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## 1. PREFACE

*The making of this report came about shortly after the resignation of the now former Italian Prime Minister, Mario Monti, and the elections in the spring of 2013.*

*The Italian public healthcare is at risk and urgent measures are needed for the sustainability of the healthcare system. The new government has to balance budgets and restrain spending, while upholding investments in prevention and improved treatments. It has to impede the increase in social costs that arise along with the increase in the demand of healthcare assistance. This is the current scenario which presents opportunities and challenges in maintaining a welfare system that can adapt to, and support, an ageing population and future generations to come.*

*With this report we hope to ascertain the current political and economic situation in relations to healthcare and insights about the future of Italian public healthcare, from the perspectives of key opinion leaders.*

*A special recognition goes to Federico Serra, Government Affairs and External Relations Manager at Novo Nordisk SpA and Vice President (Vicar) for the PAA, who has supported us during the making of this report. Finally, we thank Medi-Pragma for their assistance with carrying out and giving feedback on the focus group held at the Danish Embassy in April 2023.*

## 2. BACKGROUND

The Italian health service, Servizio Sanitario Nazionale (S.S.N.), is a regional based healthcare system providing "free" assistance to all citizens. The S.S.N. was initially designed as a centralised system providing “universal and free healthcare to all citizens”. Starting from 1992, the S.S.N. went through a decentralization process appointing all 20 regions with the exclusive responsibility of the provision of healthcare. The S.S.N. is organised at three levels: national, regional and local. The national level is responsible for executing and implementing the overall objectives of the S.S.N. The Regional Authorities, within the framework as defined by the State, have a considerable degree of powers to legislate on a regional basis and freely allocate funds received from the central government. Major policy decisions are however agreed by an inter-institutional ‘State-Regions Conference’, which is constituted by representatives of national ministries and the regional authorities.

The Italian public healthcare system has, as other developed countries, to tackle major demographics, epidemiological and socio-economic disparities. The economic downturn is putting even further strain on the sustainability of the S.S.N. and the equal provision of healthcare services throughout the country.

The sustained demand for drugs has put pressure on the government's overall financing of healthcare with a total budget of €143 billion, which is around 9,1% of GDP (with public expenditure of 78% and 22% private).

By 2050 Italy will have one of the oldest populations in the world. The percentage of old people 65+ compared to the working age population has already reached 30% and 50 % of these have a chronic disease. More resources will be needed to guarantee citizens the best possible care. This share of the population already absorbs about 50% of health spending.

Health is also an important social safety net in a country like Italy, where about 25% of the population lives at risk of poverty or social exclusion and the unemployment rate among young people is around 36%.

Italy is the fourth largest pharmaceutical market in Europe and represents a significant market with a population of 60 million people. However, many years of political and economic measures in lowering the government spending on drugs has led to a negative impact on research and development of the pharmaceutical industry, afflicted by price regulations, delayed market access and heavily overdue payments from the public sector with an average of 266 days of waiting time. The cost of developing a new drug has already gone up from \$800 million to more than \$1.3 billion in the last 10 years.

After the general elections on February 2013, Pier Luigi Bersani (PD) failed in forming a government and as a result the Monti Government stayed in office.

### 3. EXECUTIVE SUMMARY

The national elections in February 2013 did not bring any clear winner and two months after, the Italian President Napolitano was re-elected and Enrico Letta (PD) was elected to hold the position as Italy's new Prime Minister. The PD/PdL grand coalition government was sworn in at the end of April 2013. The government is expected to continue the structural reform process initiated by Monti, however with most important objectives of creating jobs and growth. This will undoubtedly prove to be a difficult task since the government has to stay within the EU-limit for public deficits of 3% of GDP, while trying to cope with the Berlusconi-led-centre-right's demands for the abolishment of property tax, IMU, as well as a cancellation of a planned increase of the VAT from 21-22%. So far the funds to finance these tax cuts are still to be found. The public finances are scarce since an earlier decision to repay €40 billion of public debts to the private sector, which implies a forecasted public deficit of 2.9% for 2013. The S.S.N expenditure accounts for 14.7% of the total government expenditure or 9.5 % of GDP in 2012.

The Italian healthcare system is considered among the most advanced in the world in terms of healthcare, well-being and life expectancy. Italy has as other developed countries to tackle major demographic, epidemiological and socio-economic disparities. The economic downturn is putting even further strain on the

sustainability of the S.S.N. and the equal provision of healthcare services. By 2050 Italy will have one of the oldest populations in the world. The supply and the demand of public healthcare services is rapidly reaching a point of unsustainability, due to an ageing population, cost-containments, the inefficiency of healthcare services and the inadequate utilization of resources in many regions. To reverse this trend, measures should be taken in the reorganisation of the health system, starting with the empowerment of the Ministry of Health (MOH) as the central authority of health as the primary point of reference to regional healthcare authorities, enabling an attentive monitoring and implementation of essential levels of care (LEA) and the strengthening of regional organizations, in order to assure an equal provision of healthcare across all regions. Each of the 20 regions must be handled autonomously from a healthcare point of view, as each region is facing different challenges and many years of budget reductions has not shown to be the right choice in assuring the wellbeing of patients within all regions.

An essential goal for government and public health should be to support businesses in innovation, to provide citizens with better treatment and to prevent the rise in social costs and healthcare assistance to the sick. There should be a better allocation of resources to prevention, to help people stay healthy and thus reduce disease development and complications leading to costly hospitalisation.

The newly elected Minister of Health, Beatrice Lorenzin, has expressed the need for organizational and structural reforms of the national health system, where initial steps have been taken, but the Regions are arguing that these cannot be implemented at zero cost. The question remains whether the new government in office will be able to assure the overall sustainability of the existing healthcare services, pledge the implementation of the Balduzzi reform, the rationalisation of the use of resources without lowering the coverage and level of public healthcare services. At the same time it is important to overcome the persistent financial shortfall and unrelenting regulatory measures weakening the healthcare industry in the provision of future investments in innovation.

## 4. METHODOLOGY AND PURPOSE

The information used in this report has been based on on-line desk research in relations to the outcome of the political elections in April 2013, the recent development within healthcare and the criticalities of the S.S.N., in relations to economic downturn, cost containments, demographic and epidemiological changes. The Danish Embassy has also conducted two surveys with the involvement and the contribution of healthcare experts with the purpose of identifying the measures needed to intervene in the destabilisation of the existence of the S.S.N.

All information provided was the best available at the time and every effort has been made to provide accurate information on the findings.

## 5. POLITICAL AND ECONOMIC OUTLOOK

In 2012, Italy submitted the third highest debt/GDP ratio within the developed countries equal to 127%, and this is the highest figure since the beginning of the 1990s. The public debt is expected to reach 130.4% of GDP in 2013 and decline to 129% in 2014. Italy is also one of the countries with the highest tax burden: up to 44% in 2012, from 42.6% recorded in 2011.

The political instability of the fifteen years 1980-1994, during which there have been 14 governments, was one of the main causes of the strong accumulation of debt in those years, with the attempt of holding together heterogeneous majorities. Italy is the country with the highest primary public spending, net of pension spending, lower as a percentage of GDP (32.4% versus 48.3% in Denmark). In fact, Italy's average GDP growth over the last decade was only 0.5 percent (against 1% in the EU15 and 1.25 % in G7 countries), in 2012 the GDP fell 2.4%, the unemployment rate reached almost 11% and the youth unemployment rate reached 37%.

The political and economic uncertainty on the future of the Eurozone has hit especially hard in Italy, which has forced the country into action to ensure



compliance with community obligations and to achieve the objectives of public finance.

In the achievement of reaching the EU enforced budget deficit agreement of 3% the overall lowering of expenditures has also had an effect on public healthcare. In a three year period of 2012-2014 the accumulated spending cuts within healthcare will be more than €14 billion. These cuts are mainly based on measures from the following three laws: The Spending Review by €4.7 billion from the law 135/2012, €7, 950 billion from the 111/2011 Tremonti Law and finally €1.6 billion in 2013 from the Stability Law. The Balduzzi Law (8 November 2012 nr. 189), is the most recent measure adopted by the past government, however yet to be implemented, with more than 20 decrees of the reform that was supposed to be introduced; among other things, primary care physicians available around h24 and new rules for the appointment of General Managers and Head Physicians. *See appendix 1 for the Health Legislation from 2011-2012.*

The elections to the Italian Parliament took place in February 2013 and after more than two months – and the re-election of the Italian President Giorgio Napolitano (in office since 15 may 2006), – the new Prime Minister Enrico Letta and his right-centre-left government, was finally sworn in at the end of April this year. It is expected that the government will continue the structural reform process initiated by the previous technocratic government led by Mario Monti, but the government has stated that the previous emphasis on fiscal consolidation will now be replaced by a focus on the creation of growth and jobs. *See appendix 4 for Napolitanos complete speech.*

As mentioned, the Letta government has economic growth and the fight against youth unemployment as its primary objectives. Hence, it has insisted that something must be done about this issue at European level, and approximately €500 million of the €6 billion in the anti-youth unemployment package will finance various employment measures in Italy. The government will have to balance its financial policy between different interests. As a coalition government, it will have to take care of economic growth as centre-left demands, while at the same time satisfying the Berlusconi-led centre-right's demands for tax cuts. These

manoeuvres of this financial tightrope walking have to stay within the EU-limit for public deficits of 3% of GDP. This is definitely not an easy task, but the government has sworn that it will do so. *Please see Appendix 4 that illustrates the Italian government currently in office including political stakeholders with backgrounds in healthcare.*

The Berlusconi-led centre-right party PdL has demanded that the much-discussed property tax, IMU, must be abolished, and that a planned increase of the VAT, IVA, from 21 to 22% should be cancelled. So far, this has led the government to postpone both the payment of the IMU and the increase of the IVA until this autumn, in order to try to find the funds needed to finance these tax cuts. There is not yet any news as to whether or not they have succeeded.

The Italian public finances are already strained after an earlier decision to repay €40 billion of public debts to the private sector in 2013 and €80 billion in 2014. It was hoped that this economic injection would boost the private economy, but it is still too early to see real effects of this manoeuvre. The payment did push the public deficit for 2013 to an estimated 2.9 % instead of the original estimate of 2.4%. This is why the tax cuts desperately need to be financed – to stay below the limit for public deficits of 3%.

In 2012 several steps were taken to improve Italy's weak productivity but their positive effect will only be assured if the reforms are fully implemented, necessary adjustments and improvements are made and remaining restrictions to improved productivity and growth are removed.

The expense of the S.S.N. accounts for 14.7% of the total government expenditure, corresponding to €2.4 billion or 9.5% of GDP in 2012. The ageing Italian population poses new challenges to the sustainability of the national health system and the newly elected Minister of Health, Beatrice Lorenzin (PdL), has indicated that in order to be able to continue to provide necessary and appropriate healthcare services, the organisational and structural reforms of the national health system can no longer be postponed.

Initial steps towards a reform have already been taken, but the adoption of implementation laws has been more lengthy than foreseen. Furthermore, the Regions are arguing that the reforms cannot be implemented at zero costs as claimed by the Ministry of Health.

## 6. THE RECOMMENDATIONS OF THE “WISE MEN”

After the resignation of the Prime Minister Bersani, on March 30th 2013, the Head of State Napolitano, in an attempt to break the institutional deadlock, appointed two groups of five experts, also called the 10 “Wise Men” with the purpose of providing concrete recommendations to the existing political forces and next government. The first of two groups focused on institutional reforms and the second group on social-economic aspects. The two task forces came up with 30 different focus areas detailed as follows:

- Longevity and poor health
- Low penetration of generic drugs
- Revision of the current Electoral law
- Eliminating the bundle from the the “Mattarellum-law”
- Public accounts and the review of the internal stability pact
- Maintain public financing of party funding
- The prevention of conflicts of interest
- Dealing with overcrowding of prisons and prison labour
- Disciplinary judges and magistrates - the ad hoc Court
- Independent judge decides on incompatibility
- Strengthening of the existing anti-corruption laws
- The minimum insertion income
- Improve the relationship between tax authorities and citizens
- Reduce the number of MPs
- Reviewing salaries within public administration
- Refinance the state unemployment fond
- National policy to diminish regional disparity

- Resume negotiations with Switzerland on capital expatriation
- Complete payment term and adhere to 30 days
- The revision of constitutional changes
- Wiretapping and limitation of disclosures
- Review of the Fornero reform - temporary contracts
- Reinforce the 'Spending Review'
- Maintain the commitment to balance the budget
- Increase womens employment
- Internal Revenue - Ok Equitalia
- Disciplinary lobby register
- Review of the ISEE classification
- Lowering of tax burden
- Strengthening of referendums

The group of "Wise Men", without getting into the organizational aspects of national healthcare services, came up with some key points on which to act within the health system of the country. A particular emphasis has been given to longevity and the investment in education to improve overall health and to improve the penetration of use of generics obtaining healthcare cost savings.

As mentioned earlier, Italy has one of the oldest populations in the world, especially women, which are living many years in poor health. At the same time the incidence of obesity, physical inactivity, alcohol abuse and smoking, etc. are putting at risk the health of present and future generations to come, especially the youth with more than 35 percent of children being overweight, generating high costs on the national healthcare system. Therefore additional investments are requested in teaching healthier lifestyles. Hence, the agenda proposes to undertake prevention initiatives, such as:

- Strengthening the initiatives aimed to teach healthy lifestyles in schools and universities, promoting American model, the elimination of vending machines in schools with food and drinks high in calories;

- The introduction of a certification system for initiatives within companies aimed at the health of employees to be carried out according to the available guidelines of international standards;
- Creating awareness of general practitioners in order to prescribe physical exercise to patients and with the possibility of tax deduction for the expenses on prescription medicine or for the purchase of exercise instruments.

In Italy there are still significant entry barriers of generic drugs while in other European countries, the generic drug market is accounting for about 60%. To change this situation, the "Wise Men" propose to carry out nationwide campaigns to raise the awareness of consumers about the equivalence of the efficacy and safety of generic drugs. *See appendix 3 for additional recommendations.*

## 7. THE ITALIAN ELECTION FEBRUARY 2013

The winner of the February 2013 general elections, Pier Luigi Bersani (PD), failed in forming a government. However, on 28 April 2013, the new Prime Minister from the centre-left, Enrico Letta (PD), named a coalition government making the centre-right oriented Angelino Alfano (PdL) Prime Minister, and hereby ended two months of political deadlock. The results of the February 2013 elections, showed a rather unusual picture, with the new entry of the Movimento 5 Stelle (M5S) and the new aggregation led by Mario Monti, Scelta Civica per l'Italia (SCpI). The electoral success of Beppe Grillo's M5S and the consequent collapse of the Popolo della Libertà (PdL) and the Partito Democratico (PD) are the incontrovertible results of the analysis of the elections on 24 and 25 February. No party appearing for the first time in the national elections had ever reached 25.5% of the votes (corresponding to 8,688,000). The PdL lost 6.29 million votes, halving their electorate compared with the one in 2008, and the collapse was only partially lowered by the (perceived) comeback in the last weeks of the election campaign.

Previous elections have indicated the birth of a higher concentration of 'regional parties'. Not only the votes of the Lega Nord, but also those of PD and PdL seemed to bear witness of a certain 'regionalisation', as they were increasingly

concentrated in different parts of the country. Therefore, a conspicuous and important element of this election is the decrease of the mentioned 'regionalisation' of political representation. For instance, the votes of the M5S is rather uniform across the country and is divided between just under 3,000,000 votes in the South (33.8%), about 2,150,000 in the regions of North-West (24.7%) and about 1,300,000 in the "red zone" (15.4%). The Lega Nord continues, however, to be concentrated in the North, but has lost more than the half of its electorate. And even higher losses, in terms of percentage, occur especially in the strongholds of the Northeast (-61%) and the North-West (-64% to -68% in Piedmont and Liguria), with partial exception of Lombardy alone. In addition the PD and the PdL lose ground in districts that were more supportive in 2008.

If the past 20 years have been characterised by the confrontation of two alliances within the bipolarity between the centre-left and centre-right, which for some years seemed to turn towards a two-party system between PD and PdL, the presence of the M5S has now imposed the political system in three poles. In short, the M5S is quite different from the other parties as it represents a new form of organisation and policy, which addresses the new generations as well as electors who seek alternatives to the classical parties in the political spectrum. It does not have a clear, hierarchic and defined organization. It is more a mixture of a method, a guideline and a set of rules to select candidates and programmes. Indeed something quite new and disruptive is happening in the Italian political landscape, and with its (r)evolutionary character you can say that the M5S represents a third and new pole in Italian politics.

*For a statistical overview of the election results April 2013, see Appendix 1.*

## 7.1 THE PD'S ELECTION RESULTS

During the election in 2013 the PD loss, in numerical terms, was smaller than in the elections of 2008, but at the same time equally substantial (3.4 million votes equal to the loss of about one third of its electorate) and moreover worsened when considering the expectations of almost certain victory in the period up to the election.

The national data indicates that the two main parties formed by aggregations of 2007 and 2008, the PD and the PdL, respectively lost 30% and about half of the electorate who had chosen them in 2008. In particular, the elections of 2013 has caused the PD a loss of 3.4 million votes compared to previous elections, which represents a decrease of more than 28%. The decline was significant and widespread throughout the country, but with peaks higher than average in the Southern regions (-37% compared to 2008) and in the Central parts of the country, with the most severe losses in Apulia (-44.8%), in Basilicata and Calabria (-39.4%) as well as in Abruzzo (-36.5%). In general, the PD has undergone a considerable setback along the Adriatic ridge, which is the most economically dynamic in the Centre-South. The exact opposite to this tendency is to be found in Molise, the only region where the PD improved its position by earning about 7,000 votes, which corresponds to an increase of 20%. 'Minor' losses, i.e., more than one fifth of the electorate in 2008, have also occurred in the Northern regions, and even the 'red zone' (Emilia Romagna, Tuscany, Umbria, Marche) gave the PD a much smaller number of consensus compared with the previous elections, representing a decline of more than a quarter of the votes in 2008 (-26.3%).

## 7.2 THE PDL'S ELECTION RESULTS

Also the PdL discovered negative vibrations during the elections, as the party has suffered a reduction of the votes between 2008 and 2013 amounting to nearly 50% (-46% = 6,290,000 votes). Especially in the Central regions of the peninsula Berlusconi's party has ascertained a decline in its constituencies amounted to the half (-50.1%), while in the rest of the areas the loss composes between -44% and -48%. The only area in which the PdL has limited the defeat is the Northeast, home of the "Forza Leghismo", in which the reduction of the votes was less than 40% (-39% on average, hereof -34% in Veneto). In other words, the Lega Nord has lost more than half of the votes collected in 2008 (-54% = 1,631,982 votes) with a reduction much higher than average in the regions of the 'red zone' (-68%), an area in which the Lega Nord otherwise had extended on the occasion of the victory of Berlusconi's PdL at the previous elections and thus showed the capacity to penetrate the regions South of the Po. The trend was likewise negative in the strongholds of the Northeast (-61%), while in the Northwest (-49%) the decline in

Piedmont (-64.3%) and Liguria (-68%) was only partially compensated by a minor loss in Lombardy ("only" 44.2% less).

### 7.3 THE RADICAL LEFT'S ELECTION RESULTS

Regarding the policy of the Radical Left (Sinistra Arcobaleno, Pcl, Sinistra Critica, Alternativa Comunista in 2008 and the trinity of Rivoluzione Civile, Sel and Pcl in 2013), it is possible to detect a growth, albeit limited, of votes. The increase of consensus in this set of forces is plausibly attributable to the extremely negative result in 2008, when the debacle of the Sinistra Arcobalena did not allow access to parliamentary representation. The advancement in numbers has amounted to 400,000 voters, equal to an increase of about 30%. From a geographical point of view a greater progression was registered in the South, probably because of the settlement in areas close to the influence of Nichi Vendola and the List promoted by the mayor of Naples, De Magistris. The result was, however, much less favourable in the North, and especially in the Northwest, where the growth has been limited to a few thousand votes more than the very negative result in 2008. Regarding the opposite wing, the parties attributable to policy of the Right (Forza Nuova and La Destra in 2008 and La Destra, Casa Pound, Fiamma Tricolore, Rifondazione Missina and Forza Nuova in 2013) went from nearly 1,000,000 votes to just over 400,000. The loss was thus considerable, in average by 60%, and more accentuated in the North than in the Centre-South.

### 7.4 THE SCELTA CIVICA PER L'ITALIA'S ELECTION RESULTS

The new aggregation of the centre, led by Mario Monti, got a little less than 2 million votes (1,924,281 to be exact), of which almost half (812,136) is concentrated in the Northwest and only a small part in the South. In general, the 'party' led by Monti has inherited the political consensus of the UDC, and even multiplied it, and shows moreover a center of gravity which is very different from that of Casini's party. The regions in which it grows the most (compared to UDC in 2008) are in fact the Trentino - Alto Adige (+252.5%), Lombardy (+207.9%), Liguria (+172.5%), but in all throughout the North, the coalition advances more sharply than the national average.



## 7.5 THE MOVEMENT 5 STELLE'S ELECTION RESULTS

The Movement 5 Stelle, M5S, was not present in 2008 (and therefore not reported in the tables of variations). The Movement achieved about 8.7 million votes (8,689,168) distributed fairly evenly throughout the whole country, an extraordinary result, considering that the Movement's ability to gain votes until a few months ago seemed limited only to certain regions of the North. In fact, Grillo's M5S conquered more than 2.4 million votes in the South, approximately 2.15 million in the Northwest and 1.6 million votes in the "red zone". The region that leads the ranking of the votes is Lombardy (1,130,704), followed by Lazio (928,175) and Sicily (842,617).

