PUBLIC PRIVATE PARTNERSHIPS IN NUTRITION EDUCATION: POLICY AND EVIDENCE FROM TURKEY AND THE EUROPEAN UNION

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN
THE DEPARTMENT OF EUROPEAN STUDIES

JANUARY 2020

Approval of the Graduate School of Social Sciences

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ABSTRACT

PUBLIC PRIVATE PARTNERSHIPS IN NUTRITION EDUCATION: POLICY AND EVIDENCE FROM TURKEY AND THE EUROPEAN UNION

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January 2020, 86 pages

Health promotion and nutrition policies gained increased prevalence in public health as a result of the neoliberal transformation in both the EU countries and in Turkey over the last three decades. To better understand the nature and implications of these transformations in public health, this thesis focussed on the development of public private partnerships (PPPs) in the implementation of nutrition policies in the EU member states and Turkey. The research found that PPPs were widely used to implement nutrition programs in both the EU countries and in Turkey. The PPPs aimed at public education programs faired more strongly in Turkish case compared with those in the EU countries that included a wider variety partnership such as product distribution. Concise fieldwork conducted for the Turkish case of the research in Ankara and Istanbul with representatives of public and private sector representatives of PPPs revealed important findings. Partnerships were initiated by private sector representatives who applied to the Ministry of Education to organise public education programs about nutrition at schools. According to the representatives of the private sector, partnerships with the public sector allow them

to fulfil their “social responsibilities”, increase the visibility of their brand mark and enhance customer loyalty for these products. According to public authorities, the most important benefit of partnerships with the private sector is the funding provided for the implementation of nutrition programs. In addition to funding, representatives of the Ministry also mention that training provided by the private sector to school teachers about nutrition is another benefit of the programs. Both parties voiced their concerns about the possible conflict of interests in the programs and expressed measures they took to prevent them. The research also showed that Turkey had a remarkable experience regarding the public-private partnerships in nutrition policies; however; a guideline indicating the principals of partnerships should be developed for future programmes.

Keywords: Health Promotion, Nutrition Programmes, Public-Private Partnerships

ÖZ

BESLENME EĞİTİMİ ALANINDA KAMU-ÖZEL ORTAKLIKLARI: TÜRKİYE'DE VE AVRUPA BİRLİĞİ'NDE UYGULANAN POLİTİKALAR VE BULGULAR

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Ocak 2020, 86 sayfa

Halk sağlığı kapsamındaki sağlığın geliştirilmesi ve beslenme politikaları, son otuz yılda hem Avrupa Birliği (AB) ülkelerindeki hem de Türkiye'deki neoliberal dönüşümlerin bir sonucu olarak yaygınlaşmaya başlamıştır. Bu tez, söz konusu dönüşümlerin halk sağlığına etkilerini ve yapısını daha iyi anlamak amacıyla, AB üye devletlerinde ve Türkiye'de beslenme politikalarının uygulanmasında görülen kamu özel ortaklıklarının (KÖO) gelişimine odaklanmıştır. Araştırma, KÖO'ların hem AB ülkelerinde hem de Türkiye'de beslenme programlarının uygulamasında yaygın olarak kullanıldığını göstermiştir. Türkiye'deki KÖO'lar, ürün dağıtımı gibi daha geniş bir çeşitlilik ortaklığı içeren AB ülkelerindeki KÖO'lara nazaran daha çok beslenme ile ilgili eğitim programlarına ağırlık vermektedir. Araştırma kapsamında Türkiye'deki kamu-özel ortaklıklarında Ankara ve İstanbul illerindeki kamu ve özel sektör temsilcileriyle yapılan saha çalışması, önemli bulgular ortaya koymaktadır. Ortaklıklar, okullarda beslenme konusunda halk eğitimi programları düzenlemek için Millî Eğitim Bakanlığı'na başvuran özel sektör temsilcileri tarafından başlatılmıştır. Özel sektör temsilcilerine göre, kamu sektörüyle yaptıkları

ortaklıklar “sosyal sorumluluklarını” yerine getirmelerine, markalarının görünürlüğünü artırmalarına ve bu ürünlere yönelik müşteri sadakatini artırmalarına izin vermektedir. Kamu yetkililerine göre, özel sektörle ortaklığın en önemli yararı, beslenme programlarının uygulanması için sağlanan fondur. Finansmana ek olarak, Bakanlık temsilcileri, özel sektör tarafından okul öğretmenlerine beslenme konusunda verilen eğitimlerin de programların bir başka yararı olduğunu belirtmiştir. Her iki taraf da programlardaki olası çıkar çatışması konusundaki endişelerini dile getirmiş ve bunları önlemek için aldıkları önlemleri ifade etmiştir. Araştırma aynı zamanda Türkiye'nin beslenme politikaları kapsamında kurulan kamu-özel ortaklıkları konusunda dikkate değer bir deneyim edindiğini ancak, sonraki programlar için ortaklık prensiplerini belirten bir rehber geliştirilmesi gerektiğini göstermiştir.

Anahtar Kelimeler: Sağlığın Geliştirilmesi, Beslenme Politikaları, Kamu-Özel Ortaklığı

to

My mother…

ACKNOWLEDGMENTS

The completion of this thesis is not possible for me without supports, love, and guidance of many people around me. I would like to express my endless gratitude to people who encourage me during this journey.

Firstly, I would like to express my thanks to my supervisor Assoc. Prof. Dr. İpek EREN VURAL. This work would not be possible without her guidance, help, and continuous encouragement. Although she was in Canada for an assignment during the finalization of this study, her full support was always with me. It was a great pleasure to work with her.

Secondly, I would like to express my thanks to my supervisor Assoc. Prof. Dr. Canan ASLAN AKMAN for her guidance and understanding.

Thirdly, I owe the greatest thanks to my family. They have always encouraged me throughout this study and in many other aspects of my life. Without their limitless encouragement, this thesis would not have been possible.

Finally, I am deeply grateful for my husband, İbrahim Hakit VATANSEVER, for his love, patience and support. I felt his unconditional love and support during the time of writing this thesis.

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LIST OF ABBREVIATIONS

DG SANTE	European Commission, the Directorate for Health and Food Safety
EU	European Union
FAO	The Food and Agriculture Organization of the United Nations
METU	Middle East Technical University
MoH	Ministry of Health
MoNE	Ministry of National Education
PPP	Public Private Partnerships
UK	The United Kingdom
UN	The United Nations
UNICEF	The United Nations Children's Fund
WHO	The World Health Organization

CHAPTER 1

INTRODUCTION

Public policy frameworks and tools have gone through an important neoliberal transformation both in the EU and Turkey over the last three decades. Health promotion policies that emphasise preventative measures to maintain and improve public health gained popularity across all countries. Nutrition policies that advocate healthy eating patterns and physical activity came to occupy a central place within health promotion policies. Both health promotion and nutrition policies were initially incepted as multidimensional frameworks that emphasised the importance of not only individual decisions, preferences, and responsibility but also social determinants (such as income security, housing, employment, and environment) for health. Under the influence of neoliberal agenda dominant in most countries during the 1990s, social determinants were quickly deemphasized, and governments came to devise policies that emphasised changing individual behaviour, education, and preferences to improve health status (Raphael, 2008). Responsibility to promote health was thus offloaded from the public to the private sphere, specifically to the individuals.

This thesis focuses on the intersection of two policy frameworks and a policy tool to understand the nature of this neoliberal transformation in public health and its implications better. It analyses the public private partnerships formed for the implementation of nutrition programmes in both the EU countries and Turkey.

This thesis focuses on nutrition programmes because of their central position within health promotion policies. This centrality stems from the importance of nutrition for public health. Unhealthy eating patterns and habits are shown amongst the causes

of many diseases such as cancer, obesity, and cardio-vascular diseases. As a preventive measure of such non-communicable diseases, nutrition programmes are designed as part of health promotion policies in many countries.

When we look at the nutrition programmes in health promotion policies, we see that public-private partnerships are used across many countries to implement such policies. An increasing number of private sector companies are taking role in supporting the implementation of public health promotion programmes and nutrition policies in both the EU and Turkey. Although the impacts of PPPs are widely researched in other spheres of health policy, such as provision and treatment (Torchia et al, 2015, p.237), their role in nutrition policies and health promotion, implications for public health, benefits, and possible threats are under researched.

PPP in nutrition education may involve conflict of interest. This thesis explores whether and to what extent such conflict of interest can be detected in Turkish case. In this context, this research aims to explore why private companies, in particular, multinational food chains and companies engage in PPPs in nutrition programmes, what public authorities expect from these partnerships and possible conflict of interests that may emerge from private sector engagement in the implementation of the nutrition programme. The thesis also aims to analyse the regulatory regimes put in place for PPP in nutrition programmes. The research explored these questions in the contexts of both the EU member states and Turkey and explored if there were EU level policies concerning PPP in the sphere of nutrition. Research findings revealed that the parties were aware of the potential of conflict of interest in these partnerships. Parties also expressed measures implemented to counter that potential, but this thesis contended the challenges of conflict of interest remained in PPP for nutrition education.

1.1 Research Methods

A qualitative methodology was used in this study in order to understand the development of PPPs in nutrition programmes under health promotion policies of the EU and Turkey. Emergent design research approach was used as it allowed to evolve research question through the new information getting in the process of the data collection and analysis (Morgan, 2008, p.2). At the inception of research, document-based analysis to understand health promotion, and nutrition policies in the EU and Turkey was carried out. Academic articles about the development of health promotion policies, nutrition policies, changes in approaches to public health, as well as the increased use of public private partnerships as new ways of financing and implementing health care policies were surveyed. These include the websites of the European Commission, the Ministries of Health in the EU member states, World Health Organization, the Ministry of Health and the Ministry of Education in Turkey the guidelines of international organisations and the strategy papers of the countries in the EU and Turkey. After the information obtained from those resources, it was understood that nutrition programmes were the most popular ones among health promotion policies in Turkey. The examination of nutrition programmes implemented in Turkey steered the study to research the PPPs since most of those nutrition programmes were implemented through partnerships between the governments and the companies. As a result, it was decided to examine the PPPs in Turkey under nutrition programmes, and provisional research question were identified determined accordingly.

In addition to the document-based analysis mentioned above, the primary data for the study was acquired through semi-structured interviews with the senior-level executives in the public and private sectors. Elite interviewing methods were employed to gather information from first-hand participants of policy processes (Tansey, 2007, p.767). In order to understand the processes through which PPPs in the nutrition area were formed in Turkey and explore the details of these partnerships, ten interviews with the key informants from food companies and the Ministry of National Education were a necessity. Elite interviews played an essential

role in the study as they provided detailed information about the practice and experience of PPPs in the Turkish context. This facilitated the inquiry of the extent to which concerns expressed about this policy tool were valid in the Turkish case.

Purposive sampling was used during the elite interviews as it enabled the selection of most appropriate people to respond to the research questions (Tansey, 2007, p.770). During the data collection for the study, the interviewers were pre-defined based on the roles taken in policy making. In advance of the interviews, ethical permission was received from the METU Human Research Ethics Committee with the number of 2018-SOS-153. Three companies in Turkey (Banvit, Ülker and Nestle), which implemented nutrition programmes through partnerships with the public sector, were selected from the private sector. For the public sector, the Directorate General for Basic Education in the Ministry of National Education was included as the responsible institution for implementing the nutrition programmes examined in the study.

Formal invitation letters were submitted to the selected interviewees both via mail and e-mail. During the process of getting responses to the invitation letters, many difficulties were experienced. One company did not respond, so no one could be included in the interviews. Another company submitted only a formal letter, which covered general information about their nutrition programmes, in response to the invitation letter. As a result of many phone conversations with the company, the interviewer was convinced to organize a meeting in İstanbul. For the interview with the third company, I was directed to contact the sub-contractor, which executed the related nutrition programme. The interview for this company was conducted with the project coordinator of the sub-contractor via phone conversation. From the public sector, interviews were conducted with a group of bureaucrats in the Directorate General for Basic Education in the Ministry of Education in Turkey. Although many difficulties were experienced regarding the availability of the responsible experts, the interview was conducted successfully.

In addition to the difficulties regarding the organisation of the interviews, it was also encountered some challenges during the interviews. It was observed that the respondents were not comfortable while answering some of the interview questions. This situation was valid for both sides' interviewers. The interviewers from companies were very careful while answering the questions in order not to make any harmful statements for their companies. In the public sector's interviews, the respondents had hesitations in answering questions, especially regarding the issue of conflict of interest. For those situations observed during the interviews, the aims of the questions were explained in detail to the respondents to provide a reliable interview atmosphere.

1.2 Structure of the Thesis

The growing prominence of nutrition policies globally overlaps with the rising popularity of health promotion. The second chapter lays the groundwork for our analysis. It locates the emergence of health promotion policies within their broader neoliberal political economic context and analyses the specific properties of these policies in the EU member states and in Turkey. Further, the chapter also analyses nutrition policies and examines the regulatory tools used to promote health through nutrition policies such as salt reduction, tax policies for unhealthy products, distribution of healthy foods and promoting physical activities.

The third chapter presents the debates in the academic, literature about the social efficiency of public private partnerships in the spheres of health and more specifically, in the sphere of nutrition. We analyse the experiences of public private partnerships in the EU countries, in the light of the debates in the literature and as a comparator for our analysis of nutrition PPPs in Turkey.

The fourth chapter provides an overview of the historical development of nutrition and health promotion policies in Turkey. It then analyses the public private

partnerships formed between the state and private companies to implement public policies. It focuses on two of these partnerships. The first one is the programme called “Healthy Steps” which is a partnership between the Ministry of National Education and Nestle. The second example is “Balanced Nutrition” which is a partnership between the Ministry of National Education and Ülker. Drawing upon document-based analysis and concise fieldwork conducted, the chapter analyses how these public-private partnerships are established, how the roles and responsibilities are decided and conflicts of interests implicated in partnerships.

The concluding chapter summarises the finding and arguments of this thesis.

CHAPTER 2

SIGNIFICANCE OF NUTRITION POLICIES UNDER HEALTH PROMOTION

With the evolvements of the practices in public health, many approaches were developed in different eras of history. Six distinct approaches to public health can be identified across different historical periods (Awofeso, 2004, p.705). The public health as health protection, as the first approach, covered the regulations aiming to protect the health of individuals in the 1300s. Hand-washing rules and quarantine of leprosy sufferers were the examples for this approach (Awofeaso, 2004, p.705). The second one was a public health implementation, which was designed for the miasma control in the specific regions as a result of the environmental changes during the industrialisation period. As the third approach, public health as contagion control in the 1880s aimed to control contagious diseases such as tuberculosis and cholera. In the 1900s, public health as preventive medicine improved the approach of contagion control through concentrating a specific part of the population, which were in high-risk, such as schoolchildren, pregnant women, and the elderly. The fifth approach, which was the public health for primary health care, was formalised by the Alma-Ata Declaration in 1978. The objective was to prevent health care by building healthy public policies and providing health education to individuals through intersectoral cooperation. In the 1990s, a *new public health* approach was addressed based on the principles of the Ottawa Charter. As the most current approach in public health, *new public health*, aimed to assist the individuals to gain control over their health through educational, economic and political actions (Awofeso, 2004, p.705).

Neoliberalism has important effects on the new public health approach. Neoliberalism is based on the idea that free functioning of the market provides a

better utilization and allocation of resources and provides a bigger foreign trade, therefore; a higher economic growth and development can be attained (McGregor, 2001, p.82). Three important principles of neoliberalism are individualism, free market via privatization and deregulation, and decentralization (Feo, 2008, p.224). As the first principle, individualism, underlines the individual responsibility and advocates that people in a society can find their own solutions for the problems about their health, social security and education. The second principle, free market via privatization and deregulation, emphasises that it is necessary to deregulate and privatize the public and state-owned enterprises for a free-market economy. The last principle, which is decentralization, advocates that the state power and responsibility should be transferred from central to local and regional ones.

Before neoliberalism, there was a consensus among the states and international organizations about the importance of public health policies. Those policies covered many healthcare programmes about water and sanitation, education, food and nutrition. The Alma-Ata Conference organized by the WHO in 1978 was the apex of this consensus. However, this consensus was eroded in 1980s as a result of the massive costs for fulfilling the obligations stated in Alma-Ata (Rowden, 2009, p.145). Instead of trying to find the ways of financing public health costs, many countries started to implement policies based on the market-oriented approaches of neoliberalism (Rowden, 2009, p.146). Thanks to the important role of the international organization, especially the World Bank, neoliberal policies were accepted all over the world through applying budget cuts and charging user-fees in public health services (Rowden, 2009, p.147). In the reports of the World Bank, contracting-out of the public health services through the privatization was suggested to the governments. (World Bank, 1981).

