

## Italy Report NCPI

### NCPI Header

#### COUNTRY

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

Some data were obtained through pilot studies, financed by the Ministry of Health and implemented by the National Institute of Health. These studies were based on the indicators identified by the European Centre for Disease Prevention and Control (ECDC). The National Health Plan and the National Prevention Plan include interventions for HIV infection. For the implementation of the national Prevention Plan, the Italian Regions defined Regional Prevention Plans. These Regional Plans were evaluated ex ante and will pass an ongoing and ex post evaluation as well, based on specific criteria defined in the evaluation plan jointly agreed by the Italian Regions.

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

The first time, the two groups A and B, met separately, in order to define and discuss the process of data collection of both parts. Members of the group A belong to the Ministry of Health, Ministry of Labour and National Institute of Health. Members of group B belongs to organizations of the civil society. The second time, the two groups met together: the discussion showed that civil society does not completely understand the efforts of the Ministry of Health due to the fact that many data cannot be measured. Nevertheless an agreement was reached in order to further expand the existing collaboration and overcome gaps.

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

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

| Organization                 | Names/Positions   | A.I | A.II | A.III | A.IV | A.V | A.VI |
|------------------------------|---|-----|------|-------|------|-----|------|
| Ministry of Health           | Maria Grazia Pompa, Anna Caraglia, Patrizia Parodi, Pierpaolo Di Pietro, Pietro Canuzzi, Francesca Furiozzi | No  | No   | No    | No   | No  | No   |
| Ministry of Labour           | Barbara Giampaolo, R. Ieva  | No  | No   | No    | No   | No  | No   |
| National Institute of Health | Barbara Ensoli, Stefania D'Amato, Barbara Suligoj, Anna Maria Luzi, Laura Camoni, Anna Colucci              | No  | No   | No    | No   | No  | No   |

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

| Organization         | Names/Positions                     | B.I | B.II | B.III | B.IV | B.V |
|----------------------|-------------------------------------|-----|------|-------|------|-----|
| LILA                 | Alessandra Cerioli, massimo Oldrini | No  | No   | No    | No   | No  |
| CNCA                 | Maria Stagnitta                     | No  | No   | No    | No   | No  |
| CAA and Forum Civile | Lella Cosmaro                       | No  | No   | No    | No   | No  |
| ANLAIDS              | Daniela Lorenzetti                  | No  | No   | No    | No   | No  |
| CARITAS NPS          | Laura Rancilio, Margherita Errico   | No  | No   | No    | No   | No  |

## A - 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, what was the period covered:**

Since 1990

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.**

**IF NO or NOT APPLICABLE, briefly explain why.:**

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 fulfill their duty. New strategies including day care centers, 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 5th of June 1990, n°135 - Programme of urgent interventions for the prevention and fight against AIDS. - The regional plans for the prevention and the fight against HIV/AIDS infection. At present a specific strategic plan for HIV-AIDS is not present, but reference is made in the National Prevention Plan and in the National Health Plan.

1.1 Which government ministries or agencies

**Name of government ministries or agencies [write in]:**

Ministry of Health

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

SECTORS

**Included in Strategy**    **Earmarked Budget**

|     |   |
|-----|---|
| Yes | - |
| Yes | - |
| Yes | - |
| Yes | - |
| No  | - |
| Yes | - |
| Yes | - |

**Other [write in]:**

-

**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?:**

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations:**

Yes

**Prisons:**

Yes

**Schools:**

Yes

**Workplace:**

Yes

**Addressing stigma and discrimination:**

No

**Gender empowerment and/or gender equality:**

Yes

**HIV and poverty:**

Yes

**Human rights protection:**

Yes

**Involvement of people living with HIV:**

Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:**

Migrants, Injecting and non-injecting drug users

**1.5. Does the multisectoral strategy include an operational plan?:** Yes

**1.6. Does the multisectoral strategy or operational plan include**

**a) Formal programme goals?:**

Yes

**b) Clear targets or milestones?:**

Yes

**c) Detailed costs for each programmatic area?:**

Yes

**d) An indication of funding sources to support programme implementation?:**

Yes

**e) A monitoring and evaluation framework?:**

No

**1.7**

**1.7. 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:**

On 1 December 2006 the Ministry of Health revitalized the Council of the Association of civil society for fighting AIDS (CAA) and since then it meets every two months, to discuss AIDS issues, in particular dealing with education, information, psychosocial and ethical aspects of AIDS, assistance and prevention. For the first time it has a decision-making power equivalent to National AIDS Commission (CNA). In the CNA, the participation of PLHIV increased from 1 to 3 and PHIV have been co-chair of 2 working groups on prevention campaign and documents on antiretroviral therapy. CAA representatives participate in all meetings of the CNA. At the same time the ability of networking between associations also increased due to the change of leadership.

