

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Turkey (0)

**2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**

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**7) Date of submission:**

Please enter in DD/MM/YYYY format

28/03/2010

#### Page 3

**8) Describe the process used for NCPI data gathering and validation:**

NATIONAL SURVEILLANCE SYSTEM, NATIONAL STRATEGIC FRAMEWORK

**9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

DISCUSSIONS HELD IN MEETINGS REQUESTED BY ANY PART OF THE COMMUNITY

10)

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

NO CONCERNS

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11)

**NCPI - PART A [to be administered to government officials]**

| Organization Names/Positions |                    | Respondents to Part A<br>[Indicate which parts each respondent was queried on] |
|------------------------------|--------------------|--|
| Respondent 1                 | MOH STI DEPARTMENT | A.I, A.II, A.III, A.IV, A.V  |

12)

**NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]**

| Organization Names/Positions |                           | Respondents to Part B<br>[Indicate which parts each respondent was queried on] |
|------------------------------|---------------------------|--|
| Respondent 1                 | UNAIDS UNAIDS FOCAL POINT | B.I, B.II, B.III, B.IV   |

13)

| Organization Names/Positions |                         | Respondents to Part B<br>[Indicate which parts each respondent was queried on] |
|------------------------------|-------------------------|--|
| Respondent 2                 | NGO/PLA ARZU KAYKI/HEAD | B.I, B.II, B.III, B.IV   |
| Respondent 3                 |                         |  |
| Respondent 4                 |                         |  |
| Respondent 5                 |                         |  |
| Respondent 6                 |                         |  |
| Respondent 7                 |                         |  |
| Respondent 8                 |                         |  |
| Respondent 9                 |                         |  |
| Respondent 10                |                         |  |
| Respondent 11                |                         |  |
| Respondent 12                |                         |  |
| Respondent 13                |                         |  |
| Respondent 14                |                         |  |
| Respondent 15                |                         |  |
| Respondent 16                |                         |  |
| Respondent 17                |                         |  |
| Respondent 18                |                         |  |
| Respondent 19                |                         |  |
| Respondent 20                |                         |  |

Respondent 21  
 Respondent 22  
 Respondent 23  
 Respondent 24  
 Respondent 25

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14)

**Part A, Section I: STRATEGIC PLAN****1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

**Page 7**15) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2007-2011

16)

**1.1 How long has the country had a multisectoral strategy?****Number of Years**

14

17)

**1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?**

|                 | Included in strategy | Earmarked budget |
|-----------------|----------------------|------------------|
| Health          | Yes                  | No               |
| Education       | Yes                  | No               |
| Labour          | Yes                  | No               |
| Transportation  | No                   | No               |
| Military/Police | No                   | No               |
| Women           | No                   | No               |
| Young people    | No                   | No               |
| Other*          | Yes                  | No               |

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18) **Part A, Section I: STRATEGIC PLAN****Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

FINANCE

19)

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?**

A GENERAL COMMUNICABLE DISEASES PERSPECTIVE BUDGET IS BEING ALLOCATED BY THE MOH FOR HIV SPECIFIC ACTIVITIES (FOR MOH ACTIVITIES).

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20)

**Part A, Section I: STRATEGIC PLAN**

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

| <b>Target populations</b>                    |     |
|--|-----|
| a. Women and girls                           | Yes |
| b. Young women/young men                     | Yes |
| c. Injecting drug users                      | Yes |
| d. Men who have sex with men                 | Yes |
| e. Sex workers                               | Yes |
| f. Orphans and other vulnerable children     | No  |
| g. Other specific vulnerable subpopulations* | Yes |
| <b>Settings</b>                              |     |
| h. Workplace                                 | Yes |
| i. Schools                                   | Yes |
| j. Prisons                                   | Yes |
| <b>Cross-cutting issues</b>                  |     |
| k. HIV and poverty                           | No  |
| l. Human rights protection                   | Yes |
| m. Involvement of people living with HIV     | Yes |
| n. Addressing stigma and discrimination      | Yes |
| o. Gender empowerment and/or gender equality | Yes |

21)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

22)

**Part A, Section I: STRATEGIC PLAN****Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2007

**Page 11**

23)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

Commercial sex workers, men having sex with men, intra venous drug users, prisoners, refugees and assylum seekers

24)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

25)

**1.7 Does the multisectoral strategy or operational plan include:**

|   |     |
|---|-----|
| a. Formal programme goals?                                | Yes |
| b. Clear targets or milestones?                           | Yes |
| c. Detailed costs for each programmatic area?             | No  |
| d. An indication of funding sources to support programme? | No  |
| e. A monitoring and evaluation framework?                 | Yes |

26)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

**Page 12**

27)

**Part A, Section I: STRATEGIC PLAN****Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

Multisectoral strategy has been ensured through active involvement of NGOs who are members of National AIDS Commission. Workshops organised in the country contributed the involvement and participation of civil society. An activity plan with covering the monitoring and evaluation system is in preparation process.

