Fédération Européenne
des Médecins Salariés
European Federation
of Salaried Doctors

Date:	8-10-2025	Document:	F25-057
Title:	Country report Italy		
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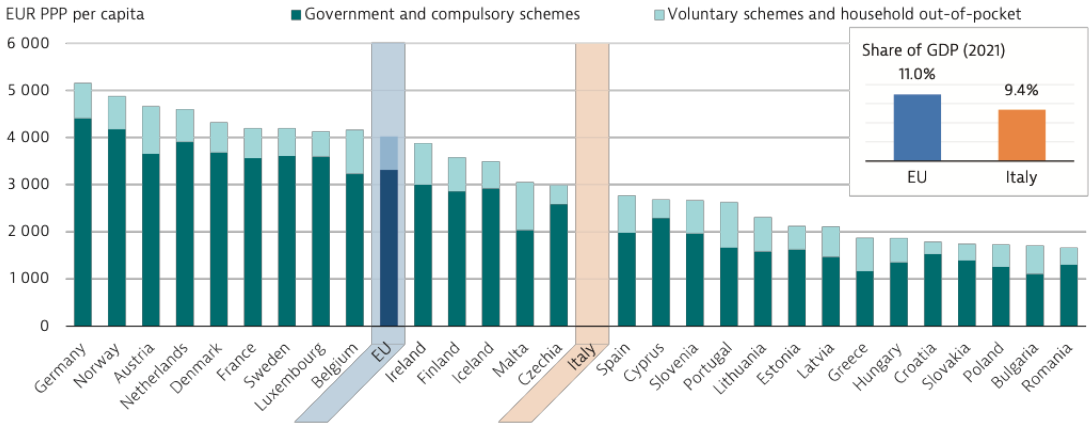
FEMS GA - Brussels 10-11 October 2025
Report of the Italian members (Anaao Assomed and Aaroi Emac)

The Main Challenges of the Italian Public Healthcare System

Italy's National Health Service (SSN) is under increasing pressure due to a combination of structural, financial, and workforce-related challenges. The following analysis provides a concise, professional overview of the major weaknesses affecting the sustainability of the Italian healthcare system, based on data from OECD, the European Commission, and the Italian Ministry of Health (2023–2024).

1. Inadequate Funding

Italy allocates a smaller share of GDP to health compared with the EU average. Persistent underfunding limits investment in infrastructure, innovation, and workforce



Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Tab. 1.1: finanziamento ordinario del SSN, spesa sanitaria corrente di CN e PIL – Anni 2014-2023 *(valori assoluti in milioni di euro)*

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Finanziamento ordinario del SSN [a]	109.928	109.715	111.002	112.577	113.404	114.474	120.557	122.061	125.980	128.869
% del PIL	*6,8%*	*6,6%*	*6,5%*	*6,5%*	*6,4%*	*6,4%*	*7,3%*	*6,7%*	*6,4%*	*6,2%*
Variazione %		*-0,2%*	*1,2%*	*1,4%*	*0,7%*	*0,9%*	*5,3%*	*1,2%*	*3,2%*	*2,3%*
Spesa sanitaria corrente di CN [b]	109.712	110.008	110.977	112.185	114.423	115.663	122.679	127.627	131.674	131.119
% del PIL	*6,7%*	*6,6%*	*6,5%*	*6,5%*	*6,5%*	*6,4%*	*7,4%*	*7,0%*	*6,7%*	*6,3%*
Variazione %		*0,3%*	*0,9%*	*1,1%*	*2,0%*	*1,1%*	*6,1%*	*4,0%*	*3,2%*	*-0,4%*
Prodotto interno lordo ai prezzi di mercato [c]	1.627.406	1.655.355	1.695.787	1.736.593	1.771.391	1.796.649	1.661.240	1.821.935	1.962.846	2.085.376
Variazione %		*1,7%*	*2,4%*	*2,4%*	*2,0%*	*1,4%*	*-7,5%*	*9,7%*	*7,7%*	*6,2%*

[a] Fonte: Disposizioni normative e relative intese tra lo Stato e le Regioni.
[b] Fonte: Istat, Conto economico consolidato della protezione sociale per il settore di intervento della sanità e per il settore istituzionale delle amministrazioni pubbliche, Aprile 2024. Valori scaricabili dalla banca dati disponibile all'indirizzo http://dati.istat.it.
[c] Fonte: Istat, Conti e aggregati economici nazionali annuali con valutazione a prezzi correnti, Marzo 2024. Valori scaricabili dalla banca dati disponibile all'indirizzo http://dati.istat.it.

Note: MEF-monitoraggio della spesa sanitaria 2024 Healthcare expenditure monitoring – Ministry of Economy.