The 'protest' expressed through the votes for the M5S is a clear national phenomenon - unlike those in the past, which found representation in other political parties that, as in the case of M5S, likewise emerged out of nowhere. It is a phenomenon that apparently has no particular ideological connotation, in the sense that the M5S poaches votes among electors who previously belonged to both the centre-right as well as the centre-left. Moreover, and in contrast to what is seen in the case of the other parties, there does not exist a strong correlation between the socio-economic characteristics of municipalities and the votes for Grillo (in confirmation of polls revealing votes for M5S conducted between different social classes).

The sample surveys, conducted after the vote in a number of electoral epicentres, shows clearly that Beppe Grillo gained approval both from right and the left wings. In the light of the unflattering performance reflected in the pre-election polls, it may, however, be suitable to try to verify the conclusions that come from the post-election surveys through other data, such as for instance those from the municipalities. The M5S won in both the big cities and in the smaller districts and towns, another factor that differentiates the Movement from other parties, such as the PD, which on the contrary suffered defeats in large cities. The only feature that seems to have influence on the allocation of votes for M5S in the districts is the age, unlike PD and PdL, which, on the other hand, lost support within young

voters. Considering the average age in each region, the M5S got the most votes in regions with a larger concentration of young people, while PD and PdL lost less in regions with populations older than the average. The facts are coherent with the results of the vote to the Chamber of Deputies and the Senate in each region, but the existent gap between the two branches of the Parliament may reflect a disjointed vote that may have been relevant, due to the difference in the election rules. Hence, we are maybe witnessing the contours of a future with a party that seems to have gained the favour of the younger – and maybe also the coming – generations.

## 7.6 THE POLITICAL EVOLUTION

Whatever the evolution of the political crisis, it is likely that in the coming months (or even years) Italy will find itself in a kind of 'permanent electoral campaign'. Analysis shows that, if PD and PdL want to recover at least part of their votes lost to the M5S, they will have to plan a new course of interventions. Not only towards a reduction of the cost of politics and the privileges of the "political class" in a broad sense, but also in another, and so far relatively unexplored direction, such as the "juvenile problem". In addition, unlike in the past, attitudes of appeasement towards projects of regional autonomy, such as the project of LN, could prove politically less attractive compared to a smaller territorial policy framework.

One of the first things emerging when observing the two Houses of Parliament after the recent elections, is that in the Chamber of Deputies and the Senate the players have changed. Among the ranks of deputies and senators, we see a noticeable renewal. To be more specific, 64% of the recently elected MPs did not take part in the previous legislature, and actually 39% of the MPs are for the first time holding a public office. Additionally, some of the Presidents of the Chamber of Deputies and of the Senate are for the first time in an office. Other new elements encompasses the decrease in the average age of MPs and not least the increase in the number of women; in fact, it is the first time in the history of the Republic, that so many women have been elected to respectively the Chamber of Deputies (31.3%) and the Senate (28.6%).

## 8. PROGRAMMES OF LEADING PARTIES

### 8.1 POPOLO DELLA LIBERTÀ

The Popolo della Libertà (PdL) is led by Angelino Alfano and Silvio Berlusconi. The primary healthcare proposal of the PdL is a reorganisation of the health and welfare system, including a focus on the quality and reinforcement of domestic healthcare, intact with an ageing population. The current S.S.N. should be maintained by focusing on the system based on universality and inclusiveness and by keeping the virtues of the S.S.N. and improve its efficiency by defining standard costs. The PdL underlines the need for clear and realistic choices about the level of care that the state can provide under the actual economic conditions of the country, and stresses the need for a clear identification of the most essential pathologies which we can keep on treating with universal healthcare.

The PdL is against further spending cuts on pharmaceuticals, heavily impacting the production, research and the induced economy. Instead savings can be found by defining standard costs or with greater homogeneity within general assistance: better territorial medicines management and hospitals of excellence. The hospitals must be highly specialised centres with investments in technologies of best practise. More over the party stresses the need to optimise the medical assistance within community care in order to avoid the blocking of hospital emergency wards due to routine diagnosis or chronic diseases. Furthermore, there is a need to develop the relationship between GPs, paediatricians and outpatient medicine by making clear choices: No cuts on hospitals to finance the local healthcare districts; initially an investment in primary care is needed and subsequently a reduction in hospital structures. The costs for goods and services, including the cost of personnel/staff, in all regions and public entities, must be those relative to the lowest value or standard cost. Furthermore, a revision of the Article 180 from 1978, more specifically on mental health, is a priority. PdL wants to double the tax relief reinvested in research, and to introduce automatic tax credit on investments in innovation of products, processes and organization. Also the PdL desires full implementation of a fund created for the introduction of a tax credit for research and development set up by the last Stability Law, with particular reference to SMEs. Finally stabilisation and doubling of the '5 per mille'-law. A law, which gives

tax payers the possibility to devolve a compulsory 5‰ = 0.5% from their annual tax to social activities like non-profit organisations, scientific research etc.

### 8.1.1 PDL'S MAIN HEALTHCARE ISSUES:

- The reorganisation of the health and welfare services
- A realistic essential level of care based on the economic situation
- Reinforcement of domestic healthcare
- Implementation of standard costs on staff/personnel within public healthcare
- A revision of article 180 on mental health
- Double the tax relief reinvested in research
- Automatic tax credit on investments on product innovation
- No spending cuts on pharmaceuticals
- Protection of the jobs generated by the pharmaceutical industry
- Investments in hospitals and technological excellence

## 8.2 FRATELLI D'ITALIA – CENTRODESTRA NAZIONALE

Fratelli d'Italia (FdI) is led by Guido Crosetto, Ignazio La Russa and Giorgia Meloni.

The FdI believes that the public machinery must continue to carry out certain services and to the right cost for the community, without abandoning its vital functions, which are: health, justice, education, and security, and defence, strategic and essential services. Everything else should be left to free market competition.

Furthermore, FdI wants to overcome the principle of historical expenditure and accelerate the transition to a system of standard costs including a new health and social management system with the use of vouchers. With regards to research it is up to the universities to tackle the misuse of resources and to honour its social missions such as teaching, research as well as playing an active role in the development of the territory.

### 8.2.1 FDI'S MAIN HEALTHCARE ISSUES:

- New health and social management system
- Basic level of care equal for all
- Implementation of standard costs

## 8.3 PARTITO DEMOCRATICO

The Partito Democratico (PD) was until recently led by Pier Luigi Bersani and is now led by Epifani.

According to the PD the Ministry of Health should become the primary focal point, in order to improve effective governance of health policies and an institutional collaboration with the regions, unfolding to the fullest its function as the main authority, able to monitor the system with the criteria of homogeneity and equity of access to the LEA throughout the country. The PD does not support additional spending cuts on healthcare nor patient co-payments (ticket). The pharmaceutical industry should be supported further in order to boost investments in innovation and research. This will also enable the industry to plan their business activities over a period of 3-5 years. Furthermore, the cultural concept of viewing drugs only as a healthcare spending should be eliminated. There is a need of creating a highly qualified technical and scientific infrastructure that holds together coordinated and integrated skills of AIFA, ISS and Age.Na.S. In reference to research, PD wants leadership in education and research policy, which entails universal values of education, of the promotion of scientific research and of basic research. Furthermore, PD wishes to facilitate a project that locates major areas of investment, of research and of innovation to which directing enterprises including technologies related to health.

In reference to tax measures there is a need to remodel the current tax system in order to lighten the burden on labour and business by drawing on the income of major financial assets and real estates, as well as reinforcing the GDP. Other themes include federalism and governance: The choice of federalism preserved in Title V of the Constitution is a strategic option that should not be questioned and reforms of local public services.

According to PD, it is important that the healthcare system operates with transparency and it must be articulated on various areas. First of all there has to be openness about the results of treatment in all hospitals; it is no longer acceptable that citizens pay their taxes and support the S.S.N. without knowing the results of their investments in health. The citizens have the right to know the quality of care. The PD claims that the absolute transparency of the administrative results and quality of care will lead to an automatic selection of the best managers. Secondly, and in reference to a certain amendment by Ignazio Marino to the Stability Law, the purchase price of goods and services should be published on the internet.

The PD points out six essential initiatives with the overall focus on a transformation of hospitals and the reorganization of primary care. The party emphasises the focus on hospitals as centres of excellence in high-tech, organised in a network of specialised departments with structured wards according to the principle of the intensity of care. The reorganisation of primary care for its part should furthermore focus on assistance 12 hours per day 6 days a week. In addition, a new approach to the patient is being suggested, which comprises a strategic and professional reorganisation and the focus on proactive medicine instead of reactive medicine. There is a need to rebuild the relationship of trust between doctor and patient and finalise the reflection on the so-called decriminalisation of medical procedures. Moreover, the party emphasises the pharmaceutical area as the driving force of development as well as its great potential of financing in innovation.

The PD underlines moreover that all the political parties have to stop the designation of persons in senior management, for which the requirements must be redesigned, with staff selections based on experience and merits.

In reference to potential health policies and diseases such as cardiovascular, cancer and diabetes (all considered as “emergencies” for all of the Western countries) the PD stresses that strong preventive actions could dramatically reduce the incidence of these diseases and the subsequent death rates. Therefore, the party suggests an increased allocation of resources to prevention from the current 0.5% to 3% of the health fund i.a. by making widespread plans of promoting better lifestyles and

education in reference to the health risks related to smoking, alcohol and obesity. The PD also emphasises the importance of investments in the promotion of better health, starting from elementary school.

### 8.3.1 PD'S MAIN HEALTHCARE ISSUES

- Strengthening of the role of the Ministry of Health
- Equity of access to the LEA throughout the regions
- Transparency for citizens regarding treatment results and investments in healthcare services
- The creating of hospital with centres of excellence within different disease areas and technological innovation
- Combat defensive medicine by establishing doctor-patient relationships based upon trust and create medical insurance schemes for the medical profession within the S.S.N..
- Transparency within hospital procurement and the on-line publication of costs and prices
- Enhancement of the pharmaceutical industry to promote research and innovation
- The implementation of a country-wide project identifying major areas of investment within research and innovation
- The promotion of scientific research and of basic research.
- Gain leadership in education and research policy
- Create a highly qualified technical and scientific infrastructure that holds together coordinated and integrated skills of AIFA, ISS and Age.Na.S.

### 8.4 CENTRO DEMOCRATICO

The Centro Democratico (CD) is led by Bruno Tabacchi. The CD proposes the introduction of a health reform concerning the welfare state by redefining the *essential levels of services* and the reorganisation of the network of social services. Furthermore the system of care subsidies and social security, should be measured by a new indicator of the Equivalent Economic Situation; eliminating the huge

differences of the cost of benefits and services. The CD supports investments in research and development by a better usage of existing tax credits. The CD is requesting a review of the current fiscal discipline in order to restart public investments within infrastructure, education, research, innovation and culture. In reference to tax and business activities there is a need to develop new policies. These include a reduction of the tax wedge, liberalisation and access to credit. Furthermore they request a selective review of taxation on businesses to promote competitiveness along with a reduction of the tax burden on labour and business, CD requests a settlement of the debts within the public administration towards suppliers of goods and services from the private sector. CD wants a reorganisation of incentives and subsidies to enterprises with tax and social security incentives for new employees. Other topics include a re-examination of the rules on fiscal federalism, the creation of a regulatory organ of lobbying and interest representation and finally restructuring the system of social services and welfare benefits.

#### 8.4.1 CD'S MAIN HEALTHCARE ISSUES:

- A new reform of the welfare state
- Implementation of a fiscal discipline to promote public investments in infrastructure, education, research and innovation
- A redefinition of LEA
- Reorganization of the network of social services and the system of care subsidies and social security
- Elimination of the huge difference in costs of goods and services throughout the national territory.
- Aid investments in research and development

#### 8.5 SINISTRA ECOLOGIA E LIBERTÀ

The Sinistra Ecologica e Libertà (SEL) is led by Nichi Vendola. The primary objective of SEL is to defend the public system. Initially it wishes no direct cuts in healthcare spending, and furthermore it is a priority, that there is a clear separation



between public and private spending in healthcare. SEL is for a system with a strong national government. Under this, however, the management can be regional.

Regarding health expenditure the SEL wants to optimise the current system, mainly through the revision of agreements with the private health sector and the spending review of the diagnostic and pharmaceutical industry. Additionally, the SEL points out, that the municipalities must be the point of reference regarding planning, management and general delivery of health services. At the same time a reorganisation of the entire hospital network should entail a larger focus on investments in diagnostics and therapy at home. Another goal is to reduce and reshape the patient co-payments according to a criteria of greater equity based on income and on the severity of the specific disease.

Regarding research a fundamental objective is that universities and research in general should be considered essential public property. Furthermore, the creation of spin-offs in public research should be encouraged, the start-up simplified, all projects of consortia of mixed public and private partnerships with substantial private co-financing should be desired. The promotion of private investments in quality research is to be favored by tax benefits. Finally, SEL wants to overcome animal testing by ending the practice of vivisection and investing in the most advanced scientific research and alternative methods.

On topics of tax and business SEL initially intends to reduce the tax burden for businesses through a reward based system. Secondly SEL requires a computerised list of suppliers for each enterprise of all sizes. Moreover, the reinstatement of VAT to 20% and the reintroduction of VAT on luxury goods to its final level before the abolition (38%) is an important objective, and finally a drastic decrease of the IRES, particularly for those who hire and for those who invest in product innovation and process innovation.

According to SEL the Italian health system has several positive parameters, especially in terms of performance efficiency, but it comes with some strong points of criticism. The answer to the citizens' needs is delayed (endless waiting lists) and continues to increase the costs of the citizens. SEL wants to change this perspective and stop thinking only in financial terms and instead have primary

emphasis on fairness, equality of law and effectiveness, while rationalising the system. Healthcare is a central theme, partly because Italy is different as it is missing the difference between public and private, and the latter is even supported by public finance, through operator agreements. SEL is not against private healthcare, but the basic approach is that the public and private sectors have to go back to being two different and distinct areas.

SEL wants a structural reorganisation and it should increase the responsiveness of the territory. Through the “Case Salute” it is possible to increase the number of facilities, while also generating a turnaround. Without new renovations it should no longer be possible to proceed with other cuts in the number of beds, because that means cutting service. Finally, SEL stands for improved prevention and health promotion in the workplace and for bringing back the attention to the issue of mental health. It is also important to enhance the prominence of local communities and involve the territory in the construction of solutions.

### 8.5.1 SEL’S MAIN HEALTHCARE ISSUES:

- No linear cuts in health spending
- A clear separation between public and private spending
- Revision of agreements with the private health sector and the spending review of the diagnostic and pharmaceutical industry
- Computerised list of suppliers for each enterprise of all sizes
- Municipalities must be the point of reference in the planning, management and general delivery of health services
- Reorganization of the entire hospital network with the promotion of investments in diagnostics and therapy at home
- A reduction and definition of co-payments according to criteria of greater equity based on income and the severity of the specific disease
- The creation of spin-offs in public research should be encouraged also with public private ownerships
- Abolish animal testing by investing in advanced scientific research and alternative methods

- Decrease of IRES (tax on company earnings), in particular in reference to job creation, the investment in product and process innovation

## 8.6 SCELTA CIVICA PER L'ITALIA

The Scelta Civica per l'Italia (SCpI) is led by former Prime Minister Mario Monti. According to the SCpI it is fundamental that healthcare in general should not be perceived as a cost, given that it offers multiple opportunities for economic operators of certain key areas for the development of employment and wealth, in construction development, biomedical and the pharmaceutical industry etc. Another important objective is to support and strengthen biomedical research and biotechnology by encouraging collaboration between universities, CNR, other research institutions and the industry to reach optimal results. SCpI emphasises the need to devote additional resources to the S.S.N. and simultaneously strengthen the central organs and the instruments of guidance, support and control, starting from the Ministry of Health. Furthermore, SCpI stresses the need to rationalise the spending on healthcare through the exact calculation of standard costs, effective territorial organisation of health services and containment of prices for the purchase of instruments and devices. Ulterior topics of importance deal with larger focus on investment in prevention and a reform of the current patient co-payment system (ticket).

Within research there is a need to reduce and re-develop the current expenditure, i.a. by safeguarding expenses on productive investments in infrastructure, research and education – ‘the engines of growth’. Secondly, SCpI underlines the strengthening of tax credit on research and innovation in products and processes. Concerning tax and business SCpI has no intention of further increasing VAT after 2013, and additionally they want to reduce taxes (PIT/IRAP) prioritising work and business. In an international perspective a special attention and promotion should be given on an international projection of small and medium enterprises, and finally “special conditions of entry” for multinational companies investing in Italy.

Other topics of interest regard larger focus on the regulation of lobby activities, the continuation of liberalisation of public owned companies, responsible and solidary federalism and certain amendments to the Fornero Law.

Monti's agenda for health and healthcare has been largely extended and coordinated by Walter Ricciardi, and builds on the landmarks of Art. 32 of the Italian constitution and is based on 8 points.

S.S.N is and must remain the responsible entity of protecting the health of the Italians. It is necessary to align the share of funds to healthcare with the European averages, without forgetting the Italian peculiarity (a long period of stagnation, accompanied by a very critical situation regarding public funding).

SCpI's programme underlines the necessity of the review of "Titolo V" with the objective of returning centrality and unity to S.S.N, maintaining universality. It is therefore necessary that the full protection of health goes back to the State, with the central government that has to worry about guaranteeing the full protection, and in addition to the LEA, also the implementation of a wide ranging health planning, in accordance with regional needs. To achieve this objective five areas are indicated: 1. Reconfiguration of health services in a local network connected to hospitals, 2. Reorganisation of chronic care management through the enhancement of territorial assistance , 3. Reduction in expenditure on goods and services based on analysis of cost/effectiveness and value for the citizens, 4. Increasing the transparency of the industry with new criteria for the selection of the top management, and 5. New partnerships with the private sector.

It is necessary to define the services that the State can guarantee citizens through general taxation and afterwards make sure to deliver those services to everyone, regardless of the region of residence. These services should be easily measurable, so that every citizen can understand their rights as well as being able to claim them. This is especially important in the segments of the elderly.

In Italy the demand for healthcare and the biomedical sector is increasing enormously, together with technology and information. This could lead to the

generation of large margins of growth within employment and wealth. It is therefore necessary to consider health as a strategic sector and overcome the old policy of only focusing on cuts, which will determine not only a gradual reduction of the services, but also the industrial and economic impoverishment as well as the marginalization in the international competition. The action of the Government will ensure the sustainability of the very important related industrial and pharmaceutical sector, as well as of medical devices through the implementation of a “Stability Pact” for the medium-long term. It is necessary that Government and Regions occupy with the facilitation of investments: It is essential and imperative to work on a renovation of the hospital also through project financing and the promotion of projects revolving around electronic health (e-health).

One of the areas of action is to give priority to an approach that involves the citizen, making him/her an active protagonist in own health situation. The combination of education and research is the following to invest in providing the health system with adequately motivated and trained health professionals, who can help make the citizens aware of the principals of effective healthcare and able to manage their own health. They can also be a driver for growth and development.

SCpI emphasises the agenda at this point conclusively the importance of creating and strengthening centres of excellence in Italy with a view to increase the flow of citizens from other countries that, from 2013, will be able to ask for assistance in each of the 27 countries of the EU and prevent an exodus from Italy by the implementation of apposite techniques of planning, organization and management of health services.

#### **8.6.1 SCPI’S MAIN HEALTHCARE ISSUES:**

- Healthcare in general should not be perceived as a cost
- A review of “Titolo V”
- Support and strengthen biomedical research and biotechnology
- Allocation of additional resources to the S.S.N.

- Strengthen the central institutions, the instruments of guidance, the support and control, starting from the Ministry of Health
- Rationalise spending on healthcare (standard costs and containment of prices)
- Creating and strengthening centers of excellence
- Promote investment in prevention
- A new reform of the current copayment system.
- Safeguarding expenses on productive investments in infrastructure, research and education
- Tax credit for research and innovation on products and processes.

## 8.7 LEGA NORD

The Lega Nord (LN) is led by Giulio Tremonti and Roberto Maroni

According to the LN the costs for goods and services, including the cost of personnel/staff, in all regions and public entities, must be those relative to the lowest value or cost-standard. Within research LN wants to remove subsidies to companies with no future to stimulate innovation, export and research, double tax relief reinvested in research, automatic tax credit on investments in innovation of products, processes and organization. LN wants to facilitate a full implementation of the Fund to the introduction of a tax credit for research and development as set up by the last Stability Law, in particular on SMEs. On topics of tax and business development LN initially has no intention of increasing VAT. A second objective is to zero out the IRAP (Italian Regional Production Tax) in five years starting with small enterprises first. LN wants to decrease the tax burden with one percentage point per year over the next five years making it a total cut of five percentage points. Additionally, there will be reimbursements regarding public administration and tax obligations for families and enterprises, as well as an overall simplification of tax compliances related to SMEs. Specifically within labour, a goal will be to recognise enterprises who recruit young people on open-ended contracts by a deduction of the contributions related to the employee during the first five years. Finally, LN wants to facilitate faster payments of the Public Administration in application of the European directive on late payments. The overall belief of the

LN is less State, less waste, more federalism and the reduction of one million public employees in the “non-virtuous” regions. Furthermore on their agenda is the return to the Biagi Law, supporting youth employment through the total tax relief of up to four years of apprenticeship, as well as the establishment of macro-regions through agreements under Article 117 (penultimate paragraph) of the Constitution.

Basically the overall objective of LN’s health programme is to exenterate health issues and reorganise the system in the realisation of an effective and efficient modern health system. According to LN there is a need for scrutinizing the regional health systems focusing on the current status, problems and perspectives. More specifically they want to draw larger attention to ‘the Voice of the Associations’, that is, by involving and listening more to the respective associations within the health area, so that the politics is confronted directly with doctors, hospitals and community, dentists, pharmacists, nurses as well as the increasing area of health professions and producers/distributors of medical supplies. The party suggests moreover a revision of the LEA, in particular those of the North, and highlights a review, with the adoption of standard criteria, and a focus on the provision of the local social service i.a. by the organisation of a system based on a higher level of ‘private control’ and performance. At the same time the LN emphasises: the strengthening of telemedicine, a strengthening of the ‘screening and follow-up’-programmes, abolition of the patient co-payment by 75% by taxation on the territory, the appreciation of the health professions by optimising the human resources and a ‘rationalisation’ of the pharmaceutical system. The reorganisation of healthcare has its point of departure in the ‘Macro-regions of the North’, however the same platform is meant to be implemented on a national scale as well.

