Health at a Glance 2017: OECD Indicators

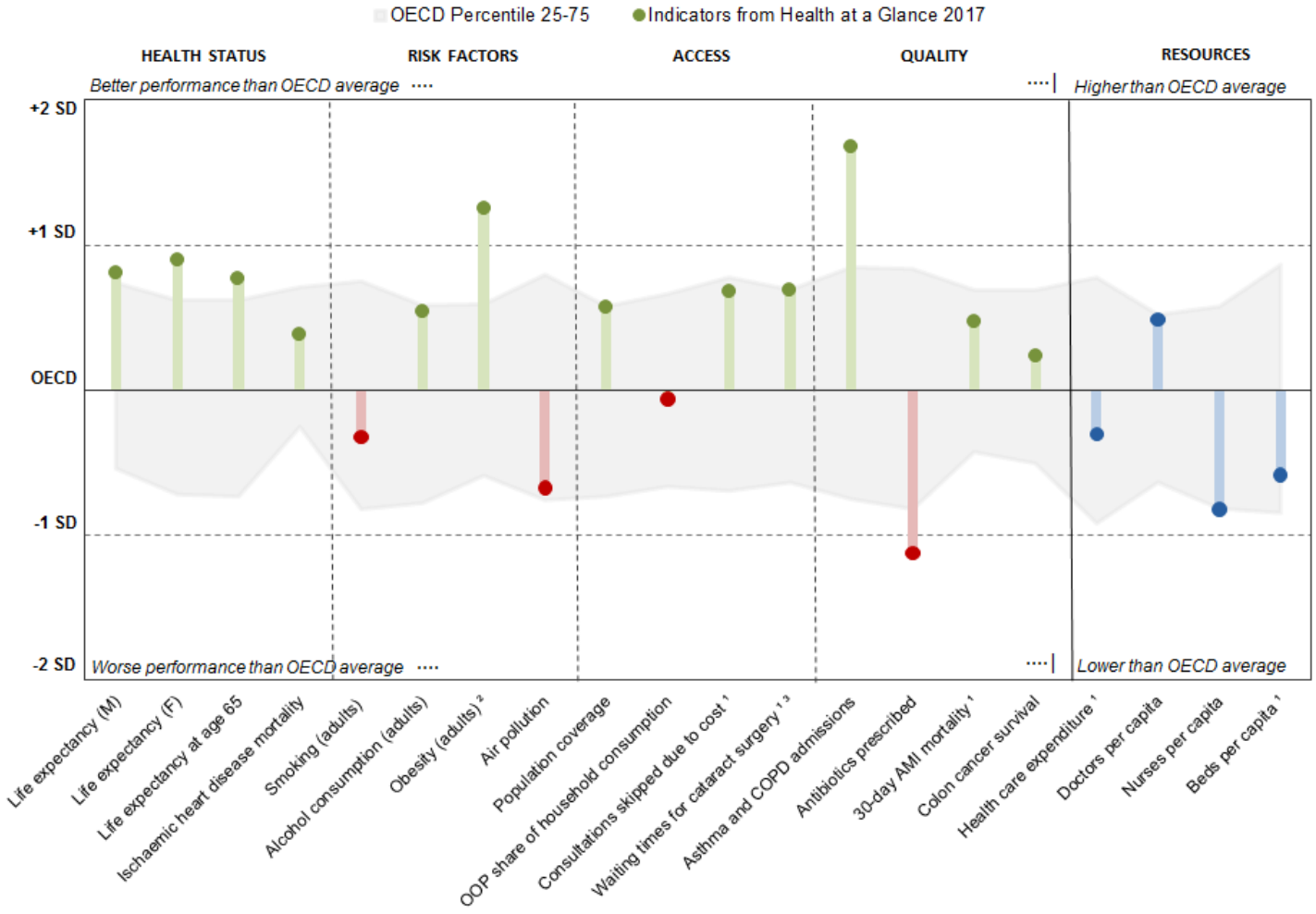
How does Italy compare?

Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Overview of health system performance in Italy

Life expectancy in Italy is among the highest across the OECD. Obesity rates are low (but growing for children); alcohol consumption, smoking rates and air pollution are all close to the OECD average. While indicators for access and quality of care are generally good, high rates of antibiotic prescriptions are a concern. Italy spends slightly less than the OECD average on health. The figure below shows how Italy compares across these and other core indicators from Health at a Glance.

Italy – Relative performance compared to the OECD average



[1] Standardisation of interquartile range excludes outliers (at least ±3 standard deviations from the average) that cause biased statistical distributions. [2] Includes measured and self-reported obesity rates. [3] Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.

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- **Health status**: life expectancy at birth was 82.6 years in 2015, the fourth highest across the OECD. Longer life expectancy raises new challenges as it leads to an ageing population. For example, Italy has the second highest dementia prevalence among OECD countries, at 2.3% of the population in 2017 and projected to reach 3.4% by 2037.
- **Risk factors**: while Italy has one of the lowest adult obesity rates at 10.3%, rates for adolescents have been increasing (see next page). Other risk factors, such as smoking and alcohol consumption in adults, remain close to the OECD average, although there are concerning trends in healthy lifestyles among young people.
- **Access**: the health system in Italy offers universal coverage with low rates of cost-sharing. Relatively few Italians skipped consultations due to cost (4.8%); waiting times for cataract surgery are shorter than most other OECD countries with comparable data.
- **Quality**: primary care is generally of high quality, indicated by low hospital admissions for asthma and lung diseases. Italy also performs well in terms of cancer survival and mortality rates following acute myocardial infarction (heart attack). However, the number of antibiotics prescribed is still very high at 27.5 defined daily doses per 1 000 population, fourth highest in the OECD.
- **Resources**: health spending averages $3 391 per person (adjusted for local costs), slightly lower than the OECD average. Reductions in the number of hospital beds in Italy are consistent with a general trend across the OECD. However, high numbers of doctors paired with low numbers of nurses means that Italy has one of the lowest doctors to nurse ratios in the OECD at 1.4 nurses per doctor.

Selected policy issues

Italy's high life expectancies could be endangered by unhealthy behaviours among teenagers

Notwithstanding the high life expectancy in Italy and generally good trends on healthy lifestyles and risk factors for adults, the picture for teenagers raises concerns, with the highest rates of smoking across the OECD at 21%, compared to 11.7% across the OECD); low rates of physical activity (8%, the second lowest in the OECD) and high rates of overweight and obesity (15.5%, with much higher estimates from national sources).

A national monitoring system has been in place since 2008 to try and reduce the prevalence of obesity. Policies to tackle obesity have mainly targeted schools, with major regional differences identified in the availability of gyms, initiatives promoting healthy habits, and the percentage of schools offering lunches. The share of overweight and obese adolescents has fallen slightly in the past decade.

