

12. Quality of services¹

The quality of services domain analyses very heterogeneous phenomena, from health and social welfare services to mobility and public utilities. The picture that emerges is particularly articulated. The dynamics induced by the pandemic over the two years have had a strong impact on the indicators of effectiveness and accessibility for various services, partly because travel restrictions and the fear of infection have changed the behaviour of the population.

The situation of health services is of particular relevance. There is an increase in the percentage of people who report unmet needs for medical care and a decrease in hospital admissions in other regions. In terms of structural resources, in order to cope with the emergency, a slight increase in medical and paramedical staff was observed. Furthermore, increasing use of home care, particularly for the elderly, has been observed in the health sector, to limit the spread of the pandemic, as also witnessed by the increase in patients treated in Integrated Home assistance service.

On the other hand, the use of mobility services has declined sharply, and frequent users of public transport have decreased by as much as 6 percentage points compared to pre-*COVID* years. The accessibility of public utilities (post office, municipal offices, police, Carabinieri) appears less critical than in the pre-*COVID* period, but it is likely that the pandemic situation has conditioned the use of these services, also due to the expansion of online services.

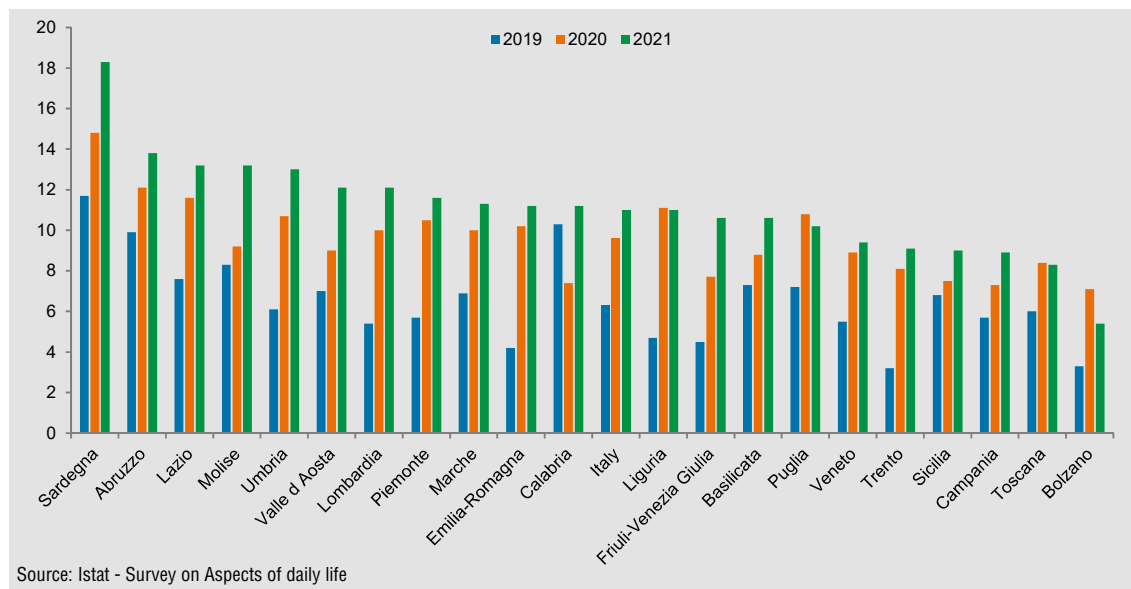
In the second year of the pandemic, unmet need for medical examination continued to rise

In 2021, 11.0% of people who needed specialist examinations (excluding dental examinations) or diagnostic tests said they had to give them up due to financial problems or difficulties in accessing the service. In 2021, the share of people who had to give up medical appointments or examinations increased by 1.5 percentage points, 765,000 more people, confirming the increase already observed in 2020, equal to +3.3 percentage points compared to 2019. The share of those who report having had to cancel for reasons related to COVID-19 increased from 51.4% in 2020 to 53.3% in 2021 (a value that rose to 60.1% in the North-east). These unmet needs and their increase are a cause for concern, as they imply a postponement of services, which could, on the one hand, lead to a future increase in demand, with an impact on waiting lists, and, on the other hand, cause increases in avoidable mortality due to lack of timely treatment.

Up until 2019, the unmet need of healthcare services showed a territorial gradient between Northern and Southern Italy, to the disadvantage of the latter, whereas in the last two years, the pandemic situation has made the problem more homogeneous across the territory. At the regional level, however, the situation remains critical in Sardegna, where the percentage of people who had to cancel medical appointments or examinations in 2021 was 18.3%, with an increase of 6.6 percentage points compared to 2019; in Abruzzo, the share was estimated at 13.8%; in Molise and Lazio the share was 13.2%, with an increase of about 5 percentage points compared to two years earlier (Figure 1).

¹ This chapter was edited by Manuela Michelini, with contributions from: Alessandra Burgio, Alessia D'Errico, Lidia Gargiulo, Valentina Joffre, Alessandro Solipaca.

