

Turkmenistan



General data

POPULATION, 2023
7,364,438
PHYSICIANS / 1,000 INH, 2021
2.14

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
8,232
HEALTH EXPENDITURE (% GDP), 2021
5.56
UNIVERSAL HEALTH COVERAGE, 2021
75



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

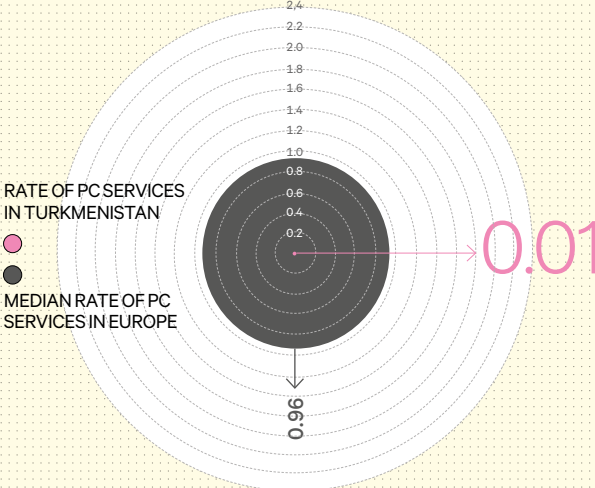


Consultants: Data gathered through literature and AI tools.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: No
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

F Provision of PC (Specialised Services)

Total number of Specialised PC services
1
Rate of PC services per 100,000 inhabitants
0.01

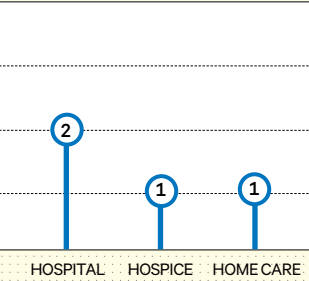
Turkmenistan in the context of European region



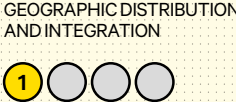
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

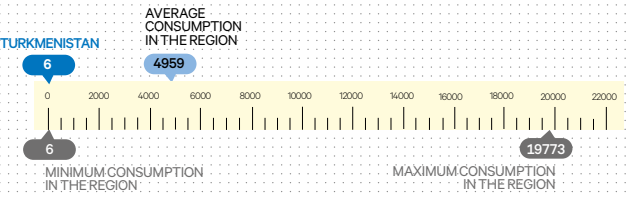


TOTAL NUMBER
N/A

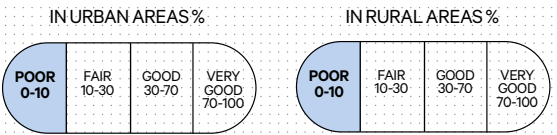
D Use of essential medicines

Opiods consumption (excluding methadone)
6
S-DDD/MILL INHABITANTS/DAY

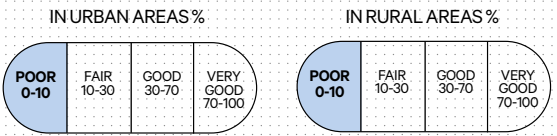
Turkmenistan in the context of European region



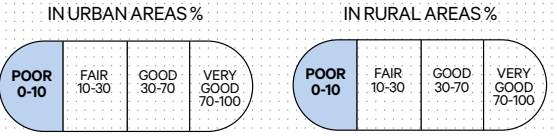
Overall availability of essential medicines for pain and PC at the primary level



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



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



C Research

PC-related research articles
1

Inclusion of PC topics in National Research Calls
1

Existence of PC congresses or scientific meetings
1

E Education & Training

Medical schools with mandatory PC teaching
N/A

Nursing schools with mandatory PC teaching
N/A

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
1





Inclusion of PC in the basic health package at the primary care level
1

A Empowerment of people and communities





Groups promoting the rights of PC patients
1

Advanced care planning-related policies
1

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Only isolated activity can be detected.	No evidence found.
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.	No evidence found.
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.  Not known or does not exist neither standalone nor is included in another national plan.	Turkmenistan has incorporated palliative care into its national health strategy. The Programme for the Implementation of the National Strategy for 2014-2020 outlines the provision of palliative care to the population, encompassing all diseases, including non-communicable diseases. No further information is available at this time.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
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.	 Not at all.	No evidence found.
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 no authority defined.  Does not have concrete functions or resources (budget, staff, etc.).	No evidence found.



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<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>1</p> <p>There are no national congresses or scientific meetings related to palliative care.</p>	<p>No evidence found.</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>1</p> <p>Minimal or non-existent number of articles published on the subject.</p>	<p>No evidence found.</p>
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	<p>1</p> <p>There are no national research calls at all.</p>	<p>No evidence found.</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>6</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>TURKMENISTAN</p> <p>6</p> <p>0 2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000</p> <p>6</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>19773</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	




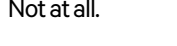
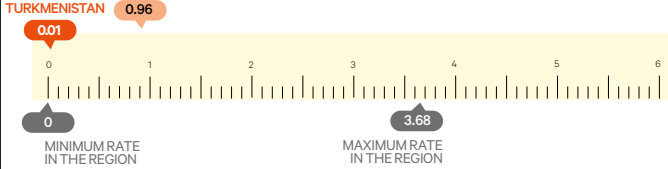


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<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care 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>Turkmenistan has implemented measures to enhance access to medications for a range of diseases, including non-communicable diseases (NCDs). A key initiative focused on strengthening the national health system’s capabilities includes the provision of medicines for the treatment of NCDs and other conditions. https://www.undp.org/turkmenistan/projects/provision-medicines-necessary-prevention-and-treatment-non-communicable-diseases-and-maternal-and-child-health-turkmenistan.</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>No evidence found.</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>No evidence found.</p>

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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>0</p> <p>N/A</p>	<p></p> <p>No evidence found.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians.</p>	<p>No evidence found.</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p>	<p>Specific data on the exact number of palliative care services in Turkmenistan is not readily available. However, as mentioned before, according to the International Cancer Control Partnership 2020 Report, Turkmenistan has operationalized an integrated non-communicable disease (NCD) plan that includes palliative care. Additionally, a 2017 study assessing palliative care development across 198 countries categorized Turkmenistan as having “isolated palliative care provision”, indicating that while some services exist, they are limited in scope and not widely accessible (pmc.ncbi.nlm.nih.gov). The city of Arkadag in Turkmenistan has established a new Oncology Center that offers comprehensive palliative care services. This initiative aims to enhance the quality of life for patients and their families confronting incurable diseases. By integrating these services, the Oncology Center ensures that individuals with advanced cancer receive holistic support throughout their treatment journey.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p>  <p>0.01 0.96 3.68</p> <p>MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>1 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for <u>children</u> in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	<p>No evidence found.</p>