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

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

***OHCHR request for the compilation of a report of the United Nations High Commissioner for Human Rights pursuant to HRC Resolution 44/2 on the central role of the State in responding to pandemics and other health emergencies, and the socioeconomic consequences thereof in advancing sustainable development and the realization of all human rights***

***March 2021***

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Italy has been among the Countries the most exposed to Covid-19 since its inception: due these very complex and critical conditions, nonetheless we have made hard efforts to share and collect information about the situation all over the territory, with a special focus on health conditions and response to the pandemic. Following to your query, Italian Authorities are in a position to provide the following selected information.

In Italy the State of emergency was declared for the first time with the Resolution of the Italian Government of 31 January 2020 for a six-month period (until 31 July 2020) and then extended until 15 October 2020 with the Law Decree No. 83 of 30 July 2020 . The Italian Civil Protection (*Protezione Civile*) was the public body entrusted with the mandate to manage and organise the activities necessary to deal with the emergency, as far as the support to the population and the re-organisation of public services are concerned (in compliance with the Legislative Decree No. 1 of 2 January 2018 , governing the activities of the Italian Civil Protection). With the Resolution, the Head of the Civil Protection was given the authority to issue Ordinances to deploy the interventions, in conformity with the in-force legislation. With the Law Decree No. 2 of 14 January 2021 was extended the state of emergency until 30 April 2021.

On 31 March 2020 the Ministry of Technological and Digital Innovation – in cooperation with the Ministry of Health – set up a task force of 74 experts whose mission is to assess and propose data-driven technological solutions supporting the Government and the other public authorities dealing with policies to counter Covid-19 propagation. The experts were selected by the two Ministries, with the support of the National Health Institute (Istituto Superiore di Sanità – ISS), the WHO, the Antitrust Authority, the Communications Authority and the Data Protection Authority. The specific goals of the task force are: mapping the available data-driven technological solutions and the proposals arrived in response to the call described in the previous paragraph; analysing and assessing the data provided by public and private stakeholders concerning the pandemic emergency, respecting the in-force data protection legislation. Moreover the Italian Prime Minister, in the press conference of 10 April 2020 announced the creation of this Task Force (whose composition was amended on 12 May 2020) with the task of elaborating and proposing measures necessary to deal with the emergency and for a gradual recovery in the various sectors of social, economic and productive activities. The Task Force is chaired by Mr. Vittorio Colao and has worked in coordination with the Scientific Technical Committee referred to in Art. 2, paragraph 1, of the Ordinance of the Head of the Department of Civil Protection No. 630 of 3 February 2020. The results of this work have been introduced in a document released in early June 2020 where the identification of new organizational and relational models, taking into account the needs of containment and emergency prevention as well as social, economic and productive challenges in the post-pandemic period.

In the light of the emergency generated by Covid-19 and the measures taken by the Government to contain it, the Italian Institute of Statistics (ISTAT) has taken a series of actions to ensure the continuity and quality of statistical production even in the emergency situation. ISTAT has reoriented the collection of statistical data on sustainable acquisition techniques in this context, with methodological solutions and innovations in the use of data sources, and has put in place the most appropriate solutions to support statistical production processes, in full protection of workers’ health. The production and dissemination of official statistical information, as key precondition to measure the evolution of the economy and society at the service of institutions, public decision-makers, households and businesses, cannot stop, but must be reconsidered in order to be ready to provide all the necessary answers to the country, also and especially for the future, when the dissemination of data will be necessary to support and monitor the country's recovery.