Figure 1. People which had given up medical examination in the last 12 months by regions. Years 2019-2021. Percentages



Living in a metropolitan area is another condition that determines greater increases in unmet need for medical services, in fact, in the years of the pandemic the percentage rose to 12.8% in these areas (it was 7.3% in 2019).

The elderly experienced the greatest problems in accessing healthcare services: the percentage of those who said they had to give up at least one healthcare service they needed ranged from 14.6% among people aged 55-59 to 17.8% in the 74+ age group, while it was lower among the younger age group (7.9% in the 25-34 age group).

Level of education is a discriminating variable in the use of medical examinations, since the better educated are generally more careful about controlling their health, and consequently unmet need for medical services is also conditioned by levels of education, but the pandemic situation has put everyone in the position of having to give them up.

Slight increase in physicians and nurses, confidence in healthcare personnel

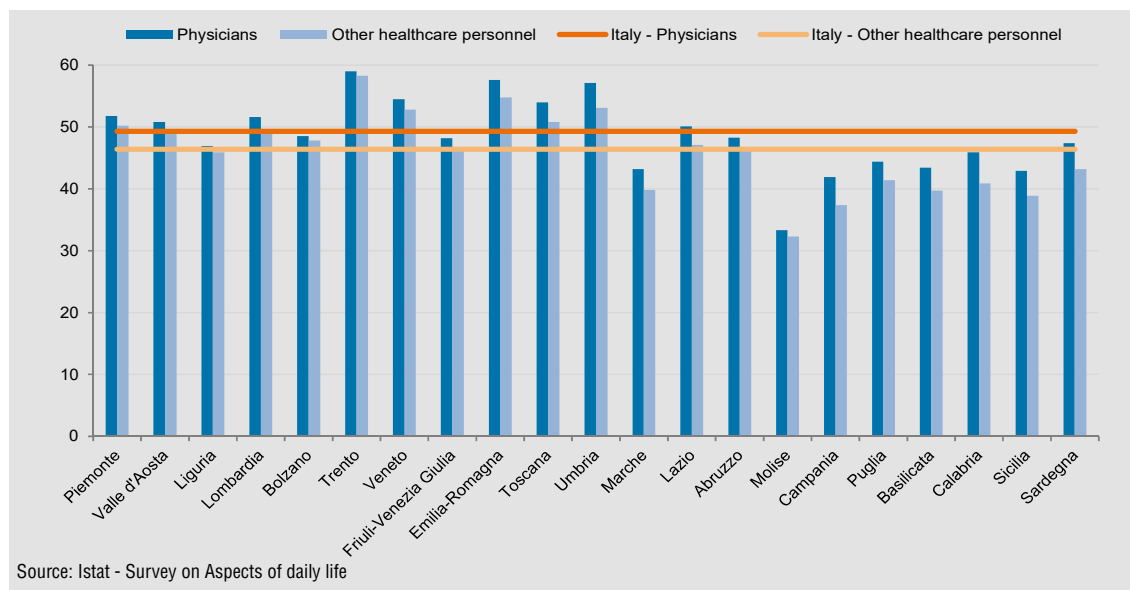
In Italy, there were 4.1 physicians per 1,000 residents in 2021, a slight increase for the first time since 2015 (4 per 1,000 residents). The nationwide increase is linked to the pandemic situation, which has led to the need to expand the number of medical personnel to cope with the health emergency. There was also a slight increase for nursing staff in 2020, the rate of nurses and midwives being 6.6 per 1,000 inhabitants (it was 6.5 per 1,000 in 2019). The data transmitted by the Regions and Autonomous Provinces to the Ministry of Health referring to the period from March 2020 to April 2021, confirm that 83,180 operators were recruited to cope with the pandemic situation, including 21,414 physicians and 31,990 nurses.

At the regional level, the availability of physicians was higher than the national average in Liguria (4.7 physicians per 1,000 inhabitants), Emilia-Romagna (4.4), Toscana (4.5) and Umbria (4.6), Lazio (4.8), Sicilia (4.5) and Sardegna (4.9), while minimum values were recorded in Basilicata (3.4), in the Autonomous Provinces of Bolzano and Trento (3.4 and 3.3) and in Veneto (3.6). Even for nurses, the situation was regionally diversified, with more

than 8 nurses per 1,000 inhabitants in Liguria, in the autonomous provinces of Trento and Bolzano and in Molise, while there were minimum values in Lombardia, Campania and Calabria. In the last two years, physicians and nurses have been the focus of public attention, also thanks to the commitment shown during the pandemic. For the first time in 2021, the Aspects of Daily Life survey included two questions on trust that people have in physicians and other healthcare personnel, which showed that Italians' level of trust in these figures is, on average, high: in 2021, the average mark was 7.3 for physicians and 7.2 for healthcare personnel, values similar to those expressed for the police and fire brigade.

Around 50% of the population gave a trust rating of 8 or higher to both healthcare personnel and physicians, although trust in physicians was slightly higher (Figure 2). The regions with higher levels of trust were the autonomous province of Trento, Veneto, Emilia Romagna, Toscana and Umbria, where more than 50% of people gave a score of 8 or higher to both physicians and other healthcare personnel.