28)

**1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?**

Yes (0)

29)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners (0)

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30)

**Part A, Section I: STRATEGIC PLAN**

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

No (0)

**Page 16**

31)

**Part A, Section I: STRATEGIC PLAN**

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

N/A (0)

**Page 17**

32)

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?**

Yes (0)

**Page 18**

33)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

|   |     |
|---|-----|
| Behavioural change communication        | Yes |
| Condom provision                        | Yes |
| HIV testing and counselling             | Yes |
| Sexually transmitted infection services | Yes |
| Antiretroviral treatment                | Yes |
| Care and support                        | Yes |
| Other: Please specify                   |     |

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34)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

HIV testing is performed: -mandatory amongst legal registered sex workers and blood/organ donors, -voluntarily at VCT's, -voluntarily offered to pregnant, -voluntarily offered to couples who are about to marry, -performed before surgeries at hospitals after approval of patients.

35)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

**Page 20**

36)

**Part A, Section I: STRATEGIC PLAN****5.1 IF YES, for which subpopulations?**

|                                |     |
|--------------------------------|-----|
| a. Women                       | Yes |
| b. Young people                | Yes |
| c. Injecting drug users        | Yes |
| d. Men who have sex with men   | Yes |
| e. Sex Workers                 | Yes |
| f. Prison inmates              | Yes |
| g. Migrants/mobile populations | Yes |
| Other: Please specify          |     |

37)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

According to "Patients' Rights Regulations"; any data or information about patients (including HIV patients) is not allowed for distribution or sharing with third-parties without patient's signed approval. A Universal Anonymous Coding System is being used for reporting to the MoH.

38)

**Briefly comment on the degree to which these laws are currently implemented:**

The laws are being implemented accurately.

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39)

**Part A, Section I: STRATEGIC PLAN**

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 23**

40)

**Part A, Section I: STRATEGIC PLAN**

**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

**Page 24**

41)

**Part A, Section I: STRATEGIC PLAN**

**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

42)

**7.2 Have the estimates of the size of the main target populations been updated?**

Yes (0)

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43)

**Part A, Section I: STRATEGIC PLAN**



**7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current needs only (0)

44)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

**Page 26**

45)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

46)

**(b) IF YES, is coverage monitored by population groups?**

Yes (0)

**Page 27**

47)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)****IF YES, for which population groups?**

Commercial sex workers, men having sex with men, intra venous drug users

48)

**Briefly explain how this information is used:**

For developing specific programmes needed for prevention and treatment purposes

**Page 28****49) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

50)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

provincial level

51)

**Briefly explain how this information is used:**

monitoring the program

52)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

**Page 30**

53)

**Part A, Section I: STRATEGIC PLAN****Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

9 (9)

54)

**Since 2007, what have been key achievements in this area:**

Strategy planning efforts have been accelerated through Turkey HIV/AIDS Programme funded by the Global Fund. Also operational research activities on HIV have been carried out on some specific target groups. Analyses results are expected on some more studies.

55)

**What are remaining challenges in this area:**

VCT's need to be supported, also the number needs to be increased. A program also including other STI's is under planning process. Standart protocol of treatment on HIV Nationwide is under process.