### 8.7.1 LN’S MAIN HEALTHCARE ISSUES:

- The realisation of an effective and efficient modern health system
- Lowest value or standard costs for goods and services, including the cost of personnel/staff, in all regions and public entities

- Remove subsidies to companies with no future to stimulate innovation, exports and research
- Double tax relief reinvested in research
- Facilitate faster payments of the Public Administration
- Abolition of the patient co-payment by 75%
- Automatic tax credit on investments in innovation of products, processes, organization and facilitate a full implementation of the Fund to the introduction of a tax credit for research and development (Legge della Stabilità)
- Zero out the IRAP in five years
- Decrease the tax burden with one percentage point per year
- Facilitate faster payments of the Public Administration in application of the European directive on late payments
- Strengthening of telemedicine
- More political involvement and listening of medical professionals, associations, companies

## 8.8 MOVIMENTO 5 STELLE

The Movimento 5 Stelle (M5S) is led by Giuseppe Piero Grillo. The health programme according to M5S covers free universal healthcare and equity of access to healthcare. This means ensuring free and universal access to essential services from the National Health System, and patient co-payments proportional to income for non-essential services.

Regarding pharmaceuticals M5S wants to promote the use of generic and off-patent drugs that are less expensive than equivalent “brand”-drugs. M5S also wants a prescription of the active part of a medication instead of the “brands” of a singly speciality. The movement wishes that Italy should be aligned with other European countries and the guidelines of the World Health Organization (WHO) in the fight against pain. In particular for the use of opiates (e.g. morphine and the like) as well as an assessment of the health impact of the public policies at the level of central and regional government based on the recommendations of the WHO.



Within research M5S wants the possibility for tax payers to choose to devolve a compulsory 8‰ = 0.8% ('eight per thousand') from their annual income tax to scientific research. They want to finance independent research by drawing on funds for military research, promote and finance research based on health effects, especially related to social inequality and environmental pollution, by giving priority to independent researchers and finally promote research on rare diseases and pay the expenses of treatment abroad in the absence of adequate national structures. Other themes include the prohibition of financial incentives to sales representatives on sales of drugs and pharmaceuticals and lastly an introduction of a "real class action".

Italy is one of the few countries with a public health system that is universally accessible. According to M5S, however, two factors are undermining the foundation of the universality and homogeneity of the national healthcare: "The devolution", which entrusts the regions with healthcare, and its financing, which strongly illustrates the regional differences, and private healthcare, which subtracts resources and talent from the public. The tendency, according to M5S, is to organise healthcare as a company and to give priority to economic objectives rather than those of health and quality of the services provided.

M5S stands for public and independent health education programmes on the proper use of medicine, their risks and their benefits. They want a national health policy of a cultural nature, promoting healthy lifestyles and mindful consumer choices to further develop the self-management of health (working on risk factors and disease protection), and simple forms of self-medication. Information regarding primary prevention (e.g. healthy eating, physical activities, abstaining from smoking) and limiting the scope of secondary prevention (e.g. screening, early diagnosis, predictive medicine). The M5S also desires a system capable of measuring the quality of assistance in hospitals (success rates, mortality, volume of cases handled etc.) in the public domain.

M5S wants to ban the economic incentives of sales representatives on medicine sale. They believe in the separation of the careers of public and private doctors,

which means that doctors who work in public facilities are not allowed to operate in private facilities as well. In fact M5S would like to increase the incentives for doctors to stay in the public sector by tying its maximum rates to the ones requested in the private sector. Finally, there should be criteria of transparency and excellence in the promotion of head physicians.

M5S specific criteria on the future of the organisation of public healthcare services: The public waiting lists should be available online. Transparency regarding agreements with private hospitals should be made available, public and accessible online. M5S wants to further the investments in “family planning clinics”. They want to limit the power of influence of the general directors in the hospitals and ASL through the reintroduction of the administrative boards.

Within research M5S wants to increase the donation of 8 per thousand on tax returns, to medical-scientific research. Potential funding of independent research could be drawn from the funding used for military research. Moreover, the movement underlines the need to promote and finance research on the effects on health, in particular the legality, social inequality and environmental pollution by giving priority to independent researchers, and by promoting specific research on rare diseases and allocating the expenses of the treatments abroad in the absence of national structures. Finally M5S wants to introduce, on the basis of the recommendations from WHO, at both central and regional government, the assessment of health impact of public policies, in particular for the following sectors: Transport, planning, environment, employment and education.

#### 8.8.1 M5S’S MAIN HEALTHCARE ISSUES:

- Free and universal access to essential services of National Health System
- Co-payments in proportion to income for ‘non-essential services’
- Promotion of generics and off-patent drugs
- Prescription of molecule and not brand
- “Fight against pain” activation in accordance with the guidelines of the World Health Organization (WHO)

- Donation of 8‰ tax to scientific research
- Finance independent research
- Promote research on rare diseases
- Treatment offered abroad in the absence of adequate national care
- The prohibition of financial incentives to sales representatives on sales of drugs and pharmaceuticals

## 9. NEW HEALTHCARE PROGRAMMING OF THE MOH

The new health programming (Linee programmatiche del Ministero della Salute) presented by the Minister of Health, Beatrice Lorenzin, to the Commission of Social Affairs and the 12th Commission of Hygiene and Health, on 4 June 2013, brought the following subjects into focus. *See Appendix 2 for details on recent health legislations.*

### 9.1 PREVENTION

Among the priorities to develop is the enhancement of policies relating to prevention, in all its forms and in different areas where it can be implemented. The reason for this choice consists in the belief that investments in prevention, based on scientific evidence, constitute a winning choice capable of helping to ensure the sustainability of the S.S.N. in the medium and long term.

The priority comprises the following measures:

- To ensure the development of conditions that allow to maintain the level of health as high as possible (health promotion);
- To prevent the onset of communicable- and non-communicable diseases (primary prevention);
- To achieve earlier diagnosis through screening (diagnostic anticipation, secondary prevention), in order to promote the full recovery of the ill;

- To finally realise a response which is capable of managing chronic illness, by slowing the progression and preventing the onset of complications (tertiary prevention).

These objectives should be pursued through the establishment of the new National Prevention Plan (PNP), which will amend and update the existing instrument, initially adopted for the period 2010-12, and extended through 2013.

Moreover, it is relevant to note, that the priority areas in which the prevention interventions will be developed, are taking into account the indications of community programmes and of the WHO (*in primis* the programmes EU2020 and Health 2020). The Ministry of Health finds these activities essential in order to maintain and strengthen existing partnerships with international organizations such as the WHO, the OECD, the European Centre for Disease Prevention and Control, as well as with the ministries and technical bodies of other countries in Europe and beyond, aimed to create new synergies. I.a. the following issues will be given extraordinary attention:

- The strengthening of efforts to combat chronic non-communicable diseases, considering in this first cardiovascular diseases, those of the respiratory system and central nervous system, neoplasms, the serious organ failure and diabetes;
- Mental health and psychological well-being;
- The strengthening of the dialogue and cooperation with the Ministry of Environment and with the technical organisations in the sector as to develop monitoring.

On many of the issues summarised above the Ministry of Health finds it useful also to create communication campaigns in the belief that they can significantly contribute to increase knowledge and health education in the general public and furthermore encourage the adoption of healthy lifestyles.

## 9.2 REORGANIZATION OF THE HEALTH SERVICE NETWORK

From a strategic point of view, the Ministry of Health considers it of high importance to continue and complete the process started by the Minister Fazio, to reorganise/optimize primary care and enhance the role of public owned pharmacies in the delivery of health services in the local areas in order to reduce the burden on the S.S.N.

## 9.3 THE LEA

The LEA has to keep meeting the need to ensure the core inalienable right to health for all citizens. The LEA must provide, however, a minimum threshold of intervention, in order not to exploit weaknesses in the legal sphere according to Article 32 of the Constitution wanted to protect and guarantee absolutely full and exclusively.

## 9.4 THE NEW AGREEMENT FOR HEALTH (NUOVO PATTO DELLA SALUTE)

The new financial and programmatic agreement between the Government and the Regions aims to improve the quality of services, to promote the appropriateness of the services and to ensure the unity of the system. According to the Ministry the signing of a new pact, which must be established as quickly as possible between the Ministry and the Regions, may represent the true starting point for putting together the needs of citizens and those imposed by the changed framework on governmental, central and regional level.

## 9.5 NATIONAL HEALTH FUND

There is a need to abandon the logic of linear cuts, and instead rethink the spending review on the basis of costs and standard requirements, as is also suggested by the "Committee of the Wise Men", established at the Presidency of the Republic.

## 9.6 PATIENT CO-PAYMENT (TICKET)

With reference to Article 17, co. 1, let. d), d.l. n. 98/2011 the Ministry of Health is to provide the possibility of patient co-payment from 2014 reaching an estimated amount of €2,000 million per year.

## 9.7 INITIATIVES ON CROSS-BORDER CARE

The new Government wants to propose the possibility of cross-border medical assistance, with reference to the Directive 2011/24/EU of the European Parliament and of the Council on "The application of patients' rights in cross-border healthcare", which is already in the stage of implementation.

## 10. HEALTHCARE FOCUS GROUP

The focus group meeting, organised by the Danish Embassy together with Medi-Pragma, brought together some of the leading experts within Italian healthcare, with the purpose of identifying the underlying issues of the public Italian healthcare in the light of the healthcare reform (Balduzzi Law) and the new Government. The focus group session was directed by Medi-Pragmas Dir. Bruno Sfogliarini and Bruno Falco, also from Medi-Pragma, and took place at the Danish Embassy in April 2013. All dialogues were transcribed, voiced and video recorded. The focus group was composed by a group of six key experts within different fields of public and private healthcare, socio-economic research institute, healthcare economist and ex-politician within healthcare.

The themes covered during the focus group session was the following:

1. The Sustainability of the funding system
2. Spending cuts
3. Federalism within public healthcare
4. Access to public healthcare services
5. Innovation and sustainability
6. Ageing and policy of the elderly
7. Integration of private funds

### 10.1 THE UNDERLYING ISSUES OF THE FOCUS GROUP

- ❖ Should one really fear for the sustainability of the public healthcare system with regard to universal access? What are the reasons for this decline in our system?
- ❖ Also there is still no regulatory intervention in this regard, is it true that the public healthcare system needs a major involvement of private capital, and on what terms? Otherwise what would be the motives for this alarm/panic?
- ❖ What will the real role of integrated healthcare be, when it comes to access of health and social services? What are the reasons why these products are still little understood? What is the future scenario of corporate welfare, and on the same matter what role will the “private versus social” play?
- ❖ Will the next legislature only have to correct the dysfunctions of the current federal system, or should it instead revise the federal structure, and again re-formulate the powers between state and regions when it comes to health policy and planning?

### 10.1.1 THE SUSTAINABILITY OF THE FUNDING SYSTEM

The need to contain the expenditures is urgent in the present economic climate, and often the easiest target is the spending on healthcare, especially in the pharmaceutical industry, which is already heavily regulated. What are your opinions on this approach?

The cuts are not homogeneous on all the sectors that contribute to health spending, but the resizing has now been visible to everyone for several years.

The definition of related expenditure as a percentage of GDP is not adequate to the financing of health services, which is due to the fact that the demand for these services is not directly proportional to the economic performance of the country.

Combining the availability of resources for health and the performance of the GDP leads to a reduction of resources due to an increase in demand caused by an ageing population as well as an increased survival rate. How does one exit from this seemingly dead end?

Last year, Italy underwent many changes, including the emergence of a technocratic government, a radical reform of the retirement system, many interventions and financial measures were implemented due to the government spending constraints and to the economic crisis, which has been worsened by the monetary instability that involved the whole Eurozone.

In this macro-economic context, characterised by government spending constraints and by the lack of a significant economic growth, the considerations about the Law Decree dated 6 July 2012, have become prominent (the so-called Spending Review): “Urgent measures for the reduction of the public spending keeping services unchanged”.

Italy today is ranking third for the Debt/GNP ratio among the economically advanced countries. No growth is predicted in the short term (a GNP growth by 0.4% is not expected to happen until 2014): Furthermore, the estimation model of



public health spending predicts that the spending/GNP ratio will grow by up to 9.7% in 2050.

Overweight and obesity are now affecting not only adults but also children (in some Italian regions, 50% of children are obese) and this impacts the S.S.N. costs bound to increase further.

About 80% of cardiovascular diseases, diabetes and at least 40% of cancers can be prevented by changing lifestyle. This could save a significant amount of public money, which could be re-invested in both study and treatment of the rare pathologies that are still incurable, as well as the economic development of the country.

It is necessary to move financial and human resources from the treatment of diseases to prevention. This could be done by forming a new class of preventive healthcare professionals, e.g. by allowing current structures to be online in order to actively educate people to safeguard their own health.

Prediction should be better monitored with well-targeted strategic territorial choices (to exploit winning realities). An increase of prevention campaigns, for example in mass media, should be implemented.

### 10.1.2 SPENDING CUTS

The latest regulations have had a significant impact on the ability of the health system to provide essential services to everyone and in a uniform manner throughout the country. Are the free or almost free health services (LEA) at risk and in which cases?

Will the reorganisation of primary healthcare (The Balduzzi Law) be implemented in the manner and time as planned? What are the outcomes with regard to quality and quantity of care that can be realistically expected? Parallel to this how likely is it that the hospitals will be able to cope with the demands for services after the adaptation of the new requirements?

The industry believes that the cuts are too hard on pharmaceuticals, which continuously punishes/diminishes the innovation. Are these complaints justified?

The government is responsible for the cuts made through the Stability Law 2013 (Spending Review), DL 98/2011, DL. 78/2010: For the period 2012-2015 the public health cuts are expected to reach nearly €25 billion. These cuts will be divided among financial cuts, pre-budget measure requirements, and actual post-measure funding.

The pharmaceutical industry has been the industry mostly affected by the cuts. The distribution of the financial impact points out that the cuts essentially focus on the section “Goods and Services”, and in particular a cut of around €4 billion is expected to affect the pharmaceutical sector.

In the Italian welfare system more attention has been paid to the containment of costs and hence spending cuts, rather than to health spending. Therefore the cost containment has impacted and prevailed on the health system.

Essential Levels of Healthcare (LEA) should be granted to all citizens for free or in co-payment. Thanks to the resources collected through the fiscal system, health is an added value, and has to be perceived as such also at the political and governmental level.

Health should be planned and LEA set up. The funds should be better managed and the regulation of drugs and medical equipment supervised by a better distribution of the resources available.

Collective healthcare should be granted in both private life and the work sphere. To ensure the district care, the one supplied by LHUs and by the health districts, focus should be on general practitioners, urgent care professionals, emergency and pharmaceutical care.

And in order to better ensure the hospital care, we should pay larger attention to the emergency room, the ordinary hospitalisation, the day hospital and the day surgery, the home hospital and the rehab.

### 10.1.3 FEDERALISM WITHIN HEALTH

After more than 10 years of federalism in health, the Italian health appears to be strongly fragmented. What do you think about that? Is it time to intervene?

If YES, how?

How is it possible to balance the autonomy of the regions in their planning with the power to control the planning by the State?

The differences regarding the rules and the ability to access health services by the citizens. How can those differences be restored to balance?

The Law 228/2012 and the Stability Law of 2013 establish the possibility for the regions, who have implemented a plan of financial stabilisation, to have access to cash anticipations for the gradual amortisation of the deficits as well as the ascertained out-of-balance debts.

The Italian National Health Service (S.S.N.) is similar to the one of the United Kingdom, but the decentralisations and the regional gaps are more evident.

For the years 2013-14, the new expenditure ceilings introduced by the Spending Review are going to produce a deficit on the territory spending, while the resources will not be enough to cover the hospital spending.

The mechanisms adopted have been: System ceilings (e.g. the one found in Lombardy), where the region sets the amount of resources destined to a certain field and, if the financed production exceeds the set amount, the fees are reduced with certain percentages. Another and more common mechanism is the creation of structure ceilings in which each producer is entrusted with a maximum volume of

production in financial terms (history-based): If this volume is exceeded, the outputs are either not compensated or valued with decreasing prices.

A series of initiatives have been planned to retrieve the medical specialist within the health system, so as to regulate volumes and compositions of the prescriptions. The role of the physician is rethought: Therapeutic plans should be thoroughly analysed and separated towards maximising territory. The interregional gap can lead to regional inequalities from the point of view of short-term financial balances that could generate differences in how citizens access health services.

The S.S.N. has been regionalised. It has more autonomy in governing and coordinating the SSR (territory size of the LHU; identification of company hospitals). Greater financial responsibility: Funding and coverage of the deficits with a significant reduction of national authorities' power.

Every region should be managed as a separate unit in order to create Best Practices. There is a need to simplify the LEA procedures' adaptation to the scientific and technological innovation which, in the parallel sector of pharmaceutical care, is granted by the Italian Drug Agency (AIFA).

#### **10.1.4 ACCESS TO HEALTHCARE SERVICES**

The outsourcing of health planning to the 20 regions has created a differentiation in the methods of delivering health services, including the availability of drugs/medicine already approved by AIFA. What are the options to intervene?

There also exists a difference with regard to the sharing of health costs, towards co-payment of individual services and in the contribution of 'general imposition', if even the slightest.

Law Decree 158 of September 2012 (Balduzzi Law) deals with territory healthcare, extended hours for GP consultations, defensive medicine, transparency of the choice of general managers and head physicians, LEA updating and drugs regulation.

The struggle against inefficiency and wastefulness in healthcare will not be able to stop the explosive growth of health costs related to an ageing population and the increase of obesity.

Also the idea of integrative health funds is not going to resolve the problem and is likely to create another social gap between the citizens who can afford a private healthcare insurance, and the many that cannot.

It could be appropriate to activate additional resources, for instance through the development of activities with fee and of integrative funds (always abiding, however, by the principles underlying the S.S.N.), as well as to look for a stronger integration with the security-healthcare, in terms of governance, financing channels, suppliers and services provided.

The services should be guaranteed according to the patient's medical case: It is necessary to support and create a system of access to services in the context of specific diagnostic-therapeutic paths for the most common and impacting diseases, waiting for a homogeneous diffusion of their use all over the country.

The Government should be informed about terminal diseases, as for instance the issue of stem cells has been done.

The mandatory use of priority classes for out-patient and in-patient reservations, the definition of diagnostic-therapeutic paths, for example in two major areas such as cardiovascular and oncology, with a definition of the relevant waiting time.

Informing citizens, for example by showing the waiting time on the website of the regions and the PAs and of public or private hospitals (covered by the S.S.N.); development of Information & Communication Technologies initiatives.

### 10.1.5 INNOVATION AND SUSTAINABILITY

The innovation is a fundamental objective regarding the public health. Do you share this goal? How can it be realised?

The economic-financial Italian situation forces the decision-maker in the public field to make drastic budget cuts that could potentially slow down the process of “continuous improvement” of the healthcare for patients. What to do?

Not to innovate also means not to reduce the health and social costs that determine additional costs of healthcare – meaning for example the lost productivity of an ill person, who also eventually needs care. Do you agree?

The result of the failure to innovate and or the incapability of the system to implement innovation, leads to a loss of opportunity in terms of welfare and a continuously increasing burden of costs for the state, which could have been reduced thanks to innovation.

Law 189/2012 (Balduzzi Law): It is expected that a pharmacologically active raw material, intended to produce experimental drugs to be used in clinical trials, does not need specific authorisation.

Law 27/2012 (Law on liberalizations): new rules are introduced for the prescription of generic drugs.

There are about 6,000 workers in R&D, which is about 9% of the total amount of employees, whereas the average for other industry sectors is equal to 1.6% of the staff members.

The total investment amounted to € 2.4 billion, of which 1.2 billion went into R&D, which is 12% of the investments in the whole Italian manufacturing industry, and 1.2 billion went to high-technology implants.

The value of the pharmaceutical production carried out in Italy over the last year was higher than €27 billion.

Biotechnologies are deemed to play a more and more important role in the future of the pharmaceutical industry. It is essential to allocate sufficient resources for financing the research and development, and to create pipelines for innovative medicines.

It is essential to have enough time and the right conditions for the access to innovative medicines to retrieve the capital invested and to ensure the development of new therapeutic opportunities.

It is necessary to maximise the autonomy of the new health organisations from the organisational, accounting, financial, managerial and technical point of view with the support of new management tools and of public "marketing".

The use of social media in the healthcare would be a desirable step.

#### 10.1.6 AGEING AND THE POLICY FOR THE ELDERLY

The increase of the group of elderly in their late eighties will pose an even greater problem, putting a strain on the operations of the social security system, especially in relation to the asymmetry between the productive and unproductive population with a need for healthcare.

Italy is one of the countries with the highest rate of longevity. This is demonstrated by the ISTAT data collected in the 2007 report, where out of a total of 59.1 million inhabitants, the number of persons over the age of 65 was 11.8 million, reaching a market share of 19.9% of the total population, which is furthermore estimated to reach 26.5% by 2030. Over the past 20 years the rate of people over 80 has increased by 150%.

The social healthcare problems related to the lack of self-sufficiency, the high numbers of elderly people and the high-cost therapies/diagnosis require an effective integration of policies, guidelines and interventions from different welfare

areas. Also, they need a cohesive system that facilitates the convergence of the funds coming from the different sectors involved.

In the S.S.N. the theme of elderly and non-self-sufficient disabled care already weighs much more than in other contexts because of the higher percentage of elderly and it tends to absorb more and more resources for social and health services.

The data for the average life expectancy in the country is growing: It has increased from 71 years old for men and 77 years for women (in the early 1980ies), to 77 years old for men and 83 years old for women presently.

