

ITALY'S EXPERIENCE DURING COVID-19

# LESSONS FROM ITALY: THE LIMITS OF PRIVATISATION IN HEALTHCARE DELIVERY

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The Global Initiative  
*for Economic, Social and Cultural Rights*

## Italy's experience during COVID-19: the limits of privatisation in healthcare

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### Introduction

The first outbreak of COVID-19 in Europe was detected in the Italian town of Codogno, Lombardy, on 21<sup>st</sup> February 2020. The region quickly became the archetype of a failed response to the pandemic. Infected patients overcrowded hospitals, multiplying the spread of the virus. The scenario resembled a conflict zone,<sup>1</sup> with military trucks managing bodies and funerals without the bereaved. Frontline healthcare workers<sup>2</sup> at public hospitals were left



# Outline

- INTRODUCTION: HEALTHCARE IN ITALY
- PRIVATE DELIVERY IN ITALY
- COMPARING HEALTHCARE SYSTEMS IN LOMBARDY AND VENETO
- COMPARING THE RESPONSES TO THE PANDEMIC IN THE TWO REGIONS
- HOW PRIVATISATION FAILED LOMBARDY
- RIGHT TO HEALTH IMPLICATIONS

## A PUBLIC HEALTH TRAGEDY

*"The first outbreak of COVID-19 in Europe was detected in the Italian town of Codogno, Lombardy, on 21st February 2020. The region quickly became the archetype of a failed response to the pandemic. Infected patients overcrowded hospitals, multiplying the spread of the virus. The scenario resembled a conflict zone, with military trucks managing bodies and funerals without the bereaved. Frontline healthcare workers at public hospitals were left inadequately protected in war-like triages."*

**HOW DID THIS HAPPEN IN LOMBARDY, ONE OF THE WEALTHIEST AREAS IN ITALY AND EUROPE?**



# HEALTHCARE IN ITALY

*The Italian Constitution recognises health as a social right enabling 'free medical care to the indigent*

**1978**

*WHO lists Italy's health system as the 2nd best in the world*

**1947**

*The Italian National Health System (SSN) was founded replacing pre-existing sickness funds*

**2000**



# Healthcare privatisation trends in delivery



- Since 1992, a national law introduced the system of 'accreditamento', a form of market-based private sector contracting.
- Since 1992, regions in Italy are also entitled to administrative autonomy.
- This allowed for great differences in how the healthcare system is organised at regional level with public funds from central government.

# COMPARING COVID-19 PANDEMIC OUTCOMES IN TWO ITALIAN REGIONS

	Lombardy	Veneto
First case of COVID-19	21 February (Codogno)	21 February (Vo')
Cumulative case ratio*	455/100,000 residents	196/100.000 residents
Death-to-case ratio*	17%	4%

