

Technical Support Instrument

Cluster 1: Strengthening healthcare workforce

The Italian EU Resources Hub for sustainable investing in health: a case study on health workforce and smart programming tool using AI

Inception Report

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List of acronyms

AI	Artificial Intelligence
AGENAS	National Agency for Regional Health Services
AP	Autonomous Provinces
CRPA	Conference of the Regions and Autonomous Provinces
ECDC	European Center for Disease Prevention and Control
ECM	Continuing Medical Education
EFSA	European Food Safety Authority
EU	European Union
ISS	National Institute of Health
ProMIS	Programma Mattone Internazionale Salute
SG REFORM	Secretariat-General Reform and Investment Task Force
TSI	Technical Support Instrument
WHO	World Health Organization

1. Context and objectives of the project

Europe as a whole and Italy in particular are experiencing a profound demographic shift, marked by an ageing population and a rising burden of non-communicable diseases. These long-standing challenges have been further exposed and intensified by the COVID-19 pandemic, revealing deep vulnerabilities in health systems across the region.

In 2022, the EU was estimated to face a shortfall of nearly 1 million healthcare workers, including doctors, nurses, and midwives¹. This shortage is projected to grow by 2030, mainly driven by the impending pro retirement of a significant portion of the workforce. Compounding these workforce issues are persistent disparities in access to care, particularly in rural and underserved areas. Many regions face acute shortages of healthcare professionals, resulting in so-called “medical deserts” where residents struggle to access essential services. This uneven distribution not only undermines health equity but also can place additional pressure on urban health systems as patients migrate in search of care inside and between regions.

The situation in Italy the demographic situation means that in many ways it appears more pronounced than in other European countries in terms of both population ageing, with an average age and an old-age dependency ratio that surpass the EU averages, and shortages of certain categories of healthcare personnel, such as nurses (6.5 per 1,000 inhabitants in Italy compared to an EU average of 8.4)². However, some indicators align with broader European trends, such as an ageing healthcare workforce, while others contrast with them. For instance, Italy has historically had a higher density of medical doctors relative to its population than other EU countries, although a shortage is currently emerging, particularly in specialisations that are less attractive to young doctors. This is due to a substantial outflow linked to the retirement of an ageing medical workforce. Nevertheless, given the increase in enrolment on medical degree programmes over the past five years, alongside projections for further growth in the coming years, partly driven by university reforms that have abolished entrance exams for the first year, it is expected that a surplus of doctors will emerge within the next decade.

The TSI project in Italy will aim to strengthen the resilience, sustainability, and fiscal responsibility of the health system through a more equitable and efficient allocation of healthcare resources and improved governance mechanisms. It will deliver this through (1) building the system's capacity to effectively plan and enhance the system's capacity to address workforce shortages, maldistribution(s), and skills gaps; and (2) deliver enhanced governance and coordination among actors responsible for the management of

¹ OECD/European Commission (2024), Health at a Glance: Europe 2024: State of Health in the EU Cycle, OECD Publishing, Paris, <https://doi.org/10.1787/b3704e14-en>

² Data source: ISTAT (esploradati.istat.it); OECD (data-explorer.oecd.org); WHO (apps.who.int/nhwportal)

national and EU funds related to the workforce, in particular the regional and autonomous provinces' authorities; promoting cross-sectoral collaboration and catalysing innovative solutions to align workforce capacity with evolving healthcare demands.

In Italy, regional authorities play a central role in the organisation and delivery of healthcare, within the framework of the National Health Service (Servizio Sanitario Nazionale – SSN). The system is decentralised, meaning that while the national government sets broad principles and essential levels of care (LEA – *Livelli Essenziali di Assistenza*), regions are primarily responsible for planning, financing, and providing health services. Regional authorities in Italy are the primary implementers of healthcare, shaping services to meet local needs while aligning with national and EU health priorities. They will, therefore, be key beneficiaries of the project and partners in both workstreams.

To address the current and future challenges facing the health workforce, the Italian Ministry of Health has identified key strategic areas to work on. A first area is the Reorganisation of the health professions' regulatory framework. This involves broadening the scope of practice for health professionals, updating training profiles and reorganizing the regulatory framework so to obtain a more flexible deployment of staff. The objective is to maximise the value of all professional categories and optimise the deployment of existing skills, particularly in view of ongoing workforce shortages.

Another key priority is the digital transition and integration of artificial intelligence (AI) in healthcare. The Ministry of Health recognises the need to establish new reference frameworks for digital health and update the skills required by healthcare professionals in an increasingly data-driven and technology-assisted environment.

A third strategic area addresses the need to make healthcare professions more appealing to young people. This priority is based on alarming trends observed in recent years, such as the declining popularity of certain healthcare careers, particularly nursing, emergency care and general practice. If these trends are not addressed, they could exacerbate workforce shortages and hinder generational renewal in the health sector, particularly in regions already experiencing demographic decline or brain drain.

A critical point is to improve the capacity of the National Health Service (SSN) of attracting and retaining healthcare professionals who are already working or willing to work in it. Despite their strong professional motivation and ethical commitment, many healthcare workers are dissatisfied with their working conditions, lack of career progression, organisational rigidity and lack of recognition. This could lead to resignations or transitions to the private sector. This issue is particularly acute in certain geographical areas (e.g. inner cities and rural regions in the south of the country), where health services are more fragile and workforce shortages are more severe. This includes to make SSN more attractive also for qualified health professionals from abroad, while ensuring that recruitment practices are transparent, sustainable and respectful of international standards, including the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Finally, a strategic area focuses on the need to establish reliable, transparent and flexible systems for certifying the competencies of healthcare professionals throughout their careers. As health systems evolve in response to demographic, technological and organisational changes, the skillsets of the workforce must evolve too. However, Italy currently lacks a national framework that enables the systematic recognition and validation of new or acquired competencies, whether through formal education or professional experience. This hinders workforce adaptability, limits opportunities for professional development and complicates the deployment of innovative care models.

Considering the current challenges and anticipated pressures affecting healthcare workforce and in line with the strategic areas focused on by the Ministry of Health, the 19 Regions and 2 Autonomous Provinces (APs) have adopted a position paper analysing and proposing measures relating to SSN staff. This initiative is the work of the Interregional Technical Committee on Human Resources, Training and Training Needs, which is coordinated by the Veneto Region within the Health Commission of the Permanent Conference of Regions and Autonomous Provinces. The document, titled “Securing the Future of the National Health Service: A Strategy for the Regions and Autonomous Provinces to Revitalize the National Health Service Staff”, was approved in April 2025³. Given the critical role of Regions and APs in managing and planning healthcare workforce, this document is a key component of the inception report, alongside the priorities presented by the Ministry of Health at the project kick-off meeting and further outlined in the next sections.

2. Presentation of the Beneficiary Authority/s

The primary beneficiary is the Italian Ministry of Health (Ministero della Salute⁴), which is the governmental agency responsible for public health in Italy. It was established in 1958 and is headquartered in Rome. The current Minister of Health is Orazio Schillaci, appointed in October 2022. The Ministry's primary functions include protecting human health, coordinating the national health system, overseeing veterinary health and food hygiene, and promoting health protection in the workplace.

In Italy's decentralised health system, the national government finances the regional health systems through the National Health Fund, establishes essential levels of care (LEA) and overarching policy, and monitors the quality, quantity, and expenditure of services provided by the regions. Regions and APs, on the other hand, are primarily responsible for organising and delivering healthcare services, including developing health plans, managing hospitals and local health agencies, and allocating resources. Additionally, they

³ An example of the regional application of the principles set out in the position paper, even though it anticipates their contents, is the 'Regional Plan to Address Staff Shortages in Veneto's Regional Health and Social Services' (DGR 960, 13 August 2024).

⁴ www.salute.gov.it

can co-finance their regional health systems. They also oversee public health initiatives and participate in EU projects. They will be key beneficiaries of the project.

The relationship between the Government and the Regions and Aps are facilitated by the Permanent Conference for Relations between the State, Regions and Autonomous Provinces (the State-Regions Conference). The Regions and APs, in turn, coordinate their actions with the Government through the Conference of Regions and Autonomous Provinces (CRPA). The Health Commission is the body within the CRPA which has the role to examine and discuss issues of mutual interest within the healthcare sector, encouraging dialogue and collaboration between the state and the Regions. It is chaired by the Minister of Health, and it includes representatives from the Regions / APs and other state administrations. The Commission's activities take the form of meetings, discussions and the drafting of shared documents.

The Interregional Technical Committee of the Health Commission – Human Resources, Training, and Training Needs⁵ is a technical body which operates within the Health Commission, it's coordinated by the Veneto Region and focuses specifically on human resources in the healthcare sector. It addresses issues such as continuing professional development workforce planning at regional and national levels, and human resource management in the healthcare system. The Committee plays an advisory role, providing opinions and recommendations to the Health Commission and the Government on issues related to training and human resources development in the sector.

PROMIS (Programma Mattone Internazionale Salute⁶) is a national initiative that supports Italy's National and Regional Health Authorities in engaging with international and EU health policies, funding, and collaboration. It is led by a General Coordination Committee comprising representatives from the Ministry of Health, the National Institute of Health (ISS), the National Agency for Regional Health Services (AGENAS) and regional representatives. ProMIS plays a strategic role in aligning Italy's health system with global priorities, advancing innovation, and improving healthcare quality through cross-border cooperation. Specifically, ProMIS has the aim to promote the use of EU funds and improve capacity building related to EU projects management within regional and national health public authorities.