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56)

**Part A, Section II: POLITICAL SUPPORT**

**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

|   |     |
|---|-----|
| President/Head of government                | No  |
| Other high officials                        | Yes |
| Other officials in regions and/or districts | Yes |

57)

**2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?**

Yes (0)

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58)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

1996

59)

**2.2 IF YES, who is the Chair?**

|                |                                    |
|----------------|------------------------------------|
| Name           | Nihat TOSUN                        |
| Position/title | Undersecretary, Ministry of Health |

60)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

|   |     |
|---|-----|
| have terms of reference?  | Yes |
| have active government leadership and participation?  | Yes |
| have a defined membership?  | Yes |
| include civil society representatives?  | Yes |
| include people living with HIV?   | No  |
| include the private sector?   | No  |
| have an action plan?  | Yes |
| have a functional Secretariat?  | Yes |
| meet at least quarterly?  | No  |
| review actions on policy decisions regularly?   | No  |
| actively promote policy decisions?  | Yes |
| provide opportunity for civil society to influence decision-making?   | Yes |
| strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting? | Yes |

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61)

**Part A, Section II: POLITICAL SUPPORT****Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

33

62)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

13

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63)

**Part A, Section II: POLITICAL SUPPORT**

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?**

Yes (0)

**Page 35**

64)

**Part A, Section II: POLITICAL SUPPORT****Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

Coordination and sharing experiences, interaction of different stakeholders.

65)

**Briefly describe the main challenges:**

Coordination and sharing experiences, interaction of different stakeholders. For question 4: No specific budget has been defined for the National HIV programme, Expenditure is pulled from the "communicable diseases general budget"

66)

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?**

Please enter the rounded percentage (0-100)

0

67)

**5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

|   |     |
|---|-----|
| Information on priority needs                           | Yes |
| Technical guidance                                      | Yes |
| Procurement and distribution of drugs or other supplies | Yes |
| Coordination with other implementing partners           | Yes |
| Capacity-building                                       | Yes |
| Other: Please specify                                   |     |

68)

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?**

Yes (0)

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69)

**Part A, Section II: POLITICAL SUPPORT**

**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

Yes (0)

Page 37

70)

**Part A, Section II: POLITICAL SUPPORT**

**Question 6.1 (continued)**

**IF YES, name and describe how the policies / laws were amended:**

..

71)

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:**

..

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72)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

9 (9)

73)

**Since 2007, what have been key achievements in this area:**

With the change of the regulations on social security in 2010, access to HIV treatment has been free of charge for citizens with social insurance. Also the anonymity of patients has been secured.

74)

**What are remaining challenges in this area:**

--

**Page 39**

75)

**Part A, Section III: PREVENTION**

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?**

Yes (0)

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76)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)

- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

77) In addition to the above mentioned, please specify other key messages explicitly promoted:

..

78)

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes (0)

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79)

**Part A, Section III: PREVENTION**

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

80)

**2.1 Is HIV education part of the curriculum in:**

primary schools? No  
secondary schools? Yes  
teacher training? Yes

81)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

82)

**2.3 Does the country have an HIV education strategy for out-of-school young people?**

Yes (0)

83)

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?**

Yes (0)

**Page 42**

84)

**3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?**

Check which specific populations and elements are included in the policy/strategy

|   |  |
|---|--|
| Targeted information on risk reduction and HIV education                                | Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations         |
| Stigma and discrimination reduction   | Sex workers  |
| Condom promotion  | Men having sex with men, Sex workers, Clients of sex workers, Other populations                      |
| HIV testing and counselling   | Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations |
| Reproductive health, including sexually transmitted infections prevention and treatment | Sex workers, Prison inmates  |
| Vulnerability reduction (e.g. income generation)  |  |
| Drug substitution therapy   | Injecting drug user  |
| Needle & syringe exchange   | Injecting drug user  |

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85) **Part A, III. PREVENTION**

**Question 3.1 (continued)**

**You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".**

Refugees and assylum seekers

**Page 44**

86)

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

8 (8)

87)



**Since 2007, what have been key achievements in this area:**

Through the National HIV/AIDS Prevention and Support Programme, preventive health services have been broadened more amongst the community as well as the most at risk populations.

88)

**What are remaining challenges in this area:**

More effort is needed to reach especially injecting drug using groups.

**Page 45**

89)

**Part A, III. PREVENTION****4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

**Page 46**

90)

**Part A, III. PREVENTION****Question 4 (continued)****IF YES, how were these specific needs determined?**

Studies conducted amongst risk populations, data obtained from the monitoring system, feedback from the clinicians/hospitals.

