

Appendix 4. National Composite Policy Index (NCPI) 2010

COUNTRY: **ITALY**

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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Date of submission:

NCPI Data Gathering and Validation Process

Describe the process used for NCPI data gathering and validation:

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

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

NCPI Respondents

[Indicate information for **all** whose responses were compiled to fill out (parts of) the NCPI in the below table; add as many rows as needed]

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

| Organization | Names/Positions | Respondents to Part A | | | | |
|------------------------|--|---|------|-------|------|-----|
| | | [indicate which parts each respondent was queried on] | | | | |
| | | A.I | A.II | A.III | A.IV | A.V |
| ISS | Barbara Ensoli Stefania D'Amato Barbara Suligoj Anna Maria Luzi Laura Camoni | | | | | |
| Ministero della Salute | Maria Grazia Pompa Anna Caraglia Giusella Moscato | | | | | |

Add details for all respondents.

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

| Organization | Names/Positions | Respondents to Part B | | | | |
|--------------|---------------------------------------|---|------|-------|------|-----|
| | | [indicate which parts each respondent was queried on] | | | | |
| | | A.I | A.II | A.III | A.IV | A.V |
| LILA | Alessandra Cerioli Massimo Oldrini | | | | | |
| Caritas | Laura Rancilio | | | | | |

Add details for all respondents.

National Composite Policy Index (NCPI) questionnaire

Part A

[to be administered to government officials]

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

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1 How long has the country had a multisectoral strategy?

Number of Years: **Since 1990**

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

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

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?

The HIV epidemic in Italy posed a great challenge to the National Health System. The response of the Italian Government was mainly in the curative field. Infectious diseases departments, identified as the Units in charge of assisting HIV patients, were empowered, properly staffed and equipped to fulfil their duty. New strategies including day care centres, hospice and home care programs were successfully implemented. The advent of HAART

dramatically changed the outlook for HIV affected patients leading to new challenges include the management of the side effects of treatment and drug resistance. The health of HIV positive women is also an area of concern. In this panorama several political documents have been produced throughout the years with regard to HIV/AIDS prevention. Among the most significant are:

- Law of the fifth of June 1990, n°135 - Program of urgent interventions for the prevention and fight against AIDS.
- The regional plans for the prevention and the fight against HIV/AIDS infection.

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

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

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

IF YES, when was this needs assessment conducted?

Year: **Since 1990**

1.5 What are the identified target populations for HIV programmes in the country?

Women and girls, Young women/young men, Injecting drug users, Other specific vulnerable subpopulations such as migrants.

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

1.7 Does the multisectoral strategy or operational plan include:

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

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

MODERATE INVOLVEMENT

IF NO or MODERATE involvement, briefly explain why this was the case:

From 1 December 2006 to November 2008 the Ministry of Health renamed a new National AIDS Commission (CNA) and the Council of the Association (CAA).

In the CNA has been increased participation of PLHIV that increased from 1 to 3.

2 PLHIV have been co-chair of 2 working groups on prevention campaign and documents on antiretroviral therapy. The CAA (Civil Society) for the first time has had a decision-making power equivalent to CNA. CAA representatives has participated in all meetings of the CNA.

At the same time the ability of networking between associations also increased due to the change of leadership.

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

YES

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

Yes, all partners

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?

YES

2.1 **IF YES**, in which specific development plan(s) is support for HIV integrated?

| | | | |
|--|--------------|----|--------------|
| a. National Development Plan | Yes X | No | N/A |
| b. Common Country Assessment / UN Development Assistance Framework | Yes | No | N/A X |
| c. Poverty Reduction Strategy | Yes | No | N/A X |
| d. Sector-wide approach | Yes | No | N/A X |
| e. Other: | Yes | No | N/A X |

2.2 **IF YES**, which specific HIV-related areas are included in one or more of the development plans?

