as West Nile Virus and Crimean-Congo haemorrhagic fever.
- All national health systems in the European Region have to respond to outbreaks of foodborne diseases, and antimicrobial resistance is growing at an unprecedented pace.
- Many countries are prone to floods, heatwaves, forest fires and other extreme events. Climate change means Europe is likely to see many more such emergencies in the coming years.
- The threat of earthquakes and other natural disasters in Europe – possibly combined with chemical or nuclear contamination – never goes away.
- Conflicts and terrorist attacks affect European countries directly and as spill-over effects from neighbouring countries and regions.

¹ Estimate quoted in EFDRR. High-Level Dialogue Communiqué from 2017. European Forum for Disaster Risk Reduction, Istanbul, 26–28 March 2017. Geneva: European Forum for Disaster Risk Reduction; 2017. (https://www.preventionweb.net/files/52533_2017efdrhlcommuniquefinal.pdf, accessed 23 August 2019).

The European Region is part of a highly interconnected world. Diseases can spread at the speed of an aeroplane, and people fleeing emergencies often cross international frontiers. Recent striking examples of international emergencies with repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.

Turkey: The case for action

For several years Turkey has been on the frontline of an international humanitarian emergency. Millions of refugees from the Syrian Arab Republic have crossed into Turkey, putting a major strain on its health and social care systems. WHO's Country Office in Turkey and the WHO Regional Office for Europe have worked successfully with the Ministry of Health to meet the needs of these refugees, and the needs of internally displaced people in north-western Syria.

Turkey faces a high risk of earthquakes, landslides, and flash floods, and the potential for technological/industrial accidents. Though the country has a strong public health system, this multitude of hazards underscore the need to further strengthen health emergency capacities to protect people from their impact. The combination of humanitarian needs and potential health hazards has made Turkey one of the WHO Health Emergencies (WHE) Programme's priority countries in the European Region.

The WHE Programme will continue to scale up support to priority countries and territories to help them to strengthen their International Health Regulations (IHR) core capacities. Each of the priority countries faces significant hazards, and each has vulnerabilities in their health emergency response capacities. This means health emergencies can have a high impact in these countries and territories. It also means they are the places in the Region where investment in IHR core capacities can produce the greatest return.

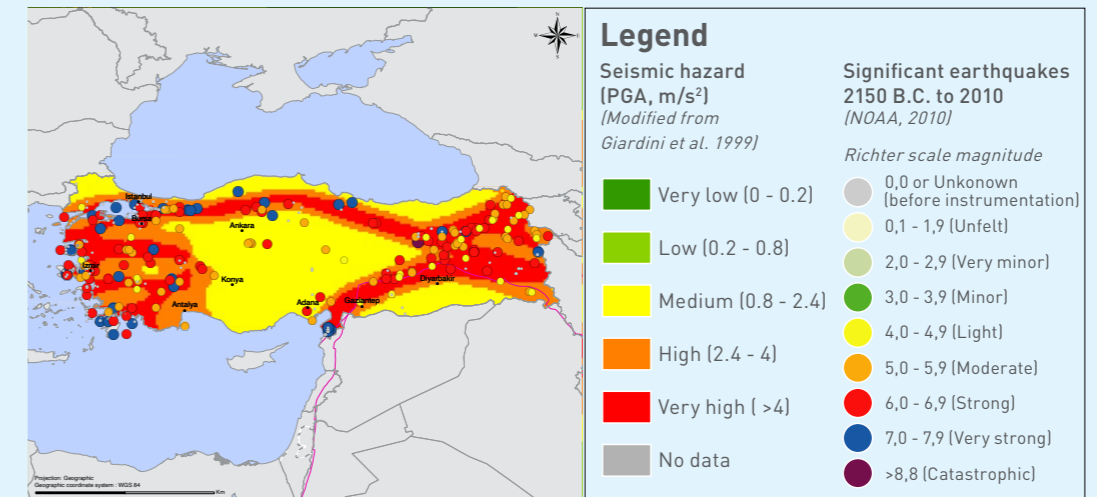
1 BOX

Key emergency threats in Turkey

- Earthquake and flash floods (Maps 1 and 2)
- Industrial accidents
- Large-scale refugee influx
- Conflict/security risks along borders