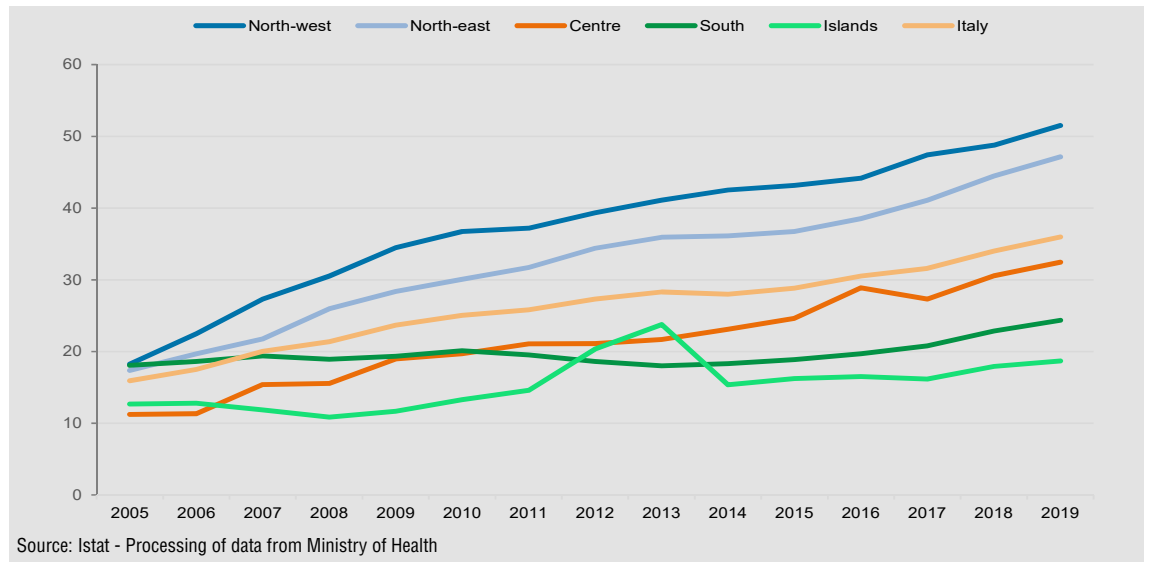
Figure 2. People aged 14 and over who gave a high score (8-10) to trust in the physicians and other healthcare personnel by regions. Year 2021. Percentages



In the North-west more than 50% of general practitioners exceeded the threshold of 1,500 patients

The percentage of general practitioners (GPs) with more than 1,500 patients is available for 2019, providing important information on the conditions of the medical workforce before the pandemic. In 2019 the share of GPs exceeding the maximum threshold was the share of GPs exceeding the maximum threshold was 36.0%, 2 percentage points higher than the previous year over the last 15 years, resulting in a burden on GPs in primary care (Figure 3). There are still very wide differences over the Country with a higher percentage of physicians with a number of patients above the threshold in the North (51.5% in the North-west and 47.1% in the North-east), in the Centre (32.5%) and lower in the South (24.4%) and in the Islands (18.7%). The situation continued to be particularly critical for residents in Lombardia and the Autonomous Province of Bolzano, where the percentage of GPs exceeding the threshold value was over 60%.

Figure 3. General practitioners with a number of patients above the maximum threshold by geographic area. Years 2005-2019. Percentages



In 2020, fewer people moved to another region for hospitalisation

In Italy, hospital emigration, measured as the percentage ratio between hospital discharges carried out in regions other than that of residence and the total number of discharges of residents in the region, and referring to hospital admissions in ordinary regimes for "acute" care², has been around 8% in recent years. In 2020, however, there was a decline that brought the phenomenon back to 2005 levels (7.3%). This drop was undoubtedly linked to the pandemic situation, which, on the one hand, imposed restrictions that prevented people from travelling outside their region/municipality and, on the other, had a strong impact on hospital services, with an overall reduction of 1.7 million admissions compared to 2019. This reduction affected the entire Country but was more substantial in the Islands where there was a 27% drop.

Hospital emigration was very different over the territory: in the North and the Islands it was 5.6% and 5.8% respectively, in the Centre, it was 7.5% and in the South it was 11.4% (Figure 4). The percentage of hospital emigration was particularly high in Calabria (18.7%) and Abruzzo (14.5%) and in small regions where recourse to hospitalisation across the region is more frequent (Molise, Basilicata).

