

Background

The future health scenario appears very uncertain due to the effects of the Corona Virus Disease-19 (COVID-19) health emergency.

Currently, the pandemic appears to have entered a new, characterized phase from a high contagiousness, but a much lower lethality, also thanks to the diffusion of vaccination coverage. However, this is an ever-changing scenario, as to demonstrate the high number of sequenced variants of the virus by the experts. From this point of view, the health sector is facing an uncertainty that will still last for a period whose duration is difficult to establish.

In the past two years, prevention activities and, above all, care pathways for the chronically ill, have been interrupted or slowed down. These circumstances portend negative effects on the health of the population that will continue into the future that is added to the direct consequences, still little known and of the virus.

The health emergency has clearly exposed all the limitations of our system, as it has resulted unable to cope with a health crisis, especially from an organizational point of view and the resources available. Some examples above all, the inability to manage the emergency in the area and in healthcare facilities for the elderly, the dramatic shortage of medical and nursing staff and beds in intensive care.

As often happens, an emergency like the one we are experiencing becomes an opportunity to review some choices and strategies, to improve and make a system more effective and efficient. In fact, a virtuous process has been set in motion to redesign the organization of the National Health Service (NHS) and commit more resources to investments aimed at modernization. A renewal project that will be made possible thanks to the plan prepared by the European Union (EU), the Next Generation EU, financed by the Recovery and Resilience Fund, to access which countries must present a package of investments and reforms: the National Recovery and Resilience Plan (PNRR). Our country, in preparing the PNRR, has foreseen a specific mission on Health, for which it allocates € 15.63 billion, of which € 7 billion for territorial health care, proximity networks, structures and telemedicine and € 8.63 billion for innovation, research and digitization of the NHS. To these resources are added another € 2.9 billion that will go to the National Health Fund.

These are important investments for the modernization of the system, even if there remains an atavistic lack of economic resources for current management that still places us below the major countries of the Organization for Economic Cooperation and Development. The allocations provided for in the Budget Law for 2022 still appear insufficient to meet the cost of innovation and the increase in health demand related to the aging of the population. The new level of funding from the NHS for the period 2022-2024 has been set, respectively, at 124,061, 126,061 and 128,061 million euros. The further increase in funding, in order to increase the number of specialist training contracts for doctors, respectively, for € 194, 319 and 347 million over the three-year period, is encouraging, but only as a signal.

The Report is structured as follows:

- **106 Core indicators**, with which the essential aspects of the health of Italians and health services of all regions of our country are described, also with the aid of graphs, tables and maps;
- **26 Boxes**, focused on innovative experiences experimented in some single realities;
- **239 authors**, Public Health experts, clinicians, demographers, epidemiologists, mathematicians, statisticians and economists.

Recommendations

The Osservasalute Report, as usual, calls the attention of policy makers on the issues of prevention, integration, community orientation and modernization of the care system. Prevention remains one of the cornerstones of the NHS strategies, because it allows to avoid or postpone the onset of diseases with a high impact on the system and the quality of life of the population. Integration, in a multidimensional meaning, is necessary to counteract the fragmentation of services and services in the health and socio-health offer, promoting and improving the continuity of care at various levels. Community orientation is fundamental because it represents a process in which, in the plurality of protagonists of the offer, a role is recognized

also active to citizens and the reference community, who, from simple passive users of the offer, are qualified as an active resource for the system. Finally, the strengthening of communication networks and the digitization process is important because it makes the modernization of processes feasible, through remote medicine, the exchange of patient information between professionals in the sector and, in general, the coordination of taking in load of patients, in a territorial assistance system based on a hub and spoke model.