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UNGASS Indicators  
Country Report



Turkey

Ministry of Health

Reporting period: January 2006 – December 2007

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## Status at a glance

Turkey is among low prevalence countries in Central Europe for HIV/AIDS. The first case of HIV infection was reported in 1985, and by the end of June 2007, a total of 2,711 cases had been identified. The rate of increase for the reported number of HIV/AIDS cases has been more over the last three years (about 300 reported new cases annually) and the estimated prevalence is 3,700 cases out of a population of over 70 million.

Turkey is considered to be at a low level epidemic. According to the statistics provided by the Ministry of Health (MOH), the main route of transmission is through heterosexual sex (over 75%) followed by men having sex with men (MSM) at 12% and iv. drug users (IDU) at 7% among transmission route known cases. Sex work can be considered as a major driver for the epidemic and commercial sex workers form a significant portion of the vulnerable populations. On the other hand, due to IDUs, intravenous drug usage seems to be the second major driver of the epidemic in the future.

Targeting these most vulnerable groups besides the general population, the Government aims to strengthen its efforts for combating HIV/AIDS in the country.

Since 1994, a coding system has been utilized to keep the patient's identity anonymous while reporting the HIV infections in Turkey. Moreover, the MOH provides both preventive and treatment services in fighting with HIV/AIDS. In terms of the legal framework, people living with HIV have the same rights compared to the other people in the country.

The National AIDS Commission (NAC), a multi-sectoral body was established in 1996; it is convened by the Prime Ministry and chaired by MOH. The secretariat of the Commission is the Turkish Family Planning Association. NAC involves governmental and non-governmental organizations, professional associations dealing with HIV/AIDS. In 1997 NAC adopted a National AIDS Program. National Strategic HIV/AIDS Programme with its targets and strategies for the years 2007 – 2011 composed of national targets and strategies on protection-prevention, diagnosis and treatment, increasing accessibility to HIV Voluntary Counselling Services, monitoring and evaluation, social support and intersectoral collaboration targeting the general population and vulnerable populations were reformulated and endorsed by related stakeholders. The NAC meets bi-annually. Its Core Group, a technical committee consisting of NAC members which monitors the implementation of the National HIV/AIDS Programme under the guidance of MOH meets every month.

Country Coordination Mechanism of Turkey (CCM) another multi-sectoral body established in 2003 under NAC to oversee Turkey HIV/AIDS Prevention and Support Programme (HPSP) funded by the Global Fund has become more functional while the implementation of the mentioned programme in 2005-2007.

## Overview of the AIDS epidemic

HIV/AIDS cases have been officially reported since 1985. While the number of new cases in 1985 was two, the number of reported cumulative cases reached to 2,711 (638 AIDS and 2.073 HIV) in June 2007. The reported number of HIV (+) cases were 295 and 255 (MOH) for the years 2005 and 2006, respectively. The number of tests performed in 2005 was 1,881,750 and in 2006 2.434.343. STD/AIDS control programme in Turkey monitors HIV infection through 81 Provincial Health Directorates (PHD) country-wide that are geographically distributed to represent all parts of the country. Data are reported to MOH by PHDs after blood samples are being confirmed by Western Blot in one of nine Confirmation Centres countrywide. HIV/AIDS cases were identified in all provinces, roughly half of them in İstanbul province alone followed by big cities like Ankara, Izmir, Mersin. In recent years, around 75% of transmission was heterosexual among known transmission routes. The transmission modes in the years 2005 and 2006 were as follows (Table 1):

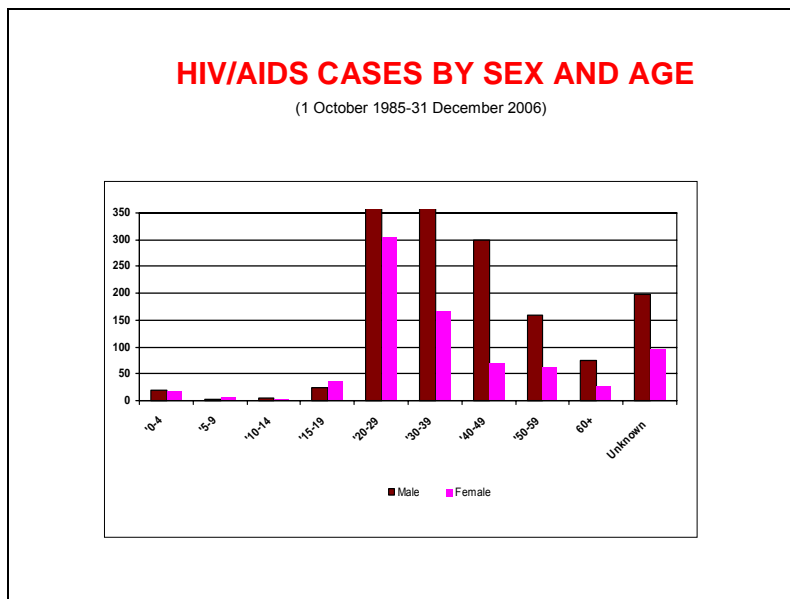
**Table 1: Mode of transmission of HIV**

Mode of transmission of HIV	2005 (%)	2006 (%)
Homo/Bisexual	11.5	11.6
IDU	7.2	7
Homo/Bisexual + IDU	0.2	0.1
Haemophilia	0.6	0.5
Blood Transfusion	2.6	2.5
Heterosexual	74.5	7.5
MTCT	2.6	2.4
Nosocomial	0.6	0.8
Unknown	30	29.7

Source: MOH, 2007

The data are available for all age groups. As reported by the MOH, 317 cases were in the 15-24 age group, 611 were 25-34 age group, 497 in the 35-49 age group, and less than 50 in the 0-14 age group (Figure 1).

