

COVID-19 Pandemic and its Impact on Italy's Governance and Security

By Francesco Palermo

Italy has been severely affected by the COVID-19 pandemic, with a proportionately high number of infections, and even higher mortality rate, due to the large number of elderly people (22.7 percent of the residents being over 65 years, the highest percentage in Europe). As of 30 April 2021, in a population of 60.35 million, 4,044,762 had been infected, with 121,177 casualties. The impact was extremely uneven among Italy's regions in the "first wave" (February-June 2020), with the overwhelming majority of cases being concentrated in just a handful of regions in the north. These areas are the more industrialized parts of Italy and hence more exposed to trade with foreign nations. In the "second wave," that started in October 2020, the distribution of the infection was far more uniform.

Italy was the first European country to be hit by the COVID-19 pandemic and the first to impose a strict lockdown. After the first, dramatic moments in March and April 2020, it managed to keep the contagion under control until the second wave which struck in the fall and the winter. On January 31, 2020, far ahead of any other European country, a state of emergency was declared by the national government for a period of six months, which was subsequently prolonged for additional periods of six months.

This article describes the institutional and political framework and the measures put in place at the national (state) and the subnational (regional) level to confront this public health emergency, the developments related to territorial conflicts and security challenges raised or amplified by the pandemic, and the main consequences for the country's territorial organization and the overall national security policy and the role of the armed forces.

Institutional and Political Framework

The Measures

The constitution, adopted in 1948, does not regulate the state of emergency in detail. It provides however that "in case of necessity and urgency" the government may adopt "law decrees," i.e. "temporary measures having force of law" which are valid for no longer than two months unless they are in the meantime adopted as

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formal laws by Parliament (Article 77). In the course of 2020, twenty-six such legislative measures have been enacted, twenty-two regulations (decrees of the Prime Minister), and several administrative provisions by individual ministries, by the national civil protection agency, and by the Commissioner against the COVID-19 emergency (Italian Government, ongoing).

The state of emergency was declared based on a statutory rather than a constitutional provision—the Civil Protection Act 2018—which empowers the government to adopt “any necessary measure” within the limits of the “general principles of the legal system.” This law does not define the powers that the national government may exercise under a state of emergency, nor does it authorize it to limit fundamental freedoms. It simply indicates the type of emergency events that can activate civil protection powers at local, regional, or state level. In the case of COVID-19, the nature of the threat required the use of national civil protection powers. The head of the Civil Protection Department (CPD—a department under the Prime Minister’s Office) was vested with the power to issue special orders in derogation of any current provision and in compliance with the general principles of the legal system. While administrative in nature, these acts can derogate legislative provisions: in this way, the legal machinery was equipped to intervene at any given moment.

On January 31, 2020, one day after the World Health Organization (WHO) declared the COVID-19 outbreak a public emergency of international concern, the Italian government declared a state of emergency. The first cases of infection were reported in early February in two small towns in Lombardy and Veneto. At that time, the national strategy was to contain the pandemic through local provisions. The first national decrees authorized regions and municipalities to “adopt all containment and management measures that are adequate and proportionate to the evolution of the epidemiological

situation.” Soon after, however, the national government took the lead through a series of measures centralizing power in its hands, informing its decisions on recommendations issued by an expert committee (initially composed of men only...), and appointing a special commissioner in charge of coordinating action at national level. From March 18, 2020, the special commissioner appointed by the national government coordinated all actions.

As of early March 2020, a series of Prime Minister’s Decrees was issued with the aim of gradually tightening restrictive measures and providing for the isolation of the affected areas (“red zones”). These containment measures, initially limited to some municipalities, were also imposed on the residents of some northern regions, and subsequently extended to the entire national territory. They included severe travel restrictions (with exceptions for work or health-related travel, or any exigency, always to be stated in a self-certification), a ban on outdoor gatherings, the closure of educational facilities (and transition to online learning), smart work procedures for the public and private sectors, and the suspension of all public events (including religious ceremonies, which however have been the first to be relaunched).

