Response to COVID-19: Was Italy (un)prepared?

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Iris Bosa[1], Adriana Castelli[2], Michele Castelli[3], Oriana Ciani[4], Amelia Compagni[5], Matteo M. Galizzi[6], Matteo Garofano[7], Simone Ghislandi[5], Margherita Giannoni[8], Giorgia Marini[9], Milena Vainieri[10]

Presenting Author: **Adriana Castelli**
Centre for Health Economics, University of York

@CastelliAdriana

Structure of presentation

- Overview of the Italian *Servizio Sanitario Nazionale*
- National Preparedness Plan
- Governing the emergency: Who? When? How? Why?
- The National policy response to COVID-19
- Was Italy (un)prepared?

Overview of the Italian *Servizio Sanitario Nazionale (SSN)* (1)

- Founded in 1978, principle of universal coverage, with free hospital and medical care
- Financed through general taxation (74% of THE is PHE, 23% OOP & 3% PHI)
- Life expectancy at birth reached 83.1 years in 2017 (2nd highest in the EU after Spain)
- Health system relatively effective at avoiding premature deaths, with one of the lowest rates of preventable and treatable causes of mortality in the EU
- Unmet needs for medical care generally low, but low-income groups & residents in some regions experience greater barriers to accessing some services
- Ageing population due to increase pressure on both health and social care provision

Source: European Health Observatory, Italy Country Profile, 2019

Overview of the Italian *Servizio Sanitario Nazionale (SSN)* (2)

- Since early 1990s, the SSN has been decentralised with shared (complementary) responsibilities between central and regional governments
- Central government
  - channels general tax revenues,
  - defines benefit package (known as the livelli essenziali di assistenza, 'essential levels of care')
  - exercises overall stewardship + oversees Regions do not exceed allocated budgets
- Regional governments
  - responsible for the organisation and delivery of health services through local health units and public and accredited private hospitals.

National Plan for Preparation and Response to an influenza pandemic

- Published in 2006 (2005 WHO recommendation to develop a national pandemic plan)
- Strengthen preparedness for an epidemiological emergency at the **national** and **local level** to
  - **quickly identify, confirm and describe** cases of influenza caused by new viral subtypes, in order to promptly recognize the onset of the pandemic
  - **minimize** the risk of transmission and **limit** morbidity and mortality due to the pandemic
  - **reduce the impact** of the pandemic on health and social services and ensure the maintenance of essential services
  - ensure adequate training of personnel involved in the response to the pandemic
  - ensure up-to-date and timely information for decision makers, health professionals, the media and the public
  - monitor the efficiency of the interventions undertaken

