Key Findings

- Italy’s indicators of health status and quality of care remain among the best in the EU.
- However, a growing proportion of the population reports unmet needs for medical care and dental care, particularly among low-income groups, which might increase health inequalities.
- Italy spent 9.1% of its GDP on health in 2015, which is less than the EU weighted average of 9.9%, and much less than Germany, Sweden and France which all allocated 11% or more of their GDP to health spending in 2015.
- Further efforts are needed to increase the share of generics in the pharmaceutical market and reduce antibiotic prescription which poses a serious threat to public health.

High life expectancy and good quality of care

Life expectancy in Italy remains the second highest among all the EU countries, right after Spain. Life expectancy at birth in Italy reached 83.2 years in 2014, more than two years above the EU weighted average (80.9 years).\(^1\) One of the factors that have contributed to the rise in life expectancy in Italy is good quality of care for life-threatening conditions. *Health at a Glance: Europe 2016* shows, for example, that mortality rates following a hospital admission for a heart attack or stroke have been reduced significantly in Italy and were amongst the lowest in the EU in 2013.

There have also been improvements in the management of chronic conditions such as asthma and congestive heart failure in Italy, as reflected by a reduction in hospital admission rates for these conditions in recent years. This indicates better management of these chronic conditions in the primary care sector (outside hospital) and fewer complications requiring hospitalisation.

But a growing proportion of the population reports unmet needs for medical and dental care

Unmet needs for medical care and dental care have increased in Italy since 2009, although most of the population still reports that their needs are met. The proportion of people reporting that they have some unmet needs for a medical examination because of costs, geographic distance or waiting times increased from 5% in 2009 to 7% in 2014. This proportion is two-times greater for people in the lowest income group (14%). The proportion of people reporting unmet needs for dental care for the same three reasons has also risen from 7% in 2009 to 10% in 2014, and is also two-times among the poorest people (20%).\(^2\) Any increase in unmet needs, particularly among people with low income, may result in poorer health status and increase health inequalities.

Health expenditure

Total health spending accounted for 9.1% of GDP in Italy in 2015, less than the EU weighted average of 9.9%, and much less than in Germany (11.1%), Sweden (11.1%) and France (11.0%). More than three-quarters (76%) of health spending in Italy is publicly-funded, which is slightly less than the EU average (79%).

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1 ISTAT recently reported a reduction in life expectancy in Italy in 2015 for the first time in many years, but this reduction was attributed to a cyclical (temporary) increase in mortality among people over 75 which is not expected to have lasting effects.

2 These data come from the EU Statistics on Income and Living Conditions (EU-SILC) survey.
Health expenditure as a share of GDP, 2015

Source: OECD Health Statistics 2016; Eurostat Database; WHO, Global Health Expenditure Database.

Further efforts needed to increase the share of generics and reduce antibiotic prescriptions

The share of the generics market in Italy remains relatively low, accounting for only 18% of total pharmaceutical consumption in volume (9% in value) in 2014, compared with an EU average of 52% in volume (and 24% in value). The share of generics could be increased by providing financial incentives for physicians, pharmacists and patients to prescribe and purchase generic drugs.

Italy’s failure to reduce the prescription of antibiotics over the past decade is a concern. The consumption of antibiotics in Italy in 2014 was 25% higher than the EU average (and 5th highest overall). The over-use of antibiotics is a growing public health issue in Italy and in other countries, as it increases the prevalence of resistant bacterial strains, which in turn reduces the effectiveness of conventional treatment, resulting in prolonged illness, greater risk of death, and higher costs.

Overall volume of antibiotics prescribed, 2014

1. Data refer to all sectors (not only primary care).
2. Reimbursement data (not including consumption without a prescription and other non-reimbursed antibiotics).


More information on Health at a Glance: Europe 2016 – State of Health in the EU cycle is available at http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm. Health at a Glance: Europe 2016 is the first step in new joint work between the OECD and the EC under the Commission’s new State of Health in the EU cycle. This publication will be followed by the preparation of more in-depth country health profiles, expected to be released in November 2017.