Restrictions also affected the closure of bars and restaurants (except for home deliveries), retail commercial activities (except for essential ones such as grocery stores and pharmacies), parks, public gardens and exercise and sports activities (to be done individually and in proximity to one’s home). A gradual reopening of businesses and resumption of activities was introduced as of mid-May 2020. As of October 2020, however, when the second and not less severe wave of contagion hit the country, the lockdown measures were reintroduced, including shops and school closings. It was only as of April 2021, when the vaccination campaign geared up, that restrictions were gradually lifted.

A series of economic packages was adopted

beginning late February 2020 to support families and commercial activities, with loan guarantees, tax relief, and government assumption of non-market risks. Like all European Union (EU) member States, Italy submitted a national plan for recovery and resilience to the European Commission (a so called Next Generation EU or recovery plan) which is expected to cover 248 billion Euros for the next five years.

Healthcare and the Role of Regions

Italy's territorial design comprises twenty regions, five of which have special status and powers.¹ Regions are responsible for a wide range of areas including, in particular, organising and delivering health care, within the framework of general principles laid down in national legislation.²

The division of legislative powers between the national government and ordinary regions is enshrined in article 117(2) of the Constitution, which lists powers falling within the exclusive competence of the national level. Article 117(3) enumerates powers shared by the center and the regions. In shared areas, legislative powers are vested in the regions, while the fundamental principles governing these powers are laid down in national legislation. Regions enjoy residual powers by virtue of article 117(4) of the Constitution; they can regulate all matters not reserved to the exclusive national jurisdiction or to the shared competence. This division of legislative powers applies only to ordinary regions, whereas the powers of the five autonomous regions are spelled out in their statutes of autonomy. In practice, regional autonomy is deeply conditioned by the financial relations that each region has with the center. Special regions are financed differently from ordinary regions: each special region enjoys a bilaterally negotiated financial regime based on a share of state taxes referable to the territory (varying from 25 to 90 per cent), while ordinary regions depend largely on the central government.

Italy's territorial setup has been under discussion since its inception. Its hybrid configuration—between a fully-fledged federal system and a unitary country—has evolved over the last seven decades with a steady expansion of regional powers. When the pandemic reached the country, in early 2020, Italy was facing several transformations in its regional system which, on one hand were put on hold due to the emergency, but on the other raised new concerns and proposals for (counter-)reforms.

The Constitution protects the right to health, mandating that “[t]he Republic safeguards health as a fundamental right of the individual and as a collective interest ...” (Article 32). Law No. 833/1978 introduced universal health coverage, providing uniform and equal access to the National Healthcare Service (NHS). The NHS is organized at national, regional, and local levels and consists of an intricate web of roles and responsibilities. Health protection is a competence shared between the state and the regions: The national government sets the fundamental principles and goals of the health system, determines the core benefit package of health services guaranteed across the country, and allocates national funds to the regions. Regions, in turn, are responsible for organizing and delivering health care. At the local level health authorities deliver community health services and primary care directly, while secondary and specialist care is delivered directly or through public hospitals and accredited private providers.

This arrangement has given rise to 21 regional healthcare systems (one region, Trentino-Alto Adige/South Tyrol, is indeed composed of two autonomous provinces in which all jurisdiction is vested in practice), all quite different in their effectiveness in service delivery and efficiency. In this regard, over the last years there has been high patient mobility between regions along the north-south divide. At the same time, the national government acts as a (financial) watchdog imposing



The first nucleus of 93 nurses of the Coronavirus taskforce leaving to support the health structures of Emilia-Romagna, Liguria, Lombardy, Marche, Piedmont, Trentino and Valle d'Aosta. (Photo by Dipartimento Protezione Civile, April 3, 2020)

corrective policies based on a set of indicators for all those regions that are not able to guarantee the core benefit package of health services. Over the last two decades, after a constitutional reform that expanded the powers of the regions in 2001, different regions have made different choices as to their governance models in health care, models that range from the centralized public model, such as in Tuscany, to a strongly privatized organization, such as in Lombardy.

