Strengthening health workforce emergency preparedness for future shocks: Lessons from the 2023 earthquake in Türkiye

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Key messages

1. **Decentralise emergency preparedness and response capacity:** Strengthen the sub-national levels to lead localised emergency workforce planning, coordination, and rapid response operations. Local health directorates and facilities must be empowered with resources and the authority to remain safe and functional during emergencies. Stockpiled supplies and mobile health infrastructure, such as field hospitals, mobile diagnostic units and emergency surgical tents, are also critical to lead frontline, context-specific responses faster.
2. **Develop a national health workforce emergency register:** Create and maintain a real-time database of trained responders, including public sector workers, private sector health professionals, and pre-registered volunteers, for rapid deployment in emergencies.
3. **Institutionalise emergency recruitment and deployment protocols:** Develop fast-track, nationally approved emergency recruitment and deployment protocols that could replace ad hoc recruitment processes and be rapidly activated during emergencies to ensure timely deployment of essential staff.
4. **Standardise volunteer management systems:** Develop clear systems for volunteer management including recruitment plans, orientation, incentives, and post-deployment support mechanisms during the emergency response. Moreover, institutionalise this system into official health response structures to ensure their effective and safe integration into health emergency responses.
5. **Integrate mental health and psychosocial support into national emergency preparedness plans:** Ensure that all health emergency preparedness and response plans embed staff wellbeing measures, including mental health support with pre-assigned funding, mental health teams, staff care protocols, and ongoing peer support systems, in addition to recovery time for frontline responders.
6. **Strengthen coordination mechanisms among organisations:** Establishment of permanent multi-agency coordination platforms at the national and sub-national levels will allow for faster mobilisation, communication, and resource allocation in emergencies. Enhanced collaboration between national organisations (e.g. Ministry of Health (MoH) and Disaster and Emergency Management Authority (AFAD)), and non-governmental (NGOs) and international organisations will support joint response planning with humanitarian actors and help streamline workforce deployment, share resources, and avoid duplication in emergencies.
7. **Invest in pre-service and in-service emergency preparedness training:** Expand emergency preparedness training for all health worker cadres as part of continuing professional development. This could include training on triage, trauma care, infection prevention and control (IPC) protocols, mass casualty response, and coordination protocols. Moreover, develop rapid-delivery training packages that can be deployed immediately following an emergency to upskill health workers and volunteers, particularly in affected areas. Routine simulation exercises and scenario planning should also be institutionalised in national and regional workforce development strategies to test system readiness and improve responsiveness.
8. **Strengthen tracking and accountability systems for emergency medical supplies:** Develop and implement a robust tracking and control system to ensure the timely delivery and appropriate use of medical drugs and supplies during earthquakes. This system should address common challenges such as delivering medications and supplies to their designated locations, verifying the contents and usage permits of drugs, and addressing medication loss in earthquake-affected areas. A transparent and responsive mechanism for monitoring stock movement in real time will improve efficiency and reduce wastage in crisis conditions.