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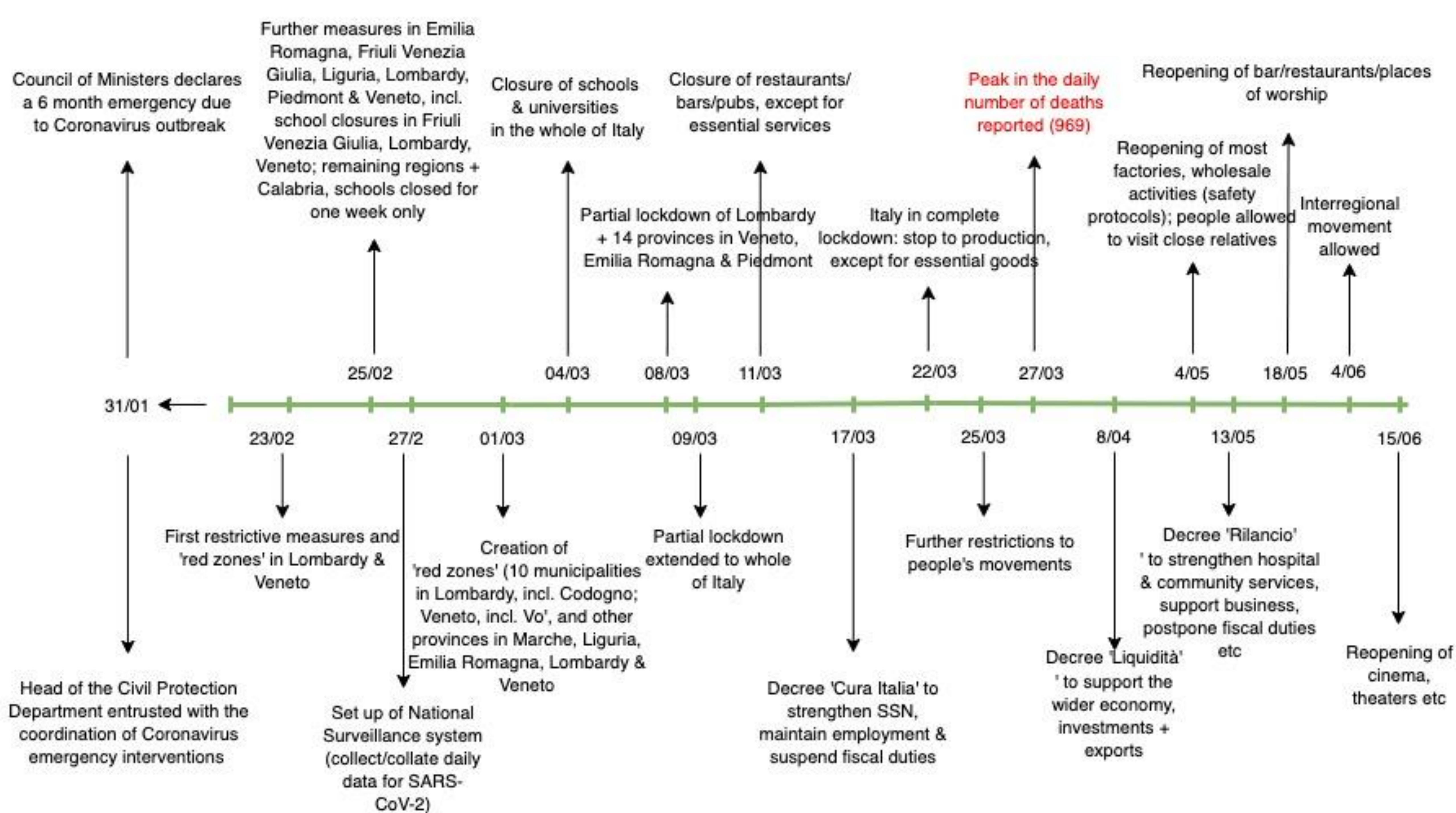
Governing the emergency: Who? When? How? Why?

- 31st Jan Declaration of a 6 months National Emergency
  - Head of Civil Protection Department entrusted with coordination of COVID-19 emergency interventions
- Creation of additional committees, e.g. a technical and scientific committee incl. 13 top-level public servants and 7 clinical experts
- Commissioner to oversee centralized procurement of PPE and ventilators
- Committee of experts in economic and social subjects to plan transition from lockdown to reopening

Governing the emergency: Who? When? How? Why?

- Two important implications
- Central government acquired extraordinary powers allowing it to approve legally binding interventions without parliamentary consultation and approval
  ➔ blurring boundaries between executive and legislative powers
- Procurement rules allowed to be bypassed, especially for the purchase of PPE, tests and ventilators



Council of Ministers declares a 6 month emergency due to Coronavirus outbreak
Further measures in Emilia Romagna, Friuli Venezia Giulia, Liguria, Lombardy, Piedmont & Veneto, incl. school closures in Friuli Venezia Giulia, Lombardy, Veneto; remaining regions + Calabria, schools closed for one week only
Closure of schools & universities in the whole of Italy
Closure of restaurants/ bars/pubs, except for essential services
Peak in the daily number of deaths reported (969)
Reopening of bar/restaurants/places of worship
Partial lockdown of Lombardy + 14 provinces in Veneto, Emilia Romagna & Piedmont
Italy in complete lockdown: stop to production, except for essential goods
Reopening of most factories, wholesale activities (safety protocols); people allowed to visit close relatives
Interregional movement allowed
25/02
04/03
08/03
11/03
22/03
27/03
4/05
18/05
4/06
31/01
23/02
27/2
01/03
09/03
17/03
25/03
8/04
13/05
15/06
First restrictive measures and 'red zones' in Lombardy & Veneto
Creation of 'red zones' (10 municipalities in Lombardy, incl. Codogno; Veneto, incl. Vo', and other provinces in Marche, Liguria, Emilia Romagna, Lombardy & Veneto
Partial lockdown extended to whole of Italy
Further restrictions to people's movements
Decree 'Rilancio' ' to strengthen hospital & community services, support business, postpone fiscal duties etc
Head of the Civil Protection Department entrusted with the coordination of Coronavirus emergency interventions
Set up of National Surveillance system (collect/collate daily data for SARS-CoV-2)
Decree 'Cura Italia' to strengthen SSN, maintain employment & suspend fiscal duties
Decree 'Liquidità' ' to support the wider economy, investments + exports
Reopening of cinema, theaters etc

