

Challenges and evolution of the Italian National Health Service: between crisis and reform

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Dear Editor,

The Italian National Health Service (*Servizio Sanitario Nazionale*, SSN), established in 1978, was designed to provide equitable access to comprehensive care for all citizens.

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Founded on universality, equity, and solidarity, and funded mainly through taxation, it has achieved major public health successes, such as hepatitis B vaccination campaigns and cancer screening initiatives.¹ Despite these achievements, the SSN is now facing critical challenges, particularly due to changes in governance and funding over recent decades.

A pivotal shift occurred with the implementation of health federalism in the early 2000s, which granted Italy’s 20 regions wide autonomy in healthcare management. This led to pronounced regional disparities in access, infrastructure, and care quality, especially between northern and southern regions.² Emergency departments in the south are often overcrowded, with patients managed on stretchers for prolonged periods. As a result, private healthcare services, including out-of-pocket care and insurance coverage, have expanded, worsening inequalities.

Financial austerity has severely impacted human resources. Staff hiring freezes, reduced training slots in medicine and nursing, and increased retirement age, without proportional wage adjustments, have led to professional dissatisfaction and emigration of health workers.³ Italy now reports some of the lowest healthcare salaries in Western Europe. Although recent government initiatives aim to reverse these trends by increasing medical school admissions and simplifying hiring procedures, progress is slow due to bureaucratic inertia.

Regional differences affect not only hospital care but also preventive health. Interventions like smoking cessation programs and cancer screenings are inconsistently implemented across regions, contributing to higher morbidity and hospitalization rates in disadvantaged populations.⁴ In this context, private services in areas such as dentistry and elective surgery often step in where public services fail.

Nevertheless, it may be inaccurate to declare the SSN “broken”. Rather, it is undergoing a period of profound transformation shaped by decentralization, inconsistent political support, and outdated data systems.⁵ Reforming the SSN requires coordinated efforts that align population needs with healthcare capacity. Strategies should include mapping disease prevalence, optimizing hospital distribution, and integrating training programs to meet future workforce demands.

The future of the SSN relies on sustained collaboration among government institutions, academia, hospital leadership, and healthcare professionals. Through evidence-based planning and a renewed sense of national solidarity, Italy can safeguard one of Europe’s most inclusive public health systems. It is essential to acknowledge that even minimal hospital care requires the coordinated work of at least two or more physi-

cians and an equal number of nurses, capable of managing medical technologies and delivering appropriate treatment. No healthcare system can function effectively without this foundational workforce structure. However, for care to be truly effective and sustainable, this team must be equipped with the right tools and work on the right pathology, with clearly defined roles and responsibilities. In this perspective, the cornerstone of a resilient and equitable health system lies in robust, forward-looking healthcare planning and programming.

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