Methodology

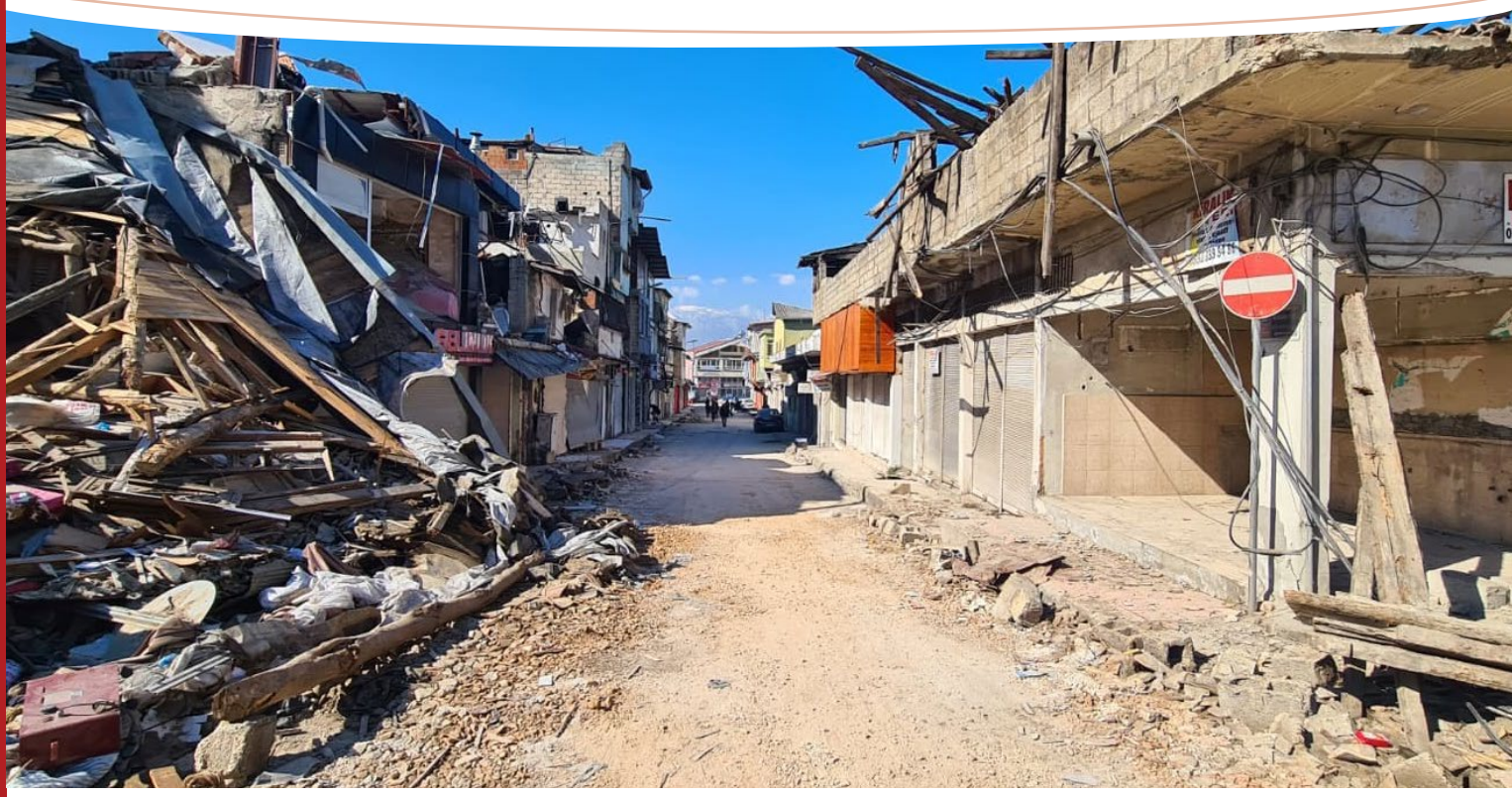
Thirty-two qualitative interviews were conducted with key informants including stakeholders across all levels of Türkiye's health system. These included officials from AFAD, the Turkish Red Cresent, provincial health directorates, health facility managers, frontline health workers, representatives from the National Medical Rescue Teams (UMKE), local and international NGOs, and international organisations, e.g. World Health Organization (WHO). Also, two focus group discussions were held with frontline health workers and emergency response teams, providing an opportunity to explore shared experiences, challenges, and coordination dynamics during the earthquake response. Participants were selected because of their active roles in the earthquake response in the most affected provinces.

Background

On 6 February 2023, a 7.8 magnitude earthquake hit southern Türkiye, followed by a second 7.6 magnitude shock a few hours later [1]. These disasters caused widespread devastation across eleven provinces, resulting in more than 55,000 deaths, hundreds of thousands of injuries, and the displacement of millions [2]. The destruction of healthcare infrastructure, including 15 hospitals and many primary healthcare centres, disrupted service delivery, while many health workers themselves were directly affected, having lost family members, homes, or both [3].

Türkiye had a relatively strong disaster management system in place. Lessons from past emergencies, including the COVID-19 pandemic and the Syrian refugee crisis, informed response capacities such as improvements in planning, workforce mobilisation and surge capacity [4]. National organisations, such as AFAD (the Disaster and Emergency Management Authority), the Ministry of Health (MoH) and the Turkish Red Crescent, led centralised emergency operations including rapid mobilisation, supported by WHO and many local NGOs [4]. However, the unprecedented scale of the disaster exposed systemic vulnerabilities in sub-national preparedness and major gaps in the ability to coordinate efforts of deployed personnel and volunteers, sustain operations under extreme pressure, and protect the well-being of health workers on the frontline [5].