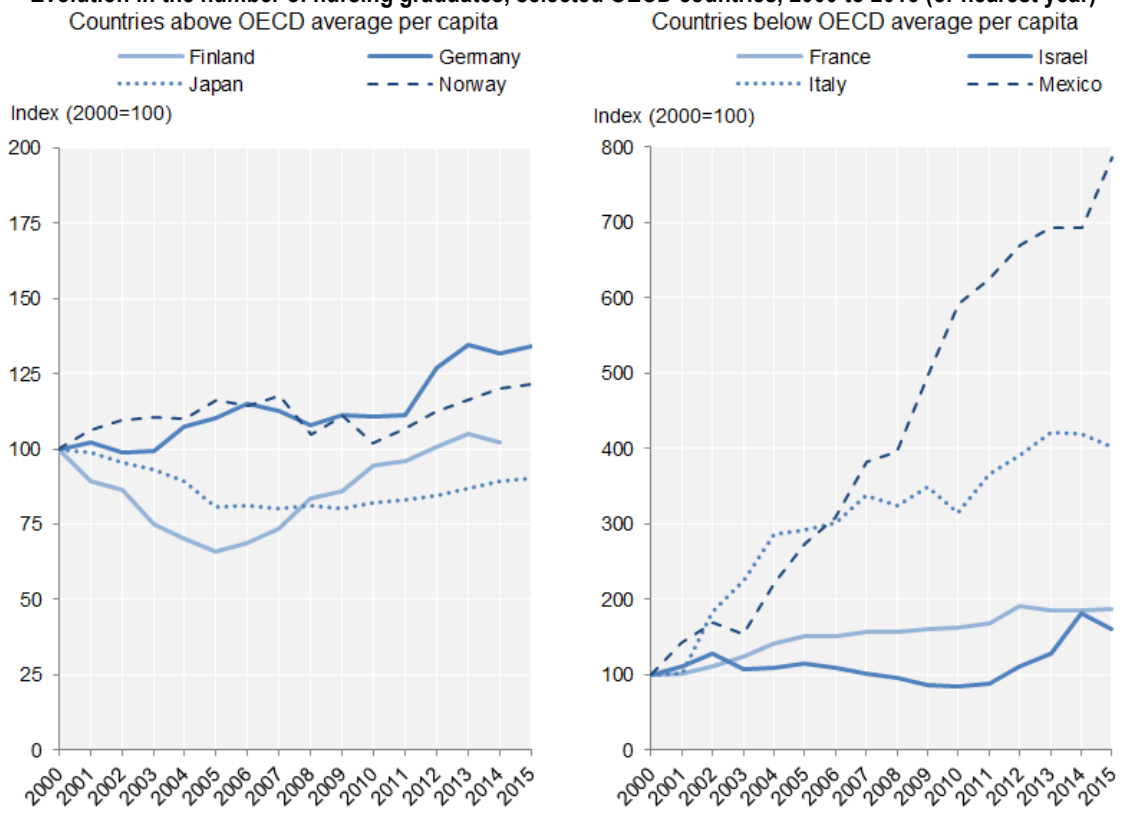
An ageing population will require reorienting health services

In light of an ageing population (22% was over 65 in 2015, the oldest in Europe) that spends less years in good health (7.7 years compared to 9.4 across the OECD) and the rising needs for long-term care, Italy has devised a range of policies to increase the nurse-to-doctor ratio. The number of graduate nurses in the past 20 years has more than quadrupled, thanks to an improved curriculum and a change of entry requirements to incentivise enrolments. These incentives are aimed both at students who would otherwise try to enrol in a medical degree, and also the large share of paid carers for elderly home care with no formal training, in an effort to regularise the market. However, the number of nursing graduates is still the fifth lowest across the OECD (20.6 per 100 000 population compared to the OECD average of 46).

This demographic and epidemiological shift, caused by the ageing population and worrying risk factor profiles for adolescents, calls for a reorientation of health services towards community care and prevention services, both of which are underdeveloped in the country compared to other OECD countries. Although in recent years there have been efforts to reorganise primary care and to establish community care networks, these programs are not implemented or coordinated at the national level, therefore leading to uneven diffusion across the country.

How does Italy compare?

Evolution in the number of nursing graduates, selected OECD countries, 2000 to 2015 (or nearest year)



More efforts are needed to improve efficiency in health spending

Italy is still one of the worst performing countries in terms of the share of generics in the market, with 8% in value and 19% in volume. These numbers come despite policies aimed at increasing the share of generics, whereby doctors are mandated to detail the active principle of their prescription in order to facilitate substitution. Financial incentives for physicians and pharmacists to prescribe and dispense generics can boost the take-up of generics. Patients can also be incentivised to opt for generics, if convinced of their equivalence to brand name drugs.