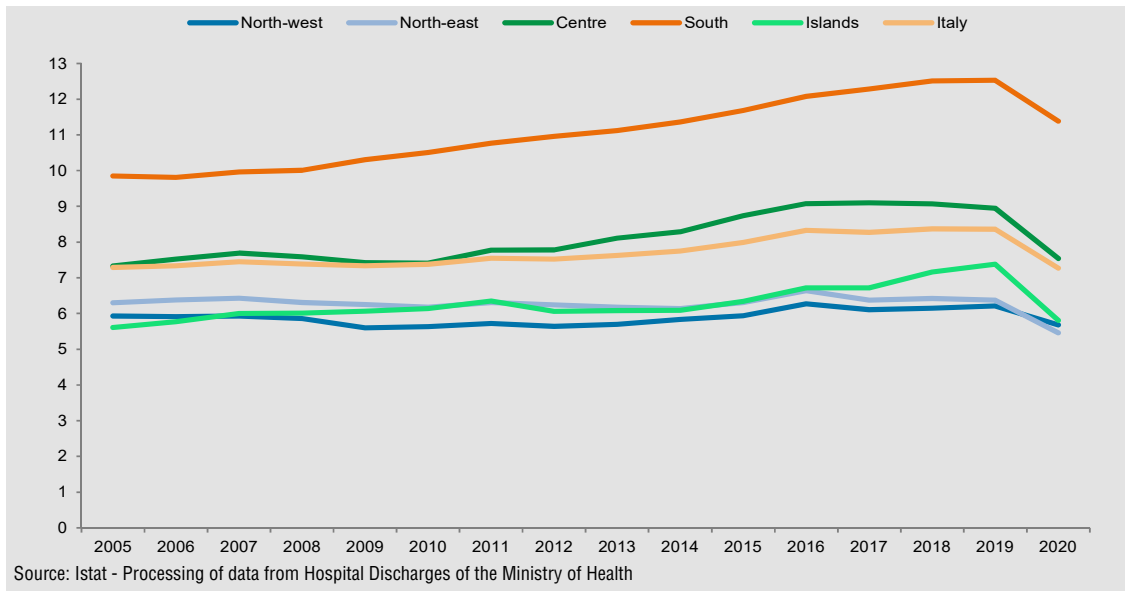
Over the last few years, the hospital supply had been changing, with a reduction in facilities and beds, which certainly contributed to the exacerbation of the pressure on the healthcare system caused by the COVID-19 pandemic. In 2019, hospital beds in high-care wards³ were 3.01 per 10,000 inhabitants, down from 3.51 in 2010.

The supply of high-care beds varied across the territory, with 3.22 beds per 10,000 inhabitants in the North, 2.8 in the Centre and in the South and Islands with the greatest shortages in Umbria and Trentino-Alto Adige/Südtirol (2.28), Sardegna (2.33), Campania (2.39) and Calabria (2.43).

² Admissions to "spinal unit", "functional recovery and rehabilitation", "neuro-rehabilitation" and "long-term care" wards were excluded.

³ Paediatric cardiac surgery, cardiac surgery, tropical infectious diseases, spinal unit, neurosurgery, psychiatry, nephrology, haemodialysis, neonatology, paediatric neurosurgery, pain therapy.

Figure 4. Hospital patient emigration to a different region, by geographic area. Years 2005- 2020. Percentages



Integrated Home Assistance: slight but steady growth

Integrated Home Assistance (IHA) consists of a set of medical, nursing and rehabilitative treatments integrated with social welfare services (personal hygiene, personal care, meal assistance) for the non-self-sufficient elderly in their own homes. The spread of these services responds to the need to care for frail persons at home, improving their quality of life and, at the same time, easing the burden on other health services.

In 2020, there were about 390,000 elderly persons aged 65 and over using this service, 2.8% of them, with a slight but steady growth over previous years. As age increases, the use of this service grows: it was 1% among those aged 65-74 and increased to 4.6% among those aged 75 and over. The service was not uniform throughout Italy: considering the most fragile segment of the population, in Veneto, Emilia Romagna, Abruzzo, Basilicata and Sicilia more than 6% of persons aged 75 years and over made use of IHA, while the service was scarce in Valle d'Aosta and in the autonomous province of Bolzano, where the percentage of persons assisted did not reach 1% of the elderly.

The pandemic situation may have favoured the expansion of home care to compensate for the difficulties in accessing hospitals. In some regions, the increase was substantial, particularly in Lazio (+0.8 percentage points), Toscana and Calabria (+0.6 percentage points) and Abruzzo (+0.5 percentage points).

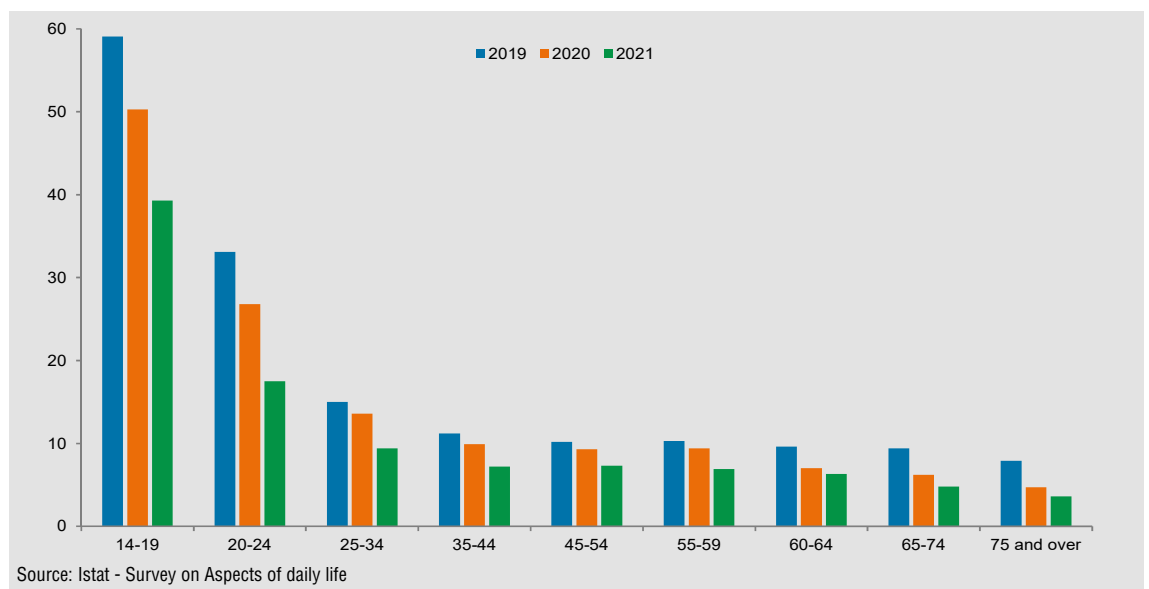
Frequent use of public transport still declining

