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February 2006

UNGASS Indicators
Country Report

Turkey

Ministry of Health

Reporting period: January 2003 – December 2005

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Status at a glance

The prevalence of HIV/AIDS in Turkey is at a reasonable level; a rate of prevalence is higher in Eastern Europe, which has the fastest-growing HIV epidemic in the world. Central Asia also has a high incidence of the HIV/AIDS and Turkey's position between these two regions means that the risk of an increase in the incidence of HIV/AIDS is high.

The first case of HIV infection was reported in 1985, and by the end of 2004, a total of 1,922 cases had been identified. The rate of increase for the reported number of HIV/AIDS cases has been more or less constant over the last three years (about 190 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 50%) followed by men having sex with men (MSM) at 8% and iv. drug users (IDU) at 6%. Sex work can be considered as a major driver for the epidemic and sex workers form a significant portion of the vulnerable populations. By doing targeted interventions with 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 targets and strategies as well as a Plan of Action for the years 2003 – 2005 composed of national targets and strategies on protection-prevention, diagnosis and treatment, increasing accessibility to HIV Voluntary Counselling Services, regulations, monitoring and evaluation, social support and advocacy targeting the general population were reformulated and implemented by related stakeholders. The third Strategic National Action Plan, for 2006-2010, is under preparation by NAC. The NAC meets bi-annually. Its Core Group, a technical committee consisting of NAC members which monitors the implementation of the National Action Plan under the guidance of MOH meets twice a 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 1,922 (551 AIDS and 1,371 HIV) in 2004. The reported number of HIV (+) cases were 190, 197 and 210 (MOH) for the years 2002, 2003 and 2004, respectively. The number of tests performed in 2003 was 2.385.000 and in 2004 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 ten Confirmation Centres countrywide.

HIV/AIDS cases were identified in all provinces, roughly half of them in Istanbul province alone.

In recent years, roughly 50% of transmission was heterosexual. The transmission modes in the years 2003 and 2004 were as follows (Table 1):

Table 1: Mode of transmission of HIV

Mode of Transmission	2003 (%)	2004 (%)
Heterosexual	51	52
Homo/Bisexual	7,6	7,8
IDU	6,1	5,5
MTCT	2,0	1,7
Nosocomial	0,5	0,4
Blood Transfusion	2,4	2,1
Haemophilia	0,5	0,4
Homo/Bisexual + IDU	0,1	0
Unknown	30	30

Source: MOH, 2004

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.

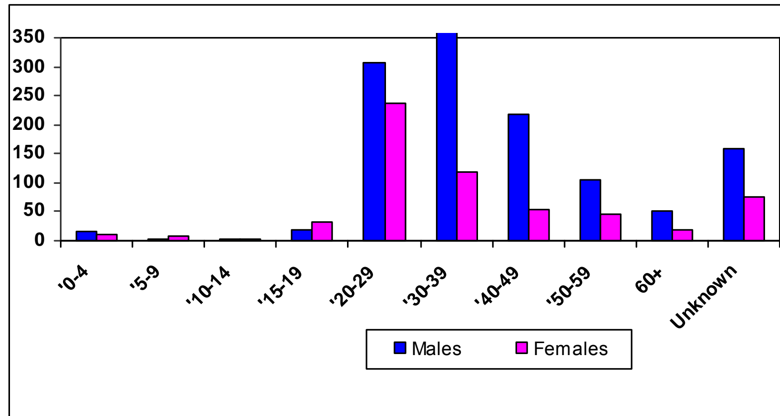


Figure 1: HIV/AIDS Cases by sex and age
Source: MOH, 2004

Commercial sex work is presently the major driver of the epidemic in Turkey. Sex workers coming from Eastern European and NIS countries 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 sexually transmitted infections (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 Eastern Europe and Newly Independent States (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 now 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 been identified as target groups in HIV/AIDS prevention programmes that will be implemented between 2005-2007 in 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

According to Demographic Health Survey (DHS)-2003, 88% of ever-married women have heard about HIV/AIDS and two-thirds of the women believe that there is a way to avoid HIV/AIDS. The proportion knowing about HIV/AIDS is less than 80% only for the youngest age group of ever-married women (77%); for all other age groups, knowledge of HIV/AIDS is close to 90% (Figure 2). Younger women are also much less likely to believe that HIV/AIDS can be avoided (Figure 3).

