

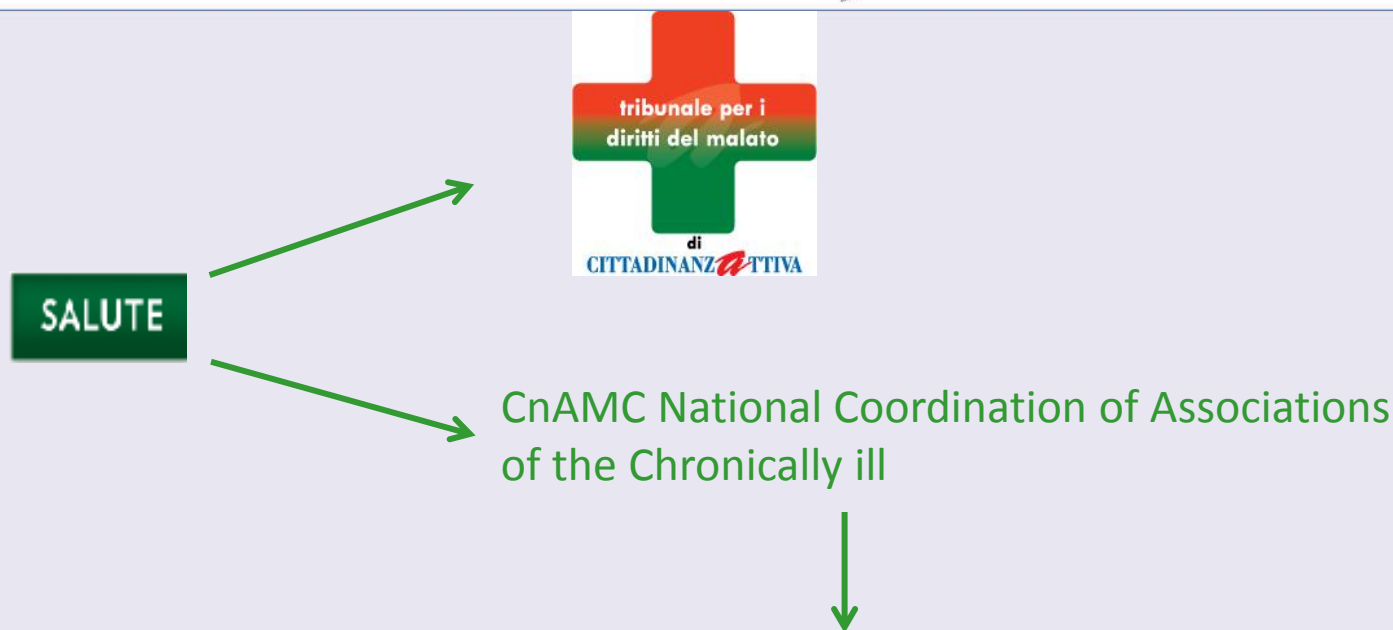


The role of prevention and innovation in the sustainability of the public health system

Maria Teresa Bressi

National Coordination of Associations of the Chronically ill
www.cittadinanzattiva.it

mt.bressi@cittadinanzattiva.it



99 national associations and federations of patients suffering From chronic and rare pathologies



National Coordination of Associations of the Chronically Ill

The **National Coordination of Associations of the Chronically Ill (CnAMC)** was established in 1996 and is a network of Cittadinanzattiva, the Italian NGO. It represents an example of cross-alliances between organizations and federations of people with chronic and rare diseases and it aims to protect their rights. Every year it makes a **National Report on the Policies of Chronic Diseases**.

The most recent one is the 13th National Report on the Policies on Chronic Diseases 2014 titled 'Health Services: Public Access?'

**XIII RAPPORTO NAZIONALE
SULLE POLITICHE DELLA CRONICITÀ 2014
SERVIZIO SANITARIO: PUBBLICO ACCESSO?**

The Health Service can be PUBLIC only if it is ACCESSIBLE to citizens

- mt.bressi@cittadinanzattiva.it

Italians live longer but worse

Italy has one of the longest life-expectancies in Europe and in 2013 it has gradually increased by 0.2%.



