

## ITALY

### 3.1. HEALTH FINANCING AND STRENGTHENING HEALTH SYSTEMS

**3.1.1** We will continue our efforts towards the goal of providing at least a projected US\$ 60 billion to fight infectious diseases and improve health systems. (Reiterated in 2008 and 2009: We reaffirm our existing commitments, including the US\$60 billion investment to fight infectious diseases and strengthen health systems by 2012).

Since 2000, Italy is supporting Public Private Partnership in Health (PPPH) in **Eastern Africa**, in line with the Guidelines of the Italian Cooperation, which promotes the leadership of the public health system, and considers the partnership with the private sector a key strategy to improve accessibility, efficiency and equity in health.

In **Uganda**, in 2009, in line with the principle of Universal Access to health and complying with the new National Health Policy, Italy supported the design of a plan to strengthen the health services, public and private, of the Karamoja region, in collaboration with UNICEF and private providers, international and local. In Uganda, within the first year of activity 1.346 duty posts were reached, 30.124 immunizations done, about 5000 mothers accessed first ANC visit and more than 4.000 were enrolled in PMTCT scheme.

In **Ethiopia**, Italy supported Health Systems Strengthening in the framework of the Health Sector Development Program (HSDP), focusing on increasing access to primary health care (with integration of preventive and curative health services in a decentralized system), implementation of the principle of harmonization with development partners, and reform of the information system to support evidence-based decision making for performance improvement. In particular, Italy provided technical and financial support to the design and implementation of the new Health Management Information System, to the regular publication of the performance reports of the health sector as well as the publication of the "Quarterly Health Bulletin Policy and Practice", and to the strategic planning, contributing not only to evidence-based health practice but also to the partnership and the accountability of the health system in the framework of the ongoing process of harmonization.

In Ethiopia, over the past years, good progress was observed towards achieving the Millennium Development Goals (MDGs) , with a consistent decrease of under 5 mortality rate and maternal mortality ratio together with an increased coverage of key MDG service indicators, such as measles immunization coverage (82% in 2009/2010), ART coverage (62% in the same year) and ITN distribution (with a cumulative number of 35.2 million in the same year).

In **Mozambique**, a traditional priority country for Italian Cooperation, continuing support has been provided for more than 30 years, increasingly since the immediate post-conflict, ensuring an active NGO presence and concentrating on social sectors, especially the Health sector. Currently, the three- year Bilateral Agreement aims at investing in health a total amount of 30 million Euros. Focus is progressively shifting from Programme-based approach to Sector-wide Approach (SWAp), since Italy has joined the international Health Partners Group by signing the MoU for PROSAUDE and adhering to its code of conduct and principles. This "common basket" for budget support to the Ministry of Health represents the most advanced modality currently available in Mozambique for Health Development Cooperation and is a very strong example of aligned and harmonized financing to Government and State systems and cycles, fully in line with Paris Declaration and Accra Agenda for Action. With the view of strengthening the Human Resources for Health (HRH) within the country, Italy is also funding (7 million Euros) specific training courses, which are aligned to the National Plan for HRH.

**3.1.2.** Mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria

Italy was one of the promoters of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), launched by the G8 at Genoa, in 2001. Ever since, Italy has been actively engaged in the life of the Fund and, in more recent years, this resulted with a higher relevance of the political level and a wider involvement of Italian stakeholders (NGOs, Health Ministry, Istituto Superiore della Sanità

- leading technical and scientific public body of the Italian National Health Service -). During 2001-2008, Italy has made available to the GFATM financial resources amounting over 1 billion dollars.

**3.1.3** Building on the valuable G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.

Contributions to innovative financing mechanisms and Public-Private Partnership	2006	2007	2008	2009	2010
<b>IFFIm (million)</b>	3.61	7.89	35,79	34.85	33.15
<b>AMC (million)</b>			51,99	55.87	50.33

Italy believes that immunization is a cornerstone of health and development, one of public health's best buys investments a government can make, with economic returns much higher than most other development interventions. This is the rationale behind its participation in the International Financing Facility for Immunization (IFFIm) and in the Advanced Market Commitments (AMC) for pneumococcal vaccine: two innovative financing mechanisms for health which Italy considers as a very effective way of providing predictable finance for development and contributing to MDG4.

