



Italy

Obesity Health System Country Report Card

Economic Classification

*High income*¹

Italy is considered to have one of the largest economies in the world. It is a G7 member, G7 being a group of seven majorly advanced nations. In 2017, Italy had an unemployment rate of 11.3%².

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. 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. In 2015, OOP spending accounted for 22% of total health spending³. Very few have voluntary health insurance in Italy, which can be obtained corporately or non-corporately and can provide complementary or supplementary coverage.

Overall summary

Where your country's <u>government</u> in the journey towards defining 'Obesity as a disease'?	
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	●
Where is your country's <u>healthcare provider</u> in the journey towards defining 'Obesity as a disease'?	
(●: Defined as disease, ●: Partial, ●: No, ●: Not known)	●
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care.	
(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Not known)	●
At what level of obesity are people usually eligible to access healthcare?	
(●: BMI ≥30, ●: ≥ 35, ●: ≥35 + co-morbidities or ≥ 40 kg/m ² , ●: not defined or not known)	●

¹ World Bank economic classification by GNI per capita (June 2018)

<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups> (last accessed 09.11.2018)

² https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2018_Annex.pdf (last accessed 17.12.2018)

³ <https://international.commonwealthfund.org/countries/italy/> (last accessed 17.12.2018)

Is there a system for training health professionals to recognise, treat and manage obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>adults</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●
Has any government body published any obesity-related treatment recommendations or guidelines for <u>children</u> ? (●: Yes, ●: Partial, ●: No, ●: Not known)	●

Findings from stakeholders⁴

Overview of stakeholder feedback

There was disagreement between the stakeholders about the extent to which the Italian government and healthcare providers recognised obesity as a disease. One felt that both (and the workplace) was receptive to defining obesity a disease, particularly because of its relation to cardiovascular issues. The other stakeholder felt that this was not the case due to poor coverage of treatment and diagnostic exams. Investment into obesity prevention and treatment was considered to be poor, particularly for childhood obesity. It was suggested that treatment was mostly paid for out of pocket or via health insurance.

Stakeholders reported that an individual had to have a BMI of >30 kg/m² to be picked up by the system. They 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). Both stakeholders said people tended to fall out of the system along the way, typically because they do not or stop losing the weight.

General practitioners are considered to be poorly prepared to diagnose and treat obesity, particularly in rural areas. This is despite there being national guidelines that are reportedly followed.

An example of innovation in Italy is an ongoing trial looking at Deep Transcranial Magnetic Stimulation in the treatment of obesity that is funded by the Italian Ministry of Health.

⁴ Note that this section is based on interviews and/or survey returns from 2 stakeholders.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Italy⁵:

1. Poor nutrition knowledge
2. Obesogenic environment in schools
3. Obesity not considered a problem/a disease
4. Cultural relationship with food
5. Lack of reimbursement for treatment
6. Lack of physical activity culture
7. Marketing of unhealthy foods
8. Inadequate training of health professionals

⁵ In no particular order