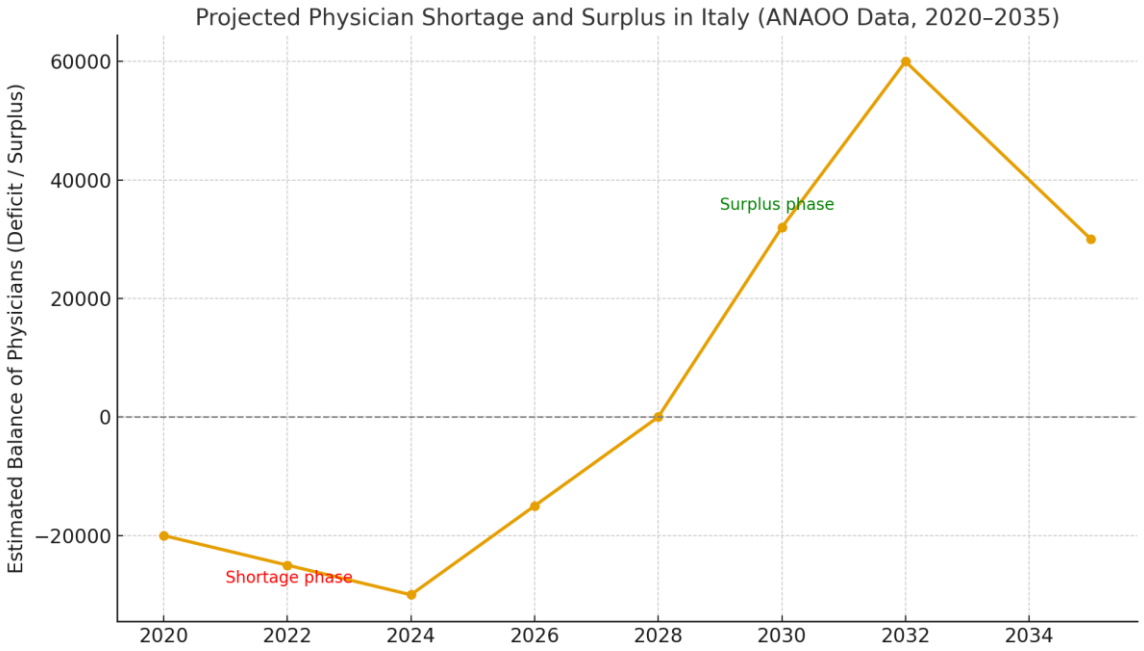
expansion. As a result, hospitals and territorial services struggle to modernize and meet growing population needs.

The funding of healthcare expenditure has decreased in recent years, dropping to **6.2% of GDP.** Private healthcare expenditure in Italy has reached approximately **27% of total health spending**, amounting to around **€50 billion**. This growing reliance on out-of-

pocket payments and private insurance indicates increasing gaps in public service coverage and accessibility. As public funding remains constrained, more citizens are turning to private providers to obtain timely care, particularly for diagnostics and specialist consultations. This trend risks widening social and regional inequalities, underscoring the need to strengthen the public healthcare system's capacity and ensure equitable access to essential services for all citizens.

2. Workforce Shortages and Training Imbalance

Workforce shortages represent one of the most pressing issues in the Italian SSN. Years of limited hiring, combined with poor planning, have led to a mismatch between supply and demand for healthcare professionals. The current shortage phase (2020–2027) is estimated at 20,000–30,000 physicians, particularly in emergency medicine, anesthesia, and primary care. An equilibrium phase is expected around 2028, followed by a potential surplus of up to +60,000 doctors between 2030 and 2035. This imbalance highlights the need for improved planning of medical school admissions and specialization programs to align with real healthcare demands.



Note: Anaao

Phase	Period	Projection
Shortage	2020–2027	Deficit of 20,000–30,000 doctors
Transition	2027–2029	Expected equilibrium around 2028
Surplus	2030–2035	Up to +60,000 physicians projected

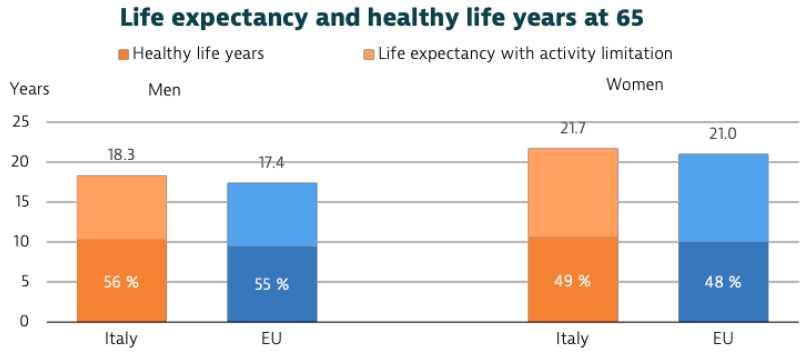
3. Regional Disparities

The North–South divide remains a critical weakness. Southern regions experience longer waiting times, poorer infrastructure, and higher patient mobility toward the North. Decentralization has intensified disparities, calling for stronger national coordination and resource redistribution.

4. Aging Population

Italy has one of the oldest populations globally, with over 23% aged 65 and above. People aged over 65 account for nearly **half of the total National Health Fund (FSN) expenditure**.

Figure 5. Italians in old age have slightly longer healthy life expectancies and report lower rates of multimorbidity than in most other EU countries



Note: OECD 2023

This reflects the country's rapidly aging population and the high prevalence of chronic diseases among older adults. While this spending pattern is consistent with demographic trends, it also highlights the growing pressure on public finances and the need to redesign healthcare delivery models. Strengthening preventive care, home-based assistance, and community services is essential to ensure sustainability and to shift resources from hospital-based care toward integrated, long-term management of chronic patients.