Among the reported HIV-positive and AIDS cases, males between 15 and 39 years of age appear to be at highest risk. In 2004, roughly 1/3 of reported infections were in women. It should be noted that these figures are not considered reliable due to weaknesses in the surveillance system, mainly caused by incomplete reporting by the private sector.



**Figure 1:** HIV/AIDS Cases by sex and age  
Source: MOH, 2006

Commercial sex work is presently the major driver of the epidemic in Turkey. Sex workers coming from Eastern European and Newly Independent States (NIS) and their clients (mostly Turkish) are considered to be the major contributors. Commercial sex workers (CSWs) who are registered benefit from health services regularly; however unregistered CSWs have limited access to the health services. Registered sex workers are regularly checked for STIs, tested for HIV and receive confidential counselling. These medical centres are therefore important sites to reach CSWs.

Annually, Turkey receives approximately 24 million foreign visitors. Of these, roughly  $\frac{1}{4}$  come from Eastern Europe and NIS countries, a number of them with concentrated HIV/AIDS epidemics. Among the women who come from Eastern Europe and NIS countries, some of them are coming for, or ending up in, the sex trade. Another large contingent comes from the 3.5 million Turkish nationals residing in Western Europe and regularly visiting Turkey, who bring with them their newly acquired Western European ways and standards.

Whereas different surveys (IOM, Turkey and the Human Resource Development Foundation of Turkey) demonstrate that sex work, mainly heterosexual, is a great problem particularly in metropolitan areas, IDU does not appear to play an important role in driving the epidemic. A recent survey on drug use in Turkey strongly suggests that drug use in general, including IDU, is low, not only compared to the NIS countries (where IDU drives the epidemic), but also the most Western countries. However, in order to avoid the sudden surprises other countries have been confronted with, IDUs have already been identified as target groups in "Turkey HIV/AIDS Prevention and Support Programme funded by GFTAM and also will be one of the vulnerable populations identified in 2007-2011 National HIV/AIDS Strategic National Programme of Turkey.

The overall low HIV prevalence is thought to be the result of the traditional life style to which most Turkish citizens adhere and the nature of the sexual networks which are threatened by the mobility of the populations in and out of the countries.

## National Response to the AIDS epidemic

HIV/AIDS cases have been officially reported since 1985 and HIV/ AIDS have become a mandatory notifiable disease through a resolution adopted by the Ministry of Health in 1985. All private and public health institutions notify all detected HIV/AIDS cases to Provincial Health Directorates from where to Ministry of Health.

While reporting HIV infection, it is essential to avoid harming patient security and personal rights. Thus, a coding system is utilized to keep the patient's identity anonymous while reporting the HIV infections. It is not possible to release any explanation to third persons or to press about patient's disease unless he/she permits.

In Turkey AIDS patients have same rights with other patients. The Ministry of Health provides both preventive and treatment services for HIV/AIDS. It provides a ground for feasible, efficient and cost-effective performance (e.g. condoms are already disseminated to the public free of charge in Primary Health Institutions).

To get a broader national response to control HIV/AIDS a multisectoral collaboration country-wide was essential. Therefore, the National AIDS Commission (NAC) established in 1996 in Turkey. NAC headed by the MOH, has a multisectoral mandate and involves governmental and non-governmental organizations, academics, professional associations dealing with HIV/AIDS and the UN agencies. The machinery and the monitoring body of the NAC is the Core Group of the National AIDS Commission, and the Secretariat of the Commission is the Turkish Family Planning Association.

NAC currently follows the activities in the National Strategic Action Plan (NAP) developed for 2007-2011. The NAP involves strategies in the areas of prevention, treatment, counselling, social support, monitoring and evaluation and intersectoral collaboration. While the preparation of the mentioned programme special attention is paid to the "**The Three Ones**" objective (**One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, **One** National AIDS Coordinating Authority, with a broad-based multisectoral mandate, **One** agreed country-level Monitoring and Evaluation System).

Starting 2005, Turkey has benefited of a \$3.8 million grant for HIV/AIDS from Global Fund, 4<sup>th</sup> round application. Through HIV/AIDS Prevention and Support Programme (HPSP) funded by GFTAM a large partnership of governmental and non-governmental institutions have experienced the opportunity to consolidate and expand services on HIV/AIDS targeting both general and also vulnerable populations such as Commercial Sex Workers (CSWs), Men Having Sex with Men (MSMs), Intravenous Drug Users (IDUs), Prisoners and PLHA. The goal of HPSP has been to prevent the further spread of HIV through active preventive interventions, and to increase access of vulnerable populations to good quality HIV prevention services and empowering them including PLHA by putting in place appropriate mechanisms.

