



**MINISTRY OF FOREIGN AFFAIRS AND INTERNATIONAL
COOPERATION**
Inter-ministerial Committee for Human Rights

*Italy's contribution in relation to the request of the Office of the
United Nations High Commissioner for Human Rights pursuant
to HRC Resolution 27/23 – “Mandate of the Special Rapporteur
on human rights and hazardous substances and wastes.
Questionnaire for Governments to inform his report to the 33rd
Session of the Human Rights Council- September 2016”*

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ITALY'S CONTRIBUTION IN RELATION TO THE REQUEST OF THE OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS PURSUANT TO HRC RESOLUTION 27/23 – “MANDATE OF THE SPECIAL RAPPORTEUR ON HUMAN RIGHTS AND HAZARDOUS SUBSTANCES AND WASTES. QUESTIONNAIRE FOR GOVERNMENTS TO INFORM HIS REPORT TO THE 33RD SESSION OF THE HUMAN RIGHTS COUNCIL- SEPTEMBER 2016”

Following the request about the implementation of HRC Resolution 27/23, Italian Authorities are in a position to provide the following information.

- (1) Studies in various countries have found hundreds of toxic chemicals in newborn babies and children from various sources. Does your government monitor children's exposure to hazardous substances in your country? If so, please summarize the most recent studies and advise whether such information is made publicly available and where it may be accessed.*
- (2) Childhood exposure to hazardous substances can produce grave and irreversible adverse effects, including adverse health impacts that may not manifest for years if not decades after exposure. Does your government specifically assess the risks of childhood exposure to substances? If so, please describe the assessment process for childhood exposure to hazardous substances, including: sensitive periods of development, latency periods between exposure and manifestation of health impacts; combination effects; and to what extent a rights-based approach informs risk assessment and mitigation.*

The Italian National Institute of Health (Istituto Superiore di Sanità, ISS) and the National Poisons Control Centre (PCC) in Milan implemented in 2006 the National System for Surveillance of Hazardous Exposures and Poisonings (Sistema Informativo Nazionale per la Sorveglianza delle Esposizioni Pericolose e delle Intossicazioni, SIN-SEPI). Each year, SIN-SEPI receives detailed information about 42,000 incident cases of human exposures handled by the Italian PCCs. Children aged ≤ 5 years account for about 45% (N=19,000) of all cases. Substance categories most frequently involved in this age group include: *household cleaning substances* (about 8,000 cases/year, 21% of pediatric cases); *cosmetics/personal care products* (about 1,600 cases/year, 8% of pediatric cases); *foreign bodies* (about 1,400 cases/year, 7% of pediatric cases); *analgesics* (about 1,300 cases/year, 7% of pediatric cases); *pesticides* (about 800 cases/year, 4% of pediatric cases); *antimicrobials* and *hormones/hormones antagonists* (about 700 cases/year, 4% of pediatric cases, respectively); *plants* and *topical preparations* (about 600 cases/year, 3% of pediatric cases, respectively). Most of pediatric exposures are due to unsupervised access to the hazardous product (86%) and therapeutic error (10%).

Yearly reports describing the main characteristics of cases detected by SIN-SEPI are published in Italian (Sistema Informativo Nazionale per la Sorveglianza delle Esposizioni Pericolose e delle Intossicazioni, *Rapporti ISTISAN* , available at www.iss.it).

SENTIERI Project was funded by the Italian Ministry of Health (Strategic Programme Environment and Health). The ISS-AIRTUM collaboration was funded by the Ministry of Health's Project CCM 2009 "Epidemiological surveillance of populations living in polluted sites".

In 2011, the Ministry of Health launched a monitoring plan with a view to acquiring nationwide information on the presence and dissemination of contaminants in animal origin foods in SNIs (Sites of National Interest) that can generate pathologies in the populations residing in these SNIs (some contaminants, such as dioxins, dioxin-like PCBs, are classified by the IARC as group 1 "carcinogenic to humans"). To monitor the health of the population residing in the SNIs, the Italian Institute of Health has developed its SENTIERI Project (a national epidemiological study of territories and settlements exposed to risk of pollution). In order to cope with environmental and industrial emergencies and encourage the development of the areas involved by such emergencies, on 6 February 2014, a provision was drafted and approved that converted Decree-Law n. 136

of 10 December 2013 into Law (Law n. 6), regulating urgent provisions in this sense. More specifically, this Law identified specific provisions for the protection of health and health monitoring action to be taken in the territories of the Regions of Campania and Apulia.