The National Agency for Regional Health Services (AGENAS⁷) is a public body that operates under the supervision of the Italian Ministry of Health which supports the Ministry and Regional Health Authorities in promoting the efficiency, effectiveness and quality of the National Health Service (SSN). Specifically, AGENAS plays a pivotal technical and operational role in developing health policies, organisational innovation, and monitoring

⁵ www.regioni.it

⁶ www.promisalute.it

⁷ www.agenas.gov.it

and evaluating health services. AGENAS contributes also to the planning and assessment of strategies relating to the health workforce, quality assurance, digital transformation and care integration and it facilitates interregional cooperation and implementation of national and European programmes. Within the framework of the TSI project, AGENAS offers expertise in health system governance and institutional capacity building, acting as a strategic partner in coordinating and ensuring the sustainability of health workforce reform and investment initiatives.

The Italian National Institute of Health (Istituto Superiore di Sanità, ISS⁸) is the principal technical scientific body of Italy's National Health Service, operating under the supervision of the Ministry of Health, performing a core role in public health through functions of research, experimental trials, regulation, surveillance, control, consultancy, documentation and training. It supports evidence-based policymaking by generating scientific knowledge, conducting epidemiological monitoring, and offering technical advice to national and regional authorities. It also coordinates national and international research collaborations, provides technical support to agencies such as WHO, ECDC, EFSA and international health networks, and engages in capacity building initiatives and preparedness activities across Europe and globally. Within the TSI framework, ISS supports health workforce governance through evidence generation, training and institutional coordination. Its role enhances credible scientific inputs into health system reform and ensures alignment with European standards in quality, innovation and evaluation.

3. Description of the needs

The workforce is a critical issue for the Italian health system to address. Currently, the health system has 4.2 practising doctors per 1,000 population (same of the EU average of 4.2)⁹ and 6.2 practising nurses (compared to the EU average of 8.4)¹⁰ in both the public and private sectors. The ageing of the workforce is an issue: 54% of doctors and 24% of nurses are over 55 years old¹¹.

Although the number of doctors leaving the profession or retiring from the public sector - where the standard retirement age is 65, extendable up to 72, with the possibility of continuing to work as freelancers in the private sector - will be counterbalanced in the next years (most probably within 2030) by an increase in medical school enrolments¹² and in the number of trainees in specialist training programmes, this compensatory dynamic has not occurred for the nursing workforce. Unlike many EU countries where nursing training recruitment is rising, Italy is seeing a decline, with just 17.2 nursing graduates per 100,000 population, far below the EU median of 37.5¹³. Additionally, while the long-term trend for

⁸ www.iss.it

⁹ OECD Health Statistics 2024; Eurostat <https://stat.link/qwxcda>

¹⁰ OECD Health Statistics 2024; Eurostat <https://stat.link/y5axbh>

¹¹ OECD Health Statistics 2024; Eurostat <https://stat.link/o31avn>

¹² OECD Health Statistics 2024; Eurostat <https://stat.link/g7sb93>

¹³ OECD Health Statistics 2024; Eurostat <https://stat.link/aphwz7>

all types of doctors is expected to be positive, the outlook for specific specialties and regions over the short term is less optimistic. For example, almost all regions are experiencing a decrease in the number of general practitioners¹⁴.

To address the current and future challenges facing the health workforce, the Italian Ministry of Health and the Regions and APs have agreed on the need to jointly work on six strategic areas:

1. Reorganisation of the health professions' regulatory framework;
2. Digital transformation and artificial intelligence;
3. Recruitment of healthcare professionals with foreign qualifications;
4. Policies to increase the attractiveness of healthcare professions;
5. Initiatives to improve attractiveness and retention within the SSN;
6. Certification of healthcare professionals' competencies.

Italy already has a variety of models, processes and tools in place to support the governance and planning of the health workforce, with the involvement of regional and national institutions. These mechanisms have evolved over time and are currently being reviewed and enhanced considering emerging issues. Further integration and development through the TSI could be beneficial, particularly regarding fostering vertical coordination between national and regional levels, and horizontal collaboration across sectors and policy domains such as health, education, labour and the economy, as well as strengthening institutional capacity.

A detailed exploration of existing evidence and data is required for each of the six identified areas to quantify and qualify the phenomena under examination. This analysis should be complemented by structured peer learning / good practices exchange with other EU Member States, particularly with ongoing TSI initiatives, in particular Spain.

a) Reorganisation of the health professions' regulatory framework

The reorganisation of the health professions' regulatory framework is intended to enhance the operational flexibility of personnel working within the healthcare system. At present, there are 31 distinct recognized healthcare professional profiles in Italy¹⁵, 23 of which fall within the nursing, midwifery, technical, rehabilitation, and prevention areas (see annex 9 for the full list of the 23 health professions in focus). This high degree of fragmentation has limited the responsiveness of the health system, leading to organisational rigidity and reducing the attractiveness of certain professional roles. To address these challenges, it is necessary to reorganise professional profiles and overcome existing organisational silos. This process should promote care models that incorporate changes in skill mix, ensuring the full utilisation of the competencies of all healthcare professionals and support

¹⁴ Eurostat 2025

https://ec.europa.eu/eurostat/databrowser/view/hlth_rs_physcat__custom_18355742/default/table

¹⁵ <https://www.salute.gov.it/new/it/tema/professionisti-sanitarie/professionisti-sanitarie/?paragraph=0>

staff. Additionally, the introduction of care support roles, such as nursing assistants, should be integrated into new organisational models to better meet care demands.

b) Digital transformation and artificial intelligence

The digital transformation of health systems is already underway. However, the full impact of this shift on the supply and demand for healthcare professionals is unclear. The Ministry of Health has developed a stock-and-flow forecasting model for health workforce planning which is currently being improved as part of the Joint Action HEROES project¹⁶. The TSI project can contribute to this by sharing good practice and recommendations on how to incorporate qualitative elements, such as changes in professional tasks and digital skill requirements, into the current quantitative model.

In this context, digital transformation should also be seen as a strategic lever to reduce the administrative burden on healthcare staff, free up clinical time, and increase the overall efficiency of care delivery. Key areas include the automation of repetitive tasks, the integration of interoperable digital tools, the adoption of artificial intelligence for clinical decision support and predictive analytics, the expansion of telemedicine for managing chronic conditions and frailty, and the strengthening of workforce training to enhance digital competencies.

This entails not only acquiring technical skills (e.g. interoperability standards, cybersecurity, electronic health records, telemedicine platforms, decision support systems, AI-based tools), but also strengthening so-called "digital readiness" – that is, the cultural and organisational capability to effectively integrate digital technologies into daily practice.

Italy has already made progress in this regard. For example, under the National Recovery and Resilience Plan (NRRP), a broad national programme is currently underway to deploy the new Electronic Health Record (Fascicolo Sanitario Elettronico 2.0)¹⁷, to be made interoperable across the country by 2026. Moreover, the “General Strategy for Enhancing Digital Competences of Health and Social-Health Personnel”, promoted by the Ministry of Health, Agenas, the Department of Digital Transformation, and ProMIS and based on the EU’s Digital Skills project ([TSI Digital Skills](#))¹⁸, is implementing an assessment, planning and monitoring model, designed to enable systematic evaluation and adjustment at multiple governance levels of the entire upskilling process, from defining digital competence portfolios to delivering training and tracking results, useful for digital skills as well as for transversal and technical skills.

¹⁶ <https://healthworkforce.eu/>

¹⁷ <https://www.fascicolosanitario.gov.it/>

¹⁸ <https://promisalute.it/iniziativa-di-sistem/sperimentazione-regionale-della-strategia-generale-di-accrescimento-delle-competenze-digitali-del-personale-sanitario-e-socio-sanitario/>

However, these processes still require further coordination and integration with workforce policies (for example, revise curricula and continuing education systems accordingly, adopt data infrastructures to monitor workforce distribution and forecast future needs, also with the support of AI).

c) Recruitment of healthcare professionals with foreign qualifications

The healthcare labour market operates within the European context of free movement for students, workers and patients. In view of Italy's demographic decline, it is a strategic priority to attract international qualified professionals. The recognition of qualifications obtained in other EU and non-EU countries is subject to regulated — and, in some cases, automated — procedures¹⁹. It is therefore crucial to ensure that these mechanisms are timely and robust in safeguarding the quality of incoming competencies. The TSI can support the development of strategies that benefit both parties to attract international students and professionals, as well as exploring innovative funding mechanisms for such initiatives through the Health Hub (IT.1.4). In this light, examples of actions to be considered are:

- revising national procedures to simplify and accelerate the recognition of professional qualifications, in line with EU directives and best practices;
- promoting targeted bilateral agreements and international partnerships to attract qualified professionals from specific countries, ensuring ethical recruitment standards;
- supporting orientation, language training, and mentoring initiatives at local level to facilitate the inclusion of foreign professionals in the workplace and in the broader community.

d) Policies to enhance the attractiveness of healthcare professions

Certain healthcare professions, especially nursing and some medical specialties, suffer from low attractiveness due to comparatively lower wages and limited career progression opportunities. Key challenges include:

- limited awareness among young people of the opportunities and value of careers in healthcare;
- a perception of low remuneration, high workload, and limited professional development prospects, especially in the public sector;
- the absence of structured career guidance and orientation systems aligned with actual health system needs and employment opportunities.