As far as the need for strengthening of the territory in consideration of the extraordinary and urgent needs arising from the spread of the SArs-coV 2 virus, a series of provisions have been issued aimed at reorganizing the territorial assistance activity. In particular, Art. 1 of Law Decree No. 34/2020, converted, with amendments, by Law No. 77/2020 provides that the regions and autonomous provinces adopt plans to upgrade and reorganize the health care network, with the aim of implementing and strengthening a solid system of diagnostic assessment, monitoring and surveillance of the circulation of the virus, of confirmed cases and their contacts in order to promptly intercept any outbreaks of transmission of the virus, as well as ensuring early care of infected patients, patients in mandatory home isolation, discharged or paucisymptomatic not hospitalized and patients in fiduciary isolation. The territorial assistance plans contain specific measures for the identification and management of contacts, for the organization of the active surveillance activity carried out by the Prevention Departments, in collaboration with general practitioners, pediatricians of free choice and continuity of care doctors as well as with the special care continuity units, aimed at constant monitoring and early tracking of cases and contacts, in order to identify, isolate and treat them. The regions and autonomous provinces also organize active surveillance and monitoring activities at assisted healthcare residences and other residential structures, also guaranteeing the collaboration and advice of specialist doctors in relation to the health needs of the assisted persons, with the instrumental and financial human resources available under current legislation. The regions and autonomous provinces, to ensure the highest level of assistance compatible with the needs of public health and safety of care in favor of infected subjects identified through health risk monitoring activities, as well as all frail people whose condition is aggravated by the ongoing emergency, they increase and direct the therapeutic and assistance actions at home level, both with the aim of ensuring the increased monitoring and assistance activities connected to the epidemiological emergency, and to strengthen the integrated home care services for patients in home isolation or quarantined as well as for people who are chronic, disabled, with mental disorders, with pathological addictions, non-self-sufficient, with the need for palliative care, pain therapy, and in general for situations of fragility protected pursuant to of Chapter IV of Decree of the President of the Council of Ministers 12 January 2017. In general, for fragile, chronic and disabled patients, the presence of family support networks and operators should be checked and monitored adherence to pharmacological therapy. For these patients, it is necessary, in fact, to guarantee the continuity of all therapeutic plans that involve the delivery of drugs, including those subjects to AIFA monitoring, as well as aids, aids and devices.

The Table for the monitoring and implementation of the National Plan on dementia, operating in the ISS (National College for health) with the participation of the Regions, sector associations, and the Ministry of Health, produced and published the document “Indications ad interim for an appropriate support to people with dementia in the current situation of the COVID-19 pandemic”, with the aim of supporting health and socio-health professionals and caregivers with practical, easy-to-consult information, offering a valid tool to prevent contagion and providing the necessary support to people with dementia.

With Art. 9, paragraph 4 of the Legislative Decree of 9 March 2020, the establishment of the Special Continuity Care Units (USCA) was envisaged, which was then extended with Art. 4-bis of Law Decree No. 18 of 17 March 2020, converted with amendments by Law No. 27 of 24 April 2020, called to carry out active surveillance activities for the territorial assistance of both Covid-19 patients and suspected cases. Given the growing management complexity and the need to harmonize and systematize all the actions in the field, it is necessary to ensure a unitary coordination, at the service of the enormous organizational effort, which allows to share indications, protocols, addresses, data and resources, including instrumental ones, in a prompt and widespread by all operators, simultaneously providing information and guiding users towards the correct paths. To ensure the coordination of local health and social and health activities, as implemented in the regional plans, paragraph 8 of Art. 1 of the Legislative Decree No. 34/2020, provides that the regions and autonomous provinces provide for the activation of regional operational centers, which carry out the functions in connection with all the services and with the emergency-urgency system, also through information and telemedicine tools. The Regions, in relation to their own organization, therefore, activate this unitary and telematic coordination and communication function, at the service of GPs, PLS, MCA and their aggregations, of the Prevention Departments and of the territorial services, also in connection with doctors referral hospital specialists, to identify the most appropriate path for patients between hospital and territory.

As for the specific recruitment of new healthcare personnel supporting hospitals, the Italian Government has given more funds to the Regions and then to the hospitals in order to be able to do this. As a result hospitals have had the opportunity to call back retired healthcare personnel and, on the other hand, to block temporary the retirement of staff on duty. Hospitals have had also the opportunity to recruit temporary doctors still in their postgraduate training path (those on the 2nd, 3rd, 4th and 5th year of specialization), even if in Italy to work in public hospitals it is usually compulsory to have a specialization. Similar measures were taken to facilitate the recruitment of healthcare personnel, in particular a simplified procedure was taken to allow foreign healthcare personnel from EU/EFTA countries and third countries to be able to practice in Italy (Art. 13 of Law Decree No. 18/2020). Thanks to these measures, approximately 71,600 staff members were recruited, including about 17,300 doctors, more than 29,000 nurses and about 14,500 social and health workers and other professionals relevant for health emergencies (radiology technicians, laboratory technicians, health assistants, biologists, etc.). Recruitment is still ongoing in relation to the evolution of the pandemic and the needs expressed by the different local and regional contexts.

With the same legislative means, measures were then taken to strengthen territorial assistance also through the creation of new structures (USCA) with the task of managing at home the suspected or confirmed Covid-19 patients, who do not require hospitalization, to support family doctors (Art. 8 of Law Decree No. 14/2020). The territorial nursing services have also been strengthened (Art. 1 of Law Decree No. 34/2020).

