



Republic of San Marino

San Marino Bioethics Committee

*THE PANDEMIC AT A DISTANCE:
INDIRECT EFFECTS*

APPROVED ON 18 July 2024

Interpretation and Translation Service of the Department of Foreign Affairs

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
PRESENTATION.....	4
INTRODUCTION.....	7
PANDEMICS: UNAVOIDABLE BUT PREDICTABLE EVENTS.....	8
Historical background: current evidence.....	8
The burden of liability.....	9
BETWEEN CLINICS AND EPIDEMIOLOGY: DIRECT AND INDIRECT EFFECTS.....	11
Disorientation in the face of the unexpected.....	11
“Long-Covid”.....	11
Indirect effects in paediatrics.....	13
Children and school.....	14
School in the Republic of San Marino;.....	15
The increase in social injustice.....	18
From a <i>welfare</i> of protection to a <i>welfare</i> of inclusion: the consequences for persons with disabilities.....	18
Gender-based violence.....	19
Violence of language.....	22
Consequences for men according to the “One-health” approach.....	23
BIOETHICAL ANALYSIS.....	25
Principle of justice.....	26
Principle of Beneficence.....	26
Principle of autonomy.....	27
CONCLUSIONS.....	29
SITOGRAPHY OF THE REPUBLIC OF SAN MARINO.....	31
INTERNATIONAL SITOGRAPHY.....	32
BIBLIOGRAPHY.....	33
APPENDICES: THE IMPACT OF THE PANDEMIC ON THE VARIOUS SECTORS IN THE REPUBLIC OF SAN MARINO.....	39
Appendix 1: PERSONS WITH DISABILITIES BELONGING TO THE DISABILITY DSOU (Departmental Simple Operational Unit).....	39
Appendix 2: PERSONS WITH DISABILITIES BELONGING TO THE MINORS’ SERVICE COU (Complex Operational Unit).....	41
Appendix 3: STUDENTS ENROLLED PER SCHOOL YEAR AT EACH SCHOOL LEVEL.....	44
Appendix 4: SITUATION IN THE PAEDIATRICS UNIT.....	46
Appendix 5: REFERENCE LEGISLATION OF THE REPUBLIC OF SAN MARINO IN RELATION TO SCHOOL INCLUSIVENESS.....	50
Appendix 6: LEGISLATION ISSUED DURING THE SCHOOL PANDEMIC AND WITH SPECIFIC REFERENCES TO PUPILS WITH DISABILITIES.....	51
Appendix 7: THE SITUATION IN THE REPUBLIC OF SAN MARINO REGARDING CIVIL OFFENCES IN THE PRE- AND POST-PANDEMIC PERIOD.....	52

Appendix 8: THE SITUATION IN THE REPUBLIC OF SAN MARINO REGARDING CRIMINAL OFFENCES IN THE PRE- AND POST-PANDEMIC PERIOD 60

Appendix 9: THE SITUATION REGARDING PETS IN THE REPUBLIC OF SAN MARINO 65

PRESENTATION

The SARS-CoV-2 pandemic represented an epochal divide, both because of the virulence which claimed millions of victims, and because of its global nature which made it unique in the history of medicine.

The San Marino Bioethics Committee (CSB) has devoted its efforts to dealing with this dramatic event since the very beginning, when, in March 2020, the Republic of San Marino had to face a demand for life support that exceeded available resources¹.

The opinion expressed at the time constituted the starting point and a global best practice for the protection of vulnerable persons or persons made vulnerable in emergency situations². Right from the start, the CSB sensed how the virus was radically pervasive not only for human health, but also in other areas, such as animal health, social coexistence and, in particular, human rights. The CSB has reflected on each of these aspects through documents and opinions³, as if to accompany the citizens and institutions of the small, but oldest, Republic through the most difficult time in its history.

Once the emergency was over, the CSB considered it necessary to continue its work of observation of the situation, exposing further social and cultural phenomena that were progressively revealing themselves as links in a chain whose end is still difficult to see.

Undoubtedly, the common thread that has firmly bound together the societies was a new mode of communication, which was all the more decisive in the choices of each citizen the more widespread and immediate its dissemination through social media. The profound and constant impact that has had what the WHO has called an “infodemic” through incorrect and misleading content has manifested itself in choices related to life and death, health and freedom for millions of people. The CSB has dedicated a special document to this topic⁴.

Starting from 2022, the CSB agreed to broaden its outlook on the indirect effects that the pandemic was causing in the most diverse areas of society. To this end, it considered it essential to work in synergy with the social forces and institutions of the Republic, the only ones able to provide an overview of the pandemic's impact on San Marino society, through experiences and data, which are included in the appendix to this document.

¹ San Marino Bioethics Committee, *Answer to the requested urgent opinion on ethical issues regarding to the use of invasive assisted ventilation in patients all age with serious disabilities in relation to COVID-19 pandemic*, 16 March 2020 (All CSB documents and opinions can be found at: <https://bioetica.sm/>).

² See the following documents: [UN Human Rights Office of the High Commissioner, COVID-19 and the rights of persons with disabilities: Guidance](#), 29 April 2020; [European Disability Forum \(EDF\), Open letter to the leaders at the EU and in EU countries: COVID-19 – Disability inclusive response](#), 13 March 2020; [Kobinet-nachrichten, Triage – Behinderung darf kein Kriterium bei Priorisierungs-Entscheidungen sein](#), 1 April 2024.

³ The above-mentioned opinion was followed by: *Answer to the requested opinion on ethical issues regarding animal management in relation to COVID-19 pandemic*, 25 March 2020; *Answer to the requested opinion on ethical issues regarding the “Share the solidarity mask” project*, 16 March 2020; *Vaccine coverage against SARS-CoV-2. The bioethical bases for a health pact*, 13 January 2021; *Humanisation of care and end-of-life support in the event of pandemics*, 12 May 2021.

⁴ San Marino Bioethics Committee, *Bioethics in the Transformation of Communication: Knowledge as Defence against “Fake News”*, 26 April 2023.

Therefore, the following bodies of the Republic of San Marino were consulted: the Gendarmerie Corps, the Civil Protection, the Fortress Guard Corps, the Civil Police Corps, the directors and members of the Multidisciplinary and intersectoral panel for the planning and coordination of health promotion and education interventions in schools, the Directorate of Health and Socio-Health Activities of the SSI (Social Security Institute), the Association of Psychologists, the San Marino Commission for the implementation of the UN Convention on the Rights of Persons with Disabilities, the Authority for Equal Opportunities, the Disability and Residential Care Unit of the SSI, the San Marino Association for the Protection of Animals, the Paediatrics Unit, the Mental Health Unit, the Territorial Home Service Unit, the Veterinary Health and Food Hygiene Unit, the Minors' Service, the Minors Protection Unit and the Directorate General of the University of the Republic of San Marino.

The active and enthusiastic participation of all the San Marino bodies invited was unprecedented for the operational procedures of the National Bioethics Committee which, for the first time, steps out of the ivory tower to which Bioethics has relegated itself and meets, listens and works in synergy with society. The drafting of the document took the time necessary to collect and process all the data that were gradually received, and also had to be interrupted due to the natural expiry of the CSB's term of office at the end of 2023 and works resumed in early 2024 with new colleagues. All of this has led to this document assuming a truly 'choral' nature, with the aim of interpreting and understanding the exceptional events that occurred so that, from the 'extraordinariness', we may not only draw the necessary lessons to mitigate the indirect effects still present in all the countries involved, but also implement in the post-emergency phases what is required by disaster medicine.

Indeed, the post-emergency phase is the most delicate and complex moment of an event since it requires a careful analysis of the elements that characterised the disaster: it is only on the basis of the resulting considerations that a correct and accurate planning and programming of future actions can be carried out. The latter will then characterise the pre-emergency phase in preparation for a possible future crisis situation through the training of all the stakeholders, prevention, planning and proper allocation of resources.

In particular, the exceptional nature of the pandemic experience must remind everyone, decision-makers and educators, of how profound and long-lasting the effects of drastic, albeit necessary, regulations can be in terms of respect for human rights and the maintenance of democratic coexistence. In this context, bioethics is called upon to act as a "sentinel" to protect fundamental principles, so as to prevent the twofold risk of "normalising" the exceptional by maintaining measures that, on the contrary, must be limited to the time of the extraordinary situation, and of erasing from individual and collective memory the exceptional nature of the event and its direct and indirect effects.

My personal hope and that of all my CSB colleagues is to have contributed, to the extent of our competences and in synergy with the San Marino bodies, to highlighting the most critical bioethical aspects precisely so that a proper and effective post-emergency phase can be implemented.

My thanks go to all the experts who took part in the meetings of the San Marino Bioethics Committee and provided valuable documents, to Dr. Roberto Ercolani, an external expert who was responsible for the psychological aspects, to Prof. Rosaria Gesuita, a member of the ESRB who was responsible for the interpretation of data, and to the colleagues who made it possible to draft this

text, including Prof. Adriano Tagliabracci and Dr. Susanna Guttmann, members of the CSB during the previous term of office, but above all to Dr. Roberto Garofalo, who enthusiastically worked on the first draft of the text, sparing no time or energy, and always showed full respect for the collegiality that characterised the work until its natural end.

This document was approved at the meeting of 18 July 2024, by unanimous vote of those present: Borgia, Cantelli Forti, Carinci, Gaudio, Garofalo, Griffò, Hrelia, Santori, Selva, Strollo. Iwanejko, Raschi, Stefanelli were absent from the meeting and sent their approval.

CSB President
Luisa M. Borgia

INTRODUCTION

The Covid-19 pandemic is considered a historic event of epochal proportions, which radically changed the way we live and think. It has had a profound global impact on all aspects of social, economic, political and cultural life. It has been declared as a global health emergency by the World Health Organisation from 30 January 2020 to 5 May 2023, but the outcomes and related consequences will be felt for a long time and will require critical reflection and accountability to address future challenges in a collective and coordinated manner.

In epidemiological terms, the most immediate analysis concerned the direct effects of the virus' pathogenic action. In the countries where the pandemic impact was most evident, the public health scenario abruptly and profoundly changed, especially at the beginning of the emergency, with conditions that were as extensive as they were unexpected. As is well known, the significant increase in mortality and morbidity, even before it was recorded in the epidemiological registers, made the headlines and for many months was the focus of the entire media coverage. Any complications attributable or related, in ways that are still difficult to predict today, to the clinical after-effects of the infection will be studied for a long time to come.

The figure relating to the 'indirect' effects of the pandemic on public health may appear less obvious and probably more complex to analyse, although significant. It is not easy to provide a complete and all-encompassing description of the latter, since the effects of the event have been felt in many areas and not only in the health sector, involving various aspects of civil society - from the economic to the productive side, from social transformations to cultural conditioning - with a "domino-like" effect whose boundaries do not appear to be easy to define from an inter-relational point of view, due to their intrinsic nature.

With this document, the CSB intends to offer its contribution to the public debate that has arisen - and is constantly developing - since the beginning of the pandemic emergency. To this end, reference will be made to some of the most significant analytical data available. At the end, a bioethical interpretation of the multiple scenarios that the pandemic has brought about will be provided, with a view to proposing some possible solutions or reflections on the issue concerning, for example, the measures to be taken to mitigate the indirect effects of the pandemic and to protect people's rights and well-being.

PANDEMICS: UNAVOIDABLE BUT PREDICTABLE EVENTS

Historical background: current evidence

It is now well established that pandemic events caused by many different pathogens occur over time and are thus predictable. It is enough to recall that, over the last few centuries, a series of epidemic/pandemic events of biblical proportions have occurred - on an almost regular basis - claiming millions of lives throughout Europe. In particular the most recent ones were the smallpox (18th century), cholera (19th century), Spanish flu (1918) and, finally, the Covid-19 pandemic, which has so far claimed almost 7 million lives. The coronavirus responsible for the latter had, however, sent out warning signs that should have alarmed the health authorities: the SARS (Severe Acute Respiratory Syndrome), which, according to data from the Italian Istituto Superiore di Sanità as of June 2003, had caused 801 confirmed deaths worldwide, is indeed an infection caused by a Coronavirus (Sars-Cov) like the MERS (Middle East Respiratory Syndrome), which appeared in 2012, was caused by another Coronavirus (Mers-Cov), and until 2018 had claimed more than 800 lives in 27 different countries, predominantly in Saudi Arabia.

Although the WHO had urged countries to prepare anti-pandemic plans, the public measures adopted were still inspired by traditional methods of containment (physical distancing, lockdowns and restrictions on the use of services, protection measures with little respect for human rights and established social practices), even leading to forms of public de-humanisation⁵.

The burden of managing the effects of the pandemic has been unloaded entirely and rapidly on the health facilities and the staff working there who, due to the scarcity of healthcare resources in the face of the high number of requests and the absence of specific drugs to treat the infection, have had to make choices capable of saving the lives of many patients without, however, being able to avoid the death of others. Many cases have been brought to the attention of the judiciary by the families of deceased people who have reported specific situations of alleged professional and organizational responsibility of health personnel, complaining above all of the lack of hospitalisation, untimely discharge, lack of intra- and extra-hospital care, late diagnosis, inadequacy of therapy, and the absence of adequate protection. All of the above is largely in line with reality but, de facto, has materialised in the particular context of the pandemic. Unfortunately, in this context, the criminal and civil consequences of the general unpreparedness for the pandemic have resulted in allegations of liability for individual episodes of alleged malpractice against directors, doctors and nurses who have been served notices for injuries or manslaughter. Moreover, many healthcare facilities have received requests for compensation, while those who have planned and managed healthcare over the years without taking into account the emergency threat, including on a pandemic and infection basis, have been charged with little or nothing.

⁵ With regard to the numerous forms of de-humanisation that occurred during the pandemic, please refer to the San Marino Bioethics Committee's document "*Humanisation of care and end-of-life support in the event of pandemics*" (12 May 2021).

The burden of liability

Given that a pandemic event of viral origin is biologically certain to occur, even if its period, scale and severity cannot be predicted, the question arises as to whether political and health authorities can be held liable (under criminal and/or civil law) for the deaths of thousands of people attributable to the failure to take or inadequate implementation of measures to contain the phenomenon and its consequences. In other words, shouldn't the health authorities make a specific commitment with regard to notoriously recurring events in order to limit the foreseeable damage through the preparation of appropriate intervention programmes in terms of organisational structure, availability of drugs, medical supplies and equipment of various kinds? Furthermore, shouldn't failure to do so entail consequences in terms of criminal and civil liability, as well as political and moral responsibility? Obviously, it is not logical to expect healthcare planning and management to be carried out by freezing resources for events that can only be predicted in a generic and undatable manner, but it is not acceptable to be completely unprepared to prevent already known consequences without having acquired even a minimum of personal protective equipment.

When examining the facts, the responsibility for the absence of or failure to update a pandemic plan is spread out over the years with the continuous succession of health care governing figures, making it uncertain - if not impossible - to attribute the specific charges that constitute the indispensable prerequisite of personal liability on which the entire criminal justice system is based.

With regard to San Marino and other States, including Italy, the articles of the Criminal Code concerning epidemics are based on the principle outlined above and contain specific provisions that only punish the intentional or negligent spread of pathogenic germs responsible for an epidemic and are essentially intended for persons who, aware of having tested positive to the Sars-Cov2, do not comply with quarantine and isolation rules and knowingly spread the disease. Therefore, the legislation is aimed at punishing unlawful activities other than negligence⁶ resulting from inaction or indifference on the part of the health authorities with regard to events that are underestimated in terms of their real danger.

Liability for negligent, naive and reckless conduct, which may also include actions or omissions causing the contagion of other persons, is also indicated in specific transitional provisions regarding offences - punishable on the basis of wilful intent or negligence issued to combat the epidemic⁷ - and referred to in other provisions of the criminal code concerning intentional personal injury and manslaughter resulting from the transmission of infection.

The charges against members of the medical personnel relate precisely to the latter offence - intentional personal injury and manslaughter⁸ - as if, by their conduct, they had caused, or more

⁶ Law no. 17 of 25 February 1974; Enactment of the new San Marino Criminal Code, Art. 236, "Epidemic and Slaughter": «Anyone who commits an act intended to cause an epidemic, a slaughter or otherwise the killing of more people, shall be punished with sixth-degree imprisonment» (in subsequent quotations it will be referred to as the Criminal Code).

⁷ The Italian State has issued several Legislative Decrees (23/2/2020, no. 6; 25/3/2020, no. 19) intended for infected persons to prevent the spread of the contagion.

⁸ Law no. 17 of 25 February 1974; New San Marino Criminal Code: Art. 163 and Art. 164

often failed to prevent, personal injury or death of patients, without taking into account the particular context of mass contagion and lack of specific treatment.

With regard to the healthcare top executives, for example, we would like to mention the trial against the Italian ministers Conte and Speranza, who were investigated for not having extended the 'red zone' to other municipalities in the Bergamo area thus causing further contagions and deaths, which was dismissed on the following grounds: «the offence of negligent epidemic in the form of an omission cannot be established since the provision in question only covers the conduct of a person who intentionally or by mistake spreads pathogenic germs and therefore liability for failure to prevent an event that one had a legal obligation to prevent is incompatible with the legal nature of the offence of epidemic».

As it can be seen, the legal framework of criminal liability attributes the consequences of pandemic events to facilities and professionals working in the field, as well as to individuals who transmit the contagion through violation of the rules of distancing, isolation and quarantine.

A change in legislation that could provide for the involvement of healthcare top executives in the liability could be a stimulus for the implementation of programmes and intervention plans aimed at combating and mitigating, even if not completely avoiding, the consequences of future pandemic events that still need to be taken into serious consideration.

BETWEEN CLINICS AND EPIDEMIOLOGY: DIRECT AND INDIRECT EFFECTS

Disorientation in the face of the unexpected

For a careful and correct clinical/epidemiological analysis of the pandemic event, it is necessary to mention what occurred at the beginning of the spread of the disease. The shift of interest, and with it, of human and economic resources, solely towards the strictly clinical effects of the infection was evident. The dramatic timeliness of the event has captured almost all attention; as a result, many hospitalisation facilities have been converted very rapidly into specialised infectious diseases departments, while a considerable part of the intensive and semi-intensive care units has been almost entirely devoted to accommodate the most serious Covid-19 clinical cases.

This led to the use of the same rooms for purposes other than ordinary ones, which, although hitherto justifiably considered indispensable, were suddenly relegated to a dangerously secondary role. Moreover, the difficulties in treating acute and chronic non-Covid ailments caused by the forced shortage of human resources were combined with the inhibition of access to the care facilities, because of the threat of contagion and the problematic implementation of isolation measures.

By way of example, screening programmes for the prevention of certain oncological diseases (e.g. breast, colon, prostate cancer) have been sharply scaled down since early 2020. The after-effect of this choice was an increase in prevalence and incidence curves per disease and a significant increase in mortality.

The data on non-oncological diseases, especially those with a chronic-evolutionary trend, have also been subject to a downscaling with regard to the stages of diagnosis and treatment; at the same time, there has been a significant increase in data on aggravation, with greater recourse to outpatient and home care services, as well as in data on mortality⁹.