The rising dominance of neoliberal policies in public health can also be seen in the Lalonde Report, which was written by the government of Canada in 1974. The Lalonde Report changed the goals of the Ottawa Charter, which aimed to promote health through investing the social determinants of health, such as employment, poverty and education were changed. With this report, an individualised approach

was accepted for health promotion policies (Ayo, 2012, p.102). This change in approach envisaged that healthiness of people was personal accountability. Therefore; unemployment, poverty and lack of education were rendered as poor personal choices (Ayo, 2012, p.102). In the goals of Alma Ata and Ottawa Charter, health was understood as a public good, however; neoliberal developments in the 1980s and 1990s interpreted health as a private good (Björkman, 2004, p.2). When we looked at the implementations of the health promotion policies in the 1980s and 1990s, it was obvious that many governments implemented programmes such as exercising every day and eating vegetables and fruits for being healthy. Those health promotion practices showed that the neoliberal approach affected the implementation of health promotion policies through highlighting the personal choices of citizens rather than discussing the social determinants of health.

2.1 Emergence of Health Promotion

The term health promotion was first used by Henry Sigerist, a medical historian in 1945 while defining the major tasks of medicine (Terris, 1999, p.37). He stated that there were four major tasks of medicine: (1) the promotion of health, (2) the prevention of illness, (3) the restoration of the sick, and (4) rehabilitation. In his sentences, it was underlined that "*Health is promoted by providing a decent standard of living, good labour conditions, education, physical culture, means of rest and recreation*," and this was only possible with the coordination of statesmen, labour, industry, educators, and physicians (Terris, 1999, p.37). This statement shows that Sigerist defines health promotion in terms of disease causation, so he thinks health promotion can be a useful tool for preventing diseases. The importance of the definition is its emphasis on "lifestyle" factors about which individuals can make decisions to affect their own health. Sigerist argues that the social environment-factors such as tobacco use, fatty diets, alcohol consumption, and lack of physical exercise are as effective as physical environment (radiation, toxic chemicals and carcinogenic agents) on humans' health.

Lalonde Report prepared by the Government of Canada in 1974 to explore the causes of death and sickness represented another important turning point in both the usage of the term and its practice. The report identified three elements as causes of death and sickness: human biology, environment and lifestyle. It is also underlined that the public expenditures for health should be used for preventing diseases rather than treating them. With this aim, many strategies were developed, and one of them was about health promotion. In the *Health Promotion Strategy*, specific lifestyle factors such as diet, tobacco, alcohol, drugs, and sexual behaviour were explained, and the actions were proposed for health promotion including educational programmes for both individuals and organisations, and the promotion of additional resources for physical recreation.

The *Surgeon General Report* by the US Public Health Service in 1979 is the third report that touches the issue of health promotion. With this report, health promotion was evaluated in terms of lifestyle changes and prevention was evaluated in terms of protection from environmental threats.

At the international level especially at the level of the World Health Organization (WHO), the ground for health promotion efforts was laid by the "Primary Health Care at Alma-Ata" and "Health for All" document which started debates on expectations for a new public health movement and intersectoral action for health.[1] In the "Alma-Ata Declaration" adopted in the international conference in 1978, Alma-Ata, Kazakhstan, an urgent need was expressed for action by all governments and the world communities to promote the health of all the people in the world (WHO, 1978). At the same time with the discussions in Alma-Ata, the WHO decided that all people in the countries all over the world should have a level of health by the year of 2000 for being capable of working in a productive way and participating actively in the social life of their communities.[2]

[1] https://www.who.int/healthpromotion/conferences/previous/ottawa/en/

[2] https://www.who.int/whr/1998/media_centre/executive_summary6/en/

The fourth and most important step in health promotion was the *Ottawa Charter* organised in Canada in 1986. The Charter evolved out of an International Conference on Health Promotion that was organized by the WHO, Health and Welfare Canada, and the Canadian Public Health Association in order to represent a synthesis of the general-cause oriented and the specific-cause oriented approaches to health promotion with the participation of 212 people from 38 countries (Terris, 1992, p.38). As the first international document about health promotion, the Ottawa Charter is an important milestone in the history of health promotion policies all over the world. In the Charter, the WHO stated the need to improve the health of people by giving them opportunities to make healthy choices through providing health education and enhancing their life skills (Ottawa Charter, 1986). With the *Ottawa Charter*, it was aimed at people to exercise more control over their health and their environments and to make choices conducive to health. The Charter emphasises that people cannot achieve their fullest health potential unless they can take control of those things which determine their health.

The *Ottawa Charter* is notable because it rejects the approach of traditional health education, in which the public plays nearly a passive role as a recipient of educational programmes developed by health professionals and specialists. Instead, the Charter calls for an active role of the public by providing information, education for health and enhancing life skills (Terris, 1992, p. 39). The Charter was also crucial for the fact that it underlined that the prerequisites and prospects for health could not be ensured by the health sector alone. More importantly, it was noted that health promotion demanded a coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organisations, by local authorities, by industry and by the media (Terris, 1992, p. 40).

After the Ottawa Charter in 1986, many health promotion strategies were developed in various countries. However, it seems that those strategies have been far from reflecting the whole aspects of health promotion. Most of them became a package

of activities concentrating on the lifestyle approach only. Many campaigns were conducted regarding the importance of healthy lifestyle changes of citizens. However, in Ottawa Charter, health promotion was developed as a multidimensional involving several circumstances affecting health such as housing, income security and employment trainings that usually implemented by the governments through social policies. This change in the understanding of health promotion is related to the dominance of individualism engrained in the neo-liberal policies that became dominant in the countries concerned during the 1990s. Through the effects of neo-liberal understandings in the 1990s, health promotion policies were transformed into the policies in which governments started to withdraw the support of citizens. With this withdrawal of the governments, the role of the market started to be increased at the same time. It was the same period with the policies which accelerated the privatisation of the public goods. Those developments in the countries had an impact on health promotion policies. With the Ottawa Charter, there was a standpoint that the governments should implement health promotion policies for the sake of the health of people. Therefore, it was mentioned in Ottawa Charter that health of people was the responsibility of the governments. Whereas, with the neo-liberal policies in the health sector, the individuals were seen as a consumer rather than a citizen. Raphael (2008, p.484), in his article, examined his country's developments in Canada and stated that this change in the strategy was not a surprise since the reason of those strategies already supported the idea of the liberal market economy from the beginning of this process. For him, most of the developments in Canada regarding health promotions offer little sustenance to concepts and activities with the vision of Ottawa Charter. He underlines that those activities and promotions in Canada are realized with the aim of marketing of lifestyle messaging to the Canadian public (Raphael, 2008).

This emphasis on the healthy lifestyles of people in the health promotion policies was supported by the governments and public health sector. The rhetoric of "healthy lifestyles" which was used by the governments became inevitable in many reports in the health sector and even the people criticising health promotion policies felt obliged to use a healthy lifestyle approach in their works (Frohlich and Poland,

2007). The trend towards healthy lifestyles was strengthened with a very dangerous epidemic: “obesity”. People were bombarded every day by government agencies and disease associations which promoted healthy diets, physical activity, and reducing tobacco (Raphael, p.488). The media was also very effective in promoting healthy lifestyles. The studies regarding obesity were started to be published in media and people were informed about the danger of obesity and the solutions were identified as healthy choices by people themselves.

2.2 Development of Nutrition Policies at the International Level

Nutrition policies came to occupy a central place in health promotion due to their role as a major health determinant. Governments see unhealthy eating of people is the reason for many diseases such as cancer and cardiovascular diseases. Nutrition is also an important determinant of obesity, the rates of which are rising both among children and among adults in many countries. Raphael (2008, p.488) states in his article that the media used headlining about nutrition in each day and everywhere. However, the reasons for obesity or unhealthy eating of people were not related to nutrition only. The wages of the people, poverty rates, the growing gap between rich and poor are also determinants of nutrition problems in a country. Whereas, the trend towards healthy lifestyles resulted that people believed the main reasons for being healthy are healthy eating, diet and physical activity (Improving the Health of Canadians, 2004).

World Health Organisation’s endorsements also reinforced the significance of nutrition policies in health promotion. The WHO defines nutrition is a cornerstone of good health. As called “good nutrition”, it underlines the importance of an adequate, well-balanced diet combined with regular physical activity for good health. On the other side, it shows “poor nutrition” as the reason for reducing immunity, increasing diseases, harming physical and mental development and reducing productivity. The strategies of the WHO on nutrition are usually based on

the treatment of diabetes, cardiovascular diseases and cancers. It emphasised that treatment of those diseases can be possible by reducing tobacco and alcohol consumption, reducing unhealthy diets and increasing physical activity. In the report by the WHO in 2018 called "Saving lives, spending less: a strategic response to non-communicable diseases", the potential health gains and economic benefits of investing health promotion actions are mentioned. According to the report, preventing those non-communicable diseases can be possible by investing in interventions such as healthy eating and physical activity (WHO, 2018, p.8).

In its report mentioned above, the WHO shows the initiatives that can be taken by governments about nutrition. In order to reduce the unhealthy diet, it suggests a reformulation of food through reducing salt-containing and defining the maximum permitted amount of salt in foods (WHO, 2018, p.11). The second action is stated as providing low salt options in public institutions such as public hospitals and schools. The other action is related to give education to people about healthy diets. The last one is giving information to people on the packages of foods with the front of pack labelling (WHO, 2018, p.11). Regarding physical activity, the report underlines the importance of media campaigns combined with other community-based education programmes supporting increasing activity level of people (WHO, 2018, p.12).

Significance of nutrition policies is also discernible in sustainable development goals issued by the United Nations. In 2015, the United Nations announced "The 2030 Agenda for Sustainable Development" which was adopted by all United Nations member states to provide a roadmap for the developments in many areas such as poverty, health, education, economic growth and climate change. Seventeen development goals were mentioned on the agenda. The first goal was to end poverty in all its forms everywhere through implementing national protection systems and ensuring equal rights to economic resources (UN, 2015). The second goal aimed to end hunger and ensure access by all people, in particular, the poor and people in vulnerable situations, to safe, nutritious and sufficient food (UN, 2015). The third

one was to ensure healthy lives and promote well-being for all at all ages. This goal aimed to achieve health coverage of all people and to address the burden of non-communicable diseases including mental health. The goal also indicated ensuring healthy lives and the promotion of well-being for all ages as essential to sustainable development.

2.3 Development of Health Promotion and Nutrition Policies in the EU

Health Promotion policies also became influential in the EU member states and the WHO played an important role in this regard. In 1984, the WHO Regional Office for Europe put forward discussions about the principles for health promotion (WHO, 1984). Those discussions about health promotion concepts also supported the basis of Ottawa Charter mentioned at the beginning of the chapter. In the European region, there were projects promoting health and innovations in the health sector such as "Healthy Cities", "Health Promoting Hospitals" and "Health Promoting Schools" (Ziglio, 2000, p.143). At the same time with Ottawa Charter, the European Union enlarged its role in the area of public health in the 1990s with the Treaties of Maastricht and Amsterdam (Ziglio, 2000, p.143). This enlargement in the role of the EU was caused by the enlargement of the Union with 15 member states and ten applicant countries. The said projects such as Health Promoting Schools were implemented on a multi-country basis and provided strong coordination through sharing of experience within the member and candidate countries (Ziglio, 2000, p.144).

Health policy is not a sphere of exclusive competence for the EU in the Lisbon Treaty; therefore, there is no single coordinated or harmonised health promotion policy in the EU mainly due to the nature of health. Instead, issues related to public health and improvement of human health are listed under the topic of shared and supportive competences between the member states and the EU in the Lisbon Treaty. This means that the health policy of the EU is based on a cooperation mechanism between member states rather than a law which harmonises public

health measures in the member states (Duncan, 2002, p.1027). As noted by the Maastricht Treaty, the Union encourages cooperation between member states and lend supports to their actions if necessary (Article 129(1)). With the Amsterdam Treaty of 1997, it seems that the role of the EU was strengthened through ensuring a high level of human health protection in designing health policies (Article 152(1)). In addition, it was ensured that the EU should work with member states in order to improve public health, prevent illness and eliminate the sources of dangers to human health with the Amsterdam Treaty. However, it was also stated in the Amsterdam Treaty that the organisation and delivery of health services and medical care were the responsibilities of the member states (Article 152(4, 5)). There are some areas in which the EU can make legislation: Patients' rights in cross-border healthcare; pharmaceuticals and medical devices (pharmacovigilance, falsified medicines, and clinical trials); serious cross border health threats, tobacco; organs, blood, tissues and cells. However, other than those areas, the EU cannot make legislation on member states' health policies. It is stated that there can be recommendations by the Council of the EU regarding the issues of public health for the citizens in the EU.[3]

European Commission sees health promotion as a vital part of ensuring public health (give reference to the website. As the responsible body in the European Commission, the Directorate for Health and Food Safety (DG SANTE), can propose legislation, provide financial support, coordinate the member states about sharing best practices and design health promotion activities.[4]

Europe 2020 strategy, health promotion is mentioned as promoting good health in the health policy of the EU for smart and inclusive growth. It is stated that keeping people healthy and active has a positive effect on productivity and competitiveness. Furthermore, health promotion policies can be an essential part of innovation in the health sector and can also create jobs for the most qualified workers in the EU. In the strategy, health promotion also links with promoting healthy and active ageing.

[3] https://ec.europa.eu/health/policies/overview_en

[4] https://ec.europa.eu/health/policies/overview_en

For this area, a pilot programme was launched in 2011 with the name of "European Innovation Partnership on Active and Healthy Ageing" aiming to enable older EU citizens to have healthy, active and independent lives through improving the efficiency of social and healthcare systems.

Some EU member states such as Austria, Estonia and Switzerland, established Health Promotion Foundations (Ziglio et al., 2000, p.144). These foundations provide funding for NGOs and other organisations in order to develop health promotion programmes. The existence of those organisations can be seen as an important tool for dissemination of health promotion concept. There are many programmes implemented for health promotion in the EU member states. For instance, in Germany, "KardioPro" programme was implemented to prevent cardiovascular diseases which could cause almost half of the deaths in Europe (Witt S. et al. 2014, p.1). The programme which was implemented in 2006 by German health insurance fund SBK (Siemens Betriebs Krankenkasse) aimed to reduce the risk factors of cardiovascular diseases and provide early treatment for the people (Witt S. et al. 2014, p.2). In the United Kingdom, "NHS Health Check Programme" was implemented by NHS for the people aged between 40-74. The object of the programme was to check the health of adult people with spotting early signs of stroke, kidney diseases, heart diseases, dementia or type 2 diabetes.[5]

Nutrition policies also have a central place in health promotion in the EU. In 1998, the European Commission designed a project called "Eurodiet" aiming to contribute a coordinative approach among member states on nutrition, healthy eating and healthy lifestyles. The project was stemmed from the link between diet and chronic diseases cancer, stroke, diabetes, obesity, coronary heart diseases, deficiency of iron/iodine, and dental diseases (Kafatos and Codrington, 1999, p.328). In order to implement the project of "Eurodiet" and enhance healthier lifestyles, it was announced that there was a need for public health nutrition strategy in the European Union. The project was also related to promoting physical activity. It can be

[5] https://www.nhs.uk/conditions/nhs-health-check/

understood that the terms of healthy eating and physical activity are usually promoted together for healthy lifestyles. Kafatos and Codrington (1999, p.328) underline that this strategy of healthy eating and physical activity is designed with the determinants of food choice and attitudes of the consumer to nutrition.

A community nutrition programme was also implemented in the EU from 1987 until 2013 (European Court of Auditors, 2019, p.5). The programme named "Food Aid Programme for the Most Deprived Persons (MDP)" was funded from the budget allocated for the Common Agricultural Policy. With the programme, the food aid to poor people was realised in the member states through aid agencies (Caraher, 2015, p. 932). In the year of 2014, this food aid became a part of "The Fund for European Aid to the Most Deprived (FEAD)", which supported member states to provide food and/or basic material assistance to the most deprived.

In 2007, the European Commission published a white paper named "Strategy for Europe on nutrition, overweight and obesity-related health issues", which aimed to reduce the illnesses due to unhealthy nutrition and obesity (Commission of the European Communities, 2007). A platform was set up by the European Commission, with the involvement of civil society and the private sector. The key objective of the platform was to fight against obesity and overweight related problems by informing the consumers through nutrition labelling and other awareness-raising activities. The platform also underlined the importance of the involvement of the private sector in those activities.

The European Commission announced a theme for the year of 2019 as "Healthy Diets for a #ZeroHunger World" in accordance with the second goal of the Sustainable Development Goals by the United States, which aimed to end hunger, achieve food security and improved nutrition and promote sustainable agriculture (FAO and WHO, 2019). The Commission underlined the importance of the Guiding Principles for Sustainable Healthy Diets, which was prepared by the Food and Agriculture Organisation of the United Nations (FAO) and the World Health Organisation (WHO). These principles, which aimed to reduce the risk of diet-

related non-communicable diseases and to help prevent all forms of malnutrition, were shown as an important guideline for the member states while preparing their national guidelines for nutrition.

2.4 Health Promotion in Turkey

The programmes and strategies of the WHO regarding health promotion and nutrition also shaped health policy priorities in Turkey. When we look at the legal background, it is difficult to see specific regulations about health promotion. The regulation touching mostly the issue of health promotion is "Halkın Sağlık Eğitimi Yönetmeliği" which was entered into force in 2000. The regulation aims to raise the awareness of Turkish citizens regarding their health rights and public health services through supporting to improve healthy behaviours in people. It also defines the concept and the method for training of the personnel in the central and local organisations of the Ministry of Health.

