EU CanScreen
European Joint Action on Cancer Screening

Screening and Health Equity

Italy's Experience with the National Health Equity Programme 2021–2027

(*Programma Nazionale Equità nella Salute 2021-2027 (PNES)*)

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Managing Authority of the National Health Equity Programme

Joint Stakeholder Conference
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Co-funded by the European Union

Screening and Health Equity

- What is PNES?
- Choosing a National Programme Funded by Cohesion Funds
- Actions
- Early Experiences from the Regions

Screening and Health Equity

- What is the National Health Equity Programme?

Screening and Health Equity

- What is the National Health Equity Programme?

Programma Nazionale per l'Equità nella Salute 2021–2027

Promuovere l'equità nella salute in Italia

Il Programma Nazionale per l'Equità nella Salute 2021–2027 rafforza i servizi sanitari e sociosanitari e rende più equo l'accesso per le persone in condizioni di vulnerabilità socio-economica.



Politica di coesione europea 2021–2027

Approvato dalla Commissione europea nel 2022

Coordinamento nazionale

Guidato dal Ministero della Salute

Missione orientata all'equità

Ridurre le disuguaglianze nell'accesso ai servizi sanitari e sociosanitari

Screening and Health Equity

- What is the National Health Equity Programme?



Screening and Health Equity

- What is the National Health Equity Programme?

Quattro aree di intervento, un unico obiettivo di equità



Azioni diverse, una missione comune: rendere i servizi sanitari più accessibili e inclusivi.

Copertura degli screening oncologici

Migliorare informazione, partecipazione e follow-up nei programmi di screening organizzato.

Salute mentale

Sostenere servizi di prossimità e percorsi terapeutici e riabilitativi personalizzati.

Prospettiva di genere

Rafforzare l'accesso e i percorsi attenti alla salute delle donne e alle esigenze di genere.

Contrasto alla povertà sanitaria

Avvicinare i servizi sanitari e sociosanitari alle persone in maggiore vulnerabilità socio-economica.

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- Choosing a National Programme Funded by Cohesion Funds

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- Choosing a National Programme Funded by Cohesion Funds

Geographical disparities, geographical coverage, and participation

- Breast cancer screening – INVITATIONS: North: 1.95 million; Centre: 0.87 million; South and Islands: 1.20 million
- Breast cancer screening – PARTICIPATION: North: 59.7%; Centre: 50.7%; South and Islands: 39.0%

- Cervical cancer screening (HPV) – INVITATIONS: North: 1.63 million; Centre: 0.67 million; South/Islands: 0.87 million
- Cervical cancer screening (HPV) – PARTICIPATION: North: 47.1%; Centre: 41.8%; South and Islands: 34.9%

- Colorectal cancer screening – INVITATIONS: North: 3.65 million; Centre: 1.67 million; South and Islands: 2.40 million
- Colorectal cancer screening – PARTICIPATION: North: 59.7%; Centre: 50.7%; South and Islands: 39.0%

- (Data from: Osservatorio Nazionale Screening sugli inviti 2025)

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- Choosing a National Programme Funded by Cohesion Funds

- Social disparities in screening participation:

✔ Logistical barriers (remote areas, smaller islands)

✔ Cultural barriers (religion, tradition, women's and children's empowerment)

✔ Information barriers (education level, awareness, disinformation)

✔ Economic barriers (transport costs, time away from work, organisational difficulties)

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- Choosing a National Programme Funded by Cohesion Funds

- At the planning stage, in all of the seven PNES regions, the New Guarantee System indicator for first-level screening tests was below the minimum threshold; in all other Italian regions, it was above it.

- Europe's Beating Cancer Plan calls for screening to be offered to 90% of the population.

- GEOGRAPHICAL EQUITY AND SOCIAL EQUITY

Screening and Health Equity

- Actions

Screening and Health Equity

- Actions

- Action Plan of the Minister of Health, in agreement with the Minister for European Affairs

1. Acquisition of mobile clinics equipped with diagnostic equipment
2. Acquisition of IT, technological and diagnostic equipment for the provision of health or social-health services
3. Infrastructure upgrades at cancer screening centres
4. Recruitment of healthcare, social-health, and administrative staff to develop methods and tools for integrating and continuously updating screening invitation registers, and to pilot organisational models that improve the organisation of screening services
5. Design and delivery of skills-development pathways for healthcare and social-health staff working at cancer screening centres

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- Actions

- Value of operations

Vista unitaria sugli 8 Organismi Intermedi - 131 operazioni selezionate - € 130,64 mln PNES

OI / Regione	N. operazioni	Investimento PNES
INMP	–	–
Basilicata	13	€ 5,88 mln
Calabria	26	€ 15,59 mln
Campania	36	€ 40,74 mln
Molise	4	€ 1,67 mln
Puglia	29	€ 37,21 mln
Sardegna	4	€ 1,33 mln
Sicilia	19	€ 27,72 mln