The discontinuation of daytime rehabilitation activities also imposed heavy burdens in terms of care for the families of particular groups of persons, including persons with disabilities, who were abruptly deprived of essential services and adequate home alternatives.

“Long-Covid”

To explain what has just been reported, it would be useful to analyse some important data with reference to a specific and unprecedented clinical condition. Since the first recoveries from the acute phase, many patients complained about the persistence of certain symptoms that did not allow a complete *restitutio ad integrum*. This led to the use of the term ‘Long Covid’, a clinical syndrome that affected a large proportion of patients, characterised by the persistence or appearance of specific signs and symptoms after four weeks related to the SARS-CoV-2 infection. This is the first disease to be defined by patients themselves through social networks such as Twitter and Facebook.

⁹ https://www.treccani.it/magazine/atlante/societa/effetti_pandemia.html

Numerous studies have been conducted on the long-term effects of the SARS-CoV-2 infection, but further research will be needed to understand the causes that put certain individuals at greater risk in this regard and to identify the most dangerous situations of infection¹⁰.

¹⁰ From March 2020 to June 2021, during the Covid-19 pandemic, San Marino participated in a major study sponsored by the Bicocca University of Milan and the Italian Society of Neurology (SIN) entitled "*Incidence and Long-term Functional Outcome of Neurologic Disorders in Hospitalized Patients With COVID-19 Infected With Pre-Omicron Variants*". Currently published in the prestigious journal *Neurology* (Neuro-COVID Italy. *Incidence and Long-term Functional Outcome of Neurologic Disorders in Hospitalized Patients With COVID-19 Infected With Pre-Omicron Variants*. *Neurology*. 2023 Aug 29; 101(9):e892-e903. doi: 10.1212/WNL.0000000000207534. Epub 2023 Jul 6.), the NEUROCOVID study - a multicenter, observational, cohort study with ambispective recruitment and prospective follow-up - to which San Marino made a relevant contribution as the first recruiting centre for outpatients and third centre for hospitalised patients- stemmed from the early observation of various neurological disorders or complications in numerous Covid-19 patients and aimed to determine the dynamics of their incidence and long-term functional outcome. It only included hospitalised patients who, having been selected and actively recruited by neurological specialists in 38 centres in Italy and the Republic of San Marino, were consecutively hospitalised due the occurrence of new neurological disorders associated with Covid-19 infection (neuro-Covid), independently of respiratory severity. The primary outcomes of the study were the incidence of neuro-Covid cases during the first 70 weeks of the pandemic (March 2020-June 2021) and long-term functional outcome at 6 months, categorised as complete recovery, mild symptoms, disabling symptoms or death. Among 52,759 hospitalised patients with COVID-19, 1,865 patients presenting 2,881 new neurologic disorders associated with COVID-19 infection (neuro-COVID) were recruited. The incidence significantly declined over time, comparing the first 3 pandemic waves (8.4%, 95% CI 7.9-8.9; 5.0%, 95% CI 4.7-5.3; 3.3%, 95% CI 3.0-3.6, respectively; $p = 0.027$). The most frequent neurologic disorders were acute encephalopathy (25.2%), hyposmia-hypogeusia (20.2%), acute ischemic stroke (18.4%), and cognitive impairment (13.7%). The onset of neurological disorders was more common in the prodromic phase (44.3%) or during the acute respiratory illness (40.9%), except for cognitive impairment whose onset prevailed during recovery (48.4%). A good functional outcome was achieved by most patients with neuro-COVID (64.6%) during follow-up (median 6.7 months), and the proportion of good outcome increased throughout the entire study period ($r = 0.29$, 95% CI 0.05-0.50; $p = 0.019$). Mild residual symptoms were frequently reported (28.1%) while disabling symptoms were common only in stroke survivors (47.6%). The study thus showed that the incidence of Covid-19-associated neurological disorders decreased during the pre-pandemic phase with long-term functional outcome in the majority of cases, although mild symptoms - characterised mainly by cognitive impairment - commonly persisted beyond 6 months after infection. However, extensive studies show that, between 6 and 18 months after infection, 1 in 20 people had not fully recovered and 2 in 5 had only slightly improved. The persistence of symptoms after Covid-19 ranges from 32.6% to 87% of hospitalised patients (Premraj L, Kannapadi NV, Briggs J, Seal SM, Battaglini D, Fanning J, Cho SM. *Mid and long-term neurological and neuropsychiatric manifestations of post-COVID-19 syndrome: A meta-analysis*. *Journal of the Neurological Sciences*. 2022;434:120162. doi: 10.1016/j.jns.2022.120162). In Wuhan, China, 76% of infected patients still had problems with at least one symptom 6 months after discharge (Huang C, Huang L, Wang Y, Li X, Ren L, Gu X, et al. *6-month consequences of COVID-19 in patients discharged from hospital: a cohort study*. *Lancet*. 2021. January 16;397(10270):220–32). The widespread occurrence of such disorders cannot be explained solely on the basis of the great emotional stress and major global socio-economic changes resulting from the pandemic. Pell and his colleagues conducted a study on Long Covid in Scotland, called Long-CISS (COVID in Scotland Study) on 33,281 laboratory-confirmed Covid-19 infected persons and 62,957 persons who were never infected and answered questionnaires at 6, 12 and 18 months during the pandemic. Among the 31,486 participants with symptomatic infections, 1,856 (6%) had not recovered after 6 months and another 13,350 (42%) had only partially recovered. Persons previously hospitalised for Covid-19, those already suffering from mental and physical illnesses - such as depression and respiratory diseases - women, the elderly and those living in economically disadvantaged areas were at higher risk of Long Covid (Asadi-Pooya A, Akbari A, Emami A, Lotfi M, et al, *Long COVID syndrome-associated brain fog*, <https://doi.org/10.1002/jmv.27404> *J Med Virol*. 2022;94:979–984). The syndrome appears to be independent of the severity of the acute illness, may also occur in many non-hospitalised patients with a history of paucisymptomatic Covid-19, and may encompass various symptoms, including muscle weakness,

Indirect effects in paediatrics

The impairment of children's and adolescents' mental health and emotional well-being due to social isolation, school closures and fear of contagion was one of the most dramatically evident and significant elements of the pandemic.

As already stated, the global impact of the SARS-CoV-2 pandemic on public health has been devastating: the World Health Organisation (WHO) reports that the mental health and psychophysical well-being of entire societies has been severely affected and is one of the most urgent priorities to be addressed. Indeed, children and adolescents, especially the most vulnerable, although not significantly involved in the battle against the virus, have suffered - and continue to suffer - more or less indirectly serious repercussions at different levels, from the emotional to the educational level, from the physical to the psychological. Children were involved according to the specific need of the moment, such as the introduction of distance learning or involvement in the vaccination protocol.

Restrictive measures to contain Covid-19 have undeniably created abnormal and unexpected conditions for development, very often exacerbated by an insufficient awareness of indirect effects on the part of the relevant institutions.

Society was suddenly transformed; the natural 'drive' of life, which during the developmental phase manifests itself in the processes of learning, socialisation, the search for autonomy and new experiences, the building of meaningful relationships outside one's family, the pursuit of plans for

persistent fever, lymphadenopathy, hair loss, arthralgia, dyspnoea, coughing, palpitations, chest pain, anxiety, depression and post-traumatic stress disorder (Couzin-Frankel J. *The long haul*. *Science*. 2020;369(6504):614–617. doi: 10.1126/science.369.6504.614), with the predominant role of chronic neurological consequences that can be classified into four categories: (i) cognitive, mood and sleep disorders; (ii) dysautonomia; (iii) atypical pain syndrome; (iv) severe reduction in exercise tolerance and fatigue (Balcom EF, Nath A, Power C, *Acute and chronic neurological disorders in COVID-19: potential mechanisms of disease*, *Brain*. 2021;144(12):3576–3588, <https://doi.org/10.1093/brain/awab302>). As the NEUROCOVID study and many other scientific studies have shown, the cognitive disorders mainly described as "BRAIN FOG SYNDROME" were found to be the most lasting and often disabling in terms of regaining one's integrity. The causes of the Brain Fog Syndrome are not yet known. Several hypotheses still exist, and the most widely accepted is that impaired brain functions result from local inflammation linked to several factors, including the penetration of the virus into the brain and the production of inflammatory cytokines and oxidative-stress derivatives (powerful drivers of inflammation). A bi-directional communication exists between the cells of the immune system and the nervous system to control inflammation. Indeed, immune cells have receptors for acetylcholine (ACh), a neurotransmitter released by the efferent vagus nerve and involved in both higher cognitive function circuits and the control of inflammation that interacts with the $\alpha 7$ nicotinic receptor expressed on macrophages and inhibits the release of pro-inflammatory cytokines by the same cells. From a neurophysiological point of view, the activity of the anti-inflammatory cholinergic reflex can be measured by calculating the Heart Rate Variability (HRV), which, indeed, has shown a strong inverse correlation with inflammatory markers. Based on these observations, in a double-blind randomised controlled scientific study conducted in collaboration with the University of Chieti, the team of the Neurology Department of the San Marino Hospital investigated cholinergic activity in patients suffering from Brain Fog Syndrome before and after treatment with choline alfoscerate, a pro-cholinergic supplement with an excellent tolerability and effective for cognitive deficits of various kinds. The outcomes of the study, although not yet available, may offer an interesting contribution in identifying the treatment of this syndrome.

the future and, last but not least, the construction of one's bodily identity, encountered a sudden and tremendous obstacle during the pandemic period¹¹.

Deprived of their recreational and sporting spaces, young people have been greatly affected by the change in their habits and routines: the resulting disorientation of young people has been largely underestimated, and sometimes not even recognised, at all levels. The existential crisis generated by the isolation of lockdown was added to the already complex framework of youth distress, which for more than a decade has been affected by multiple and problematic implications related to the IT and media world.

Children and school

The lockdown measures, although necessary to prevent and limit the spread of Covid-19, have profoundly affected children and adolescents, especially with regard to relationships, sociality, and the need to engage with each other in order to learn and grow. As repeatedly emphasised by experts in the field, the disruption of life habits, isolation, the impossibility of frequenting spaces and places of aggregation, the fear of illness for oneself and one's loved ones, and the sense of uncertainty about the future have had strong repercussions on the mental health of young people. The sum of such complex factors inevitably affected the quality of life of children and young people, with greater difficulties to concentrate and an increase in sleep disorders in younger children, while among adolescents an increased prevalence of depressive symptoms, including mood swings, anxiety and self-harm, were observed. The need to alleviate the burden of so many restrictions has also contributed to the rise of some behavioural addictions, particularly those to video games and social media. Social media platforms on which young people and adults alike spend up to several hours a day are now perceived as a natural surrogate for face-to-face relationships.

During the period when schools were closed, distance learning allowed girls and boys to continue to meet regularly with their teachers and peers, thus preserving the bond between them and their sense of belonging to a group. Teachers of all school levels quickly prepared themselves to design a teaching method that had never been used before, adapting project and curricular content to the new requirements. Indeed, giving 'lessons' through technology has inevitably eliminated the teacher-student interaction, and important elements that enliven the face-to-face lesson and play a significant role in the learning process, in listening and understanding content, such as human contact and direct communication, have been missing for pupils.

During the closure of schools due to the pandemic, which represented a tough challenge¹² for many children, distance learning proved to be particularly challenging for students with disabilities.

¹¹ For a detailed description of the impact of the SARS-CoV-2 infection on the health of children in paediatric wards in the Republic of San Marino, please see **Appendix 4**. An extensive description of the indirect effects of the pandemic on children and adolescents can be found on the website of the Italian Society of Paediatrics, in particular at: <https://sip.it/2020/11/26/COVID-gli-effetti-indiretti-sui-bambini-salta-prevenzione-aumentano-diseguaglianze-e-disagi-psicologici-a-rischio-i-diritti/>. See also: <https://ilpediatraonline.it/gli-effetti-indiretti-della-pandemia-sui-bambini-e-adolescenti/>

¹² See the specific sections of Human Rights Watch for a more in-depth analysis of this issue: <https://www.hrw.org/video-photos/interactive/2021/05/17/it-feels-maybe-i-wont-ever-go-school-again>;

Sociality with adults and classmates is a central aspect of the integration process and the Covid-19 emergency has undeniably been a huge obstacle for inclusion. Indeed, social distancing is certainly detrimental to students with disabilities: they benefit from face-to-face lessons and school routine and require the exact opposite of social distancing, namely a strong and dense network of people ready to support multiple and complex needs that are essential requirements and must not be neglected in times of crisis, when continuity is even more necessary.

School in the Republic of San Marino;

In the Republic of San Marino, during the lockdown months, the school and learning-support teachers took immediate action by first maintaining constant contact with the disabled pupils and their families. With the support of their colleagues in the Class Council, they prepared individualised and customised activities that were regularly sent to families and/or directly to pupils mainly via the electronic register but, when necessary, also via other digital tools. The Directors also asked families to report any difficulties they encountered in accessing distance learning in order to develop tools to cooperate with associations and companies in the technology-digital sector. Finally, the school also made itself available to provide technological equipment on loan to families who did not have it.

Despite the strategies implemented and the goodwill of all, losing the daily routine offered by the school added significant difficulties for students with disabilities sensitive to change, such as students with autism spectrum disorder, for whom distance learning and physical distancing have made both the development of relationships with peers and learning-support teachers much more difficult. In addition, for some pupils with disabilities, distance learning was impossible for a number of reasons such as, for example, the severity of their pathology, the difficulty on the part of the pupil and his/her family members in implementing distance learning, or the lack of appropriate technological tools.

What has just been described represents an obstacle that is not easy to overcome and a challenge to which the Ministry of Education and Culture and the School reacted by arranging, pursuant to Article 10 of Decree Law no. 68/2020, the implementation of educational interventions aimed specifically at pupils with disabilities who, since then, have been able to return to the classroom with the support of the inclusion teacher¹³.

The interventions were implemented in schools and, where possible, outdoor spaces were also used. The school environment, after all, is a space known to the pupil and identified as a place where educational actions are carried out and all the equipment and materials used in the usual educational activities are present. Interventions were carried out in the morning or afternoon, taking into account the most appropriate times for learning and the special needs of families. The duration was no longer than 2.5 hours so as to also foster moments of school inclusion with participation, when possible, in video conferences with the class or a group of pupils, in which the work done during individualised lessons could be presented. Educational activities were resumed

<https://www.hrw.org/report/2021/05/17/years-dont-wait-them/increased-inequalities-childrens-right-education-due-COVID>

¹³ The numerous and detailed regulatory interventions in this area are presented in **Appendices 5 and 6**.

gradually, without excessive requests, in order to continue to carry out educational activities in which the one-to-one relationship in everyday school life did not exceed the usual timeframe. Measures to ensure safety and an appropriate protocol for the personal hygiene of non-autonomous pupils have been identified by the Ministry of Health.

Naturally, face-to-face education for pupils with disabilities was not to be considered automatic or compulsory: each family was given the chance to take advantage of this opportunity or not, and each school was asked to assess individual cases and meet specific educational needs, without prejudice to compliance with fundamental safety measures to protect the right to health.¹⁴

¹⁴ At the end of May 2020, 39 students returned to school: 9 in lower secondary school, 11 in primary school and 18 in nursery and kindergarten. The following guidelines were adopted for pupils with disabilities who returned to face-to-face education at the end of May 2020: "*Guidelines for the implementation of educational interventions*" referred to in Article 10 of Delegated Decree no. 68/2020: «Educational interventions shall be implemented in schools usually attended by pupils with disabilities. They shall be carried out by the learning-support teachers or other class/section/school teachers on a one-to-one basis. The educational proposals will be aimed at achieving the objectives set out in the IEP (Individualised Educational Plan) and at encouraging the pupil's participation in certain distance learning activities planned for the entire class group. The spaces used shall be well-defined, some shared with other pupils (reception room, computer lab, outdoor spaces where it will be possible to carry out recreational and educational activities), while others shall be used by the individual pupil (classroom, toilet)».

- Before the pupil's arrival:

«The cleaning and sanitising of the premises, equipment, teaching and recreational material, workstations, paying particular attention to handles, doors, light switches, taps, toilets, keyboards and desks, shall be carried out before the arrival of pupils. Suitable material containing 0.5% sodium hypochlorite or ethyl alcohol 60 or 805 or other authorised virucidal products shall be used for cleaning and sanitising, following the manufacturer's instructions for use. Rooms shall be ventilated before the arrival of pupils and at least every hour while they are present. Upon entering the school, teachers and non-teaching staff shall sanitise their hands and measure their body temperature. Non-teaching staff shall wear a surgical mask and gloves; teachers, on the other hand, shall wear a covering FFP2 mask and a transparent visor. In order to allow for proper communication, not only verbal, only the visor may be used. Teachers shall also be provided with gloves, which can be used in cases of necessity, e.g. hygiene, close contact».

- Arrival of the pupil at school:

«In schools where teaching activities for several pupils are planned, arrival times may be staggered by at least 5/10 minutes, if deemed necessary. Children shall be accompanied by only one family member, who shall wear a surgical mask and gloves. Both shall sanitise their hands, using the gel available at the entrance. The teacher or janitor shall measure the child's body temperature by means of the thermal scanner and ask the family member about the child's health conditions (cough, cold...) and any contact with people at risk. At the beginning of the week, the family member shall hand in the appropriately filled in Self Certification Form (Annex A). On the following days, a verbal confirmation to the teacher that the conditions have not changed shall be sufficient. Pupils with disabilities shall not be required to use a mask, but appropriate use of sanitising gel on the hands and, when appropriate, cleansing of the face shall be carried out. If there are no particular problems, the pupil shall be accompanied by the teaching staff to the dedicated spaces».

- Working environments:

«The following materials shall be present in all environments: disposable tissues, sanitising gel, gloves, disposable plastic cups. Tissues and wipes used in the event of coughing and sneezing shall be removed from working environments as soon as possible. Waste shall be disposed of at least once a day. The premises shall be ventilated at least every hour».

- Toilets:

«Each pupil shall have a personal toilet. The non-teaching staff shall be responsible for cleaning the bathroom fixtures after each use».

- General hygiene and cleaning principles:

The return to school in September 2020 for all students took place with the fundamental intention of protecting the guaranteed right to education, together with that of trying to restore as much as possible a daily routine in which educational activity had to continue to find space and time.

The return of the teaching and non-teaching staff, and more generally of San Marino society, was characterised by more serene conditions, despite the fact that numerous precautions and, therefore, restrictions were maintained¹⁵.

During the 2020-2021 school year, the San Marino school has managed to maintain almost all of its educational activities in presence, guaranteeing continuity for the Republic's students and using all possible strategies to make the atmosphere within the school as serene as possible. On some occasions, distance learning had to be reintroduced, but pupils with disabilities were still able to attend classes in presence.

Unfortunately, the adverse effects of the pandemic on school learning but, above all, on the social and psychological well-being of young people became immediately evident. Therefore, the Ministry of Education, in close synergy with the Department of Education and the School, always taking into account the different ages of children, has taken action on several fronts to combat youth distress and to educate them in the appropriate and conscious use of the media: refresher courses for teachers have been proposed, and since September 2020, counselling spaces have been set up for students of the Lower Secondary School, the Vocational Training Centre and the Upper Secondary School¹⁶.

