

Italy



Health systems

Economic classification: **High Income**

Health systems summary

Italy has had a National Health Service (NHS) since 1978. The Italian NHS covers all citizens and legal residents automatically and is considered to be fairly comprehensive (the minimum benefit package is decided upon by the national government). Most of the funding comes from public sources, namely corporate tax, general tax and regional taxes. However, it is said that there are large regional disparities in funding and quality of care in the highly decentralised health system. Public funding is supplemented by several co-payment charges, and while there is no annual cap on out of pocket (OOP) spending, there is a 'ceiling' for individual co-payments. OOP spending is relatively high in Italy at 24% of total health spending. Very few have voluntary health insurance in Italy, which can be obtained corporately or non-corporately and can provide complementary or supplementary coverage.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Defined as disease
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Yes
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Out of pocket

Perceived barriers to treatment

Cultural norms and traditions	High cost of out of pocket payments	Lack of training for healthcare professionals	Lack of political will, interest and action
Influence of food industry	Stigma	Lack of treatment facilities	Poor health literacy and behaviour
Lack of opportunity for physical activity			

Summary of stakeholder feedback

While there was some disagreement among stakeholders about the extent to which the Italian government recognised obesity as a disease, stakeholders agreed that there was more consensus among healthcare providers and professionals. It was reported that many were particularly receptive to defining obesity a disease because of its relation to cardiovascular issues. Since the conduction of the interviews and surveys with these stakeholders, however, there has been official parliamentary recognition that obesity is in fact a chronic disease.

Stakeholders reported that individuals typically entered the system via the gatekeeping general practitioners and paediatricians and from there they would be referred onto specialists (such as endocrinologists, nutritionists and dieticians). As investment into obesity prevention and treatment was reported to be poor (particularly for childhood obesity) and there was poor coverage of treatment and diagnostic exams, it was suggested that treatment was mostly paid for out of pocket or via private health insurance. The exception to this was bariatric surgery, for which there is public coverage but long waiting lists. Stakeholders said people tended to fall out of the system because they do not or stop losing weight and because of the lack of clinical care pathways and specialised obesity clinics.

There appears to be no specialist obesity training available in Italy but stakeholders reported that is a reasonable number of health professionals capable of treating obesity in urban areas but insufficient numbers in rural areas. Italy has several obesity guidelines available included one that is endorsed by the Italian Obesity Society.

Based on interviews/survey returns from 4 stakeholders

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