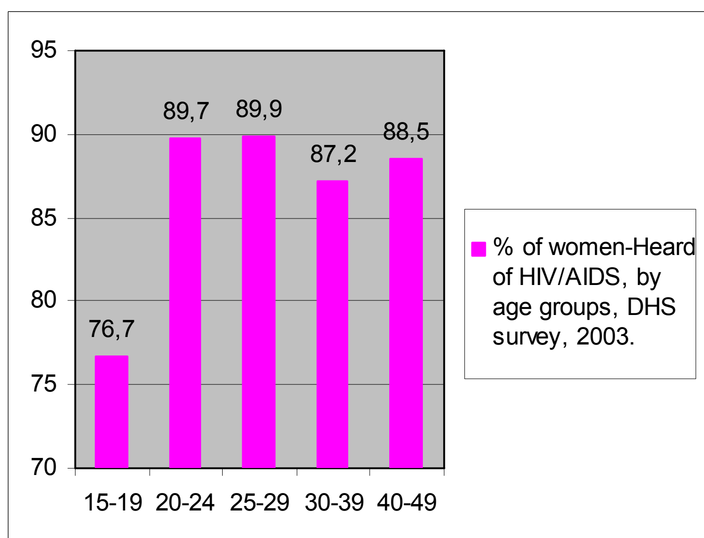


Figure 2: % of women-Heard of HIV/AIDS, by age groups, DHS survey, 2003

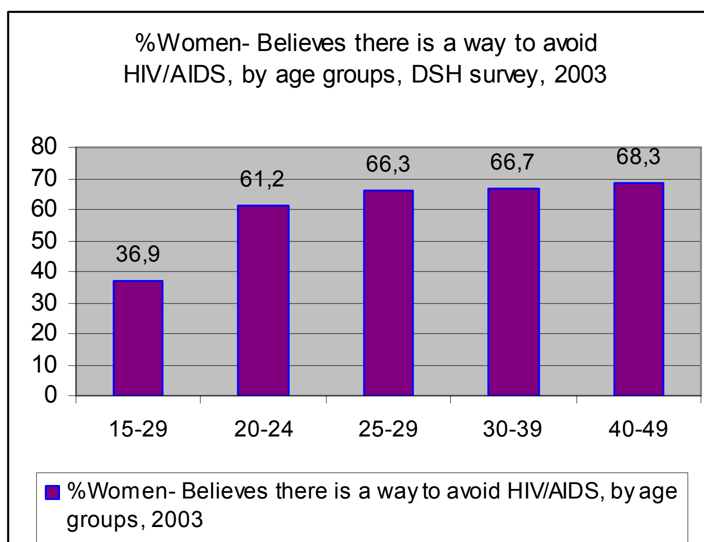


Figure 3: % women-Believes there is a way to avoid HIV/AIDS, by age groups, DHS, 2003

Ever-married women living in urban areas are more knowledgeable about HIV/AIDS than their rural counterparts. One in four women has not heard about HIV/AIDS in rural areas compared to less than one in ten urban women (Figure 4). Half of the women living in rural areas do not believe that there is a way to avoid HIV/AIDS (Figure 5).