The importance of the non-self-sufficiency problem in Italy and the lack of a strategy for continuous care made it necessary to draw a possible path for assistance in its various stages, from reporting the issue to its assessment, and from taking it on responsibility to the evaluation of activities and outcomes.

Facing the drastic demographic changes, the S.S.N. is forced to redesign its network of service offerings: Territory and prevention become the cornerstones of a new healthcare model which, to overcome an impending system of unsustainability, should more efficiently manage its resources and provide better service delivery by moving away from a hospital-centric view.

It is proposed to bring caretakers into compliance with the introduction of training courses on a national level, in order to exploit what may become a resource at the level of home care, and in order to keep the elderly in their own context as well as limiting hospitalizations only to cases of 'real need'.

### 10.1.7 INTEGRATION OF PRIVATE FUNDS

The current debate regarding the future of the S.S.N. revolves around the fact that the public financing of the expenditure, also including the current private funding, is no longer sufficient to ensure the appropriate use of services demanded, which poses a serious threat to the access of the same level of LEA.



Many have noted that in order to provide an adequate supply of services, a greater injection of private capital is needed.

Private integrated funds emerge with an increasing force as an alternative to the set of services provided by the public welfare system. Despite the increasing presence of insurance products there is still little knowledge to their usage as well as the opportunities they offer.

The first Legislative Decree dated 30 December 1992, n° 502 (Section 3) establishes that "local health units are set up in companies with a public legal personality and corporate autonomy".

The next Legislative Decree 229/99, also known as the Bindi Law or Ter-Reform preserves the principles underlying the law 833/78, which established the National Health Service (equality, totality, territoriality principles) but it aims to rationalise the organisational structure of the health system by pushing it towards principles of efficiency, quality and equity (however in a context of welfare solidarity and guarantee).

The private health expenditure in Italy amounts to €28 billion in 2011, representing 20% of the total spending. The Italian anomaly is that 89% of this amount is all 'out of pocket'-expenses while payments mediated by funds and insurance policies amounts to the remaining 11%.

Healthcare is denied to 9 million Italians and therefore additional funds are needed. Private health funds are a crucial "second pillar", more than ever necessary to seal the entire system; it is necessary to complete the legislative framework in the field, give tax incentives both to businesses and citizens and moreover to redefine the governance of funds.

The institutional purpose of the S.S.N. health protection is not an exclusive task of the public system, but it is an objective of a whole social system, involving public and private subjects with different roles, but with equal dignity. The private health

funds may cover many citizens forced to spend their own 'out of pocket' money, which today amounts to nearly € 30 billion each year. Providers, therefore, can be divided into: Public, Local Health Authorities, Hospitals, Public University Hospitals, IRCCS, Public Assimilated to the Public, Private University Hospitals, Private IRCCS, Hospitals Classifieds, Private Qualified Institutes, Garrison ASL, Research Organizations, Private Accredited, Accredited Private Nursing Homes, accredited Private Outpatient Clinics and Laboratories, etc..

While in-patient and primary care are free, the LHUs are able to generate additional funding through services partially paid by patients: Presently, public coverage is formally embracing both health benefits and social care.

There is the need for a recovery of collaborative behaviors: Coordination of complex networks, research of conditions that make it possible to better pursue a rational system, reconnection of problems and networking of autonomous companies that share their resources, environments of action and, to some extent, aims and objectives.

## 11. THE FOCUS GROUP AND KEY FINDINGS

Healthcare is no longer perceived as a political value of the country, however as financial value, through cost containment and direct cuts across all areas. There is no explicit health strategy from a government point of view, which is also reflected in the health issues covered, or lack of such, in the recommendation of the 10 Wise Men. To reverse this progression, it is fundamental that policymakers will work together with leading health experts in the decision process and in the management of the issue concerning health. The parliamentary system must give more credit to commissions, as a central element, which should be supported by qualified and authoritative chambers. Pledge the right and opportunity to key stakeholders within health to intervene in the debates of the parliamentary committees to address legislative decisions on health, which are shared by large majorities, and no longer ordained to the approval of law decrees made under the threat of a vote of confidence.

The present public financing of health expenditure is no longer sufficient to ensure the existing demand of health services. More private capital is needed to ensure adequate health services and private supplementary funds may be an alternative.

The decentralisation of the S.S.N. has led to regional disparities of health services creating the plurality of health services, in terms of quantity and quality of health provision, supplied in the different regions. It has been estimated that nine million people currently do not have access to health services, because of limited resources. In order to combat the regional disparities and to ensure essential levels of care, equal to all the citizens, regardless of regional provenance, it is essential to implement explicit regional planning according to needs and requirements (adapted to the territory and to its patients), the involvement of the general practitioners and the specialists, and the requirement to have qualified and professional transversal managers within the healthcare districts (ASLs). The regional autonomy should be balanced in planning and controlled by the State. The impending uncertainties also prevail in reference to the regional expenditures and the health budget allocation. The regional repayment plans, as imposed by the State, for the 10 regions afflicted by debts, (Lazio, Calabria, Molise, Apulia, Sicily, Abruzzi, Campania, Liguria, Piedmont), spending cuts has been imposed, without any attention to quality-based allocations and patient needs. The territorial issue should be focused on predictability rather than on control, by paying attention to the implementation, by acting on the local level and by making federalism-targeted choices through accurate strategies. Public healthcare should not only be the concern of Health authorities but should also involve stakeholders within environment, transport, education and general government. Each region can and must be handled autonomously because there are different situations within each of the regions, financial aspects has to be handled differently and in this context the culture of the linear cost cutting is not the right choice. The regions are to act as intermediaries with the universities to monitor and better address the programmes to be implemented. Health has to be perceived as a problem that involves risks and affects citizens' quality of life producing, and hence, in the long term, higher costs for the State. The role of politics should be coordinated today in order to prevent possible future scenarios and resolve problems that could arise along the way.

The MOH should regain central control, as the primary directorate of reference, through a general secretariat, by creating a unique directive body as point of reference to regional healthcare authorities. Furthermore, MOH should enable the monitoring of LEA and thus strengthen the overall regional organizations, contemplating the different regional challenges and focus on the existing *Best Practices* in some of the ASLs and developed in other regions or ASLs.

The system of LEA is valid, but serves cautiously to be managed and an update to the value of the LEA themselves, as well as the logic of the DRG may not work if you do not make the DRG of the therapeutic process explicit. Large areas of care remain uncovered such as dental hygiene and no network for the management of pain.

Innovation as an essential goal for public health and superior technological innovation will also provide citizens with better healthcare assistance, and prevent the rise in social costs and healthcare assistance to the sick. There should also be a better focus on the elderly to increase life expectations and quality of life with a healthier ageing population. Despite the fact that the priority of balancing healthcare spending through cuts and budget reductions, a common vision must be to ensure the continuous improvement of care for patients. The current spending caps, on pharmaceutical expenditure, and on molecules, are directly limiting investments in innovation. AIFA should return to play the role of the regulatory body and Farmindustria should be more present on equal terms for both local and foreign companies, organising roundtables, to explore joint topics and to support the companies in finding solutions and safeguarding investments in Italy. Sustainability can also be achieved with citizens' partnerships where the social media could be tools for achieving specific targets with more effective communication messages, but they should be handled more smartly.

There should be joint recognition of health facilities and businesses that also maintain a social function within the territory. A common vision must be to ensure continuous improvement of care for patients, despite budget cuts and reductions. It is recommendable to launch a policy process on medication to assure adequate

sustainability to support both the patients and the companies investing private capital in healthcare.

It is crucial to priorities the implementation of prevention schemes, in order to safeguard patients in the need of care and an appropriate level of healthcare assistance also for future generations to come.

## 12. HEALTHCARE INTERVIEWS

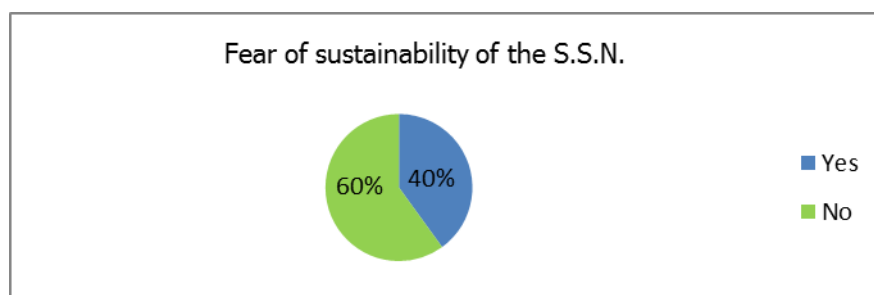
In reference to the results and the findings from the focus group session, we decided to conduct a separate survey with a target group of 24 health experts within regional government, clinicians, medical professors, CEOs from pharmaceutical companies etc. The response rate of the survey was 21 %.

The survey was anonymous and conducted around the following subjects:

- The sustainability of the funding system
- Spending cuts
- Federalism within public healthcare
- Access to public healthcare services
- Innovation and sustainability
- Integration of private funds

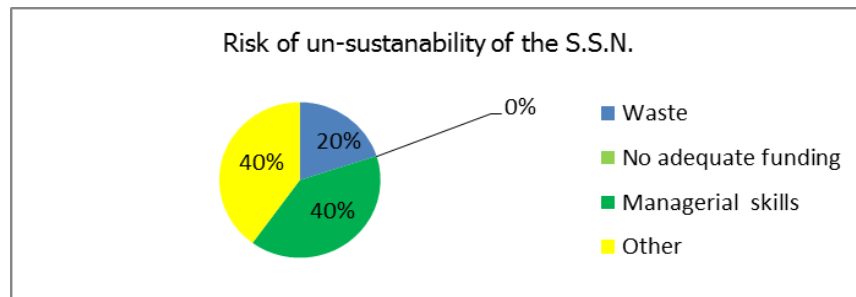
The majority of the respondents did not fear the sustainability of the public healthcare system.

Graph 1:



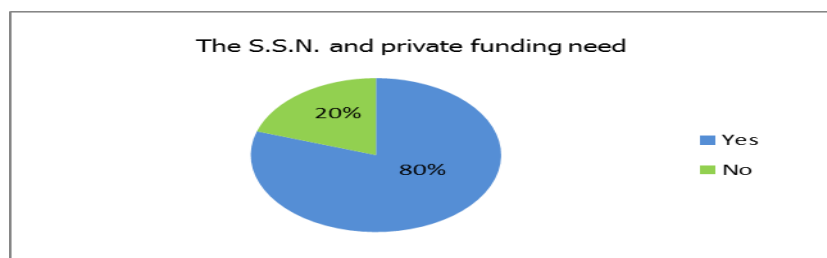
However the reason why the system is not working is primarily due to the skills or lack of such of the health managers, waste and the lack of consensus in wanting to make structural changes and the contrast State versus Region. It has also been viewed that it will be difficult to receive the consensus of changing the structure of the existing public health system.

Graph 2:



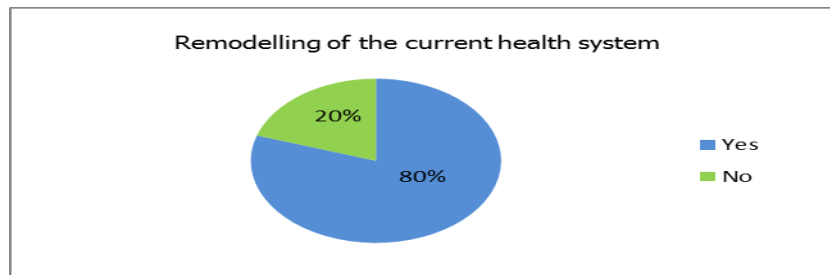
The majority of the respondents are convinced that the S.S.N. in the future will need the integration of private funding and additionally 'patient co-payments', in order to keep up with the existing and growing demand of healthcare assistance.

Graph 3:



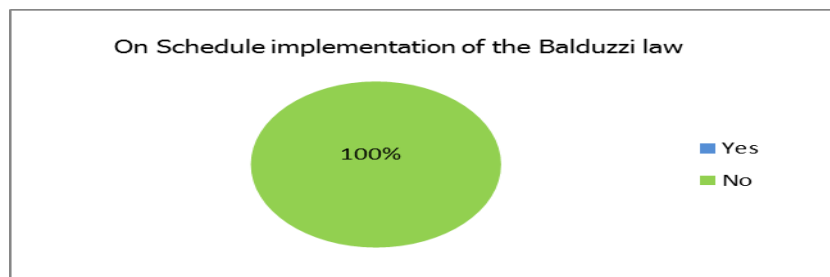
The current legislation needs to undergo changes in reference to health policies and the regional programming of health services. The spending cuts are one of the reasons of an unequal delivery of healthcare services throughout the territory.

Graph 4:



All the respondents totally agreed that the reorganization of primary care, as foreseen by the Balduzzi Law, will not be implemented as predicted nor in a timely manner.

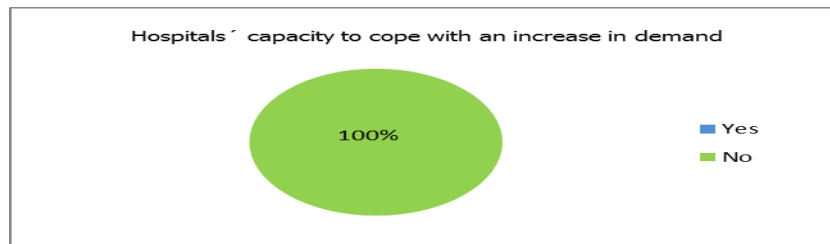
Graph 5:



The law on its own is not sufficient to generate a cultural revolution and without adequate financing and the implementation of a system of incentives and sanctions, the system cannot change, moreover the structural dysfunctions and managerial incompetence.

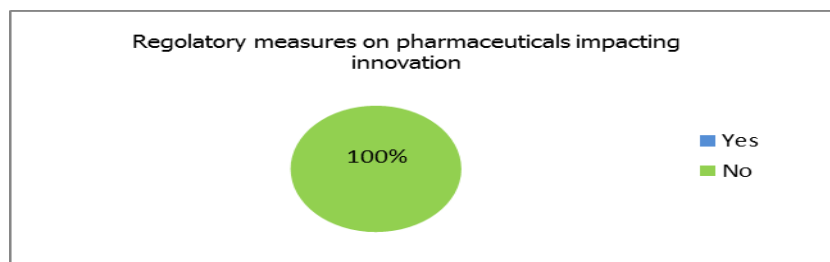
The hospitals will not be able to meet the increase in the demand of services and respond to the growing request for services, in reference to the new requirements within the Balduzzi Law (with the exception of some hospitals). The law has not foreseen any structural regulatory measures. The existing budget allocation to hospitals, albeit consistent, remains underestimated compared to the actual request of the demand of care. The Balduzzi Law is essentially obsolete in its concretion and even more in the quality of dialogue with the different regional authorities/systems.

Graph 6:



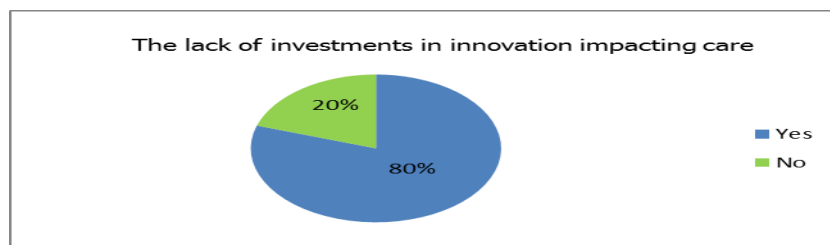
The past years of heavy regulatory measures has been viewed as a hindrance to innovation and the development of new treatments.

Graph 7:



The lack of investments in pharmaceutical innovation also means no reduction in health and social costs resulting in additional costs in relations to the loss in productivity of ill people and for their care takers.

Graph 8:

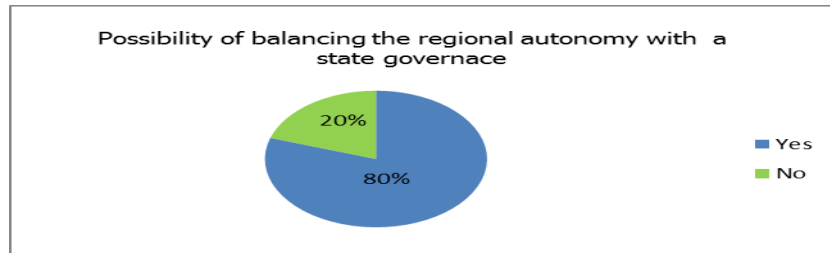


The majority of the respondents believed that it is possible to balance the regional autonomy in healthcare programming, with the power of control by the State. This will be achievable upon a higher commitment and supremacy of the MOH,



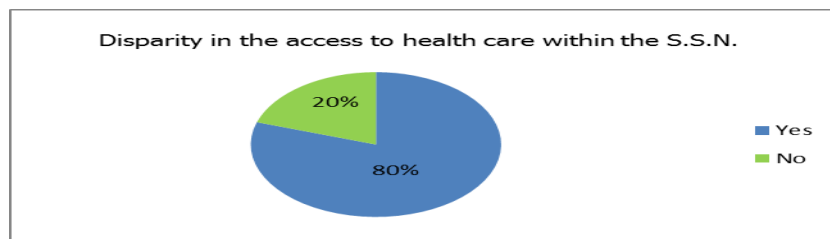
defining the precise guidelines to which the regions should follow combined with a stronger commitment by the whole government and the requisite of a more efficient Minister of Health. However, it could be difficult due to the “hunger for power by the regions”.

Graph 9:



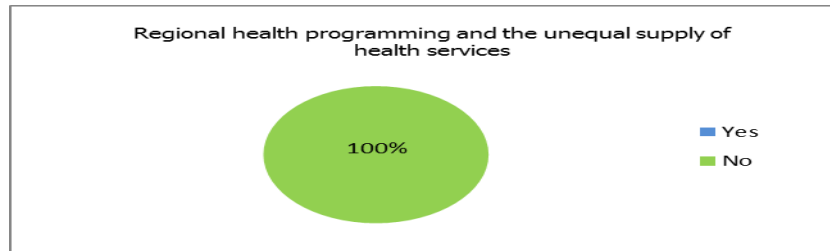
The majority of the respondents believe that the current inequality in the level of care and the modality and citizens' access to health services, could be restored. The regional inequality can be recuperated by guaranteeing a homogenous and best possible healthcare service and by eliminating the so called 'protuari regionali' and working on standard costs and performances. By implementing adequate economic policies the regions would even be able to remove the patient 'out of pocket' expenses.

Graph 10:



All the respondents agreed that the cause of the inequality within the supply of health services is due to the functioning of the regional delegation of health services, different expenditure and capacity of organisation.

Graph 11:



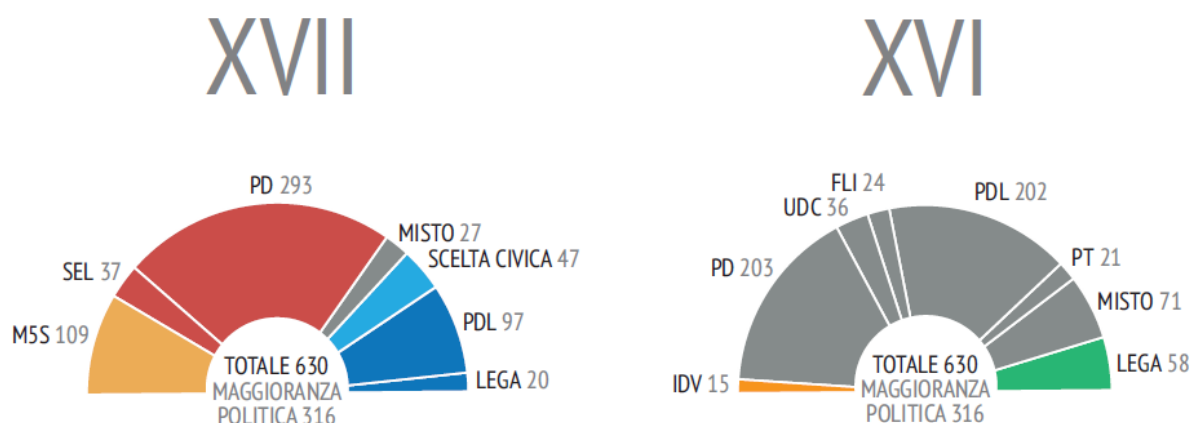
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## 14. APPENDICES

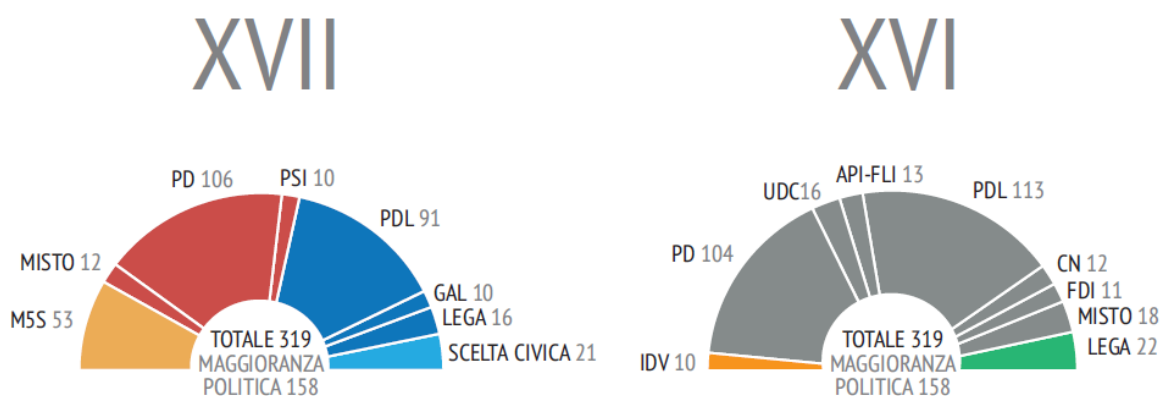
### 14.1 APPENDIX 1: STATISTICS RELATED TO THE RESULTS OF THE ELECTIONS

#### I gruppi parlamentari alla Camera e la loro variazione rispetto la scorsa Legislatura



The parliamentary groups of the Chamber of Deputies and the mutations compared to the previous elections.