The share of people aged 14 and over who frequently used mobility services fell from 12.5% in 2020 to 9.4% in 2021, losing more than 6 percentage points compared to pre-pandemic years (it was in fact 15.1% in 2019). The contraction affected the whole of the Country but was particularly evident in the regions where the service has traditionally been most popular: in the North-west, where it fell from 18.4% in 2019 to 11.6% in 2021, and in the

Centre, where it fell from 17.6% to 11.3%, while in the Islands, the low share of frequent users (6.4% of people aged 14 and over) fell by only one percentage point. The highest use was in Liguria (18.6%) and the autonomous province of Bolzano (18.2%), while the lowest was in Umbria (5.2%), Puglia (5.3%) and Marche (5.5%).

The highest concentration of demand for public mobility was confirmed among the youngest, just under 40% of frequent users being under 20 years old and 17.5% between 20 and 24 years old. Again, in this case, it was precisely in the age group where the use of the service was greatest that the strongest reduction was recorded: compared to 2020 - 11.0 percentage points among 14-19-year-olds and -9.3 among the 20-24 -year-olds; above all, this drop was added to that already recorded in 2020 compared to the years preceding the pandemic crisis (respectively - 8.8 in the 14-19 age group and -6.3 in the 20-24 age group) (Figure 5).

Figure 5. Frequent users of public transport by age group. Years 2019-2021. Percentages



On the other hand, the gender differences are less marked, partly due to a more pronounced reduction in the use of the service by women than by men (9.8% vs. 8.9%).

Despite the reduction in the use of mobility services among frequent users, the proportion of those declaring themselves satisfied with the service remained stable.

Even in 2021, one in five users declared themselves satisfied with mobility services. The most satisfied are the residents of the northern regions, in particular the autonomous province of Bolzano (57.8%), while Campania and Lazio are still the regions with the lowest share of users who rate the service positively, just over 10% (10.1% and 11.1% respectively), despite the fact that the trend of improvement in recent years is concentrated mainly in the South and Islands and in the Centre.

Local Public Transport worsened in Southern Italy, slight growth in seat-km of public transport network offered in the North

Local public transport (LPT) services in provincial capitals in 2019 covered, on average, 4,624 seat-km per inhabitant, with a strong differentiation across the territory between

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cities in the North and the Centre, which have a greater supply of seats (6,199 and 5,004 seat-km, respectively), and those in the South and Islands (1,946 seat-km).

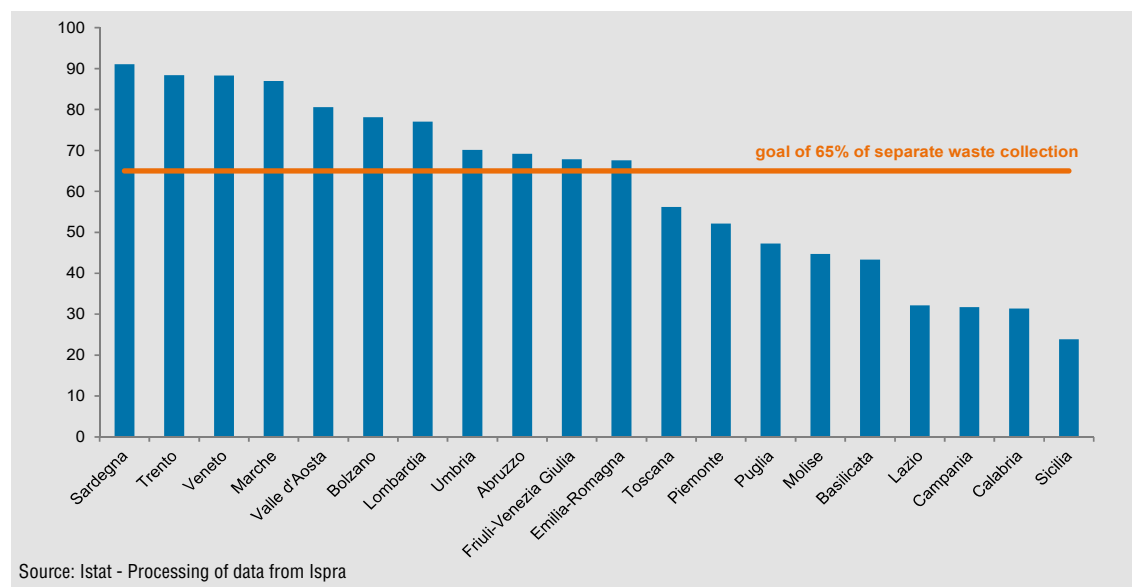
The supply of local public transport has been declining steadily over the past five years on a national level. In the last year, a slight increase in supply was observed in the capitals of the North, while it remained substantially stable in the Centre and continued to deteriorate in the South and Islands. Commuter transport was still characterised predominantly by road-based services; the share of low-emission buses in 2020 was only 30.8%, with a particularly critical situation in metropolitan capitals, where it was only 22.6%.