IFFIm changed GAVI's financial landscape by doubling the existing resources for immunization programs in the years 2006–2015. So far, IFFIm has raised US\$3.1 billion in the world's capital market, guaranteed by legally binding long-term commitments of participating donor countries, which has provided reliability and predictability in the vaccine market. Moreover, IFFIm's investors can measure their return not only in terms of a market-based interest rate but also the lives they have helped save from vaccine-preventable diseases. Estimates give that funds provided by IFFIm from its inception have helped save approximately four million lives.

Pneumococcal disease currently takes the lives of over a million of people every year – including more than half a million children before their fifth birthday. Pneumonia is the most common form of serious pneumococcal disease and accounts for 18% of child deaths in developing countries, making it one of the two leading causes of death among young children. In 2010, the operational phase of the Advance Market Commitment (AMC) pilot program for pneumococcal disease - officially launched in Lecce, Italy, in June 2009 - gained momentum with the signature of the first Supply Commitments. The main purpose of the AMCs is to stimulate a market for vaccines that are not developed because of a lack of demand and therefore a subsequent lack of private investment. To achieve this, AMC donors have pledged to create a market (US\$1.5 billion from Italy – lead donor with 635 million US\$ - UK, Canada, the Russian Federation, Norway and the Bill & Melinda Gates Foundation) for producers to generate innovative new vaccines tailored to the needs of eligible countries, including epidemiologically relevant strains, at a sustainable, predefined price. After extensive consultation, the pneumococcal vaccine was chosen as a pilot because of its potential effect (~800,000 deaths per year) and feasibility. Together with the World Bank and UNICEF, GAVI worked on this project and was given the task of implementing it. The success of the AMC approach may have profound consequences in terms of research-based innovative efforts to eliminate diseases that plague the poorest countries.

The AMC pilot will enable GAVI to support the introduction of pneumococcal vaccines in 19 developing countries within a year's time, and, if it gets sufficient funding from its donors, plans to roll them out to more than 54 countries by 2015. This innovative finance mechanism is proof that public-private relationships are working to deliver life-saving vaccines to children as quickly as possible.

**3.1.4** Supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research

**3.1.5** The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers

Italy has supported partner countries in order to develop synergies between health system strengthening and global health initiatives through a funding of US\$ 5,847,953.2 (4 million Euros) to WHO . In this framework attention was also devoted to medical and paramedical personnel. The overall engagement in this field was meant to be in connection with the International Health Partnership.

In addition, with the view of strengthening the Human Resources for Health (HRH) of Mozambique, Italy is also funding (7 million Euros) specific training courses, which are aligned to the National Plan for HRH.

Furthermore, since 2008, as an integral component of its policy for health development, Italy has been supporting the development of PPP in the Health sector in key countries of **East Africa** (Mozambique, Ethiopia, Uganda, Congo, Sudan and Kenya), with particular emphasis to the development of health manpower. The main strategic focus is on mid-level health professionals, such as mid-wives and nurses, who notably provide key MDG-related services. Attention has also been given to the promotion of retention mechanisms of health personnel to address the issue of brain drain.

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### 3.2. MATERNAL HEALTH AND CHILD HEALTH

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*We will scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US\$ 1.5 billion*

Mother and Child health is a priority in the health policy of Italy. Besides MCH activities that are carried out in the framework of health strengthening initiatives, some more focused programs are being implemented to operationalise some key issues.

In **Lebanon**, a program started at the beginning of 2010, aims at supporting the implementation of a package of pre and post natal services to women lacking of any health insurance, and thus at the charge of MOPH. The package includes regular consultations, a number of ultrasound examinations, lab tests, additional specialist services in properly defined conditions. The package, drawn by a national scientific committee, will be piloted in a number of public hospitals covering all peripheral and underserved areas of the country. Thanks to this initiative, for the first time some private services are paid by the MOPH (in Lebanon the patients without any health insurance, who are approx. 50% of the Lebanese population, pay for all external services and receive free of charge only part of the hospitalization fees).

In a total different setting, war torn **Somalia**, the strengthening of the health system of the country, with a particular focus on mother and child health emergency services, has been a priority of the Italian Cooperation. This commitment has mobilised investments over 10 million Euros, in the last 5 years. Through these funds, Italy has ensured the functioning of 12 hospitals in Central and North Somalia by covering the running costs and those related to basic restructuring works of these health infrastructures and by facilitating the development and application of clinical and managerial standards and implementation of its guidelines. These structures represent one third of the public secondary level health services in Somalia, with a catchment of almost two million people.

