

Introduction

COVID-19 (Coronavirus Disease 19) will be remembered in the history books as the virus that changed the world, as well as the major wars and major economic crises, more than any other pandemic that memory remembers, at least for its extent. The current health crisis has removed many certainties and uncovered the fragilities of the world's productive, economic, social and health systems.

Science has responded with sufficient timeliness, including through the development of vaccines and therapies that have limited the otherwise devastating effects of a particularly contagious and aggressive virus.

The pandemic crisis has often pitted scientists against politicians, the former determined to find solutions and propose Public Health interventions to fight the pandemic, the latter committed to reducing the effects on the economy and on the economic categories most affected by the limitations imposed by the health emergency. This dynamic, on the one hand, has limited the effectiveness of actions to fight the pandemic, and, on the other, confused a large part of the population and undermined its trust in science and health institutions. This has also affected the behavior of citizens who have not been cooperative with the measures suggested by experts, contributing to a greater spread of the virus.

Since the beginning of the pandemic, there have been public debates involving experts, politicians and stakeholders of various categories, some of which have often fueled misleading communication, creating “factions” on such a delicate and complex topic. Even the immunization campaign has been compromised by conflicting information on the efficacy of vaccines and their alleged danger due to adverse reactions, which has contributed to delay the immunization process with obvious consequences on health.

In our country, the pandemic has shown the limits of the National Health Service (NHS), especially linked to past choices that have sacrificed the Healthcare in the name of cost savings.

The performance of the Regions in the management of the pandemic has been very uneven, as evidenced by the variability in the number of infections, the number of deaths and people who have required intensive care. When this experience comes to an end, the reasons for these differences should be analyzed and lessons learned that will be useful in improving our Public Health system.

An initial lesson seems to have been taken on board, as shown by the increase of the economic resources available to the NHS from policymakers. Indeed, the level of funding of the standard national health requirement for 2021 has been raised to € 121 billion, and this funding will be increased by € 823 million for the year 2022, by € 527 million for each of the years 2023, 2024 and 2025 and by € 418 million annually from the year 2026.

The content of the recent document on the National Recovery and Resilience Plan, which recognizes the importance of the role of primary care, which constitutes the first line of defense of the NHS, is also auspicious. Similarly, the increasing use of technological tools capable of simplifying the management of the system should be considered encouraging, as evidenced by the numerous digital initiatives for facilitating the management of patients during the pandemic period, both during the confinement phase and when exiting lockdown.

This year we included a specific Chapter on COVID-19 into the Report Osservasalute, in which it analyzes the effect of the pandemic on mortality and survival. Due to the availability of data, the other chapters refer to the months preceding the pandemic, but they will provide a snapshot of the Italian NHS before the health crisis.

- **241 Authors** contributed to the drafting of the Report's Chapters, covering a growing variety of aspects and issues.

The Report includes:

- **89 Core indicators**, describing the essential aspects of the health status of the population and the Healthcare Services of all the Italian regions, with specific graphs, tables and cartograms.
- **26 Boxes**, focusing on some innovative experiences in some individual regions.
- **3 Insights**, in which some priority problems are analyzed in order to propose possible solutions and which are published on the website www.osservasalute.it;
- **214 Tables**, available in Excel format at www.osservatoriosullasalute.it.

Recommendations

The current pandemic linked to the emergence of SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) has shown how the presence of a strong and well-structured Primary Health Care System is essential even in the response to acute infectious diseases.

For years, in this Report, the Primary Health Care approach has been relaunched, based on the assumption of responsibility for a given territorial community through a multi-sector action that addresses the determinants of health, on individual and community empowerment, and on assistance to the individual throughout life. The scientific community in this area is firmly convinced of the validity of this approach, also on the basis of positive experiences conducted on local realities, which have shown that Health Systems built around primary care show better clinical outcomes, efficiency and quality of care, as well as greater patient satisfaction.

The choice of this type of approach proves, therefore, an essential tool to address the epidemiological change we are witnessing in recent decades, which sees a prolongation of life expectancy of populations, but also a shift of burden from acute diseases to chronic degenerative ones, typical of an increasingly elderly population to be cared for a long time.