

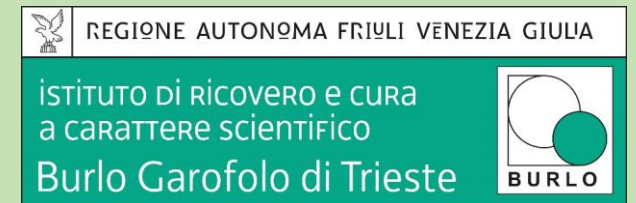
The experience of the *Italian Global Burden of Disease Initiative*

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From the first estimates ... to the Italian network

- First Italian collaborators, involved in the GBD in 2007/2008, for CKD (Mario Negri Institute, Bergamo) and Otitis Media (Burlo Garofolo MCH Institute, Trieste)



PLOS ONE

OPEN ACCESS PEER-REVIEWED

RESEARCH ARTICLE

Burden of Disease Caused by Otitis Media: Systematic Review and Global Estimates

Lorenzo Monasta, Luca Ronfani, Federico Marchetti, Marcella Montico, Liza Vecchi Brumatti, Alessandro Bavar, Domenico Grasso, Chiara Barbiero, Giorgio Tamburlini

Published: April 30, 2012 • <https://doi.org/10.1371/journal.pone.0036226>

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- Eleven Italians were involved in the first capstone papers published in 2012 in The Lancet (GBD 2010) (6 @ IRCCS Mario Negri, 4 @ IRCCS Burlo Garofolo, 1 @ Italian Group for Epidemiologic Research in Dermatology - GISED)
- At the GBD Technical Workshop in 2015, we discussed with IHME the possibility of bringing together the Italian GBD collaborators (12 at that time).
- 2016: First meeting of Italian GBD collaborators.



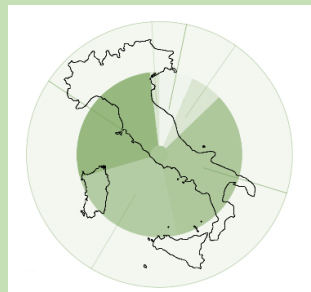
Why? GBD Potential

- **Planning and prevention:**

- Most complex and comprehensive effort ever to **collect, organize, weight evidence and elaborate models** at the global level.
- 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.
- Identify and try to solve weaknesses in VR data and other current data.



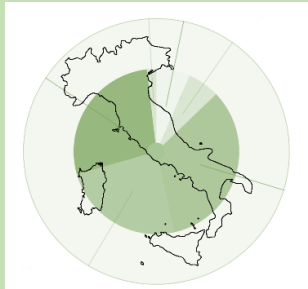
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Objectives and strategies



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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 agreed to generate subnational
estimates for Italy

Jan 2020, we went through the phase of
revision of preliminary subnational
estimates, based on GBD 2019

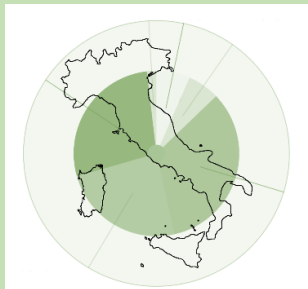
Official subnational estimates will be
released in 2021 (GBD 2020)



Who we are now (Oct 2020)

More than 70 collaborators
from more than 20 research institutes.

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



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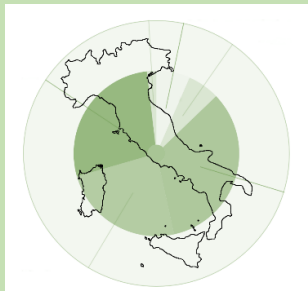
Core groups

- 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 & shocks



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

- Increase our understanding of **GBD methods**.
- Devote time to the revision of estimates and articles.
- **Verify sources used**.
- **Provide data** that could improve estimates.
- **Be familiar with the GBD tools** to visualize and extract estimates.
- **Produce articles** from GBD estimates.
- **Involve the national and regional levels** (Friuli-Venezia Giulia, Toscana, Emilia Romagna, Sicilia, Piemonte, Lombardia, Umbria, Lazio, Campania, Puglia)



Positives and Negatives I

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

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

+/- **Large group of collaborators**

+ Starting to have contacts with national partners who are already **GBD users**

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

+ The **WHO Europe - European Burden of Disease Network (EBoDN)** and the **COST Action CA18218 - European Burden of Disease Network**

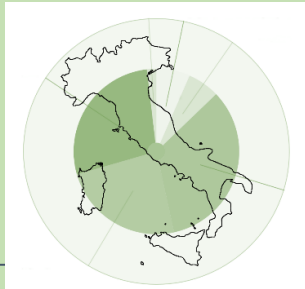
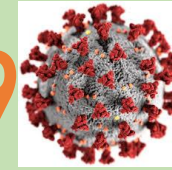


Positives and Negatives II

- Difficult to **explain GBD project as an open collaboration** where more collaboration and sharing implies more **ownership** and **better quality** estimates. Some institutions are still skeptical.
- Sometimes difficult to **reach institutional data**.
- Difficult to have **all GBD collaborators participate actively** and with sufficient knowledge of the GBD processes.
- Difficult to **review preliminary sub-national estimates**, finding the right approach or a **set of “core indicators”** on which to base the evaluation.



In the meanwhile... apart from Covid-19



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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

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[S2468-2667\(19\)30189-6](https://doi.org/10.1016/S2468-2667(19)30189-6)

European Journal of Preventive Cardiology

Trends in cardiovascular diseases
burden and vascular risk factors in
Italy: The Global Burden of Disease
study 1990–2017

Paolo A Cortesi¹, Carla Fornari¹, Fabiana Madotto²,
Sara Conti¹, Mohsen Naghavi³, Boris Bikbov⁴, Paul S Briant⁵,
Valeria Caso⁶, Giacomo Crotti¹, Catherine Johnson⁵,
Minh Nguyen⁵, Luigi Palmieri⁷, Norberto Perico⁴,
Francesco Profili⁸, Giuseppe Remuzzi⁹, Gregory A Roth¹⁰,
Eugenio Traini¹¹, Fabio Voller⁸, Simon Yadgir⁵,
Giampiero Mazzaglia¹, Lorenzo Monasta¹¹,
Simona Giampaoli⁷, Lorenzo G Mantovani^{1,2},
on behalf of the GBD 2017 Italy Cardiovascular
Diseases Collaborators

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Cardiology
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Plus other articles:


- in revision on Cancers (IRCCS Mario Negri),
- final draft Neurologic Disorders (IRCCS Besta),
- And others in the pipeline:
 - Mortality in adolescents,
 - Mental health in adolescents,
 - Redistribution of causes of death,
 - Diabetes Type II and socio-economic inequalities,
 - Air pollution impact on health
 - ...

- Setting up a Core group of Regions.
- Need to learn from Countries that have embarked on similar paths





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	europaean burden-eu of disease network
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