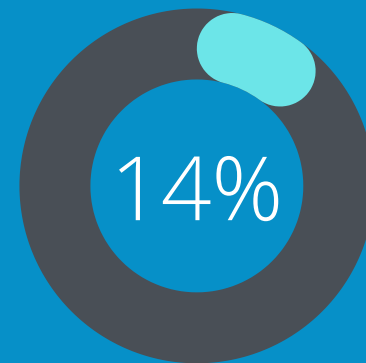
\*as of April 1st 2021

# COMPARING COVID-19 PANDEMIC OUTCOMES IN TWO ITALIAN REGIONS

Healthcare workers infected\*

Tests conducted

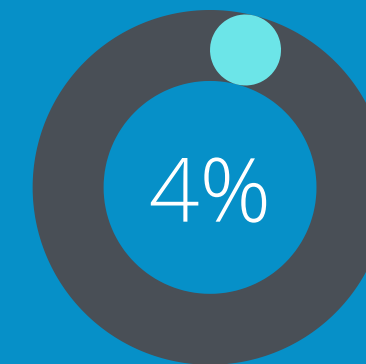
## Lombardy



14%

12 per 1000 residents

## Veneto



4%

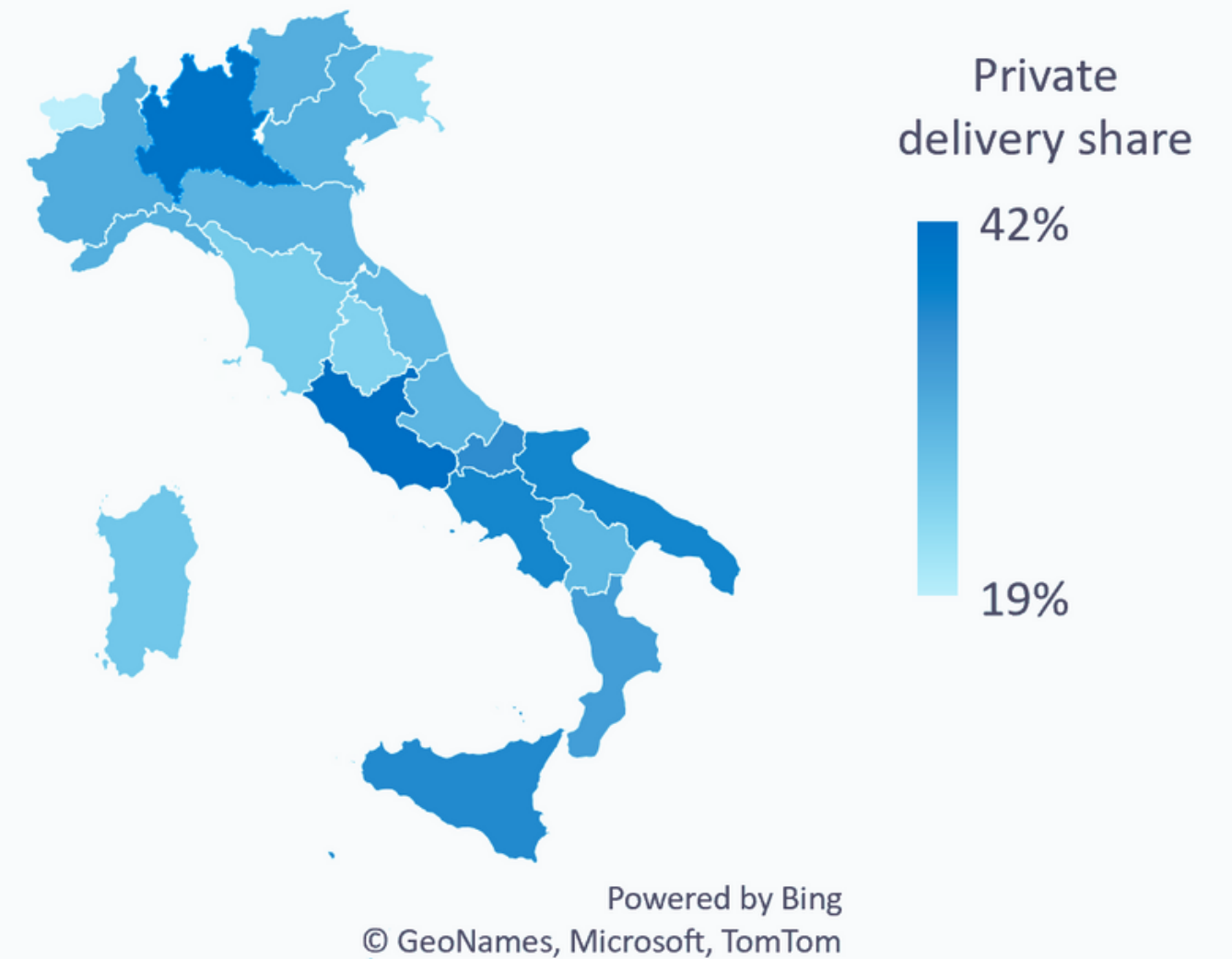
