EUROPE

THE COUNTRY PHARMACY PROFILE SERIES

TÜRKIYE

A country profile of pharmacy practice
in the context of the national healthcare system

Informed by FIP Member Organisation
TURKISH PHARMACISTS' ASSOCIATION



fip ADVANCING PHARMACY WORLDWIDE

1. OVERVIEW OF THE HEALTHCARE SYSTEM

Türkiye's healthcare system operates as a universal, mixed public-private model, with centralised governance and financing built on compulsory social health insurance. Major structural reforms were introduced through the Health Transformation Programme (HTP) between 2003 and 2013, which reshaped healthcare financing, service delivery, and regulation. One of the programme's most significant outcomes was the establishment of the General Health Insurance Scheme (GHIS) in 2006, creating a unified compulsory insurance system under a single payer, the Social Security Institution (SSI), by merging previously fragmented insurance schemes. At the same time, public hospitals were consolidated under the Ministry of Health (MoH), and national health information systems were strengthened to enhance coordination, efficiency, and oversight.[1-3] Since 2009, health policy has been formulated by the Health and Food Policies Council under the Presidency and implemented by the MoH and its provincial directorates.[2]

Healthcare funding is largely publicly organised through a unified insurance pool managed by the Social Security Institution. This system channels mandatory payroll-based contributions and government transfers into a broad benefits package with minimal exclusions, while requiring limited co-payments for selected services. Supplementary private insurance remains a minor component of the system, covering a small share of the population.[1-3] As a result of these reforms, Türkiye has achieved near-universal health coverage, with population coverage increasing from 71.6% in 2003 to 98.8% in 2019.[2] This expansion has substantially improved access to healthcare and financial protection, particularly for vulnerable groups.[1, 2]

Despite these advances, ongoing challenges include limited local autonomy due to strong centralisation, financial barriers arising from cost-sharing mechanisms, and restricted access to healthcare for unregistered migrants.[2, 4]

Healthcare financing model [2]

Türkiye's current healthcare financing model is hybrid:

MODEL TYPE	**Hybrid model***	
PRIMARY SOURCES OF FUNDING	Public sector	The General Health Insurance Scheme (GHIS), administered by the Social Security Institution (SSI) as a single-payer system, financed primarily through compulsory social health insurance contributions and complemented by general taxation and state subsidies to fund a comprehensive benefits package.
	Private sector	Voluntary private health insurance providing supplementary coverage; private healthcare providers; private equity investment; and public-private partnerships (PPPs) in infrastructure and service delivery.
	Out-of-Pocket (OOP) Payments	Cost-sharing through co-payments for outpatient visits, pharmaceuticals, and certain services.

*The hybrid healthcare financing model is described as a system that combines multiple funding sources, such as public funds, private investment, donor contributions, and out-of-pocket payments, to finance healthcare infrastructure and services. Available at: http://bit.ly/4mFQNL2

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Türkiye across community and hospital settings.

Services provided by community pharmacies beyond dispensing*	
Therapeutic substitution (changing dose, formulation, etc)	✗
Adjustment of prescribed treatments	✓
Complementary prescribing	✗
Independent prescribing	✗
Prescribing in an emergency	✗
Providing medicines and services in care homes (nursing homes)	✓
Services to hospital and other facilities without a pharmacy	✓
Home deliveries	✗
Home care and medication reviews/medicines use reviews	✓
Dispensing emergency contraceptive	✓
Applying first aid and arranging follow-up care	✓
HIV testing	✗
Counselling on HIV self-test products	✗
COVID-19 testing	✗
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	✗

*Data in this table were provided by the Turkish Pharmacists' Association

Services and activities provided by hospital pharmacies*	
Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines	✓
Preparing nutrition mixtures	✓
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Reporting non-quality medicines	✓
Managing medication history	✗
Pharmacogenomics testing	✗
Medicines reconciliation	✓
Monitoring medicines use	✓
Pharmacokinetic monitoring	✓
Clinical trials	✓
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✗