The TSI can provide concrete policy recommendations and guidelines to make these professions more appealing by offering more attractive training and career pathways, as well as improved working conditions.

¹⁹ <https://www.salute.gov.it/new/it/tema/riconoscimento-qualifiche-professionisti-sanitarie/>

These strategies could be supported by the introduction of dedicated tools such as vouchers for training or internships, remunerated traineeships, or financial incentives (e.g. tuition fee reductions, tax benefits, or mobility support), which could encourage enrolment in healthcare education and facilitate early engagement with the health system. The TSI could also help identify and promote the most effective incentive schemes tailored to national and regional contexts.

e) Initiatives to improve the attractiveness and retention of staff within the SSN

The public healthcare system in Italy has long struggled with structural and organisational issues when it comes to recruiting, managing and retaining healthcare staff. Despite their strong professional motivation and ethical commitment, many healthcare workers express dissatisfaction with working conditions, lack of career progression, organisational rigidity, and insufficient recognition. Moreover, working conditions concern not only with salaries and benefits, but also the working environment. Well-being and mental health of the health workforce need to be safeguarded and initiatives in this regard should be adopted, for example by implementing tools developed by other EU initiatives (for example, Joint Action [MENTOR](#)²⁰).

Other interventions may include: modernisation of organisational models (e.g., multiprofessional teams, community care, integrated pathways, skill-mix models) that increase professional responsibility and autonomy; development of structured career paths, also for non-medical health professions (for example IT experts), linked to clearly defined competency frameworks and training opportunities; introduction of flexible work arrangements and support measures for work-life balance; adoption of incentive mechanisms (monetary and non-monetary), especially in underserved areas or for roles with high responsibility; strengthening welfare and support systems (e.g., access to housing, transport, social services) for healthcare professionals working in remote or disadvantaged areas.

The TSI project should provide the Ministry of Health and the Regions with strategic guidance on how to strengthen their capacity in this area, and on promoting research initiatives and evidence-based on successful organisational models. This could include suggestions on how to leverage EU funding, such as ESF+, React-EU, and InvestEU, to support workforce development, working conditions improvement and retention initiatives as well as funds for the implementation and contextualization of innovative organisational models. In this regard, the TSI will reinforce the use of already ongoing and upcoming national and EU initiatives (for example, the EU [Transforming Health Care Systems](#)

²⁰ <https://ja-mentor.eu/>

[Partnership](#)²¹ coordinated by the Italian Ministry of Health) activating complementarity mechanisms.

f) Certification of healthcare professionals' competencies

Italy has a well-established and effectively governed system for continuing medical education (*Educazione Continua in Medicina*, ECM²²), which ensures the regular updating of the core competencies acquired during the formal education and training that lead to the professional qualification. The ECM system plays a crucial role in maintaining and reinforcing the knowledge and skills necessary for the exercise of the healthcare professions, as defined by the initial academic and professional curricula.

However, the ECM framework does not currently provide a mechanism to formally certify the acquisition of additional or transversal competencies, such as digital, organisational, or advanced clinical skills, that extend beyond the scope of initial training. These emerging competencies are increasingly required to meet the evolving needs of healthcare systems and to enable professionals to take on new roles or functions in response to innovation, demographic trends, and system transformation.

In this light, the TSI could support the design and implementation of a broader competency certification system based on micro-credentials, aimed at formally recognising newly acquired skills across the professional lifecycle. This system would be complementary to the ECM, providing certification, not just continuous education, for additional competencies that are not covered by the traditional academic qualifications. Such a framework could help guide individual learning pathways, support strategic workforce planning, and increase the adaptability of healthcare personnel to organisational and technological change.

4. Methodology

The implementation of this TSI project relies on WHO's experience, in-house technical expertise and expert networks. The TSI project is implemented by the Health Workforce Delivery unit in the WHO Regional Office, with a "horizontal" approach to knowledge transfer and exchange of evidence, learning, and experience, led by the European Observatory on Health Systems and Policies.

The intervention logic for this TSI project focuses on providing technical expertise, capacity building, and an exchange platform for experience. Implemented in collaboration with national authorities and stakeholders, the initiative supports evidence-based policy development, capacity building, and the exchange of good practices across participating countries. By leveraging WHO's expertise and extensive network, the project will ensure locally relevant yet internationally aligned solutions, strengthening health systems to meet

²¹ <https://www.thcspartnership.eu/>

²²²² <https://ecm.agenas.it/>

current and future challenges. In addition to the Italian project, the broader action will include 'horizontal' or cross-cutting activities that will foster the exchange of evidence, learning, and experience within and across multi-country projects of the action, creating complementarity between the work in Italy and other TSI projects, particularly in Spain.

Critical to the project's success will be the technical support provided to Italy during the early implementation of the framework and hub, which will inform the final models at the project's conclusion, support institutionalisation, and inform the sustainability report.

Methodology of the supported implementation phase

There is an urgent need for action at the regional level, and so the first year of implementation (Q2 2026-Q2 2027) will focus on 'early adoption' and institutionalisation. This will support the refinement of the framework and hub while directly supporting Regions and APs in implementation. Additionally, several domains have elements that require national action at the Governmental level, e.g., regulatory reform of the professions.

The intervention methodology of the TSI is structured around the implementation of the Framework for Health Workforce Reform (draft IT1.2 due to be completed in early Summer 2026) and support for early implementation of the Framework (1.3) alongside the development of the Investment Hub (IT1.4).

Framework is articulated into six strategic areas identified by the Beneficiaries during the initial phase and outlined in the section "Description of the Needs."

These six "vertical" areas will be supported with data-based evidence by a transversal preparatory activity dedicated to the development and calculation of indicators (including recommendations for data collection if data are not available), which will also be used to monitor progress and evaluate impact across all areas.

As the project transitions from planning (1.2) to implementation (1.3) Technical Working Groups (TWG) will be established covering each of the key thematic areas. Given the need to minimise transaction costs, three groups for the workforce are proposed:

1. Attractiveness of health careers, attraction into the SSN, international recruitment, and retention;
2. Digital transformation and AI;
3. Reorganisation of professions regulations and certification of health professionals' competencies.

Alongside a continued TWG focused on the implementation of the EU Investment Hub. These groups will be composed according to the thematic scope and may include representatives from the Ministry of Health, Regions and Autonomous Provinces (through the Interregional Technical Committee), AGENAS, the National Institute of Health (ISS), the Department for European Affairs, as well as external experts. Each

TWG will be coordinated by the WHO team with the support of ProMIS. The groups may operate at the regional, national, or mixed level, depending on the topic addressed.

Each TWG will be assigned specific objectives, implementation activities and a timeline (including activation, milestones, and expected completion), as approved by the Steering Committee on the proposal of the Management Group. The Management Group will also be responsible for monitoring the progress of each group and ensuring alignment with national and regional priorities. TWGs may propose adaptations or specifications of the assigned objectives based on regional contexts, which will be submitted for approval to the Steering Committee.

The implementation activities of each TWG will be supported by preparatory activities led by the WHO team.

The working methodology of the TWGs is formalised in a matrix annexed to this Inception Report (see Annex 4). This matrix will describe, for each area:

- The level of deployment (regional, national, or mixed);
- The composition of the TWG;
- The preparatory activities supporting the implementation
- The implementation activities in charge of the TWG
- The expected outputs.

Each TWG could decide to implement also pilot actions depending on the priorities and capacities identified during the activities of each group.

This structured and modular approach is designed to ensure coherence with political priorities, leverage existing institutional capacities, promote the exchange of practices among territories, and ensure the replicability and sustainability of results beyond the duration of the project.

During the implementation phase (Output IT.1.3), the project will enhance institutional capacity at the regional level by providing action-learning support, technical assistance, and opportunities for peer learning focused on developing 'learning cycles' to support iterative development, as has been used in Sweden for their workforce reform. Building on earlier efforts under Output IT.1.2, regions will be supported in applying workforce planning tools and HR reform instruments. National workshops and communities of practice will promote knowledge exchange, enabling peer learning between Regions and APs and across different TSI experiences, drawing on relevant European best practices.

In parallel, the monitoring and evaluation approach will support the learning cycles and an approach of continuous improvement. Quantitative and qualitative data will be collected to assess the implementation process (see the description of the indicators in Section 5), inform adjustments, and enhance the effectiveness of the reforms in real-time. This adaptive model will culminate in a revised and validated national framework featuring

institutionalised governance and implementation structures, ready for nationwide implementation (IT.1.3.6: Formalisation of revised framework (IT.1.25) and institutionalisation of the delivery networks ahead of national rollout).

Rather than being conceived as a small, isolated pilot, this phase is designed as a concrete and gradual launch of the workforce reform across Italy. In other words, it is the initial step in implementing the Framework in real settings and is designed to inform and refine the framework through supported implementation prior to its nationwide implementation. The Framework's approach will be validated by delivering tangible changes on the ground and gathering feedback for improvement, thereby helping to ensure the reform's success on a large scale.

This early implementation phase is underpinned by a strong national coordination mechanism to ensure coherence and mutual learning across Regions and APs. The project's Steering Committee and technical working groups will oversee and guide regional implementation. Regular coordination meetings and joint review sessions will monitor progress, maintain strategic alignment with the Framework and facilitate the exchange of experiences and benchmarks with best practices from EU countries among regions. This national oversight will ensure that the reform progresses as a unified, if modular, effort, rather than fragmenting into separate initiatives. It also enables the identification of common obstacles and successes, allowing guidance, technical support, or policy adjustments to be provided promptly to all implementers. Additionally, coordination with parallel TSIs, especially in Spain, will be ensured.

