LANCET COUNTDOWN: TRACKING PROGRESS ON HEALTH AND CLIMATE CHANGE

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2026 CLIMATE AND HEALTH POLICY PRIORITIES FOR TÜRKİYE

This document summarizes key priority areas of focus for Türkiye, supported by evidence from the 2026 Global Report of the Lancet Countdown

1 DEVELOP AND IMPLEMENT A TIME-BOUND AND JUST NATIONAL COAL PHASE-OUT PLAN TO PROTECT HEALTH AND REDUCE GREENHOUSE GAS EMISSIONS

Develop and implement a national coal phase-out plan to protect public health and improve air quality, with milestones aligned with its 2030 and 2035 Nationally Determined Contribution targets and a final phase-out date consistent with its 2053 net-zero target.[1] Within this plan, ensure coal-fired energy generation is replaced with solar and wind, prioritising the transition in locations with high exposure to coal-derived air pollution. Identify the grid, storage, and financing needs for a reliable transition, and operationalise a just transition through worker and community participation, social protection, retraining, and economic diversification in coal-dependent regions.

Coal remains central to Türkiye's energy system, accounting for 25% of total energy supply and 35.5% of electricity generation in 2023 (up 8% since 2016). Renewables and low-carbon sources are growing - to 11.5% and 15% of total energy supply respectively (up 89% and 45.3% since 2016), and to 20.3% and 39.7% of electricity generation (up 161% and 23%) - but have not displaced coal.[2] Accordingly, the carbon intensity of Türkiye's energy system has been largely stagnant since 2016, falling only slightly from a 2008 peak of 63.7 tCO_2/TJ to 59.4 tCO_2/TJ in 2023.[2]

Coal combustion carries a substantial and unevenly distributed health impact. In Turkiye, the number of air pollution ($PM_{2.5}$) related premature deaths associated with power plants increased by 18% (from 8000 to 9500) between 2016 and 2022.[3] Over the same period, early deaths associated with transport sector $PM_{2.5}$ decreased by 3.5% (from 2900 to 2800), while household-related deaths decreased by 41% (from 10,600 to 6,300).[3] Because coal is such a significant driver of this burden, phasing it out in favour of solar and wind will lead to cleaner air and better health, alongside its climate benefits. Yet Türkiye's preparedness for the low-carbon transition fell 34% between 2023 and 2025, to 0.37 (0–1 scale), reinforcing the need for a coherent plan connecting near-term commitments with the 2053 net-zero target.[2] The OECD's 2025 Economic Survey similarly notes that Türkiye has no plan to reduce coal capacity and recommends developing one swiftly.[4]

Expected impact

A time-bound and just plan would accelerate renewable energy, provide a credible pathway to net zero by reducing greenhouse gas emissions, and reduce local burden of disease through cleaner air.

2 DEVELOP AND IMPLEMENT A NATIONAL CLIMATE AND HEALTH ACTION PLAN AND CORRESPONDING PROVINCIAL PLANS

Develop and implement a national climate and health action plan through the Ministry of Health, and require provincial health directorates to prepare corresponding plans integrated into local climate change action plans. In the national plan, set requirements and standards for regular climate-health vulnerability and risk assessments, monitoring, and institutional responsibilities, and identify measurable indicators and targets to track progress towards implementation of such plans. Translate provincial plans into funded preparedness and service-continuity actions, with health facilities preparing and testing continuity plans for priority local hazards. Responsibilities would sit with the Ministry of Health, provincial health directorates, facility managers, and Provincial Climate Change Coordination Boards.

Türkiye's population is already experiencing significant risks to health from exposure to extreme heat. From 2021 to 2025, people faced 24 heatwave days a year on average, 85% of which were attributable to climate change.[2] Older adults and infants - among the groups most physiologically vulnerable to heat - are disproportionately affected: each adult over 65 experienced 16 additional heatwave days per year on average (a 271% increase on the 1986–2005 baseline, to 22 days), and each infant 17 additional days (a 288% increase, to 23 days).[2] Heat is also eroding productivity, which has an adverse impact on livelihoods and food security that also shape health outcomes: heat exposure caused an annual loss of 550 million potential labour hours between 2016 and 2025, 35% above the 1990s average, with agriculture bearing 58.5% of these losses.[2] These impacts carry a heavy economic and human cost. Heat-related mortality losses among over-65s averaged US$4.3 billion a year from 2021 to 2025 - equivalent to 246,000 average incomes, and a 291% rise since 2000–2004 - while lost labour income from reduced heat capacity reached US$2.6 billion in 2025, 46% in agriculture.[2] Because agriculture is responsible for a large share of these losses, reduced labour capacity also threatens food production and availability, with secondary effects for nutrition and health, particularly among rural and lower-income communities – widening pre-existing inequalities.