*Data in this table were provided by the Turkish Pharmacists' Association

Extended scope of practice[5]	
Is **pharmacy-based vaccination available** in the country?	No
Are pharmacists authorised to **administer** vaccines in pharmacies?	No
Are pharmacists authorised to **prescribe** vaccines in pharmacies?	No
Do pharmacists receive vaccination **training**?	No

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2025)*

58 pharmacy schools/faculties

19 accredited pharmacy schools/faculties

NO Continuing professional development (CPD) **IS NOT** mandatory for pharmacists' licence renewal

1 year of experiential/ practical training for registration

5 years minimum of full-time undergraduate education

NO The renewal of pharmacist licensing or registration **IS NOT** based on gaining CPD 'credits' or 'points' or similar credentials

NO CPD **IS NOT** linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

*Data were provided by the Turkish Pharmacists' Association

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

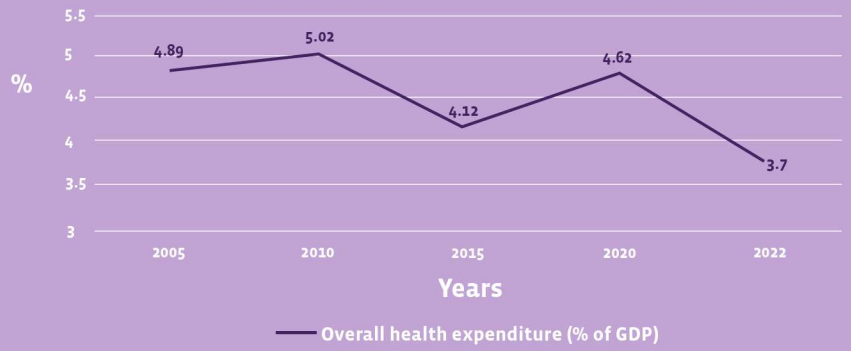
This section provides a macro-level overview of Türkiye's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category[6]

Türkiye: Upper-middle-income economy

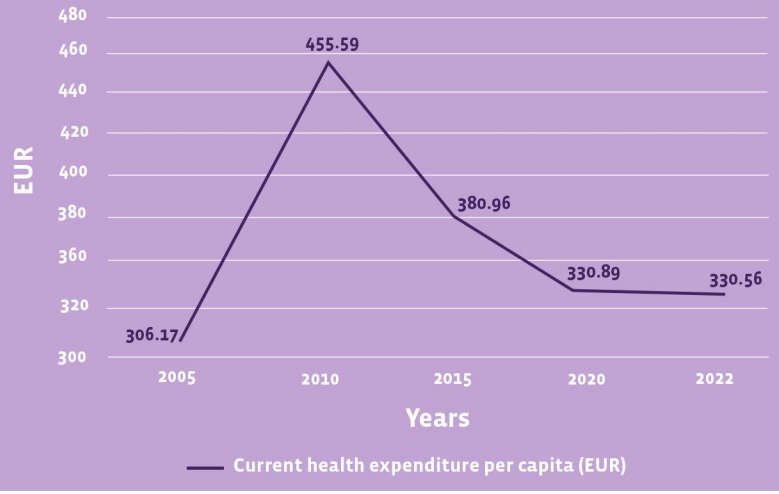
Overall healthcare expenditure as a percentage of GDP[7]

Türkiye's health expenditure as a percentage of GDP has fluctuated over the years but shows an overall decline since 2009, falling from 6% in 2009 to 4.7% in 2019. In 2019, this level was below the WHO European Region average (7.6%) and the EU average (8.2%). The downward trend continued in 2022, when health spending reached 3.7% of GDP.[2]



