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Italy: Giving regions more power over healthcare will worsen inequalities, say critics

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Critics have warned that a bill passed by Italy's parliament on the 19 June,¹ which grants regions more power over local services, will exacerbate historical health inequalities between the north and south of the country.

The bill states that regions will be able to apply for so called differentiated autonomy, which allows them to manage and plan a range of activities that are currently more centralised, such as healthcare, education, transport, environment, energy, and taxation. Fiscal federalism will also be introduced, allowing regions to retain tax revenue for their own services rather than distributing them nationally.

Italy's national healthcare system has been going through a process of decentralisation since the early 2000s. Although the government has maintained strategic leadership of the system, the process has led to fragmentation of services and varied provision of healthcare around the country.

Pierino di Silverio, president of Anaa Assomed, Italy's biggest trade union for doctors, recently described the healthcare system as "close to collapse" with staff shortages, staff burnout, long waiting lists, overcrowded emergency departments, and entrenched inequality between richer and poorer regions.²

Figures from the Italian National Institute of Statistics show that Italy spent €131bn (£111bn; \$140bn) in 2023, which compares with €423bn in Germany and €271bn in France. This was equal to 6.8% of Italy's GDP and lower than the European average of 8%.³

Solidarity sacrificed

Promoters of the new bill, who are mainly supporters of the far right government, see differentiated autonomy as an opportunity to reduce waste in the national healthcare system. During a press conference on 20 June the minister of health, Orazio Schillaci, commented that "with the regions already having great autonomy, little will change in this sector. But it can be a stimulus to improve for those that, perhaps, have not performed particularly well in recent years."

However, critics argue that differentiated autonomy will harm healthcare delivery. Nino Cartabellotta, founder of the Gimbe Foundation, a non-profit organisation working on healthcare issues, believes that differentiated autonomy will amplify the existing inequalities in healthcare. "Today we are facing a north-south structural fracture that compromises the quality of health services, equity of access, health outcomes, and life expectancy at birth, fuelling a massive movement of people from south to north to access healthcare," he told *The BMJ*.

Critics are also afraid that the bill will lead to a drift of staff from poorer regions to areas that can offer better pay and conditions, scholarships, and training opportunities.

Di Silverio told *The BMJ*, "We are evaluating what we can do to challenge this law. We cannot accept the outrageous mistake that this government is making and that the principle of solidarity at the basis of our universal healthcare system is being sacrificed for political exchanges."

Amalia Bruni, a neurologist and regional councillor of the Democratic Party of the region Calabria—one of Italy's poorest regions, with a population of two million that is dealing with a profound healthcare crisis—referred to a recent report by the European Commission, which criticised the bill because "it risks jeopardising the government's ability to keep national public spending under control."⁴

1 Italian Parliament. The regions and differentiated autonomy. 19 Jun 2024. https://temi.camera.it/leg19/temi/19_t118_regioni_e_finanza_regionale.html (In Italian)

2 Paterlini M. Strikes and a healthcare system on its knees: Italy's start to 2024. *BMJ* 2024;384: doi: 10.1136/bmj.q164. PMID: 38302140

3 Istituto Nazionale di Statistica. Annual report 2024. 15 May 2024. <https://www.istat.it/it/archivio/295863> (In Italian)

4 European Commission. In-depth review 2024—Italy. Apr 2024. https://economy-finance.ec.europa.eu/document/download/a7366bdf-d590-4af6-ba6c-d1fbf68654d7_en?filename=ip283_en_new.pdf