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

Yes

**1.9**

**1.9. 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, is support for HIV integrated in the following specific development plans?**

**Common Country Assessment/UN Development Assistance Framework:**

N/A

**National Development Plan:**

Yes

**Poverty Reduction Strategy:**

N/A

**Sector-wide approach:**

N/A

**Other [write in]:**

-

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

**HIV impact alleviation:**

Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:**

Yes

**Reduction of stigma and discrimination:**

No

**Treatment, care, and support (including social security or other schemes):**

Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):**

N/A

**Other[write in below]:**

-

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

No

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

No

5.3. Is HIV programme coverage being monitored?:

No

5.4. Has the country developed a plan to strengthen health systems?:

Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:**

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-diseases reporting system was established, defines the list of infectious diseases subject to mandatory reporting in Italy, dividing them into five classes, and establishing the means for data reporting. With regard to 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 centers. 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.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

The Charter of Dublin was taken into account, for example, for addressing some vulnerable populations

**What challenges remain in this area:**

The large number of people living with HIV still unaware of their HIV status is considered a strategic priority and the recognized importance of early identification and trigger actions (early detection) can allow these people to enter the appropriate services of the NHS and to have an early diagnosis. An example of how effective early identification of a large number of people still unaware of their HIV status, is to directly involve people already found to be HIV positive (and therefore aware of their status) through the active offer of HIV testing, by health facilities, even to their partners, since they are the group of people definitely at

higher risk of infection. It is important the surveillance of risk behaviors and their monitoring

## A - II. POLITICAL SUPPORT AND LEADERSHIP

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

**A. Government ministers:**

No

**B. Other high officials at sub-national level:**

No

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

No

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:**

-

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

**Have terms of reference?:**

Yes

**Have active government leadership and participation?:**

Yes

**Have an official chair person?:**

Yes

**IF YES, what is his/her name and position title?:**

Ferruccio Fazio (2009-October 2011), Renato Balduzzi (November 2011 to date), Minister of Health

**Have a defined membership?:**

Yes

**IF YES, how many members?:**

40

**Include civil society representatives?:**

Yes

**IF YES, how many?:**

6

**Include people living with HIV?:**

Yes

**IF YES, how many?:**

NA

**Include the private sector?:**

No

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:**

No

**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

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

Civil society organizations. 'Consulta delle Associazioni' for the fight against AIDS dates back to 1991 with the DM November 28, 1991: "Constitution of the Council for the problems of AIDS." The State Council of Associations for the fight against AIDS will meet, in principle, three times a year, before the meeting of the National Commission for the fight against AIDS. The State Council expresses opinions and proposals on matters concerning the fight against AIDS, with particular regard to the issues informative-educational, psycho-social, ethical, care and prevention. Council of associations has an expenditure item who covers the expenses for the implementation of programs and interventions designed to combat and prevent HIV infection and related syndromes, including costs for surveys and research on the functioning of Committees, Commissions and for 'organization of seminars and conferences on the subject.

**What challenges remain in this area:**

-

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

year?:

-

5.

**Capacity-building:**

Yes

**Coordination with other implementing partners:**

Yes

**Information on priority needs:**

Yes

**Procurement and distribution of medications or other supplies:**

No

**Technical guidance:**

Yes

**Other [write in below]:**

-

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

No

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

-

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

-

## A - III. HUMAN RIGHTS

1.1

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

Yes

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

Yes

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:**

Law of the fifth of June 1990, n°135 - Program of urgent interventions for the prevention and fight against AIDS, article 5: The established HIV infection may not be grounds for discrimination, particularly for school enrollment, for the conduct of sports, for accessing or maintaining jobs.