What is striking about the legal response to the pandemic is that in the initial stage, when the emergency was acute, the rules that were adopted were nearly all national, even though the impact of the virus was extremely localized and uneven among the regions. Conversely, when the spread of the virus

became more uniform in the fall, the response was more focused on regional autonomy and the need to tailor measures to the socio-economic and health-care conditions of the different regions. In fact, after a first phase of extreme centralization of powers, the regions (and to some extent the municipalities) gradually resumed their functions. The asymmetric impact of the virus and the equally asymmetric response by the territories revealed both the potential of such localized territorial governance and the weaknesses of an incomplete, quasi-federal system, especially with respect to the unclear division of powers and insufficient intergovernmental relations.

Combined with the significant powers of the regions in the fields of health protection, health organization, and other relevant areas (such as

transport), a centralized approach inevitably led to several conflicts between the center and the regions (see below).

Civil Protection and the Role of the Military

As with health care, civil protection responsibilities are not assigned to a single level of government but involve the whole territorial organization. As the country is frequently exposed to natural hazards (such as earthquakes) it has a long experience with civil protection. The organization currently in place was established in 1992, when Law No. 225 created the civil protection system, dividing its actions into three categories: forecasting and prevention, relief and assistance, and management of state-of-emergency and recovery programs.

Since its inception, the civil protection system has been an integrated one based on the principles of vertical and horizontal subsidiarity and thus entailing the involvement of all governmental levels (including the European Union, with its Emergency Response Coordination Centre or ERCC), and many actors across, within, and beyond levels (with a highly mobile force of volunteers). Within the civil protection system, regional and local governments, acting on the basis of national framework regulations, formulate and implement their own emergency programs and transmit data to the Civil Protection Department (CPD) as the operative arm of the national government. In 2010, the Organization for Economic Co-operation and Development (OECD) gave this decentralized system a positive evaluation, especially regarding monitoring risks and providing efficient first-on-site response actions in case of earthquakes. However, in terms of health-related emergencies, in the absence of any major emergency after WWII prior to COVID-19, Italy has not been put to the test and its authorities have neglected to update their pandemic plans.

At the national level, the CPD was consequently forced to implement the 2006 national plan against pandemics when COVID-19 entered the scene. Unlike other EU member states, Italy's authorities failed to update their pandemic plan in 2017 when the WHO and the European Centre for Disease Prevention and Control issued new guidelines. Consequently, regional health authorities were forced to apply outdated regional pandemic plans as best they could.

Also due to this overall insufficient preparedness by the civil authorities at the national and regional levels, the military intervened, and in a remarkable fashion. This was possible as the armed forces have as one of their institutional missions (the most relevant in times of peace) to participate in the protection of the national community in case of damage or danger of serious damage to the safety of people and property. Faced with emergency or crisis event, the Italian Army, Navy, Air Force, and Carabinieri provide logistical and operational support, qualified personnel, instruments, and other means. The contribution of the armed forces is ensured through operational units located throughout the national territory, which is divided into areas of responsibility (the military regions) and intervention zones (the military area commands). The link with the National Civil Protection Service is ensured by the Defence Staff at the national level and by the Military Region Command at the regional level. In 2015, an agreement was signed between the Army and the Civil Protection Department to allow for structural and permanent synergy.

The Army was deployed to patrol roads and infrastructure and to support the logistic and health services. For example, the military set up and managed the tents where COVID-19 tests were made and supported transport and even burials in the most acute moments. A picture taken in March 2020, at the peak of the emergency, became famous

worldwide: A military convoy transporting coffins in Bergamo, one of the most COVID-19-hit towns, as the city cemetery was not able to deal with the extraordinary number of casualties.

Changing Political Landscape

All these issues triggered various quarrels and eventually turned into an intense political battle. Pandemic management was, from the outset, caught up in a blame-game between the national government and the opposition, one that unfolded in the context of an already volatile political situation. The political fragility of the weak coalition government, under the Premiership of Mr. Giuseppe Conte, between the populist “Five Stars Movement,” the Democratic Party, and other minor forces that had been in office for less than half a year when the pandemic broke out, led to a political crisis.

