1. INTRODUCTION

In 2024, the World Health Organization dedicated World Health Day to the theme of health as a fundamental human right: "Health, my right." The conviction regarding the indispensability of this principle is shared by many countries worldwide, including Italy. The latter, in fact, constitutionally recognizes the right to health as a fundamental right and a collective interest, assigning the State the duty to guarantee it through free healthcare services to safeguard individual integrity: "*The Republic protects health as a fundamental right of the individual and of the community and guarantees free care for the indigent.*"

To fulfil this commitment, a synergistic effort is required from all stakeholders who, in various capacities, contribute to the functioning of the National Health Service (Ssn). Among them, a key role is played by healthcare personnel, who are directly involved in providing qualified care and services within the established timeframes.

In this regard, the Research Centre on Public Entities has chosen to focus its observation on the Local Health Authorities across Italy to identify a set of indicators related to personnel management. A virtuous management of healthcare personnel, ranging from investment in recruitment to training, with the aim of ensuring adequate assistance both in quantitative and qualitative terms, represents a crucial pillar for the proper functioning of the national healthcare system.

2. A CHAOTIC HEALTHCARE SYSTEM

The present analysis excludes the healthcare companies of the Lombardy Region, as the latter has adopted a healthcare model that is unique in Italy. The Lombard ATS (Health Protection Agencies) have absorbed the Hospital Companies (AO) into the ASST (Socio-Health Territorial Companies)[1], which, unlike in other Regions, fall outside the scope of AST (Local Health Authorities). In other Regions, ASTs include not only territorial healthcare services but also directly managed hospital facilities.

Furthermore, ASTs are structured differently across Regions: for example, some Regions have a single AST (such as Molise), while others operate with broader territorial areas (such as Tuscany).

This makes the Italian healthcare system not only fragmented into 21 regional systems but also chaotic due to the significant organizational differences among the Regions. The result is an inconsistent and barely comparable system, which inevitably increases the risk of opacity.

[1] The Lombard healthcare system consists, on one hand, of the Health Protection Agencies (ATS), which primarily have administrative and organizational functions (and are therefore not comparable to the ASTs of other Regions), and on the other hand, the ASSTs, which include both directly managed hospital facilities and hospital companies (and are thus also not comparable to the ASTs of other Regions).

The differences go beyond organizational models: there is not even a standardized glossary to ensure clear and consistent terminology across the country. For instance, while the term "Local Health Authorities" (ASL) is generally used, in some cases, it is replaced with "Territorial Health Authorities" (AST), or even AS, ASU, ASP, ULSS, and AUSL.

Moreover, some Regions operate only with ASLs, without separate Hospital Companies - such as Abruzzo, Friuli Venezia-Giulia, and Molise, which have an integrated model - while others include AOU (University Hospital Companies), IRCCS (Scientific Institutes for Research, Hospitalization, and Healthcare), and IZS (Experimental Zoo prophylactic Institutes). This creates a veritable maze for citizens, who understandably struggle to navigate the system.

As a result, great caution is required when analysing available healthcare data and ensuring their correct attribution, especially when comparing Entities with such diverse structures across different Regions. This explains the prudent decision to limit the present analysis to the 97 ASTs in Italy, excluding those in Lombardy for the reasons outlined above.

The data presented below represent the most recent available at the time of publication, and the analytical methodology follows the Administrative Capacity Index of REP[2].

It is important to emphasize that the purpose of this analysis is not to grade healthcare companies but rather to provide citizens with a navigational tool. A significant step forward would be to help them find their way through the organizational Babel of regional healthcare systems, with their differing levels of responsibility and inevitable implications for the sustainability of healthcare services that must be guaranteed to communities. The exercise of autonomy by the Regions should no longer come at the expense of organizational simplification, which is a prerequisite for transparency and performance in public healthcare.

3. HEALTHCARE PERSONNEL AND PERFORMANCE OF HEALTHCARE COMPANIES

The analysis of data on medical and nursing staff in Local Healthcare Authorities shows that the North and South no longer form two homogeneous blocks, with the former always outperforming the latter. Within the same Southern region, for instance, some healthcare authorities invest more in permanent healthcare staff, while others rely more heavily on fixed-term contracts; the same applies to certain regions in the North.

This suggests that rather than geographical location, the stability of healthcare personnel plays a more significant role in determining a Local Health Authority's performance.

Key findings from the analysis include:

- the North has the highest number of permanent doctors per 10,000 inhabitants, while the Central region records the lowest number;
- the South has the highest percentage of temporary doctors, whereas the Central region has the lowest;
- the North also has the highest number of permanent nurses per 10,000 inhabitants, while the South has the lowest;

[2] See the REP Research Centre website: https://centrorep.it/en/content/metodologia/

- conversely, the South shows the highest percentage of temporary nurses relative to the total nursing staff.

Thus, the North is the only geographical area in Italy that can rely on the largest number of stable healthcare personnel, both doctors and nurses.

Among the Northern Regions, those with special autonomy status have the highest average ratio of stable doctors and nurses to the population.

In the South, Abruzzo ranks highest in terms of stable doctors, while Molise leads in stable nurses.

Campania has the lowest number of permanent doctors and nurses in relation to the population, alongside Basilicata and Calabria, with slight differences in their ranking.

In Central Italy, Lazio and Marche are the two regions with the lowest number of permanent doctors and nurses among the analysed sample.

The two autonomous Regions with special status, Friuli-Venezia Giulia and Trentino-Alto Adige report the highest percentages of temporary medical staff, four and three times the regional average, respectively, while the highest percentage of temporary nurses is found across most Southern Regions.

