

**UNDERSTANDING POLITICAL PRIORITY DEVELOPMENT FOR
PUBLIC HEALTH ISSUES IN TURKEY: LESSONS FROM
TOBACCO CONTROL & ROAD SAFETY**

by
Connie H. Hoe

A dissertation submitted to Johns Hopkins University in conformity with the
requirements for the degree of Doctor of Philosophy

Baltimore, Maryland
June, 2015

© 2015 Connie H. Hoe
All Rights Reserved

Abstract

Background: In the last decade, tobacco control received political priority in Turkey while road safety did not despite the large health and economic burden road traffic injuries posed on the Turkish population. Political priority relates to the agenda-setting phase of the policy process and has been widely acknowledged as an important facilitating factor in the attainment of public health goals. Unfortunately, however, few studies currently exist to help us understand how it develops for public health issues in countries like Turkey.

Objective: Using a framework adapted from John Kingdon's *Multiple Streams Theory*, the primary objective of this study was to compare tobacco control with road safety for the purpose of assessing how political priority for public health issues develop in Turkey.

Method: A comparative mixed-methods case study design was used. Qualitative data were gathered from key informant interviews (N=42), and documents (N=307) and quantitative data were collected from online self-administered surveys (N=153). For each case, qualitative data were analyzed using deductive and inductive coding and quantitative data were analyzed using descriptive statistics and nonparametric tests. All results were triangulated. Finally, cross-case analysis was employed such that the themes from the two cases could be compared.

Results: Political priority emerged for tobacco control as a result of the development and convergence of four streams – problem, policy, political, and global – while a policy

window was opened. Although the full development of all streams was found to be crucial, the transformation of the political stream appeared to be most significant. These streams were found to overlap at different points in time and influenced by an integrated group of diverse actors. Without all of these events and actors in place at the same time, the study showed that a public health problem is not likely to reach political priority in Turkey as seen in the case of road safety where only two of the four streams were developed, a policy window never opened, and many key actors were absent.

Conclusion: The revised framework generated from this study could potentially help actors promoting public health issues in Turkey or other similar contexts.

Committee of Thesis Readers

Committee Members:

Dr. Adnan A. Hyder
Professor, PhD Advisor
Department of International Health

Dr. David M. Bishai
Professor, Committee Chair
Department of Population, Family and Reproductive Health

Dr. Daniela Rodriguez
Assistant Scientist
Department of International Health

Dr. Kent Stevens
Assistant Professor
School of Medicine, Surgery

Alternate Committee Members:

Dr. Abdulgafoor Bachani
Assistant Professor
Department of International Health

Dr. Pierre-Gerlier Forest
Professor
Department of Health Policy and Management

Dr. Ryan D. Kennedy
Assistant Professor
Department of Health, Behavior and Society

Acknowledgements

This dissertation would not have been possible without the invaluable support of many wonderful individuals.

First and foremost, I would like to express my special appreciation and thanks to my advisor Dr. Adnan A. Hyder who has been a tremendous mentor to me. Thank you for giving me your full support during this PhD journey and for challenging me to be better. It has been a privilege to be your advisee.

I would also like to acknowledge the intellectual contributions of numerous Johns Hopkins professors who have advised through this process. In particular, I would like to express my sincere gratitude for Dr. David Bishai, Dr. Daniela Rodriguez, Dr. Kent Stevens, Dr. Larissa Jennings, Dr. Joanna Cohen, Dr. Mark Boulay, Dr. Sara Bennett and Dr. David Peters. Your guidance and invaluable advice were instrumental to the design and implementation of this study. I would also like to thank Dr. Pierre-Gerlier Forest, Dr. Shivam Gupta, Dr. Timothy Baker, Dr. Abdulgafoor Bachani, Dr. Ryan D. Kennedy, Dr. Laura Morlock, Dr. William Reinke, Ms. Carol Buckley and Ms. Cristina Salazar.

A heartfelt thank you to Dr. Türker Özkan and Dr. Timo Lajunen at the Middle East Technical University. You not only served as my mentors in Turkey but also made my stay in Ankara an enjoyable one. Thank you for your full support, generosity, hospitality and jokes!

Special thanks to the many students at the Middle East Technical University who generously offered to assist me with the endless translations, document review, and note taking during interviews. In particular, I would like to thank Yeşim Üzümcüođlum, Hande Ağca, Pınar Bıçaksız, and Zümrüt Yıldırım-Yenier. I am so grateful for all of your help and, more importantly, your friendships. It was because of all of you that data collection in Turkey was fun. I would also like to give a special thanks to Dr. Laila Martinussen at Danmarks Tekniske Universitet. My first stay in Ankara would not have been the same without you!

This project was conducted during the Bloomberg Philanthropies' Road Safety in 10 Countries Project in which I was a research assistant. I would like to give a special thanks to Bloomberg Philanthropies. Being a part of the project gave me a better understanding of the Turkish context.

I am sincerely grateful for all the key informants and survey respondents who participated in this study. Thank you for taking time out of your busy schedule to contribute to this research.

My gratitude is also extended to the World Health Organization for their assistance and support during the data collection process. In particular, I would like to thank the staff at the Turkey Country Office for their hospitality, generosity and friendship. Data collection would not have gone as smoothly if it were not for your full support.

I would like to give special acknowledgement to the Association for Safe International Travels, Global Road Safety Partnership, Turkey's General Directorate of Security, General Directorate of Highways, Ministry of Health, Kocatepe University and Hacettepe University for their generous support during the data collection process.

A special thank you is extended to all the staff at the Johns Hopkins International Injury Research Unit. Thank you all for your encouragement and for making the unit such an enjoyable place to work!

I am also indebted to my brilliant friends who were always a source of laughter, happiness and support. In particular, I am grateful for Aarushi Bhatnagar, Jonathan Akuoku, Aisha Jafri, Ligia Paina, Fayrouz Ashour, Kareshma Mohanty, Alexandria Appah, Jennifer Lee, Bryan Shaw, Nathan Miller, Afsan Bhadelia, Pooja Sripad, Nasreen Jessani, Krit Pongpriul and Julia (Xiaoge) Zhang.

I would like to take this opportunity to thank Jason Wilcox who has been a constant source of strength and inspiration. These past few years have not been an easy ride and I truly thank you for sticking by my side. Your support and motivation allowed me to finish this journey.

Finally, I would like to thank my parents, Jack and Pamela Hoe, my sister, Alice Hoe and my grandparents for all of their love and encouragement. Words cannot express how

thankful I am for the sacrifices you have made on my behalf. I would not have made it this far without you. Thank you from my bottom of my heart!

This dissertation is dedicated to
a safer and healthier Turkey
daha güvenli ve daha sađlıklı bir Türkiye için

Table of Contents

Abstract	ii
Committee of Thesis Readers	iv
Acknowledgements	v
Acronyms	xvii
1. Overview of Thesis	1
Introduction	1
Rationale	2
Literature Review	4
<i>Political Priority Development Theories</i>	4
<i>A Review of Political Priority Development Studies</i>	9
<i>Methods to Investigate Political Priority Development for Public Health Issues</i>	13
Background	15
<i>Republic of Turkey: Country Profile</i>	15
<i>Burden of Tobacco Use in Turkey</i>	18
<i>Burden of Road Traffic Injuries in Turkey</i>	20
Study Objectives	22
Research Methods	22
Organization of the Study	25
2. “Quitting Like A Turk:” How Political Priority Developed for Tobacco Control in Turkey	45
Abstract	45
Introduction	47
Conceptual framework	49
Methods	52
<i>Qualitative Research Methods</i>	52
Data Collection	52
Data Analysis	55
<i>Quantitative Research Methods</i>	57
Data Collection	57
Data Analysis	59
<i>Within-Case Analysis</i>	60
<i>Ethical Approval</i>	61
RESULTS	61
<i>Characteristics of the Data Sources</i>	61
<i>History of Tobacco Control in Turkey 1980 - 2002</i>	63
<i>Key Actors</i>	64
Governmental Actors	64
Civil Society Actors	67
International Actors	71

<i>Streams</i>	73
Problem Stream (1980s)	73
Political Stream (2002)	76
Global Stream (2003)	81
Policy Stream (2006)	85
Policy Window and the Joining of the Streams	90
Sustaining the Momentum	93
Discussion	97
<i>Key Findings</i>	98
<i>Limitations</i>	105
In-depth Interviews	106
Documents Review	108
Survey	109
<i>Reflexivity</i>	112
<i>Implications for Action and Policy</i>	113
<i>Future Research</i>	115
Conclusions	116
<i>Appendix 2.1a Field Guide for Tobacco Control - English</i>	144
<i>Appendix 2.1b Field Guide for Tobacco Control -Turkish</i>	147
<i>Appendix 2.2a Codebook Draft</i>	150
<i>Appendix 2.2b Codebook Final</i>	152
<i>Appendix 2.3 Document Review Summary</i>	155
<i>Appendix 2.4a Tobacco Control Survey in Turkey - English</i>	158
<i>Appendix 2.4b Tobacco Control Survey in Turkey - Turkish</i>	162
3. The Unfinished Agenda: An Analysis of Why Political Priority Did Not Emerge for Road Safety in Turkey	166
Abstract	166
Introduction	168
Conceptual Framework	170
Methods	173
<i>Qualitative Research Methods</i>	173
Data Collection	173
Data Analysis	177
<i>Quantitative Research Methods</i>	178
Data Collection	178
Data Analysis	181
<i>Within-Case Analysis</i>	182
<i>Ethical Approval</i>	183
Results	183
<i>Characteristics of Data Sources</i>	183
<i>History of Road Safety in Turkey 1920-2002</i>	184
<i>Road Safety 2002-2014</i>	186
Problem Stream	186
Global Stream	193
Policy Stream	202
Political Stream	210

Policy Window	216
Discussion	217
<i>Key Findings</i>	217
<i>Limitations</i>	223
<i>Reflexivity</i>	227
<i>Implications for Action & Policy</i>	228
<i>Future Research</i>	232
Conclusion	233
<i>Appendix 3.1a Field Guide for Road Safety – English</i>	257
<i>Appendix 3.1b Field Guide for Road Safety – Turkish</i>	260
<i>Appendix 3.2a Codebook Draft</i>	263
<i>Appendix 3.2b Codebook Final</i>	265
<i>Appendix 3.3 Document Review Summary</i>	268
<i>Appendix 3.4a Road Safety Survey in Turkey - English</i>	270
<i>Appendix 3.4b Road Safety Survey in Turkey - Turkish</i>	274
4. Opening the Black Box: How Political Priority Develops for Public Health Issues in Turkey	278
Abstract	278
Introduction	280
Conceptual Framework	282
Methods	284
<i>Time Frame</i>	284
<i>Case Selection</i>	285
<i>Data Collection</i>	285
<i>Cross-Case Analysis</i>	287
Data Reduction and Display	288
Drawing Conclusions	289
<i>Ethical Approval</i>	290
Results	290
<i>Characteristics of the Data Sources</i>	291
<i>Problem Stream: Crisis, Credible Indicators, Comparisons and NGOs</i>	292
Crisis and Credible Indicators	292
Global Comparisons	294
A Strong, Cohesive Group of Advocacy Oriented NGOs	295
<i>Political Stream: The AKP Party, the National Mood, and the Political Elite</i>	297
The AKP Party's Agenda	298
The National Mood	300
The Political Elite	300
<i>Global Stream: Global Evidence, Policy Documents, Funders, Networks and Intermediaries</i>	303
Global Evidence	304
Global Policy Documents	305
International Funder	306
Global Networks	307
The Intermediary – the WHO Country Office	309

<i>Policy Stream: Perceived Inadequacies, Integrated Community, an Available Solution, and Policy Entrepreneurs</i>	310
Perceived Inadequacies of Existing Legislation	311
Integrated Community	312
Available Solution and Policy Entrepreneurs	314
<i>Policy Window</i>	314
<i>Outcomes</i>	315
Discussion	317
<i>Key findings</i>	317
<i>Revised Conceptual Framework</i>	327
Streams	327
Actors	328
<i>Strengths & Limitations</i>	329
<i>Implications for Action & Policy</i>	331
<i>Future Research</i>	332
Conclusions	334
5. Conclusions and Implications	365
<i>Summary of Key Findings</i>	365
Tobacco Control in Turkey	365
Road Safety in Turkey	366
Comparative Case Study	366
<i>Implications for Action</i>	368
Strategies for Global Actors:	372
<i>Implications for Policy</i>	373
National Level Policies	373
Global Level Policies	375
<i>Future Research</i>	376
References	381
Curriculum Vitae	418

TABLES AND FIGURES

Table 1. 1 Framework for Determinants of Political Priority for Global Initiatives	30
Table 1. 2 Studies on Political Priority Development of Public Health Issues in MICs	31
Table 1. 3 Cross-Country Comparative Studies on Political Priority Development of Public Health Issues	35
Table 1. 4 Cross-Policy Comparative Studies on Political Priority Development of Public Health Issues	38
Table 1. 5 Political Priority Development Studies by Public Health Topics	39
Table 1. 6 Political Priority Development Studies by WHO Regions	40
Table 1. 7 Factors Contributing to Political Priority Development	41
Table 1. 8 Political Priority Development Studies by Methods Used	42
Table 1. 9 Turkey Basic Facts	43
Table 1. 10 Turkey's Cause of Death Statistics, 2014	44
Table 2. 1 Burden of Diseases Attributed to Tobacco Smoking in Turkey, 2003	118
Table 2. 2 Concepts Explored by Data Sources for Tobacco Control	119
Table 2. 3 Informant IDs and Organizational Affiliation	120
Table 2. 4 Sources and Types of Document Collection	121
Table 2. 5 Triangulation of Data Sources	122
Table 2. 6 Tobacco Control Within-Case Analysis	127
Table 2. 7 Characteristics of Key Informants for Tobacco Control (N=18)	130
Table 2. 8 Characteristics of Survey Respondents for Tobacco Control (N=61)	131
Table 2. 9 Major Milestone in Turkey's Tobacco Control Activities	132
Table 2. 10 Positions with Most Power to Influence Tobacco Control Policies	134
Table 2. 11 Opinion Leaders	135
Table 2. 12 Mean and Median Ratings of the Relationships within the Tobacco Control Community	136
Table 2. 13 Ratings for the Tobacco Control Community by Respondent's Attributes	137
Table 2. 14 Strategies to Improve Response Rate	138
Table 3. 1 Concepts Explored by Data Sources for Road Safety	242
Table 3. 2 Sources and Types of Document Collection	243
Table 3. 3 Informant IDs and Organizational Affiliations	244
Table 3. 4 Triangulation of Data Sources	245
Table 3. 5 Road Safety Within-Case Analysis	249
Table 3. 6 Characteristics of Key Informants for Road Safety (N=25)	251
Table 3. 7 Characteristics of Survey Respondents for Road Safety (N=95)	252
Table 3. 8 Mean and Median Ratings of the Relationships within the Road Safety Community	253
Table 3. 9 Ratings for the Road Safety Community by Respondent's Attributes	254
Table 3. 10 Opinion Leaders	255
Table 3. 11 Strategies to Improve Response Rate	256
Table 4. 1 Informant IDs and Organizational Affiliations	343
Table 4. 2 Partially Ordered Meta-Matrix	344

Table 4. 3 Characteristics of Key Informants for Tobacco Control and Road Safety (N=39)	346
Table 4. 4 Types of Documents Reviewed for Tobacco Control and Road Safety (N=307)	347
Table 4. 5 Characteristics of Survey Respondents for Tobacco Control and Road Safety (N=153)	348
Table 4. 6 Clustered Summary Table: Problem Stream	349
Table 4. 7 Burden of Tobacco Use and Road Traffic Injuries in Turkey	351
Table 4. 8 Summary of the Roles and Strategies Used by Key Actors in Tobacco Control and Road Safety	352
Table 4. 9 Clustered Summary Table: Political Stream	356
Table 4. 10 Streams that Overlapped in Both Case Studies	358
Table 4. 11 Clustered Summary Table: Global Stream	359
Table 4. 12 Clustered Summary Table: Policy Stream	360
Table 4. 13 Comparison of Ratings of the Tobacco Control and Road Safety Communities	361
Table 4. 14 Level of Political Priority Given to Tobacco Control and Road Safety in Turkey	362
Table 4. 15 Case-Ordered Predictor Outcome Matrix	364
Figure 1. 1 Multiple Streams Theory	27
Figure 1. 2 2008 Population Pyramid of Turkey	28
Figure 1. 3 Research Design of this Study	29
Figure 2. 1 Conceptual Framework	139
Figure 2. 2 Key Actor Characteristics and Personal Relationships	140
Figure 2. 3 Political Priority Development for Tobacco Control in Turkey	141
Figure 2. 4 Smoking Prevalence in Turkey by Sex, 1988-2012	142
Figure 2. 5 Perceived Interest and Political Power of Key Tobacco Control Supporters and Opponents in Turkey	143
Figure 3. 1 Road Traffic Crash, Injury and Death Rates per 100,000 Population in Turkey, 1955-2013	234
Figure 3. 2 Conceptual Framework	235
Figure 3. 3 History of Road Safety in Turkey, 1920-2014	236
Figure 3. 4 Road Traffic Deaths and Death Rates per 100,000 Population in Turkey, 1955-2013	237
Figure 3. 5 Perceived Interest and Political Power of Key Road Safety Supporters in Turkey	238
Figure 3. 6 Key Actors Involved in Convincing the Prime Minister to Reconvene the Supreme Council on Road Safety, Launch the Decade of Action, and Send the Road Safety 2012 Circular	239
Figure 3. 7 Coordinating Bodies for Road Safety in Turkey	240
Figure 3. 8 Development of Streams for Road Safety in Turkey, 1920-2014	241
Figure 4. 1 Conceptual Framework	336

Figure 4. 2 Time Frame under Investigation for Road Safety and Tobacco Control	337
Figure 4. 3 Research Design of this Study	338
Figure 4. 4 Steps used in Cross-Case Analysis (Source: Adapted from Miles & Huberman, 1994)	339
Figure 4. 5 Major Events Leading to Policy Change for Tobacco Control and Road Safety in Turkey, 1920-2014	340
Figure 4. 6 Factors Leading to Expressed Commitment for Road Safety and Political Priority for Tobacco Control in Turkey	341
Figure 4. 7 Revised Conceptual Framework	342
Figure 5. 1 Conceptual Framework	379
Figure 5. 2 Revised Conceptual Framework	380

Acronyms

Abbreviation	Full Name
Afyon	Afyonkarahisar
AKP	Justice and Development Party
ASIRT	Association for Safe International Travel
CIA	Central Intelligence Agency
DALYs	Disability-Adjusted Life Years
EUR	World Health Organization European Region
GBD	Global Burden Disease
GDS	General Directorate of Security
GRSP	Global Road Safety Partnership
HICs	High Income Countries
JH-IIRU	Johns Hopkins International Injury Research Unit
LMICs	Low-and-Middle-Income Countries
MICs	Middle-Income Countries
METU	Middle East Technical University
MoH	Ministry of Health
MPOWER	<u>M</u> onitor, <u>P</u> rotect, <u>O</u> ffer help, <u>W</u> arn, <u>E</u> nforce and <u>R</u> aise taxes
MoT	Ministry of Transportation
NGO	Non-Governmental Organization
RS10	Global Road Safety in 10 Countries Project
RTIs	Road Traffic Injuries
SSUK	National Coalition on Tobacco and Health
TAPDK	Tobacco and Alcohol Market Regulatory Authority
TurkStat	Turkish Statistical Institute
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

1. Overview of Thesis

Introduction

“Smoke like a Turk” is a common phrase used in Europe to describe a person who smokes too much (Butler, 2009). In recent years, Turkey has emerged as a global leader in tobacco control challenging this popular perception. In 2008, it became the third country in Europe to introduce a comprehensive smoke-free ban and in 2013 it succeeded in being the only country in the world to have implemented all World Health Organization (WHO) MPOWER (Monitor, Protect, Offer help, Warn, Enforce and Raise taxes) measures (Bilir & Özcebe, 2012; WHO, 2013). Since this public health issue gained political priority in the country, cigarette sales and smoking prevalence have decreased by 10.7% and 13.4% respectively (Warren et al., 2012; MoH, 2013). These accomplishments are highly significant given the historic and cultural importance of tobacco to Turkey.

Unlike tobacco control, however, political priority did not emerge for road safety in recent years despite the availability of cost-effective interventions and road traffic injuries (RTIs) being the second leading cause of death for youth and young adults between the ages of 15 and 24 years in Turkey, and the fourth leading cause of disability-adjusted life years (DALYs) lost for the same age group (GBD, 2010).

Experts have explained that even when much is known about a disease or injury like RTIs as well as its interventions, there is no guarantee that political actors will prioritize it. Slow progress in reaching international goals could, therefore, not only be explained

by weak health systems or insufficient funding but also by the lack of political prioritization (Shiffman, 2007). Accordingly, these two cases raise the important question of how political priority develops for public health issues in countries like Turkey?

Rationale

Political priority relates to the agenda-setting phase of the policy process where an issue captures the attention of the government and incites action (Shiffman, 2007). This stage of the policy process is followed by policy formulation, implementation and evaluation (Lasswell, 1956; Jones, 1970; Anderson, 1975; Brewer and deLeon, 1983). Although political prioritization does not warrant success during the implementation phase, researchers explained that this is a “facilitating condition to implementation effectiveness” (Shiffman & Ved, 2007, p.786) and “problem alleviation (Smith & Neupane, 2011).

Political priority has been operationalized by Shiffman, 2007 and Fox et al., 2001 as:

“(1) *Expressed commitment* or verbal declarations of support for an issue by high level, influential political leaders; (2) *institutional commitment* or specific policies and organizational infrastructure in support of an issue; and (3) *budgetary commitment* or earmarked allocations of resources to words a specific issue relative to a particular benchmark (Fox et al., 2013, p.6).”

Unfortunately, however, there is a dearth of comparative research in this area to help explain why political priority develops for certain public health issues but fails to develop for others in middle-income countries (MICs) (Lee & Walt, 1995; Munira & Fritzen, 2007; Shiffman, 2007; Omar et al., 2010; Pellier et al., 2011; Pelletier et al., 2012). Moreover, the majority of existing studies have been qualitative, few studies have employed quantitative or mix-methods approaches (Bor, 2007). In order to advance the field, scholars have urged for more studies to be conducted (Shiffman, 2007; ODI, 2007; Walt et al., 2008). Specifically, Walt et al. (2008) recommended that health policy analysis undertaken in low-and-middle-income countries (LMICs) need to make more rigorous use of theoretical frameworks to guide analyses, including the utilization of social science theories that fall outside the traditional policy field. The authors also emphasized the need to place more focus on research design, utilize existing body of knowledge, and use multiple cases and/or other types of methodologies (Walt et al., 2008).

In light of these recommendations, this study comparatively examined how tobacco control became a political priority in Turkey in recent years and compared it to road safety under the guidance of John Kingdon's *Multiple Streams Theory* (Kingdon, 2011). Two distinguishing features of this study are the use of a comparative mixed-methods case study design and the choice of the two public health issues (tobacco control and road safety) for investigation. To our knowledge, this will be one of the first attempts to undertake such a study for these two public health issues in a middle-income country.

Literature Review

This literature review will begin by highlighting the theories most commonly used by scholars to examine political priority development in MICs. Subsequently, findings from existing studies and methods used will be described. Finally, the review will highlight the gaps in literature and understanding.

Political Priority Development Theories

Prominent theories pertaining to the agenda-setting phase of the policy process were largely developed in high-income countries (HICs). Although they may be applicable, these existing theories have seldom been employed in LMIC health policy studies (ODI, 2007, Gilson & Raphaely, 2008, & Walt et al., 2008). Of the agenda-setting studies that have used theories, John Kingdon's *Multiple Streams Theory* has been the most popular. There is also a movement towards employing Shiffman and Smith's (2007) framework on the generation of political priority for global health initiatives.

John Kingdon's *Multiple Streams Theory* is one of the most influential agenda-setting theories. Kingdon (2011) argued that in order for agenda-setting to take place, three largely independent streams – problems, policies and politics - must converge while a policy window is opened. This window signifies a brief moment in time when the “target planets are in proper alignment (Kingdon, 2011, p.166)” can be opened by either an urgent problem or changes within the political stream.

The *problem stream* includes all conditions that people would like attended to; only conditions that turn into problems, however, are likely to be placed on government's agendas. Indicators, focusing events, and feedback from existing programs can all facilitate this conversion by drawing the attention of policy makers.

The *policy stream* consists of all proposals of change that are produced by specialists within policy communities. Ideas that are given serious considerations are generally those that are technically and financially feasible, and acceptable to the public as well as elected officials. Further, the level of integration of the policy community can also influence this process. Kingdon considers policy communities that are "closed and tightly knit" to be more integrated while those "diverse and fragmented" to be less integrated (p.118). It is argued that the level of integration can affect the degree of policy fragmentation, similarities in outlook, orientation and ways of thinking, stability of the agenda within the community, and the legitimacy of the policy decision (Kingdon, 1984; Coleman & Perl, 1999). International relations scholars have also developed a similar concept otherwise known as *epistemic community* to describe "a network of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge within that domain or issue area (Haas, 1992, p.3). " Epistemic communities share similar beliefs, axioms and policy goals and are able to exert their influence by bringing to light the importance of an issue to decision makers and by preserving the institutional arrangements that direct international behavior (Haas, 1992). Coleman & Perl (1999) argued that when such communities become integrated

with policy communities, they allow actors from the policy communities to be connected with actors in other countries as well as at the international level.

Finally, the *political stream* concerns the development of macro-level conditions such as national mood, and events within the government that are favorable to a public health issue. Kingdon (2011) defined favorable events within government as changes in administration, or turnovers in high-level personnel. These events can substantially change the country's agenda.

When these three “largely independent streams” (Kingdon, 2011, p.88) are fully developed while a policy window is opened, policy entrepreneurs will need to take advantage of the situation immediately. Kingdon (2011) describe these individuals as those who are willing “to invest their resources – time, energy, reputation, and sometimes money – in hope of a future return” (p.122). Although policy entrepreneurs can be found in any location, those with greater access to policy makers, more resources, and better skills at coupling the three streams tend to be more successful. In sum, Kingdon's model shows that political priority generally emerges when the problem is widely recognized, solutions are available or can be quickly developed and the political environment is favorable (Kingdon, 2011). (Figure 1.1)

Kingdon's *Multiple Streams Theory* has been used by: Balarajan (2014) to examine the facilitating and impeding factors affecting the political prioritization of micronutrient deficiencies in Senegal; Jat et al. (2013) to explore why political priority emerged for

maternal health in Madhya Pradesh, India; Rabbani & Baroi (2012) to investigate the development of political priority for community health in Bangladesh; Daniels et al. (2008) to explore how research translates into policy for the treatment of eclampsia and pre-eclampsia in South Africa; and Shiffman & Ved (2007) to examine how safe motherhood became a political priority in India.

Similar to other policy process theories that stem from the HICs, Kingdon's *Multiple Streams Theory* was constructed primarily to understand domestic policy-making and the role of domestic actors. Coleman & Perl, however, argued in 1999 that:

“the fields of comparative public policy and international relations are edging inexorably toward one another, driven by changes in the world beyond the academy. Domestic policy making is increasingly constrained by international economic, political, and cultural forces (p. 692).”

Likewise, Walt et al. (2008) explained that the current policy environment has been evolving into one that is characterized by increasing complexities where international and domestic actors can both influence the policy making process (Walt et al., 2008). Political scientists have, for example, made distinctions between hard and soft power used by international actors. *Hard power*, in international relations, refers to the aggressive use of economic, military and other coercive means to influence the interests and positions of other states. On the contrary, *soft power* as coined by Joseph Nye, relates to the ability to

change the values, ideologies and norms of other actors through the unconventional force of attraction (Nye, 2004).

Similarly, Busch & Jorgens (2005) illustrated three distinctive ways in which international processes and actors influence policy convergence: 1) imposition of policy through the use of economic and political force, 2) harmonization with international agreements, and 3) diffusion of global norms through information flow that results in voluntary policy imitation, emulation, and/or learning. Other studies have also suggested that major international donors can exert influence on domestic policies in countries that are increasingly dependent on international resources for health (Okunzi & Macrae, 1995).

Shiffman & Smith constructed a framework in 2007 to better understand the determinants of political priority development for global health initiatives at the global level. The authors identified four critical elements: actor power, ideas, political contexts, and issue characteristics. *Actor power* pertains to the strength of the actors involved in the issue and includes 1) policy community cohesion, 2) leadership, 3) guiding institutions, and 4) civil society mobilization. *Ideas* relate to how the issue is defined within the policy community (internal frame) and how it is portrayed to the public and political leaders (external frame). *Political context* refers to the surrounding environment such as the existence policy window and the characteristics of the global governance structure. Lastly, *issue characteristics* concerns the presence of credible indicators, severity of the issue and the availability of effective interventions (Smith & Shiffman, 2007) (Table 1.1).

Although this framework was designed to understand political priority development at the global level, it has been used by several researchers to examine the topic in developing countries. Most recently, this framework has been used by Smith (2013) to explain the development and decline of political priority for newborn survival in Bolivia; Pelletier et al. (2012) to identify challenges in the nutrition policy process in 5 countries (Bangladesh, Bolivia, Guatemala, Peru and Vietnam); Smith & Neupane (2011) to examine political priority generation for newborn survival in Nepal; and Fuentes et al (2008) to explain the decriminalization of abortion in Mexico City.

One of the major criticisms of this framework, however, is the lack of theoretical grounding (Shiffman, 2009).

A Review of Political Priority Development Studies

Studies pertaining to political priority development for public health issues can be largely divided into three broad categories: studies that have focused on how public health issues gained or failed to gain political priority at 1) the global level (Reich, 1995; Shiffman et al, 2002; Joachim, 2003; Lush et al., 2003; Ogden et al, 2003; Walt et al., 2004; Shiffman and Smith, 2007; Geneau et al., 2010; Benzian et al., 2011; Keeling, 2012; Maher & Sridhar, 2012; Tomlinson & Lund, 2012; Hafner & Shiffman, 2013; Parkhurst & Vulimiri, 2013; Hammonds & Ooms, 2014), 2) at the national level in low-income countries (Okuonzi & Macrae, 1995; Ensor et al., 2000; Stockwell, 2005; Crichton, 2008; Smith & Neupane, 2011; Rabbani & Baroi, 2012; Shiffman & Sultana, 2013) and middle-income countries (Shiffman, 2003; Shiffman et al., 2004; Shiffman & Okonofua, 2007;

Shiffman & Ved, 2007; Agyepong & Adjei, 2008; Tantivess et al., 2008; Daniels et al., 2008; Moise et al., 2011; Knutsen, 2012; Pillay & Skordis-Worrall, 2013; Smith, 2013; Balarajan, 2014; Kusi-Ampofo & Church, 2015) and 3) at the subnational level (Fuentes et al., 2008; Jat et al., 2013). A few studies also used comparative design to investigate how a public health issue fared as political priorities in various LMICs (Lee & Walt, 1995; Reich, 1995; Munira & Fritzen, 2007; Shiffman, 2007; Omar et al., 2010; Pellier et al., 2011; Pelletier et al., 2012; Smith et al., 2014). Few compared different public health issues within one LMIC (Reichenbach, 2002; Caceres et al., 2008). For the purpose of this review, the focus will be on the studies that were undertaken in middle-income countries as well as the comparative studies that were conducted to explore this topic.

Relevant literature between 1994 and 2007 were selected by the first author from Gilson and Raphaely's comprehensive health policy analysis literature search for LMICs (Gilson & Raphaely, 2008). Articles published between 2007 and 2015 were identified by the first author using the same databases (PubMed and the International Bibliography of the Social Sciences) searched by Gilson and Raphaely. The inclusion criteria were: health focused, published in English, full article accessible, examined the process of political priority development/agenda-setting in detail, and concerned middle-income countries. The search yielded 13 studies that examined political priority development/agenda-setting at the national level in middle-income countries (Table 1.2), nine cross-country comparative studies (Table 1.3), and two cross-policy comparative studies (Table 1.4).

This review of existing literature revealed that the public health topics covered by these studies have been diverse ranging from national health insurance to vaccines. The majority, however, focused on maternal health/reproductive health (N =9) and, to a lesser extent, nutrition (N= 3) and HIV/AIDS (N=3) (Table 1.5). Shiffman (2007), for example, concluded from case studies in five countries (Guatemala, Honduras, India, Indonesia, and Nigeria) that three types of factors were most salient in the generation of political priority: transnational influence, domestic advocacy and national political environment (Table 1.3). Likewise, Shiffman, Stanton & Salazar (2004), identified international norm, favorable international and domestic structures, shared power between international and domestic actors, credible indicators, presence of focusing events and political entrepreneurship of domestic actors as factors that helped explain why safe motherhood emerged as a political priority in Honduras (Table 1.2).

With regards to nutrition, Pelletier et al. (2012), for example, conducted a study in 5 countries (Bangladesh, Bolivia, Guatemala, Peru and Vietnam) to uncover the challenges in nutrition agenda setting, policy formulation and implementation. In terms of the agenda-setting phase, only the presence of credible indicators was found to be of key importance in all five countries. Promotion of external norm, external frame, cohesion of policy community and overcoming other policy priorities were critical in four countries (Table 1.3).

For HIV/AIDS, Knutsen (2012), for example, examined China's HIV/AIDS policy process between 1985 and 2010. The author concluded that changes in national

leadership opened a policy window for this public health problem. Top leaders, subsequently, acted as policy entrepreneurs to join the problem, policy, and political streams, radically transforming the conventional approach to HIV/AIDS in China to a human rights approach (Table 1.2).

This review also showed that the majority of the existing studies that examined the process of political priority development for one or multiple public health problems in a MIC were carried out in the WHO African region (N=6) (Table 1.6). Shiffman & Okonofua (2007), for example, looked at the state of political priority for maternal health in Nigeria; and Reichenbach (2002) compared the factors that facilitated the prioritization of breast cancer and the neglect of cervical cancer in Ghana (Tables 1.2 and 1.4). Few studies were carried out in the WHO Americas (N=4) and Southeast Asian regions (N=3) (Table 1.6). Moise et al (2011), for example, identified the barriers that have prevented the issue of sugar sweetened beverages from gaining attention in Mexico; and Tantivess & Walt (2008) explored the roles state and non-state actors played in the process that led to the adoption of the universal antiretroviral therapy policy in Thailand (Table 1.2). None of these existing studies explored the process of political priority development in a MIC within the WHO Eastern Mediterranean or European regions (Table 1.6).

All studies highlighted the need for a constellation of factors to be present to facilitate the emergence of political priority for a public health issue. The following eight factors were mentioned most frequently by the existing studies: 1) presence of indicators (N=11), 2) government transition/changes in leadership (N=9), 3) crisis/focusing event (N=9), 4)

presence of policy entrepreneur (N=7), 5) favorable global norm (N=7), 6) community cohesiveness (N=5), 7) framing (N=4), and 8) donor prioritization (N=4) (Table 1.7).

Methods to Investigate Political Priority Development for Public Health Issues

Limited attention and guidance have been paid to advancing the methodologies of health policy analysis in LMICs (Walt et al., 2008). According to Gilson & Raphaely's (2008) literature review, about 60% of the 164 LMIC health policy analysis articles used primary data sources. Most studies were qualitative as well as inductive in nature, with study designs ranging from case study (21%), ethnography (7%), historical/archival studies (4%), to discourse analysis (3%). Despite the predominant use of case studies, however, most did not adequately capture the context and/or lacked rigorously designed comparison cases. In terms of the analytical approach used, the majority fell into the descriptive (23.2%) or descriptive and analytical (30.5%) categories. Overall, the authors concluded that "many of these articles present only weakly persuasive and authoritative descriptions or arguments" (p.300).

Similarly, the majority of the studies that have examined the development of political priority in MICs, to date, have been qualitative. Of the 24 existing studies, 17 (70.8%) used case study design and five other studies (20.8%) employed qualitative methods such as interviews and observations but did not describe their research as case studies (Table 1.8). Kusi-Ampofo & Church (2015) utilized secondary data only to understand health policymaking in Ghana. Sources included historical and government records, newspaper publications, parliamentary hansards, and published books and articles (Table 1.2). Only

one study employed a quantitative approach. In 2007, Bor explored whether political and economic context were associated with different levels of political commitment for HIV/AIDS in LMICs. Findings revealed that prevalence of HIV, freedom of press, and income equality were likely to be determinants (Table 1.3) (Bor, 2007). No studies used a qualitative and quantitative mixed methods approach.

In addition to the paucity of quantitative and mixed-methods research in this area, only nine studies used a comparative design to understand how political priority emerged for public health issues in various LMICs (Lee & Walt, 1995; Reich, 1995; Munira & Fritzen, 2007; Shiffman, 2007; Omar et al., 2010; Pellier et al., 2011; Pelletier et al., 2012; Smith et al., 2014); and only two employed a comparative design to examine why different levels of political priority were afforded to different public health issues within one LMIC (Reichenbach, 2002; Caceres et al., 2008).

In sum, although studies to date have shed some light on the process of political priority development in MICs, major gaps still remain. In addition to the dearth of literature in this area, few existing studies have used comparative approaches and methodologies other than, or in addition to, qualitative methodologies. Scholars such as Herriott & Firestone (1983), for example, have highlighted the advantages of using comparative case study designs. This approach, they argued, is considered to be more robust than single case studies. The public health topics covered by the existing body of literature have also been diverse although some have focused on maternal health/reproductive health and, to

a lesser extent, nutrition and HIV/AIDS. The majority of the studies have also been undertaken in the WHO African region. To our knowledge, none of the existing studies have investigated this topic in the WHO Eastern Mediterranean or European regions (Table 1.6). Finally, little attempt has been made to examine the similarities and differences in the factors bringing about political priority across different types of public health issues in one MIC.

Background

Republic of Turkey: Country Profile

The Republic of Turkey is a parliamentary democracy located in Southeastern Europe and Southwestern Asia (CIA, 2015). With a GDP per capita of US\$ 15,300 and grow rate of 3.8%, it is considered an upper-middle income country (CIA, 2015; World Bank, 2015) (Table 1.9). Since Turkey's foundation as a republic in 1923, the country has made tremendous reforms towards secular Westernization and modernization. As a result, many consider Turkey not only to be a country that straddles Europe and Asia but also a blend of two cultures. In October 2005, official negotiations for Turkey to enter the European Union (EU) commenced. Talks, however, were suspended a year later due to Turkey's unwillingness to open its ports to Cyprus or, from the Turks' perspective, officially recognizing the Greek-Cypriot government (Celik & Naqvi, 2007). Resistance was also found within the EU with arguments ranging from Turkey's non-European culture to it being "too big" and/or "too poor" (Repa, 2005). At present the question of whether Turkey will ever be admitted to the EU remains inconclusive. It has also been speculated that the ruling Justice and Development Party (AKP party) has turned its

attention towards the Middle East due to frustrations with the EU and the desire to increase Turkey's role in the region, as well as to become one of the most powerful nations in the world (Celik & Naqvi, 2007, Stephens, 2009; Adam, 2012; Cornell, 2012).

Domestically, Turkey's politics is marked by increasing polarization with the city dwelling, higher socioeconomic class on one side and the religiously devout, lower socioeconomic class on the other side (Carkoglu & Toprak, 2007, p. 14). This divide became exceedingly apparent when the Gezi Park protests erupted in 2013 as a response to the AKP party's brutal crackdown on peaceful protesters ("Turkey Divided," 2013). As a result of these events, there was widespread speculation that former Prime Minister and Current President Recep Tayyip Erdoğan was becoming more authoritarian (Human Rights Watch, 2014). These speculations were also fueled by Erdoğan's plans to transform the current parliamentary order into a presidential system (Idiz, 2015).

As of July 2014, the total population of the country was estimated to be over 81 million with a growth rate of 1.1 percent and an urban population of 71.5 percent (CIA, 2015). Basic indicators showed that the health of the country has been steadily improving. Under-5 mortality rate decreased from 84 per 1,000 live births in 1990 to 14 per 1,000 live births in 2012. Similarly, the total fertility rate declined to 2.1 in 2012. The current estimate of life expectancy at birth in Turkey is 74.9 years (UNICEF, 2015) (Table 1.9). These demographic changes are reflected in the population pyramid where the thick and wide based is slowly narrowing (Figure 1.2) and the majority of the population fall between the ages of 10 to 29 years in 2008 (Hacettepe University, 2008). These

characteristics are indicative of a country that is in the latter stages of the demographic transition.

Mirroring demographic trends, data from the Turkish Statistical Institute (TurkStat) revealed that Turkey is also progressing towards the latter stages of the epidemiological transition where non-communicable diseases rather than communicable diseases account for the majority of deaths in the country. The top three causes of mortality, for example, in Turkey were diseases of the circulatory system (N=151,696), neoplasms (N=77,587), and diseases of the respiratory system (N=40,258). Injuries are also emerging as a major problem; for example in 2013, external causes of injury and poisoning were responsible for 16,018 deaths in Turkey (Table 1.10) (TurkStat, 2014).

The positive change in Turkey's health status has been largely attributed to a health reform program, Health Transformation Program (HTP), that commenced in 2003 to improve governance, efficiency, satisfaction and sustainability of Turkey's health system (WHO, 2013b). As a result of HTP, the existing five health insurance schemes were unified under the General Health Insurance Scheme which covers the majority of the population. Coverage of the poor, for example, rose from 2.4 million in 2003 to 10.2 million in 2011 (Atun et al., 2013).

At present, health services in Turkey are primarily provided by the Ministry of Health although universities are also crucial in providing tertiary care and the private sector has been expanding its role in healthcare provision (Tatar et al., 2011). From 2002 to 2008,

health expenditure to GDP increased from 5.4% to 6.1%. Likewise public health expenditure to GDP also rose from 3.8% to 4.4% (WHO, 2013b). Despite these successes, several challenges still remain including the decentralization of healthcare governance, enhancing health information systems, and closing gaps in human resources (WHO, 2013b).

Burden of Tobacco Use in Turkey

Turkey is the seventh largest tobacco producing country, contributing to 1.7% of the world's production (Bilir, et al., 2009). Although the country's tobacco production has decreased in recent years, tobacco imports, on the other hand, have increased (Bilir, et al., 2009). International companies such as Philip Morris International, British American Tobacco, Japan Tobacco and Imperial Tobacco, for example, now hold 92% of the country's cigarette market share (Campaign for Tobacco-Free Kids, 2011). Accordingly, Turkey continues to be one of the top ten countries with the highest tobacco consumption - 2% of the world's tobacco and 14% of the WHO European Region's tobacco (WHO, 2008).

The severity of the tobacco epidemic in Turkey has been highlighted by the 2010 Global Burden of Disease (GDB) report which showed that smoking was the third leading risk factor for death and second leading risk factor for disability-adjusted life years (DALYs) lost in Turkey. This translates to more than 84,000 lives and 2.3 million DALYs lost (GBD, 2010).

Fortunately, for Turkey, the prevalence of tobacco use has been decreasing. The first countrywide prevalence study revealed that 44% of the population smoked in 1988 (MoH, 1988). Most recently in 2012, the Global Adult Tobacco Survey showed that 27.1% of the total population identified themselves as current tobacco smokers (25.7% smoked manufactured cigarettes, 2.6% smoked hand-rolled cigarettes, 0.8% smoked water pipes, and 0.4% smoked others types of tobacco products) (MoH, 2013).

Similar to global trends, tobacco use is more common amongst males as compared to females in Turkey– 41.5% and 13.1% respectively (MoH, 2013). About 37.3% of males reported being daily smokers compared to 10.7% of females. There is, however, evidence that the percentage of female smokers is rising (Bilir, et al., 2009). In terms of age, most smokers (35.7%) fall between the 25 and 44 range. This is true for both males (52.1%) and females (19.0%) (MoH, 2013). Tobacco use, however, is also gaining popularity amongst the youth (Bilir, et al., 2009); it was, for example, found 16.1% started smoking before 15 years of age (MoH, 2013). When comparing urban and rural areas, the percentage of smoking is higher in the former as compared to the latter. About 29.0% of those living in urban areas and 22.0% in rural areas considered themselves as current tobacco smokers. More men in urban areas smoke manufactured cigarettes while more men in rural areas smoke hand-rolled cigarettes (MoH, 2013). Secondhand smoke also remains a major health threat posed by tobacco use. In Turkey, 38.3% and 15.6% are exposed to secondhand smoke at home and at work respectively (MoH, 2013). Turks are also exposed to secondhand smoke in restaurants (11.3%), public transportation (10.2%), government buildings (5.7%), and health care facilities (3.9%). The economic burden of

tobacco use is high in the country. It is estimated that 17 billion TL (USD\$ 11 billion) are spent each year purchasing tobacco products (MoH, 2010). Between April 2010 and March 2011, the Social Security Institute revealed that 9% (2805 billion TL or USD\$1812 billion) of the healthcare expenditures was spent on tobacco-related diseases (MoH, 2013).

Burden of Road Traffic Injuries in Turkey

From 1950 to 2013, the number of registered road motor vehicles increased from 35,000 to 18.8 million in Turkey (TurkStat, 2013b). As a result of this rapid development, RTIs have also become one of the leading causes of mortality and morbidity in Turkey.

According to the 2010 Global Burden of Disease, RTIs were the 15th leading cause of death (5,819) and 10th leading cause of DALYs lost (458,890) in the country. The significance of this public health issue is even more pronounced when results are disaggregated by age. RTIs were the second leading cause of death for youth and young adults between the ages of 15 and 24 years, and the fourth leading cause of DALYs lost for the same age group (GBD, 2010).

The country's most recent statistics revealed that, approximately 1,207,354 road traffic crashes occurred in 2013. This translates to 1,574.8 crashes per 100,000 population; this is more than double that of 1999 (703 per 100,000). When examining the crash rate per vehicle, the number of crashes grew faster than the number of vehicles: 6,005.2 in 1999 and 6,730.2 in 2013. In these 1,207,354 road traffic crashes, an estimated 274,829 individuals were injured, and 3,685 lives were lost in 2013. Accordingly, the rates per

100,000 population were 358.5 injuries and 4.8 deaths respectively (TurkStat, 2013).

Consistent with global and regional trends, males in Turkey also experienced a higher burden of RTIs as compared to females. This is particularly true for those between 15 and 29 years of age where RTIs were the first leading cause of death for males and fourth for females (GBD, 2010). In 2013, the road traffic death rate for males was 7.4 per 100,000 population; this is three times more than the female road traffic injury rate of 2.2 per 100,000 population (TurkStat, 2013). Among road user types, passengers accounted for the majority of the fatal road traffic crash victims (35%); this was followed by drivers (24%) and pedestrians (16%) (GSRRS, 2013).

RTIs are also costly for the country. The 2013 Global Status Report on Road Safety estimated that in 2010, 1.1% of GDP was lost as a result of road traffic crashes (GSRRS, 2013). Likewise, Baker and Naci also indicated that productivity losses alone cost Turkey at least USD \$2.6 billion each year (Baker & Naci, 2008).

In light of the gaps that still remain in our understanding of how political priority is generated in MICs, this study used a mixed-methods case study design to open the “black box” of Turkish policymaking by comparing the case of tobacco control and road safety. The study also sought to revise the adapted framework from John Kingdon’s *Multiple Streams Theory* based on the cross-case analysis. This resulting framework will help inform current efforts underway to elevate road safety’s political prominence in Turkey.

It might also be transferrable to other public health issues in Turkey and other democratic, middle-income, unitary states.

Study Objectives

The overall goal of this study is to understand how political priorities for public health issues develop in Turkey. The specific objectives of this study are:

Objective 1: To understand the process and determinants of how tobacco control became a political priority in Turkey in recent years

Objective 2: To understand the process and determinants of why road safety did not achieve political priority in Turkey in recent years

Objective 3: To compare the process and determinants of tobacco control with road safety for the purposes of assessing how political priority for public health issues develop in Turkey

Research Methods

This study used a comparative, mixed-methods case study design to meet its objectives.

Case study is a qualitative approach that is apt for “how” and “why” research questions.

It allows researchers to explore a complex phenomenon, such as tobacco control and road safety in Turkey, in a holistic manner through the collection of multiple sources of

information (Yin, 2008). Case study differs from “history” as an approach in that it investigates contemporary rather than historical events. As a result, researchers can rely on in-depth interviews as well as observations as sources of evidence. Case study also differs from “experiments” in that the investigator cannot manipulate or control relevant behaviors (George & Bennett, 2005; Hamel, et al., 1993; Yin, 2008). Although both single and multiple case study designs could be used, multiple case study designs are considered to be more robust than single case study designs (Herriott & Firestone, 1982; Yin, 2008).

When studies involve more than one case, replication logic is used for case selection (Yin, 2008). Accordingly, the two public health cases were selected based upon *theoretical replication* whereby cases “predicts contrasting results but for anticipatable reasons (Yin, 2008, p.54).” In recent years, political priority emerged for tobacco control at the highest level in Turkey while it did not for road safety. This is in contrast to *literal replication* where cases are expected to achieve similar results (Yin, 2008).

Data collection was carried out between 2010 and 2014. To meet objectives 1 and 2, both qualitative and quantitative data were collected from three different sources (as described in Chapters 2 and 3): 1) key informant in-depth interviews, 2) documents, and 3) online surveys (Figure 1.3). The qualitative component explored the process and determinants affecting each domain of the conceptual framework, new themes that had emerged, and the actors that have been working on tobacco control and/or road safety in Turkey. The

quantitative component examined the characteristics and relationships of the actors working on tobacco control and/or road safety in Turkey.

For each case, qualitative data were analyzed using deductive and inductive coding while quantitative data were analyzed using descriptive statistics, Wilcoxon-Mann-Whitney test and Kruskal-Wallis test followed by Dunn test. Opinion leaders and most powerful individuals were also identified by calculating the network nominations received.

Subsequent to the analysis of both qualitative and quantitative data, within-case analyses were performed whereby data were triangulated such that points of convergence could be identified (Figure 1.3) (Shenton, 2004; Schutt, 2009). To further enhance the trustworthiness of these results, strategies such member checking were also performed (Shenton, 2004; Charmaz, 2006).

Finally, to meet objective 3, cross-case analysis was undertaken for the purpose of identifying similarities and differences between the two cases with regards to the political priority development process (Figure 1.3). As described in Chapter 4, Miles & Huberman's (1994) three steps approach was used where data were first reduced and displayed using matrices and flowcharts, subsequently conclusions were drawn. The Wilcoxon-Mann-Whitney test (Forthofer, Lee & Hernandez, 2007) was also employed to compare whether tobacco control and road safety communities differed significantly with regards to their ratings of the relationships within their respective communities.

Organization of the Study

Case studies are introduced in the subsequent chapters to explain how political priorities for public health issues develop in Turkey. Chapter 2 presents “Quitting like a Turk,” the tobacco control case study. This chapter examines the process and determinants of how tobacco control became a political priority in Turkey in recent years [Objective 1], transforming the country into one of the global leaders in tackling tobacco use. Analysis and findings from this case study are compared and contrasted to the framework adapted from John Kingdon’s *Multiple Streams Theory*.

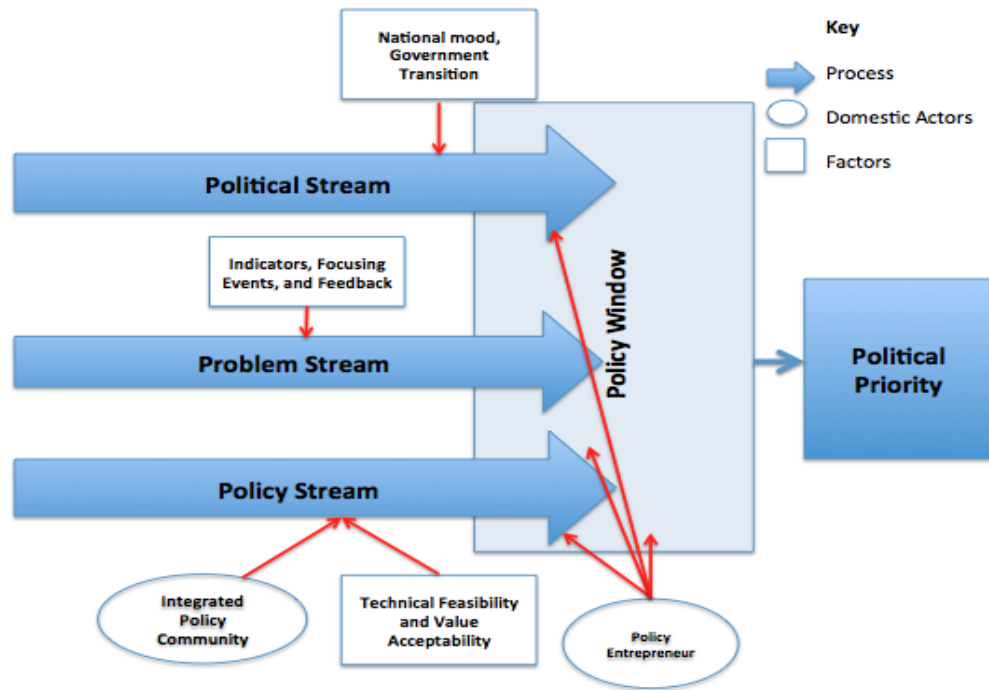
Next, Chapter 3 looks at road safety the “unfinished agenda” in Turkey to explain how this public health issue gained attention in recent years but was not prioritized. Using the framework adapted from John Kingdon’s *Multiple Streams Theory*, the process and determinants of why road safety did not achieve political priority in Turkey in recent years are examined [Objective 2].

Chapter 4 compares and contrasts the tobacco control and road safety case studies for the purpose of assessing how political priority for public health issues develop in Turkey [Objective 3]. The adapted framework from John Kingdon’s *Multiple Streams Theory* is also modified based on the cross-case analysis.

Chapter 5 provides summaries of the key findings from the preceding chapters. It also discusses the implications of the study findings for national actors, global actors,

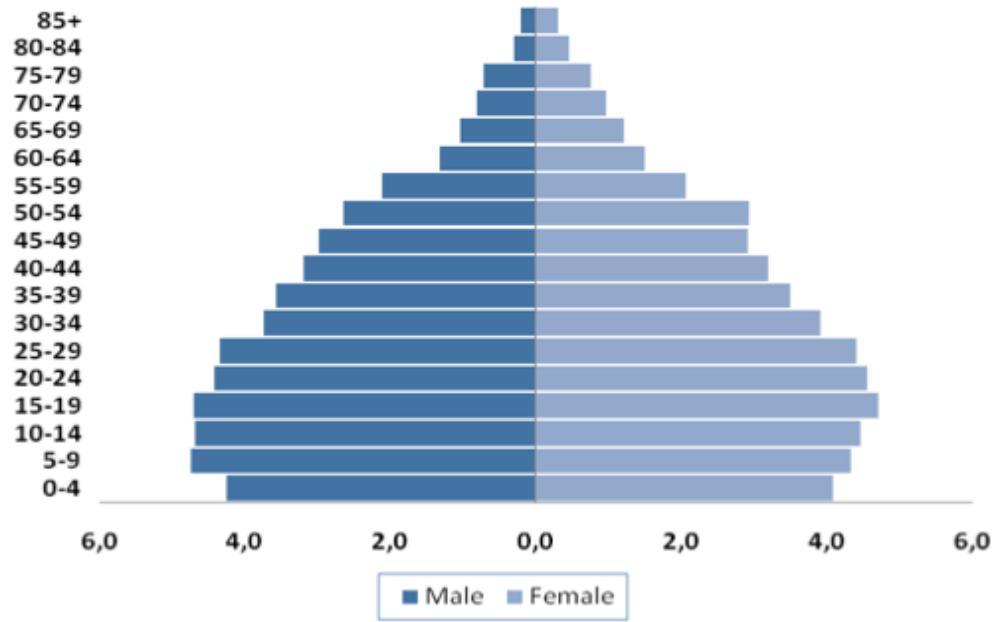
national-level policies and global-level policies. Finally future research areas also are introduced in this final chapter.

Figure 1. 1 Multiple Streams Theory



Source: Adapted from Kingdon (2011)

Figure 1. 2 2008 Population Pyramid of Turkey



Source: Hacettepe University, 2008

Table 1. 1 Framework for Determinants of Political Priority for Global Initiatives

	Description	Factors shaping political priority
Actor power	The strength of the individuals and organisations concerned with the issue	<ol style="list-style-type: none"> 1 Policy community cohesion: the degree of coalescence among the network of individuals and organisations that are centrally involved with the issue at the global level 2 Leadership: the presence of individuals capable of uniting the policy community and acknowledged as particularly strong champions for the cause 3 Guiding institutions: the effectiveness of organisations or coordinating mechanisms with a mandate to lead the initiative 4 Civil society mobilisation: the extent to which grassroots organisations have mobilised to press international and national political authorities to address the issue at the global level
Ideas	The ways in which those involved with the issue understand and portray it	<ol style="list-style-type: none"> 5 Internal frame: the degree to which the policy community agrees on the definition of, causes of, and solutions to the problem 6 External frame: public portrayals of the issue in ways that resonate with external audiences, especially the political leaders who control resources
Political contexts	The environments in which actors operate	<ol style="list-style-type: none"> 7 Policy windows: political moments when global conditions align favourably for an issue, presenting opportunities for advocates to influence decisionmakers 8 Global governance structure: the degree to which norms and institutions operating in a sector provide a platform for effective collective action
Issue characteristics	Features of the problem	<ol style="list-style-type: none"> 9 Credible indicators: clear measures that show the severity of the problem and that can be used to monitor progress 10 Severity: the size of the burden relative to other problems, as indicated by objective measures such as mortality levels 11 Effective interventions: the extent to which proposed means of addressing the problem are clearly explained, cost effective, backed by scientific evidence, simple to implement, and inexpensive

Source: Shiffman & Smith, 2007

Table 1. 2 Studies on Political Priority Development of Public Health Issues in MICs

Authors (Year); Title	Framework/ Theory Used	Country (Public Health Topic); Methods Used	Factors
Agyepong, I.A. & Adjei, S. (2008); Public social policy development and implementation: a case study of the Ghana national health insurance scheme	Grindle and Thomas (also referred to Walt & Gilson and Ayree)	Ghana (National health insurance); Qualitative case study	Facilitating factors: 1) strong perception of a crisis 2) conflicts were in the public domain 3) high-stakes (i.e. the ruling government wanted to demonstrate effective performance) 4) pressure to reform
Balarajan, Y. (2014); Creating political priority for micronutrient deficiencies: a qualitative case study from Senegal	Multiple Streams Theory	Senegal (Micronutrient Deficiencies); Qualitative case study	Facilitating factors: 1) aligned framing 2) availability of indicators 3) transnational advocacy Barriers: 1) issue invisibility 2) issue complexity 3) lack of resources 4) lack of champions 5) difficulties in demonstrating the effectiveness of interventions
Daniels et al. (2008); Translating research into maternal health care policy: a qualitative case study of the use of evidence in policies for the treatment of eclampsia and pre-eclampsia in South Africa	Multiple Streams Theory & Political Science Framework	South Africa (Maternal Health); Qualitative case study	Facilitating factors: 1) government transition (government open to academic involvement) 2) local academic obstetric network strongly linked to international evidence-based medicine networks 3) local researchers acted as policy entrepreneurs 4) health officials had strong links with the networks of policy entrepreneurs and researchers
Knutsen, W. (2012); An institutional account of China's HIV/AIDS policy process from 1985 – 2010	Multiple theories: Sociological Institutionalism; Multiple Streams Theory	China (HIV/AIDS); Qualitative case study	Facilitating factors: 1) policy window opened by political stream 2) problem stream: focusing events 3) political stream: changeover of national leadership 4) policy stream: spillover effects from SARS 5) policy entrepreneurs: China's top leaders acted as policy entrepreneurs

<p>Kusi-Ampofo, O. & Church, J. (2015); Resistance and change: a multiple streams approach to understanding health policymaking in Ghana</p>	<p>Multiple Streams Theory</p>	<p>Ghana (National health insurance); Secondary data (historical and government records, newspaper publications, parliamentary hansards, and published books and articles)</p>	<p>Facilitating factors: 1) problem stream: clear that cash and carry program was not consistent with Ghana socioeconomic realities 2) political stream: government transition (democratic government made national health insurance the priority) 3) policy stream: technical feasibility; government incorporated the proposal of district health insurance plan in overall plan 4) opening of a policy window: parliament had a one month remaining before a recess; the presence of policy entrepreneurs</p>
<p>Moise et al. (2011); Limiting the consumption of sugar sweetened beverages in Mexico's obesogenic environment: a qualitative policy review and stakeholder analysis</p>		<p>Mexico (Sugar sweetened beverages); Qualitative methods: systematic review to identify both international and national policy instruments, interviews</p>	<p>Barriers: 1) politics: economic/political interests; long lawmaking process; competing national agendas; multi sector collaboration decreases 2) weak proponents: few consumer groups, civil societies; lack of evidence for effectiveness of policy; ambiguous positions of key sectors/proponents</p>
<p>Pillay, T.D. & Skordis-Worrall, J. (2013); South African health financing reform 2000 – 2010: understanding the agenda setting process</p>	<p>Hall's model (with temporal aspect of Multiple Streams Theory)</p>	<p>South Africa (Health Financing Reform); Qualitative case study</p>	<p>Facilitating factors: 1) legitimacy: government transition, perceived severity 2) feasibility: economic costs, human resources available, the expected level of collaboration of stakeholders, and the feasibility of different policy options 3) support for political action: support from civil society, academics, and private sector 4) trends and shocks</p>
<p>Shiffman, J. (2003); Generating political will for safe motherhood in Indonesia</p>	<p>Agenda-setting literature</p>	<p>Indonesia (Maternal health); Qualitative case study</p>	<p>Facilitating factors: 1) clear indicators showing that problem exists 2) presence of effective policy entrepreneurs 3) presence of focusing events 4) politically acceptable policy solutions</p>
<p>Shiffman, et al. (2004); The emergence of political priority for</p>	<p>Constructivist international relations theory, policy transfer and</p>	<p>Honduras (Maternal health); Qualitative case study</p>	<p>Facilitating factors: 1) effective socialization of Honduras into global safe motherhood norms</p>

safe motherhood in Honduras	agenda setting		<ul style="list-style-type: none"> 2) favorable international and domestic mediating structures 3) shared power by domestic and international officials 4) presence of focusing events 5) presence of credible indicators 6) presence of policy entrepreneurs
Shiffman, J. & Okonofua, F.E. (2007); The state of political priority for safe motherhood in Nigeria		Nigeria (Maternal health); Qualitative case study	<p>Facilitating factors:</p> <ul style="list-style-type: none"> 1) government transition 2) growing concern amongst civil society 3) accumulating credible evidence concerning the high level of maternal mortality 4) commitment inside the Ministry of Health increased 5) millennium development goal 6) donor resources <p>Barriers:</p> <ul style="list-style-type: none"> 1) network of actors had not coalesce 2) lack of federal budgetary resources 3) position of subnational governments and social institutions
Shiffman, J. & Ved, R.R. (2007); The state of political priority for safe motherhood in India	Multiple Streams Theory	India (Maternal health); Qualitative case study	<p>Facilitating factors:</p> <ul style="list-style-type: none"> 1) problem stream: credible indicators suggesting persistence of problem; focusing events; negative feedback from existing programs 2) policy stream: consensus between government officials and donors concerning intervention strategy 3) political stream :government transition (government had social equity aims); millennium development goals 4) confluence of the streams
Smith, S. (2013); The emergence, growth and decline of political priority for newborn survival in Bolivia	Shiffman and Smith	Bolivia (Newborn survival); Qualitative case study	<p>Facilitating factors:</p> <ul style="list-style-type: none"> 1) international agreements 2) ongoing generation of credible evidence 3) sustained attention from a cohesive network of key actors with status and resources <p>Barriers:</p> <ul style="list-style-type: none"> 1) actor power declined 2) changes in policy community cohesion,

			composition, status and investment 3) government transition
Tantivess, S. & Walt, G. (2008); The role of state and non-state actors in the policy process: the contribution of policy networks to scale up of antiretroviral therapy in Thailand	Policy process framework	Thailand (HIV/AIDS); Qualitative methods: interviews, document review, direct observations	Facilitating factors: 1) government transition 2) local production of generic antiretroviral therapy 3) drug price reduction 4) NGO movement 5) parallel reforms in health sector 6) global efforts 7) civil society organizations evolved from being outsiders to insiders 8) national network was able to draw on international network

Table 1. 3 Cross-Country Comparative Studies on Political Priority Development of Public Health Issues

Authors (Year); Title	Framework/ Theory Used	Countries (Public Health Topic); Methods Used	Factors
Bor, J. (2007); The political economy of AIDS leadership in developing countries: an exploratory analysis	Drew on an array of theories	64 countries (HIV/AIDS); Cross-national quantitative approach	Facilitating factors: 1) free and independent media 2) socioeconomic equality 3) HIV prevalence
Lee, K. & Walt, G. (1995); Linking national and global population agendas: case studies from eight developing countries	Actors, processes and context	Eight countries (Family planning); Qualitative case study	Facilitating factors: 1) compatibility between national and global policy contexts: political ideology of the policy elites and countries relation with Western countries over time 2) urgent economic problems and development strategies pursued
Munira, S.L. & Fritzen, S. (2007); What influences government adoption of vaccines in developing countries? A policy process analysis	Public policy theories and vaccine uptake literature	Taiwan and Thailand (Vaccine); Qualitative case study	Facilitating factors: – present in both countries: 1) high disease burden 2) programmatic feasibility 3) pilot studies 4) scientific evidence 5) role of medical association -present in one country: 1) role of local manufacturing 2) international support 3) role of media 4) sensitivity to price 5) policy entrepreneurs 6) other countries already using vaccine
Omar et al. (2010); Mental health policy process: a comparative study of Ghana, South Africa, Uganda, and Zambia	Framework derived from various other frameworks	Ghana, South Africa, Uganda, Zambia (Mental health); Qualitative methods: interviews, documents	Facilitating factors: 1) demand driven, following urgent pressing social problems 2) weaknesses identified in routine performance/assessment reports 3) initiated by political

			<p>leaders</p> <p>4) international evidence</p> <p>5) prioritization by donors</p> <p>Barriers:</p> <p>1) lack of public demand</p> <p>2) fragmented civil society organizations that did not engage in policy advocacy</p> <p>3) mental illness is poorly understood, stigmatized and invisible</p> <p>4) lack of tangible outcomes from interventions</p> <p>5) lack of data</p>
Pelletier et al. (2011); The nutrition policy process: the role of strategic capacity in advancing national nutrition agendas	Grounded theory and conceptual framework based on policy sciences	16 Countries (Nutrition); Qualitative methods: interviews, participant observation, workshop, timeline	Facilitating factors: 1) societal conditions 2) catalytic events 3) points of contention 4) structural factors 5) strategies and tactics
Pelletier et al. (2012); Nutrition agenda setting, policy formulation and implementation: lessons from the mainstreaming nutrition initiative	Several frameworks were used: Shiffman; Shiffman & Smith; policy sciences framework	Bangladesh, Bolivia, Guatemala, Peru, Vietnam (Nutrition); Qualitative methods: interviews, participant observations	Facilitating factors: - crucial in all countries 1) credible indicators - important in four countries: 2) promotion of external norm 3) promotion of salient external frame 4) advocacy cohesion within the core policy community 5) ability to overcome/reframe competing policy priorities
Reich, M.R. (1995); The politics of health sector reform in developing countries: three cases of pharmaceutical policy	Three political economic models	Sri Lanka, Bangladesh, Philippines (Pharmaceutical policy); Qualitative case study	Facilitating factors: 1) political timing (i.e. early periods of new regimes) giving policy entrepreneurs opportunities 2) role of physicians as an organized interest group 3) political conditions for policy reform can be shaped by skilled leaders
Shiffman, J. (2007);	Political science literature	Guatemala, Honduras, India, Indonesia, Nigeria	Facilitating factors: 1) transnational

<p>Generating political priority for maternal mortality reduction in 5 developing countries</p>		<p>(Maternal health); Qualitative case study</p>	<p>influence: Norm promotion and resource provision 2) domestic advocacy: policy community cohesion, political entrepreneurship, credible indicators, focusing events, clear policy alternatives 3) national political environment: political transitions, competing health priorities</p>
<p>Smith, et al. (2014); Generating political priority for newborn survival in three low income countries</p>	<p>Shiffman</p>	<p>Bolivia, Malawi, Nepal (Newborn survival); Qualitative case study</p>	<p>Facilitating factors: 1) transnational influence: millennium development goals, saving newborn lives initiative 2) domestic advocacy: credible indicators, clear for policy alternatives, political entrepreneurs were present, policy communities coalesced, focusing events 3) national political environment: political transition, growing priority for maternal survival; strong networks that includes domestic and international partners</p>

Table 1. 4 Cross-Policy Comparative Studies on Political Priority Development of Public Health Issues

Authors (Year); Title	Framework/ Theory Used	Country (Public Health Topic); Methods Used	Factors
Caceres et al. (2008); Policies around sexual and reproductive health and rights in Peru: conflict, biases and salience	Social science and public policy perspective ¹	Peru <ul style="list-style-type: none"> • Reproductive rights, • HIV/AIDS, • Sexual diversity Qualitative case study	Facilitating factors: <ol style="list-style-type: none"> 1) strong international movement 2) transformation of HIV/AIDS from a moral problem into a health and human rights issue Barriers: <ol style="list-style-type: none"> 1) efforts of transnational conservatives to counter the progress achieved 2) aggressive stance of the church
Reichenbach, L. (2002); The politics of priority setting for reproductive health: breast and cervical cancer in Ghana	Framework of priority setting	Ghana <ul style="list-style-type: none"> • Breast cancer • Cervical cancer Qualitative case study	Facilitating factors: <ol style="list-style-type: none"> 1) social construction of breast and cervical cancer (scientific and economic evidence matter but interpretation may affect the type and amount of influence) 2) clear epidemiological data on breast cancer in the developed world: sharing of materials 3) political connection and access to government officials Barriers: <ol style="list-style-type: none"> 1) lack of data

¹ Mentioned in Walt & Gilson (2014) not found in original article

Table 1. 5 Political Priority Development Studies by Public Health Topics

Public health topic	N
Health Financing	1
Reproductive health/Maternal health	9
Nutrition	3
HIV/AIDS	3
Mental health	1
National health insurance	2
Newborn survival	2
Obesity	1
Pharmaceutical policy	1
Vaccines	1
TOTAL	24

Table 1. 6 Political Priority Development Studies by WHO Regions

Region	N
Africa	7
Americas	4
South-East Asia	3
Europe	0
Eastern Mediterranean	0
Western Pacific	1
TOTAL	15

Table 1. 7 Factors Contributing to Political Priority Development

Factors	N
Indicators	11
Government transition/Changes in Leadership	9
Crisis/Focusing Event	9
Policy Entrepreneur	7
Global norm/MDGs/Intl Agreement	7
Cohesiveness	5
Framing	4
Donor	4
Connection between Domestic and Intl Networks	3
Feasibility solutions	3
Policy Window	3
International Support/Advocacy	3
Competing priorities	3
Role of medical association	2
Clear policy alternatives	2
Transnational Advocacy	2
International relations	2

Table 1. 8 Political Priority Development Studies by Methods Used

Methods	N
Qualitative Case Study	17
Other Qualitative Methods	5
Quantitative Study	1
Secondary Data	1
TOTAL	24

Table 1.9 Turkey Basic Facts

ECONOMY	
GDP per Capita	US\$ 15,300 (2013 est.)
GDP Growth Rate	3.8% (2013 est.)
DEMOGRAPHICS	
Population	81,619,392 (2014 est.)
Population Growth Rate	1.12% (2014 est.)
Languages	Turkish (official)
Ethnic Groups	Turkish 70%-75%, Kurdish, 18%, other minority, 7%-12% (2008 est.)
Birth Rate	16.86 births/1,000 population (2014 est.)
Death Rate	6.12 deaths/1,000 population (2014 est.)
Urban Population	71.6% of total population (2011)
Median Age	29.6 years
Sex Ratio	1.02 males/female (2012 est.)
HEALTH & EDUCATION	
Total Adult Literacy	94.1% (2008-2012)
Life Expectancy at Birth	74.9 years (2012)
Total Fertility Rate	2.1 (2012)
Infant Mortality Rate	12/1,000 live births (2012)
Under-5 Mortality Rate	14 /1,000 live births (2012)
ROADS & MOTOR VEHICLES	
Road Length (Inter-City)	64,000 km (2002)
Registered Road Motor Vehicles	17,939,447 (2013)

Source: CIA, 2015; Pampal, 2002, TurkStat, 2013b, & UNICEF, 2015

Table 1. 10 Turkey's Cause of Death Statistics, 2014

	Number	%
Diseases of the circulatory system	151,696	40.4
Neoplasms	77,587	20.7
Disease of the respiratory system	40,258	10.7
Endocrine, nutritional and metabolic diseases	19,288	5.1
External causes of injury and poisoning	16,018	4.3
Disease of the nervous system and the sense organs	16,517	4.4
Other	53,927	14.4

Source: TurkStat, 2014

2. “Quitting Like A Turk:” How Political Priority Developed for Tobacco Control in Turkey

Abstract

Background: In recent years, tobacco control emerged as a political priority in Turkey and today the country is widely regarded as one of the global leaders in tackling tobacco use. Although political priority is considered a facilitating factor to the success of addressing public health issues, there is a paucity of research in this area to help us understand how it is developed in middle-income countries.