Separate waste collection increasing, 10 regions over 65% target

In 2020, the percentage of separate waste collection stood at 63% of national production, +1.8 points compared to 2019. Organic waste accounts for most of the sorted waste (39.3%), followed by paper and cardboard accounting for 19.2%, glass 12.2% and plastic 8.6%.

In particular, 56.7% of population live in a municipality that has achieved the 65% separate collection target. The most virtuous regions are Sardegna, the autonomous provinces of Bolzano and Trento, Veneto, Marche, Valle d'Aosta, Lombardia, Umbria, Abruzzo, Friuli-Venezia Giulia and Emilia-Romagna (Figure 6). Homogeneous improvements have been record-

Figure 6. Resident population in municipalities with separate waste collection greater than or equal to 65% by region, Year 2020. Percentages



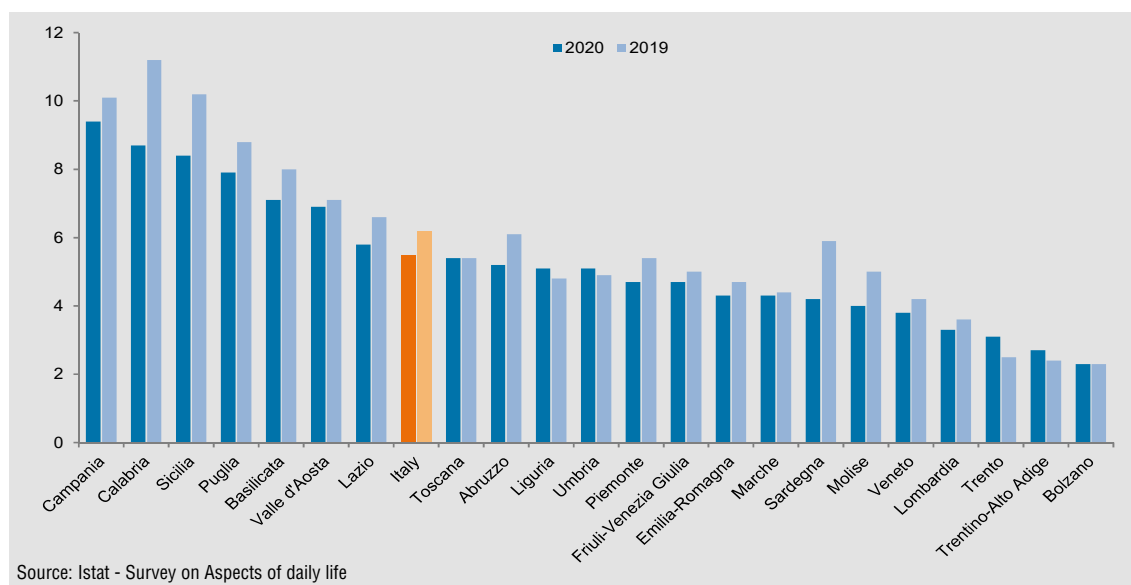
ed over the years throughout the Country. In particular, a great leap forward was made both by regions that already had high separate collection rates such as Valle d'Aosta (+17.9 percentage points), Sardegna, the autonomous province of Bolzano and Friuli-Venezia Giulia (respectively +9.9, +9.8, +9.6 percentage points) and by critical regions such as Basilicata, which went from 28.8% to 43.3% (+14.5). At the tail end remains Sicilia with just 23.8% of resident population living in municipalities that have exceeded the 65% target.

The gap between the Centre-North and the South and Islands in access to public utility services has narrowed for the first time since 2010

The quality of public utility services is linked above all to their accessibility. In the three-year period 2019-2021, 5.5% of Italian households said they had great difficulty in reaching at least three essential services including pharmacies, first aid, post or municipal offices, supermarkets, schools or police and carabinieri stations.

Compared to the previous three-year period 2018-2020, there was an improvement, which could be linked to the lower use of these services during the pandemic. The accessibility of services is not uniform across the Country: 4.0% of households in the North, 5.4% in the Centre and almost twice as many in the South and Islands (7.9%) state that they have encountered many difficulties. Nor is the reduction in the number of households declaring difficulties in accessing public utility services observed in 2021 uniform across the territory, it was slight in the North and the Centre and stronger in the South and Islands. The marked contraction in Southern Italy has reduced the gap with the North from 5 to 3.9 percentage points. The largest reduction, of about 2.5 percentage points, was recorded in Calabria, where households declaring difficulties fell from 11.2 to 8.7 per cent, but nevertheless Calabria remains, together with Campania and Sicilia, one of the regions experiencing the problem most (Figure 7).