23 per 1000 residents

(% of COVID-19 Cases) as of April 1st 2021

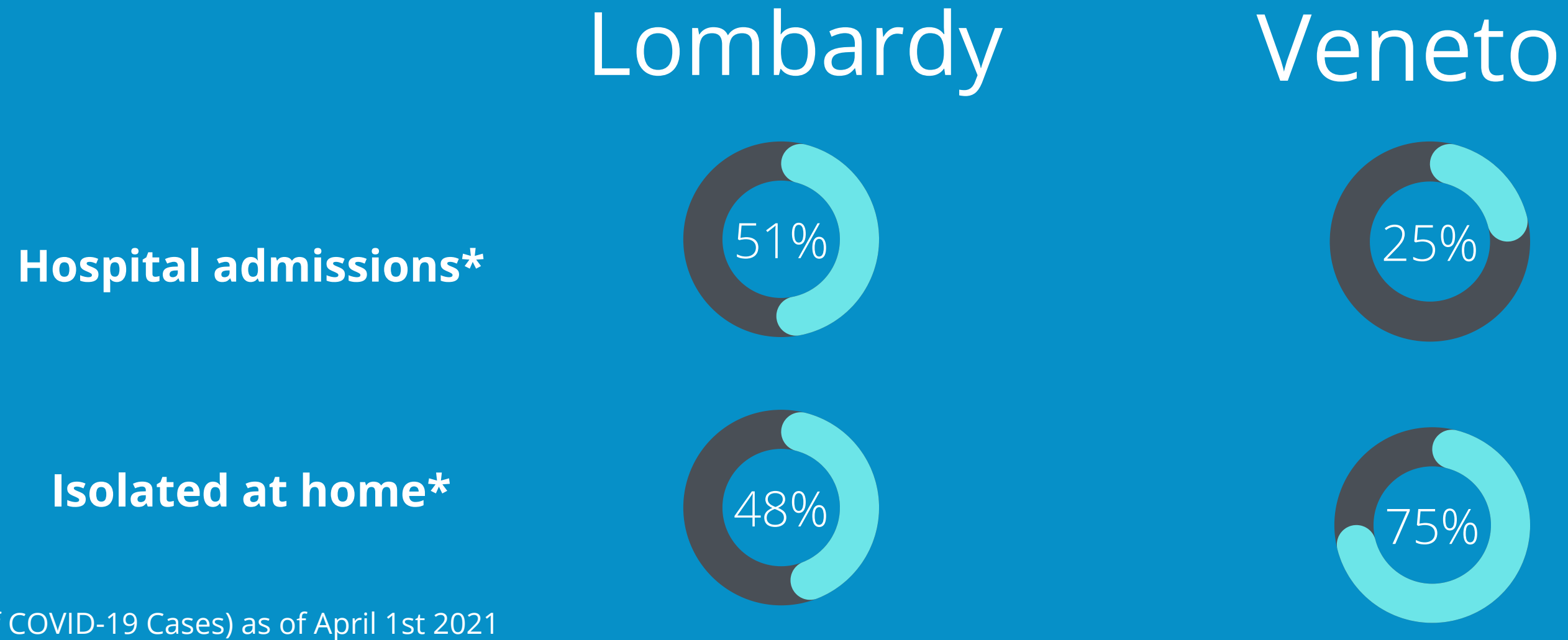
# UNPACKING POTENTIAL CAUSAL MECHANISMS

LOMBARDY FAILED IN RESPONDING TO THE PANDEMIC RAPIDLY, AS WELL AS IN TESTING, TRACKING AND TREATING PATIENTS AT HOME, CONTAINING CONTAGION.