In addition, Italy has been addressing, through UNICEF, the nutritional needs of children by supporting the delivery of a complete package of nutrition services, including management of acute malnutrition.

Furthermore, Italy has a long record in responding to the needs of women and young girls, who are suffering from the practice of the female genital mutilation and cutting (FGM/C). Since 2004, Italy has been paying a greater attention to the FGM/C by providing stronger bilateral and multilateral financial assistance to reach the most women in need of the African countries, where the practice is in use. This commitment resulted with financial investments of about 10 million euro, most of them, channelled through UNFPA and UNICEF to accelerate the abandonment of this practice within a generation in seventeen **African countries** (Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan, Tanzania and Uganda). The Italian engagement has also resulted in the launching, in association with some African countries, of a political initiative promoting the abandonment of the FGM at the General Assembly of the United Nations.

### 3.3 FIGHTING INFECTIOUS DISEASES (NEGLECTED DISEASES)

*We must also increase our efforts in the fight against other preventable diseases...particularly by increasing the volume and quality of medical research on neglected diseases in developing countries*

Neglected diseases	2008	2009	2010
Disbursement US current dollars (bi and multi) (million)	16,970,000	3,208,884	2,331,126

Italy is keeping its engagement in the fight against infectious diseases, and in particular neglected diseases in the strategy to strengthen health services. It is known its multi year commitment in **East Africa**, and in particular Tanzania and Zanzibar, where it has worked to create with the Ministry of Health the IDC Public Health Laboratory in the island of Pemba, which has become a centre of excellence for the control and operational research in the field of Schistosomiasis and Haemorrhagic fever diseases. Working as a very active Public Private Partnership, in the centre are carried out , with the participation of the Government of Zanzibar, WHO, Italian and International Universities, Foundations, studies and research concerning distribution of diseases, prevention and treatment, vector control. The Centre is also home of the regional branch of the national HIMS.

### 3.4 HIV/AIDS

*Develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010*

*We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS*

HIV/AIDS	2008	2009	2010
Disbursement US current dollars (bi and multi) (million)	8.3	11.38	1.42

Besides the support to the Global Fund Italy has funded the fight against HIV-AIDS through the bilateral channel, in particular NGOs and Research Centre. In this context the role of NGOs has been crucial in providing home care package assistance and small income generating activities to families stricken by AIDS in remote rural communities in **Kenya** and **Tanzania**.

### 3.5 POLIO

*Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the \$829 million target and mobilising the support of others.*

#### Contribution to the Global Polio Eradication Initiative (US dollar millions)

G8 countries	2004	2005	2006	2007	2008	2009	2010
Italy	7.6	5.01	5.85		11.95	2.09	1.32

Italian contributions for the GPEI are decided annually and included in the voluntary contribution to the WHO. Since 2004, the total contribution for Polio eradication amounts at \$ 33.82 million.

### 3.6 MALARIA

*Working with Africa countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies*

*As part of fulfilling our past commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010*

Malaria	2009	2010
Disbursement US current dollars (bi and multi)	960,868	1,198,675

The Italian/WHO initiative on Malaria started in 2001 and continued in 2 subsequent phases until 2008 in selected African countries. The initiative is aimed at strengthening national control programme and at promoting the shift to more effective treatments (Artemisinin based combination therapy – ACT). Since 2005, total investments have been US\$ 3.8 million. Other bilateral contributions, aimed at implementing in the same regions, synergic activities, against malaria, amounted to US\$ 2.1 million.

### 3.7 TUBERCULOSIS

*Supporting the Global Plan to Stop TB, 2006-2015*

Contributions received for Stop TB Partnership (millions USD)										
G8 Countries	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Italy	0.94	2.9		0.2	2.7	0.37	6	2.7	1.1	0.5

Tuberculosis	2008	2009	2010
Disbursement US current dollars (bi and multi)	12.3	1.3	0.7

Fighting Tuberculosis is a long standing priority of Italy's development policy. In the last ten years Italy has funded with 19 Million Euro, through WHO, to control this disease in **Sub Saharan Africa** and **Asia (Afghanistan)**, focusing on training and capacity building . Besides the multilateral, programs have also been funded through the bilateral channel, among which **South Africa** and **Tanzania**. In the former focus has been given to the integration of TB-HIV services in the health system of the Eastern Cape Province. In Tanzania the program has focused on increasing diagnostic capacity by upgrading laboratories and introducing the technique of bacterial growth.