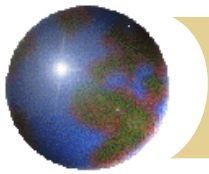


The Italian National Health System. An Overview

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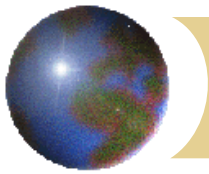


Italian Constitution

Article 32 – Right to health

The Republic safeguards **health as a fundamental right of the individual and as a collective interest**, and guarantees free medical care to the indigent.

No one may be obliged to undergo any given health treatment except under the provisions of the law. The law cannot under any circumstances violate the limits imposed by respect for the human person.



Human Dignity

Equity

Protection

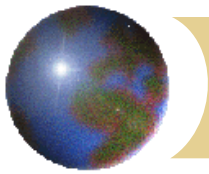
Cost-effectiveness

**Principles of the
National Health
Service**

Need

**Effectiveness and appropriateness
of interventions**

Solidarity



NHS
Born in 1978

Law 23 December 1978, no. 833

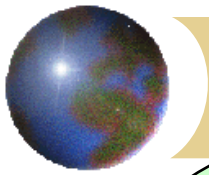
Main reforms:

✓ **Legislative Decree no. 502/1992 + 517/1993**

- 1. Increased responsibility and autonomy of regional authorities**
- 2. Transformation of Local Health Units and Hospitals into Agencies**

✓ **Legislative Decree no. 112/1998 + 229/1999**

- 1. Decentralization**
- 2. Modification of the NHS structure and organization**
- 3. Growing autonomy, responsibility and planning of the Regions**



FEDERALISM

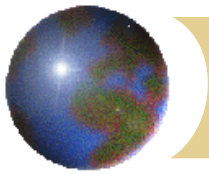
Reform of the Italian Constitution

Constitutional Law no. 3/2001
Article 117

Introduced:

- + the concurrent power of legislation of State and Regions**
- + the power of regulation for Regions in the field of health**

**State-Regions Agreements
for Public Health**



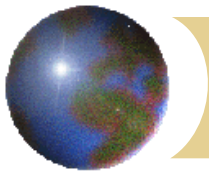
Competencies in the Health Sector

National Parliament + Central Government

- ✚ Authority of adopting fundamental health principles by means of framework laws and guidelines
- ✚ Determination of the Essential Levels of Health Care

Regional level

- ✚ General legislative and administrative authority
- ✚ Establishment and organization of health structures and services
- ✚ Direct commitment in delivering health care according to the specific territorial requirements



National Health Service

Government

Ministry of Health

Conference State-Regions

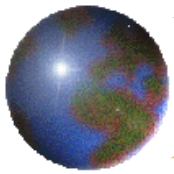
19 Regions

2 Autonomous Provinces

**Local
Health Agencies**

**Hospital
Agencies**

**University
Hospitals
(IRCCS)**



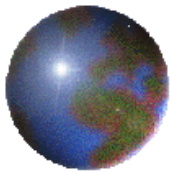
Essential Levels of Health Care

**First established
in 2001
(DPCM 29.11.2001)**

Services that the NHS is expected to deliver to all citizens, free of charge at the point of access or upon payment of a small pro-capita charge (ticket)

Three groups:

- + Collective health care**
- + District health care**
- + Hospital care**



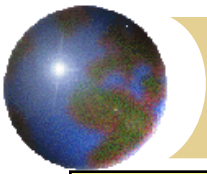
Essential Level of Health Care characteristics

- + Necessary
- + Appropriate
- + Homogeneous

**Ministry of Health
= guarantor
at national level**

**Agreement between the Central and
Regional Governments of 8 August 2001**

- + Established resources for financing ELHC
- + More power to Regions in
 - Organization of health services
 - Control of health expenditure

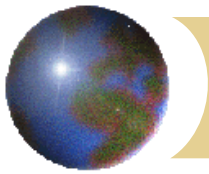


National Health Plan

Main planning act
of the national Government
regarding health



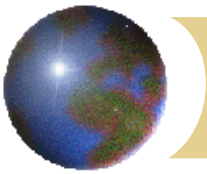
- ✚ On a three year basis
- ✚ Identify programmatic lines of the Italian health policy
- ✚ Prepared by the MoH + Regions + syndicates + other stakeholders
- ✚ Approved by the Conference State-Regions



