**CONTRIBUTIONS OF THE GOVERNMENT OF THE REPUBLIC OF TURKEY**

**MINISTRY OF HEALTH**

**DIRECTORATE GENERAL OF THE PUBLIC HEALTH**

**The responses to the subject of “Human Rights Council resolution 44/2 on the central role of the State in responding to pandemics and other health emergencies, and the socioeconomic consequences thereof in advancing sustainable development and the realization of all human rights” prepared by the Department of Communicable Diseases is as follows.**

With the announcement of SARS-CoV-2 cases to the world by the People's Republic of China, under the coordination of the Department of Health Threats Early Warning and Response and with the support of the Department of Communicable Diseases, The Public Health Emergencies Operation Center, where the international spread of COVID-19 is examined and the preparations to be made nationally, have been put into operation. Pandemic Coordination Boards at national and local level and Scientific Advisory Board for COVID-19 (SAB) have been established in accordance with the National Pandemic Influenza Preparedness Plan published in the Official Gazette (numbered 2019/5) with the Presidential Circular.

In line with the recommendations of SAB, case definitions, algorithms for filiation, case management, contact follow-up and treatment were prepared and updated according to the national and international spread characteristics of the disease and currently published literature. The first case was confirmed in our country on March 11, 2020, on the day the World Health Organization (WHO) declared the pandemic. Following the initial case, a series of measures were taken based on WHO and the European Center for Disease Protection and Control (ECDC) recommendations and current literature.

In addition, it has been ensured that personal protective equipment to be used in the protection of healthcare professionals are procured in accordance with national and international standards and provided to healthcare service providers. Synchronously, the drugs with proven efficacy in the current medical literature and in line with WHO recommendations were provided and delivered to health institutions.

In order to investigate the cases detected throughout the country, to catch more cases and thus to limit the epidemic locally in the region where it exists, filiation teams were established and they were actively involved in the field.

Since the announcement of the pandemic, national research and development supports have been provided for the procurement of vaccines, and countries have been discussed internationally in terms of vaccine supply. With the vaccines obtained from the People's Republic of China, all of the personnel working in all health institutions and organizations that provide public, private or non-profit, primary, secondary and tertiary health services (without any exception of health care staff, auxiliary personnel, administrative personnel) were vaccinated 2 doses. Vaccination is still continuing in the order of priority established by the recommendation of SAB.

The measures to be taken for the detainees and convicts staying in penal institutions, and employees of those institutions, were consulted with the Ministry of Justice, and the recommendations of the SAB were conveyed to them.

Irregular migrants who were detected/evaluated entering our country were first subjected to a medical examination, and those with symptoms of illness were evaluated according to case management algorithms in health institutions. Those who did not have symptoms of the disease were isolated for 14 days in temporary accommodation camps or centers located in the provinces, and were followed up by the physicians assigned by the relevant Provincial Health Directorate in terms of symptoms every day, and those who developed symptoms during this period were evaluated according to case management algorithms in health institutions. During this period, transactions were carried out within the framework of the procedures and principles determined by the Directorate General of Migration Management for those who did not have symptoms.

In the Migrant Health Centers, trainings on illness, protection and control measures were provided to migrants. Materials such as posters and brochures prepared on the subject in order to ensure that people have access to correct information have been translated into Arabic and English languages ​​and delivered.

The supply of personal protective equipment for both health care professionals and other individuals, vaccination services and other actions taken for infection prevention and control, case detection, treatment and follow-up, contact tracing, isolation measures, are offered and continues to be offered to all individuals in our country in equal coverage and free of charge without any discrimination on the basis of religion, language, race, nationality or gender.

