



General data

POPULATION, 2023

85,325,965

PHYSICIANS / 1,000 INH, 2021

2.16

Socioeconomic data

COUNTRY INCOME LEVEL, 2022

Upper middle income

GDP PER CAPITA (US\$), 2023

13,105

HEALTH EXPENDITURE (% GDP), 2021

4.57

UNIVERSAL HEALTH COVERAGE, 2021

76



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑤ PROVISION OF PC

LEVEL OF DEVELOPMENT



Consultants: Rejin Kebudi and Tezer Kutluk.

National Association:-

Data collected: October 2024–March 2025

Report validated by consultants: Yes (Tezer Kutluk).

Endorsed by National PC Association:-

Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Türkiye

F Provision of PC (Specialised Services)

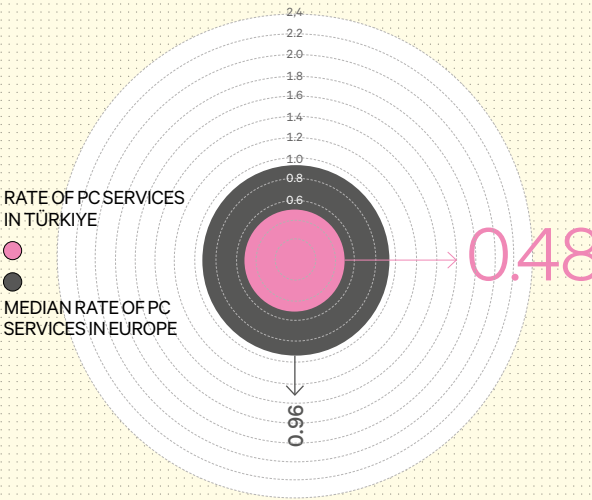
Total number of Specialised PC services

415

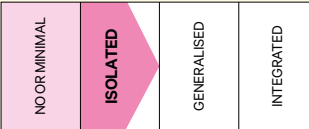
Rate of PC services per 100,000 inhabitants

0.48

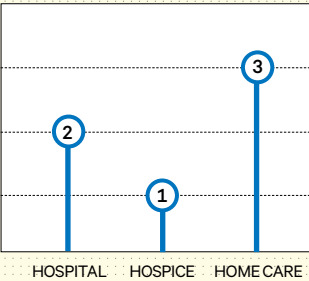
Türkiye in the context of European region



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION



TOTAL NUMBER

10



Türkiye

D Use of essential medicines

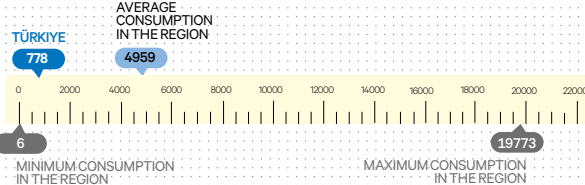


Opioids consumption (excluding methadone)

778

S-DDD/MILL INHABITANTS/DAY

Türkiye in the context of European region



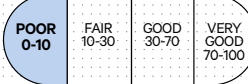
Overall availability of essential medicines for pain and PC at the primary level



IN URBAN AREAS %

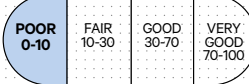


IN RURAL AREAS %

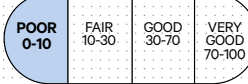


General availability of immediate-release oral morphine at the primary level

IN URBAN AREAS %

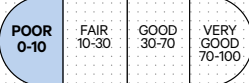


IN RURAL AREAS %

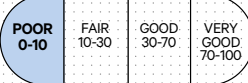


General availability of different opioids and in different formulations at the primary level