This policy brief examines the strengths and weaknesses of the health workforce emergency response to the 2023 earthquake. It identifies policy actions to support national and sub-national efforts to strengthen future emergency preparedness and build a resilient health system in Türkiye for the long-term.



Key findings

The earthquake resulted in large-scale destruction to health infrastructure and services, affecting eleven provinces and devastating local health systems. Health workers, many of whom were personally affected, responded with extraordinary dedication, often working extended hours under extreme pressure. Despite strong national structures like AFAD and UMKE and support from the Turkish Red Crescent and WHO, the disaster exposed major gaps in sub-national preparedness, coordination, mental health support, and volunteer management that require close policy attention.

1 Pre-existing disaster frameworks enabled a rapid response, but preparedness for large-scale disasters was insufficient

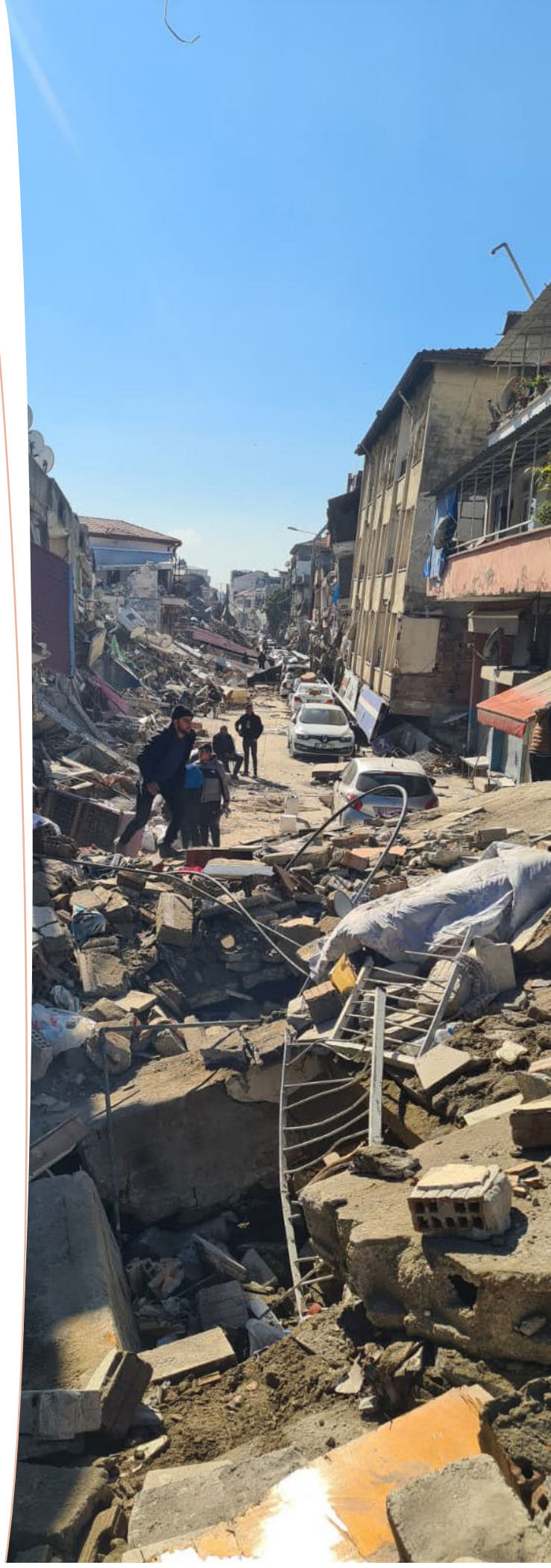
Türkiye learned from previous experiences of managing mass population displacement from Syria and the COVID-19 pandemic. AFAD and UMKE had strong logistical foundations, with many health workers receiving basic emergency training, that helped a relatively rapid national response. The rapid mobilisation of UMKE and deployment of health professionals, including volunteers, demonstrated the system's capacity to respond quickly to shocks. However, the magnitude and scope of the earthquake exceeded provincial response capacity, particularly in the most affected areas like Hatay and Kahramanmaraş. Many clinics and primary healthcare centres were destroyed, necessitating the creation of temporary health tents.