| HIV related area included in development plan(s) | | |
|--|--------------|----|
| HIV prevention | Yes X | No |
| Treatment for opportunistic infections | Yes X | No |
| Antiretroviral treatment | Yes X | No |
| Care and support (including social security or other schemes) | Yes X | No |
| HIV impact alleviation | Yes X | No |
| Reduction of gender inequalities as they relate to HIV prevention/ treatment, care and/or support | Yes X | No |
| Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support | Yes X | No |
| Reduction of stigma and discrimination | Yes X | No |
| Women's economic empowerment (e.g. access to credit, access to land, training) | Yes X | No |
| Other: | Yes | No |

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

N/A

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

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 X | No |
| Condom provision | Yes | No X |
| HIV testing and counselling | Yes X | No |
| Sexually transmitted infection services | Yes X | No |
| Antiretroviral treatment | Yes X | No |
| Care and support | Yes X | No |
| Others: | Yes | No |

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):

Italy has attempted to focus attention on the need for healthcare workers involved in testing for anti-HIV antibodies to commit to the rigorous application of the methodology used for pre- and post-test counselling. The goal is to stimulate healthcare workers to reflect upon the need to follow a reference protocol, so that counseling is not inappropriately performed or not performed at all. In fact, it is well known that there are numerous and complex implications for persons deciding to undergo testing and that providing adequate information and emotional support to activate an informed and responsible decision is extremely important.

In Italy, on March 31, 2008, the Ministry of Labour, Health, and Social Policy issued a decree for implementing a surveillance system for new diagnoses of HIV infection. The recommendations for promoting testing for Italy's population and for the most vulnerable population groups touch upon some fundamental points:

- epidemiological monitoring of HIV infection must be performed;
- there is an urgent need to improve prevention and information on HIV infection and testing;
- testing should be recommended as part of routine practice at STI clinical centres, SerTs, infectious- disease clinics, and antenatal clinics;
- testing should be proposed to all persons with signs and/or symptoms of infection, all persons with a current STI, persons who have engaged in at-risk sexual behaviour, and persons who have injected drugs in their lifetime;
- all pregnant women should undergo HIV testing;
- it is important to identify infection in those persons who are unaware of their seropositivity;

additional financial and human resources must be made available for implementing effective programs for proposing HIV testing.

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

YES

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

| | | |
|--------------------------------|--------------|-------------|
| a. Women | Yes X | |
| b. Young people | Yes X | |
| c. Injecting drug users | Yes X | |
| d. Men who have sex with men | Yes | No X |
| e. Sex Workers | Yes | No X |
| f. Prison inmates | Yes X | |
| g. Migrants/mobile populations | Yes X | |
| h. Other: | Yes | No X |

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

Italy has adhered to international declarations regarding the prevention, care, and treatment of HIV/ AIDS and has adopted the fundamental interventions for surveillance and control. The Ministerial Decree of 15 December 1990 (published in the Official Gazette of 8 January 1991, no. 6), with which the infectious-disease surveillance system was established, defines the list of infectious diseases subject to mandatory reporting in Italy, dividing them into five classes, and it establishes the means of reporting these data. With regard AIDS reporting, the Decree makes reference to the Ministerial Memorandums of 13 February 1987 (no. 5) and 13 February 1988 (no. 14)]. These memorandums were followed by others, in which the case definition was updated and the right to data privacy was confirmed, specifying that data must refer exclusively to full-blown and confirmed cases, according to international criteria. Seropositive individuals must be safeguarded so that they receive adequate care and be referred to Regional reference centres. Access to testing is defined by Law 135 of 5 June 1990 (published in the Official Gazette of 8 June 1990, no. 132). The national surveillance system in Italy was established with the Ministerial Decree of 31 March 2008 (published in the Official Gazette, general series, no. 175). The reporting of incident cases of HIV infection has been made mandatory, and HIV infection has been included in the list of Class III infectious diseases, established by the Ministerial Decree of 15 December 1990, that is, diseases subject to specific surveillance, in particular, AIDS, tuberculosis, and malaria

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

The strategic framework created against the pandemic in the years 80/90 is still present today.

During the last five years the main activities for controlling the HIV/AIDS infection have been carried out in line with the following priority areas of intervention:

Provision of anonymous and voluntary HIV testing supported by adequate counselling;- HIV surveillance;- HIV and STDs surveillance;- Access to health care (through reimbursement of antiretroviral drugs);- Research projects.

