

## Italy



<http://www.who.int/countries/en/>

WHO region	Europe
World Bank income group	High-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) ( )	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	93
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	82.7 (Both sexes) 84.8 (Female) 80.5 (Male)
Population (in thousands) total (2015)	59797.7
% Population under 15 (2015)	13.7
% Population over 60 (2015)	28.6
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ( )	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	99
Gender Inequality Index rank (2014)	10
Human Development Index rank (2014)	27
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	9.25
Private expenditure on health as a percentage of total expenditure on health (2014)	24.39
General government expenditure on health as a percentage of total government expenditure (2014)	13.65
Physicians density (per 1000 population) (2016)	4.021
Nursing and midwifery personnel density (per 1000 population) (2016)	5.718
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2016)	2.0 [1.8-2.3]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	3.3 [3.1-3.6]
Maternal mortality ratio (per 100 000 live births) (2015)	4 [ 3 - 5]
Births attended by skilled health personnel (%) (2013)	99.9
<b>Public health and environment</b>	
Population using safely managed sanitation services (%) (2015)	95 (Total) 96 (Urban) 94 (Rural)
Population using safely managed drinking water services (%) (2015)	94 (Total)

Sources of data:  
Global Health Observatory May 2017  
<http://apps.who.int/gho/data/node.cco>

### HEALTH SITUATION

Italy has the second highest life expectancy in Europe, there are important gender and geographical differences, however, with a gap of 2.8 years in life expectancy for both genders between the longest- and shortest-lived regions. The lower life expectancy in the southern regions is due to poorer lifestyles, access to health care and quality of services, issues that should be addressed by the health-care system. Close to two thirds of all deaths in Italy in 2014 were attributable to either cardiovascular diseases or cancer. Cardiovascular diseases represented the main causes of death among women (40%) followed by cancer (24%), while for men one third was related to cardiovascular diseases and another third to cancer. The most important risk factors in Italy for cancer and cardiovascular diseases are smoking, alcohol consumption, overweight and obesity.

A new national vaccination plan was approved in 2017, stressing the right to vaccination included in the benefits package. Although vaccination coverage rates were mostly above the 95% target around 2012, there has been a recent downward trend, with rates for specific individual vaccines (DTP3, MCV, HepB3) down by 3–5 percentage points in 2015.

The reduction in vaccination led to a worrying measles cases outbreak in 2017, with 865 cases in 2016 and more than 4000 up to August 2017 (Italian Ministry of Health data)

Europe generally, and Italy in particular, have experienced a large and unprecedented influx of refugees and migrants in the last few years. Since 2014, the escalation of crises in the Middle East area has increased the phenomenon of landings. Over 181 000 people arrived on Italian shores via the Mediterranean Sea in 2016 alone, and the figure for 2017 had reached over 93 000 by July

Despite recent progress, Italy still faces significant environmental challenges, with direct and indirect impacts on health. These involve the exploitation of non-renewable natural resources, a general reduction in biodiversity, constrained disposal of household and hazardous solid waste, inland water contamination due to natural and anthropogenic pollution (the latter representing ancient and recent emissions), poor quality of many urban areas and spreading of environmental outlaw management. Due to its geological and geomorphological characteristics, Italy is also susceptible to hydrogeological instability, which makes the country particularly vulnerable.

A warming trend in Italy has been observed in recent decades, bringing greater risk of heat-related morbidity and mortality, vector-borne diseases, and an increased risk of waterborne, foodborne and respiratory diseases.

### HEALTH POLICIES AND SYSTEMS

The Italian National Health Service automatically covers all citizens and foreign residents, making the health system theoretically universal in terms of population coverage. It also gives access to basic services, such as emergency care, to people with no residence permit without the need for registration in the national health system. Other health-care services for people without residence permits are increasingly covered by nongovernmental organizations (NGOs), but costs outside of basic services are covered mainly through out-of-pocket payments. The market for voluntary health insurance is quite limited (0.9 % of total health expenditure in 2012).