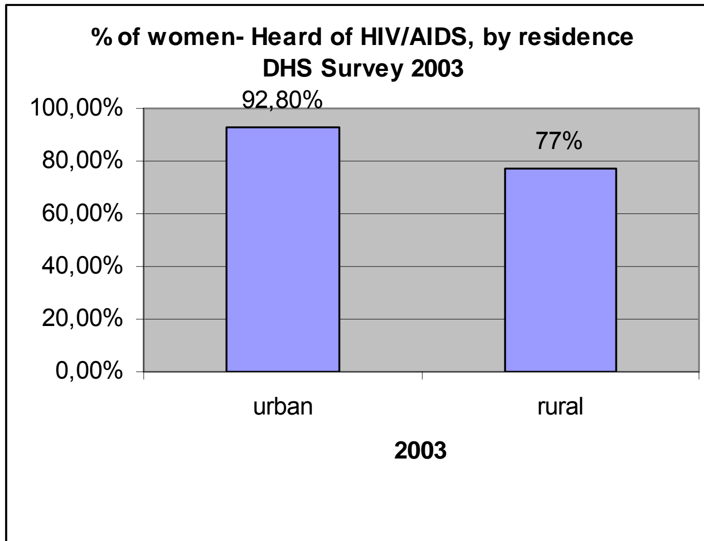


Figure 4: % of women-Heard of HIV/AIDS, by residence, DHS survey, 2003.

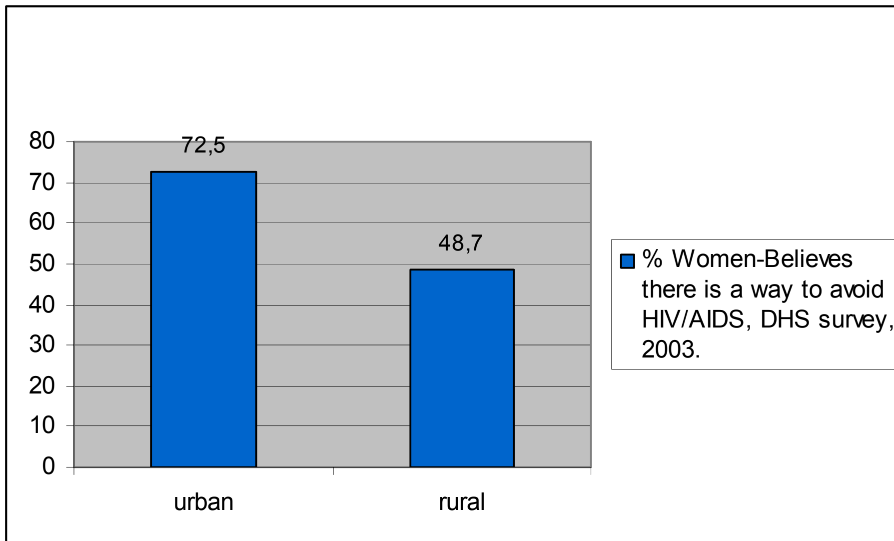


Figure 5: % women-Believes there is a way to avoid HIV/AIDS, DHS survey, 2003.

The level of education is closely related to knowledge of HIV/AIDS. Almost all ever-married women with secondary or higher education have heard of HIV/AIDS, while this figure declines to 63% for women with less than primary education (Figure 6).

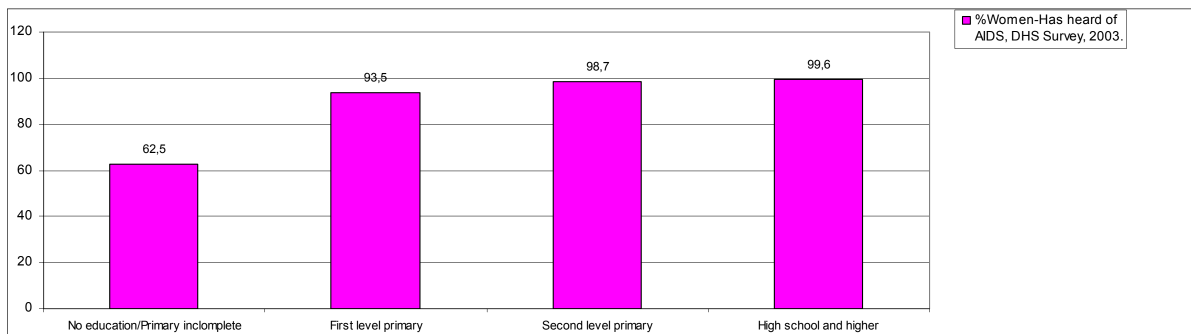


Figure 6: % women-Has heard of AIDS, DHS Survey, 2003

Although AIDS is generally known by ever-married women, knowledge of ways to avoid it appears to be poor among a substantial minority of the group. Overall, nearly one of three ever-married women did not know of AIDS or if the disease could be avoided (Table 2). An additional 7 percent of ever-married woman believe that there are no ways of preventing of the diseases (4%) or they cannot name any way to avoid AIDS (3%).