In 2004, an international symposium called "I. International Health Promotion and Health Education Symposium" was organized by Ankara University, Faculty of Health Education. In the organisation, it was decided that the policy gap in health promotion in Turkey should be fulfilled by scientific data and researches with an inter-sectoral perspective and cooperation mechanism of different ministries such as the Ministry of Health, Ministry of National Education, Ministry of Agriculture and Ministry of Labour and Social Security. It was also stated that the faculties of health education have an important role in improving health promotion strategies and practices in Turkey.

As an important step, in 2008, the Directorate for Health Promotion was established under the General Directorate for Basic Health Services in the Ministry of Health. In 2011, this directorate became a general directorate. It can be understood that the importance given to health promotion increased by establishing "General Directorate for Health Promotion".

There are also a few health promotion programmes implemented in Turkey. The first one may be shown as an example of the programmes which are the parts of a project launched by the WHO, "Healthy Cities Movement". This project was initiated by the WHO in 1996 with the aim of developing local strategies for health protection and sustainable development in the USA, Canada, Australia and many European countries. In the definition by the project, a healthy city aims to create a health-supportive environment, provide a good quality of life for the people in the province and supply easy access to health care services.[6] In 2003, Bursa was the first city in Turkey which became a member of the project. In the next year, an initiative was started in Turkey for establishing a "Healthy Cities Union". With the approval of the Ministry of Interior of Turkey, the Union was established with the founder members municipalities of Yalova, Van, Kadıköy, Afyon, Tepebaşı, Çankaya, Ürgüp, Ordu, Kırıkkale and Bursa (Yardım et al., 2009, p.32). It is aimed that those Healthy Cities would share their experiences as active members of the Union in Turkey and develop joint programmes in solving common needs. Furthermore, they could have the opportunity to represent themselves at an international platform. In general, healthy cities aims to: clean, safe, high-quality physical environment; a balanced and sustainable ecosystem; a strong, solidarity, non-exploited society; participation in and impact on decisions affecting their own lives, health and well-being; meeting the basic needs of people living in the city (food, water, shelter), income, security, work, etc.; access to all existing experiences and resources using a variety of communications, interactions and connections, different, essential and innovative city economy; urban citizens who have a cultural, historical and biological past and heritage; public health and care services that are accessible to all and sufficient and high level of health (high level of preventive health services and low level of disease).[7]

[6] https://www.who.int/healthy_settings/types/cities/en/

[7] http://www.skb.gov.tr/birlik-hakkinda/birlik-hakkinda/

As an example of a health promotion programme of a member city of Health Cities Union, Çankaya Municipality in Ankara implemented a project called “Health Card”. The project was started in 2017 with the purpose of reaching 50.000 people in Çankaya. With the project, the people could take their “Health Card” without any condition other than living in this district. The Card provides 50% sale in health services in the hospitals that were signed protocols with the Çankaya Municipality. There were 29 hospitals that the Municipality had partnerships with. In addition to sales in the hospitals, people in this district could benefit from the services of the Municipality such as eye control, diabetes control, training of women health and sexual health, training for parents regarding drug addiction, etc. Furthermore, in this context, psychological support for women living in shelters, nutrition training for children and free check-up for disabled citizens were the other types of activities of the projects.[8]

Figure 1. Poster of Çankaya Municipality regarding “Health Card”

[8] http://www.skb.gov.tr/wp-content/uploads/2019/03/Cankaya-Saglikli-Kent-Projeleri-2014-2019.pdf

Another project related to health promotion practices in Turkey is "Health Promoting Schools" which is the transition from the project by the WHO. The project was launched in 1995 at the global level by the WHO with the name of "Health-Promoting School" which can be defined as a school strengthening its capacity as a healthy setting for living, learning and working.[9] Those schools aim to engage health and teachers, students, parents and health providers in supporting to transform the schools to healthy places. As a pilot implementation, 25 schools from 22 provinces in Turkey were selected, and training to the teachers and school administration were given about healthy living and nutrition (Yardım et al., 2009, p.32).

2.5 Regulatory Interventions to Promote Healthy Nutrition

Nutrition programmes have a central place in health promotion policies. This is because unhealthy nutrition is seen as the main reasons for the non-communicable diseases. It is emphasised that the healthy nutrition of people can prevent many of those diseases. Therefore, there are remarkable numbers of programmes about nutrition in the health promotion policies of the countries.

Several measures can be used by governments to implement nutrition policies and promote healthy lifestyles of people. The Organisation for Economic Co-operation and Development (OECD) identifies two types of activities used in nutrition policies by governments (Fulponi, 2009, p. 4). Both policies aim at behavioural changes of citizens and consumers through providing information. The first activity is to assist consumers in making healthy food choices while the second activity is to promote the consumption of specific healthy foods such as fruit and vegetables (Fulponi, 2009, p. 4).

[9] https://www.who.int/health-promoting-schools/overview/en/

In order to implement the first intervention, which aims to change people's behaviours, governments may use several measures. Through those measures, the governments expect that people will make choices on healthy eating and healthy foods; and have information about the negative effects of unhealthy diets on their well-beings. The first measure used by the governments is to control the advertisements related to foods by attaching particular importance on the advertisements to children. Restricting the timing and content of the advertisements on television to children is a measure implemented in the United Kingdom, France, Ireland, Spain and Portugal (Capacci, 2012, p. 192). In France, there is also a condition for the advertisement to children in addition to the restriction on timing and content that those advertisements should have a public health message.

Figure 2. A poster regarding "5 a-day Programme" used by the World Cancer Research Fund

The second measure aims to organize campaigns for public information about healthy eating by using media communication or other social media tools. This measure is one of the most common types of policy to promote healthy diets with health education interventions. Those public information campaigns are usually implemented to increase the consumption of healthy foods and decrease unhealthy ones. For example, in the United Kingdom, a campaign called "5-a day" was implemented suggesting consuming fruit and vegetables as five portions in a day.[10]

Another example can be given from Poland and Denmark's campaigns by promoting to eat seafood. Salt reduction campaigns in many countries are also stated as the measures for public information. Nutrition education as an intervention by the governments can be seen as trainings and seminars organised people about healthy eating in workplaces or schools. Whereas, this measure is mostly used for giving information to a special target group such as children at schools. The measures at schools or workplaces are also implemented by giving nutrition information on menus in addition to implementations in restaurants and cafeterias. The nutrition information usually includes information regarding the calories of the foods in menus. The Obesity Platform in Portugal implements this measure in order to prevent people from obesity which is increasing day by day (Portugal is the only member state in the EU who accepts the obesity as a disease). [11]

As the most common tool for nutrition education, governments use nutrition labelling for giving information to people about the contents of the foods that they consume. In the EU, there is a Council Directive for nutrition labelling of foodstuffs which was accepted on 24 September 1990 by the Commission (90/496/EEC). Moreover, there are also acts following the mentioned Directive, such as EC Regulation no. 1925/2006 of the European Parliament and of the Council in which nutrition labelling is accepted as compulsory and EC Regulation no. 1924/ 2006 of the European Parliament and of the Council, which harmonises the provisions in the

[10] https://www.nhs.uk/live-well/eat-well/5-a-day-what-counts/

[11] https://www.europeanobesityday.eu/tackling-obesity-together/policymakers/

member states regarding nutrition labelling and reduction of disease risk (Capacci, 2012, p. 194). As an example from the member states, “Keyhole” is a project implemented in Nordic countries (Denmark, Sweden and Norway) which labels the foods in the markets with a special symbol of keyhole (Sjölin, 2013). The foods are labelled with this keyhole symbol content less salt, less sugar, less fat, but more fibre. With this labelling by using a health symbol on products, it is aimed to increase awareness of people about healthier options. However, it also encourages food companies to reformulate their products. Therefore, it is also used as an intervention touching the industry side of consumption (Capacci, 2012, p.195).

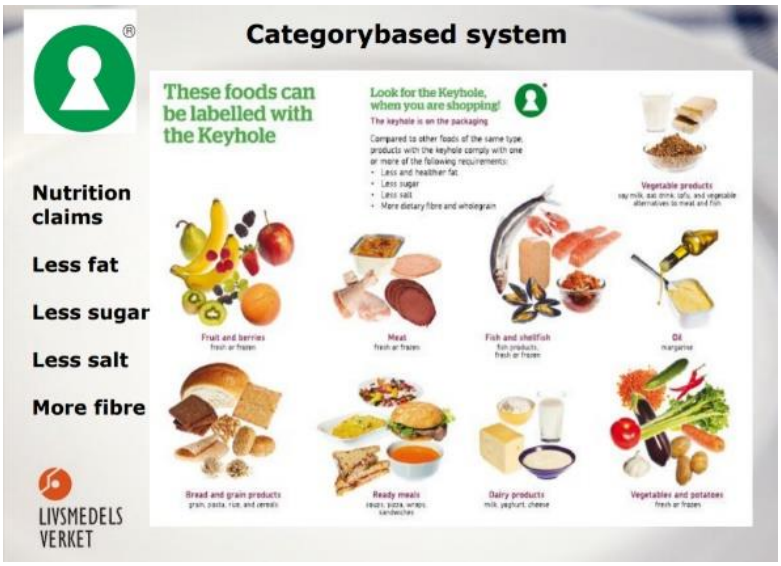

Figure 3. A poster of Keyhole Campaign in Nordic Countries

Governments may also use market correcting interventions. These may include fiscal measures, regulations related to foods and putting standards for nutrition products. Taxes levied on certain foods and subsidies provided to disadvantaged consumers may be given as examples for the fiscal measures adopted by governments. By levying higher taxes on unhealthy products, governments may try to alter nutrition behaviour of people. For example, Denmark, in 2009, imposed an increase in the tax of 25% for ice cream, sweets and chocolates to tackle obesity and

heart diseases caused by unhealthy foods (Wilkins, 2010). At the same time, a decrease in tax for sugar-free soft drinks was imposed by the Danish government. In 2010, Romania proposed a similar tax increasing on fast-foods and sweets for having a tax revenue for health promotion policies, but it was not implemented (Capacci, 2012, p.195).

Another fiscal intervention on nutrition is giving subsidies to disadvantaged groups in the countries. Those subsidies can be implemented by giving vouchers to disadvantaged people for getting healthy foods. In the United Kingdom, a programme has been implemented by the governments since 2006 called "Healthy Start". The programme aims to provide supplemental nutrition to pregnant women with low-income or pregnant teenagers, breastfeeding women and their children (Machell, 2014, p. 12). The women and children receive vouchers that can be used when buying only fresh or frozen fruits and vegetables, milk and infant formula. Free vitamins for women and children are also provided within the programme.[12] In addition to the voucher system, the programme also provides health education regarding health services for pregnancy to promote breastfeeding and healthy eating (Scottish Government Social Research, 2016).

Another subsidy programme is developed by the Australian government for the disadvantaged Aboriginal children living in rural areas. The programme aims to improve the nutritional status of the children through the consumption of fruit and vegetables and nutrition education programmes. The government weekly provided a box with fruits and vegetables with the cost of 40 dollars to those families. In addition to the boxes, cooking classes and nutrition trainings are also organised for the families. Furthermore, the government provides preventive health measures such as dental health controls, hearing checks, blood tests and diet assistances.[13]

[12] https://www.healthystart.nhs.uk/

[13] https://cbpp-pcpe.phac-aspc.gc.ca/ppractice/fruit-and-vegetable-subsidy-programme/

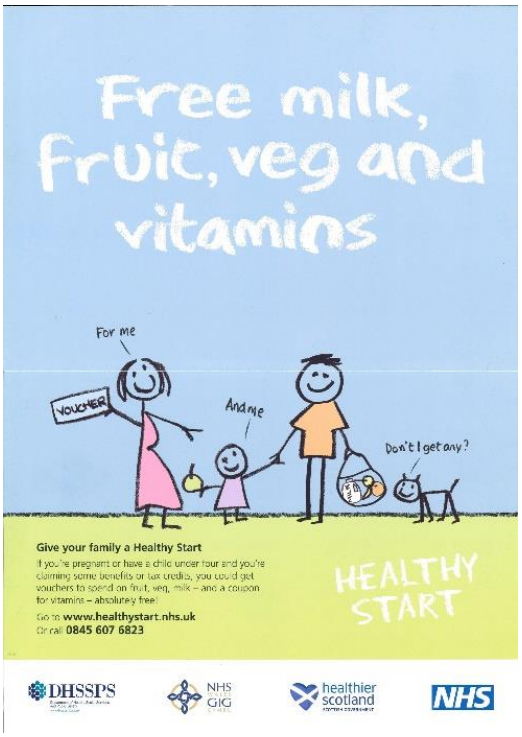

Figure 4. A poster of "Healthy Start" in the United Kingdom

Regulation of foods as an intervention to the food market by the governments is mostly implemented through controls on food marketing in schools, workplaces and hospitals. Controls on the vending machine by cancelling the unhealthy products or distribution of healthy foods such as vegetables and fruits are the interventions implemented usually in schools. The example can be given from the United Kingdom with the programme called "Cool Milk". The programme provides free and subsidised school milk to children in pre-schools and primary schools.[14]

Another government intervention is putting standards on nutrition products. In Denmark, in 2004, a regulation which restricted the use of trans fatty acids to a maximum of 2% in the products was implemented (WHO, 2018). The reason for

[14] https://www.coolmilk.com/

restricting trans fatty acids in products is those acids are seen as the main dangerous content which causes obesity and cardiovascular diseases. However, it is not easy to implement the intervention of identifying standards for products since it has many effects on the food industry (WHO, 2018).

As a result, the interventions of nutrition policies aiming to promote healthy lives for people can be seen as the essential interventions of health promotion policies. It is known that health promotion policies are based on the fact that preventive measures are crucial for fighting with obesity, cancer and cardiovascular diseases, etc. In those preventive measures, it is underlined that the most important measure is regarding healthy nutrition of people. Thus, having nutrition policies in the countries became more necessary when designing health promotion policies. There are many interventions that the governments can implement in their nutrition policies as mentioned above. However, in this thesis, it will be focused on the interventions made by governments with partnerships with the private sector.

CHAPTER 3

PUBLIC PRIVATE PARTNERSHIP IN NUTRITION PROGRAMMES UNDER HEALTH PROMOTION

In this chapter, the different definitions and types of public private partnerships during the neoliberal restructuring will be analysed. Then, the examples of public private partnerships in nutrition programmes from the EU member states will be explained. Lastly, the advantages and disadvantages of the public private partnerships will be examined through reviewing the literature.

3.1 Emergence of PPPs as a New Model of Market Intervention during the Neoliberal Restructuring

As noted in the previous chapter, public health policies went through important transformations during the neoliberal era. In the process, public private partnerships came to be seen as a tool for governments to fight against noncommunicable diseases. Examples of fiscal policies in nutrition programmes discussed in the previous chapter show that governments can implement those policies in their own authoritative power. It is also clear that the governments may negotiate with stakeholders such as the WHO, UNDP or World Bank. While implementing nutrition and health promotion policies, governments may also establish "public private partnerships". Such partnerships may be formed in different ways. One example is the partnership of the government in the United Kingdom with the well-known international food company, "Kraft Food". In the partnership established in 2003, the aim was to reduce obesity by promoting healthy foods in schools and promoting physical activity in daily lives. Partnerships established by governments

with private companies that aim to profit by increasing the consumption of their products are paradoxical. In nutrition, this is more so because the interests of both sides (public and private sides) may be confusing to understand the context of the partnership. In order to understand this issue, in this chapter, the public private partnerships will be examined in the area of health promotion in general and more specifically in nutrition policies.

In the emergence of PPPs, the role of neoliberal policies implemented all over the world could not be ignored. Neoliberal policies caused many reforms such as cutting the budgets of governments, privatisation of government institutions, ending tariffs, free movement of foreign capital, lower worker protection through flexible labour markets (Ginsburg, 2012, p.69). Those reforms were designed based on the idea that the governments were inefficient, and the private sector could provide public services in the most economically efficient way (Baker and McKenzie, 2003, p.1). The neoliberal approaches argued that new ways for financing health care should be found because of the failure of the states (Björkman, 2004, p.3). The public sector should not be the unique provider of public services; therefore, private companies should take over many responsibilities from the state (Miraftab, 2004, p.92). Hence, neoliberalism showed the PPP as a policy tool in which a more effective and efficient delivery of services was provided.

Multilateral organisations such as the World Bank and United Nations endorse cooperation between the food industry and state institutions as an effective measure to fight against the diseases caused by nutrition problems. The fifth objective in *2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases* by the WHO aims "to promote partnerships for the prevention and control of noncommunicable diseases" (WHO, 2008). The fifth objective states that providing effective responses to the health problems of noncommunicable disease requires strong international partnerships. As a justification for this partnership, it is stated that national budgets in many countries are limited to prevent and control those diseases.