#### I gruppi parlamentari al Senato e la loro variazione rispetto la scorsa Legislatura



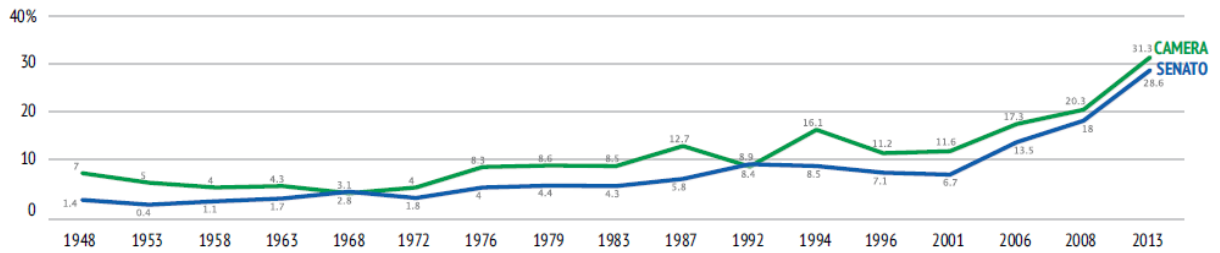
The parliamentary groups of the Chamber of Deputies and the mutations compared to the previous elections.

Note: The parliamentary groups belonging to the same array are indicated with the same colour. The Legislature XVI shows the situation during the Monti Government. In the Legislature XVII at the Senate the mixed group ("misto") is indicated in the array of the centre-left because all its members were elected with SELel or PD.

Key: API Alleanza per l'Italia, CD Centro Democratico, CN Coesione Nazionale, CS Lista civica Centro sinistra, FDI Fratelli d'Italia, FLI Futuro e Libertà per l'Italia, GAL Grandi autonomie e Libertà, IDV Italia dei valori, LEGA Lega nord, M5S

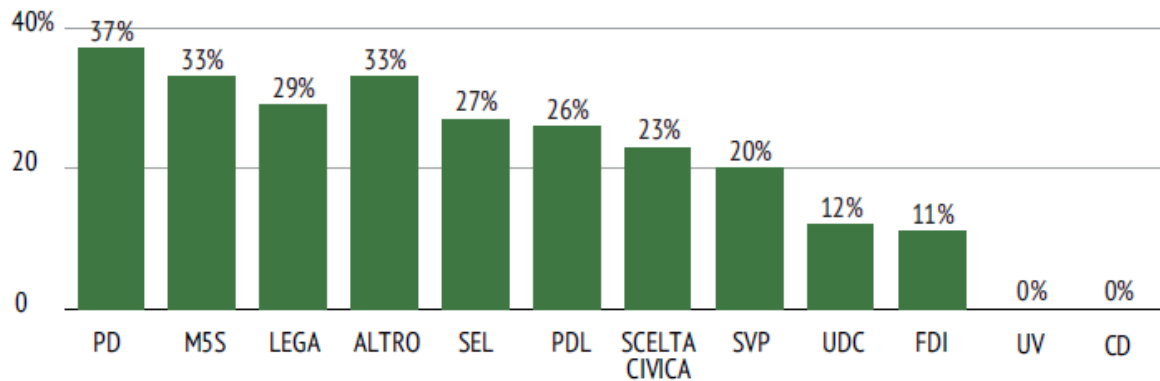
Movimento 5 stelle, PD Partito democratico, PdL Il popolo della libertà, PT Popolo e Territorio , SCELTA CIVICA con Monti per l'Italia, SEL Sinistra ecologia e libertà, SVP Südtiroler Volkspartei, UV Union Valdôtaine.

## Donne elette in Parlamento nelle Legislature della Repubblica Italiana



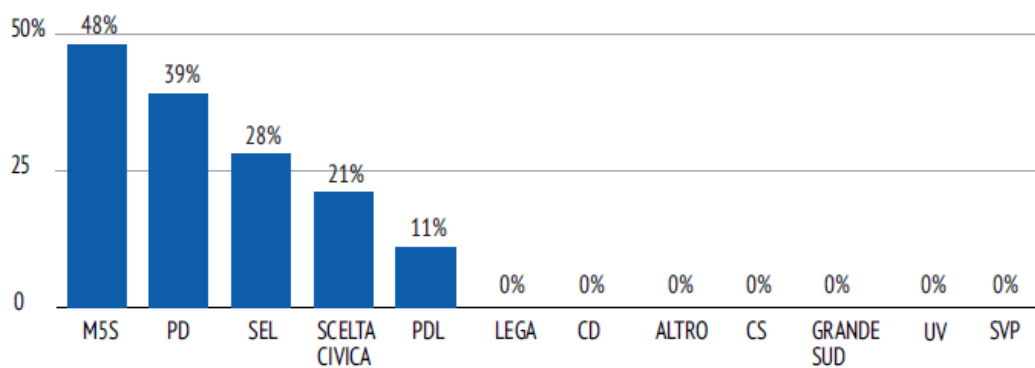
The evolution in percentage of the total number of women elected.

## Donne elette alla Camera nella XVII Legislatura



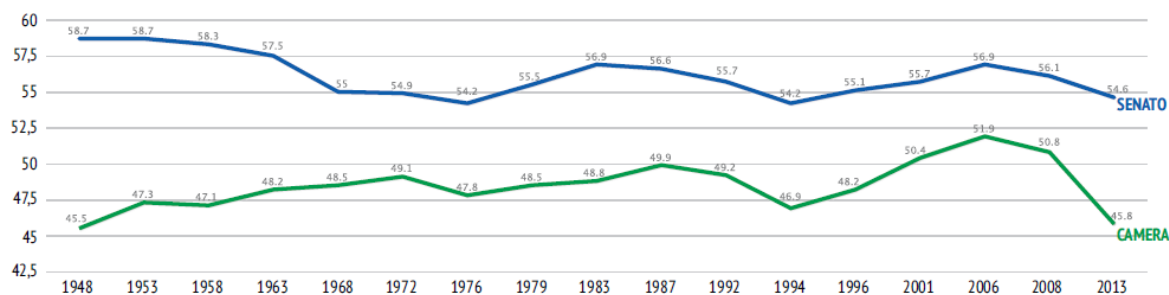
The percentage of the total number of women elected to the Chamber of Deputies in the XVII Legislature.

## Donne elette al Senato nella XVII Legislatura



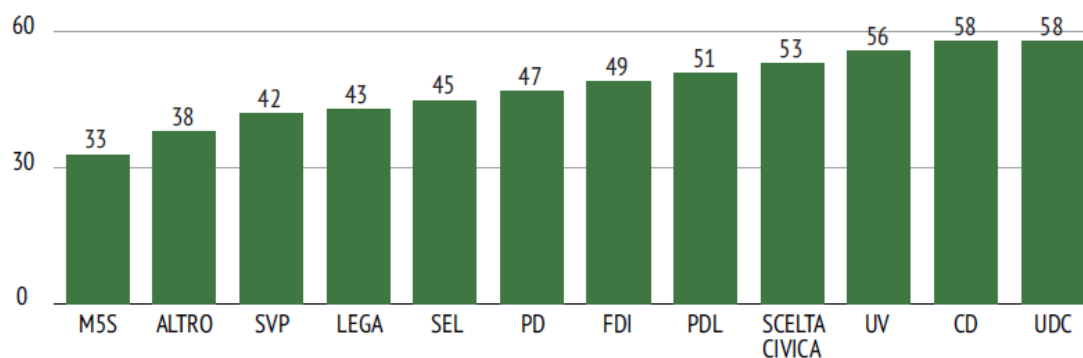
The percentage of the total number of women elected to the Senate in the XVII Legislature.

## Età media di Deputati e Senatori nelle Legislature della Repubblica Italiana



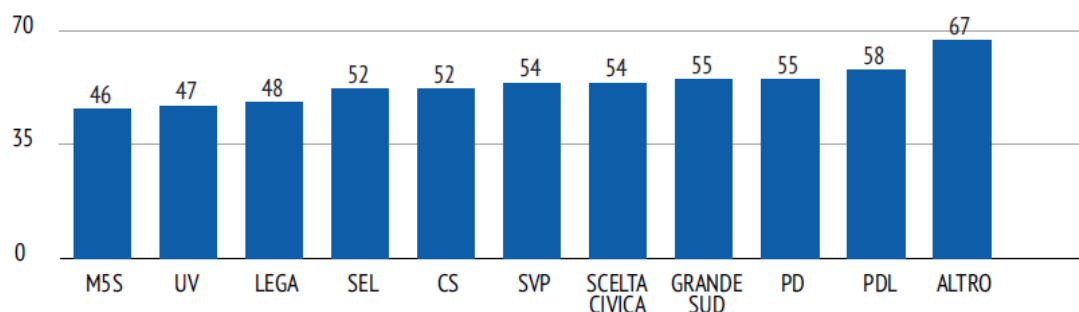
The evolution in the average age of Deputies and Senators in the Italian Republic.

## Età media dei Deputati di ogni lista elettorale nella XVII Legislatura



The average age of the deputies of every electoral roll in the XVII Legislature.

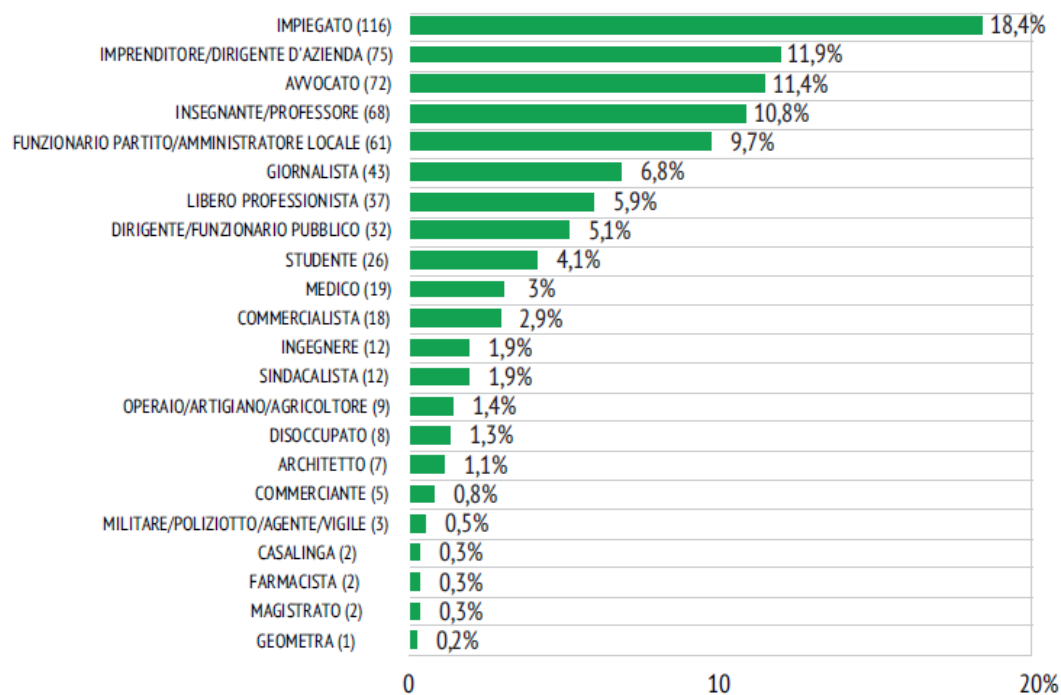
## Età media dei Senatori di ogni lista elettorale nella XVII Legislatura



The average age of the senators of every electoral roll in the XVII Legislature.

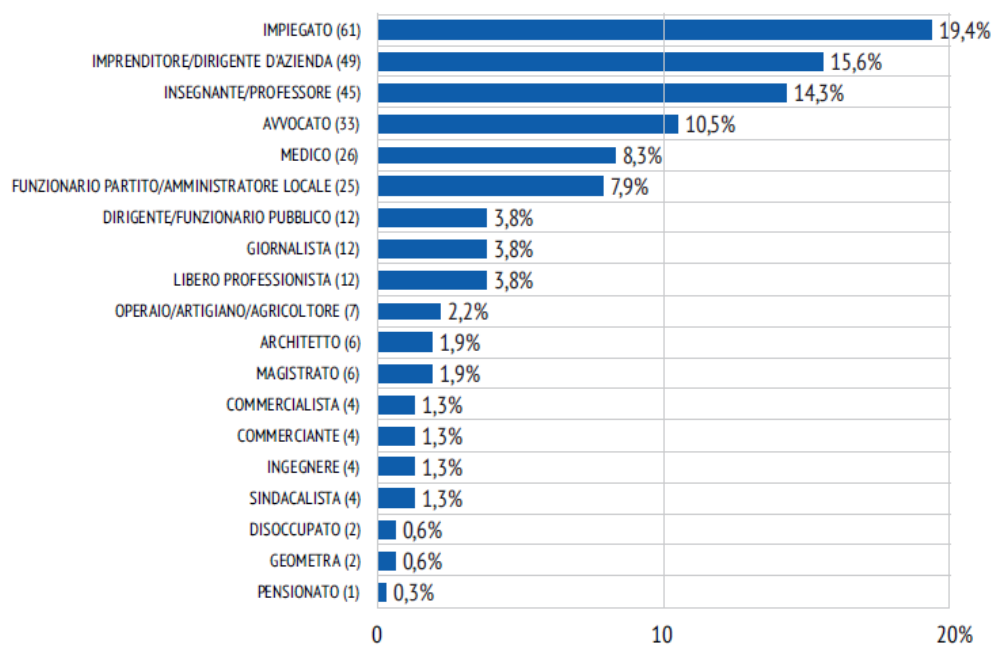
Key: The Constitution establishes the minimum age for election to the Chamber of Deputies to be 25 years while the minimum age of the Senate is 40 years. This is also why the average age of Senators is always higher than that of Deputies.

## Deputati eletti nella XVII Legislatura suddivisi per professione



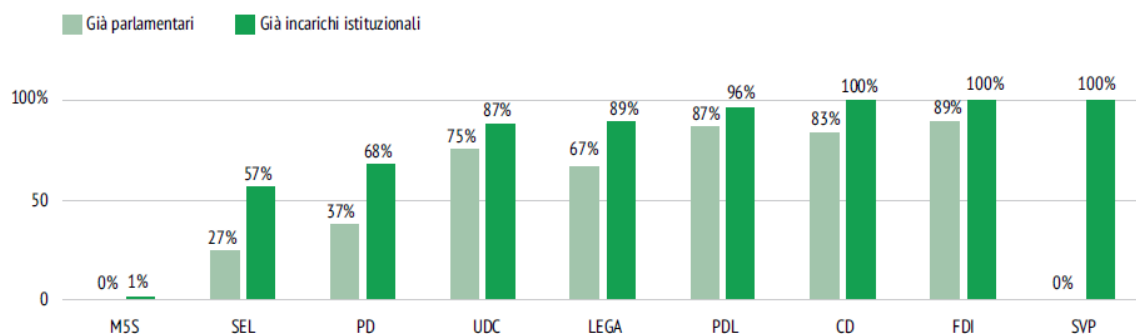
Elected Deputies in the XVII Legislature divided by profession.

## Senatori eletti nella XVII Legislatura suddivisi per professione



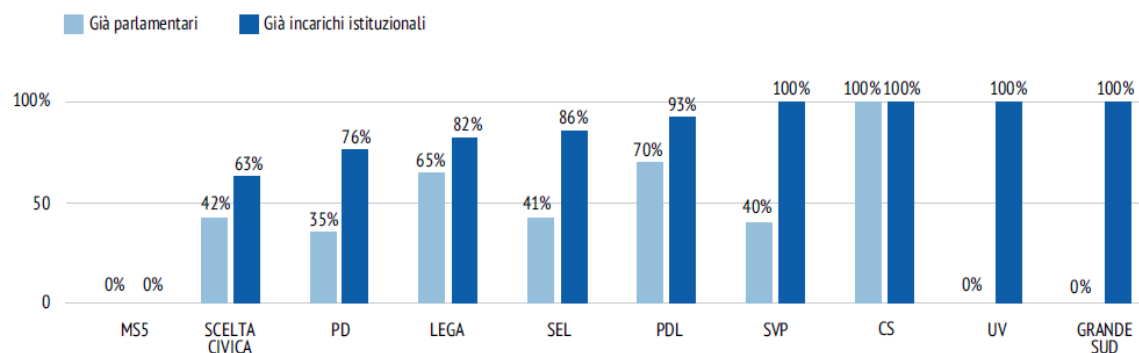
Elected senators in the XVII Legislature divided by profession.

## Deputati già con incarichi istituzionali per lista



The percentage of the total of Deputies of every list who have previously been elected MP or who have held other Institutional offices (Government, EU, regions, local authorities).

## Senatori già con incarichi istituzionali per lista



The percentage of the total of senators of every list who have previously been elected MP or who have held other Institutional offices (Government, EU, regions, local authorities).

Source: [HTTP://S3-EU-WEST-1.AMAZONAWS.COM/OP-DOSSIER/OPENPOLIS\\_MINI-DOSSIERXVII\\_LEG.PDF](http://s3-eu-west-1.amazonaws.com/op-dossier/openpolis-mini-dossierxvii-leg.pdf)



## 14.2 APPENDIX 2: HEALTH LEGISLATION FROM 2011-2012

The following laws have previously been introduced and affected the health sector in various ways:

- The decree from 6 December, 2011 nr. 201 “Urgent requirements for growth, equity and consolidation of the public balance”. The decree is called “Salva Italia” and was ratified by law on 22 December, 2011 nr. 214.
- The decree from 24 January, 2012 nr. 1 “Urgent requirements for competition, development of infrastructure and competitiveness” called “Cresci Italia” was ratified by law 24 March, 2012 nr. 27.
- The decree from 9 February, 2012 nr. 5 “Urgent requirements in matters of simplification and development” called “Semplificata Italia” was ratified the 4 April, 2012 nr. 35
- The constitutional law from 20 April, 2012 nr. 1 “Introduction of the principle of a balanced budget in the constitution”
- The decree from 22 June, 2012 n. 83 “Urgent measures for the growth of the country”.
- The law from 28 June, 2012 nr. 92 “Requirements in matters of a reform of the labour market in a growth perspective”.
- The decree from 6 July nr. 95 “Urgent requirements for the revision of public health spending and with an unvaried service for the citizens” called “Spending Review” was ratified 7 august, 2012 nr. 135.

### 14.3 APPENDIX 3: ADDITIONAL RECOMMENDATIONS OF THE 10 WISE MEN

#### **Revision of the current electoral law**

In order to overcome the electoral law in force Italy "could have a combined system (partly proportional and partly majoritarian), with a high barrier and a reasonable prize of governability). Also to abolish foreign constituencies.

#### **Eliminating the bundle from the “Mattarellum-law”**

If the Parliament were to opt for a semi-presidential regime, it would be preferable to favor an electoral law focused on a dual-chamber model, adopting a voting system similar to the French one, in order to strengthen the parliament with respect to a President, who has the same source of legitimacy. The current model of equal and symmetrical bicameralism is one of the reasons of the existing difficulties in the operation of the Italian institutional system. In this regard, there is only one room for politics, and a second chamber representing the regional autonomy (Senate of the Regions).

#### **Public accounts and the review internal stability pact**

Review the internal ‘stability pact’ in the light of the new Article 81 of the Constitution to improve legislation and the performance of public administration.

#### **Maintain public financing of party funding**

The individuals responsible for the control of costs must be external and independent. The public financing of political party funding, constitutes an indispensable factor for the correctness of the democratic competition, and also prevent private wealth improperly affecting potential political activity.

#### **The prevention of conflicts of interest**

To prevent conflict of interest within politics there is a need for a law on the matter, which is not built on the aspirations of any political force, but on concrete proposals in accordance with the assessments and proposal of the antitrust.

### **Dealing with overcrowding of prisons**

In reference to the overcrowding of prisons and the containment, the courts should introduce alternative sentences to imprisonment for individuals on probation and house arrest. There should also be a particular attention to the issue of prison labor.

### **Disciplinary judges and magistrates - the ad hoc Court**

The disciplinary judgment of magistrates should be executed in first degree by Higher Council of Magistrates (CSM), and in the second degree by an ad hoc court. The Court is composed by one-third of magistrates, one third of the elected members of Parliament and one third of the members appointed by the President of the Republic. It should not be allowed for magistrates to candidate themselves in the places where they have prior been exercising their function/activity. Nor should it be possible to return to exercise their function/activity in the place where the magistrate was a candidate.

### **Independent judge decides on incompatibility**

The final judgment regarding the qualifications for admission of members of the Parliament (the legitimacy of the election, ineligibility and incompatibility) is up to each Chamber with regard to their members. Therefore, the related controversies do not have a real judge, and the chambers are called upon to decide in each specific case, with obvious risks of the prevailing political logic. It is then proposed to amend Art. 66 and give its jurisdiction to an independent and impartial court.

### **Strengthen anti-corruption laws**

The Parliament has recently approved a significant anti-corruption law that could be enhanced in the prevention activities within public administration, as well as in the activities of administrative control. Above all, the crime of self-laundering is introduced, rules on dishonesty in financial statements should be strengthened, and the clarification of the situation of the exchange between electoral politics and organised crime.

## **Constitutional reforms, referendum confirmed forever**

It is proposed to provide that the laws of constitutional revision always can be subjected to confirmatory referendum.

## **The minimum insertion income**

In the matters of employment and social conditions of families, the evaluation of minimum insertion income and the various hypotheses for the possible introduction of a minimum income of insertion, to be included in an overall review of assistance.