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

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

YES

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

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

YES

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 and future needs | Estimates of current needs only | No |
|---------------------------------------|---------------------------------|----|

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

(a) **IF YES**, is coverage monitored by sex (male, female)? **YES**

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

IF YES, for which population groups?

a. Women

b. Young people

c. Injecting drug users

f. Prison inmates

g. Migrants/mobile populations

Briefly explain how this information is used:

(c) Is coverage monitored by geographical area? **YES**

IF YES, at which geographical levels (provincial, district, other)? **DISTRICT**

Briefly explain how this information is used

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

Overall, how would you rate *strategy planning efforts* in the HIV programmes in 2009?

2009 Very poor 0 1 2 3 4 5 6 7 8 9 10 Excellent

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

What are remaining challenges in this area:

II. POLITICAL SUPPORT

Strong political support includes: government and political leaders who speak out often about AIDS and regularly chair important AIDS meetings; allocation of national budgets to support HIV programmes; and, effective use of government and civil society organizations to support HIV programmes.

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

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

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

YES

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

Year: **1987**

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

Name: **prof. Ferruccio Fazio**

Position/Title: **minister of health**

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

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

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: civil society organizations

IF YES, briefly describe the main achievements:

Briefly describe the main challenges:

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

Percentage: 90%

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 X | No |
| Technical guidance | Yes X | No |
| Procurement and distribution of drugs or other supplies | Yes | No X |
| Coordination with other implementing partners | Yes X | No |
| Capacity-building | Yes X | No |
| Other: | Yes | No |

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

NO

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

2009 Very poor 0 1 2 3 4 5 **6** 7 8 9 10 Excellent

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

What are remaining challenges in this area:

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

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

- ✓ Check for key message explicitly promoted

| | |
|--|---|
| a. Be sexually abstinent | |
| b. Delay sexual debut | |
| c. Be faithful | |
| d. Reduce the number of sexual partners | |
| e. Use condoms consistently | |
| f. Engage in safe(r) sex | X |
| g. Avoid commercial sex | |
| h. Abstain from injecting drugs | |
| i. Use clean needles and syringes | |
| j. Fight against violence against women | |
| k. Greater acceptance and involvement of people living with HIV | X |
| l. Greater involvement of men in reproductive health programmes | |
| m. Males to get circumcised under medical supervision | |
| n. Know your HIV status | X |
| o. Prevent mother-to-child transmission of HIV | X |
| <p>Other: HIV / AIDS Phone Counselling activity, addressed to both Italian and foreign population, has been carried out. During the year 2007/2008 - within the national AIDS/HIV helpline (Telefono Verde) of the Ministry of Health - some linguistic and cultural mediators were used to provide helpful responses using the seven most used languages of non-italian speaking minorities (French, English, Russian, Romanian, Chinese, Arabic and Spanish); the same languages were also used within the 7th HIV and AIDS Information Campaign organized by the Ministry of Health addressed to migrant population.</p> <p>Finally, several projects were started within psycho-social and health fields promoted and financed by the Ministry of Health:</p> <p>- The Project .. <i>“Progetto di ricerca per l'individuazione e la sperimentazione di modelli di intervento atti a migliorare l'adesione al test di screening HIV attraverso il contributo delle Associazioni facenti parte della Consulta di Lotta all'AIDS”</i>.</p> <p>thanks to a precious cooperation between research institutions and NGOs, allowed some practical measures to facilitate testing access</p> | |

for young people (in the city of Genova), women (in Firenze) and migrants (in Palermo).

- The Project "Creazione e coordinamento di una Rete di Servizi Telefonici italiani e governativi e non, impegnati nella prevenzione dell'infezione da HIV e dell'AIDS" allowed the establishment of a wider network of phone services to make the intervention of HIV/AIDS phone counseling more and more homogeneous in both information content and cultural methodology.

- The Project "*Promozione e tutela della salute della persona straniera attraverso l'individuazione e la sperimentazione di una metodologia di intervento nell'ambito delle malattie infettive*" made it possible, through the collaboration of the Italian National Focal Point Network, to identify a common working approach for the communication of diagnosis, taking charge of the foreign person living with HIV; such a model will be used in both HIV diagnostic services and treatment of migrants on the national territory.

