

Research project:

Local healthcare and access to diagnostic services in a “One Health” perspective

1) State of the art: The right to health protection

The right to health protection, constitutionally guaranteed also as complementary for the implementation the fundamental principle of equality in a substantial sense¹, has been characterized for decades by a series of problems which, stratified and worsened over time, have finally emerged dramatically during the Covid - 19 pandemic², which demonstrated the need to intervene in a structural way on the national healthcare system, which the National Recovery and Resilience Plan (hereinafter PNRR) proposed to do.

In particular, for the purposes of this research project, particular importance has the reform of the healthcare system articulated in Component 1 of the Sixth Mission of the Plan, which takes the form of four courses of action: the first three relating to the reform of local healthcare and the fourth relating to the “One Health” project³.

The juxtaposition of the two areas is not a random choice as the reform of local healthcare passes necessarily through the conceptual change induced by the One Health vision, which theorizes a holistic scenario based on widespread healthcare through a change in the methods of providing healthcare services, from an organization centered on hospitals to an

¹ V., di recente ed ex multis: R. Ferrara, *L'ordinamento della sanità*, Torino, Giappichelli, 2020; C. Bottari, *La tutela della salute: lavori in corso*, Torino, Giappichelli, 2020, L. Busatta, *La salute sostenibile. a complessa determinazione del diritto ad accedere alle prestazioni sanitarie*, Torino, Giappichelli, 20218; .; N. Vettori, *Diritti della persona e amministrazione pubblica*, Giuffrè, Milano, 20217; E. Cavasino, *La flessibilità del diritto alla salute*, Editoriale Scientifica, Napoli, 2012; R. Balduzzi, D. Servetti, *La garanzia costituzionale del diritto alla salute e la sua attuazione nel Servizio Sanitario Nazionale*, in R. Balduzzi, G. Carpani (a cura di), *Manuale di diritto sanitario*, Il Mulino, Bologna, 2013, pp. 23 s; C. Moratiti, *La tutela della salute nella Costituzione italiana* (in Riv. Infort. 1961, I, 1 ss.); ora in Id, *Raccolta di scritti*, III, Milano, Giuffrè, 1972, 433-466; M. Luciani, *Il diritto costituzionale alla salute*, in Dir. Soc., 1980, 769 ss.

² In argomento M. Gnes, *The Resilience of the Italian Healthcare System and the COVID-19 Emergency*, in Legal Policy & Pandemics, The Journal of the Global Pandemic Network, dicembre 2023, Vol. 2, Issue 2-3;

³ G.G. Impagnatiello, F. Rescigno, “One earth-One health. La costruzione giuridica del terzo millennio”, Giappichelli, 2023; G. Ragone, “One Health e Costituzione italiana, tra spinte eco-centriche e nuove prospettive di tutela della salute umana, ambientale e animale”, in Corti supreme e salute 2022, n. 3; L. VIOLINI (a cura di), *One Health. Dal paradigma alle implicazioni giuridiche*, Torino, Giappichelli, 2023.

efficient complementary healthcare spread across the territory also using innovative tools such as telemedicine, from an investment in healthcare as a mere remedy for contingent needs to an investment in prevention with an integrated approach that considers health protection through the protection of the environment, biodiversity and climate.

The goal of this project is to examine how and with which legal instruments the reform of local public health and the access to diagnostic services can translate the "One Health" vision into practice, also through a new way of involving private economic operators.

2) theoretical and methodological framework: The One Health vision: international and national post-pandemic experiences

The “One Health Joint Action Plan”, drawn up in 2022 at an international level, aims to address health risks at global, national and regional levels, acting on a plurality of levels:

- increase the potential of the "One Health" approach to strengthen the health systems of the States and Regions;
- reduce the risk of epidemics and pandemics from emerging or re-emerging zoonoses through effective local health control;
- control and eliminate vector-borne infections, zoonoses and neglected tropical diseases;
- enhance the assessment, management and communication of food risks;
- integrate the environment into the “One Health” approach.

The pursuit of these objectives at a national and supranational level, through policies aimed at improving the lifestyles of the population (e.g. sugar tax, carbon tax, etc.), presupposes the existence of a health service spread across the territory capable of anticipating the onset of individual diseases and preventing the start of possible epidemics.

To aspire to its global vocation, the One Health approach must therefore start from the particular, and therefore from the territory.

At European level, there are initiatives from Member Countries in this sense, among which we can mention the French experience whose Government, at the end of the state of health emergency in July 2022, established a committee for monitoring and anticipating the health risks (COVARIS) under the aegis of the Ministry of Health, the Higher Education Services and the Ministry of Research.

The Italian Government has also adopted an initiative in this sense, albeit less structured than the French one, with the presentation in June 2023 of the "One Health" Parliamentary Intergroup and, subsequently, with the establishment, in September 2023, of the Department of Human Health, Animal Health and Ecosystem (One Health) and International Relations at the Ministry of Health, confirming the new centrality of the institute.

The aforementioned bodies have drawn up guidelines and memorandums but, without concrete intervention, the risk is that the work of these commissions takes the form of a merely formal contribution.