€ 130,64 mln

investimento PNES complessivo

€ 135,56 mln

valore complessivo
(incluso cofinanziamento delle
singole Aziende con fondi propri)

Screening and Health Equity

- Actions

- Value of operations



Puglia e Basilicata attribuiscono agli screening un peso vicino alla metà della dotazione. La Calabria, pur registrando i tassi di partecipazione più bassi, destina all'Area il 40,3%. La Sardegna presenta invece un profilo peculiare: € 1,3 mln destinati agli screening oncologici a fronte di € 35,4 mln di investimento complessivo.

Screening and Health Equity

- Actions

The project "Putting the Workforce at the Centre of Strengthening Health Services" – National Health Equity Programme

(***LA WORKFORCE AL CENTRO DEL RAFFORZAMENTO DEI SERVIZI SANITARI***" *PROGRAMMA NAZIONALE EQUITÀ NELLA SALUTE (PNES)*)

- Beneficiary: **Programma Mattone Internazionale Salute – ProMIS**
- Technical/scientific group: Directorate for Human, Animal and Ecosystem Health (One Health) and International Relations of the Ministry of Health; National Institute of Health (Istituto Superiore di Sanità (ISS)); Institute for the Study, Prevention and Oncology Network (**Istituto per lo Studio, la Prevenzione e la Rete Oncologica – ISPRO**)
- Overall objective: Develop a system-wide capacity-building initiative for the regional health systems participating in the Programme, while strengthening their health and social-health services in the areas of gender-sensitive care, mental health and cancer screening
- 6 areas of intervention: capacity-building in the design, management and implementation of interventions; gender-sensitive care; mental health; **cancer screening**; practice areas for health and social-health professions; and the attractiveness of regional health ecosystems
- TARGET GROUPS: Intermediate Bodies and Local Health Authorities/Provincial Health Authorities in the seven participating regions
- Total project cost: €1,698,731.41

Screening and Health Equity

- Actions

- Implementation status

THE PROJECT "PUTTING THE WORKFORCE AT THE CENTRE OF STRENGTHENING HEALTH SERVICES" – NATIONAL HEALTH EQUITY PROGRAMME

(***LA WORKFORCE AL CENTRO DEL RAFFORZAMENTO DEI SERVIZI SANITARI***" *PROGRAMMA NAZIONALE EQUITÀ NELLA SALUTE (PNES)*)

INTERVENTION METHODS: RESIDENTIAL IN-PERSON TRAINING/WORKSHOPS; SYNCHRONOUS DISTANCE LEARNING (WEBINARS) AND E-LEARNING; ASYNCHRONOUS DISTANCE LEARNING; ONLINE COACHING AND MENTORING; ON-THE-JOB SUPPORT; WORKSHOPS AND SEMINARS; RESEARCH

CANCER SCREENING TOPICS:

- Introduction to and monitoring of the use of the PRECEDE–PROCEED model
- Information and communication in screening
- Introduction to social reporting: guidelines and Italian experiences
- Introduction to lean management and its management tools

Screening and Health Equity

- Actions

- Implementation status

Acquisition of mobile clinics equipped with diagnostic equipment:

- CONSIP framework agreement
- 32 mobile health clinics ordered (fully operational by 31 December 2026) – €27.5 million

Acquisition of mobile health clinics equipped with diagnostic equipment:

- €17.5 million, at least 50% of which by 31 December 2026

For the remaining areas (infrastructure, models and recruitment), operations worth €90 million have been launched

Screening and Health Equity

- Actions

- Challenges

At the design stage, priorities, needs, obstacles, and technical-scientific methods are clearly defined.

At the start-up and implementation stages, technical and scientific expertise is available.

The following are not as clearly defined:

- Constraints (time, budget, environment and administrative aspects)
- Required resources (human, equipment, financial and skills)
- Phases and procedures
- Management processes (both at start-up and during implementation)

Administrative and management expertise and resources are often unavailable.

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- Actions

- Challenges

Planning (non-technical aspects)

Administrative implementation (acquisition, recruitment/selection, administrative procedures)

Technical implementation (staff management, resource management, budget management, coordination)

Technical implementation (support processes)

Reporting

Bureaucratic aspects

COMPLEMENT TECHNICAL-SCIENTIFIC EXPERTISE WITH MANAGEMENT EXPERTISE

Screening and Health Equity

- Actions

- Challenges

The fact that this is the first “National Health” programme.