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

YES

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

YES

2.1 Is HIV education part of the curriculum in:

| | | |
|--------------------|-----|-------------|
| primary schools? | Yes | No X |
| secondary schools? | Yes | No X |
| teacher training? | Yes | No X |

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

NO

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

NO

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

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

| | IDU* | MSM** | Sex workers | Clients of sex workers | Prison inmates | Other populations * [write in] |
|---|------|-------|-------------|------------------------|----------------|--------------------------------|
| Targeted information on risk reduction and HIV education | x | | | | x | migrants |
| Stigma and discrimination reduction | x | x | x | | x | |
| Condom promotion | x | | | | | |
| HIV testing and counselling | x | x | x | | x | migrants |
| Reproductive health, including sexually transmitted infections prevention and treatment | x | x | | | x | |
| Vulnerability reduction (e.g. income generation) | N/A | N/A | | N/A | N/A | |
| Drug substitution therapy | x | N/A | N/A | N/A | N/A | |
| Needle & syringe exchange | x | N/A | N/A | N/A | N/A | |

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

2009 Very poor Excellent

0 1 2 3 4 5 **6** 7 8 9 10

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

Italy has agreed on the following:

- 1) To keep on implementing information campaigns on the prevention methods for the HIV sexual transmission.
- 2) To promote the HIV test and the suitable pre and post test counselling.

What are remaining challenges in this area:

To strengthen effective information thorough the involvement of the Regions, of Civil Society Associations for the fight against the AIDS, another relevant groups present on the National Territory.

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

YES

IF YES, how were these specific needs determined?

Italy has agreed on the following:

- 1) To keep on implementing information campaigns on the prevention methods for the HIV sexual transmission.
- 2) To promote the HIV test and the suitable pre and post test counselling.
- 3) To strengthen effective information thorough the involvement of the Regions, of Civil Society Associations for the fight against the AIDS, another relevant groups present on the National Territory.
- 4) To assure the training of the health care operators, looking carefully at the psychosocial problem of the HIV positive people.

4.1 To what extent has HIV prevention been implemented?

| HIV prevention component | The majority of people in need have access | | |
|---|--|---------------|-----|
| | Agree X | Don't Agree | N/A |
| Blood safety | Agree X | Don't Agree | N/A |
| Universal precautions in health care settings | Agree X | Don't Agree | N/A |
| Prevention of mother-to-child transmission of HIV | Agree X | Don't Agree | N/A |
| IEC* on risk reduction | Agree X | Don't Agree | N/A |
| IEC* on stigma and discrimination reduction | Agree X | Don't Agree | N/A |
| Condom promotion | Agree | Don't Agree X | N/A |
| HIV testing and counselling | Agree X | Don't Agree | N/A |
| Harm reduction for injecting drug users | Agree X | Don't Agree | N/A |
| Risk reduction for men who have sex with men | Agree | Don't Agree X | N/A |
| Risk reduction for sex workers | Agree | Don't Agree X | N/A |
| Reproductive health services including sexually transmitted infections prevention and treatment | Agree X | Don't Agree | N/A |
| School-based HIV education for young people | Agree X | Don't Agree | N/A |
| HIV prevention for out-of-school young people | Agree | Don't Agree X | N/A |
| HIV prevention in the workplace | Agree | Don't Agree X | N/A |
| Other: | Agree | Don't Agree | N/A |

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

2009 Very poor 0 1 2 3 4 5 **6** 7 8 9 10 Excellent

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

Specific communication and prevention campaign has been carried out recommending the HIV test, anonymous, voluntary.

A National AIDS help-line has been established in Italy to provide a national anonymous and free of charge telephone counselling service for the population. Such help-line carries out primary and secondary prevention activities for the citizens, through scientific and tailored information provided accordingly with the methods of telephone counselling.

What are remaining challenges in this area:

preparation and diffusion of specific TV spots, information leaflets, dissemination of messages through the press and by posters, communicative instruments addressed to different population target groups (particularly the youth, general population, foreigners and for most-at-risk or other vulnerable sub-populations).