4. DOCTORS

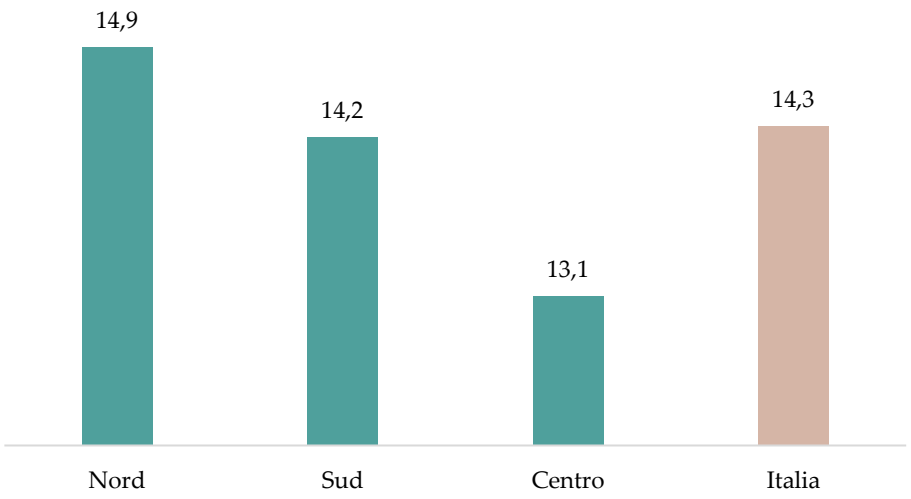
4.1. Permanent doctors

The indicator "Permanent medical staff per 10,000 Inhabitants" highlights the ratio between the number of permanent doctors employed by a Local Health Authority and the respective population served, expressed per 10,000 inhabitants. This indicator serves as a valuable tool for assessing healthcare coverage across different geographical areas in Italy and represents a significant measure of an individual Entity's commitment to investing in medical personnel.

On average, Italian Local Health Authorities employ just over 14 permanent doctors per 10,000 inhabitants. This ratio varies slightly across different territorial areas, though with relatively contained fluctuations, as shown in Figure 1.

It is important to note that while a higher number of employed doctors does not automatically guarantee better healthcare services, it is reasonable to assume that an adequate level of assistance is difficult to ensure when the number of doctors per capita is too low. This assumption appears to be confirmed by the referenced figure: in Southern Italy, the average number of permanent doctors is 14.2 per 10,000 inhabitants, higher than the Central region, 13.1, yet this does not necessarily translate into better healthcare performance. Northern Italy, on the other hand, registers a higher number of doctors (almost 15 per 10,000 inhabitants) compared to the South and is also generally perceived by the public as offering better healthcare services.

Figure 1 – Permanent doctors per 10,000 inhabitants by geographical area



Source: Administrative Capacity Index REP – Data processing by MEF and the Ministry of Health

Focus on Local Health Authorities

It is interesting to note that about half of the healthcare companies examined have an indicator value higher than the Italian average.

In more detail, the benchmark is the Azienda USL Valle d'Aosta, the only Local Health Unit in the Region, which manages three hospitals and four districts, relying on the work of 24 doctors per 10,000 inhabitants, which is 10 more than the average observed on the peninsula.

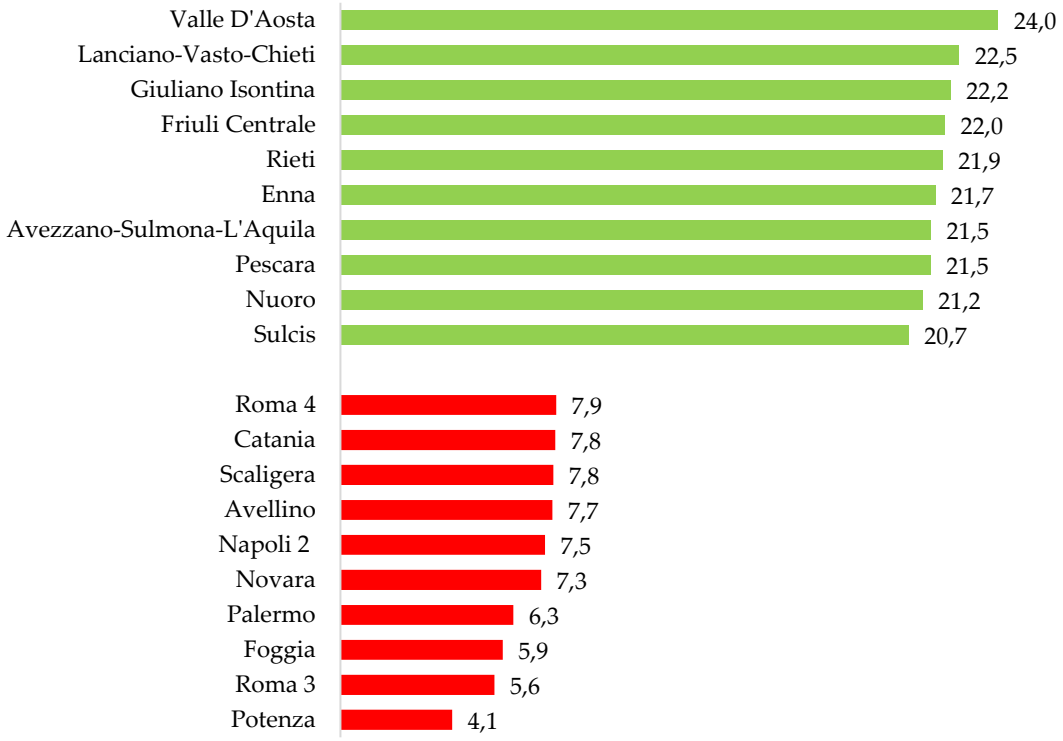
The second most virtuous reality is in the South, the Azienda Sanitaria Locale Lanciano-Vasto-Chieti in Abruzzo, which in its hospitals and territorial facilities has 22.5 healthcare employees per the aforementioned population ratio.

The South also has other healthcare companies among the top ten in the sample with the highest number of doctors: for example, ASL 3 of Nuoro (21.2) and ASL 7 of Sulcis (20.7), both in Sardinia, as well as the Sicilian ASP Enna (21.7).

Equally competitive are the healthcare companies in another Autonomous Region with special statute in the North, Friuli-Venezia Giulia, with ASU Giuliano Isontina and Friuli Centrale: both have about 22 permanent doctors per 10,000 inhabitants.

On the other hand, healthcare companies from Central Italy are absent from the top of the ranking. Here, the Azienda USL Toscana Sud-Est has the highest ratio of permanent doctors to population (18.5), in twenty-second place.

Figure 2 – Permanent medical healthcare employees for population (value/10,000 inhabitans)



Source: Administrative Capacity Index REP – Data processing by MEF and the Ministry of Health

On the opposite end of the ranking, the last ten positions are predominantly occupied by Southern realities (6 out of 10). At the bottom, with fewer than 6 permanent doctors per 10,000 inhabitants, is the Lucanian Azienda Sanitaria Locale of Potenza (ASP), followed by the Puglian Azienda Sanitaria Locale of the province of Foggia.