To provide with preventive HIV services to vulnerable populations mentioned above 16 projects have been carried by 13 NGOs. On the other hand, 14 voluntary counselling and testing (VCT) centres have been established and VCT counsellors have been trained country-wide. Moreover, training of police officers to increase awareness to support outreach activities has been carried out. Outreach workers working with CSWs, MSMs and IDUs from NGOs and public institutions have been trained.

Moreover, Project on Strengthening of HIV and STIs Surveillance funded by the European Commission carried out by Ministry of Health, Sexually Transmitted Infections (STIs) Department since 2003 under Turkey Reproductive Health

Programme (TRHP) aiming to strengthen current HIV/STIs surveillance, to make widely used current tools to monitor HIV and STIs and to measure behavioural patterns. The Situational Country Analysis on STIs/HIV has been prepared in 2005 and a National Consensus Building Meeting (NCBM) was conducted with the participation of major and relevant stakeholders in the field. The NCBM discussed the results of the previous workshops and the situation analysis. Following the recommendations of the NCBM an Operations Research on Key STIs and HIV in Turkey was designed aiming to contribute to the epidemiological knowledge of key STIs and HIV among the general population and among high-risk groups, and to assist in the development of a national second generation surveillance system.

The Operational Research funded by European Commission on the Surveillance of Key STIs and HIV has been completed in 2007 in five big cities of Turkey. The serological and behavioural patterns related to HIV and key STIs in pregnant women applying to antenatal clinics and in most of risk populations (Commercial sex workers, Injecting Drug Users and Men Having Sex with Men) in selected cities have been determined. One of the main outcomes of the above project has been that second generation surveillance can be considered appropriate for the most at risk populations in Turkey.

On the other hand the below activities on HIV and STIs have been done in scope of the above mentioned TRHP programme.

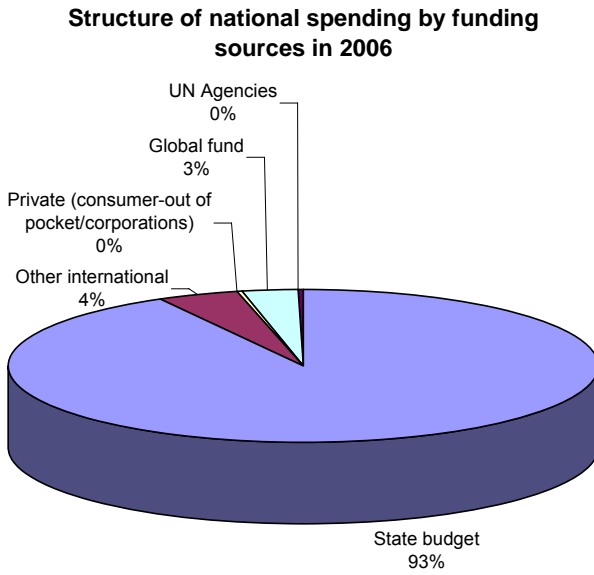
- 1- Development of HIV STIs in Service Training Modules.
- 2- In service training to health staff on HIV STIs.
- 3- Implementation of 18 projects on HIV/AIDS by CSOs.

**Indicator 1: “Domestic and international HIV/AIDS spending in Turkey in 2006 and 2007”**

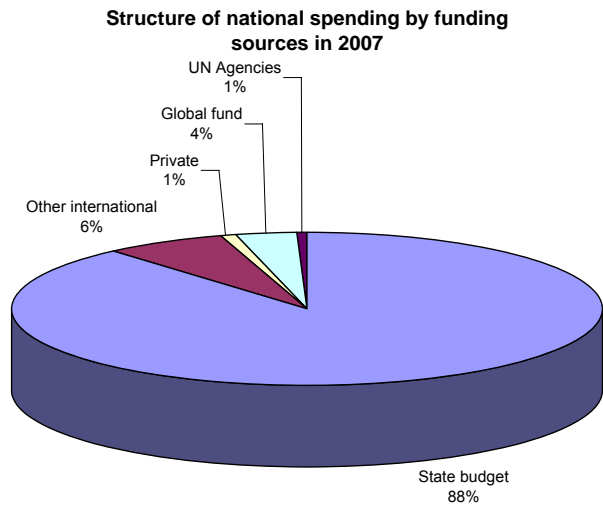
According to the assessment of national spending to prevent the spread of HIV/AIDS in Turkey<sup>1</sup>, in 2006 it was about 82 million US dollars), in 2007 about 89 million US dollars. Spending on HIV/AIDS contains information about spending from the public, international and private sources.

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<sup>1</sup> In order to calculate the amount of funds allocated to prevent the spread of HIV/AIDS in Turkey in 2006 and 2007, the country used the methodology, recommended by UNAIDS regarding its core indicator 1 – National AIDS Spending Assessment. Spending from government, international and private sources were evaluated.



