**ITALY**

**

***Ministry of Foreign Affairs and international cooperation***

*Inter-ministerial Committee for Human Rights (CIDU)*

***Contribution of Italy***

***On the protection of the human rights of migrants:***

 ***Strengthening the promotion and protection of the human rights of migrants, including in large movements,***

***in accordance with A/HRC/32/14***

***August 19, 2016***

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*To the attention of the HR Registry*

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Further to your query, Italy is in a position to provide the following information:

**Introductory remarks**

1. The 1948 Basic Law determines the political framework for action and organization of the State. The fundamental elements or structural principles of the constitutional law governing the organization of the State are as follows: Democracy, as laid down in Article 1; the so-called *personalistic* principle, as laid down in Article 2, which guarantees the full and effective respect for human rights; the importance of labour, as a central value of the Italian community (Arts. 1 and 4); the principle of solidarity (Article 2); the principle of equality, as laid down in Article 3 (it is also the fundamental criterion applied in the judiciary system when bringing in a verdict); the principles of unity and territorial integrity (Article 5); and overall, the principles of social/welfare state, the rule of law and the respect for human rights and fundamental freedoms. Among the “Fundamental Principles”, Article 10 of the Italian Constitution sets forth: “*The Italian legal system conforms to the generally recognised principles of international law. The legal status of foreigners is regulated by law in conformity with international provisions and treaties. A foreigner who, in his home country, is denied the actual exercise of the democratic freedoms guaranteed by the Italian constitution shall be entitled to the right of asylum under the conditions established by law. A foreigner may not be extradited for a political offence*”.

2. Indeed, the Italian legal system aims at ensuring an effective framework of guarantees, to fully and extensively protect the fundamental rights of the individual. To this end, we rely on a solid framework of rules, primarily of a constitutional rank, of which the respect for human rights is one of the main pillars.

**Large migratory movements**

3. As recently recalled by UNHCR, “*Persecution, conflict and poverty forced over 1 million people to flee to Europe in 2015. Many came seeking safety for themselves and their families, risking their lives and facing a treacherous journey*”.

4. Italy, through the Navy, Coast Guards and Revenue Guards Corps (*Guardia di Finanza*), is at the forefront of search and rescue activities at sea (SAR), along with the other Forces involved in the Frontex Triton Plus operation.

5. Along the recent data made available by UNHCR, during the month of July 2016, 93% of people who disembarked in Europe, have been registered in the Italian Regions of Sicily, Calabria, Apulia, Sardinia, and Campania.

6. More generally, from 1 January through 31 July 2016, 256,319 migrants reached Europe via sea. In particular, between April – July 2016, 75,000 migrants reached the Italian shores; and monthly peaks of over 20,000 people have been registered between June-July 2016, only. In the course of the third week of July 2016, following SAR operations, 5,243 people, mainly from Nigeria, Eritrea, and the Sudan, in distress and need of specific help disembarked at Sicily.

6. As of August 1, 2016, about 140,000 migrants are hosted in the Italian reception Centres.

7. As of June 30, 2016, unaccompanied minors (UAMs) were 12,241[[1]](#footnote-1) - and 36 new ad hoc Centres are to be made available in the coming weeks, in order to respond to their increasing number. In this context, funding for the year 2016 has been nearly doubled, compared to the previous year - from 90 million Euros to 170 million Euros.

8. In the course of the year 2016, the endless arrival of irregular migrants, asylum-seekers and refugees in the Italian coasts has been continuing - even at a faster pace, if comparing it with the previous year.

9. Migration remains a priority of a specific complexity and urgency. In this regard, we recall the last relevant UN Secretary-General’s report (UN Doc.A/70/59), which stresses *inter alia* the need for, “*Comprehensive responses and enhanced responsibility-sharing for refugees*”.

**Relevant normative framework**

10. On April 23, 2015, during the relevant extraordinary European Council meeting, the leaders of EU Member States, recognizing the humanitarian emergency in the Mediterranean, adopted a number of initiatives aimed at dealing more effectively with migration flows, on the basis of renewed solidarity among EU countries.

11. In line with the European Migration Agenda concerning three main strategies for the management of migration flows, i.e. relocation and international resettlement, return, readmission, and cooperation with countries of origin and transit, the European Commission presented a series of concrete measures to give an immediate response to the current crisis.

12. By EU Decisions No.1523 of 14 September 2015 and No.1601 of 22 September 2015, the EU Council and the European Parliament, based on the emergency response system provided for by Article 78, para. 3 of the TFEU, adopted a number of temporary measures in the field of international protection for those countries that, like Italy and Greece, and, most recently, Hungary, have been facing a growing number of asylum-seekers.

13. In accordance with the abovementioned EU Decisions, Italy submitted to the European Commission a “Road-map”, aimed at measures - mostly already adopted - to: improving the capacity, quality and efficiency of the Italian system in the field of asylum, first reception, and repatriation; and ensuring adequate measures for the implementation of the above Decisions.

14. To this end, Italy has put in place a new approach, called “*Hotspot*”, aimed at channeling arrivals of nationals from third countries at selected disembarking harbors.

15. At *hotspot* areas, Italian Authorities, supported by EASO, Frontex and Europol officials, carry out the following operations: health-care screening; identification of those being most in need of aid; first identification; information activities; identification of requests for international protection; identification of potential candidates for relocation procedure.

16. By **Legislative Decree No. 142/2015** (published in the Official Bulletin, on 09.15.2015), Italy has implemented Directive 2013/33/EU, on standards for the reception of applicants for international protection ("recasting" Directive 2003/9/EC), and Directive 2013/32/EU on common procedures for granting and withdrawing international protection status ("recasting" Directive 2005/85/EC) - thus completing the transposition of the main provisions of the common European system of Asylum.

17. Legislative Decree No. 142/2015 contains in: Chapter I (Arts. 1-24), the new rules on reception (it repeals Legislative Decree No. 140/2005, except for financial coverage provided for by Article 13 of the latter); Chapter II (Arts. 25 and 26) introduces changes to Legislative Decree No. 25/2008, which thus remains into force, though partially modified; Article 27 introduces changes to Article 19 of Legislative Decree No.150/2011 (<http://europa.eu/rapid/press-release_IP-15-5596_it.htm>).

18. Within this framework, mention has to be made of the Agreement (*Intesa*) at the State-Regions Conference, dated July 10, 2014, which establishes and has made operational a relevant integrated action between different levels of the national and local Government, besides approving the first National Plan to deal with the extraordinary flow of Non-EU citizens, adults, families and unaccompanied minors. This Agreement (*Intesa*) has been the policy reference and has been expressly confirmed in the following Legislative Decree No. 142/2015.

19. Article 8 of Legislative Decree No. 142/15 stipulates that the Italian reception System for international protection applicants is based on cooperation between the various levels of Government, as involved in accordance with national and regional coordination forms referred to under the following Article 16, which establishes and defines the powers and functioning of both relevant national and regional working groups.

20. Article 16 provides for the national and regional coordination working modalities. The national working group (also known as the National Coordination Committee) is within the Ministry of the Interior (See Article 29 of Legislative Decree No. 251/2007, as amended), with the aim, among other things, to improving the reception system of international protection. This WG is tasked with drafting the National Plan for the reception and identification of the reception capacity/availability at the regional level and the relating distribution - to be later determined in consultation with the above Conference (*Conferenza Unificata*).

21. In terms of governance, at the territorial level, there are regional WGs established at the main local Prefectures, with the task of implementing the plans elaborated by the above national WG.

- The National Plan identifies the need for places to be allocated for reception purposes, based on the estimated arrivals in a given period of time.

- The regional WG identifies the criteria for the distribution of migrants within a given Region, besides identifying the facilities of first reception, as well as extraordinary ones.

- The composition and working modalities of both the national and regional WGs are determined by decree of the Minister of Interior.

22. To sum up, Article 8, para.2, indicates the facilities for rescue and first assistance. Article 9 defines the measures for the first reception; Article 14 confirms the role of the SPRAR system (standing for, the System of protection of asylum-seekers and refugees) as the only system for the so-called second level of reception. Article 11 identifies the extraordinary and temporary measures of reception (the so-called CAS, standing for Extraordinary Reception Centres), should places in the above-mentioned facilities lack. Articles 18 and 19 provide for principles and pathways for the reception of minors.

**The reception system**

23. The overall picture of the first reception, from 2014 onwards, has gone through an evolutionary process, as regards both the number of the facilities concerned and the functions performed at some of them (the latter has also determined the change of their name).

24. For the purposes of the very first reception and identification of migrants rescued at sea by the ships engaged in patrol operations and in accordance with the above-mentioned *Road-map*, some Municipalities where landing takes place, have been identified as *Hotspots*, including Lampedusa Island, Trapani, Pozzallo (RG), and Taranto.

25. The activation of each *Hotspot* has resulted in the adoption of measures to adapt to new requirements relating to the need to allow not only the health-care screening, but also the photo-signalling/ of all migrants before their transfer to reception Centres.