SENTIERI KIDS: monitoring children's health in Italian polluted sites [Epidemiol Prev.](#) 2014 Mar-Apr;38(2 Suppl 1):153-7.

In recent years, particular care has been devoted in Italy to the study of the relationship between environmental pollutants and health during infancy. The SENTIERI Project has called attention to increases in infant mortality in National Priority Contaminated Sites (NPCSS). SENTIERI KIDS provides a blueprint for the establishment of a task force charged with establishing multi and inter-disciplinary cooperation between central and regional institutions on the subject of children's health in contaminated sites. SENTIERI KIDS introduces a multiple outcome analytical model based on updated health outcomes (mortality, cancer incidence, hospital discharges) in order to establish a permanent observation system to monitor the state of health of infants residing in contaminated areas. This will pave the way for more epidemiological enquiries on an individual basis, and support the establishment and continued monitoring of primary prevention projects. Particular attention is devoted to issues of information and communication.

Risk assessments should be based on children's exposure patterns, and bio-monitoring should be used more extensively. Assessing such risks and hazards is particularly difficult, not only because of the very large number of new chemicals and technologies but also because of other factors to take into account: complex interactions, different susceptibilities in children, separation of cause and effect and cumulative effects.

The "Decalogue for citizens" edited by the Italian Ministry for the Environment, Land and Sea and the National Institute of Health in 2014 aims to inform the public about risks arising from the exposure to certain chemicals found in commonly used objects. The knowledge of both the sources of exposure to these substances and the possible alternatives would help citizens taking appropriate decisions and consequently reducing risks.

The ongoing project VIAS (Integrated Evaluation on the Impact of Air Pollution on environment and health - <http://www.vias.it/>), financed by the Ministry of Health and involving several public and private stakeholders (ENEA, Regional Agencies for Environmental Protection of Piedmont, Emilia Romagna and Lazio Regions, Universities of Florence, Rome La Sapienza and Urbino), aims to evaluate the comprehensive impact of factors (policies, pollution sources, kind of exposure) on the healthcare of Italian population, also at the local level and including childhood conditions according to the age ratio (<http://www.vias.it/pagine/la-popolazione-studio>).

The National Institute of Statistics has created an ad hoc data collection named "Health for All-Italy" (<http://www.istat.it/it/archivio/14562>), which provides for quantitative information, elaborated on the basis of more than 4000 indicators covering the healthcare national system and the health conditions of the Italian population, in line with the WHO HFA software. In particular some series concern childhood conditions (i.e. newborn and children mortality rate; childhood prevention from diseases).

(3) *The principle of the best interests of the child (Article 3, CRC) guides all matters concerning the rights of the child, including environmental decision-making. Does your country have specific measures in place to prevent childhood exposure to hazardous substances?*

Since 2008 the Italian Ministry for the Environment, Land and Sea has promoted and financed the "PREVIENI" Project "*Studio in aree Pilota sui Riflessi ambientali e sanitari di alcuni contaminanti chimici emergenti (interferenti endocrini): ambiente di Vita, Esiti riproduttivi e ripercussioni nell'età evolutiva*" – Study in model areas on the environmental and health impact of some emerging chemical contaminants (endocrine disruptors): living environment, reproductive outcomes and repercussions in childhood.

Anticipating one recommendation of the 2010 WHO "Parma Declaration on Environment and Health" urging governments to adopt specific initiatives to protect children's health from the risks related to the presence of EDs in the environment, the PREVIENI project has provided guidance for the development of methodologies to monitor and to prevent risk factors related to EDs exposure.

The project provided a multidisciplinary research effort coordinated by the National Institute of Health and carried out in cooperation by three scientific bodies: Department of Gynecology, Perinatology and Childcare

of the University of Rome “La Sapienza”, Department of Environmental Sciences of the University of Siena and Department of Veterinary Public Health and Food Safety of the ISS. PREVIENI aimed to build up an assessment “tool” to estimate the risks related to EDs exposure in some “pilot areas”.

The outcomes of the “PREVIENI” project can provide a significant contribution in order to fulfil the objectives set out in Regulation (EC) No. 1907/2006 (“REACH Regulation”) promoting specific prevention initiatives and progressive replacement of the potential EDs in commonly used products. Empowering citizens through information initiatives, such as the “Decalogue”, has the ultimate goal of favouring the adoption of behaviours aimed at protecting health and the environment. In effect the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) is the most significant piece of chemicals legislation to be implemented in recent years. The REACH programme aims to ensure that industry provides the information necessary for taking risk management action to prevent future threats to human health and the environment.

