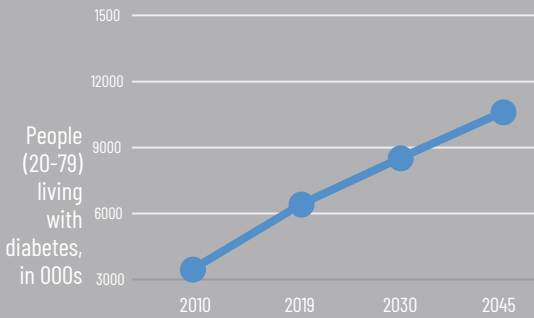


AN OVERVIEW OF DIABETES CARE

country:
Turkey



DIABETES PREVALENCE



Of which, undiagnosed
38.3% (2,522,600 people)

Children & adolescents with T1D (0-19y)
25,953

Diabetes prevalence



Diabetes-related deaths **43,503.1**

12%



Total expenditure **€8,480 million**

In Turkey, 97% of the population is covered by the national social security. People living with diabetes (PwD) do not have to pay for any of their diabetes care out-of-pocket, except for the newest medicines and technologies.

All PwD, irrespective of the type of diabetes they live with, are treated in secondary and tertiary care settings, where diabetes education is also provided. There is no shortage of internal specialists or endocrinologists and the waiting lists are short.

Prescriptions can be renewed by primary care physicians who are also allowed to order some lab tests. There is, however, a very limited number of diabetes nurses. There is also a shortage of dieticians. Multidisciplinary teams are not yet in place in diabetes centres. There is also a need for better diabetes care at primary care level.

Diabetes education was initiated by the Turkish Diabetes Foundation in primary care health centres to encourage and motivate people living with T2D, when they were coming to renew their prescriptions. The Foundation also carried out a structured peer-to-peer education programme in 21 cities and reached more than 25,000 PwD.

There is a national diabetes registry, based on the International Classification of Diseases (ICD)-10 codes. PwD are registered either as IDDM (insulin dependent diabetes mellitus) or as NIDDM (non-insulin dependent diabetes mellitus). Data is accessible primarily by the Ministry of Health (MoH). Physicians can also request access to the data of their patients, with their permission only. There is a National Diabetes Plan, supplemented by two other initiatives "Diabetes 2020: Vision and targets-Turkey" and the "Diabetes Parliament". The latter was initially driven by the Turkish Diabetes Foundation and gathers all diabetes stakeholders and decision-makers (patient organisations; as well as representatives of all diabetes-related HCPs, the social security institution, every political party of the government; and a representative from the MoH or the Minister of Health himself and a representative of the Presidency). Conventions, led by civil society, are held twice a year (in non-COVID times). Diabetes is considered a "political" priority.

E-health was very much on the agenda during the COVID-19 pandemic. Real-time consultations were used in some centres, and people who developed COVID-19 or were at high risk were closely followed online. There remain, nevertheless, many gaps in the legal and regulatory frameworks, as well as issues with data and PwD's safety and healthcare professionals' (HCPs) liability.

DIABETES PREVENTION & MANAGEMENT

● YES ● WITH VARIATIONS ● NO

HEALTHY LIVING POLICIES



Obesity/overweight



Healthy food & diet



Physical activity



Smoking



Regulations for healthy diets

PREVENTION OF COMPLICATIONS



Eye screening



CVD



Kidney disease



Diabetes foot



Gestational diabetes

EDUCATION



At or around the time of diagnosis



Throughout the life course



Integrated peer-to-peer support (Programme currently on hold because of COVID)

Is there a programme to follow mothers with gestational diabetes after the birth of the baby?
Yes, everywhere in the country

NATIONAL PLAN?

Stand alone fully implemented

PREVENTION & MANAGEMENT GUIDELINES

National guidelines

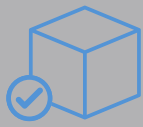
MONITORING FRAMEWORK?

No

GOVERNMENT ENGAGEMENT WITH PwD?

Yes

ACCESS TO CARE, TECHNOLOGIES, MEDICINES AND SUPPLIES





Is INSULIN available at the point of delivery?


- Always
- Most of the time
- Sometimes
- Not often
- Never



Is available INSULIN free of charge?

- For all PwD
- For all T1D only
- For children only
- Other

| | | | |
|---|---|--------------------------------------|--|
|  Children | ● Short-acting regular insulin | ● |  Adults |
| | ● Rapid-acting (analogues) | ● | |
| | ● Ultra-rapid-acting analogues | ● | |
| | ● Intermediate acting | ● | |
| | ● Long-acting | ● | |

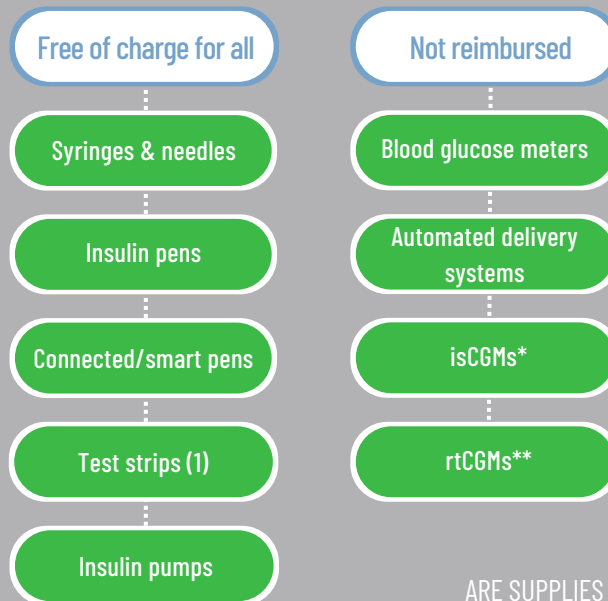
| | |
|--|---|
|  | ● Short-acting regular insulin |
| | ● Rapid-acting (analogues) |
| | ● Ultra-rapid-acting analogues |
| | ● Intermediate acting |
| | ● Long-acting |

APPS



| | |
|---|----|
| Do apps get recommended by the health system/HCPs to manage/prevent diabetes? | NO |
| When they are recommended, are these apps fully reimbursed? | NO |

SUPPLIES & TECHNOLOGIES



ARE SUPPLIES TECHNOLOGIES AVAILABLE AT THE POINT OF DELIVERY?