**Figure 2:** Structure of National Spending by funding sources in 2006  
**Source:** MOH



**Figure 3:** Structure of National Spending by funding sources in 2007  
**Source:** MOH



**I. Public sources of funds<sup>2</sup>:** In 2006 and in 2007 HIV/AIDS Control Program in Turkey received about 50 million US dollars respectively from the government sources. The State Budget mainly covered antiretroviral therapy programs (ART); diagnostics and treatment of opportunistic infections; blood screening, Sexually Transmitted Infections (STIs) treatment, and testing of blood donors, registered commercial sex workers etc. Specifically, in 2006 the share on prevention constituted over 29 million US dollars and 25 million US dollars for treatment and care of 685 PLHA. In 2007, for prevention and treatment and care 27 million US dollars for 800 PLHA have been spent respectively.

**II. International sources of funds<sup>3</sup>.** Preventive activities for vulnerable populations, VCT services and operational research on HIV have been mainly covered by international donors. **In 2006** funds allocated by international organizations, made up 4 million US dollars. The Global Fund with 1.7 million US dollars, European Commission with over 2.3 million US dollars and UN agencies - 125.000 US dollars were the principle donors of Turkey.

**In 2007**, expenses of international organizations have increased to 6 million US dollars. The share of the Global Fund constituted 2 million US dollars; European Commission allocated around 3.8 million US dollars; UN agencies provided with 286.000 US dollars. The amount of international funds to fight HIV/AIDS in Turkey has increased annually.

**III. Private sources of funds:** Although the evaluation of private spending is not a mandatory component in the national AIDS spending, some figures have already been estimated based on the available data. However, especially the undernotified STI cases suggest a meaningful spending out-of pocket related to STI diagnostics and treatment. Consequently, private spending stands at a low level comparing with other sources in 2006 at 190.000 and 380.000 US dollars in 2007.

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<sup>2</sup> Expenses of international organizations separately include expenditures of multilateral agencies– Global Fund to Fight AIDS, Tuberculosis and Malaria, UN agencies and European Commission.  
In order to evaluate the share of international funding, official letters requesting data available sent to the representatives of related organizations in Turkey.

#### IV. Areas of funding of the national HIV/AIDS response

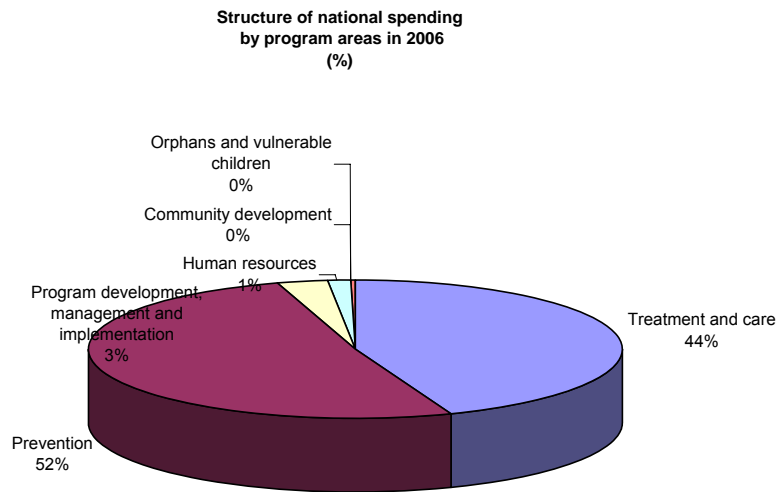


Figure 4: Structure of national spending by program areas in 2006  
Source: MOH

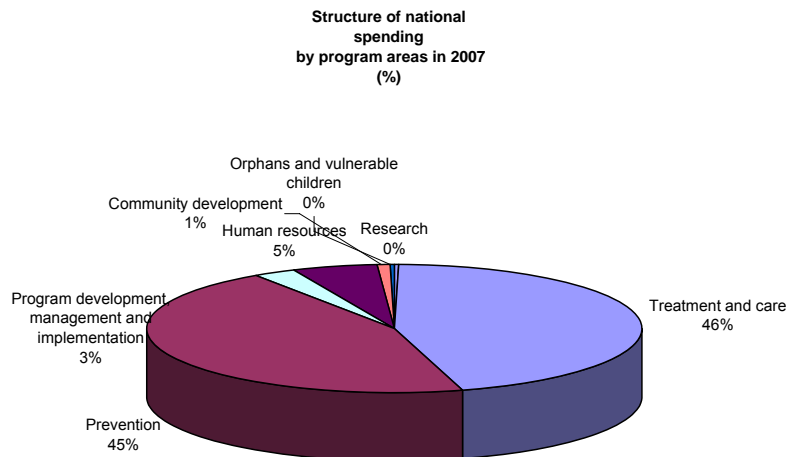


Figure 5: Structure of national spending by program areas in 2007  
Source: MOH

The greatest portion of funds is used to cover the "Prevention" and "Treatment and Care" components, where the government funds prevail. Most of the costs are allocated for the procurement of screening tests, antiretroviral drugs and medications to treat opportunistic infections. On the other hand, prevention activities for most-at-risk and vulnerable populations and PLHA are mainly covered by international donors especially by the Global Fund.