"Hatay can be characterised as a geographical disaster zone. The destruction of healthcare facilities meant that even basic services became inaccessible." (Male respondent, working at the provincial level)

2 Health workers showed exceptional resilience despite personal losses and limited support

Health workers continued to serve patients despite displacement, trauma, and inadequate shelters or supplies. Several reported losing family members or homes yet worked long shifts or returned quickly to duty. They suffered significant emotional and logistical challenges, often without institutional recognition or support in the early days. The absence of formal protocols for supporting responders who were also victims exposed a major policy gap.

"We worked for days without proper rest. The number of patients kept increasing, and there was no backup. Many of us were running on adrenaline alone." (Female nurse from the emergency team)



3 Emergency recruitment protocols helped meet urgent staffing needs

Emergency recruitment protocols were activated by local NGOs and international organisations in affected provinces, allowing health facilities to bypass lengthy recruitment procedures and quickly hire new staff and fill gaps. Task shifting and flexible rota systems also helped relieve frontline pressure. Intensive Care Unit technicians and resident doctors trained during COVID-19 were redeployed effectively during the earthquake response. Support from regional offices and professional associations also helped fill gaps, especially in technical and operational roles. Yet these ad hoc adaptations were not uniformly adopted, leading to variability in health workforce readiness and equity.

"We established an emergency recruitment policy that shortened this process and made it faster and more efficient, so instead of containing seven or eight steps it takes only three steps to recruit." (HR Manager at an international NGO)

4 Mental health support was a priority but unevenly delivered

While mental healthcare had been learned from COVID-19, access and coverage varied. Some organisations established peer support networks and structured training for psychosocial care, but others lacked sustained support for their staff. Mental health support was inconsistently implemented, and staff wellbeing was not systematically monitored. Health workers continued to report emotional burnout and inadequate recovery time between shifts or psychological follow-up.

"Many of us worked for days without sleep, witnessing unimaginable suffering. The mental strain was overwhelming, yet there was no structured psychological support for healthcare workers." (Male physician at a private hospital)

"We worked for days without proper rest. The number of patients kept increasing, and there was no backup. Many of us were running on adrenaline alone."

EU's response to the earthquake in Türkiye and Syria. ©European Union, 2023. Photographer: Lisa Hastert.

5 Coordination challenges hindered the effective use of volunteers

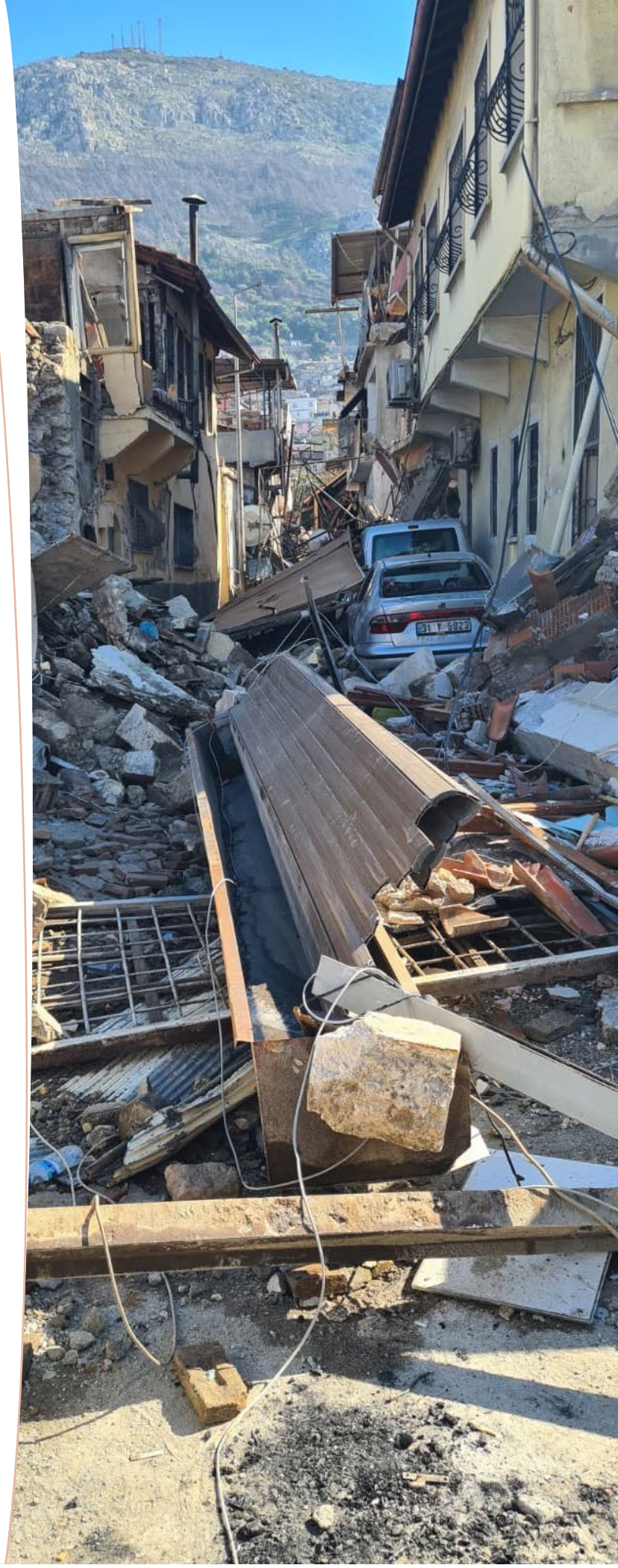
Türkiye saw a massive mobilisation of both professional and lay volunteers. More than 10,000 volunteers were mobilised through UMKE, and many more mobilised by the Turkish Red Crescent. However, this influx created challenges in workforce management, logistics and supervision, and volunteers were not adequately integrated into formal systems, particularly at the subnational level in the affected provinces. Mechanisms for coordinating roles, managing expectations, and supporting volunteers after deployment were often lacking. Volunteers often had to use personal leave and resume duties without time to rest or recover, resulting in burnout and attrition.