1 MAP

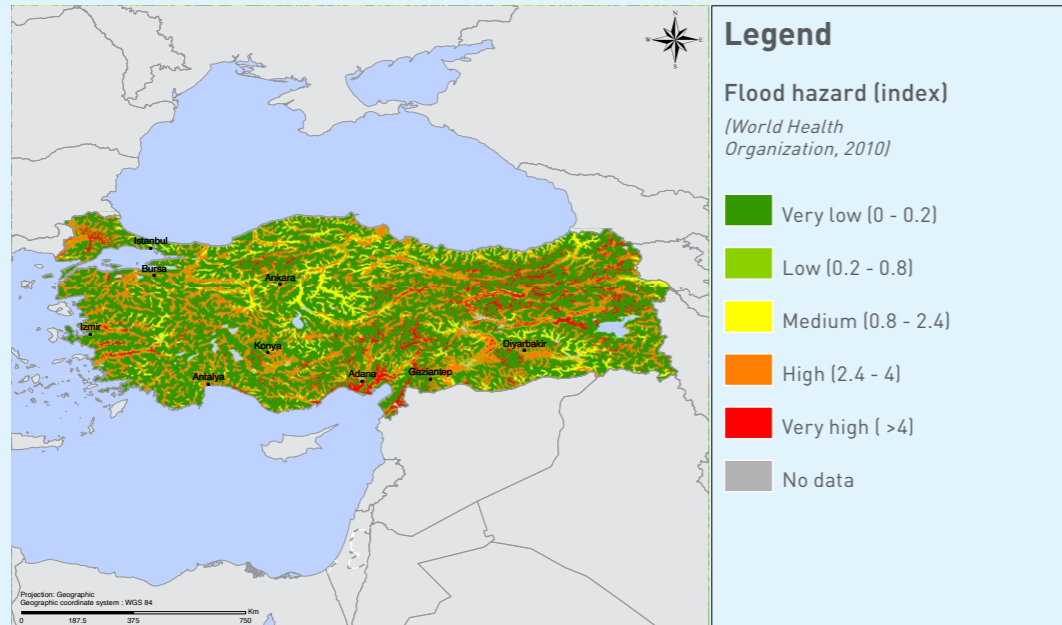
Turkey: Seismic hazard map²



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2 WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the-european-region-the-volume-1-exposure-to-natural-hazards-version-2.0>, accessed 23 August 2019).

Turkey: Flood hazard map³



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Turkey is striving to achieve Universal health coverage (UHC), in line with the UN’s Sustainable Development Goals (SDGs). Investing in health emergency capacities supports the country’s progress towards these and other SDGs. The investment will safeguard social and economic progress, by reducing the impact of emergencies when they happen.

³ Ibid.



A 6.8 magnitude earthquake took place in Elazığ, eastern Turkey.
Photo credit: Mersin province National Medical Rescue Team (UMKE)



“Universal health coverage and health emergencies are two sides of the same coin”



Dr Tedros Adhanom Ghebreyesus
Director-General of World Health Organization

Universal health coverage and health emergency capacity, or emergency preparedness, are two sides of the same coin in a people-centred health system. When countries strengthen their emergency preparedness and response capacities, they also strengthen their health system’s ability to provide universal health coverage. In the same way, when countries strengthen their health systems, they strengthen their capacity to be prepared for and respond to emergencies. True universal health coverage means people can access quality, affordable, safe and culturally sensitive life-saving services when they need them most – including when they have been hit by an emergency.

2
BOX**Investing in emergency preparedness makes economic sense**

Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through prevention, preparedness, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life-saving health services to 100 million vulnerable people. It will save approximately 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

Extract from A Healthier Humanity: The WHO Investment Case for 2019–2023⁴

The return on investment is US\$ 8.30 for every US\$ 1 provided – a more than eightfold return. The investment pays back in multiple ways:

- it saves people, society, economy from the next emergency
- it strengthens the health system
- it helps to meet several Sustainable Development Goals
- it contributes to global efforts to protect 1 billion more people worldwide.

⁴ WHO. A Healthier Humanity: The WHO Investment Case for 2019–2023, pp. 24–28. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 23 August 2019).

3
BOX**Investing in health emergency preparedness is key to achieving the SDGs**

Investing in health emergency preparedness and response is key to achieving SDG 3 “Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity, and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage) and 3.9 (deaths from chemical contamination).

Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).



A Turkish doctor, left, works with Syrian doctors trained by WHO. They are treating a Syrian refugee baby, right. Photo credit: WHO/Laura Sheahen.