The goal of this study is to provide, starting from the Italian experience and extending the analysis to the experiences of other European countries (for example France, Germany and the United Kingdom), possible solutions aimed at concretely implementing the tools made available by the PNRR for a concrete pursuit of the One Health vision.

3) Research design: The problems that the research project aims to address

Although the PNRR presents undoubted potential, first and foremost represented by the significant financial resources made available to public health for the construction of approximately 1500 Community Homes and Hospitals, important operational critical issues remain linked to the functionality and sustainability in the future of these structures under the profile both of the provision and maintenance of electro-medical equipment, and of the workforce, already in difficulty.

These future expenses are in fact not covered by the PNRR funds and, considering the limitation of the financial resources that can be used prospectively when fully operational, the enormity of the public debt of many European states (and in particular Italy), an average European age which is continuously growing, the fact that public health does not have sufficient funds and staff to manage the currently existing structures, the

aforementioned restructuring operation of local health must be accompanied by a series of adequate measures.

The situation of perennial crisis and emergency in which public healthcare finds itself has in fact led to a progressive escape into private healthcare both on the part of healthcare workers, in search of less stressful and better paid work options, and on the part of the users themselves who, in order to avoid waiting lists which in some cases even exceed the annual horizon, have been forced to turn to private healthcare.

The National Health Service, in an attempt to guarantee essential levels of assistance, has been forced to increasingly rely on private services to meet people's health protection needs but this option, originally exceptional, has taken root over time to the point that, especially in recent decades and in certain regions, private healthcare has not only filled the many gaps left by the public service, but has essentially replaced it.

This, in some cases, with a great vulnus for the principle of the universality of the health service and the right to health because, when the choice is between obtaining an exam many months later at a controlled price or instead immediately at full price, the citizen, even if not particularly wealthy, is in many cases forced to choose the second option; and the reform on the so-called “differentiated autonomy”, regarding also the healthcare, is probably destined to worsen the healthcare situation in some Regions.

Consequently, an intervention limited to the reform of local health care not accompanied by adequate measures to deal with requests for diagnostic services would be ineffective.

5) Research objectives and expected results: how to obtain collaboration between the public and private sectors at a healthcare level in a One Health perspective

The aim of the research project would then be to investigate, from a multidisciplinary and comparative perspective, on the one hand the implementation problems of the territorial healthcare reform in a One Health perspective and, on the other hand, verify the possibility of implementing the collaborative relationship with private economic operators and in particular suppliers of high and very high technology

electro-medical equipment to make effective the citizen's right to access all diagnostic services at reasonable costs and times.

In this last regard a concrete example, regarding the methodology of approach to this project and the results expected from it, can be the analysis of the legal instruments to address the need to reconcile the necessity to guarantee the renewal and maintenance of the most sophisticated healthcare technologies with the limitedness of the financial resources.

In this case, a public-private collaboration model could be hypothesized through special forms of partnership on the basis of which the public would provide the structures for the installation of health technologies and the private individuals, hypothetically the manufacturers of the equipment, could also use them with their own personnel, outside the normal hours of use by public healthcare personnel, thus returning the investment through more intense use of the equipment supplied.

This solution would, for example, make it possible to overcome one of the PNRR limits relating to ordinary maintenance costs. In fact, let's consider the case in which a hospital or territorial healthcare facility requires particularly expensive healthcare technology (the maintenance and management of which would not be covered by the PNRR) for which it does not have the operators necessary for its operation; well, the project with a private supplier could consider to provide the machinery at zero or limited cost and then recoup the investment over the years with its use for the benefit of the most varied users in times when it is not used by the service public health (evening or holiday hours); all within the context of an integrated organization between public and private which would ultimately allow the reduction of waiting lists and the effective protection of the right to health.

Clearly this exemplifying hypothesis must necessarily be analyzed from various aspects including those of public contracts and labor law, all of this also on the basis of the verification of the experiences underway at European level.

Together with the examination of the detailed situations, the research project aims, from a broader perspective, to examine the work of the Commissions established by numerous European countries with

particular reference to the potential of guidelines for territorial healthcare from a One Health perspective aimed at promoting and strengthening cooperation between the public and private sectors.

It will also be conducted, from a comparative perspective, an investigation on how other European countries (e.g. France, Germany and the United Kingdom) intend to strengthen their respective territorial health networks and what approach they are taking with reference to the One Health vision.

Through the concrete implementation of the One Health project, we aim to identify tools to enhance both the economic sustainability of the national and European health service, given that every investment in prevention can allow savings of up to three times the investment value, in a perspective of a few years, in relation to the expenses for the related diagnostic, therapeutic and rehabilitative services.

From another perspective, one cannot help but highlight how this implementation is indispensable for the social sustainability of the system considering also that the prevention of the disease allows to reduce the number of patients and consequently to operate more effectively on reduced numbers by rationalizing resources available.

In conclusion, through this project, we aim to examine, in an interdisciplinary logic at a national and European level, the modality of reforming local healthcare and the ways of accessing diagnostic services from a "One Health" perspective to be pursued also through synergistic public-private methods by acting on the social determinants of health, that are factors regarding health, environment and behaviors that affect the state of the population's health, protecting the individual's right to health and, with it, that of the community.

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