



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Promotion of scientific research on COVID-19 in Turkey

Since the emergence of the global COVID-19 pandemic, the Turkish Ministry of Health has been fighting it under the guidance of eminent Turkish scientists.

The reason why *The Lancet* published the Correspondence entitled "Interference in scientific research on COVID-19 in Turkey" by Hasan Bayram and colleagues is not easy to understand;¹ it only contains claims, and is not based on any research or evidence.

Since the emergence of COVID-19, the pandemic has been under control, and tragedies that wreaked havoc on many European countries were not witnessed in Turkey. The health system of this country enables patients to easily access health-care services, where they receive the best possible medical care. Every patient requiring medical care is admitted to and treated in hospital, and is given intensive care and mechanical ventilation according to indication. Physicians in Turkey have not had to make drastic decisions about which patient to save and which to leave to die.

The first paragraph of the Correspondence, Bayram and colleagues¹ immediately and clearly reveal their aim to manipulate Turkey's COVID-19 pandemic response. These lines "...the Turkish Ministry of Health reported the first case in Turkey. According to the Global Initiative on Sharing All Influenza Data platform, which analyses the genomic epidemiology of SARS-CoV-2, the disease reached Turkey mainly through Iran, with whom Turkey has strong commercial and touristic ties, and Saudi Arabia, where thousands of Turkish citizens travelled to visit the holy places until mid-March, 2020" unfortunately include false information about the progress of COVID-19 in Turkey. Travel history of the first case in Turkey, detected on March 11, 2020,

and the new cases thereafter around the suggested time period showed that these cases were imported from Europe.

In Turkey, all patient records are kept on an electronic database, thanks to the Ministry of Health's robust country-wide digital infrastructure. By use of the Public Health Management System and the Life Fits Home mobile application, patients and contacts have been closely monitored, and so the risk of transmission has been minimised. Case and death definitions from WHO guidelines have been strictly used. A physician can request a PCR test for any patient, anytime, and without any limitation. And, in line with WHO definitions and recommendations, patients who test positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have been reported as positive cases.^{2,3} Again, WHO definitions are used for reporting deaths. However, physicians can start COVID-19 treatment, regardless of PCR test results, if and when he or she deems necessary. PCR tests for SARS-CoV-2 were developed in the National Virology Reference Laboratory of Turkey on the basis of the sequences provided by WHO. This laboratory is a part of the European Centre for Disease Prevention and Control Emerging Viral Diseases-Expert Laboratory Network. We are regularly testing the quality and sensitivity of the tests that we use in Turkey with external assessments through such networks. A scientific study on the sensitivity of the tests we use has been published elsewhere.⁴

The fourth paragraph of the same Correspondence¹ states "The establishment of a scientific board and full coverage of treatment, and the encouragement of research by the Ministry of Health and funding bodies such as the Scientific and Technological Research Council of Turkey and the Health Institutes of Turkey were admirable steps taken by the authorities in the beginning of the pandemic. However, tension soon

started building among the public sector and medical and scientific organisations due to the Ministry of Health's lack of transparency, its reluctance to share basic data, and its refusal to collaborate. There were also concerns about the shortage of personal protective equipment for health-care workers".¹ I regret to say that this claim can easily be refuted by simple questioning.

The concerns in the Correspondence about a shortage of personal protective equipment for health-care workers is not worth discussing for a country that supports several other countries in need and provides personal protective equipment as a part of humanitarian assistance.

Moreover, coming to a conclusion using mortality reports derived from only a single province, generalising these data to the entire country, and ignoring variables such as changes over the years, internal population movements, a large refugee population, and intercity travel restrictions due to the pandemic cannot be regarded as a scientific approach.

In Turkey, all patient records and hospital data are kept on the database of the Ministry of Health, with strict protection of patient confidentiality and data safety. The Ministry of Health attaches great importance to enable researchers to access these anonymised data so that they can turn them into scientific knowledge and share them with the scientific community. Besides this fact, the Ministry of Health aims to support research and publication efforts through various incentive models including funding. In this regard, the relevant unit at the Ministry of Health requests and collects summaries of planned studies using an electronic form.

The department has received 9317 scientific study applications as of Sept 1, 2020. No content check has been done for these studies, and a few studies, planned as multicentre studies, have been recommended to be a part of the networks that have access



Published Online
September 3, 2020
[https://doi.org/10.1016/S0140-6736\(20\)31864-X](https://doi.org/10.1016/S0140-6736(20)31864-X)

Submissions should be made via our electronic submission system at <http://ees.elsevier.com/thelancet/>

to the central database. Currently, 196 scientists from 20 different fields are doing their research with access to this database.

Expanding the Ministry of Health's network, and facilitation and promotion of access to its databases, are leading initiatives for the Ministry of Health, and it is, in fact, the opposite of what Bayram and colleagues' claim to be "interference in scientific research".¹ There is no limitation for researchers, including the authors of the Correspondence,¹ to continue their research in their own institutions; however, to continue a study by collecting data from various centres of the Ministry of Health and providing data and information to this database, those affiliated with the authors of the Correspondence have been called on to join the network to allow them access to these data.

There is no limitation in place to prevent the work of any researcher, including Bayram and colleagues. The Ministry of Health has always attached and will continue to attach great importance to and support science and scientific endeavours.

I am the Turkish Minister for Health and declare no other competing interests.

Fahrettin Koca

disab.uk@saglik.gov.tr

Ministry of Health, Ankara 06800, Turkey

- 1 Bayram H, Köktürk N, Elbek O, et al. Interference in scientific research on COVID-19 in Turkey. *Lancet* 2020; **396**: 463–64.
- 2 WHO. Public health surveillance for COVID-19: interim guidance. Geneva: World Health Organization, Aug 7, 2020. <https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.7> (accessed Sept 1, 2020).
- 3 WHO. Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19. Geneva: World Health Organization, June 7, 2020. <https://www.who.int/publications/i/item/WHO-2019-nCoV-mortality-reporting-2020-1> (accessed Sept 1, 2020).
- 4 Korukluoğlu G, Altaş AB, Coşgun Y. Diagnostic kits and technical specifications used in Turkey. In: Çiçek C, ed. *Microbiology and COVID-19*, 1st edn. Ankara: Turkey Clinics, 2020: 63–73. <http://www.turkiyeklinikleri.com/article/tr-ulkemizde-kullanilan-tani-kitleri-ve-ozellikleri-89022.html> (accessed Sept 1, 2020; in Turkish).