



**Fédération Européenne
des Médecins Salariés**
European Federation
of Salaried Doctors

Date:	06-05-2014	Document:	F14-034 EN
Title:	National Report Italy		
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NATIONAL REPORT - ITALY

The health of Italians still survives, despite the economic crisis that hinders prevention, access to treatment and early diagnosis. The health care system is what really worries, at least in the short term. But also the future of the Italians is at risk if we do not find solutions to the welfare cuts imposed by the economic crisis.

Economic indicators bear witness that we are facing a period of real decline in resources allocated to the National Health Service (NHS). In fact, since 2010, costs have begun to decline, with a total health spending (public and private) of less than 9% of the GNP (Gross National Product) (European countries average is 9.5%). These figures also match with the decrease in cost for the remuneration of health personnel, a decrease of about 1% per year compared to 2010 due to the non-renewal of the contract and the persistent block of the turnover.

The block of turnover also causes a serious shortage of young staff, with negative effects on qualified employment in the country and progressive depletion of its best assets that are starting to go abroad.

The cut in government spending to limit the debit and comply with the budget constraints agreed upon Europe risk to compromise the entire Italian welfare system. In fact, if the linear cuts to the budgets will prevail, they could determine serious problems to maintain current standards of public health.

Another sign of reduction in government spending gets by the increase in charge paid by citizens to support the payment of the tickets for the consumption of drugs: the expenses incurred by each citizen for the purchase of drugs have more than doubled in less than ten years, moving from 11.3€ in 2003 to 23.7€ in 2012.

As regards the health of citizens, the reading of some indicators reach timid positive indications, as evidenced by the decrease in mortality from diseases of the cardiovascular system, which have made the greatest contribution to the increase the life expectancy in Italy. Since 2006 to 2010, the mortality rates for these diseases have passed from 41.1 to 37.2 per 10 000 people in males and from 28.4 to 26 per 10 000 in females.

This data is very positive, since the prevention plays a central role for these diseases. However, the reduced mortality rate of these diseases is also caused by the availability of more effective drugs and the continuous development of diagnostic imaging. It is, therefore, a success of medicine and not of the Italians lifestyles, which, apart some encouraging positive signs, remain generally incorrect.

Concerning primary prevention, on the one hand the trend on slow descent of the prevalence of smokers and the decrease of consumers of alcohol is confirmed, on the

other hand there is the persistent increase in overweight people. In fact, overall 46% of people aged ≥ 18 years is in excess weight, whilst almost the 27% of children between 6 to 17 years are overweight or obese.

The indicators shown and the economic phase which our country is going through should give pause to look forward to: the future will be negative if we will not able to understand this stage of economic hardship as an opportunity to improve the efficiency of the system, eliminating the corruption and the waste that plague our public system. It is essential to increase the resources for primary prevention through actions as investments to have high future returns. Otherwise ignore prevention policies means dispelling the progress observed in the recent years, and even threaten to move back in terms of health.

We have also to phase the usual Italian trend of insufficient sport activity, probably recently exacerbated by the difficulties "crisis-induced". But most worrying is the state of health of the health care system, more and more critical. The spending review threatens to blow up the national health system, leading to difficulties in the short and long term. This is due to a reduction in health services offered to the population (especially in the less ensured and with lower availability to care by resorting to private), either due to an increase in health care spending over the long term. The increase is determined by the boomerang effect of the reduction of investments in prevention policies and early diagnosis. The savings required nowadays really risk multiplying the government spending over the next years.

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