Despite all these efforts, there are also difficulties faced during the pandemic. For example, because of the difficulties experienced in vaccine supply due to the disruption in the supply-demand balance, priority groups in vaccination were determined in line with the recommendations of SAB. However, according to the information obtained from the current sources, this problem continues globally. The second important challenge is the possible negative effects of curfew restrictions on health within the scope of protection measures. Likewise, in the current literature, concerns have been emphasized that these restrictions have negative effects on the development, physical and mental health of the child, may increase domestic violence against children and women, and cause an increase in mental health problems due to the restrictions. The third possible challenge is the negative effects of the unavoidable discrimination in favor of COVID-19 in healthcare provision and the intensive use of health workforce on the diagnosis and treatment processes of other communicable and non-communicable diseases during and after the pandemic. Cancelling planned visits with the concern of COVID-19 transmission may negatively affect the treatment processes for chronic diseases.

As a result, from the date when the People's Republic of China reported the first case, with the cooperation of the Department of Health Threats Early Warning and Response Department and the Department of Communicable Diseases, in accordance with the spread characteristics of the epidemic, in line with the guidelines of international authorities, current published literature and SAB recommendations on control measures, treatment and rehabilitation services at national and local level, have been applied to all people in our country without any discrimination. Despite all these, community-based researches are needed to identify the difficulties experienced during the pandemic, to determine the spread patterns, to apply the required interventions to eliminate underlying factors, and to determine the success of these interventions.

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**DIRECTORATE GENERAL OF THE HEALTH SERVICES**

**Good or promising practices in these areas, including examples of international cooperation**

• RUHSAD application was created to protect and support the mental health of our healthcare personnel during the pandemic process. In addition, the Special Children Support System was established in order to provide expert support for behavioral problems for children with mentally special needs who are psychologically affected by this process.

• Trainings planned to increase the knowledge and skills of our Ministry's personnel in the COVID-19 outbreak are carried out with the Distance Health Education System (USES) during the pandemic process, thereby the transmission caused by face-to-face trainings was prevented, and the right to education of the personnel was protected.

• With the amendment made in our country's reimbursement legislation on 09.04.2020, no additional fees are charged for those who receive Covid-19 pandemic treatment, regardless of whether the clinical course is urgent or not. Moreover, within the scope of the case algorithm / in line with the physician's opinion, the tests requested are free of charge, and the tests requested for special purposes (abroad, etc.) are paid.

• Restrictions were imposed on patient visits and attendants in order to minimize the risk of Covid-19 transmission and reduce the density in healthcare facilities.

• The duration of the health reports of those who require continuous medication due to chronic illness have been extended in order to ensure that patients can obtain their medicines without having to go to health facilities. In addition, the duration of the single physician report has been increased to 14 days.

• In the early days of the epidemic, bringing patients from different countries of the world to our country within the scope of health tourism was delayed.

• In order to keep people who do not have emergency situations away from risky environments and to reduce the density of health facilities, patients who do not have an emergency were encouraged to receive service from family physicians first. Non-urgent elective surgical procedures and dental practices have been postponed. It has been ensured that medicines, medical supplies and diapers that are reported to be used continuously due to chronic illness and disability can be obtained from pharmacies and medicals without the need for a prescription without going to the health institution.

• Hospitals of the Ministry of Health, State and Foundation University hospitals and all private health institutions have made it obligatory to carry out the admission and treatment processes of patients who apply to health institutions until the diagnosis of COVID-19 is finalized. Pandemic hospitals have been established.

• In order not to obstruct the continuity of service in health facilities, restrictions were imposed on the departure of health personnel in health institutions during the covid-19 outbreak.

• In order to minimize the risk of pandemic, minimum use of paper prescriptions has been ensured.

• Criteria have been determined for the supply and use of immune plasma to be used by patients in need of COVID-19 treatment.

• In order to ensure employee safety, regulations were made on how to ensure employee safety during the pandemic process.

• Within the scope of the Presidential Circular numbered 2020/8, Chronic Diseases in the Risk Group for Covid-19 Disease were determined in order to deem public personnel on administrative leave, and it was ensured that the administrative leave report for these diseases was obtained only from the E-Pulse System.

• Covid-19 vaccine is arranged by Family Health Centers and Covid-19 vaccine administration units established in public, private and university (Public / Foundation) hospitals, and our citizens who will be vaccinated apply to these units by appointment through the MHRS (Central Hospital Appointment System) system. provided. Vaccine rooms and standards have been determined in hospitals.