A new Journal section on Health Systems’ Research: purpose and rationale

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In times where health systems’ sustainability is undermined by populations’ ageing, ongoing economic crises, increased burden of chronic diseases, healthcare and new technologies costs, national and international health authorities have underlined the importance of improving the efficiency of health services and investing in prevention activities. (1-4). The 67th World Health Organization (WHO) Regional Committee for Europe, held in Budapest, Hungary on 11-14 September 2017 reaffirmed the need for Member States for bolstering their public health policies, capacities and operations (5). Italy is a virtuous case of these principles’ implementation. During 2017 Italy approved new laws, one extending mandatory vaccination to ten key immunization programmes (6) to counteract alarming decreasing coverage rates (7-9), and one (named “Gelli” in honour of its proponent) on risk management and professional liability of healthcare professionals (8). These laws, together with the new Essential Levels of Assistance (LEA) (10), for different but complimentary reasons, are to be considered milestones for Italian public health.

If those are successful examples of public health policies, we do believe a comprehensive public health action include: i) effective public health practice, ii) carried out by trained professionals and iii) supported by robust research.

The last two components – training and research – are mainly academia’s responsibilities, and it is in this context that we take great pride in launching on the current issues of Acta BioMedica a section dedicated to public health and health systems’ research. Within the long-lasting tradition of Acta BioMedica the new section will - for the first time - offer room and impetus to research findings in the field of public health, health economics, management and policy.

There are three main arguments supporting the rationale behind its introduction. First, to intent public health in its multidisciplinary nature which encompasses extending research collaborations to health policy makers, economists, legal experts, architects, etc, all of which can convey their competencies and expertise to analyze key public health themes (11-13). Second, to intend public health tools as transversal to other clinical specialties, offering scope, for instance, to research in the field of non-communicable disease and clinical epidemiology. Last, but not least, to give space to health systems’ research and health services epidemiology on issues of national interest closely related to the Italian National Health Service (INHS) which will be published also in Italian (12).

As we launch a call for papers for the “Health Systems’ Research” section, we aim to stimulate the wider public health community in the universities, hospitals, local health authorities and other health agencies and institutions to contribute with their research to its quality and interest.

To conclude with, we are glad that Acta BioMedica is supported by the University of Parma Centre on Health Systems’ Organization, Quality and Sustainability (14, 15). Indeed, the Centre has fulfilled in its first year and a half of activity the training mission we were referring to above, complementing medical schools’ curricula with credit-based courses on specific public
health-related topics. The Centre’s wide network of academics, national, regional and local health authorities’ representatives and other public health experts has made it possible to plan and implement a comprehensive public health training package in close collaboration with selected public health post-graduate medical education residency programmes (16); collaborations whose outputs we hope to report on soon in the Journal’s section.

Re-affirming our strong commitment to offer good quality training and research opportunities, as academics and public health professionals nourishing fond hopes in public health potentials, we are looking forward to receive your valuable contributions.

References