Similarly, wasteful spending can be reduced by tackling the issue of antibiotics prescriptions, for which Italy has the fourth highest rate across the OECD. A four-year prevention plan for antimicrobial resistance (AMR) was developed in 2014, and a new plan, compliant with many of the priorities set by the WHO global action plan for AMR, will be detailed in 2018. Furthermore, although a National Vaccination Plan was approved in 2012, Italy has recently experienced downward trends for vaccination coverage, leading to the lowest vaccination coverage for measles in the OECD (85%). This has resulted in a large measles outbreak that started in 2016, with more than 4 500 cases reported between January and September 2017.

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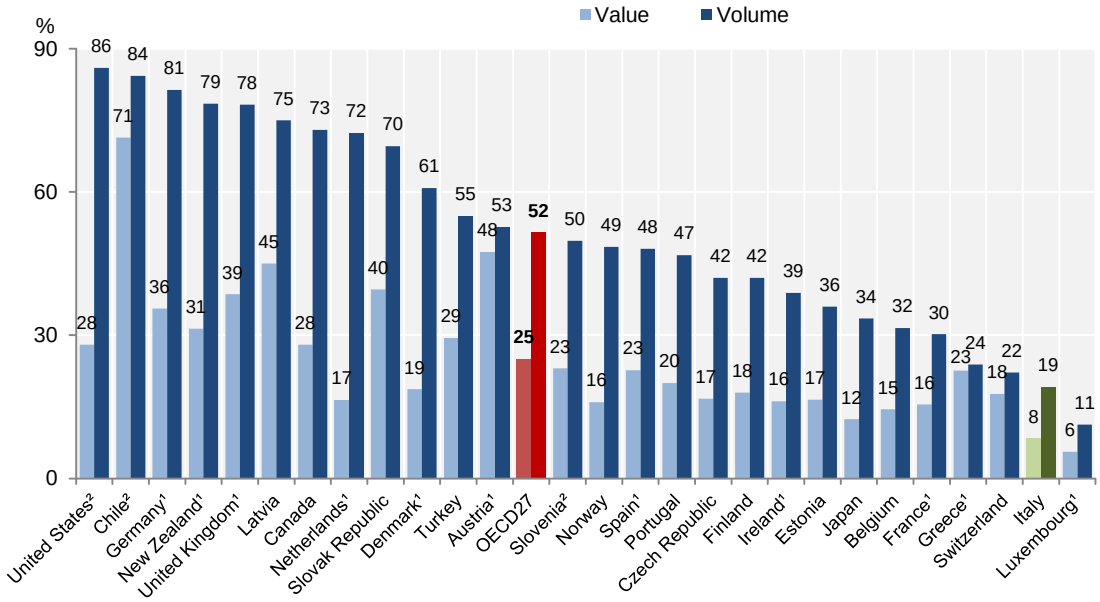
Share of generics in the total pharmaceutical market, 2015 (or nearest year)



Regional inequalities are still of major concern, even in the light of a reformed health basket

Italy has recently passed, under significant budget constraints following the financial crisis, a reform and expansion of the health benefits basket. However, this reform comes with concerns regarding the ability of individual regions to afford the provision of the expanded services. Despite the universality of coverage, southern regions have been historically less able to provide adequate care as defined at the national level. This results in a widening of the inequalities between the highest and lowest income groups in terms of unmet medical needs.

Further reading

OECD (2017), *Caring for Quality in Health, Lessons Learnt from 15 Reviews of Health Care Quality*, OECD Publishing, Paris. http://www.oecd.org/els/health-systems/health-care-quality-reviews.htm.

OECD (2017), *New Health Technologies: Managing Access, Value and Sustainability*, OECD Publishing, Paris. http://dx.doi.org/10.1787/9789264266438-en.

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OECD (2015), OECD Reviews of Health Care Quality: Italy 2014: Raising Standards, OECD Publishing, Paris. http://dx.doi.org/10.1787/9789264225428-en.

OECD/European Observatory on Health Systems and Policies (2017), Italy: Country Health Profile 2017, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels. http://dx.doi.org/10.1787/9789264283428-en.

Health at a Glance 2017 website: http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm.

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