



*Rappresentanza Permanente d'Italia
presso le Organizzazioni Internazionali
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The Permanent Mission of Italy to the United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the High Commissioner for Human Rights, Children Rights Section and, with reference to the latter's note verbale n. RRDD/HRESI/children rights dated 22 November 2013, has the honour to enclose the contribution of Italy concerning Preventable mortality and morbidity of children under 5 years of age as a human rights concern (HRC Resolution 24/11).

The Permanent Mission of Italy avails itself of this opportunity to renew to the the Office of the High Commissioner for Human Rights, Children Rights Section the assurances of its highest consideration.

Geneva, 13 JAN. 2014



Office of the High Commissioner for Human Rights,
Children Rights Section
Palais des Nations
Geneva

OHCHR REGISTRY

17 JAN. 2014

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MINISTRY OF FOREIGN AFFAIRS

Inter-ministerial Committee for Human Rights

***Italy's contribution in relation to the request
of the Office of the High Commissioner for
the Human Rights of the United Nations on
the issue of the preventable mortality and
morbidity of the children under the 5 years
of age, according to the Human Rights
Council Resolution 24/11***

December 2013



Italy's contribution in relation to the request of the Office of the High Commissioner for the Human Rights of the United Nations on the issue of the preventable mortality and morbidity of the children under the 5 years of age, according to the Human Rights Council Resolution 24/11

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

1) Development of a national policy/strategy/action plan aimed at reducing mortality and morbidity of the children under the 5 years of age / 4) determinants taken into consideration to reduce child mortality and morbidity

The constant improvement in the quality of health care services in Italy has led to a decrease in child and infant mortality.

During the last two decades, Italy has been paying a special attention to the issue of the reduction of morbidity and mortality of children, with a special focus on it in the National Health Care Plans as well as in the National Plans of Action for the Children and Adolescents.

In order to guarantee the unity, efficiency and consistency of measures in favour of mothers and children — given the different, albeit homogenous and complementary subjects involved — at the national and regional level measures have been taken for the creation of an integrated system of services to the individual, focusing in particular on health promotion, assistance to pregnant mothers and provision of care in the age of development.

The **National Health Care Plans** have focused on some fundamental aspects of children's health (e.g. infant mortality and congenital diseases), analyzing past achievements and problems yet to overcome. In particular, prenatal care is a fundamental objective for prevention purposes, and it should be achieved through an interdisciplinary approach by involving general practitioners, paediatricians, schools, leisure centres and the media.

In general, the main strategic objectives to guarantee the health of newborns, children and adolescents are the following:

- To improve care in the perinatal period and to humanize birth by promoting early breastfeeding and rooming-in, taking as well into account the other standards set by the WHO and by UNICEF for the "Baby-Friendly Hospitals"; to reduce inequalities existing among the Italian Regions, with the aim to decrease neonatal mortality primarily in the Regions where it is higher; to optimize the number of paediatric and maternity wards, to group pregnancies at risk and to ensure emergency transportation services for newborns and expectant women at risk.

- To promote information campaigns targeted at pregnant and lying-in women, also through childbirth preparation courses and counselling services, in order to prevent crib deaths, to promote breastfeeding, appropriate child transportation in cars, vaccinations and reading out.

- To educate the young about health promotion, physical activity, appropriate behaviours and eating habits, prevention of sexually transmitted diseases (including HIV), drug addiction, alcoholism and responsible reproduction; campaigns should be carried out in collaboration with schools and counselling services (in particular the ones for adolescents) to prevent and fight against child abuse, ill-treatment and exploitation, and to prevent road and home accidents.

- To prevent andrological and gynaecological diseases in the age of development.

- To monitor and reduce overweight and obesity in young generations, through measures which should involve not only families, but also schools, cities as well as the media and the surveillance bodies in charge of spreading healthy eating habits (such as eating more fruits and vegetables) and of fighting against misleading advertising campaigns.

- To reorganize Paediatric Emergency Services.

- To reduce inappropriate hospitalizations in the paediatric age.

- To improve care for patients with congenital malformations.

- To elaborate appropriate protocols for the diagnosis, treatment and rehabilitation of congenital, hereditary and rare diseases and to better organize regional and interregional centres of reference and welfare services.

- To improve care for children and adolescents with chronic diseases by promoting networking of specialist centres, hospitals, local welfare services, schools, patients' associations and not-for-profit organizations.