Objective: The primary objective of this study was to understand the process and determinants of how tobacco control became a political priority in Turkey using a framework adapted from John Kingdon’s *Multiple Streams Theory*.

Method: This study used a mixed-methods case study approach whereby data were gathered from three different sources: in-depth interviews (N=19), document review (N=216), and online self-administered surveys (N=61). Qualitative data were collected for the purpose of understanding the processes and determinants that led to the emergence of political priority for tobacco control and were analyzed using deductive and inductive coding as well as memo writing. Quantitative data were collected to examine the attributes and relationships of the actors working on tobacco control in Turkey and were analyzed using descriptive statistics, and Wilcoxon-Mann-Whitney test and Kruskal-Wallis test followed by Dunn test for pairwise comparison. Network

nominations were also calculated to identify opinion leaders and the most powerful positions within the tobacco control community. All results were triangulated and subsequently compared to the adapted framework.

Results: Findings revealed that tobacco control achieved political priority in Turkey as a result of four interacting streams – problem, political, global, and policy streams – that developed at different points in time but ultimately converged between 2007 and 2008 while a policy window was opened by major events within the political and global streams: a devout tobacco control advocate became the Prime Minister and the Framework Convention on Tobacco Control was ratified by Turkey. A well-integrated community of actors including personally interested political leaders, policy entrepreneurs, actors with access to the political elite, a formidable civil society, and international allies worked from within and outside of the government to ensure that tobacco control received political priority at the highest level. Finally, momentum for this public health problem was sustained beyond 2008 as a result of sustained political support, public support, credible indicators highlighting the impact of the smoke-free legislation, and positive feedback from the global community.

Conclusion: Results from the study may be used to assist those striving to promote other public health issues in Turkey or other middle-income democratic countries with a unitary system of government.

Keywords: tobacco control, political priority, agenda-setting, health policy, Turkey

Introduction

Tobacco use is a grave public health concern, causing almost 6 million deaths per year worldwide (WHO, 2013). Currently, there are around 1 billion smokers around the world (WHO, 2014). Although tobacco use is slowly declining in high-income countries, consumption is increasing in low-and-middle income countries (LMICs). In fact, it is projected that by 2020, 70% of the 8.4 million tobacco related deaths will occur in LMICs (WHO, 2012).

The Republic of Turkey is a middle-income country located in the World Health Organization (WHO) European region. It is also the seventh largest tobacco producing country, contributing to 1.7% of the world's production. Although the country's tobacco production has decreased in recent years, tobacco imports on the other hand, have increased (Bilir, et al., 2009). Multinational companies such as Phillip Morris International, British American Tobacco, Japan Tobacco, and Imperial Tobacco, for example, now hold 92% of the country's cigarette market share (Campaign for Tobacco Free Kids, 2011). Accordingly, Turkey continues to be one of the top 10 countries with the highest tobacco consumption – 2% of the world's tobacco and 14% of the WHO European region's tobacco (MoH, 2010). The severity of this issue has been highlighted in recent statistics which showed that more than 100,000 Turks die each year as a result of tobacco use; this figure is expected to increase to 240,000 by 2030 if proper measures are not implemented (MoH & Refik Saydam Hygiene Center, 2004; Bilir, et al., 2009). Table 2.1 shows that more than 50,000 deaths and 931,909 DALYs are attributable to tobacco smoking. Bilir, et al. (2009) argued that when other tobacco-related health

problems are included the estimated number of tobacco related mortality increases to over 100,000.

Fortunately in recent years, tobacco control emerged as a political priority in Turkey and, today, the country is widely lauded for being one of the global leaders in tackling tobacco use. In 2008, Turkey became the third country in Europe to introduce a comprehensive smoke-free ban and in 2013 Turkey succeeded in being the only country in the world to have implemented all WHO MPOWER (Monitor, Protect, Offer help, Warn, Enforce and Raise taxes) measures (Bilir & Özcebe, 2012; WHO, 2013).

Political priority is considered a facilitating factor to the success of addressing public health issues (Catford, 2006; Shiffman, 2007). It pertains to the agenda setting phase of the policy process (Shiffman & Ved, 2007) and has been operationalized by Shiffman (2007) and Fox et al. (2011) as:

“(1) *Expressed commitment* or verbal declarations of support for an issue by high level, influential political leaders; (2) *Institutional commitment* or specific policies and organizational infrastructure in support of an issue; and (3) *Budgetary commitment* or earmarked allocations of resources towards a specific issue relative to a particular benchmark (Fox et al., 2013, p.6).”

Despite the importance of political priority, however, there is a paucity of research in this area to help us understand how political priority is developed in middle-income countries

(MICs) (Reich, 1995; Shiffman et al., 2004; Munira & Fritzen, 2007; Shiffman & Ved, 2007; Agyepong & Adjei, 2008; Tantivess et al., 2008; Daniels et al., 2008; Knutsen, 2012; Pillay & Worrall, 2013; Kusi-Ampofo & Church, 2015). The majority of the existing studies have also been qualitative, covering a diverse set of public health issues. Few have investigated this topic using quantitative or mixed-methods approaches (Bor, 2007).

In light of these gaps, the primary aim of this study was to understand the process and determinants of how tobacco control became a political priority in Turkey using a mixed-methods case study design.

Conceptual framework

John Kingdon's *Multiple Streams Theory* provides a useful framework for examining how tobacco control became a political priority in Turkey (Figure 2.1). This theory addresses the question "how does an idea's time come (Kingdon, 2011, p.1)?" in the United States and is one of the most influential agenda-setting theories. Although some researchers have used this theory to examine the process of political priority development for public health issues in MICs (Shiffman & Ved, 2007; Daniels et al., 2008; Balarajan, 2014; Kusi-Ampofo & Church, 2015), its applicability to this context needs to be further explored. In 2007, Shiffman & Smith also developed a framework to understand this topic at the global level. Their framework, however, was criticized for its lack of theoretical grounding (Shiffman, 2009).

Kingdon (2011) argued that within the US domestic policymaking process an issue moves onto the policy agenda as a result of the development and convergence of three largely separate process streams – problem, policy, and political.

The *problem stream* pertains to the process of convincing decision makers to pay attention to one problem over another and can be facilitated by the presence of indicators, focusing events, and/or feedbacks from existing programs. The *policy stream* represents the process by which a policy solution emerges and is considered meaningfully by decision makers. Kingdon (2011) explained that this stream can be influenced by the presence of an acceptable and feasible solution that is “ready to go, already softened up, already worked out” (Kingdon, 2011, p. 142). The level of integration of the policy community can also be critical to the development of the *policy stream*. The third and final stream, the *political stream*, includes favorable macro-level political conditions such as national mood and events within the government that can have powerful effects on the agenda-setting process (Kingdon, 2011).

These three streams need to come together when a *policy window* opens for the issue. This window, which represents “an opportunity for a launch (Kingdon, 2011, p.166),” can be opened by a pressing problem or major events within the political stream. Once this window is opened, *policy entrepreneurs* defined as individuals willing “to invest their resources – time, energy, reputation, and sometimes money – in hope of a future return (Kingdon, 2011, p.122).” will need to seize the opportunity to join the streams. (Kingdon, 2011).

Kingdon (2011) also identified several other *actors* who can influence the development of the three streams. They include actors within the government such as the President, Presidential staff, political appointees and members of Congress as well as actors outside of the government such as interest groups, academics, researchers, consultants, and the media.

To better fit the Turkey context, Kingdon's framework was modified in several ways prior to the start of the study. First, international actors were included as findings from existing studies have suggested that international actors can exert influence on the policymaking process in LMICs through norm promotion (Shiffman 2007, Funes et al., 2008; Pelletier et al., 2012), resource provision (Shiffman, 2007; Smith & Neupane, 2011), international pressure (Lush et al., 2000), and collaboration with domestic policy networks (Tantivess et al., 2008; Pelletier, et al., 2012). Second, the policy and problem streams are illustrated as overlapping streams as a result of the controversies surrounding the argument that these three streams are indeed independent (Zahariadis, 2007). Third, *external framing*, or the way in which the problem is portrayed to the public and decision makers (Shiffman & Smith, 2007), was included as a potential facilitator to the development of the problem stream. Finally, borrowing from collaboration literature, the study further defined policy community integration within the *policy stream* as shared beliefs, and high levels of communications, trust, and respect amongst the members (Foster-Fishman, et al., 2001; Mattessich, Murray-Close & Monsey, 2001) (Figure 2.1).

Methods

This study utilized a mixed methods case study design to understand the process and determinants of how tobacco control became a political priority in Turkey. Case study research and analysis are ideal for questions of “how,” and “why.” It is also particularly suitable for investigating complex and contemporary social phenomena, such as tobacco control in Turkey, that cannot be easily divorced from their context or where researchers have little to no control over the context. Accordingly, case studies tend to be in-depth, highly contextual and utilize evidence from multiple sources (George & Bennett, 2005; Hamel, et al., 1993; Yin, 2008). In this study, data was gathered from three types of sources: key informant in-depth interviews, document review, and online surveys. All data were collected between May 2013 and March 2014.

Qualitative Research Methods

Qualitative data were collected from key informant in-depth interviews and documents to explore the process and determinants affecting each stream as well as the policy window, and the actors that have been working on the issue (Table 2.2).

Data Collection

Using purposive and snowball sampling techniques (Schutt, 2009), key informants were sampled based on the following criteria: had played a significant role in tobacco control gaining political priority in Turkey and/or possessed extensive knowledge of tobacco control in Turkey. These identified individuals were contacted through email or phone. In a few instances, these individuals were contacted with help from the WHO Country

Office in Turkey and Ministry of Health. Except for two individual who did not responded to the study invitation and another individual whom the first author was not able to contact as a result of his high position in government, all identified informants agreed to participate. A total of 19 interviews were conducted with 18 key informants. Data saturation was reached after the completion of the 17th interview.

Interviews were semi-structured and conducted with the use of an interview field guide. This field guide was developed prior to the interviews and refined throughout the data collection process. As illustrated in Appendices 2.1a and 2.1b, this guide comprised 13 questions which relate to the domains of the conceptual framework. For example, informants were asked “ has anything helped draw the attention of policy makers to tobacco control?” The order in which the themes of the field guide were covered were open and dependent on the interview process.

All interview commenced with a general introduction to the topic of interest followed by a thorough review of the verbal consent form. The majority of the informants were interviewed in English (N=15). For individuals who could not speak English or preferred to be interviewed in Turkish (N=3), two translators were used. These translators were graduate students from the Middle East Technical University (METU) who were bilingual in English and Turkish. For two of the Turkish interviews, informant provided their own translators. The interview only proceeded if the respondent consented to this study. Once consent was obtained the participant was asked if he or she was comfortable with the interview being recorded. If the participant agreed, an audio recorder was used

(N=12). If permission was denied, detailed notes were taken during the interview. One of the two translators was also tasked with taking Turkish notes for those interviews that were conducted in Turkish. These notes were then compared to the English notes immediately after the interviews.

Upon the completion of each interview, reflexive field notes were written (Charmaz, 2006). For interviews that involved translators, debriefing sessions were also held immediately after the interview (Liamputtong, 2010). During these brief debriefing sessions, topics such as perceptions of the process, strengths, and weaknesses of the interview, problems or challenges that arose, and ways in which these problems or challenges could be addressed were discussed. All interviews lasted between 30 minutes to 90 minutes.

Documents were purposively sampled based on their relevance to the issue of political priority development for tobacco control in Turkey (Schutt, 2009). Specifically, documents were reviewed for information related to the timeline of events, content of the national tobacco control laws, process and determinants affecting each stream, and actors who have been working on the issue (Table 2.2).

Documents from organizations involved in tobacco control (i.e. government reports, presentations, project documents, meeting minutes) were acquired from key informants and web searches through Google Search Engine. Content of the national tobacco control laws were obtained from the website

(www.tobaccocontrol.org/legislation/country/turkey) which contained all of Turkey's tobacco control laws in English. Newspaper articles were acquired from the websites of the two leading newspapers in Turkey (Hürriyet Daily News and Today's Zaman). The keywords 1) "tobacco control" and 2) "smoking ban" were used to locate the relevant newspaper articles (Table 2.4).

For published literature, a literature review was conducted using PubMed, Scopus, and two Turkish databases (Türk Tıp Veri Tabanı and Sosyal Bilimler Veri Tabanı). The following keywords were used to search the first two databases: 1) "tobacco control" and "Turkey" and "agenda setting," 2) "tobacco control" and "Turkey" and "priority," and 3) "tobacco control" and "Turkey". Similarly, the following keywords were used to search the Turkish Databases: 1) "Tütün Kontrolü" ("Tobacco Control" in Turkish), and "Sigara Yasağı" ("smoking ban" in Turkish). Published literature were also acquired from web searches through Google Search Engine (Table 2.4).

Both English and Turkish documents were obtained. For relevant documents that were in Turkish, a research assistant who was bilingual in English and Turkish helped with verbatim translation. A total of 216 documents were reviewed. This sample size was determined based on data saturation.

Data Analysis

Audio recorded in-depth interviews and notes were converted to textual form through transcription by the first author and research assistants. Prior to the start of the coding

process, all tape-recorded interviews, transcripts, and notes were listened to or reviewed at least once (Creswell, 2009). Subsequently, transcripts were coded deductively with the use of the conceptual framework (see Appendix 2.2a) and inductively to allow for themes to emerge. The inductive coding process involved several steps: initial line-by-line coding by hand on a limited portion of data followed by focused coding by hand on a larger portion of data (Charmaz, 2006). The codes that emerged were compared and contrasted to the conceptual framework and memos were written throughout the process (Charmaz, 2006). Finally, a new set of codes was developed (see Appendix 2.2b) and all transcripts were reviewed and re-coded with the qualitative assisted tool HyperRESEARCH 3.5.2. computer software (ResearchWare Inc., 2013).

Quotes extracted from the transcripts are presented in this paper verbatim (Table 2.3 shows the list of informant ids and corresponding organizational affiliation). In circumstances where the key informant was not a native speaker, minor grammatical corrections were made. The first author ensured that these minor corrections did not change the sentence structure, word selection, or connotation of the quotes.

For the documents, an excel spreadsheet was created for data extraction. Data related to the timeline of events, the domains of the conceptual framework, new themes that had emerged from the in-depth interviews, and relevant quotes from actors were extracted. The first author, subsequently, summarized these extracted data into the following categories: “problem stream,” “political stream,” “global stream,” “policy stream,”

“policy window/joining of the streams,” “sustaining the moment,” and “process” (Appendix 2.3).

Quantitative Research Methods

Quantitative data were collected from online surveys to examine the characteristics and relationships of the tobacco control community in Turkey and to identify the key opinion leaders and the positions with the most power to influence tobacco control policies in Turkey (Table 2.2).

Data Collection

The self-administered online survey was built from the conceptual framework as well as findings from the key informant in-depth interviews. The survey is comprised of 12 questions: five related to the attributes of the participants, another five to respondents’ ratings of the relationships within the tobacco control community, one to opinion leaders, and one to most powerful individuals within the tobacco control community. Copies of the English and Turkish surveys are included in Appendices 2.4a & 2.4b.

The survey was developed in English and pre-tested with 5 faculty, staff, and students at the Johns Hopkins Bloomberg School of Public Health who have had experience working on similar projects. It was then translated to Turkish, then pilot tested with 4 local partners such that two versions were developed (English and Turkish). In order to ensure semantic, conceptual and normative equivalence between the translated and original instruments, steps described in Brislin’s 1970 article, "back translation for cross-cultural research," and centering were followed. The process of back translations required at least

two bilinguals. The first translated the survey from English to Turkish and the second blindly translated the survey from Turkish back to English. If variations existed between the two versions, de-centering was used. This process involved discussing the survey with the two translators and addressing the errors. This study also used Werner and Campbell (1970) recommendations to facilitate the translation process: 1) simple sentences, 2) repetition of nouns rather than use of pronouns, 3) avoiding metaphor and colloquialism, 4) avoiding English passive tense, and 5) avoiding hypothetical phrasing or subjunctive mood.

The online survey was designed and implemented using Qualtrics (Qualtrics, Provo, UT). Qualtrics was chosen as it is free for the Johns Hopkins community and user-friendly.

Study participants included individuals who have played a role in tobacco control in Turkey in 2013. As a census based sampling frame does not exist for tobacco control in Turkey, a database was created with help from local partners, key informants, document review and web searches for membership lists from professional associations, relevant organizations, meetings and conferences. After de-duplication, a total of 379 individuals were identified of which only 249 (65.7%) had publically accessible e-mail addresses. Using the census sampling approach (Forthofer, Lee & Hernandez, 2007), all 249 were invited and a total of 61 individuals participated

An email including a cover letter, a link to the online anonymous survey, and consent form was sent to each potential participant. In this email, participants were informed that

by clicking the link, they were consenting to this study. Moreover, all participants were made aware that while there will be no direct payment for completing the survey they will be entered into a raffle lottery and the winner will receive an Apple iPod as a token of appreciation. Once the participants clicked on the link, a webpage opened with a brief introduction to the study and all 12 questions. They were given around six weeks to complete the survey and two reminder emails were sent before the deadline. The first author refrained from sending more than two reminders as studies have shown that numerous reminders tend to yield a lower response rate (Cook et al., 2000; McPeake et al., 2014). No changes were allowed after the surveys had been submitted.

Data Analysis

Analyses of the data were undertaken in several steps. First, to examine the attributes of the participants and ratings of relationships within the tobacco control community, descriptive statistics including means, medians and/or proportions (Forthofer, Lee & Hernandez, 2007) were calculated. Second, as the dependent variables were ordinal and the independent variables had two or more categories, the non-parametric Wilcoxon-Mann-Whitney test and Kruskal-Wallis test (Forthofer, Lee & Hernandez, 2007) followed by Dunn test for pairwise comparison (Dunn, 1964) were used to assess if the ratings of relationships within the tobacco control community differed by attributes of the participants. The attribute “age” was collapsed into three categories (“40 years and younger,” “41 to 50 years old,” and “51 years and older”), “education” was collapsed into two categories (“Master’s Degree and lower,” and “Doctoral Degree”) and organizational

affiliation was collapsed into two categories (“University/ Academia/Turkish Civil Society” and “Others”).

Third, to identify the “opinion leaders” within the tobacco control community, network nominations were calculated by dividing the number of nominations an individual received by the total number of respondents who have provided the nominations (Valente & Pumpuang, 2007; Valente, 2010). Likewise, to identify the “most powerful individuals,” network nominations were calculated by dividing the number of nominations an individual or position received by the total number of respondents who have provided the nominations (Valente, 2010).

All analysis was conducted using STATA statistical software (version 11) (StataCorp LP, College Station, TX) and Microsoft Excel (version 2011) (Microsoft, Redmond, WA).

Within-Case Analysis

After analyses of each approach were completed, triangulation was applied using a table to identify points of convergence between the three data sources (Table 2.5). This process involved summarizing and categorizing the data by the domains of the conceptual framework and the new themes that had emerged. Subsequently, the summarized data from the three sources were compared to each other to help enhance the credibility of the study (Shenton, 2004; Schutt, 2009). Finally, another table was constructed such that the results from the previous step could be compared and contrasted to the conceptual framework (Table 2.6).

Ethical Approval

This study was undertaken as a part of the Global Road Safety Program funded by Bloomberg Philanthropies which has received ethical approval from the Johns Hopkins Bloomberg School of Public Health Institutional Review Board in Baltimore, Maryland USA and the Applied Ethics Research Centre of Middle East Technical University in Ankara, Turkey. The qualitative component of this study was deemed Non-Human Subjects Research and the quantitative component received exempt status.

RESULTS

In this section, the characteristics of the data sources will first be described. Then, the history of tobacco control in Turkey prior to it gaining political priority will be presented. This will be followed by a description of the key actors involved in the Turkish anti-tobacco movement. Subsequently, the factors that led to the development of each stream, the new stream that emerged from this study, and eventually the convergence of all streams will be discussed in chronological order. Finally, the factors that contributed to the sustained momentum for tobacco control in Turkey will be highlighted.

Characteristics of the Data Sources

Of the 18 key informants who were interviewed, 4 (22.2%) were affiliated with Turkish governmental organizations, 6 (33.3%) worked for international organizations, and 8 (44.4%) belonged to Turkish civil societies and/or universities. Half of these 18 informants were female and 13 were between the ages of 41 and 60 (72.2%) (Table 2.7).

With respect to the documents, 169 newspaper articles (78.6%), 27 documents from organizations involved in tobacco control in Turkey (12.5%), 19 published literature (8.8%) and a website that included all of Turkey's national tobacco control laws (0.05%) were reviewed. The majority of these documents were acquired from web searches (N=189; 87.5%) (Table 2.4).

As for the online survey, the overall response rate was 26.8%. This was calculated by dividing the number of respondents (N=61) by the total number of individuals who received the online survey (N=228). It was assumed that when emails were bounced back (N=14) or failed (N=7) the individuals associated with that contact information did not receive the survey. Accordingly, they were subtracted from the denominator. This method of calculation has been used by other studies and adjusts for the proportion of respondents who did have access to the survey (Deutskens et al., 2004; Kho et al., 2010; Neuberger et al., 2014).

Approximately 63.3% (N=38) of the survey respondents were female, and 72.1% (N=44) were 41 years or older. The majority of the survey respondents held doctoral degrees (66.7%; N=40) and identified University/Academia as the type of organization they are primarily affiliated with (68.3%; N=41). With regards to the number of years respondents have been working on tobacco control in Turkey, the results were fairly evenly distributed: 36.1% (N=22) has worked on the issue for less than five years, 27.9% (N=17) between 5 to 9 years and 36.1% (N=22) for more than 10 years (Table 2.8).

History of Tobacco Control in Turkey 1980 - 2002

Turkey's tobacco control activities started in the mid-1980s when the government began liberalizing sectors of its economy including the state-owned tobacco monopoly, TEKEL, which had been the sole distributor of tobacco and tobacco products in the country. This allowed for foreign cigarette manufacturers to begin their operations in the country leading to an alarming spike in cigarette sales (Bilir et al., 2012; TAPDK, 2013). As a response to this crisis, the first anti-tobacco control legislation was introduced and accepted by the Grand National Assembly in 1991 but was subsequently vetoed by President Turgut Özal who argued that such restrictions violated free trade. When elections in 1993 brought forth a new government, a group of parliament members and the National Coalition on Tobacco and Health (SSUK) worked relentlessly again to pass the anti-tobacco legislation. Finally in 1996, the first anti-tobacco law otherwise known as No. 4207 Preventing Harms of Tobacco Products was enacted. Informants agreed that although the first law was a major achievement, political commitment was limited resulting in weak implementation.

"The 1996 tobacco control law was important, however, we were not able to obtain political commitment for the law at that time " -Government Official (i3)

It was not until a decade later that the law was amended to become the second law (No. 5727) and political priority for tobacco control was attained at the highest level. Table 2.9 highlights the major milestones in Turkey's tobacco control activities.

Key Actors

Although many actors and organizations have been involved in Turkey's tobacco control efforts, findings showed that the following individuals and organizations were key to tobacco control gaining political priority in Turkey: former Prime Minister and current President (hereafter “Prime Minister”) Recep Tayyip Erdoğan, Health Minister Recep Akdağ along with the Ministry of Health, the Head of Health Commission to Parliament Cedvet Erdöl, SSUK, Yeşilay, and international actors. Figure 2.2 summarizes the key characteristics of these actors and also illustrates the various types of relationships that existed between these individuals. The actors have also been arranged based on the amount of power they have in influencing tobacco control policies in Turkey as determined by the survey results (Table 2.10). The actor at the top of the figure, for example, has the most power whereas the actor at the bottom has the least power.

Governmental Actors

Prime Minister, Recep Tayyip Erdoğan

Recep Tayyip Erdoğan, former leader of the Justice and Development Party (AKP Party), assumed the position of Prime Minister in 2003 and remained in the position when the party won reelections in 2007 and 2011; in 2014 he was elected as the President of the country. In Turkey's parliamentary democracy where the position of the President is largely ceremonial, power is concentrated in the hands of the Prime Minister (Finkel, 2012). This is consistent with the online survey results where 67.3% of the respondents believed that the Prime Minister has the most power to influence tobacco control policies in Turkey (Table 2.10). Accordingly, it was fortunate for the country's tobacco control

efforts that Erdoğan is a non-smoker who personally cared about tobacco control. His strong aversion to cigarette smoking was well known and also extensively documented in the media (Figure 2.2). Several key informants described how Prime Minister Erdoğan would actively ask his subordinates to quit smoking. In 2009, for example, the *Hürriyet Daily Newspaper* reported that the Prime Minister personally called one of AKP Party's Municipal Mayors to ask him to quit smoking after learning that he smoked too much:

"You still smoke. It is said that you smoke a lot. Look, the smoking ban has started. I hope you will quit smoking" - *Hürriyet Daily Newspaper*, 2009, p.1

His active engagement and commitment to tobacco control was also highlighted by international actors who explained:

" [It's] very rare when you have a Prime Minister engaging as much as that" – International Actor (i14)

Ministry of Health and Health Minister, Dr. Recep Akdağ

The Ministry of Health (MoH) has been an active player in Turkey's tobacco control movement. In 1988, the organization carried out the first prevalence study on tobacco use in the country and in 2007 the Department of Controlling Tobacco, Tobacco Products and Substance Abuse was established within this ministry. Informants explained that staff at MoH shared data with NGOs and the public, drafted the national action plan, and collaborated with other organizations involved in tobacco control.

In 2002, Recep Akdağ, a pediatric physician, was appointed to the position health minister where he served until 2013. Recep Akdağ is a non-smoker himself and a firm believer in tobacco control. This was fortunate for the movement as the online survey showed that 44.9% of the respondents believed that the Health Minister has the most power to influence tobacco control policies in Turkey (see Table 2.10). Key informants also described Recep Akdağ as dedicated, popular, intelligent and capable of bringing different organizations together (Figure 2.2).

"He [Recep Akdağ] is research oriented so he can put pieces together well" –
Turkish Academic (i7)

Head of Health Commission, Dr. Cevdet Erdöl (Policy Entrepreneur)

Tobacco control also enjoyed the support of Cevdet Erdöl one of tobacco control's three policy entrepreneurs. He served as the Parliament's Health, Family, Labor and Social Affairs Commission Chairman from 2002 to 2011. Many considered Erdöl to be key in pushing the 100% smoke-free legislation through parliament.

"This guy [Erdöl] is our hero" – Government Official (i4)

Cevdet Erdöl, a physician by training, is a non-smoker who is personally interested in tobacco control. When he assumed the position of head of health commission, Erdöl took the initiative to meet with, Toker Ergüder, the former head of the tobacco control

department in the Ministry of Health. Erdöl informed his colleague that he wanted to work with him on the issue tobacco control and the two had, since then, developed a very close working relationship. Erdöl is also a close friend of the Prime Minister and, currently serves as Erdoğan personal physician (Figure 2.2). As a result of this close relationship, some informants also gave Erdöl credit for being key in influencing the Prime Minister.

Civil Society Actors

About 36.7% of the respondents believed that Turkish civil society have the most power to influence tobacco control policies in Turkey (Table 2.10)

The National Coalition on Tobacco or Health (SSUK)

SSUK was formally established in 1995 after President Turgut Özal vetoed the first anti-tobacco control legislation. Since its inception, this coalition has become a formidable force in the fight against tobacco use in Turkey. Today, the coalition is comprised of nearly 30 full member organizations and 11 consultant member organizations (SSUK, 2014).

SSUK has been described by key informants as a very strong, “rough and tumble advocacy organization (i17)” that is well connected to the media. Although SSUK collaborated well with governmental organizations, it was also “capable of holding the government’s feet to the fire (i17).” Its members are highly educated, many are physicians and/or academics, aware of international best practices for tobacco control,

and possess many connections to the global community (Figure 2.2). The high knowledge base of SSUK members could explain why three of its members received the highest percentage of nominations when survey respondents were asked who they go to for advice regarding tobacco control related issues. These opinion leaders - Dr. Elif Dağlı, Dr. Nazmi Bilir and Dr. Oğuz Kılınç – received 39.1%, 39.1%, and 32.6% of the nominations respectively (Table 2.11).

International actors have also described SSUK as the “secular face (i18)” of tobacco control in Turkey which became a vital characteristic when some of the Turkish public started to suspect that there was a hidden Islamic agenda to the new tobacco control law (Figure 2.2). These suspicions could have undermined the effort.

“She [President of SSUK] was the public voice we used a lot in going out and talking about it [100% smoke free legislation] ... to counter the argument that it was part of the government’s Islamic agenda” – International Actor (i18)

Dr. Elif Dağlı – Policy Entrepreneur

Members of SSUK are impressive particularly, as key informants pointed out, Elif Dağlı, a pediatric pulmonary physician, who served as the former president of SSUK. Elif Dağlı, was one of the first anti-tobacco advocates in Turkey and is considered one of the three policy entrepreneurs in the development of tobacco control as a priority in the country. Key informants described Elif Dağlı as a dedicated and tough anti-tobacco advocate who

has been working on the issue for very long time. She is well aware of the industry tactics, “has more voice (i8)” and an array of contacts worldwide.

"[She] has been the mother of tobacco control in many ways in Turkey" –

International Actor (i15)

The Green Crescent (“Yeşilay”)

Yeşilay was established in 1920 as a response to the free distribution of alcohol and drugs by the British occupation in Istanbul. In 1934, the organization was granted the status of “Public Beneficial Society” and today, Yeşilay’s goal is to protect the Turkish Society, particularly the youth, from addiction to tobacco, alcohol, drugs, gambling and technology. The organization has a far reach in Turkey with 40 branches and 90 representative agencies (Yeşilay, 2014).

According to key informants, Yeşilay was invited by international actors to join the tobacco control advocacy efforts when the Bloomberg Philanthropies’ project commenced in 2007. Yeşilay possesses several characteristics that made it influential in a very different way. While SSUK excelled as the “secular face (i18)” to tobacco control, informants repeatedly characterized Yeşilay as traditional, conservative, and to some extent “religion driven (i14; i15).” More importantly, the organization is very close in personal and political terms with the Prime Minister (Figure 2.2). This is highlighted by the fact that the Prime Minister's daughter, Esra Erdoğan Albayrak, currently serves as a board member to Yeşilay and the consultant hired by Yeşilay to work on the social

marketing campaign funded by Bloomberg Philanthropies is a close friend of the Prime Minister's daughter.

As a result of these characteristics, Yeşilay was able to gain access to high-level politicians and thereby bringing the tobacco problem, as well as international best practices and evidence, to their attention.

“Green Crescent, Yeşilay, has a lot of political power at least connections so we used that a number of times to you know that's one of the reasons why Minister of Health eventually came around because Green Crescent has the ear of the Prime Minister ..and so what they say carries weight ... so that made them a very valuable partner” – International Actor (i16)

Yeşilay's involvement in the tobacco control effort was not well received by SSUK, sparking tension within the existing network. International actors attributed this to the stark differences between the two organizations' political as well as religious affiliations:

“For a number of reasons [SSUK and Yeşilay] just didn't get a long very well. I mean they come from different political backgrounds. They come from different sectors of the of the society. They have different approaches to achieving goals so they would get along when the donors were in the room, they would get along at international meetings but then they just wouldn't coordinate their work at all together.” – International Actor (i17)

International Actors

International actors from various organizations including the Campaign for Tobacco Free Kids, International Union Against Tuberculosis and Lung Disease, World Lung Foundation and World Health Organization began their work in Turkey with the advent of the Bloomberg Initiative to Reduce Tobacco Use. This project, which will be discussed in greater detail under the “global stream” section, was funded by Bloomberg Philanthropies and commenced in Turkey in 2007. The Bloomberg funded international actors included experts from various fields such as advocacy, communications as well as law, and many had extensive experience working on tobacco control in other countries. These international actors collaborated with government and nongovernmental organizations in Turkey to ensure that tobacco control policies, particularly the 100% smoke-free legislation, was up to international standards, passed by the parliament and accepted by the public. They also provided local organizations with access to materials, tactics, and strategies around social marketing that the global tobacco control communities knew are most effective at reducing the prevalence of tobacco use (Figure 2.2). The importance of these international technical advisors was highlighted by a Turkish academic:

"They can look at from a higher position, they know other countries' laws and also they can compare. It is very difficult [for us] to investigate all the laws" – Turkish Academic (i8)

Dr. Toker Ergüder - Policy Entrepreneur

According to informants, one of the key "international" actors was Toker Ergüder. Although a Turkish citizen, this study classifies him as "international" due to his position at the WHO country office during this period. The challenges associated with whether this type of individual should be classified as domestic or international have been highlighted in literature (Shiffman, Stanton & Salazar, 2004).

Toker Ergüder completed his PhD dissertation on tobacco control under the guidance of Dr. R. Erol Sezer, one of the first anti-tobacco advocates in Turkey. He subsequently worked at the Ministry of Health before moving to the WHO country office as the National Tobacco Control Programme Officer when the Bloomberg initiative commenced. His previous position at the MoH meant well-established connections with government officials at the Ministry and with other key politician such as Cevdet Erdöl (Figure 2.2). International informants highlighted the importance of these connections and explained how this allowed for Toker Ergüder to serve as the bridge between international actors and domestic officials:

"We could push through Toker. We had numerous meetings with him, provided a lot of technical input and manage and... this is difficult when you have parliamentarian that are not really open to outside advice. So we had the connection so WHO was instrumental in this" – International Actor (i15)

In addition to his connections with key governmental officials, informants also characterized Toker Ergüder as someone who is dedicated “with a 24/7 working lifestyle (i15),” and knowledgeable of the policy process (Figure 2.2).

Streams

Problem Stream (1980s)

The first of the four streams to develop was the problem stream. As described below, this was first triggered by a crisis in the 1980s then sustained by the accumulation of credible indicators, global comparisons, and the way in which the problem was framed to the public (Figure 2.3; Table 2.5).

Crisis

Tobacco use first reached problem status in Turkey in the mid-1980s when the Turkish government abolished TEKEL’s state monopoly on cigarette production allowing foreign cigarettes manufacturers into the Turkish market. As a result of aggressive advertising from these multinational tobacco companies and the rise in tobacco retailers, Turkey witnessed an alarming spike in cigarette sales. In 2000, for example, 111.7 billion sticks of cigarettes were sold, compared to 52.2 billion sticks sold in 1975 (TAPDK, 2013). Key informants identified this dramatic increase as the crisis that awakened some of the tobacco control advocates. These early advocates were primarily academics and/or physicians who were familiar with the accumulating global evidence concerning the harm of tobacco use.

“Tobacco multinational companies by this way entered into Turkey and produced their own cigarettes then cigarettes use made a peak starting from 1980s mid 1980s until the year 2000 the tobacco use doubled it was 2.5 times of population increase at that time...it’s very bad ... so we some of the let’s say anti-tobacco people woke up...” - Turkish Academic (i9)

Credible Indicators

Since this initial crisis, tobacco use held on to its status as a problem of concern in Turkey. This was in large part due to the accumulation of credible indicators that highlighted the magnitude of the problem. These indicators were generated by various actors including governmental, non-governmental, and international organizations as well as universities. In 1988, for example, the Ministry of Health carried out the first countrywide prevalence study revealing that 44% of the population smoked (63% in males and 24% in females) (MoH, 1988) (Figure 2.4). Subsequent studies followed including ones conducted in collaboration with international organizations: the Global Adult Tobacco Survey (conducted in 2008 and 2010) and the Global Youth Tobacco Survey (2003 and 2008) (MoH, 2010; CDC Foundation, 2014; CDC, 2010).

Although data concerning tobacco-related mortality and morbidity are unavailable, researchers have estimated the burden of the problem by using available data concerning major diseases associated with tobacco use (i.e. coronary heart disease, lung cancer, chronic obstructive pulmonary disease) as well as data from the 2000 National Burden of Disease Study (Bilir et al., 2009; Bilir et al., 2012). In 2007, the Department of

Controlling Tobacco, Tobacco Products and Substance Abuse was also established within the Ministry of Health and charged with conducting studies concerning the control of tobacco and alcohol use.

"In Turkey we have many books and publications about tobacco and I can tell you for the first time in 1988, there was a survey in Turkey it was implemented by the government. And the smoking rates were 63% in men and approximately 24% in women so it's very high" – Turkish Civil Society Actor (i11)

SSUK's advocacy efforts also ensured that government officials and the public were aware of the indicators. The coalition, for example, has been organizing an array of courses, workshops, meetings, and national anti-tobacco congresses. They would often invite government officials to these meetings and, likewise, government officials would also invite SSUK members to theirs.

"We [SSUK] used network, quarreling, messaging, face-to-face talking, public interviews. We used every communication tools." – Turkish Civil Society Actor (i6)

Global Comparison

Global comparisons further accentuated the problem of tobacco use in Turkey. In 2008, the WHO report on the Global Tobacco Epidemic revealed that Turkey is one of the 10 countries that is responsible for two-thirds of the world's tobacco consumption (WHO,

2008). These data have been cited many times (N=16) in the Turkish news articles (Hürriyet Daily News, n.d.; Today's Zaman; n.d.). Additionally, the phrase "smoke like a Turk" is well-known by the Turkish public and used around Europe to describe someone who smokes too much (Butler, 2009).

"We are one of the countries that consume too much. [There is] the quote "smoke like a Turk."" – Government Official

External Framing

Additionally, tobacco control advocates also framed tobacco use as a grave public health concern. Phrases such as a "national health disaster," and "epidemic" were used to describe the severity of the problem (Hürriyet Daily News, 2006a, p.1; Hürriyet Daily News, 2006b, p.1). In 2006, the Health Minister, Recep Akdağ, for example, described the burden of tobacco use as an "infectious disease" that contributes to Turkey's two leading causes of death (Hürriyet Daily News, 2006c, p.1). Likewise Recep Akdur, a professor at the Ankara University Public Health Department, explained that "around 100,000-117,000 people lose their lives annually due to tobacco related diseases. It's almost equivalent to the population of a city! A war or a disaster cannot even create such a loss" (Hürriyet Daily News, 2008, p.1).

Political Stream (2002)

The development of the political stream came about in 2002 when the Justice and Development party otherwise known as the AKP party came into power with Recep

Tayyip Erdoğan as its leader. It was also triggered by a national mood that was conducive to the tobacco control efforts (Figure 2.3; Table 2.5).

The AKP Party

Founded in 2001, the AKP party stemmed from an Islamic movement that started in the 1960s and has drawn a large number of supporters from the conservative and religious sectors of the population. The AKP party characterizes itself as socially conservative but not Islamic although some suspect that the party possesses a hidden Islamic agenda (Finkel, 2012). Key informants highlighted several characteristics of the AKP party that were favorable to the country's tobacco control efforts including its high-level leaders' personal dislike for smoking, its long reign in Turkey, its religious inklings, and its foreign policies.

Informants agreed that garnering the interest of high-level politicians is particularly important in a country like Turkey where there is a strong state tradition and a respect for hierarchy. Fortunately, tobacco control enjoyed the support of key political leaders. Prime Minister Erdoğan, Minister of Health Akdağ, and Head of Health Commission Erdöl were all non-smokers and passionate about tobacco control.

“Yes it is our chance. It is our chance yes. Prime Minister and very dedicated Health Minister.” – Turkish Academic (i9)

As a result of this high-level support for tobacco control, informants and documents also highlighted the AKP party's long reign in Turkey as one of the key factors for success. Bilir et al. (2012), for example, stated that "sustained political support is crucial, and it has been of inestimable benefit that the government, including the Minister of Health, has remained unchanged for the last nine years (p.58)."

Many but not all key informants were convinced that the AKP party's high level interest in tobacco control is religiously motivated since smoking is considered by some to be forbidden or reprehensible in Islam. A study conducted by Sucakli et al., for example, showed that 43.6 % of religious officials in Kahramanmaras city of Turkey considered smoking to be "*haram*" (forbidden by Islam) while 56.2% thought smoking was "*makruh*" (something regarded as reprehensible, though not forbidden by God according to Islam) (Sucakli et al., 2011). Moreover, key informants and literature review also explained that the first anti-tobacco legislation (No. 4207 in 1996) was passed when a conservative coalition government (Refah Partisi, Anavatan Partisi, and Doğru Yol Partisi) was in power (Simpson, 1997). It is important to note that Prime Minister Erdoğan was formerly affiliated with Refah Partisi. As one key informant speculated:

"I think 50% Erdogan is acting for religious reasons and 50% is for public health reasons. So in tobacco control we should accept the role of religion. I accepted." – Turkish Civil Society Actor (i11)

The AKP's foreign policies also played a role in the development of political priority for tobacco control. During the party's first term in power (2002-2007), it focused on harmonizing with the EU – a process consistent with “westernization” one of the two basic principles that has guided the country's foreign policy since 1923 (Cornell, 2012; Adam, 2012). This benefitted the tobacco control efforts as proponents could argue that addressing tobacco use helps Turkey harmonize with the EU:

“That was an important part because that was in our [International Actors] negotiation with them [Turkish Delegation] and in our discussion on implementation grants and work with the Bloomberg initiative and we could pass anything that was EU labeled. For example we could say we could always use this argument this is EU standard.” – International Actor (i14)

Likewise, in 2007, the Head of Health Commission, Cedvet Erdöl, said to Today's Zaman that “We aim at complying with EU norms with the new law. It is important for Turkey to have higher health standards (Bulut, 2007, p.1).”

Since then, Turkey has slightly drifted from the West and turned its attention Eastward in hopes of playing a more prominent role in world politics. Its desire to gain international success and visibility could be summarized in Prime Minister Erdoğan's 2011 victory speech where he proclaimed that by 2023 Turkey will become one of the ten leading world powers (Cornell, 2012; Adam, 2012). This goal has also fortuitously benefited the

tobacco control efforts. One informant explained that the country was able to use "tobacco control as foreign-policy:"

So I think tobacco control has been something which is or health in general something which is... always adding votes instead of taking away their votes and, therefore, I think they [the Turkish government] have been nurturing this idea that this is something they can promote internationally, regionally, and globally" – International Actor (i15)

National Mood

The development of the political stream was also triggered by changes in the national mood. As informants described, the climate of the country slowly evolved into one that is supportive of anti-tobacco control measures. This shift started gradually after the enactment of the first anti-tobacco law in 1996. Documents also highlighted the fact that Turks are now more conscious about the damages that cigarettes can cause (Hürriyet Daily News, 2008).

"It was 12 years time 1996 to 2008 during that period an idea of smoke free or ban smoking in some of the public places was adopted was accepted as a norm in the community" – Turkish Academic (i9)

“Then when United Nations or WHO brought the framework convention on tobacco, Turkey was already... the climate was almost ready for doing that” – Turkish Civil Society Actor (i6)

Global Stream (2003)

Global prioritization of tobacco control emerged as key to the issue gaining political priority in Turkey. As one key informant explained using two hands one representing the rise of tobacco control as a priority in Turkey and the other representing the rise of tobacco control as a priority at the global level:

"It was a good time because it was rising in Turkey (he lifts one hand) but on the other side it also started to rise not the exactly the same days but in the same decade for the international community. It became a priority of WHO (he lifts the other hand)." – Turkish Civil Society Actor (i6)

Defined by this study as the presence of a favorable global environment for the public health issue of concern, this global stream fully developed in 2003 when the Framework Convention on Tobacco Control (FCTC) opened for signatures in June. It was also triggered by the global tobacco control network and the launching of the Bloomberg Initiative to Reduce Tobacco Use, as described below (Figure 2.3; Table 2.5).

Framework Convention on Tobacco Control (FCTC)

The global fight against tobacco use culminated into a monumental moment in 2003 when the world's first global health evidence-based treaty otherwise known as the FCTC opened for signatures that year. This historical accomplishment meant that signatories would be legally bound to address tobacco use. In order to help countries with their efforts in implementing interventions, the WHO presented the MPOWER measures which includes six evidence-based policies:

- Monitor tobacco use and prevention policies,
- Protect people from tobacco smoke,
- Offer help to quit tobacco use,
- Warned about the dangers of tobacco,
- Enforce bans on tobacco advertising, promotion, and sponsorship, and
- Raise taxes on tobacco (WHO, 2014).

The importance of the FCTC was highlighted in documents and by key informants alike. In 2011, for example, Elif Dağı said that international laws like the FCTC "have more power than all of the physicians joined together (Framework Convention Alliance, 2011, p.1)."

Turkey ratified the FCTC in 2004 as a result of the advocacy efforts of SSUK and the political maneuvers of Toker Ergüder (policy entrepreneur) who strategically requested a nongovernmental organization that was close to the ruling party to convince the Health

Minister to sign the FCTC. The importance of this treaty to Turkey has also been highlighted by informants.

“The FCTC was an opportunity for them [politicians] and for us [non-governmental organization] of course” – Turkish Civil Society Actor (i11)

Global Tobacco Control Network

The global network of actors involved in tobacco control was also significant. Prior to the formal establishment of the Framework Convention Alliance (FCA), SSUK worked together with international allies to fight tobacco use in the country. This was best illustrated by Simpson who described how Turkish advocates requested colleagues from around the world to send faxes to the President urging him to sign the first anti-tobacco legislation. In response to the countless number of faxes received, staff members of the President expressed their amazement by the sheer number of faxes from "countries they never heard of (Simpson, 1997, p.11).”

In 2003, FCA was formally established. With members from more than 350 NGOs, the FCA was instrumental in the negotiation of the FCTC and continues to be a powerful force in the battle against tobacco use (Ratte, 2013). Several key informants discussed the importance of this well-structured global network as well as other related global networks (i.e. Union for International Cancer Control) in helping Turkish NGOs build its capacity.

“We are members of the Turkish national group. We are member of the international networking groups. So we learn some facts and figures from all around the world. We kept using those figures continuously at the national meeting and international meeting when we have an event for any reason not only for advocacy or not only for campaign.” – Turkish Civil Society Actor (i6)

Similarly, Judith Mackay from the World Lung Foundation said to Today’s Zaman: “What we are seeing in Turkey is a direct impact of a worldwide campaign against tobacco that has been active for many years” (Today’s Zaman, 2008, p.1).

The Bloomberg Initiative to Reduce Tobacco Use

Global attention on tobacco control also drew big name funders such as the Bloomberg Philanthropies. Launched in 2007, the Bloomberg Initiative to Reduce Tobacco Use classified Turkey as a priority country due to its high prevalence of tobacco use. The fact that such a well-known funder was interested in Turkey’s tobacco control efforts drew more attention to the topic area:

“The fact that a big name like Bloomberg actually said it’s an important topic actually made very great, very quickly the sensitivity, the awareness of the project ... Let’s say that to me, from my analysis of the situation, yes we did meet with important people in Turkey because it was Bloomberg.” – International Actor (i14)

Through the grant's program, the Bloomberg initiative contributed more than US\$2 million to Turkey's tobacco control efforts (Bloomberg Philanthropies, n.d.). This funding was significant to government organizations and particularly nongovernmental organizations as they traditionally do not possess sufficient funds to operate at their full capacity. One civil society actor explained that the funding made such a big difference to the country's efforts that she cried tears of appreciation during a meeting with Bloomberg:

“Before Bloomberg, [civil society] had little money to do anything...so little money [we] had to spend out of pocket and so we had knowledge about how valuable it was.” – Turkish Civil Society Actor (i5)

In addition to the funding, the Bloomberg project also brought with it international technical advisors who worked closely and together with grant recipients to ensure that best practices were used and legislations were up to international standards.

Policy Stream (2006)

The last stream to fully develop in recent years was the policy stream. This occurred in 2006 as a result of an integrated community and an available solution that was acceptable by tobacco control advocates, as well as all political parties (Figure 2.3; Table 2.5).

Integrated Community

The tobacco control community in Turkey became more integrated as consensus surrounding the solutions for tobacco control in Turkey started to emerge after the FCTC was ratified.

"I think honestly the FCTC the treaty has been extremely structuring for the whole of the movement because after that we got rid of all the people who were defending you know school programs that lead to nowhere that kind of thing" – International Actor (i14)

This consensus building process officially began with the formation of the National Tobacco Control Committee in 2006. Under the leadership of the Ministry of Health, 130 individuals from various sectors participated in this committee to prepare the National Tobacco Control Programme and Action Plan. At around the same time, discussions surrounding the need to expand the existing smoking ban (No. 4207) also commenced amongst tobacco control supporters. Accordingly, in 2006, the Health Commission of the Parliament led by Cevdet Erdöl passed a bill that sought to ban smoking in public buildings, restaurants, cafés, malls, and other places. This bill was re-proposed and passed again within the commission when the AKP party won re-election in 2007 and Erdöl reassumed the position of Head of Health Commission for a second term.

During that same year, the Bloomberg Initiative to Reduce Tobacco Use was launched in Turkey. International actors who arrived as a part of the project were also in consensus about the expansion of the smoking ban. Funding, for example, was provided to reach that goal and international legal technical advisors reviewed the draft law and assisted in bringing it up to international standards such that it became a 100% smoke-free legislation. This high level of integration among those working on tobacco control in Turkey was best described by one of the key informants:

"We got together, NGOs, academicians... All organizations were synchronized in Turkey" – Turkish Academic (i7)

These results are consistent with survey findings (Table 2.12). According to the opinions of respondents, a fairly high percentage of individuals from international and Turkish organizations who are working on the issue of tobacco control in Turkey agree on the same solutions for tobacco control, believe in tobacco control solutions that are based on scientific evidence rather than their own personal ideas, and can be relied on to do what they say they will do (70%, 70% and 60% respectively). Likewise the respondents believe that an average percentage of these tobacco control actors frequently communicate with each other regarding tobacco control related issues and bring unique perspective to tobacco control (40% and 50% respectively). There were statistically significant differences between the different age groups regarding communication frequency ($p=0.03$). As compared to respondents who were above the age of 51, respondents who were between the ages of 41 and 50 rated the communication frequently

to be lower - 55% and 40% respectively ($p= 0.00$) (Table 2.13). There were also statistically significant differences between respondents affiliated with University/Academia/Turkish Civil Society and those who worked for other types of organizations concerning their perceptions about the percentages of individuals from international and Turkish organizations who bring unique perspective to tobacco control in Turkey ($p=0.00$) as well as the percentages of those who can be relied on to do what they say they will do ($p=0.01$). Respondents affiliated with University/Academia/Turkish Civil Society gave lower ratings for both items (40% for unique perspective and 60% for can be relied on to do what they say they will do) as compared to respondents who worked for other types of organizations (75% for unique perspective and 80% for can be relied on to do what they say they will do) (Table 2.13).

An Available Solution – the 100% Smoke-Free Legislation

Tobacco control advocates in Turkey found the 100% smoke-free legislation to be acceptable as it is based on scientific evidence and consistent with the FCTC. In order to also build acceptance for this solution amongst decision makers, advocates engaged in the process of "softening up." Cevdet Erdöl and Toker Ergüder, for example, visited different parliamentary groups to garner support from all political parties. The two tried to convince these parliament members to support the smoking ban by explaining to them that this piece of legislation is a "WHO recommendation (i1, i13)." With funding from the Bloomberg Initiative, a study tour was also organized by WHO to bring four parliamentarians from different parties to Ireland for the purpose of allowing them to

experience first hand how the 100% smoke free legislation works. The tour proved to be fruitful as all 4 participants were eager to vouch for the legislation upon their return.

“In government people fight with each other but all parties came together to support this campaign. There is no example of this in other countries”-

Government Official (i2)

It is important to note that although the majority of the government officials supported the ban, few opposed it. AKP Party’s Gümüşhane Deputy, Mahmut Durdu, for example said “What our friends are trying to do is to execute all smokers” (Hürriyet Daily News, 2006a, p.1). Durdu also argued that smoking could be used as a means to reduce stress, which he believed was the main cause of many diseases in Turkey. Likewise, the Republican People’s Party (CHP), Mehmet Nuri Saygun, objected stating that “you see us smokers as second-class citizens, but we deserve more respect (Hürriyet Daily News, 2006b, p.1).

The impending smoking ban also alarmed the hospitality sector; many believed that if the legislation were to pass it would negatively affect their businesses. İsa Güven, head of the Ankara Chamber of Coffeehouses, explained that the “coffeehouse owners are in panic (Hürriyet Daily News, 2007, p.1),” and the ban would terminate Turkey’s traditional coffeehouse culture. He also threatened to appeal to the Constitutional Court if the ban were to pass (Hürriyet Daily News, 2007).

Policy Window and the Joining of the Streams

The policy window represents a critical moment of opportunity for advocates to couple the different streams (Kingdon, 2011). Informants identified two events, one in the political stream and one in the global stream, that opened the window: 1) after the AKP party came into power with Recep Tayyip Erdoğan as the leader in 2002 and 2) after the ratification of the FCTC in 2004. Two informants believed that this window closed in 2008. A Turkish academic said when asked if there ever was a policy window:

“Yes, yes. I think it was after this party came into power in 2002. And FCTC was in the agenda. So this and developments in Turkey came together. Starting in 2004 and continuing until 2008.” – Turkish Civil Society Actor (i11)

Similarly, a government official said:

“Two chances for this topic. One FCTC and two prime minister thoroughly support the idea. Given those it was easy for us.” – Government Official (i1)

During the period when the policy window was opened (between 2004 and 2008), all streams were already developed. The problem of tobacco use was fully recognized, the political atmosphere was ready for change, the global environment was conducive and the 100% smoke-free legislation had been drafted and agreed upon by tobacco control advocates and many key government officials. It was the prime opportunity “for a launch (Kingdon, 2011, p.166).”

Three policy entrepreneurs, Cevdet Erdöl (government), Elif Dağlı (civil society) and Toker Ergüder (international), were particularly influential in the coupling of the streams. Elif Dağlı led SSUK from the outside placing pressure on the government to adopt the 100% smoke-free legislation. Her group used their media connections and worldwide evidence to rally support for the smoking ban. While these events were taking place outside the government, Cevdet Erdöl and Toker Ergüder worked from the inside. When the national action plan was finally completed, Toker Ergüder asked Cevdet Erdöl if he would kindly request the Prime Minister to publicly launch this plan. Being a personal friend of the Prime Minister, Cevdet Erdöl was able to convince Erdoğan to attend. During the launch in December 2007, Prime Minister Erdoğan made his first strong statement against tobacco use:

"Struggling against the use of tobacco products has become as important as our counterterrorism struggle, which is ever on our agenda, because tobacco products are literally murdering our future generations." – Today's Zaman, 2007, p.1

After the launch, Cevdet Erdöl and Toker Ergüder briefed the Prime Minister about the 100% smoke-free legislation that was, at the time, 600th in queue to be considered in parliament. In a fortunate turn of events, with the decision of the Prime Minister, this legislation moved from 600th to 3rd in line and was swiftly enacted on January 3, 2008. This made Turkey the third country in Europe, after Ireland and the United Kingdom, to

have enacted such a comprehensive ban (Figure 2.3; Table 2.5). As one key informant aptly summarized:

“Every piece of the puzzle was in the right place at the right time and we all worked very hard.” – Turkish Academic (i7)

Given the historic, economic, and cultural importance of tobacco to Turkey, the enactment of the 100% smoke free legislation was highly significant but inevitably drew opposition. Owners of restaurants, coffee shops, teahouses, and tobacco industry front groups staged protests calling for the postponement of the ban and/or the watering down of the ban such that it would allow for smoking sections. The president of the Turkey’s Coffeehouses and Cafes Federation, for example, argued that Turkey should adopt Spain’s model where smoking sections are allowed (Hürriyet Daily News, 2009b).

In 2010, the opposition appealed to the Council of State arguing that the ban had noticeably harmed their businesses. The Council of State, subsequently, decided that the smoking ban in teahouses was unconstitutional and requested that the Constitutional Court relax the ban (Hürriyet Daily News, 2010). In a unanimous vote, the court agreed to review the ban for its constitutionality (Today’s Zaman, 2010). This drew strong reactions from the civil society (SSUK and Yeşilay) (Akdeniz, 2010) as well as high-level politicians including the Prime Minister who said “ I believe that the Constitutional Court will make a decision beneficial for the Turkish people by rejecting the Council of

State's effort to relax the ban for *kahvehanes* (in English "coffeehouse") (Today's Zaman, 2010, p.1). Finally, in 2011, the Constitutional Court denied the request to soften or to rescind the smoking ban (Hürriyet Daily News, 2011). Figure 2.5 illustrates the perceived interest and power of the tobacco control supporters and opponents based on data sources from this study.

Sustaining the Momentum

Several factors helped in sustaining the momentum such that this smoking ban would be fully implemented. These included sustained support from political leaders, public support, presence of credible indicators that highlighted the positive results of the 100% smoke-free legislation, and positive feedback from the global community. The key actors involved in the development of the streams and the joining of the streams were also critical during this stage (Figure 2.3; Table 2.5).

Sustained Support from Political Leaders

Despite the opposition that ensued, the Prime Minister and Health Minister continued to publically announce their support for the legislation and their unwillingness to back down or water down the smoking ban. In a news article, the Health Minister firmly stated that no extra time will be given and that the ban will be implemented as planned. He explained that other European Union countries that allowed for more time suffered difficulties during implementation (Today's Zaman, 2009).

In order to further ensure that support from political leaders did not dwindle, the WHO country office invited international experts to help "stiffen the spine (i16)" of government officials. One international key informant explained that they would often use examples from other modern countries to persuade the officials:

"All of them (Italy, Paris, New York) had kind of the same opposition that you're facing and it seems like it will never go away but you know pretty soon this will be the cultural norm and people will be applauding you .. and then look at this health evidence by how much smoke free reduced the number of heart attacks in New York. And then we often offer them [government officials] the kinds of materials that we use to counter the arguments of the pro-smoking front groups."

– International Actor (i16)

The implementation of the law was also divided into two phases to ensure that the hospitality sector was fully prepared: phase 1 came 4 months after the enactment and phase 2 came 18 months after the enactment. More than 4,000 inspectors were trained to enforce the law and in 2010 this number increased to more than 6000 to ensure that enforcement did not fade. Seracettin Çom, the Minister of Health, said in 2008 that the Prime Minister fully backed the campaign and "we do not have an upper limit for the budget" (Hürriyet Daily News, 2008,p.1). Other sources have shown that 2 million Turkish Liras (US\$ 1.3 million) have been allocated for tobacco control (WHO, 2013).

Public Support

The 100% smoke-free legislation also enjoyed the support of the Turkish public. Public opinion polls commissioned by Campaign for Tobacco Free Kids (cTFK), for example, found that 85% of residents were in favor of the law in 2008 and 90% favored the second phase of the smoke-free legislation in 2009 (cTFK & Synovate's Global Omnibus, 2008; cTFK & Quirk Global Strategies, 2009).

"Whenever opinion surveys were conducted. We always get support for anti-tobacco control developments. " – Turkish Academic (i12)

In order to ensure continued acceptance, increase awareness and understanding of the scientific basis of the legislation, the Ministry of Health started organizing a series of mass media campaigns in 2008 with support from the Turkish media. This campaign involved 4 phases with each phase focusing on a different topic: 1) smoke-free air, 2) implementation of the law 3) health complications, and 4) smoking cessation.

Several projects were also funded by Bloomberg Philanthropies to mobilize the public to adapt to the smoke-free legislation. Among the many activities, Yeşilay, for example, worked with international actors on social marketing campaigns. SSUK helped train journalists and also met with hospitality groups to explain the scientific basis behind the smoking ban.

“We had lots of meetings with them [hospitality sector] discussed with them about the rationale of the law” – Turkish Academic (i9)

Indicators Highlighting Positive Results

Along with political and public support, an ample amount of credible indicators were available to showcase the positive impact of the 100% smoke-free legislation. Data from Tobacco and Alcohol Market Regulatory Authority (TAPDK), for example, revealed that cigarette sales decreased from over 107.6 billion sticks in 2009 before the full implementation of the law to 91.7 billion in 2013 (TAPDK, 2013). Global Adult Tobacco surveys also showed that smoking prevalence had dropped in Turkey when comparing 2008 and 2012 findings – 31.2% to 27.1% (MoH, 2010; MoH, 2014). Moreover, Ministry of Health noted declines in tobacco-related illnesses such as acute bronchitis, pneumonia, asthma, acute lower respiratory tract infections, and ischemic heart disease. The MoH explained that this has helped save the country more than \$3.5 million (Taşdemir, n.d.).

Positive Feedback from the Global Community

The global community also played an important role in providing positive feedback for Turkey. Immediately after the enactment of the 100% smoke free legislation, for example, New York’s former Mayor, Michael Bloomberg, recorded a clip on CNN Turk congratulating Turkey on this major achievement. One international key informant explained the reasoning behind this:

"It was absolutely strategic like when they originally went smoke-free you know we had Mayor Bloomberg record a video message congratulating Turkey. CNN put it on their rotation for 48 hours... CNN Turk. And so we all the international groups wrote letters congratulating the Minister of Health... So it was a strategy try and make them... Give them international visibility to make them feel like the eyes of the world are on you... Now you have passed this law you have to implement it" – International Actor (i16)

In 2008, 2010, and 2012, the WHO awarded the Minister of Health, Prime Minister and Head of Health Commission respectively with the World No Tobacco Day Award. Study groups from an array of countries including Azerbaijan, Bangladesh, Egypt, Hungary, Kosovo, Thailand, Ukraine and many more visited Turkey to learn about the country's tobacco control program. Turkish officials have coined these visits as "transmission of success (Taşdemir, n.d.)." Several journal articles such as the Lancet article "Turkey wins plaudits for tobacco control" also came out lauding Turkey for its achievements (Devi, 2012).

Discussion

This study allowed for an empirical understanding of how tobacco control became a political priority in Turkey. The findings showed that this emergence occurred as a result of the development and convergence of multiple streams – problem, political, policy and a fourth "global" stream - over a 30-year time frame. Policy entrepreneurs played an important role in the joining of these streams. Other key findings included the importance

of Turkey's foreign policies in the transformation of the political stream, the need for individuals and groups who possessed ties with the Turkish political elite, and at the same time the presence of individuals and groups who can effectively place pressure on political leaders from the outside. Findings revealed that although there was a need for such a diverse set of actors, it was crucial that they were integrated and ultimately agreed on the same solutions for tobacco control. Finally, this study also revealed a phase “sustaining the momentum” that followed the enactment of the 100% smoke-free legislation (Figure 2.3).

Key Findings

In Turkey, tobacco control emerged as a political priority as a result of the development and convergence of multiple streams. This finding which shows the need for the problem to be recognized, the solutions identified, the political environment ready and the presence of policy entrepreneurs to join these streams is generally consistent with the adapted conceptual framework (Table 2.6) and with other studies that have been conducted in MICs using John Kingdon’s theory (Shiffman & Ved, 2007; Daniels et al., 2008; Balarajan, 2014).

Although the three identified policy entrepreneurs held different positions (Head of Health Commission, Officer at WHO, and leader of SSUK), they shared some important characteristics: passion for tobacco control, dedication, personal connections with key individuals/groups (i.e Prime Minister, media), and are listened to as a result of their expertise and/or positions held. Similar to the study findings, Kingdon (2011) also explained that certain qualities such as claim to a hearing, political connections and

persistence contribute to the success of policy entrepreneurs. Studies conducted in MICs that have employed other frameworks have also identified the importance of these individuals (Shiffman, 2007; Munira & Fritzen, 2007; Pelletier et al., 2012).

Unlike the Kingdon adapted framework, however, findings also revealed the importance of a fourth separate stream which this study has termed “global stream” and defined as the presence of a favorable global environment for the public health problem (Table 2.6). Although some of the existing studies that have used Kingdon’s theory as the guiding framework have similarly highlighted the importance of a conducive global environment (i.e. the Millennium Development Goals), researchers often included this within the political stream (Shiffman & Ved, 2007; Jat et al., 2013). Balarajan (2014), however, highlighted global agenda-setting activities for micronutrient deficiencies as a separate and influential factor in Senegal’s national policymaking process. Similar to Balarajan, data from this study showed that the “global stream” developed in 2003, separate from the other streams, when global momentum to prioritize tobacco control culminated in the FCTC - the first global public health treaty adopted under the auspices of WHO. Turkey's ratification of the FCTC in 2004 was also one of the two reasons for the opening of the “policy window” for tobacco control. The emergence of this stream as a separate stream could be explained by several factors. First, *Multiple Streams Theory* was constructed primarily to understand domestic policymaking in the United States and the role of domestic actors. It is likely that the global environment could play a more important role in MICs as compare to high-income countries like the United States. Shiffman & Ved (2007) and Jat et al (2013) who had used this theory to guide their studies may have been

adapting it to fit the context of MICs such that all the results are found within the three streams. Secondly, global momentum to prioritize tobacco control resulted in a legal treaty. This could have allowed the construction of a separate stream of influence which became more apparent and forceful over time; and distinct from the domestic political stream in Turkey.

Aspects of this global stream such as the promotion of global norms, and presence of big named international funders are similar to some of the factors identified in other studies that have not use Kingdon's theory. Shiffman (2007), for example, developed the category "transnational influence" when comparing the level of political priority provided for reducing maternal mortality in five LMICs. Shiffman divided this category into global norm defined as "efforts by international agencies to establish a global norm concerning the unacceptability of maternal death (p. 798)" and resource provision defined as "the offer of financial and technical resources by international agencies to address maternal mortality (p. 798)."

The global steam also appeared to have interacted with another key finding from this study: Turkey's foreign policy. The country's interest in joining the EU and gaining global visibility have helped generate a political environment that was receptive to global norms and standards for tobacco control. Key informants mentioned that to Turkey addressing tobacco control was perceived as a positive endeavor that the country could use to promote itself globally. Actors used this opportunity to frame tobacco control solutions to politicians as "modern policies" and "recommendations from the WHO"- an

organization greatly respected in Turkey. Turkey was also highly responsive to the array of positive global feedback which, among other factors, helped sustained the momentum for tobacco control. The importance of a country's foreign policy in the development of political priority for public health issues was also seen in Jat et al's study where researchers found that India's aspiration for global leadership helped turn the country's attention to addressing dismal social indicators such as the high levels of maternal mortality (Jat et al., 2013).