26. For each *Hotspot,* it has been identified an additional Center intended for the reception of those migrants from countries that allow relocation processes. In this regard, UNHCR, EASO and IOM organize dedicated information sessions.

27. For the purposes of the first reception, those Centres defined as *Hubs* in the Plan approved on July 10, 2014 and in the above-mentioned *Roadmap* (and now referred to as the First/Initial Reception Centers under Article 9 of Legislative Decree No. 142/15) are open structures, to be used in the first phase of reception of those third country nationals who have already undergone the photo-signalling procedures. They have a two-fold aim: filling in the so-called "C3" paper, to apply for international protection; facilitating the transfer to the SPRAR network (the second level of reception).

28. The Centres in Siculiana, Bari, Crotone, and Rome have been also identified as Centres to be partly used for the reception of those migrants to be relocated (*relocandi*) to other European countries.

29. Despite the increase in the places made available in the First Reception Centres of the SPRAR System, the high number of asylum-seekers makes it necessary to maintain those temporary Centres activated by the Prefects, pursuant to Article 11 of Legislative Decree No. 142/15 (commonly referred to as the Extraordinary Reception Centres - acronym in Italian, CAS, standing for *Centri di Accoglienza Straordinaria*). The capacity of this last system has increased from 35, 011 (as of 31 December 2014) through 76,683 places (as of 31 December 2015).

30. Based on practices developed under the emergency measures launched under the Borders Fund, the Authority responsible for the Asylum, Migration, and Integration Fund, in collaboration with the Ministry of Health, is implementing a number of "measures to enhance the very first health-care aid during the rescue operations at sea”. In order to assist migrants landed on the national territory, this activity is carried out in close cooperation with the Coast Guards, the *Guardia di Finanza* (Revenue Guards Corps) and the Italian Navy, so as to ensure the presence of physicians and paramedics aboard of the vessels employed in relevant rescue operations.

31. With a view to strengthening the reception system, as for cases of psychological and health-care vulnerabilities, the competent Authority has undergone the revision of specific programs of assistance, treatment and rehabilitation, including of a long-term, for the target groups concerned.

32. This process envisages both the implementation of relevant operations at reception facilities and the integrated psycho-social care by competent public departments, including through mobile units, in collaboration with the public health-care service, the third sector and the so-called “primary care medicine”. The medium-term objective is to provide support to the public health-care service in the management of those individuals with a specific vulnerability and to raise awareness among local social and health-care service providers, through information-sharing activities.

33. To ensure information and legal support to migrants and particularly to vulnerable groups in the areas concerned by the arrivals by sea, from the month of July 2015 onwards, UNHCR and IOM have launched measures to ensure specific support, in close collaboration with the involved institutional actors, along with the monitoring of reception conditions in government and temporary Centers.

34. As above reported, Article 14 of Legislative Decree No. 142/15 envisages the territorial system of reception-SPRAR (Asylum-Seekers and Refugees Protection System), being already operational throughout the Italian territory, thanks to the commitment of both central and local Institutions, according to a responsibility-sharing approach between the Ministry of Interior and local Authorities.

35. By implementing the SPRAR system locally, local Authorities, in collaboration with third sector, guarantee interventions of "integrated reception", which go beyond the mere supply of food and accommodation. Indeed, they also provide complementary orientation and accompanying measures of a legal and social nature, in addition to individual pathways of inclusion and socio-economic integration (In this regard, Italy’s efforts are proven, inter alia, by the increase in SPRAR places: from 3,000 in 2012 to 32,000 places in the first months of 2016).

36. In this context, it is of the utmost importance the capacity of “*turn over*” within the SPRAR system, meaning how many times the same place can be used by more than one beneficiary, in a year. Data indicates a nine-month long stay in 2015: this is an improvement compared to the previous year, when the average stay in the reception system was of an 11 month-term.

37. Due to massive migration inflows recorded in 2014, the Institutions concerned have implemented extraordinary reception measures in accordance with Article 11 of Legislative Decree No. 142/15, so that many asylum-seekers have been accommodated temporarily, within both the first and second level of reception, in apartments or in other available structures, called Extraordinary Reception Centres – CAS. The latter, as of 31.12.2015, were hosting 76,683 people.

38. Under the enhancement process of the second reception system, the responsible Authority of the Fund for Asylum, Migration, and Integration has envisaged specific support actions for those individuals entitled to protection, through the definition and implementation of an individual plan that includes targeted interventions of a socio-economic integration, which supplements the pathway undertaken under the SPRAR circuit. This measure, which can be realized by all “other relevant stakeholders” enrolled in the Register referred to under Article 42 of the Immigration Act ( in mandatory partnership with local Authorities adhering to SPRAR network), includes the implementation of actions aimed at rehabilitation and socio-economic integration for beneficiaries of international protection (in continuity and to conclude the inclusive pathway previously initiated under SPRAR).

39. As part of the second level of reception, mention has to be made of the action, entitled "Protecting the health of applicants and beneficiaries of international protection under psychological vulnerability, including by means of strengthening the institutional capacity".

40. Within SPRAR - but still on an experimental basis - we have tested in some cities (Turin, Asti, Parma and Fidenza) host family-related initiatives for those persons who have been already involved for some time in the SPRAR System.

41. In May 2014, the Department for Civil Liberties and Immigration of the Ministry of Interior, in order to promote best practices exchange, has indicated the Prefectures, the possibility of signing memoranda of understanding in order to facilitate asylum-seekers integration, through either the identification of charity work or the proposal of community service. The 2016 Stability Law has also envisaged specific support for the above initiatives, by establishing, on an experimental basis, for the years 2016 and 2017, at the Ministry of Labor and Social Policy, a Fund designed to reintegrating the INAIL compulsory insurance against diseases and injuries. At the end of 2015*,* 7 regional MoUs and more than fourteen provincial and 70 municipal protocols had been signed.

42. The stay at the various Centers responds to the need to complete all the necessary formalities including photo-signaling, identification and reporting about the application - before moving the applicant without means of support into the decentralized reception system. The stay can also vary according to the flows and the availability of places in the various facilities. As earlier reported, this system provides for the possibility of setting up temporary structures to deal with consistent arrivals of applicants - which can exhaust the ordinary availability. These last structures are to be identified by the Prefectures, in consultation with the local Authority concerned. However, in case of extreme urgency, it is allowed to use procedures of direct procurement.

43. Reception is secured, up to the Territorial Commission Decision or, in case of judicial proceedings, until the outcome of the request for suspension and/or the first instance proceeding’s. To ensure an adequate reception to unaccompanied minors, specific first reception Centers for relief and immediate protection are directly managed by the Interior Ministry.

44. As indicated, the general reception system (Arts. 8, 9, 11, 14 of Legislative Decree No. 142/15) is divided into several stages: rescue; first; and second reception level. The preliminary phase of rescue, first reception and identification of foreigners can occur in First Rescue and Assistance Centres (acronym in Italian, CPSA), as established pursuant to Law No. 563/1995 (the so-called Puglia Law) at those territories most affected by massive inflows. More generally, the reception system for applicants for international protection is divided into:

1. The phase of initial reception which takes place in facilities provided for by Arts. 9 and 11, namely Government reception Centres for asylum-seekers, where operations of identification, reporting of the application and assessment of the health conditions take place, as well as emergency accommodations should governmental Centres accommodation lack, in accordance with the above-mentioned Article 11. In all cases, applicants who have special needs are transferred on a priority basis in the SPRAR system structures;
2. The second level of reception takes place when the applicant who has been identified, has formalized his/her application, has no means of subsistence and is accepted at one of the operating structures within the territorial reception system set up by local Authorities with resources by the Ministry of Interior under SPRAR system, in accordance with Article 14.

45. The rescue activities include: comprehensive information in a language understood by migrants, including about the right to express their will to apply for asylum and their rights, as provided for in Article 8 of Directive 2013/32/EU.

* The identification operations must take place only under the circumstances and within the terms provided for by relevant legislation and Regulation (EU) No. 603/2013, concerning the establishment of the ''Eurodac” system.
* Moreover, during identification operations, Police forces may be supported by EASO, Frontex, Europol and Eurojust representatives, so as to immediately detect those asylum-seekers who have already been identified and that could undergo relocation to other EU countries.

46. The listed forms of reception do not result in any kind of coercive measure restricting personal liberty. In the Centres, it is ensured (Article 10 of Legislative Decree No. 142) respect for: privacy; gender- and age-related needs; health-care protection; family unity; worship; and ad hoc measures for people with special needs. It is guaranteed the right to communicate with the UNHCR, and refugee protection bodies, lawyers, family members, and so forth.

* When getting out of the Centers for a period longer than the ordinary one, the exit must be justified and authorized by the competent Prefect.
* The staff of the Centers must ensure data confidentiality and respect for privacy.
* The unjustified departure from government Centers triggers the withdrawal of reception measures and impacts on the application-related procedure, which will be suspended.