Figure 1: Private healthcare providers, share of total services delivered (%), Italian Regions



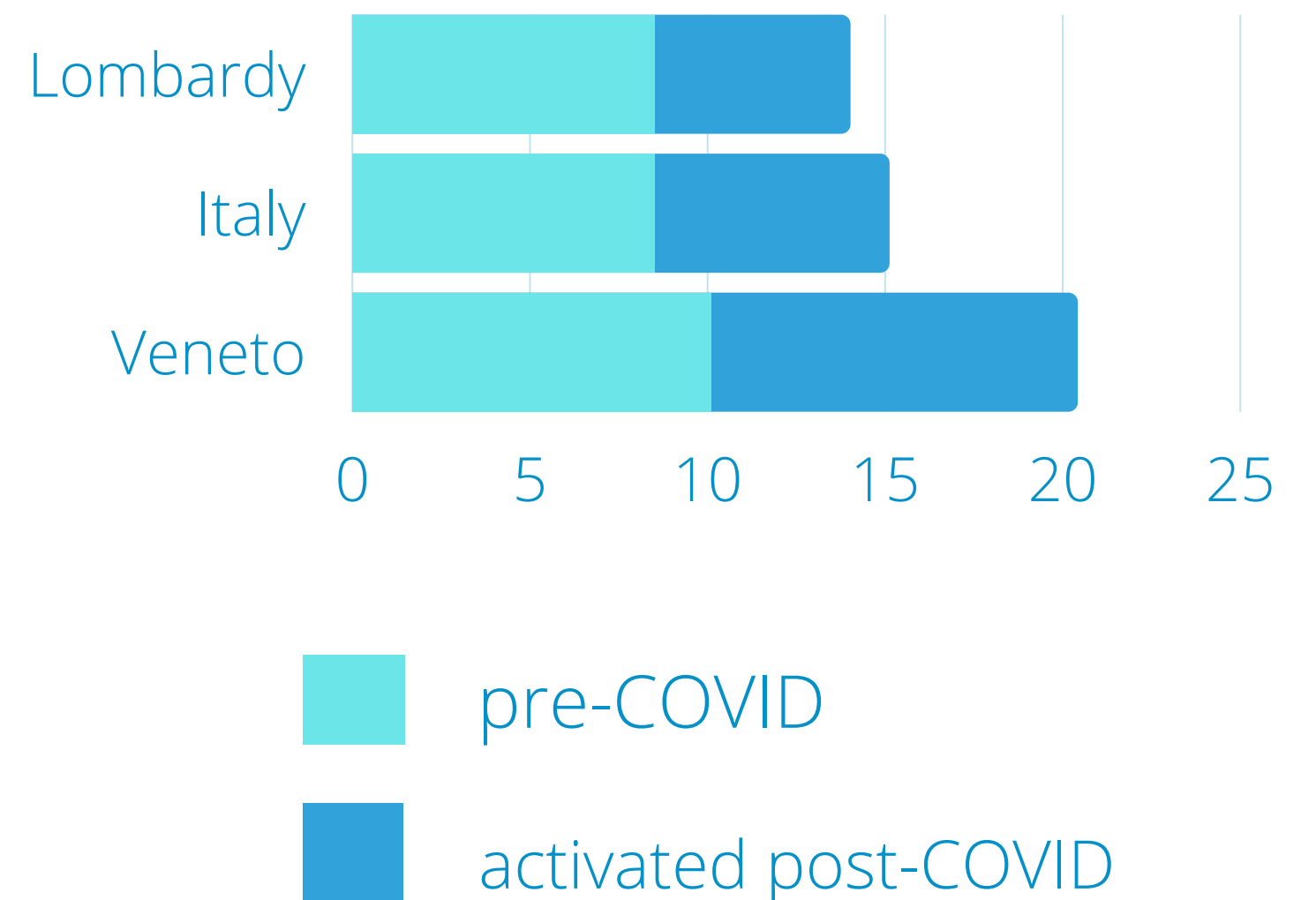
# COMPARING COVID-19 PANDEMIC OUTCOMES IN TWO ITALIAN REGIONS



**PRIVATE  
INTEREST MIGHT  
LEAD TO  
NEGLECTING  
PREVENTION,  
FAMILY  
MEDICINE AND  
ACUTE CARE**

LOMBARDY IS AMONGST THE ITALIAN REGION WHERE PRIVATE HEALTHCARE DELIVERY IS HIGHER: 41%

## Acute care hospital beds per 100,000 inhabitants



# COMPARING LOMBARDY AND VENETO HEALTHCARE SYSTEMS

Table 1| Comparison of Lombardy, Veneto and Italy on some of the key indicators in private delivery, primary care and prevention, last available data.