- Always
- Most of the time
- Sometimes
- Not often
- Never

*intermittently scanned continuous glucose monitors.

**real-time continuous glucose monitors.

(1) For T2D on oral medications, 1 strip/day

PSYCHOLOGICAL SUPPORT

PSYCHOLOGICAL SUPPORT PROVIDED AS PART OF DIABETES CARE?

Available and easily accessible
Free / Fully reimbursed

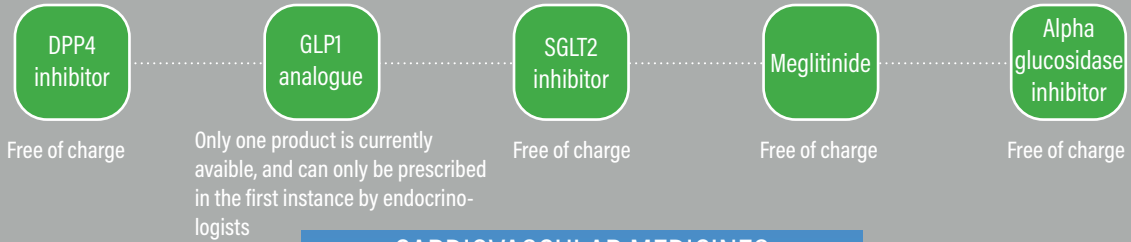


AVAILABLE AT THE POINT OF DELIVERY? ● YES ● MOST OF THE TIME ● SOMETIMES ● NOT OFTEN ● NO

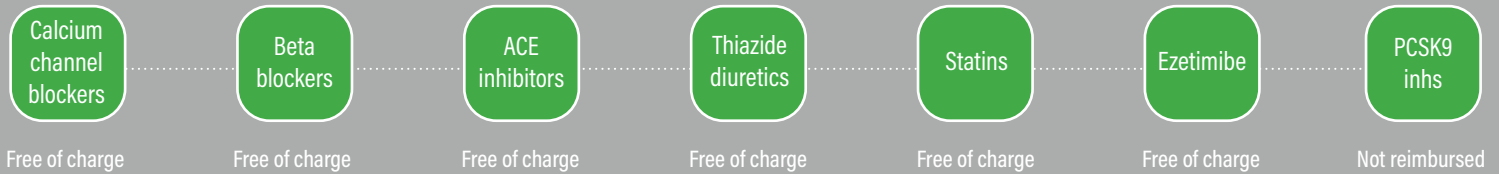
GLUCAGON - METFORMIN/SULFONYLUREAS



OTHER DIABETES MEDICINES



CARDIOVASCULAR MEDICINES



HEALTH SYSTEMS



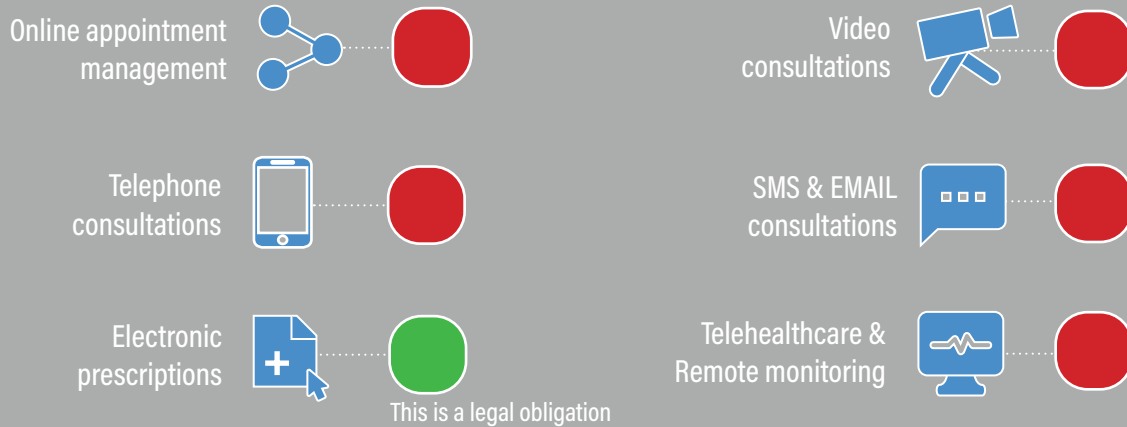
● YES ● NO

- Are diabetes specialist nurses (DSNs) available ?
Very limited number
- Do nurses play a role in diabetes prevention ?

- Are nurses allowed to prescribe medicines ?
- Do nurses play a role in the diabetes management of ?
 - Adults & children with T1D
 - People with T2D
 - Women with GDM

HOW WIDESPREAD IS THE USE OF E-HEALTH

AVAILABLE FOR ALL PEOPLE LIVING WITH DIABETES ? ● YES ● NO
 AVAILABLE AT THE SAME COST AS TRADITIONAL OPTIONS ? ▲ YES ■ NO



ELECTRONIC HEALTH RECORDS ?

● YES ● NO

WORKING DIABETES REGISTER ?

● YES ● NO