Ever-married women who stated that AIDS is preventable mentioned a number of avenues to avoid the disease. Only 22% of the women indicated that the diseases can be prevented by using condoms.

Table 2: Knowledge of ways to avoid HIV/AIDS

% of ever-married women who spontaneously mention ways to avoid HIV/AIDS, Turkey 2003

Ways to avoid HIV/AIDS	%
Does not know of AIDS or if AIDS can be avoided	30,9
Believes no ways to avoid AIDS	3,6
Does not know specific way	2,6
Use condoms	21,9
Limit sex to one partner	21,5
Avoid sex with prostitutes	19,3
Control before blood transfusions	17,8
Use sterilized injections	4,3
Avoid kissing	4,3
Avoid mosquito bites	0
Use sterilized tools	4,2
Other	13,3
No.of women	4,078

Source: DHS, 2003

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 police reports on unregistered commercial sex workers referred to compulsory testing. The ratio has declined to 26% in 2004 mainly due to new policies of police dealing with CSWs (Figure 7).

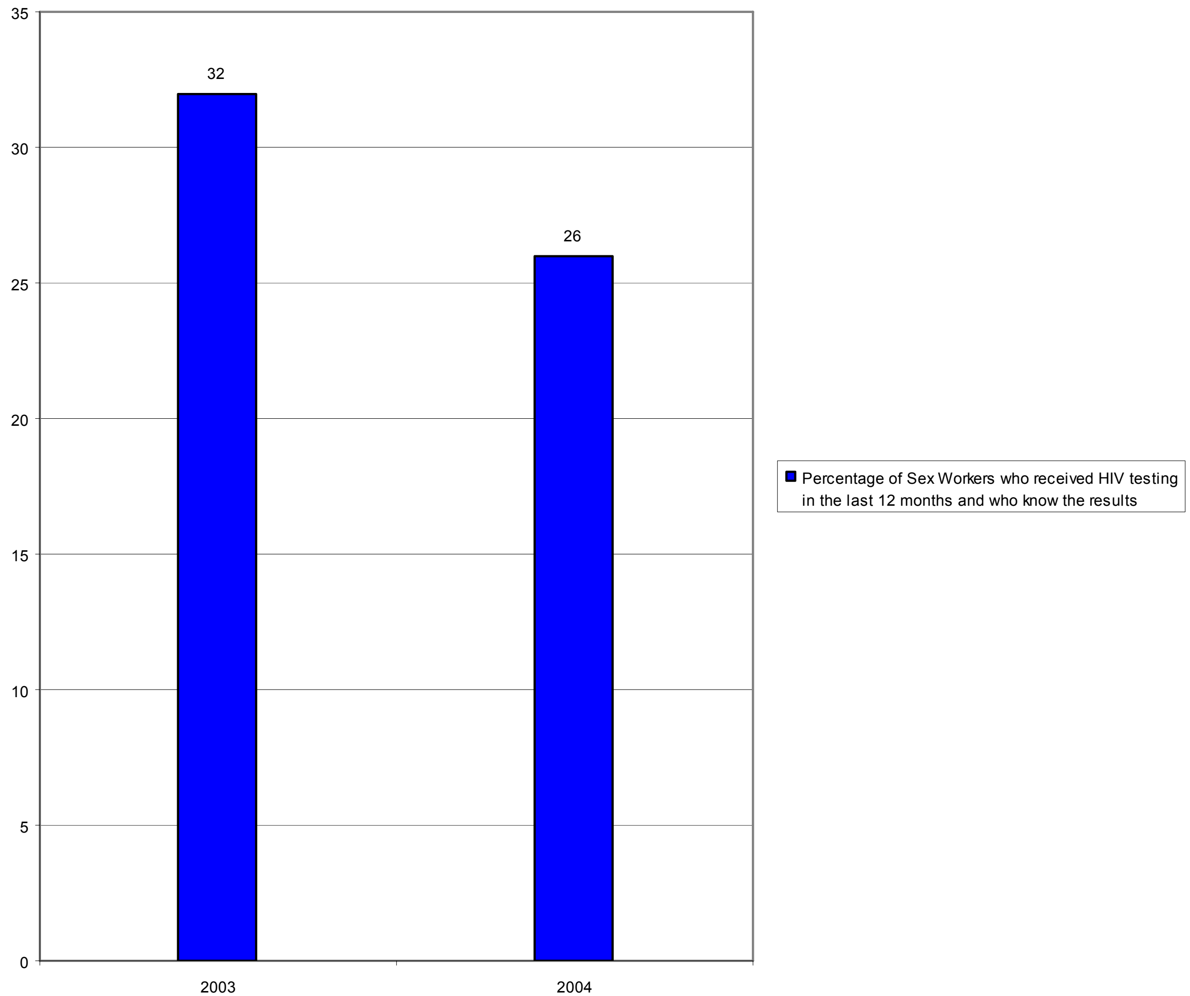


Figure 7: % of sex workers who received HIV testing in the last 12 months and who know the results. Source: MOH

Around 10.8 % of CSWs have reached with prevention programmes in 2003. Prevention has been given to CSWs while regular check-ups. This ratio has increased to 12% due to a project carried by a non-governmental organisation (NGO) on unregistered CSWs (Figure 8).