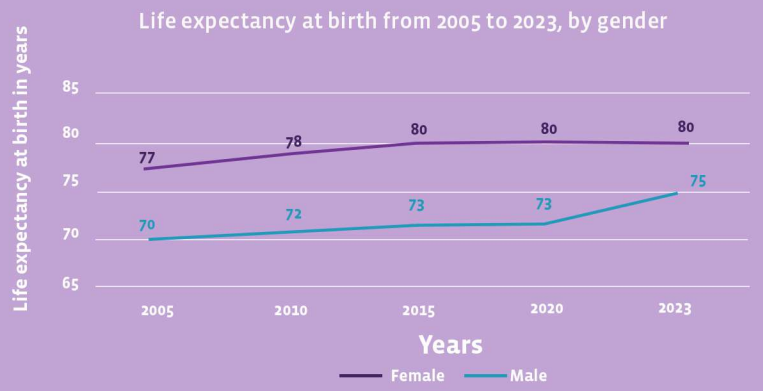
Health expenditure per capita[8]

Türkiye's current health expenditure per capita peaked in 2010 and has declined since then, staying relatively stable in recent years. In 2022, per capita health spending in Türkiye was EUR 330.56, remaining below the WHO European Region average.[2]

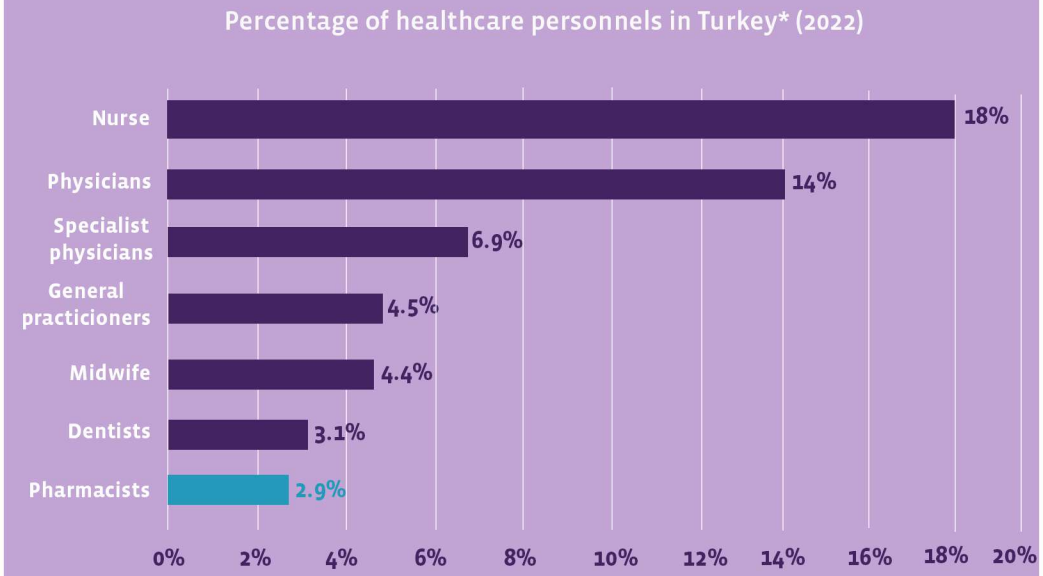


Life expectancy (male/female)[9,10]

Life expectancy at birth for both genders has increased steadily over the years, with females having higher life expectancy than males.



The employment in the healthcare sector[11,12]



*As of 2022, over 1.35 million people were employed in the health sector in the country.

5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

Türkiye maintains a high level of universal health coverage, with a UHC service coverage index of 76 in 2021, reflecting broad access to essential health services.[13] Unmet medical needs have declined substantially over the past decade, and by 2020, only 1.9% of the population reported forgoing medical care due to cost, distance, or waiting times, a level comparable to the European Union average.[2] Out-of-pocket payments accounted for 16.9% of total health expenditure in 2019, which was lower than in many other European countries, including several with higher income levels, and has declined over time.[2]

2. Availability and accessibility of health insurance options

Health insurance in Türkiye is largely universal through the mandatory General Health Insurance system, introduced in 2012 and managed by the Social Security Institution. It is residence-based, funded by income-related premiums and taxes, and provides access to public and contracted private healthcare providers.[1, 14] Coverage for low-income households was expanded through the integration of the Green Card scheme, although about 44% of eligible poor families do not enrol and face high out-of-pocket costs.[15, 16]