- (4) Often the need to establish causation is an insurmountable obstacle for victims of hazardous substances, in particular, for children. Please describe any positive efforts your governments has made to remove causation obstacles for children who are, or may have been exposed to, toxic chemicals during their development, but do not exhibit adverse health impacts such as cancer until much later in life. For example: increasing the statute of limitation for litigation or reducing the burden of proof on victims to establish causation.***

Italy is one of the signatories of the Parma Declaration on Environment and Health from the Fifth Ministerial Conference on Environment and Health (Parma, Italy, 10–12 March 2010) lists a range of environmental determinants of health, particularly in the living, educational and recreational settings of children and adolescents. It also includes specific, time-bound commitments of Member States to achieve child health related targets by 2015 and 2020. These targets are focused specifically on:

- improved hygiene practices and better access to safe water and sanitation for pre-schools and schools; and
- the status of interventions against road traffic injury among children and adolescents.

Along these lines Italy has promoted several actions in compliance with the Children's Environment and Health Action Plan for Europe (CEHAPE) to ensure an high indoor quality in several environments (at home and in schools) as well as to prevent diseases as a consequence of low outdoor quality.

One best practice could be mentioned in this field: the project titled “MAPEC Life - Monitoring air pollution effects on children for supporting public health policy” (starting date: 1/01/2014 - ending date 31/12/2016), for a total cost of € 2.246.502,00 and with an EU contribution of € 1.112.189,00. The participants are: University of Brescia – Coordinator; Municipality of Brescia; University of Perugia University of Pisa - Department of Biology; University of Salento - Department of Biological and Environmental Sciences and Technologies; University of Torino.

The main objective of the project is to evaluate the associations between standard (PM10, NO_x etc.) and investigated (PAHs and nitroPAHs) parameters of air pollution and early effect biomarkers, and to propose a model for estimating the global risk of early biological effect due to air pollutants and other factors in children. The model will provide information that is valuable for guiding policy-making and planning individual and community interventions to protect children from possible health effects of air pollutants (general objective GO1). This objective will be achieved using two biomarkers of early biological effects, DNA damage highlighted with the comet assay and the presence of micronuclei, in oral mucosa cells of 6-8-year-old children, and the following exposure variables, as possible risk factors: a) some airborne pollutants; b) air mutagenicity and toxicity, measured by in-vitro tests, and c) demographic and socio-economic variables, exposures to other pollutants and life-style variables (GO2). Specific objectives (SO) must also be considered a necessary step for project implementation and achievement of the general objectives.

- (5) Please explain any specific judicial and non-judicial processes to hold perpetrators accountable for hazardous substance-related claims of adverse impacts on health and other rights of the child. Please provide the most relevant court cases on childhood exposure to hazardous substances and judicial attempts to ensure an effective and timely remedy, including both domestic and transnational cases as relevant.***

(6) Please provide any additional information you believe would be useful to understand efforts made and challenges confronting your Government in its efforts to protect the rights of the child from hazardous substances.

a) Prevention of Indoor air pollution hazardous

The most remarkable actions about air quality in Italy are: the specific actions for reducing sources or pollutants (Asbestos, Radon, ETS, biological agents, allergens), the projects, guide lines and agreement among Health Ministry, Regions and autonomous Districts to protect and promote children's health in indoor environment and a specific program for prevention of indoor risk factors of allergy and asthma in schools to counteract the increased incidence/prevalence of asthma and allergies in children and teenagers and preventing the progression to chronic forms http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=4408&area=indor&menu=prevenzione

In particular:

- No smokers' health protection - Law n. 3/2003
- National Radon Plan (2005)
- Guidelines for protection and promotion of health in confined spaces (Agreement of 27 September 2001).
- Guidelines for prevention of indoor risk factors of allergy and asthma in schools (Agreement of 18 november 2010).
- In 2009 the Ministry of Health, joined the international GARD (Global Alliance Against Chronic Respiratory Disease), a voluntary alliance promoted by WHO working for the common goal of improving global respiratory health. The working group "GARD-1 for indoor prevention in schools" was established as part of the Italian GARD initiative, with the specific task of facilitating the implementation of the Italian strategy for the prevention of indoor risks and to promote the creation of healthy and safe school environments.
- Center for Disease Control and Prevention (CCM) (19) of the Ministry of Health has recently funded a specific three-year project (2009-2012): "Exposure to indoor pollutants: guidelines for the evaluation of factors risk in the school environment and definition of measures to protect the respiratory health of schoolchildren and adolescents" (Indoor-School), coordinated by the Institute of Health, which includes schools in the study of 7 Italian regions (Lombardy, Friuli, Tuscany , Lazio, Puglia, Sardinia, Sicily).
- Training course e-learning on "Indoor air quality in schools, health risks and prevention", will be held from 15 April to 10 June 2016, organized by the Ministry of Health and ISPRA(Higher Institute for the Protection and Environmental Research). the goal is to educate and inform about the risk of physical, chemical and biological factors present in the air inside the schools; the recipients of the course are: School leaders, the prevention Officers, staff of technical and administrative and local authorities, operators of health and environmental prevention systems. http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=2467
- National Prevention Plan 2010-2012 (the basis for regional prevention plans) included strategies aimed to improve hygiene requirements of indoor air quality in schools and in other places frequented by children;
- National Plan of Italian prevention 2014-2018, includes the 10 Goals with one specific committing Regions to act to reduce environmental expositions to pollutants and to promote primary and secondary prevention giving special attention to children; Regions had the duty to convert NPP recommendations in practical actions and projects including them in their own Regional Preventive Plan (RPP).
- Government Programme "Gaining Health" (18), approved by the Council of Ministers on 16th February 2007, put the alliance with the school as a central element of the program, included environmental risk factors and passive smoking, and problems typical of youth;

b) Prevention of hazardous work of children and youth

More specifically, hazardous child labour is work in dangerous or unhealthy conditions that could result in a child being killed, or injured and/or made ill as a consequence of poor safety and health standards and working arrangements. Often health problems caused by working as a child labour may not develop or show up until the child is an adult. [Hazardous child labour is defined by Article 3 (d) of ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, 1999 (No. 182).]

Within the 5th WHO Ministerial Conference on Environment and Health (Parma, March 2010), a special session was organized, "Social inequities in occupational health." The Symposium was organized by INAIL with WHO providing a contribution on "*Protecting our future: from the prevention of child labour to the promotion of culture of occupational health and safety.*"

There are at least 340,000 children under age 16 in Italy who work or are forced to work. Many others, including children as young as seven, are illegally employed in farm, shops and factories, exposed to hazardous conditions, and subject to injuries, acute and chronic poisoning, respiratory disorders, cancer. Italy's national child abuse hotline, Telefono Azzurro, on Thursday reported that 84% of child labour exploitation cases reported to the organisation involve begging, 85% of which involve foreign children. Of those cases, 71.4% of children are between the ages of 0-10 years old, with nearly half of all cases, or 41.3%, reported in southern Italy, said Telefono Azzurro.

The National Institute of Occupational Safety and Prevention of Italy (INAIL, formerly ISPESL), Department of Occupational Medicine occupational safety and health project activities have focused on developments at a national level with a forthcoming stage involving risk perception and links between child labour, migration and school attendance. As a Collaborating Centre within the Workplan of the WHO CC's Network in Occupational Health, it has developed an educational plan for schools to contribute to "*Promotion and dissemination of health and safety culture in the school*" intended for educational staff, pupils and parents, to sensitize the school system to a new culture.

Italian legislation

In Italy there is a good legislation to protect the health of child workers (but many jobs are not reported):

Law 17 October 1967, n. 977: "Tutela del lavoro dei bambini e degli adolescenti"

- Decree Law 4 August 1999, n. 345: "Attuazione della direttiva 94/33/CE relativa alla protezione dei giovani sul lavoro"

- Decree Law 18 August 2000, n. 262: "Disposizioni integrative e correttive del decreto legislativo 4 agosto 1999, n. 345, in materia di protezione dei giovani sul lavoro"

- Decree Law 15 April 2005, n. 77: "Definizione delle norme generali relative all'alternanza scuola-lavoro"

- Circular of the Ministry of Labour and Social Security, n. 1 del 5 January 2000. Decreto Legislativo n. 345/1999. Prime Direttive applicative del D.lgs. n. 345/1999

What can be done?

Risk assessments should be based on children's exposure patterns, and bio-monitoring should be used more extensively

Create programmes or pass laws to remove children from hazardous working conditions;

Protect adults from reproductive risks arising from exposure to hazards at work;

Promote awareness among employers of hazards to young people;

Promote awareness among young people of their safety rights and the risks they face at work.