### **Indicator 3: Blood safety**

In 1986 HIV testing has been started to be performed at the diagnosis. In 1987 serological testing for blood/tissue/organ donors, registered commercial sex workers and before major surgical operations

There are currently 9 Confirmation Centers where confirmation tests are performed for HIV seropositivity.

All blood units are being screened for HIV. In 2006, 2406375 and in 2007 2185728 blood units have been screened in 368 Blood Centers country-wide.

### **Indicator 4: HIV Treatment- Antiretroviral treatment**

In Turkey PLHA have same rights with other patients. The Government of Turkey provides with ART services including treatment for opportunistic infections. For PLHA not having any medical insurance, green card provides with ART treatment as for any other disease.

In 2006, 685 PLHA have been taking ART. In 2007 it is estimated that around 800 PLHA have taken ART in Turkey.

### **Indicator 5: Prevention of Mother-to Child Transmission**

Number of pregnant women receiving ART in 2006 is 4 and in 2007 are 2. On the other hand, for a (-) newborn from a HIV (+) woman, a chemoprophylaxis is given until the serology is confirmed as negative.

### **Indicator 6: Co-Management Tuberculosis and HIV Treatment**

Number of adults with advanced HIV infection who is currently receiving ARV treatment in accordance with nationally approved treatment protocol and who were started on TB treatment in 2006 are 47. Out of total HIV/TB cases, there are 43 male and 4 female cases.

PLHA are screened for TB in ARV treatment centers and when necessary chemoprophylaxis is given.

### **Indicator 7: HIV testing in the General Population**

Routine HIV screening is performed for blood donors, registered commercial sex workers, and for patients before major surgical operations. Number of HIV tests performed for the mentioned people between 15-49 age groups is 2300314.

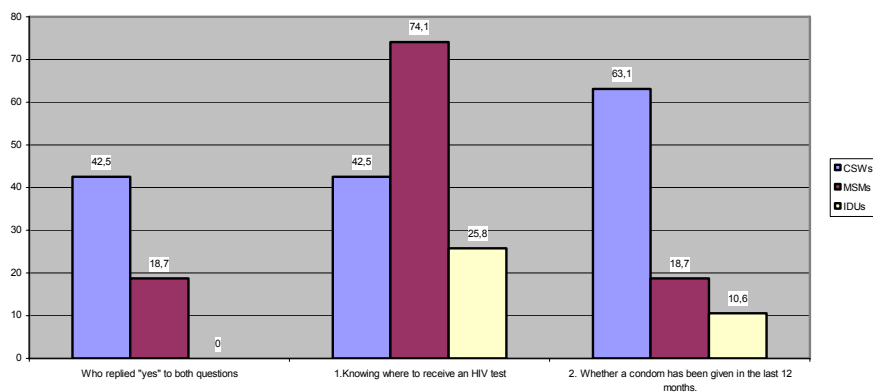
### **Indicator 8: HIV testing in Most-at-Risk Populations- Sex workers, MSM and IDUs.**

Data on sex workers who received HIV testing in the last 12 months and who know the results are obtained from the regular medical check-ups of registered commercial sex workers and from one operational research and one behavioural study based on a consecutive sampling for unregistered commercial sex workers. To reach MARPs was a challenge. Even if outreach interventions were

developed in order to target such populations the number addressing sentinel sited was low. In the operational research held in Ankara, İstanbul and Izmir, target population used to be men having sex with men and intravenous drug users besides unregistered commercial sex workers. Among the three groups under the scope of the operational research where the sampling was not representative for the mentioned populations, HIV positivity has been found 0.8% for CSWs, 1.2% for MSMs and 1.5% for IDUs. On the other hand, in the behavioural research conducted in İstanbul for unregistered commercial sex workers HIV positivity was found 3.5%. We expect to have higher MARPs tested to newly established VCT centers through media campaign in 2008.

**Indicator 9: Most-at-risk Populations: Prevention programs- Sex workers, MSM and IDUs.**

During the operational research on STI and HIV, some of the questions asked to MARPs were on the location where to be tested for HIV and also whether they have been given condoms in the last 12 months. Since syringes or sterile needles distribution was not common in Turkey, reached IDUs answered “no” to this question. The proportion of knowing the answers of both the first and second above mentioned questions were higher among CSWs at 42,5% than MSMs at 18,7%. On the other hand, MSMs have known more than CSWs and IDUs where to receive an HIV test. CSWs have been given more condoms than MSMs and IDUs at 63,1%, 18,7% and 10,6% respectively. Through outreach activities funded by the Global Fund we have improved the ways of reaching MARPS to make them aware on the prevention on HIV/AIDS and where to take an HIV test. However, reaching and giving them such prevention has to be sustainable.