The National policy response to COVID-19

The National policy response: Supply side

- Physical Infrastructure
  - Rapid conversion / building of facilities to support the pandemic efforts
  - ICU beds increased by 65% (~ 3,360 additional beds)
  - Further expansion of IC capacity planned ➔ more than doubling at full regime BUT not homogenous across regions
  - Central procurement function assigned to CPD, BUT regions & local admin direct purchases
- Workforce
  - Highlighted shortages in the healthcare sector
  - Creation faster recruitment / freelance contracts / early graduation of nurses
  - 20K more healthcare professionals (4,3K doctors, 9,7K nurses, 6K other HCP)
  - Additional 250 mio EUR allocated for overtime pay

The National policy response: Supply side

- Digital technology
  - Rapid move to teleconsultations, also of late “bloomers”
  - Bolstered investment in improving technological infrastructure
  - Creation of various ’track & trace’ apps (Immuni)
  - Yet to be assessed the impact that digital care had on access (equity issues) and quality of care / patient outcomes

The National response: Demand Side

- Rapid and extensive reprogramming of healthcare service delivery
  - capacity to offer surgeries decreased dramatically to reallocate resources to the pandemic response
  - over 50K operations were cancelled per week (90% for benign surgeries, 20% obstetrics & 29% cancer surgeries)
- Recent report by NOMISMA state that over 410K operations are to be rescheduled (www.nomisma.it)
- Decrease in emergency admissions: where are the stroke patients?
  - mean rate of emergency admission decreased to 13.3 per day from 18.9 per day compared to the same time period the previous year (De Filippo et al, 2020)

Was Italy (un)prepared?

- Initial reaction / response was disbelief and inaction
- First (democratic) country to introduce tough lockdown measures
- Early phase slow compliance with public health measures
  - People travelling from Northern ‘red zones’ to Southern regions importing the virus
- Lack of brushed up emergency plan, incl. mismanagement of “patient I”
  - Early response mainly hospital centred (esp. in Lombardy), quickly overflowing hospital capacity with some tough decisions
- COVID-19 outburst in nursing homes

What’s next?

- Pandemic hit the country after years of strict spending reviews and severe cost containment measures
- Government approved extraordinary economic measures to support Italian economy, incl. healthcare sector
  - Potential negative effects: expected tax break for businesses (regional tax on Firms’ income) likely to negatively impact of regional healthcare funding, as it is the main funding source for Regions
- Need to reorganise SSN
  - set the right priorities in terms of which services to provide first
  - establish clear cut criteria to prioritise treatment
  - need to assess the overall physical infrastructures of the Italian SSN to determine renovation/restructuring needs (from hospitals to RSA).

Authors’ affiliations

- 1 Business School, University of Edinburgh;
- 2 Centre for Health Economics, University of York;
- 3 Population Health Science Institute, Newcastle University;
- 4 SDA Bocconi School of Management, Bocconi University;
- 5 Department of Social and Political Sciences, Bocconi University;
- 6 Department of Psychological and Behavioural Science, LSE;
- 7 Local Health Authority of Parma;
- 8 Department of Economics, University of Perugia;
- 9 Department of Juridical and Economic Studies, La Sapienza University of Rome;
- 10 Management and Health Lab, Institute of Management, Department of Embeds, Sant'Anna Advanced School of Pisa.