5. Key deliverables and activities of the project

The project's outcome is to build national and regional capacity in Italy to support strategic health workforce reform and sustainable investment in health. The key outputs are:

1. **IT.1.1** delivers a project sustainability plan and a suite of internal and public-facing documents, including an inception report, a stakeholder analysis, a project sustainability report, and a public brief, all of which support the institutionalisation of project outputs.
2. **IT.1.2** produces a Framework for Italian Health Workforce Reform, a baseline review of governance mechanisms, summaries of stakeholder engagement, draft contributions to the Italian National Plan Towards Global Health, a capacity building report, and a publishable evidence report on international good practices.
3. **IT.1.3** supports framework implementation through a pilot action plan, monitoring and evaluation reports, a final pilot evaluation, and a revised, public-facing version of the reform framework, with institutionalisation recommendations.

4. **IT.1.4** establishes the foundation for an Italian Health Hub by delivering a baseline assessment of EU fund use, a report on blended funding instruments [OBS], an options appraisal for the hub structure, training reports, pilot evaluation findings, and recommendations for scaling up.

In addition, Italy and Spain are 'clustered' as part of the project and a range of activities will support mutual learning between the two sets of beneficiaries:

5. **IT-ES.1.1**: Development of a cross-country community of practice focused on mutual learning and long-term workforce reform and investment in health

A full list of the outcomes, activities, and deliverables is included as Annex 1. Dependencies for the project are listed in Annex 2. A project Gantt-chart is included as Annex 3.

6. Governance model and coordination mechanisms

6.1 Overview of key stakeholders involved in the project

The delivery partners are the WHO European Office and the EU Observatory on Health Systems and Policies. Key beneficiaries and critical partners in the project's delivery are the Ministry of Health, ProMIS, AGENAS, ISS and regional authorities through the Inter-regional Technical Committee.

Additional key stakeholders, represented on the Steering Committee, include the Department of EU Affairs, the Ministry of Education and the Ministry of Labour.

A full stakeholder map is attached to this document as Annex 8.

6.2 Project team

The WHO European Office's team will be led by Crispin Scotter (HRH Policy Advisor) with support from Paolo Michelutti (consultant) and Thomas Hughes-Waage (consultant/technical officer).

The EU Observatory on Health Systems and Policies will be represented by Matthias Wismar (Programme Manager) and Giada Scarpetti (Editor) and Dimitra Panteli (Hub Coordinator), Juliane Winkelmann (Technical Officer) and Nicole Mauer (Technical Officer)

SG REFORM (EU Commission) will be represented by Simone Boselli.

The delivery model will depend heavily on the Management Group, with contributions from key beneficiaries as part of a broader 'project team' providing critical input and leveraging their expertise and organisational input. This will include

- Ministry of Health: Mariella Mainolfi (General Director), Cristina Rinaldi (Unit Manager).
- Interregional Technical Committee: Claudio Costa (Coordinator), Susy Dal Bello (expert).

- ProMIS: Lisa Leonardini, (Technical Coordinator), Paola Semisa (Coordinator Assistant) Nicola Scomparin (consultant).
- With contributions from additional technical staff and advisors as appropriate.

6.3. Coordination mechanisms

Three layers of Governance will provide strategic oversight, effective management, and technical depth to the project’s delivery.



The Steering Committee, coordinated by Mariella Mainolfi (Ministry of Health) and co-coordinated by Claudio Costa (Interregional Technical Committee) and Cristina Rinaldi (Ministry of Health), will provide strategic oversight of the STI Italy Project, bringing together all key stakeholders to provide oversight and direction to the project.

The Management Group will provide day-to-day coordination and ensure the implementation of activities. Finally, technical working groups will provide a series of forums for the engagement of a broad range of experts from across the Italian healthcare system and beyond, enabling them to effectively contribute to specific thematic areas.

A full description of this Governance scheme is attached as an annex to this document.

Coordination with key stakeholders

Engagement with key stakeholders is central to the successful delivery and sustainability of the TSI Italy Project. A detailed stakeholder analysis, conducted as part of the kick-off meeting and feeding into this inception plan forms the backbone of the project’s engagement and communication strategy. This analysis will enable the project team to identify, map, and prioritise relevant actors across national, regional, and institutional levels—including health authorities, technical agencies, academic institutions, professional bodies, and civil society organisations.

By understanding each stakeholder’s interests, influence, and potential contributions, the project can tailor its communication efforts and engagement modalities accordingly. This targeted approach ensures that outreach is purposeful and inclusive, reinforcing transparency, buy-in, and shared ownership of project outcomes.

The project Steering Committee will have representation from a diverse group of stakeholders with an interest in the project, serving as a key mechanism for ensuring their engagement and support. Beyond this, the Technical Working groups will also serve to include organisations relevant to the project,

Deep and ongoing coordination with the Interregional Technical Committee and ProMIS is particularly vital in bridging national strategies with regional implementation. These entities play a dual role—as implementing partners but also as strategic intermediaries—ensuring that insights from regional actors are systematically channelled into project planning and delivery.

The Management Group has representation from both organisations, using the outputs of the stakeholder analysis to align messaging and engagement efforts across regions. This facilitates consistent communication, timely feedback loops, and harmonised implementation approaches, particularly around thematic areas such as workforce reform, sustainability planning, and EU fund coordination. By embedding these mechanisms into the governance architecture from the outset, the project strengthens its capacity to engage meaningfully, adapt responsively, and deliver results that are institutionally anchored and broadly supported.

7. Expected results

The expected results (outputs) of the project:

- A **comprehensive framework for workforce reform**; tested and refined through early implementation and with support from the Regions and APs, supporting regional authorities to prioritise and align their actions on the health workforce
- A **‘hub’ coordinating and supporting EU investment in the health workforce** by regional authorities in Italy through improved communications, governance, and capability. This will have been tested through supportive implementation, iterated, and operationalised through the project
- The **finalization of the Chapter 5 “Priorità verticali: verso la salute globale”** - 5.2.1 “Risposta agli squilibri della forza lavoro e promozione delle competenze” as part of the “National Plan for Italian Governance and Participation in European Initiatives for Global Health – 2026-2030” expected to be delivered by December 2025. The plan refers to coordination methods and tools for participation in EU processes and the ability to attract funds in line with national priorities and global health principles.

The finalization of Chapter 5 of the Plan will support the sustainability of the Framework for Workforce Reform.

8. Expected impact

The multi-country project will aim to strengthen the resilience, sustainability, and fiscally responsible health systems in Italy and Spain through a more equitable and efficient allocation of healthcare resources and improved governance mechanisms. It will deliver this through (1) building the system's capacity to effectively workforce plan and improving the system's capacity to address workforce shortages, maldistribution(s), and skills gaps. And (2) delivering enhanced governance and coordination among actors responsible for the management of national and EU funds related to the workforce; promoting cross-sectoral collaboration and catalyse innovative solutions to align workforce capacity with evolving healthcare demands.

This will result in a stronger, more resilient, and sustainable healthcare system in Italy that can allocate resources more equitably and efficiently. Ultimately, the long-term impact will be contributions an Italian health system with a more sustainable and effective health workforce, better able to meet the changing needs of the Italian population.

9. Risk management strategy

The governance structure of the TSI Italy Programme has been intentionally designed to support an adaptable and proportionate approach to risk management. By incorporating multi-level coordination and clearly defined roles across the Steering Committee, Management Group, and Technical Working Groups, the programme ensures that potential risks, whether operational, strategic, or political, are identified early and managed effectively.

At the centre of this approach is the Steering Committee, which provides strategic oversight and maintains an overarching view of programme implementation. This group unites senior representatives from all key stakeholders, including the Ministry of Health, the Interregional Technical Committee, ProMIS, AGENAS, ISS, the Department of EU Affairs and SG Reform, enabling swift escalation and resolution of systemic risks, especially those that could impact cross-institutional alignment or the sustainability of outcomes. Its quarterly meetings, scheduled to align with project milestones, ensure that the programme's risk stance is consistently reviewed considering changing national and regional circumstances.

The Management Group plays a crucial role in identifying and mitigating daily risks. Through frequent engagement and direct communication with operational leads, the Group is well-placed to monitor implementation challenges and respond promptly to emerging issues. It also functions as a feedback mechanism to adjust priorities, delivery

timelines, or technical strategies as necessary, helping the programme stay agile in response to new information or external pressures. Finally, the utilisation of Technical Working Groups guarantees that risk responses are rooted in technical expertise and stakeholder insight. These groups provide targeted advice, validate methodologies, and evaluate the feasibility of proposed solutions, thereby ensuring that mitigation measures are proportionate to the scale and nature of identified risks. Collectively, this governance framework fosters a responsive, accountable, and evidence-based environment for managing uncertainty and complexity throughout the project's life cycle.

10. Conclusions

Urgent workforce reform needed

Italy's health system faces severe workforce challenges, including an ageing workforce, critical shortages of nurses and general practitioners, and uneven distribution of health professionals across regions. Without immediate action, these pressures will threaten the sustainability and equity of the Servizio Sanitario Nazionale (SSN).