**Briefly explain what mechanisms are in place to ensure these laws are implemented:**

-

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

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

**People living with HIV:**

-

**Men who have sex with men:**

-

**Migrants/mobile populations:**

-

**Orphans and other vulnerable children:**

-

**People with disabilities:**

-

**People who inject drugs :**

-

**Prison inmates:**

-

**Sex workers:**

-

**Transgendered people:**

-

**Women and girls:**

-

**Young women/young men:**

-

**Other specific vulnerable subpopulations [write in below]:**

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

## A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

**Abstain from injecting drugs:**

Yes

**Avoid commercial sex:**

No

**Avoid inter-generational sex:**

No

**Be faithful:**

No

**Be sexually abstinent:**

No

**Delay sexual debut:**

No

**Engage in safe(r) sex:**

Yes

**Fight against violence against women:**

Yes

**Greater acceptance and involvement of people living with HIV:**

Yes

**Greater involvement of men in reproductive health programmes:**

Yes

**Know your HIV status:**

Yes

**Males to get circumcised under medical supervision:**

No

**Prevent mother-to-child transmission of HIV:**

Yes

**Promote greater equality between men and women:**

Yes

**Reduce the number of sexual partners:**

No

**Use clean needles and syringes:**

Yes

**Use condoms consistently:**

No

**Other [write in below]:**

Within the National Institute for Health (Istituto Superiore di Sanità) there is a psycho-socio-behavioral, communication, education Unit Research Unit (U.O. RCT) integrating research activities in the area of prevention with that of phone counselling on HIV, AIDS and Sexually Transmitted Infections, conducted by the AIDS and Sexually Transmitted Infections Helpline (800 861061). The Service has been co-financed by the Ministry of Health for nearly 25 years and conducts primary and secondary prevention activities through Phone Counselling on HIV/AIDS. This activity is performed by researchers with different expertise (doctors, psychologists, lawyers, communication experts) and is available in Italian, English, French and Portuguese, Monday to Friday from 13.00 p.m. to 18.00 p.m. Through the years this service, which has a national coverage and is anonymous and free to all user, has received a total of 689,969 telephone calls. 74.2% of these calls were made by male individuals. The calculation of the rates of calls (per 100,000 inhabitants) by geographical area, shows that most calls were made by individuals calling from regions in Central Italy. More than half of the users (55.4%) were heterosexuals (non-drug users). The main subjects covered during the the phone counselling intervention concerned the mode of HIV transmission (27.7%) and information on tests for the detection of HIV antibodies (25.2%). Since 2008 the UO RCT, also coordinates a network of 23 HIV / AIDS Phone Counselling services in various Italian regions, such services belonging to both Public and non-governmental organizations committed in HIV prevention. Finally, the research activity of the OU RCF in the past three years made it possible to detect the accessibility and availability of HIV testing on the national territory. 391 people working as chiefs in clinical-diagnostic centers were interviewed on how HIV testing is offered (free, anonymous, pre-and post-test counselling, testing for minors) in their structures. With regard to migrants, since 1997 the UO RCF coordinates the Italian National Focal Point Network on Infectious Diseases, a group of over 70 experts from public bodies, NGOs, voluntary groups and communities of foreigners, each of them working in his area of residence on HIV prevention issues.

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

No

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:**

Yes

2.1. Is HIV education part of the curriculum in

**Primary schools?:**

No

**Secondary schools?:**

No

**Teacher training?:**

No

**2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:**

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 key or other vulnerable sub-populations?:**

Yes

**Briefly describe the content of this policy or strategy:**

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

| IDU | MSM | Sex workers | Customers of Sex Workers | Prison inmates | Other populations |
|-----|-----|-------------|--------------------------|----------------|-------------------|
| No  | No  | No          | No                       | No             | -                 |
| Yes | No  | No          | No                       | No             | -                 |
| Yes | Yes | Yes         | Yes                      | Yes            | migrants          |
| Yes | No  | No          | No                       | No             | -                 |
| Yes | No  | No          | No                       | No             | -                 |
| Yes | Yes | No          | No                       | Yes            | -                 |



|     |     |    |    |    |          |
|-----|-----|----|----|----|----------|
| Yes | Yes | No | No | No | migrants |
| No  | No  | No | No | No | -        |