One of the impacts of COVID-19 pandemic has been the further increased women’s exposure to violence, as a result of the social distancing measures. The health sector has an important role to play to provide comprehensive health care to women subjected to violence, and as an entry point for referring women to other support services they may need. Among the actions to prevent and address violence against women during the COVID-19 pandemic, the Ministry of Health and the Superior Health Institute have activated a specific distance learning course of Prevention and Response to gender-based-violence through the territorial networks. The course has been addressed to health professionals and social assistances working in or collaborating with the emergency departments. In addition, the training program has been provided to the police forces and prosecutor’s offices. The course had a widely extended coverage of the entire national territory with the involvement of all the regions. During eight months of course (between the January and September 2020) 26.347 professionals have been involved overall. The priority objective is to encourage the systematic application of correct technical-scientific and communicative-relational protocols so that each woman is given the same opportunity to be accompanied in the pathways out of violence.

As an indication, some of the population groups most affected by the economic and social crisis following Covid-19 who received ad hoc financial support and assistance in Italy are:

• the elderly, people with disabilities, not self-sufficient, families in poverty who have suddenly seen - in the face of unchanged or fuelled needs - the spectrum of assistance services they could access and activities to carry out, due to the containment measures;

• school-age children who, despite the efforts of many teachers and educators, have lost school time, accumulating learning delays, increasing the risk of early school leaving and the spread of educational poverty and child labour;

• the chronically ill or waiting for diagnosis, who have seen a reduction in the access to health services for specialist visits;

• foreign citizens awaiting a residence permit, or to whom it has expired, or awaiting acceptance of the asylum application, who - despite the postponements of the deadlines set by the approved Law Decrees - risk seeing their living conditions and inclusion opportunities worsen, remaining for months in a regulatory limbo that could push them into social marginality, fuelling episodes of exploitation. In particular for people in informal camps;

• poor workers, whose activities have been suspended or reduced, seeing their earnings conditions worsen and low-income workers, to whom the wage integration tools, while allowing not to lose their jobs, have not guaranteed sufficient income to meet the needs of life;

• precarious workers whose employment contracts have not been renewed and self-employed workers who have experienced the suspension or loss of job orders;

• small entrepreneurs who - following the closure of activities and the contraction in consumption - have lost the liquidity necessary to keep the company in business as well as the sectors that will drastically reduce their chances of operating due to the physical distance, causing loss of employment even in the related satellite activities (e.g. catering, show business).

As far as the last three categories, some additional support measures were introduced to reduce the negative impact of the restrictions on the workers of the concerned economic sectors since the beginning of the pandemic. At this purpose, the Law Decree No. 137 of 28 October 2020 was adopted. The Law Decree earmarked EUR 5.4 billion as net debt – short-term public debt - and EUR 6.2 billion as financeable balance – long-term public debt to be included in the annual budget law –, to be destined to the compensation of business and working activities that are compromised during this second wave of the pandemic. Annex I to the Law Decree provides the list of the commercial activities eligible to this emergency measure. More specifically, the activities that were suspended with the Decree of 24 October 2020 will receive a non-refundable contribution. Moreover, businesses whose activities were compromised because of the pandemic will receive the financial resourced needed to pay the lay-off to their employees for further six weeks: all businesses which have used the resources previously earmarked for the lay-offs (through the Law Decree No. 104 of 14 August 2020, the so-called “August Decree”) and those that are subject to suspension of the activities or to restrictions can benefit from this provision. Employers whose activities were reduced or severely limited due to the Covid-19 emergency will be exempted for a 4-month period from the payment of social-security contributions. The rent payment of business facilities is suspended for the period October-December 2020. Workers of the tourism and show business will benefit from a EUR 1,000 financial contribution and from the extension of the paid lay-off. EUR 1 billion is to be destined to the economic sectors that were most severely compromised by the pandemic, including tour operators and travel agencies; publishers; hotel industry; export and international expos.

Re-opening of schools was one of the priority of the Government, to ensure the right to education and socialization. On 21 August 2020, the Ministry of Health issued Operational guidance for the management of cases and outbreaks of SARS-CoV-2 at school and kindergartens. The possibility to follow in presence teaching activities was stopped again with the worsening of the epidemiological situation.

On 27 December 2020 started the vaccination campaign, based on the Constitutional right to health for each citizen and the communities. Due to the limited availability of vaccines, in the first phase, the target groups were decided considering equity, reciprocity, legitimacy, protection, health promotion and wellbeing.