Six strategic priorities for reform

The scoping report recognizes the work to date done by the interregional technical working group and the six areas defined for joint action:

- Reorganising the regulatory framework for health professions to enhance the operational flexibility of the workforce employed within the healthcare system.
- Driving digital transformation and integrating AI to improve efficiency and workforce planning.
- Improving processes to attract and integrate healthcare professionals with foreign qualifications.
- Increasing the attractiveness of healthcare careers, especially for professions facing lower appeal, such as nursing.
- Strengthening retention through improved working conditions and modern organisational models.
- Establishing a national system for certifying evolving competencies across careers.

Decentralised governance and regional engagement

Italy's decentralised health system requires strong coordination between national and regional authorities. Regions and Autonomous Provinces are key to implementing reforms and will play a central role in piloting new models before nationwide roll-out.

Building sustainable capacity and investment structures

The project will establish a comprehensive **Framework for Workforce Reform** and support implementation and develop an **Italian Health Hub** to improve governance and coordination of EU and national funds, ensuring investments are strategic, efficient, and sustainable.

Peer learning and Community of Practice

Italy will collaborate closely with Spain through shared learning and exchange activities, leveraging EU instruments and international best practices to accelerate reforms, including input from previous TSI beneficiaries.

Expected impact

The project will strengthen resilience, sustainability, and equity in Italy's health system by:

- Enabling effective planning to address workforce shortages and skills gaps.
- Improving regional-national coordination and governance.
- Delivering a sustainable, adaptable workforce ready to meet future health needs.

ANNEXES

1. Detailed Outcomes, activities, and deliverables
2. List of dependencies among project activities
3. Project Timeline
4. Methodological Matrix for the implementation of the Workforce Reform Framework
5. First Steering Committee meeting Agenda and Minutes (to follow after Sept 16th)
6. Launch event agenda (Lisa L to Share)
7. Country Logframe
8. Stakeholder mapping overview
9. Results of the satisfaction survey following the launch event (to follow)
10. Comparative table of Italian healthcare professions

ANNEX 1: Detailed Outcomes, activities, and deliverables

Overall Objective - IT.1: Build national and regional capacity in Italy to deliver strategic workforce reform and sustainable investment in the health workforce

Output - IT.1.1: Developing a methodology for delivery focusing on long-term sustainability, through a practical approach to project implementation and a formal sustainability plan.

This will ensure that the project outputs are effectively developed and institutionalised, ensuring their impact extends beyond the project's lifespan.

Activities for Output – IT.1.1

IT.1.1.1: **Inception:** The finalisation of the detailed project plan through:

- **Desk-based rapid review** with an emphasis on workforce planning, governance, and regional co-ordination in Italy
- **Stakeholder analysis** to develop a comprehensive map and analysis of stakeholders in the Italian system with an interest in the project
- **Scoping Mission** project team [with SG Reform] to deliver a X-day fact-finding mission in Italy. This will build on the stakeholder mapping and focus on stakeholder engagement to explain the project goals and build support for the work to be undertaken.

IT.1.1.2 **Set up project Steering Committee and relevant technical advisory groups** for Italy, including stakeholders from national, regional and APs teams.

This will include

- The Steering Committee (SC) comprises one member from each beneficiary. The Ministry of Health will coordinate the meetings, which will take place at least every three months for the entire duration of the project. The SC will be responsible for defining the project's strategic lines and monitoring and evaluation activities.
- A Management Group (MB) will be responsible for ensuring the smooth management and coordination of the project.
- Technical Working Groups (TWGs) will be created to support measures. They will involve key actors and stakeholders as necessary to ensure meaningful participation in the development of the National Strategy.

IT.1.1.3 **Stakeholder engagement** to gain expert input on the project, build consensus on the rationale, and reduce the risk of silos developing during implementation, including with national and regional authorities and other relevant bodies (e.g., educational institutions, professional bodies, patient representatives, etc.).

IT1.1.4 **Development of a sustainability plan** outlining factors for successful implementation beyond the life of the project and recommendations for ongoing activities

Deliverables/Indicators for key activities and the output:

- Internal documents: Inception report: including outputs of scoping review (IT.1.1.1), detailed stakeholder analysis (IT.1.1.2), governance mechanisms (IT.1.1.4) and detailed work plans
- Public document: Project summary and project public brief
- Internal document: Project Sustainability report

Output - IT.1.2: Development of a comprehensive draft Framework for Italian Health Workforce Reform.

Critical to the success of long-term workforce reforms in Italy is better alignment between different levels of government and improved capacity to undertake workforce reform. This output focuses on the development of a coherent series of policy instruments and technical products that will provide the basis for an options appraisal for a Framework for Italian Workforce Reform at different governance levels, as well as capacity building at relevant institutions ahead of the pilot phase (IT.1.3).

Targeted stakeholder engagement will build on cross-cutting stakeholder engagement (IT1.1.5) and programme-level community of practice events to develop a consortium of partners that supports the project at national, regional, and autonomous provincial levels.

Activities for Output – IT.1.2

IT.1.2.1: **Assessment of current procedures, guidelines, frameworks**, through desk-based research and engagement with stakeholders at all levels related to health workforce governance at the national level and across Italian Regions and APs.

IT.1.2.2: **Support the design of a draft Framework for Italian Workforce Reform** at the national level, aligned to the national plan (IT.1.1.2), the development of the ‘Investment Hub’ (IT2.1), considering the different Italian regional contexts, including an options appraisal for operationalisation and piloting (IT.1.3).

IT.1.2.3: **Support and technical input to the drafting of the Italian National Plan Towards Global Health 2026-2030** (now National Plan for Italian Governance and Participation in European Initiatives for Global Health – 2026-2030) chapter 5 and Chapter 10 (now only Chapter 5)

IT.1.2.4 Develop evidence report outline and methodology for the collection and analysis of information on international good practices on building and implementing

workforce development & coordination strategies focusing on countries with decentralised governance models, including consultation with project partners, key stakeholders and experts **[OBS]**. Including:

- Analysis and desk research, including a minimum of 4 relevant international case studies for workforce strategy building and implementation **[OBS]**
- Drafting, revision and management of reviews/validation stages for evidence report on workforce strategy building and implementation, synthesising findings and highlighting policy relevance **[OBS]**
- Liaison, management links and complementarity with the WHO team and across clusters on the evidence **[OBS]**

Deliverables/Indicators for key activities and the output:

- Internal document: Baseline review of existing workforce governance procedures, guidelines, frameworks, and informal ways of working in Italy. **[WHO]**
- Internal document: Summaries of workshops and meetings with relevant bodies; number of organisations involved and individuals attending, participant satisfaction
- Internal document: Final drafts of chapters provided to the Ministry of Health
- Internal Document: Final draft Framework for Italian Workforce Reform
- Internal document: Capacity building report: technical content, number of organisations and individuals involved in training and capacity building; evaluation, including satisfaction and learning assessment
- Evidence report (publishable as policy brief) on international good practice for building and implementing workforce development & coordination strategies **[OBS]**.

Output - IT.1.3: Support implementation of the Italian Workforce Reform Framework

To inform national implementation, a focused project will test the application of the framework developed (IT1.2) in specific regions on a key thematic area. To test the approach, gather feedback and support the refinement and improvement of the final framework, helping to ensure its success before national rollout and implementation.

Activities for Output – IT.1.3

IT.1.3.1: **Development of a draft action plan** for piloting the Italian Workforce Reform in a specified number of regions/ APs **Operational design of enabling measures for the Framework**

IT.1.3.2: Implementation launch event

IT.1.3.3: **Early roll-out and learning cycles for participants** (IT1.3) to ensure their active involvement from the pilot design phase through delivery.

1.3.4 **Mobilisation and readiness of thematic Technical Working Groups**

IT.1.3.5 Implementation support of a specific project & Monitoring, Evaluation, and Learning, adaptive programming of pilot implementation, including participant reflection and mixed methods evaluation of the pilot, summarising key learning points

IT.1.3.6: Implementation learning report and institutionalisation of the delivery networks

Deliverables/Indicators for key activities and the output:

- Internal document: Draft action plan for pilot phase
- Internal document: quarterly/bi-annual monitoring reports from the pilot delivery
- Internal document: Final evaluation of a focused phase of work and key lessons observed
- Stakeholder event: Launching final version of framework
- Public document: Report on formalisation and institutionalisation activities as part of final sustainability report

Output - IT.1.4: Development of an Italian Health Hub to align strategic investment in health

The Italian Health Hub will formalise governance arrangements and ways of working between national, regional, and APs to increase their collective capacity to manage health-related funds for future reforms, design and implementation of large-scale health system transformation initiatives, together with a well-defined structure for the strategic management of EU funds.

Activities will initially focus on building evidence based on good practice, a baseline assessment of current practice in Italy, and an options appraisal for formalising an Italian Health Hub. Based on the options appraisal, a pilot project will be delivered. This will be aligned with the objectives and regions of the draft Workforce Reform Framework (IT.1.2) project(s), with complementary activities agreed upon as appropriate.

Activities for Output – IT. 1.4

IT.1.4.1: Baseline assessment of the use of EU funding in Italy and options appraisal for hub pilot related to health and the health workforce, including analysis of current procedures, guidelines, frameworks associated with managing, spending and use of European funds at the national level and across Italian Regions and APs.