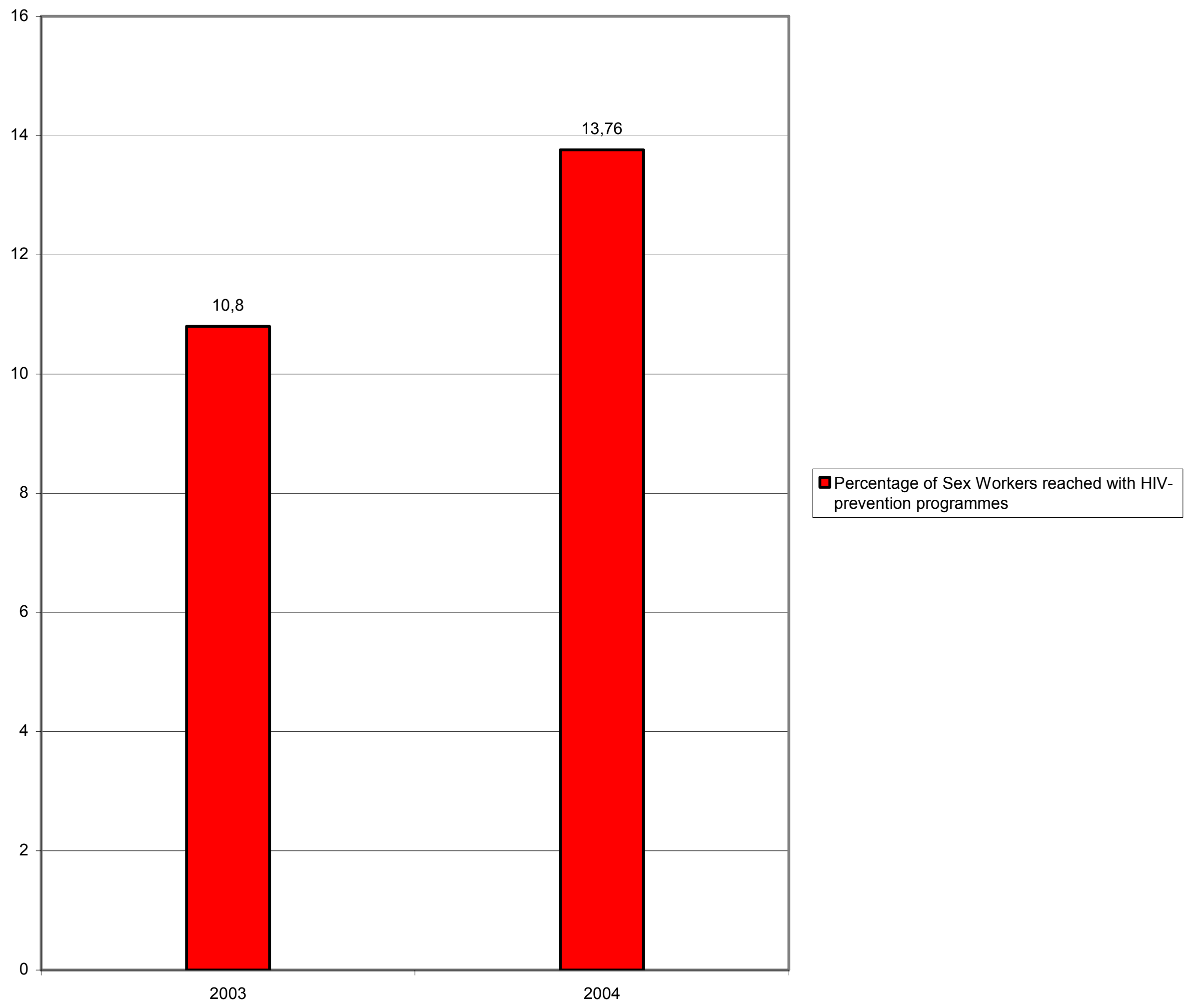


Figure 8: % of sex workers reached with HIV prevention programmes.
Source: MOH

In January 2004, a cross-sectional survey of behaviours in sub-populations at risk has been carried out in order to start the second generation HIV surveillance in Turkey and