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

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

NO

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

NO

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

YES

IF YES, how were these determined?

Standard of care at national level: through the publication of the doc 2007 / 2008 "Knowledge update on the treatment of HIV infection" and "additional document on specific subjects and special populations" - PLHIV/AIDS access to specific services at national level: through the LEA (essential level of assistance) Government Decree (DPCM, 29/11/2001) to be charged to the National Health System (can be different actuation in each region) - Protection and rights of PLHIV: Law 135 1990

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

| HIV treatment | The majority of people in need have access | | |
|--|--|----------------------|--------------|
| Antiretroviral therapy | Agree X | Don't Agree | N/A |
| Nutritional care | Agree | Don't Agree | N/A X |
| Paediatric AIDS treatment | Agree X | Don't Agree | N/A |
| Sexually transmitted infection management | Agree X | Don't Agree | N/A |
| Psychosocial support for people living with HIV and their families | Agree | Don't Agree X | N/A |
| Home-based care | Agree X | Don't Agree | N/A |
| Palliative care and treatment of common HIV-related infections | Agree X | Don't Agree | N/A |
| HIV testing and counselling for TB patients | Agree X | Don't Agree | N/A |
| TB screening for HIV-infected people | Agree X | Don't Agree | N/A |
| TB preventive therapy for HIV-infected people | Agree X | Don't Agree | N/A |
| TB infection control in HIV treatment and care | Agree X | Don't Agree | N/A |

| | | | |
|---|----------------|-------------|-----|
| facilities | | | |
| Cotrimoxazole prophylaxis in HIV-infected people | Agree X | Don't Agree | N/A |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape) | Agree X | Don't Agree | N/A |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Agree X | Don't Agree | N/A |
| HIV care and support in the workplace (including alternative working arrangements) | Agree X | Don't Agree | N/A |
| Other: | Agree | Don't Agree | N/A |

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

NO

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

IF YES, for which commodities?:

Substitution drugs, antiretroviral

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



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

The strategic framework created against the pandemic in the years 80/90 is still present today. During the last five years the main activities for controlling the HIV/AIDS infection have been carried out in line with the following priority areas of intervention:

Provision of anonymous and voluntary HIV testing supported by adequate counselling;

- HIV surveillance;
- HIV and STDs surveillance;
- Access to health care (through reimbursement of antiretroviral drugs);
- Research projects;

What are remaining challenges in this area:

To realize a qualitative and quantitative research to identify a profile for migrants with respect to information, risk perception, sexual and HIV/AIDS related behaviours, in accordance with WHO and UNAIDS recommendations.

- To identify HIV/AIDS prevention strategies able to reach the migrants, that could be integrated within the national prevention plan.
- To assess on migrants the HIV Information, Education, Communication material produced in Italy in order to develop effective tools which will benefit migrants and autochthons.
- To guarantee home care assistance for the chronic patients

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

N/A

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



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

What are remaining challenges in this area:

V. MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

YES

1.1 **IF YES**, years covered: **1990**

1.2 **IF YES**, was the M&E plan endorsed by key partners in M&E? **YES**

1.3 **IF YES**, was the M&E plan developed in consultation with civil society, including people living with HIV? **YES**

1.4 **IF YES**, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners

2. Does the national Monitoring and Evaluation plan include?

| | | |
|---|--------------|-------------|
| a data collection strategy | Yes X | No |
| IF YES , does it address: | | |
| routine programme monitoring | Yes X | No |
| behavioural surveys | Yes X | No |
| HIV surveillance | Yes X | No |
| Evaluation / research studies | Yes X | No |
| a well-defined standardised set of indicators | Yes | No X |
| guidelines on tools for data collection | Yes X | No |
| a strategy for assessing data quality (i.e., validity, reliability) | Yes X | No |
| a data analysis strategy | Yes X | No |
| a data dissemination and use strategy | Yes X | No |

3. Is there a budget for implementation of the M&E plan? **YES**

3.1 **IF YES**, what percentage of the total HIV programme funding is budgeted for M&E activities?

