

#### **General overview**

Friuli Venezia Giulia (FVGR) is an autonomous region with special statute situated in the extreme north east of Italy, bordering Austria to the north, Slovenia to the east and the Adriatic Sea to the south. Its strategic position for communication with both northern and eastern Europe is enhanced by appropriate infrastructures, such as motorways, railways and port networks.

FVGR covers a geographical area of 7862 km² (2.6% of the total area of Italy). The landscape of the region is very varied: the Alps mountain range, where only 5.2% of the population lives, stands out to the north (42.6% of the territory) and slopes down to the hills (19.3%), plains (38%) and coast to the south. Biodiversity adds value to the region and is strongly protected: 17.1% of the territory comprises parks, nature reserves and biotypes (1).

FVGR has a population of 1 217 872 (2% of the total for Italy) distributed among 216 municipalities, most with fewer than 5000 inhabitants (71.3%). There is a very large proportion of older people (Table 1) in connection with which a law has been passed in favour of developing policies for this group. The birth rate in the region is very low, but the gradual ageing of the population is partly offset

by the presence of young foreign residents (8.6% of the population) (1).

Annual investment in research and development is quite substantial. FVGR hosts several internationally acknowledged scientific institutes, such as the International Centre for Theoretical Physics, the International School for Advanced Studies, the Area Science Park and two universities.

In Italy, the health system is based on the Beveridge model (2). In FVGR, five local health authorities provide health care in all the provinces through an integrated and capillary network of services, including: three tertiary hospitals (specializing in oncology, paediatrics and rehabilitation); long-term care; home care; mental heath and addiction services; palliative care; paediatric care; and public health centres. The regional health system, the social services of the municipalities, various associations, nongovernmental organizations and agencies in the region are well integrated and constitute an effective network, providing adequate care for people suffering from acute and, especially, chronic diseases.

Table 1. Socioeconomic indicators, FVRG and Italy, 2017

Indicators	FVGR	Italy
Gross domestic product (GDP) (euros per capita)	28 600	26 700
GINI index	0.27	0.33
Unemployment rate (%)	6.9	11.3
Research and development (euros per capita)	457.4	366.7
Life expectancy at birth (years)	82.4	83.1
Male	80.3	80.6
Female	85.4	85.1
Gender gap	5.1	5.5
Old-age index (%)	208.8	165.1
Structural dependency ratio (%)	61.4	55.8
Old-age dependency ratio	41.5	34.8
People at risk of poverty/social exclusion (%)	16.7	29.9
Severe material deprivation rate	6.5	12.1
Total annual health spending (euros per capita)	2 474	2 418
Out of pocket expenses (euros per capita)	561	569

Source: Regione in cifre 2017 [Region in figures 2017] (1).

As in most developed countries, the top three causes of death in FVGR are cardiovascular, oncological and respiratory diseases and, therefore, much effort is spent on health-promotion programmes (Table 2). The budget for health care, health promotion, prevention and

social policies is equivalent to 55% of that of the Regional Government.

In FVGR, there is a strong orientation towards the voluntary sector and 1196 voluntary organizations are actively engaged in voluntary activities.

Table 2. Health indicators, FVRG and Italy, 2017

Indicators	FVGR	Italy
Self-rated health status (at least "very good") (%)	82.7	81.2
Overweight (%)	35.3	31.7
Obesity (%)	10.6	10.5
Average use of tobacco (a day)	10	11.5
Habitual excess consumption of alcohol (%)	11.9	10.4
People who practise sport (%)	39.5	34.8

Source: Regione in cifre 2017 [Region in figures 2017] (1).

FVGR has been working for years towards being a "region for everyone" with a friendly and supportive environment suitable for children, people with disabilities and older people. It has also been engaged for a very long period in efforts to reduce inequities in health and pursue an equity-in-all-policies approach.



## Strengths

The strengths of FVGR are the following:

- √ high respect for the environment;
- quality health and social services that are easily accessible to everyone;
- ✓ well-integrated health-care and social services;
- ✓ intersectoral programmes involving institutions, local agencies, nongovernmental organizations and volunteers working towards creating a friendly environment in the region;
- awareness at the political level of the importance of investing in health promotion and primary prevention;
- the dedication of a high percentage of the regional budget to health and social services.



#### **Aspirations**

It is the aim of FVGR to:

- keep politicians interested in investing in prevention projects;
- ✓ increase the budget for health promotion and prevention;
- reduce inequities in health and meet citizens' needs, within the available budget;
- √ reduce out-of-pocket expenses.



## Challenges

These relate to:

- ✓ an ageing population;
- ✓ a low birth rate;

- ✓ a high unemployment rate;
- ✓ increased poverty in the fragile segments of the population.

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#### Potential areas of collaboration

FVGR is interested in collaborating with other regions on:

- empowering and educating people, using a lifecourse perspective from childhood;
- ✓ projects related to "ageing in place" and "silver economy" to tackle the challenges of an ageing society;
- ✓ gender-transformative health promotion;
- building citizens' resilience and increasing their participation in health-related decision-making processes.

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## Working groups

FVGR is interested in participating in working groups on:

- √ the Sustainable Development Goals (SDGs) (3)/equity;
- √ women's/men's health;
- √ participatory approaches/resilience;
- ✓ the all-of-government approach/intersectoral action.

## People active in the Regions for Health Network (RHN)

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#### References

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