**3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:**

6

**Since 2009, what have been key achievements in this area:**

To keep on implementing information campaigns to promote HIV testing in general population. To provide effective and appropriate responses to the health needs of people from different socio-cultural backgrounds it has been necessary to have different preventive intervention methods, together with diagnosis and treatment developed by those services to which foreigners usually have access to; analysing the socio-anagraphic and behavioural characteristics of specific targets such as foreign persons with HIV infection and foreign students, has been also important. Special attention was paid to communication and relational processes in the diagnosis and care of migrants suffering - directly or indirectly – from infectious diseases such as HIV, Human Papillomavirus and Tuberculosis. Italian NFP projects are shown below. Projects in progress "Application of the Operational Model to promote prevention interventions for HIV infection and tuberculosis in the bands of migrant populations." Application of the Operational Model for communication of diagnosis and the assumption of a migrant person in order to facilitate interventions to prevent HIV infection and tuberculosis in bands of migrant populations. The project was sponsored and funded by the Ministry of Health, with the scientific coordination of the National Institute of Health in Italy (Scientific Coordinator: Dr Anna Maria Luzi). Realized Projects: "Health promotion and protection of foreign-born person through the identification, testing and evaluation of health courses in infectious diseases". The project aims to identify, test and promote those methodologies of intervention directed at foreign persons with health problems related to infectious diseases. The project was sponsored and funded by the Ministry of Health, with the scientific coordination of the National Institute of Health in Italy (Scientific Coordinator: Dr Anna Maria Luzi). "Migration and Health". The aim of the project is describing the health state of the specific target and foreign population providing an overview of national legislation and regional policies. The best health care interventions, with particular attention to services usability will be identified as well as the best health training courses. The Project, promoted and funded by the Ministry of Health, is coordinated by the National Institute of Health in Italy (Scientific Coordinator: Dr Anna Maria Luzi).

**What challenges remain 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?:**

Taking into account the results od surveillance programmes and specific project Italy is committed to: 1) keep on implementing information campaigns on the prevention methods for the HIV sexual transmission. 2) promote the HIV test and the suitable pre and post test counselling. 3) 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) ensure 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?**

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Disagree

**Harm reduction for people who inject drugs:**

Agree

**HIV prevention for out-of-school young people:**

Strongly Disagree

**HIV prevention in the workplace:**

Strongly Disagree

**HIV testing and counseling:**

Disagree

**IEC on risk reduction:**

Strongly Disagree

**IEC on stigma and discrimination reduction:**

Agree

**Prevention of mother-to-child transmission of HIV:**

Agree

**Prevention for people living with HIV:**

Strongly Disagree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Strongly Disagree

**Risk reduction for intimate partners of key populations:**

Strongly Disagree

**Risk reduction for men who have sex with men:**

Strongly Disagree

**Risk reduction for sex workers:**

Strongly Disagree

**School-based HIV education for young people:**

Disagree

**Universal precautions in health care settings:**

Strongly Agree

**Other[write in]:**

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

6

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

**If YES, Briefly identify the elements and what has been prioritized:**

In Italy the National AIDS Commission developed the "Linee Guida Italiane sull'utilizzo dei farmaci antiretrovirali e sulla gestione diagnostico-clinica delle persone con infezione da HIV-1" (Italian guidelines for ART use and diagnostic-clinical management of people infected by HIV-1). The document has been published in July 2010; these guidelines have been developed for a global audience, to be used by programme managers, academic institutions and national ART advisory committees, civil society associations. These guidelines were updated in October 2011. Diagnostics and treatments, access to organ transplants.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

-

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

**Antiretroviral therapy:**

Strongly Agree

**ART for TB patients:**

Strongly Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Strongly Agree

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Agree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Agree

**Nutritional care:**

Strongly Agree

**Paediatric AIDS treatment:**

Strongly Agree

**Post-delivery ART provision to women:**

Strongly Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Strongly Agree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Disagree

**Sexually transmitted infection management:**

Strongly Agree

**TB infection control in HIV treatment and care facilities:**

Strongly Agree

**TB preventive therapy for people living with HIV:**

Strongly Agree

**TB screening for people living with HIV:**

Strongly Agree

**Treatment of common HIV-related infections:**

Strongly Agree

**Other [write in]:**

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Disability pension with possibility to have an accompanying person, if needed

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

No

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

N/A

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

Access to health care (through reimbursement of antiretroviral drugs); The experimental program on Transplants for PLWHIV has concluded the trial phase and has become part of clinical practice.

What challenges remain in this area:

To guarantee home care assistance for the chronic patients To extend the access to organ transplantation

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

N/A

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

0

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

## A - VI. MONITORING AND EVALUATION

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

In Progress

Briefly describe any challenges in development or implementation:

The National Plan for Prevention includes a section dedicated to infectious diseases, including HIV. The Italian Regions implement the Regional Plans for Prevention, evaluated ex-ante, in itinere and ex-post. The criteria of evaluation are determined in the plan of evaluation jointly agreed with all Italian Regions. For each research project at regional level, a set of indicators is determined for the on-going evaluation and the fulfillment of results.

