

Development and growth of the *Italian Global Burden of Disease Initiative*

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From the first estimates ... to the Italian network

- First Italian collaborators, involved in the GBD in 2007/2008, with the global estimates of CKD (Mario Negri Institute, Bergamo) and Otitis Media (Burlo Garofolo MCH Institute, Trieste)
- At the GBD Technical Workshop in 2015, we discussed the possibility of bringing together the Italian GBD collaborators (12 at that time).
- 2016: Common belief in the potential of GBD.



Why? GBD Potential

- **Planning and prevention:**
 - Strongest and most complex effort ever to **collect, organize, weight evidence and elaborate models** at the global level – **evidence based**.
 - Offers a **unique and coherent link** among incidence, prevalence, burden, disability, early mortality, life expectancy, attributable risk, socio-demographic index, health system performance, sustainable development goals.
 - **Time trends and geographic comparisons.**
- **Research:**
 - Verify hypotheses, stimulated by unicity of the interconnection system.
 - Identify and react to lack or shortage of original data in specific areas.



Objectives and strategies

We shared the need to create a group of Italian researchers, GBD collaborators, to respond to a series of shared objectives:



➔ **Share experiences, to strengthen the exchange with IHME.**

➔ **Spread results** generated by GBD, and sustain their use as **instruments for planning** in Italy, looking at the experiences of other Countries.

➔ With IHME, further **consolidate the sharing of data and information** that can be fed back to the system to generate increasingly better estimates.

➔ In agreement with IHME, **undertake the subnational process** for Italy (for 19 Regions and two Autonomous Provinces), thus allowing to **analyze geographic inequalities** (reflecting economic and social inequalities).

In November 2018,
IHME approved our request of running
subnational analyses for Italy!

We are now in the phase of revision of
preliminary subnational estimates, based
on GBD 2019.

Official subnational estimates will be
released in May 2021 (GBD 2020)



Who we are now (Feb 2020)

More than 70 collaborators
from more than 20 research institutes.

- Research Institutes (4)
- Regional Health Authorities (4)
- National Research Centers (National Institute of Health, National Research Council, National Institute for Insurance against Accidents at Work + National Institute of Statistics)
- University & University Departments (9)
- Provincial Health Authorities (3)



Core groups

- Cancers
- Cardiovascular Diseases
- Neurological Disorders
- Dermatological Diseases
- Maternal, Child and Adolescent Health
- Occupational Health
- Mental Health
- Musculoskeletal Diseases
- Diabetes I & II
- Chronic Kidney Disease

- Health Economics and HAQ Index

Risk factors

- Smoke and Alcohol
- Overweight and obesity
- Nutritional risk factors
- Environmental exposures

What to expect from the network, ... and from GBD collaborators members of the network

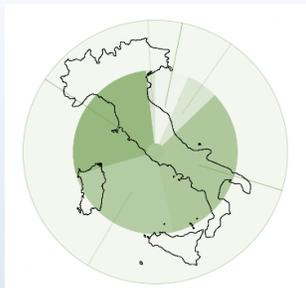


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- **Better understand GBD methods** to give a more significant contribution.
- **Participate in courses and webinars.**
- **Devote time** to the revision of estimates and articles.
- **Verify sources** from which estimates are drawn, and sources to which we access.
- **Provide data.**
- **Be familiar with** the visualization tools and the extraction of estimates from the system.
- **Produce articles** from GBD estimates.
- **Involve the national and regional levels** (Piemonte, Lombardia, Friuli-Venezia Giulia, Toscana, Emilia Romagna, Umbria, Campania, Puglia, Sicilia)

Positives and Negatives I



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a CARATTERE SCIENTIFICO
Burlo Garofolo di Trieste



+/- **Bottom-up approach:**

- Lack of political mandate
- but free from institutional and political ties

+/- **Large group of collaborators**

+ We are starting to consolidate contacts with partners who are already **GBD users**

+ GBD estimates started being part of the **national epidemiological lexicon**

Positives and Negatives II

- Difficult to **explain GBD project locally** as an open collaboration where more collaboration and sharing implies more ownership and better quality estimates.
- Difficulty in **reaching institutional data**
- Sometimes **difficult to optimize the sharing** of data with IHME
- Difficult to have **all GBD collaborators participate actively** and with sufficient knowledge of the GBD processes to be able to give a significant contribution.
- Difficult to **review preliminary sub-national estimates**, finding set of “**core indicators**” on which to base the evaluation.



In the meanwhile...

THE LANCET Public Health

Articles

Italy's health performance, 1990–2017: findings from the
Global Burden of Disease Study 2017

*GBD 2017 Italy Collaborators**

Lancet Public Health 2019;
4: e645–57

Published Online
November 20, 2019
[https://doi.org/10.1016/
S2468-2667\(19\)30189-6](https://doi.org/10.1016/S2468-2667(19)30189-6)

- Three other papers being submitted (Brain diseases, CVDs, Cancer).
- Very positive technical workshop held in Rome in January 2020, with Core groups, to review preliminary sub-national estimates.
- Setting up a Core group of Regions.
- Need to learn from Countries that have embarked on similar paths





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