"We arrived at a field hospital hoping to help, but no one knew what to do with us. Some volunteers had medical training, but there was no system to integrate us into the response effectively."
(Female local volunteer)

6 Cross-sector coordination challenges hindered emergency response efficiency

Centralised coordination limited the autonomy of sub-national actors, delaying locally-driven adaptations. While national leadership structures were robust, the information flow between national and local actors, including NGOs and international organisations, was uneven. This led to duplication in some areas and critical gaps in others. Additionally, communication gaps between central authorities and local facilities also caused confusion during the early response.

"While the coordination during the crisis was laudable in some respects, there were significant delays due to overlapping responsibilities between organisations. Some tasks were being performed twice, while other critical needs were left unaddressed."
(Male researcher from the emergency team)



7 Supply chain inefficiencies led to both critical shortages and surplus waste

The deployment of medical supplies during the earthquake response was often uncoordinated, resulting in both shortages of essential items and the over-supply of others. Supplies were frequently sent in large quantities without a clear understanding of facility-level needs or storage capacities. This led to the accumulation of surplus stock, much of which risked expiring before it could be used, highlighting a lack of real-time tracking and inventory management systems tailored to emergency conditions.

"Hospitals purchase supplies, perhaps two to five tons, for potential needs, but often these remain within the hospital. Sometimes, even more supplies are dispatched than can be used in ten years. Nevertheless, the durability of medical supplies is generally limited" (Male nurse from the emergency team)

Conclusion

The 2023 earthquake in Türkiye revealed both the strengths and limitations of the health workforce emergency preparedness. While frontline health workers showed exceptional dedication, systemic challenges emerged. These included the absence of structured volunteer integration, lack of management systems, limited sub-national coordination, and insufficient psychosocial and financial support, which hindered the overall emergency response.

To build a more resilient system, urgent and sustained action is needed. The MoH is well-positioned to lead the development of a national emergency preparedness plan for the health workforce that reinforces training, sets clear coordination roles, and ensures support for health workers during emergencies. Local NGOs and international organisations should align funding streams to support national capacities, particularly sub-national preparedness, surge recruitment systems, and mental healthcare for responders. National organisations, like AFAD, the MoH and the Turkish Red Crescent, should prioritise investments in rapid recruitment and deployment frameworks and consistent volunteer protocols to ensure swift and equitable mobilisation in future shocks. By acting now, Türkiye can transform the hard-learned lessons of 2023 into a stronger, more agile health emergency response system, that can protect both the health workforce responding to emergencies and the people they serve.

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