In a country like Turkey where power is concentrated in the hands of the Prime Minister, Erdoğan's personal interest in and dedication to tobacco control was vitally important to the country's success. Accordingly, the study found that it was critical that there existed tobacco control advocates who were close to the ruling party politically and have direct access to key decision-makers including the Prime Minister himself. This could be explained by Turkey's long tradition of a strong state which allows the agenda-setting process to possess some characteristics of an 'elite model' where few people play a prominent role in policy changes (Dye & Zeigler, 1996; Mills, 2000; Dye, 2001) and, as a result, individuals with ties to these elites can be particularly influential. Having connections with individuals and groups who possessed ties with the Turkish political elites were also particularly important for international actors working in Turkey. This finding is similar to what Shiffman et al. (2004) found in Honduras, that

"It is rare that overseas donors or health network officials have the legitimacy or expertise to pursue such political maneuvering successfully: that capability, if it

exists, almost always resides in the hands of domestic bureaucrats and political officials (p. 388).”

At the same time, however, the study also found that secular actors were needed to place pressure on political leaders from the outside. As some informants explained, these actors from SSUK struck fear in many Turkish politicians. The effectiveness of SSUK in this process could be explained by the polarization in Turkish society where some are skeptical of the ruling party’s policy agenda and, as a result, needed a “secular face” for the cause. It could also be explained by the fact that many SSUK members are physicians and/or academics – professions highly regarded in Turkish society. SSUK members are also highly knowledgeable of worldwide best practices. As seen in the survey results, three of its members received the highest nominations when respondents were asked who they go to for advice regarding tobacco control related issues (Table 2.11). Moreover, as compared to respondents who worked for Turkish universities or civil society (likely SSUK members), respondents affiliated with other types of organizations (i.e. governmental organizations) also believed that a higher percentage of individuals working on tobacco control in Turkey bring unique perspective to the issue (Table 2.13). In other words, the latter group might have rated this item higher as SSUK members bring worldwide evidence into Turkey. It is important to note that SSUK’s strength is rather unique in the Turkish context as civil society tends to be on the weaker side. This could be due to the fact that SSUK resembled what international relation scholars have coined as *epistemic community* “a network of professionals with recognized expertise and

competence in a particular domain and an authoritative claim to policy-relevant knowledge within that domain or issue area” (Haas, 1992, p.3).

SSUK also had strong connections with the global tobacco control network. These global connections meant the advocates had the ability to work with their international allies to pressure the government or to work with them to incentivize the government. For Turkey, a country that desires to gain global visibility, this tactic was significant. SSUK’s strategies are akin to what has been termed by Keck and Sikkink (1998) as the boomerang influence of the ‘transnational advocacy networks’ (TANS). As these authors explained, "domestic NGOs bypass their states and directly search out international allies to try to bring pressure on their states from outside" (p 12). This is typical of TANS and usually occurs when government actors are inaccessible to civil society actors.

The need for a diverse set of actors who can work from different angles was critical, however, there was a need for these actors to ultimately agree on the same solutions for tobacco control. Key informants identified tensions between certain groups due to differences in political affiliations. Fortunately, this did not affect the overall efforts since these actors were on the same page when it came to the solutions for tobacco control. The study results also showed that a fairly a high percentage of these actors believed in tobacco control solutions that are based on scientific evidence rather than their own personal ideas, and can be relied on to do what they say they will do (Table 2.12). These results are consistent with existing studies that have identified cohesiveness amongst actors with regards to the solutions as an essential factor to the development of political

priority (Pelletier et al., 2011; Shiffman, 2007; Shiffman & Smith, 2007). Findings are also consistent with literature on collaboration which have shown that factors such as shared belief and trust are important facilitators for effectiveness (Foster-Fishman, et al., 2001; Mattessich, Murray-Close & Monsey, 2001).

The study also revealed a phase “sustaining the momentum” following the enactment of the legislation that has rarely been mentioned in existing political priority development studies. This could be explained by several factors. First, it is believed that the policy window did not completely close for tobacco control in 2008 as one informant had indicated. Although some of the key political actors have since been reassigned (Cedvet Erdöl left his post as Head of Health Commission in 2011 and Recep Akdağ left his post as Minister of Health in 2013), the policy window appeared to remain marginally opened as result of Prime Minister Erdoğan’s strong interest in tobacco control. This is evidenced by the fact that Erdoğan continued to publically express his interest in tobacco control (Today’s Zaman, 2010; Hürriyet Daily News, 2010). Actors were also able to push for other evidence-based policies that are consistent with international best practices and, in 2013, the WHO acknowledged Turkey in its Global Tobacco Epidemic Report as the first and only country to have implemented all MPOWER measures comprehensively.

Second, “sustaining the momentum” appears to be more akin to the policy implementation phase of the policy process. Martin and de Leeuw (2013), for example, found that commitment from political leaders (i.e. Minister of Health) and general public support were facilitating factors to the implementation of FCTC in four developing states of the Pacific. These results are consistent with the study findings. Lastly, “sustaining the

momentum” may be particular to the issue of tobacco control as the enactment of the smoking ban incited opposition. It is important to note that although opposition did ensue while the smoke-free legislation was being drafted, key informants noted that the ban swiftly “sailed through” (i1) the parliament, and staged protests occurred largely after the smoking ban was enacted and primarily from the hospitality sector and tobacco industry front-groups. This could be due to the fact that the majority of the high-level politicians in Turkey, including the Prime Minister, fully supported the ban. Accordingly, tobacco control advocates were much more powerful than opponents. It could also be due to the fact that some doubted the full implementation and enforcement of the ban. In 2009, for example, a public opinion poll commissioned by cTFK showed that more than half of the respondents (54%) were concerned that the law will not be fully enforced (cTFK & Quirk Global Strategies, 2009).

Finally, this study showed that although the adapted framework from Kingdon’s *Multiple Streams Theory* provided a good explanation for how tobacco control became a political priority in Turkey, the framework might be further enhanced if it also included elements from the Advocacy Coalition Framework, a policy process theory that focuses on the interactions of advocacy coalitions (Sabatier & Weible, 2007). As seen in this case study, in addition to the policy process, actors and their interactions contributed significantly to the prioritization of tobacco control in Turkey.

Limitations

The study findings may be useful for other researchers interested in studying political priority developments for other public health issues in Turkey or other middle-income,

democratic countries with a unitary system of government. There are, however, some limitations. This study used a single case study design focusing on one country and on one public health issue. Accordingly, researchers should be cautious when transferring these findings to other public health issues or contexts.

This study also focused primarily on the actors and processes that were key to addressing the demand side of tobacco in Turkey and did not explore in detail the supply side dynamics – tobacco industry in Turkey. For example, the first author did not interview key informants from the tobacco industry nor did she trace the process of the privatization of TEKEL. Consequently, this study might not have fully captured the clash between the tobacco control advocates and opponents. There are also limitations associated with the various sources of evidence used for the case study.

In-depth Interviews

With regards to the in-depth interviews, it was found that few individuals have firsthand knowledge of the political priority development process for tobacco control in Turkey. There was, fortunately, a strong consensus as to who these individuals were and, as such, who needed to be interviewed. Although the first author was able to access almost all of these identified actors, she was not able to reach two: the first individual held a very high-level position in government and, as a result could not be reached and the other individual did not respond to the study invitation. To minimize this issue, the first author ensured that she asked other key informants about these two individuals and purposively sampled documents that included information about them.

Many of the individuals who were interviewed are considered the political elites in Turkey which presented a unique set of challenges during the interview process. The first author, for example, was not able to follow up with one of the individuals who held high-level political positions. Moreover, in two instances, these key informants also wanted to use their own translators. In order to address some of these unique challenges, the first author followed the recommendations of scholars in the field such as having adequate preparation, knowledgeability, as well as the use of open questions and critical judgment (Harvey, 2011; Mikecz, 2012).

It is also important to note that during the data collection period, political protest against the regime was widespread and the study's translators took active part in the civil unrest. Although they were very professional during interviews, their affiliation with the Middle East Technical University- a university known for its leftist stance in Turkish politics- may have influenced the process particularly during interviews with government officials who are affiliated with the ruling conservative party.

Five of the key informants were interviewed through Skype due to the fact that they were located in cities or countries where the first author was not able to travel to. Although Skype interviews are more convenient and financially feasible for these circumstances, access to non-verbal cues is limited.

Most of the Turkish key informants were fluent in English and as a result the majority of the interviews were conducted in English without the use of translators. This was not a limitation for most of the interviews, however, in one instance the key informant was not exceptionally fluent in English and was, therefore, not able to fully express herself at least twice. As a result, some information may not have been captured accurately.

For the three interviews that were conducted in Turkish, the informants also did not wish to be recorded. In order to address this limitation, two translators were used when allowed (N=1)– one to translate the interview as it was taking place, and another to take verbatim notes in Turkish. These notes were then compared to the first author’s English notes immediately after the interviews to ensure that all the information were captured to the best extent possible.

The inability to record some of the interviews contributed to the brevity of those transcripts even though attempts were made to take detailed notes (and, for Turkish interviews, two note takers were present). The lack of full transcripts for analysis may introduce biases. Note takers, for example, might have only taken down information that they perceived to be most important. Moreover, few direct quotes were captured without the recording device.

Documents Review

Documents, too, have limitations. Reporting biases may be present as documents are frequently constructed to highlight the accomplishments of their respective organizations

(George & Bennett, 2005; Hamel, et al., 1993; Yin, 2008). Moreover, the majority of the documents reviewed were in English due to the fact that many of the relevant documents were already translated or were available in both languages. This could result in additional biases; relevant information may have, for example, not been translated or translated properly into English. The first author's limited proficiency in Turkish may have also deterred local actors from providing her with Turkish documents. In order to minimize this limitation, the first author always mentioned that she has translators who can help with translation.

Survey

First, due to the fact that a census-based sampling frame was not available and organizational leaders were not able to share their contact lists, a database was created by the first author with the names and contact information of individuals involved in tobacco control in Turkey using a snowball-sampling technique. This may lead to issues with representativeness; only 65.7% of the identified individuals, for example, had publically accessible email addresses. In order to minimize this concern and ensure that as many names and contact information were found, several methods were used to generate the database: assistance from local partners and key informants, document review and web searches for membership lists from professional associations, relevant organizations, meetings and conferences.

Secondly, the online survey was cross-sectional whereby respondents were, for example, asked to rate the community of actors who are currently working on the issue of tobacco

control in Turkey in 2013. Due to the fact that network characteristics may change over time and some actors may have stopped working on the issue, this cross-sectional survey may not have been able to fully capture this evolution. Fortunately, this survey was commissioned while tobacco control was still a political priority in Turkey which is the time frame in which the study sought to explore.

Thirdly, the online survey was self-administered whereby participants self-selected into the study. Table 2.8 showed that 68.3% of the survey population selected University/Academia as their primary organizational affiliation while only 18.3% of the respondents selected government/public sector as their primary organizational affiliation. Consistent with existing studies (Kho, 2010), local partners explained that the lack of respondents from the government/public sector could be due to the fact that government officials tend not to respond to online surveys. This limitation might have led to an upward bias: University/Academia affiliated participants are likely SSUK members who meet frequently to discuss tobacco control related issues and, accordingly, might have provided a higher rating for the tobacco control community.

Although many strategies were used to enhance the survey response rate (Table 2.14), only 26.8% of potential respondents participated in the study. Given that online survey response rates are usually lower than other traditional survey approaches (Shin & Fan, 2008; Manfreda et al., 2008) ranging from 24.0% to 34.0% (Sheehan, 2001; Shih & Fan, 2008), the study response rate is consider about average and satisfactory. Unfortunately, however, it did have some effects on data analysis. Several categories for attributes, for

example, had to be collapsed when carrying out the Wilcoxon-Mann-Whitney and Kruskal-Wallis tests; in order to ensure that there were sufficient number of responses per category.

Finally, another limitation associated with data analysis pertained to the question “In your opinion who has the most power to influence tobacco control policy in Turkey?” Many respondents nominated positions (i.e. Minister of Health) whereas some others nominated individuals. As a result, the “most network nominations” was calculated based on positions rather than individuals. Accordingly, when individuals were nominated, the position they are affiliated with was recorded. This may limit the ability to understand whether the person with the most power to change tobacco control policies in Turkey is most influential due of their position or their personal characteristics.

Several steps were taken to minimize these limitations. First, the use of a conceptual framework adapted from John Kingdon’s *Multiple Streams Theory* allowed the empirical results from this study to be compared with the theory thereby enhancing “analytical generalization” (Yin, 2008). The study also followed Yin’s (2008) measures to promote rigor in case study research and described the context, culture and assumptions in detail such that readers can decide for themselves whether or not the findings are transferrable to their context. To address the limitations of each data source, data gathered from in-depth interviews, document reviews, and surveys were triangulated. Findings from these data sources were found to be highly consistent with one another (Table 2.5). This process of triangulation helped enhance the credibility of the study (Shenton, 2004;

Schutt, 2009). Finally, reflexivity was practiced and an audit trail was kept to strengthen dependability such that the research process remains transparent and if others audited the study they will also be able make similar conclusions.

Reflexivity

In qualitative research, the researcher is considered the instrument through which data is mediated. As a result, it was important to be reflexive such that I am constantly aware of how my background, theoretical assumptions and presence may have influenced the research process.

Although I have already made several trips to Turkey, I am considered an “outsider” to the Turkish society and to the country’s tobacco control efforts. Participants, for example, may not have been as open and/or accept me as readily as they would if I were considered an “insider.” Furthermore, the fact that I am affiliated with an American University may have also encouraged some of the informants to highlight the good and minimize the bad. In a few interviews, informants were reluctant to discuss the disagreements that have occurred between organizations.

Despite these limitations, however, there are some advantages to being an outsider; I was not able to make as many assumptions and was able to show an appropriate level of ignorance when asking participants to clarify concepts. Additionally, as an outsider from a prestigious, Western institution I was able to access political officials whom insiders in my position probably could have not. This experience was echoed in Herod’s (1999) article where he explained that “the simple fact that I was a foreign western academic

affords me with warmer reception than had I been a local researcher” (Herod, 1999, p. 317).

Due to my limited proficiency in Turkish, I worked with translators for three interviews. As a result, building rapport with informants became challenging at times. Fortunately, I took an elementary Turkish course prior to carrying out this study so that I was able to greet and thank my informants in Turkish. The presence of these translators may also have influenced the interviews as noted in the limitation section. Government officials affiliated with the ruling conservative party, for example, may have focused on highlighting the achievements of the regime.

Implications for Action and Policy

Implications of this study to actors working on other public health issues in Turkey or in other similar context include the need to recruit a diverse set of actors with specific key characteristics and to facilitate in the development as well as the joining of the streams.

In Turkey, four types actors were found to be particularly influential: 1) policy entrepreneurs, 2) actors with access to the political elites, 3) civil society actors who can effectively place pressure on the government, and 4) international allies. Actors need to identify and recruit individuals who possess these types of characteristics. In circumstances where the civil society is weak, it would be critical to help build capacity particularly through increasing knowledge of worldwide evidence and connecting these actors with international allies.

With regards to the problem stream, actors should ensure that credible indicators from domestic and global sources exist for their issue and are visible to both the decision makers and the public. Moreover, the problem should be portrayed as one that urgently deserves action.

In terms of the global stream, actors need to join forces with those working on their issue in other countries and at the global level to push for a conducive global environment as well as to create an incentive system that would visibly reward countries that have performed well. Such domestic-global collaborations or TANS can be influential in building the capacity of the actors involved. TANS can also be particularly effective in countries where state actors are closed off to civil society actors (Keck and Sikkink, 1998).

As for the political stream, actors may not be able to directly affect the national mood, government transition, or characteristics of the ruling party; however, they can learn to recognize when the political environment is ready for change and deploy actors with direct access to the Prime Minister to convince him to take action.

With regards to the policy stream, actors can help create a more integrated community where the majority of the actors are in agreement when it comes to the solution of the problem. This could also be facilitated by global evidence-based recommendations such as the WHO MPOWER policies for tobacco control. Actors also need to engage in the

process of "softening up" in order to build acceptance for the solution amongst other stakeholders.

In terms of the joining of the streams, actors should learn how to identify an open policy window and subsequently seized the opportunity to push for their issue. They also need to be prepared such that all streams are developed prior to the opening of a policy.

Finally, to help sustain the momentum particularly when the solution incites opposition like in the case of tobacco control, actors will need to ensure sustained support from political leaders, increase public support, generate or shed light on credible indicators that highlight the impact of the solution, and encourage the global community to provide feedback.

This study also has implications for public health policies. Policies need to be acceptable by the community of actors working on the issue as well as decision makers alike. Moreover, policies need to be worked out beforehand such that it is available when the policy window opens.

Future Research

Future research should explore how other public health issues gain political priority in Turkey to determine if findings from this case study are transferable to other public health issues in the country. This could be accomplished by comparing multiple public health cases that had been prioritized by Turkey historically or in recent years.

It would also be interesting to further examine the tobacco control policy implementation phase in Turkey using a mix-methods case study design. This will help provide a better understanding of the process and determinants of that phase and how it relates to the agenda-setting phase of the policy process.

Lastly, future research should also explore if the study results are transferable to other contexts by investigating the topic in other low-and-middle income unitary as well as federal states where tobacco control has also received political priority. Comparative country cases such as this as are considered to be more rigorous than single-case single-country studies (Herriott & Firestone, 1983).

Conclusions

In Turkey, tobacco control gained political priority at the highest level: the Prime Minister expressed sustained concern for the issue, legislations consistent with the FCTC were enacted, and public budget were allocated to tackle tobacco use. Findings revealed that this emergence came about as a result of the development and convergence of the problem, global, political, and policy streams while a policy window was opened. A diverse set of actors with specific key characteristics such as policy entrepreneurs who are dedicated, well-connected, and are listened to, actors with access to the political elites, civil society actors who can effectively place pressure on the government from the outside, and international allies were critical to this process. Momentum for tobacco control was also sustained as a result of the Prime Minister's passion for the issue, political support from other high-level decision makers, public support, the presence of

credible indicators showcasing the positive impact of the 100% smoke-free legislation, and positive feedback from the global community.

This case study unveiled the importance of a separate global stream and the synergy that transpired from the interaction between the global and national political streams signifying the need for national actors to join forces with their global counterpart to create a more conducive global environment for their public health problem. For countries like Turkey that seeks to gain global visibility, this favorable environment will provide actors with leverage over the political elites of their countries.

Table 2. 1 Burden of Diseases Attributed to Tobacco Smoking in Turkey, 2003

Disease	Attributed Deaths	Attributable years of life lost	Attributable DALYs	Attributable DALYs as a proportion of total DALYs
Cardiovascular Diseases	21,317	274,770	321,237	3.0%
Chronic Obstructive Pulmonary Diseases	12,902	72,689	150,406	1.4%
Lung Cancer	10,510	107,075	112,634	1.0%
Other Cancer	4,681	58,756	62,302	0.6%
Other Respiratory Diseases	2,105	33,387	58,377	0.5%
Other Selected Diseases	3,185	50,006	226,953	2.1%
All Selected Diseases	54,699	596,684	931,909	8.6%

Source: MoH & Refik Saydam Hygiene Center Presidency School of Public Health, 2004

Table 2. 2 Concepts Explored by Data Sources for Tobacco Control

	In-Depth Interviews	Document Review	Survey
Problem Stream			
Presence of indicators, focusing events, or feedback	✓	✓	
External Framing	✓	✓	
Policy Stream			
Integration of policy community	✓	✓	✓
Characteristics of policy solution	✓	✓	
Political Stream			
Favorable macro-level political conditions	✓	✓	
National mood	✓	✓	
Policy Window			
Presence of policy window	✓	✓	
Actors			
Actors (i.e. policy community, policy entrepreneur, international actors)	✓	✓	✓
Opinion Leaders			✓
Most Powerful Individuals			✓

Table 2. 3 Informant IDs and Organizational Affiliation

Organizational Affiliation	Informant IDs
Governmental Organization	i1, i2, i3, i4
International Organization	i13, i14, i15, i16, i17, i18
Turkish Civil Society/University	i5, i6 , i7, i8, i9, i10, i11, i12,

Table 2. 4 Sources and Types of Document Collection

	Documents from Organizations involved in TC²	National Laws	Newspaper Articles	Published Literature	Total
Databases				✓ (N=15)	15 (6.9%)
Key Informant	✓ (N=12)			✓	12 (5.6%)
Web Searches	✓ (N=15)	✓ (N=1)	✓ (N=169)	✓ (N=4)	189 (87.5%)
Total	27 (12.5%)	1 (0.05%)	169 (78.6%%)	19 (8.8%)	216 (100%)

² Government Reports, Presentations, Project Documents, Meeting Minutes

Table 2. 5 Triangulation of Data Sources

Domains	In-Depth Interviews	Online Surveys	Documents
<p>Problem Stream</p>	<p>Crisis</p> <ul style="list-style-type: none"> As a result of economic liberalization in the mid-1980s, the country witnessed a dramatic spike in cigarette sales. This crisis awakened some of the anti-tobacco people in Turkey. <p>Presence of Credible Indicators</p> <ul style="list-style-type: none"> Key informants highlighted the fact that there are many books and publications about tobacco in Turkey. <p>Global Comparison</p> <ul style="list-style-type: none"> Key informants used the phrase "smoke like a Turk" to highlight the fact that Turkey is one of the countries that consumes too much too much tobacco. <p>Actors</p> <p>Key informants mentioned that actors from governmental, non-governmental, and international organizations as well as universities all helped in the development of this stream.</p>		<p>Crisis</p> <ul style="list-style-type: none"> Documents mentioned the considerable increase in cigarette sales as a result the entry of multinational tobacco companies into Turkey. <p>Presence of Credible Indicators:</p> <ul style="list-style-type: none"> Many studies and statistics on tobacco use in Turkey were found or cited in documents. <p>Global Comparison</p> <ul style="list-style-type: none"> Documents highlighted that Turkey is one of the 10 countries in the world that consumes too much tobacco. This statistics has been cited many times in news articles by tobacco control advocates including government officials. The saying "smoke like a Turk" was mentioned several times. <p>External Framing</p> <ul style="list-style-type: none"> The terms "national health disaster," and "epidemic" were used to describe the problem of tobacco use in Turkey.¹ The health minister described smoking as an "infectious disease"¹ and the chief risk factor for Turkey's two leading causes of death. <p>Actors</p> <ul style="list-style-type: none"> Documents showed that an array of actors including ones from governmental, non-governmental, and international organizations as well as

			universities all helped in the development of the problem stream.
Political Stream	<p>Events within Government:</p> <ul style="list-style-type: none"> The AKP party came into power in Turkey in 2002. Key informants highlighted several characteristics of the AKP party that is favorable to the tobacco control efforts including high level leaders' dislike for tobacco use, the party's long reign in Turkey, the party's religious inklings, and the party's foreign policy. <p>National Mood</p> <ul style="list-style-type: none"> Key informants described Turkey's national mood as one that is conducive to the tobacco control efforts 		<p>Events within Government:</p> <ul style="list-style-type: none"> Documents highlighted political commitment and political stability as key to Turkey's success in tobacco control. Documents revealed that Turkey's desire to join the EU is one of the reasons why it considered the enactment of a smoking ban <p>National Mood</p> <ul style="list-style-type: none"> Documents highlighted that Turks are now more conscience about the damages of cigarettes
Global Stream	<p>Key informants highlighted the importance of the global momentum to prioritize tobacco control.</p> <p>FCTC</p> <ul style="list-style-type: none"> FCTC was described as an opportunity for the tobacco control advocates in Turkey <p>Global Tobacco Control Network</p> <p>Key informants described how the sharing of knowledge and expertise with the global network has helped built local capacity in Turkey</p> <p>Bloomberg Initiative to Reduce Tobacco Use</p> <ul style="list-style-type: none"> Key informants highlighted the importance of the funding and international technical assistance provided by the project 		<p>FCTC</p> <ul style="list-style-type: none"> Elif Dağlı, SSUK, said international laws like the FCTC "have more power than all of the physicians join together"² Documents mentioned that the ratification of the FCTC has led to the establishment of a department dedicated to tobacco control within the Ministry of Health. <p>Global Tobacco Control Network</p> <ul style="list-style-type: none"> Judith Mackay, WLF, says "What we are seeing in Turkey is a direct impact of a worldwide campaign against tobacco that has been active for many years"³ <p>Bloomberg Initiative to Reduce Tobacco Use</p> <ul style="list-style-type: none"> Documents highlight the tobacco control projects

			in Turkey that were funded by Bloomberg Philanthropies.
Policy Stream	<p>Integrated Community</p> <ul style="list-style-type: none"> • Key informants highlighted that the FCTC helped in generating consensus amongst tobacco control advocates • Key informant mentioned that all of the organizations were on the same page when it came to the solutions for tobacco control <p>Softening Up</p> <ul style="list-style-type: none"> • Key informants revealed that two policy entrepreneurs visited different parliamentary groups explaining that the smoking ban is a WHO recommendation • The Bloomberg initiative funded a study tour to expose four parliamentarians from different parties to Ireland's 100% smoke-free legislation <p>The Presence of an Acceptable Solution</p> <ul style="list-style-type: none"> • Key informants revealed that all political parties supported the smoking ban 	<p>Integrated Community</p> <ul style="list-style-type: none"> • A fairly high percentage agree on the same solutions for tobacco control, believe in tobacco control solutions that are based on scientific evidence, and can be relied on to do what they say they will do 	<p>Integrated Community</p> <ul style="list-style-type: none"> • Documents mention that there was good inter-sectoral collaboration and communication as well as strong international and national partnership <p>The Presence of an Acceptable Solution</p> <ul style="list-style-type: none"> • Documents mentioned that all parties supported the ban
Policy Window and Joining of the Streams	<p>Policy Window</p> <ul style="list-style-type: none"> • Key informants identified two chances for tobacco control 1) AKP party coming into power and 2) the FCTC <p>Joining of the Streams</p> <ul style="list-style-type: none"> • Three policy entrepreneurs helped couple the stream 		The Prime Minister made several strong statements against tobacco use likening it to terrorism
Sustaining the momentum	<p>Sustained Support from Political Leaders</p> <ul style="list-style-type: none"> • Key informants mentioned that Prime Minister and Health Minister did not back down 		<p>Sustained Support from Political Leaders</p> <ul style="list-style-type: none"> • Prime Minister and Health Minister were firm on implementing the ban

	<ul style="list-style-type: none"> The WHO country office invited international experts to help "stiffen the spine" of government officials <p>Public Support</p> <ul style="list-style-type: none"> Key informants mentioned that the smoking ban enjoyed the support of the Turkish public Key informants also discussed about the series of mass media campaign organized by the Ministry of Health With funding from Bloomberg Philanthropies, SSUK and Yeşilay worked with international actors to mobilize the public to adapt to the smoking ban <p>Indicators Highlighting Positive Results</p> <ul style="list-style-type: none"> Key informants mentioned studies that highlighted the positive effects of the smoking ban such as decreases in PM levels. <p>Positive Feedback from Global Community</p> <ul style="list-style-type: none"> Key informants highlighted the strategies that the global community use to incentivize the government Key informants mentioned that three political leaders received WHO awards for tobacco control and SSUK received an award from Bloomberg Philanthropies 		<p>Public Support</p> <ul style="list-style-type: none"> Polls showed strong public support for the smoking ban Documents provided information on the mass media campaigns organized by the Ministry of Health Documents also highlighted some of the activities of the NGOs <p>Indicators Highlighting Positive Results</p> <ul style="list-style-type: none"> Several documents highlighted the positive impact of the smoking ban <p>Positive Feedback from Global Community</p> <ul style="list-style-type: none"> PM, Health Minister and Cevdet Erdöl all received awards from WHO SSUK receive an award from Bloomberg Philanthropies Study groups from Azerbaijan, Bangladesh, Egypt, Hungary, Kosovo, Thailand, Ukraine, Qatar, Indonesia, Russia, Kazakhstan, Iraq, Turkmenistan, Bulgaria, Lebanon, Greece, Moldova, and Albania visited Turkey to learn about the country's tobacco control program
Actors	<ul style="list-style-type: none"> Key informants described in detail the characteristics of all key actors in tobacco control including the Prime Minister, Minister of Health, Head of Health Commission, SSUK, Yeşilay, and international actors 	<p>Governmental Actors</p> <ul style="list-style-type: none"> According to the survey, the Prime Minister, Minister of Health and Civil Society have the most power to influence tobacco control 	<p>Governmental Actors</p> <ul style="list-style-type: none"> Prime Minister was described as a devout fighter against smoking Cedvet Erdöl was described as the "architect of the public smoking ban" <p>Non-governmental Actors</p> <ul style="list-style-type: none"> The NGO was described

		<p>policies in Turkey</p> <ul style="list-style-type: none"> • Three members of SSUK were nominated as the opinion leaders 	as “strong”
--	--	---	-------------

¹Hürriyet News (<http://www.hurriyetdailynews.com/>)

²Today’s Zaman (<http://www.todayszaman.com/home>)

³Framework Convention Alliance, 2011, p.1

Table 2. 6 Tobacco Control Within-Case Analysis

Domains of the Original Framework	Findings: Streams	Findings: Actors
Problem Stream		
<p>The following are in important in the development of the problem stream:</p> <ul style="list-style-type: none"> • <i>Indicators</i> that either highlights the magnitude or a change in the problem • <i>Focusing</i> events such as disasters, crisis, personal experience of policymakers, and powerful symbols • <i>Feedbacks</i> from existing programs • The way in which the problem is portrayed to the public (<i>External Framing</i>) 	<p>Tobacco use became a "problem" in Turkey during the 1980s. Since then, it held on to its status as a problem of concern in the country. The following helped in the development of this problem stream:</p> <ul style="list-style-type: none"> • <i>Crisis</i> in the mid-1980s as a result of economic liberalization • Accumulation of <i>credible indicators</i> that revealed the high level of tobacco use in the country • <i>Global comparisons</i> that revealed the high level of tobacco consumption in Turkey as compared to other countries. • The problem was framed as a grave public health concern (<i>External Framing</i>) 	<ul style="list-style-type: none"> • Ministry of Health and other governmental organizations • SSUK • Universities • International Organizations including the global anti-tobacco network
Political Stream		
<p>The following are important in the development of the political stream:</p> <ul style="list-style-type: none"> • <i>Events within the government</i> such as changes in administration and jurisdiction • <i>A national mood</i> that is conducive 	<p>The political stream developed in 2002 as a result of the following:</p> <ul style="list-style-type: none"> • <i>Events within the government:</i> the AKP party came into power in 2002. The party possesses several characteristics that were favorable tobacco control: <ul style="list-style-type: none"> ○ high-level party leaders, including the Prime Minister, personally disliked tobacco ○ long reign in Turkey ○ religious inklings ○ foreign policies • <i>National mood</i> of the country was conducive to tackling tobacco use 	<ul style="list-style-type: none"> • High-level politicians
Global Stream		
<p><i>Not mentioned in the original framework</i></p>	<p>The global stream developed in 2003 as a result of the following:</p> <ul style="list-style-type: none"> • FCTC opened for signatures in June 2003 • Global tobacco control network • Bloomberg Philanthropies started to fund tobacco control efforts in LMICs 	<ul style="list-style-type: none"> • NGOs • Global tobacco control network

Policy Stream		
<p>The following are important in the development of the policy stream:</p> <ul style="list-style-type: none"> • <i>Integrated policy community</i> • The presence of a <i>solution</i> that is already worked out • The presence of actors <i>softening up</i> the policy community, general public and specialize public 	<p>The policy stream developed in 2006 shortly after the ratification of FCTC:</p> <ul style="list-style-type: none"> • The tobacco control community was <i>well integrated</i> and actors were in consensus with regards to the solution • <i>A solutions</i> was available, acceptable and already worked out 	<ul style="list-style-type: none"> • Policy, entrepreneurs and international actors engaged in the process of <i>softening up</i> to build acceptance for the solutions among decision-makers
Policy Window and Joining of the Streams		
<ul style="list-style-type: none"> • Policy windows are <i>opened by changes in the political stream or by problems</i> that captures the attention of decision-makers • The likelihood of a problem to rise on the agenda is increased when <i>all streams are coupled</i> • <i>Policy entrepreneurs</i> need to seize the opportunity to <i>couple the streams</i> before the window closes 	<ul style="list-style-type: none"> • The policy window for tobacco control was <i>opened by the political and global streams</i> • During the period when the window was open, all streams were already developed 	<p><i>Three policy entrepreneurs</i> helped <i>couple the streams</i>.</p> <ul style="list-style-type: none"> • Cevdet Erdöl and Toker Ergüder worked from the inside • Elif Dağlı with SSUK worked from the outside
Sustaining the Momentum		
<p><i>Not mentioned in the original framework</i></p>	<ul style="list-style-type: none"> • Sustained support from political leaders • Public support • The presence of credible indicators that highlighted the positive results of the smoke-free ban • Positive feedback from the global community 	<ul style="list-style-type: none"> • Prime Minister and Health Minister publicly announce their support for the ban and their unwillingness to back down • WHO worked with international experts to help "stiffen the spine" of government officials • Ministry of Health organize a series of mass media campaigns to ensure continual public acceptance and increase awareness of this smoking ban

		<ul style="list-style-type: none">• SSUK, Yeşilay, and international actors worked to mobilize the public to adapt to the 100% smoke-free legislation
--	--	---

Table 2. 7 Characteristics of Key Informants for Tobacco Control (N=18)

Variable	Categories	N
Organizational Affiliation	Governmental Organizations <ul style="list-style-type: none"> • The Grand National Assembly of Turkey • Ministry of Health 	4 (22.2%)
	International Organizations <ul style="list-style-type: none"> • Campaign for Tobacco Free Kids • International Union Against Tuberculosis and Lung Disease • World Lung Foundation • World Health Organization 	6 (33.3%)
	Turkish Civil Society/University <ul style="list-style-type: none"> • Bilkent University • Hacettepe University • Sivas Cumhuriyet University • SSUK • Turkish Medical Association 	8 (44.4%)
Sex	Male	9 (50.0%)
	Female	9 (50.0%)
Age Range	18 to 30	0 (0.0%)
	31 to 40	3 (16.7%)
	41 to 50	7 (38.9%)
	51 to 60	6 (33.3%)
	61 +1	2 (11.1%)

Table 2. 8 Characteristics of Survey Respondents for Tobacco Control (N=61)

Variable	Categories	N(%)	Total Respondents
Age	18 to 30 years old	6 (9.8%)	N=61
	31 to 40 years old	11 (18.0%)	
	41 to 50 years old	27 (44.3%)	
	51 to 60 years old	13 (21.3%)	
	61 years and older	4 (6.6%)	
Sex	Male	22 (36.7%)	N=60
	Female	38 (63.3%)	
Education	Primary Education	0 (0.0%)	N=60
	High School	0 (0.0%)	
	Associate's/Bachelor's	7 (11.7%)	
	Master's	13 (21.7%)	
	Doctoral	40 (66.7%)	
Years Working on Tobacco Control	Less than 5	22 (36.1%)	N=61
	5 to 9 years	17 (27.9%)	
	More than 10 years	22 (36.1%)	
Organizational Affiliation	Government/Public Sector	11 (18.3%)	N=60
	Civil Society- Turkey	5 (8.3%)	
	Civil Society – Int'l	2 (3.3%)	
	University/Academia	41 (68.3%)	
	Int'l Multilateral or Bilateral Organization	1 (1.7%)	
	Private Sector/Industry	0 (0.0%)	
	Others	0 (0.0%)	

Table 2. 9 Major Milestone in Turkey's Tobacco Control Activities

1984	<ul style="list-style-type: none"> • Foreign cigarettes are imported into Turkey as a part of economic liberalization
1988	<ul style="list-style-type: none"> • The first countrywide tobacco prevalence study is carried out by the Ministry of Health
1992	<ul style="list-style-type: none"> • The first tobacco and health symposium is held
1995	<ul style="list-style-type: none"> • The National Coalition on Tobacco and Health (SSUK) is established
1996	<ul style="list-style-type: none"> • The first anti-tobacco law (No. 4207 on Preventing Harms of Tobacco Products) came into force
2002	<ul style="list-style-type: none"> • International Monetary Fund and the World Bank requested that the Turkish government reform the tobacco sector and 14 other sectors
2002	<ul style="list-style-type: none"> • AKP Party came into power • Tobacco and Alcohol Market Regulatory Authority (TAPDK) is established
2003	<ul style="list-style-type: none"> • The first Global Youth Tobacco Survey (GYTS) is released • The tobacco department of TEKEL was offered for privatization
2004	<ul style="list-style-type: none"> • Framework Convention on Tobacco Control (FCTC) was ratified by Turkey
2006	<ul style="list-style-type: none"> • National Tobacco Unit within the Ministry of Health is promoted to Directorate Level • National Tobacco Control Program is being prepared
2007	<ul style="list-style-type: none"> • AKP Party wins re-election • Bloomberg Initiative to Reduce Tobacco Use commences in Turkey • The National Tobacco Control Program and Action Plan 2008-2012 is launched by the Prime Minister
2008	<ul style="list-style-type: none"> • Law No. 4207 was amended through Law No. 5727 Prevention of Hazards of Tobacco Products • First implementation phase of Law No. 5727 commences banning smoking on official premises • Minister of Health, Dr. Recep Akdağ receives the World No Tobacco Day Award from WHO • First Global Adults Tobacco Survey is released
2009	<ul style="list-style-type: none"> • Second implementation phase of Law No. 5727 commences banning smoking in hospitality sectors • Second Global Youth Tobacco Survey is released
2010	<ul style="list-style-type: none"> • Prime Minister Recep Tayyip Erdoğan receives the World No Tobacco Day Award from WHO • Cigarette packages are now required to include health warnings – text and graphic combined • Smoking cessation services are launched including the 171

	quitline
2011	<ul style="list-style-type: none"> • AKP Party wins re-election • Excise tax for tobacco products is increased to 80.5%
2012	<ul style="list-style-type: none"> • Head of Health Commission, Dr. Cevdet Erdöl, receives the World No Tobacco Day Award from WHO • SSUK receives award from Bloomberg Philanthropies • WHO announced that Turkey “is the first and, to date, the only country in the world to attain the highest implementation score for all of WHO's MPOWER measures” • Total ban on tobacco advertisement starts including brand sharing and brand stretching • Cigarette packages must increase pictorial health warnings to at least 65% on both sides • Second Global Adults Tobacco Survey and Third Global Youth Tobacco Survey are released
2013	<ul style="list-style-type: none"> • Smoking is banned on public transportations including personal/private vehicle • Two provisions of Law No. 4207 were amended through Law No. 6487 such that tobacco free products which look like tobacco (i.e. e-cigarettes) are banned • Hookah or water pipe smoking is banned in all public places • Excise tax for tobacco products is increased to 81.65%
2014	<ul style="list-style-type: none"> • Outdoor smoking ban commences

Table 2. 10 Positions with Most Power to Influence Tobacco Control Policies

Name	Number of Nominations (N=49)	Percentage of Nominations
Prime Minister	33	67.3%
Health Minister	22	44.9%
Civil Society	18	36.7%

Table 2. 11 Opinion Leaders

Name	Number of Nominations (N=46)	Percentage of Nominations
Nazmi Bilir	18	39.1%
Elif Dađlı	18	39.1%
Ođuz Kılınç	15	32.6%

Table 2. 12 Mean and Median Ratings of the Relationships within the Tobacco Control Community

	Mean	Median	Response Count (N)
<i>What percentage of these individuals frequently communicate with each other regarding tobacco control related issues?</i>	45.6%	40.0%	N=59
<i>What percentage of these individuals agree on the same solutions for tobacco control?</i>	65.1%	70.0%	N=59
<i>What percentage of these individuals believe in tobacco control solutions that are based on scientific evidence rather than their own personal ideas?</i>	67.5%	70.0%	N=59
<i>What percentage of these individuals bring unique perspective to tobacco control in Turkey?</i>	47.1%	50.0%	N=59
<i>What percentage of these individuals can be relied on to do what they say they will do?</i>	60.3%	60.0%	N=58

Table 2. 13 Ratings for the Tobacco Control Community by Respondent's Attributes

	<i>What % of these individuals frequently communicate with each other regarding tobacco control related issues?</i>		<i>What % of these individuals agree on the same solutions for tobacco control?</i>		<i>What % of these individuals believe in tobacco control solutions that are based on scientific evidence rather than their own personal ideas?</i>		<i>What % of these individuals bring unique perspective to tobacco control in Turkey?</i>		<i>What % of these individuals can be relied on to do what they say they will do?</i>	
	Median	P	Median	P	Median	P	Median	P	Median	P
Age										
18 to 40	50%	0.03*	80%	0.82	70%	0.84	60%	0.52	60%	0.67
41 to 50	40%		70%		65%		50%		60%	
51 +	55%		65%		65%		40%		65%	
Sex										
Male	50%	0.55	70%	0.71	70%	0.92	40%	0.33	60%	0.20
Female	40%		60%		70%		50%		70%	
Education										
Master's Degree	50%	0.91	70%	0.38	70%	0.39	50%	0.90	60%	0.23
Doctoral Degree	40%		70%		70%		50%		80%	
Organization										
University/ Academia/ Turkish Civil Society Others	40%	0.37	70%	0.30	70%	0.08	40%	0.00**	60%	0.01**
	60%		80%		80%		75%		80%	
Years working on RS in Turkey										
5		0.56		0.92		0.14		0.20		0.80
5-9	40%		65%		70%		60%		60%	
<10	40%		80%		60%		45%		60%	
	50%		70%		70%		40%		70%	

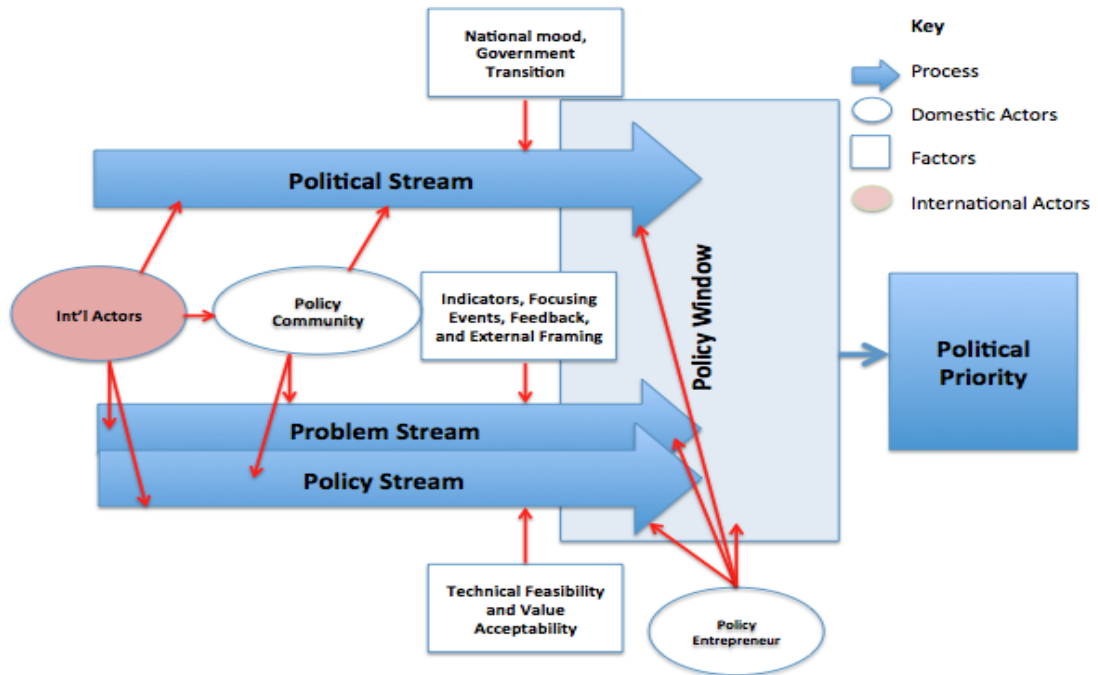
*Kruskal Wallis test, P< 0.05

**Wilcoxon-Mann-Whitney test, P<0.05

Table 2. 14 Strategies to Improve Response Rate

<ul style="list-style-type: none">• Emailed potential respondents individually and personalized each message by using the name of the potential respondent (Cook et al., 2000; McPeake et al., 2014)
<ul style="list-style-type: none">• Embedded the survey link in the invitation email so as to ease access (McPeake et al., 2014)
<ul style="list-style-type: none">• Informed the potential respondents that the survey will take no more than 30 minutes of their time (McPeake et al., 2014)
<ul style="list-style-type: none">• Ensured that the number of questions were kept to a minimum (McPeake et al., 2014)
<ul style="list-style-type: none">• Included all questions on one page so that respondents can see the length of the survey (McPeake et al., 2014)
<ul style="list-style-type: none">• Grouped related items together to minimize the amount of time respondents needed to complete the survey
<ul style="list-style-type: none">• Increased credibility by using JHSPH email address to send out surveys and by including JHSPH's logo at the top of the online survey.
<ul style="list-style-type: none">• Ensured that the survey was not carried out during major holidays or election season.
<ul style="list-style-type: none">• Provided lottery incentives for participants (Fang & Shao, 2010)

Figure 2. 1 Conceptual Framework



Source: Adapted from Kingdon (2011)

Figure 2. 2 Key Actor Characteristics and Personal Relationships

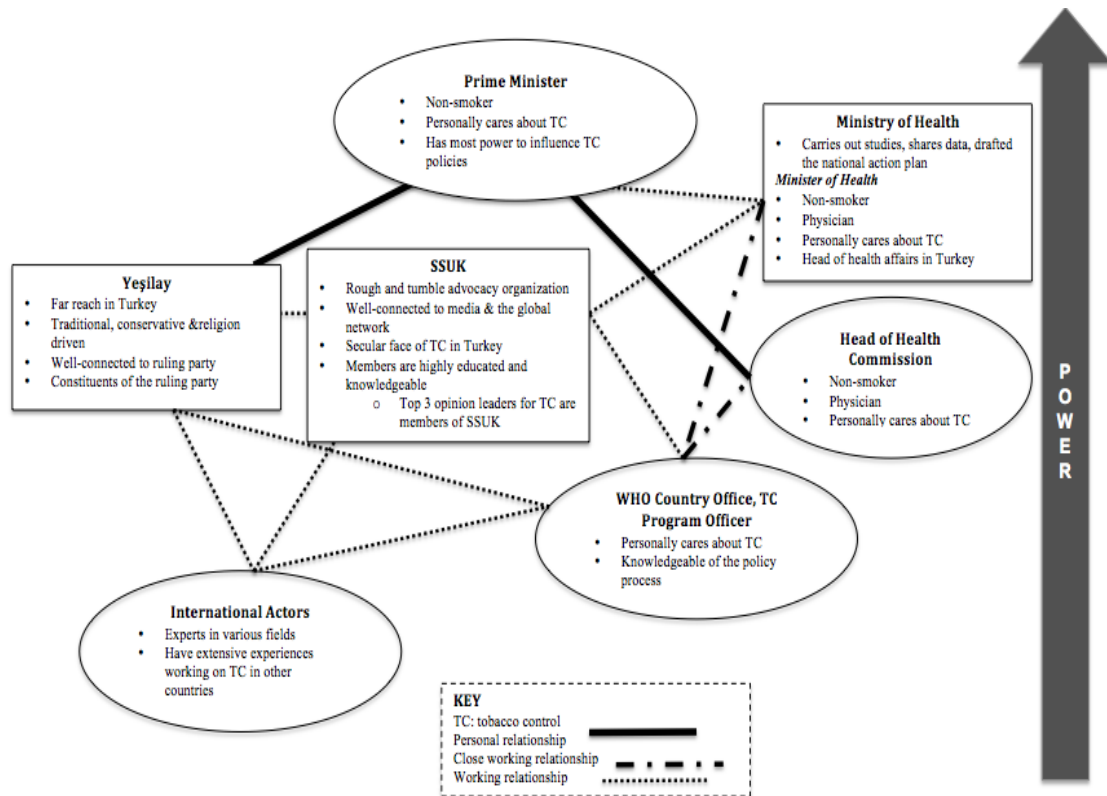


Figure 2. 3 Political Priority Development for Tobacco Control in Turkey

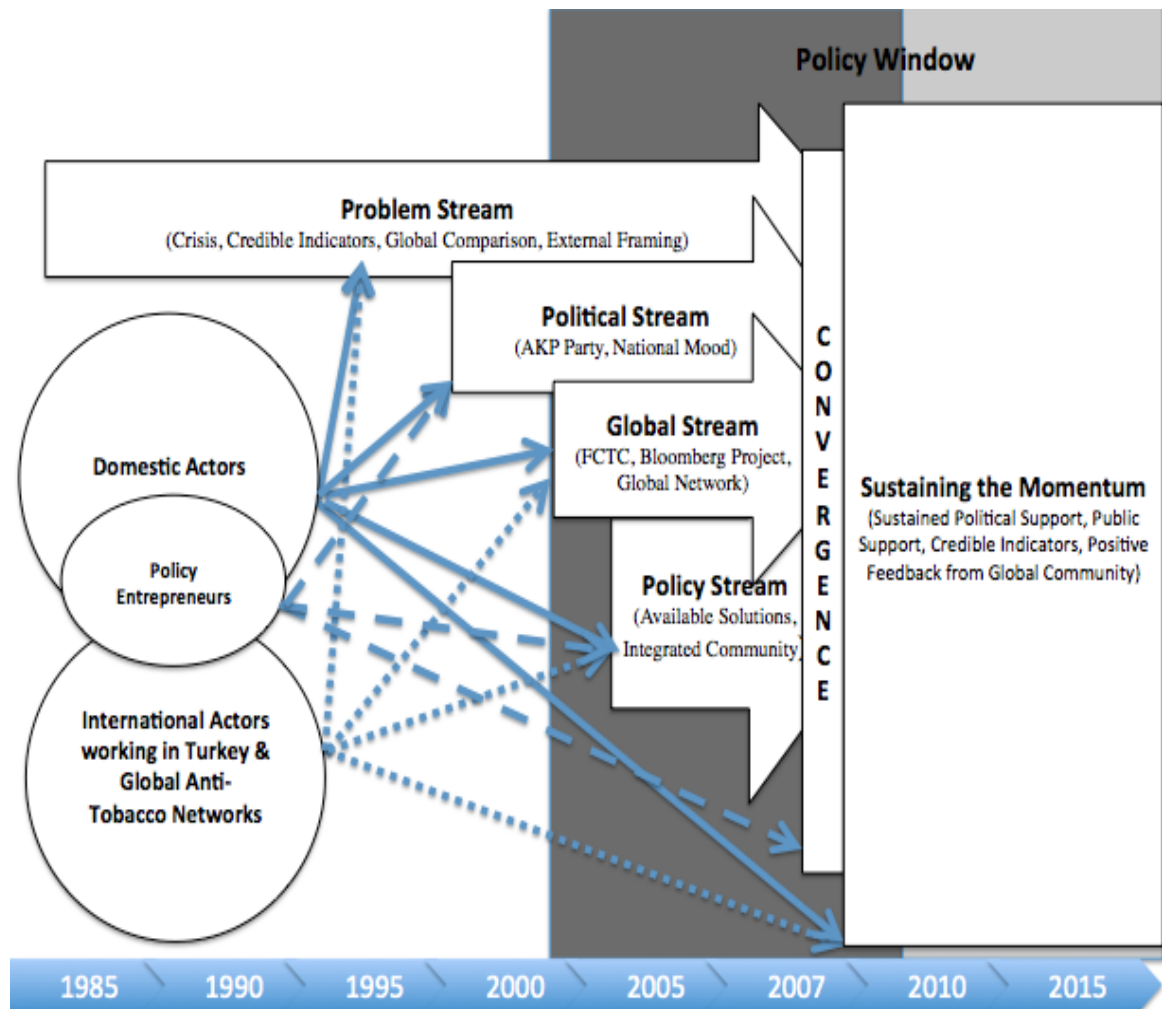
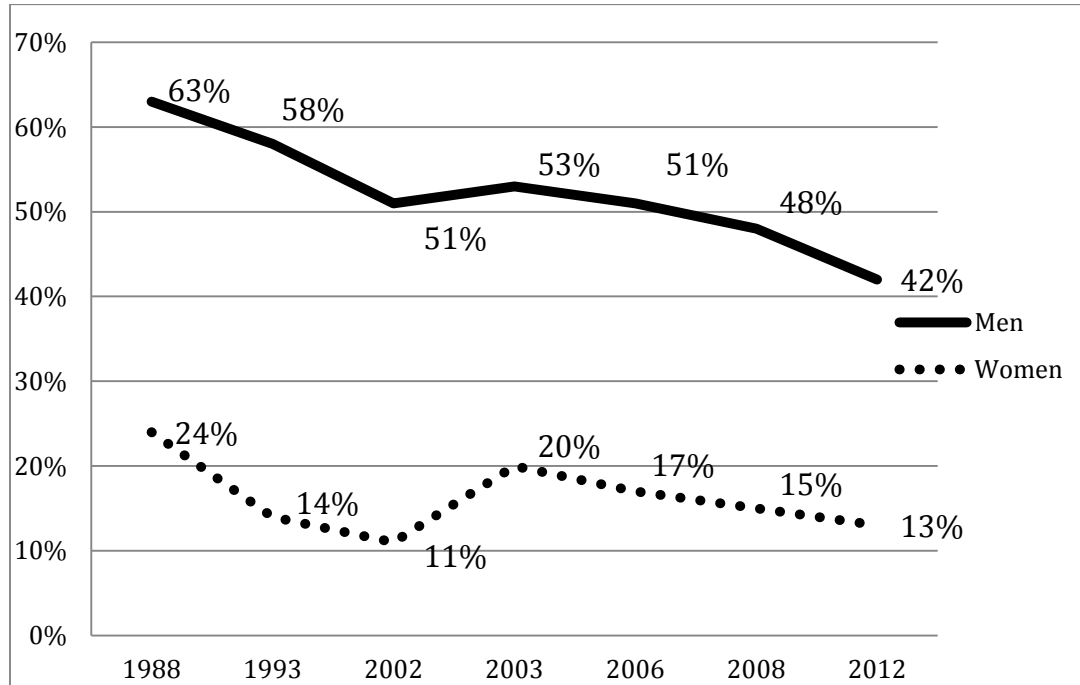
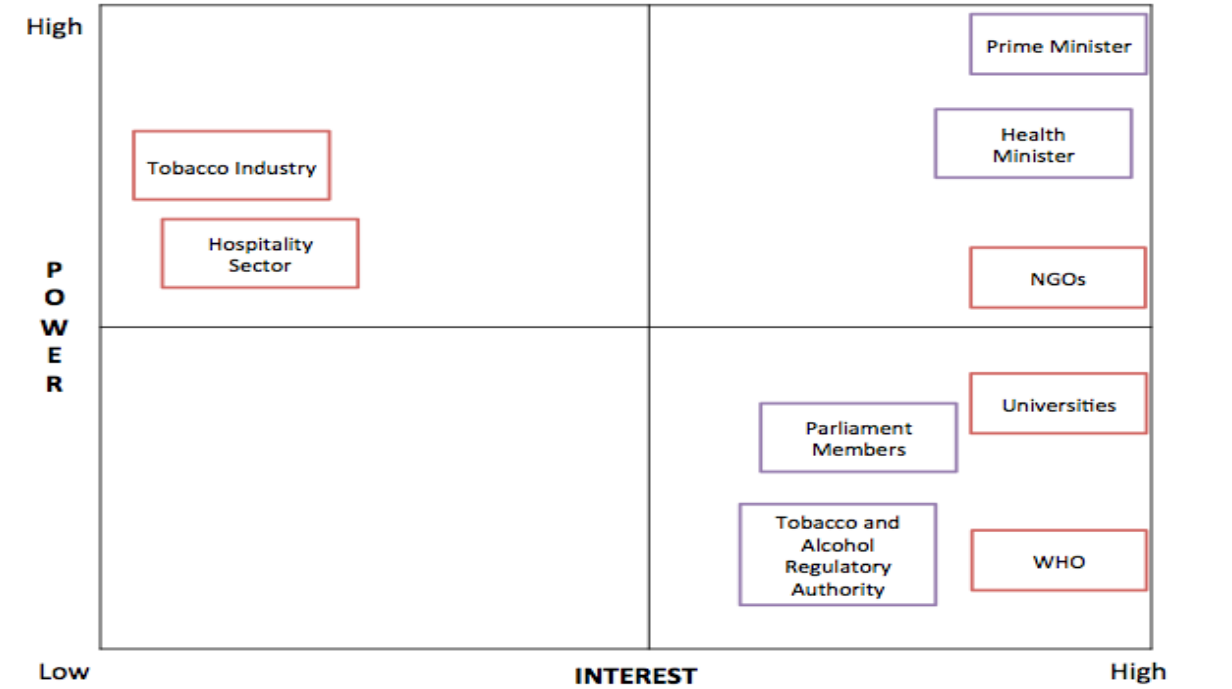


Figure 2. 4 Smoking Prevalence in Turkey by Sex, 1988-2012



Source: MoH, 1998; Toros & Oztek, 1993; Satman et al., 2002; MoH, 2008; Bilir et al., 2009; MoH, 2012

Figure 2. 5 Perceived Interest and Political Power of Key Tobacco Control Supporters and Opponents in Turkey



Appendix 2.1a Field Guide for Tobacco Control - English

I am interested in learning more about how political priority for public health issue develop in middle-income countries. By political priority I mean (1) national political leaders publicly and privately express sustained concern for the issue; (2) the government, through an authoritative decision-making process, enacts policies that offer widely embraced strategies to address the problem and establishes infrastructure as well as procedures; and (3) the government allocates and releases public budgets commensurate with the problem's gravity. As such, I would like to ask you some questions about your experience regarding the development of political priority for tobacco control in Turkey [Oral Consent Form].

1. Could you please tell me about tobacco control in Turkey?
 - a. PROBES: What has happened? How have things evolved?

2. Could you please tell me about your involvement with tobacco control in Turkey?
 - a. PROBES: When? Why? How?

3. Why do you think tobacco control gained political priority in Turkey?

4. Could you please tell me about the people involved in tobacco control in Turkey?
 - a. PROBES: Who are the people involved (i.e. international/domestic)? How have they been involved?

5. Think about all the people involved in tobacco control in Turkey. Could you please tell me more about this community of people as a whole?
 - a. PROBES: How many are in this community? What is the capacity of this community? By capacity I mean the availability of administrative tools for implementation. In your opinion, what proportion of the people in the community share similar opinions? In your opinion, what proportion of the people in the community trust each other? In your opinion, what proportion of the people in the community respect each other? How open is this community to less powerful individuals within the community?

6. How has this community of people in Turkey changed over time?

- a. PROBES: Has the number of people in this community changed? Has the capacity of the community changed? Has the proportion of people in the community who share similar opinions changed? Has the proportion of people in the community who trust each other changed? Has the proportion of people in the community who respect each other changed? Has the level of openness of the community to less powerful individuals within the community changed?

7. How have the people involved in tobacco control communicated the problem to the general public?
 - a. PROBES: Did they, for example, describe tobacco use as an individual problem, social norm problem, or societal problem? Did this portrayal resonate with the general public? If so, who/which group in particular did this portrayal resonate with most?

8. Has anything helped draw the attention of policy makers to tobacco control?
 - a. PROBES: Were there credible indicators that showed the magnitude of the problem (i.e. number of tobacco-related deaths)? Were there focusing events like a crisis or disaster that called attention to the problem? Were there feedbacks from existing programs/policies?

9. Could you describe the characteristics of the policy solutions that were adopted to address tobacco use?
 - a. PROBES: Feasibility? Acceptability? How are these policies different and how are they similar from the ones that have not been adopted to address tobacco control?

10. Could you please tell me more about the political environment in Turkey and how it influenced tobacco control in Turkey?

- a. PROBES: What was the national mood? Were there events within the government that influenced tobacco control? Were there organized political forces for tobacco control?
11. Who invested a lot of their resources in this process? Could you please tell me more about this (these) individual(s)?
- a. PROBES: How were they involved? What are their characteristics (i.e. access to policy maker, amount of resources)?
12. Did there exist a critical moment of opportunity that allowed for tobacco control to become a political priority in Turkey?
- a. PROBES: When was this? What happened?
13. Thinking about your experience with tobacco control in Turkey, what do you think are some of the factors that other public health issues such as road safety need to have to gain political priority in Turkey?
- a. PROBES: The presence of indicators/focusing events/feedback from existing programs? The characteristics of the policy solution? The characteristics of the community of people involved? The political environment? The presence of individuals who have invested a lot of their resources in this process?
 - b. PROBES: which might be the most important?

Do you have any questions or other comments?

Thank you very much for your time and help!

Appendix 2.1b Field Guide for Tobacco Control -Turkish

Orta gelir seviyesindeki ülkelerde halk sağlığı konularında nasıl politik öncelik oluştuğuna dair bilgi edinmek istiyorum. "Politik öncelik"le anlatılmak istenen (1) ulusal siyasi liderlerin halka açık ve özel beyanlarında bu meseleye dair süregelen ilgilerini belirtmesi; (2) devletin katılımcı karar verme yöntemiyle sorunun çözümüne yönelik geniş kitleler tarafından benimsenen stratejilere yönelik politikaları yasalaştırması; (3) devletin sorunun ciddiyetiyle orantılı kamusal bütçeyi ayırması ve vermesi. Bu doğrultuda, size Türkiye’de tütün kontrolü konusunda politik öncelik oluşmasıyla ilgili deneyimlerinize yönelik sorular sormak istiyorum [Sözlü Onam Formu].

1. Türkiye’de tütün kontrolünü anlatır mısınız?
 - a. İRDELEME SORULARI: Ne oldu? Olaylar nasıl gelişti?
2. Türkiye’de tütün kontrolüyle ilgili çalışmalarınızı anlatır mısınız?
 - b. İRDELEME SORULARI: Ne zaman? Neden? Nasıl?
3. Sizce tütün kontrolü Türkiye’de neden politik öncelik kazandı?
4. Türkiye’de tütün kontrolüyle ilgili çalışan kişilerden biraz bahsedebilir misiniz?
 - a. İRDELEME SORULARI: Bu konuyla ilgili çalışan kişiler kimler? (i.e. yabancı/yerli)? Nasıl bu konuda çalışmaya başladılar?
5. Türkiye’de tütün kontrolüyle ilgili çalışan herkesi düşünün. Bu kişilerin oluşturduğu çalışma ağı ile ilgili daha fazla bilgi verebilir misiniz?
 - a. İRDELEME SORULARI: Bu çalışma ağını oluşturan kaç kişi var? Bu ağın kapasitesi nedir? “Kapasite” ile anlatılmak istenen uygulamaya yönelik idari araçların varlığıdır. Sizce bu çalışma ağını oluşturan kişilerin ne kadarı benzer görüşleri paylaşıyor? Sizce bu ağı oluşturan kişilerin ne kadarı birbirine güveniyor? Sizce bu ağı oluşturan kişilerin ne kadarı birbirine saygı duyuyor? Bu çalışma ağı, ağın içinde görece daha az güçlü konumdaki bireylere ne kadar açıktır?
6. Zaman içinde bu çalışma ağındaki insanlar değişti mi?
 - a. İRDELEME SORULARI: Bu çalışma ağındaki kişi sayısı değişti mi? Bu çalışma ağının kapasitesi değişti mi? Bu çalışma ağı içerisinde benzer görüşleri paylaşanların oranı değişti mi? Bu çalışma ağı içerisinde

birbirine güvenenlerin oranı deęiřti mi? Bu alıřma aęı ierisinde birbirine saygı duyanların oranı deęiřti mi? Bu alıřma aęının, aę iinde grece daha az gl konumdaki bireylere aıklık derecesi deęiřti mi?

7. Ttn kontrol konusunda alıřan kiřiler kamuoyuna bu sorunu nasıl anlattılar?
 - a. İRDELEME SORULARI: rneęin ttn kullanımını bireysel bir sorun, sosyal norm sorunu, ya da toplumsal bir sorun olarak mı tanımladılar? Bu tanımlama toplumun genelinde etkili oldu mu? Eęer olduysa, en ok kimde/hangi grupta etkili oldu?
8. Kural koyucuların dikkatini ttn kontrolne ekmek iin yardımcı olan durumlar oldu mu?
 - a. İRDELEME SORULARI: Sorunun byklęn gsteren gvenilir gstergeler var mıydı (rneęin ttn kullanımının neden olduęu lm sayısı)? Kriz ya da afet gibi soruna dikkati eken odak olaylar var mıydı? Hali hazırda kullanılan programlardan/uygulamalardan gelen geribildirim var mıydı?
9. Ttn kullanımı sorununu hedefleyen yasal dzenlemelere dayalı znlerin zelliklerini anlatabilir misiniz?
 - a. İRDELEME SORULARI: Uygulanabilirlik? Kabul edilebilirlik? Bu kurallar, ttn kullanımı sorununu hedefleyip de uygulamaya konmamıř olan kurallardan nasıl farklılařmaktadır ve bu kurallarla ne gibi benzerlikler gstermektedir?
10. Trkiye'deki politik ortam ve bu politik ortamın Trkiye'de ttn kontroln nasıl etkiledięi ile ilgili biraz daha bilgi verebilir misiniz?
 - a. İRDELEME SORULARI: lkedeki atmosfer nasıldı? Hkmet iinde ttn kontrolne etki edecek durumlar/olaylar oldu mu? Ttn kontrol iin organize politik gler var mıydı?

11. Kim(ler) bu sürece kendi kaynakları içinden büyük miktarlarda yatırım yaptı? Bu kişi(ler)le ilgili biraz daha bilgi verebilir misiniz?
- a. İRDELEME SORULARI: Nasıl bu meseleye müdahil oldular? Bu kişilerin nitelikleri nelerdir (Örneğin kural koyuculara erişim, kaynaklarının miktarı)?
12. Tütün kontrolünün Türkiye’de bir politik öncelik olmasının yolunu açan önemli bir fırsat anı yaşandı mı?
- a. İRDELEME SORULARI: Bu ne zamandı? Ne oldu?
13. Türkiye’de tütün kontrolüyle ilgili deneyimlerinizi düşündüğünüzde, sizce diğer halk sağlığı meselelerinin Türkiye’de politik öncelik kazanması için gereken faktörlerden bazıları nelerdir?
- a. İRDELEME SORULARI: Göstergelerin/odak olayların/hali hazırda uygulanan programlardan gelen geribildirim varlığı? Yasal düzenlemelere dayalı çözümlerin özellikleri? Çalışma ağındaki kişilerin özellikleri? Politik ortam? Bu sürece kendi kaynakları içinden büyük miktarlar yatıran kişilerin varlığı?
- b. İRDELEME SORULARI: Bunlardan en önemlisi hangisi olabilir?

Sormak istediğiniz veya eklemek istediğiniz birşey var mı?
Zaman ayırdığınız ve yardım ettiğiniz için çok teşekkürler!

Appendix 2.2a Codebook Draft

No.	Brief Code	Full Description of Code	When to use codes
	POLITICAL STREAM	Macro-level political conditions that affect the agenda-setting process.	Use this grouping of codes according to parameters listed below.
1	NATIONAL MOOD	The mood of the country during the period of investigation (i.e. the national mood, the climate of the country, or changes in public opinion).	Use this code when participant mention the mood/climate of the country and/or changes in public opinion.
2	GOVERNMENT	The events within the government (i.e. administrative or legislative turnover).	Use this code when participants mention events or lack of events within the government.
	PROBLEM STREAM	The process by which a condition turns into a problem that requires attention.	Use this grouping of codes according to parameters listed below.
3	INDICATORS	The presence of indicators that provides evidence of the magnitude of the problem or changes in the problem.	Use this code when participants mention the presence or lack of indicators.
4	IN ACTORS	Actors involved in the generation of indicators.	Use this code when participants mention the actors involved in the generation of indicators.
5	FOCUSING EVENTS	The presence of focusing events (i.e. disasters, crises, symbol and/or personal experience of policy makers) that draws attention to the problem.	Use this code when participants mention the presence or lack of focusing events.
6	FOC ACTORS	Actors involved in the focusing event (s) (i.e. generation of symbols).	Use this code when participants mention the actors involved in the focusing event(s).
7	FEEDBACK	The presence of feedback from existing programs/policies (i.e. systematic monitoring, complaints and casework, and bureaucratic experience) that draws the attention of policy makers.	Use this code when participants mention the presence or lack of feedback from existing policies/programs.
8	FEED ACTORS	Actors involved in the feedback from existing programs/policies.	Use this code when participants mention the actors involved in the feedback from existing programs/policies.
9	EXTERNAL	How the policy community portrays the problem to the public.	Use this code when participants mention how the policy community portrays the problem to the public.
	POLICY STREAM	The process by which a policy proposal becomes one that is accepted for serious consideration.	Use this grouping of codes according to parameters listed below.
10	POLICY COMMUNITY	The level of integration of the policy community (i.e. cohesive/not cohesive).	Use this code when participants mention the level of integration of the policy community.
11	SOFT ACTOR	Actors involved in softening up or building acceptance for the solution.	Use this code when participants mention the actors involved in softening up.
12	SOLUTIONS	The presence of a solution that is ready to go.	Use this code when participants mention the presence of a solution.
13	CHAR SOLUTIONS	Characteristics of the policy solutions (i.e.	Use this code when participants

		technical feasibility, value acceptability).	describe the characteristics of the policy solutions.
	POLICY WINDOW	A critical moment of opportunity when the three streams converge such that policy entrepreneur(s) can push their solutions or push for attention for their problems.	Use this grouping of codes according to parameters listed below.
14	POLICY WINDOW	The presence of a critical moment of opportunity.	Use this code when participants describe the presence or lack of a policy window.
	POLICY ENTREPRENEUR	The presence of policy entrepreneur(s) and their characteristics.	Use this grouping of codes according to parameters listed below.
15	ENTREPRENEUR	The presence of a policy entrepreneur(s) (individuals willing to invest their resources in hopes of a future return).	Use this code when participants mention the presence or lack of policy entrepreneur(s).
16	CHAR ENTREPRENEUR	Characteristics of the policy entrepreneur (s) (i.e. greater access to policy makers, more resources, and better skills at coupling the three streams).	Use this code when participants describe the characteristics of the policy entrepreneur (s).

