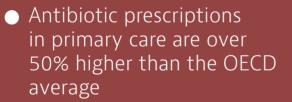
Health at a Glance 2019

- Life expectancy at birth is the fourth highest in the OECD
- Italians have the fourth lowest rate of preventable mortality across the OECD



 The share of doctors aged 55 or over is the highest in the OECD, which could lead to future health workforce shortages



Italy How does it compare?

Despite lower than average health spending, Italy has the fourth highest life expectancy across the OECD, at 83 years at birth. Few Italians die prematurely, with 143 deaths per 1 000 people from preventable and treatable causes, compared to an OECD average of 208. Less than 6% of people rate their health as bad, compared with an OECD average of 8.7%.

Italians generally have healthy lifestyles. Alcohol consumption is low, and Italy has the lowest share of dependant drinkers across OECD countries. The share of adults overweight or obese is also relatively low (46% of adults, as compared with the OECD average of 56%). However, the share of children overweight is the second highest across OECD countries. Smoking rates are also high, with nearly 20% of adults smoking daily.

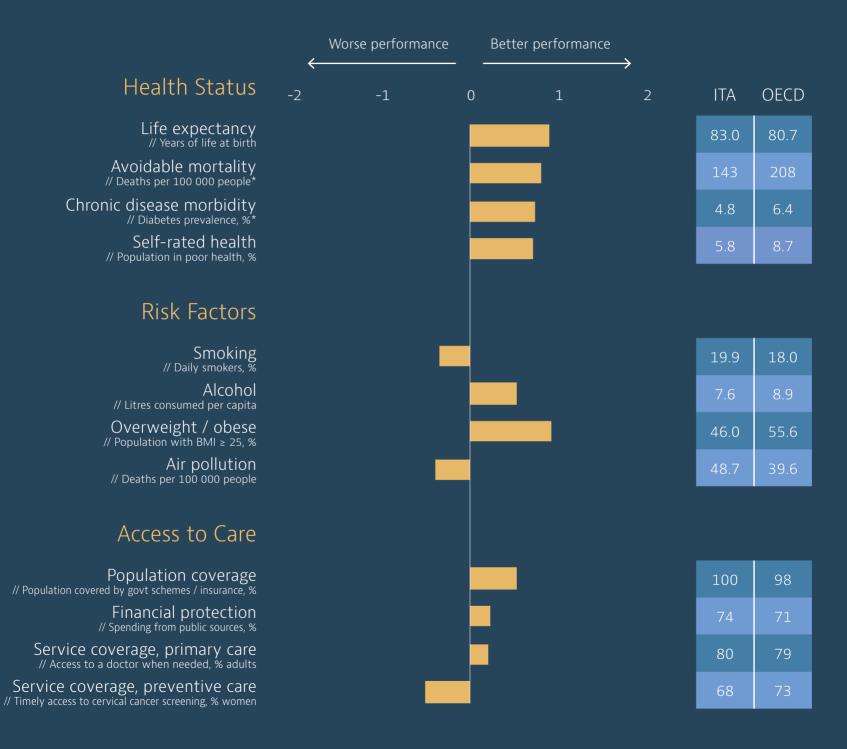
Indicators for access and quality of care are, in general, good. However, prescriptions of antibiotics in primary care are the second highest, potentially contributing to higher rates of antimicrobial resistance.

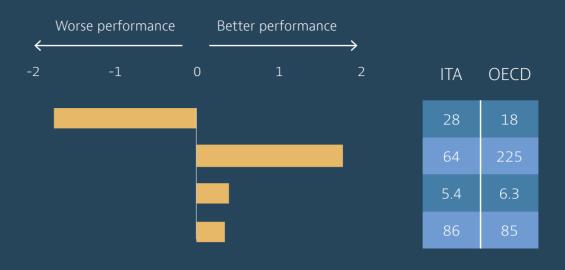
Italy's population is ageing rapidly, with a high reliance on women (63.5%) to act as informal carers for people with long-term care needs. Italy also has the highest share of doctors aged 55 or over in the OECD.





How far is the Italy from the OECD average?





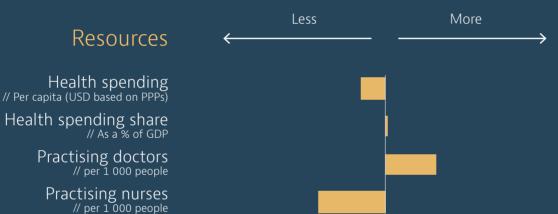
Quality of Care

Safe prescribing // Antibiotics prescribed, DDDs/1 000 people

Effective primary care // Avoidable asthma/COPD admissions**

> Effective secondary care // 30-day mortality following AMI**

Effective cancer care // Breast cancer 5-year net survival , %*



3 428	3 806
8.8	8.8
4.0	3.5
5.8	8.8

Key data available for download here: www.oecd.org/health/health-at-a-glance.htm

Notes – These charts indicate how far a country is from the OECD average, based on the standard deviation. *age-standardised. **age-sex standardised. AMI = acute myocardial infarction; BMI = body mass index; COPD = chronic obstructive pulmonary disease; DDD = defined daily dose; PPPs = purchasing power parities.



Italy How does it compare?

Health at a Glance 2019 compares key indicators for population health and health system performance across OECD members, candidate and partner countries. It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens; access to and guality of health care; and the resources available for health. Analysis is based on the latest comparable data across 80 indicators, with data coming from official national statistics, unless otherwise stated.

Italy: Selected issues

Preparing the health system for a rapidly ageing population

Declining fertility rates coupled with sustained growth in life expectancy have been driving demographic change in Italy. The share of the population aged 65 and over is now the fifth highest across OECD countries, accounting for over 20% of the population. By 2050, more than one in eight people will be 80 or older. This rapidly ageing population creates new pressures for the health and long-term care systems.

Italy currently has the second highest prevalence of dementia across the OECD (23 per 1 000 population). By 2050, projections estimate that more than one in 25 people will be living with dementia. Despite this, Italy spent less than 0.6% of GDP on long-term care in 2017. Although the number is increasing, Italy has the fifth lowest number of long-term beds.

A move towards team-based primary health care that flexibly integrates expertise of various primary care professionals can improve health outcomes of patients with chronic conditions and multimorbidity (*Inter-professional teams for complex patients in primary health care*, OECD, forthcoming).

Over-prescription of antibiotics needs to be addressed

Antimicrobial resistance (AMR) poses a major public health risk, as well as being a burden on the health care budget and the economy as a whole. Excessive and inappropriate prescription of antibiotics contributes to the spreading of antimicrobialresistant microorganisms. In 2017, the total volume of antibiotics prescribed in primary care was 28 defined daily doses per 1 000 population per day, the second highest in the OECD, compared to an average of 18 across OECD countries.

Antibiotic resistance affects patient safety in hospitals. Italy has higher than average rates of health care-associated infections (HAI), with nearly 6% of hospitalised patients having at least one HAI. HAIs can be deadly, and cost up to 6% of public hospital budgets. Antibiotic-resistant bacteria can make HAIs difficult or even impossible to treat.

There is a need to implement policies to combat the spread of antimicrobial resistance. *Stemming the Superbug Tide: Just A Few Dollars More*, OECD, 2018, details a toolkit of effective policies, including awareness campaigns, delayed prescribing of antibiotics, and provider education.

Italy

How does it compare? Health at a Glance 2019: OECD Indicators www.oecd.org/health/health-at-a-glance.htm