EU Public Health Commissioner noted in 2006 that public private partnerships are necessary for healthy eating of people, but the private sector is part of both the solution and problem in this regard (Buse, 2011). As another example, the programme of "Let's Move" which is initiated by the former first lady, Michelle Obama, to solve the problem of obesity in the USA. This initiative is part of a programme called "The Partnership for a Healthier America" (PHA) aiming to work with the private sector to solve the childhood obesity crisis. The interesting point is that one of the founders of this partnership is W.K. Kellogg Foundation which is a non-profit organisation under a big company, "Kellogg". Although there are some academicians and policy-makers who are concerned about such partnerships, many leaders from the food industry (including the Director of Global Health Policy in PepsiCo) also argue for the need of a partnership of public sector with the private sector in new business models that promote better health (Yach, 2008).

The concept of partnerships, referred by different parties noted above, is rarely well-defined. Many different definitions are used, and it is difficult to understand the differences between established PPPs. As Buse (2011) underlines, the partnerships between the public and private sector can be established in different forms. When looking at the examples, it can be seen that public or private partner can provide funding for the programme. This difference of contributing money by different sides can change the conditions and dimensions of a PPP. For this reason, many books and articles analysing PPPs have a starting point by questioning the definitions of PPP. In order to see the dimensions of PPP and also understand the types of PPPs in various sectors, the definitions should be clear.

Dimensions of PPPs identified by Roerich et al. (2014) and summarized in Table 1 below may be useful in summarising different uses of PPPs in the literature. The table below is important to show that PPPs are implemented in many different sectors, under many different models; therefore, a unidimensional definition is almost impossible. Rather the definitions should take into consideration, sectors, countries, and the nature of partnerships between the public and private parties.

Table 1. Differing conceptualizations of public-private partnerships

Definition	**Dimensions**
An arrangement between two or more entities that enables them to work cooperatively towards shared or compatible objectives and in which there is some degree of shared authority and responsibility, joint investment of resources, shared risk taking, and mutual benefit (HM Treasury 1998)	Inter-organisational relationship; Cooperation; Shared objectives; Joint investments; Risk sharing
Public-private partnerships are on-going agreements between government and private sector organisations in which the private organisation participates in the decision-making and production of a public good or service that has traditionally been provided by the public sector and in which the private sector shares the risk of that production (Forrer et al.2010).	Risk sharing Inter-organisational relationship
A legally-binding contract between government and business for the provision of assets and the delivery of services that allocates responsibilities and business risks among the various partners (Partnerships British Columbia, 2003)	Contractual governance; Risk allocation
The main characteristic of a PPP, compared with the traditional approach to the provision of infrastructure, is that it bundles investment and service provision in a single long term contract. For the duration of the contract, which can be as long as twenty or thirty years, the concessionaire will manage and control the assets, usually in exchange for user fees, which are its compensation for the investment and other costs.(Engel et al., 2008)	Bundling Service provision Long-term contract
Partnerships which include contractual arrangements, alliances, cooperative agreements, and collaborative activities	Contractual governance; Inter-organisational relationship

Table 1. (Continued)

A relationship that consists of shared and/or compatible objectives and an acknowledged distribution of specific roles and responsibilities among the participants which can be formal or informal, contractual or voluntary, between two or more parties. The implication is that there is a cooperative investment of resources and therefore joint risk-taking, sharing of authority, and benefits for all partners (Lewis 2002)	Inter-organisational relationship; Shared objectives; Mutual investments Risk sharing Benefit sharing
A relationship involving the sharing of power, work, support and/or information with others for the achievements of joint goals and/or mutual benefits (Kernaghan 1993)	Inter-organisational relationship; Cooperation; Power and information sharing Shared objectives

Source: Roerich et al (2014)

As in the literature, institutions can also have different definitions of PPP. When looking at the definition of the European Investment Bank, it is easy to understand its approach to the partnership. According to their definition, a PPP is a form of relationship between the public and the private sector aiming to use the resources or expertise to deliver public services. From this approach, it can be understood that European Investment Bank uses the PPP in mostly transport sector where the model of "build, operate and transfer" is used (European Investment Bank, 2019). As another prominent and well-known partner, the World Bank has a similar definition for PPP since it also implements partnerships in the sectors of transport and energy (2012, p.11). According to institutions such as International Monetary Fund (IMF) and the Organisation for Economic Cooperation and Development (OECD), PPPs refers arrangements that the private sector supplies infrastructure which is traditionally provided by the government (Hemming, 2006). In parallel with those definitions, the European Commission explains the term as a form of co-operation between public authorities and the world of business which aim to ensure the funding, construction, renovation, management and maintenance of an infrastructure of the provision of a service." (EC, 2004).

It is seen that defining PPP is mostly combined with an infrastructure provision by many organisations, including governments. However, those definitions came from a period fifteen years ago. The reason of the domination of infrastructure in the literature stems from the reality that the first partnerships between the state and the private organisations were designed for building roads, tunnels, airports, hospitals or establishing electricity networks all over the countries. In this context, PPPs were often invoked as alternatives to bureaucratic public services and inefficient state-owned enterprises, often for the promotion of privatisation (Cavelty and Sute 2009). It is important to note that PPPs are seen as an alternative to public services or state-owned enterprises through blaming the bureaucracy and inefficient implementation of the governments. It is also seen as a promotion of privatisation in many countries (Cavelty and Sute, 2009). As Grimsey and Lewis noticed, PPP came into view intending to fill the gap between the public project, which are traditionally procured and full privatisation of the services (2005, p. 346).

Therefore, the models that are mostly used in PPPs such as build, operate and transfer or design-build-finance-operate underline the infrastructure services in defining the PPPs. However, it does not mean that the numbers of PPPs in other sector are not noteworthy in understanding the dimensions of PPPs. PPP is a model that can be seen in many policy areas which are under the responsibility of the governments such as education. As an example from the education sector, a PPP can be established in many forms of shared responsibility between private actors and governments in terms of financing school, management or ownership (Baum, 2018). Patrinos et al. (2009) note that governments may establish PPPs in education to increase the quality of education services, increase access to primary education and meet such objectives with a lower cost relative to public provision. IFC (2001) emphasises that inadequacies and inefficiencies in the public sector (such as lack of incentives, lack of competition and quality) render partnerships with the private sector necessary for the provision of education services. Besides direct funding of education services, PPPs are also used in regulation and evaluation activities in the education sector. As in the other sectors, foundations also have an important role in

PPPs for education partnerships. There are many PPPs with governments in the education sector, such as the William and Flora Hewlett Foundation, Bill and Melinda Gates Foundation, United Nations Foundation. Although it seems that partnerships with those foundations are not identified as a PPP, it is stated that those foundations are often closely related to private business (Robertson, 2012). It is underlined that there were many foundations in the past supporting education of poor and minority children such as Ford, Carnegie and Rockefeller Foundation emerged at the beginning of the 1900s. However, in addition to those targets that the mentioned foundations had in the past, those new ones such as the Bill and Melinda Gates Foundation, Microsoft, the Robertson Foundation, the Donald and Doris Fisher Foundation (Gap Clothing) or the Wal-Mart Family Foundation expect remarkable returns on their investments (Scott, 2019).

In the PPPs in the education sector, private companies provide expertise in policy-making and researching or quality assurance to governments (Robertson, 2012). For instance, KPGM, which is a large company controlling the consulting market all over the world like the companies of McKinsey, PricewaterhouseCoopers, Ernst and Young and Deloitte Touche Tohmatsu. KPGM in the UK has a partnership of City Academy established in 2009 with the City of London. The school aims to provide academic, creative, sporting, linguistic, and personal educational experiences to students. When searching about the role of KPGM in the partnership, it is stated that experiences of KPGM in financial services and business skills have a significant role in the PPP. Therefore, in the education sector, there are many variations of PPPs such as education companies, education consultants, education management institutions or education businesses.

Public private partnerships are also common in the health care sector. Khushbu (2014) argues that the mismatch between demand and supply of health services caused to adopt partnerships of governments with the private sector. The most widespread use of PPPs in the health care sector is those where the partnerships established to aim at providing health care infrastructure, such as the construction or maintenance of hospitals, rehabilitation services etc. The earliest and most well-

known examples of such public private partnerships are found in the UK, where it has been dubbed as the Private Finance Initiative (PFI). In this model, the private sector is responsible for the infrastructure and equipment of hospitals while the public side is responsible for providing health services. According to PPP Legal Resource Centre of the World Bank, the UK initiated to use PPP in hospital facilities and Australia supported PPP in its health policy with the same approach.[15] In Turkey, the PPP in health sector became an agenda in building with the city hospitals which were built in nine cities of Turkey (Yozgat, Adana, Mersin, Elazığ, Kayseri, Isparta, Manisa, Ankara and Eskişehir).[16] In the model of city hospitals, the public provides land to the city hospitals as free and opens a tender for the project. The private company who wins the tender is required to complete hospitals in three years and provide maintenance works for 25 years (Pala, 2018). This model of PPP caused many discussions in Turkey since the public side pays the private sector for renting the buildings and services that are given to patients by giving a guarantee of reaching the targeted numbers of patients per year.[17]

There are also other examples of public private partnerships, where in addition to financing and constructing the infrastructure, the private sector is also given the role of providing health services (Khushbu, 2014).

Public private partnerships can also be formed between foundations or non-governmental organisation and the public sector. A well-known example is partnerships by Bill and Melinda Gates Foundation. Such partnerships between foundations/ NGOs and public entities aim to develop efficient ways of delivering health interventions, including vaccines. In fact, there is no private side in those partnerships between a non-governmental organisation and government. However, it is well-known that international foundation such as Bill and Melinda Gates

[15] https://ppp.worldbank.org/public-private-partnership/ppp-health

[16] https://sygm.saglik.gov.tr/TR,33960/sehir-hastaneleri.html

[17] https://www.birgun.net/haber-detay/sehir-hastaneleri-gercekleri.html

Foundation has strong relationships with the private sector in delivering services which they aim.

In the EU, "Health 2020" policy framework, which was adopted in 2012 by the WHO Regional Committee for Europe, also endorsed public private partnerships in health care. The strategy aimed to support governments in improving health strategies, improving public health and reducing health inequalities among the people in the EU region through developing health systems, which were universal, sustainable and equitable. In this policy framework, there were considerable references to the trend of establishing partnerships with the private sector in the delivery of health services. In many parts of the framework, the need for partnerships of the governments with civil society and the private sector was underlined and suggested to be implemented. Furthermore, partnerships between the public and private sectors were noted amongst the core strategies to implement framework activities (Health 2020, p. 140). In order to give an example for those partnership, Health 2020 explained different forms of PPP in which some services outsourced to private sector, public funding for private not-for-profit outreach workers or private health organisations with administrative boards that included local politicians, private health organisations owned by charitable organisations or public health organisations managed by private entities (Health 2020, p. 119).

Public private partnerships are also used in the sphere of health promotion. Public Health Responsibility Deal which was initiated in England, can be examined as an example. It was launched in 2011 by Department of Health as a PPP including the voluntary involvements of the parts such as health and community organisation, public bodies and businesses in the areas of food, alcohol, health at work and physical activity [18]. In every area, public bodies, private sectors and other organisations signed agreements on preparing guidelines, implementing actions defined in these guidelines and making pledges to those actions. If we look at the

[18] https://webarchive.nationalarchives.gov.uk/20180201175643/https://responsibilitydeal.dh.gov.uk/

partnership about reduction of alcohol consumption, there are many actions defined such as alcohol labelling about the content and warnings for pregnant; awareness raising activities with information about health harms of alcohol in pubs, clubs and also supermarkets; preventing actions for under-age sales of alcohol; financial support and in-kind funding for the projects about alcohol reduction; developments of sponsorships for promotion of advertisements for non-alcohol environments, etc.

PPPs in nutrition programmes are also increasingly used as a means of promoting health. Partnerships in nutrition cover many topics such as obesity prevention, healthy weights, diets and physical activities. Partnerships formed between the public and private bodies may aim at distributing healthy products such as milk, fruit and vegetables; reducing the overconsumption of certain minerals such as salt, or organising public education campaigns in order to promote healthy diets for especially school-age children about nutrition. Nutrition programmes are usually named as "healthy eating" programmes that are based on the nutrition of people with healthy foods to prevent diseases. For the governments, working with the food industry to promote healthy eating is a new area; therefore, it is difficult to find guiding documents regarding partnerships. Governments have guiding principles or frameworks to establish partnerships with other sectors, including tobacco, alcohol and pharmaceuticals. Similar provisions or frameworks are not common for partnerships in nutrition programmes.

3.2 Examples for Public Private Partnerships in Nutrition Programmes

The relation between the public and private sectors is complicated in nutrition policies. The examples in Turkey related to PPPs are mostly aimed at public education. One exception is the "School Milk Project" that aims at promoting healthy diets through product distribution. The objective of other programmes is to increase the awareness of people (especially children) about healthy diet and life. The programme called "Decreasing Salt Consumption" also aims at the reformulation of the foods in addition to its aim of public education. All of the PPPs

have the same public authority: Ministry of National Education. The public side of the programme called “Decreasing Salt Consumption” is the Ministry of Health.

It seems that the nutrition programmes are the most widely used models of the PPPs as a type of health promotion policies in Turkey, and there is limited research on those partnerships. For this reason, the examples from different EU countries will be analysed to understand the dimensions of PPPs in nutrition programmes.

The first example can be given from France with the programme of EPODE (‘Ensemble Prévenons l'ObésitéDes Enfants’, *Together Let's Prevent Childhood Obesity*). The programme was established in 2004 with the partnership between the governments and private stakeholders. It has been implemented in 500 local governments in six countries: France, Belgium, Spain, Greece, South Australia and Mexico. The programme aims to tackle obesity in children through educational activities in school (Hawkes and Buse, 2011, p. 400). The resources of projects in the countries differ according to country due to mobilisation between central and local levels, public and private funds that are allocated for the programme (Borys et al., 2012). The involvement of the private sector to the programme is not only through providing money but also through participation in the committee deciding the programme implementation. From Borys’ (2012, p. 301) article, it is seen that the committee called as “EPODE European Network Coordinating Team” includes the names from big multinational companies such as Nestle, Ferrero International, Mars, Nestlé S.A., Orangina-Schweppes Group. Moreover, it is underlined that this committee is supported by the European Commission (DG Health and Consumers) in developing suggestions for the management of PPPs in the EPODE programme (Borys et al., 2011). In the article of European Public Health Alliances, it is mentioned that it can also be one of the strengths of the programme by keeping public costs down.[19] The EPODE programme is an example of the PPP in which the private sector provides funding of the partnership.

[19] https://epha.org/epode-together-lets-prevent-childhood-obesity/

Another PPP example in nutrition was the "Healthy Living" programme in Scotland. The programme was a partnership between the Scottish Government and the Scottish Grocers' Federation. The government provided funding for the programme. The interest of the Scottish Grocers' Federation in this partnership was related to the aim of the programme which guides the citizens for consuming healthy products. The objective of the programme was decreasing the obesity rates in the country by promoting healthy and fresh products.[20]The role of the Grocers' Federation in this PPP was to increase the range, quality and affordability of fresh foods in accordance with the goals set by the Scottish Government.

With the programme named as "Health4schools" in the United Kingdom, the government and private sector established a partnership for promoting healthy foods in schools (Hawkes and Buse, 2011, p.401). The programme aimed to reduce obesity through healthy foods and physical activity for children. In 2003, Kraft Foods, the private company in this partnership (renamed in 2012 as "Mondelez International"), globally committed to healthier eating and initiated to develop guidelines for advertising to children. With the "Health4schools" programme, the company also removed the unhealthy foods from school vending machines. For the company was renamed and revised the content of their website, the details of the programme could not be found in the website of the programme.

In Denmark, a PPP The Danish Whole Grain Partnership was officially established in 2008 with members from the Danish Veterinary and Food Administration (government), health NGOs, and the food industry. The PPP aimed to increase the rate of the consumption of whole-grain products and promote those products for healthy lifestyles of people in Denmark. The programme, called "The Danish Whole Grain Partnership" was attractive to the private sector since they would sell whole grain products to improve their profits (Greve and Neess, 2014, p.16). In this partnership, many NGOs had important roles, such as giving information to the

[20] https://www.scottishshop.org.uk/healthy-living

public and communicating different actors in the programme. It is stated that the involvement of the NGOs also had essential contributions to the programme (Greve and Neess, 2014, p.16).

"Nestlé for Healthier Kids" is another globally implemented nutrition PPP, implemented across different countries. The programme aims to fight against childhood obesity and undernutrition through promoting healthy foods and lifestyles for children. The company, Nestle, established in 1905, is one of the largest food company in the world producing baby foods, dairies, chocolate, coffee, water, etc.[21] The company, initiated this programme in 2009, to combine its different projects in different countries under one umbrella. Therefore, the programme includes many different projects regarding nutrition, awareness activities for teachers, product development with healthier contents, etc. The company, Nestle, claims that they do not market to children under age six (Nestle, 2016). In this scope, the programme is based on educating teachers via modules prepared by the partnership. The public partners are usually the Ministry of Education or Ministry of Health or both of them together.