	Lombardy	Veneto	Italy
Private delivery, share of total (2019)	41%	30%	34.1%
Public prevention departments (2018)	1 per 1.2 million inhabitants	1 per 500,000 inhabitants	1 per 600,000 inhabitants
General practitioners (2018)	1 GP per 1,413 inhabitants	1 GP per 1,342 inhabitants	1 GP per 1,232 inhabitants
Home care (2018)	1,417 patients per 100,000 inhabitants	3,000 patients per 100,000 inhabitants	1,672 patients per 100,000 inhabitants
<i>Data source: Ministry of Health,<sup>21</sup> OASI Report.<sup>22</sup></i>			

# WHAT LESSONS CAN BE LEARNED?

LOMBARDY'S POOR RESPONSE TO COVID-19 WAS THE LOGICAL ENDPOINT OF A SYSTEM THAT "TRANSFORMED HEALTH INTO A COMMODITY, IGNORING PREVENTION BECAUSE IT DOES NOT PRODUCE PROFITS"

Medical practitioner in Italy

# WHAT LESSONS CAN BE LEARNT?

PRIVATISED AND  
COMMERCIALISED  
HEALTHCARE  
SYSTEM ARE LESS  
EFFECTIVE IN  
RESPONDING TO  
CRISES SUCH AS  
PANDEMIC