47. Procedurally, Legislative Decree No. 142/2015 envisages, as follows:

Article 9 sets forth that the foreigner is hosted in governmental centres of first reception for initial reception purposes, including those operations which are necessary to the definition of his/her legal status. At these Centres, the asylum-seeker can be hosted only in the following cases: the need to make use of a "first reception" and the need to determine his/her legal status (asylum-seeker or foreigner under irregular stay who has not expressed his/her will to apply for asylum). Therefore, for the asylum-seekers, it is not always compulsory his/her stay in governmental center before being housed in a territorial SPRAR Center.

Once all the operations of identification and international protection application-related are concluded (which take place in a governmental Center of first reception or at Police station if the migrant applies for asylum when s/he is already on the national territory and does not require any initial reception), the applicant who does not earn an income at least equal to the annual social allowance and asks for that, is transferred into one of the second level of reception facilities operating under SPRAR.

However, in case of temporary unavailability within the territorial system of reception-SPRAR, the Prefect shall accommodate migrants at one of the extraordinary reception Centers set up in accordance with Article 11. A foreigner who has already been identified and has applied for asylum at the Police station (*Questura*) without being housed in a governmental center of first reception, can be admitted to one of the extraordinary reception facilities set up by the Prefect in accordance with Article 11, too - in the event of temporary unavailability of places in the SPRAR network.

The reception Centers for asylum-seekers (acronym in Italian, CARA), already set up at the date of the entry into force of the Decree under reference, perform the function of initial reception facilities.

Should places within governmental Centres of first recepetion or SPRAR system’s temporarily lack due to frequent and massive flows, the reception can be arranged by the Prefect, upon indication by the Minister of Interior, at ad hoc temporary facilities – upon health-care screening (extraordinary recepetion measures**)** and for the time strictly necessary to transferring the migrant to the first or second level of reception.

The second level of assistance is guaranteed by the protection system for asylum-seekers and refugees (SPRAR), for the duration of the application determination process; and in the event of judicial review, it is allowed as long as the stay is authorized on the Italian territory.

In compliance with the guidelines approved by the Interior Ministry for the management of all types of Centers, each reception service must ensure an integrated care-related approach for adequate living standards, besides ensuring minimum services, such as adequate housing and food (respectful of differing cultural traditions), linguistic and cultural mediation, orientation, Italian language courses, vocational training, support for job placement, and legal protection.

48. Article 17 identifies, in accordance with the relevant European Directive, the categories of vulnerable people who may need special assistance measures: minors; unaccompanied minors; persons with disabilities; the elderly; pregnant women; single parents with children; victims of trafficking in human beings (THB); people suffering from serious illness or mental disorders; people ascertained to have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence; and victims of female genital mutilation (FGM). For these categories, there are special reception services in both governmental Centers and under the territorial reception system. Article 29, paragraph 3, of Legislative Decree No. 18/2014, implementing Directive 2011/95/EU on “standards for third-country nationals or stateless persons as beneficiaries of international protection (...), as well as on the content of the protection grante”d, states that the national Working Group for coordination drafts every two years a "national Plan which identifies lines of action to achieve the effective integration of beneficiaries of international protection, with specific regard to socio-labour inclusion (...), access to social and health-care, housing, language teaching and education, as well as fight against discrimination”.

49. The Technical Group of the National Coordination Committee has developed, within the powers assigned to it, an annotated index of the National Plan, which starts from the analysis of the various needs of the individual in order to plan individualised integrated pathways.

50. The definition of a model of integrated taking-into-care also outlines an integrated system of services, aimed to avoid both fragmentation of the expenses and duplication of efforts, besides maximizing effectiveness.

51. Within the National Operational Program (NOP) of the Asylum Migration and Integration Fund, 2014-2020, based on the results of the inter-institutional consultation process, the following priority areas have been identified: language courses; education; support for employment; integration; social and intercultural mediation; information; capacity-building; fight against discrimination.

**Unaccompanied minors (UAMs)**

52. Articles 18 and 19 of Legislative Decree No. 142/2015 are dedicated to the reception of unaccompanied minors. Following the changes made to the 2015 Stability Law, primarily the transfer of the Fund for the reception of unaccompanied foreign minors to the Interior Ministry, Italy has moved towards a single reception system, aimed to overcome the distinction between unaccompanied minors and unaccompanied minors seeking international protection.

53. In particular, in line with the provisions contained in the *Intesa,* dated 10 July 2014, as for the first reception of unaccompanied minors, it is the Interior Ministry to set up and manage, also in agreement with local Authorities, those specialized Centers for rescue and immediate protection hosting minors for the time strictly necessary – and not exceeding a sixty day-term - for the identification and possible age assessment.

54. It is therefore provided: the first reception, in highly specialized governmental structures; and the second level of reception, under SPRAR, as adequately enhanced.

55. Pending the completion of the new system and in line with what was covered in the above *Intesa* dated 10 July 2014, the Interior Ministry:

1. Coordinates the establishment of temporary reception structures, as identified and authorized by the Regions, in cooperation with the Prefectures and local Authorities. To this end, the Ministry issued two public notices for the presentation of projects to be financed under the FAMI emergency measures, "Improvement of the Italian territory capacity to accommodate unaccompanied minors." Fifteen projects have been approved for funding. Accordingly, they have started activities as of March 20, 2015, for a total of 737 daily places, in the Regions of Basilicata, Calabria, Campania, Emilia Romagna, Lazio, Liguria, Puglia, Sicily, and Tuscany.
2. The European Union approved the extension of the project-activities for six more months, which will allow to keep places in the first reception - pending activation of the governmental Centers of first reception under Article 19, paragraph 1, of Legislative Decree No. 142/15;
3. Increases the capacity of places in the SPRAR network.

56. With reference to the second reception level, it is expected that those unaccompanied minors not seeking international protection have access to SPRAR system, within the limits of the places and resources available. In this regard, the expansion of the system has been initiated in the second semester of 2014, with 216 additional places.

57. Finally, following the publication of a new SPRAR-related call, dedicated to minors, the SPRAR network for minors has been further enhanced with the creation of 1010 new more jobs, as activated from December 2015 onwards.[[2]](#footnote-2)

58. Procedurally, the Juvenile Court appoints an ad hoc guardian for UAMs. Legislative Decree No.142/2015 envisages, inter alia, the child’s right to be heard and the adoption of measures in accordance with the principle of the best interests of the child (Article 18). Thus, his/her views are always taken into account in order to carry out the relevant measures - in his/her best interest.

59. As above-mentioned, in July 2014 within the Department for Civil Liberties and Immigration at the Ministry of the Interior, a Special Unit (*Struttura di missione per l’accoglienza dei MSNA*) has been established by Ministerial Decree to coordinate the establishment of first-assistance reception Centers dedicated to UAMs and financed with European funds.

60. Furthermore, with the involvement of local Administrations, the Juvenile Courts, guardianship Judges, Prefectures (UTG), and Police Headquarters (*Questure*), the above Special Unit coordinates the transfer of UAMs to relevant Centers.

61. As per standardised procedure, all Authorities concerned are informed about the transfer, also to keep track of the UAMs reception process.

62. Moreover, this Special Unit coordinates all transfer-related operations of UAMs from the first-level Centers to the second-level of reception within the SPRAR System.

63. The above-mentioned Centers, financed by European funds, provide overall assistance to unaccompanied minors and carry out, inter alia, the following tasks: collection of UAMs’ requests to contact their families; cooperation, as appropriate, with consular Authorities from the country of origin so as to gather relevant documentation; reporting to the juvenile court so as to initiate the appointment procedure of a guardian; legal support and assistance, aimed at the regularization of UAMs on Italian territory; individualised information and legal support to prepare the necessary documentation to apply for international protection and the following procedural steps; information and support for family reunification with relatives in Italy or in other EU countries, in accordance with the Dublin III Regulation; first health-care aid for the identification of potential physical and / or psycho-social problems; psycho-social aid and identification of further potential psychological vulnerabilities through specific examinations/psychological tests or consultations; definition of a personal file, by operators specialized in first reception structures, to be focused on a socio-educational pathway aimed at UAMs’ empowerment including within the second level of reception.

64. Key partnerse involved inn this process are: IOM, Italian Red Cross, Save the Children, ANCI (National Association of Italian Municipalities) and UNHCR.

65. Following the first level of reception, minors are transferred and housed in reception Centers within the SPRAR system (*Sistema Protezione Richiedenti Asilo e Rifugiati*), so as to facilitate their inclusion in local communities.