91)

**4.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

|   |       |
|---|-------|
| Blood safety  | Agree |
| Universal precautions in health care settings   | Agree |
| Prevention of mother-to-child transmission of HIV   | Agree |
| IEC* on risk reduction  | Agree |
| IEC* on stigma and discrimination reduction   | N/A   |
| Condom promotion  | Agree |
| HIV testing and counselling   | Agree |
| Harm reduction for injecting drug users   | N/A   |
| Risk reduction for men who have sex with men  | N/A   |
| Risk reduction for sex workers  | N/A   |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree |

|   |             |
|---|-------------|
| School-based HIV education for young people   | Don't agree |
| HIV prevention for out-of-school young people | Don't agree |
| HIV prevention in the workplace               | Don't agree |
| Other: please specify                         |             |

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92)

**Part A, III. PREVENTION**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

8 (8)

93)

**Since 2007, what have been key achievements in this area:**

Groups have been informed and trained on prevention, preventive measures as condoms and lubricants have been distributed to special groups and requirements.

94)

**What are remaining challenges in this area:**

..

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95)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

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96)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

97)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

98)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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99)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

Feedback from clinical caregivers/patients/clinicians

100)

**2.1 To what extent have the following HIV treatment, care and support services been implemented?**

|   | The majority of people in need have access |
|---|--|
| <b>HIV treatment, care and support service</b>  |  |
| Antiretroviral therapy  | Agree                                      |
| Nutritional care  | N/A  |
| Paediatric AIDS treatment   | Agree                                      |
| Sexually transmitted infection management   | Agree                                      |
| Psychosocial support for people living with HIV and their families                          | Don't agree                                |
| Home-based care   | Don't agree                                |
| Palliative care and treatment of common HIV-related infections                              | Agree                                      |
| HIV testing and counselling for TB patients   | Agree                                      |
| TB screening for HIV-infected people  | Agree                                      |
| TB preventive therapy for HIV-infected people   | N/A  |
| TB infection control in HIV treatment and care facilities                                   | N/A  |
| Cotrimoxazole prophylaxis in HIV-infected people  | N/A  |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)                        | Agree                                      |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Agree                                      |
| HIV care and support in the workplace (including alternative working arrangements)          | Agree                                      |
| Other: please specify   |  |

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101)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

102)

**4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?**

Yes (0)

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103)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 4 (continued)**

**IF YES, for which commodities?:**

Condoms

**Page 53**

104)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

9 (9)

105)

**Since 2007, what have been key achievements in this area:**

HIV treatment and care is free of charge for citizens under social insurance since 2007.

106)

**What are remaining challenges in this area:**

Patient have to declare their ID numbers for free access to antiretrovirals in social security system. This leads some people not to use the social security system to avoid discrimination.

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107)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

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108)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

109)

**5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?**

Yes (0)

110)

**5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?**

No (0)

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111)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

9 (9)

112)

**Since 2007, what have been key achievements in this area:**

All the orphans without respect of diseases status are covered by goverment for all purposes including social insurance, education and accomodation.

113)

**What are remaining challenges in this area:**

..

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114)

**Part A, Section V: MONITORING AND EVALUATION****1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

In progress (0)

**Page 64**

115)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

**Page 65**

116)

**Part A, Section V: MONITORING AND EVALUATION****Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

Twice a year, it involves reported cases, the national surveillance system, feedback by clinicians and VCTs.

117)

**5. Is there a functional national M&E Unit?**

In progress (0)

**Page 69**

118)

**What are the major challenges?**

Timely reporting, full reporting

**Page 70**

119)

**Part A, Section V: MONITORING AND EVALUATION****6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

No (0)

120)

**6.1 Does it include representation from civil society?**

No (0)

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121)

**7. Is there a central national database with HIV- related data?**

Yes (0)

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122)

**Part A, Section V: MONITORING AND EVALUATION**

**7.1 IF YES , briefly describe the national database and who manages it:**

Anonymous case based data,STD-HIV/AIDS Unit

123)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, but only some of the above (0)

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124)

**Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

target populations (0)  
geographical coverage of HIV services (0)

125)

**7.3 Is there a functional\* Health Information System?**

At national level Yes  
At subnational level Yes

**Page 74**

126)

**Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

**For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

provincial level

127)

**8. Does the country publish at least once a year an M&E report on HIV, including HIV**

**surveillance data?**

Yes (0)

128)

**9. To what extent are M&E data used****9.1 in developing / revising the national AIDS strategy?:**

4 (4)

129)

**Provide a specific example:**

Reviewing national HIV/AIDS programme, Applying to donor organisations, determining need for groups

130)

**What are the main challenges, if any?**

M&E system needs to be improved

**Page 75****131) Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

4 (4)

132)

**Provide a specific example:**

Risk reduction

133)

**What are the main challenges, if any?**

..