Appendix 2.2b Codebook Final

No.	Brief Code	Full Description of Code	When to use codes
	POLITICAL STREAM	Domestic political conditions that affect the agenda-setting process.	Use this grouping of codes according to parameters listed below.
1	NATIONAL MOOD	The mood of the country during the period of investigation (i.e. the national mood, the climate of the country, or changes in public opinion).	Use this code when participant mention the mood/climate of the country and/or changes in public opinion.
2	GOVERNMENT	The events within the government such as administrative turnover and characteristics of the new party.	Use this code when participants mention characteristics of the new party, events or lack of events within the government.
	PROBLEM STREAM	The process by which a condition turns into a problem that requires attention.	Use this grouping of codes according to parameters listed below.
3	INDICATORS	The presence of indicators that provides evidence of the magnitude of the problem or changes in the problem.	Use this code when participants mention the presence or lack of indicators.
4	IN ACTORS	Actors involved in the generation of indicators.	Use this code when participants mention the actors involved in generation of indicators.
5	FOCUSING EVENTS	The presence of focusing events (i.e. disasters, crises, symbol and/or personal experience of policy makers) that draws attention to the problem.	Use this code when participants mention the presence or lack of focusing events.
6	FOC ACTORS	Actors involved in the focusing event (s) (i.e. generation of symbols).	Use this code when participants mention the actors involved in the focusing event(s).
7	FEEDBACK	The presence of feedback from existing programs/policies (i.e. systematic monitoring, complaints and casework, and bureaucratic experience) that draws the attention of policy makers.	Use this code when participants mention the presence or lack of feedback from existing policies/programs.
8	FEED ACTORS	Actors involved in the feedback from existing programs/policies.	Use this code when participants mention the actors involved in the feedback from existing programs/policies.
9	COMPARISON	The presence of global comparisons that accentuates the problem in Turkey.	Use this code when participants mention the presence or lack of global comparisons.
10	COMP ACTORS	Actors involved in generating or using global comparisons.	Use this code when participants mention the actors involved in the generation or use of global comparisons.
11	EXTERNAL	How the policy community portrays the problem to the public.	Use this code when participants mention how the policy community portrays the problem to the public.
	POLICY STREAM	The process by which a policy proposal	Use this grouping of codes

		becomes one that is accepted for serious consideration.	according to parameters listed below.
12	POLICY COMMUNITY	The level of integration of the policy community (i.e. cohesive/not cohesive).	Use this code when participants mention the level of integration of the policy community.
13	SOFT ACTOR	Actors involved in softening up or building acceptance for the solution.	Use this code when participants mention the actors involved in softening up.
14	SOLUTIONS	The presence of a solution that is ready to go.	Use this code when participants mention the presence of a solution.
15	CHAR SOLUTIONS	Characteristics of the policy solution (i.e. technical feasibility, value acceptability).	Use this code when participants describe the characteristics of the policy solutions.
	GLOBAL STREAM	The process by which a public health issue becomes a global priority.	Use this grouping of codes according to parameters listed below.
16	FCTC	The presence of international treaties or declarations for the public health issue. In this case study, the Framework Convention for Tobacco Control (FCTC).	Use this code when participants mention the FCTC.
17	DONOR	The presence of international donors for this public health issue. In this case study, the Bloomberg Philanthropies.	Use this code when participants mention international donors for tobacco control in Turkey.
18	GLOBAL NETWORK	The presence and characteristics of the global network of actors for this public health issue.	Use this code when participants mention the presence and/or characteristics of the global network of actors for tobacco control.
	POLICY WINDOW	A critical moment of opportunity when the three streams converge such that policy entrepreneur(s) can push their solutions or push for attention to their problems.	Use this grouping of codes according to parameters listed below.
19	POLICY WINDOW	The presence of a critical moment of opportunity.	Use this code when participants describe the presence or lack of a policy window.
20	OPEN WINDW	Events that opened the policy window.	Use this code when participants mention the event(s) or lack of events that opened the policy window.
21	JOIN ACTOR	Actors involved in the joining of the streams.	Use this code when participants mention the actors involved the joining of the streams.
	SUSTAINING MOMENTUM	Factors that helped sustained momentum for tobacco control in Turkey after the enactment of the 100% smoke-free legislation.	Use this grouping of codes according to parameters listed below.
22	SUSTAINED SUPPORT	Sustained support from the political leaders.	Use this code when participants mention the presence or lack of sustained support from political leaders.
23	PUBLIC SUPPORT	The level of support from the public.	Use this code when participants

			mention the level of support from the public.
24	POSITIVE INDICATOR	The presence of credible indicators highlighting the positive results of the enacted policy.	Use this code when participants mention the presence or lack of credible indicators that highlight the positive results of the 100% smoke free legislation.
25	POSTIVE GLOBAL	The presence of positive feedback from the global community.	Use this code when participants mention the presence or lack of positive feedback from the global community.
	KEY ACTORS	The key actors involved in the public health issue.	Use this grouping of codes according to parameters listed below.
26	CHAR PM	Characteristics of the Prime Minister that is favorable to the tobacco control efforts in Turkey.	Use this code when participants mention the characteristics of the Prime Minister.
27	CHAR MOH	Characteristics of the Health Minister that is favorable to the tobacco control efforts in Turkey.	Use this code when participants mention the characteristics of the Health Minister.
28	CHAR PARLIAMENT	Characteristics of the Head of Health Commission to the Parliament that is favorable to the tobacco control efforts in Turkey.	Use this code when participants mention the characteristics of the Head of Health Commission.
29	ENTREPRENEUR	The presence of a policy entrepreneur(s) (individuals wiling to invest their resources in hope of a future return).	Use this code when participants mention the presence or lack of policy entrepreneur(s).
30	CHAR ENTREPRENEUR	Characteristics of the policy entrepreneur (s) (i.e. greater access to policy makers, more resources, and better skills at coupling the three streams).	Use this code when participants mention the characteristics of the policy entrepreneur(s).
31	CHAR SSUK	Characteristics of SSUK that is favorable to the tobacco control efforts in Turkey.	Use this code when participants mention the characteristics of SSUK.
32	CHAR GREEN	Characteristics of Yeşilay that is favorable to the tobacco control efforts in Turkey.	Use this code when participants mention the characteristics of Yeşilay.
33	CHAR INTL	Characteristics of international actors that is favorable to the tobacco control efforts in Turkey.	Use this code when participants mention the characteristics of international actors.

Appendix 2.3 Document Review Summary

Problem Stream	<ul style="list-style-type: none"> - Credible indicators: <ul style="list-style-type: none"> o Many studies have been undertaken to shed light on the issue of tobacco use in Turkey (i.e. passive smoking, tobacco related mortality and morbidity) o The costs of smoking in the country is estimated to be 20 billion per year¹ - External framing: <ul style="list-style-type: none"> o Tobacco used was described as a “national health disaster”¹ and an “epidemic”¹ o A professor from Ankara University stated that the magnitude of tobacco related deaths in the country is much higher than a war or a disaster¹ o Health Minister described smoking as an "infectious disease"¹ - Global comparisons: <ul style="list-style-type: none"> o The issue of tobacco use in Turkey was accentuated when compared to other countries
Political Stream	<ul style="list-style-type: none"> - Characteristics of the AKP party: <ul style="list-style-type: none"> o Many documents discussed the Prime Minister’s strong dislike for smoking o Only three of the 23 cabinet ministers smoked o Political stability was identified as one of the keys to success o Some believe that the smoking ban is the AKP party’s indirect way of introducing Islamic restrictions to the country o A few documents mentioned that Turkey’s interest in enacting the smoking ban is due to the country's desire to join the European Union - National mood: <ul style="list-style-type: none"> o Turks were described to be more aware of the negative consequences of cigarette smoking
Global Stream	<ul style="list-style-type: none"> - FCTC <ul style="list-style-type: none"> o FCTC helped tobacco control: 1) mobilize technical and financial resources, 2) strengthens national legislation and actions, 3) mobilize civil society, 4) improve international tobacco control cooperation, 5) protocol addresses specific obligations.² - Global network: <ul style="list-style-type: none"> o The success of Turkey was attributed to the global movement against tobacco use³ o The success of the Framework Convention Alliance was attributed to share beliefs amongst its members⁴
Policy Stream	<ul style="list-style-type: none"> - Integrated Community

	<ul style="list-style-type: none"> ○ Documents highlighted strong cooperation, collaboration, communication, and partnership amongst all partners - Characteristics of the solution: <ul style="list-style-type: none"> ○ Tobacco control advocates are in favor of the smoking ban ○ High level politicians support the smoking ban - Softening <ul style="list-style-type: none"> ○ Elif Dağlı said that the NGOs have “vaccinated them [the government] against the industry’s argument”⁵
Policy Window and the Joining of the Streams	<ul style="list-style-type: none"> - The Prime Minister said that tobacco control has become as important as the country’s anti-terrorism efforts.³
Sustaining the Momentum	<ul style="list-style-type: none"> - Political support: <ul style="list-style-type: none"> ○ Prime Minister and Health Minister were firm on implementing the ban ○ Prime Minister likened tobacco use to terrorism during the second anniversary of the ban revealing sustained concern for the issue¹ ○ Political commitment was identified as a key factor to success ○ A whole and multi-sectoral government approach was identified as a key to success - Public Support: <ul style="list-style-type: none"> ○ Many studies were conducted to examine public opinion concerning the legislation. Results showed that the public strongly supports the smoking ban. - Positive feedback: <ul style="list-style-type: none"> ○ Documents highlighted the various positive effects of enacting and implementing the 100% smoke free legislation (i.e. drops in cigarette sales, decline in passive smoking, decrease in tobacco related diseases, drops in the number of smokers, and high compliance rate) ○ Yeşilay praised this law as “a public health revolution”¹ - Global feedback: <ul style="list-style-type: none"> ○ Health Minister, Prime Minister, and Head of Health Commission all received awards from the WHO ○ SSUK received a Bloomberg award ○ The smoking ban was highly praised by other countries as well as the WHO ○ WHO revealed that Turkey is the first and only country in the world to have fulfilled all MPOWER measures ○ Many countries visited Turkey to learn about its

	tobacco control program ⁶
Process and Other Relevant Information	<ul style="list-style-type: none"> - Health Minister Yildirim Aktuna declared war on smoking and alcohol in 1996¹ - A bill proposed by Welfare Party, Ahment Feyzi Inceoz was passed. This bill restricted smoking in public areas and all kinds of advertising¹ - In 2005, the Parliament's health commission drafted and adopted a bill which prohibited drivers from smoking while driving in their cars or trucks¹ - In 2006, the Parliament's health commission passed a bill within its commission banning smoking in public buildings, restaurants, cafés, malls and other public places. The bill allowed for smoking rooms¹ - In 2006, the justice commission approved the bill passed by the health commission¹ - The bill became void after the end of the parliamentary term but was proposed and passed again within the commission in 2007¹ - MoH created cloudless air space councils in every province to enforce the ban in 2009¹ - Opposition ensued against the smoking ban. Some argue that the rights of smokers should be protected - The constitutional court examined the constitutionality of the smoking ban in 2010^{1,3} - SSUK collected 1500 signatures to send to constitutional court encouraging the court to not soften the smoking ban¹ - Parliament passed regulations on water pipes in 2012^{1,3} - The number of inspectors was increased from 4000 to 6000 in 2010^{1,3} - Many articles included the content of the ban

¹Hürriyet News (<http://www.hurriyetdailynews.com/>)

² Altan, 2012

³ Today's Zaman (<http://www.todayszaman.com/home>)

⁴ Ratte, 2013

⁵ WHO, 2012

⁶ WHO, 2013

Appendix 2.4a Tobacco Control Survey in Turkey - English

1. How old are you?

- 18 to 30 years old
- 31 to 40 years old
- 41 to 50 years old
- 51 to 60 years old
- 61 years and older

2. What is your sex?

- Male
- Female

3. What is the highest level of education you have completed?

- Primary Education (Elementary and Middle School)
- High School
- Associate's/Bachelor's
- Master's
- Doctoral

4. For how many year(s) have you been working on tobacco control in Turkey?

- Less than 5 years (Please include the years below. For example 2009 to 2013)

- 5 to 10 years (Please include the years below. For example 2004 to 2013)

- More than 10 years (Please include the years below. For example 1990 to 2013)

5. Which type of organization are you primarily affiliated with?

- Government/Public Sector
- Civil Society - Turkey
- Civil Society - International
- University/Academia
- International Multilateral or Bilateral Organization (i.e. WHO)
- Private Sector/Industry
- Others: _____

6. Thinking about all the individuals from international and Turkish organizations who are working on the issue of tobacco control in Turkey, in your opinion, what percentage of these individuals frequently communicate with each other regarding tobacco control related issues in Turkey? (By communication, we mean formal or informal communication through telephone calls, email exchanges, and/or in-person communications)

- 0%
- 10%

- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

7. Thinking about all the individuals from international and Turkish organizations who are working on the issue of tobacco control in Turkey, in your opinion, what percentage of these individuals agree on the same solutions for tobacco control?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

8. Thinking about all the individuals from international and Turkish organizations who are working on the issue of tobacco control in Turkey, in your opinion, what percentage of these individuals believe in tobacco control solutions that are based on scientific evidence rather than their own personal ideas?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

9. Thinking about all the individuals from international and Turkish organizations who are working on the issue of tobacco control in Turkey, in your opinion, what

percentage of these individuals bring unique perspective or expertise to tobacco control in Turkey?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

10. Thinking about all the individuals from international and Turkish organizations who are working on the issue of tobacco control in Turkey, in your opinion, what percentage of these individuals can be relied on to do what they say they will do?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

11. Who do you go to for advice regarding tobacco control related issues? Please identify up to 5 individuals (for example John Doe from Ministry of Finance)

1. _____
2. _____
3. _____
4. _____
5. _____

12. In your opinion, who has the most power to influence tobacco control policy in Turkey? Please identify up to 5 individuals (for example John Doe from Ministry of Finance)

1. _____
2. _____
3. _____
4. _____

5. _____

Would you like to receive the final results of this research study? If yes, please provide your email address.

Yes _____

No

**THANK YOU FOR COMPLETING THE SURVEY!
WHEN YOU PRESS THE BUTTON BELOW YOUR RESPONSE WILL BE
SUBMITTED.**

If you have comments, please let us know below.

Appendix 2.4b Tobacco Control Survey in Turkey - Turkish

1. Kaç yaşındasınız?

- 18-30 yaş arası
- 31-50 yaş arası
- 41-50 yaş arası
- 51-60 yaş arası
- 61 ve üzeri

2. Cinsiyetiniz?

- Erkek
- Kadın

3. Tamamlamış olduğunuz en yüksek eğitim seviyesi nedir?

- İlköğretim (ilkokul ve ortaokul)
- Lise
- Ön Lisans/Lisans
- Yüksek Lisans
- Doktora

4. Kaç yıldır Türkiye’de tütün kontrolü üzerinde çalışmaktasınız?

- 5 yıldan az (Lütfen yıl bilgisini aşağıda belirtiniz. Örnek 2009-2013)

- 5 ile 10 yıl arasında (Lütfen yıl bilgisini aşağıda belirtiniz. Örnek 2004-2013)

- 10 yıldan fazla (Lütfen yıl bilgisini aşağıda belirtiniz. Örnek 1990-2013)

5. Şu anda ne tür bir kurumun mensubusunuz?

- Devlet/Kamu Sektörü
- Sivil Toplum – Türkiye’de
- Sivil Toplum – Uluslararası
- Universite/Akademi
- Uluslararası Çok Taraflı veya Çift Taraflı Organizasyon (Örn. Dünya Sağlık Örgütü)
- Özel Sektör/Endüstri
- Diğer: _____

6. Türkiye’de uluslar arası ve Türk kuruluşlarında tütün kontrolü ile ilgili çalışmalar yapan herkesi düşündüğünüzde, sizce bu kişilerin yüzde kaçı Türkiye’de tütün kontrolüyle ilgili konulara yönelik birbirleriyle çoğunlukla iletişim halindedirler? (İletişime geçmek le anlatılmak istenen telefon görüşmesi, karşılıklı e-posta alışverişi, ve/veya kişisel görüşmelerdeki resmi/gayri resmi iletişimidir).

- 0%
- 10%

- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

7. Uluslararası ve Türk kuruluşlarında Türkiye’de tütün kontrolüne bağlı konularda çalışan tüm insanları düşündüğünüzde, sizce, bu kişilerin yüzde kaçının tütün kontrolü için aynı çözümler üzerinde anlaşılıyor?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

8. Uluslararası ve Türk kuruluşlarında Türkiye’de tütün kontrolüne bağlı konularda çalışan tüm insanları düşündüğünüzde, sizce, bu kişilerin yüzde kaçının kendi kişisel fikirlerinden ziyade, bilimsel kanıtlara dayalı tütün kontrolü çözümlerine inanmaktadır?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

9. Uluslararası ve Türk kuruluşlarında Türkiye’de tütün kontrolüne bağlı konularda çalışan tüm insanları düşündüğünüzde, sizce, bu kişilerin yüzde kaçının Türkiye’de tütün kontrolüne özgün bir bakış açısı veya uzmanlık getirmektedir?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

10. Uluslararası ve Türk kuruluşlarında Türkiye’de tütün kontrolüne bağlı konularda çalışan tüm insanları düşündüğünüzde, sizce, bu kişilerin yüzde kaçına yapacaklarını söyledikleri şeyleri yapacakları konusunda güvenilebilir?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

11. Tütün kontrolü ilgili konulara yönelik kimin tavsiyesine başvurursunuz? Lütfen en fazla beş kişi belirleyiniz (Örnek: Ekonomi Bakanlığı’ndan Zafer Çağlayan)

6. _____
7. _____
8. _____
9. _____
10. _____

12. Sizce, Türkiye’de tütün kontrolü politikalarını etkileme konusunda en fazla güce sahip olan kişiler hangileridir? Lütfen en fazla beş kişi belirleyiniz (Örnek: Ekonomi Bakanlığı’ndan Zafer Çağlayan)

1. _____ p.m. close friend _ ____
2. _____
3. _____
4. _____
5. _____

Bu arařtırmanın sonuçlarını almak ister misiniz? Cevabınız evet ise, lütfen e-posta adresinizi belirtiniz.

Evet _____

Hayır

**ANKETİ DOLDURDUĐUNUZ İÇİN TEŐEKKÜRLER!
AŐAĐIDAKİ TUŐA BASTIĐINIZ ZAMAN CEVAPLARINIZ SİSTEME GİRMIŐ
OLACAKTIR.**

Eđer yorumlarınız varsa, lütfen aŐađıda bize belirtiniz.

3. The Unfinished Agenda: An Analysis of Why Political Priority Did Not Emerge for Road Safety in Turkey

Abstract

Background: Political priority pertains to the agenda setting phase of the policy process whereby an issue emerges as one that draws the attention of and triggers action from high-level decision makers. Few studies have investigated why political priority fails to develop or reemerge for certain public health issues in middle-income countries (MICs). In Turkey, road traffic injuries are a major cause of mortality and morbidity. Although, the issue has gained attention in recent years, it has, unfortunately, not received political priority.

Objective: Using a framework adapted from John Kingdon's *Multiple Streams Theory*, the process and determinants of why road safety did not become a political priority in Turkey in recent years were explored.

Method: A mix-methods case study approach was used. Qualitative data were collected using key informant interviews (N=27) and document review (N=91) for the purpose of examining the process and determinants affecting each stream. These data were analyzed using deductive and inductive coding. Quantitative data were also collected using an online survey (N=95) for the purpose of exploring the characteristics of the individuals working on the issue of road safety in Turkey and their relationships. These data were analyzed using descriptive statistics, Wilcoxon-Mann-Whitney test, and Kruskal-Wallis test followed by Dunn test for pairwise comparison. Opinion leaders and most powerful

individuals were also identified by calculating the network nominations received. To enhance the trustworthiness of these results, strategies including member checking and triangulation were performed. All data were then compared and contrasted to the adapted framework.

Results: In recent years, road safety gained attention in Turkey due to the development of the global and problems streams as well as the presence of a well-respected WHO Country Office and actors with personal ties to the Prime Minister. Findings, however, showed that the absence of a policy window, the lack of major crises, an insufficiently favorable political environment, and the presence of a fragmented road safety community prevented the issue from reaching political priority in Turkey. Other barriers included insufficient indicators, politically weak supporters, a non-coercive international declaration, and the presence of privileged groups in traffic. Policy entrepreneurs who can champion the issue and strong advocacy-oriented NGOs were also missing.

Conclusion: Findings from this study are particularly relevant for actors working on public health issues in Turkey and/or other democratic MICs with a unitary structure of government. Lessons could be drawn to help these actors devise strategies to promote their public health issues.

Keywords: road safety, political priority, agenda-setting, Turkey

Introduction

Political priority concerns the agenda-setting phase of the policy process where an issue emerges as one that captures the attention of and prompts action from political leaders (Shiffman, 2007). Experts have explained that even when much is known about a disease or injury as well as its interventions, political actors may not prioritize it. Slow progress in reaching international goals could, therefore, not only be explained by weak health systems or insufficient funding but also by the lack of political will (Shiffman, 2007). Accordingly, political priority is considered an important facilitator in tackling public health issues. Shiffman (2007) and Fox et al. (2011) defined the term as:

“(1) *Expressed commitment* or verbal declarations of support for an issue by high level, influential political leaders; (2) *Institutional commitment* or specific policies and organizational infrastructure in support of an issue; and (3) *Budgetary commitment* or earmarked allocations of resources towards a specific issue relative to a particular benchmark (Fox et al., 2013, p.6).”

Despite the importance of political priority, however, few studies have investigated why it fails to develop or reemerge for certain public health issues in middle-income countries (MICs) (Shiffman & Okonofua, 2007; Moise, 2011; Smith, 2013; Balarajan, 2014). The majority of the researchers have also investigated this topic using qualitative methods only; few have employed quantitative or mixed methods approaches (Bor, 2007).

In view of the paucity of research in this area, the primary aim of this study was to understand the process and determinants of why road safety did not become a political priority in Turkey in recent years using a mix-methods case study approach. A conceptual framework adapted from John Kingdon's *Multiple Streams Theory* was employed to guide data collection and analysis.

Road traffic injuries (RTIs) are a major public health burden in Turkey. According to the 2010 Global Burden of Disease Report, RTIs were the 15th leading cause of mortality and 10th leading cause of disability adjusted life years (DALYs) lost in Turkey (GBD, 2010). Police and gendarmerie data released by the Turkish Statistical Institute revealed that the crash rate was 1574.8 per 100,000 population in 2013; this is more doubled that of 1999 (703 per 100,000 population) (TurkStat 2008, TurkStat, 2013a). When examining the crash rate per 100,000 vehicles, the number of crashes grew faster than the number of vehicles: 5649.8 in 1999 and 6,730.2 in 2013 (TurkStat, 2013a; TurkStat, 2013b). Likewise, the injury rates per 100,000 population have also been increasing (267.8 in 2007 and 358.5 in 2013) (TurkStat 2008, TurkStat, 2013) (Figure 3.1).³

In recent years road safety received attention from Turkish political leaders. A circular from the Prime Ministry concerning the road safety strategy and action plan was distributed in 2012 to all 81 provinces. During that same year, the Supreme Highway Traffic Safety Council (SHSC) under the presidency of the Prime Minister also convened for the first time in over a decade. Subsequently, in 2013, Turkey launched the Decade of

³ It is important to note that the definition of road traffic deaths from this data source does not include 30-day follow up. Although attempts are currently being made to obtain such information, those data are, to date, not publically available.

Action for Road Safety. During this event, former Prime Minister and current President (hereafter “Prime Minister”) Recep Tayyip Erdoğan declared road safety to be the second most important problem in the country after terrorism. Moreover, a loophole in a regulation that exempted commercial car drivers from wearing seatbelts was closed almost completely in 2014. Despite this progress, however, there has been weak to no institutional and budgetary follow-up to “lock in (Fox et al., 2011, p.4)” Turkey’s response.

This study will start by describing the conceptual framework and methods used. Subsequently, the results will be discussed according to the domains of the conceptual framework as well as the new themes that emerged from the data. Finally, the discussion and conclusions will be presented.

Conceptual Framework

This study was guided by a framework adapted from John Kingdon’s *Multiple Streams Theory*. This theory was selected due to the fact that it is one of the most influential theories in agenda-setting, and has been previously employed by researchers to examine political priority development for public health issues in MICs (Shiffman & Ved, 2007; Shiffman & Okonofua, 2007; Daniels et al., Jat et al., 2013). Developed in the United States, the applicability of the *Multiple Streams Theory* to MICs needs to be validated. Other theories or frameworks that have also been used to examine this topic include Shiffman & Smith’s 2007 framework (Shiffman & Smith, 2007); this framework,

however, was constructed primarily to examine political priority development at the global level and has been criticized for its lack of theoretical grounding (Shiffman, 2009).

According to Kingdon (2011), political priority emerges when three largely independent streams – problem stream, policy stream, and political stream – develop then come together at a critical time otherwise known as the opening of a policy window. This window can be opened by either an urgent problem or changes within the political stream.

The *problem stream* refers to the process by which a condition turns into a problem that requires meaningful attention. The presence of indicators, focusing events, and/or feedback from existing programs can help convince high-level decision makers to pay attention to the problem over others. The *policy stream*, on the other hand, concerns the process of by which a policy solution becomes one that is accepted for consideration. The development of this stream can be facilitated by an integrated policy community and the presence of a solution that is acceptable and feasible to key stakeholders. Finally, the *political stream* refers to macro-level political conditions that affect the process including events within the government and the national mood (Kingdon, 2011).

Kingdon (2011) also identified several actors within the government (i.e. President, Presidential staff) as well as outside of the government (i.e. interest groups, academics) who can potentially influence one or all three streams. He also highlighted the importance

of policy entrepreneurs in softening up the community of specialists and in helping join the streams.

Due to the fact that this theory was developed in the United States, international actors were not discussed or included. A few existing studies, however, have shown that international actors can influence policy making in MICs through several mechanisms including norm promotion, resource provision, pressure, and collaboration with domestic policy networks (Shiffman 2007; Fuentes et al., 2008; Tantivess et al., 2008; Smith & Neupane, 2011; Pelletier et al., 2012). Accordingly, in the conceptual framework for this study, international actors were illustrated as important players in all three streams (Figure 3.2).

The theory was also adapted in several other ways. First, “external framing” defined as the way in which actors portrayed the problem to the public was examined to understand if it also facilitated the development of the problem stream (Shiffman & Smith, 2007). Second, borrowing from the wider collaboration literature, the pattern of interaction between actors– shared belief, trust, and respect among the members - within the policy community were explored (Foster-Fishman, et al., 2001; Mattessich, Murray-Close & Monsey, 2001). Finally, the adapted framework portrayed the policy and problem streams as overlapping due to criticisms of the assumption that the streams are independent (Zahariadis, 2007) (Figure 3.2).

Methods

A mixed methods case study design was used to understand the process and determinants of why road safety did not become a political priority in Turkey in recent years. Case study methodology is defined as a holistic exploration of complex issues within their natural contexts and is especially fit to answer "how" and "why" research questions such as the one under investigation (Yin, 2008; Schutt, 2009). Both qualitative and quantitative data were collected between 2010 and 2014. This mixed-methods approach allowed for triangulation thus enhancing the credibility of this study (Shenton, 2004; Schutt, 2009).

Qualitative Research Methods

The qualitative component of the study explored the process and determinants affecting each stream as well as the policy window, the barriers that had hindered road safety from achieving political priority, and the actors that have been working on the issue (Table 3.1). Two data sources were used for this component: key informant in-depth interviews and documents.

Data Collection

Key informants were selected through purposive and snowball sampling techniques (Schutt, 2009) based on the following criteria: had played a significant role in road safety gaining attention in Turkey in recent years, possessed extensive knowledge of road safety in Turkey and/or led an organization that is involved in road safety in Turkey.

Preliminary document review, local partners from the General Directorate of Security

(GDS) and World Health Organization (WHO) Country Office, international partners such as Association for Safe International Road Travel (ASIRT) and Global Road Safety Partnership (GRSP), and key informants assisted with the identification of these potential informants. All were recruited for the study using three mechanisms: email (N=18), in person (N=6) or by phone (N=3). Except for two individuals who did not respond to the study invitation, all identified informants agreed to participate, yielding a total of 27 interviews with 25 key informants. Data saturation was achieved after the completion of the 26th interview (Charmaz, 2006). An additional interview was conducted thereafter to ensure saturation was fully reached.

The majority of the interviews were conducted face-to-face (N= 24) with the exception for three that were carried out through Skype (N=2) or phone (N=1) as a result of logistics and budget constraints. All interviews were loosely structured around an interview field guide that was constructed based upon the domains of the conceptual framework. Informants were, for example, asked questions related to each stream “Could you please tell me more about the political environment in Turkey and how it influenced road safety in Turkey?” as well as questions that concerned the actors working on the issue “Could you please tell me about the people involved in road safety in Turkey (Appendix 3.1a and 3.1b).” All questions were open-ended and refined, as needed, throughout the data collection period.

The first author conducted all the interviews. In circumstances where the informant chose to be interviewed in Turkish (N=5), bilingual research assistants were used to translate

the interviews verbatim. Verbal consent was obtained from key informants prior to the start of all interviews and permission to audio record the process was also discussed. More than half (N=14) of the 25 key informants denied the request to be recorded. Accordingly, the first author took detailed notes during those interviews. For Turkish unrecorded interviews (N=4), one of the research assistants was also tasked with taking detailed Turkish notes such that they could be compared to the first author's English notes. The average time of all interviews was 40 minutes.

Debriefing sessions were held immediately after interviews that required research assistants to translate (Liamputtong, 2010). During these sessions, strengths, weaknesses, challenges and perceptions of the process were all discussed. Reflexive notes were also written after each interview and throughout the process (Charmaz, 2006).

Documents were purposively sampled with the main inclusion criteria being their relevance to the issue of political priority development for road safety in Turkey. The purpose of the review was to understand the timeline of events, loopholes in existing road safety laws, the process and determinants affecting each stream, the barriers that had hindered road safety from achieving political priority, and the actors that have been working on the issue (Table 3.1).

Documents from organizations involved in road safety (i.e. government reports, presentations, project documents, meeting minutes), national laws (i.e. Regulation 150 that exempted commercial car drivers from wearing seatbelts), and draft amendments

were obtained from key informants, local partners and international partners. Newspaper articles were acquired from the English and Turkish websites of Hürriyet Daily News and Today's Zaman – the two most widely circulated newspapers in Turkey. The keywords "road safety," "road safety and Erdoğan⁴," and "traffic accident and Erdoğan" were used to search the English website and the keywords "yol güvenliği ve Erdoğan" ("road safety and Erdoğan") and "trafik kazaları ve Erdoğan" ("traffic accident and Erdoğan) were used to search the Turkish website.

Published literature were also consulted. These documents were acquired from local and international partners as well as English and Turkish Databases. The keywords "road safety AND Turkey," "traffic safety AND Turkey," "traffic accidents AND Turkey," "political priority AND road safety," and "agenda setting AND road safety" were used to search PubMed and Scopus and the keywords "yol güvenliği" ("road safety"), trafiki güvenliği" ("traffic safety"), trafik kazaları" ("traffic accidents"), and "trafik kazaları ve güvenliği" ("traffic accidents and safety") were used to search the Turkish database Ulakbim. Moreover, web searches were also carried out through Google Search Engine to secure these government reports, presentations, project documents, newspaper articles and published literature (Table 3.2).

A total of 91 English and Turkish documents were selected by the first author with help from research assistants. Since the WHO country office has been collecting and translating road safety documents for the Global Road Safety Program in Turkey, most of

⁴ The keyword "Erdoğan" was specifically chosen such that any public statements or decisions made by the Prime Minister for road safety could be further examined

the documents were readily available in English. The few Turkish documents that were obtained were translated into English by bilingual research assistants. Data saturation was reached before the completion of the review.

Data Analysis

Audio recorded interviews and notes were transcribed by the first author and research assistants using Microsoft Word ® (Creswell, 2009). Only the English portion of the one recorded Turkish interview was transcribed. A research assistant, however, corrected mistranslations of words and phrases during the transcription process.

The preliminary steps of the analysis involved the first author reading through all transcripts and notes to obtain an initial sense of the data (Creswell, 2009). All transcripts were, subsequently, coded deductively with a codebook that drew upon the domains of the conceptual framework (Appendix 3.2a). Data were also coded inductively permitting for new themes to emerge. This inductive process entailed initial line-by-line coding by hand on a limited portion of data then focused coding by hand on the remaining data (Charmaz, 2006). Memos were also written to assist this process (Charmaz, 2006). Once a final set of codes was generated (Appendix 3.2b), all transcripts were recoded using HyperRESEARCH 3.5.2. computer software (ResearchWare Inc, 2013).

All quotes presented in this paper are verbatim from key informants (Table 3.3 illustrates the list of informant ids and corresponding organizational affiliation). When applicable, some grammatical corrections were made to interviews conducted with non-native

English speakers. These minor corrections did not alter the sentence structure, word selection, or connotation of the quotes.

Documents were analyzed using Microsoft Excel. Data pertaining to the domains of the conceptual framework, new themes that had emerged from the in-depth interviews, timeline of events and relevant quotes from actors were extracted on to a spreadsheet. These extracted data were then reviewed and summarized by the first author using the following categories: “streams,” “actors,” and “process.” The “streams” category, for example, included data concerning the problem, political, global and policy streams. The “actors” category, on the other hand, contained data related to the characteristics and role of the road safety actors in Turkey and, finally the “process” category included the timeline of events (Appendix 3.3).

Quantitative Research Methods

The quantitative component of the study examined the characteristics and relationships of the road safety community in Turkey. It also sought to identify the key opinion leaders and the positions with the most power to influence road safety policies (Table 3.1).

Data Collection

A self-administered online survey was sent to individuals who have played a role in road safety in Turkey in 2013. As a census-based sampling frame did not exist, several mechanisms were used to identify these potential respondents. First, the contact information of all members involved in the two existing road safety projects in Turkey - Global Road Safety Program and Traffic Responsibility Action - were obtained from the

project leaders. Next, participant lists from two workshops that were carried out in Turkey were acquired from international partners. The first workshop included participants from almost all of the road safety NGOs in Turkey and the second workshop included government officials and academics who were interested in road safety monitoring and evaluation. Local partners, key informants and documents were also consulted. Finally, web searches were carried out using Google Search Engine to locate road safety related associations and university-based road safety research centers. A total of 251 individuals were identified after de-duplication. Using census sampling (Forthofer, Lee & Hernandez, 2007), all of the potential respondents were invited to participate and 95 individuals completed the online survey.

The survey explored four main areas with 12 questions and included an open section for remarks. The first five questions concerned the attributes of the respondents (i.e. how many years have you been working on road safety in Turkey?). These were followed by questions that asked for the respondents to rate the relationships between all individuals working on road safety in Turkey (i.e. Thinking about all the individuals from international and Turkish organizations who are working on the issue of road safety in Turkey, in your opinion, what percentage of these individuals agree on the same solutions for road safety?). Respondents were also requested to nominate up to five individuals they “go to for advice regarding road safety related issues” and up to five individuals “who have the most power to influence road safety policies in Turkey.” The full survey can be found in the Appendix (3.4a for English and 3.4b for Turkish).

Several steps were taken to develop the survey. First, an English version was constructed by the first author based on the relevant domains of the conceptual framework, collaboration literature, and themes that had emerged from the key informant in-depth interviews. Next, the survey was pre-tested with 5 staff from Johns Hopkins Bloomberg School of Public Health who have had extensive experience working on road safety projects. The English version was then translated into Turkish following recommendations from Brislin (1970) and Werner and Campbell (1970). Accordingly, a bilingual research assistant translated the survey from English to Turkish and then a second research assistant blindly translated the survey back to English. The two versions were compared for variations and de-centering was used to address inconsistencies. Finally, the resulting Turkish version of the survey was pilot-tested with 4 local partners in Turkey.

The survey was administered using Qualtrics (Qualtrics, Provo, UT), a software which is very user-friendly. Potential participants were recruited via the Qualtrics mailer which allowed for customized email invitations. These email invitations included a cover letter describing the project, a link to the online anonymous survey and consent form.

Participants were made aware that by clicking the link embedded in the email, they were consenting to the study and will be routed to a separate secure webpage to complete the survey.

Participants were given around four weeks to complete the survey. A reminder email was sent prior to the deadline and a follow-up email was sent after the deadline.

Data Analysis

Using descriptive statistics such as mean, median, and proportions as appropriate (Forthofer, Lee & Hernandez, 2007), respondents' characteristics and ratings of relationships within the road safety community in Turkey were evaluated. Subsequently, the nonparametric Wilcoxon-Mann-Whitney test (for 2 groups), or Kruskal-Wallis tests (for more than 2 groups) (Forthofer, Lee & Hernandez, 2007) followed by Dunn test for pairwise comparison (Dunn, 1964) were used to compare whether ratings of these relationships differed with respect to attributes of the participants (i.e. age, sex, education). The attribute "age" was collapsed into three categories ("40 years and younger," "41 to 50 years old," and "51 years and older"), "education" was collapsed into three categories ("Associate's/Bachelor's Degree and lower," "Master's Degree," and "Doctoral Degree") and organizational affiliation was collapsed into four categories ("Government/Public Sector," "University/ Academia," "Private Sector/Industry," and "Others"). The Wilcoxon-Mann-Whitney and Kruskal-Wallis tests were chosen as the dependent variables were measured at the ordinal level and the independent variables had two or more categorical, independent groups.

"Opinion leaders" were identified by asking participants to nominate up to five individuals they go to for advice regarding road safety related issues. The number of nominations an individual received was then divided by the total number of respondents who had provided nominations. The top three were considered the opinion leaders (Valente & Pumpuang, 2007; Valente, 2010). Similarly, the "most powerful individuals"

within the community were identified by asking participants to nominate up to five individuals who have the most power to influence road safety policies in Turkey. The number of nominations a position/organization received was then divided by the total number of respondents who had provided nominations (Valente, 2010).

All statistical analysis was performed using STATA statistical software (version 11) (StataCorp, LP, College Station, TX) and Microsoft Excel (version 2011) (Microsoft, Redmond, WA).

Within-Case Analysis

To enhance the trustworthiness of the data, member checking was performed. This involved presenting findings to key informants and asking if the interpretation of the data was reasonable based on their experiences (Shenton, 2004; Charmaz, 2006).

Additionally, triangulation of all three data sources was undertaken with the use of a table. The primary purpose was to identify points of convergence and to ensure consistency (Shenton, 2004; Schutt, 2009). Data were summarized, then compared and contrasted with each other according to the domains of the conceptual framework and the new themes that had emerged (i.e. global stream, problem stream, political stream, policy stream, policy window and actor characteristics) (Table 3.4). Finally, the triangulated results were summarized then compared to the conceptual framework such that similarities and differences between this case and the conceptual framework could be explored (Table 3.5).

Ethical Approval

This study was conducted as a part of the Global Road Safety Program funded by Bloomberg Philanthropies which had received ethical approval from the Johns Hopkins Bloomberg School of Public Health Institutional Review Board in Baltimore, Maryland USA and the Applied Ethics Research Centre of Middle East Technical University in Ankara, Turkey. The qualitative component of this study was deemed non-human subjects research and the quantitative component received exempt status.

Results

In this section, the characteristics of the three data sources will first be described followed by a description of the history of road safety in Turkey between 1920 and 2002. Subsequently, the processes and determinants of why road safety did not reemerged as a political priority in Turkey in the last decade will be presented in chronological order by the domains of the conceptual framework as well as by the new themes that had emerged from the data sources.

Characteristics of Data Sources

Most of the key informants interviewed were male (68.0%) and between the ages of 31 and 60 (96.0%). About 44.0% (N=11) of these informants represented Turkish governmental organizations, 24.0% (N=6) were affiliated with international organizations, and 32.0% (N=8) belonged to Turkish Civil Society and/or Universities (Table 3.6).

The majority of the documents reviewed were reports, presentations and meeting minutes from road safety organizations and projects in Turkey (37.4%) as well as newspaper articles (49.5%). About 7.7% were national road safety amendments and laws, and another 5.5% were published literature (Table 3.2).

The total response rate for the online survey was 39.1%. This was calculated by dividing the number of respondents by the total number of individuals who received the online survey (N=243) (Deuskens et al., 2004; Kho et al., 2010; Neuberger et al., 2014). Emails that were bounced back (N=8) were excluded from the denominator in order to adjust for respondents who were able to access the survey.

The majority of survey respondents were male (70.5%) and between the ages of 31 and 60 (86.3%). About 30.5% (N=29) received an Associate's/Bachelor's degree, 29.5% (N=28) a Master's degree, and 39.0% (N=37) a Doctoral degree. Many of the respondents have worked on the issue of road safety for more than 10 years (42.1%; N=40) and more than a third (39.0%; N=38) identified government/public sector as the type of organization they are primarily affiliated with (Table 3.7).

History of Road Safety in Turkey 1920-2002

Turkey's road safety activities commenced in the 1920s with the enactment of the 1926 Turkish Penal Code. This law, which allowed for police to penalize drivers who threaten the life of other people or public property, was followed by the enactment of the Municipality Law 1580 and the Law of Police Powers 2559 in the 1930s. The former

allocated traffic responsibilities to municipalities and the latter gave police the authority to regulate traffic violations (Figure 3.3) (Gökaşar & Emir, 2011; Şener, 2012).

By the 1950s, construction and use of new roads in Turkey led to an increase in road traffic crashes, illuminating the inadequacies of existing laws and prompting governmental actors to draft better legislations (Gökaşar & Emir, 2011; Şener, 2012).

Gökaşar & Emir (2011) explained that during this time period the problem of road safety in Turkey had become “a national security issue (p.121)” and, as a response to this crisis, Road Traffic Act 6085 was enacted in 1953 and, subsequently, updated in 1983 to be consistent with international laws (Gökaşar & Emir, 2011; Şener, 2012) (Figure 3.3).

Between 1970s and 1980s, Turkey suffered political and economic instability, resulting in low prioritization of other issues, including road safety. In the 1990s, however, road safety reemerged as a pressing problem due to the deteriorating situation in the country as highlighted by available road traffic related death indicators (Figure 3.4). The issue also gained political priority during this time period. In October 1996, the 1983 law was radically amended by law number 4199 to remedy the gaps in the previous legislation (Figure 3.3). This amendment increased fines, mandated frequent offenders to undergo psychological assessment, and established the Supreme Highway Traffic Safety Council, the Traffic Safety Council, Road Safety Research Center, Honorary Road Traffic Inspectors, and mandatory road safety education (Işıldar, 2006). Turkey also received a loan from the World Bank to start the Road Improvement and Traffic Safety Project (World Bank, 1996). Key informants and documents emphasized the active engagement

of high-level decision makers and NGOs such as the Turkish Traffic Safety Association during this time period:

“The President took to the stage to emphasize the issue at his press conferences. The Ministers had interviews in media. It was so seriously taken up that all radio and TV channels were held responsible to make traffic safety programs for total two hours every week to enlighten the people about the new law in detail, for a period of two months from the date of issue of the law.” – Turkish Civil Society Actor (i9)

Interior Minister explained that "Our target is to decrease the traffic accidents to the minimum level." (“New Road Safety,” 1997, p.1).

Road Safety 2002-2014

In 2002, the Justice and Development party (AKP party) came into power opening a new chapter for the country. This social conservative party originated from an Islamic movement that dates back to the 1960s. After years of political and economic instability in the country, the leaders of AKP party took on a series of reform which had led some scholars to attribute the recent economic success of Turkey to the party’s new policies (Karagöl, 2013).

Problem Stream

Given the new focus of the ruling party, the issue of road safety fell from the agenda and did not remerge as a problem again until 2009. Although road safety supporters,

including governmental and nongovernmental actors, had used different strategies to illuminate the problem in the last decade, barriers such as the absence of major crises combined with insufficient indicators to shed light on the true burden of RTIs, and the lack of political power among road safety supporters impeded the problem stream from developing on its own (Table 3.4).

Absence of Major Crises Combined with Insufficient Indicators

Findings showed that in recent years there has been an absence of major crises large enough to change the scale of the road safety problem and trigger the attention of and action from high-level governmental actors in Turkey:

“I don't think there was any influx of crashes. We didn't see major crashes like in other countries that's what precipitates political attention and commitment” –
International Actor (i20)

Moreover, while crash and injury rates per 100,000 population has been increasing in the country, death rates has been decreasing (TurkStat 2008, TurkStat, 2013) as a result of improvements in health care and road infrastructure. Prime Minister Erdoğan highlighted this decline during his speech for the launch of the Decade of Action for Road Safety in 2013:

“The number of people who died at the scene in traffic accident has decreased to 3,757 despite the fact the number of vehicles exceeded 17 million.” - (Erdoğan, 2013)

Findings also showed the true burden of RTIs in Turkey is unknown as a result of limitations associated with existing indicators. Data for road traffic crashes has been compiled since the 1950s. Currently, police and gendarmerie data concerning road traffic related deaths and injuries could be obtained through the Traffic Accident Statistics Report published annually by the Turkish Statistical Institute. The Ministry of Health also has pre-hospital data from its 24-hour reporting system. Although these public data sources have various strengths, the definitions used to define road traffic deaths do not include 30-day follow-up as per international standards (Puvanachandra et al., 2012; TurkStat, 2013a). As a result the true burden of RTIs is unknown and likely underestimated.

“Road safety is a big problem in Turkey because of injuries and fatalities. Fatalities are not known. The number of injuries and fatalities is a Big problem. We don’t know how big it is.”- Government Official (i5)

In addition to issues with existing public sources, there are limited academic studies in this area particularly as it relates to risk factors (Puvanachandra et al., 2012). Many key informants highlighted the need for more credible indicators in Turkey as they could be used to monitor progress and inform policies:

“Research evidence helps. There aren’t a lot of studies and we don’t know the reliability and validity of existing studies.” – Turkish Academic (i7)

Politically Weak Supporters

Findings showed that key actors who have been actively promoting road safety in Turkey in recent years included civil society actors, and government officials within the traffic departments of the General Directorate of Security and Ministry of Transportation.

Unfortunately, however, these key actors are considered to be politically weak in Turkey (Figure 3.5). The problem did not spark the interest of politically powerful high-level decision makers such as the Prime Minister and relevant Ministers.

1. Civil Society Actors

The number of nongovernmental organizations (NGOs) working on the issue of road safety in Turkey is limited. One key informant mentioned that he found a total of 11 different NGOs when searching official registration records. Despite the small size of this group, findings highlighted the lack of cohesion amongst these organizations. A report prepared 14 years ago by SweRoad (2001), for example, mentioned that road safety NGOs in Turkey were historically “promoting safety in different ways (p.16);” this appeared to have not changed over time:

“I think they have yet to work together. I think they know each other but they haven't said let's take this together and let's move it together. Let's take one issue and move it together” – International Actor (i20)

Although these NGOs provided public education, supported victims, framed the problem as one that is as devastating as terrorism, and participated in government meetings, these actors did not engage in traditional advocacy and was described by key informants as very passive and reluctant to challenge the government when necessary. This is consistent with survey results which showed that when respondents were asked to identify 5 individuals whom they believe “has the most power to influence road safety policy in Turkey,” NGOs only received 10.6% of the nominations (Figure 3.5). Key informants believed that the NGOs could have helped draw attention to the problem if they were stronger and more advocacy-oriented:

“NGO can make the problem stream look bigger. If we had strong victims association they would do it. Force it.” –Turkish Academic (i7)

These NGOs also suffered from a lack of capacity including limited resources, skills at engaging the media, and knowledge of the advocacy and policy process in Turkey. Informants suggested that some NGOs believed in solutions that are not based on evidence.

2. General Directorate of Security (GDS), Ministry of Interior

The General Directorate of Security is located within the Ministry of Interior (MOI) and includes several presidency and directorates with road safety responsibilities: 1) Traffic Implementation and Enforcement Presidency, 2) Traffic Planning and Support Presidency, 3) Traffic Training and Research Presidency and 4) Traffic Research Center Directorate.

Key informants described the traffic police working within GDS as supportive, hardworking, devoted, and enthusiastic. They also explained that these traffic police have long been working hard to improve road safety in Turkey. Most recently, for example, they launched the New Approaches, Targets and Solutions on Road Traffic Safety” project in 2008 to address six main pillars: education, enforcement, support to traffic services, information, motivation of personnel and legislation (Çelik, 2011). This project was subsequently updated such that it could be included in the 2010-2020 Action Plan for Road Safety in Turkey (Çelik, 2011). The traffic police had also been trying to draw attention to the problem of road safety in Turkey by using global comparisons:

“[We] showed the problem. We used data. We compared Turkey’s situation and other big countries like Japan, Canada, Chinese, Brazil. [We] showed the Prime Minister, Minister of Interior and Minister of Transportation.” – Government Official (i5)

Unfortunately, however, these traffic directorates and presidencies rank low on Turkey’s political hierarchy. Other departments within GDS, such as the terrorism department for

example, are often perceived as more important. Accordingly, some of the traffic police believed that they are like the “adopted child” of GDS. This was echoed by many key informants who pointed out that issues brought forth by other directorates within GDS as well as MOI often take precedent:

“Right now police try to make something but it doesn’t have the power to affect other organizations because of their status” – Government Official (i8)

This is consistent with survey results which showed that the traffic departments within the General Directorate of Security only received 12.9% of the nominations when respondents were asked to identify 5 individuals whom they believe “have the most power to influence road safety policy in Turkey” (Figure 3.5).

Despite its low rank, key informants credited Mr. Ismail Baş, the Deputy Director General of Traffic Services between February 2012 and September 2012, for convincing the Prime Minister to reconvene the Supreme Highway Traffic Safety Council. Informants explained that Mr. Baş was effective because he has close personal ties with Prime Minister Erdoğan (Figure 3.6):

“Yes, yes he [Ismail Baş] was also very good .. because he was effective. Why? Because he was close with prime minister.” –International Actor (i18)

“Deputy General Director of Traffic Safety was close to party, and very

hardworking. He led the way. He convince the guys.” – Turkish Academic (i7)

3. Ministry of Transportation (MoT)

MoT has also been active at improving road safety in Turkey. There are two directorates within this Ministry that have road safety responsibilities: General Directorate for Highways (KGM) and General Directorate of Land Transportation. In 2009, the Minister of Transportation attended the first Global Ministerial Conference on Road Safety in Moscow and, along with many other countries, pledged to address road safety. Currently, KGM has also been coordinating a corporate social responsibility project known as Traffic Responsibility Action. This project involves various stakeholders including the automotive industry and is aimed at improving awareness to act responsibly in traffic, and to take precautions to increase safety (Kılavuz, 2011). Like GDS, however, these traffic related directorates within MoT also rank low on Turkey’s political hierarchy. As seen in the survey results, when respondents were asked to identify 5 individuals whom they believe “has the most power to influence road safety policy in Turkey,” the General Directorate for Highways only received 15.3% of the nominations (Figure 3.5).

Global Stream

As a result of the barriers that had impeded the development of the problem stream, the first stream to develop between 2002 and 2014 was the global stream. Defined as the presence of a favorable global environment for the public health issue, this stream emerged from this study as an important and separate stream which transformed in 2009 as a result of the Moscow Declaration and the Global Road Safety Program funded by

Bloomberg Philanthropies (Table 3.4). Informants explained that this global “level” is one of the “three levels (i12)” that need to be present for road safety to reach political priority in Turkey.

Moscow Declaration

In 2009, the Russian Federation hosted the first Global Ministerial Conference on Road Safety as requested by the United Nations (UN) General Assembly. The primary objectives were to highlight the growing problem of road traffic injuries around the world and to propose future plans of action (WHO, 2009a). More than 1,500 individuals from 150 countries including Turkey’s Minister of Transportation and high-level delegates from Ministry of Health and GDS participated in this historic meeting. The result of this two-day meeting was the Moscow Declaration which urged for the UN General Assembly to declare 2011 to 2020 the Decade of Action for Road Safety and for international donors to fund this growing public health issue (U.N., 2009). Subsequently, in March 2010, the UN General Assembly adopted a resolution (A/RES/64/255) to improve road safety worldwide. In accordance with the Moscow Declaration, 2011 to 2020 was also officially proclaimed as the Decade of Action for Road Safety. Since then, the decade has been launched in more than 70 countries around the world (U.N., n.d.). The importance of the Moscow Declaration to road safety gaining some attention in Turkey was highlighted by several key informants:

“So years passed by and, coming to your questions, and all of sudden this subject has come up in the agenda. When? In 2009. Why? Because in 2009, Turkey has

put its signature on a declaration. This is the Moscow Declaration of the Road Safety so they could start the Decade of Action. So now Turkey is internationally responsible to do something because he has the signature on the paper.” - Turkish Civil Society Actor (i9)

“First started with Moscow declaration.” – Government Official (i1)

Informants also explained that the declaration helped Turkey speed up its road safety efforts. GDS and MoT, for example, started to prepare an action plan for the country subsequent to the Moscow meeting:

“After Moscow things start. Before Moscow was also working on road safety. The decade of action got it speed. Forced us.” – Government Official (i6)

Although the Moscow Declaration was important to road safety gaining attention in Turkey, informants highlighted the fact that, unfortunately, global declarations are not binding. Unlike treaties, they do not have any coercive power:

“They [government officials] are to follow WHO guidelines but it doesn't help that contrary to tobacco control we don't have standards we have recommendations so you don't have anything to go against the government and say you know the international community says this is what you need to have it is just a recommendation.” – International Actor (i20)

The Bloomberg Global Road Safety Program

Global momentum for road safety drew the attention of big-name donors like Bloomberg Philanthropies. In 2010, the Global Road Safety Program, formerly known as Road Safety in 10 Countries Project (RS10), was launched in 10 countries that, taken together, were responsible for almost 50% of the world's global road deaths. The primary goal of this project was to decrease road traffic related injuries and fatalities by targeting key risk factors (alcohol, child restraint, seatbelt use, helmet and/or speed) (WHO, 2009b).

Accordingly, a consortium of six international partners (Association for International Road travel, EMBARQ, Global Road Safety Facility, Global Road Safety Partnership (GRSP), Johns Hopkins International Injury Research Unit (JH-IIRU), and the WHO) worked with national stakeholders (i.e. Ministry of Health, Ministry of Interior) to implement interventions and carry out monitoring and evaluation activities.

Turkey was one of the countries selected for the Global Road Safety Program. As a result of national stakeholder meetings held at the very beginning of the project, Ankara and Afyonkarahisar (Afyon) were chosen as sites where interventions related to managing speed, and encouraging seatbelt and child restraint use were implemented. Some of these interventions included social marketing campaigns, enhanced enforcement, legislative advocacy, and trainings/workshops. Informant highlighted the importance of the Global Road Safety Program in helping road safety gains attention in Turkey:

“I think really this international action or this big project also help to put this topic to really the upper agenda of the country because for any system, equilibrium will be changed mostly by external influence” – Turkish Academic (i12)

Specifically, Afyon’s success at dramatically increasing seatbelt use caught the attention of high-level politicians and also inspired other provinces to tackle road safety. Between 2010 and 2011, international actors found the seatbelt-wearing rates for front seat occupants to be dismally low (4% to 8%) (JH-IIRU, to be published). In 2012, however, seatbelt-wearing rate spiked to almost 50% and has since remained in the 40% to 50% range (JH-IIRU, to be published):

“It demonstrated that political commitment would change things. Now GDS can tell you better but I think there are other provinces who are using this example that we don’t even know. The governors are preparing circulars like 4 provinces who came yesterday they want us to visit them to explain the governor what happened in Afyon so they can do the same. They don’t want money they don’t want anything they just want us to visit them and talk with the governors.” – International Actor (i18)

Informants attributed this success to the commitment of Afyon’s governor who sent out a circular mandating public officials to wear seatbelt:

“Governor is a religious person. He thought if they can solve problem. It would be

beneficial for Turkey. Save someone's life. Good for religion.” – Turkish Academic (i17)

Findings also showed that the governor was convinced by the WHO and its consultant who drew attention to the problem by showing the governor the low percentage of seatbelt use in Afyon, comparing Turkey's road safety status to other countries, and mentioning that WHO is interested in increasing seatbelt use:

“He [the consultant] asked for help from us [government officials]. WHO wanted to prevent traffic accidents. WHO mentioned that the first issue is not using seatbelt and the second issue is speed. There were lots of effort put into these but the percentages were only 7%.” – Government Official (i13)

In addition to illuminating the problem of road safety, the project also introduced new actors into the road safety movement in Turkey. The Health Institute and other medical organizations, for example, were galvanized as result of ASIRT's NGO capacity building efforts. This was important as health focused NGOs and associations had previously been absent from the country's road safety efforts. This could be explained by the fact that road safety was not historically perceived as a public health problem in Turkey.

The project also introduced international actors into the movement. Findings showed that the active involvement of the WHO was particularly important not only because the

organization was well respected in Turkey but also because the WHO country office possessed good relations as well as connections to the Turkish government:

“Working with WHO is very important. Some prestigious thing. WHO is very respected.” – Turkish Academic (i17)

The WHO Country Office, for example, went directly to the Prime Minister and Minister of Interior’s offices to convince them to prepare the 2012 circular, using global comparisons and examples from Turkey’s tobacco control efforts (Figure 3.6). Staff at WHO also carried out a legislation review, recommending that the Supreme Highway Traffic Safety Council be reconvened. Moreover, one of the WHO officers possessed close working ties with the former Head of Health Commission to Parliament, Dr. Cedvet Erdöl. This was significant as Dr. Erdöl is a personal friend and the private physician of Prime Minister Erdoğan. Accordingly, WHO was able to use these ties to persuade the Prime Minister to launch the Decade of Action for Road Safety in Turkey (Figure 3.6):

“I think it was very easy for [WHO] to pick up the phone and call Erdöl...Erdöl was always overseeing public health issues for the parliament” – International Actor (i20)

Staff at the WHO were also knowledgeable about the policy process in Turkey, specifically they knew how to motivate the Prime Minister. Accordingly, to encourage Erdoğan to take action, staff invited WHO Geneva’s Director of Injury Prevention and

international partners to present awards to the Prime Minister during the launch of the Decade of Action for Road Safety:

“RS10 got people from the UN to give awards to the Prime Minister. This was clever. Staged that well. This was Very clever.” – Turkish Academic (i11)

The Global Road Safety Program also brought recognition to the traffic police and shed light on some the issues that they have been trying hard to address:

“I think we helped them [GDS] to so they could realize their dreams. I think that was also important. They are you know traffic departments in GDS is not as important as the other departments. Like we have the department for terrorism like for I don’t know for many things. But for traffic I mean it is the last one I think in terms of the importance.” - International Actor (i18)

Despite the importance of the Global Road Safety Program to Turkey’s road safety efforts, there were some tensions. First, informants highlighted the challenges associated with targeting two risk factors at the same time:

“Literature says to focus on one factor at a time. RS10 is choosing two risk factors. It is confusing. Not one voice.” – Turkish Academic (i11)

Moreover, informants explained that the priorities of the project did not completely coincide with the priorities of the key actors, such as the traffic police, who have been working on the issue of road safety in Turkey:

“This project’s interest is not the interest of TNP [Turkish National Police]. The true interest of TNP is looking more at modernization of traffic system.” -

International Actor (i20)

“Enforcement is a big issue. Must be changed to electronic system. Most of the enforcement in Turkey is not electronic. If we use electronic the number of accident will decrease by 50%”- Government Official (i5)

Global Road Safety Network

Another limitation associated with this global stream concerned the global network of road safety actors. Currently, there are several global level networks promoting road safety, some of these are the Road Traffic Injuries Research Network (RTIRN) established in 2000, the UN Road Safety Collaboration formed in 2004, and the Global Alliance of NGOs for Road Safety established in 2011. Key informants, however, highlighted the lack of connections between Turkish NGOs and the global road safety network, stating that only “few [Turkish NGOs] have international connections (i9).”

Policy Stream

The development of the global stream prompted government officials involved in road safety to draft the national action plan, however, the policy stream never fully transformed in Turkey between 2002 and 2014. This was as a result of the fragmentation at both the policy and systems levels leading to the absence of a solution that was accepted by the majority of the road safety community. It was also contributed to the perceived adequacy of existing legislations (Table 3.4).

Policy Fragmentation

Findings revealed that the community of road safety supporters in Turkey was fragmented where many did not agree on the same solutions for the issue and/or what needs to be prioritized first:

“They are holding very strongly to their one area. So you have people who really want to address infrastructure issues and you have people who want to address legislative issues but they are not talking together” – International Actor (i20)

According to survey respondents, about half of individuals from international and Turkish organizations who are working on the issue of road safety in Turkey agree on the same solutions for road safety (Table 3.8). Kruskal-Wallis analysis revealed that this rating differed significantly by the number of years the respondent had worked on the issue of road safety in Turkey ($p=0.03$) (Table 3.9). As compared to respondents who had

worked on the issue for less than five years and between 5 and 9 years, respondents who had worked on the issue for more than 10 years rated the agreement to be lower – 50% ($p=0.00$), 50% ($p=0.00$) and 30% respectively. The fragmentation was also reflected in the opinion leaders' nominations whereby six individuals from four different sectors received the highest nominations. Only one, however, received more than 10% of the nominations which is the typical threshold for being considered an opinion leader (Valente, 2010) (Table 3.10). This individual is the Chief of Police and the Deputy Director of the Road Safety Research Center. His fluency in English allowed him serve as an important link between international actors and local government officials.

The lack of integration was also evidenced by the fact that road safety actors had been pursuing, rather unsuccessfully, different policy solutions for the issue. Traffic police, for example, had been trying for several years to update the 1983 Highway Traffic Law. These officials explained that this law is outdated and many items including the terminologies need to be changed. They were also interested in adding the use of electronic systems into the law. Unfortunately, however, their draft law has yet to be considered in parliament because of other more urgent issues:

“Traffic law didn't pass. It didn't become popular. Every year [GDS] sends to assembly but never done. The priority is changing. This was not an emergency.”

– Government Official (i4)

On the other hand, international actors through the Global Road Safety Program had been targeting seatbelt use and speed. In February 2014, regulation article 150 that exempted certain types of drivers (i.e. commercial car drivers) from wearing seatbelts was amended almost entirely. Key actors involved in this process included government officials from GDS and international actors like ASIRT and GRSP who advocated for this amendment, as well as JH-IIRU who provided data to highlight the low seatbelt use among commercial car drivers. Unfortunately, however, there are still some exemptions to this regulation and the process took more than 2 years. Furthermore, loopholes in the larger Highway Traffic Law still need to be closed such that future regulations will not be able to overturn the recent amendment and the remaining exemptions would be nullified. In terms of speed, progress has also been hampered; The Supreme Court, for example, recently ruled against the use of covert speed cameras, thus weakening the ability to control speed (7th Penal Chamber, 2014).

Many road safety supporters also believed in solutions that are based on opinions rather than evidence. According to survey respondents, half (50%) of the individuals from international and Turkish organizations who were working on the issue of road safety in Turkey believed in road safety solutions that are based on scientific evidence rather than their own personal ideas (Table 3.8). Kruskal-Wallis and Wilcoxon-Mann-Whitney analyses revealed that this rating differed significantly by age ($p < 0.00$) where respondents between the ages of 41 and 50 gave a higher rating (60%) than respondents who were younger (50%; $p = 0.00$) and respondents who were 50 and older (50%; $p = 0.00$); sex ($p = 0.02$) where male respondents provided a lower rating as compared to

female respondents – 50% and 65% respectively; and the number of years the respondent had worked on the issue of road safety in Turkey ($p=0.01$) where respondents who had worked on the issue for more than 10 years gave a lower rating as compared to respondents who had worked on the issue for less than five years ($p=0.00$) – 35% and 60% respectively (Table 3.9). Similarly, informants mentioned that almost everyone drives and, as a result, many, including politicians, believed that they have enough knowledge about road safety:

“Everybody has some experience about the traffic. So experience sometimes means knowledge. I mean good knowledge or enough knowledge. So politicians believe they have knowledge.” – Turkish Academic (i22)

System Fragmentation

Responsibilities for road safety in Turkey are also fragmented across different organizations with no clear leader. Currently, four ministries (Ministry of Interior, Ministry of Transportation, Ministry of Health, and Ministry of Education), local authorities, non-governmental organizations, international organizations as well as the private automotive industries all have a hand in addressing this issue. Key informants explained that the presence of so many organizations have led to difficulties in coordination and collaboration. Moreover many are also convinced that their own sector is most important:

“We [GDS] deal with enforcement and municipalities deal with the infrastructures in the city center. Ministry of Transportation deals with the infrastructure on the outside the centers and also Ministry of Education deals with training, in school training, and other kind of training for example like for driving license. They deal with that part of the issue so there are so many different parts of that road safety and you just cannot manage all these things at the same time.” – Government Official (i8)

This lack of coordination and collaboration is also reflected in the survey results where respondents believed that only 20% of individuals from international and Turkish organizations who are working on the issue of road safety in Turkey frequently communicate with each other regarding road safety related issues, 30% bring unique perspective to road safety in Turkey, and 50% can be relied on to do what they say they will do (Table 3.8). With regards to communication, this rating differed significantly by the number of years the respondent had worked on the issue of road safety in Turkey ($p=0.04$) (Table 3.9). As compared to respondents who had worked on the issue for less than five years, respondents who had worked on the issue for more than 10 years rated the frequency of communication to be lower ($p=0.00$)– 30% and 20% respectively. With respect to the percentage who can be relied on to do what they say they will do, respondents who were 51 years and older gave a lower rating as compared to respondents between the ages of 18 and 40 ($p=0.00$) – 30% and 50 percent respectively.

Attempts have been made to bring this diverse set of actors together. Various councils, boards, and platforms, for example, were established over the last 30 years. Currently, there are four of these coordinating bodies: the Supreme Council on Road Safety, the Traffic Safety Council, the Road Safety Strategy Coordination Board, and the Road Safety Platform.

The Supreme Council on Road Safety (SCRS) is chaired by the Prime Minister and includes ministers as members. According to the Highway Traffic Law, it is responsible for addressing the recommendations made by the Traffic Safety Council. Although this Council is required to convene twice a year, it met for the first time in 2012 after more than a decade. Informants explained that this was because members of SCRC are all high-level decision makers who are often too “busy so they usually skip (i4)” this meeting (Figure 3.7).

The Traffic Safety Council (TSC) meets once a month and is chaired by the Deputy Director of GDS. It has a broader membership base that includes universities, NGOs, and heads of departments of related ministries. The main responsibility of this council is to make road safety related recommendations to the Supreme Council. According to key informants, the Traffic Safety Council has no decision power (Figure 3.7).

In 2012, a circular from the Prime Ministry established the Road Safety Strategy Coordination Board. Duties of this board included coordinating and evaluating road safety activities, developing recommendations and working on legislations. This board is

chaired by the Minister or Undersecretary of the Ministry of Interior and includes senior representatives from relevant ministries, local administrations, and the media. Informants explained that members of this board overlap with members of the Traffic Safety Council. Similar to TSC, this board reports to SCRC and has no coercive power (Figure 3.7). When asked why a separate coordination board was created, informants explained that they do not know. One key informant also mentioned that no budget has been allocated to this coordinating body:

“There’s no budget [laughs]. Coordination council should ask for budget. But they said ‘uhhh uhh.. the council cannot ask for finance.’ The ministries involved are separate so there is no general budget.” – Turkish Academic (i7)

In 2013, the Road Safety Platform was also created as a part of the Decade of Action for Road Safety in Turkey. The primary responsibility of this platform is to implement the road safety national plan. Chaired by the traffic departments within the General Directorate of Security, informants explained that the road safety platform has a broad membership base which includes private sector but no decision power (Figure 3.7):

“According to our legal system, platforms have no rights and no power to do anything so these platform are only brainstorming organizations.” – Turkish Civil Society (i9)

Key informants believed that the presence of four coordinating bodies has contributed rather than facilitated the existing road safety coordination issues:

“They have so many committees and I think perhaps that is also a problem. The government side you have the Supreme Council, you have the decade of action, you have the road safety platform. Who knows what each does I mean I still don't know I mean I'm like okay but the road safety platform sounds very similar to this one it's just that it includes a lot more private sector people.” – International Actor (i20)

Perceived Adequacy of Existing Legislation

In the 1950s and 1990s, perceived inadequacies of existing legislations encouraged government officials to “exert more effort in writing traffic laws” (Gökaşar & Emir, 2011, p.121) and to remedy the existing law respectively (Figures 3.3). This is in contrast to recent years where many informants believed that Turkey has strong legislations:

“Our traffic regulations according to me are perfect no problem. We have all laws and all regulations.”– Turkish Civil Society (i10)

Some also highlighted the fact that according to the EU Turkey has relatively good road safety laws, and that they simply need updating, and “tweaking here and there (i20).”

Political Stream

The political stream also never fully developed for road safety. Although there were some facilitators tied to the country's economic growth, they were not sufficient to overcome the many barriers. Findings revealed that Prime Minister's particular interest in addressing drink-driving, the presence of an unfavorable national mood, and the existence of privileged groups in traffic have all hindered the full development of this stream (Table 3.4).