66. As earlier reported, Italy is implementing interventions, aimed at increasing the whole UAMs reception system (first and second level of reception) with the aim to a well-defined reception system based upon highly specialized structures (after-landing reception) and SPRAR facilities (second level of reception), in accordance with Legislative Decree No. 142/2015 and Article 1-ter, entitled “*Extraordinary reception measures for unaccompanied minors under Article 1-ter of the Bill converting into law Decree-Law No. 113/2016, concerning urgent financial measures for the local Authorities and the territory*", as approved by the Chamber of Deputies on July 21, 2016, which complements Article 19 of Legislative Decree No. 142/2015, as follows:

“3*-bis. In the presence of large and frequent arrivals of unaccompanied minors, over a short period of time, in the event the reception cannot be ensured by the Municipalities in accordance with paragraph 3, it is the Prefect, in accordance with Article 11, who activates temporary accommodation being exclusively dedicated to unaccompanied minors, with a maximum capacity of 50 places for each structure. The services mentioned in the decree referred to in paragraph 1 of this Article are secured under any circumstances. The reception in temporary accommodation cannot be arranged for the child under the age of fourteen and is limited to the time strictly necessary to the transfer towards the structures referred to in paragraphs 2 and 3 of this Article. For coordination with local services, information about the reception of unaccompanied minors in the facilities referred to in this paragraph and paragraph 1 of this Article shall be provided by the managers of the structure to the municipality concerned*".

67. With regard to children, Article 18 provides for the priority character of the child's best interests, which is the guiding principle in the application of the various reception measures. To this end, the child is always heard, taking into account his/her age and maturity, including to learn about his/her past experience and assess the risk that s/he may have been a victim of trafficking and to verify the possibility of reunification with family members who may be present in another EU country.

* Individualised reception services specifically target the needs of the minors.
* Care providers who deal with children must be trained; and must ensure confidentiality on the data and information relating to juveniles.

68. As earlier reported, with regard to unaccompanied minors (Article 19), they are hosted in governmental first reception structures, for the time strictly necessary, and in any case for no more than 60 days, to the completion of the identification, including possible age determination process.

69. The structures are activated by the Interior Ministry in agreement with the local Authority concerned and managed by the Ministry itself - also in agreement with the local Authority. The above facilites are specialized Centers for rescue and immediate protection of unaccompanied foreign minors. Within these structures, the minor is guaranteed an interview with a developmental age psychologist.

70. In case of temporary unavailability in governmental facilities for the reception of unaccompanied minors, the Municipality concerned temporarily secures accommodation and recpetion. To this end, Municipalities have access to the contributions by the Interior Ministry, under the National Fund for the reception of unaccompanied foreign minors.

71. The second level of reception of unaccompanied minors is arranged within SPRAR structures. Should available places be lacking, the reception is operated by local Authorities. We have reproduced a reception arrangements-formula already provided for under both Article 26, paragraph 6, of Legislative Decree No. 25/2008, for minors asylum-seekers, and Article 1, paragraph 183, of Law No. 190/2014 for unaccompanied minors who do not make an application for international protection and have access to the same services, within the resources and places made available.

72. At the age of eighteen, UAMs can apply for a permit to remain in Italy. The Ministry of Labour and Social Policies issues binding opinions about their will of remaining in the country, on the basis of their level of integration. In case of positive opinion, UAMs can convert their residence permit into a new one-year long stay permit for study, work or job purposes.

73. In order to support UAMs’ integration once they come of age, the Italian Ministry of Labour and Social Policies launched a project in 2015, aimed at promoting 1,000 individual grants in order to enable children to attend vocational and educational courses. This project is also in line with relevant actions under the new EU Funding Operational Programme, 2014-2020 (support to social and labour market integration of unaccompanied minors in transition to adulthood).

74. According to the domestic legislation in force (Legislative Decree No. 24 of 4 march 2014, transposing EU Directive 2011/36/EU) and in view of the adoption of a Decree of the Presidency of the Council of Ministers concerning the age identification of UAMs as victims of trafficking, a new holistic multidisciplinary Protocol to identify the UAMs’ age has been drafted by the Conference of Regions under the coordination of its Health Commission and with the contribution by regional Authorities, scientific experts, and representatives of International Organizations. It has been approved by the National Health Council in July 2015 and is going to be implemented homogeneously throughout the national territory.

75. Given the traumas suffered by UAMs, this issue has been put to the attention of a Technical Committee at the Ministry of Health in charge of drafting new Guidelines for assistance, rehabilitation and support to refugees and persons who have been victims of torture, psychological and physical violence or sexual abuse. The Guidelines specifically focuses on women and children.

76. During 2015, the number of unaccompanied foreign minors hosted in the SPRAR system has increased significantly, compared to the previous year: from 1,142 in 2014 to 1,640 minors in 2015, over an active network of 977 places.

77. The findings of the Annual SPRAR Report 2015, as recently presented, considers some qualitative aspects of this System, including the services and reception arrangements, teams organization, and training.

78. According to data from the above report, the primacy of the Gambian nationality remains unchanged compared to the previous year, with a 35.5%, to be followed by Senegal (11.3%); Mali (10%); Nigeria (8.4%); Egypt (5.5%); Bangladesh (4.5%); Afghanistan (4,1%); Côte d'Ivoire (3.4%); Ghana (3.3%); and Pakistan (2.7%).

79. Nevertheless, according to the data as of June 2016, a reversal has been noted with an increase of minors on the run from other countries: Egypt (21%); Gambia (12.3%); and Albania (11.4%), to be followed by Eritrea (7.1%); Nigeria (6.2%); and Somalia (5.2%).

80. With regard to gender males amount to 99.8% of those who are hosted.

81. Data on age reveal that more than half (52.7%) of unaccompanied minors received into the SPRAR system are newly come of age (at the time of the survey). 45.8% is included in the age group between 15 and 17; 1.3% is between 12 and 14; and 0.2% is between 6 and 11. "The type of stay permit remains prevailing among children," the report says, "it is in line with the overall figure of the category of adults hosted: 59% are in fact requesting for international protection and are promptly inserted within SPRAR. 34% holds humanitarian protection; 4% holds subsidiary protection; and 3% are refugees (<http://www.minori.it/it/node/5707>)”.

(As at 31 December 2015)

**UAMs’ distribution per gender and age**

|  |  |
| --- | --- |
| **MINORS** | **11.921** |
| **GENERE** | **PRESENTI** | **%** |
| **BOYS**  | 11.371 | *95,4* |
| **GIRLS**  | 550 | *4,6* |
| **TOTALE** | **11.921** | ***100,0*** |



|  |  |  |
| --- | --- | --- |
| **FASCE D'ETA'** | **PRESENTI** | **%** |
| **17 YEARS** | 6.432 | *54,0* |
| **16 YEARS** | 3.238 | *27,2* |
| **15 YEARS** | 1.312 | *11,0* |
| **14 - 7 YEARS** | 896 | *7,5* |
| **6 - 0 YEARS** | 43 | *0,4* |
| **TOTALE** |  **11.921** |  ***100,0*** |



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**Assisted Voluntary Return (AVR)**

82. Among the possible exit routes to be planned as part of the Operational Plan 2016, a more important function should be attributed to assisted voluntary return (AVR), especially for those migrants who are not entitled to any forms of international protection.

83. In 2015 only, the territorial Commissions for the recognition of international protection have rejected 51% of asylum applications. The AVR made by Italy through the European Fund for Repatriation 2008/2013, under the SOLID program, were: 162 in 2009; 160 in 2010; 477 in 2011; 780 in 2012; 1034 in 2013; 923 in 2014; and 411 in 2015 (January-June). The total of AVR made in the entire period of the said program amounts to 3,947 (as of June 2015).

**Re-location**

84. As part of the estimates on the national reception of applicants for international protection, it is also necessary to consider those falling within the relocation procedure. As of December 31, 2015, in fact, people transferred from Italy to other EU Member States, were 190, as hosted by Finland, Sweden, France, Spain, Belgium, Portugal and Germany.

85. It is also expected that the relocation process should be completed in a two-month term, exceptionally extendable to three and a half month-period, commencing from the time when the DubliNet system indicates the availability of the Member State with the indication of the number of people who decide to accept. In this regard, in the above-mentioned *Roadmap* - presented by Italy to the European Commission -, it is planned that in dedicated regional hubs (which are those close to the hotspot areas where landings occur) a quota of 1800 places are to be reserved for people to be potentially relocated. To date, the people to be relocated were at reception facilities for a 60-day average.

**Dublin III Regulation. Transfers. 2012 – 2015\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requests for transfer** | **2012** | **2013** | **2014** | **2015** |
| Requests from Italy to other EU Member States  | 2.186 | 3.808 | 5.412 | 4.866 |
| Requests from other EUMS to Italy  | 17.631 | 22.700 | 28.904 | 25.117 |
| **Transfers** |
| Transfers from Italy to other EUMS | 25 | 5 | 10 | 34 |
| Transfers from other EUMS to Italy  | 3.551 | 2.966 | 1.918 | 2.276 |

(<http://ec.europa.eu/eurostat/cache/metadata/Annexes/migr_dub_esms_an2.pdf>)

**Resettlement**

86. Within the European Agenda on Migration-related measures, the European Commission has provided, in addition to the relocation and the EU action plan against trafficking in migrants, also a Plan to resettle, among Member States, 22,504 displaced people in obvious need of international protection coming from Non-European countries. In this regard, Italy has launched a national resettlement program, which will involve 1,989 refugees.

87. The first group of 96 Syrian refugees, coming from Lebanon, has already arrived in our country between September - October 2015.