Voluntary private health insurance, held by approximately 9% of the population, complements public coverage by enabling access to private facilities and additional services.[2]

3. Policies and strategies implemented within the pharmacy context to promote health and prevent diseases

Pharmacies in Türkiye are increasingly used to promote health and prevent disease, particularly for non-communicable diseases, though services remain only partly formalised and face regulatory and workload barriers. National initiatives, such as the Turkish Pharmacists' Association's SMART Pharmacist and "My Counsellor Pharmacy" programmes, have trained thousands of community pharmacists to deliver structured follow-up, medication reviews, adherence support, and lifestyle counselling for chronic conditions, leading to improved disease control.[17, 18]

In addition, community pharmacies are officially recognised as primary healthcare settings and provide services such as health screening and counselling, but these activities are largely voluntary, lack reimbursement, and are limited by legal and time constraints.[17, 19]

At the same time, national policies promoting clinical pharmacy education have supported a shift towards patient-oriented care, with clinical pharmacist interventions reducing drug-related problems in hospitals.[20, 21] Pharmacists also contribute to targeted public-health strategies, including care for older adults with chronic diseases, rational antibiotic use, and emergency response during COVID-19, highlighting their growing yet still under-supported role in health promotion and disease prevention in Türkiye .[22-24]

4. Availability and accessibility of patient medical records (including pharmacy access)

Türkiye has near-universal electronic health records, with access centred on the national e-Nabız and e-prescription systems. The e-prescription system has been mandatory since 2013 and tightly linked to national health IT, and by 2018, it reached 87% adoption, processing hundreds of millions of prescriptions and largely eliminating paper scripts.[25, 26] Community pharmacies are fully digitalised, using Pharmacy Information Systems that securely access patients' prescription and medication histories.[27] Through MEDULA, pharmacists can view patients' diagnoses and prescriptions, while patients themselves can access nearly all clinical data and locate nearby night pharmacies via E-Nabiz.[28] All access is regulated by national privacy rules and patient consent settings within a nationally unified EHR system.[29]

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity* (Year 2025)

55920 licensed pharmacists in the country

4.4 pharmacists' per 10,000 population

4430 new registrants

3555 pharmacy graduates

34206 female pharmacists in the country

61% female pharmacists in the workforce

NO DATA Number of pharmacy technicians in the country

*Data were provided by the Turkish Pharmacists' Association

Distribution across the area of practice

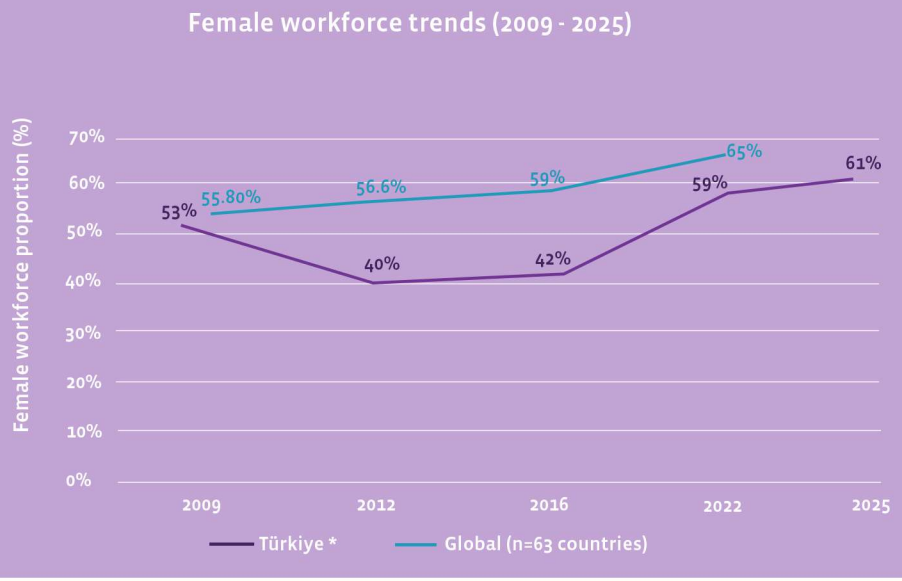
Pharmacist density in Türkiye rose moderately from 3.52 to a peak of 5.49 in 2022, before declining slightly to 4.4 in 2025. Globally, density increased from 6.03 in 2006 to 9.46 in 2022, with steady growth after 2012.[30] Throughout the period, Türkiye's pharmacist density remained below the global average.