Throughout the autumn of 2020 diverging opinions on how to manage the pandemic and the resources connected to the EU Recovery Fund continued to weaken the coalition government, one which, in essence, managed the pandemic by decree while stressing that all measures taken were based on the recommendations of experts. A reading of the expert committee’s protocols shows, however, that many of its recommendations were disregarded. In January 2021, because of the growing political crisis, a new government was installed in Rome headed by Mr. Mario Draghi, who, unlike his predecessor, was supported by nearly all parties in Parliament.

Responses at the regional level were likewise informed by volatile political dynamics. Some regions took the lead in clearly voicing their strategies to contain the pandemic and its impact; however, party allegiances alone were not an indicator or predictor of how effective (or ineffective) the strategies would be. After the elections in nine regions in 2020, the center-left held on to five regions, while the centre-right retained 14 regions, witnessing victories of those regional governors who

performed well during the first wave of COVID-19 infections

Territorial Conflicts and Security

The Initial Centralization

Initially, the north was hit much more than the south: Until September 2020, Lombardy, which accounts for one sixth of the national population (10 million), had about 40 percent of the total number of infections and almost half of all casualties. Conversely, some southern regions have been very marginally affected: Calabria (2 million inhabitants) had 2,000 cases and 98 deaths and Basilicata (560,000 inhabitants) registered just 920 cases and 28 deaths, as of early October 2020. Despite such differences, as well as the fact that health care is primarily a regional responsibility, the early call for the state of emergency massively concentrated decision-making in the national government. The detailed national provisions applied with no exception on the whole national territory and the margins for the regions were limited to the small niches deliberately left open by the national rules, allowing regions to adopt more restrictive provisions than the national ones, but preventing them from being less strict in any area.

The regions were consulted prior to the adoption of national regulations, but consultation was a rather formal exercise, as they cannot oppose measures taken for the over-arching sake of protecting public health and national security. As a matter of fact, between March and May 2020, the Standing Conference convening the State and the Regions—the prime body for cooperation between the levels of government—which expresses (mostly non-binding) opinions on national legislation when regional interests are affected, met (online) only two times, i.e. less than in normal times, when meetings take place at least twice a month.

The regional governors (who are directly elected by the people in all but two regions or autonomous provinces, and thus bear a significant political weight) were allowed to adopt their own regulations, although only to the extent permitted by the national legislation, or to introduce stricter rules than the national ones. For example, regions could determine the distance that people could walk from home, whether walking a dog was allowed, and little more. The national government was adamant in opposing regional attempts to take their own initiatives: When in February 2020 the governor of Marche, a region in central Italy that to that time had not a single case of infection, declared his intention to close schools, he was called by the Prime Minister during his

press conference. The regional act was immediately challenged before the administrative court and suspended. In general, however, the regions did not show special interest in being proactive at that stage, as this would have meant conflict with Rome and a degree of responsibility that normally regional authorities are not ready to take.

Centralization was also conditioned by the heavy hand of the central government on measures to tackle the devastating economic impact of the pandemic. The 2020 national budget devoted 179 billion euros (75.3 being additional debt) to tackle the crisis. The lion's share went to subsidies for companies (69.3 billion), followed by support for families (53.3 billion) and for jobs (34.5 billion). Other significant funds were provided for public health systems



Coliseum in Rome with no people on a sunny day in Italy, after the Italian government loosened quarantine measures for Covid-19 virus. Rome, Italy. (Photo by luana183 at Shutterstock ID: 1725446479, May 5, 2020)

(8.3 billion), regions and municipalities (6.4 billion), public services (5.4 billion), and social subsidies (1.5 billion).³

In sum, during the first months, the response to the emergency was characterized by strong centralization of powers, both horizontally (from Parliament to the government) and vertically (from the regions to the center). The national regulations formally stressed the need for better coordination among the levels of government, which in the end meant steering from the top down. Especially in the first phase of the emergency, in March and April 2020, such centralization was generally supported in the political and the public discourse. The main newspapers sharply criticised the attempts by some regions to introduce small changes, even when these were allowed by national legislation. Conversely, more rigid regional measures were generally applauded, such as in the case of southern regions further limiting the movement of people returning home from the north.