88. For 2016, it has been planned the resettlement of 1,000 refugees.

89. All beneficiaries of this program have been and will continue to be included within the SPRAR projects, within which the Central Service identifies locations and conditions, matching as much as possible the expectations and needs of this target group.

**Monitoring**

90. Article 20 of Legislative Decree No. 142/2015 provides for monitoring and oversight on the management of the reception facilities. This activity concerns the verification of the quality of services supplied and the respect for the reception levels and the procedures set for the management of relevant services.

91. Specific attention is paid to services for vulnerable people and minors under the monitoring of the services provided.

92. For the purposes of carrying out this activity, the Department for Civil Liberties and Immigration of the Ministry of the Interior may employ qualified professionals, selected among retired officials of the Public Administration, or relevant International and Intergovernmental Organizations.

93. In parallel, mention has to be made of the monitoring activity carried out by the Central Service of the Ministry of Interior, managed by the ANCI, also for conducting monitoring activities over SPRAR structures, in accordance with Article 1-sexies of Decree-Law No. 416/1989, as converted with amendments in Law No. 39/1990.

**Trafficking in Human Beings (THB)**

94. Since 1998, Italy has been at the forefront of the fight against THB and the protection of victims, both children and adults. The Italian model, considered as a best practice, is based on a victim rights-centred approach. The main legal provisions include: Art.18 of the National Law on Immigration (Legislative Decree 286/1998); and Art.13 of the National Law against THB (Act 228/2003), whereby Programmes for temporary assistance (above Art.13) and Programmes for long-term assistance and social inclusion (above Art.18) are established. Another powerful instrument is the National Anti-Trafficking Toll-Free Helpline. Within this framework, victims of trafficking benefit from special residence permit for social protection, which can be granted upon participation in the “Article 18 programme”. The permit, renewable for one year, is valid for six months. It can be converted into a residence permit for education or work purposes.

95. In compliance with Article 7 of Legislative Decree No. 24/2014, transposing Directive EU/2011/36, DEO is the Authority responsible for guidance, coordination and monitoring of interventions against THB. Besides these tasks, the above Legislative Decree officially recognizes DEO as the equivalent mechanism and national contact point for the EU Anti-Trafficking Coordinator. By this Decree, the above two programmes have been incorporated in a more structured one to ensure victim’s better integration. This Decree entitles victims to the right to compensation (1,500.00 Euros, each), under the Annual Fund for Anti-Trafficking Measures - already in force and to be fed with the proceeds derived from the confiscation of assets following a conviction verdict. By Act 190/2014, 8 million Euros are to be allocated for the above unified program.

96. The UN Special Rapporteur on trafficking in persons, especially women and children, visited Italy in September 2013. In her report, she highlighted Italy’s commitment to combating THB, as evidenced by its legal framework on trafficking and its strong partnership with CSOs. The Special Rapporteur made a number of recommendations, including with regard to a harmonized comprehensive NAP to combat trafficking, and increasing capacity-building for government officials.

97. Accordingly, since 2014, with the aim at a more comprehensive national strategy, DEO, in cooperation with all relevant national Authorities and all other relevant stakeholders, has been working on a specific National Action Plan Against Trafficking and Serious Exploitation, 2016 - 2018, as later adopted on 26 February 2016.

98. By a coordinated and inclusive approach, this Plan is intended to enhance the governance of all national measures besides defining cooperation among national stakeholders. This Plan focuses on prevention, prosecution, assistance and protection of victims, partnership, judicial cooperation, identification of potential victims, and adjustment to national legislation**.** It also provides for, inter alia: minimum protection standards; and standardised operating procedures for the referral of victims to the proper service providers.

99. In implementing Directive 2011/36/EU on preventing and combating trafficking in human beings and the protection of victims of crime of trafficking and enslavement, and pursuant to Article 9 of Legislative Decree No. 24/2014, the Italian Government adopted the National Plan against trafficking and serious exploitation of human beings (NAP) for the years 2016 through 2018, in order to establish multi-year strategies of intervention for the prevention and countering trafficking and serious exploitation of human beings. This national Plan also identifies actions to raise awareness, social prevention, social integration and overall the emergence of the victims (*Prevention, prosecution, protection, partnership*).

100. Relevant preventive and repressive measures carried out by the Police, are coordinated with the aim of prevention and protection of victims, with the full involvement of public and accredited private social services (in accordance with Article 52, paragraph 1, of Presidential Decree No. 334/2004, laying down rules for the implementation of the Consolidated Immigration Act). The NAP has identified the following measures aimed to promote adequate and effective protection for victims of trafficking:

- The improvement of mechanisms for the emergence of the phenomenon and the adoption of a coordinated and effective response, including activities from the identification of the victims through monitoring and the overall construction of an early warning system throughout the Italian territory;

- Identification of adequate rapid identification mechanisms of the victims of trafficking in human beings through guidelines, also containing trafficking-related indicators, with respect to various forms of exploitation. Specific attention must be paid to the concept on "Vulnerable position" under Article 2, para. 2, of Directive 2011/36/EU;

- The establishment of a National Referral Mechanism, defining cooperation through which State actors fulfil their obligations to protect and promote the human rights of trafficked persons, besides coordinating their efforts in a strategic partnership with civil society;

- The update of reception measures in accordance with Article 18 of T.U.I. and Article 13 of Law No. 228/2003 in order to more comprehensively meet the changing phenomena and victims’ needs;

- Training, especially on identification, according to a multiagency approach to raise awareness of the various stakeholders likely to come into contact with potential victims of trafficking;

- The adoption of specific guidelines relating to the fulfilment of the obligation of information for the victims, as required by Article 11 of the relevant Directive, concerning the right to: issue a residence permit in accordance with Article 18 of Legislative Decree No. 286/98; the right to apply for international protection; to seek psychological support, with the support by relevant NGOs (Art. 609 decies of the Criminal Code, para.3); to request free legal aid, as well as "protected listening", in accordance with Article 498, paragraph 4-ter of the Criminal Procedure Code; the request for an expert in psychology and child psychiatry at the time of interrogation carried out at the stage of preliminary investigation by the Police and the judiciary, in accordance with Article 392 of the Code of Criminal Procedure and at the time of information-gathering by the judicial Police (Article 351), the public prosecutor (Article 362), the defence counsel (Article 391 bis of the Code of Criminal Procedure) and in all stages of the proceedings. These guidelines, as adopted at the control room level, will also have to find ways to realize the coordination among the systems for the protection of victims of trafficking, the one devoted to international protection (pursuant to Article 10 of Legislative Decree No. 24/2014 and Article 17, para.2 of Legislative Decree No. 142/2015 - Implementation of Directive 2013/33/EU, laying down standards for the reception of applicants for international protection, as well as Directive 2013/32/EU on common procedures for the purpose of re-cognition and withdrawing international protection status), and the system of reception of unaccompanied minors.

101. The NAP is completed by the objectives of enhancing and promoting cooperation with relevant international bodies, especially those involved in the fight against trafficking and labour exploitation, as well as with European and Non-EU countries concerned. Finally, it provides for a system of monitoring and verification of the NAP, in order to:

- Consider comprehensively the results achieved in the implementation of measures envisaged by the Plan, by highlighting the results achieved and the action undertaken at the national, regional and local levels, also in relation to the needs and emerging phenomena reported in the Action Plan itself;

- Detect quantitative and qualitative data that allow to get useful information for an analysis of the conditions of victims of trafficking;

- Identify significant experiences and the most critical areas in relation to the different types of actions identified in the Plan;

- Provide support in decision-making, at all levels.

102. Within this framework, on 2 August 2016, the Senate approved Bill on "Measures to contrast undeclared work, the exploitation of labour in agriculture, and wage realignment in the agricultural sector", in order to change the rules that provide for and punish the labour exploitation. This aims to improve the criminal laws currently in force, by providing that it constitutes a crime the exploitation of labour by anyone who employs or uses one or more workers by taking advantage of their situation. On the other hand, at present the conduct is punishable only if there is intermediation in the placement of the exploited workers.

103. Moreover, this Bill is based on enhancing the quality of agricultural work through a series of interventions, aimed at preventing that farmers resort to workers’ exploitation (in particular of migrants, women and children). The Bill will have to be finally approved by the Chamber of Deputies, after the summer break.

104. In Italy, all forms of THB are prohibited.[[3]](#footnote-3) With the aim of harshening penalties, besides ensuring that all forms of trafficking are comprehensively punished, Legislative Decree No. 24/2014 amends Arts.600 (Placing/holding a person in conditions of slavery or servitude) and 601 (Trafficking in persons). The Criminal Code specifically envisages prosecution in case of trafficking in children under 'child prostitution' (Art. 600-bis), 'child pornography' (Art. 600-ter) and ‘possession of pornographic material’ (Art. 600-quater). More specifically, this conduct is punished even if the crime is not committed by fraud, deceit, and threat or by promising or giving money.