Figure 7. Households reported experiencing many difficulties in reaching at least three essential services by regions - Years 2019-2020 - Percentages



The difficulties in accessing services are very much linked to municipal size. In small municipalities with up to 2,000 inhabitants, the percentage of households reporting difficulties of access rose to 8.5%, while it halved in the metropolitan areas (4.0%).

Territorial differences in water and electricity supply

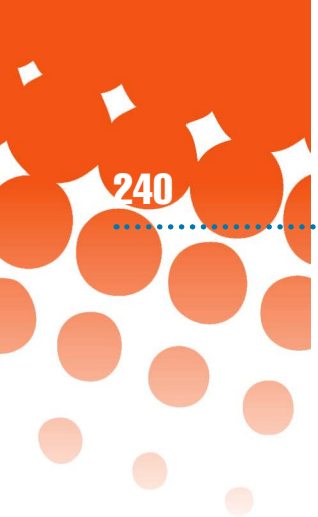
The irregularity with which water and electricity services are distributed is a critical element that indicates their poor quality. The share of households declaring irregularities in the water supply in 2021 was 9.4%, up half a percentage point from the previous year. The situation is very different across the territory, with 3.3% of households complaining for this disservice in the North and 18.7% in the South and Islands, but the situation was particularly serious in Sicilia, where the percentage was as high as 29.0% and is on the rise compared to recent years.

By contrast, the situation was better in the Autonomous Provinces of Bolzano and Trento and in Valle d'Aosta, where the inefficiency affected less than 2% of households.

The frequency with which the Electricity Authority detects electric power cuts longer than three minutes without notice, has a fairly stable trend over time and is equal to 2.1 interruptions per year per citizen, on a national average.

The marked heterogeneity at the regional level - both in levels and in dynamics - traces the North-Centre-South-Islands differences as for other infrastructures, in 2020 going from 1.4 cuts in the North to 2.0 in the Centre to 3.1 cuts in the South and Islands.

The regions with the highest number of interruptions (3 or more) were Campania, Puglia and Sicilia, while for other northern regions, such as Valle d'Aosta, the problem was almost non-existent (0.7 interruptions per year per citizen).



Indicators

1. **Beds in the residential social-healthcare and social-welfare facilities:** Beds in the public or private social-healthcare and social-welfare facilities that provide residential services (assisted hospitality with overnight stay) of a social welfare and/or social-healthcare type to people in need per 10,000 inhabitants.
Source: Istat - Residential health and social care facilities.
2. **Integrated home assistance service:** Percentage of people aged 65 and over who benefited from integrated home assistance service.
Source: Processing of data from Ministry of Health, Health information system.
3. **Composite index of service accessibility:** Percentage of households who find very difficult to reach some basic services (pharmacy, emergency room, post office, police, carabinieri, municipal offices, crèches, nursery, primary and secondary school, market and supermarket). The indicator is a three-year average.
Source: Istat - Survey on Aspects of daily life.
4. **Irregularities in water supply:** Percentage of households who report irregularities in water supply.
Source: Istat - Survey on Aspects of daily life.
5. **Irregularities in electric power distribution:** Frequency of accidental long lasting electric power cuts (cuts without notice longer than 3 minutes) (average number per consumer).
Source: Processing of data from the Italian Regulatory Authority for Energy, Networks and Environment (Arera).
6. **Seat-Km of public transport networks:** Seat-Km of public transport networks per capita in provincial capital Municipalities .
: .Source: Istat - Survey on urban environmental data.
7. **Satisfaction with means of transport:** Percentage of users aged 14 and over who rated 8 or more (over 10) for all means of transport used regularly (more than once a week).
Source: Istat - Survey on Aspects of daily life.
8. **Frequent users of public transport:** Percentage of population aged 14 and over who use public transport several times a week (bus, trolley bus, tram within their own municipality; bus or coach connecting different municipalities; train).
Source: Istat - Survey on Aspects of daily life.
9. **Overall Fixed Very High Capacity Network (VHCN) coverage:** Percentage of households which are resident in an area served by a very high capacity network (FTTH).
Source: Processing of data from Agcom.
10. **Separate collection service for municipal waste:** Percentage of resident population in municipalities with separate collection greater than or equal to 65%.
Source: Processing of data from Ispra.
11. **Hospital beds in high-care wards:** Hospital beds in high care wards in ordinary inpatient care in public and private health care institutions per 10,000 inhabitants.
Source: Processing of data from Ministry of Health.
12. **Hospital patient emigration to a different region:** Percentage of hospital discharges carried out in regions other than that of residence on the total discharges of residents in the region. Data refer only to inpatient discharges for “acute” care (excluding hospitalizations of “spinal unit”, “functional rehabilitation”, “neuro-rehabilitation”, “long-term care”).
Source: Processing of data from Hospital Discharges of the Ministry of Health.
13. **Unmet need for medical examination:** Percentage of the population reporting, in the last 12 months, unmet needs for medical care (specialist examination or diagnostic examination) due to one of the following reasons: he could not pay for it, it was too expensive; inconvenience (distant structure, lack of transportation, inconvenient hours); long waiting list.
Source: Istat - Survey on Aspects of daily life.
14. **General practitioners with a number of patients above the maximum threshold:** Percentage of general practitioners with a number of patients above the maximum threshold of 1500 patients defined by the general practitioners’ contract.
Source: Processing of data from Ministry of Health.
15. **Physicians:** Practising physicians per 1,000 inhabitants.
Source: IQVIA ITALIA One-Key Database.
16. **Nurses and midwives:** Practicing nurses and midwives per 1,000 inhabitants.
Source: Co.Ge.A.P.S. (Consorzio Gestione Anagrafica Professioni Sanitarie) - National database of ECM credits (Continuing Medical Education).

