

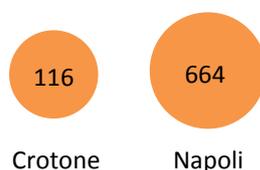
Italy's indicators of health system outcomes and quality are consistently good. This is despite levels of health spending below other high-income OECD countries. However, Italy is lagging behind in some areas, like long-term care and prevention of non-communicable diseases. Based on available OECD analyses, further progress is called for to promote appropriateness of care, address geographic imbalances in health care use and prevent the spread of risk factors including obesity and alcohol consumption among children.

Promote appropriateness of care and reduce regional variation

► Large variation in activity, outcomes and health care quality are found across Regions and Autonomous Provinces (R&AP)

Geographical variation in health care might suggest that unnecessary care is being delivered in areas of high activity, or that there is unmet need in regions of low activity. Such variation in activity and outcomes across R&AP is both inefficient and inequitable.

Caesarean section rates (per 1000 live births)



► Doctors in Italy prescribe too many antibiotics: Italy reports the 5th highest volumes of antibiotics prescribed

High volume of antibiotics prescribed is highly correlated with resistant bacterial strains, and is a sign of poor health care quality in the primary care sector.

Volumes of antibiotics consumption in 2013 (DDDs per 1000 population)



» What can be done?

- Ensure more consistent application of national quality initiatives at regional level.
- Support Regions and Autonomous Provinces with weaker infrastructure and reduced capacity to deliver care of equal quality to the best performing areas.
- Strengthen accountability through the use of performance metrics in contracting.
- Better use of financial resources and incentives.
- Ensure that ongoing efforts to contain health system spending do not subsume health care quality as a fundamental governance principle.
- Implement stewardship programmes to educate healthcare personnel as well as awareness campaigns.
- Enforce early detection of resistant infections and enhance hospital sanitation.
- Develop new ways of paying for new antibiotics which do not encourage higher antibiotic sales.

To read more about our work:

[Geographic Variations in Health Care - What Do We Know and What Can Be Done to Improve Health System Performance? \(2014\)](#)

[Health at a Glance 2015](#)

www.oecd.org/health/health-expenditure.htm

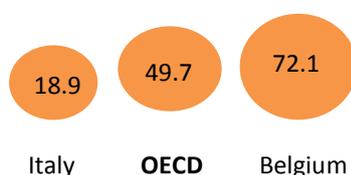
www.oecd.org/els/health-systems/Antimicrobial-Resistance-in-G7-Countries-and-Beyond.pdf

Long term care for elderly should be more routinely available

► The rapidly ageing population in Italy goes hand in hand with an increased prevalence of chronic illnesses and long-term conditions, but the provision of long-term care for the elderly remains poor in Italy

Life expectancy and life expectancy at age 65 in Italy are among the highest across the OECD and dementia prevalence at age 65 is worse than the OECD averages.

Long term care beds in institutions and hospitals in 2013



In Italy only 2% of the total population receive long-term care in 2013, while this rate is up to 4.5% in countries like the Netherlands and Switzerland.

» What can be done?

- Develop new models of primary care, focussing on prevention of chronic diseases; management of frailty in old age.
- Produce guidelines that address care for elderly patients and patients having multiple morbidities.
- Improve coordination across social and health care sectors, and across levels of government.

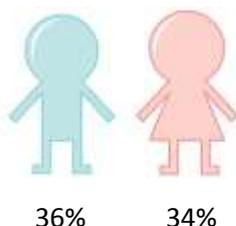
To read more about our work:

[Health at a Glance 2015](#)

Prevent the spread of obesity

► **Rates of children overweight are among the highest across OECD countries and are not declining**, while obesity rates among adults are below the OECD average (although national statistics are based on self-reports, which likely underestimate true rates).

Prevalence of overweight among Italian children



Excess weight problems in childhood are associated with an increased risk of being an obese adult, which is a risk factor for many chronic diseases like cardiovascular disease, diabetes, certain forms of cancer, osteoarthritis etc. during adult age (putting further pressure on the primary care sector).

»» What can be done?

- Implement a comprehensive prevention strategy, targeting different age groups and determinants of obesity as well as a multi-stakeholders approach.
- Implement awareness campaigns to improve nutrition habits of children and their physical activity.
- Strengthen regulation of food advertising.
- Make progress in nutrition labelling (using front-of-package guideline daily amount labelling) to improve consumer literacy around nutritional information.
- Implement fiscal and pricing policies to reduce the consumption of unhealthy foods and beverages.
- Strengthen co-operation with other stakeholders, including food manufacturers.

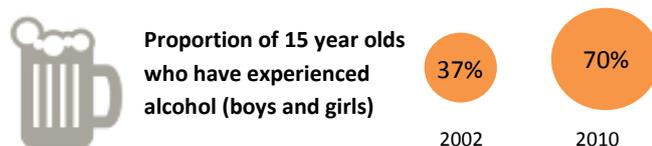
To read more about our work:

www.oecd.org/health/economics-of-prevention.htm

www.oecd.org/health/obesity-update.htm

Address harmful use of alcohol

► **Alcohol consumption, on average, has dropped more than in any other OECD country in the past 20 years, however heavy episodic consumption of alcohol is on the increase in young people and initiation into alcohol drinking happens at increasingly early ages.**



Harmful alcohol use is associated with numerous adverse health and social consequences. It also contributes to death and disability through accidents, assault, violence, homicide and suicide. According to OECD estimates, approximately four in five drinkers would reduce their risk of death from any causes if they cut their alcohol intake by one unit per week.

»» What can be done?

- Strengthen pricing and fiscal policies to deter over consumption of alcohol.
- Enforce the regulations to prevent driving under the influence of alcohol.
- Improve health care approaches to tackling harmful drinking.
- Implement legally binding policies like product placement, display of health warnings on alcohol containers and time/place restrictions for sales.
- Combine alcohol policies (fiscal, regulatory measures and health care interventions) in a coherent prevention strategy.
- An open dialogue and co-operation with other stakeholders, including alcohol manufacturers, is the key for success in fighting the harms associated with alcohol consumption.

To read more about our work:

www.oecd.org/health/economics-of-prevention.htm

[Tackling Harmful Alcohol Use: Economics and Public Health Policy \(2015\)](#)