

Warnings over Italian health-care devolution

Plans to grant regions differentiated autonomy in health care risk widening health inequities, experts warn. **Marta Paterlini reports.**



“It will be the end of the national health service of the country, as simple as that.” Nino Cartabellotta, founder of the GIMBE Foundation (Bologna), a non-profit working on health care, is one of many observers warning that new legislation aiming to devolve health care in Italy could have detrimental effects on health inequities.

The decree on differentiated autonomy has recently been approved by the Senate and is now in parliament for a second reading. Mainly promoted by the Northern League, which is part of the far-right government, the decree aims to allow individual regions of Italy to request more power in management and planning in a range of areas—including education, transport, and energy—that are currently more centralised, along with fiscal federalism under which regions can retain tax revenue in their own territory rather than it being distributed nationally. Regarding health care, regions are currently responsible for planning and delivering health-care services, whereas centrally the state sets the fundamental principles and goals of the health system, determines the core guaranteed package of health services that should be available, and allocates national funds to the regions. Under differentiated autonomy, regions that choose to would instead have total control over all their health care.

Proponents argue that resources managed locally could substantially reduce waste of resources, and that it would be easier for citizens to hold politicians to account. Critics say that the decree could have disastrous consequences for Italian health care, widening the gap between the north and the south. “The decree is ill-conceived”, says Cartabellotta, who also thinks that the process would undermine national solidarity.

“[The Italian National Health Service (NHS)] is collapsing, and we already witness inequalities regarding access to care and its outcome”, said Cartabellotta, pointing out worse outcomes in life expectancy, healthy life expectancy, and infant mortality between the north and south. National life expectancy is 82.6 years, but there are notable regional differences—from 84.2 years in the province of Trento to 81.0 years in Campania—and in all eight regions of the South, life expectancy is lower than the national average. The infant mortality rate is 1.8 deaths per 1000 livebirths in Tuscany, but is almost double that in Sicily (3.3) and more than double in Calabria (3.9). Health-care service coverage is also inequitable across the country. According to the Istituto Superiore di Sanità (the National Institute of Health), during 2021–22, approximately 70% of women aged 50–69 years underwent mammography and roughly two-thirds did so through free screening programmes. Overall coverage is 80% in the north, 76% in the centre, and just 58% in the south. “Should the resources of the richer regions not be redistributed, it would be against the Constitution”, said Cartabellotta.

An open letter by 14 prominent researchers and medics, including Nobel Laureate Giorgio Parisi, has asked the government to remove the health-care sector from the reforms, and instead calls for more resources for and improvements in the existing health service. In the past decade, the NHS has seen cuts of more than €37 billion and progressive privatisation of health-care services. Italy spends 6.8% of GDP on health care, compared with the European average of 8.0%.

Data from the Italian National Institute of Statistics show that 4.5 million people have given up on

treatment due to economic problems, the length of waiting lists, or difficulties in accessing health-care facilities, which are often too far from their homes. Widening regional disparities are already driving people to seek care in different parts of the country, a trend that experts say will only worsen if devolution is adopted. “For rare diseases, the scenario will get worse. Even now, with no more than a hundred cases bearing a rare disease, patients often must move to another region”, says Ilaria Ciancaleoni Bartoli, Director of the Observatory of Rare Diseases (Rome). “For rare diseases there should be responsibility at a national level.”

Pierino Di Silverio, National Secretary of Anao Assomed, Italy’s largest doctors’ union, complained about a lack of open and constructive public debate on the health policy. He is afraid that the decree will also increase harmful competition between health-care professionals. The current centrally dictated expenditure ceiling for hiring staff would not apply to autonomous regions, enabling them to offer better pay for health-care staff, and raising concerns that staffing will be skewed in favour of the richest regions. An in-depth review by the European Commission warns that the reform “risks jeopardising the government’s ability to keep national public spending under control”. If the decree passes, Di Silverio plans to call for a referendum on making the health-care sector exempt.

The government hopes to gain final approval of the decree by the end of the year. However, experts expect that the proposal will be modified, given the scale of criticism, which would send the bill back to the Senate. “In the meantime, our voice will continue to be loud,” says Di Silverio.

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