Moreover, in cooperation with the Department of Human Sciences of the University of San Marino, the Ministry of Education has promoted a number of specific projects that use creative languages, particularly theatre, music, yoga, and contemporary circus activities to facilitate the processing and

«Given that contagion occurs through droplets (droplets of saliva released by coughing, sneezing or talking or through contact (touching, hugging, shaking hands or even touching the mouth, nose and eyes with previously contaminated hands), the prevention measures to be applied shall be the following:

- washing hands at least once an hour and not in a hurried manner (30 seconds);
- do not cough or sneeze without protection;
- maintain a physical distance of at least one metre from other people;
- do not touch the face with the hands.

It shall be the responsibility of parents and teachers to help the pupil observe these rules of behaviour, also in view of the reopening of the school and his or her full integration into the class group».

- Exit of the child from school

«The exit shall also be orderly to avoid gatherings. The family member shall wait for the pupil in the reception room, wearing a mask and gloves and observing safety regulations, and upon leaving, the pupil's body temperature shall be measured again».

- Information/training

«Teachers and non-teaching staff shall be informed in advance on the correct use of equipment to avoid infection and on COVID-19 prevention».

¹⁵ Teaching methods and strategies that mainly resorted to social distancing, the use of masks, the almost total reduction of moments of gathering within the schools, and the strict separation of children's and students' classes and between the kindergarten and nursery classes were still inevitably used.

¹⁶ The activity involved four psychologists from the Minors' Service with the presence of a psychologist one morning a week for 4-5 hours. The counselling space was intended for students, teachers and the families, and proved to be a useful means and made it possible to identify a part of youth distress that would otherwise have remained unaddressed. The youngest children, in primary schools, kindergartens and nurseries, despite not having a dedicated counselling space, were able to benefit from the support and help of educationalists and experts.

awareness of emotions and experiences resulting from so many months of health emergency and restrictive measures. The intention was to create, together with the young people and children, new opportunities for socialising and to detect at the earliest possible stage the distress issues that still exist today and continue to grow.

The increase in social injustice

The terrible impact of the virus in everyone's life has inevitably gone beyond the scope of pathology and the clinical sphere and into the social sphere, affecting and scarring the latter in a clear way. Indeed, there has been a considerable increase in social and economic inequalities between different geographic areas and between different income and education brackets. Such inequalities were all the more evident when there were greater prior differences and a stronger need to comply with the scientific information provided, especially at the start of the vaccination campaign¹⁷.

Another element of considerable importance that has decisively shaped the appearance of civilised societies has been the decline in births and marriages, due to the postponement or abandonment of life plans because of uncertainty and the economic crisis. In particular, the decrease of the birth rate showed a strong acceleration compared to the trend already recorded in previous years, especially in Western societies. These forms of crisis are also to be seen as an indirect consequence of the pandemic: a response to the condition of social suffering that has been generated, a manifest crisis of planning, the obvious anxiety about possible future life projects.

From a *welfare* of protection to a *welfare* of inclusion: the consequences for persons with disabilities

There was a considerable impact on 'vulnerable' people, i.e. those who face systemic exclusion and discrimination on the basis of age, disability, ethnicity, income level, religion or belief, gender identity, sexual orientation and migration status, as well as on those affected by conflicts, stateless persons, people in prison, people in poor health (e.g. suffering from mental illness) or environmental conditions (e.g. exposed to environmental degradation, air pollution and various risk conditions). For their benefit, at national and international level, the exercise of solidarity implies the need to cooperate and share the suffering and difficulties of others by supporting the most vulnerable and disadvantaged.

SARS-CoV-2 had strongly negative effects on persons with disabilities and their families. The European Commissioner for Equality, Helena Dalli, spoke of a disproportionate amount of problems compared to other citizens: the pandemic plans did not provide for specific and adequate measures for this segment of the population, such as the aforementioned denial of rehabilitation and care interventions in separate and special places in the absence of effective home-based alternatives. The long-stay system did not protect people hospitalised in care homes, to the extent that the WHO Regional Director for Europe, Hans Henri P. Kluge, reported that in the first months of the pandemic

¹⁷ *Two years of COVID. Not just a health crisis but a global one, which mainly affects the weakest:* https://www.quotidianosanita.it/studi-e-analisi/articolo.php?articolo_id=101064

«half of the deaths from coronavirus occurred in such care homes». In Italy, in the first three months of the pandemic, 41.2 per cent of those admitted to care homes for the elderly died from Covid-19.

In February 2020, 15 days after the Italian Government declared a coronavirus epidemic, the SIAARTI (Italian Society of Anaesthesia, Analgesia, Resuscitation and Intensive Care) issued its Recommendations on how to act in a pandemic emergency situation with limited instrumental and logistical resources. In order to 'maximise the benefits for the greatest number of people' it was proposed not to include in the healthcare triage the elderly (based on probability of survival, and life expectancy) and persons with disabilities (based on severe comorbidities, functional status, disability). Unfortunately, this discriminatory approach was adopted in some European countries and in some US states (the latter have not ratified the UN Convention on the Rights of Persons with Disabilities - CRPD)¹⁸. The Department of Quebec in Canada has also issued similar guidelines.

Therefore, the SARS-CoV-2 pandemic has dramatically highlighted the difficulty in protecting persons with disabilities and guaranteeing them equal opportunities and non-discrimination in emergency situations. Hence the need to shift from a welfare based on protection to a welfare based on inclusion, as indicated in the report of the Economic and Social Committee set up by the Italian government chaired by Antonio Conte and coordinated by Vittorio Colao.

Gender-based violence

Gender-based violence¹⁹ is a social phenomenon with a structural nature and deep cultural roots, which still characterises relations between people in all countries around the world. It is an elusive phenomenon of which we can only glimpse a distant surface and of which we sometimes perceive only a blurred image: with clear evidence, the WHO confirms that gender inequalities are widespread in all societies in terms of power, resources, rights, standards and values and that the resulting social organisations are structured in ways that usually harm the health of girls and women²⁰. Normally, gender-based violence refers to violence against women not because the presence - albeit limited - of violence against men is ignored, but because the former represents a statistically preponderant and transversal phenomenon that transcends all local, historical, cultural, religious and age differences. Indeed, the figures and the news suggest that the phenomenon of violence (understood in its broadest sense) is growing, with sometimes disconcerting and obvious

¹⁸ United Nations General Assembly [Convention on the Rights of Persons with Disabilities](#) (2006). The Republic of San Marino ratified it in 2008 (Parliamentary Decree no. 19 of 4 February 2008) and recognises it as an integral part of the San Marino Legal System.

¹⁹ Gender-based violence means any act of violence (not only physical) based on gender that results in, or is likely to result in, physical, sexual or psychological harm or suffering for victims, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. The term "gender-based violence against women" indicates any "violence directed against a woman as such, or which disproportionately affects women". The term "violence against women" is also used as an umbrella concept, by which the UN understands any act of gender-based violence resulting in physical, sexual or mental harm, or otherwise suffering, most frequently perpetrated on women, including coercion or arbitrary deprivation of liberty, occurring in both the private and public sphere. UN Declaration on the Elimination of Violence against Women 20/12/1993 adopted by the UN General Assembly by resolution 48/104 of 20 December 1993: <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women>

²⁰ WHO, 2010; CSDH, 2010. [A Conceptual Framework for Action on the Social Determinants of Health](#), 13 July 2010 Report, WHO TEAM Social Determinants of Health (SDH)

features, but often with little objective representation and with still few striking signs. Unfortunately, only a small percentage of those who suffer violence manage to report or communicate clearly and accurately the event(s) they were involved in. This is why it is necessary to build a strong network of professionals able to recognise, accompany and subsequently assist those who suffer violence. Interpersonal, environmental, social and individual factors are elements that can be analysed and assessed with a view to preventing and combating the phenomenon.

During the pandemic, the United Nations Office on Drugs and Crime (UNODC) reported that 243 million women and girls were subjected to sexual and/or physical violence in relationships with partners or within the family in the first 12 months of the Covid-19 emergency²¹. On 30 July 2020, the UN General Assembly, in its report of the 75th session, reiterates what was stated in its Resolution no. 73/148²², and urges member states to pay greater attention to the phenomenon in the pandemic context, highlighting and reporting specific recommendations²³.

Indeed, certain aspects of gender-based violence are to be included among the “indirect” effects of the pandemic and post-pandemic period, either because they are related to the decrease in overall admissions to the emergency care unit, or because they are linked to the impossibility for victims to physically go to the residential and business facilities that traditionally deal with such phenomenon. It is also worth recalling how, during the pandemic, life habits were disrupted and citizens, thrown into a “virtual” reality and deprived of vital relationships, were forced to use technology. The latter has thus become a magical ally, but unfortunately many people did not realise its real danger in the presence of fragile conditions. We all easily recall how restrictive measures and the climate of anguish in which they were implemented damaged certainties and bonds resulting in failed cohabitations, how life was on average perceived as less rewarding due to the fear of “loss” that turned into anger, which in turn generated aggression towards oneself and others. All this has created new conditions, capable at times of clarifying or aggravating already existing situations of unease and violence, and at times of provoking new latent situations of unconscious violence, often unacknowledged by the victim, which evolved into tragedies as the first real and perceived sign.

In the Republic of San Marino, a collection of data on civil and criminal offences was carried out, comparing the pre-pandemic period (2017-2019) and the two-year pandemic period (2020-2021), showing how, in the pandemic period, offences against women increased, with a decrease in the

²¹ In the Hubei province, the centre of the epidemic, domestic violence more than tripled in a single county during the February 2020 lockdown alone; the Catalan regional government claims that calls to the helpline increased by 20 per cent in the first days of the lockdown period; on the island of Cyprus, telephone calls for help increased by 30 per cent in the week after 9 March, when the island had its first lockdown; in Germany, the parliamentary leader of the Green Party, Katrin Göring-Eckardt, stated that she fears for the lives of thousands of women trapped with violent partners and calls on the government to allocate funds for safe houses. https://www.criminaljusticenetwork.eu/contenuti_img/Violence_against_women_24Nov.pdf

²² [Intensification of efforts to eliminate all forms of violence against women and girls](#) by the General Assembly UN on 30 July 2020, 75^o session; A75/274. [Intensification of efforts to prevent and eliminate all forms of violence against women and girls: sexual harassment. Resolution n.73/148 adopted by the General Assembly UN on 17 December 2018 \(edition 11 gennaio 2019\).](#)

²³ Recommendations include strategies to increase women's access to police and judicial services in the context of the coronavirus disease (Covid-19); use of technology to improve women's safety and access to support; adaptation of law enforcement services; and virtual strategies to prevent violence in the context of the coronavirus disease (Covid -19) with a focus on men and boys.

number of reports, but with a percentage increase in personal injuries and beatings, due to the situation of forced cohabitation. It can also be noted that the outcome of criminal proceedings changed during the pandemic, with an increase in the number of convictions and a halving in the number of cases of total dismissal. The element that is common to both periods observed is the perpetrator, who is mainly identified with the victim's cohabiting spouse, partner, ex-spouse, ex-partner or acquaintance²⁴.

In Italy, from 2020 to 2021, declarations on calls to helplines abruptly decreased: indeed, the modes of communication had compulsorily changed into text messages and e-mails expressing outright despair. Moreover, associations and social programmes (also in case of guests who had tested positive to Covid) had to propose different methods of inclusion for women trying to get in touch by any means. «We are all ensuring that communication channels are kept open», «Our mobile phone is always active and women can also contact us via e-mail and Facebook»²⁵.

Also in Italy, in the period January-September 2020, compared with the same period in 2019, there was a decrease in spy crimes (such as stalking, family abuse and sexual violence), which was evidently also influenced by the difficulty of reporting in that period; the most affected age group was 31 to 44 years old, 80% of the victims were Italian (81% in 2019), while, among foreign victims, Romanian victims were predominant, also due to their greater presence in the territory. The perpetrators were also aged between 31 and 44 (39%), were predominantly Italian citizens (74%) and only 2% were minors (1% in 2019). At the same time, with a nationwide increase of about 110% compared to the same period last year, offences involved sexual exploitation and online grooming of minors, with an increase in those related to child pornography due to the suspension of school activities and the consequent implementation of distance learning for all schools, with related intrusions into platforms dedicated to the education of students and instant messaging applications.

The subsequent analysis of the data made it possible to establish that, in the pandemic period, the phenomenon was not only truly growing but was also constantly changing its form, and was therefore unrecognisable as well as difficult to detect. Only the use of new strategies (a single helpline number; code word such as “pizza margherita”, etc.) and unambiguous instruments made it possible for the phenomenon to emerge at a time when citizens were forced to a cohabitation that favoured manifestations of aggression and violence with the impossibility for victims to escape the aggressors. These strategies have involved health professionals and law enforcement agencies to continue to make the best use of skills that have been developed and further enhanced for the detection of both clear, mystified and unclear signs of violence, and for the enhancement of standardised data collection methods for recognition and prevention.

In the current post-pandemic period, aside from the numbers that have inevitably soared both in terms of reporting and in accesses to health and social facilities on a voluntary basis, a new analysis of the extent, spread and repercussions of the phenomenon on the health and well-being of citizens, victims and others, is underway, emphasising the need to enforce existing legislation more

²⁴ For a detailed analysis of data on criminal and civil offences in the Republic of San Marino in the pre- and post-pandemic period, please see **Appendices 7 and 8**.

²⁵ D.i.Re Association Women on the Net against Violence 17 March 2020 et seq.; see also: [L'impatto dell'emergenza da COVID 19 nel sistema dei servizi per il contrasto alla violenza di genere; Rapporto anno 2020](#), RER, Regional Observatory on Gender-based Violence.

effectively, with a more direct commitment by all stakeholders, health and non-health. Indeed, it is necessary to address violence not as a simple offence or a mere health problem or the result of a single factor, but rather as the product of multiple risk factors, which interact at the level of the individual, the limited social network, the community and the society.

The main objective must be organisational, in order to be able to access useful information to monitor and analyse the areas with the highest risk in terms of implementation and to use unambiguous instruments to identify help signals, as well as to apply planned and shared procedures in several areas. This organisational objective must, however, be accompanied by a preventive one, based on appropriate measures to deal with the incalculable results in terms of lives lost (worth recalling are the femicides and suicides of victims and aggressors) or catastrophically scarred (worth recalling are the children of victims and aggressors, as well as all those who remain involved in violence and thus suffer heavy repercussions for their human and social growth, sometimes even in the impossibility of sharing useful elements of different cultures). In this way it is possible to activate different levels of knowledge, organisation and prevention, in which even bio-social thinking can channel efforts and interests that are useful to meet the common and unavoidable requirement of responding to the needs not only of individuals, but of society as a whole for a “fair” growth of a collective conscience of non-violence.

Violence of language

During the pandemic, those most at risk of infection were identified as vulnerable or fragile, often in a generic and deliberately simplified manner. Such definitions have actually accentuated the negative social and communicational perception of people who are simply exposed to greater risk conditions. Nevertheless, the latter have become vulnerable and fragile to a large extent precisely because of the social treatment they have been subjected to over the centuries and the lack of adequate protection. Indeed, the placement in dedicated facilities put hospitalised patients at greater risk of contagion due to poor preventive measures. Furthermore, if we consider people without certified symptoms who experienced Long Covid conditions after infection, it becomes clear that there are very few studies showing the actual extent of known risk conditions.

In this context, it should not be forgotten that, due to the wide availability of data on the condition of the elderly, who were strongly affected by Covid-19, it was easy and spontaneous to erroneously include in this cultural framework especially those who were considered fragile and vulnerable on the basis of their age alone and, therefore, the condition of disability was gradually associated with old age. This unjustified association has led to the application of geriatric treatment even to persons with previous disabilities that are not due to ageing, to the extent that non-self-sufficient persons are identified as persons with disabilities and are treated as elderly persons, favouring their placement in dedicated facilities.

This dangerous “syllogism” should be addressed at its source by implementing appropriate training courses for information and communication operators that respect human rights.

Consequences for men according to the “One-health” approach

The widespread moral consideration of animals and their impact on the daily lives of communities and individuals has led the CSB to devote specific attention to them in several of its documents.

In the case of the Covid-19 pandemic, animals took on an even more important role in relation to the “One health” concept.

Although already present, perhaps above all in the everyday life of the veterinarian and - less so - the doctor, this view became so popular during the pandemic that now all professional communicators, perhaps with some confusion, talk about it.

To the social focus and ethical concern for proper coexistence has thus been added, in an official and political form, the view of a biological community of people immersed in, and closely connected to, an environment made up of animals and living and non-living beings.

The origin of the SARS-CoV-2 infection has among its hypotheses the leap of species from the bat, with the so-called “wet markets” as real or only potential accomplices.

It is beyond the scope of this paper to discuss the real origin of the pandemic, but for years an increasing risk of zoonoses, defined as infectious diseases of animals that can be transmitted to humans and vice versa, has been reported (WHO data)²⁶. In hypothesising the zoonotic origin of the disease during the early stages of the pandemic, large industrial farms are still being blamed for both directly and indirectly restricting²⁷the habitat of wild species by facilitating contacts between them and domestic species. The promiscuity between the species present and the poor hygiene of the wet markets, according to some, has created a further issue in the very complex “one health” relationship between humans, animals and the environment. In respect of this relationship bioethical assessments have been initiated and will have to be further developed with respect to the most correct way to manage natural environments in relation to the growth of the human population.

At the same time, apodictic assertions on the dangerousness of the human species tout court have spread and found a certain cultural support, and are the result of an uncritical moralism incapable of distinguishing between the possible, different political-economic and cultural choices to be made on the basis of the results of scientific research, and a correct, broad and usable dissemination of the same.

Interesting, and to be assessed on a socio-cultural basis, are the moralistic approaches regarding a ‘nature’ that would take revenge with the pandemic by regaining its spaces, completely abandoning the logical reasoning according to which the reduced mobility of people, aimed at avoiding contagion, allowed animals to explore without qualms spaces usually occupied by human activities, as happened, for example, to dolphins in harbours.

²⁶ World Health Organization (WHO). *Zoonotic disease: emerging public health threats in the Region*. <https://www.emro.who.int/fr/pdf/about-who/rc61/zoonotic-diseases.pdf?ua=1>

²⁷ With the replacement of large natural territories with cultivated fields for fodder and grain.

In such a context, Bioethics is called upon to systematically pursue the necessary detailed analysis of the meaning of what has emerged in relation to the environmental, social and economic goals envisaged by the United Nations.

The human-animal relationship limited to domesticated species has been another area of public attention, often as a phenomenon of custom.

It has been repeatedly asserted - without clear statistical evidence - that there has been a sharp increase in the number of dogs per household as an epiphenomenon of the need to find a legal foothold to the desire to leave the house during the restrictions imposed to reduce contagion²⁸.

On the contrary, during the pandemic and after the pandemic with the return to pre-existing conditions, veterinary behaviourists have noticed an increase in relational problems related to the different living arrangements imposed from outside.