3.3 Pros and Cons of PPPs on Nutrition: Efficiency vs. Conflict of Interests

There is an ongoing debate about the efficiency of PPPs in the health care sector in general and in nutrition policies in particular (Romero, 2015). Supporters of PPPs argue that partnerships allow both public and private sectors to achieve their goals more effectively compared with what they can achieve alone (Kraak and Story, 2010). With the term "effectiveness", Kraak and Story (2010) refer to sharing of ideas, expertise and skills, coordination of activities to prevent the duplications, covering larger populations where high risks cannot be taken by only side (public or private). Moreover, it is believed that the quality of actions is higher when a

[21] www.nestle.com

collaboration between public and private sector is established (Kraak and Swinburn, 2011). The expertise of the private sector can provide necessary financial and technical resources in areas of technology transfer and communication.

It is argued that the private sector can also compensate for the lack of expertise in the public sector. Majestic (2009, p.2) underlines that there is an increasing need for public health professionals but a shortage of workers. Besides, he points out that the public sector cannot cope with the bigness of the health promotion activities while it has great responsibilities such as deaths and disabilities in the population (Majestic, 2009). Kraak and Swinburn (2011) argue that the private sector's wider access to several marketing channels and media platforms can expand the reach of health promotion activities.

Amongst authors supporting PPPs in health promotion, Kickbusch (1998) notes that PPPs are not only between the public and private sector but also include other sectors involving in other health issues and add a new dimension of inter-sectoral cooperation for health. He also maintains that putting health promotion on the agenda of the related sectors can increase the momentum of health improvement. In terms of changing the content of products, the PPPs can result in designing business models of the private sector that allow investments in healthy products (Yach, Feldman and Bradley, 2010).

Sceptics emphasise conflicts of interest that may arise in public private partnerships. The first disadvantage of PPP is regarding the reality that the primary goal of private companies is to make profits. According to Stuckler (2012), governments that establish partnerships with the private sector while trying to promote health, are bound to fail. It is also related to the fact that those initiatives of health promotion such as preventing unhealthy foods or reducing the consumption of those products cannot be successful since the products are the critical income channels of the food industry (Gomes, 2011).

Hernandez-Aguado and Zaragoza's (2016) examines the influence of editorials and commentaries that support health promotion public–private partnerships between governments and corporations on the scientific environment (Hernandez-Aguado and Zaragoza, 2015, p.1). They reveal the relationships between authors who support PPPs in health promotion and private corporations. Interestingly, their study shows that 62% supporters of PPPs in health promotion had worked or were working in PPPs.

Freedhoff (2011) argues that the private sector enters into PPPs to increase their credibility and buy consumer loyalty through cooperating with health sector organisations and charities. It means that it is the advantage of a private company to be involved in a PPP with the government whose trust is believed by the people. Gilmore (2012) finds that private companies use PPPs for gaining access to government and building trust among the public and political elite.

Sceptics further argue that there is not enough objective evidence that proves that PPP is an effective way of delivering health benefits. Moodie, Stuckler and Monteiro (2013) argue that PPPs do not aim the promotion of fresh or minimally processed foods; instead, they promote reformulated dishes and snacks as healthy. Therefore, it is a tactic of the food industry to establish a partnership with governments in order to distort the priorities of governments (Galea, 2014).

Lastly, establishing PPP in health promotion causes to change the agenda of the governments from risky population to the choices of people seen as individual decision (Hernandez-Aguado and Zaragoza, 2015, p.4). This is a general objection in the literature underlying that being healthy cannot be seen as an individual decision apart from the policies implemented by the governments.

CHAPTER 4

ANALYSIS OF NUTRITION PROGRAMMES OF TURKEY

This chapter first provides an overview of nutrition policies in Turkey. It then analyses public private partnerships that emerged as novel ways to implement nutrition policies in Turkey throughout the 2000s. Drawing on the concise fieldwork conducted, the chapter will analyse how partnerships between the public authority and private sector are established and managed, the motivations of each party for the partnerships, the roles and responsibilities of the sides, the funding of the programmes and the conflict of interest issue and their implications will also be questioned.

4.1 Nutrition Programmes in Turkey

In order to understand the concept of PPPs in nutrition programmes in Turkey, it can be useful to look at nutrition programmes of Turkey in general. The development of nutrition policies in Turkey has been sporadic and incoherent. Research project titled "Nutrition, Health and Food Consumption Research" was initiated in 1974 and followed up in 1984 to gather data on nutrition patterns of Turkish people and problems in nutrition policies. The project aimed to gather information that can be used to modernise nutrition policies. However, the results of such research were not updated for a long time, so Turkey failed to form a contemporary strategy on nutrition (National Food and Nutrition Strategy Working Group Report, 2001, p.47). In 2001, an important meeting was organized in the State Planning Organisation of Turkey with UNICEF that aimed to analyse the nutrition

problems in Turkey. After the meeting, it was announced that the nutrition problems in Turkey were mostly related to lack of education and awareness of people in nutrition, unconscious behaviours of people in food consumption, low level of education about nutrition, inexistence of updated nutrition guidelines, etc. (National Food and Nutrition Strategy Working Group Report, 2001, p.48).

In 2010, the Ministry of Health in coordination with Hacettepe University and Numune Hospital conducted a survey called "Nutrition and Health Research" in order to analyse the nutritional habits of Turkish citizens. According to the report showing the results of the research, it was stated that the research aimed to provide data for the policy-makers while designing a nutrition policy for Turkey (The Final Report for Evaluating the Nutrition Habits, 2014, p.15). The research also aimed to gather information about the habits of people in food consumption and physical activity, nutrition patterns of disadvantaged people (mothers, babies, elderly people, etc.), undernutrition problems according to the different regions of the country. It was also stated that the research might be used in showing the changes in nutrition patterns in Turkey through comparing the data gathered with the research made in 1974 and 1984 (The Final Report for Evaluating the Nutrition Habits, 2014, p.16). According to the results of research, "Nutrition Guideline for Turkey 2015" was published in 2016 for raising the awareness of people in healthy nutrition and healthy lifestyles. With the guideline, the Ministry of Health aimed to prevent the non-communicable diseases (such as diabetes, cardiovascular diseases, cancer and osteoporosis) which were related to nutrition habits and lifestyles of people (Nutrition Guideline for Turkey, 2016, p. 27). In the light of this aim, the guideline included information about healthy foods that should be consumed, such as fresh fruit and vegetables, dairies, fish and other seafood including omega-3, and vitamin-D. The guideline also identified unhealthy foods that should be consumed less, such as saturated fat and trans-fat, salt, sugar and alcohol.

Most current research about nutritional patterns in Turkey was initiated in 2017. The Ministry of Health announced that "Nutrition and Health Research" was started in 2017 for preventing especially obesity and diabetes in Turkey (Anadolu Agency,

2017). The research analysed the extent of physical activities in people lives and healthy food consumption in Turkey. At the same time with this research, another survey was conducted by the WHO called “National Household Health Survey in Turkey Prevalence of Noncommunicable Disease Risk Factors 2017”. The main objective was to determine the prevalence of behavioural and biological risk factors for NCDs in Turkish population (WHO, 2018, p.21). In the report that analysed the results of the survey, alcohol consumption, tobacco consumption, low level of fruit and vegetable consumption and low level of physical activity were determined as behavioural risk factors. The results of the survey showed that the rate of the behavioural risk factors in Turkish people was very high for NCD diseases.

Fighting against obesity has been an important goal nutritional programmes implemented in Turkey. “Turkey Healthy Eating and Active Life Programme”, which was prepared and implemented for the first time in 2010 in parallel with the developments in the world, aimed to combat obesity which affected children and young people. The programme aimed to increase knowledge about combating obesity in society and providing adequate and balanced nutrition and regular physical activity habits. In addition, in order to prevent obesity, various public institutions such as universities, private sector and non-governmental organisations carried out various programmes, projects and training studies under the programme (Ministry of Health, 2013).

In Turkey, the fight against obesity has also been included in various publications on national health policy. Ministry of Health prepared "Health 21 Health for All" - in line with the same-named programme in the EU - stating that obesity, hypertension and diabetes are the important risk factors for diseases (Ministry of Health, 2007). In the light of these developments in the EU, the Ministry of Health published a strategic plan for the years of 2013-2017, in order to inform the public about healthy nutrition, obesity and physical activity. The strategic plan also aimed to raise awareness, create programmes related to healthy eating and regular physical activity habits (Ministry of Health, 2014).

"Turkey Obesity Fight and Control Programme (2010-2014)" was published on February 2010 in order to speed up activities related to the prevention of obesity. As the programme aimed to promote regular physical activity, it was merged with the programme of “Turkey Healthy Eating and Active Life Programme" by a Prime Ministry Circular dated 29th September 2010 and 27714 numbered Official Gazette (Ministry of Health, 2013). Then, “Turkey Excessive Salt Consumption Reduction Programme” (2011-2015) has been prepared and put into practice. In this context, according to the recommendations made by the Ministry of Food, Agriculture and Livestock, the amount of salt on bread has been reduced from 1.75 gr to 1.5 gr according to the "Communiqué on Bread and Bread Types" published on 4 January 2013 (Ministry of Health, 2013).

Another project within the scope of preventive health services, "Nutrition Friendly School Project" aimed to increase the level of school health by encouraging healthy eating and healthy living conditions of schools, healthy eating in schools, prevention of obesity. The project was implemented by the Ministry of Health in cooperation with the Ministry of National Education. During the implementation, schools were controlled by the "Nutrition Friendly Schools Evaluation Form" under the determined criteria, and schools that score over 90 points and scored out of 100 points were awarded the "Nutrition Friendly School" certificate (Ministry of Health, 2017).

The programmes above mentioned aimed at public education regarding nutrition under health promotion in Turkey. Besides public education, public distribution was also used in Turkey while implementing nutrition programmes. “School Milk Programme”, for example, was carried out by the Ministry of Food, Agriculture and Livestock, the Ministry of National Education, the Ministry of Health and the National Milk Council in 2011, to provide milk-drinking habits for primary school students including pre-school class, to support healthy growth through adequate and balanced nutrition. With the programme, three days a week (Monday, Wednesday, Friday), students were given a package of milk in 34.000 schools (Ministry of National Education, 2011).

Public Nutrition Education Programme is one of the most comprehensive programmes carried out by the Public Nutrition Branch of the General Directorate of Primary Health Services of the Ministry of Health. The programme aims to raise public awareness about nutrition. This programme has been implemented since 1996. Within the scope of this programme, "General Nutrition Information and Food Hygiene" and "Nutrition of Risk Groups" and "Nutrition in Special Situations" (obesity, anaemia, rickets, constipation, nutrition in menopause, nutrition in old age), documentary films of thirty minutes and five episodes were filmed and published on GAP TV. In this regard, information is transmitted to the public about nutrition by participating in various radio programmes related to health. In addition, according to the results obtained by conducting nutrition researches, many trainings were organized at the regional level together in coordination with the universities and some other institutions.

Other programmes related to the nutrition are carried out by the General Directorate of Mother, Child Health and Family Planning in the Ministry of Health such as:

- Breast milk incitement and baby-friendly hospitals programme,
- Mother and child feeding programme,
- Prevention of iodine deficiency diseases and salt iodination programme,
- Fluoride use programme to improve oral and dental health,
- An integrated approach to child diseases programme,
- Early childhood development monitoring programme,
- Adolescent health and development programme.

There were many other programmes whose purposes were to gain healthy eating habits and promote physical activities in Turkey. Those programmes were usually implemented by the Ministry of National Education as can be seen in the table.

Table 2. Nutrition Programmes Implemented by the Ministry of National Education

Programme Name	**Programme Coordinator Institution**	**Programme Aim**
Nutrition with Songs	Ministry of National Education (2012)	To develop healthy eating habits
I can eat healthy	Ministry of National Education (2012)	To raise awareness about nutrition in primary school students and to gain consciousness
I am eating healthy in my school	Ministry of National Education (2012)	To raise awareness about nutrition in primary school students and to gain consciousness
Nutrition Education in Primary School	Ministry of National Education (2012) and Ministry of Health (2012)	To develop healthy eating habits

In the curriculum of the social studies lessons of Ministry of National Education for primary education, we can also see a part about healthy and balanced nutrition under the chapter of *healthy lives* (MEB, 2018, p.15). In this part, students are informed about the importance of consuming healthy foods and the damages of unhealthy foods such as carbonated drinks (MEB, 2018, p.15).

Other than those programmes stated in the table, the Ministry of National Education also implemented nutrition programmes through establishing partnerships with the

private sector. PPPs in nutrition programmes are prepared in line with the objectives of the Ministry of National Education for school-aged children. It is seen that those PPPs are established for public education rather than product distribution. This thesis aims to understand the PPPs in nutrition programmes of Turkey as a health promotion policy. So, the next part of the chapter will include the details of those PPPs in the Ministry of National Education.

4.2 Examples of Nutrition Programmes in Turkey Implemented via Public-Private Partnerships

In Turkey, there are several nutrition programmes implemented through public-private partnerships. The Ministry of National Education implements three of them. The first one is the programme called *"Healthy Steps"* implemented by Nestlé with the partnership with the public sector. "Healthy Steps" is a project that aims to raise awareness on good nutrition, adequate water consumption and hygiene; and to encourage physical activity among school-age children to contribute a healthier future. It is part of the global Nestlé for Healthier Kids Programme that reached 14 million children in 84 countries around the world. Nestlé Turkey launched "Beslenebilirim" ("I Learn Nutrition") programme in 2012 in partnership with the Ministry of Education. The project was named Healthy Steps in 2017 after it was renovated with the addition of physical activity modules.

The project addressed third-grade children in primary schools in public schools, parents and teachers. The contents of the programme and the materials used in the trainings were prepared by the experts in the universities. Thirty-two hours of training on healthy nutrition and healthy living were given to the target group as a part of the curriculum of the school. It aimed to train the children and their parents about the basics of healthy nutrition, improve a positive image of healthy eating and raise their awareness regarding the consumption of food and beverages. The programme also included activities supporting physical activity. In addition to

training modules, there were also activities that increased the interests of the children. For example, a game was designed by the academicians in Marmara University for supporting the development of balance and coordination skills of the students. At the end of the programme, 72.000 students, 140.000 parents and 2.500 teachers in 13 cities were reached.

The second PPP project in nutrition is *"Balanced Nutrition"*. This project was developed by the Sabri Ülker Food Research Foundation, together with the Ministry of Education to develop healthy eating behaviours in school children. The project aimed to develop adequate and balanced diets in the 6-10 age of children for increasing the quality of life of the children. The target groups of the project were the students between the ages of six-ten in primary public schools, their teachers, teachers, and employees of their schools. The project was the continuation of the programme called "Healthy Eating Education Programme" developed by Sabri Ülker Food Research Foundation. The programme aimed to help children in learning to eat healthy and balanced.

The project was initiated with a pilot implementation in 2011-2012 education year in ten schools in four provinces: Gaziantep, Istanbul, Izmir and Trabzon. Trainers were recruited for each province and workshops were held to introduce the educational materials to the designated local teachers. With the pilot project, nearly 20.000 students were reached. The project was based on the trainings of the coordinators in the provinces. Those coordinators gave trainings to the representatives of the schools who were responsible for the coordination of the programme. The representatives of the schools organised trainings for the teachers who would train the students about healthy eating. Therefore, the programme was implemented with the chains of trainings through the method of trainings of trainers.

In the second year of the implementation in 2012-2013, the project extended to ten cities: Gaziantep, Istanbul, Izmir, Trabzon, Kahramanmaraş, Aydın, Sinop, Antalya, Kayseri, Erzurum. With the project, 1,000,000 students in 500 schools and their parents were reached.

When looking at those two projects, it is clear that they have nearly the same implementation model and target groups. Both projects were implemented in various cities in Turkey through trainings of trainers and both projects aimed to raise awareness of the teachers, students and parents. The private companies executed the projects are also similar: both of them have well-known products in the sectors of food and beverages such as biscuits, chocolates and diaries. Therefore, PPPs in nutrition programmes executed by the Ministry of National Education had similar modes of implementation.

4.3 Analysis of Two Examples for Implementation of Public-Private Partnerships in Nutrition Programmes

In order to understand the implementation of PPPs in the nutrition policies, two examples in Turkey mentioned in the previous part of the chapter were analysed. The examples are the PPPs in which Nestle and Ülker are the private companies, and the public side is the Ministry of National Education. Ten interviews were conducted with both companies' representatives and bureaucrats at the Ministry to gather data and understand the implementation of PPPs in nutrition programmes. In Nestle, the interview was conducted with two representatives of the sub-contracting company that carried out the programme on Nestle's behalf. The Directors of the sub-contracting firm gave details of the Healthy Steps programme in a phone interview that dured close to an hour. This information was helpful to complement the information gaps that existed about the programme in publicly available resources.

The second interview was organized with the Sabri Ülker Food Research Foundation, which implemented the programme "Balanced Nutrition" with the Ministry of National Education. The General Director of the Foundation in İstanbul accepted to participate in the interview and gave information about the details of the

programme and the partnership. Alongside the General Director, four employees responsible for programme implementation also participated in the interview.

Interviews were conducted with three expert bureaucrats responsible for programme management at the General Directorate of Basic Education implemented the nutrition programmes for the school-aged children in the Ministry of National Education. One of them was the coordinator of those programmes with Nestle and Ülker. This interviewer in the Ministry provided important information regarding the public side of the partnerships.