- To monitor and fight against doping, which seems to be more and more common among young amateurs, through the involvement of families, schools, sports organizations and the National Health Service. The participation of all these parties is indeed fundamental to know the real extent of the phenomenon, to develop an effective plan for the prevention of and fight against doping and to take appropriate actions.

- To reorganize the counselling services which operate in hospitals and in the community already before conception, in order to actively promote initiatives aimed at reducing risks during pregnancy.

The National Health Service has significantly expanded its activities in favour of mothers and children, which now include not only disease prevention and treatment, but also more general care for the child-family unit and the promotion of child development in the various stages of life. This was possible thanks to the considerable improvement of basic health services, such as pediatric services, as well as to new scientific discoveries concerning child development.

The role of the State in the health care field is evolving: while in the past its main function was to directly organize and provide services, the State now has to guarantee the equity of services across the national territory.

The conditions of children belonging to some minorities remain still critical, in particular the health conditions of **Roma children** are far worse than those of the majority of the population. This is shown by indicators such as their low birth weight, shorter life expectancy, higher infant mortality rate, higher incidence of chronic diseases, and higher incidence of infective diseases such as bronchitis, intestinal infections and tonsillitis among children. Very few children are vaccinated and there is a greater possibility, especially among the younger generations, of their being exposed to diseases, which in the past were unknown to them, such as HIV/AIDS and other sexually transmitted diseases. Moreover, the clear separation between the Roma and the communities where they live (a result of the physical distance between the places in which they live and the city centres), the linguistic and cultural difficulties the Roma have in communicating, the prejudices and discrimination they are often victims of and, at times, their own self-exclusion, cause problems

in gaining access to information and to social and health-care services. In this regards it is important to mention the recent National Strategy for the inclusion of Roma, Sinti and Travellers 2012 – 2020, which has as priority also the improvement of the health conditions of children; and the National Project for the inclusion of Roma, Sinti and Travellers Children, promoted by the Italian Ministry of Labour and Social Policies, which is focus on the promotion of human rights of children with a special attention to Education and Health.

2) *Collection of data on the health status of children under 5, including information on vulnerable and disadvantaged groups*

The statistics of cause-specific mortality are an indispensable tool for the planning of interventions on public health and epidemiological analyzes. In Italy, these statistics are produced by the National Institute of Statistics (ISTAT) survey on deaths and causes of death. The official documents for the detection of mortality is the death certificates ISTAT.

These cards, or models, structured according to an international standard recommended by the World Health Organization (WHO), are divided into two types based on the age of the deceased:

- "Istat D4" for the deceased with over one year of age;
- "Istat D4bis" died for less than one year of age.

For each death occurred in Italy, the law provides that the doctor fill the health board ISTAT death, while the demographic and social information must be filled later by the Bureau of Civil State. The models are provided to doctor and hospitals through a widespread distribution involving the municipalities, the ISTAT regional offices, partially, the local health authorities.

At this point, the card takes two different paths, one goes to local health authorities and the other, through the prefectures and the regional offices of ISTAT that perform the first quantitative controls, comes to service "Health, health and assistance" of ISTAT that takes care of all the successive stages of processing of the data, up to the dissemination of official statistics of cause-specific mortality.

The statistics of cause-specific mortality are based on the concept of cause of death as defined by WHO through the various revisions of the International Classification of Diseases and Related Health Problems (International Statistical Classification of Diseases and Related Health Problems - ICD). In Italy since the deaths of 2003 uses the tenth revision of the ICD (ICD-10).

Having said that, overall the deaths of 0-5 years have passed in absolute terms from 5.257 in 1991 to 2.380 in 2009, with a gap of 2.877 deaths resulting in a significant reduction in the percentage of cases recorded (-55%). Mortality rates, even during the new millennium, keep on decrease as a result of the reverse of all the major causes of death affecting the age group 0-5 years and, primarily, certain conditions originating in the perinatal period, the injury and poisoning, congenital malformations, tumors. Over the years, the reduction affected all primary components, stillbirth (2,7 in 2010), perinatal mortality (4,5), neonatal mortality (2,5), the infant mortality (3,2), a trend which places Italy among the countries with the lowest mortality in the European continent where there is an infant mortality rate of 3,9.

From this general downward trend did not remain excluded even Regions: there is not Italian Region that has enjoyed significant reductions in mortality of children of 0-5 years. The decrease is greatest in the southern Regions - in those realities that have to recover a well-known and often discussed disadvantage compared to the rest of the country - but in a way which does not settle imbalances, due to the different starting levels. The difference in mortality between the Regions of the north-central, on one hand, and those of the south and the islands, on the other hand, is mostly concentrated in the levels of perinatal mortality.