## **Improve the relationship between tax authorities and citizens**

Submit the bill on 'tax delegation' to the parliament, with measures suggesting, to improve the relationship between tax authorities and citizens and to further combat tax evasion.

## **Reduce the number of MPs:**

The current numbers of deputies are 630, about one in every 95,000 inhabitants. The "Wise Men" believes that it is reasonable to follow a policy for which the Chamber is composed of one deputy for every 125,000 inhabitants. The deputies would then be a total 480. As of the number of senators it has been proposed a total of 120, in proportion to the number of inhabitants in each region.

## **Review of salaries within public administration**

In order to improve the operation of the legislation and the running of public administration, there is a call for a review of the existing salary structure of the top management levels working within public administration.

## **Refinance the state unemployment fund**

The call for introducing measures to refinance the state unemployment fund and to assist individuals not covered by unemployment subsidies, due to recent changes within the system (Cig - la cassa d'integrazione guadagni).

## **National policy to diminish regional disparity**

To create a new national policy (or reform of a pre-existing one) you need to take into consideration the regional differences and disparities as well as the effectiveness of application, the introduction of incentives and sanctions for individual stakeholders (administrations, facilities, executives).

## **Resume negotiations with Switzerland on capital expatriation**

In the light of recent developments within international taxation (in particular the agreements concluded by the US in accordance with various European countries) and the exchange of information, as well as the recommendations of the G8 and the G20 on this subject. To resume the bilateral negotiations with Switzerland, and the exchange of information to enforce income taxation, on cross-border transactions. In parallel the government may take action in the EU, so that the EU itself negotiates such an agreement on behalf of all Member States.

## **Complete payment term and adhere to 30 days**

To implement and complete payment of the entire amount of trade payables accumulated by the Public Administration to businesses, and to ensure that the mandatory period of 30 days for payment is actually being respected.

## **The revision of constitutional changes**

Make changes to the constitution headed by a committee of both parliamentary and non-parliamentary members. The constitutional revision is fulfilled through a mixed set up of a drafting committee, on a proportional basis by parliamentary and non-parliamentary members.

### **Wiretapping and limitation of disclosures**

The "wiretapping" of conversations and the quality and purpose of gathering of evidence should be made mandatory, and should not be used as research tool of the offense committed and limits on the disclosures, as it is a fundamental right of all citizens to be informed.

### **Review of the Fornero reform - temporary contracts**

To reconsider the current restrictive rules in respect of the work completed, at least until the consolidation of the prospects for economic growth, to reinforce new employments and permanent hiring.

### **Reinforce the 'Spending Review'**

The need to reinforce the work of reducing and redirecting public expenditure of the government, the so-called Spending Review, by using and further refining of the analysis already carried out, in order to identify best practices.

### **Maintain the commitment to balance the budget**

Maintain commitment to balance the budget and within 2013 put more than €200 billion of securities on the market.

### **Increase women's employment**

To encourage the introduction of home-working, creating benefits for companies and employees in reference to a reduction of fixed costs and absenteeism.

### **Internal Revenue - Ok Equitalia**

It is necessary to change some of the procedures used by Equitalia (the fiscal debt collection agency), in order to create a relationship of mutual trust with citizens. Improve the relationship between the tax authorities and the citizens for the fulfillment of tax obligations and an administration that adopts cooperative behavior proportionate to the individual taxpayer.

### **Disciplinary lobby register**

The special interest groups play legitimate but not always transparent lobbying activities on policy decisions. As suggested by the OECD, it is a job that needs transparency to avoid the distortion of competition or unduly influence the decisions made. For this, the working group proposes a discipline that includes the models used in the European Parliament and the United States.

### **Review the ISEE classification system**

The current indicator Isee –( Indicatore della situazione economica equivalente), of the economical wealth of a family, represents a number of drawbacks, as it does not always give a realistic view of the actual financial situation of a given family and should therefore be revised starting from the proposal that has already been discussed at the State-Regions Conference.

### **Lowering of tax burden**

The tax burden is too high; therefore it is recommended to approve the reform law decree that has lied in the parliament since the past legislative term. Redistribution is needed to ensure fairness and to cut the tax burden on labor income.

### **Strengthening of referendums**

Strengthening the referendums and prohibit for a specified period to "restore the rules repealed and to bypass the referendum result" with five interventions: a) Raising the number of subscriptions in relation to the increase of the population. b) Place the admissibility of the question by the Constitutional Court, not after the collection of all signatures, but after collecting a certain number, such as 100.000, adequate to demonstrate the seriousness of the proposal. c) To define more precisely the eligibility requirements. d) Define a quorum of validity of the result by calculating it 50% plus a percentage of voters from the most recent election for the Chamber of Deputies. e) Prohibit, for a specified period, to restore the rule repealed and to bypass the result of the referendum. The group also "signals" the "opportunity" to maximise the number of signatures required "for the law of popular initiatives".

## 14.4 APPENDIX 4: GOVERNMENT PROFILES OF THE XVII LEGISLATURE

### 14.4.1 PRESIDENT OF THE ITALIAN REPUBLIC – GIORGIO NAPOLITANO

Giorgio Napolitano was born on the 29 June, 1925 in Naples and is the current President of the Italian Republic, in which position he has served since 2006. Napolitano enrolled at the University of Naples in 1942 studying law. Here he joined the University's fascist group "Gioventù Universitaria Fascista", which in fact was an anti-fascist group where he met his core group of friends. In 1945 he joined the Italian communist party, "Partito Comunista Italiano (PCI)", and shortly after in 1947 he finished his law degree. In 1953 he was for the first time elected to the Chamber of Deputies and in 1956 he was elected to the party's National Committee. The same year the Hungarian Revolution took place. Here the PCI supported the suppression by the Soviet Union, which Napolitano later regretted, and which also led to the Party's end. After joining the Democratic Party of the left in 1991 he then served from 1992 to 1994 as President of the Chamber of Deputies. From 1996 to 1998 he was the first former Communist to become Minister of the Home Office. From 1999 to 2004 as a Member of the European Parliament and in 2005 he was appointed senator for life in Italy. On 10 May, 2006 Napolitano was elected President of the Italian Republic for the first time. Reluctantly and due to pleas from Monti, Bersani and Berlusconi he agreed to stand for re-election, which he won 20 April, 2013.

### 14.4.2 PRESIDENT OF THE COUNCIL OF MINISTERS – ENRICO LETTA

Enrico Letta was born in Pisa in 1966. Enrico Letta holds a degree in International Law from the University of Pisa. Also in Pisa he received his Ph.D. in European Community Law at the Scuola Superiore "S. Anna". At 25 he was President of the Young European People's Party. In November 1998, with the first D'Alema government, Letta becomes Minister for European Affairs only 32 years old. He is the youngest minister of Republican history and beats Andreotti, Minister at 35.



In 2000 he was Minister of Industry and Commerce during the D'Alema government. A position he retains with the Amato government, for which he also served as Minister of Foreign Trade until 2001. In 2001 he became MP for the first time. In June 2004 he resigned from the Chamber and was elected MEP for the Italy North-East (about 173,000 votes). In the XV Legislature he returns as deputy of the Italian Republic and between 2006 and 2008 he is Secretary of State at the Presidency of the Council of Ministers in the Prodi government. In 2008 Walter Veltroni called him to be part of the "Shadow Government" of the newborn (in 2007) Democratic Party as responsible of Welfare. In November 2009 - after the primaries that elect Pier Luigi Bersani as National Secretary - Letta was appointed by the National Assembly, by a very large majority, to hold the post as Vice Secretary of the Democratic Party. In the general elections of 2013 he represents the Democratic Party in the Chamber of Deputies in the Marche and Campania regions. Since 28 April 2013 Enrico Letta has held the position as the President of the Council of Ministers.

#### 14.4.3 PRESIDENT OF THE SENATE – PIETRO GRASSO

Pietro Grasso was born 1 January, 1945 in Licata and is the current President of the Italian Senate since 16 March, 2013. At an age of only 18 months Grasso moved with his family to Palermo. In 1969 he began the *cursus honorum* in justice in the commune of Barrafranca. In 1972 Grasso became a substitute prosecutor of the Republic at the Court in Palermo. In the mid-seventies he focused mainly on investigations of public administration as well as organised crime. From 6 January, 1980 he led the investigation concerning the murder of the Regions President Piersanti Mattarella. In 1984 he was appointed associate judge in the first maxi trial of Cosa Nostra. There were 475 defendants, and the sentence which he wrote together with the President of the Court, Alfonso Giordano, was over 8000 pages and inflicted the lives of more than 2600 people. From 1999 til 2004 he was a prosecutor of the Republic at the Court in Palermo in which period 1.779 people were arrested for crimes related to the mafia, and 13 fugitives, who were included amongst the 30 most dangerous.

On 11 October, 2005 he was appointed Anti-Mafia prosecutor following Pier Luigi Vigna, who had reached his retirement age. The road to his election also proved to

be controversial, since a new amendment introduced by the Berlusconi III Cabinet, eliminated the Prosecutor of the Court of Palermo, Gian Carlo Caselli, from the competition due to a new age limit that he exceeded.

On 8 January, 2013 the Democratic Party chose Grasso as a candidate for the Italian Senate for the Lazio region. After the election he then won his presidency on 16 March, 2013.

#### 14.4.4 PRESIDENT OF THE CHAMBER OF DEPUTIES – LAURA BOLDRINI

Laura Boldrini (SEL) was born in Macerata on 28 April 1961. She obtained a degree in Law at La Sapienza University in Rome. In 1989 she began her career in the Agencies of the United Nations. She worked four years for the Food and Agriculture Organization (FAO), then, from 1993 to 1998, for the World Food Programme (WFP) as spokesperson for Italy. From 1998 to 2013 she served as spokesperson of the UN High Commissioner for Refugees (UNHCR) for Southern Europe, specifically dealing with migratory flows in the Mediterranean. During her career she carried out several missions to crisis areas, including the Former Yugoslavia, Afghanistan, Pakistan, Iraq, Iran, Sudan, Caucasus, Angola and Rwanda. She has received numerous awards and honours: The Official medal of the National Commission on Equal Opportunities (in 1999), the Order of Merit of the Italian Republic (in 2004), the Award of the Spouse of the President of the Republic (in 2006), the Award 'Press Officer of the Year' by the National Council of the Journalists' Association (in 2009), the Special Recognition 'Italian woman of the Year' by the weekly magazine *Famiglia Cristiana* (in 2009) and the Award 'Renato Benedetto Fabrizi' by ANPI - National Association of Italian Partisans (in 2011).

In February 2013 she was elected to the Chamber of Deputies for the first time.

On 16 March 2013 she was elected President of the Chamber of Deputies.

#### 14.4.5 MINISTER OF HEALTH – BEATRICE LORENZIN

Beatrice Lorenzin was born in Rome on 14 October, 1971. She first approached politics by joining the youth movement of Forza Italia in Lazio in 1996. Afterwards she began her professional political career in October 1997 with the election, in the list of Forza Italia, to the Council of the Municipality of Rome. In April 1999 she was appointed the Lazio Regional Coordinator of the youth movement of Forza Italia, which has 15,000 members and over 100 elected representatives in local Government. In May 2001, she was elected Town Councillor of Rome. She is Vice President of the Committee of Elected Women and Vice President of the Councillor Group of Forza Italia. Between the end of 2004 and mid-2006 she held the position of Head of the Technical Secretariat of Paul Bonaiuti, Undersecretary to the Presidency of the Council of Ministers for the Information and Publishing Industry in the Berlusconi Government III. In May 2005, she was appointed Regional Coordinator of Forza Italia in Lazio. In 2008 she was elected to the Chamber of Deputies in the list of PdL. During the XVI Legislature Beatrice Lorenzin became a member of the Executive Council of the group and likewise a member of the Commission of Constitutional Affairs, the Bicameral Committee for the Implementation of Fiscal Federalism and the Parliamentary Commission for Childhood. In the general elections of 24-25 February 2013 she has been reconfirmed as deputy of the Chamber.

Beatrice Lorenzin has been serving as the Italian Minister of Health since late April 2013.

### 14.5 LIST OF DEPUTIES COMING FROM THE HEALTH SECTOR – XVII LEGISLATURE

#### 14.5.1 PHYSICIANS

AMATO Maria (PD). Born in Chieti on 9 June, 1958. Holds a degree in Medicine and Surgery, and is specialised in Radiology. Head physician at the Ospedale San Pio da Pietrelcina di Vasto (Chieti). Elected in District XVII (Abruzzo).

BIANCHI Dorina (PdL). Born in Pisa on 3 June, 1966. Holds a degree in Medicine and Surgery, and is specialised in Neuroradiology. Member of Parliament

(2001-2008) and afterwards Senator (2008-2013). In this legislature she has been re-elected in District XXIII (Calabria).

BINETTI Paola (SCpI). Born in Rome on 29 March, 1943. Holds a degree in Medicine and Surgery with specialization in Child Neuropsychiatry. Tenured Professor in History of Medicine. Member of Parliament in the XV legislature, Senator in the XVI legislature and just re-elected to the Chamber in District XV (Lazio 1).

BORGHESE Mario (Gr.Misto). Born in Cordoba (Argentina) on 14 April, 1981. Holds a degree in Medicine and Surgery. Currently works as physician in Argentina and has been elected in District B (South America) for the list of the Associative Movement of Italians Abroad (MAIE).

BURTONE Giovanni Mario Salvino (PD). Born in Catania on 4 August, 1956. Holds a degree in Medicine and Surgery. Specialised in Cardiology and Forensic Medicine. Elected in the District XXV (Sicily 2)

CALABRO' Raffaele (PdL). Born in Lucera (Foggia) on 19 February, 1947. Specialised in Cardiology and Tenured Professor in Cardiology at the Seconda Università degli Studi in Naples. Former Director of the Department of Cardiology at the Azienda Sanitaria "Monaldi" in Naples. Former Senator during the XVI legislature, and in 2013 elected to the Chamber of Deputies in the District XIX (Campania 1).

CRIMI' Filippo (PD). Born in Arzignano (Vicenza) on 24 November, 1987. Holds a degree in Medicine and Surgery, and currently works as Physician. Elected in the District VII (Veneto 1).

D'INCECCO Vittoria (PD). Born in Pescara on 27 January, 1956. Holds a degree in Medicine and Surgery, and is specialised in Rheumatology. Currently works as Physician in General Medicine. Re-elected as member of the Chamber of Deputies in the District XVII (Abruzzo).

FIORONI Giuseppe (PD). Born in Viterbo on 14 October, 1958. Holds a degree in Medicine and Surgery, and is currently working as Scientific Researcher in Internal Medicine (SSD MED/09) at the Università Cattolica in Rome. Minister of Public Education from 2006 to 2008. Former Deputy in the XIII legislature, and just re-elected in the district XVI (Lazio 2).

FUCCI Benedetto Francesco (PdL). Born in Andria (Barletta-Andria-Trani) on 4 October, 1952. Holds a degree in Medicine and Surgery, and is specialised in Gynecology and Obstetrics. Former member of the Chamber of Deputies in the XVI legislature, and just re-elected in the District XXI (Puglia).

GELLI Federico (PD). Born in Castelnuovo di Val di Cecina (Pisa) on 25 November, 1962. Holds a degree in Medicine and Surgery, and is former Director of Health and Director of the Coordinamento Maxi Emergenze Eventi Straordinari ASL of Firenze. Elected in the District XII (Toscana).

GIGLI Gian Luigi (SCpI). Born in Rome on 22 September, 1952. Holds a degree in Medicine and Surgery and works as Tenured Professor in Neurology at the Università di Udine and as Director of the Clinica Neurologica AOU in Udine. Elected in the District IX (Friuli-Venezia Giulia).

GRILLO Giulia (M5S). Born in Catania on 30 May, 1975. Holds a degree in Medicine and Surgery, and is specialised in Forensic Medicine. Elected in the District XXV (Sicily 2).

KYENGE Cecile (PD). Born in Kambove (Congo-Kinshasa) on 28 August, 1964. Holds a degree in Medicine and Surgery, and is specialised in Ophthalmology. Elected in the District XI (Emilia-Romagna). She has been pointed Minister of Integration in the Letta Government.

PALESE Rocco (PdL). Born in Acquarica Del Capo (Lecce) on 31 December, 1953. Holds a degree in Medicine and Surgery, and is specialised in General and Urgent Surgery as well as First Aid. At the regional elections of 2010 he was a

candidate for President of the Puglia region representing the centre-right wing. Elected in the District XXI (Puglia).

RUSSO Paolo (PdL). Born in Marigliano (Napoli) on 22 January, 1960. Holds a degree in Medicine and Surgery with Ophthalmology as specialization. Former member of the Chamber of Deputies in the XIII legislature, and just re-elected in the District XIX (Campania 1).

VARGIU Pierpaolo (SCpI). Born in Cagliari on 21 July, 1957. Holds a degree in Medicine and Surgery, and specialised in Forensic Medicine, Dentistry and Radiology. Elected in the District XXVI (Sardinia).

ZOLEZZI Alberto (M5S). Born in Lavagna (Genova) on 9 August, 1974. Holds a degree in Medicine and Surgery, and is specialised in Respiratory Diseases and works as a Hospital Physician at the AO Carlo Poma in Mantova. Elected in the District V (Lombardy 3).

#### 14.5.2 VETERINARIANS

CAPUA Ilaria (SCpI). Born in Rome on 21 April, 1966. Holds a degree in Veterinary Medicine and is Virologist. Health responsible of the Department of Scienze Biomediche Comparate dell'Istituto Zooprofilattico Sperimentale delle Venezie in Legnaro. Dr. Capua has contributed significantly to the understanding of bird flu, and her greatest contribution has been the development of so-called open-source science with her decision to make the genetic sequence of the flu virus public in 2006. Elected in the District VII (Veneto 1).

COVA Paolo (PD). Born in Caronno Pertusella (Varese) on 5 April, 1962. Holds a degree in Veterinary Medicine. Elected in the District III (Lombardy 1).

#### 14.5.3 PHARMACISTS

CRIMI Rocco (PdL). Born in Galati Mamertino (Messina) on 3 August, 1959. Holds a degree in Pharmacy, and is specialised in Pharmacology. Former member

of the Chamber of Deputies in the XII legislature, and has been re-elected in the District XVI (Lazio 2).

DI STEFANO Fabrizio (PdL). Born in Casoli (Chieti) on 12 April, 1965. Holds a degree in Pharmacy. Owner of pharmacy, and is moreover Professor of Sanitary Engineering and Law. Former Senator during the XVI legislature and now re-elected as member of the Chamber of Deputies in the District XVII (Abruzzo).

VELO Silvia (PD). Born in Campiglia Marittima (Livorno) on 2 May, 1967. Holds a degree in Chemistry and Pharmaceutical Technologies, and works as pharmacist. Elected in the District XII (Toscana).

#### 14.5.4 BIOLOGISTS

BENEDETTI Silvia (M5S). Born in Padova on 24 October, 1979. Holds a degree in Biology, and is the Responsible Biologist for Food Quality and Safety in a company in San Benedetto del Tronto in Marche (Ascoli Piceno). Elected in the District VII (Veneto 1).

#### 14.5.5 PSYCHOLOGISTS

BARONI Massimo Enrico (M5S). Born in Catania on 28 April, 1973. Holds a degree in Psychology with specialization in Clinical Psychology. Elected in the District XV (Lazio 1).

CIPRINI Tiziana (M5S). Born in Perugia on 4 February, 1976. Holds a degree in Psychology of Work and Organizations, and is an employee in the Regione Umbria. Elected in the District XIII (Umbria).

COSCIA Maria (PD). Born in Altavilla Irpina (Avellino) on 1 February, 1948. Holds a degree in Psychology. Already elected to the Chamber in the XVI legislature, and has been reconfirmed in the District XV (Lazio 1).

#### 14.5.6 HEALTHCARE PROFESSIONALS

CARNEVALI Elena (PD). Born in Bergamo on 30 August, 1964. Holds a degree in Physical Therapy, and works as a Physiotherapist at the AO of Bergamo. Elected in the district IV (Lombardy 2).

CECCONI Andrea (M5S). Born in Pesaro (Pesaro E Urbino) on 28 February, 1984. Holds a degree in Nursing and Obstetrics, and works in the prison of Villa Fastiggi of Pesaro. Elected in the district XIV (Marche).

D'AMBROSIO Giuseppe (M5S). Born in Andria (Barletta-Andria-Trani) on 29 April, 1978. Holds a degree in Health Rehabilitation, and works as a Physiotherapist at the Istituto Quarto di Palo in Andria, dealing with home care to severely disabled. Elected in the District XXI (Puglia).

GREGORI Monica (PD). Born in Tivoli (Rome) on 2 November, 1980. Holds a degree in Nursing from the Università "Tor Vergata" in Rome. She is a voluntary of civil protection; ADEST - Assistente domiciliare e servizi tutelari. Elected in the District XV (Lazio 1).

#### 14.5.7 OTHERS WHO HAVE HELD POSITIONS IN THE HEALTH SECTOR

BALDUZZI Renato (SCpI). Born in Voghera (Pavia) on 12 February, 1955. Holds a degree in Law, and is Professor of Constitutional Law at the Catholic University. In healthcare he has held numerous positions before being Health Minister in the Monti government. Elected in the District II (Piemonte 2)

MONCHIERO Giovanni (SCpI). Born in Canale (Cuneo) on 16 July, 1946. Holds a degree in Political Science, and is former President of Fiaso, the Federation of Health Authorities and Hospitals. Elected in the District I (Piemonte 1).



## 14.6 SENATORS COMING FROM THE HEALTH SECTOR – XVII LEGISLATURE

### 14.6.1 PHYSICIANS

AIELLO Piero (PdL). Born in Ardore (Reggio Calabria) on 30 June, 1956. Physician and Councillor e assessore regionale in Calabria. He was elected for the first time to the Senate at the 2013 elections on the list of the Peoples Party (Pdl). Regional councillor of Calabria. Before the election to the Senate he was responsible for the urban planning in the region of Calabria. He was elected in Calabria.