The International Health Regulations: a framework to protect people from health emergencies

Since 2007, the IHR have made a difference to the way the world prepares for and responds to emergencies. The IHR (2005) is a central mechanism within the WHE Programme to guide countries towards achieving common approaches and capacities to detect, assess and respond to health threats. The IHR (2005) is a legally binding treaty signed by all WHO Member States. What it commits them to is:

1. Sharing information with WHO, and each other, about all hazards – disease outbreaks and other health threats (e.g. chemical or nuclear contamination) – that could spread across international borders.
2. Developing and maintaining the **core capacities** needed to prepare for, detect and respond to disease outbreaks, and other health threats.
3. Reporting annually on their implementation of the IHR.

The IHR have already strengthened international cooperation and country capacities to deal with health emergencies. Nonetheless, many Member States in the European Region, and indeed around the world, have scope to further strengthen their IHR core capacities.

For more information about the IHR see:

https://www.who.int/topics/international_health_regulations/en/

IHR core capacities for monitoring and evaluation

1. Legislation and financing
2. IHR coordination and national IHR focal point functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health Service Provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies

Turkey's emergency preparedness and response capacities

6
BOX

Overview of IHR monitoring and evaluation in Turkey

Four complementary components of monitoring and evaluation help to provide a comprehensive overview of the current status of IHR country capacities.⁵ The States Parties Annual Reporting is mandatory; the Joint External Evaluation (JEE), After Action Reviews (AARs) and Simulation exercises are voluntary.

In particular the JEE fosters a peer-to-peer discussion between international and national experts to identify strengths and weaknesses in emergency preparedness and response within the national health system. Results and recommendations from these activities are the basis for the development of a National Action Plan for Health Emergency Preparedness.

Done or in process:

- States Parties Annual Reporting: 2019

Recommended:

- Joint External Evaluation
- After Action Reviews
- Simulation exercise
- National Action Plan for Health Emergency Preparedness.

⁵ WHO. IHR Monitoring and Evaluation: A Key Element for Public Health Emergency Preparedness and Response. Copenhagen: WHO Regional Office for Europe; Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0006/375819/IHR-Brief_WEB.pdf?ua=1, accessed 23 August 2019).

7
BOX

Highlights from Turkey's 2019 self-assessment report on its IHR core capacities

Analysis of its annual reporting data for 2019 shows the IHR core capacities with most room for improvement in Turkey are currently:

- Risk Communication
- Food safety
- Human resources
- National Health Emergencies Framework
- Radiation emergencies



Health workers carrying out chemical contamination/attack training drills in Gaziantep. Photo credit: WHO/Laura Sheahen.

Turkey's emergency preparedness initiatives

Infection prevention and control (IPC)

According to the 2018/2019 Global Monitoring of Country Progress on Antimicrobial Resistance, in Turkey a National IPC programme is available according to the WHO IPC core components guidelines and IPC plans and guidelines are implemented nationwide. All health care facilities have a functional built environment (including water and sanitation), and the necessary materials and equipment to perform IPC to national standards. Surveillance data on health care associated infection is collected systematically.

Risk communication

The Regional Office has launched an Emergency risk communication (ERC) five-step package⁶ for tailored support to each enrolled country to scale up their capacity in this area, by developing, testing and adopting their ERC national plan under the IHR. Turkey has completed steps 1 and 3 of the ERC capacity-building package including training and plan writing.

⁶ WHO. Emergency risk communication (ERC) 5-step capacity-building package [online]. Copenhagen: WHO Regional Office for Europe. (<http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/emergency-risk-communications/emergency-risk-communications-tools/national-health-emergency-risk-communication-training-package>, accessed 23 August 2019).

Opportunities for further progress: Turkey is in a position to support other countries strengthen their IHR core capacities

The government of Turkey has invested substantial domestic resources in critical infrastructure, including health emergency capacities. This makes of Turkey a country that can provide public health expertise to and mentor other Member States. Turkey's Emergency Medical Teams are recognized as being of high quality and have been deployed internationally. Further reinforcing its capacities in line with international best practice is an achievable target.

The process of preparing for, and then going through, a Joint External Evaluation (JEE) of its IHR core capacities would enable the Ministry of Health to benchmark Turkey's capacities against international best practice. They could then define a set of recommendations on how these capacities can be further upgraded and reinforced.

The JEE recommendations would enable Turkey to develop a National Action Plan for Health Emergency Preparedness. This sets out a multi-year plan for improvement and investment that would keep Turkey's capacities sustainable and robust in the long term.

Once a clear national strategy, supported by domestic resources, is in place WHO and international partners will be in a good position to identify areas where they can support Turkey's efforts. One of those areas is public health risk assessment of chemical threats.⁷

⁷ For more information see WHO. International Programme on Chemical Safety [online]. Geneva: World Health Organization; 2019. (<https://www.who.int/ipcs/emergencies/en/>, accessed 3 September 2019).