**Page 76**

134)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

135)



**Provide a specific example:**

Programme revising, need assesment

136)

**What are the main challenges, if any?**

..

**Page 77****137) Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, but only addressing some levels (0)

**Page 78****138) Part A, Section V: MONITORING AND EVALUATION**

**For Question 10, you have checked "Yes, but only addressing some levels", please specify**

at service delivery level (0)

139)

**10.1 In the last year, was training in M&E conducted**

|  |    |
|--|----|
| At national level?                                 | No |
| At subnational level?                              | No |
| At service delivery level including civil society? | No |

**Page 80**

140)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81****141) Part A, Section V: MONITORING AND EVALUATION**

**Question 10.2 (continued)**  
**IF YES, describe what types of activities:**

Assessment of needs and capacities of VCT's, review of surveillance system, assessment of yearly reports for web based Health Information and/or M&E System.

**Page 82****142) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)**

**Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

8 (8)

**143)**

**Since 2007, what have been key achievements in this area:**

Assessments and review for M&E system

**144)**

**What are remaining challenges in this area:**

Web based and clinical oriented reporting system

**Page 83****145)****Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

Yes (0)

**Page 84****146)****Part B, Section I. HUMAN RIGHTS**

**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

Not specially on HIV/AIDS but generally on human rights and patient rights as following: -Turkish Panel Code (Law No. 5237): Related clauses: #136,137: on violation of privacy, # 122: on discrimination as general non-discrimination provisions -Patient rights code:1998/23420

147)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 85**

148)

**Part B, Section I. HUMAN RIGHTS**

**2.1 IF YES, for which subpopulations?**

|                                |     |
|--------------------------------|-----|
| a. Women                       | Yes |
| b. Young people                | Yes |
| c. Injecting drug users        | No  |
| d. Men who have sex with men   | No  |
| e. SexWorkers                  | No  |
| f. prison inmates              | Yes |
| g. Migrants/mobile populations | Yes |
| Other: Please specify          |     |

149)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

The Constitution guarantees equality before the law for all citizens. Turkey signed below international conventions ie CEDAW, Convention on the Rights of the Child, International Covenant on Economic, Social and Cultural Rights and accepted them as national legislation. Human Rights Commission of the Parliament, Provincial Committees on Human Rights and some monitoring mechanisms of civil human rights organisations are the existing bodies to ensure the implementation. -Turkish Penal Code (Law No. 5237) against discrimination specifies gender - Prisoner rights after imprisonment against discrimination

150)

**Briefly describe the content of these laws:**

In Case of discrimination, the Penal Code and the Civil Code provide redress; and also the citizens have right to apply European Human Rights Court.

151)

**Briefly comment on the degree to which they are currently implemented:**

Highly implemented.

**Page 86**

152)

**Part B, Section I. HUMAN RIGHTS**

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 87**

153)

**Part B, Section I. HUMAN RIGHTS**

**3.1 IF YES, for which subpopulations?**

|                                |     |
|--------------------------------|-----|
| a. Women                       | No  |
| b. Young people                | No  |
| c. Injecting drug users        | Yes |
| d. Men who have sex with men   | Yes |
| e. SexWorkers                  | Yes |
| f. prison inmates              | Yes |
| g. Migrants/mobile populations | Yes |
| Other: Please specify          |     |

154)

**IF YES, briefly describe the content of these laws, regulations or policies:**

Problems are mainly in prevention area: IDUs: The National Authority for Prevention of Drug Use does not accept harm reduction strategies as a priority which prevents civil society organisations to work with IDUs. Prison inmates: The authorities allow provision of information on HIV/AIDS to prison inmates but don't permit condom/ steril needle distribution as a part of a prevention initiative. Sex workers: sex working is not a punishable act but mediating sex workers is forbidden. The police may accept condoms as an evidence of crime for illegal sex work.

155)

**Briefly comment on how they pose barriers:**

Treatment sustainability for illegal migrant populations may be delayed due to laws.

**Page 88**

156) **Part B, Section I. HUMAN RIGHTS**

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes (0)

**Page 89**

157)

**Part B, Section I. HUMAN RIGHTS**

**Question 4 (continued)**

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

It is mentioned in strategic plan.

158)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

Yes (0)

**Page 90**

159)

**Part B, Section I. HUMAN RIGHTS**

**Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

A report is published annually Human rights violations of PLHIV by an NGO.