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

-

A data analysis strategy:

-

A data dissemination and use strategy:

-

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

-

Guidelines on tools for data collection:

-

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

No

4. Is there a functional national M&E Unit?:

In Progress

Briefly describe any obstacles:

-

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

Yes

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-

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-

-

Temporary Staff [Add as many as needed]

**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-

-

-

-

**4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:**

No

**Briefly describe the data-sharing mechanisms:**

-

**What are the major challenges in this area:**

-

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

No

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

Yes

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

The surveillance system of new HIV diagnoses was established by a decree of the Ministry of Health in 2008. Since 1985, some Regions had already collected data on new diagnoses before the system existed. In 2010, all Italian regions but one provided data covering 97.8% of the country population. The system is coordinated by the National Institute of Health. Drug addicts: the Ministerial Decree 20 September 1997 on "Modification of forms to collect data on the activities of Public Health Services for Drug Addicts (SERT), new models were defined, starting from 1997. The updating was due to the need of improving the quality of data and better defining the drug addiction phenomenon. Data include: no. of patients (new and already in care), seropositivity to HIV test, and sex.

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

Yes, but only some of the above

**IF YES, but only some of the above, which aspects does it include?:**

The HIV surveillance system provides information about age, gender, geographical area and same key populations (MSM, IDU, non-nationals).

6.2. Is there a functional Health Information System?

**At national level:**

Yes

**At subnational level:**

Yes

**IF YES, at what level(s)?:**

Italian Regions and local level

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

Yes

8. How are M&E data used?

**For programme improvement?:**

Yes

**In developing / revising the national HIV response?:**

Yes

**For resource allocation?:**

Yes

**Other [write in]:**

-

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:**

-

9. 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

**9.1. Were other M&E capacity-building activities conducted` other than training?:**

Yes  
**IF YES, describe what types of activities:**  
The evaluation of the Regional plans of prevention (related to HIV/AIDS programmes)  
**10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:**

6  
**Since 2009, what have been key achievements in this area:**

-  
**What challenges remain in this area:**

## **B - I. CIVIL SOCIETY INVOLVEMENT**

**1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:**

4  
**Comments and examples:**  
Most of what has been done in the past two years on HIV/AIDS strategies and policies was started and sustained by civil society.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) 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)?:**

0  
**Comments and examples:**  
Civil society has not been involved in the budgeting and therefore is not aware of the national yearly budget on HIV.

3.  
**a. The national HIV strategy?:**  
1  
**b. The national HIV budget?:**  
1  
**c. The national HIV reports?:**  
0  
**Comments and examples:**  
Civil society is involved only in the national strategy and budget for “family homes” (case alloggio). In the services provided by civil society we have included only those foreseen by the national legislation (Law 135/90 and LEA).

4.  
**a. Developing the national M&E plan?:**  
0  
**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:**  
:  
0  
**c. Participate in using data for decision-making?:**  
0  
**Comments and examples:**  
M&E plan and committee/working group do not exist in Italy.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:**

5  
**Comments and examples:**  
Sex workers, migrants and prisoners’ organizations are not represented in the National Coordinating Committee of Associations against AIDS.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access  
**a. Adequate financial support to implement its HIV activities?:**  
1  
**b. Adequate technical support to implement its HIV activities?:**  
3

**Comments and examples:**

Civil society has adequate and highly qualified (volunteer) competences among participating organizations and can access good technical support in the technical/scientific community. Financial support is instead extremely limited.

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

**People living with HIV:**

>75%

**Men who have sex with men:**

>75%

**People who inject drugs:**

25-50%

**Sex workers:**

51-75%

**Transgendered people:**

>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%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

7

**Since 2009, what have been key achievements in this area:**

Since 2009, the role of civil society and its recognition have slightly improved. Such improvement is mostly occurred thanks to the efforts made by civil society itself. We have been involved in the preparation of the consensus document on HIV testing. We have consolidated the participation of HIV organizations and of PLWHIV in the preparation of national guidelines on ART.

**What challenges remain in this area:**

Civil society is not yet successful in pressuring national authorities in the planning and implementation of a prevention strategy, and in the monitoring and evaluation of the HIV/AIDS response.