to synthesize and analyse risky behaviour within sub-populations. Data on percentage, which is 22%, of sex workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission are the outcomes of this survey (Figure 9).

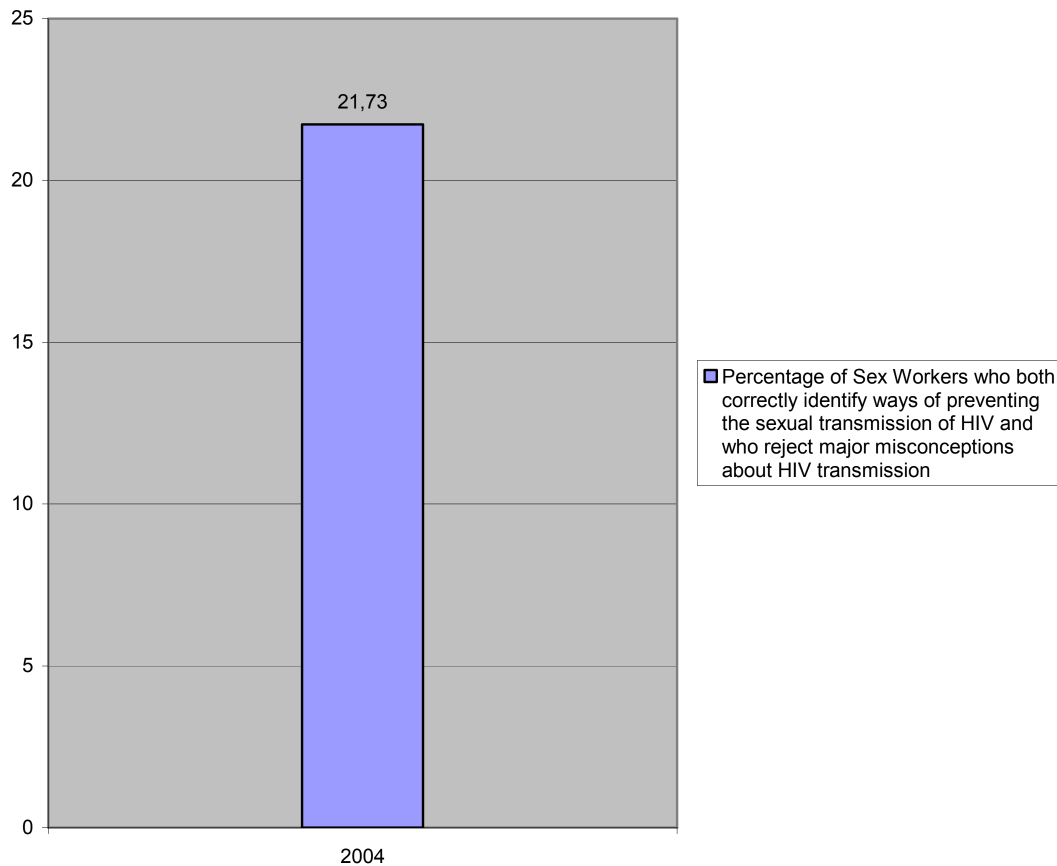
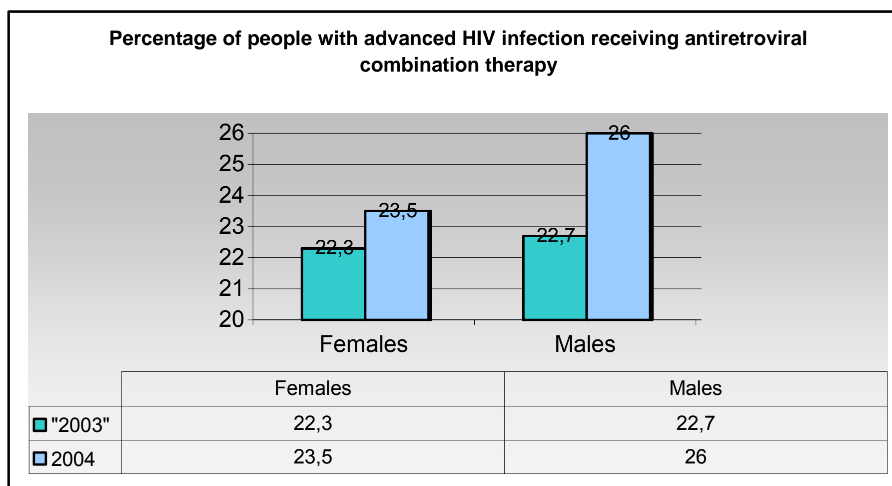


