

Preface

The healthcare sector is struggling to emerge from the crisis generated by the pandemic. We are not yet able to establish what 'collateral damage' the health emergency has caused to the Italian's health; it has certainly produced some good intentions and the injection of additional funding from the PNRR. What is certain is that there will not be a substantial increase in the ordinary financing of the NHS by the State, as witnessed by the appropriation provided for in the 2023 Economic and Financial Document, which envisages, for 2025, €135 billion and, for 2026, €138 billion. These are allocations that leave substantially unchanged the share of national wealth allocated to public health, 6.2% of GDP.

On the side of good intentions, corroborated by the resources made available by the PNRR, we find the objective of reorganizing territorial care, modernizing the system by focusing on digitalization, investing in personnel training, and renewing the technology park.

Pending the implementation of this modernization process, Public Health is operating with limited resources, as evidenced by the fact that from 2015 to 2019 the increase in expenditure was, on average, lower than that of GDP. The increase in resources observed in 2021, which is only due to allocations to cope with the health emergency, should not be misleading. The slowdown in public healthcare spending led to a significant increase in household healthcare spending, which rose between 2015 and 2021 at a faster rate than the public component. In terms of the supply of facilities, healthcare also shows signs of retreat: directly managed outpatient clinics decreased by 3.1 per cent from 2014 to 2021, a reduction that was only partly offset by the increase in the supply of private facilities under agreement. The same reduction, over the same period, is seen for hospital beds, which have followed a trend that has been ongoing for years, pursued and achieved with the aim of making the NHS decreasingly hospital centered. So far, these changes have not been accompanied, at least not in all regional realities, by an adequate strengthening of primary care and territorial services, which should have guaranteed the care of fragile and multi-chronic patients. The impact of the SARS-CoV-2 pandemic amplified the still existing imbalances and accelerated the regulatory interventions aimed at reorganizing non-hospital healthcare services. On the personnel resources front, the number of doctors and nurses has remained stable over the last 20 years, but there are worrying imbalances in some specialist branches. In fact, the number of GPs, PLSs and surgeons is decreasing, and their quotas have fallen by an average of about 1% per year. This portends worrying shortages for the future, also in view of the high average age of our medical personnel.

Despite the reduction in resources, health outcomes are improving, avoidable mortality, between 2004 and 2019, fell significantly, as did mortality from cancer in adulthood. These improvements have been achieved, to a large extent, through prevention activity, with reference to the activation of cancer screening programmes. The effectiveness of this activity is also demonstrated by the fact that, where the capacity for early diagnosis has been timelier, also thanks to good population participation in prevention programmes, mortality has fallen more and faster.

In the hope that the health crisis is now behind us, it remains to be seen how health is holding up after the pandemic that has restricted the accessibility of facilities, causing delays in the provision of deferrable services, such as those related to prevention. In this last regard, a not very encouraging sign is the “upswing” of cases of infectious diseases, particularly those with respiratory transmission. This is why the recovery of vaccination coverage will be important, especially for the protection of fragile individuals.

Finally, the lack of attention to the issues of environmental pollution, which is still one of the main determinants of our current health and, above all, that of future generations, is highlighted with great concern.

At the end of these considerations, the question that arises is: has the NHS, by rationalizing resources, recovered efficiency, reducing waste and inappropriateness, or is it putting at risk the progress achieved over so many years and losing the opportunity to offer its patients all the innovation produced by research, precluding further progress in terms of health and well-being?

The Report is structured as follows:

- **103 Core indicators**, describing the essential aspects of the health of Italians and the health services of all the regions of our country, also with the help of graphs, tables and cartograms;
- **6 Boxes**, focusing on innovative experiences experimented in some individual realities;
- **225 Authors**, public health experts, clinicians, demographers, epidemiologists, mathematicians, statisticians and economists;
- **230 Tables**, downloadable in excel format at www.osservatoriosullasalute.it.

Recommendations

This report has highlighted in several places the importance of prevention as an effective tool for resilience against the onset of life-threatening diseases. The territorial and social inequalities that are still observed in our country are often linked precisely to prevention, which on the one hand is the result of individual behavior - in this case, the work of promoting this practice in schools and through the media is very important - and on the other hand depends on the ability of the National Health Service to provide the services aimed at it in a timely manner.

Another critical element highlighted in the report concerns the environment, for which a general worsening is noted, due to the high pollution of bathing water and an increase in the concentration of pesticides. The presence of drought contributes to the reduction in water levels and, consequently, to a decrease in their quality due to an increase in the concentration of microorganisms that we know are very risky for human health. In the face of these data and the risks associated with them, little attention is still being paid to the problem and its monitoring, as can be seen from the spatial inhomogeneity and poor coverage of pesticide water pollution surveys.

The future of our National Health Service will depend a great deal on the ability to modernize its organization, processes and tools for diagnosis and treatment. The funding made available by the PNRR gives the country an opportunity that is unique in history, but it must be accompanied by political choices that create the conditions for it to be used effectively. The new resources must not replace the ordinary resources allocated by the State but must be additional to achieve what the NHS is currently unable to offer the citizens of a modern nation.

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