## B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

No

## B - III. HUMAN RIGHTS

1.1.

**People living with HIV:**

Yes

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

Yes

**People with disabilities:**

Yes

**People who inject drugs:**

No

**Prison inmates:**

No

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

Yes

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

No

**If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:**

-

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:**

-

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

-

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:**

Yes

**2.1. IF YES, for which sub-populations?****People living with HIV:**

No

**Men who have sex with men:**

No

**Migrants/mobile populations:**

No

**Orphans and other vulnerable children:**

No

**People with disabilities:**

No

**People who inject drugs:**

No

**Prison inmates:**

Yes

**Sex workers:**

No

**Transgendered people:**

No

**Women and girls:**

No

**Young women/young men:**

Yes

**Other specific vulnerable subpopulations [write in]:**

-

**Briefly describe the content of these laws, regulations or policies:**

These are not necessarily HIV-specific policies or laws. They include policies, laws, or regulations which may deter people from or make it difficult for them to access prevention, treatment, care and support services. Examples cited in country reports in the past have include: "laws that criminalize same sex relationships", "laws that criminalize possession of condoms or drug paraphernalia", "loitering laws", "laws that preclude importation of generic medicines"; "policies that preclude distribution or possession of condoms in prisons"; "policies that preclude non-citizens from accessing ART"; "criminalization of HIV transmission and exposure", "inheritance laws/rights for women", "laws that prohibit provision of sexual and reproductive health information and services to young people", etc. There are no specific law provisions providing instruments to tackle the issues of sexual activities and drug use in prisons. Moreover, the possibility for old adolescents (16-17) to have access to HIV testing without prior consent of the parent is still not provided by any regulation/guidelines

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

Such leaks in the legislation do not allow the implementation of any harm reduction programmes in prisons (distribution of condoms and sterile needles).

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:**

Yes

**Briefly describe the content of the policy, law or regulation and the populations included:**

A specific legislation on the protection against stalking was recently adopted (2009). It provides protection for men and women who are victims of stalking activities regardless of the gender. No specific provision concerning people living with HIV is provided.

**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, key populations and/or other vulnerable sub-populations?:**

No

| 6. Does the country have a policy or strategy of free services for the following? |   |                              |
|---|---|------------------------------|
| Provided free-of-charge to all people in the country                              | Provided free-of-charge to some people in the country | Provided, but only at a cost |
| Yes   | -   | -                            |
| -   | Yes   | -                            |
| -   | Yes   | -                            |

**If applicable, which populations have been identified as priority, and for which services?:**

Note to HIV prevention services under point 6: such as blood safety, condom promotion, harm reduction for people who inject drugs, HIV prevention for out-of-school young people, HIV prevention in the workplace, HIV testing and counseling, IEC on risk reduction, IEC on stigma and discrimination reduction, prevention of mother to- child transmission of HIV, prevention for people living with HIV, reproductive health services including sexually transmitted infections prevention and treatment, risk reduction for intimate partners of key populations, risk reduction for men who have sex with men, risk reduction for sex workers, school-based HIV education for young people, universal precautions in health care settings.

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

Yes

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

Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:**

Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included:**

Such policy for equal access exists, but in practice it does not ensure equal rights to all people.

| 8.1  |
|--|
| <b>8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:</b> |
| No   |

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

Yes

**IF YES, briefly describe the content of the policy or law:**

A specific legislation on HIV prevention, treatment and care was adopted in 1990. It contains a general prohibition on public and private employers to require the performance of an HIV test to all employees or applicants for employment. However, the enforcement of this law often turns out to be complicated as people who are discriminated tend to avoid reporting its violations for fear of visibility. Moreover, an interpretation made by the Constitutional Court in a judgment of 1994 had the effect of making possible numerous illegitimate requests for testing to workers in the healthcare, military sectors and other private sectors.

| 10. Does the country have the following human rights monitoring and enforcement mechanisms?  |
|--|
| <b>a. 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:</b> |
| No   |
| <b>b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:</b>   |
| No   |
| <b>IF YES on any of the above questions, describe some examples:</b>   |
| -  |

| 11. In the last 2 years, have there been the following training and/or capacity-building activities  |
|--|
| <b>a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:</b>  |
| No   |
| <b>b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:</b> |
| No   |



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

**a. Legal aid systems for HIV casework:**

No

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

No

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

No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

2

**Since 2009, what have been key achievements in this area:**

Some NGOs managed to bring to the attention of the general population the problem of discrimination and stigma against PLWHIV obtaining important decisions from the Authority for the protection of personal data on specific HIV related issues (illegitimate requests to fill out forms when accessing dental care facilities, treatment of data concerning HIV in healthcare settings). Further initiatives have been taken through Parliamentary questions and awareness-raising initiatives, but the lack of a real national and public strategy concerning prevention and fight against discrimination/stigma remains the main cause of the persistence of discriminatory practices.

