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HEALTH FACTS AND POLICIES IN ITALY IN THE EUROPEAN CONTEXT

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*Ministero della Salute
Italia*



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Part II: Health policies and action programmes of the European Union;

Part III: Facts and policies of the National Health Service of Italy;

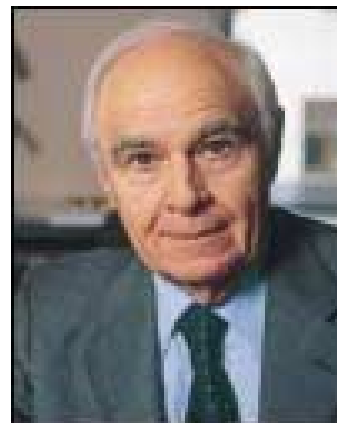
Part IV: Main health achievement in Italy;

Part V: International solidarity for health and development;

Part VI: Methods and data sources.

Foreword

The present report aims at providing the international Community with an overall perspective of health facts and policies in Italy in the European context. The Ministry of Health of Italy is the Institution responsible to work with the Council and the European Commission on matters concerning health. The programme of the Italian Presidency of the European Union in the health sector in the second part of the year 2003, is devoted to far reaching political issues reflecting Italy's commitment to promote health of the European citizens in the frame of the on-going historical development of the EU; the priorities of the Italian Presidency are well founded and directed at the heart of the European health policy.



This publication, in its six sections with a number of figures, tables, boxes and annexes, illustrates the remarkable health achievements of Italy within the European context and the leading European and national policies which have made possible these achievements.

The first Part of the Report is devoted to a worldwide analysis of demographic trends and of some impacts of these trends on market labor and on health in order to highlight some of the main future challenges.

The European context is addressed in the second Part of the Report, starting with an analysis of the legal bases for health in the European Union Treaty. A synthetic description of the main Community policies and legislative and regulatory measures concerning health and of Community action programmes in the field of public health is provided to elucidate how a high level of health protection has been and is being presently pursued within the Community. The new health strategy of the European Community consists of two main elements: a) a public health framework, encompassing measures that relate specifically to public health; and b) procedural measures to favour an integrated approach to public health across all Community policies. Co-operation with WHO is also pursued by means of technical consultations, partnership, adoption of common guidelines and criteria and financial aids for the WHO programmes.

The main task of this strategy is to fight the most serious health problems in the Community which are follows:

- ✓ one person in every five still dies prematurely (before the age of 65) from avoidable diseases, particularly related to lifestyles, or as a result of accidents;
- ✓ new risks to health are emerging, especially from communicable diseases;
- ✓ there are still wide differences in health status among different socio-economic groups of population;

- ✓ the aging of the population is resulting in a substantial increase in diseases typical of the elderly and in a social pressure to fight the lack of self-sufficiency.

Moreover, the costs of the health services are increasing, due to the growing request of health by the citizens and to the growing costs associated with the demand for innovative medicines and new medical technologies. The health challenges of the European Union have to be faced in the context of important political and institutional developments such as the enlargement Eastward of the Union.

Facts and policies of the National Health Service of Italy are dealt with in the third Part of the Report. According to article 32 of the Italian Constitution, the National Health Service (NHS) of Italy is committed to the safeguard of every citizen's health as an individual asset and in the interest of the society. The main features and organizational aspects of peoples, means and facilities of the NHS are described in this section. In about 24 years since its establishment and particularly in most recent years, the NHS has undergone many significant adjustments and changes, progressively increasing the planning and management responsibilities of regional and local levels versus the central level. Since 2001 a decisive transition has occurred from decentralization to true federalism, in keeping with the principle of subsidiarity. One of the main objectives pursued through this on-going evolution is quality assurance of the health services, included in the essential levels of health care (ELHC), provided free of charge at the point of access or with payment by patients of small contributions, while at the same time containing the costs within the available budget. The more decisional power for health planning organization and control is moved to territorial level, the more there is a need for the National Government, particularly through the Ministry of Health and the National Health Plan, to play a leading role to harmonize Regional Policies and ensure the delivery of ELHC with appropriate quality standards throughout Italy.

The subject of Part IV is a survey of the main health achievements of Italy in comparison with other European Countries. Such a comparative approach is considered very helpful to benchmark the outcomes of the national health policies and investments and to provide objectivity and credibility to the clearly very positive emerging picture.