In addition, animals have repeatedly been taken into account as elements of transmission of contagion, even if only passive. It is dramatic, in this case, what happened to minks, widely used in breeding before the pandemic for fur production and systematically slaughtered afterwards (stumping out). The issue itself constitutes an element of bioethical evaluation.

The structural difficulties faced by self-employed workers in agriculture and livestock farming in particular, despite the fact that they represent a serious problem both for those affected and for the food supply to human communities, did not receive due, wide coverage in the newspapers. In the event of future pandemics involving managers, animal breeding and care activities, with their daily attention to feeding, parturition, milking, etc., more than in other sectors, could produce substantial damage to the economy, food production and the very structure of society and coexistence between humans and animals.

What has just, however succinctly, been mentioned should suggest a careful post-emergency analysis for the formulation of appropriate, stable measures to form the basis of future plans to deal effectively with new pandemics.

²⁸ For an analysis of the trend and adoption and abandonment of pets in the Republic of San Marino in 2020/2021, please refer to the report provided by APAS (Associazione Sammarinese Protezione Animali, San Marino-Association for the Protection of Animals), in **Appendix 9**.

BIOETHICAL ANALYSIS

Undoubtedly, the pandemic-induced upheavals in pre-existing health structures were strongly linked to the state of necessity. In other words, it was not possible taking different decisions, sacrificing what was painfully sacrificed. The alleged unpredictability of what happened has been pointed out by many people, and rightly so; the political organisation of the health services in recent decades has, indeed, almost totally omitted the possibility that what happened might have happened, progressively reducing the resources allocated to health care and excluding the hypothetical need to deal with emergencies, whether epidemic or of any other kind, despite the presence of precise signs of possible pandemic events in the periodic reports found in the scientific sources and epidemiological registers of various countries, including in Southern countries. The error of judgement, so to speak, can be attributed to the failure of a large part of politics to listen to the scientific world. It is a matter of fact that this lack of communication can be attributed much of the responsibility for a dramatically high number of victims. Therefore, while we can agree on the unpredictability, in the sense of the magnitude and rapidity of the spread of the virus, one wonders whether failure to exercise activities specifically aimed at the preventability of outcomes, and thus at the implementation of evaluative and restraining measures useful and indispensable to stop the spread of transmissible diseases, regardless of the pathogenic germ, is equally acceptable.

For this reason, a post-emergency analysis can help not only to understand the dynamics that took place as the dramatic events unfolded, but also to assess, in material and cultural terms, certain elements that are part of the organisation of human society as a whole.

In particular, in view of the presumable repeatability of phenomena such as Covid-19, a critical reflection can be made on the errors made, which can be traced back more to the cultural dynamics that may have contributed to producing them, than to bad judgements by individuals. An in-depth analysis may, indeed, make it possible to prepare for future emergencies, but, in the immediate term, it can help reduce the distance between individual stances and interpretations of the phenomena polarising and damaging common civilisation.

The alleged “extraordinariness” of the Covid-19 phenomenon, due to its severity, airborne transmissibility, high contagiousness even before the onset of symptoms, and lack of knowledge of the most suitable therapies, has led to the drafting of equally “extraordinary” restrictive regulations, with consequent, dramatic repercussions on parts of the population. In the circumstances of the moment, compliance with those rules was necessary, even if they had been wrong, to avoid counterproductive behaviour towards a disease that spread worldwide, with a view to a realistically conceivable collective good, and it is only right to remember the heroism that, in any case, was witnessed during the course of the pandemic.

Therefore, the bioethics approach does not focus on the search for responsibility for possible damage, or possible errors, but on the socio-cultural shortcomings that have led to certain outcomes being considered unpreventable and therefore not avoidable. The evidence of this has been confirmed by the facts, if it is true that during the course of the crisis - and to this day - recourse to Bioethics as an element to share and implement public choices, has been neglected, very little mentioned and essentially not understood. The scant consideration given to the discipline that links scientific knowledge and social sciences, subjective conscience and civil response, and which, when

the time was right, would have been the basis of the social link needed to tackle the greatest public difficulties, must be thoroughly considered.

That being said, the most relevant bioethical emphasis must be placed on the new healthcare that is to be designed. Future resource allocation cannot fail to take into account what has happened and how other public health sectors have suffered.

Principle of justice

In this analysis, the cardinal ethical criterion on which to base the planning of future systems can only be the most timely, careful and respectful application of the principle of justice. In particular, the principle of distributive justice implies the need to allocate health resources fairly, transparently and proportionally with respect to needs and expected benefits. More generally, the decision to redistribute the resources allocated to healthcare cannot fail to take into account a precise idea of Humanity to be protected, with due respect for the most fragile groups, such as the elderly and the chronically ill, who deserve due recognition of their dignity and right to health²⁹.

To cite a few examples, the overall picture of health demand in the future will undoubtedly be characterised by new scenarios. For example, services intended for the prevention of infectious diseases, such as vaccination services, will not only gravitate around paediatric services, as we have seen in recent decades, but also, and above all, around geriatric services.

Moreover, ordinary wards, both Medicine and Surgery, will have to be designed “accordion-style”, allowing them to expand in precise directions when necessary, improving and structuring a model already implemented in a very swift manner in many hospital environments and avoiding imbalances.

It seems, however, imperative that the many choices to be made and provisions to be enacted in the future respect a sound principle of justice and that welfare systems, inadequate to protect persons with disabilities during the pandemic, are finally directed towards new models of inclusion and participation, as the CRPD indicates.

Principle of Beneficence

An original interpretation of the principle of beneficence, applied to the specific case of the indirect effects at hand, could redefine the latter according to the criterion of proportionality of interventions. In this way, the need to balance the benefits and risks of restrictive measures taken to contain the contagion would be implemented by assessing their impact on people's health, freedom and rights.

In the nervous phases of the lockdown, the great embarrassment of a “blanket too tight” approach, often emerged due to the obligation, on the one hand, to ensure public health with the lockdown and, on the other, to keep economic activities alive for the country's survival. The tug-of-war of the two opposing demands, even with the paradoxical intention of pursuing a common good, generated

²⁹ Ethical issues posed by the COVID-19 pandemic - SIMEU.
https://www.simeu.it/w/download/get/0/problemi_etici_COVID-19.pdf/download/articoli/4021

often contradictory measures, accompanied by expressions of unease and protest from the social categories that from time to time felt they were being harmed.

Undoubtedly, in critical circumstances such as those observed in the pandemic emergency, there is a strong risk of giving in to the temptation of emphasising a subjective idea of the good; that is, one could perceive the distancing of a unifying vision of the best interests of individuals, renouncing the pursuit of an authentic common good in the name of applying the law of the strongest.

In this sense, all citizens should be included among the beneficiaries of the interventions, preventing any form of discrimination and violation of human rights.

The contribution of Bioethics should protect against this risk. To do so, one can only maintain a high level of attention to the social demands that arise in the course of crises and seek, on the one hand, the fairest balance between opposing forces and, on the other, effective sharing and participation in choices made in a respectful and equitable manner.

Principle of autonomy

As is well known, the arrival of the anti-SARS-CoV-2 vaccine represented a concrete hope of ending the devastation caused by the virus, which had paralysed the world for months. However, the spread of the method also gave rise to a heated debate, with diametrically opposed positions between those who enthusiastically supported the vaccine and those who distrusted it. Precisely on the occasion of the vaccination campaign, the opportunity to join en masse the prophylaxis plan, following the indications of the most relevant scientific agencies, clashed with the choices made in the opposite direction by individuals and, sometimes, entire conglomerations united precisely on proclamations concerning the defence of freedom from the 'conditioning' of official science³⁰.

It is worth recalling that the reasons in favour of the vaccine, in terms of its efficacy, protection for the most fragile, the promise of a return to normality, the promotion of feelings of solidarity and social responsibility, were countered by different considerations, based on safety concerns, lack of trust in institutions, ideological or religious motivations. The debate on vaccines has often been heated and polarised, also fuelled by social media and certain political figures who ride on fears and distrust for political purchases.

One element that, in various ways and with various expressions, was called into question was the affirmation and respect for individual freedom: many, indeed, asserted that the expression of any freedom could not disregard the safeguarding of the life of the entire community; others, on the other hand, challenged the vaccination obligation by defending the right to individual freedom and self-determination in matters of health.

Logically, the concept of self-determination implies an appropriate declination of the bioethical principle of autonomy. It is no coincidence that an alternative and more appropriate definition frames the principle of autonomy as a principle of freedom/responsibility, since it implies the need

³⁰ Considerazioni etiche e giuridiche sull'obbligatorietà dei vaccini anti-COVID-19 - Altalex. <https://www.altalex.com/documents/news/2021/06/07/considerazioni-etiche-e-giuridiche-sull-obbligatorieta-dei-vaccini-anti-COVID-19>

to be accountable for one's choices and actions, both individually and collectively, while respecting scientific and health standards and recommendations.

In terms of 'principles', the shift from the concept of 'autonomy' to that of 'freedom/responsibility' has entailed a profound reflection on the implications and limits of individual self-determination in a global and complex health context such as that of the pandemic.

Firstly, it was seen that the autonomous choices of some individuals could jeopardise the health of others, creating a conflict with the principle of beneficence; juxtaposing the word 'responsibility' with 'autonomy', on the other hand, allows for a harmonisation between principles capable of generating equity and justice in mutual respect of everyone's freedom.

Secondly, it was also found that correct information has become a key element in the exercise of responsible autonomy. People had to have access to clear and scientifically accurate information in order to make informed decisions about their health and behaviour. The guarantee to establish a climate of free and responsible autonomy cannot, therefore, lack correct, timely and accessible communication.

Moreover, the pandemic highlighted the need to protect the autonomy of the most vulnerable, such as the elderly or persons with disabilities, who might be less able to express their wishes or understand the information available to them. The principle of autonomy has, therefore, taken on a new dimension in relation to the concept of solidarity, thanks to which the importance of responsible action on the part of each individual to protect the health of the community has been understood.

Ultimately, the "freedom/responsibility principle" represents an evolution of the "autonomy principle", precisely because of the challenges posed by the pandemic. It recognises the right of individuals to make their own choices, but also emphasises the responsibility to act in a way that does not harm others and to contribute to the well-being of the community. This is a complex and constantly evolving concept, the practical application of which requires a careful evaluation of all factors involved and a balancing of individual rights with the common good. The pandemic has had the merit of helping to shed light on the importance of this principle and has stimulated deeper reflection on the meaning of autonomy in a complex social context.

CONCLUSIONS

The “lesson” of the pandemic is being discussed in many contexts. To sum up a complex analysis of a highly intricate phenomenon, it is appropriate to draw conclusions in terms of mistakes to be avoided in the future and, conversely, virtuous processes to be promoted.

Certainly, many circumstances should no longer occur. Foremost, among these is the lack of global preparedness: the pandemic has highlighted the fragility of national health systems and the lack of sufficient and adequate preparedness to deal with health emergencies of international scope. In the future, it is necessary to strengthen international cooperation on epidemiological surveillance, the development of vaccines and rapid treatments, and coordinated health crisis management.

Indeed, what experienced in the early stages of the pandemic by small states, including the Republic of San Marino, in not having access to vaccines because of supranational agreements between the European Union or North America and pharmaceutical companies cannot happen again. This delay undoubtedly caused enormous damage not only within these countries but also in the rest of the world, resulting in a large number of deaths that could have been avoided as the virus spread across national borders.

Therefore, with a view to preparing for possible future health emergencies, it is an ethical duty for States to draw up, together with pharmaceutical Companies, a protocol to simultaneously guarantee all States access to treatment or vaccines. Indeed, this is not only an issue of macroeconomics and international politics but is a foundation of Bioethics, enshrined in Article 3 of the Oviedo Convention (“Equitable Access to Health Care”), which establishes that “The Parties shall, taking into account health needs and available resources, take appropriate measures with a view to ensuring, each within its jurisdiction, equitable access to health care of appropriate quality.»³¹.

Nonetheless, the misinformation that has generated widespread, outright questioning of science can no longer be allowed to continue: the spread of misinformation/disinformation and distrust of scientific institutions have hampered the response to the pandemic by fuelling fears and weakening adherence to containment and vaccination measures. It is crucial to promote scientific education and access to verified information in order to counter misinformation and foster transparent, evidence-based communication. In addition, health education and transparent communication will be used to promote health education and access to verified information in order to counter the phenomenon of fake news and to promote informed and responsible behaviour³².

Moreover, social and economic inequalities can no longer be tolerated: the pandemic has accentuated existing ones, harming the most vulnerable.

In particular, health measures taken worldwide to counter the spread of the Coronavirus have interfered with the right to education under human rights laws.

³¹ Council of Europe, [Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine](#), Oviedo, 4 April 1997.

³² In relation to the complex subject of disinformation and its effects on personal rights, please refer to the document of the San Marino Bioethics Committee: “*Bioethics in the transformation of communication: knowledge as defence against fake news*” (26 april 2023).

If such a catastrophe were to occur again, governments, while applying a precautionary approach to the health problem, would have to contain such interference within the strictly necessary level, and in any case the minimum possible, ensuring its effective proportionality to the minimum duration in line with national security needs. School closures should only be ordered when objective indicators and hard data justify the interruption of in-presence teaching, after all available preventive measures to reduce the risk of contagion have been considered, and accessible remote teaching alternatives for students with disabilities have been ensured, providing reasonable conditions to meet the specific educational needs of each citizen.

Finally, it is now imperative to pay special attention to the environmental “issue”: the pandemic has further highlighted the close connection between human health and the environment. Deforestation, pollution, alteration of historical environmental balances of wild animals and intensive exploitation of resources from production to consumption can increase the risk of zoonotic epidemics. It is therefore necessary to promote sustainable development that protects biodiversity and the environment to prevent future pandemics.

In conclusion, from this dramatic global experience, it has overwhelmingly emerged that, in order to curb and prevent social and economic inequalities, it is necessary to invest in welfare and social cohesion policies that guarantee fair access to social and health care and services for all, in compliance with the new models of inclusion and participation, as indicated by the CRPD.

Therefore, policies should be aimed at promoting the strengthening of health systems in accordance with the principles of universality, resilience and efficiency, the only models capable of ensuring adequate and accessible care for all, especially in low- and middle-income countries.

It will be increasingly important to promote scientific research: its adequate funding will enable the development of new vaccines, treatments and diagnostics against viruses and other threats to global health in a spirit of sound international cooperation to promote effective epidemiological surveillance, information exchange and the development of shared strategies to address global health threats.

Ultimately, having caused immense suffering to all, the Covid-19 pandemic must be used in a positive sense as a warning to build a safer and more resilient future. It is only through global cooperation, solidarity and a concrete commitment to human health and the protection of the planet that we can prevent future crises and adopt programming and planning strategies based on bioethical principles and with the indispensable involvement of National Ethics/Bioethics Committees³³.

³³ Until the outbreak of the Pandemic, very few National Bioethics Committees had addressed the delicate and complex issue of making choices in crisis situations. The San Marino Bioethics Committee was the first to dedicate a specific document to this issue (*Bioethics of Disasters*, 10 July 2017), once again acting as a pioneer.

SITOGRAPHY OF THE REPUBLIC OF SAN MARINO

- **SAN MARINO LEGAL SYSTEM**

<https://www.consigliograndeegenerale.sm/on-line/home/archivio-leggi-decreti-e-regolamenti.html>

- **EMERGENCY GROUP WITH NATIONAL PLANS:**

<https://www.gov.sm/pub1/GovSM/Authority-Sanitaria/Emergenze-Sanitarie.html>

- **SSI (Social Security Institute)**

<https://www.iss.sm/on-line/home/artCataggiornamenti-coronavirus.49004093.1.20.1.html>

<https://www.apasrsm.org/>

INTERNATIONAL SITOGRAPHY

<https://www.coe.int/en/web/bioethics/covid-19>

<https://www.coe.int/en/web/bioethics/selected-resources-by-country>

<https://www.un.org/site-search/?query=covid>

<https://www.unesco.org/en/covid-19>

<https://www.unesco.org/en/futures-education>

<https://www.educationglobalcompact.org/en/resources/>

<https://unric.org/it/la-risposta-globale-delle-nazioni-unite-al-covid-19-settembre-2020/>

<https://promisalute.it/salute-pubblica-assemblea-generale-nazioni-unite/>

https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

<https://www.salute.gov.it/portale/nuovocoronavirus/dettaglioFaqNuovoCoronavirus.jsp?lingua=italiano&id=242>

<https://sip.it/2020/07/22/congresso-straordinario-digitale-la-pediatria-italiana-e-la-pandemia-da-sars-cov-2/>

BIBLIOGRAPHY

Almeida M., Shrestha AD., Stojanac D., Miller LJ., [The impact of the COVID-19 pandemic on women's mental health](#). Arch Womens Ment Health. 2020 Dec;23(6):741-748).

Almeida ILL., Rego JF., Teixeira ACG., Moreira MR., [Social isolation and its impact on child and adolescent development: a systematic review](#). Rev Paul Pediatr. 2021 _ 2021 Jan 4;40:e2020385. doi: 10.1590/1984-0462/2022/40/2020385. eCollection 2021.

Araújo LA., Veloso CF., Souza MC., Azevedo JMC., Tarro G.J., [The potential impact of the COVID-19 pandemic on child growth and development: a systematic review](#). Pediatr (Rio J). 2021 Jul-Aug;97(4):369-377. doi: 10.1016/j.jped.2020.08.008. Epub 2020 Sep 23.

Bencivenga R., [Le donne con disabilità nella pandemia, una lettura intersezionale](#), informareunh, 18 aprile 2024.

Berg JA., Woods NF., Shaver J., Kostas-Polston EA., [COVID-19 effects on women's home and work life, family violence and mental health from the Women's Health Expert Panel of the American Academy of Nursing](#). Nurs Outlook. 2022 Jul-Aug;70(4):570-579.

Bersiam M., Koumantakis E., Berchiolla P. et al., *Suicide spectrum among young people during the COVID-19 pandemic: A systematic review and meta-analysis*, eClinicalMedicine 54, October 31, 2022. <https://doi.org/10.1016/j.eclinm.2022.101>

Blomberg B., Mohn K.GI., Brokstad K.A. et al., *Long COVID in a prospective cohort of home-isolated patients*. Nat Med 27, 1607–1613 (2021). <https://doi.org/10.1038/s41591-021-01433-3>.

Borgia L. et Griffo G., *Le fardeau disproportionné des problèmes affectant les personnes en condition de handicap et leurs familles pendant la pandémie COVID-19* • *The disproportionate burden of problems affecting persons with disabilities and their families during the COVID-19 pandemic*. Aequitas. Revue de développement humain, handicap et changement social • Aequitas. Journal of Human Development, Disability and Social Change, 2021, vol. 27 n. 1, juin 2021 • June 2021, pp. 39-52.

Borgia L., Griffo G., *SARS-COVID-19 pandemic and persons with disabilities in Italy and in Europe*, in Journal of Philosophy and Ethics in Health Care and Medicine, n. 15, February 2021, pp. 33-44.