3.2 **IF YES**, has *full* funding been secured? **YES**

3.3 **IF YES**, are M&E expenditures being monitored? **YES**

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

YES

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

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

5.1 **IF YES**, is the national M&E Unit based

| | | |
|--|--------------|----|
| in the National AIDS Commission (or equivalent)? | Yes X | No |
| in the Ministry of Health? | Yes X | No |
| Elsewhere? | Yes | No |

5.2 **IF YES**, how many and what type of professional staff are working in the national M&E Unit?

| | | | |
|----------------------------|--|------------------------|--------------|
| Number of permanent staff: | | | |
| Position: [write in] | | Full time / Part time? | Since when?: |
| Position: [write in] | | Full time / Part time? | Since when?: |
| [Add as many as needed] | | | |
| Number of temporary staff: | | 35 | |
| Position: [write in] | | Full time / Part time? | Since when?: |
| Position: [write in] | | Full time / Part time? | Since when?: |
| [Add as many as needed] | | | |

5.3 **IF YES**, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

YES

IF YES, briefly describe the data-sharing mechanisms:

What are the major challenges?

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

YES, meets regularly

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

IF YES, briefly describe who the representatives from civil society are and what their roles are:

From 1 December 2006 to November 2008 the Ministry of Health renamed a new National AIDS Commission (CNA) and the Council of the Association (CAA)
 In the CNA has been increased participation of PLHIV that increased from 1 to 3.
 2 PLHIV have been co-chair of 2 working groups on prevention campaign and documents on antiretroviral therapy. The CAA (Civil Society) for the first time has had a decision-

making power equivalent to CNA. CAA representatives has participated in all meetings of the CNA.

At the same time the ability of networking between associations also increased due to the change of leadership.

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

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

In 2008 in Italy a national surveillance system for HIV infection was established although same regional and provincial surveillance systems had already started collecting data for a number of years. Currently 13 region or provinces collect data on new HIV diagnoses. The population living in these regions and provinces account for half (50.5%) of the total Italian population. HIV surveillance data is available for the following regions: Lazio (since 1985) Veneto (since 1988) Friuli Venezia Giulia (since 1985), Piemonte (since 1999), Liguria (since 2001), Puglia (since 2007), Marche (since 2007), Emilia Romagna (since 2008) and Valle D'Aosta (since 2008); are also available data for provinces of Trento (since 1985), Bolzano (since 1985), Sassari (since 1997) and Catania (since 2007). The system is coordinated by National Health Institute.

The National AIDS Center - Istituto Superiore di Sanità coordinates a study, funded by Ministry of Health in collaboration with several representatives from civil society.

The study aims to the definition of some ECDC and UNGASS indicators: rates of coverage of HIV programmes, rates of HIV testing, HIV related knowledge and condom use, HIV prevalence among relevant population.

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?

a. Yes, all of the above

b. Yes, but only some of the above: *[write in]*

c. No, none of the above

7.3 Is there a functional* Health Information System?

| | | |
|---|--------------|----|
| At national level | Yes X | No |
| At subnational level IF YES, at what level(s)? Regional, provincial | Yes X | No |

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

YES

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

Low High
0 1 2 **3** 4 5

Provide a specific example:

What are the main challenges, if any?

9.2 for resource allocation?:

Low High
0 1 **2** 3 4 5

Provide a specific example:

What are the main challenges, if any?

9.3 for programme improvement?:

Low High
0 1 **2** 3 4 5

Provide a specific example:

What are the main challenges, if any?

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: *[write in]*

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

| | | |
|--|--------------|-------------|
| At national level? | Yes | No X |
| IF YES, Number trained: [write in] | | |
| At subnational level? | Yes X | No |
| IF YES, Number trained: [write in] | | |
| At service delivery level including civil society? | Yes | No X |
| IF YES, Number trained: | | |

10.2 Were other M&E capacity-building activities conducted other than training?

YES

IF YES, describe what types of activities

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

2009 Very poor 0 1 2 3 4 5 **6** 7 8 9 10 Excellent

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

What are remaining challenges in this area:

UNGASS REPORTING - ITALY

PART B – COMPLETED BY CIVIL SOCIETY ORGANISATIONS

I. HUMAN RIGHTS

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

Such regulations are included in the national Law 135, promulgated in 1990. Law 135/1990 specifically addresses the right of people with HIV to protect their privacy, and recommends non-discriminatory behaviours towards them in the different contexts (school, work, housing...) In addition, Italy has promulgated a law which ratifies the incompatibility of imprisonment for people with AIDS, when their health condition is severely compromised.