As the factors that affect health are largely transcending national borders, the Italian and European Union's contributions to international solidarity are addressed in part V of this Report, including the guiding principles, strategies and experiences, and some thematic initiatives. This Section shows the commitment of Italy and the E.U. in helping third countries in needs to minimize adverse impact of diseases.

In conclusion, I hope that this publication will prove to be a useful tool to better understand the many efforts that Italy has put, in the European context, in protecting and promoting health not only of the Italian citizens, but also of the European ones and worldwide.

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List of Acronyms

ACP	Africa, Carribean, Pacific
AIDS	Acquired Immuno-Deficiency Syndrome
ARPA	Regional Agency for Environment
ASSR	National Agency for Regional Health Services
CAR	Central Asian Republics
CBRN	Chemical, Biological, Radiological and Nuclear
CCEE	Countries of Central and Eastern Europe
CE	Council of Europe
CUF	National Commission on Drugs
CJD	Creutzfeldt-Jakob Disease
CVDs	Cardio-Vascular Diseases
DALE	Disability Adjusted Life Expectancy
DALYs	Disability Adjusted Life Years
DRG	Diagnostic Related Group
EARSS	European Antimicrobial Resistance Surveillance System
EC	European Commission
ECEH	WHO European Centre for Environment and Health
ECHO	European Community Humanitarian Office
EDF	European Development Fund
EEC	European Economic Commission
EFTA	European Free Trade Association
EEA	European Environment Agency
EHLASS	European Home and Leisure Injury Surveillance System
ELHC	Essential Levels of Health Care
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMF	Electro-Magnetic Fields
ENWHP	European Network for Workplace Health Promotion
ESTHER	Solidarity Against AIDS Project
EU	European Union
EUPHIN	EUropean Public Health Information Network
EUROSTAT	EUropean Office of STATistics
EWRS	Early Warning and Response System
FCTC	Framework Convention on Tobacco Control
GDP	Gross Domestic Product
GMO	Genetically Modified Organism
GP	General Practitioner
HAP	Healthy Aids and Population
HBSC	Health Behaviour in School-aged Children
HBVD	Viral Hepatitis B Disease

H/DFLE	Healthy/Disability-free life expectancy
HIV	Human Immunodeficiency Virus
IARC	International Agency for Reseach Cancer
ICBDMS	International Clearinghouse for Birth Defects Monitoring Systems
ICD	International Classification Diseases
ICRC	International Committee Red Cross
ICT	Information and Communication Technology
IDDM	Insulin-Dependent Diabete Mellitus
IFAD	International Fund for Agricultural Development
IGAD	Intergovernmental Authority on Development
ILO	International Labour Office
ILSA	Italian Longitudinal Study on Aging
IMR	Infant Mortality Rate
INHP	Italian National Health Plan
INHS	Italian National Health Service
IPOCM	Italian Hospitals Abroad Project
IPP	Injury Prevention Programme
IRCCS	Health Care Institutes of a Scientific Character
ISAAC	International Study of Asthma and Allergies in Childhood.
ISPESL	National Insitute for Prevention and Safety at Work
ISS	National Health Institute
ISTAT	National Institute of Statistics
IZS	Experimental Zooprophyllactic Institute
LCD	Least Developed Countries
LE	Life Expectancy
LHUA	Local Healh Unit Agency
MoH	Ministry of Health
MONICA	Multinational mONItoring of trends and determinants of CARDiovascular diseases.
NIEHS	National Insitute of Environmental Health Sciences
NIS	Newly Independent States
ODA	Official Development Aid
OECD	Organization for Economic Cooperation and Development
OPV	Oral Polio Vaccine
PHC	Primary Health Care
SARS	Severe Acute Respiratory Syndrome
SDR	Starndardised Death Rate
SEIEVA	Epidemiologic Surveillance of Acute Viral Heaptitis
SMR	Standard Mortality Rate
SIDRIA	Italian Study on Respiratory Diseases in Childhood
SIS	Health Information System
STDs	Sexually Transmitted Diseases

SWA	Sector Wide Approach
UN	United Nations
UN/DESA	United Nations Department for Development Support
UNCTAD	United Nations Conference on Trade and Development
UNDCP	United Nations Drugs Control Programme
UNDP	United Nations Development Programme
UNEPA	United Nations Population Fund
UNETPSA	United Nations Educational and Training Programme for Southern Africa
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UNIDO	United Nations Industrial Development Organization
UNOPS	United Nations for Project Services
UNV	United Nations Volunteers
VTEC	Verocytotoxin producing <i>E. Coli</i>
WFP	World Food Programme
WHO	World Health Organization