105. As for victims’ protection, in accordance with the relevant European Directive, the above Legislative Decree also amends the Italian Code of Criminal Procedure in order to extend the existing protection - already envisaged for child victims or mentally-ill adult victims - to all adult victims being under particularly vulnerable conditions.[[4]](#footnote-4)

106. To further strengthen the protection system, the above Legislative Decree envisages the obligation to adequately inform victims of their rights, especially those unaccompanied minors being victims of trafficking; this also establishes that a further Decree will be adopted to define specific mechanisms as for the determination of their age and identification. Thus, trafficked children are provided with special assistance and care programs, carried out by individualized age-appropriate-related services - supplied under national assistance projects co-funded by DEO, including dedicated shelters, specific counselling, medical and social support. More generally, the victims or alleged victims of trafficking benefit from assistance and social protection projects promoted and co-funded by DEO.

107. Within the General Program on “Security and Protection of the Freedom (under Prevention and Fight against Organized and Non Organized Crime)”, DEO participates in relevant projects: “No Trafficking” National Observatory on trafficking among refugees and asylum-seekers: training; and awareness-raising campaigns and tools; “STOP FOR-BEG – Against emerging forms of trafficking in Italy: exploited immigrants in the international phenomenon of forced begging, mainly targeting the trafficked Roma (whose final report was presented in February 2015, in Padua); “Protection First”- identification, prevention and assistance to minors exposed to trafficking and exploitation (enhancement of the capacities to detect the phenomenon, especially within foster care communities).

108. The dimensions and development of THB, as well as the high interests of transnational organized crime in managing it, have forced the Police to make strategic decisions and to re-organize its departmental and local offices. In 2001, the Chief of the Police ordered the re-organization of the Aliens’ Offices and *Squadre Mobili*, by establishing the “ad hoc prostitution and Non-EU crime sections”. The Immigration Offices were tasked with “all administrative and police-related activities concerning entry, stay, refusal, repatriation, refugee status, citizenship and any other related issues”. The Central Operational Service (acronym, SCO) has always played a very proactive role in professional training of State Police: SCO is engaged in promoting and organizing meetings and seminars within European projects, in cooperation with IOs and NGOs. Some specific seminars have been also organized for the “Special Units” of local investigative Police units (*Squadre Mobili).*

109. Under the Italian semester of EU Presidency-2014, the Central Directorate of the national Police, in cooperation with the Special Operations Group (ROS) and the Labour Department Command of the Carabinieri Corps, drafted a “Handbook on THB - Indicators for the Investigating Police” (April 2015), which is conceived to be a handy tool for investigators and for the Police trainings. SCO is also participating in a European project dedicated to trafficking in children, led by the University of Padua.

110. With a view to promoting multi-agency cooperation, Police and NGOs are engaged in this specific sector. Following a 2010-MoU signed by the Department of Public Security and the Anti-mafia National Directorate on “Guidelines for coordinating the fight against THB”, a thorough analysis has been carried out with regard to trafficking-related indicators, training, good practices, joint working groups-related activities.

111. Very important investigative results have been achieved thanks to bilateral cooperation with the Romanian Police, under “ITA.RO.” project. The Romanian Police was directly involved in some investigations to fight against Romanian organized crime, with regard to mainly exploitation of prostitution, including child prostitution operations were carried out thanks to the cooperation between the Police Forces of the countries involved in transnational crime phenomena, through Interpol and Europol channels.

112. Since 2012, the Ministry of Justice has been monitoring the proceedings concerning THB. DEO is currently working with ISTAT, to set up a national database.

113. Furthermore, the Ministry of Foreign Affairs finances projects in several countries of transit and origin to raise awareness for both public opinion and potential victims. More generally, Italy is promoting dialogue with third countries, within the framework of initiatives, such as the Rabat Process. In line with the latter and the EU-Africa Dialogue on Migration and Mobility, the Italian Presidency of the EU has been promoting “The EU-Horn of Africa Migration Route Initiative”/ EU-HoAMRI.

114. As for data, while the percentage of Nigerians (women and young girls trafficked) remains stable (approx.40%), decrease emerges for nationals from Eastern Europe (Romania, Moldova, Bulgaria and Albania) – though victims from Africa (Nigeria, Egypt, Morocco, and Tunisia) are increasing (approx. 60%). The other national groups are numerically quite limited.

115. Sexual exploitation is still the most common purpose (about 70%). However, persons trafficked for purposes other than that refer to various forms of exploitation, such as forced labour, begging, criminal activities. Over the past years, women have been mainly exploited in forced prostitution. However, an average of 20% of women resulted to be victims - between 2012-2013 - of other forms of exploitation (forced labour, begging, criminal activities).

116. As for sex, trafficked men for forced labour purposes are exploited in: the agricultural sector in southern Italy; and in the textile industry, construction, and other sectors of the labour market, mainly in the North, They are from the Maghreb countries, China, India, Pakistan, and Eastern Europe. Their percentage has steadily increased since 2007.

117. The data confirm that Italy is the European country with the highest emergence of the phenomenon of trafficking and serious exploitation: this is due to the excellent investigative capacities by the Police and the good cooperation they have with those services in charge of the protection of victims.

**Health-care relevant action**

118. Our health-care system, based on the principles of universality and solidarity, provides assistance to everybody (Article 32 of the Italian Constitution), meaning Italian citizens and the thousands of people who have landed and continue to reach our country, in a spirit of equality and equity.

119. On 20 December 2012, a State-Regions Agreement was approved, which provides guidelines for the proper implementation by the Regions and Autonomous Provinces, of the specific regulations for health-care to be applied to foreign population, namely regular migrants, those who temporarily stay for various reasons in Italy, as well as irregular migrants.

120. The above Document, as a result of the two-fold need to ensure that the immigrant population can have equal access to care and to facilitate the work of health-care workers, provides a broad overview of existing national and regional standards. One of the most relevant highlights is the compulsory enrolment in the National Health-care Service (NHS), with the attribution of a paediatrician of one’s choice or the general medicine physician’s to all foreign minors being on the national territory, regardless of their legal status.

121. On a more specific note and along the above lines, Italy guarantees all citizens from Non-EU countries who legally reside in Italy, to be enrolled in the National Health-care Service along the lines of the Italians. Therefore, equal treatment and full equality of rights and duties is secured with regard to health-care assistance. This is also extended to family members who depend on those who regularly reside in Italy.

122. Furthermore, the National Health-care Service guarantees foreign nationals in the national territory, who are not compliant with the rules on entry and residence, outpatient care and urgent or essential hospital measures, including the so-called “continuing medical care (*medicina continuativa*)”, as well as the preventive medicine, to safeguard both the individual and collective health.

123. Furthermore, mention has to be made of the specific guarantees concerning the social protection of pregnancy and motherhood, on par with Italian women, and the health-care protection of foreign minors in Italy, regardless of their legal status, on an equal footing with Italian citizens.

124. The Ministry of Health in carrying out its international preventive functions by making use of its Office of Maritime, Air and Border Health (acronym in Italian, USMAF).

125. The USMAF (now USMAF-SASN), include an outpatient network for health-care to those travelling by sea and air. They are present at the main harbours and airports of the country. They have, inter alia, the specific task of implementing all those oversight-related measures aimed at cross-border prophylaxis, in accordance with the International Health-care Regulation, being, as underlined by WHO, the instrument to ensure the greatest possible security against the international spread of infectious diseases and the minimal interference over travel, movement and international trade.

126. The medical staff of USMAF-SASN at the Ministry of Health carry out health-care controls to detect signs and symptoms of transmittable infectious diseases, which require health-care measures, ranging from the mere health-care surveillance and the hospitalization in those medical Units on infectious diseases, up to the transfer to those national reference Centers with high bio-containment systems.

127. As for the health-care management of migration flows, USMAF-SASN perform health-care checks upon arrival at the harbour where vessels involved in SAR operations disembark.

128. With regard to the vessels, the health-care control operations can begin aboard or are carried at the docks. They consist in a general *triage*, including body temperature detection and verification of clinical conditions of each migrant.

129. This working modality helps to prioritise the measures according to the needs of each and every migrant.

130. In general, in the harbors where USMAF-SASN Offices are based, they have put in place with relevant local Authorities and other Organizations, such as the Italian Red Cross, an health-care platform with removable tents, usually owned by the Italian Red Cross (with regard to the latter, the Ministry of Health signed in 2007 the first relevant MoU focussing on the organization of Public Health Wards and collaboration in the management of migration flows).

131. As a way of example, mention has to be made of the health-care platform at Catania harbour, divided into the following areas:

- Medical Area;

- Surgical Area;

- Area for pregnant women and children;

- Isolation Area (for the initial interventions on persons suffering, for example, by cutaneous diseases, such as scabies, or other parasitosis or with suspicious signs of infectious diseases);

- Morgue;

- Area for the reception of children with dedicated staff of the Italian Red Cross (A similar organization by "area" is being followed in other ports, particularly in Sicily and Calabria, and, with some variations, also in Apulia and Campania Regions – though to a different extent).

132. At the port in Catania, there are, when needed, a high isolation tent (Isoark) and high bio-containment N36 stretchers, which can be used by normal ambulances, for safe transportation purposes, towards appropriate hospitals’ infectious diseases wards (e.g. in case of people with suspected symptoms of high transmittable diseases, such as viral haemorrhagic fever).