Borgia L., Griffo G., *Il carico sproporzionato di problemi che hanno colpito le persone con disabilità e le loro famiglie durante la pandemia Covid-19* pp.130-142 in Nuova Secondaria Ricerca. Monthly magazine of culture, pedagogical research and educational guidelines, no. 2, October 2020, Dossier I, La scuola durante e dopo il COVID (The school during and after COVID), La scuola, Brescia. ISSN 1828-4582.

Brakspear L., Boules D., Nicholls D., Burmester V., [The Impact of COVID-19-Related Living Restrictions on Eating Behaviours in Children and Adolescents: A Systematic Review](#). *Nutrients*. 2022 Sep 4;14(17):3657. doi: 10.3390/nu14173657.

Committee of Experts on Economic and Social Initiatives for the Relaunch of the 'Italy 2020-2022' Report for the Prime Minister, June 2020.
https://www.governo.it/sites/new.governo.it/files/comitato_rapporto.pdf.

Dal-Pai J., Soares CB., de Fraga VC., Porto A., Foerster GP., Nunes ML., [Consequences of the Covid-19 pandemic in children and adolescents with attention deficit hyperactivity disorder - a systematic review](#). *J Pediatr (Rio J)*. 2024 Jan-Feb;100(1):25-31.

Dvorsky MR., Shroff D., Larkin Bonds WB., Steinberg A., Breaux R., Becker SP., [Impacts of COVID-19 on the school experience of children and adolescents with special educational needs and disabilities](#). *Curr Opin Psychol*. 2023 Aug;52:101635. doi: 10.1016/j.copsyc.2023.101635.

Ferro S., Riganti A., *The hidden toll of the pandemic on nonrespiratory patients*, *Health Policy*, Vol.143, 2024, 105035, ISSN 0168-8510, <https://doi.org/10.1016/j.healthpol.2024.105035>.

Finlay I., Gilmore I., [Covid-19 and alcohol-a dangerous cocktail](#). *BMJ*. 2020 May 20;369:m1987. doi: 10.1136/bmj.m1987.PMID: 32434792 No abstract available.

Fogstad H., Langlois EV., Dey T., [Covid-19 and violence against women and children: time to mitigate the shadow pandemic](#). *BMJ*. 2021 Nov 24;375:n2903. doi: 10.1136/bmj.n2903.PMID: 34819300 No abstract available.

FONOS e DPI Italia, *Diritti delle persone con disabilità nel contesto di una crisi sanitaria. Apprendere dalla pandemia di COVID-19 e andare verso le migliori pratiche che garantiscano il loro pieno esercizio*. Milan, Fondazione Cariplo, 2022.
<https://www.superando.it/2022/05/09/persone-con-disabilita-e-pandemia-una-ricerca-che-ha-aperto-una-strada/>

Italian Disability Forum, *Alternative report on Adoption of lists of issues prior to reporting*, in UN Committee on the Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment.

Ghosh R., Dubey MJ., Chatterjee S., Dubey S., [Impact of COVID -19 on children: special focus on the psychosocial aspect](#). *Minerva Pediatr*. 2020 Jun;72(3):226-235.

Hamoda HM., Chiumento A., Alonge O., Hamdani SU., Saeed K., Wissow L., Rahman A., [Addressing the Consequences of the COVID-19 Lockdown for Children's Mental Health: Investing in School Mental Health Programs.](#) Psychiatr Serv. 2021 Jun;72(6):729-731.

Howard-Jones AR., Bowen AC., Danchin M., Koirala A., Sharma K., Yeoh DK., Burgner DP., Crawford NW., Goeman E., Gray PE., Hsu P., Kuek S., McMullan BJ., Tosif S., Wurzel D., Britton PN., [COVID-19 in children: I. Epidemiology, prevention and indirect impacts.](#) J Paediatr Child Health. 2022 Jan;58(1):39-45.

Humphreys KL., Myint MT., Zeanah CH., [Increased Risk for Family Violence During the COVID-19 Pandemic.](#) Pediatrics. 2020 Jul;146(1):e20200982. doi: 10.1542/peds.2020-0982.

Idoiaga Mondragon N., Eiguren Munitis A., Berasategi Sancho N., Ozamiz Etxebarria N., [Drawing the COVID-19 pandemic: how do children incorporate the health crisis and its consequences into their everyday thinking?](#) Psychol Health. 2024 Mar-Apr;39(3):379-398. doi: 10.1080/08870446.2022.2066103. Epub 2022 Apr 19.

Irwin M., Lazarevic B., Soled D., Adesman A., [The COVID-19 pandemic and its potential enduring impact on children.](#) Curr Opin Pediatr. 2022 Feb 1;34(1):107-115.

Jiang J., Akhlaghi H., Haywood D., Morrissey B., Parnis S., [Mental health consequences of COVID-19 suppression strategies in Victoria, Australia: a narrative review.](#) J Int Med Res. 2022 Nov;50(11):3000605221134466. doi: 10.1177/03000605221134466.

Jefsen OH., Rohde C., Nørremark B., Østergaard SD., [Editorial Perspective: COVID-19 pandemic-related psychopathology in children and adolescents with mental illness.](#) J Child Psychol Psychiatry. 2021 Jun;62(6):798-800.

Kapadia F., [Violence and the COVID-19 Pandemic: A Public Health of Consequence, May 2022.](#) Am J Public Health. 2022 May;112(5):706-708.

Kourti A., Stavridou A., Panagouli E., Psaltopoulou T., Spiliopoulou C., Tsofia M., Sergentanis TN., Tsitsika A., [Domestic Violence During the COVID-19 Pandemic: A Systematic Review.](#) Trauma Violence Abuse. 2023 Apr;24(2):719-745.

Lange S., Altrock CM., Gossmann E., Fegert JM., Jud A., [COVID-19-What Price Do Children Pay? An Analysis of Economic and Social Policy Factors.](#) Int J Environ Res Public Health. 2022 Jun 21;19(13):7604. doi: 10.3390/ijerph19137604.

Larivière-Bastien D., Aubuchon O., Blondin A., Dupont D., Libenstein J., Séguin F., Tremblay A., Zarglayoun H., Herba CM., Beauchamp MH., [Children's perspectives on friendships and socialization](#)

[during the COVID-19 pandemic: A qualitative approach.](#) Child Care Health Dev. 2022 Nov;48(6):1017-1030. doi: 10.1111/cch.12998.

Larsen L., Helland MS., Holt T., [The impact of school closure and social isolation on children in vulnerable families during COVID-19: a focus on children's reactions.](#) Eur Child Adolesc Psychiatry. 2022 Aug;31(8):1-11.

Leybas Nuño V., Mantina NM., Dawodu O., Dykinga M., Carr DL., Pogreba-Brown K., Cordova-Marks F., Jehn M., Peace-Tuskey K., Barraza L., Garcia-Filion P., [Consequences of COVID-19 on adolescents in Arizona: A longitudinal study protocol.](#) Front Public Health. 2022 Dec 15;10:945089. doi: 10.3389/fpubh.2022.945089. eCollection 2022.

Lewicka M., Hamilton JG., Waters EA., Orom H., Schofield E., Kiviniemi MT., Kanetsky PA., Hay JL., [Associations between social COVID-19 exposure and psychological functioning.](#) J Behav Med. 2023 Jun;46(3):472-482. doi: 10.1007/s10865-022-00374-7.

Machlin L., Gruhn MA., Miller AB., Milojevich HM., Motton S., Findley AM., Patel K., Mitchell A., Martinez DN., Sheridan MA., [Predictors of family violence in North Carolina following initial COVID-19 stay-at-home orders.](#) Child Abuse Negl. 2022 Aug;130(Pt 1):105376. doi: 10.1016/j.chiabu.2021.105376. Epub 2021 Oct 25. PMID: 34728100

Maggio MG., Stagnitti MC., Calatozzo P., Cannavò A., Bruschetta D., Foti Cuzzola M., Manuli A., Pioggia G., Calabrò RS., [What about the Consequences of the Use of Distance Learning during the COVID-19 Pandemic? A Survey on the Psychological Effects in Both Children and Parents.](#) Int J Environ Res Public Health. 2021 Nov 30;18(23):12641. doi: 10.3390/ijerph182312641.

Mazza M., Marano G., Lai C., Janiri L., Sani G., [Danger in danger: Interpersonal violence during COVID-19 quarantine.](#) Psychiatry Res. 2020 Jul;289:113046. doi: 10.1016/j.psychres.2020.113046.

Meherali S., Punjani N., Louie-Poon S., Abdul Rahim K., Das JK., Salam RA., Lassi ZS., [Mental Health of Children and Adolescents Amidst COVID-19 and Past Pandemics: A Rapid Systematic Review.](#) Int J Environ Res Public Health. 2021 Mar 26;18(7):3432. doi: 10.3390/ijerph18073432.

Nalbandian A., Sehgal K., Gupta A. et al. *Post-acute COVID-19 syndrome.* Nat Med 27, 601–615 (2021). <https://doi.org/10.1038/s41591-021-01283-z>.

Ochoa-Fuentes DA., Gutiérrez-Chablé LE., Méndez-Martínez S., García-Flores MA., Ayón-Aguilar J., [\[Confinement and social distancing: stress, anxiety, depression in children and adolescents\].](#) Rev Med Inst Mex Seguro Soc. 2022 May 2;60(3):338-344. PMID: 35763409 Spanish.

Orben A., Tomova L., Blakemore SJ., [The effects of social deprivation on adolescent development and mental health.](#) Lancet Child Adolesc Health. 2020 Aug;4(8):634-640.

Ostadtaghizadeh A., Zarei M., Saniee N., Rasouli MA., [Gender-based violence against women during the COVID-19 pandemic: recommendations for future.](#) BMC Womens Health. 2023 May 3;23(1):219. doi: 10.1186/s12905-023-02372-6.

Peitzmeier SM., Fedina L., Ashwell L., Herrenkohl TI., Tolman R.J., [Increases in Intimate Partner Violence During COVID-19: Prevalence and Correlates.](#) Interpers Violence. 2022 Nov;37(21-22):NP20482-NP20512. doi: 10.1177/08862605211052586.

Pellicano E., Stears M., [The hidden inequalities of COVID-19.](#) Autism. 2020 Aug;24(6):1309-1310.

Prime H., Wade M., Browne DT., [Risk and resilience in family well-being during the COVID-19 pandemic.](#) Am Psychol. 2020 Jul-Aug;75(5):631-643.

Roesch E., Amin A., Gupta J., García-Moreno C., [Violence against women during covid-19 pandemic restrictions.](#) BMJ. 2020 May 7;369:m1712. doi: 10.1136/bmj.m1712.

Seidenbecher S., Dobrowolny H., Wolter S., Klemen J., Meyer-Lotz G., Gescher DM., Steiner J., Frodl T., [Consequences of the Lockdown: Domestic Violence During the COVID-19 Pandemic.](#) Adv Exp Med Biol. 2023;1412:53-72. doi: 10.1007/978-3-031-28012-2_3.

Seidenbecher S., Dobrowolny H., Wolter S., Klemen J., Meyer-Lotz G., Gescher DM., Steiner J., Frodl T., [Consequences of the Lockdown: Domestic Violence During the COVID-19 Pandemic.](#) Adv Exp Med Biol. 2023 Jun;1412(6):53-72. doi:

Silva AFD., Estrela FM., Soares CFSE., Magalhães JRF., Lima NS., Morais AC., Gomes NP., Lima VLA., [Marital violence precipitating/intensifying elements during the Covid-19 pandemic.](#) Cien Saude Colet. 2020 Sep 11;25(11):3475-3480.

Steinbacher-Mittemeir W., Psychiatr Danub. [COVID-19 AND \(IN\)VISIBLE VIOLENCE IN OLD AGE.](#) 2023 Winter;35(4):610-621.

Theodorou CM., Brown EG., Jackson JE., Beres AL., [Child Abuse and the COVID-19 Pandemic.](#) J Surg Res. 2022 Aug;28(276):18-23.

Usher K., Bhullar N., Durkin J., Gyamfi N., Jackson D., [Family violence and COVID-19: Increased vulnerability and reduced options for support.](#) Int J Ment Health Nurs. 2020 Aug;29(4):549-552.

Usher K., Bradbury Jones C., Bhullar N., Durkin DJ., Gyamfi N., Fatema SR., Jackson D., [COVID-19 and family violence: Is this a perfect storm?](#) Int J Ment Health Nurs. 2021 Aug;30(4):1022-1032.

Viola TW., Nunes ML., [Social and environmental effects of the COVID-19 pandemic on children.](#) J Pediatr (Rio J). 2022 Mar-Apr;98 Suppl 1(Suppl 1):S4-S12.

Vora M., Malathesh BC., Das S., Chatterjee SS., [COVID-19 and domestic violence against women.](#) Asian J Psychiatr. 2020 Oct;53:102227. doi: 10.1016/j.ajp.2020.102227.

Warren S., Morley C., Clarke J., Vitis L., Ryan V., Carrington K., Ball M., [Weaponizing COVID-19: How the Pandemic Influenced the Behavior of Those Who Use Violence in Domestic and Family Relationships.](#) Violence Against Women. 2022 Nov;28(14):3415-3437.

Wildman EK., MacManus D., Kuipers E., Onwumere J., [COVID-19, severe mental illness, and family violence.](#) Psychol Med. 2021 Apr;51(5):705-706.

Xue J., Chen J., Chen C., Hu R., Zhu T., [The Hidden Pandemic of Family Violence During COVID-19: Unsupervised Learning of Tweets.](#) J Med Internet Res. 2020 Nov 6;22(11):e24361. doi: 10.2196/24361.

Zhang S., Hao Y., Feng Y., Lee NY., [COVID-19 Pandemic Impacts on Children with Developmental Disabilities: Service Disruption, Transition to Telehealth, and Child Wellbeing.](#) Int J Environ Res Public Health. 2022 Mar 10;19(6):3259. doi: 10.3390/ijerph19063259.

APPENDICES: THE IMPACT OF THE PANDEMIC ON THE VARIOUS SECTORS IN THE REPUBLIC OF SAN MARINO

Appendix 1: PERSONS WITH DISABILITIES BELONGING TO THE DISABILITY DSOU (Departmental Simple Operational Unit)

Situation of persons with disabilities resident in San Marino:

1. Total number of persons with disabilities certified in the territory, broken down by gender and by type of disability: intellectual, sensory, physical

Disability category	Males	Females	Total
None	3	10	13
Intellectual	55	44	99
Physical	32	27	59
Sensory	1	0	1
Total	91	82	172

2. Number of persons with disabilities by disability category and age group

Disability category	Age groups						Total
	0-3	3-6	6-14	14-18	18-60	> 60	
None					13		13
Intellectual					95	5	100
Physical					46	12	58
Sensory					1		1
<u>TOTAL</u>					155	17	172

The answer must be considered partial because the take-over by the Disability DSOU takes place when the child turns 16 and ends compulsory schooling.

3. Number of persons with disabilities working under a therapeutic contract by gender

	Males	Females	Total
Therapeutic rehabilitation contract	45	31	76

4. Number of persons with disabilities staying at the "Colore del Grano" Residential Home by gender

	Males	Females	Total
"Colore del Grano" guests	6	8	14

5. Number of persons with disabilities attending Day Care Centres, by centre and gender

	Males	Females	Total
"La Volpe" Day Care Centre	6	8	14
"Casa La Rosa" Day Care Centre	5		5
Workshop/Atelier "Le Mani"	11	14	25

6. Number of persons with disabilities by cohabitation status, degree of self-sufficiency and gender

Cohabitation status	Self-sufficient		Partially self-sufficient		Not self-sufficient		TOTAL		
	M	F	M	F	M	F	M	F	MF
Alone	11	5	3	1	1	0	15	6	21
With the spouse	2	7	4	2	3	0	9	9	18
With another relative	1	6	4	3	0	1	5	10	15
With a parent	28	17	17	11	9	9	54	37	91
With another cohabitant	0	7	1	6	7	6	8	19	27
TOTAL	42	42	29	29	20	16	91	81	172

The heading 'With another cohabitant' also includes persons living in residential facilities, both in San Marino and outside

7. Number of persons with disabilities living in public and private facilities

	Public	Private	Total
In the territory	14	2	16
Outside the territory		1	1

Appendix 2: PERSONS WITH DISABILITIES BELONGING TO THE MINORS' SERVICE COU (Complex Operational Unit)

1. Number of persons with disabilities certified in San Marino, by gender and type of disability.

Type of disability	Gender		Total
	Males	Females	
Intellectual	52	24	76 ³⁴
Sensory	1	3	4
Physical	2	1	3

2. Number of persons with disabilities and age groups

Type of disability	Age groups				
	0-3 years	3-6 years	6-14 years	14-18 years	18-60 years
Intellectual	3	11	41	20	1 ²⁸
Sensory	1	2	1	0	0
Physical	0	0	1	2	0

3. Number of appointed teachers for the school year 2021/2022 by school level. Total hours

School levels	Number of teachers employed	Total hours per week
Nursery	1	18
Kindergarten	17	395
Primary	47	883
Lower Secondary	37	678
Upper Secondary	7	179
TOTAL	109	2153

4. Number of users in the 'Il Mondo di OZ' educator service and educators in charge

No. Users	44
No. Educators	5

³⁴ Currently, the Minors Service is following a 21-year-old girl waiting to be transferred to the Disability Service. The girl has multiple disabilities and falls into an intellectual disability category. In 2022, she took her high school diploma exam at the High School.

5. Number of pupils attending Kindergarten and compulsory schools by type of disability, age group and gender

Type of disability	Nursery School				Compulsory school (16 years)			
	0-3 years		3-6 years		6-14 years		14-18 years	
Gender	Male	Female	Male	Female	Male	Female	Male	Female
Intellectual	2	1	7	4	32	10	8	4
Sensory	0	0	0	2	1	0	0	0
Physical	0	0	0	0	1	0	1	1

6. Number of students with disabilities enrolled in San Marino Upper Secondary Schools, Upper Secondary Schools in Italy, Vocational Training Centre, by type of school attended.

