

NARRATIVE REPORT-TURKEY

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 2009, a total of 3898 cases had been identified.

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 (57 %) followed by men having sex with men (MSM) at 9 % and iv. drug users (IDU) at 4 % 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. 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.

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 3.898 (771 AIDS and 3.127 HIV) as

of December 2009. The number of tests performed in 2008 and 2009 was 5.045.319 and 5.971.408.

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, more than half of the reported route of transmission was heterosexual among known transmission routes. The transmission modes in the years 2007, 2008 and 2009 were as follows (Table 1):

Table 1: Mode of transmission of HIV

Mode of transmission of HIV	2007(%)	2008 (%)	2009(%)
Homo/Bisexual	8,46	8,66	8,85
IDU	4,35	3,95	3,57
Homo/Bisexual + IDU	0,17	0,15	0,15
Haemophilia	0,34	0,30	0,26
Blood Transfusion	1,58	1,51	1,36
Heterosexual	56,30	59,32	57,36
MTCT	1,61	1,63	1,64
Nosocomial	0,58	0,50	0,51
Unknown	26,61	23,98	26,30

Source: MOH, 2009

The data are available for all age groups. As reported by the MOH, 501 cases were in the 15-24 age group, 1239 were 25-34 age group, 1208 in the 35-49 age group, and less than 100 in the 0-14 age group. Males among the reported HIV-positive and AIDS cases to the MoH are 70,24% and females 29,76%.

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 ¼ come from neighbouring 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.

Different surveys (IOM, Turkey and the Human Resource Development Foundation of Turkey) have demonstrated that sex work is mainly heterosexual particularly in metropolitan areas. IDU has not appeared to play an important role in driving the epidemic. 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 his/her approval.

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).

The social security system covers treatment and care expenditures free of charge for citizens.

For a broader national response to control HIV/AIDS a multisectoral collaboration country-wide, the National AIDS Commission (NAC), was 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 the NAC is the Core Group of the National AIDS Commission, and the Secretariat of the Commission was lead by 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).

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. Systematic and comprehensive programmes reaching young people on HIV/AIDS prevention interventions and identification of best practises on most effective strategies in a coordinated manner is required.
- b) Preventive activities targeting vulnerable populations through the collaboration between public institutions and NGOs is essential.
- 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 centres 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) A functioning ARV patient follow-up and ARV resistance monitoring mechanism are 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
- 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.

Consultation/preparation process for this national report

This report includes data available through special surveys on HIV/AIDS and National surveillance system. Relevant tables and graphics have been generated in and graphs have been inserted into the narrative report in March 2009.

National Composite Policy Index Questionnaire

Turkey developed a national multi-sectoral action framework ,also called as the “National AIDS Action Plan”, to combat HIV/AIDS for the years 2003-2005 and the strategic action plan 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.

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