Health at a Glance 2021: OECD Indicators Highlights for Italy

Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries and key emerging economies. Alongside indicator-by-indicator analysis, this edition offers a special chapter on the health impact of COVID-19.

Life expectancy in Italy fell by over a year, but after a slow start COVID-19 vaccination has picked up



As of November 1, nearly **4.8 million COVID-19 infections** and over **132 000 deaths** from the virus had been recorded.



All-cause mortality in 2020 and the first six months of 2021 rose by 12.9% compared with the 2015-2019 average.



Life expectancy fell by 1.2 years during the pandemic, from 83.6 years in 2019 to 82.4 years in 2020 (compared to an average reduction of 0.6 years across OECD countries).



The pandemic caused **health spending** as a share of GDP to rise sharply, from 8.7% in 2019 to 9.7% in 2020 (compared to an average 0.9 percentage point increase in the OECD area).



71% of the Italian population has been fully vaccinated against COVID-19, compared to 65% across the OECD on average (as of November 1).



Italy had the **11th highest vaccination rate** across 37 OECD countries on November 1, an increase from 21st at the beginning of July. Italy strongly incentivised vaccination by becoming the first European country to require a health pass for its entire workforce.

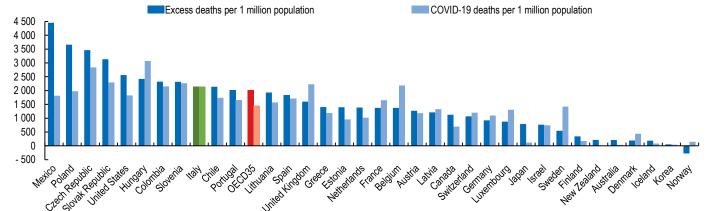


The COVID-19 crisis has had a significant and negative impact on mental health. In Italy the **prevalence** of depression rose three-fold to 17.3% in early 2020, compared with the previous year.



The pandemic resulted in **delays in care**, including a 38% drop in breast cancer screening in 2020 compared to 2019.

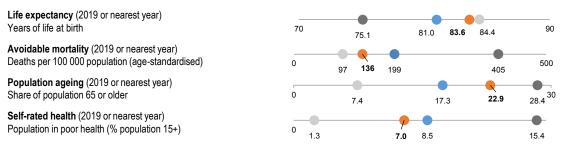
Cumulative excess mortality compared to reported Covid-19 deaths per million population, January 2020 to end June 2021



Health at a Glance 2021: How does Italy compare?

Italy
OECD

Health status is good in Italy, which has one of the oldest populations across OECD countries



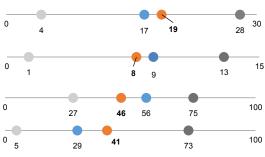
Risk factors for health are mixed, with higher-than-average smoking rates but lower alcohol consumption and overweight / obesity than the OECD average

Smoking (2019 or nearest year) Daily smokers (% population 15+)

Alcohol (2019 or nearest year) Litres consumed per capita (population 15+)

Overweight/obese (2019 or nearest year) Population with BMI>=25 (% population 15+)

Air pollution (2019 or nearest year) Deaths due to ambient particulate matter pollution (per 100 000 population)

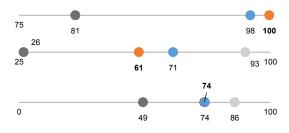


Population coverage is high, though satisfaction with quality of care is below the OECD average

Population coverage, eligibility (2019 or nearest year) Population eligible for core services (% population)

Population coverage, satisfaction (2019 or nearest year) Population satisfied with availability of quality health care (% population)

Financial protection (2019 or nearest year) Expenditure covered by compulsory prepayment (% total expenditure)



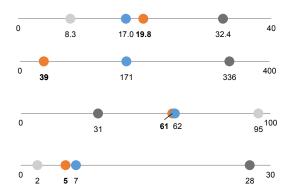
Many indicators of quality care are good, and primary care has helped keep avoidable hospital admissions low

Safe primary care (2019 or nearest year) Antibiotics prescribed (defined daily dose per 1 000 people)

Effective primary care (2019 or nearest year) Avoidable COPD admissions (per 100 000 people, age-sex standardised)

Effective preventive care (2019 or nearest year) Mammography screening within the past two years (% of women 50+)

Effective secondary care (2019 or nearest year) 30 day mortality following AMI (per 100 000 people, age-sex standardised)



Many indicators of health resources are at or somewhat below the OECD average

Health spending (2019 or nearest year) Per capita (USD based on PPPs)

Long-term care spending (2019 or nearest year) % GDP

Doctors (2019 or nearest year) Practicing physicians (per 1 000 population)

Nurses (2019 or nearest year) Practicing nurses (per 1 000 population)

Hospital beds (2019 or nearest year) Per 1 000 population