**What challenges remain in this area:**

Italy needs to work on reducing stigma and discrimination. The main problems concern discrimination in the workplace and in healthcare settings.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

2

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

Italy needs to work on reducing stigma and discrimination. The main problems concern discrimination in the workplace and in healthcare settings.

## B - IV. PREVENTION

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

No

**IF NO, how are HIV prevention programmes being scaled-up?:**

-

1.1 To what extent has HIV prevention been implemented?

**Blood safety:**

Strongly Agree

**Condom promotion:**

Strongly Disagree

**Harm reduction for people who inject drugs:**

Disagree

**HIV prevention for out-of-school young people:**

Disagree

**HIV prevention in the workplace:**

Strongly Disagree

**HIV testing and counseling:**

Agree

**IEC on risk reduction:**

Strongly Disagree

**IEC on stigma and discrimination reduction:**

Strongly Disagree

**Prevention of mother-to-child transmission of HIV:**

Strongly Agree

**Prevention for people living with HIV:**

Disagree

**Reproductive health services including sexually transmitted infections prevention and treatment:**

Disagree

**Risk reduction for intimate partners of key populations:**

Strongly Disagree

**Risk reduction for men who have sex with men:**

Strongly Disagree

**Risk reduction for sex workers:**

Strongly Disagree

**School-based HIV education for young people:**

Strongly Disagree

**Universal precautions in health care settings:**

Strongly Agree

**Other [write in]:**

-

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:**

1

**Since 2009, what have been key achievements in this area:**

None.

**What challenges remain in this area:**

To plan prevention strategies based on scientific evidence, targeted to the different vulnerable populations To put in place a behavioral surveillance system in order to acquire an understanding of at-risk behaviors To collect data on HIV tests effected each year To start NTP (New Technology Prevention) programs To scale-up access to female and male condoms To disseminate effective prevention campaigns To perform evaluations on the efficacy of interventions

## **B - V. TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:**

Yes

**IF YES, Briefly identify the elements and what has been prioritized:**

Diagnostics and treatments, access to organ transplants.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**

Management of co-infections (HIV/hepatitis/TB, other infections), side effects, adherence, organ transplants, psycho-social support, quality of life has been improved.

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

**Antiretroviral therapy:**

Agree

**ART for TB patients:**

Agree

**Cotrimoxazole prophylaxis in people living with HIV:**

Agree

**Early infant diagnosis:**

Agree

**HIV care and support in the workplace (including alternative working arrangements):**

Strongly Disagree

**HIV testing and counselling for people with TB:**

Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:**

Strongly Disagree

**Nutritional care:**

Agree

**Paediatric AIDS treatment:**

Agree

**Post-delivery ART provision to women:**

Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):**

Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:**

Strongly Agree

**Psychosocial support for people living with HIV and their families:**

Strongly Disagree

**Sexually transmitted infection management:**

Agree

**TB infection control in HIV treatment and care facilities:**

Agree

**TB preventive therapy for people living with HIV:**

Agree

**TB screening for people living with HIV:**

Agree

**Treatment of common HIV-related infections:**

Strongly Agree

Other [write in]:

-

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:**

7

**Since 2009, what have been key achievements in this area:**

-

**What challenges remain in this area:**

Pay more attention to gender differences Eliminate differences in access to treatment and care between northern, central and southern areas. Offer psychological and social support and assistance to people with HIV/AIDS through public policies.

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

Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:**

Yes

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

Yes

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

No

**2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :**

-

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":**

7

**Since 2009, what have been key achievements in this area:**

The experimental program on Transplants for PLWHIV has concluded the trial phase and has become part of clinical practice.

**What challenges remain in this area:**

To disseminate information to medical doctors on the possibility for PLWHIV to access organ transplants To give access to DAA (Direct Acting Antivirals) for HIV/HCV co-infected patients.

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Source URL: <http://aidsreportingtool.unaids.org/98/italy-report-ncpi>