IT.1.4.2: Report on the use of blended funding instruments to support the execution of the health system reform projects, where possible focusing on health workforce and with early consideration on how the EU-MFF might influence this beyond 2027 **[OBS]**

IT.1.4.3: Operationalisation and institutionalisation of the Italian Health Hub of national contact points for health-related EU Funds

IT.1.4.5: Delivery of training programmes to build the capacity of Italian Authorities to map suitable funds for workforce reform in Italy and develop bids. Taking an ‘action-learning’ approach and including elements of peer-to-peer learning from previous TSI projects and input from the Observatory on existing best practice, aligned to IT1.3, with shared activities where possible.

IT.1.4.6: Evaluate pilot and provide recommendations for improving the Italian Health Hub and recommendations for scaling up beyond the pilot

Deliverables/Indicators for key activities and the output:

- IT1.4.1 Baseline assessment of current use of EU funding in Italy
- IT1.4.2 Report on optimal use of blended funding instruments in workforce reform (OBS)
- IT1.4.4 Options appraisal on the structure of an Italian Health Hub with recommended approach
- IT1.4.4 Meeting notes and participant feedback from IHH meetings during the project life cycle
- IT1.4.5 Report on training programmes on mapping and applying for EU funding, including all 20 regions, a minimum of 20 participants, and participant satisfaction and learning.
- IT1.4.6 Pilot evaluation report

IT-ES.1.1: Development of a cross-country community of practice focused on mutual learning and long-term workforce reform

Activities for Italy and Spain – complementarity between the projects

Both Italy and Spain have recognized the need for better alignment between national and regional workforce reform efforts and more strategic investment, including EU funds. While the areas for improvement are different there is significant complementarity between relative strengths which are potential areas for peer-to-peer learning between the two systems.

For example, Italy has a stated desire to develop a formal national architecture for investment and a framework to ensure activities are strategically aligned, something which already exist in Spain. Spanish activities focus on galvanizing regions to actively engage in the long-term efforts to reform the workforce, which is something which characterizes the Italian system at present.

Activities for Italy and Spain

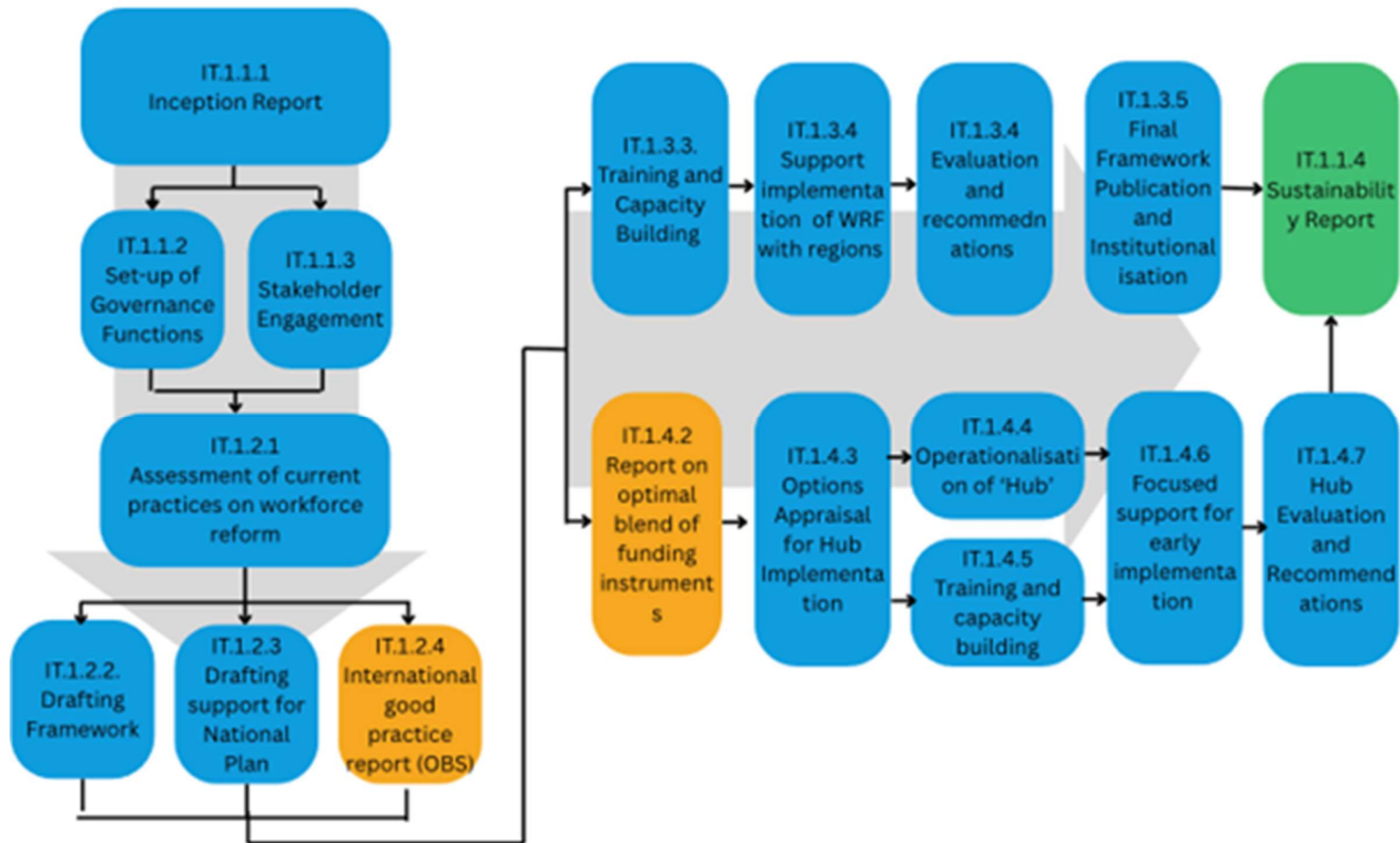
IT-ES.1.1.1: Agree scope of Cluster learning activities with participants

IT-ES1.1.2: Online knowledge exchange webinars and workshops

IT-ES.1.1.3: Study visits between the two countries, including representatives from regional authorities and APs

ANNEX 2: Project Dependencies

Activity	Dependency	Potential Risk	Action to Mitigate Identified Risk
Implementation of the Italian WFR (IT.1.3)	Development of the draft framework (1.2.2); International good practice review (IT1.2.4) and stakeholder engagement (IT1.1.3)	Delay or inadequate stakeholder engagement may compromise quality of delivery and time available for implementation	Start stakeholder mapping early; develop TWG membership early; build on existing strategy developed by regions; involve TWGs regional focal points in validation
Implementation of the Italian WFR (IT.1.3)	Training and capacity building for entities (IT1.3.3.) and technical support (IT.1.3.4)	If training is misaligned or poorly delivered and technical support is not available the quality of implementation may be impacted and stakeholder engagement may suffer	Co-design and development of capacity building approach; procurement to select high quality delivery partner(s); engagement of TWGs and Management group to assure delivery
Implementation of Italian investment Hub (IT.1.4.4)	Report on optimal blending of funding instruments (IT 1.4.2) and options appraisal for hub implementation (IT1.4.3)	Delays or a lack of buy-in to options for implementation may reduce engagement, quality, and time available for implementation	Start stakeholder mapping early; develop TWG membership early; build on existing strategy developed by regions; involve TWGs regional focal points in validation
Implementation of the Italian WFR (IT.1.4)	Training and capacity building for entities (IT1.4.5.) and technical support (IT.1.4.6)	If training is misaligned or poorly delivered and technical support is not available the quality of implementation may be impacted and stakeholder engagement may suffer	Co-design and development of capacity building approach; procurement to select high quality delivery partner(s); engagement of TWGs and Management group to assure delivery
Project Sustainability Report (IT1.1.4)	Evaluation and recommendations from Framework (IT1.3.4) and Hub (IT1.4.6) implementation	Inadequate evaluation might lead to recommendations not reflecting the reality of implementation, lessons not being learned, and poor recommendations for formalization and institutionalization	Align workplans at inception; facilitate regular updates; allow for flexible timing of joint sessions



ANNEX 3: Project Timeline

See appended Excel file at the end of the inception report.

ANNEX 4: Methodological Matrix for the implementation of the Workforce Reform Framework

Notes on Implementation

This template will be used to set, for each Strategic Area:

- composition of the three Technical Working Groups committed to work on the six strategic area;
- preparatory activities needed;
- Implementation activities to be performed by the TWG;
- expected outputs of the TWG.

The management group will define the objectives and composition of each working group, as well as the preparatory activities needed. It will also monitors progress, supports coordination, and proposes adjustments.

The Steering Committee will approves the objectives and evaluate the outputs.

Each Technical Working Group defines a specific work plan and may opt for pilot actions where relevant. Each group is coordinated by a WHO consultant/expert with support from ProMIS

Strategic Area	Level of Deployment	Composition of the TWG	Preparatory Activities	Implementation activities	Expected Outputs
1. Reorganisation health professional's regulatory framework 6. Competency certification systems					
2. Digital transformation and AI integration					

Strategic Area	Level of Deployment	Composition of the TWG	Preparatory Activities	Implementation activities	Expected Outputs
3. Recruitment of foreign-qualified professionals 4. Attractiveness of healthcare professions 5. Retention and working conditions in the NHS					

ANNEX 5: First Steering Committee meeting Agenda and Minutes (to follow after Sept 16th)

TSI Health Hub Italy – Steering Committee Meeting – Minutes

Date: 19 September 2025 / **Time:** 14:30–16:00 CEST (online)

Participants: Cris Scotter, Paolo Michelutti (WHO/Europe), Simone Boselli (SG REFORM), Claudio Costa, Susy Dal Bello (Interregional Technical Group), Mathias Wismar, Giada Scarpetti (EUOBS), Benedetta Armocida (ISS), Loretta Niro (Dep.EU.Aff.), Cristina Rinaldi, Daniela Parisi, Francesco Gilardi, Francesca Scipioni (MoH), Lorena Martini, Luigi Apuzzo, Lisa Baldini, Alice Borghini (AGENAS), Lisa Leonardini, Paola Semisa (ProMIS).