SAN MARINO UPPER SECONDARY SCHOOL	Students
Economic Upper Secondary School	1
Linguistic Upper Secondary School	1
SAN MARINO VOCATIONAL TRAINING CENTRE	
Restoration	2
Personal services sector	3
Industry and Handicraft	2
Mechanical	1
UPPER SECONDARY SCHOOLS IN ITALY	
Scientific and Art Upper Secondary School	1
State Vocational Training Institute for Food and Wine and Hotel Hospitality	2
Institute for Tourism	2
Vocational Institute for Hotel and Catering Services	1
Technical and Commercial Institute	1
Scientific Upper Secondary School	1
Comprehensive Institute	1
Total	19

7. Aids provided by type. Years 2020, 2021 and 2022

Type of aids	2020	2021	2022 (data as of June 2022)
Wheelchair	2	1	1
Trunk and pelvis postural unit	3		
Postural unit	1		1
Walker	1	1	
Replacement of wheelchair parts	1		
Pelvic belt	1		
Disability hoist	1		
Upper limb postural unit	1		
Shower wheelchair		1	
Postural pelvic unit		1	1
High chair and modifications		1	
Wheelchair modifications		1	
Bib		1	
Battery replacement		1	
Posture system		1	
Seating trunk pelvis		1	
WC chair		1	
Chest stabilisation			1
V max			1
Table	1		
Total	12	11	5

8. Children with disabilities living with their family of origin.

No. of persons living with the family	80
No. of persons in foster care	2

Appendix 3: STUDENTS ENROLLED PER SCHOOL YEAR AT EACH SCHOOL LEVEL

School Year	2017/2018	2018/2019	2020/2021	2021/2022	2022/2023
Students enrolled (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
KINDERGARTEN	1015 (29.7)	979 (22.8)	930 (21.9)	871 (21.1)	826 (20.5)
PRIMARY	1698 (49.8)	1653 (38.4)	1601 (37.8)	1559 (37.8)	1503 (37.2)
LOWER SECONDARY FO ³⁵	n.a.	656 (15.3)	670 (15.8)	665 (16.1)	672 (16.6)
LOWER SECONDARY SE ³⁶	n.a.	316 (7.3)	338 (8)	347 (8.4)	355 (8.8)
UPPER SECONDARY	591 (17.3)	591 (13.7)	604 (14.2)	591 (14.3)	604 (15)
VTC ³⁷	108 (3.2)	106 (2.5)	97 (2.3)	89 (2.2)	77 (1.9)
TOTAL	3412 (100)	4301 (100)	4240 (100)	4122 (100)	4037 (100)
<i>of which:</i>					
TOTAL SPECIAL NEEDS STUDENTS	34	21	28	37	n.a.
STUDENTS WITH PEP ³⁸	4	3	2	4	4
STUDENTS WITH PLP ³⁹	40	43	37	38	30
<i>Of which:</i>					
TOTAL SPECIAL NEEDS TEACHING HOURS	144	78	128	168	163

SCHOOL YEAR	2017/2018					2018/2019				
	kindergarten	primary	lower secondary	upper secondary	vocational training centre	kindergarten	primary	lower secondary	upper secondary	vocational training centre
			FO	SE				FO	SE	
TOTAL pupils	1015	1698		591	108	979	1653	972	591	106
								656	316	
TOTAL special needs pupils					34					21
special needs pupils with IEP					4					3
special needs pupils with PLP					40					43
pupils without special needs but with PLP										
special needs teachers										
total special needs teaching hours					144					78

SCHOOL YEAR	2019/2020					2020/2021				
	kindergarten	primary	lower secondary	upper secondary	vocational training centre	kindergarten	primary	lower secondary	upper secondary	vocational training centre
			FO	SE				FO	SE	
TOTAL pupils	930	1601	1008	604	97	871	1559	1012	591	89
			670	338				665	347	
TOTAL special needs students					28					37
special needs pupils with IEP					2					4
special needs pupils with PLP					37					38
pupils without special needs but with PLP										
special needs teachers										
total special needs teaching hours					128					168

³⁵ FO: Fonte dell'Ovo

³⁶ SE: Serravalle

³⁷ VTC: Vocational Training Centre

³⁸ PEP: Personalised Education Plan

³⁹ PLP: Personalised Learning Plan

SCHOOL YEAR	2021/2022					
SCHOOL	kindergarten	primary	lower secondary		upper secondary	vocational training centre
			FO	SE		
TOTAL pupils	826	1503	1027		604	77
			672	355		
TOTAL special needs pupils						
special needs pupils with IEP						4
special needs pupils with PLP						30
pupils without special needs but with PLP						
special needs teachers						
total special needs teaching hours						163

Appendix 4: SITUATION IN THE PAEDIATRICS UNIT

In the Republic of San Marino, efforts were made to ensure the highest possible school attendance by implementing real-time tracking, thus enabling students not to suspend attendance, even if they were wearing a mask. Nevertheless, sports activities were suspended, taking the children away from the usual group and social activities that enhance physical well-being and thus also causing a certain degree of disorientation. Socialisation, which has been absent for several years, could only worsen with isolation and lockdown. It is important to understand the signs and act in a timely manner to avoid progression and chronification of the disease. It should be borne in mind that, depending on the developmental level, the sufferings implicitly experienced in the current period may manifest themselves through warnings such as attention deficits, school problems, changes in eating habits, forms of isolation and technological addictions, impulse control, self-harm.

Very often, issues concerning Specific Learning Disorders (SLDs), as well as Special Educational Needs (ESDs) at various levels of schooling, may underlie other, more complex and multifactorial problems, which however, manifest themselves in more tangible forms in school and/or sports contexts and, in the absence of these, even such diagnoses are slowed down. The closure of schools, albeit only for short periods (quarantine) in San Marino, at first buffered by DTL (Distance Teaching and Learning), brought to the fore the issue concerning the meaning of these services. Indeed, the importance that kindergartens and schools have in learning new skills as well as knowledge, in experiencing extra-familiar relationships, in social-emotional growth and self-discovery was underestimated. The issues that emerged during the pandemic had impactful implications even among the youngest children, especially with regard to the preservation of relationships with reference persons such as grandparents and safe places such as kindergartens, in which the intrapsychic foundations and structures can be made solid so that subsequent interpersonal relationships can be built in a meaningful and lasting way.

In San Marino, the paediatrics unit is organised in a hospital-centred manner: hospital paediatrics with inpatient ward, emergency and continuity of care outpatient clinic, delivery room, community paediatrics and school paediatrics coexist within the same hospital facility, run by the same medical and nursing staff. This solution allows a complete 360° view of children from 0 to 14 years old, a total of 3942. Within the Paediatrics Unit, and mainly in the Emergency and Continuity of Care Outpatient Clinic (what in Italy is known as Free Choice Paediatrics), it was noted that the youngest children, between 3 and 6 years of age, were exposed to high levels of stress that may have led to excessive attachment - thus amplifying the fear that family members could become infected - and that they were and still are certainly more irritable, inattentive, quarrelsome, aggressive and oppositional.

Worldwide, the virus affected children less severely than adults. In San Marino since the beginning of the epidemic, 3388 patients have tested positive to Covid (85% of the total paediatric population; the figure is affected by the possible re-infection of some). In the 0- to 14-year age group, there were 2 peaks corresponding to 10 years of age (328 cases, 9.6%) and 13 years of age (316 cases, 9.3%).

The total 0-14 years-old San Marino population is 3942 patients, Covid positives were 3388, broken down by age as shown below:

Age	Total	% on positive people
0	130	3.8
1	146	4.3
2	137	4
3	147	4.3
4	171	5.04
5	179	5.28
6	248	7.3
7	221	6.5
8	251	7.4
9	263	7.7
10	328	9.6
11	287	8.4
12	298	8.7
13	316	9.3
14	266	7.8

Out of 3388 positive patients, four patients required hospitalisation:

- 2 diagnosed with MISC (0.07%) assisted in Rimini and with *restitutio ad integrum*,
- 1 hospitalised due to dehydration in the course of gastroenteritis, tested positive after a pre-hospitalisation swab
- 1 with Eating Disorder (ED) tested positive following contact with the father, during hospitalisation in paediatrics.

During the pandemic and especially from 2022 to present, there has been a significant increase in visits to the Paediatric Gastroenterology Outpatient Clinic, for constipation, abdominal pain, and epigastric pain mainly of the “functional” type.

	2019	2020	2021	2022	2023 1st six-month period
PAEDIATRIC GASTROENTEROLOGICAL EXAMINATIONS	40	85	116	94	89

An outpatient clinic dedicated to Eating Disorders (ED) was opened in 2020, and visits appear to be unchanged from previous years until 2022, with an increase of more than 100 per cent in 2023.

	2020	2021	2022	2023 1st six-month period
EATING DISORDERS	19	33	34	41

The referral to the specialist for allergy examinations also almost doubled, from 213 examinations in 2019 to 283 in the first half of 2023.

	2019	2020	2021	2022	2023 1st six-month period
ALLERGY EXAMINATIONS	213	264	303	423	283

From 2022 we have considered and counted the nursing consultations requested by the parents of babies in their first year of life.

These consultations focused mainly on sleep management, but also on weaning and resuscitation manoeuvres for foreign body removal, and increased significantly, so that they doubled by 2023.

	2022	2023 1st six-month period
NURSING CONSULTATIONS	71	78

Certainly, examinations for urgent illnesses and telephone calls have increased considerably, reflecting the increased parental anxiety. Furthermore, removing the masks has brought back all those pathologies that had all but disappeared with their use: from lice to normal phlogosis of the first airways.

	2019	2020	2021	2022	2023 1st six-month period
EMERGENCY PAEDIATRICS EXAMINATION	6489	6417	7739	10602	7396
TELEPHONE NURSING CONSULTATIONS	224	5425	1548	881	1809

In 2021, VRS bronchiolitis appeared earlier than expected and more aggressively in San Marino, and throughout Europe.

	2019	2020	2021
VRS BRONCHIOLITIS	5	9	37

In 2021, there were 37 cases, 17 of which were hospitalised with Oxygen, and 1 with a need for Oxygen to other streams, transferred to the Cesena Hospital in the Paediatric Intensive Care Unit.

In 2022, no one was transferred, but no total figures are available.

As regards the data on minors sent to the Minors Service for psychological/psychiatric pathologies, in the San Marino territory, the data are similar, as recently emerged from a report by Dr. W. Giardi, Minors' Service Director, who points out that in 2021 there were 61 new cases taken in charge, almost four times as many as in the pre-Covid period. In the first three months of 2022 alone, there was also a further increase of 30 cases. The most critical age group is between the ages of 12 and 17. From 2019 with 30 cases to 2021 with 33 cases, there is no significant difference for the 0 to 12 age group. In the last year, 10 children (33%) were sent directly from the Paediatrics Unit to the

Minors' Service, plus 3 outside the territory, mainly for anxiety disorders, depression, immoderate use of social media and eating disorders such as ARFID (3 out of 10 cases sent).

Appendix 5: REFERENCE LEGISLATION OF THE REPUBLIC OF SAN MARINO IN RELATION TO SCHOOL INCLUSIVENESS

School inclusion

The term school “integration” has now been replaced by the term “inclusion”, meaning the process by which the school becomes an environment that responds to the needs of all children, particularly children with special educational needs. Pupils with learning disorders, social distress and disabilities have the right to develop their full potential, taking advantage of recognised educational and training programs useful for their positive integration into the social, civil and working fabric.

The main San Marino regulations are as follows:

- Delegated Decree no. 105 of 1 July 2015, Provisions on the right to education, training and school inclusion of persons with disabilities
- Law no. 28 of 15 March 2015, Framework Law for the Assistance, Social Inclusion and the Rights of Persons with Disabilities
- Guidelines for the right to study of students with specific developmental disorders referred to in Law no. 142 of 9 September 2014
- Law no. 142 of 9 September 2014, Regulations on specific developmental disorders in school and training
- Law no. 21 of 12 February 1998, General rules on education
- Law no. 141 of 21 November 1990 "Framework law on the protection of rights and on social integration of people with disabilities",
- Law no. 60 of 30 July 1980 “Reform of the School System”

Appendix 6: LEGISLATION ISSUED DURING THE SCHOOL PANDEMIC AND WITH SPECIFIC REFERENCES TO PUPILS WITH DISABILITIES

- Decree-Law no. 68 of 3 May 2020 *“Provisions for a gradual loosening of restrictive measures following the Covid-19 health emergency”* (Art. 11: Special attention to children and teenagers with disabilities’);
- Decree Law no. 96 of 31 May 2020 *“Further provisions for a gradual loosening of restrictive measures resulting from the health emergency from Covid-19 - Ministry of Education and Culture - Guidelines for public and private summer centres for children over 3 years of age and teenagers with the presence of operators/educators assigned to their management”* (Art. 8: “Educational interventions for pupils with disabilities”)
- Decree-Law no. 206 of 26 November 2020 *“Further provisions to combat the spread of the Covid-19 epidemic”* (Art. 5: “Urgent measures for schools”);
- Decree-Law no. 1 of 5 January 2021 *“Further provisions to combat the spread of the Covid 19 epidemic”* (Art. 6: “Urgent measures for schools”)
- Decree-Law no. 46 of 27 February 2021 *“Strengthening and containment measures to favour the effectiveness of the Covid-19 vaccination campaign”* (Art. 7: “Urgent measures for schools”)
- Decree-Law no. 72 of 28 April 2021 *“Provisions for a gradual loosening of restrictive measures following the Covid-19 epidemic”* (Art. 7: “Provisions concerning school”).
- Decree-Law no. 135 of 19 July 2021 *“Urgent measures for the reorganisation of schools also linked to the health emergency caused by Covid-19”* (Art. 11: “Examination test for candidates with disabilities and specific learning disorders”)

Appendix 7: THE SITUATION IN THE REPUBLIC OF SAN MARINO REGARDING CIVIL OFFENCES IN THE PRE- AND POST-PANDEMIC PERIOD

With reference to the data on civil statistics in the years 2019, 2020 and 2021 broken down by minor and adult population, the following observations can be made:

Table 1. Type of violence in the adult and minor population, 2019-2021

2019			
Population aged ≥ 18		Population aged < 18	
Type of violence	no. (%)	Type of violence	no. (%)
psychological	1 (2.9)	psychological	(0)
physical	15 (44.1)	psychological/witnessing	2 (9.5)
physical-psychological	10 (29.4)	physical-psychological-bullying	(0)
psychological-stalking	2 (5.9)	neglect	2 (9.5)
physical-psychological-stalking	3 (8.8)	physical	2 (9.5)
psychological-economic	(0)	psychological abuse	5 (23.8)
stalking	(0)	witnessing-physical-psychological	(0)
sexual	(0)	physical	2 (9.5)
other type of violence	3 (8.8)	witnessing	8 (38.1)
Total	34 (100)	Total	21 (100)

2020			
Population aged ≥ 18		Population aged < 18	
Type of violence	no. (%)	Type of violence	no. (%)
psychological	3 (10)	psychological	(0)
physical	13 (43.3)	psychological/witnessing	(0)
physical-psychological	5 (16.7)	physical-psychological-bullying	(0)
psychological-stalking	0 (0)	physical-psychological	4 (19)
physical-psychological-stalking	3 (10)	witnessing-physical-psychological	2 (9.5)
psychological-economic	1 (3.3)	physical	4 (19)
stalking	1 (3.3)	witnessing	11 (52.4)
sexual	1 (3.3)		
other type of violence	3 (10)		
Total	30 (100)	Total	21 (100)

2021			
Population aged ≥ 18		Population aged < 18	
Type of violence	no. (%)	Type of violence	no. (%)
psychological	2 (6.7)	psychological	15 (45.5)
physical	12 (40)	psychological/witnessing	(0)
physical-psychological	12 (40)	physical-psychological-bullying	(0)
economic-physical-psychological	2 (6.7)	physical-psychological	6 (18.2)
psychological-stalking	1 (3.3)	witnessing-physical-psychological	(0)
physical-psychological-stalking	(0)	Physical abuse	5 (15.2)
psychological-economic	(0)	witnessing	7 (21.2)
Sexual	(0)		
Stalking	(0)		
other type of violence	1 (3.3)		
Total	30 (100)	Total	33 (100)

The number of victims of violence under the age of 18 decreased from 34 in 2019 to 30 in 2020. In 2021 the figure remained the same. However, there was a significant increase in the number of underage victims, with reported cases rising from 21 in 2019 and 2020 to 33 in 2021.

In the adult population, the most common types of violence are physical violence (with 15 cases registered in 2019, 13 in 2020 and 12 in 2021), physical-psychological violence (with 10 cases registered in 2019, 5 in 2020 and 12 in 2021).

In the underage population, the most common types of violence are physical violence (with 2 cases reported in 2019, 4 in 2020 and 5 in 2021), physical-psychological violence (with 5 cases in 2019, 4 in 2020 and 6 in 2021) and witnessing violence (with 8 cases in 2019, 11 in 2020 and 15 in 2021).

Table 2 Type of violence by age group in the adult and minor population, 2019-2021

2019			
Population aged ≥ 18		Population aged < 18	
Age groups	no. (%)	Age groups	no. (%)
20-29	6 (17.6)	0-4	6 (28.6)
30-39	12 (35.3)	5-9	7 (33.3)
40-49	9 (26.5)	10-14	6 (28.6)
50-59	3 (8.8)	15-17	2 (9.5)
60-69	2 (5.9)		
70 and more	2 (5.9)		
Total	34 (100)	Total	21 (100)

2020			
Population aged ≥ 18		Population aged < 18	
Age groups	no. (%)	Age groups	no. (%)
20-29	10 (33.3)	0-4	4 (19)
30-39	7 (23.3)	5-9	7 (33.3)
40-49	6 (20)	10-14	7 (33.3)
50-59	6 (20)	15-17	3 (14.3)
60-69	1 (3.3)		
Total	30 (100)	Total	21 (100)

2021			
Population aged ≥ 18		Population aged < 18	
Age groups	no. (%)	Age groups	no. (%)
18-29	8 (25.8)	0-4	8 (24.2)
30-39	9 (29)	5-9	12 (36.4)
40-49	6 (19.4)	10-14	7 (21.2)
50-59	2 (6.5)	15-17	6 (18.2)
60-69	0 (0)		
70 and more	6 (19.4)		
Total	31 (100)	Total	23 (100)

In the adult population, the most affected age groups are those between 18 and 59, with the following specifications:

- The 18-29 age group recorded 6 victims in 2019, 10 in 2020 and 8 in 2021
- The 30-39 age group recorded 12 victims in 2019, 7 in 2020 and 9 in 2021
- The 40-49 age group recorded 9 victims in 2019, 6 in 2020 and 6 in 2021
- The 50-59 age group recorded 3 victims in 2019, 6 in 2020 and 2 in 2021

In the underage population, there is almost a uniformity of violence in the 0-14 age group, while in the 15-17 age group there are fewer cases of violence, in particular:

- The 0-4 age group recorded 6 victims in 2019, 4 in 2020 and 8 in 2021
- The 5-9 age group recorded 7 victims in 2019, 7 in 2020 and 12 in 2021
- The 10-14 age group recorded 6 victims in 2019, 7 in 2020 and 7 in 2021
- The 15-17 age group recorded 2 victims in 2019, 3 in 2020 and 6 in 2021

Table 3 Violence by perpetrator in the adult and minor population, 2019-2021

2019			
Population aged ≥ 18		Population aged < 18	
Perpetrator	no. (%)	Perpetrator	no. (%)
husband/wife	12 (35.3)	both parents	4 (19)
cohabiting par	2 (5.9)	father	13 (61.9)
ex-partner	5 (14.7)	mother	3 (14.3)
acquaintance	(0)	teacher	(0)
daughter/son	(0)	mother's partner	(0)
parent	1 (2.9)	classmates	(0)
unknown	1 (2.9)	acquaintance	1 (4.8)
other relatives	(0)		
caregiver	(0)		
na	2 (5.9)		
Total	34 (100)	Total	21 (100)