BARANI Lucio (PdL/GAL). Born in Aulla (Massa-Carrara) on 27 May, 1953. Holds a degree in Medicine and Surgery, and furthermore he is a District Doctor (ASL). He has been a member of Parliament of the XV legislature. In 2013 he was elected to the Senate in Lombardy on the list of Pdl. In the Senate he has joined the group “Grandi Autonomie e Libertà (GAL)”.

BIANCO Amedeo (PL). Born in Naples on 20 July, 1948. He is a Medical Internist at the hospital Mauriziano Umberto the first in Turin. He is president of the Association of Surgeons and Dentists of Turin and also president of the National Federation Order of Surgeons and Dentists. He was elected in Sicily.

BILARDI Giovanni (PdL/GAL). Born in Reggio Calabria on 26 March, 1958. He is a Physician specializing in Physiopathology and Physiokinesitherapy. Moreover he is Regional Counsellor in Calabria and he was elected to the Senate on the list of Pdl. In the senate he has joined the group “Grandi Autonomie e Libertà” (GAL).

CALDEROLI Roberto (LN-Aut). Vice President of the Senate. Born in Bergamo on 18 April, 1956. Graduated in Medicine and Surgery. He is a hospital doctor and specialised in Maxilla Facial Surgery. He was a member of Parliament under the XI legislation, and from the XIV legislation he became Senator. Re-elected now to the Senate in Lombardy.

COMPAGNONE Giuseppe (PdL/GAL). Born in Grammichele (Catania) on 6 March, 1957. Holds a degree in Medicine and Surgery and has been the Mayor of Grammichele. He was elected in Campania on the list of Pdl. At the Senate he joined the group GAL.

FLORIS Emilio (PdL). Born in Cagliari on 15 September, 1944. Graduated in Medicine and runs the nursing homes “Sant’Antonio” in Cagliari and “Madonna del Rimedio” in Oristano. He has been president of AIOP in Sardinia and Mayor of Cagliari. He was elected in Sardinia.

FUCKSIA Serenella (M5S). Born in Fabriano (Ancona) on 24 April, 1966. Holds a degree in Medicine and Surgery and is specialised in Industrial Medicine. She is now a freelancer specialised in Prevention and Health Promotion. She was elected in Marche. In the Senate she works as a Secretary of the provisional committee for the verification of credentials.

GAETTI Luigi (M5S). Born in Mantova on 11 August, 1959. Physician specialised in Pathological Anatomy at the AO Carlo Poma in Mantova. Elected in Lombardy.

LAI Bachisio Silvio (PD). Born in Sassari on 20 July, 1966. Odontologist, and former Regional Counsellor and before his election to the Senate, he held the position of Regional Secretary of the PD. Elected in Sardinia.

LANIECE Albert (UV). Born in Aosta on 17 February, 1966. Holds a degree in Medicine. At the time of the election, he held the position of Assessor of Health and Social Policies of the Region of Valle d'Aosta. In the Senate he holds the role as Vice President for the group of Autonomies (Svp, Uv, Patt, Upt) – Psi.

MANCUSO Bruno (PdL). Born in Sant'Agata di Militello (Messina) on 23 July, 1955. He is a Nephrologist, and has formerly carried out research at the Medical Clinic of the University of Messina. Ex-Sindaco di Sant'Agata di Militello (ME). Elected in Sicily.

MARIN Marco (PdL). Born in Padova on 4 July, 1963 and holds a degree in Medicine and Surgery. Former Olympic Champion in fencing. City councilman in Padova and elected in Veneto.

MARINELLO Giuseppe Francesco Maria (PdL). Born in Sciacca (Agrigento) on 20 November, 1958. Odontologist. Deputy in the XIV legislature, and in the recent period he was Vice President of the Budget Committee. Elected to the Senate in Sicily.

MARINO Ignazio (PD). Born in Genova on 10 March, 1955. Holds a degree in Medicine and is a Professor in Transplant Surgery at the Jefferson Medical College in Philadelphia (USA). On 17 July 2001 he performed the first transplant of an Italian seropositive in HAART therapy. Senator from the XV legislature, and in the latest he was President of the Parliamentary Commission of Inquiry on the Effectiveness and Efficiency of the S.S.N. He has been re-elected in Piemonte.

MUSSOLINI Alessandra (PdL). Born in Rome on 30 December, 1962. Secretary of the Presidency of the Senate and holds a degree in Medicine. She was deputy from the XI legislature and has been elected to the Senate in Campania.

PADUA Venera (PD). Born in Scicli (Ragusa) on 17 April, 1957. Holds a degree in Medicine and Surgery and is Health Manager at the ASP in Ragusa at Family Counselling Centre of Scicli and in the district of Modica. Elected in Sicily.

RIZZOTTI Maria (PdL). Born in Firenze on 8 November, 1953. Freelance Specialist in Plastic and Reconstructive Surgery. She works in her private studio in Turin. Senator in the XVI legislature and re-elected in Piemonte.

ROMANI Maurizio (M5S). Born in Castel San Niccolo' (Arezzo) on 18 February, 1954. Holds a degree in Homeopathic Medicine and works as a freelancer focusing on Integrated Medicine with particular reference to Homeopathy and Homotossicology. Moreover she works as lecturer in Homeopathy and Homotossicology in post-graduate courses at schools for doctors and pharmacists. Re-elected in Toscana.

ROMANO Lucio (SCpI). Born in Aversa (Caserta) on 9 January, 1955. He is an Obstetrician Gynecologist and Professor of Bioethics at the Scuola di Specializzazione in Ginecologia e Ostetricia dell'Università di Napoli "Federico II". Former President of the Associazione Scienza & Vita. Re-elected in Campania.

ROSSI Gianluca (PD). Born in Terni on 11 June, 1965. Holds a degree in Medicine and Surgery and specialised in Nephrology. At the time of the election to the Senate, he held the position of Head of Heritage in the Region of Umbria. Elected in Umbria.

SCAVONE Antonio Fabio Maria (PdL/GAL). Born in Catania on 16, November, 1956. Holds a degree in Medicine and Surgery, and is Director of Diagnostic Radiology at the AO Garibaldi in Catania. He held the post as Senator XI legislature (1992-1994) for the Christian Democrats, and has been re-elected to the Senate in the list of the Pdl in Sicily. In the Senate he has joined the group Grandi Autonomie e Libertà (GAL).

SCILIPOTI Domenico (PdL). Born in Barcellona Pozzo di Gotto (Messina) on 26 August, 1957. Physician specializing in Obstetrics and Gynecology and deputy of the XVI legislature. He is Political Secretary of the Movement of National Responsibility (MRN). Elected to the Senate in Calabria.

VICECONTE Guido (PdL). Born in Sinni (Potenza) on 4 April, 1949. Holds a degree in Medicine and Surgery, and was member of the Parliament in the XIV legislature. Re-elected in Basilicata.

VILLARI Riccardo (PdL). Born in Naples on 15 March, 1956. Physician and University Researcher in Infectious Diseases (ssd MED/17) at the Policlinico dell'Università Federico II di Napoli. Senator in the XIV legislature. Re-elected in Campania.

ZIN Claudio (SCpI). Born in Bolzano on 11 November, 1945. Graduated at the Faculty of Medicine, University of Buenos Aires, specialist in Nephrology,

Intensive Care, high blood pressure and has been professor of the Faculty of Medicine, University of Buenos Aires, in the Chair of Medical Clinic of the Hospital Francés in Buenos Aires. Elected to the District of South America in the Movement of Italians Abroad (MAIE).

#### 14.6.2 VETERINARIANS

ZUFFADA Sante (PdL). Born in Borgo San Giovanni (Lodi) on 18 July, 1944. Veterinarian and Director of the Department of Veterinary Prevention at the Ospedale di Magenta (MI). Elected in Lombardy.

#### 14.6.3 PHARMACISTS

D'AMBROSIO LETTIERI Luigi (PdL). Born on 3 December, 1955. Pharmacist, and owner of a pharmacy in Bari, where he also holds the post of President of the Order of Pharmacists of Bari/Bat. Elected to the Senate in the XVI legislature, and re-elected in Puglia in the new legislature.

MANDELLI Andrea (PdL). Born in Monza (Monza e Brianza) on 11 August, 1962. Owner of pharmacy and currently also holds the position of chairman of the Federation of the Associations of Pharmacists. Elected in Lombardy.

#### 14.6.4 BIOLOGISTS

ANITORI Fabiola (M5S). Born in Rome on 13 June, 1962. Holds a degree in Biology from l'Università "La Sapienza" in Rome, and is author of several scientific publications. Elected in Lazio.

D'ANNA Vincenzo (PdL). Born in Santa Maria a Vico (Caserta) on 26 July, 1951. Holds a degree in Biology. From 2007 President of FederLab Italia, l'Associazione di Categoria dei Laboratori privati di Analisi, validated by the S.S.N. In the last

legislature he was elected to the Chamber of Deputies and in 2013 he was elected to the Senate in Campania.

#### 14.6.5 HEALTHCARE PROFESSIONALS

BENCINI Alessandra (M5S). Born in Firenze on 5 February, 1969. Graduated in Nursing. Elected in Toscana.

BULGARELLI Elisa (M5S). Born in Bologna on 20 October, 1971. Works professionally as a Psychomotor Therapist and Councillor. Elected in Emilia Romagna. She is Vice Secretary for the M5S group in the Senate.

CARIDI Antonio Stefano (PdL). Born in Reggio Calabria on 26 December, 1969, and holds a degree as Technical Hearing Aid Specialist from l'Università Statale di Milano. He is former Regional Counselor and Regional Assessor.

SILVESTRO Annalisa (PD). Born in Attimis (Udine) on 9 November, 1951. Professional nurse and Director of Technical and Rehabilitation Service at the USL of Bologna. Currently also holds the position of chairman of the Federazione dei Collegi Ipasvi. Elected in Lombardy.

SIMEONI Ivana (M5S). Born in Roccamare (Chieti) on 28 December, 1950. Graduated in Nursing and works at the Servizio Ares - 118 in Latina. Elected in Lazio.

#### 14.6.6 SOCIAL WORKERS

MATTESINI Donella (PD). Born in Subbiano (Arezzo) on 6 April, 1956. Elected in Toscana.

#### 14.6.7 CLERICAL WORKERS

CUOMO Vincenzo (PD). Born in Piano di Sorrento (Napoli) on 3 April, 1964. He is an officer at the ASL Napoli 1 and is also former Mayor of Portici. President of Anci Campania. Elected in Campania.

PAGANO Pippo (PdL). Born in Malvagna (Messina) on 26 June, 1951. He is the National President of AICCRE (Associazione italiana per il Consiglio dei Comuni e delle Regioni d'Europa). Elected in Sicily.

TAVERNA Paola (M5S). Born in Rome on 2 March, 1969. Works as clerical worker in private health. Elected in Lazio.

#### 14.6.8 OTHERS WHO HAVE HELD POSITIONS IN THE HEALTH SECTOR

DIRINDIN Nerina (PD). Born in Turin on 25 May, 1949. Professor at the University of Turin where she teaches in Science of Finance and Economics and Health Policy. She is an expert in health systems and social policies, and is former Director-General of Planning of the Ministry of Health (1999-2000) and Head of Health and Social Welfare of the Region of Sardinia (2004-2009). Elected in Piemonte.

*Source: Ministero della Salute*

## 14.7 THE ITALIAN GOVERNMENT – XVII LEGISLATURE

<b>Presidency of the Council of Ministers</b>		
<b>President of the Council</b>	<p>Honourable Enrico Letta (PD)</p> <p>Born in Pisa in '66. With the secretariat of Bersani he held the position of deputy secretary of the party and was recently re-elected in the Marche region. He started his political activities as Head of the Secretariat of Minister Andreatta and afterwards a series of other experiences as Minister of community policies, firstly in the D'Alema government and secondly in the Amato government. He has been the responsible of Welfare in the "Shadow Government" of PD during the Berlusconi government. General Secretary of AREL and Vice President of Aspen Institute Italy.</p>	
<b>Vice President of the Council</b>	<p>Honourable Angelino Alfano (PDL)</p> <p>Born in Agrigento in 1970. Educated lawyer. He has just been appointed Secretary at the Conference of Regional Coordinators of FL. Minister of Justice in the XVI legislation with the last Berlusconi Government and after that Secretary of the party PDL. Elected in Piedmont.</p>	



<b>Undersecretary of State to the Prime Ministers with functions as Secretary of the Council of Ministers</b>		Professor Filippo Patroni Griffi Born in Naples in 1955. Minister of Public Administration and Simplification in the Monti Government. Former President of the Chamber of the State Council and General Secretary in Authority of the Protection of Personal Data. Several times Head of Staff as well as of the Legislative Office in previous governments.
<b>Publishing and Program Implementation</b>		Honourable Lawyer Giovanni Legnini (Senator XVI Legisl. – PD)
<b>Relations with the Parliament and Coordination of Government Activities</b>		Honourable Doctor Maria Teresa Amici (PD)
<b>Relations with the Parliament and Coordination of Government Activities</b>		Doctor Sabrina De Camillis (honourable XVI Legisl. – PDL)
<b>Autonomy and Regional Affairs</b>		Engineer Walter Ferrazza
<b>Public Administration and Semplification</b>		Honourable Michaela Biancofiore (PDL) Mr. Gianfranco Micciche' (honourable XVI legisl – mixed group)

<b>MINISTRIES WITHOUT PORTFOLIO</b>	<b>Ministers</b>	
<b>European Affairs</b>	Lawyer Enzo Moavero Milanesi Born in Rome in 1954. Minister of European Affairs under the Monti Government e Head of Monti's staff with the position as European Comissioner for Competition. One of the wise men appointed by the	

<b>European Affairs continued...</b>	Head of State in the working group on European and Economic-Social matters. A Community Law Expert and a candidate for the Senate with “Monti per Italia” but was not elected.	
<b>Regional and Autonomic Affairs</b>	Doctor Graziano Delrio Born in Reggio Emilia in '60 and educated in medicine specialized in endocrinology. He was Mayor of Reggio Emilia and President of ANDCI. Former founder and President of the Association “Giorgio La Pira”. He was President of Health and Social Policies in the Regional Council of Emilia Romana.	
<b>Territorial Cohesion</b>	Professor Carlo Trigilia Born in Siracusa in '51. Sociologist and contributor to the magazine “Italianieuropea”	
<b>Relations with Parliament and Coordination of Government Activities</b>	Honourable lawyer Dario Franceschini (PD) Born in Ferrara in 1958. Elected in the current legislature in Emilia Romana. During the XVI legislature he was President of PD group in Chamber. National Vice Secretary of PD and a member of PD's European Board. He has been secretary of PD for a short period (Feb – Oct 2009) following the resignation of Walter Veltroni. Undersecretary of State to the Prime Minister Responsible of Institutional Reforms in the second D'Alema Government and the second Amato Government.	

<b>Constitutional Reforms</b>	<p>Senator Professor Gaetano Quagliariello (PDL)  Born in Naples in 1960 and elected in Abruzzo. A University Professor in contemporary story. He has been one of the wise men appointed by the Head of State for the group on institutional matters. Former Vice President of the PDL Group at the Senate during the previous legislature. President of the “Fondazione Magna Carta”.</p>	
<b>Integration</b>	<p>Honourable Doctor Cécile Kyenge (PD)  Born in Kambove (Congo) in 1964. An Ophthalmologist and was elected in Emilia Romagna. Provincial Responsible of PD for the Forum of International Cooperation and Immigration, Provincial Advisor of PD in the Commission of Welfare and Social Policy. Also Responsible for the Immigration Policies in the Regional Administration of PD in Emilia Romagna</p>	
<b>Equal opportunities, sport and youth policies</b>	<p>Senator Josefa Idem (PD)  Born in Germany in 1964 and elected in Emilia Romagna. She has been a Councillor of Sport in the Commune of Ravenna and afterwards a member of the Scientific Commission for the Supervision and Control of Doping for Health Protection in Sport at the Ministry of Health. Engaged in social and humanitarian causes.</p>	

<b>Public Administration and Simplification</b>	Honourable Lawyer Gianpiero D'Alla (Scelta Civica – UDC) Born in Messina in 1966. Lawyer, elected in Sicily. Is Vice President of Scelta Civica's group in the Chamber and Regional Secretary of Udc in Sicily. For two mandates Councillor and Vice Mayor of the city Stretto. Undersecretary of State of the Home Office with the Berlusconi Government under the III and XVI Legislature. President of the UDC-SVP-AUT group at the Senate.	
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<b>MINISTRIES WITH PORTFOLIO</b>	<b>Ministers</b>	<b>Vice Ministers and Undersecretaries</b>
<b>Health</b>	Honourable Beatrice Lorenzin (PDL) Born in Rome in 1971. Re-elected with PDL in Lazio. Former Regional Coordinator of Forza Italia and afterwards National Coordinator of the Forza Italia Youth. She indicated her candidacy for presidency for the Region of Lazio in the last elections. Then she withdrew to support the candidate Storace. General Secretary of the iPolis foundation.	Mr. Paolo Fadda (honourable XVI Legisl. – PD) Born in Villa San Pietro (CA) in 1950. Qualification: Teaching Certification. Profession: Educator. Mayor of Villa San Pietro since 1975. Councillor of the Community of Capoterra (1976-1980). Leader of DC in the area of Cagliari (1977-1980) an President of Usl of Cagliari (1982-1985). Regional Councillor (1984-1994). He held the position as Regional Councillor of Health (1995-1999) and Vice President of the Regional Council in Sardinia (2004-2006). Member of the Chamber under the last legislature.
<b>Economy and Finance</b>	Doctor Fabrizio Saccomanni Born in Rome in 1942. Current General Manager of Bankitalia. A member of the Board of Directors of the bank for International Settlements and Deputy	Honourable Doctor Stefano Fassina (vice minister – PD) 44 years old. He is a part of Secretariat of PD and is Responsible for the party's Policies on Economy and Labour. From 1966 to 1999 he has been an Economic Councillor

<p><b>Economy and Finance continued...</b></p>	<p>Governor of the Board of Directors of the European Central Bank and on the Committee for Safeguarding of Financial Stability (CSSF). He has already held important positions at ECB, the International Monetary Fund and the European Union. President at IVASS (Institute for monitoring insurance)</p>	<p>in the Ministry of Treasury ( in the time of Carlo Azeglio Ciampi). From 2000 to 2005 he has worked as the Minister of Economy and Finance. Scientific Director of the Nens association. Elected in 2013 in Lazio as a member of the Chamber. Has taken part of the Special Commission for the Examination of Government Acts.</p>
		<p>Honourable Doctor Luigi Casero (Vice Minister – PDL) Born in Legnano (Milan) in 1958. Graduated in Economics and Trade, a degree from Bocconi in Milan. Specialized in Corporate Finance. Business Consultant. A member of Forza Italia. Former member of PRI. Undersecretary of State in Economy and Finance under the Berlusconi Government from 2008-2011. From 1985 to 1990 he has been Councillor of Sport and Environment and from 1990 to 1991 Financial Councillor of Municipal Businesses in the Commune of Legnano. From 1997 to 2001 Budget Councillor in the commune of Milan. In March 2013 he was elected in Lombardy on the list of Pdl.</p>
		<p>Honourable Pier Paolo Baretta (PD) Born in Venice, 1940. With a diploma from the Technical-Commercial institute. Unionist. Already General Secretary of “Federazione Italiana Metalmeccanici” – FIM. In 2006 he was elected General Secretary of CISL. He resigned from the position in 2008 in order to pursue his candidacy in the national parliament. He took part in drafting the Stability Law in the previous legislature. Elected in March 2013 in Veneto on the list of PD.</p>

<p><b>Economy and Finance continued...</b></p>		<p>Honourable Doctor Alberto Giorgetti (PDL)  Born in Verona on the 8<sup>th</sup> of September 1967. Graduated in Economics and Trade. Head of a bank company. Registered in AN. Regional Coordinator of PDL, Veneto. Former Responsible of FUAN and in the “Fronte della Gioventù” in Verona. Undersecretary of State of Economy and Finance in the Berlusconi Government (2008-2011). He was elected in March 2013 in Veneto on the Pdl-list.</p>
<p><b>Economic Development</b></p>	<p>Mr. Flavio Zanonato  Born in Padova in 1950. Three times Mayor of Padova. Former member of PCI before he joined PD. Vice President of the National ANCI.</p>	<p>Doctor Carlo Calenda ( Vice Minister – Candidate for the Chamber for SCpI – not elected)  Born in Roma in 1973. Holds a degree in Law. Experience from San Paolo Invest, Prudential Sim and Southern Star. In 1998 he went to Ferrari in the position of Responsible for Customer Relationship Management and Responsible for the relations to the financial institutions. After a short period as Responsible for Marketing and Planning at Sky, he was appointed Director of “Area Strategica e Affari Internazionali della Confindustria” during the presidency of Luca di Montezemolo. He is the Political Coordinator of Italia Futura.</p>
		<p>Professor Antonio Catricala’ (Vice Minister). Graduated in Law in Rome. He has been a Councillor and President of the section of the Council of State. Professor of Private Law at Tor Vergata and Professor in Consumer Rights at LUISS. President of the Competition Authority and of the Market from 2005 to 2011. He has been Undersecretary of State of the presidency of the Council of Ministers during the Monti Government.</p>

