

# The governance of prevention in Italy

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After the political elections of February 2013, one of the tasks of the Ministry of Health of the new Government will be the development of the new edition – the third – of the National Prevention Plan (NPP), after the NPP 2005-2007 and the NPP 2010-2012. A brainstorming process about the recent experience of the NPP 2010-2012 is important not only to elaborate technical indications for new plan, but also to make some reflections on the future of the governance, together with its planning process, in our country. The edition 2012 of the Prevention Report of the Smith & Kline Foundation is dedicated to this topic, with many contributions from experts playing a key role in the prevention planning process in Italy [1]. The Smith & Kline Foundation initiative to yield a prevention report on a yearly basis started in 2010, with the declared objective to spread the culture of prevention in Italy, developing an evidence base to strengthen its value.

The NPP 2010-2012 is structured into four macroareas of intervention: i) predictive medicine; ii) universal prevention; iii) prevention in high risk groups; and iv) prevention of complications and recurrences of chronic diseases. The Plan, consistently with the institutional framework that assigns to Italian Regions many tasks in the health care organization, administration and management, establishes that each Italian Region develops its own Regional Prevention Plan (RPP), designing projects coherent with the regional epidemiological and organizational context. The Government (i.e. the Ministry of Health) is in charge to carry out some “central” actions aimed to support the regional prevention projects, referring to the model of stewardship and reconsidering its role [2-5]. Among the central actions there is the possibility to develop specific health policies, as it is being implemented, for example, in the field of public health genomics [6]. However, the main innovation of the NPP 2010-2012 is the widening of the prevention perspective: there are many health objectives and prevention intervention lines not considered in the previous NPP 2005-2007 and two macroareas of intervention – predictive medicine and prevention of complications and recurrences of chronic diseases – are completely new.

Over 25 years ago, Goffrey Rose published his paper “Sick individuals and Sick Populations” [7], in which he highlighted the need to distinguish between disease prevention for populations and disease prevention for high risk individuals. Because of the enlargement of the prevention perspective, with the introduction in the NPP 2010-2012 of more health objectives and intervention lines and the establishment of the new macroarea of predictive medicine, one may argue a shift toward a prevention approach more directed to individuals. Actually this is not the case [8, 9]. As a matter of fact, the majority of the project planned by the Italian Regions concern the macroarea of universal prevention (63.2%), followed by the macroarea of prevention in high risk groups (26.9% of the projects). Few projects are developed in the macroareas of predictive medicine (4.4%) and prevention of complications and recurrences of chronic diseases (4.9%). Therefore, the concerted actions of the Ministry of Health and the Italian Regions lead to a mixed prevention approach in Italy, in accordance with the evidence from the literature and with the lessons of Goffrey Rose, who was careful to present the population and the high risk individuals approaches as complementary rather than mutually exclusive.

The planning process of prevention in Italy, that is still at early stages of its full development, has some limitations

that should be acknowledged. Some projects developed by the Regions have conceptual and methodological flaws, with for example limited reporting of evidence concerning the effectiveness and cost effectiveness of interventions [8, 9]. The medical community showed important training needs in the field of evaluation of health benefits and costs of health programs [10, 11], and these flaws need to be corrected in the future. Some important prevention intervention lines are not fully implemented, such as that of health care associated infections for which only 12 Regions have planned specific projects [8]. The limited number of projects within the macroareas of predictive medicine and prevention of complications and recurrence of chronic diseases reflect an inadequate evidence of effectiveness of preventive interventions in the sector of predictive medicine and a difficulty to incorporate principles and tools of prevention into primary care, respectively [8]. Overall, a capacity building process in the field of prevention activities planning should be implemented at regional level, able to guarantee uniform opportunities for prevention to the population of the whole country.

It is well known that prevention is in crisis when there is an economic and financial crisis [12]. May be that the present governance system for prevention in Italy has some conceptual and methodological imperfections that could be amended in the near future. It is crucial for the public health community to maintain high the level of interest for prevention. A critical appraisal of the different RPPs may be useful to stimulate the debate and to give practical indications for the forthcoming new NPP [8, 9]. And, most importantly, it will contribute to the further development of the culture of the prevention in Italy.

**CONFLICT OF INTERESTS:** None declared

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