It is interesting to note that between the two above is the Azienda Sanitaria Locale Roma 3, in Central Italy, accompanied, further up in the ranking but still among the last ten, by Roma 4 (7.9 permanent doctors per 10,000 inhabitants).

There are also ASTs from the North: at the bottom of the ranking are Novara, with just over 7 doctors, and Verona (Scaligera), with almost 8.

In total, out of 20 healthcare companies with fewer than 10 permanent doctors per 10,000 inhabitants, 8 are from the North, almost equal with those from the South (9), while the Central region has only 3 (all in Rome).

Focus on Regions

Shifting the focus from individual Local Health Authorities to individual Regions, the Regions with the highest average number of permanent doctors per population are Valle d'Aosta, Abruzzo, and Friuli-Venezia Giulia. In Abruzzo, for example, alongside the already mentioned Azienda Sanitaria Locale Lanciano-Vasto-Chieti, the Local Health Authority of Avezzano-Sulmona-L'Aquila, Pescara, and Teramo stand out, all with values close to 20 doctors.

Just below, there are Friuli-Venezia Giulia and another Autonomous Region with special statute, Trentino-Alto Adige, with about 19 doctors per 10,000 inhabitants.

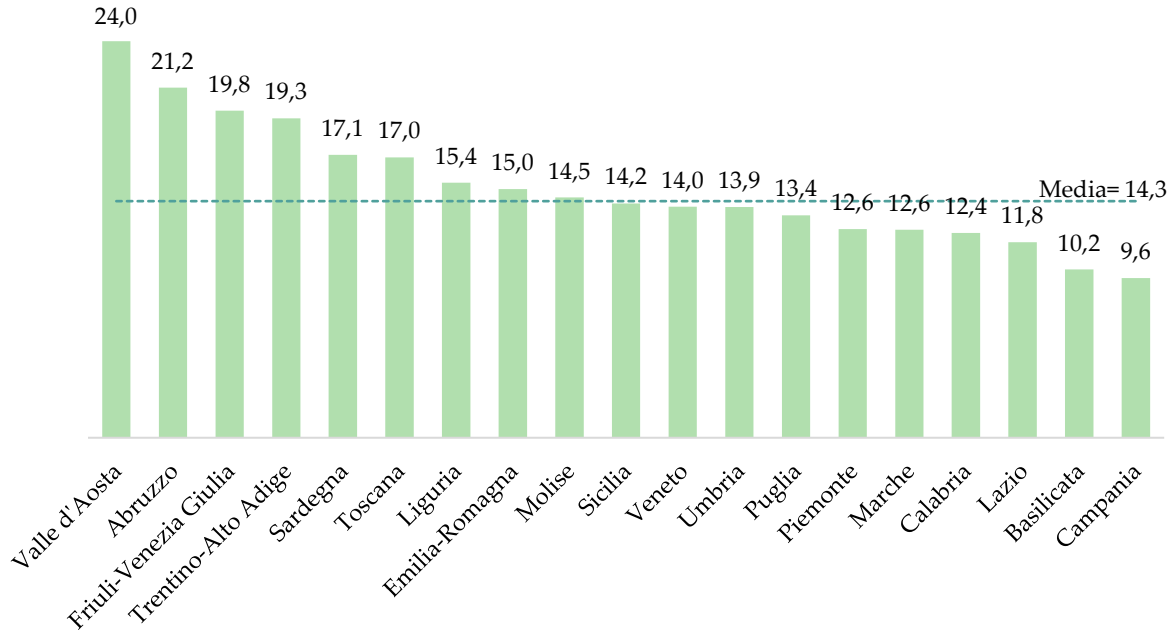
Scrolling through the ranking, there are Regions with less homogeneous performance among the Local Healthcare Authorities compared to those of the aforementioned top four Regions, where the performance on the indicator is closer together.

Campania has the lowest average value of the indicator in the sample, corresponding to 9.6 permanent doctors per 10,000 inhabitants, ranging from the minimum value of 7.5 for ASL Napoli 2 Nord to the maximum of 12.9 for ASL Napoli 1 Centro.

Just above Campania is Basilicata, with 10.2 doctors, whose two healthcare companies range from the minimum value of 4.1 doctors for Azienda Sanitaria Locale di Potenza (ASP) to the maximum value of four times that, at 16.3 doctors for Azienda Sanitaria Locale di Matera (ASM).

In third-to-last position is Lazio, with an average value of the indicator approaching 12 permanent doctors per 10,000 inhabitants. The ten territorial healthcare companies in the region show very diverse management choices, as evidenced by the wide gap in the indicator, ranging from 5.6 for Azienda Sanitaria Locale Roma 3 to 21.9 for Azienda Sanitaria Locale di Rieti, four times higher.

Figure 3 – Permanent medical healthcare employees by Region (value/10,000 inhabitants – regional AST average)



Source: Administrative Capacity Index REP – Data processing by MEF and the Ministry of Health

Puglia, mentioned above as the Region home to one of the healthcare companies with the lowest medical staff coverage (ASL Foggia with 5.9 doctors), is also a Region that hosts more high-performing realities, with the Azienda Sanitaria Locale di Lecce leading the way, with 16.8 permanent doctors per 10,000 inhabitants.

4.2. Doctors with flexible work

The personnel management policy for medical staff by territorial healthcare companies also involves investment choices: preferring long-term contractual forms or fixed-term contracts corresponds, respectively, to focusing on enhancing internal competencies and experiences within the company or prioritizing economic leverage, albeit sometimes at the expense of internal quantitative and qualitative growth. Therefore, it becomes crucial to define the incidence of medical staff with fixed-term contracts on the total number of medical employees in service at individual healthcare companies.

In Italy, on average, the proportion of medical personnel with fixed-term contracts is minority and limited, at 5.1%. The percentage increases slightly in the Southern regions of Italy, reaching 5.7%, while it decreases in the North and Central regions, settling at 4.8% and 4.6%, respectively.