The AKP Party Agenda

Key informants explained that Turkey's rapid economic development increased the government's expectations for itself. On the AKP party's website, for example, the party stated that "The economic mission of our party is to increase the welfare and happiness of our people ("Party Programme," n.d., p.1)." This higher expectation was helpful for the road safety efforts. When attention was drawn to the excessive number of road traffic injuries and fatalities in Turkey, some government officials felt ashamed and, consequently agreed to do something about it:

"Turkey is developing so fast so good becoming a very rich country but with this number of deaths in traffic it was shameful." – International Actor (i18)

"Government should make people well-developed, like safety." – Government Official (i1)

The AKP party's focus on improving transportation as a part of its economic development has also been a facilitator to the road safety efforts. On the AKP party's website it states that "Our Party believes that transportation and communications constitutes one of the most important infrastructures in the national economy of our country" and "State highways shall be turned into divided motorways, the efficiency of training, inspection and engineering services will be increased in order to improve road safety ("Party Programme," n.d., p.1)." Accordingly, during Erdoğan's tenure as prime minister of Turkey, 17,100 kilometers of divided roads were built. He reminded the public that this is almost three times the number of divided roads built in the 79 years prior to AKP's reign (6,100 km) (Erdoğan, 2013). As a result, key informants explained that road safety can be seen as a small part of the country's transportation plans:

"They [the government] have different types of transportation plans. They have air, train, and roads. And this is a very important issue for the government. Road safety is just a part of the transportation strategic plan." – Turkish Academic (i22)

Moreover, since the AKP party came into power in 2002, one of its goals was to gain accession to the European Union (EU). This desire has also served as a facilitator for the road safety efforts. The EU information center in Ankara, for example, invited Turkish organizations to sign the European Road Safety Charter (Delegation of the EU to Turkey, n.d.). Moreover, road safety legislations such as the child restraint law was passed in 2009 to harmonize with the EU:

“We [Turkey] were in accession period. Human rights, education, road safety was part of the homework.” - Turkish Academic (i21)

Despite these facilitators, however, it appeared that one aspect of road safety in particular inspired genuine interest from the Prime Minister: drink driving. This was evidenced by Erdoğan’s speech during the 2013 launch of the Decade of Action for Road Safety in Turkey. In his speech, he emphasized the need to address drink driving and stated that it is the main cause of road traffic crashes in Turkey:

"Given the fact that the police usually find empty bottles of alcoholic drinks inside cars that are involved in traffic accidents, one comes to agree that consumption of alcohol before or during driving is a factor for exacerbating the heavy price paid in accidents. Thus, I liken a person who drink-drives to an armed person who has gone mad.” – (Erdoğan, 2013)

Unfortunately, data from existing sources have shown that speed rather than drink driving is the leading cause of road traffic crashes in Turkey (TurkStat, 2013a). This discrepancy along with the new alcohol sales restrictions in 2013 led many key informants to suspect that the Prime Minister was promoting Islamic-oriented issues instead of road safety. These informants explained that alcohol is considered *haram* (forbidden) in Islam and, therefore, addressing drink driving is consistent with the party’s religious agenda:

“Alcohol popped up but in fact it’s not a big problem. But it’s a problem for UN but what government had done is that alcohol fits with Islam so therefore this is a good case so let’s use it” – Turkish Civil Society Actor (i9)

“Drink driving, yes, this is his [Prime Minister’s] special issue, not ours. His special issue, anyway [laughing] because when we look at our statistics, we can say that this is not our first problem. But yea of course this is a problem, but regarding traffic safety, this is not the first problem.” – Turkish Civil Society Actor (i10)

This was also highlighted in newspaper articles:

“Contrary to Turkish Prime Minister Recep Tayyip Erdoğan’s recent remarks about the link between alcohol consumption and traffic accidents as a reason to restrict alcohol sale in the country, statistics show that only 1.43 percent of accidents were linked to “tipsy” drivers (“Main cause of traffic accident,” 2013, p.1).”

National Mood

Findings revealed that economic growth in Turkey have also changed public expectations. In recent years, Turks have begun placing more importance on their general well-being and safety. This national mood has facilitated the road safety efforts in the country:

“Now people are more safety or well being oriented because of macro changes if you ask me. It’s about economical conditions and some other thing and life’s quality getting higher so of course they would like to, if possible, live longer and better in general.” – Turkish Academic (i12)

Unfortunately, however, in May 2013, a month after the launch of Decade of Action for Road Safety, Turkey experienced widespread civil unrest. These protests were first triggered by the AKP party’s development plans for Gezi Park in Istanbul but eventually evolved into demonstrations against the AKP regime. Given the country’s attention on these events instead of on issues like road safety, key informants were pessimistic:

“I think it [road safety gaining political priority] is going to take people really pushing but given the current political climate in Turkey I don't know if that's going to make a huge difference” – International Actor (i20)

Privileged Groups in Traffic

Another barrier to the country’s road safety efforts is the presence of privileged groups in traffic. According to key informants, this group, comprised largely of government officials and their families, believes that they should be exempted from aspects of the traffic laws. This is best evidenced by the fact that after Prime Minister Erdoğan proclaimed that “Everyone has to respect traffic rules (Erdoğan, 2013),” a group of parliamentarians drafted a legislation that would exempt them from wearing seatbelts and

provide them with privileges similar to those given to ambulances. Key informants also mentioned that the phrase “Do you know who I am?” is still commonly used in Turkey:

“So maybe you are aware of that “Do you know who I am?” These kinds of things happen so much. In his speeches, prime minister says that everybody is equal on the traffic but in practice everybody knows that it is not the case. Because we know from some other examples, even last month some groups of people from the assembly just try to enact a legislation. They just to give them some kind of how can I say privileges. So prime minister say it but in practice we just say that it does not make any difference.” – Government Official (i8)

Similarly, it is well known, though not discussed, that Burak Erdoğan, one of Prime Minister Erdoğan’s sons, was involved in a fatal car crash in 1998 where he killed a Turkish classical music artist, Sevim Tanürek (“The young Erdoğan.” 1998):

“But in traffic safety you can hear that oh his son, he killed. His son murdered a person with the traffic accident” – Turkish Civil Society Actor

As a result of the presence of this privileged group, several key informants highlighted the need for fairness in traffic and for political leaders to serve as examples:

“There should be no privileged groups. If there is privileged groups, which is hard to think in traffic, but especially without evidence without justification then of

course they will point ... they will point the group and say I want to have the same. This is the main problem. Traffic requires full fairness and equality. Not even equity it requires equality because everyone's life is under danger in traffic whatever your title is, whoever you are, in case of accidents. Nothing will protect you except for seatbelt or other things” - Turkish Academic (i12)

“We need trust to our government, mayor, and we need to see them how they obey the rules.” – Turkish Civil Society Actor (i10)

Policy Window

The opening of a policy window signifies a brief moment in time when the “target planets are in proper alignment (Kingdon, 2011, p.166)” for advocates to push the issue and/or solution onto the government’s agenda. No informants voluntarily mentioned the opening of a policy window for road safety. When probed, one informant said that the Prime Minister opened the window during the launch of the Decade of Action for Road Safety. However, others explained that Prime Minister’s speech was only a political statement and that road safety is not necessarily something he is completely behind or fully believes in:

“What Prime Minister said was in a very religious way not public health way. For tobacco control it was about public health. It’s like an opportunity for him to make own point. Opportunistic. This didn’t make people happy. It was not very objective. Not neutral support. Delivery of priority was a mixed message. It cut down on full support.” – Turkish Academic (i11)

Similarly, another key informant mentioned that global events might have opened a policy window, however, the absence of complete support from high-level political leaders had resulted in a missed opportunity (Table 3.4).

Discussion

This study shed light on why road safety did not emerge as a political priority in Turkey in recent years. Findings revealed that road safety gained attention as a result of the development of the global and problem streams. Key actors including the WHO Country Office and actors with ties to the political elite also facilitated this process. Unfortunately, however, a policy window never opened for the issue due to the lack of a significant crisis and the absence of a fully favorable political environment (Figure 3.8). Other barriers included the fragmentation of the road safety community, absence of policy entrepreneurs championing the cause and the historic lack of participation from the medical community.

Key Findings

In Turkey, the issue of road safety gained attention in recent years. The Prime Minister publically expressed concern for the issue during the launch of the Decade of Action for Road Safety in April 2013. Unfortunately, however, there appeared to be little to no institutional or budgetary follow-up. Findings revealed that one of the reasons was the absence of an open policy window. As road safety's history in Turkey suggests, only crises such as the dramatic increase in crashes and deaths during the 1950s and 1990s can

be forceful enough to open a policy window and propel the government to take major actions. The need for this type of “focusing event” to precipitate action for road safety was also discussed by Bhalla (2014) in his case study to examine the institutionalization of road safety management in Argentina. Bhalla (2014) explained that a fatal crash between a truck and a bus in 2006 (“the Santa Fe Tragedy”) “created an unique opportunity (p.11)” for road safety in Argentina.

Road safety’s history in Turkey also suggests that government transition can close an open policy window for road safety. In 2002, Turkey’s priorities drastically changed after the AKP party came into power ending “the most active period (i12)” for road safety. This is consistent with Smith’s case study on newborn survival in Bolivia, where the author identified government transition as one of the factors that contributed to the declining status of newborn survival in the country (Smith, 2013).

It can be speculated, however, that even if a major crisis occurred in Turkey in recent years to open a policy window, Burak Erdoğan’s involvement in a fatal car crash in 1998 may be perceived by Prime Minister Erdoğan as a liability and, therefore, may limit major actions from the government. Moreover, buy-in from other politicians also appears to be limited as evidenced by the presence of a “privileged group” in traffic. Although the issue of fairness was not discussed in the adapted framework or other studies examining political priority development in MICs, it was mentioned by Yüksel et al (2013) who looked at traffic in Turkey through the lens of journalists, and showed that expectations

of privileges by parliament members and high-level politicians in Turkey has created a sense of unfairness and also undermined road safety enforcement efforts.

As a result of these barriers, the global stream served as a shock to the Turkish system. As found in this case study, the global stream helped draw the attention of high-level decision makers, triggering the transformation of the problem stream. This stream, however, did not open a window of opportunity suggesting that it may not be forceful enough on its own or that it is not strong in this case because global efforts culminated in a declaration that is neither binding nor coercive. This is consistent with Kingdon's theory which demonstrated that policy windows are generally opened by an urgent problem or major changes within the political stream (Kingdon, 2011).

It is important to note that the global stream emerged from this study and was not mentioned in Kingdon's theory. One explanation is the fact that the *Multiple Streams Theory* was based upon findings from the United States and global agenda-setting activities may likely play a bigger role in MICs as compared to high-income countries. Researchers who have used Kingdon's theory to examine the political priority development process of other public health issues in MICs have, similarly, emphasized the critical role of global declarations like the Millennium Development Goals (MDGs) in the national policymaking process. Although some of these researchers included this factor within the political stream rather than in a separate global stream (Shiffman & Ved, 2007; Jat et al., 2013), others such as Balarajan (2014) highlighted the limitations of Kingdon's theory and the need to incorporate the effects of global agenda-setting

activities on national political priority development. For road safety in Turkey, the domestic political stream never fully developed and, as a result, the need for a separate fourth stream became more critical.

The development of the global stream introduced new actors into Turkey's road safety movement. Findings showed that of these actors, the WHO country office played a key role in illuminating the problem as a result of its close ties to some of Turkey's political elites and its good working relationship with the Turkish government in general. Existing studies have shown that good collaborations between domestic government officials and United Nations bodies can result in the alignment of domestic policies to global priorities (Sridhar & Gomez, 2010; Gomez, 2009). Informants mentioned that the WHO country office is a well-respected organization in Turkey and working with the WHO is considered prestigious. As seen in this study, the traffic police, for example, received a boost as a result of their involvement with the WHO. This was important as these actors had very little political power in Turkey.

Actors with personal ties to Turkey's political elite (including the Prime Minister) also emerged between 2012 and 2013 after the development of the global stream. Mr. Ismail Baş and Dr. Cedvet Erdöl, were critical in drawing attention to the problem of road safety as they were able to convince the Prime Minister to reconvene the Supreme Council on Road Safety and launch the Decade of Action for Road Safety (Figure 3.6). These actors differ from the policy entrepreneurs discussed in Kingdon's theory as they may not necessarily be passionate about the public health issue and/or "invest their resources"

(Kingdon, 2011, p.122) to push the problem on to the agenda. The need for this type of actor could be explained by Turkey's strong state tradition where power is largely concentrated in the hands of the Prime Minister (Finkel, 2012). Accordingly, aspects of the policymaking process bear semblance to an 'elite model' where only the political elite can meaningfully influence the policymaking process (Dye & Zeigler, 1996; Mills, 2000; Dye, 2001).

Despite the positive effects of the global stream, the political environment remained insufficiently favorable for road safety. Findings showed that only selected aspects of road safety inspired genuine interest from the Prime Minister. His "special issue" did not coincide with what the road safety community believed should be the priority solution for road safety as drink driving was not the main cause of traffic crashes in Turkey. Consequently, some key informants argued that Erdoğan took the opportunity at the launching of the Decade of Action to promote his "special issue."

Similarly, the policy stream also remained underdeveloped. This was a result of a fragmented community, and the lack of a solution that was acceptable to the majority of the supporters including the newly arrived international actors. This fragmentation was apparent in the survey results where respondents gave low to average ratings for different aspects of integration (i.e. 20% for frequency of communication). Respondents who had worked on road safety for more than 10 years also tended to give lower ratings as compared to other groups suggesting that integration might have improved in recent years with the advent of new projects or that these individuals, having worked longer on the

issue, have a more accurate picture of road safety in Turkey. The need for an integrated community where members share the same outlook, communicate as well as trust each other has been emphasized by existing studies on political priority (Pelletier et al., 2011; Shiffman, 2007; Shiffman & Smith, 2007) and in the collaboration literature (Foster-Fishman, et al., 2001; Mattessich, Murray-Close & Monsey, 2001). One explanation for this is a higher order systems level fragmentation. In Turkey, many organizations have road safety related responsibilities, including four ministries, local authorities, non-governmental organizations, international organizations as well as the private automotive industries. McKee et al. (2000) explained that an issue has a greater chance of being overlooked when it is owned by more than one sector. Similarly, the likelihood of an effective response is lower if the issue requires intersectoral action but intersectoral collaboration has never been fostered.

Key actors such as policy entrepreneurs who can promote road safety in Turkey were also missing. According to Kingdon (2011), these individuals play an important role in softening up the policy community and in the coupling of the streams. They are often well-connected, persistent, and have a claim to a hearing as a result of their expertise or position (Kingdon, 2011). The importance of having policy entrepreneurs promoting public health issues has been emphasized in existing studies (Shiffman, 2007, Smith et al., 2014; Omar et al., 2010; Pelletier et al., 2012). Balarajan (2014), for example, highlighted that the absence of these individuals could serve as a barrier to an issue gaining political priority.

Moreover, the involvement of the medical community in road safety has, historically, been limited in Turkey. The inclusion of these actors may be very beneficial to the country's road safety effort as these physicians and academics have traditionally played a significant role in drawing attention to other pressing public health issues such as tobacco control. The medical community's limited involvement in road safety has also been reported in other countries such as Libya (Omar & Ashawesh, 2008).

Finally, this case study showed that for road safety to reach political priority in Turkey all streams need to develop and converge while a policy window is opened. This finding is largely consistent with the adapted conceptual framework from John Kingdon as well as other studies that have used the *Multiple Streams Theory* to explore political priority development for public health issues in MICs (Shiffman & Ved, 2007; Shiffman & Okonofua, 2007; Daniels et al., 2008; Jat et al., 2013). It is also similar to what Shiffman had highlighted in 2007 that transnational influence cannot be institutionalized without domestic advocacy (Shiffman, 2007).

Limitations

This study focused on why political priority did not emerge for road safety in Turkey between 2002 and 2014. Turkey's effort to address road safety, however, dates back to the 1920s and continues beyond 2014 when the study ended. Although the history of road safety was examined, this study did not focus on the processes and determinants that led to historical changes in road safety policies. Events after 2014 were also not captured.

Turkey's policy development process bear semblance to an "elite model," and some of the potential key informants identified were considered the political elite of country. As other researchers have noted, there are several challenges associated with elite interviewing (Hunter, 1995; Harvey, 2011; Mikecz, 2012). The first author, for example, was unable to secure an interview with one potential key informant due to his high-level position. This is similar to what Mikecz (2012) explained that elite interviews are generally difficult to obtain and almost impossible to repeat. In order to address this limitation, the first author asked other key informants about this individual and searched documents that possessed information about this individual.

Although the majority of key informants were located in Ankara, Turkey, a few lived in other cities or countries (i.e. France, Switzerland) and were interviewed using other methods (by phone (N=1) and by Skype (N=2)). There are several advantages associated with using Skype and phone for interviews including the fact that they are less expensive and geographically flexible. Unfortunately, however, non-verbal cues may not be captured. For Skype, suboptimal internet connection (N=1) could have resulted in data loss.

Bilingual research assistants were used to translate all five Turkish interviews. It is important to note that during the data collection period, protest against the conservative ruling party was widespread and these research assistants were actively involved.

Although they were highly professional, the fact that they were affiliated with Middle East Technical University- a university known for its historical leftist stance in Turkish

politics - might have influenced the interviews particularly when the key informants were governmental officials.

Although attempts were made to take detailed notes, the interviews that were not recorded (N=14) yielded much shorter transcripts and fewer direct quotes. Some of the data might have also been lost as note takers might have only taken down information that they deemed to be most important.

Although documents are a good source for background information, they have some limitations. Many documents, for example, are written to accentuate the success of the respective organizations (George & Bennett, 2005; Hamel, et al., 1993; Yin, 2008). Moreover, there might be biases associated with which information survives and which does not (CDC, 2009). The majority of the documents reviewed for this study were in English. This is due to the fact that local partners had already translated most of the documents as a part of the Global Road Safety Program. For the few documents that needed translation, a research assistant was asked to translate the documents verbatim (N=4), and in one circumstance, to summarize certain parts of the documents that were deemed relevant (N=1). Errors, however, may have occurred in the translation process. Moreover, information could have been lost in the process of summarizing.

As a census-based sampling frame was not available for road safety in Turkey, a database was constructed by acquiring the names and email addresses of all those working on the issue from: 1) leaders of the two existing road safety projects in Turkey, 2) road safety

related workshops, 3) key informants, 4) local partners, 5) documents, and 6) web searches. Despite attempts to identify all individuals who were working on road safety in Turkey, the first author might have missed certain segments of the community, resulting in issues with representativeness.

The online survey also allowed participants to self-select themselves into the study. As project leaders were asked to inform their members about the survey (Table 3.11), the majority of the participants might likely be members of the existing road safety projects in Turkey. These project members meet regularly and, consequently, participants may have rated the road safety community higher as a result leading to a potential upward bias.

Additionally, the survey was cross-sectional whereby respondents were asked to assess the relationships amongst all individuals working on the issue of road safety in Turkey in 2013. Since relationships between actors can change over time and government officials are frequently reassigned to different posts, the study was only able to provide a snapshot of the road safety community.

Another limitation was the response rate. About 39.1% of the 243 individuals who received the survey participated. This is consistent with existing studies which have shown that the response rate of online surveys tend to be lower (11% lower; Manfreda et al., 2008) than other survey modes (i.e. phone, mail), ranging between 24.0% and 34.0% (Sheehan, 2001; Shin & Fan, 2008; Manfreda et al., 2008). Given this, the survey

produced a satisfactory result that was slightly higher than other online studies. This may be due to some of the strategies that were used to improve response rate such as asking project leaders to send an email to members about the survey (Table 3.11) and the fact that many respondents knew the first author since she had attended many road safety meetings in Turkey.

There were also some challenges associated with categorizing findings into one specific stream as some streams overlapped with others. This was particularly true for the global and problem streams. In order to assist the process, memos were written. An audit trail was also maintained such that every step of the research process can be traced and audited.

Finally, policy processes can be unique to individual countries. Accordingly, researchers should be aware of some of the characteristics of Turkey that might affect transferability. This includes Turkey's aspirations to gain global visibility, its strong state tradition, and its interest in joining the European Union. Turkey is also considered an upper middle-income country that is secular and democratic. Despite these unique characteristics, however, the processes and determinants of why political priority did not develop for road safety can still be utilized to draw lessons and devise strategies.

Reflexivity

Understanding that the central role of a researcher in qualitative research is to serve as the instrument through which research is carried out, it was critical that I was reflective. My involvement in the monitoring and evaluation components of the Global Road Safety

Program since 2010, for example, might have led to some preconceived notions about the project. This could have, in turn, influenced the way in which I carried out the data collection and analysis. Consequently, it was necessary that I was aware of this throughout the research process.

Similarly, it was also important that I recognized how my presence could have affected the interviews. Some informants might have been reluctant to criticize the Global Road Safety Program and participating organizations due to their knowledge of my affiliations. Many of these key informants, for example, had worked with Johns Hopkins on the project and/or had been at the same meetings I had attended. As a result, these individuals might have felt compelled to accentuate the positives.

Moreover, in at least two of the interviews, I felt that my age, sex, and status as a student prevented the informants from taking the interviews seriously. One informant, for example, joked about how he should have been the one to ask the first question since he is much older than I am. This informant continued to explain that in Turkish culture the older person is traditionally the one who speaks first.

Implications for Action & Policy

This case study has several implications for actors working on the issue of road safety or potentially other public health issues in Turkey that have yet attained political priority.

Lessons could also be used by actors striving to promote public health issues in other similar contexts.

First, this case study revealed that road safety did not attain problem status prior to the development of the global stream. This was due to the absence of major crises combined with insufficient indicators. In order to ensure that road safety holds on to its newly acquired problem status, actors need to continue to shed light on the problem such that it remains salient in the minds of high-level decision makers. This could be accomplished by launching focusing events highlighting the increasing crash and injury rates, generating indicators related to the risk factors for RTIs, using global comparisons to demonstrate Turkey's underperformance, and seizing opportunities to bring attention to major road traffic crashes in the country.

Second, a strong group of advocacy-oriented NGOs could be particularly effective in the development of the problem stream. Unfortunately, however, road safety NGOs were found to be limited, fragmented and passive. One of the ways in which these organizations could be strengthened is by increasing the amount of resources available for this sector. In Turkey, funding for civil society is minimal; a study in 2010, for example, revealed that 44.6% of civil society organizations operate with an annual budget of less than 10,000 TL (US\$ 6,363) and 15% less than 2,000 TL (US\$1,272) (İçduygu et al., 2010). One key informant suggested that for public health issues like road safety where some resources are generated from enforcement efforts (i.e. traffic tickets), a proportion of that money should be reinvested in activities that help address the issue such as the strengthening of civil society. Another action to further develop this sector is to connect these NGOs with their global counterparts. These relationships may be useful

in capacity building, knowledge sharing, and in generating more momentum at both the domestic and global levels.

Although global attention did help shed light on the problem of road safety, global momentum did not appear to be sufficiently powerful for major domestic change in Turkey. Findings showed this was due to the lack of development of the three domestic streams (problem, political, and policy) prior to global involvement and also to the fact that road safety efforts only culminated into global declarations. Drawing from this experience, actors need to join forces with the global network of advocates to create a more conducive global environment such that more powerful agreements (i.e. treaty) would be present for their cause, or stronger global incentives would be available for actors to use to entice the government to take action.

For countries like Turkey where only a handful of political elites can exert meaningful influence on the policy making process, it is important to recruit and support individuals who have personal ties to these elite. As seen in this case, the Prime Minister reconvened the Supreme Highway Traffic Safety Council and launched the Decade of Action for Road Safety due largely to the efforts of Mr. Ismail Baş, Dr. Cedvet Erdöl and the WHO country office. The first two had personal ties to the Prime Minister and the latter had close connections to Dr. Cedvet Erdöl.

The individuals and organizations working on public health issues should be well integrated whereby the majority of the members agree on the same solutions for the

problem. Fragmentation of the community can result in fragmentation of the policy solutions, stymieing the political priority development process. Policy entrepreneurs can facilitate the development of the policy stream by helping build acceptance for a specific solution (Kingdon, 2011). Unfortunately for road safety in Turkey, this type of individuals did not exist. Efforts need to be made to identify potential policy entrepreneurs who can help champion the issue and its solutions.

In addition to implications for action, there are also implications for policies. Public health policies need be available prior to high-level decision makers' expressed commitment for the public health problem. As seen in this case when a solution is unavailable, decision makers may use the opportunity to choose to do what they think is appropriate or what fits their political agenda.

In Turkey, the presence of a group in traffic that expects to be granted privileges has also undermined the country's road safety efforts. It is recommended that Turkey enforce road safety policies uniformly without exceptions and nullify existing exemptions in the traffic law.

Finally, although the Prime Minister has express commitment for road safety, institutional and budgetary commitments need to be made. Specifically, the government should provide funding for the road safety coordination committee to allow the body to implement Turkey's road safety strategies.

Future Research

Although this study ended in 2014, momentum for road safety in Turkey appeared to be on-going. Accordingly, further research concerning efforts after 2014 is needed to understand if this issue ultimately reaches political priority or reverses as international attention on road safety in Turkey dissipates.

It would also be interesting to examine whether civil society actors become more effective with new inclusion of the medical community. Social network analysis could be used to examine the network structure and relationships prior to and after the involvement of these new actors. The evolution of the network could also be tracked over time such that mechanisms could be devised to strengthen the network and its impact on future policy changes could be assessed.

Due to the paucity of indicators available for road safety in Turkey, future research should also seek to fill this gap. Studies that measure the prevalence of road safety risk factors and the economic burden of road traffic injuries in Turkey could be particularly useful for monitoring progress and informing future policies.

Finally, research that explores why road safety did not gain political priority in other MICs with similar political structure is needed to determine if findings are transferable to other contexts. A comparative case study design could be used for this purpose as it is considered more rigorous than single case studies and will allow researchers to understand differences between cases (Herriott & Firestone, 1983; Yin, 2008).

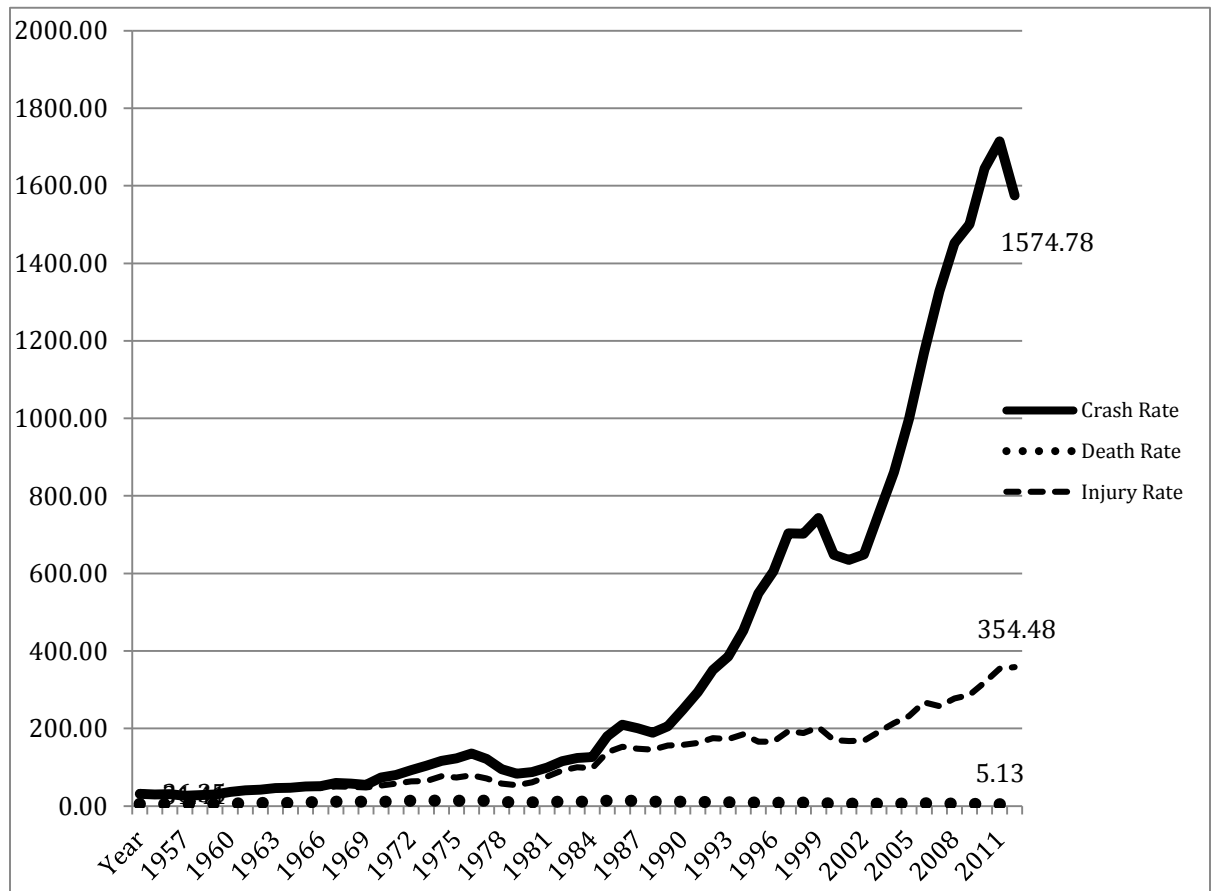
Conclusion

In Turkey, the issue of road safety gained attention in recent years. The Supreme Highway Traffic Safety Council convened in 2012 for the first time in over a decade, the Prime Minister declared road safety to be the second most important problem in the country in 2013, and some loopholes in a legal regulation were amended. Findings showed that these results were due to the development of both the global and problem streams as well as the presence of a well-respected WHO Country Office and actors who had personal ties to the Prime Minister.

Despite this attention, however, road safety did not reach political priority as there has been weak to no institutional and budgetary follow-up to “lock in (Fox et al., 2011, p.4)” Turkey’s response. One of the reasons was the absence of a major crisis in recent years that was forceful enough to open a policy window. Furthermore, the political environment was insufficiently favorable and the road safety community suffered fragmentation at various levels. The lack of policy entrepreneurs and the absence of a strong civil society to place pressure on the government when necessary had also been detrimental.

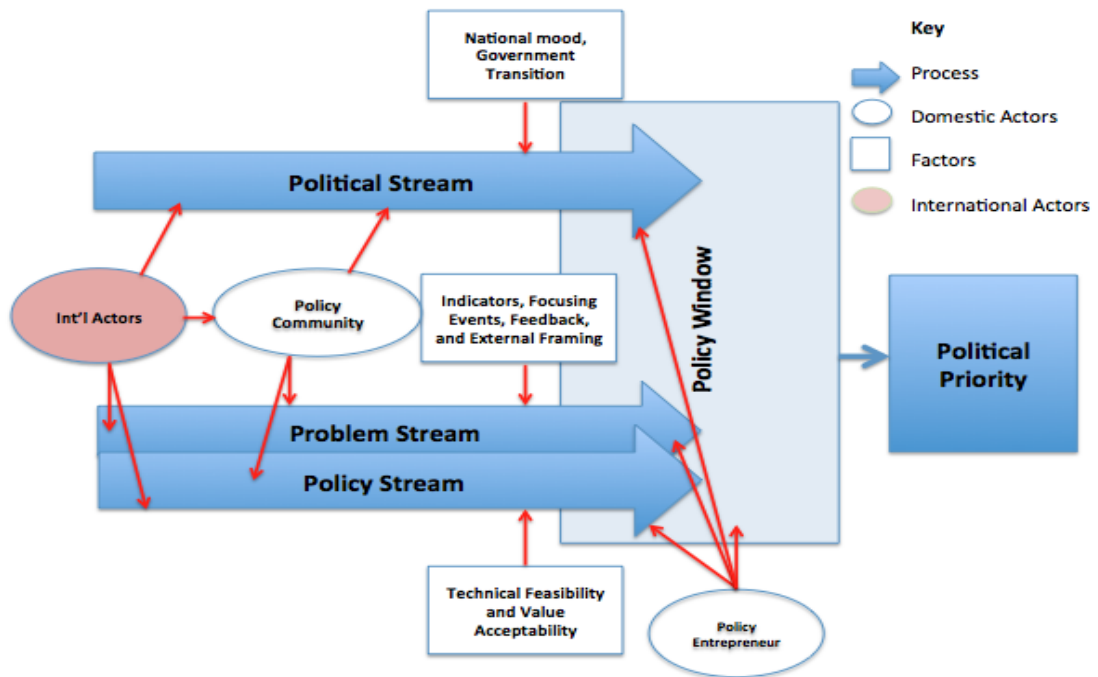
To elevate the political prominence of road safety in Turkey, integration of the community needs to be fostered and key actors such as advocacy-oriented NGOs and policy entrepreneurs should to be recruited and cultivated. This way road safety actors will be well-prepared to seize windows of opportunities when they appear.

Figure 3. 1 Road Traffic Crash, Injury and Death Rates per 100,000 Population in Turkey, 1955-2013



Source: Turkish Statistical Institute, 2013

Figure 3. 2 Conceptual Framework



Source: Adapted from Kingdon (2011)

Figure 3. 3 History of Road Safety in Turkey, 1920-2014

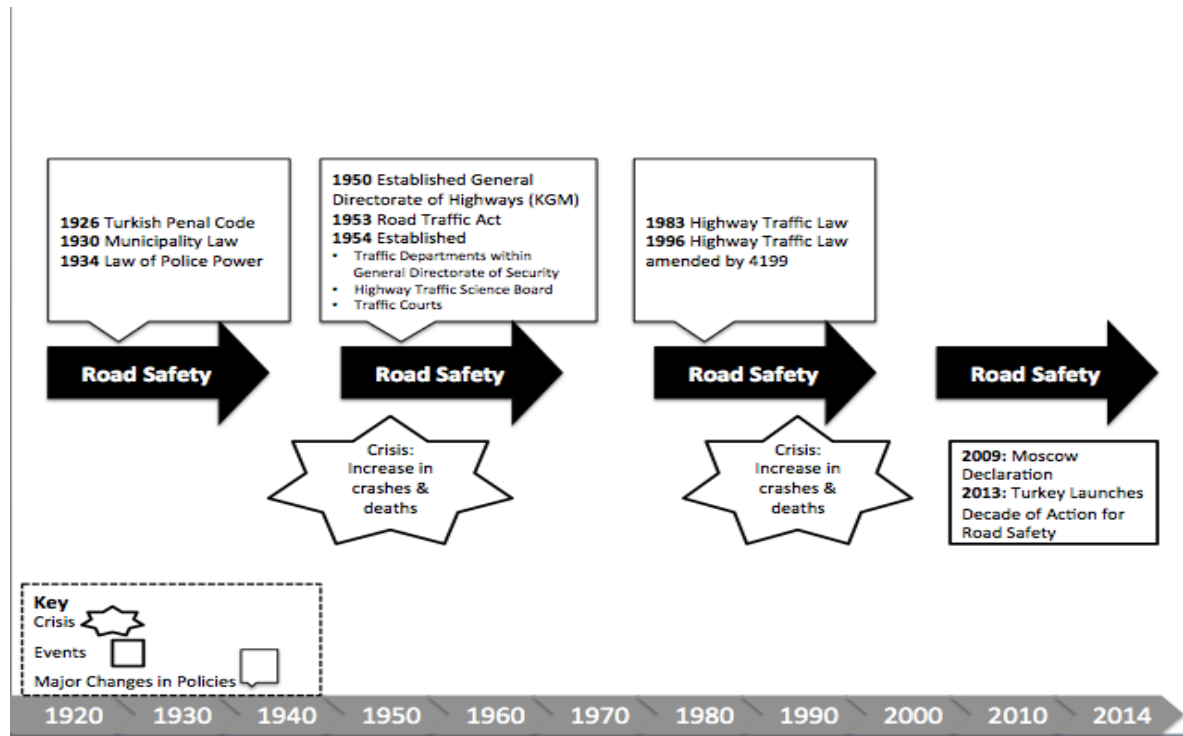
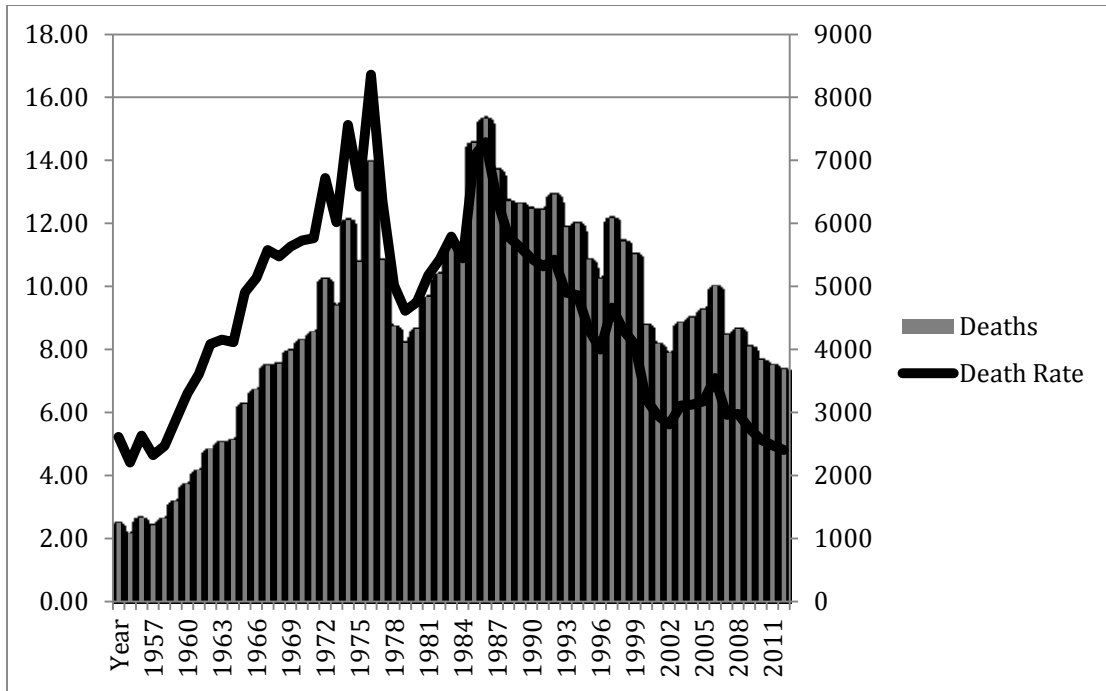
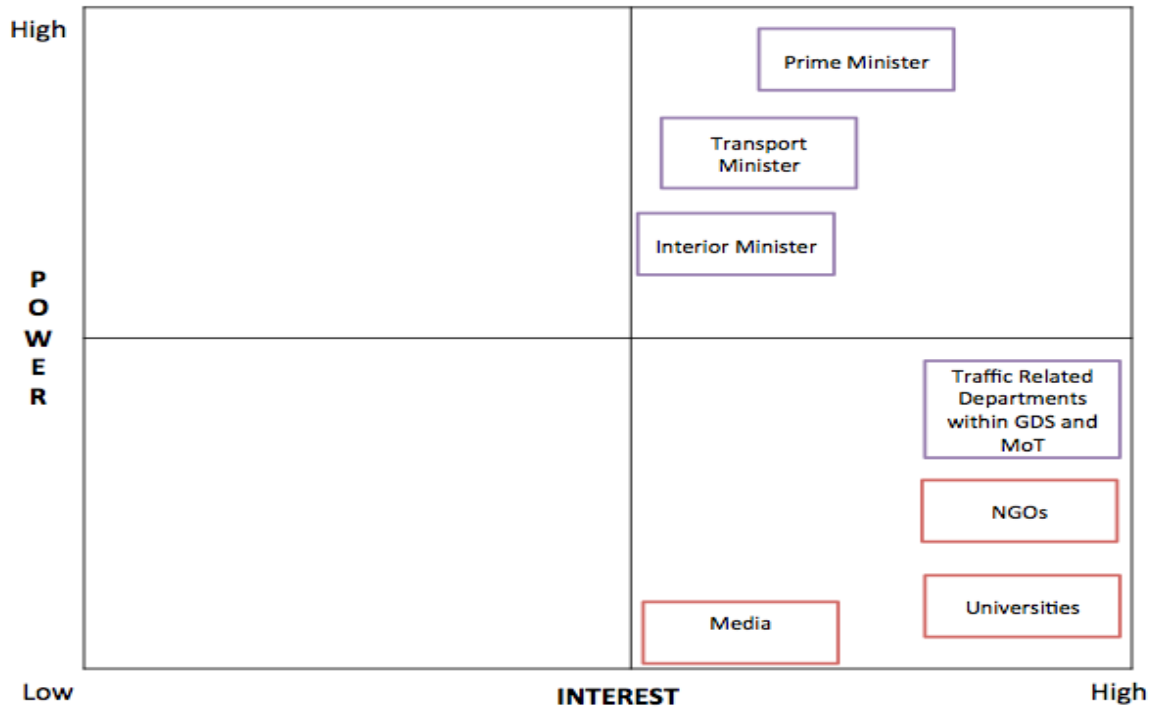


Figure 3. 4 Road Traffic Deaths and Death Rates per 100,000 Population in Turkey, 1955-2013



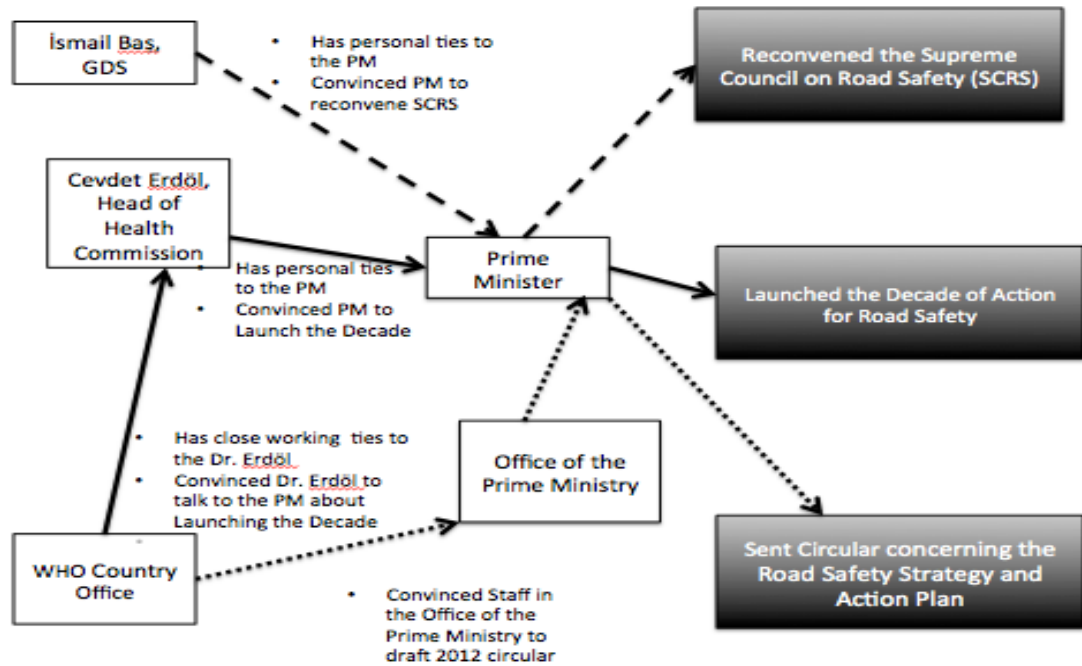
Source: Turkish Statistical Institute, 2013

Figure 3. 5 Perceived Interest and Political Power of Key Road Safety Supporters in Turkey



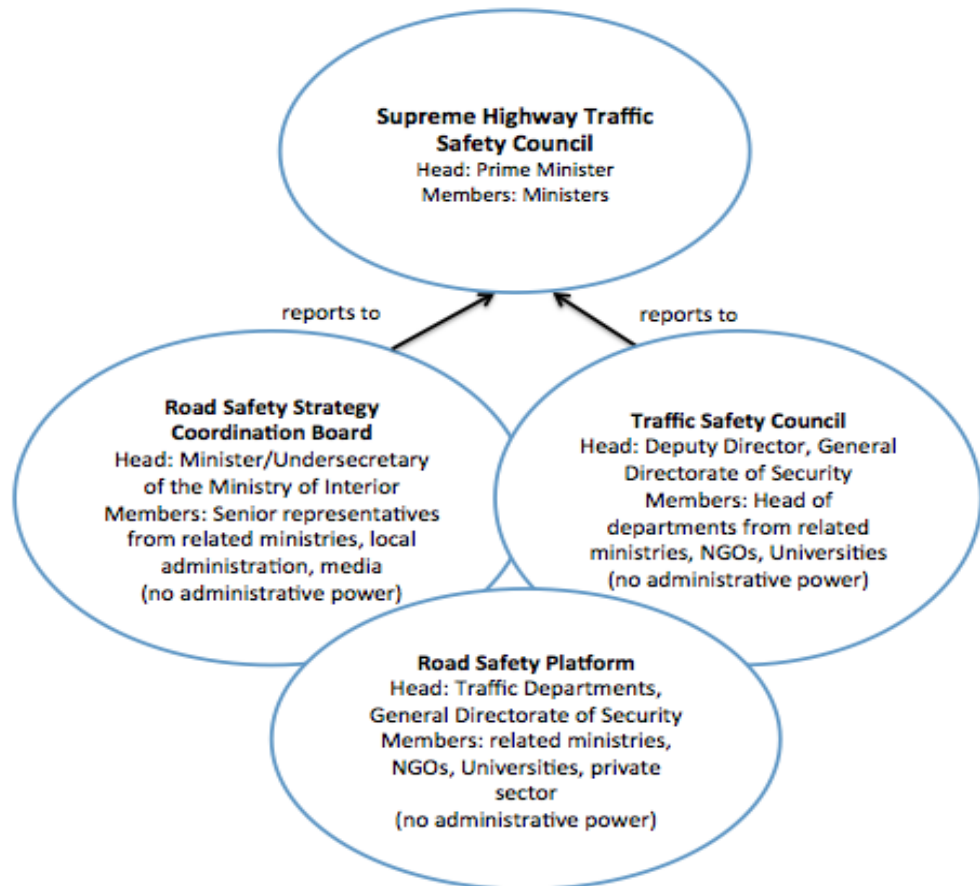
GDS: General Directorate of Security
 MoT: Ministry of Transportation

Figure 3. 6 Key Actors Involved in Convincing the Prime Minister to Reconvene the Supreme Council on Road Safety, Launch the Decade of Action, and Send the Road Safety 2012 Circular



GDS: General Directorate of Security
 PM: Prime Minister

Figure 3. 7 Coordinating Bodies for Road Safety in Turkey



Source: Key Informants; SweRoad, 2001; Prime Ministry, 2012; Road Safety Platform, 2013

Figure 3. 8 Development of Streams for Road Safety in Turkey, 1920-2014

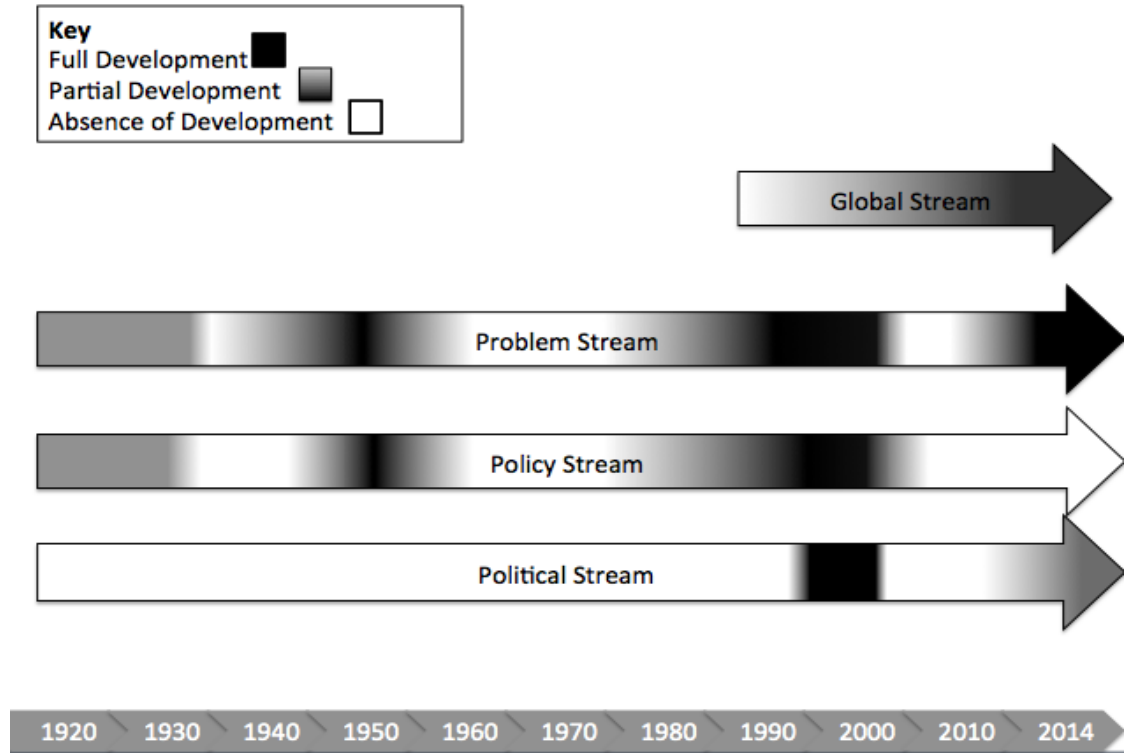


Table 3. 1 Concepts Explored by Data Sources for Road Safety

	In-Depth Interviews	Document Review	Survey
Problem Stream			
Presence of indicators, focusing events, or feedback	✓	✓	
External Framing	✓	✓	
Policy Stream			
Integration of policy community	✓	✓	✓
Characteristics of policy solution	✓	✓	
Political Stream			
Favorable macro-level political conditions	✓	✓	
National mood	✓	✓	
Policy Window			
Presence of policy window	✓	✓	
Actors			
Actors (i.e. policy community, policy entrepreneur, international actors)	✓	✓	✓
Opinion Leaders			✓
Most Powerful Individuals			✓

Table 3. 2 Sources and Types of Document Collection

	Documents from Organizations involved in RS⁵	National Laws	Newspaper Articles	Published Literature	Total
Databases				✓ (N=2)	2 (2.2%)
Key Informant	✓ (N=2)	✓ (N=2)			4 (4.4%)
Local and International Partners⁶	✓ (N=22)	✓ (N=5)		✓ (N=1)	28 (30.8%)
Web Searches	✓ (N=10)		✓ (N=45)	✓ (N=2)	57 (62.6%)
Total	34 (37.4%)	7 (7.7%)	45 (49.5%)	5 (5.5%)	91 (100%)

⁵ Government Reports, Presentations, Project Documents, Meeting Minutes

⁶ ASIRT, GDS, GRSP, MoT, WHO

Table 3. 3 Informant IDs and Organizational Affiliations

Organizational Affiliation	Informant IDs
Governmental Organization	i1, i2, i3, i4, i5, i6, i8, i13, i14, i15, i16,
International Organization	i18, i19, i20, i23, i24, i25
Turkish Civil Society/University	i7, i9, i10, i11, i12, i17, i21, i22

Table 3. 4 Triangulation of Data Sources

Domains	In-Depth Interviews	Online Surveys	Documents
Political Stream	<p>The AKP Party Agenda</p> <ul style="list-style-type: none"> • Key informants highlighted several aspects of the AKP party’s agenda that facilitated the road safety efforts in Turkey. This included the party’s economic and transportation plans as well as its aim to join the EU. • Key informants also mentioned that drink-driving in particular inspired genuine interest from the Prime Minister <p>National Mood</p> <ul style="list-style-type: none"> • Key informants explained how Turkey’s economic developments have changed public’s expectation to one that places more importance on safety. Unfortunately, however, the Gezi Park protest broke out soon after the launch of the Decade of Action for Road Safety. As a result, informants believed that the national mood is currently unfavorable to the road safety efforts. <p>Privileged Groups in Traffic</p> <ul style="list-style-type: none"> • Key informants mentioned the presence of privileged groups in traffic and how that has undermined the road safety efforts. • Key informants also mentioned that Prime Minister Erdoğan’s son killed someone in a road traffic crash. 		<p>The AKP Party Agenda</p> <ul style="list-style-type: none"> • Documents highlighted the importance of economic and transportation developments to the AKP party. They also mentioned that road safety is a small part of the party’s transportation plans. • Documents also mentioned the party’s goal of joining the EU. • Documents highlighted Prime Minister Erdoğan’s interest in addressing drink-driving. <p>Privileged Groups in Traffic</p> <ul style="list-style-type: none"> • Documents highlighted the presence of privileged groups in traffic and stated that it undermined road safety enforcement efforts. • Documents mentioned that Prime Minister’s Erdoğan son killed someone in a road traffic crash in 1998 (“The young Erdoğan,” 1998).
Problem Stream	<p>Absence of Major Crises</p> <ul style="list-style-type: none"> • Key informants explained that there have 	<p>Actors</p> <ul style="list-style-type: none"> • Survey results showed that 	<p>Insufficient Credible Indicators</p> <ul style="list-style-type: none"> • Documents highlighted gaps in current data systems.

	<p>not be any major crises that would illuminate the problem</p> <p>Insufficient Credible Indicators</p> <ul style="list-style-type: none"> Key informants explained that the number of road traffic deaths is unknown. Furthermore, there is a lack of academic studies concerning road safety in Turkey. <p>Actors</p> <ul style="list-style-type: none"> Key informants mentioned that the actors who had been involved in road safety in Turkey are politically weak. 	<p>the key organizations involved in road safety are weak in terms of their ability to influence road safety policies in Turkey.</p>	<p>Actors</p> <ul style="list-style-type: none"> Documents discussed how the contributions of NGOs are limited. Furthermore, they highlighted the need to increase funding for road safety related NGOs.
Global Stream	<p>Moscow Declaration</p> <ul style="list-style-type: none"> Key informants explained that the Moscow Declaration helped road safety gain some attention in Turkey Key informants also mentioned that, unfortunately, for road safety there only exists declarations and not treaties. <p>Bloomberg Global Road Safety Program</p> <ul style="list-style-type: none"> Key informants highlighted the importance of international projects in helping road safety gain some attention in Turkey. They also mentioned how it brought recognition to the traffic police. Key informants emphasized the importance of WHO Country Office as the organization has close ties to the ruling party. Key informants explained that the success of Afyon at 		<p>Moscow Declaration</p> <ul style="list-style-type: none"> Documents revealed that the Minister of Transportation attended the first Global Ministerial Conference on Road Safety Prime Minister Erdoğan mentioned in a circular that in 2010 the UN proclaimed road safety to be a major problem around the world. Documents showed that the Moscow Declaration and the Decade of Action for Road Safety only offered recommendations. <p>Bloomberg Global Road Safety Program</p> <ul style="list-style-type: none"> Documents described the launch of the Global Road Safety Program in Turkey. Documents also highlighted Afyon's success at increasing seatbelt use.

	<p>increasing seatbelt use drew the attention of high-level government officials and inspired other provinces to tackle road safety.</p> <ul style="list-style-type: none"> • Despite these facilitating factors, key informants also mentioned several limitations associated with the project. <p>Global Road Safety Network</p> <ul style="list-style-type: none"> • Key informants mentioned that Turkish NGOs are not well connected to the global network of advocates 		
Policy Stream	<p>Policy Fragmentation</p> <ul style="list-style-type: none"> • Key informants explained that individuals working on road safety in Turkey do not agree with the same solutions and/or what needs to be prioritized • Key informants also mentioned that some individuals working on road safety in Turkey believe in solutions that are based on personal opinions rather than scientific evidence. <p>System Fragmentation</p> <ul style="list-style-type: none"> • Key informants highlighted the fact that responsibilities for road safety in Turkey are fragmented across different organizations, resulting in issues related to collaboration and coordination. • Key informant also mentioned that there currently exist too many coordinating bodies. <p>Perceived Adequacy of Existing Legislations</p> <ul style="list-style-type: none"> • Some key informants mentioned that Turkey already has strong road 	<p>Policy Fragmentation</p> <ul style="list-style-type: none"> • Results from the survey showed that about 50% of all individuals from international and Turkish organizations who are working on the issue of road safety in Turkey agree on the same solutions for road safety. Similarly, about 50% believed in solutions that are based on scientific evidence rather than their own ideas. 	<p>Policy Fragmentation</p> <ul style="list-style-type: none"> • Documents showed that various policy solutions have been proposed to improve road safety. <p>System Fragmentation</p> <ul style="list-style-type: none"> • Documents showed the array of organizations in Turkey that have road safety responsibilities • Documents also showed the various coordinating bodies that have been established to address road safety.

	safety legislations.		
Policy Window	<p>Policy Window</p> <ul style="list-style-type: none"> Key informants did not voluntarily mention the presence of a policy window for road safety. When probed, one mentioned that the Prime Minister might have opened the window and another said global events might have opened the window. 		

Table 3. 5 Road Safety Within-Case Analysis

Domains of the Original Framework	Findings: Streams	Findings: Actors
Political Stream		
<p>The following are important in the development of the political stream:</p> <ul style="list-style-type: none"> • <i>Events within the government</i> such as changes in administration and jurisdiction • <i>A national mood</i> that is conducive 	<p>The political stream never fully developed for road safety. The following are some facilitators:</p> <ul style="list-style-type: none"> • <i>Events within the government:</i> the AKP party came into power in 2002. Some aspects of the party’s agenda were conducive to the road safety efforts including 1) economic development, 2) transportation plans, and 3) desire to join the EU. • As a result of Turkey’s economic development, the <i>national mood</i> of the country was conducive to addressing road safety <p>Despite these facilitators, there were several barriers that impeded the process:</p> <ul style="list-style-type: none"> • The problem did not completely align with the priorities of the ruling party • Prime Minister’s interest in addressing drink-driving • The 2013 Gezi Park protests that led to an unfavorable <i>national mood</i> • The presence of a <i>privileged group in traffic</i> 	<ul style="list-style-type: none"> • High-level politicians
Problem Stream		
<p>The following are in important in the development of the problem stream:</p> <ul style="list-style-type: none"> • <i>Indicators</i> that either highlights the magnitude or a change in the problem • <i>Focusing</i> events such as disasters, crisis, personal experience of policymakers, and powerful symbols • <i>Feedbacks</i> from existing programs • The way in which the problem is portrayed to the public (<i>External Framing</i>) 	<p>In recent years, the problem of road safety has not been able to capture the attention of key decision makers in Turkey prior to the development of the global stream. Barriers included the <i>absence of major crises, insufficient credible indicators and politically weak supporters.</i></p>	<ul style="list-style-type: none"> • General Directorates of Highway, and General Directorate of Land Transportation within the Ministry of Transportation • Traffic Directorates and Presidencies within the General Directorate of Security • Ministry of Health • Turkish Statistical Institute • Universities

		<ul style="list-style-type: none"> • NGOs
Global Stream		
<p><i>Not mentioned in the original framework</i></p>	<p>The global stream developed in 2009 as a result of the following:</p> <ul style="list-style-type: none"> • <i>The Moscow Declaration</i> adopted during the first Global Ministerial Conference on Road Safety • Bloomberg Philanthropies launched the <i>Global Road Safety Program</i> in 10 LMICs <p>Barriers included the absence of strong connections between global and Turkish road safety NGOs.</p>	<ul style="list-style-type: none"> • Global Road Safety Network • International Organizations
Policy Stream		
<p>The following are important in the development of the policy stream:</p> <ul style="list-style-type: none"> • <i>Integrated policy community</i> • The presence of <i>a solution</i> that is already worked out • The presence of actors <i>softening up</i> the policy community, general public and specialize public 	<p>The policy stream never fully developed for road safety:</p> <ul style="list-style-type: none"> • Individuals working on road safety issues in Turkey did not agree on the same solutions for road safety and/or what needs to be prioritized first (<i>policy fragmentation</i>) • Many organizations have road safety related responsibilities, resulting in <i>system fragmentation</i> • <i>A solutions</i> that was acceptable to the majority of the road safety community was not available • Perceived adequacy of existing legislations 	<ul style="list-style-type: none"> • Relevant Governmental Organizations • Universities • NGOs • International Organizations
Policy Window and Joining of the Streams		
<ul style="list-style-type: none"> • Policy windows are <i>opened by changes in the political stream or by problems</i> that captures the attention of decision-makers • The likelihood of a problem to rise on the agenda is increased when <i>all streams are coupled</i> • <i>Policy entrepreneurs</i> need to seize the opportunity to <i>couple the streams</i> before the window closes 	<ul style="list-style-type: none"> • No <i>policy window</i> opened for road safety. 	<ul style="list-style-type: none"> • There were no <i>policy entrepreneurs</i> for road safety

Table 3. 6 Characteristics of Key Informants for Road Safety (N=25)

Variable	Categories	N (%)
Sex	Male	17 (68.0%)
	Female	8 (32.0%)
Age Range	18 to 30	0 (0.0%)
	31 to 40	10 (40.0%)
	41 to 50	8 (32.0%)
	51 to 60	6 (24.0%)
	61 +1	1 (4.0%)
Organizational Affiliation	Governmental Organizations <ul style="list-style-type: none"> • Afyonkarahisar Governor’s Office • General Directorate for Highways • General Directorate of Security • Grand National Assembly of Turkey • Ministry of Health • Turkish National Policy Academy 	11 (44.0%)
	International Organizations <ul style="list-style-type: none"> • Association for Safe International Travel • Bloomberg Philanthropies • Global Road Safety Partnership • International Union Against Tuberculosis and Lung Disease • World Health Organization 	6 (24.0%)
	Turkish Civil Society/University <ul style="list-style-type: none"> • Afyon Kocatepe University • Drivers and Vehicle Federation of Turkey • Hacettepe University • Middle East Technical University • Turkish Traffic Safety Association 	8 (32.0%)

Table 3. 7 Characteristics of Survey Respondents for Road Safety (N=95)

Variable	Categories	N(%)
Age Range	18 to 30	7 (7.4%)
	31 to 40	34 (35.8%)
	41 to 50	25 (26.3%)
	51 to 60	23 (24.2%)
	61 +	6 (6.3%)
Sex	Male	67 (70.5%)
	Female	28 (29.5%)
Education	Primary Education	0 (0.0%)
	High School	1 (1.1%)
	Associate's/Bachelor's	29 (30.5%)
	Master's	28 (29.5%)
	Doctoral	37 (39.0%)
Years Working on Road Safety	Less than 5	33 (34.7%)
	5 to 9	22 (23.2%)
	More than 10	40 (42.1%)
Organizational Affiliation	Government/Public Sector	37 (39.0%)
	Civil Society- Turkey	11 (11.6%)
	Civil Society – Int'l	1 (1.1%%)
	University/Academia	23 (24.2%)
	Int'l Multilateral or Bilateral Organization	5 (5.3%)
	Private Sector/Industry	17 (17.9%)
	Others	1 (1.1%)

Table 3. 8 Mean and Median Ratings of the Relationships within the Road Safety Community

	Mean	Median	Count (N)
<i>What percentage of these individuals frequently communicate with each other regarding road safety related issues?</i>	31.6%	20.0%	N=94
<i>What percentage of these individuals agree on the same solutions for road safety?</i>	45.1%	50.0%	N=95
<i>What percentage of these individuals believe in road safety solutions that are based on scientific evidence rather than their own personal ideas?</i>	49.1%	50.0%	N=95
<i>What percentage of these individuals bring unique perspective to road safety in Turkey?</i>	31.6%	30.0%	N=95
<i>What percentage of these individuals can be relied on to do what they say they will do?</i>	46.4%	50.0%	N=94

Table 3. 9 Ratings for the Road Safety Community by Respondent's Attributes

	<i>What % of these individuals frequently communicate with each other regarding road safety related issues?</i>		<i>What % of these individuals agree on the same solutions for road safety?</i>		<i>What % of these individuals believe in road safety solutions that are based on scientific evidence rather than their own personal ideas?</i>		<i>What % of these individuals bring unique perspective to road safety in Turkey?</i>		<i>What % of these individuals can be relied on to do what they say they will do?</i>	
	Median	P	Median	P	Median	P	Median	P	Median	P
Age										
18 to 40	30%	0.08	50%	0.10	50%	0.00*	30%	0.13	50%	0.02*
41 to 50	20%		40%		60%		30%		50%	
51 +	20%		30%		30%		20%		30%	
Sex										
Male	20%	0.06	40%	0.06	50%	0.02**	30%	0.74	45%	0.31
Female	40%		40%		65%		30%		50%	
Education										
IIS/ Associate's/										
Bachelor's	30%	0.89	50%	0.94	50%	0.36	20%	0.27	40%	0.70
Master's	30%		50%		60%		30%		50%	
Doctoral	20%		40%		50%		30%		50%	
Organization										
Government/	30%	0.79	40%	0.40	50%	0.57	30%	0.25	50%	0.06
Public Sector										
University/	20%		40%		50%		30%		50%	
Academia										
Private Sector/	30%		60%		50%		20%		40%	
Industry										
Others	20%		40%		50%		25%		30%	
Years working on RS in Turkey										
5	30%	0.04*	50%	0.03*	60%	0.01*	30%	0.10	50%	0.07
5-9	30%		45%		50%		30%		50%	
<10	20%		30%		35%		25%		30%	

*Kruskal Wallis test, P< 0.05

**Wilcoxon-Mann-Whitney test, P<0.05

Table 3. 10 Opinion Leaders

Name (Sector)	Number of Nominations (N=78)	Percentage of Nominations
Fatih Vursavaş (Government)	8	10.3%
Yusuf Avan (Government)	7	9.0%
Nebi Sümer (University)	6	7.7%
Türker Özkan (University)	6	7.7%
Serap Şener (Multilateral)	6	7.7%
Hitay Güner (Civil Society)	6	7.7%

Table 3. 11 Strategies to Improve Response Rate

<ul style="list-style-type: none">• Requested project leaders to notify their members about the survey
<ul style="list-style-type: none">• Personalized each email invitation by using the name of the potential respondents (Cook et al., 2000; McPeake et al., 2014)
<ul style="list-style-type: none">• Enhanced the ease of access to the survey by embedding the survey link in the invitation email (McPeake et al., 2014)
<ul style="list-style-type: none">• Included the expected time it will take potential respondent to complete the survey in the invitation email (McPeake et al., 2014)
<ul style="list-style-type: none">• Minimized the number of questions to the best extent possible (McPeake et al., 2014)
<ul style="list-style-type: none">• Ensured that respondents can see the complete length of the survey by including all questions on one page (McPeake et al., 2014)
<ul style="list-style-type: none">• Arranged related questions together to minimize the amount of time respondents needed to complete the survey
<ul style="list-style-type: none">• Utilized JHSPH's logo at the top of the online survey to increase credibility.
<ul style="list-style-type: none">• Did not conduct the survey during major holidays or election season.
<ul style="list-style-type: none">• Offered lottery incentives for participants (Fang & Shao, 2010)

Appendix 3.1a Field Guide for Road Safety – English

I am interested in learning more about how political priority for public health issue develop in middle-income countries. By political priority I mean (1) national political leaders publicly and privately express sustained concern for the issue; (2) the government, through an authoritative decision-making process, enacts policies that offer widely embraced strategies to address the problem and (3) the government allocates and releases public budgets commensurate with the problem's gravity. As such, I would like to ask you some questions about your experience with the issue of road safety in Turkey [Oral Consent Form].

1. Could you please tell me about your involvement with road safety in Turkey?
 - c. PROBES: When? Why? How?

2. Could you please tell me about road safety in Turkey?
 - d. PROBES: What has happened? How have things evolved?

14. Do you think road safety has, historically, been or not been a political priority in Turkey? Why or why not?

15. Could you please tell me about the people involved in road safety in Turkey?
 - b. PROBES: Who are the people involved (i.e. international/domestic)? How have they been involved?

16. Think about all the people involved in road safety in Turkey. Could you please tell me more about this community of people as a whole?
 - a. PROBES: How many are in this community? What is the capacity of this community? By capacity I mean the availability of administrative tools for implementation. In your opinion, what proportion of the people in the community share similar opinions? In your opinion, what proportion of the people in the community trust each other? In your opinion, what proportion of the people in the community respect each other? How open is this community to less powerful individuals within the community?

17. Has this community of people in Turkey changed over time?

- a. PROBES: Has the number of people in this community changed? Has the capacity of the community changed? Has the proportion of people in the community who share similar opinions changed? Has the proportion of people in the community who trust each other changed? Has the proportion of people in the community who respect each other changed? Has the level of openness of the community to less powerful individuals within the community changed?
18. How have the people involved in road safety communicated the problem to the general public?
- a. PROBES: Did they, for example, describe road safety as an individual problem, social norm problem, or societal problem? Did this portrayal resonate with the general public? If so, who/which group in particular did this portrayal resonate with most?
19. Has anything helped draw the attention of policy makers to road safety?
- a. PROBES: Were there credible indicators that showed the magnitude of the problem (i.e. number of road traffic crash related deaths)? Were there focusing events like a crisis or disaster that called attention to the problem? Were there feedbacks from existing programs/policies?
20. Could you describe the characteristics of the policy solutions that have not been adopted to address road safety (i.e. mandating seatbelt use for commercial car drivers)?
- a. PROBES: Feasibility? Acceptability? How are these policies different and how are they similar from the ones that have been adopted to address road safety?
21. Could you please tell me more about the political environment in Turkey and how it influenced road safety in Turkey?

- a. PROBES: What was the national mood? Were there events within the government that influenced road safety? Were there organized political forces for road safety?
22. Who invested a lot of their resources in road safety? Could you please tell me more about this (these) individual(s)?
- a. PROBES: How were they involved? What are their characteristics (i.e. access to policy maker, amount of resources)?
23. Did there exist a critical moment of opportunity that could have allowed for road safety to become a political priority in Turkey?
- a. PROBES: When was this? What happened?
24. What do you think are the similarities and differences between tobacco control and road safety that could explain the differences in political priority development?
25. In your opinion, what factors do you think need to be present for road safety to gain political priority in Turkey?
- c. PROBES: The presence of indicators/focusing events/feedback from existing programs? The characteristics of the policy solution? The characteristics of the community of people involved? The political environment? The presence of individuals who have invested a lot of their resources in this process?
 - d. PROBES: which might be the most important?