Decentralization Reappears

Things began to change at the beginning of May 2020, when the number of new infections dropped, the pressure on the health system was less acute, and the national government eased the lockdown. At that moment the role of the regions grew in proportion to the lifting of the national regulations, and subnational actors came back into the picture. Paradoxically, however, more normalcy did not bring clearer rules, but rather the opposite. This is because the business of government did not fully go back to the constitutional routine, as national emergency rules, albeit more limited, remained in place. This produced a growing number of conflicts, since the regions started to assert their own constitutional powers and acknowledged that the public health situation was very different across and within the regions. The regions sometimes deliberately challenged the national government for political

reasons, with those regions led by center-right parties (two thirds of the total) more strongly opposing the center-left majority in Rome, after a short period of political ceasefire. As a matter of fact, while some regional provisions were suspended, others with the same content were not, which led to a further increase of legal uncertainty.

A few regions started to adopt their own laws, especially on economic support for companies and for sorting out bureaucratic issues (such as payments). However, only the autonomous province of Bolzano/Bozen (South Tyrol), the northernmost territory predominantly inhabited by a German-speaking minority and ruled by the party representing that minority, made use of its broader autonomy and passed a law on May 8, 2020, providing the complete restart of activities ahead of the rest of the country. The national government initially challenged part of the law before the constitutional court, but soon withdrew the lawsuit. South Tyrol was also the only region that engaged in regular cross-border activities during the closure of borders. Thanks to special bonds and institutionalised cooperation with Austria and particularly with the Land Tyrol, it succeeded in negotiating some exceptions to the prohibition on trans-frontier movement, and a few people from South Tyrol were hospitalised in Austria at the peak of the pandemic. It also served as a bridge when it negotiated with Austria the supply of face masks imported from China and distributed a share of them to the rest of Italy, at a time there was a nation-wide shortage.

While regional legislation remained limited, a flood of regional (over 1,000) and (countless) municipal provisions was passed, raising criticism for adding confusion rather than clarity. Many regional measures addressed economic activities (re-opening of pubs, restaurants, hotels, and other businesses), sport events (authorization and admission of the public), leisure (in some regions clubs were reopened during summer, in others they were not), transport

(number of persons allowed in regional trains and busses), or public health measures (some regions introduced obligatory tests for persons travelling from abroad and even from other regions). The conflict potential was aggravated by confusion in the distribution of emergency powers. When it comes to the adoption of “urgent measures to counter sanitary and public hygiene emergencies,” these can be taken by the mayor, by the regional governor, and by the national government under the national state of emergency, depending on the territorial reach of the emergency. This overlap of powers coupled with the proliferation of insufficiently coordinated national and regional measures, made it very difficult to clearly understand who was responsible for such measures.

A rather dramatic case occurred in Sicily, as the regional governor ordered the evacuation of the hotspots for migrants, which were overcrowded due to an influx of migrants from Africa in summer and could not meet the sanitary restrictions. The national government counter-argued that migration is within exclusive national jurisdiction and suspended the provision. The region authorities challenged the suspension in the administrative court and eventually lost the case.

Second Wave and New Conflicts

The picture became more complicated when, in October, the second wave of the pandemic hit the country, with even more severe effects in terms of public health. Unlike the first phase, the second outbreak affected all regions to a relatively similar degree, exacerbating the problems of some regional health care systems (especially in the south) with lower reaction capacity.

Learning from the experience of the first wave, the national government's approach was more open to regional differentiation. The new round of measures focused on the economic consequences of the pandemic, providing for massive financial

interventions to support companies, small businesses, and families, mindful of the funds that were agreed upon at the EU level (an impressive 1.8 trillion Euros for the entire Union). When new restrictions were imposed, the different conditions of each territory were considered and a broader margin of regional intervention was allowed, while keeping the general rule according to which national provisions could be derogated only to adopt stricter but not softer measures.