The mortality rate for conditions originating in the perinatal period - the main cause of death that affects chiefly in the first week of the baby's life - is intimately than any other cause of death

related to the efficiency of the health system, and can be considered, quite rightly, an indicator of health status and quality of health facilities, with regard to the standard of care preparatory and accompanying childbirth given to pregnant women, and care given to the child in the first few days of life.

3) Coordination, monitoring and redress mechanisms in place to ensure effective implementation of the national policy/strategy/action plan at all levels

At national level, the reform of the Title V of the Italian Constitution by Constitutional Law No. 3 of 18 October 2001 and its subsequent implementation regulations, amended art. 117 and radically renewed the system of competences and the division of functions between the Central Government and the autonomous Provinces/Regions.

The domains and the matters that concern childhood and adolescence appear to have been redefined, and have been assigned to the state and regional competence domains, respectively. With respect to this, it is particularly worth underlining:

– the simultaneous presence of matters that significantly concern childhood and adolescence which have been assigned exclusively to the Regions, among which the issue of social services for the underage, alongside others (health protection, education, school) which are assigned to the domains of combined competence;

– the central character of the guarantee, guidance and orientation function of the State which is expressed on the one hand in the exclusive function of the “determination of basic performance levels regarding civil and social rights that must be ensured throughout the nation”¹ and on the other hand in the definition of basic principles in matters of combined legislation assigned to the Regions; with respect to this, it is clear that the “determination of basic performance levels regarding civil and social rights that must be ensured throughout the nation”, assigned to the State, has fundamental significance with respect to, specifically, policies for childhood and adolescence. In order for these policies to really achieve the full implementation of the rights of children, they have to be, on the one hand, homogeneously implemented throughout the nation, and on the other hand supported by appropriate public funds and be consistent with levels and tools for general social protection. Essential levels defined by the State can be further improved by the Regions and by the Local Authorities within the framework of their autonomy (also financial), and within the framework of their regulatory and planning powers;

– the full recognition of the concept of subsidiarity, both in its “vertical” meaning, according to which the ownership and the exercise of the administrative functions regarding services for the people are transferred to the institutional level closest to citizens, that is, local authorities (Municipalities), and in its “horizontal” meaning, enhances the participation and involvement of citizens, organizations and associations and private businesses in planning, implementing and carrying out actions and services.

For clarity of information it is necessary to specify that if the State has already defined the essential levels in the Health Sector (2001), it has not yet defined the essential levels for the provision of social services (LIVEAS) that would have to be established together with the Conference State-Regions, also including local bodies besides the competent Ministries. This situation has determined different programs, management of resources and competences, creating a diversification of regional policies for childhood and adolescence.

Before the Constitutional Reform which has been just mentioned, with the coming into force in 2000 of the Framework Law on social services (Law No. 328/2000), Law No. 285/1997 (“Provisions for the promotion of children's rights and opportunities”) has become a structural element in social actions for the individuals. Law No. 328/2000 established the setting up of the National Fund for Social Policies, which includes the National Fund for Children (former Law No. 285/1997) with the exception of the funds for the so-called 15 Beneficiary Cities, exclusively finalized for services for children and adolescents.

In any case, Law No. 328/2000 provides that actions for children must aim both to support children in difficult situations and to promote the rights of childhood and adolescence (art. 22, paragraph 2, sub-para. c) in the framework of the system of essential levels for the provision of social services (LIVEAS). Besides, it is envisaged that actions as per art. 22 para. 2, subpara. c) must however be carried out in compliance with the aims defined by Law No. 285/1997 and therefore aimed to ensure the well-being of its recipients. In conclusion, the combination of the reform of Title V of the Constitution (Constitutional Law No. 3/2001) and the adoption of Law No. 328/2000 has led to the introduction of the National Social Fund and to the adoption of concrete policies by means of the State-Regions consultation.

With respect to the coordination of policies for childhood promotion and protection, it is worth pointing out that the transfer from the State to the Regions of the full competence for the regulation of the system of social services – started with the Constitutional Reform of Title V in 2001 – has implied the promotion of greater local coordination aimed at ensuring an integrated system of social services throughout Italy.