Do you have any questions or other comments?

Thank you very much for your time and help!

Appendix 3.1b Field Guide for Road Safety – Turkish

Orta gelir seviyesindeki ülkelerde halk sağlığı konularında nasıl politik öncelik oluştuğuna dair bilgi edinmek istiyorum. “Politik öncelik”le anlatılmak istenen (1) ulusal siyasi liderlerin halka açık ve özel beyanlarında bu meseleye dair süregelen ilgilerini belirtmesi; (2) devletin katılımcı karar verme yöntemiyle sorunun çözümüne yönelik geniş kitleler tarafından benimsenen stratejilere yönelik politikaları yasalaştırması; (3) devletin sorunun ciddiyetiyle orantılı kamusal bütçeyi ayırması ve vermesi. Bu doğrultuda, size Türkiye’de yol güvenliği meselesiyle ilgili deneyimlerinize yönelik sorular sormak istiyorum [Sözlü Onam Formu].

1. Türkiye’de yol güvenliğini anlatır mısınız?

e. İRDELEME SORULARI: Ne oldu? Olaylar nasıl gelişti?

2. Türkiye’de yol güvenliğiyle ilgili çalışmalarınızı anlatır mısınız?

f. İRDELEME SORULARI: Ne zaman? Neden? Nasıl?

3. Sizce yol güvenliği Türkiye’de, tarihsel süreçte, bir politik öncelik miydi, değil miydi? Neden veya neden değildi?

4. Türkiye’de yol güvenliğiyle ilgili çalışan kişilerden biraz bahsedebilir misiniz?

c. İRDELEME SORULARI: Bu konuyla ilgili çalışan kişiler kimler? (yabancı/yerli)? Nasıl bu konuda çalışmaya başladılar?

5. Türkiye’de yol güvenliğiyle ilgili çalışan herkesi düşünün. Bu kişilerin oluşturduğu çalışma ağı ile ilgili daha fazla bilgi verebilir misiniz?

a. İRDELEME SORULARI: Bu çalışma ağını oluşturan kaç kişi var? Bu ağın kapasitesi nedir? “Kapasite” ile anlatılmak istenen uygulamaya yönelik idari araçların varlığıdır. Sizce bu çalışma ağını oluşturan kişilerin ne kadarı benzer görüşleri paylaşıyor? Sizce bu ağı oluşturan kişilerin ne kadarı birbirine güveniyor? Sizce bu ağı oluşturan kişilerin ne kadarı birbirine saygı duyuyor? Bu çalışma ağı, ağın içinde görece daha az güçlü konumdaki bireylere ne kadar açıktır?

6. Zaman içinde bu çalışma ağındaki insanlar değişti mi?

a. İRDELEME SORULARI: Bu çalışma ağındaki kişi sayısı değişti mi? Bu çalışma ağının kapasitesi değişti mi? Bu çalışma ağı içerisinde benzer görüşleri

paylaşanların oranı değişti mi? Bu çalışma ağı içerisinde birbirine güvenenlerin oranı değişti mi? Bu çalışma ağı içerisinde birbirine saygı duyanların oranı değişti mi? Bu çalışma ağının, ağ içinde görece daha az güçlü konumdaki bireylere açıklık derecesi değişti mi?

7.Yol güvenliği konusunda çalışan kişiler kamuoyuna bu sorunu nasıl anlattılar?

- a. İRDELEME SORULARI: Örneğin yol güvenliğini bireysel bir sorun, sosyal norm sorunu, ya da toplumsal bir sorun olarak mı tanımladılar? Bu tanımlama toplumun genelinde etkili oldu mu? Eğer olduysa, en çok kimde/hangi grupta etkili oldu?

8.Kural koyucuların dikkatini yol güvenliğine çekmek için yardımcı olan durumlar oldu mu?

- b. İRDELEME SORULARI: Sorunun büyüklüğünü gösteren güvenilir göstergeler var mıydı (örneğin trafik kazası sonucu ölümlerin sayısı)? Kriz ya da afet gibi soruna dikkati çeken odak olaylar var mıydı? Hali hazırda kullanılan programlardan/uygulamalardan gelen geribildirim var mıydı?

9.Yol güvenliğini sağlama amacı taşıyan ama uygulanmamış olan yasal düzenlemelere dayalı çözümlerin özelliklerini anlatabilir misiniz? (Örneğin ticari otomobil sürücülerine emniyet kemeri kullanımını zorunlu hale getirmek) ?

- c. İRDELEME SORULARI: Uygulanabilirlik? Kabul edilebilirlik? Bu (uygulanmamış olan) kurallar, yol güvenliğini sağlamak için uygulanmakta olan kurallardan nasıl farklılaşmaktadır ve bu kurallarla ne gibi benzerlikler göstermektedir?

10.Türkiye'deki politik ortam ve bu politik ortamın Türkiye'de yol güvenliğini nasıl etkilediği ile ilgili biraz daha bilgi verebilir misiniz?

- d. İRDELEME SORULARI: Ülkedeki atmosfer nasıldı? Hükümet içinde yol güvenliğine etki edecek durumlar/olaylar oldu mu? Yol güvenliği için organize politik güçler var mıydı?

11.Kim(ler) yol güvenliđi için kendi kaynakları içinden büyük miktarlarda yatırım yaptı? Bu kiři(ler)le ilgili biraz daha bilgi verebilir misiniz?

- e. İRDELEME SORULARI: Nasıl bu meseleye müdahil oldular? Bu kişilerin nitelikleri nelerdir (Örneđin kural koyuculara erişim, kaynaklarının miktarı)?

12.Yol güvenliđinin Türkiye’de bir politik öncelik olmasının yolunu açan önemli bir fırsat anı yaşandı mı?

- f. İRDELEME SORULARI: Bu ne zamadı? Ne oldu?

13.Sizce tütün kontrolü ve yol güvenliđi arasında, politik öncelik gelişimi açısından farkları açıklayabilecek benzerlikler ve farklılıklar nelerdir?

14.Size göre, yol güvenliđinin Türkiye’de politik öncelik kazanması için var olması gereken faktörler nelerdir?

- e. İRDELEME SORULARI: Göstergelerin/odak olayların/hali hazırda uygulanan programlardan gelen geribildirim varlığı? Yasal düzenlemelere dayalı çözümlerin özellikleri? Çalışma ağındaki kişilerin özellikleri? Politik ortam? Bu sürece kendi kaynakları içinden büyük miktarlar yatıran kişilerin varlığı?

- f. İRDELEME SORULARI: Bunlardan en önemlisi hangisi olabilir?

Sormak istediđiniz veya eklemek istediđiniz birşey var mı?

Zaman ayırdığınız ve yardım ettiđiniz için çok teşekkürler!

Appendix 3.2a Codebook Draft

No.	Brief Code	Full Description of Code	When to use codes
	POLITICAL STREAM	Macro-level political conditions that affect the agenda-setting process.	Use this grouping of codes according to parameters listed below.
1	NATIONAL MOOD	The mood of the country during the period of investigation (i.e. the national mood, the climate of the country, or changes in public opinion).	Use this code when participant mention the mood/climate of the country and/or changes in public opinion.
2	GOVERNMENT	The events within the government (i.e. administrative or legislative turnover).	Use this code when participants mention events or lack of events within the government.
	PROBLEM STREAM	The process by which a condition turns into a problem that requires attention.	Use this grouping of codes according to parameters listed below.
3	INDICATORS	The presence of indicators that provides evidence of the magnitude of the problem or changes in the problem.	Use this code when participants mention the presence or lack of indicators.
4	IN ACTORS	Actors involved in the generation of indicators.	Use this code when participants mention the actors involved in the generation of indicators.
5	FOCUSING EVENTS	The presence of focusing events (i.e. disasters, crises, symbol and/or personal experience of policy makers) that draws attention to the problem.	Use this code when participants mention the presence or lack of focusing events.
6	FOC ACTORS	Actors involved in the focusing event (s) (i.e. generation of symbols).	Use this code when participants mention the actors involved in the focusing event(s).
7	FEEDBACK	The presence of feedback from existing programs/policies (i.e. systematic monitoring, complaints and casework, and bureaucratic experience) that draws the attention of policy makers.	Use this code when participants mention the presence or lack of feedback from existing policies/programs.
8	FEED ACTORS	Actors involved in the feedback from existing programs/policies.	Use this code when participants mention the actors involved in the feedback from existing programs/policies.
9	EXTERNAL	How the policy community portrays the problem to the public.	Use this code when participants mention how the policy community portrays the problem to the public.
	POLICY STREAM	The process by which a policy proposal becomes one that is accepted for serious consideration.	Use this grouping of codes according to parameters listed below.
10	POLICY COMMUNITY	The level of integration of the policy community (i.e. cohesive/not cohesive, restrictive/open).	Use this code when participants mention the level of integration of the policy community.
11	SOFT ACTOR	Actors involved in softening up or building acceptance for the solution.	Use this code when participants mention the actors involved in softening up.
12	SOLUTIONS	The presence of a solution that is ready to go.	Use this code when

			participants mention the presence of a solution.
13	CHAR SOLUTIONS	Characteristics of the policy solutions (i.e. technical feasibility, value acceptability).	Use this code when participants describe the characteristics of the policy solutions.
	POLICY WINDOW	A critical moment of opportunity when the three streams converge such that policy entrepreneur(s) can push their solutions or push for attention for their problems.	Use this grouping of codes according to parameters listed below.
14	POLICY WINDOW	The presence of a critical moment of opportunity.	Use this code when participants describe the presence or lack of a policy window.
	POLICY ENTREPRENEUR	The presence of policy entrepreneur(s) and their characteristics.	Use this grouping of codes according to parameters listed below.
15	ENTREPRENEUR	The presence of a policy entrepreneur(s) (individuals willing to invest their resources in hopes of a future return).	Use this code when participants mention the presence or lack of policy entrepreneur(s).
16	CHAR ENTREPRENEUR	Characteristics of the policy entrepreneur (s) (i.e. greater access to policy makers, more resources, and better skills at coupling the three streams).	Use this code when participants describe the characteristics of the policy entrepreneur (s).

Appendix 3.2b Codebook Final

No.	Brief Code	Full Description of Code	When to use codes
	POLITICAL STREAM	Domestic political conditions that affect the agenda-setting process.	Use this grouping of codes according to parameters listed below.
1	NATIONAL MOOD	The mood of the country during the period of investigation (i.e. the national mood, the climate of the country, or changes in public opinion).	Use this code when participant mention the mood/climate of the country and/or changes in public opinion.
2	GOVERNMENT	The events within the government such as administrative turnover and characteristics of the new party.	Use this code when participants mention characteristics of the new party, events or lack of events within the government.
3.	PRIVILEGED GROUP	The presence of privileged groups in traffic in Turkey.	Use this code when participants mention the presence of privileged groups in traffic.
	PROBLEM STREAM	The process by which a condition turns into a problem that requires attention.	Use this grouping of codes according to parameters listed below.
4	INDICATORS	The presence of indicators that provides evidence of the magnitude of the problem or changes in the problem.	Use this code when participants mention the presence or lack of indicators.
5	IN ACTORS	Actors involved in the generation of indicators.	Use this code when participants mention the actors involved in generation of indicators.
6	FOCUSING EVENTS	The presence of focusing events (i.e. disasters, crises, symbol and/or personal experience of policy makers) that draws attention to the problem.	Use this code when participants mention the presence or lack of focusing events.
7	FOC ACTORS	Actors involved in the focusing event (s) (i.e. generation of symbols).	Use this code when participants mention the actors involved in the focusing event(s).
8	FEEDBACK	The presence of feedback from existing programs/policies (i.e. systematic monitoring, complaints and casework, and bureaucratic experience) that draws the attention of policy makers.	Use this code when participants mention the presence or lack of feedback from existing policies/programs.
9	FEED ACTORS	Actors involved in the feedback from existing programs/policies.	Use this code when participants mention the actors involved in the feedback from existing programs/policies.
10	COMPARISON	The presence of global comparisons that accentuates the problem in Turkey.	Use this code when participants mention the presence or lack of global comparisons.
11	COMP ACTORS	Actors involved in generating or using global comparisons.	Use this code when participants mention the

			actors involved in the generation or use of global comparisons.
12	EXTERNAL	How the policy community portrays the problem to the public.	Use this code when participants mention how the policy community portrays the problem to the public.
	POLICY STREAM	The process by which a policy proposal becomes one that is accepted for serious consideration.	Use this grouping of codes according to parameters listed below.
13	POLICY COMMUNITY	The level of integration of the policy community (i.e. cohesive/not cohesive, restrictive/open).	Use this code when participants mention the level of integration of the policy community.
14	SYSTEM FRAG	The level of integration/fragmentation of the road safety system in Turkey.	Use this code when participants mention the level of integration/fragmentation of the road safety system.
15	SOFT ACTOR	Actors involved in softening up or building acceptance for the solution.	Use this code when participants mention the actors involved in softening up.
16	SOLUTIONS	The presence of a solution that is ready to go.	Use this code when participants mention the presence or absence of a solution.
17	CHAR SOLUTIONS	Characteristics of the policy solution (i.e. technical feasibility, value acceptability).	Use this code when participants describe the characteristics of the policy solutions.
	GLOBAL STREAM	The process by which a public health issue becomes a global priority.	Use this grouping of codes according to parameters listed below.
18	MOSCOW	The presence of international treaties or declarations for the public health issue. In this case study, the Moscow Declaration.	Use this code when participants mention the Moscow Declaration.
19	DONOR	The presence of international donors for this public health issue. In this case study, the Bloomberg Philanthropies.	Use this code when participants mention international donors for road safety in Turkey.
20	GLOBAL NETWORK	The presence and characteristics of the global network of actors for this public health issue.	Use this code when participants mention the presence and/or characteristics of the global network of actors for road safety.
	POLICY WINDOW	A critical moment of opportunity when the three streams converge such that policy entrepreneur(s) can push their solutions or push for attention to their problems.	Use this grouping of codes according to parameters listed below.
21	POLICY WINDOW	The presence of a critical moment of opportunity.	Use this code when participants describe the presence or absence of a policy window.

22	OPEN WINDW	Events that opened the policy window.	Use this code when participants mention the event(s) or absence of events that opened the policy window.
23	JOIN ACTOR	Actors involved in the joining of the streams.	Use this code when participants mention the actors involved the joining of the streams.
24	NOT PP	Not a political priority.	Use this code when participants mention that road safety is not a political priority in Turkey.
	KEY ACTORS	The key actors involved in the public health issue.	Use this grouping of codes according to parameters listed below.
25	CHAR PM	Characteristics of the Prime Minister that is favorable/ not favorable to the road safety efforts in Turkey.	Use this code when participants mention the characteristics of the Prime Minister.
26	CHAR MOT	Characteristics of the Ministry of Transportation that is favorable/ not favorable to the road safety efforts in Turkey.	Use this code when participants mention the characteristics of the Ministry of Transportation.
27	CHAR GDS	Characteristics of the General Directorate of Security that is favorable/not favorable to the road safety efforts in Turkey.	Use this code when participants mention the characteristics of GDS.
28	ENTREPRENEUR	The presence/absence of a policy entrepreneur(s) (individuals willing to invest their resources in hope of a future return).	Use this code when participants mention the presence or absence of policy entrepreneur(s).
29	CHAR ENTREPRENEUR	Characteristics of the policy entrepreneur (s) (i.e. greater access to policy makers, more resources, and better skills at coupling the three streams).	Use this code when participants mention the characteristics of the policy entrepreneur(s).
30	CHAR CIVIL	Characteristics of the civil society that is favorable/not favorable to the road safety efforts in Turkey.	Use this code when participants mention the characteristics of the civil society.
31	CHAR INTL	Characteristics of international actors that is favorable/not favorable to the road safety efforts in Turkey.	Use this code when participants mention the characteristics of international actors.

Appendix 3.3 Document Review Summary

Political Stream	<ul style="list-style-type: none"> - The AKP Party Agenda: <ul style="list-style-type: none"> o Documents highlighted AKP Party's interest in improving the country's economy and transportation as well as in joining the European Union. o Road safety is a small part of AKP Party's larger transportation plans. o Documents revealed Prime Minister Erdoğan's interest in addressing drink-driving. - Privileged Groups in Traffic <ul style="list-style-type: none"> o Parliamentarians and high-level bureaucrats expect privileges in traffic o The presence of privileged group erodes traffic enforcement efforts o Prime Minister Erdoğan's son killed a music artist in a road traffic crash in 1998.
Problem Stream	<ul style="list-style-type: none"> - Global comparisons: <ul style="list-style-type: none"> o The problem of road safety in Turkey was accentuated when compared to the situation in other countries - External Framing <ul style="list-style-type: none"> o As a result of the large number of road traffic crashes in Turkey, actors described the situation to be as devastating as terrorism and/or war - Insufficient Credible Indicators <ul style="list-style-type: none"> o Documents described some of the limitation of the existing road traffic related data systems and the need to strengthen road safety research - Politically Weak Actors <ul style="list-style-type: none"> o Road safety NGOs in Turkey are limited and need to be strengthened
Global Stream	<ul style="list-style-type: none"> - Moscow Declaration <ul style="list-style-type: none"> o The Minister of Transportation in Turkey attended the First Global Ministerial Conference on Road Safety. He pledged to address the issue in Turkey. o In accordance to the Moscow Declaration, the UN General Assembly adopted a resolution (A/RES/64/255) to improve road safety worldwide and declared 2011 to 2020 to be the Decade of Action for Road Safety. The global plan for the Decade of Action served as a guiding instrument for countries. - Bloomberg Project <ul style="list-style-type: none"> o Turkey was chosen as one of the countries for the Global Road Safety Program. o Seatbelt use increased dramatically in Afyon.
Policy Stream	<ul style="list-style-type: none"> - Policy Fragmentation <ul style="list-style-type: none"> o Road safety actors proposed various solutions to the problem - Systems Fragmentation

	<ul style="list-style-type: none"> ○ Road safety responsibilities are fragmented across many organizations in Turkey ○ Many coordinating bodies exist in Turkey to oversee road safety activities ○ Documents highlighted the need for improve communication, cooperation and collaboration amongst all involved organizations
Process and Other Relevant Information	<ul style="list-style-type: none"> – 2004: a seatbelt campaign was carried out – 2008: MOI initiated a new traffic safety project named "new approaches, targets and solutions on road traffic safety" – 2012: The Road Safety Strategy Coordination Board was established to steer activities related to road safety – 2013: Turkey launches the Decade of Action for Road Safety – 2013: MOI declared 2013-2014 as the "Year of Safety Belt and Speed Control" – 2014: Regulation 150 was amended – 2014: Covert speed cameras were banned by the Supreme Court

Appendix 3.4a Road Safety Survey in Turkey - English

1. How old are you?

- 18 to 30 years old
- 31 to 40 years old
- 41 to 50 years old
- 51 to 60 years old
- 61 years and older

2. What is your sex?

- Male
- Female

3. What is the highest level of education you have completed?

- Primary Education (Elementary and Middle School)
- High School
- Associate's/Bachelor's
- Master's
- Doctoral

4. Currently, which type of organization are you primarily affiliated with?

- Government/Public Sector
- Civil Society - Turkey
- Civil Society - International
- University/Academia
- International Multilateral or Bilateral Organization (i.e. WHO)
- Private Sector/Industry
- Others: _____

5. For how many year(s) have you been working on road safety in Turkey?

- Less than 5 years (Please include the years below. For example 2009 to 2013)

- 5 to 9 years (Please include the years below. For example 2004 to 2013)

- More than 10 years (Please include the years below. For example 1990 to 2013)

6. Thinking about all the individuals from international and Turkish organizations who are working on the issue of road safety in Turkey, in your opinion, what percentage of these individuals frequently communicate with each other regarding road safety related issues in Turkey? (By communication, we mean formal or informal communication through telephone calls, email exchanges, and/or in-person communications)

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

7. Thinking about all the individuals from international and Turkish organizations who are working on the issue of road safety in Turkey, in your opinion, what percentage of these individuals agree on the same solutions for road safety?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

8. Thinking about all the individuals from international and Turkish organizations who are working on the issue of road safety in Turkey, in your opinion, what percentage of these individuals believe in road safety solutions that are based on scientific evidence rather than their own personal ideas?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

9. Thinking about all the individuals from international and Turkish organizations who are working on the issue of road safety in Turkey, in your opinion, what percentage of these individuals bring unique perspective to road safety in Turkey?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

10. Thinking about all the individuals from international and Turkish organizations who are working on the issue of road safety in Turkey, in your opinion, what percentage of these individuals can be relied on to do what they say they will do?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

11. Who do you go to for advice regarding road safety related issues? Please identify up to 5 individuals (for example John Doe from Ministry of Finance)

6. _____
7. _____
8. _____
9. _____
10. _____

12. In your opinion, who has the most power to influence road safety policy in Turkey? Please identify up to 5 individuals (for example John Doe from Ministry of Finance)

11. _____
12. _____
13. _____

14. _____
15. _____

**THANK YOU FOR COMPLETING THE SURVEY!
WHEN YOU PRESS THE BUTTON BELOW YOUR RESPONSE WILL BE
SUBMITTED.**

If you have comments, please let us know below.

Appendix 3.4b Road Safety Survey in Turkey - Turkish

1. Kaç yaşındasınız?

- 18-30 yaş arası
- 31-50 yaş arası
- 41-50 yaş arası
- 51-60 yaş arası
- 61 ve üzeri

2. Cinsiyetiniz?

- Erkek
- Kadın

3. Tamamlamış olduğunuz en yüksek eğitim seviyesi nedir?

- İlköğretim (ilkokul ve ortaokul)
- Lise
- Ön Lisans/Lisans
- Yüksek Lisans
- Doktora

4. Şu anda ne tür bir kurumun mensubusunuz?

- h. Devlet/Kamu Sektörü
- i. Sivil Toplum – Türkiye’de
- j. Sivil Toplum – Uluslararası
- k. Üniversite/Akademi
- l. Uluslararası Çok Taraflı veya Çift Taraflı Organizasyon (Örn. Dünya Sağlık Örgütü)
- m. Özel Sektör/Endüstri
- n. Diğer: _____

5. Kaç yıldır Türkiye’de yol güvenliği üzerinde çalışmaktasınız?

- 5 yıldan az (Lütfen yıl bilgisini aşağıda belirtiniz. Örnek 2009-2013)

- 5 ile 9 yıl arasında (Lütfen yıl bilgisini aşağıda belirtiniz. Örnek 2004-2013)

- 10 yıldan fazla (Lütfen yıl bilgisini aşağıda belirtiniz. Örnek 1990-2013)

6. Türkiye’de uluslar arası ve Türk kuruluşlarında yol güvenliği ile ilgili çalışmalar yapan herkesi düşündüğünüzde, sizce bu kişilerin yüzde kaç Türkiye’de yol güvenliğiyle ilgili konulara yönelik birbirleriyle çoğunlukla iletişim halindedirler? (İletişime geçmek le anlatılmak istenen telefon görüşmesi, karşılıklı e-posta alışverişi, ve/veya kişisel görüşmelerdeki resmi/gayri resmi iletişimidir).

- 0%
- 10%

- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

7. Uluslararası ve Türk kuruluşlarında Türkiye’de yol güvenliğine bağlı konularda çalışan tüm insanları düşündüğünüzde, sizce, bu kişilerin yüzde kaçını yol güvenliği için aynı çözümler üzerinde anlaşıyor?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

8. Uluslararası ve Türk kuruluşlarında Türkiye’de yol güvenliğine bağlı konularda çalışan tüm insanları düşündüğünüzde, sizce, bu kişilerin yüzde kaçını kendi kişisel fikirlerinden ziyade, bilimsel kanıtlara dayalı yol güvenliği çözümlerine inanmaktadır?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

9. Uluslararası ve Türk kuruluşlarında Türkiye’de yol güvenliğine bağlı konularda çalışan tüm insanları düşündüğünüzde, sizce, bu kişilerin yüzde kaçını Türkiye’de yol güvenliğine özgün bir bakış açısı getirmektedir?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

10. Uluslararası ve Türk kuruluşlarında Türkiye’de yol güvenliğine bağlı konularda çalışan tüm insanları düşündüğünüzde, sizce, bu kişilerin yüzde kaçına yapacaklarını söyledikleri şeyleri yapacakları konusunda güvenilebilir?

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

11. Yol güvenliğiyle ilgili konulara yönelik kimin tavsiyesine başvurursunuz? Lütfen en fazla beş kişi belirleyiniz (Örnek: Ekonomi Bakanlığı’ndan Zafer Çağlayan

11. _____
12. _____
13. _____
14. _____
15. _____

12. Sizce, Türkiye’de yol güvenliği politikalarını etkileme konusunda en fazla güce sahip olan kişiler hangileridir? Lütfen en fazla beş kişi belirleyiniz (Örnek: Ekonomi Bakanlığı’ndan Zafer Çağlayan)

1. _____
2. _____
3. _____
4. _____
5. _____

**ANKETİ DOLDURDUĐUNUZ İÇİN TEŐEKKŐRLER!
AŐAĐIDAKİ TUŐA BASTIĐINIZ ZAMAN CEVAPLARINIZ SİSTEME GİRMIŐ
OLACAKTIR.**

Eđer yorumlarınız varsa, lőtfen aŐađıda bize belirtiniz.

4. Opening the Black Box: How Political Priority Develops for Public Health Issues in Turkey

Abstract

Background: In the last decade, tobacco control received political priority in Turkey while road safety did not despite the large health and economic burden road traffic injuries posed on the Turkish population. Political priority relates to the agenda-setting phase of the policy process and has been widely acknowledged as an important facilitating factor in the attainment of public health goals. Unfortunately, however, there is a paucity of research in this area to help us understand why political priority emerges for certain public health issues but fails to develop for others in countries like Turkey.

Objective: The primary objective of this study was to comparatively examine how tobacco control became a political priority in Turkey while road safety did not using a framework adapted from John Kingdon's *Multiple Streams Theory*. This study also aimed to modify the framework based on the cross-case analysis.

Method: A comparative mixed-methods case study design was used. Qualitative data were gathered from key informant interviews (N=42), and documents (N=307) to explore the processes, determinants, and the key actors involved. Quantitative data were collected from online self-administered surveys (N=153) to examine the characteristics of and relationships within the tobacco control and road safety communities. Cross-case analysis was employed such that themes and processes from the two cases could be compared and contrasted. Wilcoxon-Mann-Whitney test was also used to examine whether the

relationships within the tobacco control and road safety communities differed significantly.

Results: Findings revealed that in Turkey, political priority for tobacco control emerged as a result of the development and convergence of four streams – problem, policy, political, and global – with the political stream being most important. These streams were found to overlap at different points in time and influenced by politically powerful advocates, policy entrepreneurs, advocacy-oriented non-governmental actors, intermediaries, and movers. Although the presence of such a diverse group of actors was crucial, findings highlighted the need for the community of advocates to be integrated. Without all of these events and actors in place at the same time, the study showed that a public health problem is not likely to reach political priority in Turkey as seen in the case of road safety where only two of the four streams were developed, a policy window never opened, and many key actors were absent.

Conclusion: The framework generated from this study could potentially help actors promoting public health issues in Turkey or other middle-income democratic countries with unitary systems of government.

Keywords: tobacco control, road safety, political priority, agenda-setting, policy, Turkey

Introduction

Political priority relates to the agenda-setting stage of the policy process and has been widely acknowledged as an important facilitating factor in the attainment of public health goals (Catford, 2006; Shiffman, 2007). Studies have shown that political priority is defined as a collection of three components: 1) *expressed commitment*, which pertains to high-level decision makers' proclamation of the importance of the public health issue; 2) *institutional commitment*, which concerns the enactment of universally accepted policies and/or programs to address the issue; and 3) *budgetary commitment*, which relates to the provision of adequate resources to combat the public health problem (Shiffman, 2007; Fox et al., 2011).

Although many public health advocates have highlighted the need to bolster political commitment for their issues, a limited number of comparative studies have been undertaken to show why political priority develops for certain public health issues but fails to develop for others in middle-income countries (MICs). Existing studies that have employed such a comparative design largely focused on the successes and failures of one public health issue in different low-and-middle-income countries (LMICs) using qualitative data (Lee & Walt, 1995; Munira & Fritzen, 2007; Shiffman, 2007; Omar et al., 2010; Pelletier et al., 2011, Pelletier et al., 2012; Smith et al., 2014). Few have compared different public health issues in one MIC (Reichenbach, 2002; Caceres et al, 2008). In order to advance the field of health policy analysis in general, scholars have urged for more comparative studies and the use of other types of methodologies (ODI, 2007; Walt et al., 2008).

Turkey has been successful at addressing many of its public health issues. In recent years, the country made tobacco control a political priority and is currently considered one of the global leaders in tackling tobacco use (WHO Regional Office for Europe, 2012; Devi, 2012; WHO, 2013). Studies have shown that since this public health issue gained political importance, cigarette sales decreased by 10.7% (Warren et al., 2012). Unlike tobacco control, road safety gained political attention in Turkey in recent years but did not reach political priority, despite the availability of cost-effective interventions and road traffic injuries (RTIs) being one of the leading causes of mortality (GBD, 2010). The significance of this public health problem is even more pronounced when examining various age groups. According to the 2010 Global Burden of Disease (GBD) report, RTIs were the second leading cause of death for those between 15 and 24 years of age in Turkey (GBD, 2010).

The primary aims of this study were to 1) comparatively examine how tobacco control became a political priority in Turkey while road safety did not under the guidance of a framework adapted from John Kingdon's *Multiple Streams Theory*; and 2) to modify the adapted framework based on this cross-case analysis. Two distinguishing features of this study are the use of a comparative mixed-methods case study design and the choice of the two public health issues for investigation. To our knowledge, this is one of the first attempts to undertake such a study for these two public health issues in a MIC.

Conceptual Framework

In this study, John Kingdon's *Multiple Streams Theory* was used as the framework for understanding how tobacco control and road safety fared as political priority in Turkey. Developed in the 1980s to explain agenda setting in the United States, this theory remains one of the most renowned theories concerning this phase of the policy process. Although the *Multiple Streams Theory* has been used to examine various policies, most of these studies took place in high-income countries; few studies were carried out in MICs (Shiffman & Ved, 2007; Daniels et al., 2008; Jat et al., 2013; Balajaran, 2014) and as a result, the applicability of this theory to these countries has yet to be fully explored. In recent years, Shiffman & Smith (2007) also developed a framework that could be used to examine political priority development for public health issues at the global level; the authors, however, criticized their own framework for its lack of theoretical grounding (Shiffman, 2009).

According to the *Multiple Streams Theory*, three “largely independent (Kingdon, 2011, p.88)” streams flow through the policy system: problem, policy, and political streams. Actors inside and outside of the government, such as the president, interest groups, academics, and campaigners, could influence all three streams. The *problem stream* concerns the process by which a condition turns into a problem that draws the attention of policy makers. The presence of indicators, focusing events and/or feedback from existing programs can all facilitate the development of this stream. The *policy stream* relates to the process whereby a policy solution emerges as one that is accepted for serious consideration. Solutions that are feasible and acceptable to high-level decision makers

and the policy community are more likely to survive this process. Kingdon (2011) also explained that an integrated policy community could help in the transformation of this stream. Finally, the *political stream* concerns macro-level domestic conditions, such as government transitions and national mood that can affect the process. According to Kingdon, an issue is more likely to make it on to the *decision agenda* when all three streams develop and are joined by *policy entrepreneurs* while a *policy window* opens. This window, which signifies an opportunity for advocates, can be opened by major events within the problem or political streams (Kingdon, 2011).

Prior to the start of this study, modifications were made to this framework to better fit the Turkish context. First, international actors were added since other studies have shown that these individuals may be able to influence LMIC policy-making processes through norm promotion (Shiffman 2007, Sanchez et al., 2008; Pelletier et al., 2012), resource provision (Shiffman, 2007; Smith & Neupane, 2011), international pressure (Lush et al., 2000), and collaboration with domestic policy networks (Tantivess et al., 2008; Pelletier, et al., 2012). Second, the *problem and policy streams* were depicted as overlapping streams due to criticisms of Kingdon's assumption that the streams are largely independent (Zahariadis, 2007). Third, within the *problem stream*, the study included *external framing*, or the way in which the problem is illustrated to the public, as a potential facilitator. Finally, within the *policy stream*, the study further defined policy community integration as shared belief, trust, and respect among the members (Zahariadis & Allen, 1995; Foster-Fishman, et al., 2001; Mattessich, Murray-Close & Monsey, 2001) (Figure 4.1).

Methods

This study used a comparative case study design to compare tobacco control (case 1) and road safety (case 2) for the purpose of understanding how political priority for public health issues develops in Turkey. Case study is a research methodology suitable for addressing “how” and “why” research questions and is especially ideal for detailed investigation of complex real-life events within their context (Yin, 2008; Schutt, 2009). Although case studies can involve single or multiple cases, many scholars consider multiple case study designs to be more robust than single case studies (Herriott & Firestone, 1982; Yin, 2008).

Time Frame

Turkey’s efforts to address road safety and tobacco use started in the 1920s and 1980s respectively, with clear demarcations between the different periods of policy change. Although this study examined the history of both cases to identify factors that might have influenced recent events, the study focused specifically on the processes and determinants that led to and prevented the development of political priority for tobacco control and road safety respectively in the last decade (Figure 4.2).

The selection of this time frame allowed the study to explore these two cases during the tenure of Recep Tayyip Erdoğan’s Justice and Development Party, thereby holding political events for the two cases constant. It also permitted the investigation of global influences as global momentum to prioritize the two public health issues peaked during the last decade.

Case Selection

The issues of tobacco control and road safety in Turkey were selected using *theoretical replication* – cases “predict contrasting results but for anticipatable reasons” (Yin, 2008, p.54). In comparative case study design, case selections are based upon *replication* logic rather than *sampling* logic (Yin, 2008). Tobacco control and road safety are different public health issues; the former achieved political priority in Turkey in recent years while the latter did not. The importance and timeliness of comparing these two public health issues were also highlighted by staff at the World Health Organization (WHO) who explained that the following headline appeared on a national newspaper: “Tobacco is under control but how about road traffic?”

Data Collection

Data collection was carried out between 2010 and 2014. For each case, both qualitative and quantitative data were collected from three different sources: 1) key informant in-depth interviews, 2) documents, and 3) online surveys (Figure 4.3). The following section provides a summary of the data collection procedures for both cases. Detailed explanations can be found in papers 1 and 2.

The qualitative component explored the process and determinants affecting each domain of the conceptual framework, new themes that had emerged, and the actors that have been working on tobacco control and/or road safety in Turkey. For tobacco control, key informants were defined as individuals who had played a significant role in tobacco control gaining political priority in Turkey and/or possessed extensive knowledge about tobacco control in Turkey. Similarly for road safety, key informants were defined as

individuals who had played a significant role in road safety gaining attention in Turkey, possessed extensive knowledge of road safety in Turkey and/or led an organization that is involved in road safety in Turkey. All informants were sampled using purposive and snowball sampling techniques (Schutt, 2009) where potential informants were identified with help from preliminary document review, local partners,¹ international partners,⁷ and other key informants. Sample size for each case was determined based on data saturation (Charmaz, 2006).

The majority of the interviews were conducted face-to-face (85.7%) and all interviews were semi-structured, leaving room for flexibility. Prior to the start of all interviews, verbal consent was obtained from key informants. The average time per interview was 40 minutes.

All quotes included in this paper are verbatim from key informants but, when necessary, grammatical corrections were made (Table 4.1 shows the list of informant ids and corresponding organizational affiliation). These minor corrections were done without changing the word selection or meaning of the quotes.

Documents were also purposively sampled for both cases. These documents included 1) documents from organizations involved in tobacco control and/or road safety (i.e. government reports, presentations, project documents, meeting minutes), 2) national laws, 3) news articles, and 4) published literature. All were obtained from key

⁷ Association for Safe International Road Travel, General Directorate of Security, Global Road Safety Partnership, World Health Organization

informants, local partners, international partners,¹ web searches and/or English and Turkish databases.

The quantitative component examined the characteristics and relationships of the actors working on tobacco control and/or road safety in Turkey. Study respondents of the self-administered online survey included individuals who had played a role in tobacco control and/or road safety in Turkey in 2013. Since census-based sampling frames did not exist for tobacco control or road safety in Turkey, two databases that included the names and contact information of all potential participants were constructed. Using census sampling (Forthofer, Lee & Hernandez, 2007), all identified individuals were invited to participate in the self-administered online survey. The survey was administered using Qualtrics (Qualtrics, Provo, UT) and respondents were given 4 to 6 weeks to complete the survey.

Cross-Case Analysis

Cross-case analysis is an analytic technique that allows for the comparison of multiple case studies (Yin, 2008). This approach was used for the purpose of identifying similarities and differences across the two cases with regards to the political priority development process. The three-steps recommended by Miles & Huberman (1994) were used as guidelines to ensure that data were organized and compared in a systematic manner: 1) data reduction, 2) data display, and 3) drawing conclusions (Figure 4.4). Miles & Huberman's (1994) technique was selected as it allowed for both variable and case-oriented approaches for comparisons which is more desirable than techniques that only allow for one of the two approaches.

Data Reduction and Display

Data from the within-case analyses (papers 1 and 2) were first reduced and displayed using a *partially ordered-meta-matrix* to allow for the comparison of common themes across the two cases (Figure 4.4). *Partially ordered-meta-matrix* is an exploratory draft display of all pertinent data in one matrix. It is particularly helpful during the preliminary stages of cross-case analysis as it does not deliberately impose any ‘internal order’ on the data and allows for the researcher to view all cases in one matrix (Miles & Huberman, 1994). As seen in table 4.2, the two cases were partially ordered by the domains of the conceptual framework. Data were reduced such that only the main findings for each domain were included. The presence of a checkmark in table 4.2 indicates that the stream had developed whereas the absence of a checkmark denotes that the stream had not developed.

Subsequently, data were *partitioned* and *clustered* (Miles & Huberman, 1994) using several matrices such that the streams and actors could be examined in more detail. Four matrices were created for the four streams – problem, policy, political and global streams. Accordingly, data were first *partitioned* by the streams then *clustered* by the factors that were mentioned to have either contributed or prevented the development of the respective streams. Only themes that cut across both cases were maintained. A matrix was also constructed to examine the relationships between the streams; data were *partitioned* by the streams that interacted with each other in both cases then *clustered* by the different types of influence.

To better understand the actors, data were first *partitioned* by the different types of actors mentioned in both cases, then *clustered* by their roles, strategies, and influences on the streams.

To complement these findings, quantitative data analyses were also employed to examine the similarities and differences between the tobacco control and road safety communities. In order to test whether these two communities differed significantly with regards to their ratings of the relationships within each community, the nonparametric Wilcoxon-Mann-Whitney test (Forthofer, Lee & Hernandez, 2007) was employed. This test was chosen as the dependent variables were ordinal and the independent variable comprised two independent groups.

Drawing Conclusions

To draw conclusions and identify patterns, a *case-ordered predictor outcome matrix* was constructed to tie together all the findings from the previous steps. This type of display allowed for cases to be arranged by the main outcome and provided data pertaining to the antecedent variables (Miles & Huberman, 1994). Accordingly, events and actors that preceded each component (expressed commitment, institutional commitment, and budgetary commitment) of the definition of political priority were identified.

To further facilitate conclusion drawing, process-oriented analysis was also conducted. The processes that led to political priority development for tobacco control and the processes that led to the failure of political priority developments for road safety were displayed using flowcharts such that comparisons could be drawn. The four rules of

thumb put forth by Miles & Huberman (1994) were used as guidelines for constructing these flowcharts: the first author ensured that the variables 1) were ordered temporally, 2) could possibly have direct connections with other variables, 3) were claimed by informants to have linkages to other variables, and 4) were consistent with existing research and theories.

Ethical Approval

This study was conducted as a part of the Global Road Safety Program funded by Bloomberg Philanthropies which had received ethical approval from the Johns Hopkins Bloomberg School of Public Health Institutional Review Board in Baltimore, Maryland USA and the Applied Ethics Research Centre of Middle East Technical University in Ankara, Turkey. The qualitative and quantitative component of this sub-study also received Non-Human Subjects Research and exempt statuses respectively.

Results

In this section, the characteristics of the data sources will first be described. Then, similarities and differences will be presented by following the sequence of the adapted conceptual framework and the themes that emerged from the within-case analyses (problem, political, global, and policy streams). Although actors can affect all stream, this study included, within each streams, the specific types of actors identified from data sources as most influential in the development of that stream. Finally, the outcomes of the two cases will be compared and contrasted to each other.

Characteristics of the Data Sources

A total of 42 in-depth interviews were carried out with 39 different key informants across the two cases. Of these 39 key informants, four were primarily affiliated with tobacco control but had recently been involved in road safety. Accordingly, these four individuals were interviewed for both issues. The majority of the key informants were male (61.5%). About 38.5% were affiliated with governmental organizations, 23.1% with international organizations, and 38.5% with Turkish Civil Society and/or Universities (Table 4.3).

A total of 307 documents were reviewed across both case studies. The majority was newspaper articles (69.7%) followed by documents from relevant organizations (19.9%) which included government reports, presentations, project documents and meeting minutes. Published literature (7.8%) and national laws (2.6%) such as the 100% smoke-free legislation, circulars, draft amendments, and road safety legislations were also reviewed (Table 4.4).

A total of 153 individuals participated in the self-administered online survey across both case studies. Of the 153, three respondents worked on both issues but were primarily affiliated with tobacco control (they started working on road safety recently, so this study treated these three individuals as tobacco control respondents only). Across both cases, the majority of the respondents were between 31 and 60 years of age (85.0%), males (57.2%), held doctoral degrees (49.3%), and worked on road safety/tobacco control for more than 10 years (40.5%). Moreover, most respondents selected University/Academia

(40.5%) as their primary organizational affiliation, followed by government/public sector (31.6%) (Table 4.5).

Problem Stream: Crisis, Credible Indicators, Comparisons and NGOs

Tobacco use turned from a condition to a problem in the 1980s and has since held on to this status. In contrast, the issue of road safety appeared to have waxed and waned on the government's agenda starting from the 1920s. This cross-case analysis revealed that the presence of a crisis that changes the scale of the problem, global comparisons, and a strong, cohesive group of advocacy-oriented non-governmental organizations (NGOs) can help draw attention to a public health problem (Table 4.6).

Crisis and Credible Indicators

The arrival of multinational tobacco companies into Turkey in the 1980s led to a dramatic increase in cigarette sales. Many credible indicators were available to highlight this spike. The Tobacco and Alcohol Market Regulatory Authority (TAPDK), for example, revealed that 52.2 billion sticks of cigarettes were sold in 1975 compared to 111.7 billion sticks of cigarettes sold in 2000 (TAPDK, 2013). This led to the awakening of anti-tobacco advocates in Turkey who were already concerned about tobacco use as a result of their exposure to global evidence (Table 4.6). These advocates were primarily physicians and health-related academics in the country.

The construction and use of new roads in the 1950s led to an increase in road traffic crashes, spurring governmental actors into action. Likewise, between in the 1990s,

“statistics showed that road safety was getting worse and worse (i28)” leading to major changes in the law (Figure 4.5). In recent years, however, there have been no major crises illuminating the problem. Existing data showed that despite increases in road traffic crash and injury rates per 100,000 population, death rates have been decreasing in the country (TurkStat, 2013). Findings also revealed that these existing governmental data have several limitations. The definition used to define road traffic deaths, for example, does not include 30-day follow-up as per international standards. Consequently, the true burden of road traffic related deaths is unknown. Moreover, there is a paucity of studies concerning road safety related risk factors in Turkey (Puvanachandra. 2012) that could be used to monitor progress and inform policies (Table 4.6).

When using available indicators to compare the two issues in Turkey, tobacco use contributed to more deaths, disability adjusted life years (DALYs) lost, and years of life lost (YLL) (84.0 thousand deaths, 2.3 million DALYs lost, 2 million YLL) as compared to RTIs (5.8 thousand deaths, 460 thousand DALYs lost, 285 thousand YLL) in 2010. These translate to 113.9 deaths, 3,163.3 DALYs lost, and 2,821.5 YLL per 100,000 population for tobacco use and 7.8 deaths, 622.5 DALYs lost, and 385.9 YLL per 100,000 population for RTIs (GBD, 2010) (Table 4.7).

“If you compare the number of deaths, tobacco causes more. So actually they [tobacco control and road safety] are not the same.” – Turkish Academic (i8)

However, road traffic crashes also contributed to more than 270,000 injuries in 2013 (358.5 injures per 100,000 population) (TurkStat, 2013). RTIs are also the second leading cause of death for youth and young adults between the ages of 15 and 24 years in Turkey, and the fourth leading cause of DALYs lost for the same age group. On the other hand tobacco use is the leading cause of death and DALYs lost for adults between 40 to 59 years (GBD, 2010).

When comparing the economic burden, it has been estimated that the country spends around \$10 to \$12 billion on treatment (Bilir, et al., 2012) and loses US\$2.6 billion in productivity as a result of road traffic crashes (Naci & Baker, 2008) (Table 4.7). For both cases, there is a dearth of research on the economic burden.

Global Comparisons

Global comparisons that demonstrate underperformance in Turkey compared to other countries can also help illuminate a public health problem. In the two cases, global comparisons arose as a result of global rankings, international cooperation, and/or being selected by international donors as a priority country. The 2008 WHO Report on the Global Tobacco Epidemic, for example, showed that Turkey was one of the ten countries accountable for two thirds of the world's tobacco consumption (WHO, 2008). The popular phrase “smoke like a Turk” used to describe a person who smokes too much (Butler, 2009) also led Turkish government officials to believe that “we are one of the countries that consume too much” (i2) (Table 4.6).

Likewise, for road safety, Turkish government officials from the traffic departments of the General Directorate of Security (GDS) and Ministry of Transportation (MoT) started to acknowledge the magnitude of the problem after cooperating with government officials from other countries. Findings showed that being selected as one of the priority countries for the Global Road Safety Program also led government officials to believe that they were doing poorly compared to other countries (Table 4.6).

A Strong, Cohesive Group of Advocacy Oriented NGOs

The crises, credible indicators, and global comparisons of these cases needed to be capitalized on by actors who can effectively capture the attention of high-level decision makers in order to move issues forward. Although many different types of actors can play a role in the problem stream (Table 4.8), this cross-case analysis revealed that a strong, cohesive group of advocacy-oriented NGOs could be particularly influential (Table 4.6).

In the case of tobacco control, the crisis in the 1980s awakened some of the country's anti-tobacco advocates who, in 1995, established the National Coalition on Tobacco and Health (SSUK). This coalition of almost 30 full member organizations used both domestic and worldwide evidence to highlight the problem of tobacco use in Turkey. The coalition engaged in advocacy, mobilized the media, fought the tobacco industry, provided public education, brought together the health societies in Turkey, and organized meetings, public interviews, workshops as well as national anti-tobacco congresses (Table 4.8). Several characteristics allowed SSUK to be particularly effective. Members, for example, were highly educated, well-connected to the global network of anti-tobacco

advocates, and aware of the global evidence on tobacco control. Its leaders were primarily physicians and/or health academics - the natural stewards of health. Consequently, other anti-tobacco supporters in Turkey, including government officials, would often defer to SSUK members for advice.

Unlike tobacco control, changes in Turkey's road safety policies had traditionally been initiated by the government as road safety has been intricately tied to the country's transportation and development policies. In recent years, key governmental actors promoting the issue of road safety were primarily lower ranked bureaucrats from the traffic departments of GDS and MoT. These actors, unfortunately, rank low on Turkey's hierarchy and, are not able to place pressure on the more powerful actors.

Moreover, unlike tobacco control, road safety NGOs had also been described as "very limited" (i28), "not powerful" (i26), "passive, and fragmented" (i.39) These organizations lacked resources (i.e. money and manpower), and findings have suggested that many of its members believed in solutions that were not based on evidence. Although these NGOs conducted awareness-raising activities, such as providing public education, highlighting issues that needed to be changed, framing the problem as one that is as devastating as terrorism, and participating in government meetings, they did not engage in advocacy like the way SSUK did for tobacco control (Table 4.8). Key informants were unsure as to why there was this difference between the tobacco control and road safety NGOs. One believed that it might be due to the fact that some of leaders of the existing road safety NGOs had previously worked for the government and, therefore, did not want to go

against the ruling party. Another informant contributed this to the differences in the characteristics of the two issues:

“I think tobacco control can allow for a more adversarial relationship with the government that I don’t necessarily know that you have with road safety because of the really important role government has to play in policy development, implementation that kind of thing. I also think that road safety doesn’t have a natural enemy the way that tobacco control does so there isn’t, to a certain extent, the need for an adversarial relationship with the government.” – International Actor (i17)

This finding is consistent with survey results which showed that 36.7% of tobacco control survey respondents nominated at least one NGO member when asked to list five individuals whom they believed to have the most power to influence tobacco control policies in Turkey, whereas only 10.6% of road safety survey respondents nominated at least one road safety NGO member when asked the same question about road safety policies.

Political Stream: The AKP Party, the National Mood, and the Political Elite

Opportunities emerged for tobacco control when the Justice and Development Party led by former Prime Minister and current President Recep Tayyip Erdoğan (hereafter “Prime Minister”) came into power in 2002. Otherwise known as the AKP, this socially

conservative party has since won the last three general elections in Turkey. This government transition, however, did not benefit the road safety efforts as strongly. The cross-case analysis revealed that domestic movements for public health issues could be greatly enhanced when the issue itself is inherently in line with the ruling party's domestic and foreign policy agendas. A favorable national mood also helped facilitate the process. Although, actors might not be able to directly influence events in the political stream, two types of actors were found to be of particular importance in Turkey: 1) high-level decision makers such as the Prime Minister, and 2) movers defined in this study as actors with ties to the political elite (Table 4.9). Findings also revealed that the political stream can interact with the global stream and overlap with the policy stream (Table 4.10).

The AKP Party's Agenda

The AKP party has "clear Islamic roots" (Taşpınar, 2012, p.1). Consequently, the fact that tobacco use is considered by many Muslims as either *haram* (forbidden) or reprehensible in Islam (Sucakli et al., 2011; WHO, 2014) served in favor of the country's anti-tobacco control efforts. In addition, tobacco control also fit well with AKP's foreign policy agenda. One of the party's goals, since it came into power, was to lead Turkey into the European Union (EU) ("Party Programme," n.d.). As a result, addressing tobacco use allowed Turkey to harmonize with EU laws. In recent years, however, it has been speculated that the AKP party has turned its attention slightly towards the Middle East due to frustrations with the EU and the AKP leaders' desire for Turkey to become one of the most powerful nations in the world (Stephens, 2009; Adam, 2012; Cornell, 2012).

These changes have continued to be favorable to the country's tobacco control efforts. Findings showed that leaders used "tobacco control as foreign policy" (i15) to gain positive global visibility (Table 4.9).

In contrast to tobacco control, road safety did not completely fit the AKP party's domestic policy agenda as it was not regarded as a religious or a political issue by the party leaders. Although road safety did have some relevance to the party's transportation plans ("Party Programme," n.d.), findings showed that it was only regarded as a small part of this grander scheme. With regards to foreign policy, Turkey's aspiration to join the EU also helped the road safety efforts. In 2009, for example, a child restraint law was passed to harmonize with the EU. Road safety, however, did not completely benefit from Turkey's ambition to achieve global visibility (Table 4.9). Although, traffic officials became aware of the problem of road safety in Turkey as a result of international cooperation, the global momentum to prioritize tobacco control was much stronger than it was for road safety. Country successes in tackling tobacco use, for example, were highlighted in international discussions providing further incentives for high-level decision makers:

"I'm just stressing it now and here ... I think part of the priority given to tobacco control in Turkey is linked to political will to have international successes and visibility because there is a treaty. With road safety there isn't exactly the same platform for international visibility of Turkey in international forum." –
International Actor (i14)

The National Mood

In addition to the AKP Party's agenda, a favorable national mood also stood out as an important factor within the political stream. For tobacco control, findings showed that after the enactment of the first anti-tobacco law in 1996, the public gradually became more aware about the dangers of tobacco use leading to a favorable climate for the issue. Similarly for road safety, Turks' progressive desire for better well-being and safety facilitated road safety efforts (Table 4.9).

Unfortunately, however, only a month after the 2013 launch of the Decade of Action for Road Safety in Turkey, the Gezi Park protest erupted as a response to the ruling party's brutal crackdown on peaceful dissenters, shifting much of the national attention on to these events. This pervasive civil unrest continued well into 2014, leaving Turkey increasingly divided ("Turkey Divided," 2013). As a result of these events, there was widespread speculation that Erdoğan was becoming more authoritarian (Human Rights Watch, 2014). Informants believed that this polarized national mood between 2013 and 2014 led to an unfavorable climate for other issues, including road safety (Table 4.9).

The Political Elite

Two types of actors were found to be particularly influential in the political stream: the Prime Minister and movers (Table 4.9). In Turkey, much of the political power resides with the Prime Minister (Finkel, 2012) as the country evolved from a strong state tradition and possesses a highly centralized government (Dalay, 2014). The position of the Prime Minister is also occupied by the leader of the winning political party. Finkel

(2012) explained that, in general, these political party leaders “enjoy what is popularly called a ‘sultanic reign’ over their party (p.112)” so much so that dissenters would rather form their own party than to defy the leadership. This is consistent with survey results which showed that the Prime Minister received the highest percentage of nominations (67.3% for tobacco control and 68.2% for road safety) when survey respondents were asked who has the most power to influence tobacco control/road safety policy in Turkey?” As a result of this power structure, findings showed that garnering the support of the Turkish Prime Minister was vital to the political priority development process:

“There is a formula to this but I’ll be very brief. The formula is you have powerful government and a tough prime minister. You have to get the Prime Minister’s support otherwise it would be impossible. This is most important.” – Turkish Academic (i7)

“Well we can use the example from tobacco control which is for the Prime Minister to say this is my issue this is my agenda but for him [road safety] is not a religious issue it's not a political issue” – International Actor (i39)

As seen in the case of tobacco control, the Prime Minister personally cared about the issue. His tremendous dislike for smoking and active engagement in the country’s anti-tobacco efforts was widely known and documented. This is in contrast to road safety where only aspects of the issue (i.e. drink driving) inspired genuine interest from Erdoğan. His emphasis on drink-driving as the main cause of road traffic crashes in

Turkey also sparked skepticisms amongst road safety supporters since existing data showed that speed rather than drink-driving was the main cause of road traffic crashes in the country (TurkStat, 2013). Erdoğan's "special issue" (i29) fueled the belief that he was prioritizing Islamic-oriented issues and was not genuinely concerned about road safety. The focus on addressing drink-driving was also not consistent with what the road safety community believed should be the priority solution for the problem.

Movers, defined in this study as actors with personal ties to the political elite in Turkey, also stood out to be important to the political streams. In both cases, these actors were capable of influencing high-level decision makers in the country, including the Prime Minister. For tobacco control, the Head of Health Commission to Parliament (2002 to 2011), a staff at the WHO Country Office, and a consultant for Yeşilay (local NGO) all possessed these connections. Accordingly, the three actors were able to secure meetings with high-level decision makers and convince the Prime Minister to take action. Similarly for road safety, the Deputy Director General of Traffic Services in 2012, and staff at the WHO Country Office also had personal connections to the political elite. Like their counterparts in tobacco control, these actors were able to convince the Prime Minister to reconvene the Supreme Highway Traffic Safety Council after over a decade of inactivity, and launch the Decade of Action for Road Safety in Turkey (Table 4.8):

“I would say personal relationships from what I've experienced here [Turkey] it's how you get it on the Prime Minister's agenda because things happen in Turkey because they are on the Prime Minister's agenda. And so how do you do that?

Only through the Prime Minister's party, through his personal relationships.” –
International Actor (i18)

There were, however, some differences between the two cases. For tobacco control, two of the movers were also considered *policy entrepreneurs* who personally cared about the issue and were willing “to invest their resources – time, energy, reputation, and sometimes money – in hope of a future return (Kingdon, 2011, p.122).” In contrast, for road safety, these actors did not possess all the traits required to be *policy entrepreneurs*. They were not, for example, persistent nor did they “invest their resources” (Kingdon, 2011, p.122) to push the problem on to the agenda. As such they were only considered movers.

Global Stream: Global Evidence, Policy Documents, Funders, Networks and Intermediaries

When the global stream, defined as the presence of a favorable global environment for the public health problem, developed for tobacco control in 2004, Turkey's domestic movement was already well underway: the problem was recognized, advocates were mobilized and organized under SSUK, and high-level decision makers such as the Prime Minister had already shown visible interest in the issue. In contrast, when the global stream developed for road safety in 2009, Turkey's domestic movement was not as well-developed: supporters were highly enthusiastic yet fragmented, NGOs were not organized as a coalition like SSUK, and high-level decision makers such as the Prime Minister had not shown visible interest in the issue. The cross-case analysis showed that

five factors within this global stream played a prominent role: 1) global evidence, 2) global policy documents, 3) international funders, 4) global networks, and 5) intermediaries (Table 4.11). Findings also revealed that the global stream could overlap with the problem, policy and political streams (Table 4.10).

Global Evidence

As seen in the case of tobacco control, global evidence about the harms of tobacco use started accumulating from as early as the 19th century (Lopez, 1999). Findings showed that early tobacco advocates in Turkey became concerned as a result of their exposure to global evidence. To date, the dangers of tobacco use are so well-established that informants explained that politicians cannot reject the smoke-free law “because everyone knows that smoking is dangerous for people” (i8). As the movement in Turkey gained momentum, advocates from SSUK exchanged evidence with the global networks of actors concerning both the hazards of tobacco use and interventions for tobacco control. The advocates then used this worldwide evidence to fight against tobacco use in Turkey. Findings showed that this was a result of the fact that the tactics used by the tobacco industry were the same from country to country (Table 4.11).

Similarly, for road safety Turkish government officials became concerned about the issue after working with their counterparts in other countries. Although the WHO has highlighted several proven interventions since the 2004 World Report on Road Traffic Injuries Prevention, existing studies pinpointed to the lack of research on road safety

interventions in LMICs, and how they were urgently needed as varying context may render these interventions less effective (Perel et al., 2007) (Table 4.11):

“But the main evidence [for road safety] are not as clear as compared to tobacco control.” – Turkish Academic (i8)

Global Policy Documents

Global policy documents also played an important role in Turkey as they brought more attention to the issue, provided opportunities for advocates, and prompted the country to construct national action plans. In the case of tobacco control, the global movement made history in 2003 when the first global health treaty was adopted by the WHO. Otherwise known as the Framework Convention for Tobacco Control (FCTC), this treaty was signed by the Turkish Minister of Health and ratified by Turkey in 2004. Similarly, for road safety, global concerns for the issue led to the Moscow Declaration, which was signed by the Turkish Minister of Transportation in 2009. Subsequently, the United Nations (UN) declared 2011-2020 as the Decade of Action for Road Safety (Table 4.11).

Although both the FCTC and Moscow Declaration were important, results highlighted the fact that they were not equally influential. International treaties like the FCTC set the global norm and standards for a specific issue. Accordingly, participating countries are legally bound to uphold these norms and standards; failure could result in criticism from the United Nations (Flowers, n.d.). Declarations, on the other hand, are not as strong.

Although they also seek to create global standards for a specific issue, declarations are not legally binding (Table 4.11):

“You’ve got the Decade of Action it’s a bit like World No Tobacco Day. It’s the kind of things that are nice but a treaty is a legally binding obligation” –

International Actor (i14)

International Funder

The issues of tobacco control and road safety both drew the attention and interest of Bloomberg Philanthropies - the charitable foundation of former New York City’s Mayor Michael R. Bloomberg. In 2006 and 2010, the Bloomberg Initiative to Reduce Tobacco Use and the Global Road Safety Program (formerly known as the Road Safety in 10 Countries Project (RS10)) were launched, respectively. Turkey was selected as one of the priority countries for both projects as a result of the high burden of tobacco use and road traffic injuries in the country (Table 4.11). Results showed that the Bloomberg projects were significant for both cases as they: 1) drew attention to the respective public health issues, 2) provided resources, 3) introduced international actors into the country 4) invited new actors into both movements, and 5) inspired Turkish donors as well as the private sector to invest in tobacco control and road safety.

Despite these similarities, however, the two projects differed greatly in several regards. The Bloomberg Initiative to Reduce Tobacco Use was policy driven and, in Turkey, focused much of its attention and resources on the enactment and implementation of the

100% smoke free legislation. The project largely evolved around its grants program, which provided funding to both governmental and nongovernmental organizations involved in the issue of tobacco control. These grant recipients then worked closely with international technical advisors (i.e. Campaign for Tobacco Free Kids, World Lung Foundation, the Union Against Tuberculosis and Lung Disease, WHO, etc.) to ensure that international best practices and standards were upheld in their intervention activities.

On the other hand, the Global Road Safety Program resembled a demonstration project that focused on the evaluation and implementation of road safety interventions (Hyder & Bishai, 2012; Larson et al., 2012). Although this five-year project (2010-2014) also addressed policies, it did not do so initially. In all ten countries, a global consortium of international actors worked with national stakeholders to implement interventions that addressed at least two of four risk factors (i.e. drunk driving, speed, seatbelt and child restraint use, and helmet use) in at least two intervention sites (Hyder & Bishai, 2012). In Turkey, the cities of Ankara and Afyonkarahisar (Afyon) were chosen as sites where interventions related to managing speed and encouraging seatbelt use were implemented. The road safety grants program was also introduced mid-way through the project in 2012.

Global Networks

The presence of global networks that are well connected to the domestic network of advocates was found to be important. As seen in the case of tobacco control, the global anti-tobacco advocacy network was not only influential during the negotiation of the FCTC but also worked with Turkish NGOs to fight tobacco use in Turkey. Key

informants repeatedly mentioned how well-connected SSUK was to the global anti-tobacco networks and how those connections have benefited local capacity. Findings showed that one of the reasons these strong connections formed between the domestic and global networks was due to the global nature of the enemy - the global tobacco industry (Table 4.11).

These global networks of actors also played a critical role in helping Turkey sustain its momentum for tobacco control. These actors provided an array of positive feedback; in 2008, 2010 and 2012, for example, WHO presented the World No Tobacco Day Award to the Turkish Health Minister, Prime Minister, and Head of Health Commission respectively to acknowledge them for their leadership in Turkey's tobacco control efforts.

In contrast, findings suggested that the connection between the road safety NGOs in Turkey and the global road safety networks was not as well developed as tobacco control. These networks, for example, did not join forces to advocate for road safety in Turkey. This was partly due to the fact that the global road safety advocacy network, Global Alliance of NGOs for Road Safety, only formed recently in 2011. Accordingly, this global network was not as well developed. Findings, however, did show that the traffic departments within GDS and MoT developed new perspectives from visiting their counterparts in other European countries (Table 4.11). For example, these government officials explained that they were exposed to Sweden's Vision Zero – a systems approach to improving road safety - which made them wonder “Why not in Turkey?” (i25)

The Intermediary – the WHO Country Office

International actors were introduced to Turkey's tobacco control and road safety efforts as a result of Bloomberg's projects. These actors worked closely with national actors and were influential as they were able to provide technical assistance, help build local capacity, and highlight the public health problems to high-level decision makers (Table 4.8).

Findings showed that the presence of a well-respected and well-connected WHO Country Office was especially important. As seen in both case studies, the country office served as a bridge between international actors and national government officials. Staff at the country office were also knowledgeable about Turkey's policymaking process and the types of incentives high-level decision makers were responsive to as many were former employees of the Turkish Ministry of Health. As a result, they were able to help international actors navigate the political system (Table 4.11). In the case of tobacco control, for example, the WHO Country Office invited international actors to help "stiffen the spine (i16)" of government officials. Accordingly, these actors would use examples from modern countries to persuade the officials to act. Likewise, for road safety, the country office invited the Director of Injury Prevention from WHO headquarters and international partners to present awards to the Prime Minister such that he would commit to the issue.

It is important to note, however, that the WHO Country Office in Turkey is responsible for supporting health-related policy-making (WHO Regional Office for Europe, n.d.). Consequently, the organization worked most closely with the Ministry of Health (MoH),

as in other countries. This might have also served as a disadvantage to the road safety efforts because, unlike tobacco control, road safety is not the primary responsibility of the MoH in Turkey; rather road safety responsibilities are scattered across various ministries.

“The problem with [the WHO Program officer] is that, for better or for worse, he is more Ministry of Health and in this issue [road safety] we are dealing more with the Ministry of Interior so it may not translate as well.” – International Actor (i39)

Policy Stream: Perceived Inadequacies, Integrated Community, an Available Solution, and Policy Entrepreneurs

For both cases, actors started drafting national action plans for their respective issues following the development of the global stream. The cross-case analysis revealed that the process by which a policy proposal is accepted for serious consideration by high-level decision-makers can be greatly facilitated by perceived inadequacies of existing legislation, an integrated community of actors, the availability of a solution that is acceptable to the majority of the supporters and decision makers, and the presence of policy entrepreneurs who can build broad-based support for the policy solution (Table 4.12). Findings also showed that the policy stream can overlap with the problem stream whereby the need to address a public health problem can trigger the emergence of solutions (Table 4.10).

Perceived Inadequacies of Existing Legislation

Only one anti-tobacco legislation (No. 4207 on Preventing Harms of Tobacco Products in 1996) was in place prior to the issue attaining political priority in recent years (Figure 4.5). Many informants described the 1996 law as a good law but also acknowledged that it needed to be expanded, and political commitment needed to be attained to facilitate implementation. As a result of these perceived inadequacies of the existing tobacco control legislation, discussions surrounding the expansion of this first anti-tobacco law emerged amongst actors within and outside of the government around 2006 after the ratification of the FCTC.

Unlike tobacco control where actors were “starting from scratch” (i39), the road safety effort in Turkey dates back to 1926 with the promulgation of the Turkish Penal Code. Since the 1920s, four major laws came into effect (Municipality Law 1580 in 1930; Law of Police Powers 2559 in 1934; Road Traffic Act 6085 in 1953; Highway Traffic Law in 1983) (Figure 4.5).

“Tobacco control is a new problem for Turkey whereas road safety is an old problem.” – International Actor (i13)

Accordingly, many road safety informants believed that “we have all laws and all regulations” (i29). They also pointed to the fact that according to the EU Turkey has relatively strong road safety legislations. As a result, many perceived the existing road safety legislations in Turkey to be adequate.

Integrated Community

As seen in the case of tobacco control, findings showed that the Turkish anti-tobacco community was in agreement when it came to the solutions for the issue. Governmental organizations, NGOs and academics working on tobacco control in Turkey were largely in agreement about the need for a 100% smoke-free legislation. International actors who joined the movement as a part of the Bloomberg Initiative to Reduce Tobacco Use in 2007 also provided resources to facilitate the enactment and implementation of the 100% smoke-free legislation (Table 4.12).

In contrast to tobacco control, the road safety community suffered fragmentations. Governmental organizations, NGOs and academics working on road safety in Turkey did not agree on the same solutions and which solutions needed to be prioritized. Additionally, the priorities of international actors who were involved as a part of the Bloomberg Global Road Safety Program also did not completely align with the priorities of the domestic supporters. As a result, the road safety community was promoting different solutions for the same issue (Table 4.12).

These findings are consistent with survey results which showed that compared to road safety respondents, tobacco control respondents believed that a higher percentage of individuals from international and Turkish organizations working on the issue of tobacco control in Turkey agreed on the same solutions ($p=0.000$), frequently communicated ($p=0.000$), could be relied on to do what they say they will do ($p=0.000$), and bring unique perspective ($p=0.000$) (Table 4.13).

One explanation for road safety's lack of integration is a higher order systems fragmentation. Responsibilities for road safety are scattered across various governmental organizations (Ministry of Interior, Ministry of Transportation, Ministry of Health, and Ministry of Education, local authorities) and no ministry claims to be the sole leader. Consequently, coordination and collaboration have been difficult due the sheer number of actors and sectors involved.

Although many governmental organizations are also involved in tobacco control (i.e. TAPDK, Ministry of Education, Ministry of Labor and Social Security, etc.), the MoH has been the leader in tackling this public health problem. Findings also showed that the former health minister (2002-2013) possessed the ability to bring different groups together, further facilitating the integration of the tobacco control community.

Actors' belief in solutions that are based on evidence rather than opinions can also affect the level of integration. As compared to road safety respondents, tobacco control respondents believed that a higher percentage of individuals from international and Turkish organizations working on the issue of tobacco control in Turkey believe in solutions that are based on scientific evidence ($p=0.000$) (Table 4.13). Key informants who had been involved in both tobacco control and road safety also highlighted this:

“[In tobacco control] opinions are not so much divergent based on evidence. We don't have to change opinions. In this [road safety] meeting people talk about

opinions. They don't have data. They just have opinions.” – Turkish Civil Society Actor (i5)

Available Solution and Policy Entrepreneurs

As seen in the case of tobacco control, the 100% smoke-free legislation was already drafted and in queue to be considered by parliament prior to the Prime Minister's expressed commitment for the issue. This solution was supported by the majority of the tobacco control advocates as it was evidence-based and consistent with the FCTC. Policy entrepreneurs were also present to *soften up* the different political parties and public, resulting in broad-base acceptance for the solution (Table 4.12).

In contrast, the road safety community suffered fragmentation leading to the lack of a solution that was accepted by the majority of the road safety supporters. The absence of policy entrepreneurs who can *soften up* the community and build acceptance for one solution also served as a barrier (Table 4.12).