Focus on Local Health Authorities

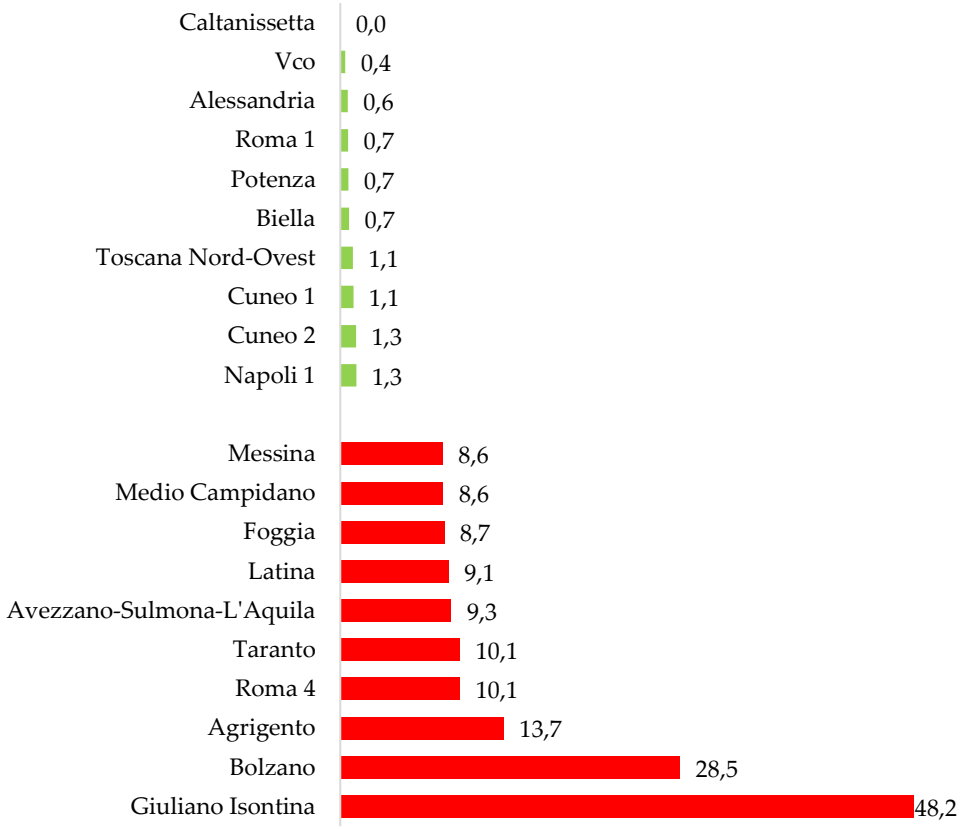
The choice to employ fixed-term medical staff cuts across the entire Peninsula: in fact, with a few exceptions, for almost all the healthcare companies observed, the value of the indicator in question is below 10%.

Exceptions, with numbers far higher than the rest of the sample, are the Azienda Sanitaria Universitaria Giuliano Isontina in Friuli-Venezia Giulia and the Azienda Sanitaria della P.A. di Bolzano in Trentino-Alto Adige, with nearly one doctor in two and one in three, respectively, employed under fixed-term contracts.

Following, though at a distance, is the Azienda Sanitaria Provinciale of Agrigento, also part of a Autonomous Region with Special Statute, with nearly 14% of doctors on fixed-term contracts.

Not far behind are Azienda Sanitaria Locale Roma 4 and Azienda Sanitaria Locale di Taranto, both with one in 10 doctors employed on fixed-term contracts.

Figure 4 – Temporary doctors as a percentage of total doctors (%)



Source: Administrative Capacity Index REP – Data processing by MEF

The management policy of the Provincial Health Authority of Caltanissetta is completely different, as it is the only territorial health authority that does not have fixed-term contracts for its medical staff.

Similar choices are made by other health organizations in different geographic areas of Italy, all of which have an incidence of doctors on fixed-term contracts below 1%. In increasing order of percentage, these are: in the North, the Local Health Authorities of the Verbano Cusio Ossola (0.4%), Alessandria (0.6%), and Biella (0.7%) in Piedmont; in Central Italy, the Local Health Authority Roma 1; and in the South, the Local Health Authority of Potenza ASP (both with 0.7%).

Focus on Regions

Looking at the regional average data, in line with what was observed above and shown in Figure 4, it is precisely Friuli-Venezia Giulia and Trentino-Alto Adige that most deviate from the average trend, with 19.8% and 16.3% of doctors on fixed-term contracts, respectively, both Autonomous Regions with Special Statute.

However, it should be noted that these figures are strongly influenced by the Giuliano Isontina University Health Authority in the first region, and the Health Authority of the Autonomous Province of Bolzano in the second, which remain exceptions even within their respective regional boundaries. In Friuli-Venezia Giulia, the other university health authorities, Friuli Centrale and Occidentale, show lower percentages of medical staff on fixed-term contracts, with 7.4% and 3.9%, respectively. In Trentino-Alto Adige, the Provincial Health Authority of the Autonomous Province of Trento, which completes the regional health offerings, has 4.1% of medical staff on fixed-term contracts.

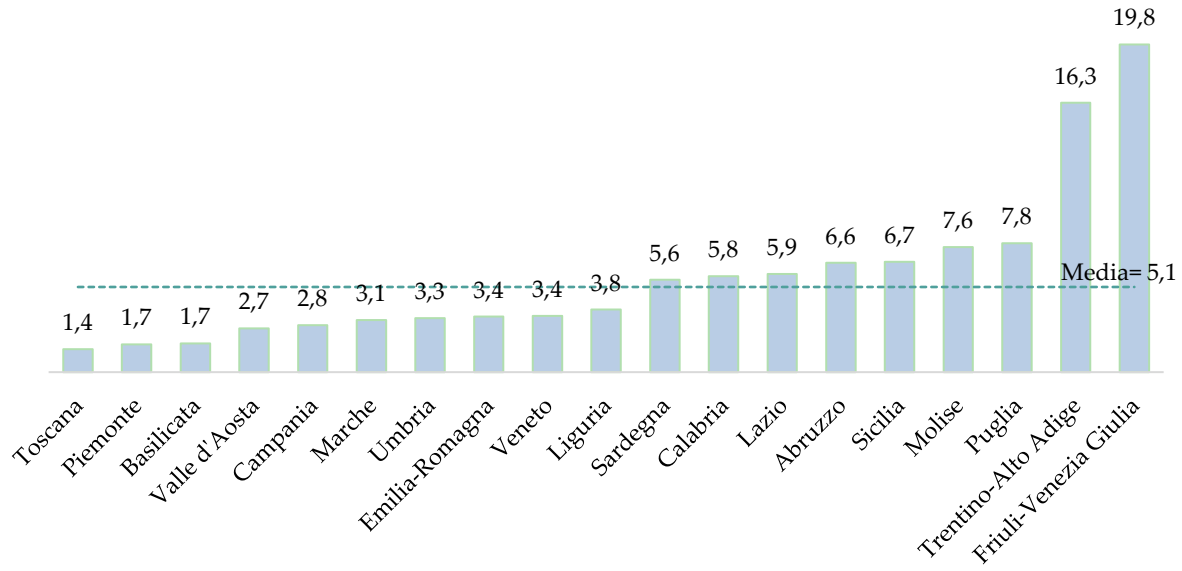
Table 1 – Temporary doctors as a percentale of total doctors for 2 Autonomous Regions with Special Statute (%)