133. These special stretchers are already available at other ports (e.g. Taranto), as well as in Rome and Milan. Meanwhile, the Ministry of Health has carried out activities aimed at acquiring additional stretchers to be placed in other entry points managed by USMAF.

134. In July 2016, additional material useful for the management of suspected cases of highly transmissible diseases, including products for decontamination, has been made available in the eastern and western Sicily (Catania, Trapani).

135. As regards, however, the prevention of Tuberculosis disease, it is noteworthy the project, called "Diagnosis at the docks", developed by USMAF of Catania, in collaboration with Garibaldi Hospital in Catania.

136. It is well known in fact that many migrants are from highly endemic areas affected by TB. Plus, we carefully consider the very poor conditions of their journey, which often last many weeks or months and set the conditions for the spread of latent infections.

137. The project "Diagnosis at the docks", in force since late summer 2015, through a molecular biology technique called "GeneXpert", allows to make the diagnosis of TB in two hours, when the migrant who has suspicious signs and symptoms (fever, general *malaise*, persistent cough, significant weight loss in the previous three months, etc.) is still in dock for identification procedures.

138. Thanks to the above Project, by screening and rapid diagnosis we have identified and initiated the pharmacological treatment in about 20 cases of tuberculosis in active phase[[5]](#footnote-5).

139. There are other aspects worthy of consideration, with regard to health conditions of migrants, as identified in the course of controls put in place both on board of ships and upon arrival, which are not so much related to infectious diseases but are the result of poor conditions which these people have been exposed to before and during the journey: in addition to dehydration, fever syndromes not coupled with other symptoms, and conjunctivitis, we frequently detect trauma, burns, injuries from firearms and poisoning by exposure to toxic fumes in the cargo hold.

140. On a more general note, the geographical origin and the demographic profile of migrants is changing (in 2014 and 2015, the average age has risen) and women and children (including unaccompanied minors) have become more frequent than in the past.

141. Overall, in the period 2013-2015, the distribution by gender and age was, as follows: males 74.54%; 14,28% females; minors 10.39%. The proportion was, as follows: males 75.56% in 2015 only; females, 17.73%; minors, 7.66%.

142. The health-care controls upon arrival have shown serious health-related conditions, including heart disease, diabetes, poliomyelitis (in the form of paralysis of limbs) or other neurological disorders, traumatic and psychiatric outcomes related to torture and violence suffered either in the country of origin or in the migration route, as well as precarious physicological conditions, and other medical situations such as pregnancy and birth delivery.

**Guidelines for assistance to refugees, victims of torture, rape and/or other serious forms of psychological, physical or sexual violence**

143. In recent years, Italy has been characterized by an increasing number of forced migrants, so that it has become the third European Union country, after Germany and Sweden, for number of asylum applications (as at 31 December 2015, there were 103.792).

144. Forced migrants, asylum-seekers and those entitled to international and humanitarian protection, are - in the context of the migrant population - a group at high risk of developing psychopathological syndromes due to the frequent incidence of stressful or traumatic experiences, which can lead to serious consequences on their physical and mental health as well as on their family members’ and society at large.

145. Therefore, to provide an adequate response to this situation, urgent action in the field of the health-care system that gives greater emphasis to emerging needs, such as proximity to the groups at risk of marginalization, is a priority. The adequacy of the reception system cannot be separated by the reorganization of the health-care services, including procedures and the training of personnel.

146. In this context, we are about to launch the "Guidelines on assistance, rehabilitation and treatment of mental disorders of refugees and persons who have been victims of torture, rape or other serious forms of psychological, physical or sexual violence, including specific training programs and refresher courses for health-care personnel", in accordance with Article 27 of Legislative Decree No. 251/2007, as amended by Article 1 of Legislative Decree No. 18/2014.

147. The above document is intended to provide a useful tool to ensure appropriate and uniform interventions throughout the national territory and considers it essential a multidisciplinary approach that provides an assistance pathway for victims, from identification which is not always easy and obvious in this type of situations, to rehabilitation.

148. Specific attention has been paid to certification, being an essential requirement within the asylum procedure, and to mediation.

149. We also address the issue of protection of the health of care providers involved in receiving and taking care of the victims, besides paying specific attention to women and children, who are two particularly vulnerable sub-groups.

150. In order to ensure early psychological health-care, including health *triage* and identification of vulnerabilities to be detected in complementarity with the search and rescue at sea, the year 2016 saw the launch of the project, called PASSIM (*Primissima Assistenza Sanitaria nel Soccorso in Mare* – Very first health-care in the rescue at sea), and funded with resources provided by the Fund on Asylum, Migration, and Integration, 2014-2020. In this context, the Ministry of Health, upon delegation by the Ministry of Interior, is the recipient of these European resources, and ensures the technical coordination and the health education of staff working on board of naval units of the Navy, Coast Guards and Revenue Guards Corps (*Guardia di Finanza*).

151. Project partners are the General Staff of the Navy and IOM. Organizations involved that make available their own health-care staff are, as follows: CISOM; the Military Corps; and the Corps of Nurses volunteering within the Italian Red Cross, and the RAVA Foundation.

152. We intend to improve access to health-care of those migrants who are under vulnerable conditions at the arrival, thanks to real-time triangulation among physician/nurse, immigrant, language mediator, and other actors engaged in rescue at sea, and of all those waiting at the landing sites and within the reception network - also thanks to training activities related to the project under reference.

153. Finally, the Ministry of Health will test a migrant's medical record model, intended to be an innovative intervention to facilitate timely health-care responses by matching relevant migrant’s needs, including of a cultural and language nature. The expected result for the latter is the tracking and collection of health-care data, in compliance with the confidentiality required by the legislation.

154. Health-related data resulting from *triage* will be gathered through a computerized system to be made available in the following stages of the health-care pathway.

155. The graphs below show the commitment of each Office of Maritime Health in the management of migration flows; and the monthly distribution of newly arrived migrants in the period 2014-2015:



2014

2015

**Graph No. 1 Irregular migrants arrived in 2014 - 2015 – Distribution for territorial area involved in the healthcare surveillance. Source: General Directorate for health-care prevention-Ministry of Health, on the basis of *USMAF* reporting*.***

156. On the subject of surveillance and health-care prevention, the incidence of common infectious diseases so far recorded among immigrants, as evidenced by the data available, is not higher than that of the native population, particularly in Sicily - although Sicily is at the forefront in the arrival management.

157. In particular, diseases such as scabies or lice (related to poor living conditions before boarding), although frequently observed in immigrants, do not pose a real risk of infection since they are easily and readily controllable with simple preventive measures and therapy. Further conditions such as tuberculosis, can be addressed effectively with appropriate and timely measures, such as those implemented through the aforementioned project "TB Diagnosis at the docks".

158. The surveillance of infectious diseases (and with it the health care assistance) does not end, at the arrival, but obviously continues under the responsibility of the National Health-care Service, for the entire duration of the stay of migrants in the national territory; that is why we make use of specific tools, such as syndromic surveillance in accordance with Circular No. 8636 of 7 April 2011, issued on the occasion of the Arab Spring - as a supplement to the ordinary system of surveillance of infectious diseases.

**Relevant planning by the Ministry of Health in the field of migration medicine**

159. As for the promotion of migrant populations’ health-care, with specific regard to women, children, single-parent families, and overall groups at risk of social exclusion, the Ministry of Health promotes and supports various project activities, as follows:

A) Firstly, mention has to be made of the project entitled “Social and health-care integration of the citizens of third countries”, drawn up within the EIF Program, in collaboration with the International Organization for Migration (IOM) and the Physiotherapeutic Hospitals. This project is intended to improve the health situation and the inclusion of third countries citizens in the National Health-care Service (acronym in Italian, SSN). Within the project, actions under two specific lines of intervention have been completed so far:

1. Measures: to promote the culture of prevention (by facilitating access to immunization), health-care related education and promotion of a healthy lifestyle among immigrant populations; to strengthen networks of local actors, local public social and health-care services, civil society and immigrant communities, by promoting information and awareness on health-related issues of migrants, healthy lifestyle, integration and access to health services, as entrusted to IOM;

2. Facilitation services for access to early diagnosis of female cancers for foreign women in Italy, as entrusted to IFO.

B) Another initiative worthy of mention is the European project, entitled EQUI-Health, as coordinated by the International Organization for Migration (IOM), with the involvement and full cooperation with the other central administration Authorities concerned (Ministries of: Interior; Justice; and Labour and Social Policies).

160. The participation of the Ministry of Health, in this context, is aimed at promoting the health-care of vulnerable groups, such as asylum-seekers and irregular migrants, and Roma. It envisages the promotion of health-care and social integration, especially for migrants arrived at the Mediterranean countries (Italy, Malta, Spain, Greece, Croatia), also through the analysis of health-related risk and of relevant good practices.

161. Finally, special attention is paid to the training of health-care workers, aimed at overcoming intercultural barriers, which strongly influence the effectiveness and efficiency of health-care services for the migrant population.