Policy Window

The opening of a policy window provides an opportunity for advocates to push their public health problem and/or solutions onto the government's agenda. This critical moment of opportunity is usually triggered by major events within the problem or the political stream (Kingdon, 2011). Findings showed that government transition in 2002 and the ratification of the FCTC in 2004 opened the policy window for tobacco control.

During this time, all streams were already developed and policy entrepreneurs were present to join the streams. Unfortunately for road safety, no major crises or political events helped open the policy window for the issue, resulting in an absence of a major opportunity for advocates. Moreover, only two of the four streams were fully developed and no policy entrepreneurs were present to serve as champions for the issue.

Outcomes

In 2007 and 2013, the Prime Minister expressed his commitment for tobacco control and road safety during the launch of the National Action Plan for Tobacco Control and the Decade of Action for Road Safety respectively. Despite these similarities, Erdoğan's speeches for the two issues differed. In 2007, he declared tobacco control to be "as important as our counterterrorism struggle, which is ever on our agenda" ("PM Erdoğan," 2007, p.1) while in 2013 he proclaimed road safety to be the second most important problem in the country after terrorism (Erdoğan, 2013) (Table 4.14). Erdoğan also mentioned in his speech for tobacco control that the 100 smoke-free legislation will pass in Parliament in 2008 ("PM Erdoğan," 2007).

The two cases shared some commonalities in the factors contributing to these events: 1) problem statuses were reached, 2) global policy documents were signed, 3) international funders were present, and 4) two actors (the former head of health commission and a staff at WHO) personally convinced the Prime Minister to launch the two events (Figure 4.6). The cross-case analysis, however, showed that the two cases differed: prior to the

expressed commitment all streams –problem, political, global and policy streams - were fully developed and a policy window was opened for tobacco control while only two of the four streams – global and problem streams – were fully developed for road safety and a policy window did not open for the issue (Table 4.15). In other words, the events and actors required for the emergence of political priority were not in place when expressed commitment for road safety was made.

Institutional and budgetary commitments also immediately followed expressed commitment for tobacco control (Table 4.15). The 100% smoke-free legislation, for example, was enacted in January 2008, about a month after the launch of the National Action Plan. The government also allocated resources to implement the legislation. More than 4,000 inspectors were trained to enforce the law in 2008 and staff at the MoH explained that "we do not have an upper limit for the budget" for the campaign" ("Market for Products," 2008, p.1). This is in contrast to road safety, where limited to no institutional or budgetary commitments were made to "lock in" (Fox et al., 2011, p.4) Turkey's response to the issue (Table 4.14). The 2013 Global Status Report on Road Safety, for example, revealed that the implementation of the National Road Safety Strategy was not funded by the government (GSRRS, 2013). Likewise, informants explained that:

"There are different [road safety] orders going from government to 81 provinces without any additional budget." – International Actor (i37)

“We have to talk about what it means to personally care. For example if he [Prime Minister] asked to increase the number of people in traffic enforcement, he has the power to do that. If he can allocate more budget for the organization that deals with traffic, this means that he really cares about it... but he just says it [at the Decade of Action for Road Safety]. So in practice we all know that nothing is changing.” Government Official (i27)

The cross-case analysis showed that some of the factors that immediately preceded institutional and budgetary commitments for tobacco control were missing for road safety. For example, right after the Prime Minister’s expressed commitment for the issue, two tobacco control policy entrepreneurs briefed Erdoğan about the 100% smoke-free legislation. This solution was, at the time, already drafted and in queue to be considered in parliament. With the decision of the Prime Minister, this legislation jumped from 600th to 3rd in line. The two policy entrepreneurs along with SSUK and international actors also ensured that broad base support was already built for the legislation before it was considered. As a result, informants explained that the 100% smoke-free legislation “sailed through” (i1) the parliament (Figure 4.6; Table 15).

Discussion

Key findings

In Turkey, the political priority development process for public health issues is largely consistent with Kingdon’s *Multiple Streams Theory* “where who pays attention to what and when is critical” (Kingdon, 2011, p.75). As demonstrated in the case of tobacco

control, the issue achieved political priority as a result of the transformation of all streams and the presence of policy entrepreneurs to join these streams when a policy window was opened for the issue. Without all of these pieces in place at the same time, a public health problem is not likely to reach political priority in Turkey as seen in the case of road safety where only two of the streams – global and problem streams – were fully developed. Moreover, a policy window never opened for the issue, the political environment was insufficiently favorable, the community of supporters was fragmented and some key players such as policy entrepreneurs were missing.

These findings are also consistent with existing studies that have been undertaken in MICs to investigate how public health issues reach political priority using Kingdon's theory (Shiffman & Ved, 2007; Daniels et al., 2008; Knutsen, 2012; Balajaran, 2014; Kusi-Ampofo & Church, 2015). Shiffman & Ved (2007), for example, showed that safe motherhood emerged on India's political agenda as a result of the convergence of the problem, policy, and political streams: the accumulation of credible studies, the presence of focusing events and negative feedback from existing programs all helped illuminate the problem of maternal mortality in India; government officials and donors agreed on a solution for the issue leading to the transformation of the policy stream; and the establishment of the Millennium Development Goals in 2000 and national government transition in 2004 both created a favorable environment for safe motherhood in India.

Although road safety failed to attain political priority during the timeframe under investigation, the Prime Minister publically expressed his concern for the issue in 2013 as

he did for tobacco control in 2007. Fox et al (2011) coined this type of verbal proclamation that is made without institutional or budgetary follow up as *rhetorical commitment* rather than *demonstrated commitment*. Kingdon (2011) also made a similar differentiation. He explained that the *governmental agenda* includes the various items that are receiving attention at a moment in time and the *decision agenda* concerns the items that “are up for active decision” (Kingdon, 2011, p.4.). *Governmental agenda* can be affected simply by the problem or political stream; hence, it is possible for decision makers to pay attention to certain problems without having any solutions, as in the case of road safety. On the other hand, an issue is more likely to rise on the *decision agenda* when all streams develop and are joined as seen in the case of tobacco control.

Despite these similarities to Kingdon’s theory, this cross-case analysis revealed the importance of a global stream, which emerged from the within-case analyses (papers 1 and 2). Existing studies that used Kingdon’s *Multiple Streams Theory* (Balarajan, 2014) and other frameworks (Reich, 1995; Shiffman, 2007) to examine the political priority development process for public health issues in MICs also mentioned the significance of global agenda-setting activities on national policymaking processes. Shiffman (2007), for example, explained that global actors could influence national agendas using “norm promotion” and “resource provision.” This cross-case analysis revealed that national actors could also play a key role in global norm promotion; moreover other factors such as diffusion of global evidence, promotion of global standards through the establishment of global treaties, and the presence of global networks that are connected to the domestic network of advocates could also be influential. The importance of these factors was

particularly apparent in the case of tobacco control where the establishment of the FCTC, for example, allowed both global and national actors to promote global norms and standards in Turkey.

The ability of the global stream to affect the Turkish national policymaking process could be explained by the country's desire to join the EU and aspiration to gain global visibility. Keck & Sikkink (1998) stated that countries that "aspire to belong to a normative community of nations"

(p. 29) or "are actively trying to raise their status in the international system" (p. 29) are more vulnerable to the pressure imposed by transnational advocacy networks. Actors, for example, could convince high-level decision-makers to act in return for international prestige. This was apparent in both cases; international tobacco control advocates framed the solution as "modern" and the global community rewarded the good behavior of the government with WHO awards. Likewise, road safety international actors also presented awards to the Prime Minister during the 2012 launch of the Decade of Action for Road Safety to encourage him to commit to the issue. This finding was also highlighted in Jat et al's (2013) study which showed that India's desire for global leadership led to a conducive political environment for maternal mortality.

Another key finding was that the streams interacted with one another and are not entirely independent. This is in contrast to the *Multiple Streams Theory* where Kingdon described the streams as processes that "develop and operate largely independent of one another" (Kingdon, 2011, p.88). As seen in this cross-case analysis, the political stream influenced

the policy stream, the global stream overlapped with both the problem and policy streams, and the global and political streams interacted with each other, as did the problem and policy streams (Table 4.10). Existing studies have also alluded to these interactions (Jat et al., 2013; Balajran, 2014). The figure Jat et al (2013) created to illustrate the emergence of political priority for maternal health in Madhya Pradesh, India included arrows between the streams. Similarly, Balajaran (2014) mentioned that facilitators and barriers to an issue achieving priority “often overlap and interact between the three streams” (p.8).

Although the full development of all streams was found to be crucial to a public health issue gaining political priority in Turkey, the transformation of the political stream appeared to be most significant. In particular, garnering the interest of the Prime Minister was found to be indispensable as he has the power to dictate the agenda of the country. As seen in the case of tobacco control, the Prime Minister’s personal interest in the issue greatly facilitated in-country efforts. This was best evidenced by the fact that after two policy entrepreneurs briefed Erdoğan about the 100% smoke-free legislation in 2007, the legislation moved from 600th to 3rd in line to be considered in parliament. Likewise, the fact that only selected aspects of road safety inspired genuine interest from the Prime Minister served as a barrier.

This finding could be explained by the power structure of Turkey’s government where most of the power resides with the Prime Minister (Finkel, 2012). This has also been seen in other countries: Rabbani & Baroi (2012) alluded to the power of the Prime Minister in Bangladesh stating that if high-level politicians advocate for a specific problem or

solution then “that problem or proposal gets priority promptly” (p. 250). The authors also referred to Bangladesh’s Prime Minister as the “supreme policy decision maker” (p.250) in the country.

The presence of other politically powerful advocates who can lead the movement was also found to be a facilitator to the priority development process. As seen in the case of tobacco control, the Health Minister was personally interested in the issue and served as the public leader for the effort in Turkey. In contrast, for road safety, there was no ministerial level leader. Rather, government supporters largely emerged from the traffic related departments of the General Directorate of Security and Minister of Transportation – departments that have little political power in Turkey. The need for a powerful leader that has the ability to bring supporters together has been highlighted in existing literature (Shiffman & Smith, 2007; Balarajan, 2014).

In addition to the need for powerful advocates, the presence of the following four types of actors was also found to be significant: 1) policy entrepreneurs, 2) strong, advocacy-oriented civil society actors, 3) well-respected and well-connected intermediaries, and 4) movers. As seen in the two cases, these actors played different roles in the political priority development process (Table 4.8) and the absence of some of these actors was cited as barriers to the efforts. Existing studies have also highlighted the importance of these key players. Daniels et al. (2008), for example, showed how researchers in South Africa acted as policy entrepreneurs to successfully shed light on the problem of maternal health in the country. Shiffman et al (2004) discussed the need to better understand the “locally situated nodes of linkages between international and domestic forces (Shiffman et al., 2004, p.388)” like the WHO Country Office in this case study. The authors

speculated that their presence might help explain successful policy transfers.

This cross-case analysis differentiates between policy entrepreneurs and movers who are actors with ties to the political elite. Although the former can also have such ties, they possess other important characteristics such as passion for the issue, dedication, and *claim to a hearing*. These individuals are influential as they can build broad-based acceptance for policy solutions and couple the streams when policy window opens. On the other hand, findings showed that movers are able to influence the decision of top politicians. However, they may not necessarily be passionate about the issue, possess claim to a hearing or be persistent like policy entrepreneurs (Table 4.8).

This study also revealed that some individuals can play the role of more than one type of actor over time (i.e. policy entrepreneur and intermediary) and when these individuals occupy strategic positions (i.e. high positions in government), they could be extraordinarily influential in the process. This was particularly apparent in the case of tobacco control.

Although it appeared to be crucial for different types of actors to work on the public health issue, findings suggested that the community of actors needs to be integrated. In particular, actors should agree on the same solutions or which solutions need to be prioritized. This cross-case analysis showed that disagreements within the road safety community led to the lack of an available solution for the issue. On the other hand, the fact that the majority of tobacco control actors coalesced around a solution allowed them to be more influential in the political priority development process. Shiffman & Ved

(2007) explained the politicians might be doubtful of the effectiveness of a solution when there are disagreements within the community:

“The reason is that politicians prefer to allocate resources towards causes they think can be addressed effectively, and lack of cohesion works against this perception (Shiffman & Ved, 2007, p. 789)”

It is important to note that the integration of the tobacco control community was greatly facilitated by actors’ receptiveness to evidence-based policies that were consistent with the FCTC. If the community of actors did not share this fundamental belief, solutions for tobacco control might have been devised differently in Turkey and/or fragmentation might have occurred as was seen in the case of road safety where many actors did not believe in evidence-based solutions. Daniels et al (2008), similarly, suggested that the values of key interest groups can dictate how solutions are formulated for maternal health care policies in South Africa.

This study also revealed that other elements of integration such as frequent communication, believing that those working on the issue can be relied on to do what they say they will do, and agreeing that other actors bring unique perspective to the group might also be important. Existing literature on collaboration has similarly highlighted the need for communication, trust, as well as respect amongst members for effectiveness (Foster-Fishman, et al., 2001; Mattessich, Murray-Close & Monsey, 2001).

As seen in the case of tobacco control, the strength of Turkish NGOs was greatly enhanced by their connection to the global anti-tobacco networks. This is in contrast to the case of road safety where NGOs lacked strong connections to their global counterparts. The need for domestic and international actors to be integrated was emphasized by Smith et al. (2014) in the case of newborn survival in Bolivia, Malawi and Nepal. These authors mentioned that a strong network of international and domestic actors could greatly help the latter “weather political storms” (p.551).

Finally, the two issues under investigation possessed several different characteristics that appeared to have influenced the political priority development process. First, the high prevalence of tobacco use in Turkey was perceived to be caused by the deliberate actions of the global tobacco industry. The presence of a common, external enemy provoked strong feelings amongst advocates. These actors were also able to strategically use the fights that exploded between the tobacco industry and advocates to mobilize the media. This was in great contrast to road safety where informants repeatedly mentioned that the issue did not have enemies like tobacco control. However, this also meant that there were no explosive fights that would capture the attention of the media. Keck & Sikkink (1998) explained that:

"Problems whose causes can be assigned to the deliberate (intentional) actions of identifiable individuals are amenable to advocacy network strategies in ways that problems whose causes are irredeemably structural are not" (p. 27).

Second, in Turkey, tobacco control has traditionally been perceived as a health issue, whereas road safety was considered an enforcement, education and engineering issue. Findings showed that there were many benefits to this perception for tobacco control. The Ministry of Health, for example, was able to take the lead on the government side for tobacco. Moreover, SSUK, which was largely comprised of physicians and health academics, also became the natural opinion leaders for tobacco control. On the other hand, for road safety, the question of who is the natural steward for the issue has yet to be answered in Turkey. McKee et al. (2000) mention that issues have a higher probability of being disregarded when ownership of the issue belongs to more than one sector.

In sum, the adapted framework from Kingdon's (2011) *Multiple Streams Theory* provided a good explanation for how political priority develops for public health issues in Turkey. However, the framework's disproportionate focus on the policy process as the major explanation for agenda setting needs to be addressed by tweaking the framework such that it also showcases the importance of actors and their interactions in the political prioritization of public health issues.

Other frameworks such as Shiffman & Smith's 2007 Framework on the Determinants of Political Priority for Global Initiatives also captured some of the elements uncovered by this cross-case analysis. This is partly as a result of the overlap between Shiffman & Smith's framework and Kingdon's *Multiple Streams Theory*. Both, for example, highlighted the importance of policy community cohesion, the presence of policy windows, and the need for credible indicators (Shiffman & Smith, 2007; Kingdon, 2011).

Despite these similarities, however, Kingdon's theory still provided a better explanation for the cases of tobacco control and road safety in Turkey due, in particular, to its emphasis on the importance of timing (Zahariadis, 2007) in the political priority development process.

Revised Conceptual Framework

The cross-case analysis yielded a revised conceptual framework presented in Figure 4.7. Although findings are generally consistent with the adapted framework from Kingdon's (2011) *Multiple Streams Theory*, there were several factors that were not accounted for. The following section discusses these new themes that are now included in the revised framework.

Streams

1. Global Stream

In addition to the three classic streams (problem, political, policy), a fourth, separate, "global stream," was added to the revised framework. This stream concerns the presence of a favorable global environment, such as the diffusion of global evidence, establishment of global policy documents, and the presence of international funders as well as global networks, that can affect the national policy making process (Figure 4.7).

2. Interaction between Streams

All four streams are illustrated to interact at different points in time (Figure 4.7) and are not as independent as suggested by Kingdon (2011) or the adapted framework which only showed the interaction between the problem and policy streams. Findings from this cross-case analysis revealed that the global stream can interact with all three domestic streams, the political stream can affect the problem and the policy streams, and the problem and policy streams can overlap.

3. Varying Strengths of the Streams

Although all streams are crucial, the political stream is depicted as the biggest stream (Figure 4.7). This is in contrast to Kingdon's theory and the adapted framework where the relative strengths of the streams were not discussed. As seen in the cross-case analysis, the likelihood of a public health issue reaching political priority is augmented when it fits the agenda of the ruling party. The disproportionate strength of this stream might only be relevant to countries like Turkey where the policy-making process bears some resemblance to an elite model.

Actors

1. Community of Actors Working in Turkey

The community of actors working in Turkey which includes both domestic and international actors is portrayed as integrated (Figure 4.7) where integration is defined as agreement on the same solutions, as well as high levels of communication, trust, and

respect among members. These actors are able to affect all four streams and can be members of both the domestic and global networks.

The revised framework also includes three types of actors not mentioned by Kingdon's theory or the adapted framework: 1) movers, defined as actors with ties to the political elites, can be particularly influential in the development of the political stream due to the power structure of Turkey; 2) intermediaries can serve as the bridge between domestic and international actors working within Turkey, and 3) politically powerful advocates, such as the health minister in the case of tobacco control, can help lead the movement and bring the relevant organizations together (Figure 4.7).

2. Global Networks of Actors

The revised framework also includes the global networks of actors such as transnational advocacy networks (Figure 4.7). These networks of actors can influence and be influenced by the community of actors working in Turkey through their connections and exchanges of information. The global networks of actors are also portrayed as integrated and can facilitate the development of the global stream.

Strengths & Limitations

There are several limitations associated with this cross-case study that warrant discussion. First, the timeframe under detailed investigation was limited to the last decade. Although the history of each case was examined to identify factors that might have contributed to recent events, the study did not place focus on the processes that led to policy changes

prior to the last decade or beyond 2014. Second, the study only investigated the political priority development phase of the policy process for both public health issues.

Accordingly, the policy implementation and evaluation stages were not explored.

Third, there were also limitations associated with case selection. The two cases were selected based upon replication logic as recommended by Yin (2008) – replication on different public health issues. Road safety, however, had not traditionally been regarded as a public health issue in Turkey. Accordingly, the two cases might not be impeccable theoretical counterparts.

Fourth, another limitation of this study was associated with data analysis. As the streams were not “largely independent” as suggested by Kingdon (2011), categorizing findings into one specific stream became challenging at times. In order to minimize this concern, memos were written throughout the process, an audit trail was kept and a matrix was developed to highlight the streams that had interacted (Table 4.10). The limitations associated data analysis discussed in the individual case studies (papers 1 and 2) also apply to this cross-case study.

Finally, the scope of this study was limited to two public health issues in one MIC. As a result, researchers should be careful when transferring these findings to other MICs.

Despite these limitations, this study has several strengths. First, a framework adapted from John Kingdon’s *Multiple Streams Theory* was used to guide data collection and

analysis. Second, the trustworthiness of the data was enhanced through member checking and the triangulation of data from multiple sources (in-depth interviews, documents, and online surveys) (Shenton, 2004; Charmaz, 2006). Finally, the study compared two public health cases rather than examining a single case. Experts have explained that conclusions derived from multiple case studies are more robust than single case studies (Herriott & Firestone, 1982; Yin, 2008).

Implications for Action & Policy

Findings from this study can potentially help actors formulate strategies to promote their public health issues in MICs. First, there is a great need to cultivate and support NGOs that can effectively engage in advocacy. As seen in this cross-case analysis, NGOs were able to affect all streams, and were particularly influential in drawing and sustaining attention on the public health problem.

Second, actors should identify individuals with personal ties to the political elite who can serve as entrepreneurs for their public health issue. These individuals will need to be skilled at framing the problem and solutions in ways that are acceptable to the political elite. The need for this type of actor might be particularly important in countries like Turkey where power is concentrated at the top, and high-level decision makers are, in general, closed off to external pressure.

Third, domestic and global actor need to join forces to promote their public health issue at the global level as findings demonstrated the importance of global-agenda setting

activities on national policymaking. Strong relationships between domestic and global actors also need to be fostered as these connections can help in capacity building, information exchange, and national advocacy efforts.

For global actors who are interested in affecting national policy change, there is also a need to identify intermediaries who can serve as the bridge between them and domestic actors. These intermediaries need to be well-respected and connected. Moreover, they need to possess sufficient knowledge of the national policy process.

This study also has several implications for policies. Results showed that policy solutions need to be “ready to go, already softened up, already worked out” (Kingdon, 2011, p. 142) when the policy window opens. Policy solutions that are acceptable to the majority of the actors and are consistent with the ruling party’s domestic and/or foreign policy agendas are more likely to be accepted for serious consideration by high-level decision makers.

In highly polarized country like Turkey, policies that are perceived as pro-public health are also more likely to be accepted by the public as compared to policies that are perceived as “religious” or a part of the ruling party’s agenda.

Future Research

This study adds to the growing body of research that seeks to understand the process of political priority development for public health issues in MICs. Although the revised

framework can serve as a guide for actors seeking to promote public health issues in Turkey, more studies are needed to validate and refine this framework. Future research could utilize multiple case study design to examine other cases of public health issues that had either attained or failed to attain political priority in Turkey or other democratic MICs with unitary systems of government. It will also be important for future research to examine whether these findings are transferable to LMICs with other systems of government.

This study also uncovered the positive influence global movements can have on Turkey's national policymaking process particularly when global goals were compatible with national agendas. Future studies need to further explore whether this global stream could also have a negative influence on the national policymaking process such as when global goals are incompatible with national agendas. An example of this might be the issue of human rights in Turkey.

Given the importance of community integration to the emergence of political priority, future research should explore whether high levels of communication, respect, and trust amongst supporters can help provide a better understanding of this concept than agreement on the same solutions alone. Social network analysis might be particularly useful for this purpose (Valente, 2010).

Finally, it would also be interesting to explore what types of structure, patterns of relationships and characteristics allow the global and national networks of actors to be

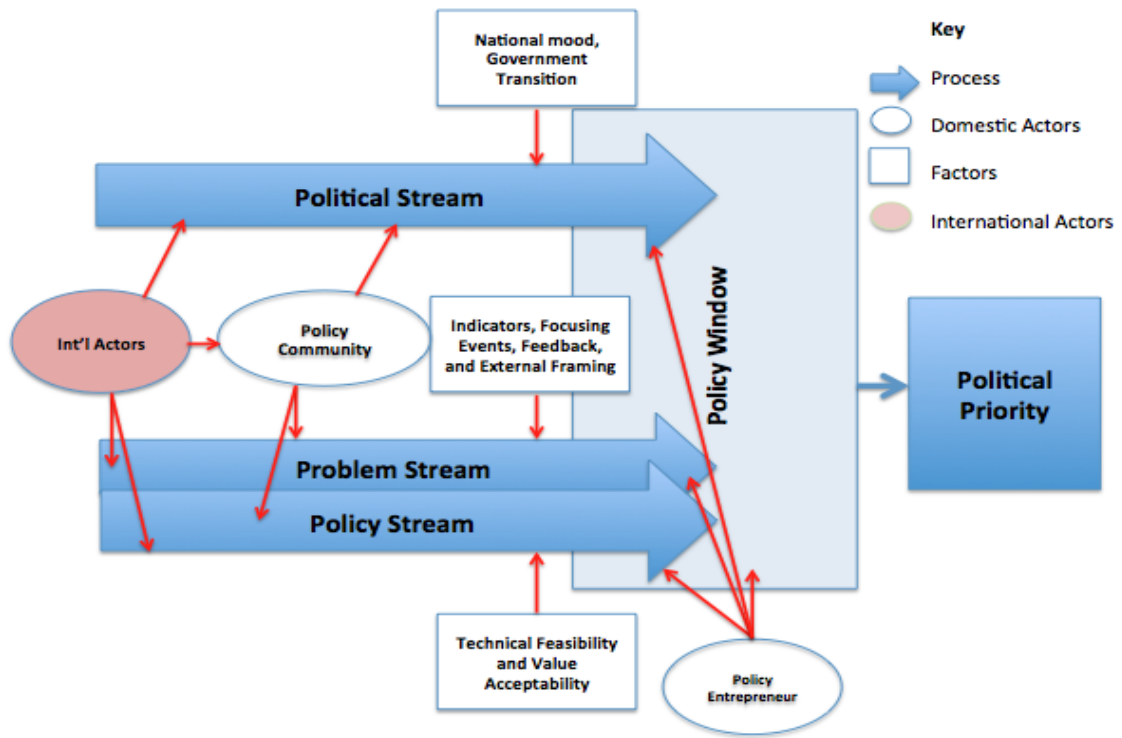
most effective in the process of political priority development at the national level. Ideally, this could be accomplished using a mixed-methods case study design that includes a quantitative social network analysis component (Valente, 2010). It would also be helpful to use these methods to identify the characteristics of the individuals who are able to tie these global and national networks together as well as the types of the positions in the networks that allow actors to be most influential.

Conclusions

In Turkey, a public health issue is more likely to attain political priority when four streams – problem, political, global, policy - develop and converge while a policy window is open as seen in the case of tobacco control. Although the full development of all streams is important, the transformation of the political stream appeared to be most significant. An integrated community of actors including politically powerful advocates, policy entrepreneurs, advocacy-oriented non-governmental actors, intermediaries, and movers could greatly facilitate this process and help develop one to all four streams. It is important to note that although actors might not be able to directly influence major events within the political stream, those with ties to the political elite may be able convince high-level decision makers to take action. Findings showed that without all these events and actors in place at the same time, a public health issue is less likely to reach political priority in Turkey as seen in the case of road safety where a policy window was absent, the political environment was insufficiently favorable and the community was fragmented.

This study suggests the need for actors promoting public health issues in Turkey as well as other democratic MICs with unitary systems of government to carefully identify missing events and key players such that strategic plans could be formulated to address these gaps. Community integration should also be fostered such there is an agreement on the solutions. This way, actors would be ready to advance their issue and solutions when a policy window opens for their public health problem

Figure 4. 1 Conceptual Framework



Source: Adapted from Kingdon (2011)

Figure 4. 2 Time Frame under Investigation for Road Safety and Tobacco Control

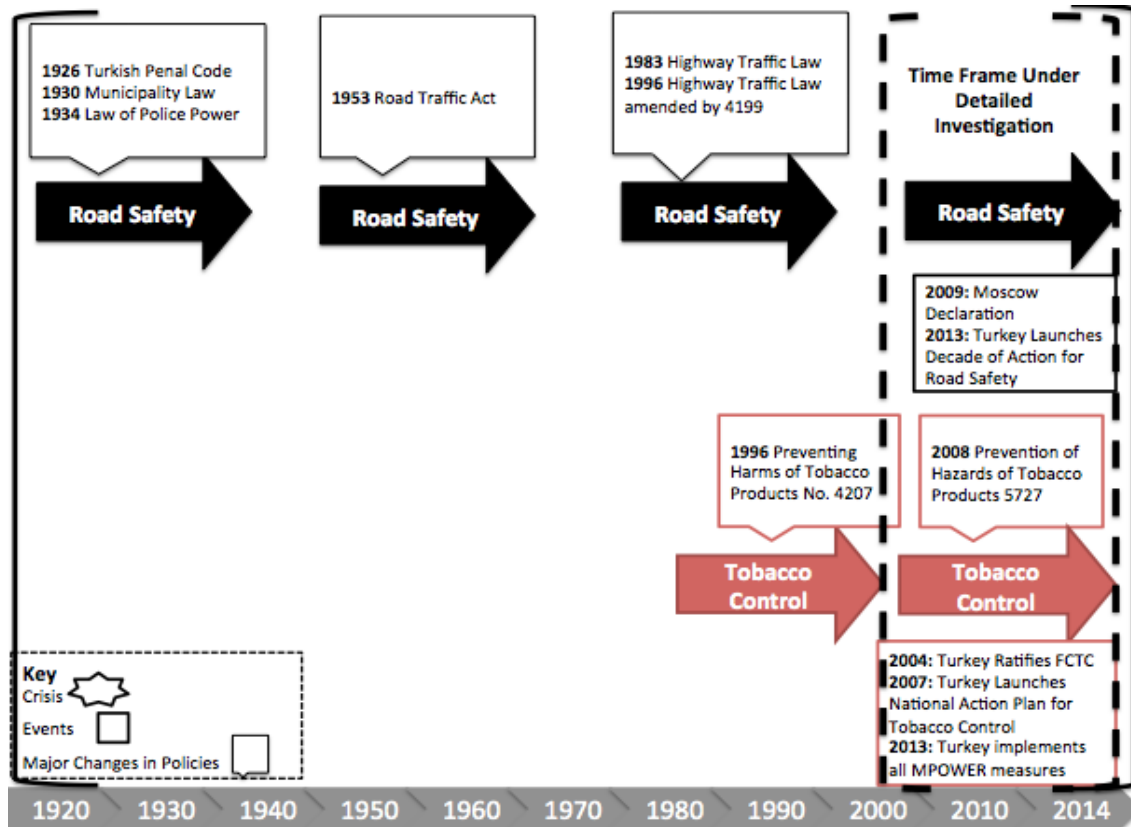


Figure 4. 3 Research Design of this Study

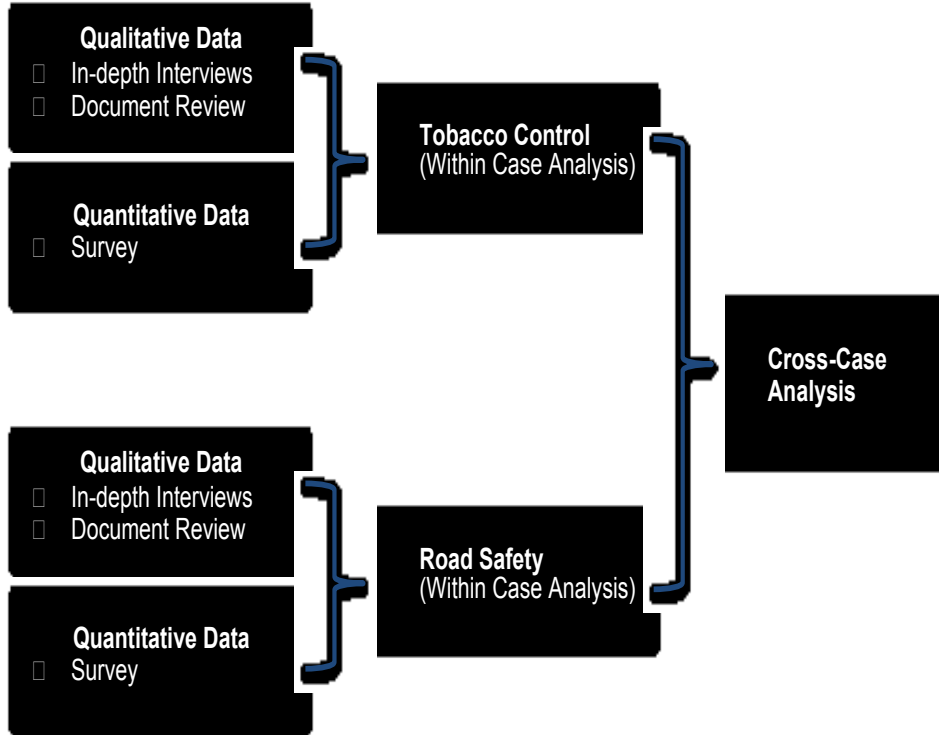


Figure 4. 4 Steps used in Cross-Case Analysis (Source: Adapted from Miles & Huberman, 1994)

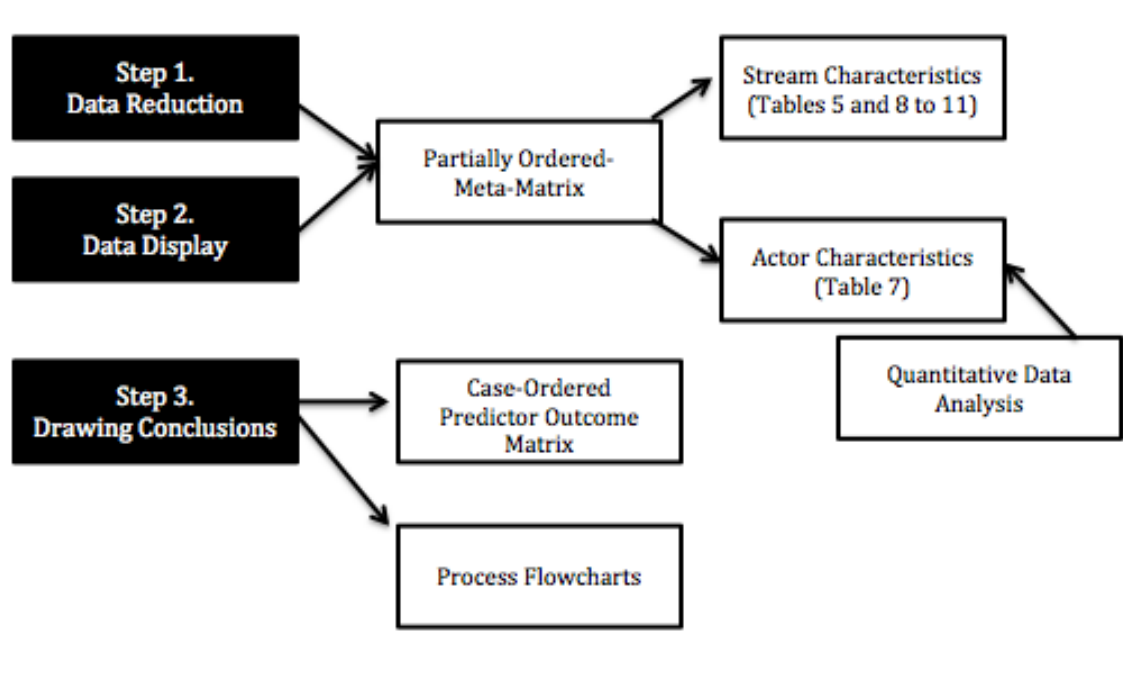


Figure 4. 5 Major Events Leading to Policy Change for Tobacco Control and Road Safety in Turkey, 1920-2014

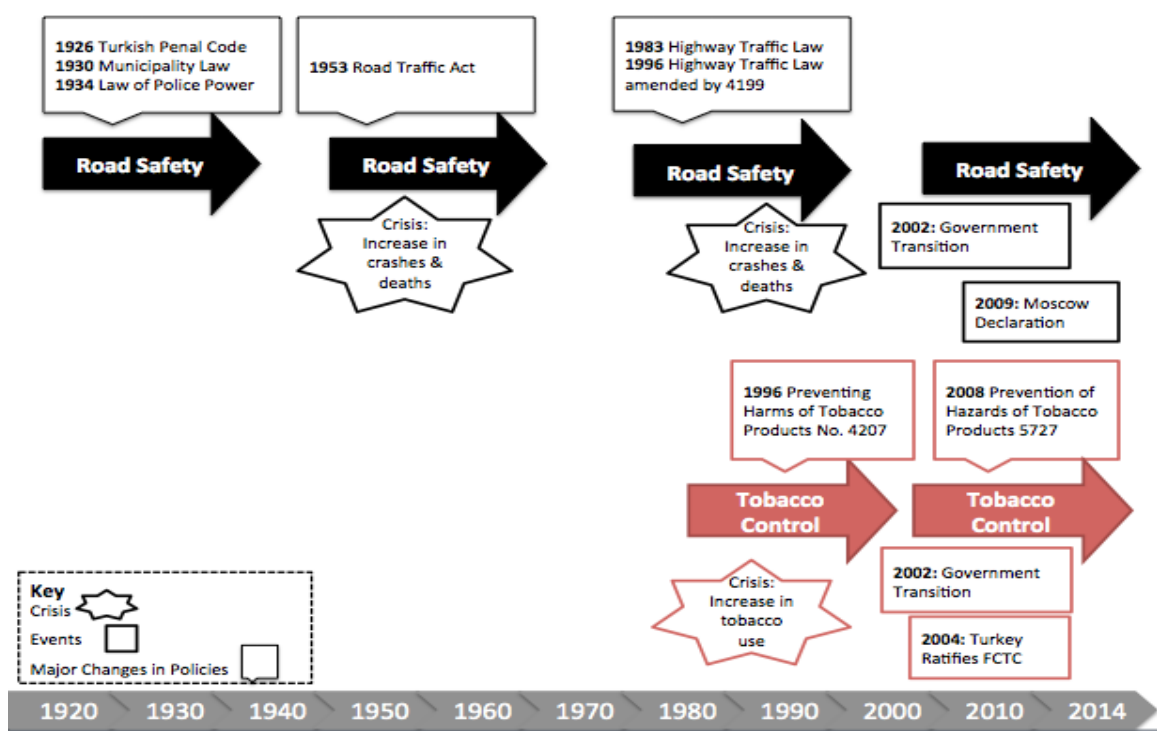


Figure 4. 6 Factors Leading to Expressed Commitment for Road Safety and Political Priority for Tobacco Control in Turkey

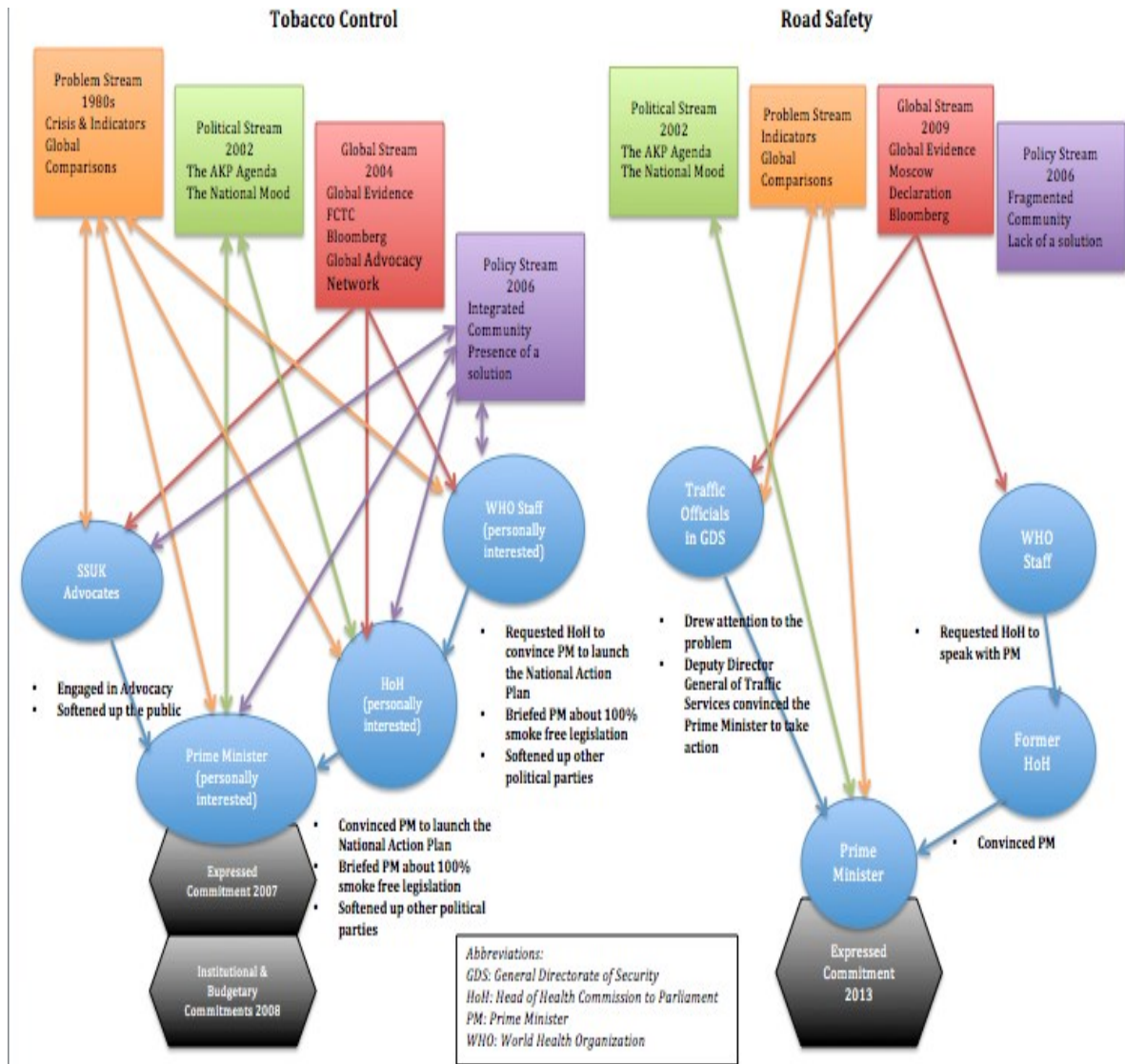


Figure 4. 7 Revised Conceptual Framework

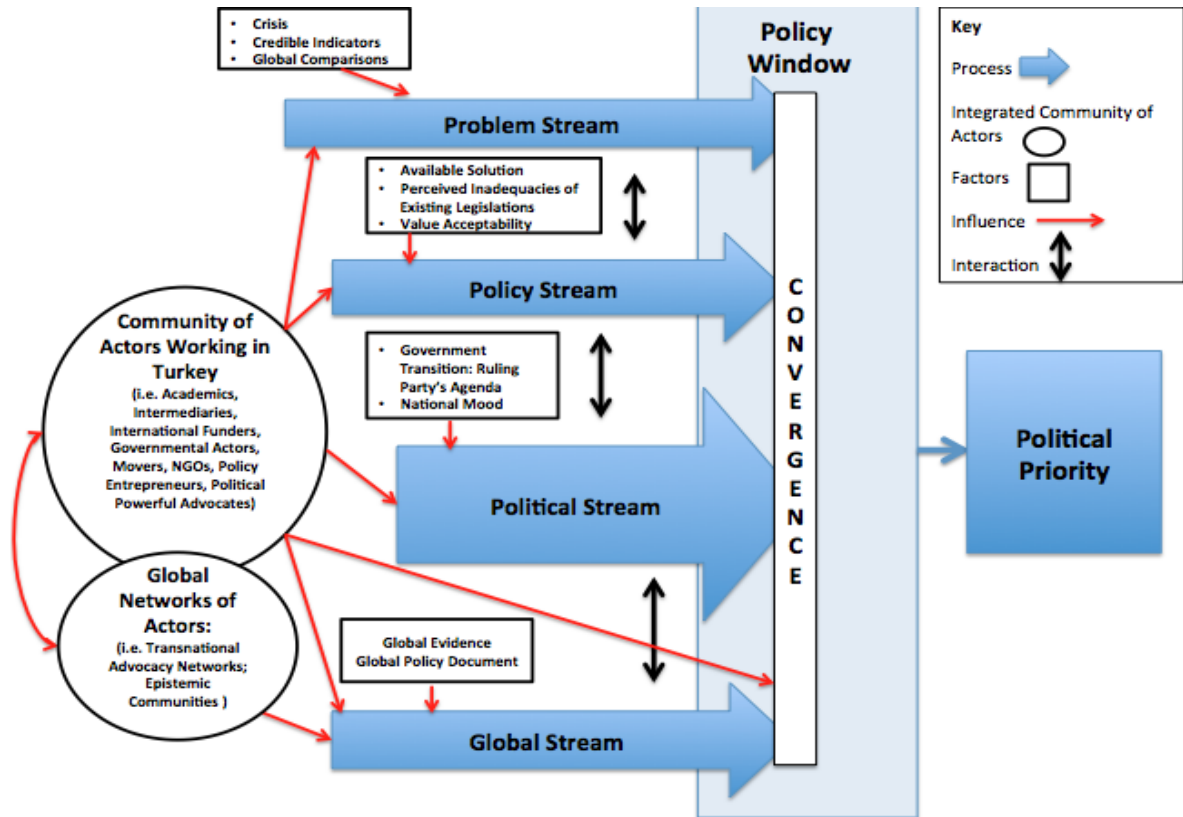


Table 4. 1 Informant IDs and Organizational Affiliations

Organizational Affiliation	Informant IDs
Governmental Organization	i1, i2, i3, i4, i20, i21, i22, i23, i24, i25, i27, i32, i33, i34, i35
International Organization	i13, i14, i15, i16, i17, i18, i19, i37, i39
Turkish Civil Society/University	i5, i6 , i7, i8, i9, i10, i11, i12, i26, i28, i29, i30, i31, i36, i38

Table 4. 2 Partially Ordered Meta-Matrix

	Tobacco Control	Road Safety
<i>Problem</i>	<p style="text-align: center;">✓</p> <ul style="list-style-type: none"> • Crisis • Accumulation of credible indicators • Global comparisons • External framing 	<p><i>Facilitators:</i></p> <ul style="list-style-type: none"> • Global comparisons • External Framing <p><i>Barriers</i></p> <ul style="list-style-type: none"> • Absence of major crises combined with insufficient credible indicators • Politically weak supporters.
<i>Political</i>	<p style="text-align: center;">✓</p> <ul style="list-style-type: none"> • Events within the government • A favorable national mood 	<p><i>Facilitators:</i></p> <ul style="list-style-type: none"> • Some aspects of the AKP party's agenda were conducive to the road safety efforts <p><i>Barriers:</i></p> <ul style="list-style-type: none"> • Prime Minister's interest in addressing drink-driving • Unfavorable national mood • Presence of a privileged group in traffic
<i>Global</i>	<p style="text-align: center;">✓</p> <ul style="list-style-type: none"> • Framework Convention for Tobacco Control • Global tobacco control network • Bloomberg Initiative to Reduce Tobacco Use 	<p style="text-align: center;">✓</p> <ul style="list-style-type: none"> • Moscow Declaration which lead to the Decade of Action for Road Safety • Bloomberg Global Road Safety Program <p><i>Barriers:</i></p> <ul style="list-style-type: none"> • No treaty for road safety • Lack of connection between the global and domestic networks
<i>Policy</i>	<p style="text-align: center;">✓</p> <ul style="list-style-type: none"> • Tobacco control community became integrated • A solution was available 	<p><i>Barriers:</i></p> <ul style="list-style-type: none"> • Policy fragmentation leading to the absence of a solution that is acceptable to the majority of the road safety supporters • System fragmentation
<i>Policy Window</i>	<p style="text-align: center;">✓</p> <ul style="list-style-type: none"> • Opened by the political and global streams 	<ul style="list-style-type: none"> • Did not open for road safety

<i>Actors</i>	<p>Key actors included:</p> <ul style="list-style-type: none"> • Prime Minister • Minister of Health • Head of Health Commission • SSUK • Yeşilay • Universities • International Organizations • Global tobacco control advocates • WHO 	<p>Key actors included:</p> <ul style="list-style-type: none"> • General Directorates of Highway, Ministry of Transportation • Traffic Directorates and Presidencies, General Directorate of Security • NGOs • Universities • International Organizations • WHO
---------------	--	---

Table 4. 3 Characteristics of Key Informants for Tobacco Control and Road Safety (N=39)

Variable	Categories	N(%)
Public Health Issue	Tobacco Control	14 (35.9%)
	Road Safety	21 (53.8%)
	Both	4 (10.3%)
Sex	Male	24 (61.5%)
	Female	15 (38.5%)
Organizational Affiliation	Governmental Organization	15 (38.5%)
	International Organizations	9 (23.1%)
	Turkish Civil Society/University	15 (38.5%)

Table 4. 4 Types of Documents Reviewed for Tobacco Control and Road Safety (N=307)

	Documents from Organizations¹	National Laws	Newspaper Articles	Published Literature	TOTAL
Tobacco Control	27	1	169	19	216 (70.4%)
Road Safety	34	7	45	5	91 (29.6%)
TOTAL	61 (19.9%)	8 (2.6%)	214 (69.7%)	24 (7.8%)	307

¹ Government Reports, Presentations, Project Documents, Meeting Minutes

Table 4. 5 Characteristics of Survey Respondents for Tobacco Control and Road Safety (N=153)

Variable	Categories	Road Safety N(%)	Tobacco Control N (%)	Total N(%)
Age Range (N=153)	18 to 30	7 (7.6%)	6 (9.5%)	13 (8.5%)
	31 to 40	33 (35.9%)	11 (18.0%)	44 (28.8%)
	41 to 50	24 (26.1%)	27 (44.3%)	51 (33.3%)
	51 to 60	22 (23.9%)	13 (21.3%)	35 (22.9%)
	61 +	6 (6.5%)	4 (6.6%)	10 (6.5%)
Sex (N=152)	Male	65 (70.7%)	22 (36.7%)	87 (57.2%)
	Female	27 (29.4%)	38 (63.3%)	65 (42.8%)
Education (N=152)	Primary Education	0 (0.0%)	0 (0.0%)	0 (0.0%)
	High School	1 (1.1%)	0 (0.0%)	1 (0.7%)
	Associate's/ Bachelor's	29 (31.5%)	7 (11.7%)	36 (23.7%)
	Master's	27 (29.4%)	13 (21.7%)	40 (26.3%)
	Doctoral	35 (38.0%)	40 (66.7%)	75 (49.3%)
Years Working on the Public Health Issue (N=153)	Less than 5	31 (35.9%)	22 (36.1%)	53 (34.6%)
	5 to 9	21 (22.8%)	17 (27.9%)	38 (24.8%)
	More than 10	40 (43.5%)	22 (36.1%)	62 (40.5%)
Organization al Affiliation (N=152)	Government/Public Sector	37 (40.2%)	11 (18.3%)	48 (31.6%)
	Civil Society- Turkey	11 (12.0%)	5 (8.3%)	16 (10.5%)
	Civil Society – Int'l	0 (0.0%)	2 (3.3%)	2 (1.3%)
	University/Academia	22(23.9%)	41 (68.3%)	63 (41.5%)
	Int'l Multilateral or Bilateral Organization	4 (4.4%)	1 (1.7%)	5 (3.3%)
	Private Sector/Industry	17 (19.6%)	0 (0.0%)	17 (11.2%)
	Others	1 (1.1%)	0 (0.0%)	1 (0.7%)

Table 4. 6 Clustered Summary Table: Problem Stream

	Type	Illustrations
<i>Events</i>	The presence of <u>crisis</u> that changes the scale of the problem as highlighted by <u>credible indicators</u>	<p><u>Tobacco Control</u> “Tobacco multinational companies by this way entered into Turkey and produced their own cigarettes then cigarettes use made a peak starting from 1980s mid 1980s until the year 2000 the tobacco use doubled it was 2.5 times of population increase at that time...it’s very bad ... so we some of the let’s say anti-tobacco people woke up...” - Turkish Academic</p> <p><u>Road Safety</u> “I don't think there was any influx of crashes. We didn’t see major crashes like in other countries that's what precipitates political attention and commitment” – International Actor</p>
	<u>Global comparisons</u> that demonstrate underperformance in Turkey	<p><u>Tobacco Control</u> “We are one of the countries that consume too much. [There is] the quote "smoke like a Turk."” – Government Official</p> <p><u>Road Safety</u> “Turkey trying to be active player in international relations last 10 years. Since international relations more and more, all ministries begin to cooperate with colleagues from other countries. We saw we are very poor in road safety.” – Government Official</p>
<i>Actors</i>	The presence of a <u>strong, cohesive group of NGOs</u> drawing attention to the issue	<p><u>Tobacco Control</u> “SSUK was really like a rough and tumble advocacy organization that we see in lots of different places ... [they were] really able to hold the government’s feet to the fire ... understood policy, understood what best practice was how to get to get to that stage .. they understood how to mobilize media. – International Actor</p> <p><u>Road Safety</u> “NGO can make the problem stream look bigger. If we had strong victims association</p>

		they would do it. Force it.” –Turkish Academic
--	--	--

Table 4. 7 Burden of Tobacco Use and Road Traffic Injuries in Turkey

	Tobacco Use	Road Traffic Injuries
Deaths	84,012 ¹	5,810 ¹
Deaths per 100,000 Population	113.9 ^{1,2}	7.8 ^{1,2}
Injuries	-	274,829 ⁵
Injuries/100,000 Population	-	358.5 ⁵
DALYs lost	2,332,060 ¹	458,890 ¹
DALYs/100,000 Population	3,163.3 ^{1,2}	622.5 ^{1,2}
YLL	284,508 ¹	2,080,060 ¹
YLL/100,000 Population	385.9 ^{1,2}	2,821.5 ^{1,2}
Cost	US\$ 10-12 billion on diagnosis and treatment ³	US\$ 2.6 billion in productivity losses ⁴

¹ GBD, 2010

² TurkStat, 2010

³ Bilir et al., 2012⁴

⁴ Naci & Baker, 2008

⁵ TurkStat, 2013

Table 4. 8 Summary of the Roles and Strategies Used by Key Actors in Tobacco Control and Road Safety

Type of Actor	Stream Influenced	Tobacco Control Roles and Strategies Used	Road Safety Roles and Strategies Used
Prime Minister	<ul style="list-style-type: none"> • Problem • Policy • Political 	<p>Roles</p> <ul style="list-style-type: none"> • Determines what happens in Turkey • Expressed commitment for tobacco control • Supported Head of Health Commission’s 100% smoke-free legislation <p>Strategies</p> <ul style="list-style-type: none"> • Framed tobacco use as a serious public health concern as that is as devastating as terrorism • Influenced the policy process by allowing the 100% smoke-free legislation to jump from 600th to 3rd in line to be considered in parliament 	<p>Roles</p> <ul style="list-style-type: none"> • Determines what happens in Turkey • Expressed commitment for road safety • Sent circular to 81 provinces • Reconvened the Supreme Highway Traffic Safety Council in 2012 <p>Strategies</p> <ul style="list-style-type: none"> • Framed road safety as “traffic terror” and stated that it is the second most important problem in the country
Relevant Ministers	<ul style="list-style-type: none"> • Problem • Policy • Political 	<p><u>Health Minister</u></p> <p>Roles</p> <ul style="list-style-type: none"> • Ratified the FCTC in 2004 • Brought stakeholders together • Supported Head of Health Commission’s 100% smoke-free legislation • Led the implementation efforts <p>Strategies</p> <ul style="list-style-type: none"> • Framed tobacco use as an grave public health concern • Used evidence as rationale during the implementation phase (i.e. declared that the 100% smoke-free legislation is not against businesses) 	<p><u>Transportation Minister</u></p> <p>Roles</p> <ul style="list-style-type: none"> • Signed the Moscow Declaration
Relevant Governmental Departments	<ul style="list-style-type: none"> • Problem • Policy 	<p><u>Relevant Departments within Ministry of Health</u></p> <p>Roles</p> <ul style="list-style-type: none"> • Drafted national action plan and targets for tobacco control • Carried out research 	<p><u>Relevant Departments within General Directorate of Security and Ministry of Transportation</u></p> <p>Roles</p> <ul style="list-style-type: none"> • Drafted national action plan • Collected data • Shared some data

		<ul style="list-style-type: none"> Prepared notes about the 100% Smoke-Free Legislation for Prime Minister <p>Strategies</p> <ul style="list-style-type: none"> Shared data with the NGOs and the public Framed tobacco use as a grave public health concern Used global comparisons Used evidence as rationale during the implementation phase Collaborated with other organizations 	<ul style="list-style-type: none"> Worked on seatbelt legislation Carried out public education on road safety Carried out social marketing campaigns <p>Strategies</p> <ul style="list-style-type: none"> Brought the issue of road safety to the attention of high-level decision makers Used global comparisons
NGOs	<ul style="list-style-type: none"> Problem Policy Political Global 	<p><u>SSUK</u></p> <p>Roles</p> <ul style="list-style-type: none"> Engaged in advocacy Fought the tobacco industry Provided public education around smoke free Carried out social marketing campaigns Brought together health societies Participated in government meetings Carried out research <p>Strategies</p> <ul style="list-style-type: none"> Used global network of anti-tobacco advocates to help with their advocacy efforts Communicated the situation in Turkey to the global community Collected and disseminated global evidence in Turkey Framed tobacco use as a grave public health concern Organized tobacco control meetings, workshops, and congresses Trained journalists 	<p><u>Road Safety NGOs</u></p> <p>Roles</p> <ul style="list-style-type: none"> Provided public education around road safety Carried out social marketing campaigns Supported victims Participated in government meetings Carried out research <p>Strategies</p> <ul style="list-style-type: none"> Highlighted issues that needed to be changed Framed road safety as a concern that is more devastating than war and terrorism Organized meetings, conferences, and World Day of Remembrance
Actors from the Bloomberg Projects	<ul style="list-style-type: none"> Policy Problem 	<p><u>Bloomberg Initiative to Reduce Tobacco Use</u></p> <p>Roles</p> <ul style="list-style-type: none"> Provided resources Provided technical assistance Helped build in-country 	<p><u>Bloomberg Global Road Safety Program</u></p> <p>Roles</p> <ul style="list-style-type: none"> Provided resources Provided technical assistance Helped build in-country capacity

		<p>capacity</p> <ul style="list-style-type: none"> • Drew more funding for tobacco control • Carried out studies <p>Strategies</p> <ul style="list-style-type: none"> • Provided government officials with arguments, evidence, and examples from other modern countries to help “stiffen their spines” (“global comparisons”) • Convinced government officials by using EU, FCTC, modern countries as arguments • Provided incentives (i.e. awards, global visibility) • Brought actors with ties to the political elite into the movement • Provided training for journalists 	<ul style="list-style-type: none"> • Shed light on the problem of road safety in Turkey • Carried out studies • Engaged in advocacy <p>Strategies</p> <ul style="list-style-type: none"> • Provided incentives (i.e. award) • Brought other actors into the movement (i.e. Turkish Red Crescent, Medical Societies) • Provided training for journalists, police, and academics • Used global comparisons
Intermediaries	<ul style="list-style-type: none"> • Policy • Problem 	<p><u>WHO Country Office</u></p> <p>Roles</p> <ul style="list-style-type: none"> • Served as the bridge between international actors and domestic government officials <p>Strategies</p> <ul style="list-style-type: none"> • Invited international experts to convince the government officials • Helped international actors navigate the political system • Used global comparisons • Used evidence 	<p><u>WHO Country Office</u></p> <p>Roles</p> <ul style="list-style-type: none"> • Served as the bridge between international actors and domestic government officials • Carried out social marketing campaigns • Drew more funding for road safety • Carried out legislative review • Helped shed light on the work that the traffic department had been doing <p>Strategies</p> <ul style="list-style-type: none"> • Framed road safety as a public health problem • Used global comparisons • Used evidence • Brought the issue of road safety to the attention of high-level decision makers
Policy Entrepreneurs	<ul style="list-style-type: none"> • Policy • Political 	<p><u>Head of Health Commission</u></p> <p>Roles</p> <ul style="list-style-type: none"> • Drafted 100% smoke-free legislation • Pushed legislation through parliament <p>Strategies</p> <ul style="list-style-type: none"> • Played a key role in 	N/A

		<p>convincing the Prime Minister</p> <ul style="list-style-type: none"> Softened up the opposition parties by saying that the legislation is a WHO recommendation <p><u>WHO Country Office</u> Roles/Strategies</p> <ul style="list-style-type: none"> Persuaded actors with ties to the Prime Minister to convince the Prime Minister Softened up the opposition parties <p><u>SSUK</u> Roles/Strategies</p> <ul style="list-style-type: none"> Softened up the public Placed pressure on the government 	
Movers	<ul style="list-style-type: none"> Political 	<p><u>Yesilay</u> Roles/Strategies</p> <ul style="list-style-type: none"> Secured meetings and obtained endorsements from high-level decision makers as a result of connections to the Prime Minister Brought international best practices to the attention of high-level decision makers; helped passed messages from international actors to high-level decision makers Carried out social marketing campaigns that were targeted at the rural and traditional population 	<p><u>Head of Health Commission</u> Role/Strategy</p> <ul style="list-style-type: none"> Convinced the Prime Minister to launch the Decade of Action for Road Safety <p><u>Deputy Director General of Traffic Services</u> Role/Strategy</p> <ul style="list-style-type: none"> Convinced the Prime Minister to reconvene the Supreme Highway Traffic Safety Council <p><u>WHO Country Office</u> Role/Strategies</p> <ul style="list-style-type: none"> Convinced the Prime Minister's advisors to prepare the 2012 circular Persuaded actors with ties to the Prime Minister to convince the Prime Minister

Table 4. 9 Clustered Summary Table: Political Stream

	Type	Illustration
<i>Events</i>	<u>Government transition</u> and the <u>alignment</u> of the public health issue to the values/agendas of high-level government leaders	<p><u>Tobacco Control</u> “Of course we should accept that this is one of the, like alcohol, tobacco was one of the main issues that the government is concentrating on because both the prime minister and the minister of health they were against tobacco use” – Turkish Civil Society</p> <p><u>Road Safety</u> “Yes, it [the decline of political priority for road safety] was due to the collapse of coalition government and priorities in Turkey changed drastically.” - Turkish Academic</p>
<i>National Mood</i>	A favorable <u>national mood</u>	<p><u>Tobacco Control</u> "It was 12 years time 1996 to 2008 during that period an idea of smoke free or ban smoking in some of the public places was adopted was accepted as a norm in the community” – Turkish Academic</p> <p><u>Road Safety</u> “I think it [road safety gaining political priority] is going to take people really pushing but given the current political climate in Turkey I don't know if that's going to make a huge difference” – International Actor</p>
<i>Actors</i>	<u>Prime Minister</u> 's personal interest in the issue	<p><u>Tobacco Control</u> “Prime Minister and all ministers do not smoke. Prime minister personally takes cigarette out of people’s pockets.” Government Official</p> <p><u>Road Safety</u> “We have to talk about what it means to personally care. For example if he [Prime Minister] asked to increase the number of people in traffic enforcement, he has the power to do that. If he can allocate more budget for the organization that deals with traffic, this means that he really cares about it... but he just says it so in practice we all know that nothing is changing.” Government Official</p>
	The presence of <u>movers</u>	<p><u>Tobacco Control</u> “Green Crescent, Yeşilay, has a lot of political power at least connections so we used that a number of times to you know that’s one of the reasons why Minister of Health eventually came around because Green Crescent has the ear of the Prime Minister ..and so what they say carries weight ... so that made them a very valuable partner” – International Actor</p> <p><u>Road Safety</u></p>

		“Yes, yes he [Ismail Baş] was also very good .. because he was effective. Why? Because he was close with prime minister.” –International Actor
--	--	--

Table 4. 10 Streams that Overlapped in Both Case Studies

Overlapping Streams		How?	Example
Global	Problem	<ul style="list-style-type: none"> International funder helped drew more attention to the problem 	<p>“I think really this international action or this big project also help to put this topic to really the upper agenda of the country because for any system, equilibrium will be changed mostly by external influence” – Turkish Academic</p>
	Policy	<ul style="list-style-type: none"> Global standards can affect national policies 	<p>"I think honestly the FCTC the treaty has been extremely structuring for the whole of the movement because after that we got rid of all the people who were defending you know school programs that lead to nowhere that kind of thing" – International Actor</p>
	Political	<ul style="list-style-type: none"> European Union’s standards and Turkey’s desire to join the European Union interacted Global prioritization of tobacco control and Turkey’s desire to gain global visibility interacted 	<p>“We [Turkey] were in accession period. Human rights, education, road safety was part of the homework.” - Turkish Academic – Turkish Civil Society Actor</p> <p>So I think tobacco control has been something which is or health in general something which is... always adding votes instead of taking away their votes and, therefore, I think they [the Turkish government] have been nurturing this idea that this is something they can promote internationally, regionally, and globally" – International Actor</p>
Political	Policy	<ul style="list-style-type: none"> The public health solution needs to fit the domestic/foreign policy agenda of the government 	<p>“Actually political view was so important to pass this issue because they [Prime Minister and Health Minister wanted to have this law.” Turkish Academic</p>
Problem	Policy	<ul style="list-style-type: none"> The need to address the public health issue contributed to the emergences of solutions 	<p>“The community wanted more action on tobacco control and there were some new movements. Some people in the community wanted more smoke-free areas for themselves such as restaurants, or some places, they prefer places with no smoking areas.” Turkish Academic</p>

Table 4. 11 Clustered Summary Table: Global Stream

	Type	Illustration
<i>Events</i>	The presence of <u>global evidence</u>	<p><u>Tobacco Control</u> “At that time...1976, 1977 tobacco control activities have started in the US and some of the European countries including England. There weren’t any activities against tobacco use in this country at that time. When I came back from London then I decided to write an article about the dangers of tobacco use and this was my first involvement in tobacco it was in 1978 or 1979” – Turkish Academic</p> <p><u>Road Safety</u> “Actually in Turkey, <i>Emniyet</i> [translation: General Directorate of Security], developed their perspective, changed, they always went to the Europe” – Turkish Civil Society Actor</p>
	The presence of <u>global policy documents</u>	<p><u>Tobacco Control</u> Framework Convention for Tobacco Control</p> <p><u>Road Safety</u> Moscow Declaration; Decade of Action for Road Safety</p>
	The presence of big name <u>international funders</u>	<p><u>Tobacco Control</u> Bloomberg Initiative to Reduce Tobacco Use</p> <p><u>Road Safety</u> Bloomberg Global Road Safety Program</p>
<i>Actors</i>	The presence of <u>global networks</u> that is well connected to the domestic network of advocates	<p><u>Tobacco Control</u> "What we are seeing in Turkey is a direct impact of a worldwide campaign against tobacco that has been active for many years (Today’s Zaman, 2008, p.1)."</p> <p><u>Road Safety</u> “Few road safety NGOs have international connections.” – Turkish Civil Society Actor</p>
	The presence of a well-respected WHO Country Office that can serve as an <u>intermediary</u> between international actors and domestic government officials	<p><u>Tobacco Control</u> "We could push through Toker. We had numerous meetings with him, provided a lot of technical input and manage and... this is difficult when you have parliamentarian that are not really open to outside advice. So we had the connection so WHO was instrumental in this" – International Actor</p> <p><u>Road Safety</u> “I think it was very easy for [WHO Country Office staff] to pick up the phone and call Erdöl [Head of Health Commission]. Erdöl was always overseeing public health issues for the parliament” International Actor</p>

Table 4. 12 Clustered Summary Table: Policy Stream

	Type	Illustration
<i>Events</i>	Perceived inadequacies of existing legislations	<p><u>Tobacco Control</u> “When we came to 2006, ten years after the [first] law we were talking to the parliamentarians again. We should expand these smoke free policies, smoke free implementation so there’s a need to amend the law.” – Turkish Academic</p> <p><u>Road Safety</u> “Our traffic regulations according to me are perfect no problem. We have all laws and all regulations.”– Turkish Civil Society</p>
	The presence of an <u>integrated community</u> that agrees on the same solutions for the public health issue	<p><u>Tobacco Control</u> “All of us were working from a different angel of the fight but we all were on the same page.” Turkish Civil Society Actor</p> <p><u>Road Safety</u> “They are holding very strongly to their one area. So you have people who really want to address infrastructure issues and you have people who want to address legislative issues but they are not talking together” – International Actor</p>
	The presence of a <u>solution</u> that is acceptable to the community and to high-level decision makers	<p><u>Tobacco Control</u></p> <ul style="list-style-type: none"> • 100% smoke free legislation <p><u>Road Safety</u></p> <ul style="list-style-type: none"> • Many solutions had been proposed <p>“Road safety people don’t know what to do to solve the problem. Tobacco control has a public enemy. Road safety is complex there are vehicles, drivers, and roads.” – Turkish Academic</p>
<i>Actors</i>	The presence of <u>policy entrepreneurs</u> building acceptance for the solution	<p><u>Tobacco Control</u> “Then we started to visit the other parliamentarians and groups from the opposition parties ... we try to convince them to accept the smoke free articles in the legislation. They totally rejected them and then we told them this is the WHO recommendations” – Policy Entrepreneur</p> <p><u>Road Safety</u> “We need some rising stars & heroes.” – Turkish Civil Society Actor</p>

Table 4. 13 Comparison of Ratings of the Tobacco Control and Road Safety Communities

	Tobacco Control	Road Safety	Mann-Whitney Test
	<i>Median</i>	<i>Median</i>	<i>P-Value</i>
What percentage of these individuals frequently communicate with each other regarding tobacco control/road safety related issues?	40%	30%	0.000*
What percentage of these individuals agree on the same solutions for tobacco control/road safety?	70%	50%	0.000*
What percentage of these individuals believe in tobacco control/road safety solutions that are based on scientific evidence rather than their own personal ideas?	70%	50%	0.000*
What percentage of these individuals bring unique perspective to tobacco control/road safety in Turkey?	50%	30%	0.000*
What percentage of these individuals can be relied on to do what they say they will do?	60%	50%	0.001*

*P<0.05

Table 4. 14 Level of Political Priority Given to Tobacco Control and Road Safety in Turkey

	Tobacco Control	Road Safety
Expressed Commitment	<p style="text-align: center;">✓</p> <p><i>Prime Minister expressed his concern at 3 public events</i></p> <ul style="list-style-type: none"> • 2007: Prime Minister Erdoğan declared tobacco control to be as important as the country's counterterrorism efforts^{1,2} • 2010: Prime Minister Erdoğan explained that tobacco use has become more destructive than terrorism³; Erdoğan also said at another event that his government is determined to continue its battle against smoking² 	<p style="text-align: center;">✓</p> <p><i>Prime Minister expressed his concern at 1 public event</i></p> <ul style="list-style-type: none"> • 2013: Prime Minister Erdoğan declared road safety to be the second most important problem in Turkey. The first being terrorism^{1,4}
Institutional Commitment	<p style="text-align: center;">✓</p> <p><i>The government enacted legislations that are up to international standards</i></p> <ul style="list-style-type: none"> • 2006: A circular from the Prime Ministry promulgated the National Tobacco Control Programme and Action Plan • 2008: Enacted the 100% Smoke-Free Legislation • 2013: Implemented all of WHO's MPOWER measures 	<p><i>The government closed a loophole in a regulation but has yet to amend the larger piece of traffic legislation that would nullify the remaining exemptions and allow the changes to the regulation to be more sustainable. Consequently, no institutional commitment were made that would "lock in" Turkey's response to road safety.</i></p> <ul style="list-style-type: none"> • 2012: A circular from the Prime Ministry promulgated the Road Traffic Safety Strategy and Action Plan and established the Road Safety Strategy Coordination Board. • 2014: Regulation 150 which exempted commercial car drivers from wearing seatbelt was closed but not entirely
Budgetary Commitment	<p style="text-align: center;">✓</p> <p><i>The government allocated resources for tobacco control particularly as it relates to implementation of the 100% smoke-free legislation</i></p>	<p><i>Although there has always been some public funding for traffic safety, the amount is limited⁶ and has not increased after the launch of the Decade of Action for Road</i></p>

	<ul style="list-style-type: none"> • 2008: Seracettin Çom explained that the Prime Minister fully backed the tobacco control campaign and the Ministry does not have a budget limit for it³ • 2008 more than 4,000 inspectors were trained to enforce the law; in 2010 this number increased to more than 6000 to ensure that enforcement did not fade • 2013: Government expenditure on tobacco control was US\$1.3 million⁵ 	<p><i>safety in Turkey.¹ Moreover, the implementation of the National Road Safety Strategy is not funded by the government.^{1,7}</i></p>
--	--	--

Definition of Political Priority from Shiffman, 2007; Fox et al., 2011

¹ Key Informants

² Today's Zaman News

³ Hürriyet Daily News

⁴ Prime Minister's Speech, 2013

⁵ WHO, 2013

⁶ SweRoad, 2001

⁷GSRRS, 2013

Table 4. 15 Case-Ordered Predictor Outcome Matrix

	Events Prior	Expressed Commitment	Events Prior	Institutional Commitment	Events Prior	Budgetary Commitment	
T O B A C C O C O N T R O L	<i>Process</i>	The <u>policy window</u> was opened and <u>all streams</u> were fully developed.	✓ 2007 Prime Minister publically expressed concern for tobacco control	Institutional commitment immediately followed expressed commitment	✓ 2008 The 100% smoke-free legislation was enacted	Budgetary commitment for implementation immediately followed expressed and institutional commitments	✓ 2008 "We do not have an upper limit for the budget (Hürriyet Daily News, 2008,p.1);" More than 4,000
	<i>Actors</i>	Three <u>policy entrepreneurs</u> were present to couple the stream.		Two <u>policy entrepreneurs</u> briefed the prime minister about the 100% smoke-free legislation NGOs advocated for the legislation Prime Minister moved the legislation from 600 th to 3 rd in queue to be considered in Parliament		Prime Minister and Ministry of Health fully supported the legislation	inspectors were trained to enforce the law; in 2010 this number increased to more than 6000 to ensure that enforcement did not fade
R O A D S A F E T Y	<i>Process</i>	The <u>global and problem streams</u> were fully developed	✓ 2013 Prime Minister publically expressed concern for road safety		<i>No institutional commitments were made that would "lock in" Turkey's response to this issue.</i>		<i>No budgetary commitment for implementation</i>

5. Conclusions and Implications

Summary of Key Findings

Political priority is more likely to emerge for public health issues in Turkey when four streams – problem, policy, political, global – develop and converge while a policy window is open. An integrated community of actors including politically powerful advocates, policy entrepreneurs, advocacy-oriented nongovernmental actors, intermediaries, and movers could play key roles in the process by facilitating the transformation of all four streams. Although actors might not be able to directly affect major events within the political stream such as government transition, they can facilitate the development of this stream by deploying actors with ties to the political elite to convince high-level decision makers to take action. The three papers - tobacco control in Turkey (case 1), road safety in Turkey (case 2), and comparative case study – add to the growing literature on how political priority develops for public health issues in middle-income countries (MICs).