160)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

**Page 91**

161)

**Part B, Section I. HUMAN RIGHTS**

**Question 6 (continued)**

**IF YES, describe some examples:**

The annual strategic plan for communicable diseases control and prevention of MoH includes sex workers against STI including HIV.

162)

**7. Does the country have a policy of free services for the following:**

- |                             |     |
|-----------------------------|-----|
| a. HIV prevention services  | Yes |
| b. Antiretroviral treatment | Yes |

**Page 92**

163)

**Part B, Section I. HUMAN RIGHTS****Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

Free prevention services (condoms distributed through health centers and family medicine centers, counselling services for the whole population.) Treatment and hospital care services are covered by Social Security System.

164)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

**Page 93**

165)

**Part B, Section I. HUMAN RIGHTS**

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

166)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

Yes (0)

**Page 94**

167)

**Part B, Section I. HUMAN RIGHTS****Question 9 (continued)**

**IF YES, briefly describe the content of this policy:**

Sex workers have free access to condoms through health centers, VCT's. Whole citizens have free access to treatment.

168)

**9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?**

Yes (0)

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169)

**Part B, Section I. HUMAN RIGHTS**

**Question 9.1 (continued)**

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

Sex workers have free access to condoms through health centers, VCT's. No harm reduction programmes for IDUs since the government regards such programmes as legalising drug use. Condoms not included in programmes aimed at prison inmates. Whole citizens have free access to treatment.

170)

**10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

Yes (0)

171)

**11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

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172)

**Part B, Section I. HUMAN RIGHTS**

**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

Page 97

173)

**– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work**

Yes (0)

174)

– **Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

175)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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176)

#### **Part B, Section I. HUMAN RIGHTS**

#### **Question 12 (continued)**

**IF YES on any of the above questions, describe some examples:**

Human Rights Commission of the Parliament Provincial Committees on Human Rights  
Monitoring mechanisms of civil human rights organisations

### Page 99

177)

#### **Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

No (0)

178)

– **Legal aid systems for HIV casework**

Yes (0)

179)

– **Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

Yes (0)

180)



**– Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

181)

**15. Are there programmes in place to reduce HIV-related stigma and discrimination?**

Yes (0)

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182)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**IF YES, what types of programmes?**

|                                      |     |
|--------------------------------------|-----|
| Media                                | Yes |
| School education                     | No  |
| Personalities regularly speaking out | Yes |
| Other: please specify                | No  |

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183)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

5 (5)

184)

**Since 2007, what have been key achievements in this area:**

The Social Security System came into force, raising the access to treatment.

185)

**What are remaining challenges in this area:**

..

**Page 102**

186)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

7 (7)

187)

**Since 2007, what have been key achievements in this area:**

The Social Security System came into force, raising the access to treatment. Awareness raising speeches at parliament (Minister and other parliamentars) Human Rights Violation Report published annually (has been covered in the media)

188)

**What are remaining challenges in this area:**

Antidiscrimination law against PLHIV.

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189)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

4 (4)

190)

**Comments and examples:**

Number of NGO's are members of NAC. PLHIV representing organizations also have active roles in support services monitoring human rights violations. MARP's representing organizations and PLHIV representing organizations cooperate in awareness raising on the issue.

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191)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?**

2 (2)

192)

**Comments and examples:**

NGO's have played active role in planning of the National Strategic Framework.

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193)

**a. the national AIDS strategy?**

3 (3)

194)

**b. the national AIDS budget?**

0

195)

**c. national AIDS reports?**

3 (3)

196)

**Comments and examples:**

No National AIDS budget is allocated.

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197)

**a. developing the national M&E plan?**

2 (2)

198)

**b. participating in the national M&E committee / working group responsible for coordination of M&E activities?**

2 (2)

199)

**c. M&E efforts at local level?**

3 (3)

200)

**Comments and examples:**

National M&amp;E plan is in progress but not published, effort have been made to pull the components together to form out the plan.

**Page 107****201) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

202)

**Comments and examples:**

List of civil Society diversities: 1. PLHIV Organisations 2. STI - HIV/AIDS Service Organiations 3. Turkish Red Crescent Society 4. Organizations of MARP's (sex workers and MSM's) 5. Other NGOs (women, reproductive health 6. Academic foundations.