Italy has a National Health Service that is regionally based, with the central government sharing responsibility for health care with the country's 19 regions and two autonomous provinces. At national level, the government exercises a stewardship role, controls and distributes the tax-financed health budget and defines the national benefits package (known as the Essential Levels of Care) that must be guaranteed to all residents. The regions are responsible for the organization, planning and delivery of health services through local health authorities. Public hospital-based physicians are salaried employees.

The biggest challenge the health-care system faces is meeting budgetary limits without reducing the provision of health services to patients. This is related to equity across regions, with gaps in service provision and health-care system performance.

Other issues include ensuring the quality of professionals managing facilities, promoting group-practice and other integrated care organizational models in primary care, and ensuring that the concentration of organizational control of health-care providers by regions does not hinder innovation.

With regard to the increasing number of migrants, emergency preparedness and response, interministerial coordination and aspects of the existing health information system are key issues that need to be strengthened further.

### COOPERATION FOR HEALTH

The country is a member of the G7 and G20 groups, the global forums for heads of state to discuss global foreign policy issues and through which Italy has always fostered health dialogue. The G7 meeting was hosted again by Italy in May 2017. The outcome declaration for health stated the commitment of the G7 to advancing global health security and pursuing policies that promote physical and mental health improvements across the globe.

Italy's cooperation with WHO involved 25 collaborating centres that support the organization's technical work and programmes contributing to scientific work of WHO in the European Region. It also include cooperation on refugees' and migrants' health (e.g. PHAME project), on social determinants of health (WHO European Office for Investment for Health and Development in Venice); on environmental health; on mental health, on NTDs. In addition, the Ministry of Foreign Affairs is funding several WHO projects via multilateral channels contributing to the global health agenda.

In 2015, Italy started a process coordinated by the Ministry of the Environment and involving all stakeholders from institutions and civil society to develop a national strategy to meet the goals of the 2030 Agenda for Sustainable Development. The national strategy is based on five thematic areas: 1) people; 2) planet; 3) development and poverty reduction; 4) peace; and 5) partnership.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2022)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p><b>STRATEGIC PRIORITY 1:</b> Implementing the Health 2020 policy for health and well-being, aligned with the roadmap on the SDGs and the national SDG agenda, focusing on governance and leadership, supporting Italian national health policies reinforcing whole-of-government and whole-of-society approaches, and tackling inequities to address the social determinants of health, refugees' and migrants' health, climate change and environmental health</p>	<ul style="list-style-type: none"> <li>• Refugees' and migrants' health</li> <li>• Climate change and environmental health</li> <li>• Social determinants of health</li> <li>• Biodiversity and human health</li> <li>• Development of formal and informal education and training on the relationship between biodiversity, ecosystem services and health (SDG 4)</li> </ul>
<p><b>STRATEGIC PRIORITY 2:</b> Promoting well-being through the life-course by addressing and mitigating the impact of the major risk factors for noncommunicable diseases, including mental health and women and child health, and by governing innovation of the national health system based on achievements in the field of genomics science.</p>	<ul style="list-style-type: none"> <li>• Address and mitigate the impact of major risk factors for NCDs, including mental health</li> <li>• Mental health</li> <li>• Women's health rights, mother and child health</li> <li>• The importance of genomics</li> </ul>
<p><b>STRATEGIC PRIORITY 3:</b> Addressing communicable diseases under the One Health approach, including implementing the national vaccination plan and supporting the strengthening of global responses to international public health emergencies.</p>	<ul style="list-style-type: none"> <li>• Implementation of the national vaccination plan</li> <li>• HIV and AIDS</li> <li>• Tuberculosis</li> <li>• Neglected tropical diseases</li> <li>• Antimicrobial resistance (AMR)</li> <li>• Improving the response to international public health emergencies</li> </ul>
<p><b>STRATEGIC PRIORITY 4:</b> Strengthening the role of Italy as a donor country in global health through the WHO global programmes and enhanced collaboration between WHO and Italy in the Italian Development Cooperation Agency priority countries.</p>	<ul style="list-style-type: none"> <li>• Italy as a donor country and WHO global programmes</li> <li>• Enhanced collaboration between WHO and Italy in the AICS priority countries</li> </ul>