	Speranza di vita alla nascita		Tasso di fecondità totale	Indice di vecchiaia (a)	Saldo migratorio con l'estero	Stranieri (per cento residenti)
	Maschi	Femmine				
Ue28	77,5	83,1	1,58	116,6	-	-
Germania	78,6	83,3	1,38	158,0	2,9	9,1
Francia	78,7	85,4	2,00	96,7	0,6	6,0
Regno Unito	79,1	82,8	1,92	97,7	2,8	7,6
Spagna	79,5	85,5	1,32	115,8	3,0	11,2
Nord-ovest	79,8	84,7	1,48	164,4	4,7	9,7
Nord-est	80,1	85,1	1,47	157,3	4,0	10,1
Centro	79,7	84,4	1,42	166,4	6,5	9,1
Mezzogiorno	79,0	83,7	1,34	131,1	2,4	3,0
Italia	79,6	84,4	1,42	151,4	4,1	7,4

Fonte: Eurostat; Istat, Tavole di mortalità; Iscritti in anagrafe per nascita; Popolazione residente comunale per sesso, anno di nascita e stato civile; Iscrizioni e cancellazioni all'anagrafe per trasferimento di residenza; Movimento e calcolo della popolazione straniera residente e struttura per cittadinanza (a) Anno 2013.

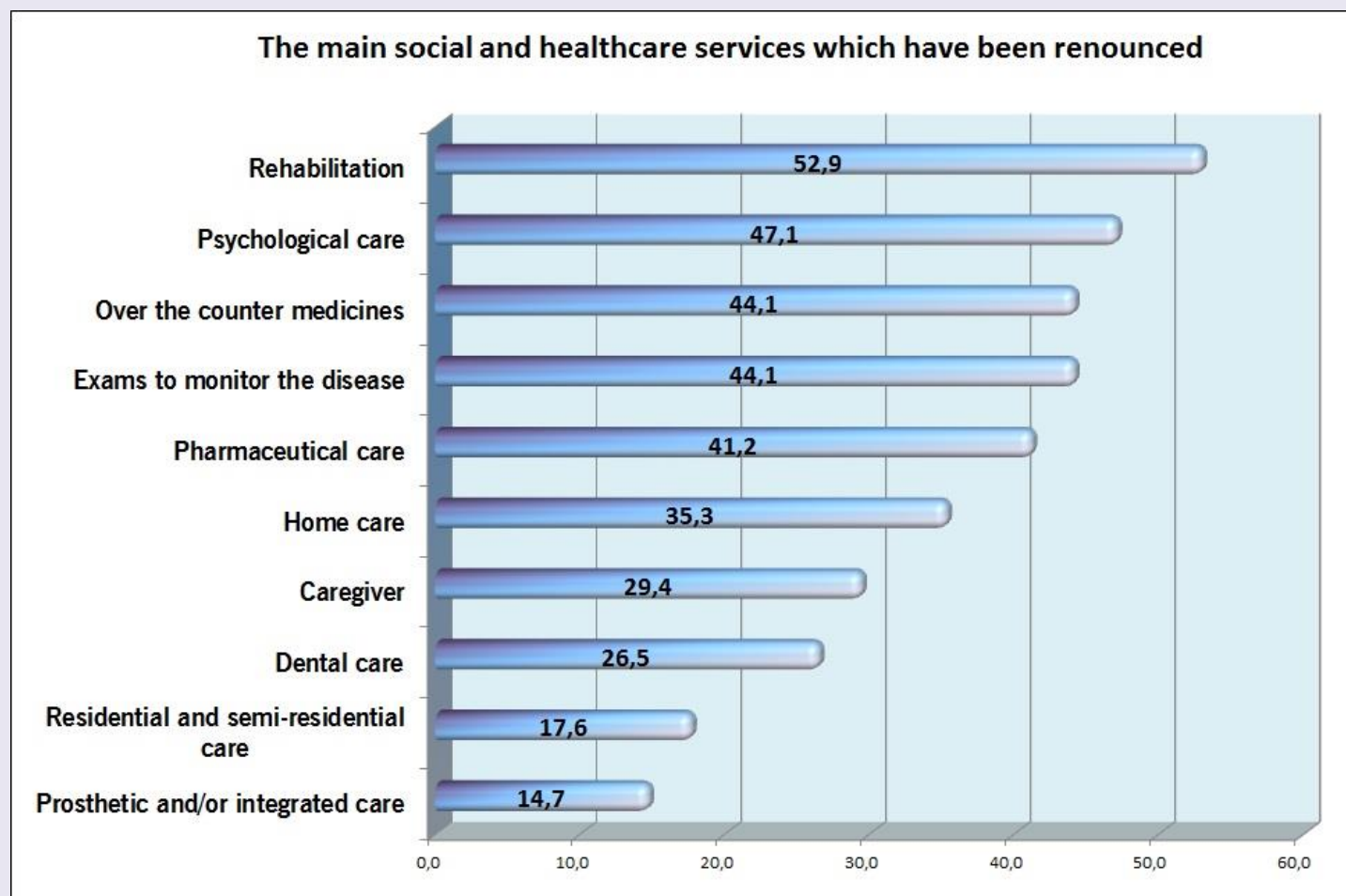
However, **the quality of life is lower** regarding the physical and psychological aspects, especially in Southern Italy.



