**

***Ministry of Foreign Affairs and International Cooperation***

***Inter-ministerial Committee for Human Rights***

***Italy Reply to the request of Office of the UN High Commissioner for Human Rights pursuant to HRC resolution 40/14 – “Realizing children’s rights through a healthy environment”***

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Following to your query, Italian Authorities are in a position to provide the following information.

1. **General information and evidence**

Due to air pollution, there has been a 15% increase in the number of childhood respiratory diseases in some Regions of northern Italy over the last ten years. Overall, environmental factors account for 33% of all illnesses in Italian children.

Various studies show that respiratory disorders, asthma and allergies in children are associated with air pollution (outdoor and indoor).

Research carried out in Italy has shown that 52% of children in their second year of life are usually exposed to passive smoking. With regard to exposure to tobacco in Italian families, however, the latest ISTAT available data report that 49% of infants and children aged up to 5 years are children of at least one parent who smokes and 12% have both parents smoking. About one in five newborns has a smoking mother. Passive smoking increases the risk of asthma in children to such an extent that it is estimated that 15% of cases of childhood asthma are directly caused by exposure to parental smoking.

According to the results of a survey conducted by the Indoor Commission of the Ministry of Health on the impact of indoor pollution on health, in particular of children, only some of the main pollutants and only direct health costs have been considered, so the impact is underestimated.

Given the scale and complexity of health issues related to environmental exposures, the Ministry of Health has promoted a series of initiatives with the aim of protecting children's health from environmental threats focused on the following areas: air pollution, children's respiratory disorders, asthma, allergies, chemical safety, reduction of health effects of climate change and extreme weather phenomena.

In Italy in 2012 (the last year for which mortality data are available) traumas/poisonings occur in 18.3% of deaths and are the second most common cause of avoidable mortality at an early age (after childhood cancers). The survey found that the main factors contributing to domestic accidents are: the low perception of risk by adults and the insufficient design safety of domestic structures and systems, their poor conservation, to be considered as factors that are often associated with poor economic conditions. Most of the exposures concern household cleaning products and, to a lesser extent, external elements and biocides.

1. **Examples of good practice**
2. **Legal and other measures**

Law No. 493/99 established at the National Health Institute (ISS) the National Information System on Home Accidents - SINIACA, integrated into the Italian network of hospitals belonging to the EHLASS system. Currently the ISS coordinates two surveillance systems that collect standard data on cases of domestic accidents, detected by the hospital services: the SINIACA/EU-IDB (European Injury Data Base) and the National Information System for the Surveillance of Hazardous Exposures and Intoxications (SIN-SEPI), based on poison control centers (CAV), which has been included in the National Statistical Programme since 2013. The activities related to the national project SINIACA have been integrated with the local systems (provided by the National Prevention Plan 2010-2012). The Emergency-Urgency flows of the EMUR system of the Ministry of Health are able to provide the EU-IDB system with information on the diagnosis of poisoning/intoxication following a domestic accident. In this way, a national accident surveillance system has been set up in Italy to produce information, comparable at European and international level, that are useful for the formulation of appropriate prevention strategies.

Some studies in Italy and Europe have shown that current asthma in children and adolescents is positively associated with many factors recorded in the school environment, including moisture, mildew, volatile organic compounds (VOCs), formaldehyde, allergens (including animal skin derivatives) and bacteria. Studies have also shown that poor air quality and sub-optimal microclimate conditions in classrooms can adversely affect student performance.

In Italy children and young people spend 4 to 8 hours a day in school buildings for at least 10 years and buildings often present serious health and hygiene problems.

The Ministry of Health has promoted a series of important initiatives aimed at improving the hygiene requirements of indoor air, especially in schools and in particular those agreements providing for: 1) “Guidelines for the protection and promotion of health in confined spaces” of 27 September 2001; 2) “Guidelines for the prevention of indoor risk factors for allergies and asthma in schools” of 18 November 2010.