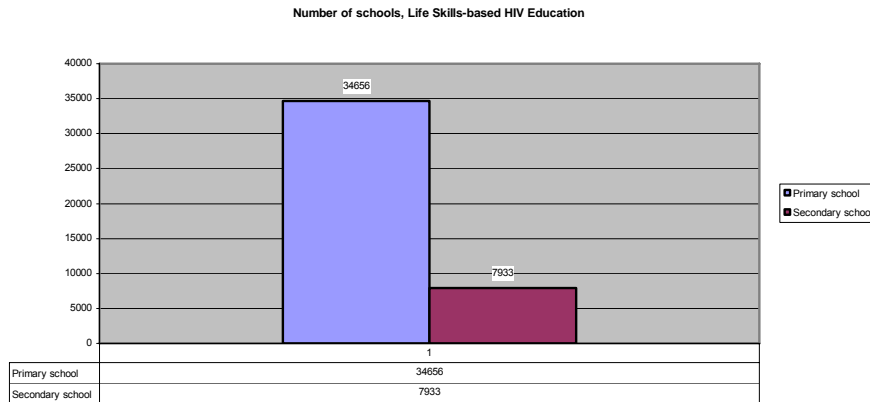
**Figure 6:** Prevention programs for most-at-risk populations  
**Source:** Operational Research on Key STI's And HIV in Turkey

**Indicator 10: Support for Children Affected by HIV/AIDS**

Number of orphaned or vulnerable children who live in a household that receive medical support, school related assistance and other social support was 14632 in 2007. To avoid discrimination there is no registry on any disease including HIV/AIDS on the General Directorate of Social Services and Children Protection forms. However, based on the voluntary denunciation, there is one known HIV/AIDS case living in a household having the above mentioned support.

**Indicator 11: Life Skills-based HIV Education in Schools:**

In 42589 schools life skills-based education has been included in the curricula in 2007. However, a technical evaluation on the effectiveness of the implementation in schools has not been done so far.



**Figure 7: Number of schools with Life Skills-based HIV Education**  
 Source: Ministry of Education website.

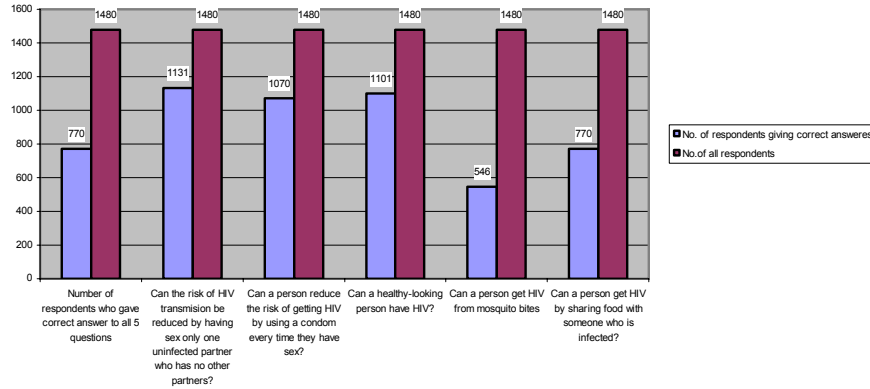
**Indicator 12: Orphans School Attendance**

Due to new arrangement on data evaluation system in the General Directorate of Social Services and Children Protection, the age distribution on the school attendance of orphans and non-orphans was not available. However, number of children whose age distribution is among 0-18, who have lost both parents and who attend school is 8688 out of 15554. On the other hand, the number of children both of whose parents are alive who are living at least one parent is 3908 out of 4866.

**Indicator 13: Young people: Knowledge about HIV Prevention**

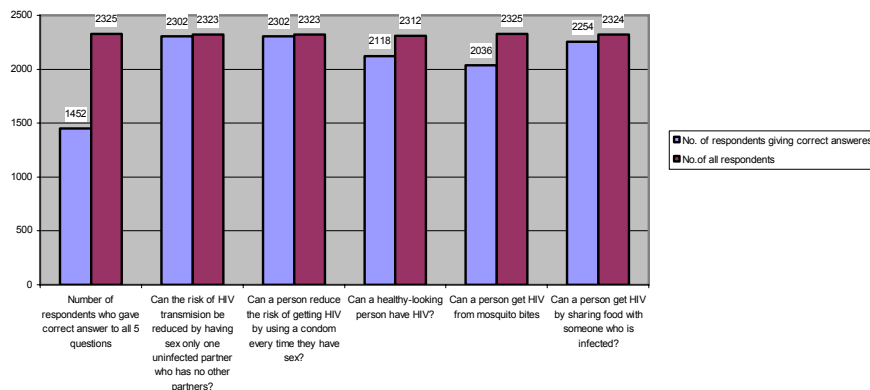
Three studies have been carried out on the knowledge of young people about HIV prevention. The first one has been carried out among secondary school students in Izmir in 2006. In this study two questions; question no. 2 and 5 have been matching with the questions classified under UNGASS indicators no. 13. The answers of these questions were as the following: 3321 out of 5869 students have been answered correctly to the 2<sup>nd</sup> question and 2704 out of 6118 have been answered correctly to the 5<sup>th</sup> question. These data suggests supporting to increase the awareness on HIV/AIDS among secondary school students.