There is another nutrition PPP established between the MoNE and another private sector company Banvit, in the poultry sector. Attempts to organise an interview with this company failed, so the programme involving this company "Smart Children's Table" was not included in the research.

Interviews focus on several themes that explored the establishment, management, funding of the partnerships. Questions were directed about the partnership protocols to understand the distribution of roles between the parties in partnerships. MoNE informed that each programme was formed and implemented based on an individual and distinct protocol signed with the companies for each programme that would be implemented. The protocols were prepared jointly by the Ministry and the company. Before the Ministry decided to approve the protocol, the protocol was evaluated by many related units in the Ministry. As the last control, the Legal Affairs Department at the MoNE approved the provisions of the protocol, and then the Minister could sign the protocols. If there was any comment from the Legal Affairs Department, the protocol should be revised and submitted again for the approval of the Department. The General Directorate of Basic Education implemented the programmes at the MoNE since those health promotion programmes were usually designed for the children at school ages. Protocols identified the details regarding the responsibilities of the sides, financing issues and sanctions. MoNE stated that the most important provisions included in the protocols were the ones which were related to banned activities such as using the products of the companies during

implementation of the programmes and making advertisements of those products, etc. The MoNE personnel individually controlled the provisions that could be harmful to the MoNE.

The contents of the programmes were also designed by both sides. The programmes were initiated by the private sector, which proposed to implement a programme and submitted them to the related units in the Ministry. According to the activities and topics of the programme, MoNE decided whether the programme could be implemented with the company as a public-private partnership. MoNE stated that the content of the programme was composed in coordination with the experiences of both sides. The details of the programme, including the criteria in selecting schools, the content of the programme modules, the context of the trainings designed for students, parents or teachers, were discussed with MoNE experts. If there were a disagreement on those subjects, the protocols would be revised by the MoNE accordingly.

The implementation methods of the programmes were nearly the same for both programmes. The partner from the private sector organised trainings for teachers in the selected provinces. Those trained teachers gave trainings to other teachers in their provinces so that they could reach all target students and parents. While trainings of trainers, the company covered all the costs regarding the programme such as mobilisation of teachers, organising of training places, distribution of training materials, etc. The Ministry underlined that such funding by the private sector was critical because it was very costly to implement those programmes with the national budget. Therefore, in terms of funding, the MoNE underlined the importance of those partnerships.

Programme evaluation is another critical dimension of PPPs in nutrition programmes. In that point, it can be useful to mention the evaluation of those programmes. According to the interviews, both sides of the government and the private sector conducted evaluations for the programmes. Nestle and Ülker stated that they evaluated the programmes with preliminary tests and post-tests. They used

the evaluation tests in each implementation year in order to see the results of the programme. With the evaluations, the companies aimed to measure the changes in the eating habits of children and parents. Ülker specifically underlined that they conducted an online evaluation called “Nutrition Test Survey”. The test revealed a person’s nutritional habits according to his/her consumption of various foods and beverages. Ülker claimed that this test was the most comprehensive questionnaire implemented in Turkey. In that point, the MoNE underlined that they requested reports from the companies regarding the results of the programme implemented. Preliminary tests and post-tests were also tools for the MoNE while evaluating the programmes. However, it was not an obligation for the companies since the evaluation of the programmes was not mentioned in the protocols made between the MoNE and the private companies. The interviewer from MoNE stated that she demanded reports and evaluations from the companies as a personal request. The MoNE also underlined the importance of the site visits for checking the implementation of the protocol rules. Nevertheless, other personnel from the Ministry may not demand any reports or evaluations from the private sector. As a result, it means that the evaluation of the programmes can be made according to the decision of the responsible person from the public side.

Interviews also inquired about the reasons why private sector companies wanted to form partnerships with the public authorities. During interviews, this question was directly asked the representatives of the food companies and the answers were very similar for each company. Nestle stated that the most important reason behind being in a partnership with the public sector in nutrition policies is related to social responsibility. It underlined that existing in a partnership with the government could be shown as a tactic of the food company for social responsibility. Through those partnerships, the company might aim to support their actions about the social responsibility policy of the company. As the second reason, Nestle underlined the importance of market expansion. With the partnership, the company had a chance to make advertisement for their healthy products for a target group which was difficult for the companies to reach without those projects. In that point, it should be reminded that both companies of Nestle and Ülker have a range of products based

on so-called “healthy” foods such as dairy, diet products, infant formula, etc. Therefore, the partnership can be an excellent opportunity for a company while expanding its market with healthy products for targeted people. In the interview of Ülker, this issue of market expansion was not openly stated by the interviewer. Instead of market expansion, brand visibility and popularity were mentioned as reasons for establishing a partnership with the government regarding healthy eating. Ülker stated that the programmes in the area of nutrition might help them to improve the visibility of their products and actions about healthy eating. Ülker emphasised that those projects were important tools for increasing its brand popularity even if it was not allowed to make any advertisement of their products during the implementation of the programme. Although it could not make advertisement in the programme, Ülker underlined that people were aware which company implemented the project by which company and this perception in the minds of people lead to provide an increase in the visibility and popularity of the company. The Ministry of National Education also stated that this implicit perception of the people could be useful in deciding to establish a partnership with the public sector for the companies. Besides, the MoNE stated that the companies were in a win-win situation by involving in those programmes. The first win was that the companies made their advertisements for healthy products with the programme and increased their visibility. The second win was that they were indirectly making advertisements for their unhealthy products since they were not saying that consumption of biscuits or chocolates was not healthy. Therefore, the visibility of their brands was increased by being popular thanks to those programmes. In the interview with MoNE, it was also stated that the companies had the willingness to establish a partnership with the government since they could also provide financial support from their global companies. This issue was valid for Nestle since Nestle Turkey implemented the PPP of Nestle. MoNE underlined that Nestle Global Company provided funds to Nestle Turkey for promoting to be involved in those PPPs as a local branch. As a result, Nestle Turkey also had ambition for being a partner in those programmes in order to take funds from the Nestle Global.

The interviews also inquired the reasons why public authorities preferred to enter into partnerships with the private sector. Bureaucrats at the MoNE responded that the strongest factor was providing funds. MoNE stated that there were many activities related to nutrition under health promotion activities, especially for children in the Action Plans of the Ministry. However, most of them could be implemented with those PPPs since the funding of the activities were not enough for reaching the targets stated in the Action Plans. This statement of MoNE led to question why many activities and a high number of targets were identified in the Action Plans of the Ministry if there was not enough fund for meeting those requirements. No answer was given to this question during the interview. Another reason given by the Ministry representatives for entering into partnerships with the private sector was the effectiveness of the programmes implemented so far. The MoNE underlined that those programmes were very effective in reaching the targets. The MoNE saw the effectiveness of a programme as the sustainability of the activities that were implemented during the programme. It was indicated that those programmes related to promoting healthy eating and physical activities were started to be implemented as pilot programmes in a very limited number of provinces of Turkey. As a result of the effectiveness of the programmes, they were no longer pilot projects because they sustained projects that were implemented in many provinces. It was also emphasised that the programme's activities were revised after evaluations conducted every implementation year.

Funding for the programme is an important benefit of the PPPs for the public side. Another benefit of the PPPs mentioned by the public representatives was the training benefits provided to school teachers through these programmes is to work with the experienced staff in that area. The bureaucrats at the MoNE emphasised that teachers did not have adequate information about nutrition and health promotion. The implementation of a programme related to promoting healthy nutrition can be challenging for the Ministry since the teachers in primary education may not be fully aware of the importance of good nutrition in school-aged children and may not have technical details about nutrition habits. In that point, the PPPs can be useful in providing education to the personnel of the Ministry. In the interview, the MoNE

stated that they were satisfied with the quality of the experts from the private sector. The MoNE stated that experience was also improved in those companies thanks to those nutrition programmes.

In the PPPs, the issue of conflict of interest has specific importance as a result of the existence of a private company which aims to make more profit with its strategies. In nutrition policies under health promotion, conflict of interest may be more remarkable since the private sector's interest is usually based on unhealthy products. On the other hand, the public sector aims to promote healthy foods such as fresh vegetables and fruits. The representatives from the companies stated that those programmes did not allow any actions regarding advertisements. In the interview, Nestle stated that they were obliged to remove the labels of the products (for example labels on water bottles) which they used during trainings. Ülker also explained that they did not use any products or any concepts that could be understood as an advertisement. In line with those explanations, the MoNE underlined that they did not allow any advertisement and distribution of any promotional materials while implementing the programmes. One of the interviewers from the Ministry, who was the responsible coordinator of those programmes, expressed that she did not allow to sell the products of Nestle in the canteens of the schools where *Healthy Steps* programme was implemented. She noted that this restriction could be seen as a preventive action to any suspicion that might be mentioned by the media. However, she also underlined that parents were aware that Nestle implemented the programme because the name of the programme was reflected as "Healthy Steps with Nestle". Therefore, people knew the brand that executed the programme even if the Ministry did not allow any advertising activities. On the other hand, the Ministry mentioned that there could not be any conflict of interest in those programmes since the protocols could not include any provision about conflict of interest. If it included, the Ministry did not sign the protocols and the programme could not be started to be implemented.

About conflict of interest, Ülker also underlined that they paid great attention to this issue because it might also be harmful to their brand value. The interviewer from

Ülker stated that their programme with the Ministry was implemented for many years, and they were aware that their partnership with the Ministry could be terminated if there was a suspicion about conflict of interest. In other words, the company also had efforts for not being in a situation of conflict of interest for the sake of the sustainability of their partnership with the public sector.

Although the companies underlined their fear of being in a situation regarding conflict of interest, it could not change their willingness in establishing a partnership with the public sector. When we look at the literature, it is evident that being in a partnership of the private sector with the public authorities is an important opportunity for advertising their brand names and visibilities in the sector. As mentioned in the chapter regarding the advantages and disadvantages of the PPPs, partnerships could increase the credibility of food companies and improve the positive images about their brands (Freedhoff, 2011, p.291). This situation could also be seen in different types of projects by food companies. Some food companies could transform their partnerships with the public sector into sales. For example, a food company called "Yum", which was a chain of restaurants, established a partnership with a well-known breast cancer charity in the USA and sold their fried chickens in pink buckets (Freedhoff, 2011, p 291). Another example was about lending the credibility of an institution to a private food company which produced unhealthy sugar and chocolates: UNICEF in Canada permitted using their names on the products of Cadbury, which producing chocolates (Freedhoff, 2011, p 291). It was underlined that UNICEF Canada received half a million dollars for the usage of their names in the brand of Cadbury.[22]

From those examples, it can be understandable that the credibility of the institutions, which promote healthy eating such as UNICEF, is crucial for the food companies which usually produce unhealthy products. The PPPs between the private sector and the public sector may be more worthwhile for the food companies since they can use the credibility and loyalty of a public institution. When we look at the examples

[22] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61964-2/fulltext

of Nestle and Ülker partnerships in Turkey, the power and the reliability of the Ministry of National Education might be a perfect tool for advertising their brands. During the interviews, it was also questioned whether there was any complaint about the provisions in the protocols. However, no complaint was expressed from the public side or private companies. This issue can be an important point since it means that both sides in the partnerships achieve their goals in being a partnership.

CHAPTER 5

CONCLUSIONS

Health promotion and nutrition policies gained increased prevalence in public health as a result of the neoliberal transformation in both the EU countries and in Turkey over the last three decades. Both policies were initiated at the international level as multidimensional frameworks that included social determinants of health and nutrition, in addition to individual behaviour and responsibilities. Public policies initiated by governments in both the EU and Turkey, however, came to emphasize the latter at the expense of the former. Moreover, public private partnerships whose prominence as a policy tool also rose with neoliberal policies were increasingly used to implement health promotion and nutrition policies. Multilateral organisations such as the WHO, World Bank, OECD have all played important roles in diffusing policy frameworks on health promotion and nutrition to their member countries.

To better understand the nature and implications of these transformations in public health, this thesis focussed on the functioning of PPPs in the implementation of nutrition policies in the EU member states and Turkey. Health care is not a sphere of exclusive competence in the EU. The EU thus coordinates health promotion and nutrition policies in its member states rather than harmonising them. The influence of this competence division in the EU is also reflected on health promotion and nutrition policies in Turkey with a bid in membership in the EU. In other words, the extent to which the EU influenced health promotion and nutrition policies in Turkey remained very limited. Multilateral organisations, the WHO, in particular, appeared to have played a more influential role in shaping health promotion and nutrition policies in Turkey.

The research found that PPPs to implement nutrition programmes were formed in both the EU countries and in Turkey. PPPs aimed at public education programmes faired more strongly in Turkish case compared with those in the EU countries that included a wider variety partnership such as product distribution.

Concise fieldwork conducted during this research in Ankara and Istanbul with representatives of public and private sector representatives of PPPs revealed important findings. Partnerships were initiated by private sector representatives who applied to the Ministry of Education to organise public education programmes about nutrition at schools. According to the representatives of the private sector, partnerships with the public sector allow them to fulfil their "social responsibilities", increase the visibility of their brandmarks and enhance customer loyalty for these products. Some representatives also emphasise that such programmes increase their affinities with public authorities, which may facilitate/reinforce cooperation. According to public authorities, the most important benefit of partnerships with the private sector is the funding provided for the implementation of nutrition programmes. In addition to funding, representatives of the Ministry also mention that training provided by the private sector to school teachers about nutrition is another benefit of the programmes.

The research also revealed valuable information regarding the issue of conflict of interest in partnerships. Conflicts of interest may arise when organizations, or individuals in organizations have dual goals, and the fulfilment of one goal interferes with the successful fulfilment of others. Representatives of the public sector, state that they take conflicts of interest very seriously. Any suspicion of conflict of interest results in termination of the partnerships. The answers to the interview questions show that both public and private sector take precautionary measures to avoid conflict of interest. The company representatives also express that they abstain from any conflict of interests in the partnerships since this situation can damage their brand image. Moreover, the representatives from the private sector emphasise that being in a situation of conflict of interest may endanger their future cooperation with the public sector.

Both public and private sector representatives see direct product advertisements to the program participants as the ground for a conflict of interest. Thus, only direct advertisements can be forbidden in programmes. Interviews reveal that raising brand loyalties and positive image of companies is also an important motive leading companies to enter into public private partnerships. Interviews with the public representatives also explore that the parents are already aware of the names of those food companies, which implement the programmes. Therefore, companies increase their visibility with those partnerships, even if the government forbids to make advertisements in implementing those programmes.

This study aimed to enable a better understanding of the developments of PPPs in nutrition programmes under the concept of health promotion. It is observed that the partnerships in nutrition programmes are important tools of the public sectors both in the EU and Turkey in terms of funding. However, conflict of interest can be critical for the public sector while establishing a partnership with the companies. The fieldwork shows that the Ministry of National Education in Turkey accumulated an important experience in establishing PPPs in the nutrition area. Therefore, the development of a guideline, which defines the principals of partnerships with the private sector, would be an important contribution to future nutrition programme

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APPENDICES

A. APPROVAL OF METU HUMAN SUBJECTS ETHICS COMMITTEE

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08 AĞUSTOS 2018

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

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Danışmanlığını yaptığınız yüksek lisans öğrencisi Selin VATANSEVER'in ***"Türkiye'de Sağlığın Geliştirilmesi Amacıyla Uygulanan Beslenme Programları Kapsamında Oluşturulan Kamu-Özel Ortaklıklarının İncelenmesi"*** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2018-SOS-153** protokol numarası ile **08.08.2018 - 30.12.2018** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

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B. INTERVIEW QUESTIONS / MÜLAKAT SORULARI

1. Kurumunuzun sağlıklı beslenme alanında çalışmaları var mı?
2. Bu çalışmalar ile kurumunuz ne gibi amaçlar hedefliyor?
3. Sağlıklı beslenme ile ilgili eğitim programlarında gıda sektöründen paydaşlarla birlikte programlar yürütüyor musunuz?
4. Sağlıklı beslenme ile ilgili eğitim programlarının planlanması nasıl gerçekleştiriliyor?
5. Bu programlar ne zamandan beri uygulanıyor, bilginiz var mı?
6. Sağlıklı beslenme hakkında kurduğunuz ortaklıklar ne şekilde ortaya çıktı?
7. Kaç tane bu çeşit ortaklık gerçekleştirildi?
8. Beslenme eğitime yönelik ortaklıklar ne şekilde yürütülüyor?
9. Beslenme eğitime yönelik ortaklıkların yürütme süreçleri sözleşme bazında mı protokol bazında mı belirleniyor?
10. Kurulan ortaklıklarda hangi hususlara dikkat ediliyor?
11. Gıda sektöründen ortakların bu programların uygulanmasında üstlendiği yükümlülükler neler oluyor?
12. Eğitim programlarının süresi nasıl belirleniyor?
13. Ortaklıklarda gıda sektöründen paydaşların sağladığı en önemli katkı sizce nedir?
14. Ortaklıkların uygulanma süreçlerinde taraflar zorluklarla karşılaştı mı?
15. Karşılaşılan zorlukların giderilmesinde ne gibi tedbirler alındı?
16. Ortaklar ilgili sorumluluklarını yerine getirdiler mi?
17. Kurulan ortaklıkların kurumunuzun hedeflerini karşılamada etkin bir araç olduğunu düşünüyor musunuz?
18. Ortaklıkların yenilenmesi düşünülüyor mu?
19. Sizce bu ortaklıklar paydaşlara ne gibi faydalar sunuyor?
20. Beslenme eğitimi kapsamındaki programlara katılan çocuklara katılım belgesi ya da promosyonel ürün dağıtımı yapılıyor mu?
21. Kurumunuz bu eğitim programlarının ne şekilde uygulandığına ilişkin herhangi bir denetim gerçekleştiriyor mu?
22. Paydaşlar programın uygulamasından sonra program değerlendirmesi yapıyor mu?