In collaboration with ISPRA, the Ministry of Health organised the online training course “Indoor air quality in schools, health risks and prevention” addressed to: school managers, prevention managers, staff of the technical-administrative units of the tender offices and contracts of schools and local authorities, operators of health and environmental prevention systems (System of Environmental Protection Agencies, Prevention Departments of Local Health Authorities, etc.). The aim of the course is to update on the indoor risk factors in schools, as well as on the management aspects and related prevention measures and, on the other hand, to promote through the school a collective cultural change on environmental sustainability, helping to ensure the right enshrined in the WHO to breathe healthy air in school environments.

1. **Information on national laws**

As for the national legislation to limit passive smoking and children's exposure to this pollutant:

Law No. 3/2003, Art. 51, “Protection of the health of non-smokers” extends the smoking ban to all closed rooms except for private rooms not open to users or the public and those reserved for smokers (absolute ban in schools and hospitals); it further establishes more severe penalties when smoking in the presence of children and pregnant women;

Decree No. 104/2013, “Urgent measures in the field of education, university and research” converted into Law No. 128/2013, “Smoking ban for the protection of health in schools” prohibits smoking in all outdoor areas pertaining to schools;

Legislative Decree of April 3, 2014 establishes the prohibition of smoking in vehicles in the presence of children and pregnant women.

Italy is one of the countries that collaborates with the ILO to combat child labour, and is committed to both prevention and supervision, promoting knowledge over the phenomenon and its overcoming. Indicators that can help to better understand the phenomenon call into question school drop-out, accidents at work, the percentage of child workers in foreign communities, the growing spread of mixed forms of school-work. Italian legislation on the protection of minors at work makes a functional link between compulsory schooling and access to employment.

The most relevant regulatory instruments are the following ones:

* Law No. 977/67, Protection of the work of children and adolescents;
* Law No. 157/81, Minimum age for access to work: 15 years in general, 13 for light work, 18 for heavy work (16 in special cases);
* Law No. 176/91, Art. 28: Right to education; Art. 32: Protection from economic exploitation and harmful activities;
* Law No. 148/2000, Prohibition and immediate action for the elimination of the worst forms of child labour;
* Legislative Decree No. 345/99, Protection of young people at work (by means of the Legislative Decree No. 262/2000 additional and corrective provisions on the protection of young people at work);
* Legislative Decree No. 77/2005, Definition of general regulations regarding school-work alternation, in accordance with Art. 4 of Law No. 53/2003;
* Law No. 296/2007 (2007 Budget Law), Compulsory education given for at least 10 years (from 6 to 16 years) with a consequent increase in 15 to 16 years of age for access to employment (excluding the entertainment and sports sector).

1. **Measures of participation of children**

Over the years the National Prevention Plan (according to which Regions prepare their Regional Prevention Plans) has proposed actions to combat health risk factors from environmental exposure, as well as actions aimed at implementing preventive assessments of the health effects of projects, plans, programmes and policies and finally the training of operators and stakeholders’ information, communication, participation and empowerment. Among the key actions some specific strategic lines were included to protect children’s health, aimed at improving the hygienic requirements of indoor air quality in schools and other environments frequented by children, the implementation of information/ educational interventions with the involvement of parents and educational institutions, the training of health-social workers (e.g. operators of prevention departments and health districts), aimed at acquiring basic skills for the implementation and evaluation of interventions to detect the safety of the home environment.

In the new PNP 2020-2025 some priority actions have been included to improve the urban environment and to reduce air pollution by promoting active transport and advancing walkability.

Among the relevant projects which have been implemented in this field, the following are worth of mentioning:

* Project of the Centre for Disease Prevention and Control - CCM: “SEPES - Safety in the Paediatric Age: Education at School” (2015- 2017), coordinated by the Istituto Giannina Gaslini - Istituto Pediatrico di Ricovero e Cura a carattere Scientifico di Genova (IGG), with the support of the ISS and the network of paediatric health facilities participating in the project, involving 6 Regions (Liguria, Friuli Venezia Giulia, Lazio, Marche, Basilicata and Sardinia). The project has designed and disseminated a training/information kit for children and adults for the prevention of accidents in childhood, in different environments (home, street, school, leisure time), for targets aged 3-9 years, to be implemented through teaching in kindergartens and primary schools. The main aim was to obtain an increase in the knowledge of the following subjects: 1) Epidemiological elements related to accidents involving minors in childhood (for teachers and parents); 2) Notions on the effects of accidents involving minors in childhood; 3) Risk factors for accidents involving minors in childhood; 4) Correct behaviour to avoid accidents involving minors in childhood; 5) Elements of first aid in the event of an accident.
* Three-year project (2009-2012): “Exposure to indoor pollutants: guidelines for the assessment of risk factors in schools and definition of measures to protect the respiratory health of children and adolescents” (Indoor-School), coordinated by ISS, involving the schools of 7 Regions (Lombardy, Friuli, Tuscany, Lazio, Apulia, Sardinia, Sicily). The results of the study have confirmed the evidence of European studies, namely that the quality of air in schools is often altered with significant consequences on the health of students (respiratory disorders, night cough, asthmatic episodes).

1. **Monitoring of environmental risks**

In Italy the management of chemical substances falls under Regulation (EC) No. 1907/2006 (the so called REACH Regulation), which establishes an integrated system of registration, evaluation, authorization and restriction of chemicals. REACH is accompanied by the (EC) CLP Regulation which concerns the classification, labelling and packaging of chemical substances and mixtures. At national level, the Ministry of Health is the competent authority for both Regulations. Particularly interesting for the prevention of domestic accidents is Art. 33.2 of REACH Regulation, which aims to promote awareness of the right of citizens to be informed about the presence of substances defined as “extremely disturbing” in everyday consumer products. The more informed and aware citizens can guide the choices and therefore the placing of safer chemical products on the market, contributing to the reduction of health emergencies linked to acute or chronic dangerous exposures.

Particular attention is paid to risks from chemicals in toys, from the use of dangerous substances, in particular those classified as carcinogenic, mutagenic or toxic (such as phthalates), and from allergenic substances. The European technical standards, adopted and published in Italy by UNI (Ente Nazionale Italiano di Unificazione), establish the safety requirements and testing methods for toys for children aged up to 14 years. Even the clothing (clothes and shoes) not compliant with harmonized technical standard EN 14682 are reported by the RAPEX (European Rapid Alert System for non-food consumer products) system, mainly for children's clothing. The presence of azo dyes could be mentioned: it is able of releasing carcinogenic aromatic amines (prohibited by point 43 of Annex XVII of the REACH Regulation), in relation to the presence of chromium VI, carcinogenic and highly allergenic, to the presence of phthalates, used to soften raincoats, children's shoes or for applications sometimes placed on bibs or jumpsuits, nickel (prohibited when its release exceeds the limit allowed by point 27 of Annex XVII).

New European provisions on children's products containing lead and its compounds have recently been implemented, leading to an update of Annex XVII prohibiting the placing on the market of articles where the concentration of lead (expressed in metal) is equal to or greater than 0.05% by weight and, under normal or reasonably foreseeable using conditions, whether such articles or their accessible parts that can be put in mouth by children.

The safety of toys and other free-sale products is guaranteed by Legislative Decree No. 172/2004 (implementing Directive 2001/95/EC), subsequently merged into Legislative Decree No. 206/2005, “Consumer Code”. This legislation guarantees the functioning of the EU system for the timely exchange of information between the Member States and the European Commission to protect the health and safety of consumers and to facilitate monitoring and surveillance of the market through a website freely accessible to consumers.

The national network of the Ministry of Health consists primarily of the Health Carabinieri Corps Units (NAS), which are the main operational tool for active search of products reported as dangerous by the RAPEX system. They are supported by the Prevention Departments of the Local Health Authorities, coordinated by the Health Departments of the concerned Regions. The ISS is the technical body responsible for analytical tests.

When a product (e.g. a toy) is found to be dangerous, the Ministry of Health takes the appropriate measures to eliminate the danger and ensures adequate information to consumers, alerting about the product and the associated risk on its website: http://www.salute.gov.it.

As far as exposure to climate change is concerned, extreme events can be found on the institutional web portal with dedicated pages containing information, brochures and leaflets that provide advice and recommendations to citizens to prevent and reduce risks for children's health (http://www.salute.gov.it/portale/caldo/homeCaldo.jsp).