Trentino-Alto Adige	**16,3**
Bolzano	28,5
Trento	4,1
Friuli-Venezia Giulia	**19,8**
Friuli Occidentale	3,9
Friuli Centrale	7,4
Giuliano Isontina	48,2

Source: Administrative Capacity Index REP – Data processing by MEF

Sicily, despite hosting the peculiar case of the Provincial Health Authority of Caltanissetta mentioned above, shows a relatively high average value for the indicator, close to 7%. This is a result of the different management practices adopted by its nine provincial health authorities: in addition to the one already mentioned, the percentage ranges from 4% in the province of Enna to 13.7% in the province of Agrigento.

Figure 5 – Temporary doctors as a percentage of total doctors by regions (%)



Source: Administrative Capacity Index REP – Data processing by MEF

The internal situations within the top-ranked Regions are more homogeneous: Tuscany, for example, with its three "Aree Vaste" ì, shows values ranging between 1.1% and 1.7%, and Piedmont (with an average indicator of 1.7%) does not exceed 3.4% in the Local Health Authority of Asti.

Finally, in Basilicata, the Local Health Authority of Matera (ASM) employs a share of temporary medical staff that is four times higher than that of the Local Health Authority of Potenza (ASP), yet still small, at 2.8%.

5. NURSES

5.1. Permanent nurses

The ratio between the number of permanent nursing staff and the population served by the respective Local Health Authority serves as an indicator for assessing the numerical adequacy of the personnel in question across different territories. As already noted for medical staff, a higher supply of permanent nursing personnel is also a sign of the organization's commitment to investing in healthcare personnel.

On average, in the Italian Local Health Authorities, there are nearly 39 permanent nurses for every 10,000 inhabitants.

This ratio hides significant territorial differences. The healthcare authorities in Northern Italy perform the best, managing to ensure a substantial contingent of nursing staff: 47.2 nurses for every 10,000 inhabitants.

By contrast, the average standard in the other areas is significantly lower: in Central and Southern Italy, there are respectively 34.2 and 32 nurses available for every 10,000 inhabitants.

Focus on Local Health Authorities

While the average data in the North already suggests a virtuous management approach, the indicator values recorded in the top-ranking healthcare authorities reflect a well-structured and desirable healthcare organization.

First and foremost, the Ulss No. 1 Dolomiti stands out, it is also the top healthcare authority in Italy in terms of overall administrative capacity[3]. It boasts 74.3 permanently employed nurses providing care for every 10,000 inhabitants in its service area, located in the province of Belluno.

Equally noteworthy, with an indicator value exceeding 70, is another Northern Italian entity: the Ligurian Socio-Health Authority of Savona.

Figure 6 shows that the ten healthcare authorities with the highest number of permanent nurses in relation to the population are all located in Northern Italy.

On the other hand, the healthcare authorities showing the greatest weaknesses in this indicator are located in Southern Italy, both in Sicily: The Provincial Health Authority of Palermo provides fewer than 10 permanent nurses for every 10,000 inhabitants in its province, while the Provincial Health Authority of Catania offers just over 13.

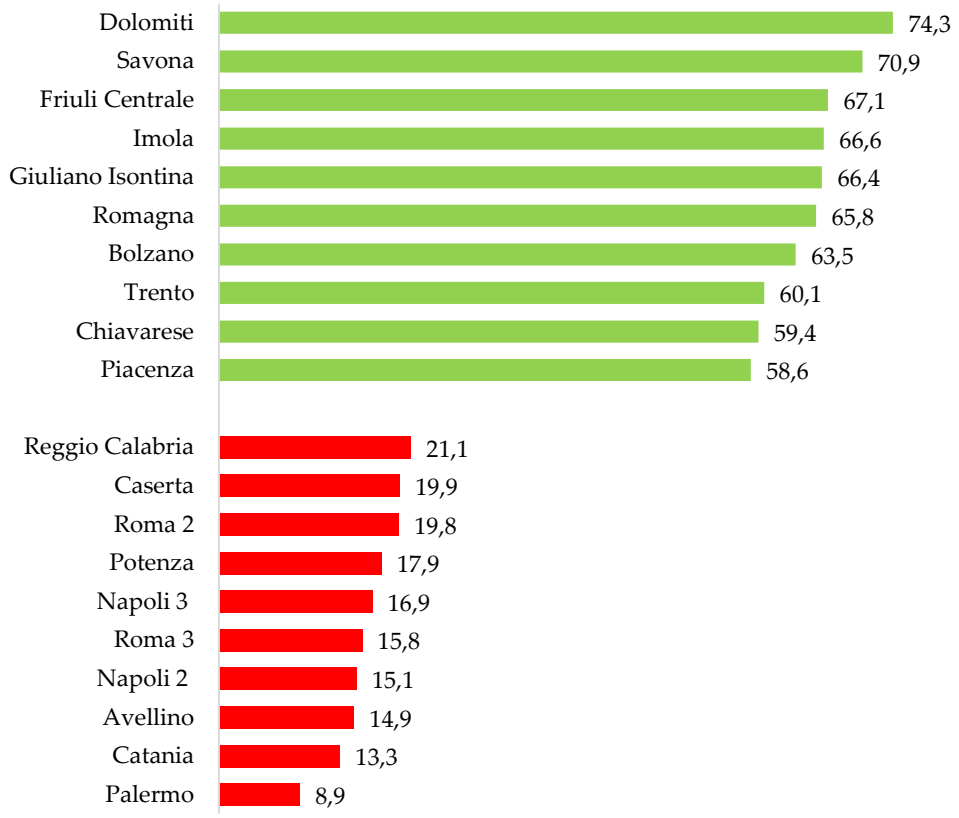
As already mentioned above regarding the number of doctors, it is true that having many nurses does not automatically guarantee good healthcare services, but it is equally true that it will be even harder to ensure quality care if the number of nurses is very low, as in the two examples mentioned.

