



Horizon 2020 - SC7-BHC-2018-2020

"Better Health and care, economic growth and sustainable health systems"

Support to Policy and International Cooperation Coordination and Support Action (CSA)

Action Acronym:

SoNAR-Global

Action full title:

"A Global Social Sciences Network for Infectious Threats and Antimicrobial Resistance"

Grant Agreement Number:

825671

Deliverable Number: 7.2

Deliverable Title: Italy case report based on VA pilot with policy recommendations

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| WP: | 7 |
| Type¹: | Report |
| Dissemination level²: | Public |
| Due date of delivery: | 30/11/2021 |
| Actual date of delivery: | 30/11/2021 |

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|---|---|
| Lead beneficiary: | CENSIS |
| Name and affiliation of author: | Concetta M. Vaccaro Censis Foundation Rome, Italy |
| Submission comment (mandatory, 1-3 sentences): | This report includes major findings from the Vulnerability Assessment conducted in Italy during 2021. It also contains concrete policy recommendations based on these findings. |

¹ Report / Open Research Data Pilot / Websites, patents, filling, etc. / Demonstrator / Ethics / Other

² Public / Confidential, only members of the consortium (including the Commission Services)

This project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under grant agreement No 825671.



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Introduction

The Censis Foundation, in collaboration with the Department of Experimental Medicine of the Sapienza University of Rome, is participating in the European project "A Global Social Sciences Network for Infectious Threats and Antimicrobial Resistance - SoNAR-Global" funded under the Horizon2020 Research and Innovation Framework Programme.

Objectives

Censis and the Department of Experimental Medicine are participating in the realization of Work Package 7 (WP7) "COVID-19 Vulnerability Assessment and Community Engagement". The objective of the Vulnerability Assessment conducted in Italy was

- to analyze new types of vulnerability related to COVID 19
- to identify population groups at higher risk as a consequence of the pandemic and measures to control it
- to develop strategies to allocate resources in a more effective and efficient way, also thanks to the involvement of multiple stakeholders.

Methodology

The research-action was divided into two main steps: Vulnerability Assessment and Community Engagement. This report concerns the results of the Vulnerability Assessment (VA).

In the case of Italy, the selected territory is Lazio, where 100 interviews were carried out in the municipality of Rome and 100 in small-medium sized municipalities in the remaining part of the metropolitan area or in other provinces of Lazio. The selection of the sample, which is not statistically significant, made use of the so-called snowball sampling method. A group of 17 suitably trained interviewers carried out 200 interviews (190 of which were usable), administering to each interviewee two questionnaires prepared by the international working group coordinating the project and translated by each national partner.

The ethics committee of the Policlinico Umberto I of the University la Sapienza of Rome approved the Italian study with App. 6340 on 26/05/2021. The data obtained were processed ad hoc using statistical data processing software and special text analysis tools that always guaranteed anonymity.

Description of work/Results

First of all, one important aspect emerging from the analysis should be underlined: the need to distinguish the consequences of disease during COVID-19, closely linked to health dimensions, from the consequences of pandemic measures adopted to reduce contagion, including the initial lockdown in Italy. These pandemic measures, along with other subsequent restrictions such as the so-called red zones, has led to significant consequences in terms of increased vulnerability, both from an economic, social, health points of view.

In addition to the effects of restrictions, there are also the consequences of COVID-19 in the strict sense of the word. These consequences are not only those related to

falling ill, but also extend to as a generalised fear of an unknown disease that has exacerbated a sense of vulnerability among many social groups.

1 The multidimensionality of vulnerability

An important finding of the analysis concerns the intertwining of vulnerability detected. Particularly, 75% of the sample had a pre-existing vulnerability. We found new vulnerabilities due to COVID-19 in 54,5% of respondents without prior vulnerabilities and in 63,0% of people who had initial vulnerabilities. It is important to remark that new vulnerabilities and increased vulnerabilities are more common among those with more than one.

2. The impact of the pandemic on health

The impact on health is one of the most relevant aspects of the consequences of the pandemic in the strict sense and of the measures used to control its spread.

Some data from the first quantitative questionnaire testify this generalised health impact (for ex. 57% during the last 3 months was unwell (at least one day) and 49% changed his weight due to the COVID).

The qualitative interviews highlight the many nuances of this impact on health, in which the psychological dimension is also very much present.

An increase in vulnerability is first and foremost evident among people who have contracted COVID and/or those whose family members have fallen ill. Among those who have fallen ill, irrespective of the level of severity of the illness they have experienced, there is a widespread feeling of increased vulnerability, a fear of being left more fragile in the face of future illnesses.

Caregivers experienced a worsening of their condition, even when their family members did not fall ill, first of all for the loneliness and abandonment. A greater sense of vulnerability with respect to health is also experienced by chronic patients, both because of the fear of falling ill with COVID, given their health situation, and because of the restrictive measures often reduced their access to treatment and checks for their illnesses.

3. The great weight of economic vulnerabilities

The analysis highlighted the link between the COVID pandemic and other different situations of vulnerability, other than those of a strictly health-related nature. In particular, the more quoted form of vulnerability due to COVID is economic (48% of the VA sample has experienced a change in income due to the COVID pandemic and, among those, 43% believes that it will not return to pre-pandemic levels). But alongside the new poor, for whom a recovery of their economic and income situations is likely when restrictions come to an end, there is an awareness among the interviewees that the most serious and lasting consequences have affected those categories of workers who started from weaker positions in the labour market and people with fewer resources, not only economic but also social.

4. The lesser-known vulnerabilities

The consequences of the pandemic are also reflected in other forms of vulnerability which appear less obvious, for example, the possible future consequences in the relationship between generations, in the face of the suffering of the elderly who have experienced a decisive rupture in familiar relations. Also interesting are the reflections on the possible negative effects on the future development of the youngest, victims of the drastic break in peer relationships, who have not been able to experience some important stages of their growth.

Finally, it is interesting to underline that vulnerability to COVID itself depends not just on health conditions, but on several other factors, including income, cultural aspects, and behaviour. In this sense, widespread distrust of institutions, information and communication problems (considered to be contradictory, confusing and counterproductive), played important roles.

Summary and concluding remarks

- When discussing vulnerabilities related to the COVID-19 pandemic, it is important to distinguish between those directly linked to the disease, and those linked to the measures decided to contain the infection, especially lockdown.
- Vulnerabilities are often multiple and interconnected
- The previous, existing vulnerabilities have a great role in terms of COVID-19 impact, both in social and health aspects
- The health consequences of COVID (including psychological and mental health) tend to be more severe in the presence of existing health vulnerabilities (chronic diseases, disabilities)
- The more quoted form of vulnerability due to COVID is the economic one
- The consequences of COVID tended to be more severe for those who had previous or intervening economic vulnerabilities
- Vulnerability to COVID depends not only on health conditions but also on income, cultural aspects and behaviours
- The widespread distrust of institutions, the information problems and the communication about the pandemic, which was considered contradictory, confusing and counterproductive, played an important role on vulnerability
- If the vulnerability is multidimensional, the intervention must be multidimensional too: not only health and social policies, but also work, environment and information must become objectives of an effective action against vulnerability that has to involve several actors.