Coordination tools have already been widely mentioned in the previous report, specifically are the *Permanent Conference* for the relations between the State, the Regions and the Autonomous Provinces of Trento and Bolzano, and the *Joint Conference*, which is the joint venue of the State-Regions Conference and of the State-Cities and Local Autonomies Conference.

Another fundamental coordination body is still functioning, that is the **Italian National Observatory on Children and Adolescents**, set up by Act No. 451/97, which is a institutional body for sharing information on the activities of the central administration, of Regions, local authorities, associations, professional organizations and NGOs focusing on children. The members of the Observatory are representatives of national and local administrations, institutions and associations, voluntary and third sector organizations, experts in childhood and adolescence. The activities of the Observatory are organized in plenary sessions and in working groups focusing on specific topics. The National Observatory has the task of drawing up official documents concerning childhood and adolescence:

- The National Action Plan for the protection of the rights and development of children and adolescents,
 - The Two-Year Report on the condition of children in Italy and on the implementation of their rights;
 - The Draft report of the Italian Government to the UN on the implementation of the international Convention on the Rights of the Child of 1989 at the deadlines established by art. 44 of the Convention.
- Other relevant national coordination institution is the National Observatory on the Family, regulated by Ministerial Decree No. 242 of 30 October 2007.

Many organizations belonging to the third sector, i.e. voluntary associations, social cooperatives, foundations, not-for-profit organizations and NGOs, are actively present in nearly all the above mentioned coordination institutions, and in the first place in the National Observatory on Children, also by means of forms of coordinated representation.

A connection level inspired to the principles of the **Open Method of Coordination** was started during 2007 with the 15 Beneficiary Cities of the National Fund for Children established by Law No. 285/1997. A coordination table was set up at the Ministry of Labour and Social Policies, also upon request by the Beneficiary Cities, with the aim to exchange opinions on possible re-launch and implementation of the law. The adoption of the open method of coordination provides, in a way which is absolutely respectful of the new constitutional provisions regarding competence allocation, a new framework of cooperation between Beneficiary Cities for the convergence of the childhood policies of each Municipality. The aims are: to achieve common objectives, allowing for a constant comparison system in fields which are within the exclusive competence of the local institutions; to share and develop pilot project for the improvement of the living conditions of children. In the recent years two projects were set up: P.I.P.P.I. for the prevention of the removal of children from home through parenting support, and the National Project for the inclusion of Roma, Sinti and Travellers Children, both promoted by the Italian Ministry of Labour and Social Policies. Monitoring mechanisms have

been set up in relation, for example, to the implementation of the Law No. 285/97 in the 15 Beneficiaries Cities

The **National Ombudsman for Children and Adolescents** represents another important mechanism of monitoring on the implementation of the rights of the children, children's living conditions. It was established in 2011. Among the most relevant duties and functions of his/her mandate there are:

- Promoting the implementation of the 1989 Convention on the Rights of the Child and other instruments related to the protection of the rights of the childhood; he/she can also give ad hoc opinions to be attached to the report submitted by Italy to the UN Committee on the Rights of the Child;
- Giving his/her opinion on the national plan for the childhood and adolescence and recommending to government and local authorities all adequate measures to adopt on this issue;
- Promoting ways and practices of consultation with civil society and private organisations operating in the field of minors protection;
- Formulating proposals, observations, opinions on issues related to the promotion and protection of the rights of minors;
- Promoting initiatives for raising awareness and spreading a culture of the childhood and adolescence.

5) Human rights planning and implementing universal coverage of primary health services for children

The National plan of action on the protection of the rights and development of children and adolescents, and in the Health sector, the continuous collection of administrative data from hospital and Regions contribute to feed a system of Surveillance on the health conditions of children. In Italy, many children's infectious diseases are now preventable thanks to the availability of safe and effective vaccines. The epidemiological data concerning new cases of infectious diseases among Italian children are provided by the Ministry of Health and they are based on the reports sent by the competent local health authorities. The downward trend recorded in recent years is certainly due to the carrying out of effective mass vaccination campaigns and to routine vaccination of newborns against tetanus, diphtheria, poliomyelitis, pertussis, hepatitis B, measles, mumps, rubella, and infections due to *Haemophilus influenzae* type b (*Hib*). These vaccines – all free of charge – are indeed included in the list given to every newborn's parents, which indicates the recommended number of shots and the time schedule. Early childhood vaccinations represent an opportunity to provide children with early protection from preventable diseases which affect more frequently and more seriously small children.