Within the framework laid down in national legislation, regions could decide on many significant aspects, such as closing of schools, local transport, and freedom of movement within the regional territory. This created a more differentiated normative picture, with at times a patchwork of confusing regulations and several paradoxical outcomes. For example, in some regions (especially in the south) schools remained closed for much longer than in others, due to fears that the weak regional health care system could not sustain a growing number of infections, as well as to the inability to reorganize public transportation to accommodate all students while maintaining social distance. An extreme and somewhat amusing example of normative overlap and confusion was the unilateral decision of a regional health authority in September to ban a professional football team of the first division from travelling to another region to play a match because a few players were tested positive, disregarding the special protocol negotiated by the national government and the football league which regulates such cases for the sake of regularly playing the championship.

Unlike in the previous phase, the new national measures were taken in accordance with the regions. The main body in charge of intergovernmental relations—the Standing Conference of the State and the Regions—was summoned much more frequently and was involved in the adoption of all decisions. Despite that, neither the degree of political

confrontation nor the legal uncertainty decreased. A telling example is the law adopted by the autonomous region of Aosta Valley in November, indeed very similar to the one of South Tyrol from May. The national government challenged the law in the Constitutional Court, which first suspended its effects, and then struck down the whole law contending that as international prophylaxis is an exclusive national power, the regions are banned from issuing their own laws. The ban covered all functionally related areas, including determining, for example, the opening of ski resorts.

Similarly, policy responses at the regional level have been subject to volatile political dynamics. No clear pattern as to effective or ineffective strategies in coordination and cooperation can be traced along party politics. Rather, it seems that other factors determine to what extent regional (and local) governing practices are dependent on and affected by the national level. These include the very different fiscal capacities among the regions, deep differences in health care models,⁴ capacities in regionalized administration, and political personality of regional governors. The regional elections in seven regions in September 2020 (Veneto, Liguria, Tuscany, Marche, Campania, Apulia and Aosta Valley), confirmed the mandate of the governors who performed well during the first wave and/or profiled themselves as champions of a clear approach to fighting the pandemic, be it advocating stricter rules such as school closure and curfews (especially in the south) or supporting the economic sector by calling for more openings of bars, restaurants and other economic activities (especially in the north).

A New Government and the Role of the Military

On 13 February 2021, a new government was sworn in in Rome, led by a respected non-party figure, Mr. Mario Draghi, the former chairman of the European Central Bank. His task was to lead the country

out of the emergency and to steer the economic recovery, including by submitting and managing the unprecedented funds allocated by the EU. The overwhelming majority (about 90 percent) supporting the government in Parliament (from left to right, with the only exception of the most radical right-wing party) completely changed the political landscape.

The new government and the changed political environment gave new impetus to crisis management, downsized the role and the ambitions of the regions, and heavily relied on the military, especially for the vaccination campaign.

As to the regions, a mix of involvement and a heavy hand reduced the number of conflicts. Suddenly, no politically motivated challenges of national legislation by regions were possible, as all parties governing the regions were also supporting the national government. The dialogue with the regions also increased, and most of the national measures taken in this phase were coordinated with the regional governments. Regions were also allowed some degree of autonomy in areas such as mass testing or school openings. At the same time, the national government led by Mr. Draghi also had the political strength to openly challenge “disobedient” regions, such as those regions which introduced their own provisions on the opening of bars and restaurants and other economic activities or even tried to go their own way in supplying vaccines. Also, issuance of emergency decrees adopted by the national government slowed down. The structural approach however remained, according to which the regions were allowed to take only more restrictive measures or those already allowed by national legislation, such as determining the opening or closure of schools. In sum, a slightly more relaxed approach and increased dialogue among the levels of government eased the previous tensions, although disagreements remained. For example, this affected the so called “green pass,” which allows vaccinated

and healed persons as well as those who tested negative to access restaurants, bars, theatres, museums etc., as some regions tried to anticipate its introduction. Some regions also insisted on anticipating vaccination for the entire population (not following the national plan sequenced by age groups) in some touristic areas, such as small islands; one even pre-ordered a certain number of Russian Sputnik-vaccines, gambling that they will be authorised at the EU and national levels.

