

Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery.

A people-centred health systems must take note of our rapidly changing demographic and economic profiles, including the migrants' inflow.

In Italy 22% of the population is already aged more than 64 years , 40% of general population has at least chronic disease, and 20% suffer from at least two. Additionally, we must respond to new and emerging needs and expectations, given also the new opportunities offered by innovative technologies and medicines, by genomics and epigenetics transforming precision medicine.

We think the traditional dichotomy between health and social services, as well as between hospital care and primary health care must be overcome as they are now outdated, as the whole of individual needs should be considered and addressed by coherent strategies.

Accordingly, Italy has drafted its first ever plan for chronic conditions. The key plan features are population stratification and targeting, health promotion through health literacy, early diagnosis and prevention, integrated care and cure, preferably delivered at home with a case manager's supervision, personalized treatment plans, assessment of quality of services delivered and of outcomes, involving patients and their families.

Our chronic conditions plan addresses social inequalities, frailty, vulnerabilities and disability, (affecting 5% of general population or 45% of individuals aged more than 80 years), appropriateness and adherence, digital health (e- and –m-).

It is based on skills development and intersectoral capacity building, intensive re-training of staff, harmonisation of the cures, the full involvement of patients, their association, families and social networks.

Continuity of care is based on the concept of lifelong support, as in the case of children with chronic diseases often neglected. We have identified a number of priority conditions and are benchmarking different models of care all based on integrated, personalised support.

Within these models we address prevalent and rare conditions and related multi and-co morbidities of individuals within their own settings. It may sound obvious but translating the model into practice a new governance implies the alignment and convergence of several budget lines from different and sometimes competing sectors, an intersectoral multiprofessional agreement to provide the support, care and cure needed mostly at the periphery of the system, where less privileged people usually fail to access a sometimes too bureaucratic and hostile system.

We believe the next 3 years will bring major changes into our system, fighting for sustainability by reorienting constantly our paradigm.

We thank WHO for leading this fight and for the overall framework provided that we have extensively used and adapted to our country level.

Regional Director, Hans and Juan, thank you.