Density of pharmacists per 10,000 population (2006-2025)



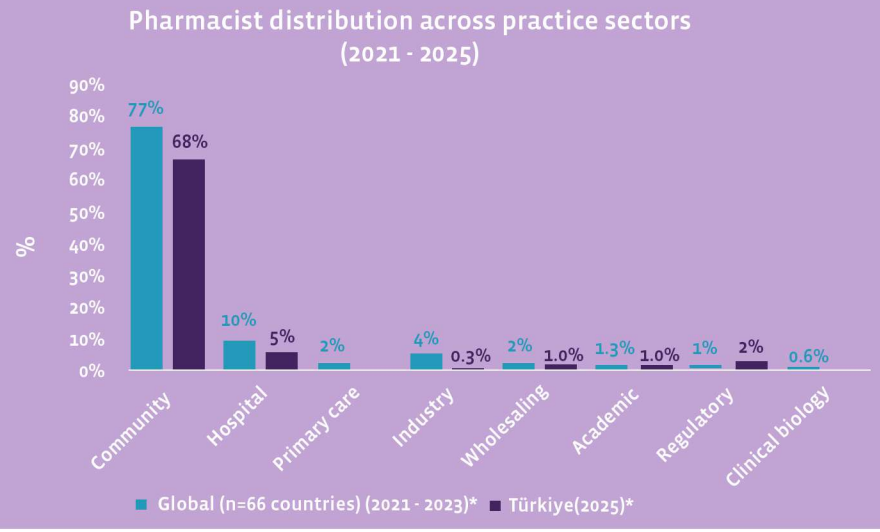
*Data in the chart were provided by the Turkish Pharmacists' Association

The proportion of female pharmacists in Türkiye declined from 53% in 2009 to 40% in 2012, then increased steadily to 61% in 2025. Globally, the female workforce share rose gradually from 55.8% in 2009 to 65.1% in 2022.[30] Overall, Türkiye's female workforce proportion remained below the global average.



*Data in the chart were provided by the Turkish Pharmacists' Association

The majority of pharmacists in Türkiye work in community practice (68%), followed by hospital (5%) and regulatory (2%) sectors, with minimal representation in industry (0.3%), wholesaling (1%), and academia (1%). No data are available for pharmacists working in primary care or clinical biology.



*Data in the chart were provided by the Turkish Pharmacists' Association
* Global figures are based on average data from 2021-2023; Türkiye's data reflect the most recent available year (2025)

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Turkish Pharmacists' Association on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Türkiye's healthcare system

In Türkiye, community pharmacies have been recognised as primary health care service providers by the MoH in 2019. To improve the healthcare services given by pharmacies and pharmacists, the employment of pharmacists in pharmacies is highly supported by the Turkish Pharmacists' Association (TPA). This is also regulated by law, which defines "second pharmacist" and "deputy pharmacist". The TPA is also actively working on follow-up systems for patients who have chronic diseases such as diabetes, asthma, hypertension, cardiac diseases, and obesity. Preventive healthcare studies, such as the development of pharmacy-based vaccination (PBV) aims to expand pharmacists' role in preventive health services and improve access to immunisation.

2. Significant challenges currently facing the pharmacy profession in Türkiye

The major challenges facing the pharmacy profession in Türkiye are economic volatility and its impact on medicine pricing policies, and the financial sustainability of community pharmacies. These factors directly affect pharmacists' working conditions and the long-term stability of pharmaceutical services.

