COUNTRY PROFILES
ITALY

JARED
Joint Action on REspiratory Diseases

1. Key facts

Population: ~59.5 million (2023)
Current health expenditure (% of GDP): 9.38 (2021)
Healthy life expectancy (at birth): 70.6 (2021)
Source: *WHO*

2. Key indicators

Smoking rate
Age-standardized prevalence of tobacco smoking among persons 15 years and older: 22.3% (2025). The projected prevalence for 2030 is 21.8%.
Source: WHO

PM2.5 exposure
Concentrations of fine particulate matter (PM2.5): 13.30 (2023)
In Italy, the rate of the all-cause natural deaths attributable to long-term exposure to fine particles (number of premature deaths attributable per 100 000 inhabitants 30 years or above) above 5μg/m3 is estimated to have been reduced by 43.4% between 2005 and 2023 (from 177.7 to 100.6, respectively), resulting in 43,083 (95% CI: 32,944-48,009) attributable deaths in 2023.
Sources: WHO, European Environment Agency

Respiratory mortality
Standardised death rate per 100 000 inhabitants: 61.8 (2022)
Number of deaths: 50,557. Share of all deaths: 7.0%
In 2022, there were around 363 500 deaths in the EU resulting from diseases of the respiratory system, equivalent to 7.0% of all deaths among residents.
Source: Eurostat

Tuberculosis incidence
In Italy, the tuberculosis incidence (per 100 000 population) has improved by ▼ 4.1 cases per 100 000 from 9.1 [7.4 - 11] in 2000 to 5 [4.1 - 6] in 2024.
Source: WHO

Asthma prevalence: 4.6% (2019). 4.8% (2014)
Source: Eurostat

COPD prevalence: not available
(1997-2000: 0.3%)
Source: WHO

3. Thematic focus

Italy does not have a single national strategy dedicated exclusively to chronic respiratory diseases (CRDs). However, CRDs are addressed through the **National Prevention Plan 2026–2031 and the National Chronicity Plan**, updated in 2025, which covers COPD, chronic respiratory failure and paediatric asthma. National and regional measures also focus on tobacco control, environmental health, early diagnosis and integrated care, including the 2024 State-Regions agreement on severe asthma.

4. Challenges

Health inequalities and territorial disparities remain major challenges, with differences across regions and socioeconomic groups in access to prevention, diagnosis, specialist and community-based care.

Population aging, multimorbidity and preventable risk factors are increasing the burden of CRDs and the need for coordinated long-term care. Tobacco smoking, air pollution and occupational and environmental exposures remain important drivers of respiratory disease.

Underdiagnosis and delayed diagnosis, particularly of COPD, limit opportunities for early treatment and prevention of disease progression and make continuous, integrated care more difficult.

5. Opportunities

The **Istituto Superiore di Sanità (ISS)** coordinates the Italian partners — the Universities of Florence and Naples Federico II, and Marche Polytechnic University — bringing expertise in public health, prevention, surveillance, health literacy and health inequalities. ISS leads **WP8 (Reach-out to high-risk vulnerable people)**, focusing on improving awareness, health literacy, self-management and access to care among socially and geographicaly-ly disadvantaged people living with CRDs.

Co-funded by the European Union