Italian Global Burden of Disease Initiative

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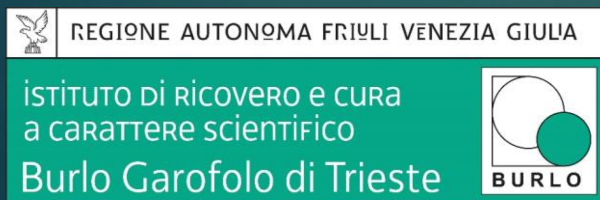
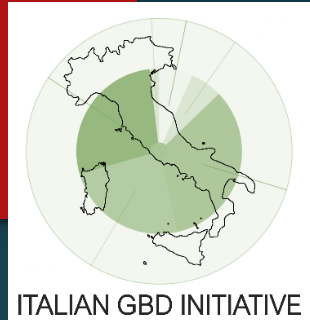


Our experience in the interaction with possible user groups (e.g. policymakers or other users)



- Independent group of 160 researchers with Italian affiliation, all GBD Collaborators, over a total of 250.
- And 20 research institutions under a MoU, including Italian Institute of Health.
- Pros and cons of this: We can work faster, without bureaucratic constraints. But we don't sit in the control room.
- Some stakeholders are part of the group. Some, even if, are still skeptical. Some others sit and watch.

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What we do to promote/communicate GBD results

- We mainly focus on writing scientific papers (limitation).
- We realize however, that to approach different stakeholders, we **need to elaborate a more refined strategy**. And that we probably need a scientific communication expert.
- We **set up a web site**, mainly focusing (to date) on presenting our group, our objectives and our work. And less (for now) to promote a BoD culture (now also in English: www.italian-gbd-initiative.it/?lang=en).
- Mainly working on **aligning estimates to local data**, **gaining ownership over GBD estimates**, and gaining the confidence of research and political regional and national institutions.

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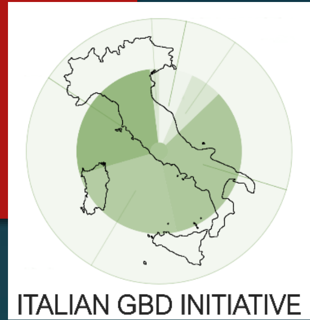
How results are being used by these groups?



- Regional Agencies are the most interested, because of their direct involvement in regional health planning.

- But reseachers in public health are working more and more with GBD estimates, often in hybrid ways:
  - i.e. using GBD estimates, concepts, definitions, DW, together with other pieces of information, to generate further evidence for health planning.

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Main barriers:

Skepticism: The divergence between GBD estimates and national data.

Provincialism: our data, even if we often lack data and/or good quality data, are better

Economic and political interests in the "market" of health indicators, and evidence for planning. We spend a lot on outsourcing the alleged search for solutions.

Main opportunities:

For planners, i.e. Regional Agencies, Epidemiologists and Researchers in Public Health.

BoD concepts are more and more part of the epidemiological/public health lexicon.

Demonstrating the value of subnational BoD data for policy-making in Italy

- Unfortunately, in Italy the **NHS has been regionalized**, and is slowly but steadily **shifting towards a privatized system**, with increasing inequalities in quality and access to services.
- Big heterogeneity among regions in GDP, efficiency of the Health System, quality of Health Care.
- Subnational estimates are important to bring more evidence of this.
- Subnational stratification will allow what is otherwise not possible yet with GBD estimates: **socio-economic stratification**.

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