Unsurprisingly, these two Provincial Health Authorities also show an overall low level of general administrative capacity[4].

[3] This is based on the Administrative Capacity Index of REP for the Italian Local Health Authorities, excluding those in Lombardy, for 2023.

[4] See previous note.

Figure 6 – Permanent nurses per population (value/10,000 inhabitants)



Source: Administrative Capacity Index REP – Data processing by MEF and the Ministry of Health

It is worth noting that none of the ten lowest-ranking healthcare authorities are in Northern Italy, while two are in the Centre, both in Rome. As already observed, Roma 3 shows issues with stable healthcare personnel, including medical staff.

Focus on Regions

The most virtuous and least virtuous cases just examined stand out both at the national level and, at times, within their respective regional context.

The Ulss No. 1 Dolomiti, for example, excels in a Region, Veneto, which has, among its nine healthcare authorities, entities that show indicator values slightly below and slightly above 30 permanent nurses, even though the majority exceed the 40-nurse threshold.

Table 2 – Permanent nurses per 10,000 inhabitants by Local Health Authorities in Veneto

Veneto	49,3
Dolomiti	74,3
Marca Trevigiana	44,8
Serenissima	55,7
Veneto Orientale	45,7
Polesana	58,2
Euganea	32,0
Pedemontana	48,9
Berica	56,0
Scaligera	27,8

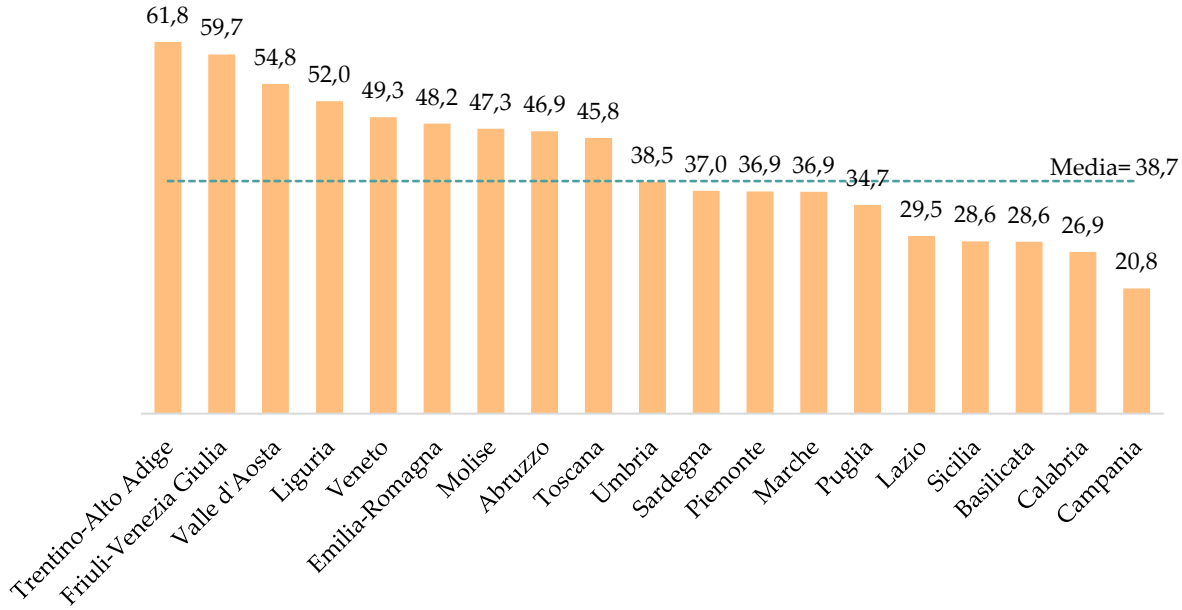
Source: Administrative Capacity Index REP – Data processing by MEF and the Ministry of Health

A similar situation applies to the rRgion of Liguria, which is home to both the second-best healthcare authority in Italy offering the highest coverage of permanent nursing staff (Savonese, with 70.9) and entities that adopt different management choices: in this regard, consider the Ligurian Socio-Health Authority of Genoa, which entrusts the care of 10,000 inhabitants to just 23.7 nurses.

The two Sicilian healthcare authorities mentioned earlier for their low number of nursing staff (ASP Palermo with 8.9 and ASP Catania with 13.3) represent only a portion of the island's healthcare provision, which also includes healthcare authorities in other provinces with a far higher number of permanent nursing staff: Enna and Ragusa, for example, have 41.8 and 39 permanent nurses per 10,000 inhabitants, respectively.

In line with the above, the top-ranking regions in Italy are not those housing the most virtuous healthcare authorities. Rather, they are the three Autonomous Regions with Special Statute in the North: Trentino-Alto Adige, with its two provinces almost aligned (slightly above 60 permanent nurses); Friuli-Venezia Giulia, with internal differences, as the two university healthcare authorities, Friuli Centrale and Giuliano Isontina, have very similar indicator values around 67, in contrast to those recorded by AS Friuli Occidentale (45.7); and Aosta Valley, with a single healthcare authority at 54.8 (see Figure 7).

Figure 7 – Permanent nurses per Regions (value/10,000 inhabitants.)



Source: Administrative Capacity Index REP – Data processing by MEF and the Ministry of Health

The last three Regions, following Sicily at the bottom of the ranking, are also from the South: in descending order, Basilicata (28.6 nurses), Calabria (26.9), and Campania (20.8).

More specifically, the healthcare authorities in Basilicata operate under different management systems: the Local Health Authority of Potenza (ASP) has 17.9 permanent nurses for every 10,000 inhabitants, compared to the 39.3 at the Local Health Authority of Matera (ASM), confirming the differences already noted for medical staff.

In Calabria, the average data of 26.9 summarizes a range of values between 21.1 at the Provincial Health Authority of Reggio Calabria and 31.3 at the Provincial Health Authority of Crotone.