2020			
Population aged ≥ 18		Population aged < 18	
Perpetrator	no. (%)	Perpetrator	no. (%)
husband/wife	10 (33.3)	both parents	5 (23.8)
cohabiting par partner	3 (10)	father	11 (52.4)
ex-partner	5 (16.7)	father and grandparents	1 (4.8)
acquaintance	4 (13.3)	mother	1 (4.8)
daughter/son	2 (6.7)	mother and grandparents	1 (4.8)
parent	3 (10)	teacher	(0)
unknown	1 (3.3)	mother's partner	1 (4.8)
other relatives	1 (3.3)	classmates	(0)
caregiver	(0)	acquaintance	1 (4.8)
na	(0)		
Total	30 (100)	Total	21 (100)

2021			
Population aged ≥ 18		Population aged < 18	
Perpetrator	no. (%)	Perpetrator	no. (%)
husband/wife	8 (25.8)	both parents	11 (33.3)
cohabiting par partner	7 (22.6)	father	9 (27.3)
ex-partner	3 (9.7)	father and grandparents	(0)
acquaintance	6 (19.4)	mother	2 (6.1)
daughter/son	1 (3.2)	mother and grandparents	1 (3)
parent	2 (6.5)	teacher	(0)
unknown	(0)	mother's partner	(0)
other relatives	(0)	classmates	(0)
caregiver	2 (6.5)	acquaintance	(0)
na	(0)	Other relatives	2 (6.1)
		unknown	8 (24.2)
Total	31 (100)	Total	33 (100)

In the adult population the abuser often coincides with the spouse, cohabitant, partner and ex-partner, in particular:

- With regard to ill-treating spouses, 12 cases were recorded in 2019, 10 in 2020 and 8 in 2021
- With regard to ill-treating cohabitants, 2 cases were recorded in 2019, 3 in 2020 and 7 in 2021
- With regard to ill-treating partners, 5 cases were recorded in 2019, 5 in 2020 and 5 in 2021
- With regard to ill-treating ex-partners, 11 cases were recorded in 2019, 4 in 2020 and 6 in 2021

In the underage population the abuser often coincides with the parents, in particular:

- Both parents are abusive in 4 cases in 2019, 5 in 2020 and 11 in 2021
- The father alone is abusive in 13 cases in 2019, 11 in 2020 and 9 in 2021
- The mother alone is abusive in 3 cases in 2019, 2 in 2020 and 2 in 2021

Table 4. Violence reporting by reporting entity in the adult and minor population, 2019-2021

2019			
Population aged ≥ 18		Population aged < 18	
Reporting entity	no. (%)	Reporting entity/person	no. (%)
Law enforcement	12 (35.3)	Mother	4 (19)
SSI - emergency care unit	13 (38.2)	Law enforcement	8 (38.1)
SSI - women's health centre	1 (2.9)	SSI - emergency care unit	(0)
SSI - primary healthcare	5 (14.7)	SSI - women's health centre	(0)
SSI-mental health service	1 (2.9)	SSI - minors' service	6 (28.6)
other	2 (5.9)	School	3 (14.3)
		Other	(0)
Total	34 (100)	Total	21 (100)

2020			
Population aged ≥ 18		Population aged < 18	
Reporting entity	no. (%)	Reporting entity/person	no. (%)
Law enforcement	10 (33.3)	parents	1 (4.8)
SSI - emergency care unit	9 (30)	Law enforcement	9 (42.9)
SSI - women's health centre	(0)	Criminal Court	1 (4.8)
SSI - primary healthcare	(0)	SSI - emergency care unit	1 (4.8)
SSI-mental health service	5 (16.7)	SSI - minors' service	2 (9.5)
other	6 (20)	SSI-mental health service	4 (19)
		School	1 (4.8)
		Other	2 (9.5)
Total	30 (100)	Total	21 (100)

2021			
Population aged ≥ 18		Population aged < 18	
Reporting entity	no. (%)	Reporting entity/person	no. (%)
Law enforcement	14 (45.2)	parents	(0)
SSI - emergency care unit	12 (38.7)	Law enforcement	17 (51.5)
SSI - women's health centre	1 (3.2)	Criminal Court	(0)
SSI - primary healthcare	1 (3.2)	SSI - emergency care unit	1 (3)
SSI-mental health service	1 (3.2)	SSI - minors' service	5 (15.2)
other	2 (6.5)	SSI-mental health service	(0)
		SSI-paediatrics unit	6 (18.2)
		School	2 (6.1)
		Other	2 (6.1)
Total	31 (100)	Total	33 (100)

In the adult population, the reporting entities in most cases are the police and SSI-Emergency Care Unit, in particular:

- The police issued 12 reports in 2019, 10 in 2020 and 14 in 2021
- The Emergency Care Unit issued 13 reports in 2019, 9 in 2020 and 12 in 2021

In the underage population, the reporting entities in most cases were the police, the SSI Minors' Service and the school, in particular:

- The police issued 8 reports in 2019, 9 in 2020 and 17 in 2021
- The SSI Minors' Service issued 6 reports in 2019, 2 in 2020 and 5 in 2021
- The School issued 3 reports in 2019, 1 in 2020 and 2 in 2021

Table 5. Minors in families with violence victims in the adult and minor population, 2019-2021

2019	
Population aged ≥ 18	
Involvement of children	no. (%)
Yes	21 (61.8)
No	13 (38.2)
Total	34 (100)

2020	
Population aged ≥ 18	
Involvement of children	no. (%)
Yes	15 (50)
No	15 (50)
Total	30 (100)

2021	
Population aged ≥ 18	
Involvement of children	no. (%)
Yes	11 (35.5)
No	20 (64.5)
Total	31 (100)

In 2019 the presence of minors in a family with a victim of violence was 68.1% (out of a total of 34 cases), in 2020 the presence of minors in a family with a victim of violence decreased to 50% (out of a total of 30 cases) and in 2021 the presence of minors in a family with a victim of violence continued to decrease to 35.5% (out of a total of 31 cases).

Table 6. Distribution of work activity of the victim of violence in the adult and minor population, 2019 – 2021

2019	
Population aged ≥ 18	
Work activity	no. (%)
unemployed	5 (14.7)
employed	17 (50)
pensioner	7 (20.6)
student	1 (2.9)
na	4 (11.8)
Total	34 (100)

2020	
Population aged ≥ 18	
Work activity	no. (%)
unemployed	5 (16.7)
employed	19 (63.3)
pensioner	3 (10)
student	1 (3.3)
na	2 (6.7)
Total	30 (100)

2021	
Population aged ≥ 18	
Work activity	no. (%)
unemployed	6 (19.4)
employed	16 (51.6)
pensioner	7 (22.6)
student	2 (6.5)
na	(0)
Total	30 (100)

The victim's work activity was:

- Employed: in 50% of cases registered in 2019, 63.3% of cases registered in 2020 and 51.6% of cases registered in 2021
- Unemployed: in 14.7% of cases registered in 2019, 16.7% of cases registered in 2020 and 19.4% of cases registered in 2021
- Retired: in 20.6% of cases registered in 2019, in 10% of cases registered in 2020 and in 22.6% of cases registered in 2021
- Student: in 2.9% of cases registered in 2019, 3.3% of cases registered in 2020 and 6.5% of cases registered in 2021

Table 7. Citizenship of victims of violence in the adult and minor population, 2019-2021

2019			
Population aged ≥ 18		Population aged < 18	
Victims' citizenship	n (%)	Victims' citizenship	n (%)
San Marino	22 (64.7)	San Marino	19 (90.5)
Italian	3 (8.8)	Italian	2 (9.5)
Other	9 (26.5)	Other	(0)
Total	34 (100)	Total	21 (100)

2020			
Population aged ≥ 18		Population aged < 18	
Victims' citizenship	n (%)	Victims' citizenship	n (%)
San Marino	17 (56.7)	San Marino	11 (52.4)
Italian	13 (43.3)	Italian	6 (28.6)
Other	(0)	Other	4 (19)
Total	30 (100)	Total	21 (100)

2021			
Population aged ≥ 18		Population aged < 18	
Victims' citizenship	n (%)	Victims' citizenship	n (%)
San Marino	21 (67.7)	San Marino	21 (63.6)
Italian	9 (29)	Italian	12 (36.4)
Other	1 (3.2)	Other	(0)
Total	31 (100)	Total	33 (100)

In the adult population, the citizenship of the victims is the following:

- San Marino: in 64.7% of cases in 2019, 56.7% of cases in 2020, 67.7% of cases in 2021
- Italian: in 8.8% of cases in 2019, 43.3% of cases in 2020, 29% of cases in 2021

In the underage population, the citizenship of the victims is the following:

- San Marino: in 90.5% of cases in 2019, 52.4% of cases in 2020, 63.6% of cases in 2021
- Italian: in 9.5% of cases in 2019, 28.6% of cases in 2020, 36.4% of cases in 2021

Table 8. Distribution of civil proceedings by year, type of offence and report

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Type of offence	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)	no. (%)
FAMILY ARGUMENT	3 (75)	2 (28.6)	13 (56.5)	22 (71)	23 (59)	5 (14.3)	16 (26.2)	15 (37.5)	15 (41.7)	21 (60)
WOMEN AND MINORS	1 (25)	(0)	2 (8.7)	2 (6.5)	(0)	(0)	(0)	(0)	(0)	1 (2.9)
WOMEN AND GENDER	(0)	4 (57.1)	7 (30.4)	7 (22.6)	16 (41)	30 (85.7)	45 (73.8)	25 (62.5)	20 (55.6)	12 (34.3)
VIOLENCE ON MINORS	(0)	1 (14.3)	1 (4.3)	0 (0)	(0)	(0)	(0)	(0)	1 (2.8)	1 (2.9)
TOTAL	4 (100)	7 (100)	23 (100)	31 (100)	39 (100)	35 (100)	61 (100)	40 (100)	36 (100)	35 (100)
<i>Reported by:</i>										
GENDARMERIE	4 (100)	4 (57.1)	11 (47.8)	11 (35.5)	19 (48.7)	5 (14.3)	13 (21.3)	9 (22.5)	17 (47.2)	8 (22.9)
CIVIL POLICE	(0)	1 (14.3)	5 (21.7)	10 (32.3)	1 (2.6)	2 (5.7)	(0)	2 (5)	(0)	3 (8.6)
FORTRESS GUARD	(0)	(0)	2 (8.7)	2 (6.5)	(0)	(0)	1 (1.6)	(0)	1 (2.8)	2 (5.7)
AUTHORITY FOR EQUAL OPPORTUNITIES	(0)	1 (14.3)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
SSI	(0)	1 (14.3)	5 (21.7)	7 (22.6)	18 (46.2)	25 (71.4)	36 (59)	29 (72.5)	13 (36.1)	17 (48.6)
STATE LAWYERS' OFFICE	(0)	(0)	(0)	(0)	1 (2.6)	(0)	(0)	(0)	(0)	1 (2.9)
INVESTIGATING JUDGE	(0)	(0)	(0)	1 (3.2)	(0)	(0)	(0)	(0)	(0)	(0)
N/A	(0)	(0)	(0)	(0)	(0)	3 (8.6)	11 (18)	(0)	5 (13.9)	4 (11.4)
TOTAL	4 (100)	7 (100)	23 (100)	31 (100)	39 (100)	35 (100)	61 (100)	40 (100)	36 (100)	35 (100)
<i>of which:</i>										
FILED	4 (100)	7 (100)	22 (95.7)	25 (80.6)	36 (92.3)	35 (100)	61 (100)	36 (90)	30 (83.3)	32 (91.4)
PENDING	0 (0)	0 (0)	1 (4.3)	6 (19.4)	3 (7.7)	0 (0)	0 (0)	4 (10)	6 (16.7)	3 (8.6)

Appendix 8: THE SITUATION IN THE REPUBLIC OF SAN MARINO REGARDING CRIMINAL OFFENCES IN THE PRE- AND POST-PANDEMIC PERIOD

Table 1. Criminal statistics in the pre-pandemic three-year period (2017-2019) and the pandemic two-year period (2020-2021)

ART.	OFFENCES	2017-2019 no. (%)	2020-2021 no. (%)
3	Article 3 - Illicit production, trafficking and possession of narcotic drugs	0 (0)	3 (2.7)
26	Art. 26 Attempted criminal offence	0 (0)	1 (0.9)
27	Article 27- Unsuccessful criminal offence	2 (1.4)	0 (0)
50	Article 50-Continuing criminal offence	2 (1.4)	0 (0)
70	Article 70- Violation and criminal penalties	1 (0.7)	0 (0)
73	Article 73 - Complicity and collaboration	1 (0.7)	1 (0.9)
90	Article 90 - Special aggravating or mitigating circumstances	1 (0.7)	1 (0.9)
91	Article 91 - Recidivism	1 (0.7)	0 (0)
155	Article 155 Bodily injury	19 (12.9)	23 (20.4)
156	Article 156 - Aggravating Events	10 (6.8)	3 (2.7)
165	Article 165 - Administering harmful or dangerous substances to minors	0 (0)	1 (0.9)
157	Article 157 - Beating	15 (10.2)	15 (13.3)
168	Article 68bis - Incitement to prostitution	0 (0)	1 (0.9)
169	Article 169 - Kidnapping	0 (0)	0 (0)
171	Article 171 - Violation of sexual freedom	3 (2)	3 (2.7)
172	Article 172 - Group sexual violence	0 (0)	1 (0.9)
173	Article 173 - Lewd acts on consenting minors or incapacitated persons	2 (1.4)	1 (0.9)
177ter	Article 177ter - Child pornography	1 (0.7)	0 (0)
178	Article 178 - Right to Complain	2 (1.4)	0 (0)
179	Article 179 - Private Violence	3 (2)	2 (1.8)
179bis	Article 179bis - Discrimination, hatred or violence on the grounds of race, ethnicity, nationality, religion or sexual orientation	1 (0.7)	0 (0)
181	Article 181-Threat	19 (12.9)	12 (10.6)
181 bis.	Article 181 bis - Persecutory acts	21 (14.3)	15 (13.3)
182	Article 182 - Trespassing	2 (1.4)	0 (0)
183	Article 183 - Defamation	4 (2.7)	3 (2.7)
184	Article 184-insult	16 (10.9)	9 (8)
185	Art.185-Public libel	1 (0.7)	2 (1.8)
196	Article 196 - Extortion	0 (0)	1 (0.9)
197	Article 197 - Misappropriation	1 (0.7)	1 (0.9)
198	Article 198 - Bad faith administration	0 (0)	1 (0.9)
203	Article 203 - Damage	4 (2.7)	2 (1.8)
203bis	Article 203bis - Damage to computer information, data and programmes	1 (0.7)	0 (0)
204ter	Article 204ter - Computer frauds	1 (0.7)	0 (0)
208	Article 208 - Fraud in the performance of contracts	0 (0)	1 (0.9)
231	Article 231 - Child abduction	1 (0.7)	0 (0)
231bis	Article 231bis - Abduction and holding of a minor abroad	1 (0.7)	0 (0)
234	Article 234 - Misuse of powers of correction or discipline	0 (0)	0 (0)
235	Article 235 - Maltreatment against family members and cohabitants	5 (3.4)	2 (1.8)
251	Article 251 - Illegal manufacturing, circulation of weapons etc.	1 (0.7)	1 (0.9)
259	Article 259 - Failure to comply with a legitimate order of the Authority	2 (1.4)	1 (0.9)
267	Article 267 - Blasphemy and offence against the dead	0 (0)	1 (0.9)
344	Article 344 - Damage to the reputation of persons vested with political powers	0 (0)	0 (0)
366	Article 366 - Failure to comply with civil obligations imposed by the Judge	1 (0.7)	0 (0)
357	Article 357 Slander and self-slander	0 (0)	1 (0.9)
367	Article 367- Taking the law into one's own hands	1 (0.7)	1 (0.9)
381	Article 381 - Violence or threat against authority	0 (0)	1 (0.9)
382	Article 382 - Insult of a public official	0 (0)	1 (0.9)
Law 139/1997	Article 1 Law 139/1997 Production and possession of narcotic drugs	0 (0)	1 (0.9)
57/DD81/2008	Article 57/DD81/2008 Driving under the influence of mental and physical alteration	1 (0.7)	0 (0)
TOTAL		147 (100)	113 (100)

In the 2017-2019 three-year period, a total of 147 complaints were made, 60 in 2017, 43 in 2018 and 44 in 2019. In the pandemic period, the total number of reported crimes amounted to 113, with 47 in 2020 and 62 in 2021.

The most frequent offences were bodily harm, battery, threats, persecutory acts and insults, in both periods considered. It is possible that the situation of forced cohabitation contributed to a percentage increase in bodily harm (with an increase of 7.5%) and battery (with an increase of 3.1%), in the pandemic period compared to the pre-pandemic period; crimes of threats (from 12.9% to 10.6%), persecutory acts (from 14.3% to 13.3%) and insults (from 10.9% to 8%) decreased slightly.

Table 2. Distribution of criminal cases by status in the pre-pandemic three-year period (2017-2019) and in the pandemic two-year period (2020-2021)

STATE OF CRIMINAL PROCEEDINGS	2017-2019 no. (%)	2020-2021 no. (%)
Pending	17 (23.6)	25 (51)
Indictment	22 (30.6)	7 (14.3)
Criminal conviction	2 (2.8)	0 (0)
Filed	28 (38.9)	16 (32.7)
Voluntary settlement	1 (1.4)	0 (0)
Forced settlement	2 (2.8)	1 (2)
TOTAL	72 (100)	49 (100)

The number of criminal proceedings remained basically stable between 23 and 26 in each year of the reporting period.

Overall, criminal proceedings amounted to 72 in the pre-pandemic period and 49 during the pandemic period; the most frequent statuses are pending, indictment and dismissal.

During the two-year pandemic period, there was an increase in pending cases, from 23.6% of the total number of cases in 2017-2019 to 51% in 2020-2021; a reduction in indictments, from 30.6% to 14.3%; and a reduction in dismissed cases, from 38.9% to 32.7%.

Table 3. Distribution of acts leading to criminal proceeding in the pre-pandemic three-year period (2017-2020) and in the pandemic two-year period (2020-2021)

DOCUMENT INSTITUTING THE CRIMINAL PROCEEDINGS	2017-2019 no. (%)	2020-2021 no. (%)
Law Commissioner's Decree	1 (1.4)	2 (4.1)
Complaint	17 (23.6)	11 (22.4)
Report to the Police	1 (1.4)	0 (0)
Rimini Public Prosecutor's Office	0 (0)	0 (0)
Judicial Report Gendarmerie	7 (9.7)	13 (26.5)
Information report Gendarmerie	6 (8.3)	0 (0)
Fortress Guard Judicial report	1 (1.4)	4 (8.2)
Report by the Gendarmerie	5 (6.9)	6 (12.2)
Report by the SSI	2 (2.8)	3 (6.1)
Report by the Civil Police	4 (5.6)	3 (6.1)
Law Commissioner's judgement	1 (1.4)	0 (0)
Transmission of complaint by the Gendarmerie	24 (33.3)	7 (14.3)
Judgement transmission Civil Registry	3 (4.2)	0 (0)
TOTAL	72 (100)	49 (100)

The most frequent acts leading to criminal proceedings were the complaint-suit, the judicial report from the Gendarmerie (with an increase of 6 cases over the pandemic period), the report from the Gendarmerie (with an increase of 1 case over the pandemic period), the report from the SSI (also with an increase of 1 case) and the Civil Police (with a reduction of 1 case), and the transmission of the complaint-suit from the Gendarmerie (with a significant reduction of 17 cases).

