

Italy: Obesity Health System



Economic classification



High Income¹

Health system 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 spending². Very few have voluntary health insurance in Italy, which can be obtained corporately or non-corporately and can provide complementary or supplementary coverage.

Does Italy's government define 'Obesity as a disease'?



Does Italy's healthcare provider(s) define 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



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Obesity prevalence

24.9%	24.5%
Women	Men
11.8%	13.6%
Girls	Boys

Overweight prevalence

31.8%	47.5%
Women	Men
22.9%	23.6%
Girls	Boys

Key prevention policies

- ⇒ Mandatory list of the nutrient content of most pre-packaged food

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*

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
- Poor health literacy & behavior
- Influence of food industry
- Stigma
- Lack of opportunity for physical activity
- Lack of treatment facilities

References

1. <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.19)
2. <https://www.oecd-ilibrary.org/docserver/cef1e5cb-en.pdf?expires=1586861433&id=id&accname=guest&checksum=9366B24257B55B823AFEC624783FD642> (last accessed 14.04.2020)

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