

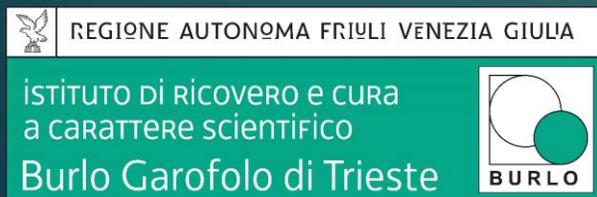
The objectives, experience and perspectives of the *Italian Global Burden of Disease Initiative*

Lorenzo Monasta

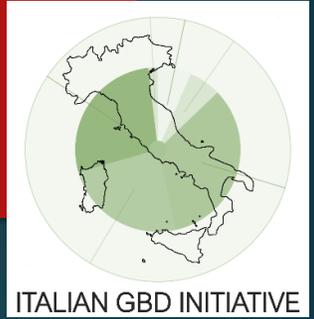
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The origin of the Italian network



From the first involvement of Italian researchers in the GBD in 2007/2008...
...to the idea in 2015 of creating a national network of GBD collaborators.

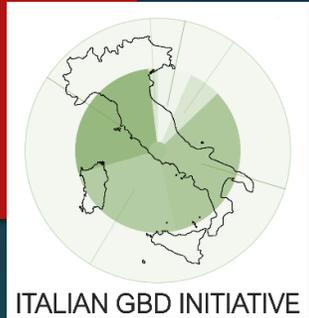
why work alone? we believe research is a collaborative, open process.

IHME provided us with the list of Italian GBD collaborators.

2016: First meeting of Italian GBD collaborators (12).



Why get involved in the GBD? GBD Potential



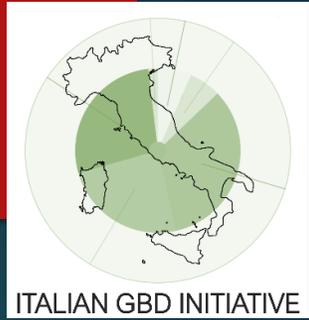
- **Planning and prevention:**

- 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.**
- **In Italy, weakness of evidence based planning and prevention, but wellness of data and collaborative research groups.**

- **Research:**

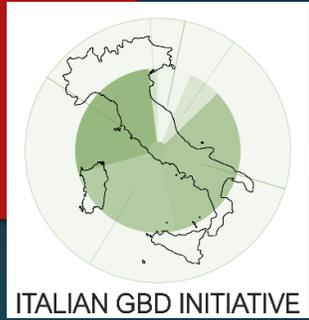
- Verify hypotheses, stimulated by unicity of the interconnection system.
- Identify and react to **lack or shortage of original data in specific areas or lack of epidemiological evidence**

Why not a national BoD?



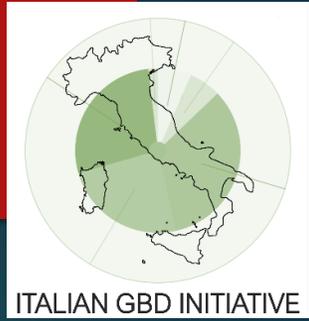
- We admire the amazing work done and results achieved by **national BoD projects** and by the **GBD**.
 - We started as **single researchers**.
 - With a **bottom-up approach**.
 - Without a formal mandate from MoH/NHS.
 - Many of us work and have worked on BoD projects.
- ... and we understand the complexity of the machinery

Why not a national BoD?



- We see no conflict between GBD and national BoD.
- As **integration** is possible between the systems.
- Customizations, adaptations, comparisons will enrich our knowledge and contribute to the final aim: **evidence based planning & fight inequalities.**

Objectives and strategies



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

➔ **Spread results** generated by GBD, sustain their use as **instruments for planning** in Italy.
(**the use of data, estimates and indicators, is best way to improve their quality**)

➔ 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) → **Official subnational GBD estimates for Italy will be published in GBD 2020**

▶ **GAIN OWNERSHIP over GBD ESTIMATES**



Who we are now (April 2021)

More than 90 collaborators joined the network
from more than 25 research institutes (17 in the Framework Agreement).

