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The Italian National Health Service: Funding Constraints, System Inefficiencies, and Professional Challenges

The Italian National Health Service (Servizio Sanitario Nazionale, SSN) is currently undergoing a phase of significant structural tension, characterized by financial constraints, persistent inefficiencies, and increasing strain on the healthcare workforce. While the system continues to be grounded in the principles of universality and equity, recent trends suggest a gradual shift toward a more complex and hybrid configuration, raising concerns about its long-term sustainability.

1. The Medical Profession and Contractual Developments

Alongside systemic pressures, the medical profession in Italy is experiencing increasing levels of strain. High workloads, organizational inefficiencies, and administrative burdens have contributed to growing dissatisfaction and concerns about burnout. In this context, the renewal of the National Collective Agreement (CCNL) for medical and healthcare executives for the 2022–2024 period represents a relevant but limited intervention.

The agreement introduces an average salary increase of approximately 7.3%, along with back payments, but its real impact is mitigated by inflation. Some regulatory improvements—such as exemptions from night shifts for physicians over 60 and greater attention to work-life balance—reflect a growing awareness of workforce sustainability. However, the contract does not adequately address key structural issues, including workload organization and long-term professional retention.

For these reasons, the agreement is widely considered a transitional measure, with more substantial reforms expected in the next contractual cycle. Addressing the challenges faced by healthcare professionals will be essential for ensuring both the quality of care and the resilience of the system.

2. Structural Underfunding and Changing Financing Patterns

Italy's total healthcare expenditure stands at approximately 8.4% of GDP, a level lower than that of most European countries, where it typically exceeds 10%. More critically, the share of public financing is comparatively limited, accounting for about 73% of total health expenditure, versus an average of around 80% in the European Union.

This imbalance results in a higher reliance on private contributions, with out-of-pocket payments reaching 23.6% of total expenditure.

Over the past decade, public healthcare spending has declined slightly in relation to GDP (from 6.6% to 6.3%), while voluntary financing mechanisms—particularly private insurance and complementary health funds—have expanded substantially. The number of individuals covered by these schemes has more than doubled, and a significant proportion of their resources is used to substitute, rather than complement, publicly provided services. This trend contributes to the emergence of a hybrid healthcare model and raises concerns regarding equity, as access to care increasingly depends on individuals' financial capacity.

3. Waiting Lists and System Inefficiencies

One of the most critical operational challenges facing the SSN is the persistence of long waiting lists. Despite recent regulatory efforts aimed at reducing delays, implementation has been incomplete and results remain limited. In 2025, approximately 57.8 million outpatient services were booked, with particularly high demand in specialties such as ophthalmology, cardiology, dermatology, orthopedics, and otorhinolaryngology.

Waiting lists frequently exceed legally established thresholds, with delays of several months observed in key diagnostic and specialist services. Furthermore, official data often underestimate the extent of the problem, as they do not fully account for patients who remain without appointments or who abandon the public system altogether. This “invisible demand” contributes to increasing recourse to private providers.

4. Territorial Disparities and Governance Limitations

Structural inefficiencies are compounded by significant regional disparities in healthcare provision. Variations in service availability, quality, infrastructure, and organizational capacity persist across the country, reflecting the decentralized governance of the SSN. Oversight institutions have highlighted ongoing challenges related to workforce shortages, insufficient investment in human resources, and delays in organizational and digital innovation.

These factors contribute to uneven performance across regions and risk undermining the principle of equal access to care. The lack of fully integrated information systems and effective demand management

mechanisms further limits the system's ability to respond efficiently to population health needs.

Conclusion

The Italian National Health Service is facing a complex interplay of financial, organizational, and professional challenges. The combination of constrained public funding, expanding private expenditure, persistent waiting lists, and workforce pressures is contributing to a gradual transformation toward a hybrid model of healthcare provision. While this evolution may provide short-term relief to access constraints, it raises important concerns regarding equity and system sustainability. A comprehensive reform strategy—centered on increased public investment, improved governance, reduction of regional disparities, and stronger support for healthcare professionals—will be essential to preserve the foundational principles of the SSN and to ensure its capacity to meet future healthcare needs.