In parallel, the new government massively relied on the military. One of the first measures taken by Mr. Draghi was the replacement of the civilian special commissioner for the COVID-19 pandemic by a general. The new commissioner is the head of the Army's logistics, General Francesco

Paolo Figliuolo. The new commissioner soon became a popular figure, issuing multiple statements each day and wearing his military uniform. Overall, the army was given greater presence and visibility in the fight against the virus. The vaccination campaign was outsourced to the military, which took control of the supply chain and practical organization of the immunization process. The military organized hotspots for vaccination, the distribution of vaccines to the regions, and not infrequently even supplemented civilian health staff. Never have the armed forces been so visible on the streets and in daily life in peace time, country wide.



Soldiers of the Italian armed forces on Corona patrol by public square. Florence, Italy. (Photo by Martin Gstoehl at Shutterstock ID: 1842580726, October 16, 2020)

Pandemic, Security and Territorial Reforms

Security and the territorial design of Italy are two of the most significant areas in which long-term, structural implications of the pandemic will remain visible. The third main area is the economy, which is strictly connected with the other two.

As to security, two lessons emerge from the emergency. The first concerns the role of the military, which has become central in the management of the crisis, both when the contagion erupted and throughout the vaccination campaign. The civilian infrastructure and organization showed some deficits, and the military filled the vacuum. This after a long period of restructuring and downsizing the army, shifting its focus to specialized peace-keeping missions in foreign countries and on support to civilian activities, such as territorial policing (including in areas affected by organized criminal groups like the mafia) and disaster management. Military reforms paralleled those of the law enforcement bodies, which in Italy are still extremely fragmented, with no less than nine different law enforcement organizations (six national, subordinate to various ministries of the national government, and three local or regional). The COVID-19 emergency made clear that in case of extraordinary crises, such as the pandemic, the military is an essential component to keep the country up and running, and this will certainly have some repercussion in terms of organization and funding of the military.

The second dimension of security relates to the global context. The pandemic has put state governments in the frontline to an unprecedented degree, and states went their own ways in the absence of international solidarity. While some European countries took unilateral steps, for example in importing vaccines from Russia, Italy realized how much its European choice and commitment is non-reversible. The Next Generation EU plan and

the Recovery and Resilience Facility (RFF) represent the only opportunity for the country to restart after the dramatic economic impact of the virus, and this evidently ties the link with and the dependency on the EU. The same goes for the choice to coordinate the vaccination campaign at the European level, from the authorization to the purchase of vaccines. In other words, the pandemic strengthened and clarified Italy's European embeddedness in terms of its overall security and geopolitical placement, as the country would probably not survive alone a future emergency of this kind. The awareness of this situation will certainly influence political choices in the years to come, including by making it less plausible that Euro-sceptical, anti-migration, and pro-Russian parties (such as the far-right League led by Mr. Matteo Salvini) will be able to impose their line, even if they should come to power in the general elections scheduled for early 2023.

As to Italy's territorial organization, it must be recalled that when the pandemic hit Italy in 2020, the country was about to celebrate the 50th anniversary of the establishment of official regions in the whole territory. Prior to 1970, only five, so called special regions existed in its periphery, making Italy the state that has the longest-lasting regional (as opposed to federal) system in place worldwide (since 1948). After several transformations which over more than seven decades enhanced the powers of regions, the time was ripe for reconsidering the territorial structure of the country. Furthermore, three sizeable and economically as well as politically strong regions in the north, Lombardy, Veneto and Emilia-Romagna, were about to conclude agreements with the national government on the transfer of additional legislative powers (and connected funds) in a long and significant list of areas, from environmental protection to education, from airports to labour security and protection, from foreign trade to disaster management, and others. This procedure has been provided for by Article 116.3 of

the Constitution since 2001 but was never previously activated. The process was stalled due to the pandemic and, ironically, these regions have been among the most affected by the virus, which raised the question as to whether more regional autonomy is desirable or to be opposed.

The COVID-19 pandemic will strongly impact these ongoing reform processes. Institutional consequences cannot be expected in the short run, as the sanitary and the subsequent economic emergencies are prevailing and there is no consensus yet on the territorial design of the country. Proposals have been put forward to include provisions on the state of emergency in the Constitution, following the Spanish model, but the chances for such a reform seem rather limited in the short term. Certainly, however, the emergency has revealed the main weaknesses of the Italian regional system: the unclear division of powers between the center and the regions; weak intergovernmental relations; and the high degree of asymmetry in powers, administrative capacity, and political strength among the regions.