162. It is also worthy of mention the project, entitled "Intercultural competence in health-care services: training programs of trainers in Sicily", promoted by IOM and aimed at the implementation of the national training action of European EQUI-Health. This project, originally aimed at establishing a network of trainers in the National Health-care System, in particular in Sicily, was later extended to other Regions. More specifically, it was initially aimed to raise cultural awareness of health-care services in Sicily – so as to decrease discrimination in accessing health-care for the immigrant population -. Later it has been improved and broadened to raise awareness about: global migration patterns; push and pull factors; and the necessary relationship between health and human mobility, through a training program of trainers, which has strengthened the intercultural skills of health-care providers.

C) Another concrete initiative refers to PHAME projects (Public Health-care Aspects of Migration in Europe) No. 1 and No. 2.

163. The PHAME-1 project dates back to spring 2011, following the "Arab Spring", that led to an unprecedented immigration pressure on the countries of southern Europe, primarily Italy.

164. The PHAME-2 is the continuation of the previous project, which has become a much-needed continuation due to international events that have led to a further increase of uncontrolled migration flows, with a change of routes and profiles of migrants, from migrants driven by economic goals to people fleeing from conflict.

D) The Ministry of Health, within the "High-Level Meeting on Refugee and Migrant Health", hosted on 23 and 24 November 2015, the High Level Meeting on Migration and Health, organized by the WHO-Regional Office for Europe. At the end of the Meeting, the "Charter of Rome" was adopted with the aim of inviting all Member States to an action of alignment, human solidarity and technical capacity aimed to implement public health-care interventions, including the prevention of diseases and mitigation of sufferings by migrant and refugee populations.

E) The Ministry of Health participates in the CARE project (Common Approach for Refugees and other migrants' health), funded by the European Commission under the Third Framework Programme, involving the National Institute for Health Migration and Poverty (NIHMP), as the coordinator, and fourteen more public and private entities from five Member States (Italy, Greece, Malta, Slovenia and Croatia). The project aims to promote and supports the development of public policies for the protection of the health-care of migrants and the general population in those EU countries most affected by the recent waves of immigration.

165. The total duration of relevant activities, started on April 1, 2016, is of a 12-month term. They are divided into eight workstreams, to cover different aspects of the health-care of migrants, such as surveillance and health-care assistance at Lampedusa *Hotspot*, Trapani-Milo, Leros and Lesbos, and the development of electronic tools for recording and archiving medical data, being useful to migrants during the reception pathway, in compliance with privacy laws. The multidisciplinary teams at Centers will also test a holistic approach with regard age determination of unaccompanied minors.

166. The National Institute for Health Migration and Poverty (NIHMP), as the Center of reference of the National Network for the problems of assistance in socio-health field related to migrant populations and poverty, has also launched a specific program for the elaboration and dissemination of clinical-organizational guidelines on the protection of health and the social and medical assistance for migrant populations.

F) The aforementioned PASSIM Project financed with resources from the Fund on Asylum, Migration, and Integration - FAMI 2014-2020.

G) Finally, the above-mentioned key activity for the definition of the "Migrant Personal Health Record (*Cartella Sanitaria del Migrante*)”, promoted within the European project Re-Health. As earlier reported, this is a tool, in electronic format, required to give migrants, since their arrival, an assessment of their health situation. In addition to the identification, tracking and monitoring of the migrant health, this model will allow to record and store relevant health-care data so that this *Cartella Sanitaria del Migrante* can be made accessible by other health-care facilities, avoiding duplication, omission, *et similia*.

**Conclusion**

167. By recalling all relevant information provided during the last Human Rights Council Session (HRC32) and on the occasion of the most recent missions to Italy by relevant international human rights monitoring mechanisms, Italy reiterates its committment to fully cooperate with all relevant stakeholders in this area, including within the framework of upcoming international conferences and in view of the 2030 Development Agenda.

**ANNEX No. 1**

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| **Fund on Asylum, Migration, and Integration – Activated Interventions** |
| **Specific Objective**  | **Intervention**  | **Budget planned**  | **Expected Result Duration** | **Durata dell’intervento** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 - Asylum | Enhancement of the very first health-care assistance during rescue at sea operations | € 4.000.000 | * -  1.000 assisted migratory events
* -  100.000 migrants benefitting vulnerability assessment related services
* -  20.000 migrants benefitting health care triage
 | 2016-2017 |
| Legal and information-related support for migrants and target groups in the areas concerned  | € 2.133.414 | - 180.000 migrants informed - 100 care providers specifically trained on asylum  | 2016-2017 |
| Monitoring the reception system  | € 476.494 | 240 monitoring actions  | 2016-2017 |
| Health-care protection of applicants and those entitled to international protection under conditions of psycho-health vulnerability  | € 8.500.000 | 500 beneficiaries  | 2016-2017 |
| Conclusion of the empowerment pathway for those entitled to international protection, within the SPRAR, through individualised socio-economic pathways  | € 5.750.000 | 400 beneficiaries | 2016-2017 |
| Actions aimed at further protection for foreign minors, including UAMs  | € 1.200.000 | 100% of minors disembarked benefitting of information-related services  | 2016-2017 |
| 2 -Integration/legal migration | Regional plans for cultural-linguistic training  | € 24.000.000 | 40.000 trained citizens from third countries  | 2016-2017 |
| Local pilot-projects for linguistic training  | € 3.000.000 |  |  |
| Projects for the improvement of relevant public services  | € 2.500.000 | 1.000 trained care providers  | 2016-2017 |
| Projects for the prevention and fight against discrimination  | € 2.750.000 | 1.375 more trained care providers | 2016-2017 |
| Information sharing, including at a European level, between Italy and other Member States | € 2.500.000 | 5 or more twinning projects  | 2016-2017 |
| 3 – Return | Various measures focused on AVR  | € 12.800.000 | 3.200 citizens from third countries to be involved in AVR | 2016-2017 |

* Updated as of 25/01/2016.
1. http://www.lavoro.gov.it/notizie/Documents/Report%20MSNA%2030-06-2016.pdf [↑](#footnote-ref-1)
2. In order to face the increasing flow of UAMs in Italy, a new reception system dedicated to minors has been implemented from January 1, 2015 onwards, with the aim of setting up first-assistance reception centers dedicated to UAMs in addition to those created by Municipalities and financed by Italian funds. This system envisages a two-level reception: 1) the first level is immediately activated, after the landing of minors who are mainly transferred to dedicated centers financed by Italian funds. In order to support the above-mentioned system, the above-mentioned Department for Civil Liberties and Immigration at the Ministry of the Interior signed with the European Commission, the Grant Agreement for the Emergency Measure, entitled “Improving territorial capacities to receive UAMs”, under the AMIF – EMERGENCY ASSISTANCE. This addresses UAMs landed in Italy or identified and traced in Italy after landing, in the lapse time between March 20, 2015 - December 17, 2015. This Measure aims at strengthening the first reception phase, with reference to early identification and assessment of the minor age, transfer from landing and tracing sites to the reception centers, also in order to facilitate family reunification and identification of specific vulnerabilities. In this context, the Ministry of Interior issued two calls for tender concerning dedicated temporary reception projects for UAMs at highly specialized structures, in collaboration with project partners such as IOM, Italian Red Cross, Save the Children, ANCI (National Association of Italian Municipalities) and UNHCR and an adequate transition to the second level of reception under the Protection System for Asylum-Seekers and Refugees (SPRAR). As a result, ten selected projects have been launched on March, 20, 2015 while five more selected projects have been implemented since June, 3, 2015, so as to ensure 737 daily places for UAMs; 2) Second level: minors are transferred and housed in reception centers within the SPRAR system (*Sistema Protezione Richiedenti Asilo e Rifugiati*), so as to facilitate their inclusion in local communities (1.951 places dedicated to UAMs have been made available within the SPRAR).

As mentioned, given the fast-changing reality, Italy is working to increase the whole UAMs reception system (first and second level reception). On April 22, 2016, two public calls for reception projects were issued to enlarge: (i) the SPRAR capacity for UAMs, including places for vulnerable UAMs, of 2.000 places; (ii) the first reception system’s capacity in highly specialized centers of 1.000 places. [↑](#footnote-ref-2)
3. Act 228/2003 introduced THB under Article 601 of the Criminal Code. [↑](#footnote-ref-3)
4. By Art.1, the following are considered vulnerable: children; unaccompanied minors; elderly; persons with disability; women, especially if pregnant, single parents with underage children, persons with mental disorders, and persons who suffered rape or other serious forms of physical, psychological, sexual or gender-based violence. [↑](#footnote-ref-4)
5. The Ministry of Health actively participated, including with its medical staff, in the Mare Nostrum Operation. This action started in June 2014, following an MoU with the Minitsry of Defense allowing the anticipation of medical checks during the transfer to the port. About 20 physicans from the Ministry of Health have been deployed to the Navy vessels up to December 2014. Triton operation replaced Mare Nostrum’s. Needless this support keeps going. [↑](#footnote-ref-5)