Table 4. Distribution of the outcome of criminal cases in the pre-pandemic three-year period (2017-2019) and the pandemic two-year period (2020-2021)

OUTCOME OF CRIMINAL PROCEEDINGS	2017-2019 no. (%)	2020-2021 no. (%)
Judgement - Conviction	7 (21.9)	13 (50)
Filing - Withdrawal or lack of complaint	3 (9.4)	0 (0)
Filing - statute of limitation period	4 (12.5)	0 (0)
Filing - Absence of criminal elements	2 (6.3)	0 (0)
Filing - Unspecified	16 (50)	13 (50)
TOTAL	32 (100)	26 (100)

During the pandemic period, there was a change in the outcome of criminal proceedings, as well as a reduction in these proceedings due to the reduction in reported offences. Indeed, convictions increased (from 7 to 13), and total dismissals were almost halved (from 25 to 13).

Table 5. Offences by gender of the victim in the pre-pandemic three-year period (2017-2019) and in the pandemic two-year period (2020-2021)

VICTIM TYPE	2017-2019 no. (%)	2020-2021 no. (%)
Women	60 (87)	48 (90.6)
Minors	9 (13)	5 (9.4)
TOTAL	69 (100)	53 (100)

A total of 108 and 14 offences against women and minors, respectively, were detected between 2017 and 2021. Crimes against women, in all years of the reporting period, ranged between 20 and 25, with a minimum value of 18 in 2018. Crimes against minors ranged between 0 and 1 in 2018 and 2020 respectively, the highest values were reached in 2017 with 6 cases and in 2021 with 4 cases.

Percentage-wise, crimes against women slightly increased, from 87% of total crimes in 2017-2019, to 90.6% in 2020-2021.

Table 6. Victims' citizenship in the pre-pandemic three-year period (2017-2019) and in the pandemic two-year period (2020-2021)

VICTIMS' CITIZENSHIP	2017-2019 no. (%)	2020-2021 no. (%)
San Marino	46 (63)	29 (54.7)
Italian	12 (16.4)	16 (30.2)
Albanian	5 (6.8)	0 (0)
Ukrainian	1 (1.4)	0 (0)
Rumanian	4 (5.5)	3 (5.7)
Polish	0 (0)	1 (1.9)
Moldavian	1 (1.4)	1 (1.9)
Chilean	1 (1.4)	0 (0)
Cuban	0 (0)	0 (0)
Bosnian	0 (0)	0 (0)
Brazilian	1 (1.4)	0 (0)
Unspecified	2 (2.7)	3 (5.7)
TOTAL	73 (100)	53 (100)

In most cases, the victims of violence were San Marino citizens, with a decrease from 63% to 54.7% of the total in each period. The percentage of victims of violence with Italian citizenship rose from 16.4% in the pre-pandemic period to 30.2% during the pandemic period. Table 7.

Table 7. Citizenship of suspects/defendants in the pre-pandemic three-year period (2017-2019) and in the pandemic two-year period (2020-2021)

SUSPECTS/DEFENDANTS' CITIZENSHIP	2017-2019 no. (%)	2020-2021 no. (%)
San Marino	31 (44.3)	28 (48.3)
Italian	16 (22.9)	15 (25.9)
Albanian	1 (1.4)	2 (3.4)
Bosnian	2 (2.9)	0 (0)
Serbian	0 (0)	0 (0)
Russian	1 (1.4)	0 (0)
Moroccan	2 (2.9)	0 (0)
Slovak	1 (1.4)	0 (0)
Rumanian	3 (4.3)	0 (0)
Moldavian	2 (2.9)	1 (1.7)
Unspecified	11 (15.7)	12 (20.7)
TOTAL	70 (100)	58 (100)

In most cases, the suspects/defendants are of San Marino and Italian citizenship, in both periods.

Table 8. Age distribution of victims in the pre-pandemic three-year period (2017-2019) and in the pandemic two-year period (2020-2021)

VICTIM AGE	2017-2019 no. (%)	2020-2021 no. (%)
< 18 years	9 (12.5)	5 (9.4)
18-29 years	13 (18.1)	12 (22.6)
30-39 years	20 (27.8)	11 (20.8)
40-49 years	18 (25)	13 (24.5)
50-59 years	7 (9.7)	7 (13.2)
60-69 years	3 (4.2)	2 (3.8)
70 and more	2 (2.8)	3 (5.7)
TOTAL	72 (100)	53 (100)

With regard to the population over the age of 18, the most affected age group was that between 18 and 59.

Table 9. Distribution of the relationship between suspect/defendant and victim. Victims' citizenship in the pre-pandemic three-year period (2017-2019) and in the pandemic two-year period (2020-2021)

RELATIONSHIP BETWEEN SUSPECT/DEFENDANT AND VICTIM	2017-2019 no. (%)	2020-2021 no. (%)
Cohabiting spouse	11 (15.7)	9 (15.5)
Cohabiting partner	0 (0)	2 (3.4)
Partner	4 (5.7)	2 (3.4)
Former spouse	7 (10)	5 (8.6)
Ex-partner	6 (8.6)	10 (17.2)
Parent	4 (5.7)	0 (0)
Brother/sister	0 (0)	2 (3.4)
Son/daughter	2 (2.9)	0 (0)
Colleague	4 (5.7)	1 (1.7)
Acquaintance	13 (18.6)	7 (12.1)
Teacher	1 (1.4)	0 (0)
Unspecified relationship	18 (25.7)	20 (34.5)
TOTAL	70 (100)	58 (100)

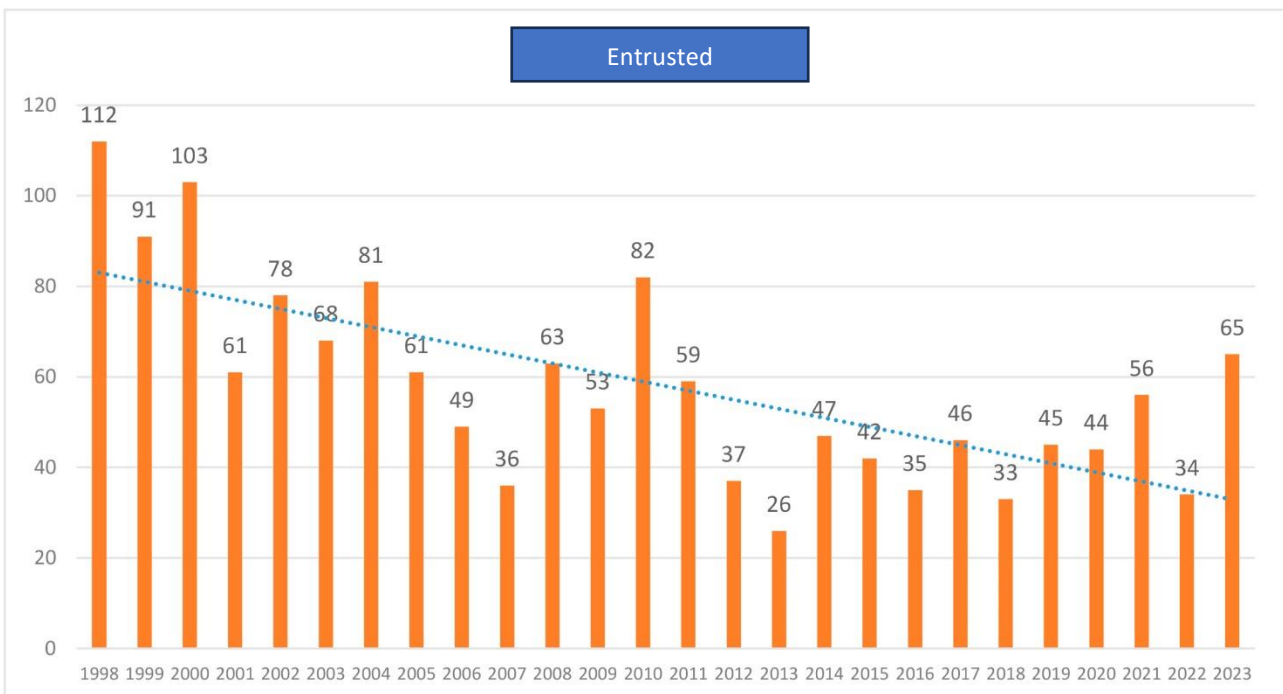
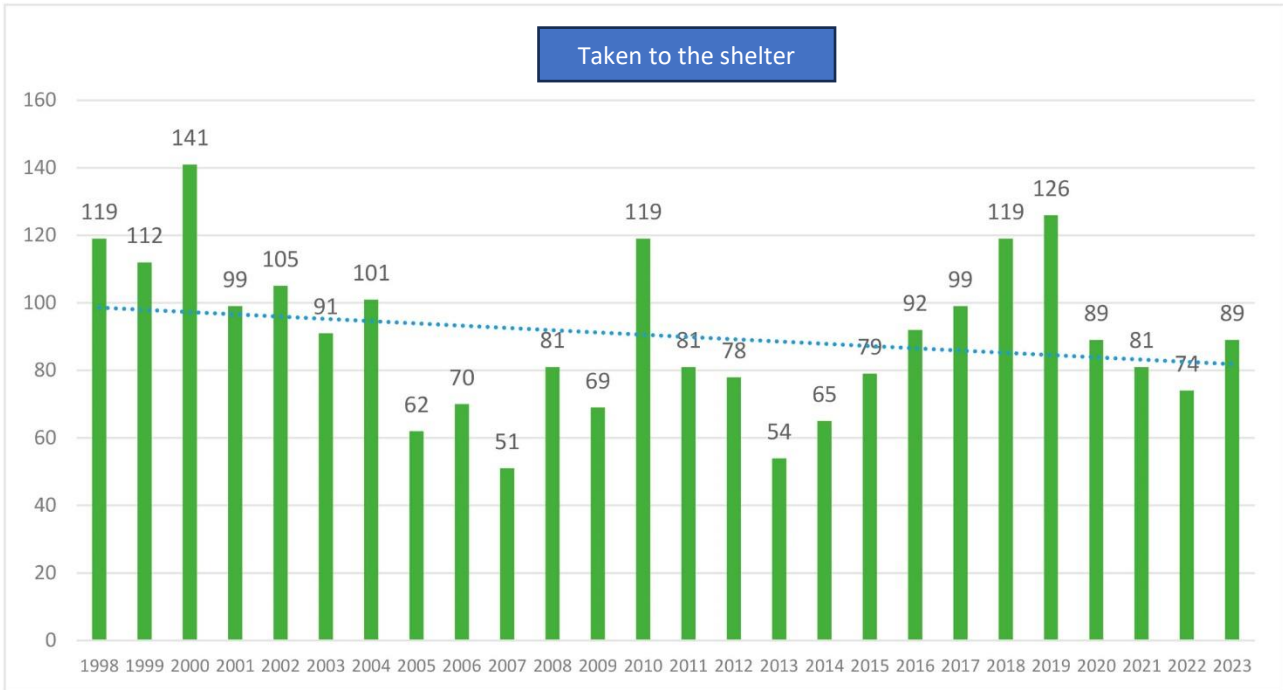
Very often, the crimes examined are committed by the victim's cohabiting spouse, partner, ex-spouse, ex-partner or acquaintances both before and during the pandemic.

Appendix 9: THE SITUATION REGARDING PETS IN THE REPUBLIC OF SAN MARINO

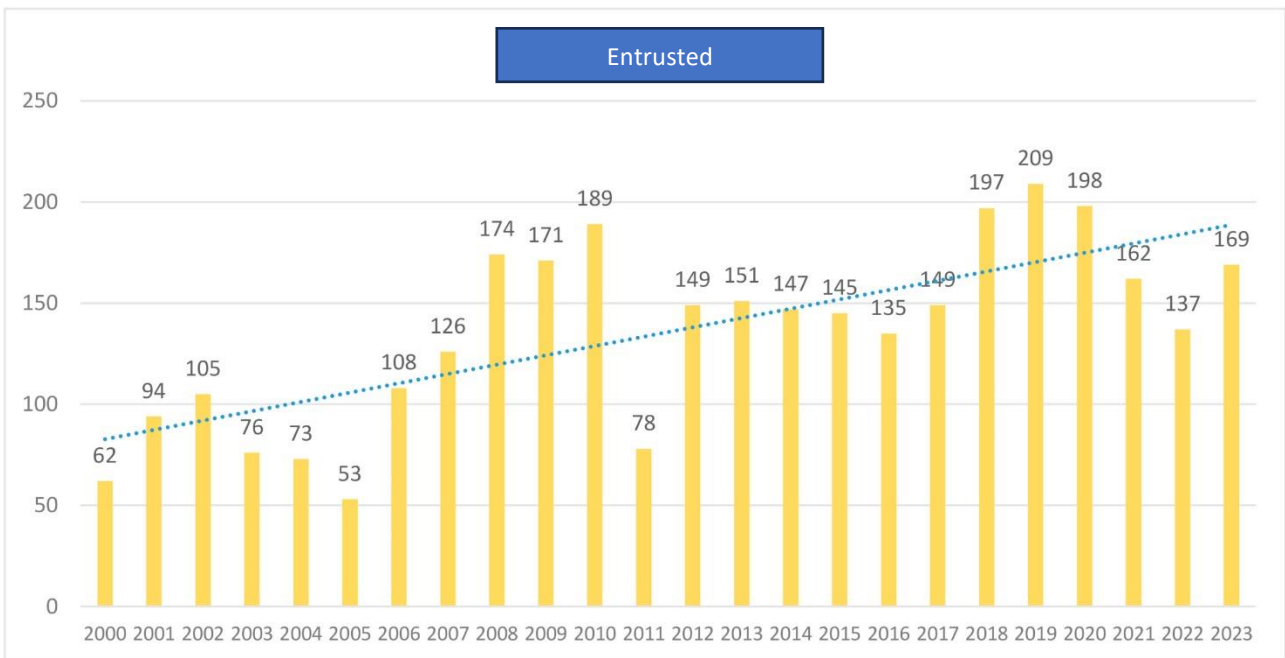
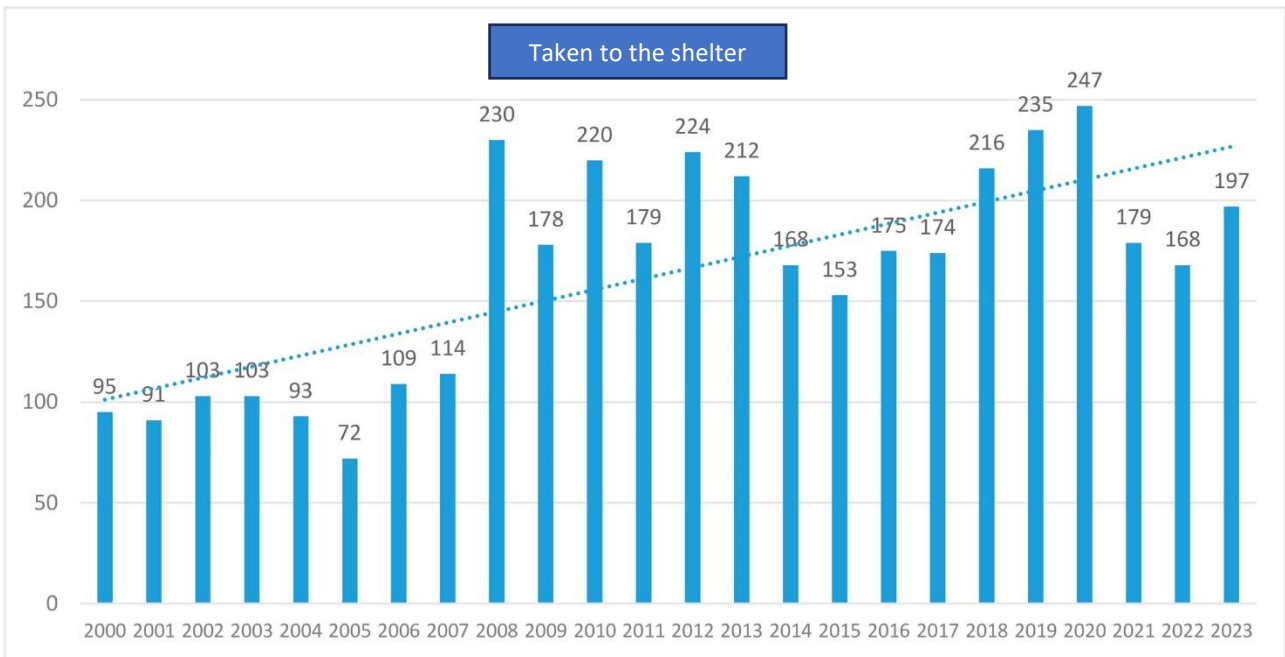
The data reported are provided by the San Marino Association for the Protection of Animals (APAS: <https://www.apasrsm.org/>) which is responsible, among other activities, for the management of the Shelter that takes in abandoned pets.

Below is the trend of incoming and fostered dogs and cats over the last two decades:

Dogs:



Cats:



The number of animals taken in at the APAS Shelter during 2021 was 279 (compared to 247 in 2020) and consisted of 81 dogs (of which 30 were surrendered, 36 lost and returned to their owners and 3 strays), 179 cats and 19 reptiles, birds, rabbits and small mammals.

Overall, in the two-year period 2020/2021, there was still a progressive downward trend in dog arrivals and presences. On the contrary, the adoption rate remains high (an average of 45/50 dogs per year), testifying to the fact that the pandemic, by forcing people to spend more time indoors, far from discouraging, has even promoted dog adoption.

The same can be said for cats, and especially kittens, which arrived at the Shelter in 2020 in far greater numbers than in 2021, echoing the worrying figures recorded many years ago, before APAS systematically

tackled the problem of annual cat straying ([4th Report on straying cats and dogs in the Republic of San Marino](#)) with sterilisation programmes conducted on colony cats from September to February (“Happy Colony Project”). The most probable explanation for this increase is that lockdown and the limitations associated with the rapid spread of the disease itself have not allowed families to get their cats sterilised at the right time, making possible unwanted broods that were left alone at the mercy of ‘natural selection’ and only partly referred to the Shelter out of a poorly concealed, belated sense of helplessness or guilt.

On the other hand, between 2020 and 2021, abandonment (renunciation of ownership) of dogs were not much higher than in the previous two-year period. For the last ten years or so, they have shown a steady and worrying increase due to various social and cultural reasons that we do not think need to be the subject of this examination. The latter are mainly linked to the superficiality or incompetence with which people (families, young couples, workers in precarious conditions) adopt pure-bred animals, most often large breeds, shepherd dogs, defence or hunting dogs, which they only later realise they do not know how to handle due to a lack of skills, means and suitable facilities. On the other hand, in today's society of appearance and impulsive reactions in pursuit of the immediate realisation of dreams fuelled by social networks and TV, which make dogs the protagonists of captivating advertising episodes, irreparable damage is directly suffered by both pets and the very solidity of our relationship with the world that they - if they are well integrated into the family or personal context - would be able to guarantee us in the long term.