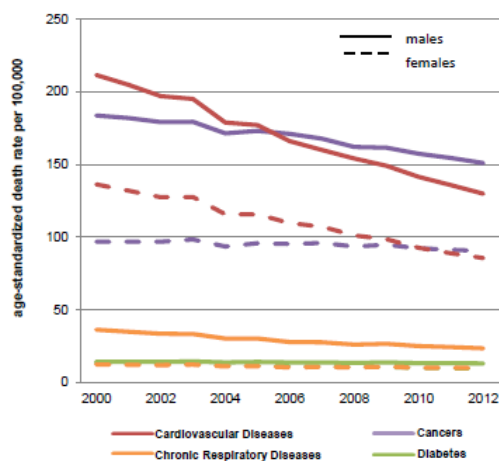
c) Every year, the Italian Ministry of Health develops a national strategic plan for prevention (Piano Nazionale per la Prevenzione, PNP). The PNP identifies priorities for actions and indicates the more appropriate tools to achieve specific objectives. These indications are adopted at regional level through the Regional Plans for Prevention (PRP). With specific reference to household hazardous exposures, the PNP identifies the Italian System for Surveillance of Hazardous Exposures and Poisonings (SIN-SEPI) as a major tool for monitoring these events, highlighting emerging problems and priorities, developing evidence based preventive actions and verifying their effectiveness. In particular, the SIN-SEPI database will be used to identify products and substances more frequently associated with childhood poisonings. The identified agents will be characterized according to their intrinsic toxicity, product packaging and labeling. On that basis, the more appropriate actions to reduce exposure risk among young children will be defined and implemented.

Italy

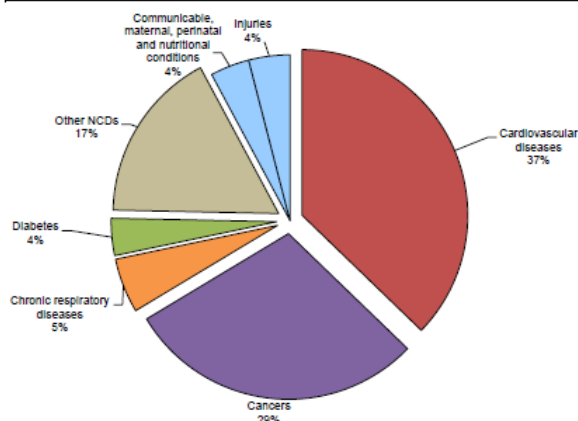
Total population: 60 885 000
Income Group: High

Percentage of population living in urban areas: 68.4%
Population proportion between ages 30 and 70 years: 55.0%

Age-standardized death rates



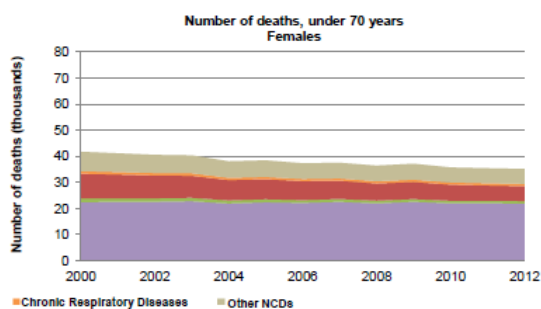
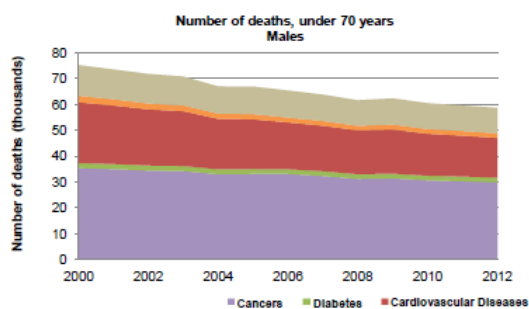
Proportional mortality (% of total deaths, all ages, both sexes)



Total deaths: 573,000
NCDs are estimated to account for 92% of total deaths.

Premature mortality due to NCDs

The probability of dying between ages 30 and 70 years from the 4 main NCDs is 10%.



Adult risk factors

	males	females	total
Current tobacco smoking (2011)	31%	18%	25%
Total alcohol per capita consumption, in litres of pure alcohol (2010)	9.7	3.9	6.7
Raised blood pressure (2008)	33.4%	29.0%	31.1%
Obesity (2008)	21.2%	18.5%	19.8%

National systems response to NCDs