1. Inception Report: presentation and discussion of current version

Paolo Michelutti presents the draft Inception Report, version 4.6, sent the day before to the members of the Steering Committee as prepared by the Management Group and agreed with Dr Mainolfi and Dr Costa. The draft is approved by the Steering Committee with the recommendation to resolve the outstanding comments. With regard to Annex 3 (template for the working groups), the Management Group will work over the next four weeks to define an initial proposal of contents (the completed template will not be part of the Inception Report but will be a document that will be updated and fed as the working groups begin to operate)

Action Points:

- By 26 September WHO will circulate a complete version for a final round of comments.

2. Prioritization of the activities and consultants

Cris Scotter underlines the need to balance, within the working groups, technical–scientific competences with project management expertise, in order to ensure the quality of the work while also enabling effective coordination and a smooth, timely project delivery capable of managing the complexity of the activities and of the project structure. Simone Boselli agrees with this approach. Lisa Leonardini informs the Steering Committee that the names of 3–4 experts on workforce and digital have been collected to be included in the working groups and that these names will be shared with WHO for their assessment shortly. Leonardini also recalls that the working groups will also involve institutional representatives of the Regions/Autonomous Provinces and national authorities in an official capacity.

Action Points:

- Lisa Leonardini will send by Friday 19/09 the names proposed by the Ministry of Health and by the Regions/AP to WHO.
- The Management Group will, within one month, define an initial draft of the template referred to in Annex 3 of the Inception Report (see item 1).

3. Launch Event: date, agenda, logistics, invitations

The public launch event has been brought to the attention of the Minister of Health to assess his direct participation. In turn, Simone Boselli will involve the Director-General of the European Commission's Reform and Investment Task Force for his contribution, possibly via video message. Pending feedback, the Management Group will work on a detailed agenda for the event. In this regard, Lisa Leonardini recalls that the public launch event will not be focused on the project details as they are being defined in the Inception Report, but will be an opportunity to highlight the challenges concerning the health workforce in Italy and the possibility of financing investments and innovations on this topic, as well as to inform the broad stakeholder audience about the opportunities offered by the TSI and by other initiatives already under way or planned that can create synergies and complementarities with the TSI.

Action Points:

- Paolo Michelutti, together with the Ministry of Health team, will prepare a briefing note for the Minister by 25 September.
- The Management Group will prepare a proposed detailed agenda by 30 September.

4. Workshop on the Investment hub: date, agenda

Cris Scotter informs the Steering Committee of the need to also start working on the Investment Hub. The first step will be to organise a workshop that will involve the key actors, experts and stakeholders on this topic. Once the date of the launch event has been set (see point 3), we will decide whether to hold the investment hub event back-to-back with the launch event or at a later date, but in any case by the end of the year.

Action Points:

- The Management Group will progress to finalize the current draft agenda for the workshop.

5. Update from EU OBS on the ToR of the Evidence Report

Giada Scarpetti and Matthias Wismar inform the Steering Committee that a second version of the ToR has been sent, which takes into account the guidance received in response to the first draft.

Action Points:

- The Steering Committee will send its feedback by Friday 19 September.

6. AOB: synergies and knowledge exchange with TSI Spain

Susy Dal Bello asks for more information on the opportunities offered by the TSI for exchange with TSI Spain. Cris Scotter and Simone Boselli (also Project Officer for TSI Spain) confirm that part of the TSI activities will be dedicated to exchange with Spain and that SG REFORM is available to support all interactions, which will be initiated as soon as, in both countries, the work areas, priorities, and knowledge and experience-sharing needs are defined in detail.

ANNEX 6: Launch event agenda

Agenda for the Launch of TSI Health Hub project

Event Title: Launch of the TSI Health Hub Project initiative

Date: 19 November 2025

Location: Rome - Lungo Tevere Ripa, 1

Languages: Italian (main language) and English (simultaneous translation provided)

Objective of the Meeting

The purpose of this meeting is to officially launch the TSI Health Hub project, highlighting its objectives, expected outcomes, and the innovative approaches it will employ to enhance sustainable investing in health. The event will bring together key stakeholders, including representatives from the European Commission, national health authorities, and international organizations, to discuss the importance of health workforce development, of navigating EU fund opportunities and the integration of AI in programming tools.

Agenda

Time	Activity	Speaker/Facilitator
10:30 - 10:45	Welcome and Introduction	Project Coordinator: Director General Mariella Mainolfi
10:45 - 11:00	Speech Remarks by the Minister of Health	On. Orazio Schillaci
11:00 – 11:15	Intervention by Regions and Autonomous Provinces	President of the Regions and APs Standing Committee: Massimiliano Fredriga
11:15 - 11:30	Keynote Address by the EC SG Reform High Representative	[Name of the EC Representative]
11:30 - 11:45	Speech by the EC DG Sante High Representative	[Name of the EC Representative]
11:45 - 12:00	Keynote Address by the WHO-Europe High Representative	[Name of the WHO Representative]
12:00 - 12:15	Address by MoH DG PROG	Director General Walter Bargamaschi
12:15 - 12:30	Intervention by National Institute of Public Health (ISS) high representative	Rocco Bellantone / Fidelia Cascini

Time	Activity	Speaker/Facilitator
12:30 - 12:45	Intervention by a Senior Representative from Agenas	Commissioner Americo Cicchetti
12:45 - 13:00	Closing Remarks and Coordination by WHO	Cris Scotter
13:00 - 14:00	Light Lunch and Networking	All Participants

The project launch day will be coordinated by ProMIS.

ANNEX 7: Country-specific logical framework, as reviewed after the scoping mission

Italy Logical Framework

The logical framework presents the project's theory of change adapted to the Italian healthcare context, incorporating insights from the scoping mission that revealed both significant opportunities and systemic barriers for prevention integration in university hospitals.

Impact Level (5 – 10 years)

Result Chain	Indicator	Baseline	Target	Sources and means of verification	Assumptions
Strengthen Italy's capacity to strategic workforce reform through the development of a national framework for workforce reform, improving communication, coordination, and alignment between national, regional, and autonomous authorities.	National Health Workforce Reform Framework adopted and aligned nationally and regionally	No unified national workforce reform framework; workforce planning is fragmented across regions (2025).	Framework for Italian health workforce reform developed and formally adopted by the Ministry of Health with endorsement from all Regions/APs by 2027.	<ul style="list-style-type: none"> – Official National Workforce Reform Framework document (approved and published) – Government decree(s) or policy(ies) endorsing the framework (with regional agreement) – Meeting minutes / Formal Agreement of State-Regions Conference approving the framework 	Political commitment to reform remains strong; inter-regional consensus achieved on framework content; no major governance changes disrupt adoption

Outcome Level (2 – 5 years)

Result Chain	Indicator	Baseline	Target	Sources and means of verification	Assumptions
IT.1 Build national and regional capacity in Italy to deliver strategic workforce reform and sustainable investment in the health workforce	Italian Health Investment Hub established to coordinate and enhance health workforce funding.	No centralized Health Investment Hub for workforce funding; limited coordination of EU fund utilization for health workforce	Health Investment Hub concept and structure developed by 2026, and pilot Hub operational by 2027 to link workforce reforms with improved access to EU funds.	<ul style="list-style-type: none"> – Investment Hub proposal/strategy document approved by authorities – Official launch of the Hub – Pilot Hub activity reports and meeting minutes demonstrating coordination of funding 	Institutional support from health / finance / EU Affairs authorities for the Hub; continued commitment to integrating diverse funding streams for workforce investments
	Technical Working Groups (TWGs) on health workforce reform are activated and contributing to policy development.	Not available	Four TWGs (covering key strategic areas of the workforce reform agenda + Investment Hub) formed by late 2025, with regular meetings and at least one set of recommendations or	<ul style="list-style-type: none"> – TWG terms of reference and official appointment of members (experts from WHO, Ministry, Regions, ISS, AGENAS, etc.) – Minutes of TWG meetings; lists of participants – TWG reports/recommendations 	Availability of relevant experts and regional representatives to participate; TWG recommendations are valued and considered by

			draft policy outputs produced by each TWG by 2026	submitted for inclusion in the national reform framework	decision-makers; effective facilitation and support for TWGs (e.g. by project team and WHO).
	Capacity-building workshops on strategic workforce planning and EU fund use delivered to national and regional officials.	Limited structured training for health workforce planning and EU funding acquisition; capacity gaps at regional level	Training program implemented by 2027, involving participants from all 19 regions + 2 APs (at least 20 officials trained) with post-training evaluations showing improved knowledge (at least 80% participant satisfaction).	<ul style="list-style-type: none"> – Training materials (workshop agendas, presentations) – Participant attendance records (covering all regions) – Post-training evaluation surveys and capacity-building report (documenting number of trainees, satisfaction and learning outcomes) 	Regional staff can be released to attend training; trained officials remain in positions to apply skills; training content is relevant and immediately applicable; ongoing support and resources are available to apply new skills in practice.