Success stories

Providing culturally sensitive health services for Syrian refugees

Millions of Syrian people have had to flee their torn homeland, trying to find refuge. This type of escape often leads refugees to countries with unfamiliar languages and cultures. In recent years, 3.6 million Syrians have arrived in Turkey, making it the country with the highest number of refugees in the world.

Turkey has opened its communities and services to the newcomers. In particular, the flagship model of health response, designed by the Turkish Ministry of Health and WHO, provides health services to Syrian refugees with similar standards as those available for Turkish citizens.

Within the Refugee Health Programme, Syrian health care workers provide health services to their fellow citizens in an affordable and culturally sensitive way. Some of the Syrian refugees were doctors, nurses and midwives in their homeland. They had the opportunity to start afresh in Turkey, and help their own people while practicing their professions, after they had completed a 7-week adaptation training programme developed by WHO in collaboration with the Turkish Ministry of Health, including a 6-week practical training course under the supervision of Turkish doctors and nurses in Refugee Health Training Centres.

Since the beginning of the Programme in 2016, about 2 000 Syrian doctors, nurses and midwives have been trained in seven Refugee Health Training Centres and over half of them have been hired by the Turkish Ministry of Health to provide health services for Syrian refugees. Over 1 million consultations were provided to Syrian patients in 2017–2018, and over 75% Syrian children who were under 1 year of age were vaccinated. Patients feel understood and addressed in their language and in their culture.

With the escalation of violence in Syria, refugees need a sustainable solution. As long as WHO activities are fully funded, the Turkish Refugee Health Programme – including seven training centres and 178 health centres – will continue to integrate Syrian trained health care workers into the national system and to provide health services for refugees overcoming language and cultural barriers.

Addressing priority health threats in Turkey through next generation early warning and response systems (EWRS): an EU funded project

The WHO Country Office in Turkey is running a 3-year multimillion-euro project funded by the European Union to support Turkey to further strengthen IHR core capacities in 81 provinces. This involves technical support to strengthen health threat detection and disease surveillance systems. It also involves training new cohorts of skilled experts to work in the public health system, by running a Field Epidemiology Training Programme for Turkey.

The expected outcome is a new-generation nationwide EWRS that will to better prepare, timely detect and adequately respond to priority acute health threats. Achievements under this project will help Turkey meet its commitments on IHR 2005 implementation.

Protecting people from health emergencies together: The way W(H)E work



The WHE Programme is providing the Organization's response to increasingly demanding crises. Mainstreamed across all levels of the Organization, it is geared to better protect people from health emergencies by establishing people-centred health systems which can detect, assess, communicate and respond to crises in a matter of hours.

Since each country is unique, the Programme tailors its support to countries' specific hazards, vulnerabilities and systems. It recognizes that structures and people with the right skills need to be in place where disease outbreaks occur, where disasters and conflicts strike, and where people fall sick and die. Therefore the Programme places countries at its centre.

The health emergency management cycle defines the rhythm of the Programme. Its four phases – prevention, preparedness, response and recovery – are grounded in the requirements of the IHR and seamlessly complement each other to save lives. Here's how it works:

1. **Prevention** and control of infectious diseases – through vaccination, for example – help prevent outbreaks in the first place.

2. At the same time, countries need to develop, test and evaluate their national plans and strengthen their capacities to be **prepared** for the next emergency of any type. This includes, for example, assessing hospitals for safety and functionality, establishing a laboratory network of excellence, setting up systems for disease surveillance, and engaging communities to communicate risks.
3. During the **response**, life-saving health interventions and pre-positioned essential health packages are delivered in collaboration with health partners to ensure that affected populations have timely access to quality health services, leaving no one behind.
4. The **recovery** phase is the time to learn from experience and build back better; it is the opportunity to make health systems stronger for the future.

Bridging health emergencies and universal health coverage – two sides of the same coin – will pave the way for countries to achieve the related Sustainable Development Goals. To make this a reality, the WHE Programme has tailored the global strategy into a European Action Plan. The Plan bonds countries with comparable levels of capacity and capability to avert or respond to emergencies. This requires cooperation across sectors and across borders.

As a strong believer in partnership, WHO invites all governments, sectors, partners and people in the European Region to implement the Action Plan jointly. Together we have the expertise and know-how, and together we can support global efforts to prevent, prepare for, respond to and recover from all health emergencies, while contributing to protecting 1 billion more people worldwide.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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