Tobacco Control in Turkey

Drawing from in-depth interviews (N=19), documents (N=216), and online surveys (N=61), the first case study revealed that tobacco control emerged as a political priority in Turkey as a result of the development and convergence of four streams – problem, global, political, and policy streams – when a policy window was opened. Several events facilitated this process including the crisis in the mid-1980s, government transition, national mood, the Framework Convention for Tobacco Control, Bloomberg Philanthropies, and the presence of a strong global tobacco control network. In addition

to these favorable events, results also highlighted the importance of having a diverse set of actors who can work from different angles but ultimately agree on the same solutions for the public health issue. In Turkey, momentum for tobacco control was also sustained beyond the enactment of the 100% smoke-free legislation as a result of sustained political support, public support, indicators highlighting the positive impact of the 100% smoke-free legislation, and positive feedback from the global community.

Road Safety in Turkey

The second case study used in-depth interviews (N=27), documents (N=91), and online surveys (N=95) to explore why road safety gained attention in Turkey in recent years but did not achieve political priority. Findings showed that the development of the global and problem streams helped capture the attention of Turkish high-level decision-makers.

Actors who had direct access to the political elite, were also present to convince the Prime Minister to take action. The absence of a policy window, lack of a fully favorable political environment, fragmentation of the road safety community, and the absence of major crises, however, all hindered the emergence of political priority for this issue. Key actors such as strong advocacy-oriented NGOs who can effectively place pressure on the government and policy entrepreneurs who can champion the cause were also missing.

Comparative Case Study

Finally, a comparative mix-method case study was employed to examine how tobacco control and road safety fared as political priority in Turkey and to modify Kingdon's framework to fit the Turkish context. A cross-case analysis was used such that the themes

and processes from the two cases could be compared and contrasted. Findings showed that the two cases shared some commonalities in the factors contributing to the Prime Minister's expressed commitment for the two issues: 1) problem statuses were reached, 2) global policy documents were signed, 3) global funders were present, and 4) two actors (the former head of health commission and a staff at World Health Organization, Country Office) personally convinced the Prime Minister to speak at the launch of the National Action Plan for Tobacco Control and the Decade of Action for Road Safety respectively. The two cases, however, differed in that all streams were fully developed and a policy window was opened for tobacco control prior to the Prime Minister's expressed commitment for the issue. On the other hand, only two of the four streams – global and problem streams – were fully developed and a policy window did not open for road safety.

This cross-case analysis revealed that the processes and determinants leading to the emergence of political priority for public health issues in Turkey are largely consistent with the *Multiple Streams Theory* where the development and convergence of all streams when a policy window is opened are necessary. Unlike the theory, however, findings revealed the disproportionate strength of the political stream and the importance of a fourth “global stream” which has been defined by this study as a favorable global environment for the public health issue of interest. The fourth streams were also found to overlap at different points in time and are not “largely independent” as suggested by Kingdon. A diverse group of actors including politically powerful advocates, policy entrepreneurs, advocacy-oriented nongovernmental actors, intermediaries, and movers

was needed to influence all streams. These actors, however, need to be integrated where integration is defined as agreement on the same solutions, as well as high levels of communication, trust, and respect among members (Figures 5.1 and 5. 2).

Implications for Action

In light of the findings from this study, below are some of the strategies that could be used by national and global actors who are striving to promote public health issues in Turkey or in other democratic middle-income countries with a unitary structure of government.

Strategies for National Actors

As timing was found to be key in the prioritization of public health problems, national actor, including supporters within NGOs, government and universities, need to be ready when the “target planets are in proper alignment” (Kingdon, 2011, p.166) for their issue. Preparation involves facilitating the development and convergence of the problem, policy, political, and global streams.

Problem Stream

Several strategies could be used by national actors to transform their public health conditions into a problem of concern. National actors need to:

- Ensure that sufficient credible indicators are available such that they could be used to monitor changes, and support focusing events. These credible indicators need to be made visible to both the decision makers and the public.

- Bring attention to crises or disasters that are relevant to their public health problem (i.e. major road traffic crashes in the country). One of the ways in which this could be accomplished is by effectively engaging the media.
- Frame the problem as an important public health problem that urgently deserves action
- Use global comparisons to highlight Turkey's underperformance as compared to other European and high-income countries
- Cultivate and support advocacy-oriented NGOs that can effectively draw attention to the public health problem and hold the government accountable when necessary. One of the ways in which this could be accomplished is by connecting national NGOs to the global networks.

Policy Stream

National actors could facilitate the process by which a policy solution is accepted for serious consideration by using the following strategies:

- Create a more integrated community where the majority of actors agree on the same solution for the issue. One of the ways in which this could be accomplished is by identifying policy entrepreneurs who can help soften up the community of supporters.
- Enhance the integration by increasing the frequency of communicate and level of trust and respect amongst members of the community.
- Frame the solution to government officials as a recommendation from a well-respected and legitimate organizations such as the WHO

Political Stream

Although national actors might not be able to directly affect major events within the political stream such as government transition, they can facilitate the development of this stream in several ways:

- Identify, recruit and support actors with personal ties to the political elite who can garner the support of high-level decision makers. These individuals will need to be skilled at framing the problem and solution in ways that are acceptable to high-level decision-makers (i.e. demonstrating that the problem and solution are consistent with the ruling party's domestic and/or foreign policy agendas). Having this type of actor might be particularly important in countries like Turkey where few are able to influence the policymaking process.
- Engage in advocacy. Findings showed that although high-level decision-makers in Turkey do not appreciate external pressure, it is still important for actors to engage in advocacy such that the public health problem and solution remains salient in the minds of the political elite.

Global Stream

This study did not seek to explain how public health issues emerge on the global agenda, however findings did show that national actors could also influence the development of a favorable global environment by joining forces with the global networks of supporters to advocate for the public health problem at the global level. National actors could also promote global norms and standards in their countries using the following strategies:

- Convince high-level decision-makers to abide by global norms and standards (i.e. ratification of the Framework Convention for Tobacco Control, launching of the Decade of Action for Road Safety). As seen in this study, actors with ties to the political elite may be particularly effective in playing this role.
- Hold the government accountable to global norms and standards. One of the ways in which national actors could accomplish this is by using "leverage politics" (Keck & Sikkink) where national actor "link cooperation to something else of value: money, trade, or prestige" (Keck & Sikkink, p.22). This may be particularly effective in countries like Turkey that seeks to gain global visibility.
- Join forces with global actors to place pressure on the national government
- Disseminate global evidence. One of the ways in which this could be accomplished is by the sharing these evidence during relevant meetings, workshops, and symposiums.

Joining of the Streams

To join the stream, national actors will first need to learn the signs of an open policy window. As seen in this study, these signs could be the emergence of a focusing events related to the public health problem and/or government transition. National actors will need to seize opportunities immediately when the policy window opens. Policy entrepreneurs who have ties to the political elite should then be deployed to join the streams.

Strategies for Global Actors:

Finding showed that global actors including those working in MICs can be important to national policymaking when their efforts enhance the capacity of national actors and the national movement. Accordingly, it is recommended that global actors:

- Ensure that their priorities align with the priorities of the national actors to facilitate integration of the local community of supporters
- Help build the capacity of national actors by exchanging information, and providing technical assistance as well as resources
- Help build the capacity of global networks such as the Global Alliance of NGOs for Road Safety
- Identify well-respected and connected intermediaries who can help them navigate the political system. These intermediaries need to have sufficient knowledge of the national policy process.
- Create an incentive system that would visibly reward countries that have performed well. As seen in this study, global actors used various strategies to achieve this goal such as giving awards to high-level politicians, and acknowledging their success in the international forum.
- Join forces with national actors to create an integrated and powerful global network that can promote the public health problem at the global level

Implications for Policy

There are also important implications for public health policies at both the national and global level.

National Level Policies

In terms of the characteristics of the policy, results from this study suggest that a public health policy is more likely to receive serious consideration at the national level when it is:

- Compatible with the values of the community of supporters. As seen in the case of tobacco control, advocates' receptiveness to evidence-based policies facilitated the adoption of the 100% smoke-free legislation in Turkey.
- Politically acceptable to high-level decision-makers. Findings showed that high-level decision-makers are more likely to seriously consider a public health policy when it is consistent with the ruling party's domestic and/or foreign-policy agendas.
- Perceived as pro-public health policies. In a highly polarized country like Turkey, policies that are perceived as pro-public health policies are more likely to be accepted by the public than policies that are perceived as "religious" policies. As seen in the case of road safety, the Prime Minister's emphasis on drink driving led many to believe that he was promoting Islamic oriented issues rather than public health issues, thereby undermining his support for road safety.
- Perceived as "fair" and do not grant privileges to one group over another. The public is more likely to accept a policy that is considered fair as seen in the case of tobacco control where no one was exempted from the 100% smoke-free

legislation rather than unfair as seen in the case of road safety where a “privileged group “in traffic expected to be exempted from certain regulations.

- Need to be “ready to go, already softened up, already worked out (Kingdon, 2011, p. 142)” when the policy window opens.

The study also suggests that the Turkish government needs to:

- Further enhance public participation in the policymaking process. Findings showed that Turkey’s policymaking process is generally privileged where only a handful of political elites can exert meaningful influence on the process. The government needs to ensure that policies are formulated with substantial input from actors outside of the government including non-governmental organizations, academics and other relevant stakeholders. Improving public participation is one of the ways in which “the quality and legitimacy of government regulation” (Coglianese et al., 2008, p. vii) can be increased.
- Nullify existing exemptions in the Highway Traffic Law such that all Turkish citizens are protected. Findings showed that in February 2014, regulation article 150 that exempted certain types of drivers (i.e. commercial car drivers) from wearing seatbelts was amended almost entirely. However, loopholes in the larger Highway Traffic Law still need to be closed such that future regulations will not be able to overturn the recent amendment and the remaining exemptions would be nullified.

- Fund the Road Safety Coordination Committee. Despite the Prime Minister's expressed commitment for road safety in 2013, additional funding has not been provided for this committee to implement Turkey's road safety strategies.
- Enforce road safety laws fairly. The study revealed that the presence of a privileged group in traffic has undermined road safety efforts in Turkey. Enforcing the law uniformly without exceptions can be one of the first steps the government takes to restore fairness in traffic.

Global Level Policies

Results from this study also suggest that global-agenda setting activities can have profound effects on the national policymaking process. Accordingly, it is recommended that at the global level:

- Powerful agreements such as treaties are considered for urgent global public health problem including road traffic injuries. This will allow actors to promote global norms and standards as well as hold government's that have ratified the treaty accountable for their actions.
- Stronger global incentive structures need to be created to entice national governments to take action. This might be particularly effective for governments like Turkey that "aspire to belong to a normative community of nations (Keck & Sikkink, p. 29)"

Future Research

Although this study adds to the growing body of literature on political priority development for public health issues, more comparative studies are needed to validate the revised framework. To date, few studies have employed such a design despite the fact that conclusions derived from multiple cases are considered to be more robust (Herriott & Firesone, 1982; Yin, 2008). Of these existing comparative studies, the majority has focused on the success and failure of one public health issue in different MICs (Lee & Walt, 1995; Reich, 1995; Munira & Fritzen, 2007; Shiffman, 2007; Omar et al., 2010; Pellier et al., 2011; Pelletier et al., 2012; Smith, 2014); very few have compared different public health issues in one MIC (Reichenbach, 2002; Caceres et al., 2008). As with the recommendations of Gilson & Raphaely (2008) and Walt, et al., (2008), it is suggested that future research in this area utilize comparative designs to examine this topic across policies and/or across countries, and to validate as well as refine the revised framework. For example, future studies can investigate other cases of public health issues that had either attained or failed to attain political priority in Turkey. Researchers could also comparatively examine multiple cases of public health issues in other democratic middle-income countries with unitary systems of government.

This study revealed the positive influence global agenda-setting activities can have on the national policymaking process particularly when global goals are compatible with national agendas. Future studies need to further explore this phenomenon and the different strategies actors could use to foster this positive synergy. Ideally, this would be accomplished by borrowing from international relations theories and using a comparative cross-country approach to examine a public health issue that has gained priority in

various countries as a result of favorable interactions between the global and political environments. Tobacco control may be of particular interest as there is a global treaty for this public health problem. Likewise, it would also be interesting to explore whether global agenda-setting activities could have a negative influence on the national policymaking process and the strategies actors could use in those circumstances.

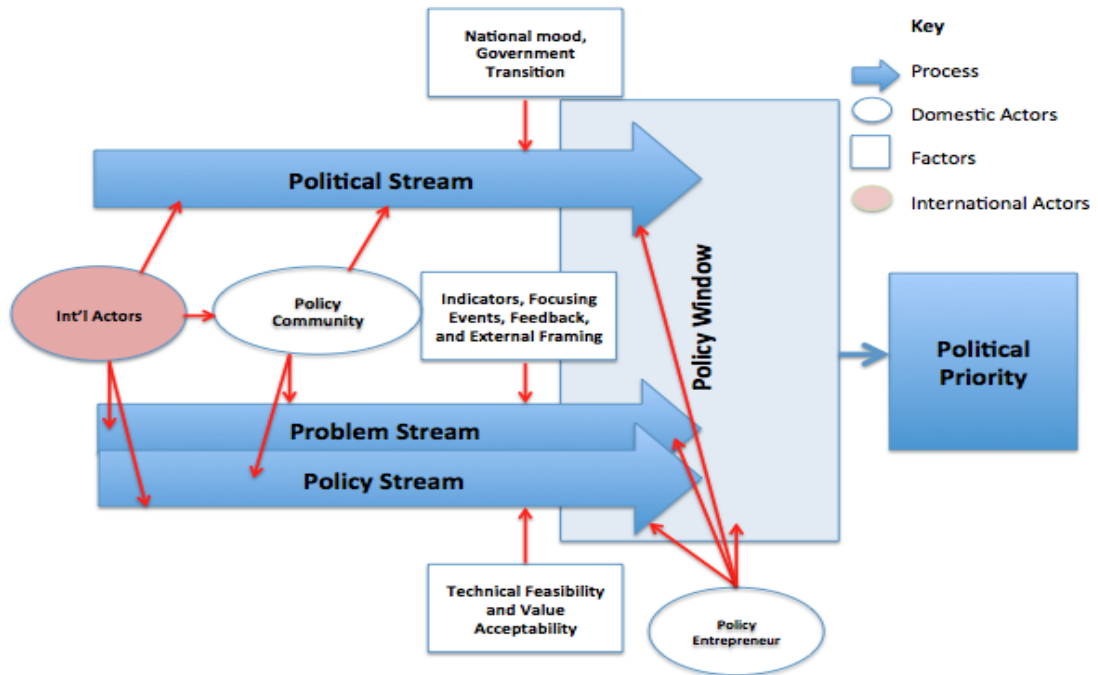
Future research should also seek to identify the types of focusing events within the problem stream that can be forceful enough to open a policy window. Findings from this study suggest that policy windows could be opened by major crises within the problem stream; however, it is unclear whether other types of focusing events such as high-profile meetings launched by actors could also open this window of opportunity. Shiffman et al. had similarly highlighted the need for future research to explore “what kind of focusing events shape policy agenda for health causes? What are the features of focusing the events that give them agenda setting power? (Shiffman et al., 2004, p. 388).

This study uncovers the usefulness of using a mixed-methods research design for investigating political priority development of public health issues. Mixed-methods allow researchers to capitalize on the strengths of both quantitative and qualitative methodologies leading to a better understanding of the research question at hand, and allows for triangulation thereby enhancing the credibility of the study. This design also allows researchers to address complex questions that qualitative or quantitative methods alone cannot answer (Creswell, 2009). As the majority of the existing studies have been

qualitative, it is suggested that future research in this area seek to include both qualitative and quantitative mixed methods data.

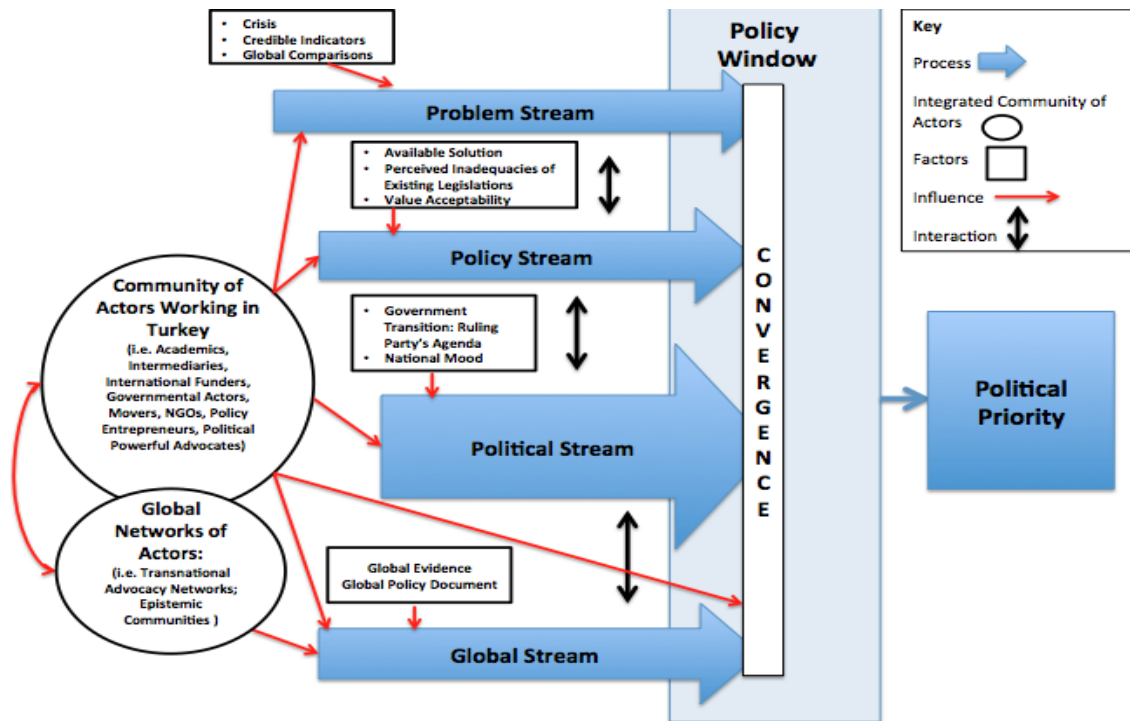
Finally, given the importance of the global and national networks of actors in the prioritization of public health issues in middle-income countries, it will also be important for future research to examine these networks of actors. Social network analysis (SNA) could be particularly useful in uncovering the relationships within the networks, revealing the structures of the networks, and ultimately allowing researchers to identify what structural features allow these networks of actors to effectively influence the political priority development process (Hadden, 2015). SNA could also be useful in helping researchers identify key actors within the networks such as opinion leaders and actors who were able to tie the global and national networks together (Valente, 2010).

Figure 5. 1 Conceptual Framework



Source: Adapted from Kingdon (2011)

Figure 5. 2 Revised Conceptual Framework



References

7th Penal Chamber of the High Court. (2014). *Letter of Notification No: K.Y.B. 2013/4-*

6441 - Verdict of the High Court. Unpublished Document.

Action plan for traffic. (2012, August 14). *Hürriyet Daily News*. Retrieved from

<http://www.hurriyetdailynews.com/action-plan-for-traffic-fines.aspx?pageID=238&nID=27730&NewsCatID=341>

Adam, L. (2012). Turkey's Foreign Policy in the AKP Era: Has there been a shift in the axis? *Turkish Policy Quarterly*, 11(3): 139-148.

Agyepong, I. & Adjei, A. (2008). Public social policy development and implementation: a case study of the Ghana national health insurance scheme. *Health Policy and Planning*, 23, 150 – 160.

Akdeniz, E. (2010). Retreat on smoking ban would increase cigarette use, health experts say. Retrieved September 1, 2014 from <http://www.todayszaman.com/home>

Aksaray tragedy draws attention to road safety in Turkey. (2007, April 21). *Today's Zaman*. Retrieved from http://www.todayszaman.com/_aksaray-tragedy-draws-attention-to-road-safety-in-turkey_109056.html

Altan, P. (2012). How Turkey successfully decreased smoking while increasing revenues. Retrieved September 1, 2014 from

<http://www.gep.gov.tr/tmp/BSEC%20pdf/Dr.Peyman%20Altan%20How%20Turkey%20Successfully%20Decreased%20Smoking%20while%20Increasing%20Revenues.pdf>

Anderson, J. (1975). *Public policy-making*. New York: Holt, Rinehart and Winston.

Anti-smoking ban ushers in a new epoch in Turkey (2006a, March 5). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Antismoking campaign gaining momentum (2008, May 4). *Today's Zaman*. Retrieved from <http://www.todayszaman.com/home>

Association of Road Traffic and Road Safety Research. (2010). National tragedy of Turkey, traffic terror and 10 basic solution proposals. Retrieved December 9, 2014 from <http://www.trafik.org.tr/legal-structure/25-ingilizce>

Balarajan, Y. (2014). Creating political priority for micronutrient deficiencies: a qualitative case study from Senegal. *BMJ Open*, 4(8): e004784.

Benzian, H., Hobdell, M., Holmgren, C., Yee, R., Monse, B., Barnard, J., & van Palenstein, W. Political priority of global oral health: An analysis of reasons for international neglect. *International Dental Journal*, 61(3), 124-130.

Bhalla, K. (2014). *Institutionalizing Road Safety Management in Argentina*. Unpublished manuscript.

Bilir, N., Cakir, B., Dagli, E., Erguder, T., & Onder, Z. (2009). *Tobacco control in Turkey*. Copenhagen, Denmark: WHO Regional Office for Europe.

Bilir, N. & Özcebe, H. (2012). *The story of Turkey*. Copenhagen: WHO Regional Office for Europe.

Bilir, N., Ozcebe, H., Erguder, T., & Mauer-Stender, K. (2012). *Tobacco Control in Turkey: Story of commitment and leadership*. Copenhagen, Denmark: WHO Regional Office for Europe.

Bloomberg Philanthropies. (2012). *Bloomberg Philanthropies honors heroes leading the fight against big tobacco*. Retrieved September 1, 2014 <http://www.bloomberg.org/press/releases/bloomberg-philanthropies-honors-heroes-leading-the-fight-against-big-tobacco/>

Bloomberg Philanthropies. (n.d.). *Bloomberg initiative to reduce tobacco use grants program*. Retrieved July 1, 2013, from <http://tobaccocontrolgrants.org/Pages/40/What-we-fund>

Bor, J. (2007). The political economy of AIDS leadership in developing countries: an exploratory analysis. *Soc Sci Med*, 64(80): 1585-99.

Brewer, G., & de Leon, P. (1983). *Foundations of policy analysis*. Homewood, IL: Dorsey Press.

Brislin, R. (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology*, 1(3), 185-216.

Bulut, Y. (2007). Commission approves bill on smoking ban. Retrieved September 1, 2004 from http://www.todayszaman.com/national_commission-approves-bill-on-smoking-ban_126684.html

Busch, P., & Jorgens, H. (2005). International patterns of environmental policy change and convergence. *European Environment*, 15(2), 80-101.

Butler, D. (2009). "Smoke like a Turk?" No more. Retrieved September 1, 2004 from <http://www.reuters.com/article/2009/07/16/us-turkey-smoking-ban-idUSTRE56F02420090716>

Caceres, C., Cueto, M. & Palomino, N. (2008). Policies around sexual and reproductive health and rights in Peru: conflict, biases and silence. *Global Public Health*, 3 (Suppl. 2): 39 – 57.

Campaign for Tobacco Free Kids. (2011). *The Global Toll of Tobacco: Turkey*. Retrieved September 1, 2014 , from http://www.tobaccofreekids.org/facts_issues/toll_global/turkey

Campaign for Tobacco Free Kids & Synovate's Global Omnibus. (2008). *Memo: Turkey Survey Result*. Washington, DC: Campaign for Tobacco Free Kids.

Campaign for Tobacco Free Kids & Quirk Global Strategies. (2009). *Memo: Turkey Survey Result*. Washington, DC: Campaign for Tobacco Free Kids.

Carkoglu, A., & Toprak, B. (2007). *Religion, society and politics in a changing Turkey*. Istanbul: Tesev Publications.

Catford, J. (2006). Creating political will: moving from the science to the art of health promotion. *Health Promotion International*, 21: 1-4.

CDC. (2009). Data Collection Methods for Evaluation: Document Review. Retrieved November 1, 2014 from <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief18.pdf>

CDC. (2010). Global Tobacco Surveillance System Data. Retrieved July 1, 2013, from <http://nccd.cdc.gov/GTSSData/default/default.aspx>

Çelik, Y. (2011). *Road traffic safety in Turkey* [Powerpoint Presentation]. Retrieved December 9, 2014 from http://www.unece.org/fileadmin/DAM/trans/roadsafe/events/Belgrade-2011.04/2011_Belgrade_Pres_Turkey.pdf

Celik, A., & Naqvi, L. (2007). *Turkey: Current and future political, economic, and security trends*. Calgary: Canadian Defense & Foreign Affairs Institute.

Central Intelligence Agency. (2015). *The world factbook: Turkey*. Retrieved January, 2015, from <https://www.cia.gov/library/publications/the-world-factbook/geos/tu.html>

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. Thousand Oaks, CA: Sage Publications.

Cigarette ban bill divides commission (2006c, February 17). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Cigarette consumption falls since smoking ban takes effect (2008, October 7). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Citizen warned of crashes as millions to flock to roads for ‘bayram.’ (2014, July 25). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/citizens->

warned-of-crashes-as-millions-to-flock-to-roads-for-bayram.aspx?PageID=238&NID=69574&NewsCatID=341

Coffeehouse owners threaten street protests over smoking ban. (2009b, July 8). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Coglianesse, C., Kilmartin, H. & Mendelson, E. (2008). *Transparency and public participation in the rulemaking process*. Retrieved April 1, 2015 from <http://www.hks.harvard.edu/hepg/Papers/transparencyReport.pdf>

Coleman, W., & Perl, A. (1999). Internationalized Policy Environments and Policy Network Analysis. *Political Studies*, *XLVII*, 691-709.

Cook, C., Heath, F. & Thompson Russell. (2000). A meta-analysis of response rates in web-or internet-based surveys. *Educational and Psychological Measurements*, 60(6): 821-836.

Cornell, S. (2012). What drives Turkish Foreign Policy? *The Middle East Quarterly*, 19(1): 13-24.

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.

Crichton, J. (2008). Changing fortunes: an analysis of fluctuating policy space for family planning in Kenya. *Health Policy and Planning*, 23, 339 – 350.

Dalay, G. (2014). *The Structural Roots of Turkey's Power Struggle*. Retrieved January 5, 2015, from http://www.gmfus.org/wp-content/blogs.dir/1/files_mf/1391545210Dalay_StructuralRoots_Jan14.pdf

Daniels, K., Lewin, S. & The Practice Policy Group. (2008). Translating research into maternal health care policy: a qualitative case study of the use of evidence in policies for the treatment of eclampsia and pre-eclampsia in South Africa. *Health Research Policy and Systems*, 6(12).

Delegation of the European Union to Turkey. (n.d.). The EU and Turkey: saving lives together. Retrieved November 1, 2014 from <http://www.avrupa.info.tr/resource-centre/news-archive/news-single-view/article/the-eu-and-turkey-saving-lives-together.html>

Deutskens, E., Ruyter, K.D., Wetzels, M. & Oosterveld, P. (2004). Response rate and response quality of internet-based surveys: an experimental study. *Marketing Letters*, 15(1): 21-36.

Devi, S. (2012). Turkey wins plaudits for tobacco control. *The Lancet*, 379 (9830), 1935.

Dunn, O.J. (1964). Multiple comparisons using rank sums. *Technometrics*, 6,241–52.

Dye, T. & Zeigler, H. (1996). *The Irony of Democracy* (10th Edition). Belmont, CA: Wadsworth.

Dye, T. (2001). *Top Down Policymaking*. New York: Chatham House.

Enor, T., Clapham, S. & Prasai, D.P. (2000). What drives health policy formulation: insights from the Nepal maternity incentive scheme. *Health Policy*, 90, 247 – 253.

Erdoğan, RT. (2013, April). Decade of Action for Road Safety. Speech presented at the launch of the Decade of Action for Road Safety in Turkey, Ankara, Turkey.

Executive and legislative bodies firm on smoking ban in Turkey (2009b, June 12).

Today's Zaman. Retrieved from <http://www.todayszaman.com/home>

Fang, J.M. & Shao, P.J. (2010) The effect of material incentives on web survey completion: Evidence from three meta-analyses (Conference Paper): *17th International Conference on Management Science and Engineering*. Melbourne, Australia.

Finkel, A. (2012). *Turkey: What everyone needs to know*. New York, NY: Oxford University Press.

Flowers, N. (n.d.). A Human Rights Glossary. Retrieved January 5, 2015, from http://www1.umn.edu/humanrts/edumat/hreduseries/hereandnow/Part-5/6_glossary.htm

Forthofer, R., Lee, E.S. & Hernandez, M. (2007). *Biostatistics: a guide to design, analysis and discovery* (second edition). Waltham, MA: Academic Press.

Foster-Fishman, P., Berkowitz, S., Lounsbury, D., Jacobson, S., & Allen, N. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology*, 29(2), 241-261.

Fox, A., Goldberg, A., Gore, R. & Barnighausen, T. (2011). Conceptual and methodological challenges to measuring political commitment to respond to HIV. *Journal of the International AIDS Society*, 14 (Suppl 2): S5.

Fox, A., Balarajan, Y., Chen, C. & Reich, M. (2013). *Measuring Political Commitment and Opportunities to Advance Food and Nutrition Security: A Rapid Assessment Approach*. UNICEF Nutrition Working Paper, New York: UNICEF and MDG Fund.

Framework Convention Alliance. (2011). *Dr. Elif Dagli-Turkish National Coalition on Tobacco or Health Chair*. Retrieved July 1, 2013, from <http://www.fctc.org/about-fca/membership/member-profiles/608-dr-elif-dagli-turkish-national-coalition-on-tobacco-or-health-chair>

Fuentes, M., Paine, J., & Elliott-Buettner, B. (2008). The decriminalization of abortion in Mexico City: how did abortion rights become a political priority? *Gender & Development*, 16(2), 345-360.

Forthofer, R., Lee, E.S. & Hernandez, M. (2007). *Biostatistics: a guide to design, analysis and discovery (2nd edition)*. Waltham, MA: Academic Press.

Fox, A.M., Goldberg, A.B., Radhika, G.J. & Barnighausen, T. (2011). Conceptual and methodological challenges to measuring political commitment to respond to HIV. *Journal of the International AIDS Society*, 14(Suppl 2):S5.

Geneau, R., Stuckler, D., Stachenko, S., McKee, M., Ebrahim, S., Basu, S., Chockalingham, A.,

Mwatsama, M., Jamal, R., Alwan, A., & Beaglehole, R. (2010). Raising the priority of preventing chronic diseases: a political process. *The Lancet*, 376, 1689-1698.

George, A., & Bennett, A. (2005). *Case studies and theory development in the social sciences*. Boston, MA: MIT Press.

Gilson, L., Doherty, J., Lake, S., McIntyre, D., Mwikisa, C., & Thomas, S. (2003). The SAZA study: implementing health financing reform in South Africa and Zambia. *Health Policy and Planning*, 18(1), 31-46.

Gilson, L., & Raphaely, N. (2008). The terrain of health policy analysis in low and middle income countries: A review of published literature 1994-2007. *Health Policy and Planning*, 23, 294-307.

Global Burden of Disease. (2010). Global Burden of Disease 2010. Retrieved September 1, 2014
from <http://www.healthdata.org/gbd>

Global Status Reports on Road Safety. (2013). *Country profile: Turkey*. Retrieved March 1, 2015 from
http://www.who.int/violence_injury_prevention/road_safety_status/2013/country_profiles/turkey.pdf?ua=1

Gökaşar, I. & Emir, E. (2011). Changes in Traffic Safety Policies and Regulations in Turkey (1950-2010). Retrieved January 5, 2015 from
http://www.iatss.or.jp/common/pdf/en/iatss/composition/7CountriesReport_en_04Turkey.pdf

Gomez, E. (2009). How Brazil outpaced the United States when it came to HIV/AIDS: international politics and domestic policy reform. *Working Paper*. Camden, NJ: Rutgers University.

Haas, P. (1992). Introduction: epistemic communities and international policy coordination. *International Organizations*, 46(1), 1-25.

Hacettepe University. (2008). *Turkey demographic and health survey 2008: Preliminary report*. Ankara: The Scientific and Technological Research Council of Turkey.

Hadden, J. (2015). *Networks in contention: the divisive politics of climate change*. Cambridge, UK: Cambridge University Press.

Hamel, J., Dufour, S., & Fortin, D. *Case study methods*. Newbury Park, CA: Sage Publications.

Hammonds, R. & Ooms, G. (2014). The emergence of a global right to health norm – the unresolved case of universal access to quality emergency obstetric care, *BMC International Health and Human Rights*, 14 (4), 1-15.

Hafner, T. & Shiffman, J. (2013). The emergence of global attention to health systems strengthening. *Health Policy and Planning*, 28, 41 – 50.

Herod, A. (1999). Reflections on interviewing foreign elites: praxis, positionality, validity, and the cult of the insider. *Geoforum*, 30, 313-327.

Herriott, R. & Firestone, W. (1983). Multisite qualitative policy research: Optimizing description and generalizability. *Educational Research*, 12, 14-19.

Human Rights Watch. (2014). Turkey undergoing 'authoritarian drift' under Erdogan. Retrieved January 5, 2015 <http://rt.com/news/191444-turkey-human-rights-watch/>

Human Rights Watch. (2014). Turkey undergoing 'authoritarian drift' under Erdogan. Retrieved January 5, 2015 <http://rt.com/news/191444-turkey-human-rights-watch/>

Hunter, A. (1995). Local knowledge and local power: notes on the ethnography of local community elites. In Hertz, R. & Imber, J. (Eds), *Studying Elites Using Qualitative Methods* (pp. 45-57). Thousand Oaks, CA: Sage Publications

Hürriyet Daily News. (n.d.). Retrieved September 1, 2014 from <http://www.hurriyetdailynews.com/>

Hyder, A.A. & Bishai, D. (2012). Road safety in 10 countries: a global opportunity. *Traffic Injury Prevention*, 13(S1),1-2.

İçduygu, A., Meydanoğlu, Z. & Sert, D. (2010). Civil Society in Turkey: at a Turning Point CIVICUS Civil Society Index (CSI) Project Analytical Country Report for Turkey

II. Retrieved November 1, 2014 from

http://www.civicus.org/images/stories/csi/csi_phase2/analytical%20country%20report%20for%20turkey.pdf

Idiz, S. (2015). *Erdogan aims to create stronger presidential system*. Retrieved March 1, 2015 from <http://www.al-monitor.com/pulse/originals/2015/02/turkey-erdogan-presidential-system-campaign.html#>

Işıldar, S. (2006). Road accidents in Turkey 1995-2004. *IATSS Research*, 31(2), 115-118.

Jat, T., Deo, P., Goicolea, I., Hurtig, A. & San Sebastian, M. (2013). The emergence of maternal health as a political priority in Madhya Pradesh, India: a qualitative study. *BMC Pregnancy and Childbirth*, 13:181.

Joachim, J. (2003). Framing Issues and Seizing Opportunities: the UN, NGOs, and Women's Rights. *International Studies Quarterly*, 47, 247-274.

Jones, C. (1970). *An introduction to the study of public policy*. Belmont, CA: Wadsworth.

Karagöl, E.T. (2013). The Turkish Economy During the Justice and Development Party Decade. Retrieved October 18, 2014 from http://file.insightturkey.com/Files/Pdf/03_karagol_3_w.pdf

Keck, M. & Sikkink, K. (1998). *Activists Beyond Borders*. Ithaca, NY: Cornell University Press.

Keeling, A. (2012). Using Shiffman's political priority model for future diabetes advocacy. *Diabetes Research and Clinical Practices*, 95, 299-300.

Kho, M., Rawski, E., Makarski, J. & Brouwers, M. (2010). Recruitment of multiple stakeholders to health services research: lessons from the front lines. *BMC Health Services Research*, 10(123).

Kılavuz, Y. (2001). *Traffic Responsibility Action* [Powerpoint Presentation]. Retrieved December 9, 2014 www.iru.org/cms-filesystem-action/events2011_acaIstanbul/Kilavuz.ppt

Kingdon, J. (2011). *Agendas, alternatives, and public policies (2nd Edition)*. Upper Saddle River, NJ: Pearsons.

Knutsen, W. (2012). An institutional account of China's HIV/AIDS Policy Process from 1985 to 2010. *Politics & Policy*, 40(1), 161-192.

Kusi-Ampofo, O. & Church, J. (2015). Resistance and change: a multiple streams approach to understanding health policy making in Ghana. *Journal of Health Politics, Policy and Law*, 40(1), 195-219.

Larson, K., Henning, K. & Peden, M. (2012). The importance of data for global road safety. *Traffic Injury Prevention*, 13(S1), 3-4.

Lasswell, H. (1956). *The decision process*. College Park, MD: University of Maryland Press.

Lee, K., & Walt, G. (1995). Linking national and global population agendas: case studies from eight developing countries. *Third World Quarterly*, 16(2), 257-272.

Liamputtong, P. (2010). *Performing Qualitative Cross-Cultural Research (1st Edition)*. Cambridge, UK: Cambridge University Press.

Lopez, A.D. (1999). Measuring health hazards of tobacco: commentary. *Bulletin of the World Health Organization*, 77(1), 82-83.

Lush, L., Walt, G., & Ogden, J. (2003). Transferring policies for treating sexual transmitted infections: what's wrong with global guidelines? *Health Policy and Planning*, 18(1), 18-30.

Maher, A. & Sridhar, D. (2012). Political priority in the global fight against non-communicable diseases. *Journal of Global Health*, 2 (2), 1 – 10.

Main cause of traffic accident not alcohol, as Turkish PM Erdoğan suggests. (2013, June 4). *Hürriyet Daily News*. Retrieved November 1, 2014 from <http://www.hurriyetdailynews.com/main-cause-of-traffic-accidents-not-alcohol-as-turkish-pm-erdogan-suggests.aspx?pageID=238&nID=48165&NewsCatID=341>

Manfreda, K.L., Bosnjak, M., Berzelak, J., Haas, I. & Vehovar, V. (2008). Web surveys versus other survey modes: a meta-analysis comparing response rates. *International Journal of Market Research*, 50(1): 79-104.

Market for products to quit smoking growing in Turkey. (2008, May 21). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Martin, E. & de Leeuw, E. (2013). Exploring the implementation of the framework convention on tobacco control in four small island developing states of the Pacific: a qualitative study. *BMJ Open*, 3(12), e003982.

Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Collaboration: What makes it work, 2nd edition: A review of research literature on factors influencing successful collaboration* (2nd ed.). St. Paul, MN: Amherst H. Wilder Foundation.

McAteer, E. & Pulver, S. (2009). The Corporate Boomerang: Shareholder Transnational Advocacy Networks Targeting Oil Companies in Ecuadorian Amazon. *Global Environmental Politics*, 9(10), 1-30.

McKee, M., Zwi, A., Koupilova, I., Sethi, D., & Leon, D. (2000). Health policy-making in central and Eastern Europe: Lessons from the inaction on injuries? *Health Policy and Planning*, 15(3), 263-269.

McPeake, J., Bateson, M. & O'Neill, A. (2014). Electronic surveys: how to maximize success. *Nurse Researchers*, 21(3): 24-26.

Mikecz, R. (2012). Interviewing elites: addressing methodological issues. *Qualitative Inquiry*, 18(6), 482-493.

Miles, M. & Huberman, A.M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook (2nd Edition)*. Newbury Park, CA: Sage Publications.

Mills, C.W. (2000). *The Power Elite*. Oxford, UK: Oxford University Press.

Ministry of Health. (1998). *Tobacco Use in Turkey: the PIAR Study*. Ankara, Turkey: Ministry of Health.

Ministry of Health, Turkey. (2010). *Global adult tobacco survey 2008*. Ankara, Turkey: Ministry of Health, Turkey.

Ministry of Health, Turkey. (2013). *Global adult tobacco survey 2012*. Ankara, Turkey: Ministry of Health, Turkey.

Ministry of Health of Turkey, & Refik Saydam Hygiene Center Presidency School of Public Health. (2004). *National burden of disease and cost-effectiveness project- burden of disease final report*. Retrieved September 1, 2014, from <http://www.tusak.saglik.gov.tr/pdf/nbd/raporlar/burdenofdiseaseENG.pdf>

Moise, N., Cifuentes, E., Orozco, E., & Willett, W. (2011). Limiting the consumption of sugar sweetened beverages in Mexico's obesogenic environment: a qualitative policy review and stakeholder analysis. *Journal of Public Health Policy*, 32(4), 458-475.

Munira, S. & Fritzen, S.(2007). What influences government adoption of vaccines in developing countries? A policy process analysis. *Social Science and Medicine*, 65, 1751 – 1764.

Naci, H. & Baker, T.D. (2008). Productivity losses from road traffic deaths in Turkey. *International Journal of Injury Control and Safety Promotion*, 15(1),19-24.

Neuberger, J.S., Montes, J.H., Woodhouse, C.L., Nazir, N. & Ferebee, A. (2014). Continuing educational needs of APHA members within the professional public health workforce. *Journal of Public Health Management and Practice*, 20(5): 530-533.

Neuberger, J.S., Montes, J.H., Woodhouse, C.L., Nazir, N. & Ferebee, A. (2014). Continuing educational needs of APHA members within the professional public health workforce. *Journal of Public Health Management and Practice*, 20(5): 530-533.

“New road safety and accident prevention measures introduced.” (1997, September 3). *Hürriyet Daily News*. Retrieved November 1, 2014 from <http://www.hurriyetdailynews.com/default.aspx?pageid=438&n=new-road-safety-and-accident-prevention-measures-introduced-1997-09-03>

Nye, J. (2004). *Soft power: the Means to Success in World Politics*. Jackson: Public Affairs.

ODI. (2007). How can the analysis of power and process in policy-making improve health outcomes?. London, UK: Overseas Development Institute.

ODI. (2007). *How can the analysis of power and process in policy-making improve health outcomes?*. London, UK: Overseas Development Institute.

Ogden, J., Walt, G., & Lush, L. (2003). The politics of 'branding' in policy transfer: The case of DOTS for tuberculosis control. *Social Science and Medicine*, 57, 179-188.

Okuonzi, S., & Macrae, J. (1995). Whose policy is it anyway? International and national influences on health policy development in Uganda. *Health Policy and Planning*, 10(2), 122-132.

Omar, A.H. & Ashawesh, K. (2008). Road safety: a call for action. *Libyan Journal of Medicine*, 3(3), 126-127.

Omar, M.A., Green, A.T., Bird, P.K., Mirzoev, T., Flisher, A.J., Kigoze, F., Lund, C., Mwanza,

J., Ofori-Atta, A.L. & Mental Health and Poverty Research Programme Consortium. (2010). Mental health policy process: a comparative study of Ghana, South Africa, Uganda and Zambia. *International Journal Mental Health Systems*,4(24).

Pampal, S. (n.d.). *Road transport in Turkey and propositions for advancement.*

Powerpoint

presentation. Unpublished manuscript.

Parkhurst, J. & Vulimiri, M. (2013). Cervical cancer and the global health agenda: insights from policy-analysis frameworks. *Global Public Health*, 8(10), 1093-1108.

“Party Programme.” (n.d.). Retrieved November 1, 2014 from http://www.akparti.org.tr/english/akparti/parti-programme#bolum_

Pelletier, D., Menon, P., Ngo, T., Frongillo, E., & Frongillo, D. (2011). The nutrition policy process: the role of strategic capacity in advancing national nutrition agendas. *Food and Nutrition Bulletin*, 32(2). S59-S69.

Pelletier, D., Frongillo, E., Gervais, S., Hoey, L., Menon, P., Ngo, T., Stoltzfus, R., Ahmed, A., & Ahmed, T. (2012). Nutrition agenda setting, policy formulation, and implementation: lessons from the mainstreaming nutrition initiative. *Health Policy and Planning*, 27, 19-31.

Perel, P., Ker, K., Ivers, R. & Blackhall, K. (2007). Road safety in low-and-middle-income countries: a neglected research area. *Injury Prevention*, 13(4), 227.

Pillay, T. & Skordis-Worrall, J. (2013). South African health financing reform 2000-2010: understanding the agenda-setting process. *Health Policy*, 109(3), 321-331.

PM Erdoğan receives WHO award for anti-tobacco efforts. (2010, July 20). Today's Zaman. Retrieved September 1, 2014 from <http://www.todayszaman.com/home>

PM Erdoğan: Smoking more dangerous than terrorism. (2007, December 13). *Today's Zaman*. Retrieved from <http://www.todayszaman.com/home>

PM tells party member to quit smoking (2009a, July 6). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Prime Ministry. (2012). *Circular: Road Safety Strategy and Action Plan*. Ankara, Turkey: Prime Ministry.

Puvanachandra, P., Hoe, C., Ozkan, T. & Lajunen, T. (2012). Burden of road traffic injuries in Turkey. *Traffic Injury Prevention*, Suppl 1:64-75.

Rabbani, G. & Baroi, H. (2012). Political Priority and Policy Process: A Recent Example from Bangladesh. *Asian Social Science*, 8 (1), 247-253.

Ramasubban, R. (2008). Political intersections between HIV/AIDS, sexuality and human rights: a history of the resistance to the anti-sodomy law in India. *Global Public Health*, 3 (Suppl. 2), 22 – 38.

Ratte, S. (2013). *How and why NGO alliances can be important and effective*. (PowerPoint slides).

Reich, M. (1995). The politics of agenda setting in international health: child health versus adult health in developing countries. *Journal of International Development*, 7(3), 489-502.

Reichenbach, L. (2002). The politics of priority setting for reproductive health: breast and cervical cancer in Ghana. *Reproductive Health Matters*, 10, 47 – 58.

Repa, J. (2005). *Analysis: EU views on Turkish bid*. Retrieved January, 2012, from <http://news.bbc.co.uk/2/hi/4298408.stm>

Road Safety Platform. (2013). *Declaration*. Ankara, Turkey: Road Safety Platform.

Sabatier, P. & Weible, C. (2007). The Advocacy Coalition Framework: Innovations and Clarifications. In P.A. Sabatier (2nd Ed.), *Theories of the Policy Process* (pp. 189-220). Boulder, CO: Westview Press.

Satman, I. et al. (2002). Population-based study of diabetes and risk characteristics in Turkey. *Diabetes Care*, 25(9), 1551-1556.

Schutt, R. (2009). *Investigating the social world: the process and practice of research (sixth edition)*. Newbury Park, CA: Sage Publications.

Şener, S. (2012). Global Road Safety Program in Turkey: Updates from WHO [Power Point Slides].

Sheehan, K. (2001). Email survey response rates: a review. *Journal of Computer-Mediated Communication*, 6(2): 23p.

Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75.

Shiffman, J. (2003). Generating political will for safe motherhood in Indonesia. *Social Science & Medicine*, 56(6), 1197-1207.

Shiffman, J. (2007). Generating political priority for maternal mortality reduction in 5 developing countries. *American Journal of Public Health*, 97(5), 796-803.

Shiffman, J. (2009). A social explanation for the rise and fall of global health issues. *Bull World Health Organ*, 87, 608-613.

Shiffman, J., Stanton, C., & Salazar, A. (2004). The emergence of political priority for safe motherhood in Honduras. *Health Policy and Planning*, 19(6), 380-390.

Shiffman, J., & Okonofua, F. (2007). The state of political priority for safe motherhood in Nigeria. *International Journal of Obstetrics and Gynaecology*, 114(2), 127-133.

Shiffman, J., & Smith, S. (2007). Generation of political priority for global health initiatives: a framework and case study of maternal mortality. *The Lancet*, 370, 1370e-1379.

Shiffman, J. & Sultana, S. (2013). Generating political priority for neonatal mortality reduction in Bangladesh. *American Journal of Public Health*, 103(4), 623- 631.

Shiffman, J., Beer, T. & Wu, Y. (2002). The emergence of global disease control priorities. *Health Policy and Planning*, 17 (3), 225 – 234.

Shiffman, J., & Ved, R. (2007). The state of political priority for safe motherhood in India. *BJOG*, 7, 785-790.

Shin, T. & Fan, X. (2008). Comparing response rates from web and mail surveys: a meta-analysis. *Field Methods*, 20(3): 249-271.

Simpson, D. (1997). Bill gives hope that Turkey can fly. *Tobacco Control*, 6(1):10-11.

Smith, S. (2013). The emergence, and decline of political priority for newborn survival in Bolivia. *Health Policy and Planning*, 1-9.

Smith, S., & Neupane, S. (2011). Factors in health initiative success: learning from Nepal's newborn survival initiative. *Social Science & Medicine*, 72, 568-575.

Smith, S.L., Shiffman, J. & Kazembe, A. (2014). Generating political priority for newborn survival in three low-income countries. *Global Public Health*, 9(5), 538-554.

Smoke like a Turk no more (2006b, March 5). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Smoking ban in companies and coffeehouses, gathering spots of the unemployed (2007, December 15). *Hurriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Smoking ban to expand despite business owners objections (2009a, June 2). *Today's Zaman*. Retrieved from <http://www.todayszaman.com/home>

Smoking still major problem despite countrywide ban (2010, February 7). *Today's Zaman*. Retrieved from <http://www.todayszaman.com/home>

Smoking more dangerous than terror: PM. (2010, February 24). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetdailynews.com/>

Sridhar, D. & Gomez, E. (2010). Health financing in Brazil, Russia and India: What role does the international community play? *Health Policy and Planning*, 1-13.

SSUK. (2014). *Tüm Üyelerimiz*. Retrieved June 1, 2013, from <http://www.ssuk.org.tr/content.php?listele=uyeler>

Stephens, P. (2009). *Turkey turns east as Europe clings to past*. Retrieved January 5, 2015 from <http://www.ft.com/intl/cms/s/0/106a99e6-bf3d-11de-a696-00144feab49a.html#axzz3QQ8YkYEp>

Stockwell, A., Whiteford, H., Townsend, C., & Stewart, D. (2005). Mental health policy development: Case study of Cambodia. *Australasian Psychiatry, 13*(2), 190-194.

Sub-commission formed on smoking ban. (2006, February 22). *Hürriyet Daily News*. Retrieved from <http://www.hurriyetaailynews.com/>

Sucakli, M., Ozer, A., Celik, M., Kahraman, H. & Ekerbicer, H. (2011). Religious Officials' knowledge, attitude, and behavior towards smoking and the new tobacco law in Kahramanmaras, Turkey. *BMC Public Health, 11*:602.

SweRoad. (2001). *National traffic safety program for Turkey*. Solna: SweRoad.

Tantivess, S., & Walt, G. (2008). The role of state and non-state actors in the policy process: The contribution of policy networks to the scale-up of antiretroviral therapy in Thailand. *Health Policy and Planning, 23*(5), 328-338.

TAPDK. (2013). *Yıllar İtibarıyla Sigara İç Satışı (1925-2013)*.

Retrieved September 1, from <http://www.tapdk.gov.tr/tr/piyasa-duzenlemeleri/tutun-mamulleri-piyasasi/tutun-mamulleri-istatistikleri.aspx>

Taşdemir, M. (n.d.). National tobacco control program in Turkey. Retrieved September 1, 2014 from http://www.mailman.columbia.edu/sites/default/files/Tasdemir_TobaccocontrolTurkey.pdf

Taşpınar, Ö. (2012). *Turkey: The new model?* Retrieved January 5, 2015, from <http://www.brookings.edu/research/papers/2012/04/24-turkey-new-model-taspinar>

Tatar, M., Mollahaliloğlu, S., Şahin, B., Aydın, S., Maresso, A. & Hernandez-Quevedo, C. (2011). *Turkey: health system review*. Retrieved March 1, 2015 from http://www.euro.who.int/__data/assets/pdf_file/0006/158883/e96441.pdf

“Turkey divided more than ever by Erdoğan’s Gezi Park crackdown.” (2013, June 20). *The Guardian*. Retrieved January 5, 2015, from <http://www.theguardian.com/world/2013/jun/20/turkey-divided-erdogan-protests-crackdown>

The young Erdoğan may be going to prison. (1998, May 19). *Hürriyet Daily News*. Retrieved November 1, 2014 from <http://www.hurriyetdailynews.com/the-young->

erdogan-may-be-going-to-prison.aspx?pageID=438&n=the-young-erdogan-may-be-going-to-prison-1998-05-19

Thow, A., Qusted, C., Juventin, L., Kun, R., Khan, A., & Swinburn, B. (2010). Taxing soft drinks in the Pacific: implementation lessons for improving health. *Health Promotion International*, 26(1), 55-64.

Today's Zaman. (n.d.). Retrieved September 1, 2014 from <http://www.todayszaman.com/home>

Tomlinson, M. & Lund, C. (2012). Why does mental health not get the attention it deserves? An application of the Shiffman and Smith Framework. *PLoS Med*, 9(2):e1001178.

Top court to review smoking ban appeal for kahvehanes. (2010, July 2). Today's Zaman. Retrieved September 1, 2014 from <http://www.todayszaman.com/home>

Top Turkish court dismisses smoking ban appeal. (2011, January 7). Hürriyet Daily News. Retrieved September 1, 2014 from <http://www.hurriyetdailynews.com/>

Toros A, Öztekin Z. (1993). *Health Services Utilization Survey in Turkey 1993*. Ankara, Ministry of Health.

“Turkey divided more than ever by Erdoğan’s Gezi Park crackdown.” (2013, June 20). *The Guardian*. Retrieved January 5, 2015, from <http://www.theguardian.com/world/2013/jun/20/turkey-divided-erdogan-protests-crackdown>

Turkish court applies to annul smoking ban. (2010, June 21). Hurriyet Daily News. Retrieved September 1, 2014 from <http://www.hurriyetdailynews.com/>

Turkish Statistical Institute. (2008). *Traffic accident statistics 2010*. Ankara, Turkey: Turkish Statistical Institute.

Turkish Statistical Institute. (2013). *Traffic accident statistics 2013*. Ankara, Turkey: Turkish Statistical Institute.

Turkish Statistical Institute. (2013b). *Road motor vehicle statistics*. Ankara, Turkey: Turkish Statistical Institute.

Turkish Statistical Institute. (2014). *Causes of death statistics, 2014*. Retrieved April 1, 2015 from <http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=18855>

United Nations. (n.d.). United Nations Decade of Action for Road Safety 2011-2020. Retrieved October 18, 2014 from <http://www.un.org/en/roadsafety/>

United Nations. (2009). Letter dated 2 December 2009 from the Permanent Representative of the Russian Federation to the United Nations addressed to the Secretary-General. Retrieved October 18, 2014 from http://www.un.org/ga/search/view_doc.asp?symbol=A/64/540

United Nations Children's Fund. (2015). *Turkey: Statistics*. Retrieved January, 2015, from http://www.unicef.org/infobycountry/Turkey_statistics.html

Valente, T. (2010). *Social networks and health: Models, methods, and applications*. New York, NY: Oxford University Press.

Valente, T. & Pumpuang, P. (2007). Identifying Opinion Leaders to Promote Behavior Change. *Health Education & Behavior*, 34:881-896.

Walt, G., Lush, L., & Ogden, J. (2004). International organizations in transfer of infectious diseases: Iterative loops of adoption, adaption and marketing. *Governance*, 17(2), 189-210.

Walt, G., Shiffman, J., Schneider, H., Murray, S., Brugha, R., & Gilson, L. (2008). 'Doing' health policy analysis: Methodological and conceptual reflections and challenges. *Health Policy and Planning*, 23, 308-317.

Warren, C., Erguder, T., Lee, J., Lea, V., Sauer, A., Jones, N., & Bilir, N. (2012). Effect of policy changes on cigarette sales: the case of Turkey. *Eur J Public Health*, [epub ahead of print].

Werner, O., & Campbell, D. (1970). Translating, working through interpreters and the problem of decentering. *A handbook of method in cultural anthropology*. New York: American Museum of Natural History.

WHO. (2008). *WHO report on the global tobacco epidemic 2008*. Geneva: World Health Organization.

WHO. (2009a). First Global Ministerial Conference on Road Safety. Retrieved October 18, 2014 from http://www.who.int/roadsafety/events/2009/19_10_09/en/

WHO. (2009b). WHO welcomes announcement of major contribution to global road safety. Retrieved October 18, 2014
http://www.who.int/mediacentre/news/statements/2009/road_safety_20091118/en/

WHO. (2011). *Global Burden of Disease, 2008*. Retrieved October 18, 2014 from http://www.who.int/healthinfo/global_burden_disease/en/

WHO. (2013). *Global Status Report on Road Safety 2013: Supporting a Decade of Action*. Geneva: World Health Organization.

WHO. (2013). *WHO report on the global tobacco epidemic 2013*. Geneva: World Health Organization.

WHO. (2012). *Trade, foreign policy, diplomacy and health: Tobacco*. Retrieved September 1, 2014, from <http://www.who.int/trade/glossary/story089/en/index.html>

WHO. (2012b). Turkey's transformation. Retrieved September 1, 2014 from <http://www.who.int/bulletin/volumes/90/6/12-030612/en/>

WHO. (2013b). *Turkey: country cooperation strategy at a glance*. Retrieved March 1, 2015 from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_tur_en.pdf

WHO. (2014). *Tobacco: Fact sheet*. Retrieved September 1, 2014, from <http://www.who.int/mediacentre/factsheets/fs339/en/>

WHO. (2014). *Tobacco Free Initiative: MPOWER*. Retrieved September 1, 2014, from <http://www.who.int/tobacco/mpower/en/>

WHO Regional Office for Europe. (n.d.). WHO Country Office. Retrieved January 5, 2015, from <http://www.euro.who.int/en/countries/turkey/who-country-office>

WHO Regional Office for Europe. (2012). Turkey receives third WHO award for tobacco control achievements. Retrieved September 1, 2014 from <http://www.euro.who.int/en/countries/turkey/news/news/2012/07/turkey-receives-third-who-award-for-tobacco-control-achievements>

Women smokers on the rise as male smokers decrease (2009, December 16). *Today's Zaman*. Retrieved from <http://www.todayszaman.com/home>

World Bank. (1996). Turkey Road Improvement and Traffic Safety Project. Retrieved February 20, 2015 from <http://documents.worldbank.org/curated/en/1996/05/696491/turkey-road-improvement-traffic-safety-project>

World Bank. (2015). *Country and lending groups*. Retrieved January, 2015, from <http://data.worldbank.org/about/country-and-lending-groups>

Yeşilay. (2014). *Our History*. Retrieved June 1, 2013, from <http://www.yesilay.org.tr/en/about/history.html>

Yin. R. (2008). *Case Study Research: Design and Methods. (4th Edition)*. Newbury Park, CA: Sage Publications.

Yusuf, Y., Tosun, H. & Durna, T. (2013). Traffic in Turkey in the eyes of columnist. *International Journal of Human Science*, 10(2) 718-750.

Zahariadis, N. (2007). Ambiguity, Time, and Multiple Streams. In P.A. Sabatier (2nd Ed.), *Theories of the Policy Process* (pp. 73-96). Boulder, CO: Westview Press.

Zahariadis, N. & Allen, C. (1995). Ideas, networks, and policy streams: privatization in Britain and Germany. *Review of Policy Research*, 14(1-2), 71-98.

Curriculum Vitae

CONNIE H. HOE

Email: choe1@jhu.edu | **Phone:** 215-531-2006 | **Address:** 1101 St. Paul St. #1106
Baltimore, MD 21202

EDUCATION

Johns Hopkins University Bloomberg School of Public Health, Baltimore, USA
Doctor of Philosophy (Ph.D.) in International Health Systems, 2009- 2015

University of Pennsylvania School of Social Policy & Practice, Philadelphia, USA
Master of Social Work (M.S.W.) in Macro Social Work, 2005- 2007

Johns Hopkins University, Baltimore, USA
Bachelor of Arts (B.A.) in Psychological and Brain Sciences, 2000 – 2004 (Psi Chi
Psychology Honor Society)

EXPERIENCE

**Research Assistant, Johns Hopkins Bloomberg School of Public Health,
International Injury Research Unit (JH-IIRU)** Ankara, Turkey and Baltimore, USA;
2010-2015

- Coordinated the monitoring and evaluation activities of the Bloomberg Philanthropies Global Road Safety Program in Turkey (2010 to 2015), and Egypt (2010 to 2012)
- Served as interim country manager in Spring 2012 for the monitoring and evaluation work in Turkey as a part of the Bloomberg Philanthropies Global Road Safety Program
- Presented monitoring and evaluation findings to government officials and other relevant stakeholders at national steering committee meetings and workshops in Ankara, Turkey on behalf of JH-IIRU
- Analyzed data using STATA statistical software
- Prepared manuscripts, technical reports and other materials requested by the donor
- Helped manage relationships with Turkish Universities, WHO, relevant ministries, and NGOs

**Data Analyst, Johns Hopkins Bloomberg School of Public Health, Center for
Refugee and Disaster Response** Baltimore, USA; 2010-2011

- Analyzed primary health care household survey data using STATA statistical software
- Assisted in manuscript preparation

**Project Coordinator, University of Pennsylvania, Social Policy & Practice, Penn in
the Gulf: SP2 Feldman Initiative** Philadelphia, USA; 2007 - 2009

- Managed the overall coordination and implementation of a post-Hurricane Katrina multi-school project in the Mississippi Gulf Coast
- Created partnerships with NGOs, Universities and government agencies in the Mississippi Gulf Coast

- Mobilized and ensured University participation and collaboration
- Monitored project expenditures and payments to student research assistants
- Developed and conducted household surveys
- Developed service learning projects for M.S.W. student volunteers to respond to needs
- Recruited and supervised over 70 student volunteers

Macro Social Work Intern, Philadelphia Safe and Sound Philadelphia, USA; 2006 - 2007

- Led the Chinatown Social Service Needs Assessment Project to inform the service(s) components of a proposed community center
- Conducted key informant interviews and focus groups in Mandarin
- Assisted with the analysis of data

Research Assistant, Johns Hopkins Hospital, Child and Adolescent Psychiatry Baltimore, MD; 2004 - 2005

- Coordinated the NIH funded Linkage & Association in Obsessive Compulsive Disorder Project, Tourette Syndrome Genetics Study and the Obsessive Compulsive Disorder Psychosocial Study
- Designed, developed and maintained database platforms
- Served as an independent rater for the Tourette Syndrome Genetics Study
- Recruited research participants
- Supervised students rotating in medical tutorials

TEACHING EXPERIENCE

- **Guest Lecturer, University of Pennsylvania, International Social Work Class, Presentation Title “Quitting Like A Turk: How Tobacco Control Became A Political Priority in Turkey,”** 11/19/2014
- **Guest Lecturer, Johns Hopkins Bloomberg School of Public Health, Policy Interventions for Health Behavior Change Class, Presentation Title “Understanding Political Priority Development for Public Health Issues,”** 11/08/2013 & 11/07/2014
- **Guest Lecturer, Johns Hopkins Bloomberg School of Public Health, Confronting the Burden of Injuries: A Global Perspective Class, Presentation Title “Case Study: Global Road Safety Program,”** 12/12/2013 & 11/06/2014
- **Teaching Assistant, Johns Hopkins Bloomberg School of Public Health, Managing Health Service Organization, Fall 2010 & Fall 2011**
- **Teaching Assistant, Johns Hopkins Bloomberg School of Public Health, Introduction to International Health, Spring 2011 & Spring 2012**
- **Teaching Assistant, Johns Hopkins Bloomberg School of Public Health, Confronting the Burden of Injuries: A Global Perspective, Fall 2011, Fall 2012, Fall 2013, Fall 2014**
- **Teaching Assistant, Johns Hopkins Bloomberg School of Public Health, Hospital-Based Injury/Trauma Surveillance in Low and Middle Income Countries, Spring 2013**

Dogruyol, B., Bicaksiz, P., Puvanachandra, P., Ozkan, T., **Hoe, C.**, Lajunen, T., & Hyder, A. (2012). *Neden Kemer Takmayiz?* Poster Presented at Karayolu Trafik Guvenlgi Sempozyumu ve Sergisi, Ankara, Turkey.

Dogruyol, B., Bicaksiz, P., Puvanachandra, P., Ozkan, T., **Hoe, C.**, Lajunen, T., & Hyder, A. (2012). *Neden Hiz Yapariz?* Presented at Karayolu Trafik Guvenlgi Sempozyumu ve Sergisi, Ankara, Turkey.

Kinnevy, S., **Hoe, C.**, Wong, C., & Bourjolly, J. (2008). *The Feldman Initiative: Helping Katrina Survivors in Mississippi*. Poster presented at the Crisis as an Opportunity: Organizational and Professional Responses to Disasters Conference at the Ben-Gurion University of the Negev, Beer-Sheval, Israel.

AWARDS

- **Global Health Established Field Placements Award**, Johns Hopkins Center for Global Health, 2010
- **Robert E. Davies Award** for Remarkable Achievements in Social Change, Penn Professional Women's Network and Penn Women's Center, 2008
- **Dr. Ruth E. Smalley Award** in International Social Welfare, University of Pennsylvania, School of Social Policy & Practice, 2007

SKILLS & ACTIVITIES

- Languages: **English:** fluent; **French:** basic; **Mandarin:** native tongue
- Software proficiency: HyperRESEARCH, Microsoft Office, STATA, TreeAge, UCINET
- Reviewer, International Health Journal