Outcome Level (24 Months)

Result Chain	Indicator	Baseline	Target	Sources and means of verification	Assumptions
IT.1.1: Developing a methodology for delivery focusing on long-term sustainability; through an effective approach to project implementation and a formal sustainability plan.	Internal document: Project Sustainability report	Not available	Available	Project report	Governance mechanisms are effective and partners remain engaged; other outputs are delivered as planned; approach to sustainability is credible
	Internal documents: Inception report: including outputs of scoping review (IT.1.1.1) detailed stakeholder analysis (IT.1.1.2), governance mechanisms (IT.1.1.4) and detailed work plans	Not available	Available	Project report	
	Public document: Project summary and project public brief	Not available	Available	Project report	
IT.1.2: Development of a comprehensive draft	Evidence report (publishable as policy brief)	Not available	Available	Project report	Technical working group is well attended and

Framework for Italian Health Workforce Reform.	on international good practice for building and implementing workforce development & coordination strategies [OBS].				functional; Framework is developed and adopted by regions; staff are released for training
	Internal document: Capacity building report: technical content, number of organisations and individuals involved in training and capacity building; evaluation including satisfaction and learning assessment	Not available	Available	Project report	
	Internal Document: Final draft Framework for Italian Workforce Reform	Not available	Available	Project report	
	Internal document: Final drafts of chapters provided to	Not available	Available	Project report	

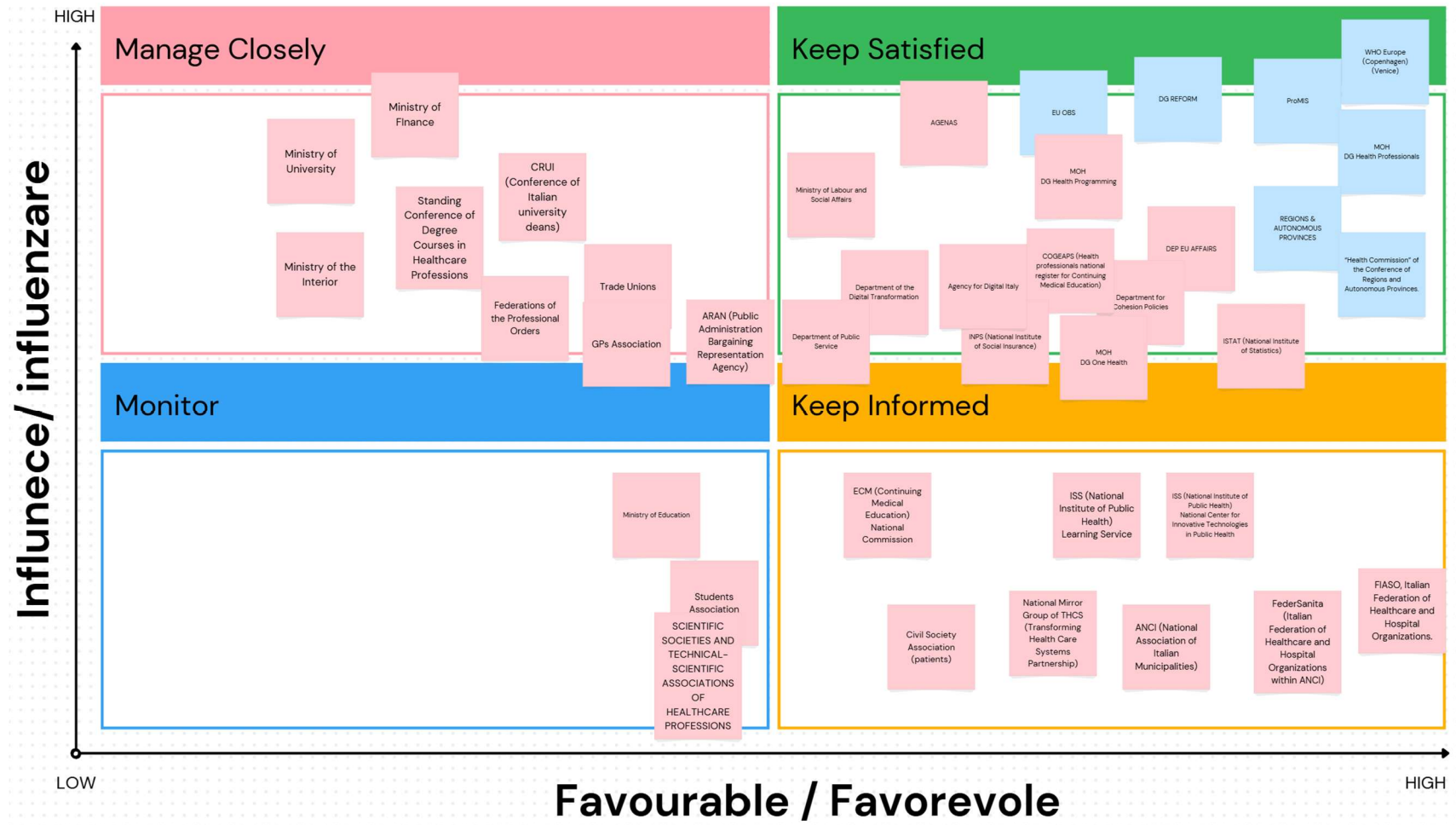
	Ministry of Health				
	Internal document: Summaries of workshops and meetings with relevant bodies; number of organisations involved and individuals attending participant satisfaction	Not available	Available	Project report	
	Internal document: Baseline review of existing workforce governance procedures, guidelines, frameworks, and informal ways of working in Italy. [WHO]	Not completed	Completed	Project report	
IT.1.3: Pilot implementation of the Italian Workforce Reform Framework	Internal document: Draft action plan for pilot phase	Not available	Available	Project report	Regions engage with delivery network/mechanisms; capacity building is effective;
	Internal document: Final evaluation of pilot phase	Not available	Available	Project report	

	and key lessons observed				engagement is maintained throughout
	Internal document: quarterly/bi-annual monitoring reports from the pilot delivery	Not available	Available	Project report	
	Internal document: Report on formalisation and institutionalisation activities linked to framework delivery (as part of final sustainability report).	Not available	Available	Project report	
IT.1.4: Development of an Italian Health Hub to align strategic investment in health	Baseline assessment of current use of EU funding in Italy	Not available	Available	Project report	Technical working group is well attended and functional; Framework is developed and adopted by regions; staff are released for training; Regions engage with delivery network/mech-
	Report on the use of blended funding instruments to support the execution of the health system reform projects, (OBS)	Not available	Available	Project report	
	Meeting notes and	Not available	Available	Project report	

	participant feedback from IHH meetings during the project life cycle				anisms; capacity building is effective; engagement is maintained throughout
	Options appraisal on structure of an Italian Health Hub with recommended approach	Not available	Available	Project report	
	Report on training programmes on mapping and applying for EU funding, including all 20 regions, a minimum of 20 participants; and participant satisfaction and learning.	Not available	Available	Project report	
	Internal document: Project evaluation report and recommendations for formalisation and institutionalisation (as part of final	Not available	Available	Project report	

	sustainabil- ity report)				
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ANNEX 8: Stakeholder overview/matrix



ANNEX 9: Results of the satisfaction survey following the launch event (to follow)

ANNEX 10: Comparative table of Italian healthcare professions

The following table lists the 23 healthcare professions in focus in the Strategic Area 1, as recognised in Italy, alongside their English translations and ISCO-08 codes.

HEALTH PROFESSION (IT)	ENGLISH JOB TITLE (EN)	ISCO-08 CODE
Infermiere	Registered Nurse (RN)	2221
Infermiere Pediatrico	Pediatric Nurse	2221
Ostetrica / Ostetrico	Midwife	2222
Tecnico Sanitario di Radiologia Medica	Radiologic Technologist	3211
Tecnico Audiometrista	Audiometrist	3212
Tecnico Sanitario di Laboratorio Biomedico	Biomedical Laboratory Technician	3212
Tecnico di Neurofisiopatologia	Neurophysiology Technologist	3212
Tecnico Ortopedico	Orthopedic Technician / Orthotist	3214
Tecnico Audioprotesista	Hearing Aid Specialist / Audioprothesist	3212
Tecnico della Fisiopatologia Cardiocircolatoria e Perfusionamento Cardiovascolare	Cardiovascular Perfusionist	3212
Igienista dentale	Dental Hygienist	3251
Dietista	Dietitian	2265
Podologo	Podiatrist	2266
Fisioterapista	Physiotherapist	2264
Logopedista	Speech and Language Therapist	2266
Ortottista - Assistente di Oftalmologia	Orthoptist	2266
Terapista della Neuro e Psicomotricità dell'Età Evolutiva	Developmental Neuro and Psychomotor Therapist	2269
Tecnico della Riabilitazione Psichiatrica	Psychiatric Rehabilitation Technician	2269
Terapista Occupazionale	Occupational Therapist	2269
Educatore Professionale	Professional Educator / Social Pedagogue	2359
Tecnico della Prevenzione nell'Ambiente e nei Luoghi di Lavoro	Environmental and Occupational Health Technician	3257

Assistente Sanitario	Community Health Officer / Public Health Assistant	3253
Osteopata	Osteopath	2269