3. Current projects and priorities aligned with FIP Developmental Goals

TPA's current priorities align particularly with **FIP Development Goal 13 (Policy development),** as the association is actively advocating for pharmacy-based vaccination services and regulatory reforms to strengthen pharmacists' role in primary care. These efforts aim to modernise pharmaceutical services and enhance pharmacists' contribution to public health.

4. Reimbursed pharmacy services beyond dispensing

Currently, community pharmacies in Türkiye are financially compensated for dispensing medicines. A payment unit—service price per prescription—is defined in the protocol held annually between TPA (on behalf of community pharmacists) and the Social Security Institution. At present, there is no reimbursement mechanism for additional pharmacy services beyond medicine supply.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from a desktop review of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.



fip ADVANCING PHARMACY WORLDWIDE

REFERENCES

1. Tatar M, Mollahaliloğlu S, Sahin B, Aydin S, Maresso A, Hernández-Quevedo C. Turkey. Health system review. Health Syst Transit. 2011;13(6):1-186, xiii-xiv. Available at: https://pubmed.ncbi.nlm.nih.gov/22455830/
2. European Observatory on Health Systems and Policies & World Health Organization ER. Health systems in action: Türkiye. Copenhagen; 2022. Available at: https://iris.who.int/server/api/core/bitstreams/a9d8c6c1-746e-4e75-9ff4-75bad8ea4149/content
3. Yıldırım HH, Yıldırım T. Healthcare financing reform in Turkey: context and salient features. Journal of European Social Policy. 2011;21(2):178-93. Available at: https://doi.org/10.1177/0958928710395045
4. Cinaroglu S, Baser O. Does the unification of health financing affect the distribution pattern of out-of-pocket health expenses in Turkey? International Journal of Social Welfare. 2019;28(3):293-306. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/ijsw.12389
5. International Pharmaceutical Federation (FIP). Leveraging pharmacy to deliver life-course vaccination: An FIP Global intelligence report. The Hague: International Pharmaceutical Federation; 2024. Available at: https://www.fip.org/file/5851
6. The World Bank. World Bank Country and Lending Groups 2026. Available at: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.
7. World Bank Group. Current health expenditure (% of GDP) - Turkiye: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=TR.
8. World Bank Group. Current health expenditure per capita (current US$) - Turkiye: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?locations=TR.
9. World Bank Group. Life expectancy at birth, male (years) - Turkiye: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SP.DYN.LE00.MA.IN?locations=TR.
10. World Bank Group. Life expectancy at birth, female (years) - Turkiye: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN?locations=TR.
11. Statistia. Healthcare in Turkey - statistics & facts 2024-2025. Available at: https://www.statista.com/topics/4782/health-care-in-turkey/#topicOverview.
12. Statistia. Total number of health care professionals in Turkey from 2000 to 2022 2024. Available at: https://www.statista.com/statistics/1468867/turkey-number-of-health-care-professionals/.
13. World Health Organization. UHC service coverage index - Turkey 2024. Available at: https://data.who.int/indicators/i/3805B1E/9A706FD.
14. Ezer B. An evaluation of the Turkish general health insurance within the scope of the heatlcare reform. Dokuz Eylül Üniversitesi Hukuk Fakültesi Dergisi. 2023. Available at: https://dergipark.org.tr/tr/download/article-file/3473082
15. Erus B, Yakut-Cakar B, Cali S, Adaman F. Health policy for the poor: an exploration on the take-up of means-tested health benefits in Turkey. Soc Sci Med. 2015;130:99-106. Available at: https://pubmed.ncbi.nlm.nih.gov/25689667/