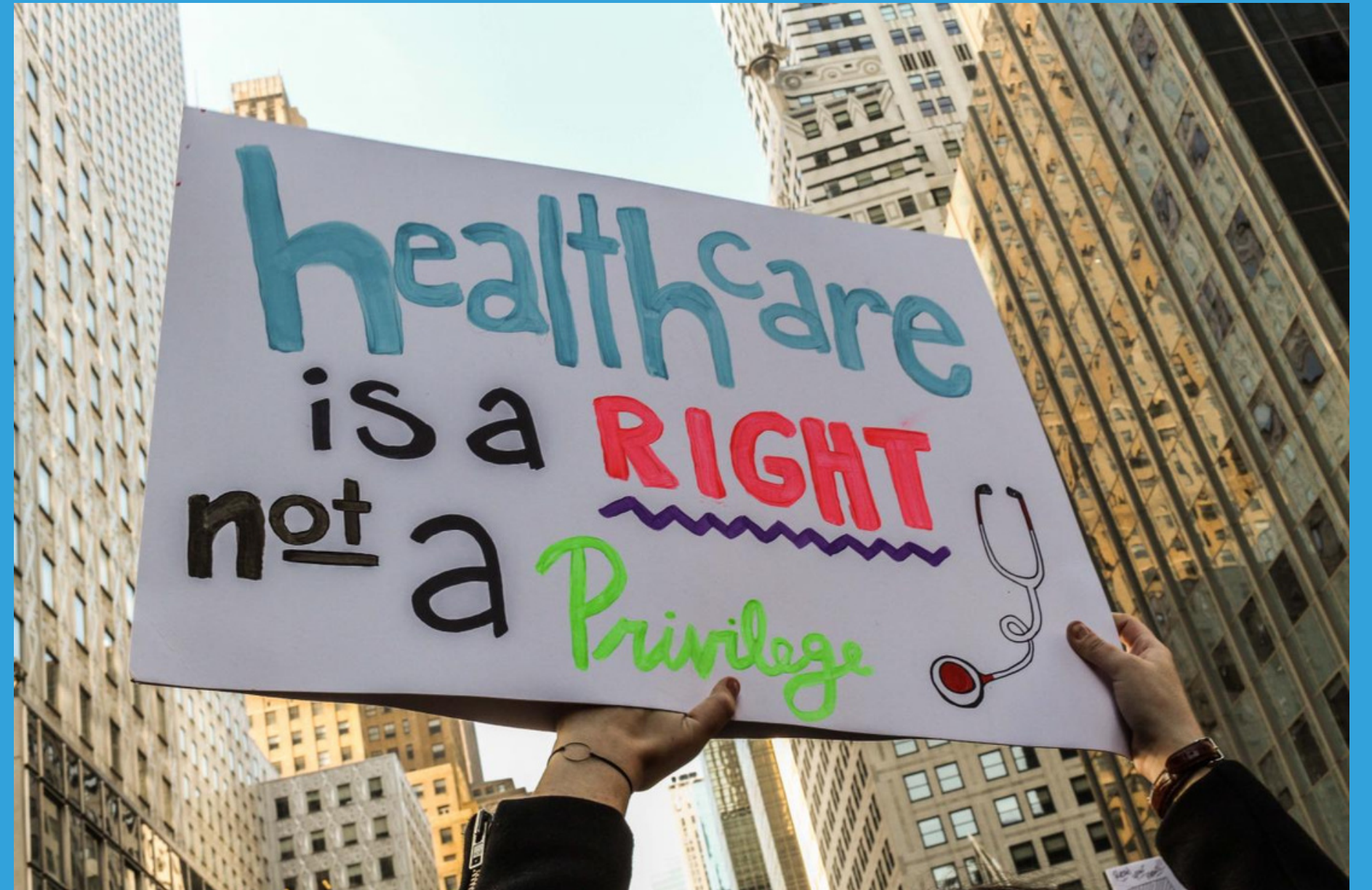


STATES MUST  
ENSURE THEIR  
HEALTHCARE  
SYSTEM IS BUILT ON  
STRONG, QUALITY,  
COHERENTLY  
REGULATED NON-  
COMMERCIAL  
SECTOR



COMMERCIALISATION OF  
HEALTHCARE MIGHT  
CONSTITUTE A VIOLATION OF  
STATES' HUMAN RIGHTS  
OBLIGATIONS ENSHRINED IN  
THE CONSTITUTION AND  
NATIONAL LAW AS WELL AS  
IN INTERNATIONAL HUMAN  
RIGHTS LAW.

PUBLIC  
HEALTHCARE  
DELIVERY IS  
ESSENTIAL TO  
REALISE THE RIGHT  
TO HEALTH



# Suggested readings

- **Maria Elisa Sartor (Università degli studi di Milano): "La privatizzazione della sanità lombarda dal 1995 al Covid-19: Un'analisi critica" (2021)**
- **Ben Munster, 'What made Italy's wealthiest region so vulnerable to coronavirus' (19 April 2020) New Statesman ss accessed 27/05/2021; Peter S. Goodman, Gaia Pianigiani, 'Why Covid caused such suffering in Italy's wealthiest region', (10 November 2020) The New Yorker**
- **Nancy Binkin, Federica Micheletto, Stefania Salmaso, and others, 'Protecting Our Health Care Workers While Protecting Our Communities during the COVID-19 Pandemic: A Comparison of Approaches and Early Outcomes in Two Italian Regions' (Preprint, 2020) Public and Global Health.**
- **Mario Uselli. 'The Lombardy region of Italy launches the first investigative COVID-19 commission' (2020). The Lancet, 396(10262), e86-e87**
- **Enrico Lavezzo, Elisa Franchin, Constanze Ciavarella, and others, 'Suppression of a SARS-CoV-2 Outbreak in the Italian Municipality of Vo" (2020) Nature 584 7821 425,29.**

# Stay in touch

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