As to the division of powers, a constitutional reform adopted in 2001 increased the role of the regional authorities but created numerous overlaps with conflict potential. In the political and academic debate sentiments against regional autonomy are on the rise overall. Like after the economic crisis around 2010, the pandemic has confirmed that the division of powers is not sound enough to resist a moment of crisis, and in fact it amplified the ongoing debate between advocates for more centralization and advocates for more autonomy, with the former being prevalent in the political as well as in the academic debate. In particular, the existence of 21 regional healthcare systems, very different as to their effectiveness in service delivery, is sharply criticized and might be subject to pressures for recentralization.

Regarding intergovernmental relations mechanisms (IGRs), the absence of a territorial chamber and the structural weakness of the existing bodies for intergovernmental cooperation, and notably of the Standing Conference, reduced regional involvement to a mere formality when the center appropriated all powers at the peak of the emergency. In such moments, when stronger coordination is required, the role of mechanisms that effectively represent the voice of the subnational entities becomes crucial. When these mechanisms are ineffective, as in the case of Italy, joint decisions simply become top-down impositions, and the involvement of regions reduced to mere lip service. This also happened even when territorial interests were taken more into account, as it was ultimately a national decision to do so. Inefficiency of multilateral IGR mechanisms encourages the more powerful regions to engage in bilateral negotiations thus accentuating the asymmetry inherent in the design of the territorial setup and arousing jealousy among the regions.

The substantial asymmetries, *de jure* and *de facto* already existing among the Italian regions,⁵ have become ever more visible and acute with the pandemic. The regional performance in tackling the emergency, especially in health care, has been mixed. Some regions have done extraordinarily well, despite severe cuts over the past decade due to the debt-cutting policies, while others made serious mistakes, such as placing COVID-19 patients in elderly homes. The differences in performance were reflected in the political sphere, with some regional governors increasing popular support and others losing it.

In sum, COVID-19 put the existing tensions between calls for further decentralization and for re-centralization under the spotlight and amplified them. At the same time, the ongoing reform processes will be significantly impacted and their trajectory will not be the same as it would have

been without the pandemic. The main pressure is no doubt for a certain degree of recentralization of public health, which is currently almost entirely in the hands of regional authorities and consumes over 80 percent of their budgets. Even though most regions reacted well, the dominant discourse underlines the existing big differences in terms of services, resources, and performance and it is likely that the opportunity will be seized to introduce stronger control by the national government. For some reason, on one hand the dominant attitude in both politics and academia fears that regional differentiation might impair the equal protection of social rights, but on the other hand it trusts that national legislation is *per se* better and safer.

In the medium and long term, the pandemic will most likely deeply change the country in terms of both security and territorial design. **PRISM**

Notes

¹ Arban, Erika, Martinico, Giuseppe and Palermo, Francesco (eds.). 2021. *Federalism and Constitutional Law: The Italian Contribution to Comparative Regionalism*, London: Routledge.

² Cicchetti, A. and Gasbarrini Antonio. 2016. The Healthcare Service in Italy: Regional Variability *European Review for Medical and Pharmacological Sciences* 20 (1 Suppl.): 1-3.

³ Italian Government. 2020. *Documento di Economia e Finanza 2020*, Sect. III, Programma Nazionale di Riforma, available at http://www.dt.mef.gov.it/modules/documenti_it/analisi_progammazione/documenti_programmatici/def_2020/DEF_2020_Programma_Nazionale_di_Riforma.pdf. Italian Government (ongoing). *Coronavirus. La normativa vigente* (Information on the provisions adopted to counter the virus and its effects), available at <http://www.governo.it/it/coronavirus-normativa>.

⁴ Toth, Federico. 2014. How Health Care Regionalisation in Italy is Widening the North-South Gap. *Health Economics, Policy and Law*, 9(3): 231-249.

⁵ Watts, Ronald L. 2008. *Comparing Federal Systems*. Montreal & Kingston: McGill-Queen's University Press.