IN URBAN AREAS %



IN RURAL AREAS %



C Research

PC-related research articles



Inclusion of PC topics in National Research Calls



Existence of PC congresses or scientific meetings



E Education & Training

Medical schools with mandatory PC teaching



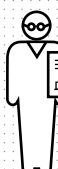
0/98

Nursing schools with mandatory PC teaching



70/138

PC Full Professors



0

Recognition of PC specialty



B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



Inclusion of PC in the basic health package at the primary care level



A Empowerment of people and communities











Groups promoting the rights of PC patients



Advanced care planning-related policies



Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas.	There are certain NGOs advocating and promoting the rights of patients and caregivers, mostly for adults, and generally advocating for timely diagnosis, treatment, some also for survivorship and palliative care. Some examples include the Palliative Care Association and the Palliative Care Nurses Association.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	To date, although in the PhD programme on Supportive and Palliative Care in Cancer established in the Istanbul University (where education on advanced care planning is included), there is not a national policy or guideline on advance care planning as such.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	The Ministry of Health (MoH) in Turkey, brought the first Cancer Control Programme in 2008 and the Cancer Control Department of the Ministry of Health started the Palliatürk project in 2010, which was implemented in 2011. With the aim of Palliative Care provisions, the MoH established the palliative care Directive in 2014 and implemented it in 2015, becoming a strong legal support to the establishment of PC centres to provide and promote PC in Turkey. This palliative care directive described inpatient palliative care within the established hospitals, the involvement of family physicians and home care services in the outpatient setting were also included. In 2016, a Cancer Control Programme, with included sections for palliative care, was published; and in 2022 the Turkey Cancer Control Programme was updated with a number of palliative care mentions but without a specifically-dedicated chapter. Social Security Administration accepted the reimbursement of the inpatient PC costs

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators exist, but have not been updated (implemented out of the determined period).	in 2014 and there exists an update of the home care regulation released in 2015.
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Included in the essential list of services recognised by a government decree or law but not in the General Health Law.	Although according to the literature, social Security Administration accepted the reimbursement of the inpatient palliative care costs in 2014, suggesting coverage of palliative care, no specific references to palliative care exist within the notification for amending the Social Security Institution Healthcare Implementation (published in The Official Gazette (2014) by The Presidency of the Republic of Turkey. However, in the Directive on The Application Procedures and Principles of Palliative Care Services, inpatient PC centers in hospitals and included family physicians and home care services for outpatient care were established. The comprehensive PC coverage encompasses medical, psychosocial, and legal support for patients and relatives. In 2014, the Social Security Administration approved reimbursement for inpatient PC costs, significantly improving access to these services.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions but do not have a budget or staff.	According to the Directive on The Application Procedures and Principles of Palliative Care Services (Ministry of Health Directive), there is a national coordinating authority defined in the Ministry of Health responsible for palliative care; however no concrete functions or such as budget or staff are specified.

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>National congresses of the Medical Oncology Society and Pediatric Oncology Societies every year include sessions on supportive and palliative care and, most importantly, the Palliative Care Association organizes the National Palliative Care Symposium every year. For instance, the 5th National Palliative Symposium was organized in November 2024, and the second Palliative care Nursing Congress took also place in 2024.</p>
<p>Ind7:1</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p>●●●3●</p> <p>Represents a considerable amount of articles published.</p>	<p>A recent literature review (Kutluk T, Ahmed F, Cemalo lu M, Aydın B, Şengelen M, Kirazli M, Yurduşen S, Sullivan R, Harding R. Progress in palliative care for cancer in Turkey: a review of the literature. Ecancermedicalsecience. 2021 Nov 25;15:1321) yielded 331 articles (with no time filters).</p>
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	<p>●●●3●</p> <p>They do exist national research calls that do include palliative care topics.</p>	<p>They do exist National research calls that do include palliative care topics (either scarce or more frequent).</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>778</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>TÜRKİYE</p> <p>778</p> <p>6</p> <p>19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>	<p>1●●●●</p> <p>1●●●●</p>	<p>According to existing studies, availability can be estimated as good both in urban and rural areas specially with some of the essential medicines such as acetylsalicylic acid, ibuprofen, paracetamol, ondansetron (and alternatives). However, codeine, morphine, and others are not available at the primary level and mostly available at secondary and tertiary levels; even more available at tertiary centers.</p>
<p>Ind10.1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>1●●●●</p> <p>1●●●●</p>	<p>Morphine and other opioids are not available at the primary level and mostly available at secondary and tertiary levels; even more available at tertiary centers.</p>
<p>Ind10.2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p>1●●●●</p> <p>1●●●●</p>	<p>Morphine and other opioids are not available at the primary level and mostly available at secondary and tertiary levels; even more available at tertiary centers.</p>



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WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

