

Survey Response Details

Response Information

Started: 2/25/2010 2:45:25 AM

Completed: N/A

Last Edited: 3/14/2010 2:44:24 PM

Total Time:

User Information

Username: ce_MT

Email:

Response Details

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1) Country

Malta (0)

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

Dr Jackie Maistre Melillo

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

Consultations were held with colleagues that work directly with HIV/AIDS patients at the Infectious Disease Unit in the local hospital, with the Pharmacist that deals with treatment of HIV/AIDS patients, the Director of the National Blood Bank and with the Director of the Health Information department.

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

Being a small country all stakeholders work well with each other and there were no major issues to resolve.

8)

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

Not all questiona are relevant to Malta as the country is small, population is just over 400,000 and numbers of HIV/AIDS cases are still small.

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9)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Department of Health Promotion & Disease Prevention	Public Health Specialist	A.I, A.II, A.III, A.IV, A.V

10)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Mater Dei Hospital	Dr Charles Mallia Azzopardi, Consultant	A.III, A.IV
Respondent 3	Mater Dei Hospital	Dr Tonio Piscopo, Consultant	A. III, A. IV
Respondent 4	Mater Dei Hospital	Ms Daniela Mallia, Pharmacist	A.III, A.IV
Respondent 5	National Blood Transfuaion Services	Dr Alex Aquilina, Responsible Person	
Respondent 6	Department of Health Information	Dr Neville Calleja, Director	A.I, A.II
Respondent 7	Department of Health Information	Ms Dorothy Gauci, Research officer	A. III, A. IV
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
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Respondent
- 25
Respondent

11)

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]
Respondent 1 Nil	Nil B.I

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12)

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)

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

Question 1 (continued)

Period covered:

2003 -

14)

1.1 How long has the country had a multisectoral strategy?

Number of Years

6

15)

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	No	
Transportation	No	
Military/Police	No	
Women	No	
Young people	No	
Other*		

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16)

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 replies refer to the Communicable Disease Control Strategy for Malta that was published in 2003. Future revisions will plan for more budgeting of measures, specific targeting and civil society involvement. AIDS funds for promotional campaigns are related to STIs (including HIV).

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17)

Part A, Section I: STRATEGIC PLAN

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

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex workers	No
f. Orphans and other vulnerable children	No
g. Other specific vulnerable subpopulations*	No
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	No
Cross-cutting issues	
k. HIV and poverty	No

l. Human rights protection	Yes
m. Involvement of people living with HIV	No
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	No

18)

1.4 Were target populations identified through a needs assessment?

No (0)

Page 10

19)

IF NO, explain how were target populations identified?

See explanation included under 1.2.

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20)

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

Refer to 1.3

21)

1.6 Does the multisectoral strategy include an operational plan?

No (0)

22)

1.7 Does the multisectoral strategy or operational plan include:

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

23)

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

No involvement (0)

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24)

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

See explanation included under reply to 1.2

25)

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

No (0)

26)

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

No (0)

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27)

Part A, Section I: STRATEGIC PLAN

Question 1.10 (continued)

IF SOME or NO, briefly explain for which areas there is no alignment / harmonization and why

See explanation included under 1.2

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28)

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?

N/A (0)

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29)

Part A, Section I: STRATEGIC PLAN

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

No (0)

Page 17

30)

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

No (0)

Page 19

31)

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

No (0)

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32)

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)

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33)

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

34)

Part A, Section I: STRATEGIC PLAN

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

No (0)

35)

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

No (0)

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36)

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?**

No (0)

37)

7.4 Is HIV programme coverage being monitored?

No (0)

Page 29

38)

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

No (0)

Page 30

39)

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

5 (5)

40)

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

Health care services available to all, at the main hospital, Mater dei Hospital and at the GenitoUrinary Clinic. Treatment offered to all.

41)

What are remaining challenges in this area:

Surveillance of new cases. Contact tracing of certain cases and prevalence.

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42)

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	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

43)

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

No (0)

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44)

Part A, Section II: POLITICAL SUPPORT

Question 2 (continued)

IF NO, briefly explain why not and how AIDS programmes are being managed:

Within the draft Sexual Health Policy there is a recommendation for a Committee to be set up that will tackle sexual health including HIV/AIDS. Sexually Transmitted Infections Prevention Committee established several years ago. Chair currently vacant.

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45)

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?

No (0)

Page 35

46)

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

47)

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	No
Coordination with other implementing partners	No
Capacity-building	No
Other: Please specify	

48)

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

No (0)

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49)

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

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

5 (5)

Page 39

50)

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)

Page 40

51)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)

b. Delay sexual debut (0)

- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

52)

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

No (0)

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53)

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?

No (0)

54)

2.1 Is HIV education part of the curriculum in:

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

55)

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

Yes (0)

56)

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

No (0)

57)

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?

No (0)

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58)

Part A, Section III: PREVENTION

Question 3 (continued)

IF NO, briefly explain:

Information promotion to date only delivered on a general population basis.

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59)

Part A, III. PREVENTION

Question 3.1 (continued)

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

6 (6)

Page 45

60)

Part A, III. PREVENTION

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

Yes (0)

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61)

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	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	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: please specify	

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62)

Part A, III. PREVENTION

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

7 (7)

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63)

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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64)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

65)

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

Yes (0)

66)

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

Yes (0)

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67)

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

The majority of people in need
have access

HIV treatment, care and support service

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	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	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: please specify	

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68)

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)

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69)

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?

8 (8)

Page 54

70)

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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71)

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)

72)

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

No (0)

73)

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

Yes (0)

Page 56

74)

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

8 (8)

75)

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

The answers given for Question 5 refer specifically to children born to HIV positive mothers.

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76)

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

77)

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

No (0)

Page 65

78)

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

In progress (0)

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79)

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)

80)

6.1 Does it include representation from civil society?

No (0)

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81)

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

Yes (0)

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82)

Part A, Section V: MONITORING AND EVALUATION**7.1 IF YES , briefly describe the national database and who manages it:**

All cases of HIV and AIDS notified by law to the Infectious Disease Prevention and Control Unit (IDCU)at the Department of health Promotion & Disease Prevention. Records kept of all cases notified.

83)

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?

No, none of the above (0)

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84)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	

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85)

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

No (0)

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86) **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?:

No (0)

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87)

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

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88)

Part A, Section V: MONITORING AND EVALUATION

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

No (0)