New governance model (Ministry Managing Authority – Regional Intermediate Bodies + INMP)

A valuable experience for the next programming period

National coordination can complement and round out regional programmes

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- Early Experiences and Good Practices

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- **Basilicata Region: Screening and Cultural Mediation**

Multilingual information materials

Clear, catchy messages

Cultural mediation in closed settings

In 2025: +2.3% breast screening, +22.2% cervical screening, +7.2% colorectal screening



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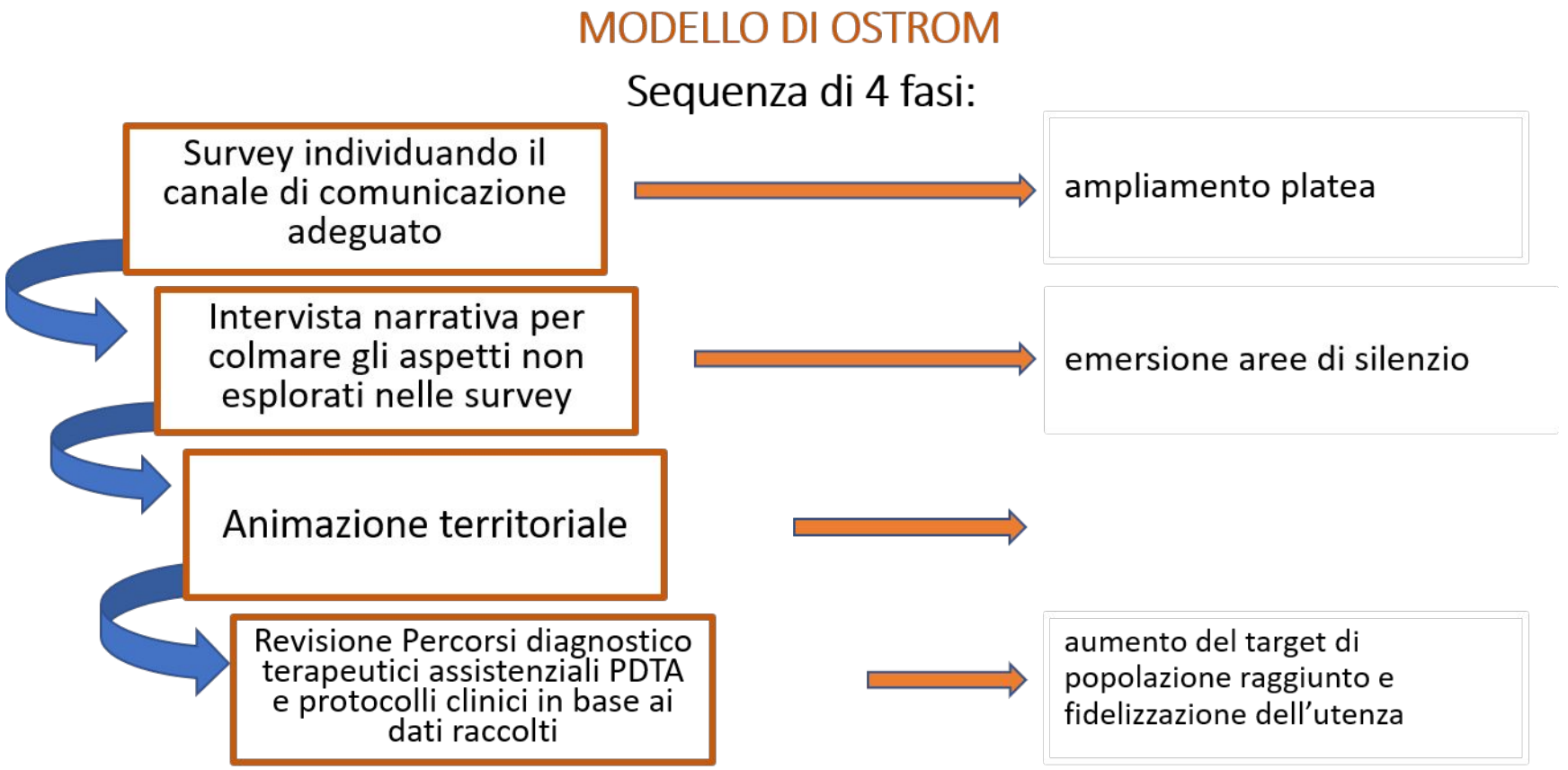
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Screening and Health Equity

- Early Experiences and Good Practices

- **Reggio Calabria Provincial Health Authority**



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- Early Experiences and Good Practices

- **Apulia Region**

Regional screening *control room*: a coordination hub that oversees fixed and mobile sites and explicitly incorporates cultural and linguistic mediation for foreign users.

- **Campania Region**

Analysis and cross-referencing of data on screening-site activity with a map of local socioeconomic hardship: a tool for directing interventions where needs are greatest.

- **Molise Region**

Engaging local stakeholders to reach the “invisible” population

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Thank you

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