Another study carried out among young people (figure 8) suggested that although prevention has been known by the most of young people, some of had insufficient knowledge on HIV/AIDS as seen on the fourth and fifth questions at 37% and 52% respectively.



**Figure 8: Young people knowledge about HIV**  
**Assessment of knowledge and attitudes of young population**  
 Source:

The third study carried out among 22 medical school students in 2007 has the following results (figure 9):

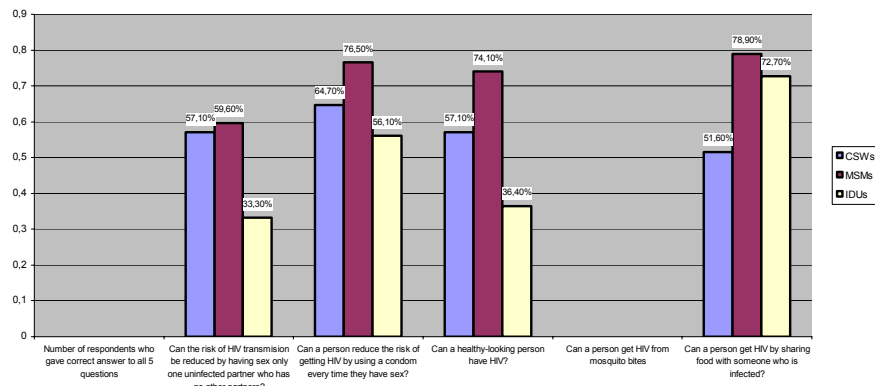


**Figure 9: Young people knowledge about HIV**  
 Source: Assessment of knowledge and attitudes of the 5<sup>th</sup> and 6<sup>th</sup> years of Medical Student on HIV/AIDS.

Although the mentioned above study doesn't represent the whole medical students in Turkey, points out the necessity to emphasize more HIV/AIDS with positive behavioural change in medical school curriculum at the 5<sup>th</sup> and 6<sup>th</sup> years of medical schools.

**Indicator 14: Most-at-risk populations: Knowledge about HIV**

Knowledge about HIV among MARPs was differing each other. For instance, for CSWs the answers for the 1st question was 57,1% while it was 64,7% for the 2nd question and 57,1% for the 3rd and 51,6% for the 5th question (Figure 10). On the other hand, for IDUs, the percentage for the 1st question was 32,4% and 35,3 for the 3rd question. Percentages were much higher than CSWs and IDUs among MSMs at 59,6% for the 1st, 76% for the 2n, 74% for 3rd and 78,9 for the 5th questions. These data emphasis that more preventive activities are needed for MRP's especially for IDUs.



**Figure 10: Most-at-risk populations: Knowledge about HIV**  
 Source: Operational Research on Key STI's And HIV in Turkey

### Indicator 15: Sex before the age of 15

The percentage of young women aged 15-24 who have had a sexual intercourse before the age of 15 was 37%. However, these data only represent the situation in some CSWs reached by consecutive sampling. Therefore, these data are not representative for the whole population in Turkey.

### Indicator 16: Higher-risk sex

The percentage of women aged 15-49 who have had a sexual intercourse with more than one partner in the last 12 months was 15%.

### Indicator 17: Condom use during higher risk sex

The percentage of women aged 15-49 who have had more than one partner in the last 12 months reporting the use of a condom during the last sexual intercourse was 58%.

### Indicator 18: Condom use: Sex workers

In the operational research carried out among MARPs in 2006 and 2007, the percentage of female and male sex workers reporting the use of a condom with their most recent client was 35,8%.

### Indicator 19: Condom use: MSMs

In the operational research carried out among MARPs in 2006 and 2007, the percentage of men reporting the use of a condom the last time they had anal sex with a male sex partner was 36,7%.

### Indicator 20: Condom use: IDUs

In the operational research carried out among MARPs in 2006 and 2007, the percentage of IDUs reporting the use of a condom the last time they had sexual intercourse was 10%.

### Indicator 21: IDUs: Safe injecting practices

The percentage of IDUs reporting the use of sterile injecting equipment the last time they injected.

### Indicator 22: Reduction in HIV prevalence-Youth

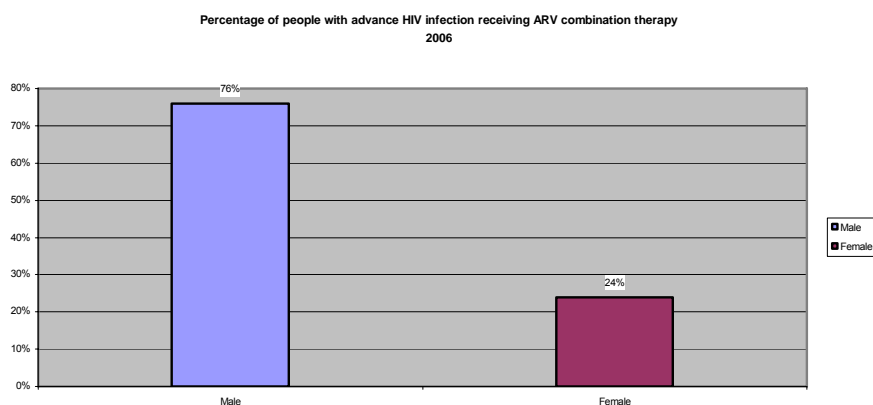
Percentage of young women aged 15-24 who are HIV infected among antenatal clinic attendees tested whose HIV test results are positive is 0%.