C. TURKISH SUMMARY / TÜRKÇE ÖZET

1990lı yıllarda ortaya çıkan "Yeni halk sağlığı" yaklaşımı ile birlikte halk sağlığı politikalarında bazı dönüşümler yaşanmıştır. Bu dönüşümler sırasında gündeme gelen kavramlardan biri de *sağlığın geliştirilmesi* kavramıdır. Birçok ülkede, geleneksel halk sağlığı politikalarının yerini insanların sağlık sorunlarıyla ilgili bireysel seçimlerinin önemine dikkat çeken sağlığın geliştirilmesi ile ilgili programlar almıştır. 1986 yılında Dünya Sağlık Örgütü tarafından hazırlanan Ottawa Sözleşmesi ile başlayan süreç, halk sağlığı politikalarında *sağlığın geliştirilmesi* kavramını vurgulamaya başlamıştır. Söz konusu sözleşme ile geleneksel sağlık politikaları reddedilmiş ve sağlık politikalarında bireyin aktif rolünün de çok önemli olduğu belirtilmiştir. Ottawa Sözleşmesi, halkın sağlığına etki edebilecek koşulların geliştirilmesine yönelik birçok konunun da altını çizmiştir. Bu koşullar arasında konut güvenliği, gelir eşitliği ve istihdam edilebilirlik gibi birçok sosyal sorun da ele alınmıştır. Fakat sağlık sektöründeki neoliberal gelişmeler halkın sağlık koşullarını geliştirecek bu önlemleri görmezden gelmiştir. Neoliberal politikalar, bu koşullardan ziyade bireylerin kendi sağlık durumları hakkında verecekleri doğru kararların önemini vurgulamaya başlamıştır. Sağlığın geliştirilmesi anlayışındaki bu değişiklik ile hükümetlerin halk sağlığı ve sağlığın geliştirilmesi ile ilgili rolü azalmaya başlamıştır. Hükümetlerin rolündeki bu azalma ile birlikte sağlığın geliştirilmesi alanında yapılan politikalar insanların sağlıklı yaşam tarzları kazanmasına yönelik tasarlanmıştır.

Ottawa Sözleşmesi, sağlık hizmetlerinden faydalanma gibi pasif bir rol üstlenen bireylerin kendi yaşam becerilerini geliştirme yoluyla aktif bir rol edinmesini öngörmüştür. Sözleşme ile sağlık hizmetlerinin ve sağlıklı olmak için gerekli ön koşulların tek başına sağlık sektörü tarafından sağlanamadığının altı çizilmiştir. Daha da önemlisi, sağlığın geliştirilmesine yönelik faaliyetlerin ilgili tüm paydaşlar tarafından koordineli bir şekilde yürütülmesi gerektiğini belirtmiştir. Bu paydaşlar;

hükümetler, sağlık sektörü ve diğer sosyal ve ekonomik sektörler, sivil toplum örgütleri ve gönüllü kuruluşlar, yerel yetkililer ve medya olarak belirtilmektedir.

Neoliberalizmin yeni halk sağlığı yaklaşımı üzerinde büyük bir etkisi bulunmaktadır. Neoliberal politikalar ile birlikte ortaya çıkan kamu kurumlarının özelleştirilmesi ve toplumsal bakış açısından bireyselleşmeye doğru bir yaklaşımın benimsenmesi sağlık politikalarında da değişikliklere sebebiyet vermiştir. Neoliberal politikaların öncesinde, devletler vatandaşlarının sağlığı için gerekli tedbirleri almaktan sorumlu tek kuruluş olarak bilinmiştir. Bu kapsamda, uluslararası kuruluşlar ile iş birlikleri yapılmış ve vatandaşların sağlığı için gerekli tedbirler alınmıştır. Neoliberal yaklaşım ile bu anlayış değişime uğramış ve devlet bütçelerinde sağlık harcamalarına yönelik kesintiler yapılmıştır. Dünya Bankasının da desteğiyle gerçekleştirilen özelleştirmeler sonucunda kamu sağlığı kapsamındaki birçok hizmet özel hastaneler ve kurumlar tarafından verilmeye başlanmıştır.

Neoliberal politikalar sonucunda halk sağlığı alanındaki bu dönüşüm, 1974 yılında Kanada Hükümeti tarafından yazılan Lalonde Raporunda da görülebilir. Lalonde Raporu, istihdam, yoksulluk ve eğitim gibi sağlığın sosyal belirleyicilerine yatırım yaparak sağlığı teşvik etmeyi amaçlayan Ottawa Sözleşmesi'nin hedeflerinde değişiklikler yapmıştır. Rapor, sağlığı geliştirme politikalarında bireyselleşme/öznelleşme yaklaşımını kabul ettirmiştir. Bu değişiklik, insanların sağlığından kendilerinin sorumlu olduğunu öngörmektedir. Neoliberal yaklaşım benimsenerek hazırlanan bu rapor ile sağlığın sosyal belirleyicilerine yönelik tasarlanan politikalar yerine, kişilerin bireysel kararlarını etkileyecek politikalar uygulanmaya başlamıştır. 1980'li ve 1990'lı yıllarda uygulanan sağlığı geliştirme politikalarına baktığımızda, birçok ülkede düzenli egzersiz yapılması ya da sebze ve meyve tüketilmesi gibi bireyin kararını öne çıkaran konularda programlar uygulandığı görülmektedir.

Tüm dünyada yaşanan sağlığın geliştirilmesi konusundaki bu gelişmeler, Avrupa Birliği'nde de görülmektedir. Dünya Sağlık Örgütü Avrupa Bölge Ofisi tarafından belirlenen temel ilkeler doğrultusunda Avrupa Birliği'nde "Sağlıklı Şehirler" ve "Sağlığı Geliştiren Okullar" gibi birçok program tasarlanmış ve uygulanmıştır.

Avrupa Birliği düzeyinde sağlığın geliştirilmesi ile ilgili politikalara bakıldığında bu alanda ortak bir birlik politikasının var olmadığı görülmektedir. Bunun nedeni ise Avrupa Birliği'nin ortak bir sağlık politikasını benimsememiş olmasıdır. Avrupa Birliği'ndeki sağlık politikaları genellikle üye devletler arasında kurulan iş birliği mekanizması aracılığıyla uygulanmaktadır. Avrupa Birliği'nde sağlığı geliştirme politikaları, üye ülkelerin kendi ihtiyaçlarına göre tasarlayabilecekleri programlar vasıtasıyla geliştirilmektedir. Avrupa Birliği'nin sağlığın geliştirilmesi kavramına bakışı incelendiğinde, sağlığın geliştirilmesinin halk sağlığının bir parçası olarak kabul edildiği görülmektedir. Birliğin halk sağlığı uygulamalarında, Avrupa Birliği vatandaşlarının sağlığını korumaya yönelik tedbirlerin önemine vurgu yapılmaktadır. Bu vurgu, Avrupa 2020 Stratejisi kapsamında dile getirilen akıllı, sürdürülebilir ve kapsayıcı büyüme hedeflerinde de yer almaktadır.

Türkiye'deki sağlığın geliştirilmesi ile ilgili uygulamalara bakıldığında, söz konusu programların önemli bir kısmının Dünya Sağlık Örgütü tarafından tasarlanan programların uyarlaması olduğu anlaşılmaktadır. Sağlığın geliştirilmesi ile ilgili özel bir yasal hüküm bulunmamakla birlikte, Sağlık Bakanlığı'na bağlı Sağlığın Geliştirilmesi Genel Müdürlüğü'nün varlığı bu kavrama verilen önemi göstermektedir. 2011 yılında kurulan Sağlığın Geliştirilmesi Genel Müdürlüğü, Türkiye'de sağlığın geliştirilmesi ile ilgili birçok program uygulamıştır. Türkiye'de, Dünya Sağlık Örgütü programlarından uyarlanarak yürütülmüş iki önemli proje bulunmaktadır: *Sağlıklı Şehirler* ve *Sağlığı Geliştiren Okullar*. Bu iki projeden başka, Çankaya Belediyesi tarafından Ankara'da hayata geçirilen bir proje de sağlığın geliştirilmesine yönelik tasarlanmış olup vatandaşlara sağlık kartları vererek göz kontrolü ve diyabet kontrolü gibi kontroller gerçekleştirilmiştir. Proje kapsamında, sağlık kontrolleri dışında, kadın sağlığı ve uyuşturucu bağımlılığı gibi konularda sağlığı koruma eğitimleri de düzenlenmiştir.

Dünya Sağlık Örgütü'nün sağlığın geliştirilmesine yönelik politikalarında beslenme programlarına büyük önem verilmektedir. Dünya Sağlık Örgütü, sağlıklı olabilmek için düzenli fiziksel aktivite ile birlikte yeterli ve dengeli beslenmenin gerekli olduğu yaklaşımını benimsemiştir. Yetersiz beslenmenin ise bağışıklığı azalttığı,

hastalıkları artırdığı, fiziksel ve zihinsel gelişime zarar verdiği belirtilmiştir. Dünya Sağlık Örgütü tarafından oluşturulan beslenme stratejilerinde diyabet, kanser ve kardiovasküler hastalıklar gibi hastalıkların önlenmesinde sağlıklı beslenmenin büyük öneminden bahsedilmektedir. Söz konusu stratejilerde, tütün ve alkol tüketimini azaltarak, sağlıklı beslenerek ve fiziksel aktiviteyi artırarak bu hastalıkların tedavisinin mümkün olabileceği vurgulanmıştır. Dünya Sağlık Örgütü tarafından 2018 yılında yayınlanan "Daha Az Maliyetle Hayatları Kurtarmak: Bulaşıcı Olmayan Hastalıklara Stratejik Bir Yanıt" başlıklı raporda, sağlığın teşviki ve geliştirilmesi eylemlerine yatırım yapılmasının ekonomik faydalarından bahsedilmektedir. Rapora göre, bulaşıcı olmayan hastalıkların önlenmesi, sağlıklı beslenme ve fiziksel aktivite gibi müdahalelere yatırım yapılarak mümkün olabilmektedir. Rapor, hükümetler tarafından beslenme konusunda yapılabilecek müdahaleler hakkında da bilgi vermektedir. İlk olarak, sağlıksız beslenmeyi azaltmak için, gıdalarda izin verilen maksimum tuz miktarını tanımlayarak gıda ürünlerinin yeniden düzenlenmesi önerilmektedir. İkinci olarak, devlet hastaneleri ve devlet okulları gibi kamu kurumlarında tuz oranı azaltılmış besin seçenekleri sağlamanın faydalı olacağı belirtilmektedir. Diğer bir müdahale ise insanlara sağlıklı diyetler hakkında eğitim verilmesidir. Bu müdahale kapsamında, gıda paketlerinde belirtilen bilgiler ile tüketici farkındalığının artırılabileceği belirtilmektedir. Tüm bu müdahalelere ek olarak, medya kampanyaları ile desteklenerek uygulanabilecek toplum temelli eğitim programları ile fiziksel aktivitenin öneminin anlatılabileceği belirtilmektedir.

Sağlığın geliştirilmesi kapsamında beslenme politikalarına verilen önem, Birleşmiş Milletler tarafından benimsenen sürdürülebilir kalkınma hedeflerinde de görülebilmektedir. 2015 yılında Birleşmiş Milletler, yoksulluk, sağlık, eğitim, ekonomik büyüme ve iklim değişikliği gibi pek çok alandaki gelişmelere yol haritası sağlamak amacıyla tüm Birleşmiş Milletler üye ülkeleri tarafından kabul edilen "2030 Sürdürülebilir Kalkınma Gündemi" ni açıklamıştır. Söz konusu gündemde on yedi kalkınma hedefi belirtilmiştir. İlk amaç, en korunmasız durumda olanların hedeflenmesi, temel kaynaklar ve hizmetlere erişimin artırılması ve çatışmalar ile iklim temelli afetlerden etkilenen toplumların desteklenmesini içermektedir. Bu amaç doğrultusunda yoksulluğun her yerde ve her şekilde sona erdirilmesi

hedeflenmektedir. İkinci hedef, açlığı sona erdirmeyi ve özellikle yoksullar ve savunmasız durumdaki insanların güvenli, besleyici ve yeterli gıdaya erişimini sağlamayı amaçlamaktadır. Üçüncüsü ise her yaşta sağlıklı yaşamayı desteklemek ve sağlığı teşvik edici politikalar uygulamak ile ilgilidir. Bu hedef, tüm insanları kapsayan sağlık uygulamaları ile akıl sağlığı da dahil olmak üzere bulaşıcı olmayan hastalıklar ile mücadele etmeyi öngörmektedir. Bahsi geçen son hedef, sürdürülebilir kalkınma adına çok önemli bir hedef olarak belirtilmektedir.

Yukarıda anlatıldığı üzere hem Avrupa Birliği hem de Türkiye'de yaygınlığı artan sağlığın geliştirilmesi programları ile beslenme programlarına yönelik politikalar da dikkat çekmeye başlamıştır. Sağlıklı beslenmenin bulaşıcı olmayan hastalıklar için koruyucu bir önlem olduğu ve bu hastalıklara yakalanma riskini azaltabileceği fikri ortaya çıkmıştır. İnsanların sağlıksız yaşam tarzlarını değiştirebilmek amacıyla, birçok ülkede sağlıklı beslenme ve fiziksel aktivite hakkında sağlığı geliştirme programları tasarlanmıştır. Sağlıklı beslenme ile hastalıkların önlenebileceğine dair görüşün tüm dünyada yaygınlaşmaya başlaması, birçok programın geliştirilmesine neden olmuştur. Bu nedenle, ilgili tezde, sağlığın geliştirilmesi politikalarının önemli bir parçası olan beslenme programları analiz edilmiştir. Beslenme alanında uygulanan politikaların analizi sonucunda, hükümetlerin genellikle sağlıklı gıdalar hakkında bilgilendirmeler yaparak insanların beslenme davranışlarını değiştirmeyi amaçladıkları görülmüştür. Böylelikle, tüketicilerin sağlıksız beslenme kararlarının değiştirilmesi hedeflenmiştir. Beslenme programlarında kullanılan diğer bir yol ise, medya iletişim araçları yoluyla kampanyalar düzenleyerek insanların sağlıklı beslenme konusunda farkındalık kazanmasını sağlamak olmuştur. Bu çalışma kapsamında beslenme alanında uygulanan birçok program incelenmiş ve farklı ülkelerden birçok örnek ele alınmıştır. Sağlıklı diyetlerin teşvik edilmesi, tuz azaltma kampanyaları, lifli gıdaların tüketilmesinin desteklenmesi ve özellikle okul çağındaki çocuklara verilen beslenme eğitimleri gibi birçok tedbir incelenmiştir. Çalışmada, bu müdahalelerin yanı sıra, hükümetler tarafından alınan mali tedbirler de ele alınmıştır. Sağlıksız yiyeceklere ek vergi koymak ve dezavantajlı kişilere sübvansiyon sağlamak gibi mali tedbirler, Avrupa Birliği üye ülkelerinde görülen örnekler üzerinden analiz edilmiştir.

Sağlığın geliştirilmesi politikaları kapsamındaki beslenme müdahaleleri ile ilgili analizler sonucunda hükümetlerin bu politikaları uluslararası kuruluşlar (Dünya Sağlık Örgütü, Birleşmiş Milletler, Dünya Bankası, vb.) gibi paydaşlar aracılığıyla uyguladığı görülmüştür. Bununla birlikte, sağlıklı beslenmeyi teşvik eden bazı beslenme programlarında, hükümetlerin özel şirketlerle ortaklık kurdukları örnekler de bulunmaktadır. Daha önce de belirtildiği gibi, halk sağlığı politikaları neoliberal uygulamalar ile önemli dönüşümler yaşamıştır. Bu süreçte, kamu özel ortaklıkları hükümetlerin bulaşıcı olmayan hastalıklarla mücadele etmeleri için bir araç olarak görülmeye başlanmıştır. Hükümetler, sağlığı geliştirme politikaları kapsamında uyguladıkları beslenme programlarında da kamu-özel ortaklıkları kurmuşlardır. Bu tür ortaklıklar farklı şekillerde görülebilmektedir. Buna bir örnek olarak, Birleşik Krallık hükümetinin tanınmış uluslararası bir gıda firması olan "Kraft Food" ile ortaklığı gösterilebilir. 2003 yılında kurulan ortaklığın amacı, okullarda sağlıklı gıdaları teşvik ederek ve günlük yaşamda fiziksel aktiviteyi teşvik ederek obeziteyi azaltmaktır. Beslenme alanındaki bu ve benzeri örneklere bakıldığında, kamu ve özel sektör ortaklığındaki çıkarları anlamak karmaşık olabilmektedir. Hükümetler halk sağlığını koruyan tedbirler almayı hedeflerken özel sektör firmalarının ürünlerinin tüketimini artırarak daha çok kar etmeyi amaçladığı açıktır. Böyle bir durumda, kurulan ortaklıkların hangi çıkarlar doğrultusunda yürütüldüğü sorunu ortaya çıkabilmektedir.