In Campania, the six Local Health Authorities, which on average rely on about 21 permanent nurses for every 10,000 inhabitants, vary between about 15 permanent nurses at the ASLs of Avellino and Naples 2 North and nearly 30 at the ASLs of Salerno and Naples 1 Central.

It is worth noting that, just above the average value for Sicily, lies Lazio, which on average has fewer permanent nurses (even fewer than 29.5) than Puglia (34.7). Lazio's position in the ranking (the fifth lowest) is essentially like that for the average number of permanent doctors (the third lowest): in both cases, the regional average is below the overall national average (38.7). Even in the case of Lazio, the healthcare authorities demonstrate varying levels of investment in the permanent hiring of nurses: they range from fewer than 16 in Roma 3 to just over 46 in Rieti.

Table 3 - Permanent nurses per 10,000 inhabitants by Local Health Authorities in Lazio

Lazio	29,5
Frosinone	41,1
Latina	29,4
Rieti	46,3
Roma 1	21,6
Roma 2	19,8
Roma 3	15,8
Roma 4	23,4
Roma 5	26,4
Roma 6	29,9
Viterbo	41,6

Source: Administrative Capacity Index REP – Data processing by MEF and the Ministry of Health

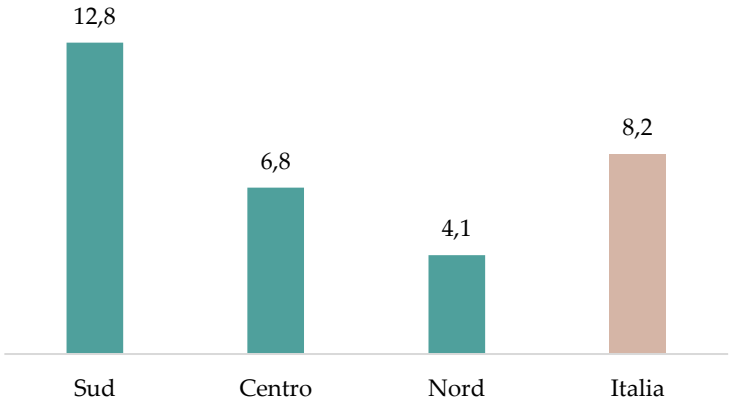
5.2. Nurses with a fixed-term contract

Just as with medical staff, the hiring of nursing personnel through different types of contracts reflects equally varied management choices and investment strategies. In this sense, it is useful to examine the proportion of nursing staff on temporary contracts relative to the total number of nursing staff across the 97 healthcare authorities in Italy that were analysed.

On average, in Italy, healthcare authorities employ 8.2% of nursing staff on temporary contracts, a percentage higher than that recorded for medical staff on temporary contracts.

However, once again, the average figure masks territorial peculiarities that can be appreciated through an analysis of geographical macro-areas: the percentage ranges from 4.1% in the North to 6.8% in the Centre, and it doubles in the South, where it nearly reaches 13%.

Figure 8 – Temporary nurses as a percentage of total nurses in the territories (%)



Source: Administrative Capacity Index REP – Data processing by MEF

Focus on Local Health Authorities

The variability in behaviour becomes even more evident when looking at the highest level of detail, that is, at the individual healthcare authority level: in some healthcare authorities, as

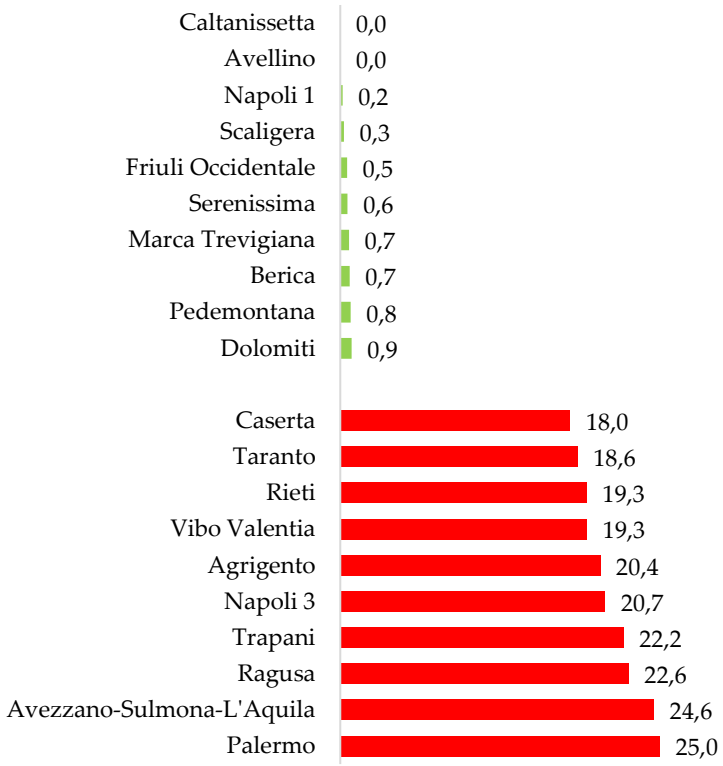
many as one in four nurses is on a temporary contract, while in others, this type of contract is not even considered.

Specifically, the healthcare authorities in the South are those that have at least 20% of nurses on temporary contracts: these include the four Sicilian authorities of Palermo, Ragusa, Trapani, and Agrigento, the Abruzzese Local Health Authority of Avezzano-Sulmona-L'Aquila, and the Campania Local Health Authority of Napoli 3 Sud.

Also in the South, on the opposite end of the ranking, are the healthcare authorities without any temporary nurses (ASL of Avellino and ASP of Caltanissetta) or with a percentage very close to zero (ASL Napoli 1 Centro, with just 0.2%).

Next, there are healthcare authorities that keep the share of nurses on temporary contracts below 1%, all of which are in the North: AS Friuli Occidentale, the Veneto authorities ULSS No. 9 Scaligera, No. 3 Serenissima, No. 2 Marca Trevigiana, No. 8 Berica, No. 7 Pedemontana, and finally, No. 1 Dolomiti.