One in ten Italian families has at least one member with limited functions

mt.bressi@cittadinanzattiva.it

Last year, **80.5%** of the organizations **have GIVEN UP** assistance due to **economic difficulties**



The **public health expenditure** in Italy is below the European average:

- **OECD: - 0.9%**
 - **Italy: - 4.1%**
- } 2009-2011

Total ceiling for the cost of public pharmaceutical care:

- **2008: 16.8%**
- **2013: 14.85%**

The reduction of this public health expenditure goes together

with an increase of 20.5% for pharmaceutical care in the hospitals

In Italy there is no prevention and no adherence to treatments

Cardiovascular medicines are in the first place in terms of total public and private spending on pharmaceuticals (4,194 million euro) and consumption (524.7 DDD / 1000 ab die).

According to the WHO in 2008, cardiovascular diseases caused 48% of deaths and are in first place for the prevention and control of non-communicable diseases.

The data from the local Italian healthcare firm shows low levels of adherence, mainly for medicines related to obstructive airway diseases, antidepressant and medicines for the prevention of cardiovascular risks.

There are high levels of inappropriate use of antibiotics.

AIFA Osmed report 2013

Civic survey on patients experience on the use of medicines

More than half of the participants **took 2-3 medicines per day**, five patients forgot about their therapy and one in seven got their doses wrong.

22% say **they have been forced to stop their therapy**, for an average of 12 days, due to: an allergic reaction (22.6%), the therapy was ineffective (20.4%), costs borne by the public (16.4%) or because the medicines were not available in the drugstore(14.5%).

10.8% voluntarily **decided to suspend or not take the prescribed therapy**, due to: skepticism (56.5%), the therapy is difficult to follow, the number of doses are too high (13%), or because the therapy will last a lifetime and is therefore discouraging (11.6%).

Proposals from CnAMC Cittadinanzattiva



1. **Civic participation** in the choices related to health, accountability and transparency;
2. **Decrease private costs** for citizens and guarantee **accessibility to healthcare services**;
3. Promote and invest in **prevention**;
4. Give substance to the **NATIONAL ACTION PLAN ON CHRONIC DISEASES**;
5. Guarantee **the accessibility of appropriate and effective therapies**, be in charge of innovation and invest in patient empowerment to improve adherence;
6. Ensure that the **social benefits** resulting from disability is a benefit and not an obstacle.

The National Action Plan on Chronic Diseases: good practices

expected in Article 5 of the Healthcare Agreement 2014-2015

The aim of the Agreement is to make the health system sustainable in the face of new challenges, such as: an aging population, the arrival of new and expensive medicines, personalized medicines, increase in chronic diseases, the health system does not adequately provide to the health needs of the citizens and lack of civic and patient involvement.

Cittadinanzattiva-National Coordination of Associations of the Chronically Ill (CnAMC) was convened by the Italian Ministry of Health to develop the National Action Plan on Chronic Diseases, together with associations of patients participating in the CnAMC.



Maria Teresa Bressi

www.cittadinanzattiva.it

mt.bressi@cittadinanzattiva.it