Other hazards compound this burden: Between 2021 and 2025, people in Türkiye faced an average of 75 days each year of very high or extreme wildfire danger - a 10% jump compared to 2003–2012, exposing communities to smoke-related respiratory harm and fire risk.[2] Meanwhile, in 2025 alone, over a quarter of Türkiye's land (25.5%) endured more than six months of extreme drought, adversely impacting water and food security.[2]

Türkiye's Climate Change Adaptation Strategy and Action Plan (2024–2030) recognises public health as an adaptation priority, but its broad objectives need to be translated into operational national and provincial health-sector action.[5] The requirement for provinces to prepare local climate change action plans by 31 December 2027 provides an immediate opportunity to embed health preparedness - vulnerability assessments, monitoring, and funded response plans - into that process.[6]

Expected impact

National and provincial plans would translate broad commitments into funded and accountable action, strengthen health-system preparedness, protect vulnerable populations, and ensure that essential services continue during climate-related emergencies.

3 ESTABLISH AN INTEGRATED CLIMATE–HEALTH EARLY WARNING AND RESPONSE SYSTEM

Establish a joint programme of work between the Ministry of Health and the Turkish State Meteorological Service, the Ministry of Environment, Urbanisation and Climate Change, the Disaster and Emergency Management Presidency (AFAD), provincial administrations, and other relevant institutions, underpinned by institutional arrangements, to integrate health into national climate-related early warning and response systems. As a first step, incorporate climate-health warnings in existing systems by linking meteorological, hydrological, air-quality, environmental, and health-surveillance data with predefined public-health actions. Further, develop a unified, people-centred early warning system delivering timely, geographically targeted, actionable warnings directly to individuals. Lead by the Ministry of Health, establish health surveillance, risk-threshold definition, and response protocols, with clear responsibilities across all participating institutions. Pilot the system in high-risk provinces, test it regularly, evaluate it on warning timeliness, response time, population coverage, and completion of prescribed actions. Use the information of these assessments to periodically update the systems.

Türkiye already has a foundation to build on: its national meteorological and hydrological services provide climate information for the health sector,[2] which is essential for an effective health response to climate-related risks. However, climate information alone does not constitute an operational early warning and response system. As an initial step, it must be integrated with health surveillance and linked to predefined actions; this foundation can then support a unified system that delivers actionable public-health warnings directly to individuals.

The health risks such a system must address are substantial and growing. Wildfire smoke caused an average of 4,200 deaths a year in Türkiye from 2021 to 2025 (5.2 per 100,000) - up from 3,300 deaths a year (4.7 per 100,000) in 2003–2012,[2] reflecting the respiratory and cardiovascular harm of prolonged smoke exposure. Rising heat is also increasing physical strain: compared with the 1990s, people were exposed, on average, to 164 more hours a year between 2016 and 2025 in which ambient heat posed a moderate or higher risk of heat stress during moderate outdoor activity.[2]

Warming is also widening exposure to waterborne disease: the length of coastline suitable for Vibrio transmission grew by 8% from the 1982–1991 baseline, to 4,100 km and estimated vibriosis cases reached an all-time high of almost 15,000 in 2025.[2]

The World Meteorological Organization emphasises that climate services should support health-sector preparedness, early warning, and decision-making.[7] These findings support a multi-hazard system linking environmental signals and epidemiological surveillance with institutional action.

Expected impact

An integrated system would enable earlier intervention, deliver actionable warnings directly to individuals, strengthen coordination and preparedness, and reduce avoidable illness, mortality, and service disruption, particularly among vulnerable populations.

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For more of the latest data on health and climate change, you can find country data sheets by scanning the QR code.

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