Figure 9 – Temporary nurses as a percentage of total nurses (%)



Source: Administrative Capacity Index REP – Data processing by MEF

Focus on Regions

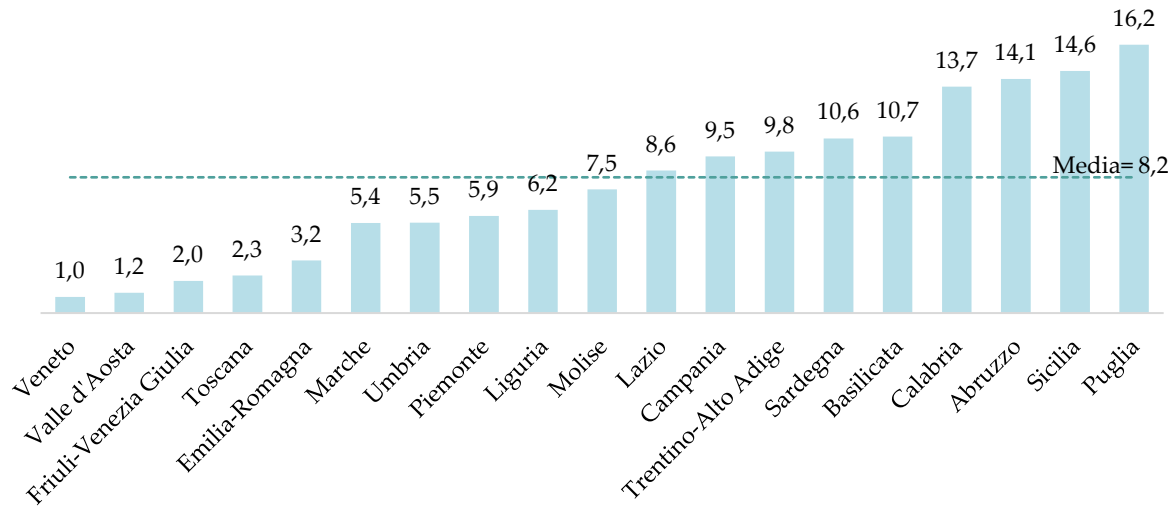
Shifting the focus to the regional level of the Local Health Authorities, Veneto is the Region with the lowest average proportion of nursing personnel on temporary contracts, showing a tendency toward internal homogeneity. In fact, the healthcare authorities of the region mentioned above, including ULSS No. 6 Euganea, No. 4 Veneto Orientale, and No. 5 Polesana, also have relatively low indicator values, never exceeding 2.3%.

Puglia, on the other hand, is the Region that, on average, has the highest proportion of nursing staff on temporary contracts, just above 16%. The local healthcare authorities under its jurisdiction show no significant differences, with indicator values ranging from 13.9% to 18.6%.

As can be easily inferred from the data above, the nine Sicilian ASPs, despite having a regional average close to 15%, vary greatly in terms of the composition of their nursing staff based on contract type: aside from the ASP of Caltanissetta (0%), the other ASPs range from 7.6% in Messina to 22.6% in Ragusa.

Less pronounced, but still noticeable, are the differences found in Abruzzo, a Region that, in addition to the Local Health Authority of Avezzano-Sulmona-L'Aquila with almost 25% of nurses on temporary contracts, also includes the Local Health Authorities of Teramo, Lanciano-Vasto-Chieti, and Pescara, with percentages ranging from 9% to 13.2%.

Figure 10 – Temporary nurses a percentage of total nurses by region (%)



Source: Administrative Capacity Index REP – Data processing by MEF

Annex A

Below is the list of the Local Health Authorities analysed and their respective regions:

Local Health Authority	Region
Avellano-Sulmona-l 'Aquila	Abruzzo
Lanciano-Vasto-Chieti	Abruzzo
Pescara	Abruzzo
Teramo	Abruzzo
Matera	Basilicata
Potenza	Basilicata
Catanzaro	Calabria
Cosenza	Calabria
Crotone	Calabria
Reggio Calabria	Calabria
Vibo Valentia	Calabria
Avellino	Campania
Caserta	Campania
Napoli 1	Campania
Napoli 2	Campania
Napoli 3	Campania
Salerno	Campania
Bologna	Emilia-Romagna
Romagna	Emilia-Romagna
Ferrara	Emilia-Romagna
Imola	Emilia-Romagna
Modena	Emilia-Romagna
Parma	Emilia-Romagna
Piacenza	Emilia-Romagna
Reggio Emilia	Emilia-Romagna
Friuli Occidentale	Friuli-Venezia Giulia
Friuli Centrale	Friuli-Venezia Giulia
Giuliano Isontina	Friuli-Venezia Giulia
Frosinone	Lazio
Latina	Lazio
Rieti	Lazio
Roma 1	Lazio
Roma 2	Lazio
Roma 3	Lazio
Roma 4	Lazio
Roma 5	Lazio
Roma 6	Lazio
Viterbo	Lazio
Chiavarese	Liguria
Genova	Liguria
Imperia	Liguria
Savone	Liguria
La Spezia	Liguria

Marche	Marche
Molise	Molise
Alessandria	Piemonte
Citta' di Torino	Piemonte
Asti	Piemonte
Biella	Piemonte
Cuneo 1	Piemonte
Cuneo 2	Piemonte
Novara	Piemonte
Torino 3	Piemonte
Torino 4	Piemonte
Torino 5	Piemonte
Vercelli	Piemonte
Vco	Piemonte
Bari	Puglia
Brindisi	Puglia
Barletta-Andria-Trani	Puglia
Foggia	Puglia
Lecce	Puglia
Taranto	Puglia
Sassari	Sardegna
Gallura	Sardegna
Nuoro	Sardegna
Ogliastra	Sardegna
Oristano	Sardegna
Medio Campidano	Sardegna
Sulcis	Sardegna
Cagliari	Sardegna
Agrigento	Sicilia
Caltanissetta	Sicilia
Catania	Sicilia
Trapani	Sicilia
Enna	Sicilia
Messina	Sicilia
Palermo	Sicilia
Ragusa	Sicilia
Siracusa	Sicilia
Toscana Centro	Toscana
Toscana Nord Ovest	Toscana
Toscana Sud Est	Toscana
Bolzano	Trentino-Alto Adige
Trento	Trentino-Alto Adige
Umbria 1	Umbria
Umbria 2	Umbria
Valle d'Aosta	Valle d'Aosta
Dolomiti	Veneto
Marca Trevigiana	Veneto
Serenissima	Veneto

Veneto Orientale	Veneto
Polesana	Veneto
Euganea	Veneto
Pedemontana	Veneto
Berica	Veneto
Scaligera	Veneto