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

NO

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?

3.1 IF YES, for which subpopulations?

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

3.3 Briefly comment on how they pose barriers:

Italy has not issued specific laws, regulations nor policies, but there are difficulties in ensuring that prevention measures (e.g. distribution of condoms and needles) are extended to prisoners. Italy does not allow sex nor drug use within prisons. There is also a *vacatio legis* concerning adolescents under 18 access the HIV test without the consent of their parents.

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

NO

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?

NO

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

IF YES, describe some examples:

About 20 years ago the Italian Government instituted the Advisory Board (*Consulta*) of organisations committed in the fight against AIDS. Such *Consulta* has been reconfirmed many times during these 20 years and since 2007 has been assigned an annual budget for research projects in HIV/AIDS field. The *Consulta* includes different civil society organisations working on HIV/AIDS, but not all of the vulnerable populations are directly represented within such advisory board.

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

| | | |
|---|--------------|----|
| a. HIV prevention services | Yes X | No |
| b. Antiretroviral treatment | Yes X | No |
| c. HIV-related care and support interventions | Yes X | No |

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:

A: Where prevention services are available, they are free of charge. There are huge differences between the 20 Italian regions and local districts, and a non-homogeneous coverage with respect to the different targets. In addition, Italy experiences cultural and economic problems which limit the efficacy of services and interventions: lack of collaboration with other institutions for prevention in schools, lack of interventions targeted to MSM, differences in the implementation of harm reduction activities.

B: In some regions some difficulties have emerged for the supply of new or very expensive ARV drugs, as well as of technical instruments for advanced diagnosis.

C: There is lack of psychological support services, of residential services (family homes) especially in the central and southern regions. Only one Italian region requires the participation of the patient in HIV related expenses (30% paid by the patient); such measure has been established by a national law since 2001, but, as indicated, has been enforced in one region only.

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

YES

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

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

IF YES, briefly describe the content of this policy:

There are no regulations prohibiting access to prevention, care and support programs to vulnerable subpopulations. Nonetheless it must be acknowledged that access to the above mentioned programs for such vulnerable groups can be more difficult and it is highly recommended to give them support in getting familiar with health structures and services, in order to make easier adherence to care and compliance to ARV therapies. The main difficulties are encountered in the implementation of specific prevention programmes.

9.1 NO

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

YES

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

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

YES

IF YES, describe the approach and effectiveness of this review committee:

Italy has instituted at national level ethical review committees (transplants & HIV, vaccine & HIV), while protocols for treatments are controlled by local committees.

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- 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

NO

- 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

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

NO

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

NO

14. Are the following legal support services available in the country?

- Legal aid systems for HIV casework

NO

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

YES

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

NO

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

NO

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

Rating scale 0 → 10: Rating **5**

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

No change intervened since 2007.

What are remaining challenges in this area:

Italy needs to work on reducing stigma and discrimination. There still remain problems in the field of work for people with HIV.

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

Rating scale 0 → 10: Rating **0**

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

What are remaining challenges in this area:

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?

Rating scale 0 → 5: Rating **2**

Comments and examples:

The commitment and efforts of Civil Society are enormous; nonetheless the results achieved are very limited.

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)?

Rating scale 0 → 5: Rating **1**

Comments and examples:

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included in
 - a. the national AIDS strategy?

Rating scale 0 → 5: Rating **1**

- b. the national AIDS budget?

Rating scale 0 → 5: Rating **1**

- c. national AIDS reports?

Rating scale 0 → 5: Rating **0**

Comments and examples:

Protocols and services offered and guaranteed by Civil Society are rarely included in national strategies.

4. To what extent is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. developing the national M&E plan?

Rating scale 0 → 5: Rating **1**

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

Rating scale 0 → 5: Rating **2**

c. M&E efforts at local level?