16. Tirgil A, Gurol-Urganci I, Atun R. Early experience of universal health coverage in Turkey on access to health services for the poor: regression kink design analysis. J Glob Health. 2018;8(2):020412. Available at: https://pubmed.ncbi.nlm.nih.gov/30254742/
17. Apikoglu S, Selcuk A, Ozcan V, Balta E, Turker M, Albayrak OD, et al. The first nationwide implementation of pharmaceutical care practices through a continuing professional development approach for community pharmacists. Int J Clin Pharm. 2022;44(6):1223-31. Available at: https://pubmed.ncbi.nlm.nih.gov/35699862/
18. Deniz EU, Rasheed MK, Eren R, Gözeler H. Lived experiences of Turkish community pharmacists toward person-centric care: a qualitative analysis. J Pharm Policy Pract. 2024;17(1):2294942. Available at: https://pubmed.ncbi.nlm.nih.gov/38234994/
19. Tekin ÇS. The role of community pharmacists in public health and public health related problems which they encounter. İstanbul Journal of Pharmacy. 2020;50(2):142-8. Available at: https://dergipark.org.tr/en/pub/iujp/article/786243
20. Bektay MY, Sancar M, Jadoo S, Izzettin F. Time to change to improve health: clinical pharmacy and pharmaceutical care education in Turkey. Journal of Ideas in Health. 2020;3(1):130-4. Available at: https://www.researchgate.net/publication/341344644_Time_to_change_to_improve_health_clinical_pharmacy_and_pharmaceutical_care_education_in_Turkey
21. Kara E, Kelleci Çakır B, Sancar M, Demirkan K. Impact of Clinical Pharmacist-led Interventions in Turkey. Turk J Pharm Sci. 2021;18(4):517-26. Available at: https://pubmed.ncbi.nlm.nih.gov/34496559/
22. Okuyan B, Ozcan V, Balta E, Durak-Albayrak O, Turker M, Sancar M, et al. The impact of community pharmacists on older adults in Turkey. J Am Pharm Assoc (2003). 2021;61(6):e83-e92. Available at: https://pubmed.ncbi.nlm.nih.gov/34238671/
23. Westerling R, Daryani A, Gershuni O, Czabanowska K, Brand H, Erdsiek F, et al. Promoting rational antibiotic use in Turkey and among Turkish migrants in Europe - implications of a qualitative study in four countries. Global Health. 2020;16(1):108. Available at: https://pubmed.ncbi.nlm.nih.gov/33176820/
24. Bektay MY, Okuyan B, Sancar M, Izzettin FV. Insight into Turkish Community Pharmacists' Services in the First Wave of the COVID-19 Pandemic. Disaster Med Public Health Prep. 2022;16(6):2211-2. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC8314052/
25. Kose I, Rayner J, Birinci S, Ulgu MM, Yilmaz I, Guner S. Adoption rates of electronic health records in Turkish Hospitals and the relation with hospital sizes. BMC Health Serv Res. 2020;20(1):967. Available at: https://pubmed.ncbi.nlm.nih.gov/33087106/
26. Dogac A, Yuksel M, Ertürkmen GL, Kabak Y, Namli T, Yıldız MH, et al. Healthcare information technology infrastructures in Turkey. Yearb Med Inform. 2014;9(1):228-34. Available at: https://pubmed.ncbi.nlm.nih.gov/24853036/
27. Çam ÖC, Yılmaz S, Ateş M. Satisfaction Status of Pharmacists Towards Pharmacy Information Systems: A Qualitative Study. Journal of Innovative Healthcare Practices. 2023. Available at: https://dergipark.org.tr/tr/pub/joinihp/article/1314754
28. Birinci Ş. A Digital Opportunity for Patients to Manage Their Health: Turkey National Personal Health Record System (The e-Nabız). Balkan Med J. 2023;40(3):215-21. Available at: https://pubmed.ncbi.nlm.nih.gov/37114621/
29. Ammenwerth E, Duftschmid G, Al-Hamdan Z, Bawadi H, Cheung NT, Cho KH, et al. International Comparison of Six Basic eHealth Indicators Across 14 Countries: An eHealth Benchmarking Study. Methods Inf Med. 2020;59(S 02):e46-e63. Available at: https://pubmed.ncbi.nlm.nih.gov/33207386/
30. International Pharmaceutical Federation. Workforce surveillance data. Unpublished data. 2024.