National Health Plan 2010-2012

- ✚ Inspired to the Tallin Charter
- ✚ Guiding principles to overcome the main challenges
 - 🌐 Socio-sanitary assistance to the elderly
 - 🌐 Increasing costs linked to new technologies and drugs





Main public and private actors

General Practitioners

**Local Health
Agencies**

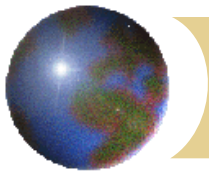
Hospital Agencies

University Hospitals, IRCCS

Private Hospital

**No profit associations
(migrants, homeless, etc.)**

Private clinics and Laboratories



**Local Health Agencies
(main services)**



District



Specialist treatment



**Community health and
hygiene**

Vaccinations

**Control of living and
working premises**

**Control of animal health
and welfare**

Food control

General Practitioners

Physician-on-call service

Family Counseling Centres

Small Hospitals

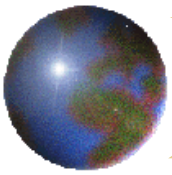
Clinic and Laboratories

Family planning clinics

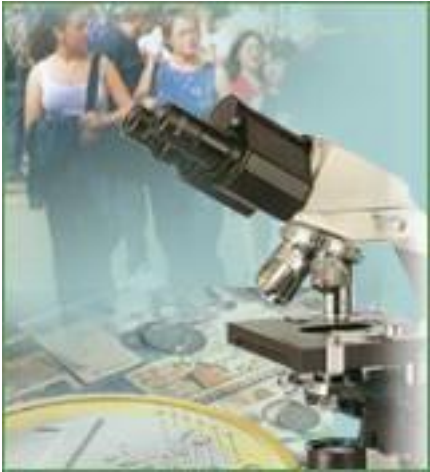
Drug services for addiction

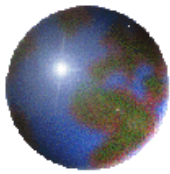
D.pts for mental health

Rehabilitation centers

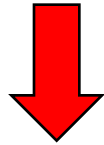


Health financing

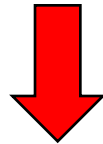




**National Health Fund
abolished in 2001**



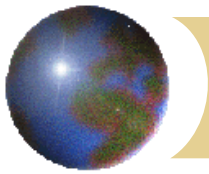
**Substituted by Taxation
attributed to Regions**



**Internal Stability Pact
in accordance with the
EU Stability and Growth Pact**

Regions:

- + Contribution to achieving public finance objectives
- + Responsibility for health expenditure

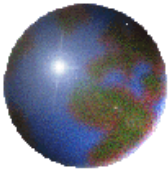


Law no. 405/2001

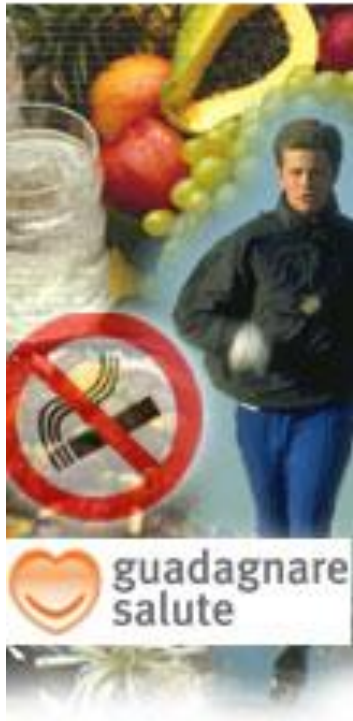
Urgent action for
health care expenditure

Power to Regions:

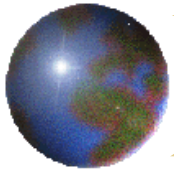
- ✚ Authorise experimental administration projects (e.g. PPP)
- ✚ Create Hospital Agencies
- ✚ Stronger responsibility in the control of health care expenditure
 - Increase taxation
 - Adopt co-payment charges



Main Challenges



- ✚ Population ageing and consequent increase in service demand
- ✚ Continuous cost rise due to scientific and technological innovations
- ✚ Restrictions imposed to public funding by commitments to comply with EU Stability Treaties



*Thank you for your
attention
and see you again in Rome*