Rating scale 0 → 5: Rating **1**

Comments and examples:

Civil Society contribution is of an advisory nature, when and if requested.

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

Rating scale 0 → 5: Rating **3**

Comments and examples:

Not all of the vulnerable groups are represented in the *Consulta*. There are organisations working on HIV, some of national level, other of local level, as well as organisations representing vulnerable populations. Sex workers' representatives are presently missing in the advisory board.

6. To what extent is civil society able to access:

a. adequate financial support to implement its HIV activities?

Rating scale 0 → 5: Rating **1**

b. adequate technical support to implement its HIV activities?

Rating scale 0 → 5: Rating **3**

Comments and examples:

Civil Society resources are limited and insufficient. We encounter difficulties in obtaining from private sponsors adequate funding which remains stable in time. Furthermore, there are difficulties in transforming experimental projects into structured and steady services. The participation on a voluntary basis of highly qualified personnel in projects and activities allows to have a good level of support and technical competence.

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

Prevention for youth **51–75%**

Prevention for most-at-risk-populations

- Injecting drug users **51-75%**

- Men who have sex with men **>75%**

- Sex workers **51-75%**

Testing and Counselling **<25%**

| | |
|--|--------|
| Reduction of Stigma and Discrimination | >75% |
| Clinical services (ART/OI)* | <25% |
| Home-based care | 51–75% |
| Programmes for OVC** | 51–75% |

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

Rating scale 0 → 10: Rating **2**

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

What are remaining challenges in this area:

III. PREVENTION

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

YES

IF YES, how were these specific needs determined?

Such needs were determined in 2007 during meetings between the National AIDS Commission and the *Consulta* for the definition of priority population targets; the assessment was made with the aid of epidemiological studies. The Italian Government must now enforce and implement the strategic decision made in the meetings.

1.1 To what extent has HIV prevention been implemented?

| HIV prevention component | The majority of people in need have access |
|---|--|
| Blood safety | Agree |
| Universal precautions in health care settings | Agree |
| Prevention of mother-to-child transmission of HIV | Agree |
| IEC* on risk reduction | Don't Agree |
| IEC* on stigma and discrimination reduction | Don't Agree |
| Condom promotion | Don't Agree |
| HIV testing and counselling | Agree |
| Harm reduction for injecting drug users | Don't Agree |
| Risk reduction for men who have sex with men | Don't Agree |
| Risk reduction for sex workers | Don't 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 | Don't Agree |
| HIV prevention in the workplace | Don't Agree |
| Other: [write in] | |

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

Rating scale 0 → 10: Rating **0**

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

What are remaining challenges in this area:

IV. TREATMENT, CARE AND SUPPORT

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

YES

IF YES, how were these specific needs determined?

Such needs were identified and ratified with the Law 135 promulgated in 1990 and partially revised in 2001 with the introduction of LEA (*Livelli Essenziali di Assistenza* - Basic Assistance Levels), but today they need monitoring and review.

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

HIV treatment, care and support service The majority of people in need have access

| | |
|---|--------------------|
| Antiretroviral therapy | Agree |
| Nutritional care | Agree |
| 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 | Agree |
| Don't Agree | |
| 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 | Agree |
| Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape) | Agree |
| HIV treatment services in the workplace or treatment referral systems through the workplace | Don't Agree |
| HIV care and support in the workplace (including alternative working arrangements) | Don't Agree |
| Other programmes: [write in] | |

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

Rating scale 0 → 10: Rating **7**

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

What are remaining challenges in this area:

- Development of a greater number of “child-friendly” formulations and dosages of paediatric HIV ARV drugs
- Pay more attention to gender differences
- Diminish/eliminate differences between Northern, Central and Southern regions for what treatment and care are concerned
- Offer psychological and social support and assistance to people with HIV/AIDS coming also from public institutions; while now it is mostly left to the efforts of Civil Society

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

N/A

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

Rating scale 0 → 10: Rating **N/A**

Italy has adopted support and assistance policies for orphans and other vulnerable children in general, and it is not deemed necessary to initiate specific programs only for children with HIV/AIDS.