<p><b>Economic Development continued...</b></p>		<p>Professor Claudio De Vincenti Born in Rome in 1948. Former Professor of Economic Policies at the Department of Economy and Law at the University La Sapienza in Rome. Among the numerous positions he has held: President of the Scientific Committee of “Osservatorio Prezzi del Ministero Attività Produttive”, member Cda of AIFA, Economic Councillor of the Vice President of Finance and of the Ministry of Health(May 2006-April 2008). Former Undersecretary of MISE during the Monti Government.</p>
		<p>Senator Doctor Simona Vicari (PDL) Born in 1967 in Palermo. Graduated in Architecture. Spokeswoman of the Pdl in Sicily and former Assessor in the commune of Palermo and Mayor of Cefalù. Former member of the Regional Chamber of Sicily. Secretary of the Presidency of the Senate in the XVI legislature. Re-elected in 2013 with Pdl in Sicily and now holds the position of Vice President of the Pdl group in the Senate.</p>
<p><b>Education, University and Research</b></p>	<p>Honourable Professor Maria Chiara Carrozza (PD) Born in Pisa in 1965. Elected in the current legislature in the district of Tuscany. Until February Rector of the “Scuola Superiore S. Anna” and currently Professor in Industrial Bioengineering. Member of the Scientific Committee of Confindustria. Scientific expert of MIUR for industrial research projects in industrial bioengineering and in the panel ENG of the European Research</p>	<p>Doctor Gabriele Toccafondi (Honourable XVI Legisl. – PDL) Born in Florence on the 15<sup>th</sup> of April 1972. He holds a degree in Political Science from the “Università degli Studi di Firenze”. Director of a cooperative enterprise. Councillor in two mandates in the Council of Administration of the self-same University. Registered in Forza Italia. From 1999 to 2004 he has been Communal Councillor. He has taken part in the Budgetary Commission of the Chamber in the last legislature. In 2013</p>

<p><b>Education, University and Research continued...</b></p>	<p>Council (ERC). Member of the IEEE Society of Engineering in Medicine and Biology, of IEEE Society of Robotics and Automation (R&amp;A) and in the National Group of Bioengineering(GNB)</p>	
		<p>Doctor Marco Rossi Doria Born in Naples in 1954. Graduated in Educational Science at the “Pontificia Università Salesiana”. Elementary School Teacher from 1975 and has taught in Rome, Naples, Trento in the USA, Paris and Nairobi. For MUIR she has taken part in numerous commissions related to the Ministry of Labour and Welfare. Collaborates with several newspapers and magazines, i.a. La Stampa. Has received a prize from Unicef Italia for childcare. Has received the Presidents of the Italian Republics Medal of Gold for culture, education and school in 2001. Former Undersecretary of MIUR during the Monti Government.</p>
		<p>Doctor Gian Luca Galletti (Honourable XVI Legisl. – UDC) Born in Bologna on the 15<sup>th</sup> July 1961. He holds a degree in Economics and Trade. Business Consultant. Communal Councillor in Bologna in 1990 on the list of DC. From 1999 to 2004 he has been a Budgetary Assessor at the Commune of Bologna. From 2005 to 2006 he was President of the Councillor Group UDC in the Regional Legislative Assembly in Emilia Romagna. From 2003 to 2005 a member of a High Commission study group, a ministerial organ for the reform of public finances. From 2005 he took part in the National Management of the UDC and since 2007 he has been Responsible for the Department</p>



<b>Education, University and Research continued...</b>		of National Economy of the UDC. Former President of the UDC Group in the XVI legislature.
<b>Environment, Protection of Land and Sea.</b>	Honourable Andrea Orlando (PD) Born in La Spezia in 1969. Elected in Liguria in the current legislature. First in the PCI and later in the National Management of the DS. Responsible of the Organization of the National Secretariat of the Party and the Spokesman of the PD. In the past legislature he was President of the Forum of Justice of PD.	Mr. Marco Flavio Cirillo
<b>Labour and Social Policies</b>	Professor Enrico Giovannini Born in Rome in 1957. Up until now President of ISTAT and Professor in Economic Statistics. He has been Chief Statistician and Director of the Statistical Management of the organization for the cooperation and the economic development (OCSE). One of the wise men appointed by the Head of State Napolitano in the working group on social-economic and EU matters. During the Monti Government he held the position of “Presidente della Commissione sul livellamento retributivo italia-europa per i deputati ed i senatori e per i membri di altri Organi di rilievo costituzionale”.	Senator Professor Maria Cecilia Guerra (Vice Minister –PD) Honourable Doctor Jole Santelli (PDL) Honourable Doctor Carlo Dell’Aringa (PD)
<b>Agriculture, Food and Forestry Policies</b>	Honourable Nunzia De Girolamo (PDL) Born in Benevento in 1975. Lawyer. Elected in Campania. Former Provincial Coordinator of	Doctor Maurizio Martina Honourable Giuseppe Castiglione (PDL)

<b>Agriculture, Food and Forestry Policies continued...</b>	the PDL in Benevento and in the XVI legislature a member of the Management Council of the PDL in the Chamber.	
<b>Assets, Cultural Activities and Tourism</b>	Honourable Doctor Massimo Bray (PD) Born in Lecce in 1959. Recently elected in the district of Puglia. Director of the Treccani Encyclopedia and Responsible of the Italianeuropei magazine.	Doctor Simonetta Giordani Honourable Doctor Iliaria Carla Maria Borletti Buitoni (SCpI)
<b>Infrastructure and Transport</b>	Honourable Doctor Maurizio Lupi (PDL) Born in Milan in 1959. Elected in the district of Lombardy. Former Vice President of the Chamber in the previous legislature as well as the current. He has held the position as Vice President of the Communal Council in Milan and afterwards he held the position as “Presidente della Commissione Urbanistica” and “Assessore comunale allo Sviluppo del territorio Edilizia privata e Arredo urbano”. He was also National Responsible of “Dipartimento lavori pubblici e territorio di Forza Italia” and Provincial Commissioner in Parma.	Doctor Vincenzo De Luca (Vice Minister, ex member of Chamber DS and PD) Doctor Erasmo De Angelis Mr. Rocco Girlanda (Candidate for the Chamber of the PDL – not elected)
<b>Foreign Affairs</b>	Doctor Emma Bonino (senator XVI Legisl. – PD Group) Born in Bra in 1948. Former European Commissioner (Political Responsible of consumers, of fisheries policy and of the European Office for urgent humanitarian assistance). President and Secretary of the radical transnational	Honourable Doctor Lapo Pistelli (Vice Minister – PD) Honourable Doctor Bruno Archi (Vice Minister–PDL) Doctor Marta Dassu’ (Vice Minister) Mr. Mario Giro (Candidate for the Senate for “Monti per l’Italia” – not elected)

<b>Foreign Affairs continued...</b>	party – Minister of International Commerce and European Politics (II Prodi Government). In the XVI legislature she held the position as Vice President of the Senate and was elected on the PD list of Piedmont.	
<b>Department of Justice</b>	Doctor Annamaria Cancellieri Born in Rome in 1943. Minister of the Home Office during the Monti Government. She has been Prefect of Vicenza, Bergamo, Brescia, Catania, Genova, Parma and Bologna and also Prefectural Commissioner in Bologna.	Honourable Lawyer Giuseppe Berretta (PD) Doctor Cosimo Maria Ferri
<b>Home Office</b>	Honourable Angelino Alfano (PDL) (Vice President of the CDM)	Senator Doctor Filippo Bubbico (Vice Minister – PD) Doctor Domenico Manzione Honourable Doctor Gianpiero Bocci (PD)
<b>Defence</b>	Senator Professor Mario Mauro (SCpI) Born in San Giovanni Rotondo (FG) in 1961, but grew up in Lombardy (Elected in Lombardy and is currently President of the SCpI Group in the Senate). Vice President of the Commission for Culture and Education in the “Po”-district and afterwards Vice President of the European Parliament. Former Head of the Delegation of Deputies from the PDL in the Ppe Group. One of the wise men appointed by the Head of State Napolitano in the working group on institutional reforms.	Senator Professor Roberta Pinotti (PD) Honourable Doctor Gioacchino Alfano (PDL)

## 14.8 PRESIDENT GIORGIO NAPOLITANO'S OPENING SPEECH

Hall of the Chamber of Deputies, 22/04/2013

Announcement and the pledge of the President of the Republic, Giorgio Napolitano, in front of the Chambers, Madam President, honourable deputies, honourable senators, delegates of the Regions, let me first and foremost express – together with a personal homage to every one of you that goes far beyond the institutions that you represent - the gratitude I owe you for electing me with so broad suffrage President of the Republic. It is a sign of renewed confidence that I pick up, while also being aware of its meaning, although it makes my strengths undergo a serious test: And I am particularly grateful that it comes from so many who has been elected to the Parliament for the first time, and who belongs to a generation so distant, and not only in age, from my own. I know that in all of this, I am being reminded of something that touches me even more deeply, and that is the trust and affection that I have experienced growing towards me and towards the institution, that I represented among great masses of citizens, of Italians - men and women of all ages and from every region - beginning with those I met in the streets, in the squares, in the most diverse social and cultural environments, to relive together the making of our national unity.

As you all know, I did not anticipate returning to this hall to pronounce a new oath and announcement as the President of the Republic. Already in December last year, I publicly declared to share the authoritative conviction, that the non-re-election at the end of the seven years is "the alternative that conforms to our constitutional model, which encompasses President of the Republic, in the best way." Moreover, I emphasise the need to give a sign of normality and institutional continuity through a natural succession of presidency.

For these reasons, and for reasons strictly personal related to the age, ulterior reasons has been identified and presented to me - after five rounds of voting in this hall of Montecitorio, in a climate more and more tense, without any result - by members of a broad range of parliamentary forces and by almost all the Presidents of the Regions. And it is true that these appeared to me particularly sensitive to the uncertainties that can be perceived at the level of local institutions, which are more

close to the citizens, although they are now struggling with heavy shadows of corruption and laxity. Institutions that I pay attention to and respect, Dear delegates of the Regions, for their role as bearers of a vision that is not drawn under a central control of the State, and which was already present in the Risorgimento and finally to be pursued with seriousness and consistency.

However, during these meetings on Saturday morning, a dramatic warning about the risk, and now, threat, screwed to the Parliament in joint session, regarding the lack of determination and impotence in order to fulfil the constitutional mandate of the election of the Head of State. Hence, the appeal that I felt unable to decline - so far as it might cost me to receive it – is moved by an ancient and deep-rooted sense of identification with the fate of the country.

The re-election, for a second term, of an outgoing President, had never occurred in the history of the Republic, though not excluded from the provisions of the Constitution, which in this sense had left - as it is significantly noted – by "hatching a window for exceptional times". We then gathered together in a perfectly legitimate, but exceptional selection. How come that the risk that I have just mentioned appeared unprecedented: unprecedented, and in an even more severe condition of acute difficulties and even emergency that Italy is experiencing in a European and international context, which is very critical and for us more and more stringent.

It was therefore necessary to provide, to the country and to the world, a testimony of national consciousness and cohesion, of institutional vitality, and of willingness to give answers to our problems: Moving from here towards a renewed confidence in ourselves and a renewed international confidence and openness towards Italy.

It is in this test that I have not subtracted. But knowing that what has happened here in the recent days has represented the culmination of a long series of omissions and failures, of closures and irresponsibility. I propose you a quick overview, a brief review. In the recent years, based on needs and pressing questions of institutional reform and renewal of politics and parties - that have become intertwined with an acute financial crisis, with a severe recession, with a growing social malaise – there have not yet been given solutions of a satisfactory character:

They have been prevailed on by conflicts, delays, hesitations about the choices to be made, of expediency and tactics. This is what has doomed the confrontations between the political forces and the debates in the Parliament to sterility or minimalist outcome.

Even though very small corrections and innovations are needed in order to reduce the costs of policy, transparency and morality in public life, it has been so easily ignored or underestimated: And the dissatisfaction and protest towards the political parties, the Parliament, and politics in general have been easily (but also very lightly) fed and magnified by destructive opinion campaigns, by unilateral and indiscriminate representations, in a destructive sense, of the world of politicians, by organisations and institutions in which politicians operate. Attention: This recall that I felt the need to express does not lead to any self-indulgence, I do not speak solely about those responsible for the spread of corruption in different spheres of politics and administration, but also of those responsible for not having done anything in the field of reform.

Unforgivable is the failure to reform the electoral law of 2005. Just a few days ago, President Gallo had to recall how the recommendation of the Constitutional Court, to review in particular the rules relating to the reward of the “majority bonus system” without having reached a minimum threshold of votes or seats, remained ignored.

The failure to revise this law has produced a fierce race to win this abnormal prize, of which the winner ended up, not being able to govern the similar outcome of overrepresentation in the Parliament. And it is a fact, not unpredictable, that this law has caused an election result of difficult governance, and again has aroused frustration among the citizens for not being able to choose the members elected.

No less unforgivable remains the status quo regarding limited and targeted reforms of the second part of the Constitution, which are only laboriously agreed upon, and however, never come to break the taboo of equal bicameralism.

A lot could be added, but I will stop here, because regarding these specific themes I have used all possible efforts of persuasion, though they have been undermined by the deafness of the political forces, who now have called upon me to assume an additional burden of responsibility, which is to get the institutions out of this fatal stall. But I have the duty to be frank. If I will find myself again in front of deaf ears, such as those with whom I have encountered in the past, I will not hesitate to draw the consequences for the country.

It is no longer possible, in any field, to evade the responsibility of the proposal to search for practical solutions, clear decisions and timely reforms of which there is an urgent need in order for the Italian democracy and society to survive and advance.

Speaking in Rimini in a great assembly of young people in August 2011, I wanted to make the guiding thread of the celebrations of the 150th anniversary of the birth of our unified state explicit: The commitment to transmit full awareness of “what Italy and Italians have demonstrated to be in crucial periods of their past”, of the “large reserves of human, moral and intelligence resources as well as the workforce we possess.” And I added that I wanted to arouse pride and confidence "because the challenges and trials that we face are more arduous than ever, profound and with an uncertain outcome. This is what the crisis we are going through is telling us. There is a global crisis, European crisis and within this framework is Italy, with its strengths and its weaknesses, with its baggage of problems, old and new, of institutional and political kind, of a structural, social and civic kind." There, I can repeat those words of one year and a half ago, to urge everyone to talk the language of truth - out of every trivial distinction and dispute between pessimists and optimists – to introduce the subject of a set of goals of institutional reforms and of proposals for the launch of a new economic development, more equitable and sustainable.

It is a speech that I can, also for obvious reasons of measure of my message, refer to the documentation of the two working groups set up by me 30 March 2013. They have produced documents that cannot be denied, if not for sake of intellectual controversy, then of their seriousness and concreteness. Also because

of their background, not only the systematic elaboration and the institutional environment in which the members of the two groups work within, but also of other institutions and qualified associations.

If it is believed that many of the ideas contained in those documents had already been acquired, it means that it is time to pass, in a political setting, according to the facts; if one notes that, especially in institutional matters, were left open several options on various themes, it means that it is time to conclude. And one can, of course, go even further, if one will, with the contribution of all.

I would just like to formulate a comment, two observations. The first concerns the need to pursue the essential objectives of the reform of the channels of democratic participation and of the political parties, and the reform of the representative institutions, of the relationship between the Parliament and the Regions finally with a strong emphasis on the strengthening and renewal of the organisations and powers of the State. I have been very close over the past seven years to the authorities, which is why it is necessary today to give a formal tribute; this concerns the armed forces or the police, the judiciary or the Court which give the supreme guarantee of the constitutionality of the laws.

There should be great attention to the need for protection of the freedom and the security from new criminal articulations as well as subversive impulses. Also more attention is needed, when facing the phenomena of tension and disorder regarding the relations between different branches of the government and various institutions that are constitutionally relevant.

Nor should we forget to respond to misinformation and controversy that affect the military instrument, rightly started with a serious reform, but always placed in the spirit of the Constitution, in defense of the Italian participation - even with the generous sacrifice of not just a few of our people - the stabilisation missions and peace of the international community.

The second observation regards the value of the extensive proposals developed in the document which I have already quoted. This is to "deal with the recession and taking the opportunities", that presents themselves, to "influence the next options



of the European Union", "to create and support the labour ", " to enhance education and the human capital, to encourage research, innovation and business growth".

In emphasising these last points, I note that I am highly committed with them, brought up within every institutional setting and opportunity for discussion and I will continue to be so. They are essential nodes in order to qualify our renewed and indispensable commitment to advance a united Europe, contributing to define and respect the constraints of financial sustainability as well as monetary stability and together re-launch the dynamism and spirit of solidarity, to better grasp the irreplaceable incentives and benefits.

Firstly, it is also what ties things together in front of a distressing increase in unemployment, those of job creation and quality of job opportunities – around which rotates the great social question that now emerges on the agenda in Italy and Europe. It is the question of the future prospects for an entire generation; it is the question of an effective and full development of resources and feminine energies. We cannot remain indifferent to industrialists, as well as workers, who come to desperate actions, young people who are lost and to women who live and feel unacceptable with their marginalisation or subordination.

The wish to change, the consensus of this is interpreted by each in their own way, which is also expressed by the electors. It says little, and will not lead far, if it is not measured with regard to issues like the ones I have mentioned, and which have recently been made clear in an objective and not partisan way. Address those problems so that they become the government's program of actions and the objects of deliberation of Parliament initiating its activities. And because it should become the turning point of a new collective behavior– to begin the work within the work environment and businesses – that “appears to be locked, frightened, defensive and distressed with regards to innovation which in fact is the engine of development”. A new opening is needed, a new momentum within society: a radical change, also in addressing the withdrawal and impoverishment of the Southern regions.

Parliament has recently approved unanimously, its contribution on urgent measures to be implemented, deemed to be adopted by the past Monti government, in the wake of an economic - financial and European strain, certainly deserving a more equitable judgment. The more you move away from the climate of the election battle, one can draw the conclusions of the role it has taken in the course of 2012 within the European Union.

I appreciate the commitment of which the movement largely rewarded by the electorate as the new-parliamentary political actors, have shown the willingness to engage within the House and the Senate, gaining the weight and influence they deserve: that is the way of a fruitful, though harsh, democratic debate, and not the one, adventurous and deviant, of the contrast between the public opinion and the Parliament. On the other hand it cannot withstand and produce results not even a contrast between the web and political organisation which historically have existed for well over a century.

The web provides valuable access to politics, new possibilities of individual expression and political intervention and also stimulates the aggregation and manifestation of consensus and disagreements. But there is no participation truly democratic, representative and effectively to the formation of public decisions without going through parties capable to renew themselves or through organised political movements, all of which are imperative to constitutional constrain of the "democratic method".

The forces represented in Parliament, without any exception, must now provide – within the crucial phase that Italy and Europe are going through - their contribution to the decisions to be taken for the renewal of the country. Without fear to converge on solutions, as recently seen when the two chambers showed not to be afraid to vote unanimously.

Hearing all of you - deputies and senators – taking part of the parliamentary institution, not as members of a group but as custodians of the popular will. There is work to be done with patience and constructive spirit, using and acquiring skills, first within the committees of the House and Senate. Allow me to say this,

someone who came here as a Member at the age of 28 years with the contribution to the development of a democratic political life.

Working on urgent problems of the country within Parliament, is not possible, if not with the confrontation of a government as key moderators of both the majority as well as the opposition. At 56 days before the elections of February 24 to 25 - after that it was necessary to dedicate the election of the Head of State – one has to proceed to the realisation of the executive without delay. Let's not run behind the formulas or definitions which are talked about. It is not up to the President to present the mandates to the formation of the government, if not by the deliberation of the art. 94 of the Constitution: a government that has the approval of both chambers has the responsibility to lay down a program, according to the priorities and the time perspective as it deems appropriate.

And the condition is therefore only one: to deal with the reality of the forces at work in the newly elected Parliament, knowing what challenges awaiting the government and what are the necessities and the general interest of the country. On the basis of the election results - one cannot avoid acting upon them, liking the results or not - there is no party or coalition (homogeneous or allegedly) who has applied for votes to govern and has had enough to do so with its own strength. Whatever perspective is to be presented to the voters, or any pact - if you prefer this expression - agreed with their voters, one cannot deal with the overall results of the election. They indicate strictly the need for agreements between different forces to give birth and to give life to a government in Italy today, not neglecting, on other levels, the need for broader understandings, and i.e. also between the majority and the opposition, to provide shared solutions to problems of common institutional responsibility.

On the other hand, there is no country in Europe today-with an established democratic tradition which is governed by a single party - not even in the United Kingdom – all operating governments are founded or sustained by more parties, related to each other or generally distant or even fierce opponents.

The fact is that in Italy it is widespread a sort of horror on any hypothesis of agreements, alliances, mediation, convergences between different political forces, is a sign of regression, the diffusion of ideas of politics without knowing or recognising the complex challenges of governing public affairs and the implications that follow from them in terms of mediation, acceptance and political alliances. Or maybe all this is actually more a reflection of a couple of decades of divergences - until the loss of the very idea of civil coexistence - as never biased and aggressive, the total lack of communication between competing political groups.

I have already said this seven years ago in this hall, on this same occasion as today, hoping finally to be closer to "the time of maturity of the democracy of alternation" also meaning the time of maturity for the search of solutions of shared government, when it imposes the need. Otherwise, one should acknowledge the non-governability, at least within the legislature just begun.

But it is not to acknowledge this, that I have accepted the invitation to swear oath again as President of the Republic. I have also accepted because Italy would receive, within in the next few days, the government that it needs. And I will for this purpose within my responsibility: not go beyond the limits of my constitutional role, acting at all, to use an expression of school, "by factor of coagulation." But the urge to all the political forces, to take their responsibilities with realism: this was the implicit appeal addressed to me two days ago.

I am going to my second term, without illusions, much less pretentiousness of amplification of "redemption" of my duties; I will rather practice with a heightened sense of limit, as well as unchanged impartiality, those that the Constitution attributes to me. And I will do so until the situation in the country and of the institutions prompts me and however, until the forces will allow me. For me it starts today, this unexpected additional public commitment in a phase of life already far advanced; for you it is the beginning of a long march, with passion, with rigor, with humility. You will not miss my encouragement and my wish.

Long live the parliament! Long live the Republic! Long live Italy!

*Source: "Messaggio e giuramento davanti alle Camere del Presidente della Repubblica Giorgio Napolitano, alle Camere riunite" Aula della Camera dei Deputati, Palazzo Montecitorio 22 April 2013.*

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