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203)

**a. adequate financial support to implement its HIV activities?**

4 (4)

204)

**b. adequate technical support to implement its HIV activities?**

4 (4)

205)

**Comments and examples:**

UNAIDS, European Comission, International Foundations, Pharmaceutical Conpanies and embassies have donated for projects of PLHIV, MARP's and other groups.

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**206) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

|  |        |
|--|--------|
| Prevention for youth                           | 25-50% |
| <b>Prevention for most-at-risk-populations</b> |        |
| - Injecting drug users                         |        |
| - Men who have sex with men                    | >75%   |
| - Sexworkers                                   | 25-50% |
| Testing and Counselling                        | 25-50% |
| Reduction of Stigma and Discrimination         | 25-50% |
| Clinical services (ART/OI) *                   | <25%   |
| Home-based care                                | 25-50% |
| Programmes for OVC* *                          | <25%   |

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207)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**Question 7 (continued)**

**Overall, how would you rate the efforts to increase civil society participation in 2009?**

8 (8)

208)

**Since 2007, what have been key achievements in this area:**

MSM, sex workers, PLHIV representing organizations are actively working with support of MoH and UN organizations.

209)

**What are remaining challenges in this area:**

No specific group working on IDU groups.

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210)

**Part B, Section III: PREVENTION**

**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

**Page 112**

211)

**Part B, Section III: PREVENTION**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Surveillance, surveys, feedback from the field and NGO's, estimates,projections.

212)

**1.1 To what extent has HIV prevention been implemented?**

|   |             |
|---|-------------|
| <b>The majority of people in need have access</b> |             |
| <b>HIV prevention component</b>                   |             |
| Blood safety                                      | Agree       |
| Universal precautions in health care settings     | Agree       |
| Prevention of mother-to-child transmission of HIV | Don't agree |

|   |             |
|---|-------------|
| IEC* on risk reduction  | Agree       |
| IEC* on stigma and discrimination reduction   | Don't agree |
| Condom promotion  | Agree       |
| HIV testing and counselling   | Don't agree |
| Harm reduction for injecting drug users   | Don't agree |
| Risk reduction for men who have sex with men  | Agree       |
| Risk reduction for sex workers  | Agree       |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree       |
| School-based HIV education for young people   | Don't agree |
| HIV prevention for out-of-school young people   | N/A         |
| HIV prevention in the workplace   | Don't agree |
| Other: please specify   |             |

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213)

**Part B, Section III: PREVENTION****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

7 (7)

214)

**Since 2007, what have been key achievements in this area:**

Access to condoms through health care setting still valid. Awareness has been risen especially in PLHIV, MSM population.

215)

**What are remaining challenges in this area:**

MARP's especially IDU's are not widely covered. Prevention media, ie campaigns are needed

**Page 114**

216)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

**Page 115**

217)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

Surveys, active feedback from PLHIV repr organizations, feedback from clinicians, surveillance data

218)

**1.1 To what extent have the following HIV treatment, care and support services been implemented?**

|   | The majority of people in need have access |
|---|--|
| <b>HIV treatment, care and support service</b>  |  |
| Antiretroviral therapy  | Agree                                      |
| Nutritional care  | N/A  |
| Paediatric AIDS treatment   | Agree                                      |
| Sexually transmitted infection management   | Agree                                      |
| Psychosocial support for people living with HIV and their families                          | Don't agree                                |
| Home-based care   | N/A  |
| Palliative care and treatment of common HIV-related infections                              | Agree                                      |
| HIV testing and counselling for TB patients   | Don't agree                                |
| TB screening for HIV-infected people  | Agree                                      |
| TB preventive therapy for HIV-infected people   | Agree                                      |
| TB infection control in HIV treatment and care facilities                                   | Agree                                      |
| Cotrimoxazole prophylaxis in HIV-infected people  | N/A  |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)                        | Agree                                      |
| HIV treatment services in the workplace or treatment referral systems through the workplace | N/A  |
| HIV care and support in the workplace (including alternative working arrangements)          | Don't agree                                |
| Other: please specify   |  |

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219)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

7 (7)

220)

**Since 2007, what have been key achievements in this area:**

confidentiality problems of civil servants in accessing to treatment has been solved due to a

change in the social security system legislations.

221)

**What are remaining challenges in this area:**

TB, PMTCT, difficulty in access to Pediatric Drugs due to low interest of pharmaceutical companies. Low number of highly professional specialists on HIV/AIDS, HIV needs to be handled by a multidisciplinary approach in most health care settings.

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222)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

N/A (0)