### Indicator 23: Reduction in HIV prevalence: CSWs, MSMs and IDUs

Percentage of members of CSWs who positive was 1,6%, MSMs was 1,8% and for IDUs was 1,5% as the result of two studies carried out among MARPs in 2006-2007.

### Indicator 24 HIV treatment: Survival after 12 months on Antiretroviral Treatment

Since data on PLHA receiving ART therapy in 2007 would be available though mid of 2008, only data in 2006 has been included in Turkey 2008 UNGASS report. Therefore, percentage of people with advanced HIV infection receiving antiretroviral combination therapy in 2006 is 24% for females and 76% for males. Data have been collected from medical centres where ARV is given. High costs of ARVs and laboratory tests are the major constraints hindering wider access to anti-retroviral therapy.



**Figure 11:** % of people with advanced HIV infection receiving antiretroviral combination therapy.  
Source: MOH

## Best practices

Turkey HIV/AIDS Prevention and Support Programme funded by the Global Fund in 2006 and 2007 have given both public and non-governmental organisations a good environment and opportunity to collaborate reaching vulnerable groups. Through such a collaboration outreach services reaching higher targeted number from vulnerable populations, established VCT services in Programme cities and prevention activities targeting these groups have been carried out successfully.

## Major challenges and remedial actions

a) Because of the young structure of the population there is a need to intensify on prevention among young people. Some agencies have been implementing programmes reaching young people for HIV/AIDS prevention in the country. A systematic and comprehensive evaluation of these interventions, identification of best practises and formulate a mechanism of scaling up those most effective strategies in a coordinated manner is required.

b) Preventive activities targeting vulnerable populations through the collaboration between public institutions and NGOs founded by the Global Fund in 2006 and 2007 have been successfully implemented. However, such activities



should be sustainable through the financial support of both government and international organisations.

c) A clear understanding of the dynamics of the HIV/AIDS epidemic among vulnerable groups through well designed behaviour and practise studies which will assist in developing effective and sustainable programmes that meet the special circumstances prevailing in these sub-populations is needed.

c) VCT services should be strengthened and VCT centers need to be widely located.

e) There is a need to establish a strong national monitoring and evaluation mechanism to oversee the national response.

f) There is a need to a national AIDS account available to track the funds for HIV.

g) A functioning ARV resistance monitoring and patient follow-up mechanism is needed.

### **Support from the country's development partners**

Turkey requires support from development partners to cover;

- The ability to use the generic antiretroviral drugs to treat all who need them in the country and opportunistic infections
- Funds for orphans and vulnerable children
- Fund to increase preventive HIV activities for vulnerable populations
- Funds to support Research
- Technical support for monitoring and evaluation

### **Monitoring and evaluation environment**

Turkey MOH is primarily responsible for periodic monitoring and evaluation of the implementation of the National Strategic Action Plan. A national M&E framework is under development. The objectives of the plan which is still in a draft form and is yet to be refined are to:

To track the implementation of National Action Plan activities and establish whether the objectives have been achieved

To increase the understanding of trends in HIV/AIDS prevalence and explain the changes in state and levels of HIV/AIDS prevalence over time to allow for appropriate response to the epidemic

To strengthen the capacity of National AIDS Commission, sectors, NGOs and civil society organizations to collect and use of serologic and behavioural HIV/AIDS data.

### **Annex 1: Consultation/preparation process for this national report**

This report includes the outputs of activities on HIV/AIDS carried out by governmental, non-governmental organisations and sectors related to HIV/AIDS in

Turkey. Moreover, some data have been available through special surveys on HIV/AIDS being a part of projects carried out in 2006-07.

Data on the National AIDS Action Plan have been regularly, every six month, collected by the secretariat of the NAC to update the National Action Plan.

Relevant tables and graphics have been generated in and graphs have been inserted into narrative report in January 2006.

## **Annex 2: National Composite Policy Index Questionnaire**

Turkey has already developed a national multi-sectoral action framework which is also called as the "National AIDS Action Plan" to combat HIV/AIDS for the years 2003-2005.

A new strategic action plan is being developed for the years 2007-2011 emphasizing more on the millennium development goals.

The National AIDS Commission chaired by the MOH promotes interaction between government, people living with HIV, the private sector and civil society for implementing HIV and AIDS programmes. It also supports coordination of HIV-related service delivery by civil-society organizations.

Amount of national funds disbursed by governments is around \$50,000,000 annually.

In the National AIDS Action Plan for 2007-2011 strategies that promote information, education and communication (IEC) on HIV and AIDS to the general population have been planned. Strategies to promote preventive health interventions for most-at-risk populations are in place in the Strategic AIDS National Action Plan.

Moreover, HIV and AIDS research protocols involving human subjects are reviewed and approved by ethical review committee of MOH or related health centres' ethical committee.