- ▶ National Research Centers (ISS, CNR-Ist. Neuroscienze, INAIL) (2)
- ▶ IRCCS (Research Institutes of Hospitalization and Healthcare) (4) (3)
- ▶ Regional Health Authorities (4) (3)
- ▶ Regional Research Centers (ISPRO Toscana, CPO Piemonte) (1)
- ▶ Universities and university Departments (9) (6)
- ▶ Provincial Health Authorities (3) (1)
- ▶ Associations (GISED) (1)

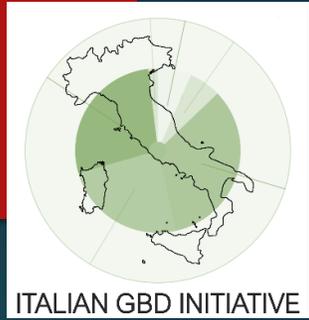
Core groups

Disease and injuries

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

Risk factors

- Smoke and Alcohol
- Overweight and obesity
- Nutritional risk factors
- Environmental exposures & shocks
- Health Economics, SDI, HAQ Index, Inequalities
- ISS Group (National Institute of Health)
- Core Group of Regions



Core groups

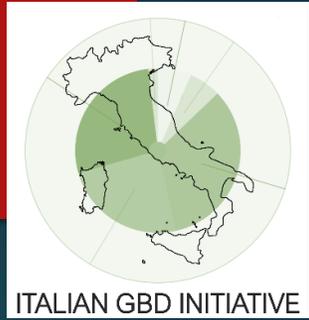


Some of the groups are now working on GBD 2019 «collaborator-led papers».

- ▶ Neurological disorders in Italy (Alberto Raggi)
- ▶ Redistribution of garbage codes to underlying causes of death in Italy (Lorenzo Monasta)
- ▶ Impact of air pollution on health in Italy (Sara Conti & Carla Fornari)
- ▶ NCDs in adolescents in Europe (Benedetta Armocida)
- ▶ Mental health in adolescents in Europe (Giulio Castel Pietra)
- ▶ Diabetes Type II and socio-economic inequalities (postponed to GBD 2020) (Cristiana Abbafati)

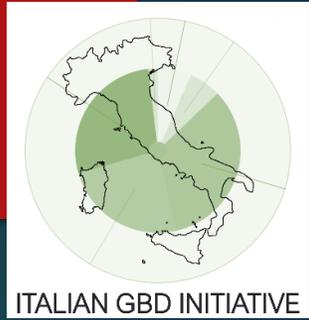
New ideas for new analyses on GBD 2020 are being discussed

Core groups and tentacles



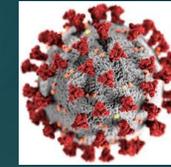
- ▶ **Core Group of Regions:** some Regional Health Authorities are starting to work on GBD estimates for local planning and the definitions of Regional Prevention Plans (first meeting with Piemonte, Toscana, Emilia-Romagna, Lazio, Sicilia).
- ▶ Setting up a **web site** and increase level of communication at national and regional level, for policymakers and the public.
- ▶ Need to **learn from European Countries** that have embarked on similar paths, and exchange with them knowledge and expertise.

Mobilization and transparency



- ▶ **All groups will mobilize** as soon as subnational GBD 2020 estimates are published (July 2021?): planning to organize a series of web meetings to set up the agenda.
- ▶ We expect **big discussions** on subnational estimates.
- ▶ IHME and the Italian GBD Initiative are **open to discussions** on quality of data, quality of estimates, definitions, methods. *The more we discuss, the better the next estimates.*
- ▶ Issues will be identified and analyzed in detail.
- ▶ **Common objective** is to have the best possible estimates for evidence based planning.

In the meanwhile... apart from Covid-19



ITALIAN GBD INITIATIVE

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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scientific reports

Scientific Reports | (2020) 10:22099

OPEN

National burden of cancer in Italy, 1990–2017: a systematic analysis for the global burden of disease study 2017

Cristina Bosetti^{1,2,4}, Eugenio Traini², Tahiya Alam³, Christine A. Allen³, Giulia Carreras⁴, Kelly Compton³, Christina Fitzmaurice^{3,5}, Lisa M. Force^{6,7}, Silvano Gallus⁸, Giuseppe Gorini⁴, James D. Harvey³, Jonathan M. Kocarnik^{3,9}, Carlo La Vecchia¹⁰, Alessandra Lugo⁸, Mohsen Naghavi^{3,11}, Alyssa Pennini³, Cristiano Piccinelli¹², Luca Ronfani², Rixing Xu³ & Lorenzo Monasta²

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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Thank you!

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a CARATTERE SCIENTIFICO
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