5. Weak Territorial (Community) Medicine

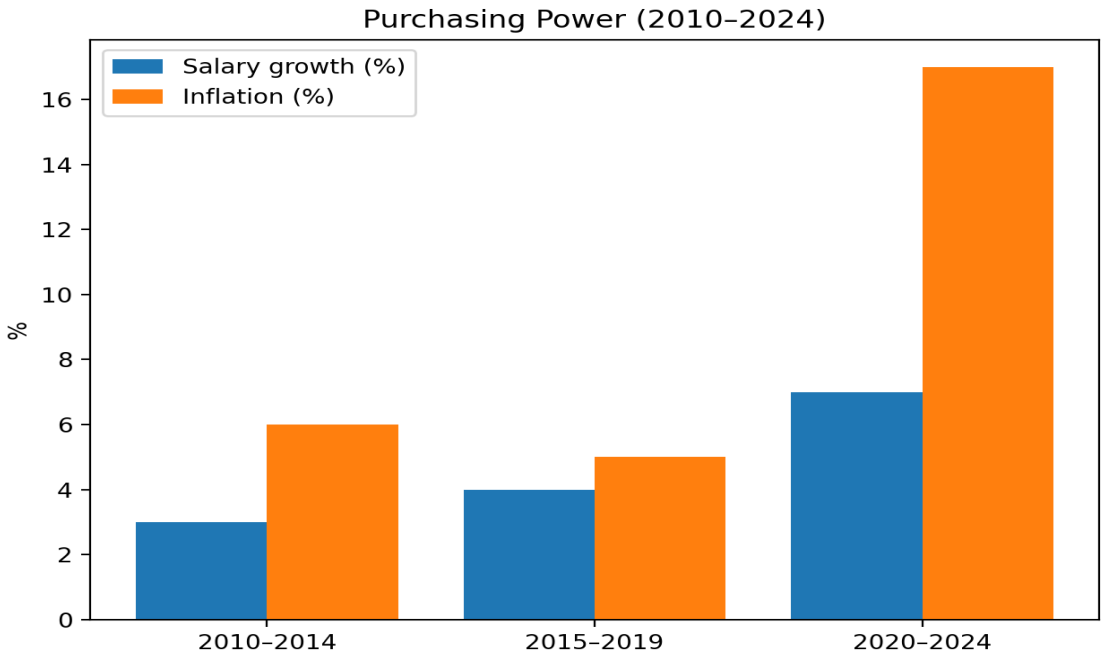
Territorial care remains underdeveloped, leading to excessive pressure on hospitals. Emergency departments often manage non-urgent cases. Strengthening territorial networks and digital integration is essential to improve efficiency. Italy's general practitioner (GP) density is comparatively low: the country has about **68.1 GPs per 100,000 inhabitants**, according to recent data.

By contrast, Germany has approximately **72.8 GPs per 100,000**, and France even higher, with about **96.6 GPs per 100,000.** This gap in primary care capacity limits Italy's ability to provide effective front-door filtering. In systems where territorial / community care is strong and GPs act as gatekeepers, patients with chronic conditions are more likely to be managed in outpatient settings, reducing unnecessary hospital visits. In Italy, the shortage of GPs and the weak coordination at territorial level mean many chronic patients bypass primary care and go directly to hospital services. This exacer-

bates overcrowding in emergency departments, increases costs, and strains hospital resources.

6. Contractual Delays and Erosion of Purchasing Power

Hospital doctors 'contracts are often renewed years late. The 2019–2021 agreement was signed in 2023, two years behind schedule. Such delays reduce morale and purchasing power, as wages fail to keep pace with inflation. Unions call for timely renewals and fair remuneration to maintain motivation and retention.



Notes: OECD (2023); ISTAT

7. University Dominance and Governance Issues

Excessive academic control over hospital management has created governance inefficiencies and conflicts of interest. The large number of management positions held by university physicians limits career progression for hospital-based doctors and shifts focus from clinical care to academic goals. Reform is needed to ensure balance between education, research, and service delivery.

8. Pharmaceutical and Medical Device Expenditure

Pharmaceutical and medical device spending has surged significantly in recent years. In 2024, pharmaceutical supply costs rose by 37.2%, and overall expenditure increased by 6.1% year-on-year. This trend, while reflecting technological progress, poses long-term sustainability risks that must be addressed through efficient procurement and spending control mechanisms.

Key Takeaways

- Increase public healthcare funding toward the EU average.
- Reform medical education and workforce planning.
- Strengthen territorial and preventive care.

- Ensure fair and timely contracts for medical professionals.
- Promote efficiency, equity, and long-term sustainability.

Conclusion

A universal healthcare system can only remain sustainable if it evolves with the society it serves. Reform, reinvestment, and innovation are vital to safeguard Italy's SSN. Valuing healthcare professionals through fair compensation and improved working conditions is essential to ensure the system's future resilience.