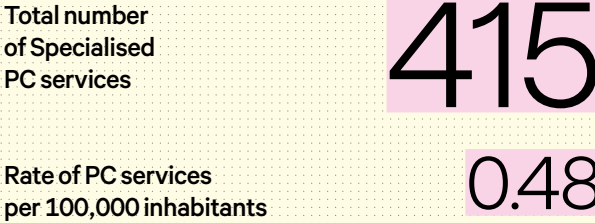
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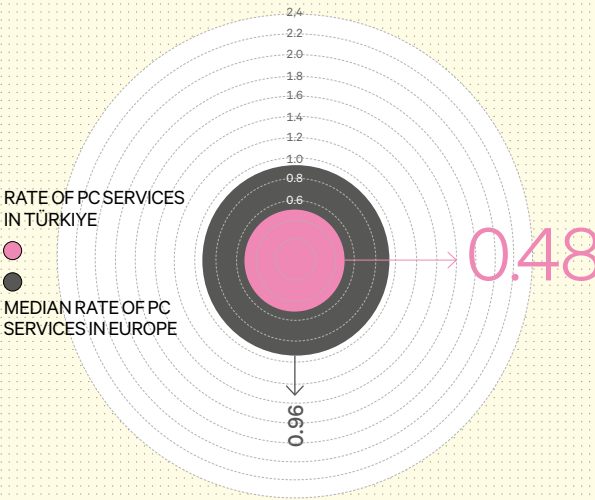
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Türkiye

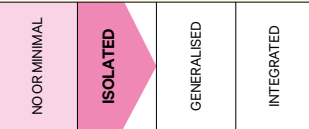
Provision of PC (Specialised Services)



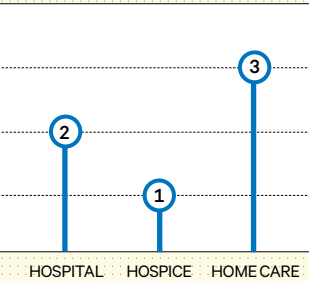
Türkiye in the context of European region



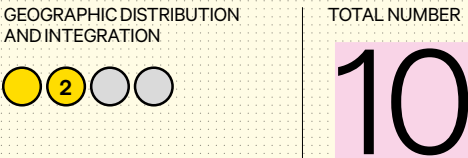
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

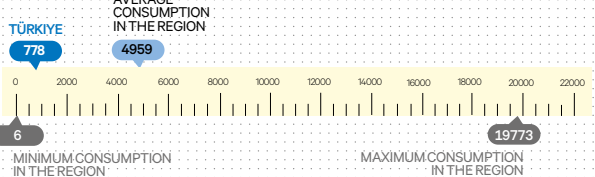


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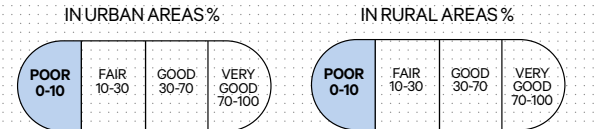
Use of essential medicines



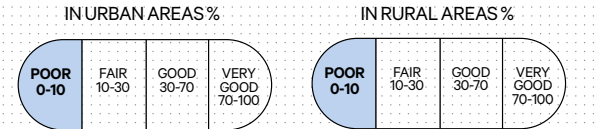
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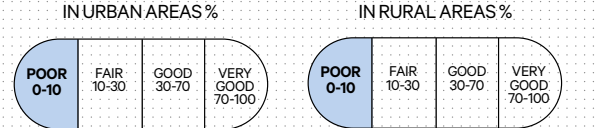
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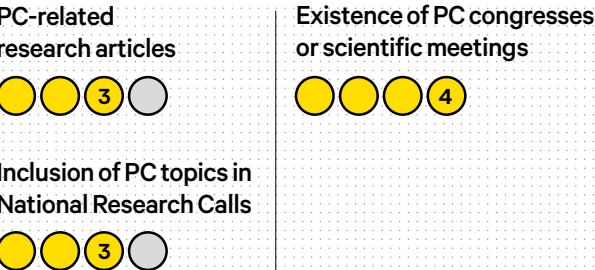
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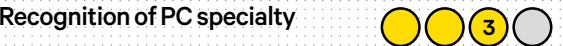
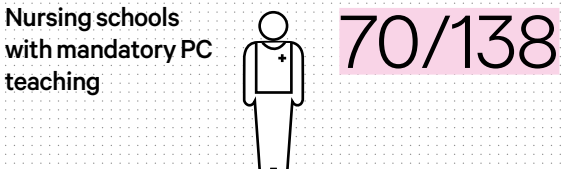
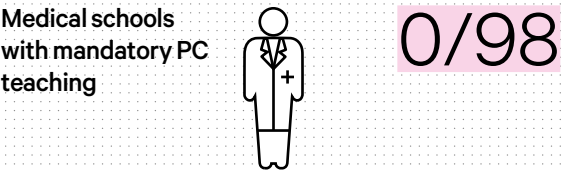
General availability of different opioids and in different formulations at the primary level



Research



Education & Training



Policies



Empowerment of people and communities