Tez kapsamında, Avrupa Birliği ve Türkiye'de kamu-özel ortaklığı yoluyla uygulanan beslenme eğitimi alanındaki programlar incelenmiştir. İlgili programlar incelenmeden önce, altyapı, eğitim ve sağlık sektörü gibi diğer sektörlerde uygulanan kamu-özel ortaklıkları hakkında bilgi verilmiş ve böylelikle, kamu-özel ortaklıklarının farklı sektörlerde nasıl tanımlandıkları irdelenmiş ve her bir sektörde farklı tanımlamaların kabul gördüğü anlaşılmıştır. Kamu-özel ortaklıklarının avantaj ve dezavantajlarını anlamak amacıyla birçok çalışma incelenmiş olup bu ortaklıkların avantajlarını vurgulayan çalışmaların daha çok kamu-özel ortaklıklarında görev alan yazarlar tarafından yapıldığı görülmüştür. Bu bulgudan da hareketle, kamu-özel ortaklıklarının analizi sırasında çıkar çatışması konusunun da dikkate alınması gerektiği anlaşılmıştır.

Beslenme eğitimi alanında kurulan kamu-özel ortaklıklarını anlamak amacıyla hem Avrupa Birliği hem de Türkiye'de görülen örnekler analiz edilmiştir. Analiz sonucunda, Avrupa Birliği'ndeki kamu-özel ortaklıklarının dünyaca tanınmış uluslararası şirketler ile kurulduğu görülmüştür. Söz konusu kamu-özel ortaklıkları, genellikle obezite oranlarını azaltmayı ve insanların yaşam tarzlarına fiziksel aktiviteler eklemeyi amaçlamaktadır. Avrupa Birliği üye ülkelerinde uygulanan beslenme alanındaki kamu-özel ortaklıklarına bakıldığında birçok örnekle karşılaşılmaktadır. İlk örnek olarak Fransa'dan EPODE ("Ensemble Prévenons l'ObésitéDes Enfants", Birlikte Çocukluk Obezitesini Önleyelim) programı incelenmiştir. Program, hükümetler ve özel paydaşlar arasındaki ortaklık ile 2004 yılında kurulmuştur. Fransa, Belçika, İspanya, Yunanistan, Güney Avustralya ve Meksika olmak üzere altı ülkede 500 yerel yönetimde uygulanmış olan program, okuldaki eğitim faaliyetleri yoluyla çocuklarda obezite ile baş etmeyi amaçlamaktadır. Farklı ülkelerde farklı fon kaynakları ile yürütülen bu program kapsamında özel sektörün programa katılımı sadece fon sağlamak amaçlı değildir. Aynı zamanda programın uygulanmasına karar veren komitede de özel sektör firmaları yer almaktadır. "EPODE Avrupa Ağı Koordinasyon Ekibi" olarak adlandırılan komitenin Nestle, Ferrero International, Mars, Nestlé SA, Orangina-Schweppes Grubu gibi büyük çokuluslu şirketlerin isimlerini içerdiği görülmektedir. Bu program, Avrupa Komisyonu tarafından da kamu-özel ortaklığı kapsamında örnek gösterilen bir program olarak belirlenmiştir.

Beslenme alanındaki kamu-özel ortaklığına bir diğer Avrupa Birliği örneği, İskoçya'daki "Sağlıklı Yaşam" programıdır. Program, İskoç hükümeti ve İskoç Marketler Federasyonu arasındaki bir ortaklık ile yürütülmüştür. Programın fonlanması İskoç hükümeti tarafından karşılanmış olup İskoç Marketler Federasyonu'nun rolü, İskoç Hükümeti tarafından belirlenen hedeflere uygun olarak taze gıdaların çeşitliliğini, kalitesini ve satın alınabilirliğini arttırmaktır. Böylelikle programın amacı, sağlıklı ve taze ürünlerin tüketilmesinin teşvik edilmesi ile birlikte obezite oranlarını azaltmak olarak belirlenmiştir.

İngiltere'de “Health4schools” olarak adlandırılan programda da hükümet ve özel sektör okullarda sağlıklı gıdaları teşvik etmek için bir ortaklık kurmuşlardır. Program, sağlıklı gıdaların tüketimi ve çocuklara yönelik fiziksel aktiviteler ile obeziteyi azaltmayı amaçlamaktadır. 2003 yılında, bu ortaklığın özel sektör tarafı olan Kraft Foods (2012 yılında “Mondelez International” olarak adlandırılmıştır.), küresel olarak sağlıklı beslenme hakkında çalışmalar başlatmış ve reklamlar yoluyla çocuklardaki obezite oranlarını azaltmayı hedefleyen rehberler hazırlatmıştır. Söz konusu firma, “Health4schools” programı kapsamında okul otomatlarında yer alan sağlıksız yiyecekleri kaldırma kararı almıştır.

Avrupa Birliği’ndeki son örnek ise Danimarka'da yürütülen “Danimarka Tam Tahıl Ortaklığı” isimli programdır. 2008 yılında kurulan ortaklıkta, kamu sektörü tarafında Danimarka Veterinerlik ve Gıda Kurumu yer almaktadır. Özel sektör tarafında ise gıda endüstrisinden üyeler ile sağlık alanında faaliyet gösteren sivil toplum örgütleri bulunmaktadır. İlgili ortaklık, tam tahıllı ürünlerin tüketim oranını artırmayı ve bu ürünlerin tanıtımını sağlayarak Danimarka vatandaşlarının sağlıklı yaşam tarzları benimsemelerini sağlamayı amaçlamaktadır. Programın özel sektör için cazip olmasının nedeni, program sayesinde tam tahıllı ürünlerin tüketiminin artması ve böylelikle kar oranlarının yükselmesidir. Bu ortaklıkta yer alan sivil toplum örgütlerinin programa önemli katkılar sağladığı belirtilmiştir.

Türkiye’de kamu-özel ortaklığı ile uygulanan beslenme eğitimi programlarına bakıldığında ise iki önemli program bulunmaktadır. Bunlardan birincisi, *Nestle* firmasının küresel düzeyde uyguladığı bir programın ülkemize uyarlaması olan “Nestle Sağlıklı Adımlar Projesi”dir. Projedeki kamu tarafı, Milli Eğitim Bakanlığı’dır. İkinci proje ise yine Milli Eğitim Bakanlığı tarafından uygulanan bir proje olan “Yemekte Denge” isimli programdır. Bu projedeki özel sektör ortağı ise *Ülker* firmasıdır.

Nestle ile Milli Eğitim Bakanlığı arasında kurulan ortaklık ile yürütülen *Sağlıklı Adımlar Projesi*, çocukların dengeli beslenme, sağlık ve fiziksel aktivite

konusundaki bilinç düzeyini artırmayı ve bu konularda iyi alışkanlıklara sahip olmalarını desteklemeyi amaçlamaktadır. Proje, 2012 yılından bu yana Adana, Ankara, Bolu, Bursa, Eskişehir, Gaziantep, Hatay, İstanbul, Kars, Konya, Mersin, Muğla, Ordu, Samsun, Şanlıurfa, Tunceli ve Van illerindeki toplam 86 ilkokulda uygulanmaktadır. Aynı amaç kapsamında uygulanan diğer proje ise Ülker ile Milli Eğitim Bakanlığı arasında kurulan ortaklık ile yürütülen *Yemekte Denge Projesi*dir. İstanbul, Ankara, İzmir, Adana, Bursa, Aydın, Antalya, Erzurum, Gaziantep, Kayseri, Kahramanmaraş, Sinop, Trabzon, Eskişehir ve Rize illerinde uygulanan proje, 2011 yılında başlamış olup halen devam etmektedir.

Tez kapsamında, özel sektör ile kamu sektörü arasındaki ortaklıkların detaylarını daha iyi anlamak amacıyla hem kamu hem de özel sektördeki uzmanlar ile mülakatlar yapılmıştır. Toplamda 10 kişi işe yapılan mülakatlarda birçok sorunla karşılaşılmıştır. Mülakatlar ilgili kurum ve firmaların üst düzey yöneticileri ile gerçekleştirildiğinden hem mülakatlara davet hem de mülakatların zamanlaması konusunda ciddi zorluklar yaşanmıştır. İstanbul ve Ankara'da gerçekleştirilen mülakatlar ile tez kapsamında ele alınan birçok konu şekillenmiş ve sorulara verilen cevaplar neticesinde ortaya çıkan konular da tez konusuna dahil edilmiştir. Mülakatların yanı sıra, Türkiye'de yürütülen ve yukarıda bahsi geçen her iki projeye ilişkin tüm belgeler incelenmiştir. Projeler ait websiteleri, proje hakkında yayınlanan haberler ile Dünya Sağlık Örgütü ve Avrupa Birliği gibi uluslararası kuruluşların ilgili belgeleri titizlikle irdelenmiştir.

Her iki taraftan mülakatlara katılan uzmanların mülakat sorularına verdikleri cevaplar neticesinde, ilgili ortaklıkların bir protokol ile kurulduğu anlaşılmıştır. Programların içeriği, tarafların sorumlulukları ve uygulama yöntemleri de dâhil olmak üzere birçok hüküm her iki sektör tarafından imzalanan bu protokollerde yer almaktadır. Protokollerin Milli Eğitim Bakanlığı ile firmalar tarafından ortaklaşa hazırlandığı ve fesih hükümlerine ilişkin detayların da protokolde yer aldığı belirtilmiştir. Mülakatlardaki sorulara verilen cevaplardan programların özel sektör tarafından teklif edildiği ve Bakanlıktaki ilgili birimlere bildirildiği anlaşılmıştır. Programın faaliyetlerini ve içerikleri inceleyen Milli Eğitim Bakanlığı, programın

kamu-özel ortaklığı ile uygulanıp uygulanamayacağına karar vermektedir. Milli Eğitim Bakanlığı, program içeriğinin her iki tarafın deneyimleriyle koordineli bir şekilde oluşturulduğunu belirtmiştir. Okul seçimindeki kriterler, program modüllerinin içeriği, öğrenciler, veliler veya öğretmenler için tasarlanan eğitimlerin bağlamı dahil olmak üzere programın detayları Milli Eğitim Bakanlığı'nın ilgili uzmanları ile tartışılmıştır. Bu konularda bir anlaşmazlık olması durumunda, protokollerin Milli Eğitim Bakanlığı tarafından uygun şekilde revize edildiği belirtilmiştir.

Programların uygulama yöntemleri her iki program için de aynı şekilde tasarlanmıştır. Özel sektör tarafındaki ortak, seçilen illerdeki öğretmenler için eğitimler düzenlemiş ve eğitim alan bu öğretmenler, illerindeki diğer öğretmenlere eğitim vermişlerdir. Bu yöntemle, illerdeki tüm öğrenci ve velilere ulaşmak hedeflenmiştir. Eğiticilerin eğitimi sırasında ortaya çıkan öğretmenlerin ulaşım sorunları, eğitim yerlerinin düzenlenmesi, eğitim materyallerinin dağıtılması gibi program kapsamındaki tüm masraflar firma tarafından karşılanmıştır. Bakanlık, bu programların ulusal bütçeyle uygulanmasının çok maliyetli olduğunu ve bu nedenle, özel sektör tarafından sağlanan bu tür bir fonlamanın kritik bir önem taşıdığının altını çizmiştir.

Kamu ve özel sektördeki uzmanlarla yapılan mülakatlar ile söz konusu ortaklıkların ne amaçla kurulduğu konusunda da bilgiler edinilmiştir. Kamu sektöründeki uzmanlara göre, kamu tarafı özel sektörün sağladığı finansal kaynaklar nedeniyle özel sektörle ortaklık kurarak program uygulamayı tercih etmektedir. Özel sektördeki uzmanlar ise, kamu ile yapılan ortaklıkların firmalarının sosyal sorumluluk politikalarını desteklediği ve markalarının görünürlüğünü artırdığını belirtmiştir. Bu nedenlerden ötürü, kamu ile ortaklık kurmanın firmaları açısından faydalı olduğu dile getirilmiştir.

Mülakatlar ile beslenme eğitimi programları kapsamında yapılan program değerlendirmeleri hakkında da önemli bilgiler edinilmiştir. Hem kamu sektörü hem

de özel sektör ilgili programların değerlendirilmesi amacıyla farklı çalışmalar yürütmüştür. Özel sektör tarafları olan Nestle ve Ülker, programları uyguladıkları okullarda gerçekleştirdikleri ön test ve son testler ile değerlendirme yaptıklarını ifade etmişlerdir. Programın sonuçlarını takip edebilmek adına her uygulama yılı sonunda yapılan bu testler ile çocukların ve ebeveynlerin beslenme alışkanlıklarındaki değişikliklerin ölçülmesi amaçlanmıştır. Ülker temsilcileri, "Beslenme Testi Anketi" adlı çevrimiçi bir değerlendirme yaptıklarının altını çizmiştir. İlgili test kapsamında, öğrencilerin ve velilerin tükettiği yiyecek ve içecek çeşitlerine göre beslenme alışkanlıklarındaki dönüşümleri ölçmek amaçlanmıştır. Ülker firmasındaki uzmanlar, bu testin Türkiye'de uygulanan en kapsamlı anket olduğunu iddia etmiştir. Bu noktada, Milli Eğitim Bakanlığı, uygulanan programın sonuçları hakkında şirketlerden rapor talep ettiklerinin altını çizmiştir. Programları değerlendirme aşamasında Milli Eğitim Bakanlığı tarafından da testler uygulanmıştır. Program değerlendirme, Milli Eğitim Bakanlığı ile firmalar arasında yapılan protokollerde bir hüküm olarak yer almamaktadır. Bu nedenle, firmalar tarafından bir değerlendirme yapılması zorunlu değildir. Milli Eğitim Bakanlığı'ndaki bir uzman, kişisel bir talep olarak firmalardan uyguladıkları programa ilişkin bir rapor ve değerlendirme istediğini belirtmiştir. Buna ek olarak, Milli Eğitim Bakanlığı protokolde yer alan hükümlerin nasıl uygulandığının kontrol edilmesi amacıyla yapılan saha ziyaretlerinin öneminin altını çizmiştir.

Mülakatlar sorularına verilen cevaplar hem kamu sektörünün hem de özel sektörün çıkar çatışmasını önlemek için ihtiyati tedbirler aldığını göstermektedir. Kamu temsilcileri, programda gerçekleştirilen faaliyetlerin ve firmaların kullandığı materyallerin çok dikkatli bir şekilde kontrol edildiğinin de altını çizmiştir. Firma temsilcileri, herhangi bir çıkar çatışması durumunun marka imajlarına büyük zararlar verebileceğini belirtmiştir. Çıkar çatışması yaşanması durumunda gelecekte yapılması öngörülen kamu sektörü ile iş birliklerinin de tehlikeye girebileceği, bu nedenle böyle bir durumun yaşanmaması adına önlemler alındığı vurgulanmıştır. Her iki sektör temsilcileri de program katılımcılarına yönelik yapılan doğrudan ürün reklamlarını çıkar çatışmasının temeli olarak görmektedir. Bu çerçevede, programlarda yalnızca doğrudan reklamlar yasaklanabilmektedir. Mülakatlar sonucunda marka imajının artırılmasının firmalar için çok önemli olduğu ve kamu

ile yapılan ortaklıkların bu imaja katkı sağladığı görülmüştür. Kamu temsilcileriyle yapılan mülakatlar, ebeveynlerin programların hangi firmalar tarafından yürütüldüğü konusunda bilgi sahibi olduğunu ortaya çıkarmıştır. Bu nedenle, hükümet söz konusu programların uygulanması sırasında reklam yapılmasını yasaklasa bile firmaların bu programlar ile görünürlüklerini artırdığı gözlemlenmektedir.

Bu tez, sağlığın geliştirilmesine yönelik uygulanan beslenme programları kapsamında kurulan kamu-özel ortaklıklarının gelişimlerinin daha iyi anlaşılmasını sağlamayı amaçlamıştır. Beslenme programlarındaki kamu-özel ortaklıklarının hem Avrupa Birliği'nde hem de Türkiye'de finansman açısından önemli araçlar olduğu görülmektedir. Bununla birlikte, ortaklıklar sonucunda ortaya çıkabilecek çıkar çatışması konusu kamu sektörü açısından kritik bir durum olabilmektedir. Çalışma kapsamında gerçekleştirilen mülakatlar, Türkiye'de Milli Eğitim Bakanlığı'nın beslenme alanında kamu-özel ortaklıkları kurma konusunda önemli bir deneyimi olduğunu göstermektedir. Bu noktada, özel sektör ile ortaklık ilkelerini tanımlayan bir kılavuzun geliştirilmesi, gelecekteki beslenme programlarına önemli katkılar sağlayabilecektir.

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