Figure 9: Percentage of Sex Workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
Source: A cross-sectional survey of behaviours in sub-populations at risk, 2004

HIV treatment: antiretroviral combination therapy

Percentage of people with advanced HIV infection receiving antiretroviral combination therapy has increased from 22,3% in 2003 to 23,5% in 2004 for females and from 22,7% in 2003 to 26% in 2004 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 10).



	Females	Males
"2003"	22,3	22,7
2004	23,5	26

Figure 10: % of people with advanced HIV infection receiving antiretroviral combination therapy. Source: MOH

Major challenges faced and actions needed to achieve the goals/targets

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) Recognition and appreciation of the need for effective strategies among high risk groups such as commercial sex workers, men having sex with men, IDUs and street children. A clear understanding of the dynamics of the HIV/AIDS epidemic among these groups through well designed behaviour and practise studies will assist in developing effective and sustainable programmes that meet the special circumstances prevailing in these sub-populations.

c) Support and care mechanisms for PLWH are insufficient.

d) VCT services should be strengthened.

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) Related to the treatment of HIV/AIDS there exists no functioning ARV resistance monitoring and patient follow-up mechanisms.

Support required from 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 HIV/AIDS data.

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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 2003-04. Such a multi-sectoral collaboration has been performed since the establishment of the National AIDS Commission (NAC) in 1996 in Turkey.

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.

To collect and compile UNGASS data, collaboration among the organisations performing activities related to UNGASS data has been set up in November 2005. Since a national workshop on UNGASS indicators with international participation has already been carried out in March 2005, all the related stakeholders being familiar with UNGASS concepts have responded quickly. Moreover, a workshop on CRIS in December 2005 was quite useful to refresh the knowledge on CRIS while generating tables and producing the narrative report.

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

Government HIV/AIDS policies

Turkey has 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 2006-2010 emphasizing more on the millennium development goals.

An action framework for addressing HIV and AIDS issues among national uniformed services like military has already started to be implemented through the collaboration between Turkish Military Forces and Ministry of Health.

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 $78,000,000 annually.

In the National AIDS Action Plan for 2003-2005 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 will be placed 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 committees.