Indicators by regions and geographic areas

REGIONS GEOGRAPHIC AREAS	Beds in the residential social-healthcare and social-welfare facilities (a)	Integrated home assistance service (b)	Composite index of service accessibility (c)	Irregularities in water supply (c)	Irregularities in electric power distribution (d)	Seat-Km of public transport networks (e)	Satisfaction with means of transport (f)
	2018	2020	2019-2021	2021	2020	2019	2021
Piemonte	115.5	2.5	4.7	3.8	1.8	5037	13.6
Valle d'Aosta/Vallée d'Aoste	114.2	0.5	6.9	1.1	0.7	669	53.9
Liguria	113.2	2.8	5.1	5.3	1.4	4231	18.1
Lombardia	85.4	2.8	3.3	2.5	1.4	10875	22.9
Trentino-Alto Adige/Südtirol	131.4	1.8	2.7	1.7	1.5	3833	51.7
<i>Bolzano/Bozen</i>	<i>111.7</i>	<i>0.5</i>	<i>2.3</i>	<i>1.7</i>	<i>2.3</i>	<i>3617</i>	<i>57.8</i>
<i>Trento</i>	<i>150.8</i>	<i>3.0</i>	<i>3.1</i>	<i>1.6</i>	<i>0.9</i>	<i>4027</i>	<i>44.8</i>
Veneto	91.2	3.8	3.8	4.0	1.4	5392	20.0
Friuli-Venezia Giulia	116.8	3.3	4.7	3.0	1.3	4164	43.1
Emilia-Romagna	104.4	3.6	4.3	3.6	1.2	2809	27.9
Toscana	61.3	3.6	5.4	6.8	1.7	3095	22.3
Umbria	65.8	2.5	5.1	3.9	1.7	1814	20.0
Marche	82.3	3.3	4.3	4.4	1.4	2220	18.9
Lazio	42.2	2.2	5.8	12.4	2.4	6370	11.1
Abruzzo	42.0	4.3	5.2	18.0	1.8	2502	26.3
Molise	69.5	3.2	4.0	12.3	1.4	774	16.7
Campania	18.5	2.3	9.4	17.1	3.3	1903	10.1
Puglia	36.4	1.8	7.9	7.1	3.2	1952	23.5
Basilicata	71.8	3.7	7.1	8.2	1.7	1186	28.9
Calabria	38.5	1.0	8.7	28.8	2.9	1646	30.0
Sicilia	52.8	3.9	8.4	29.0	3.9	1723	12.6
Sardegna	51.8	0.0	4.2	14.0	2.8	3411	31.3
North	99.0	3.0	4.0	3.3	1.4	6199	24.1
North-west	96.5	2.7	3.9	3.1	1.5	7924	20.3
North-east	102.6	3.5	4.0	3.5	1.3	3847	30.6
Centre	55.0	2.8	5.4	9.0	2.0	5004	14.5
South and Islands	38.6	2.5	7.9	18.7	3.1	1946	18.4
South	31.9	2.3	8.2	15.5	2.9	1888	18.6
Islands	52.5	3.9	7.3	25.0	3.6	2044	18.2
Italy	69.6	2.8	5.5	9.4	2.1	4624	20.5

(a) Per 10,000 inhabitants;

(b) Per 100 persons aged 65 and over;

(c) Per 100 households;

(d) Average number of interruptions per user;

(e) Seat-Km per inhabitant. Data measured in the capital cities of the Italian provinces;

(f) Per 100 frequent users of at least one type of transport;

(g) Per 100 persons aged 14 and over;

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Frequent users of public transport (g)	Overall Fixed Very High Capacity Network (VHCN) coverage (c)	Separate collection service for municipal waste (c)	Hospital beds in high-care wards (a)	Hospital patient emigration to a different region (h)	Unmet need for medical examination (i)	General practitioners with a number of patients above the maximum threshold (l)	Physicians (m)	Nurses and midwives (m)
2021	2019	2020	2019	2020	2021	2019	2021	2020
9.8	34.7	52.2	3.1	5.7	11.6	38.9	3.7	6.7
12.5	10.4	80.6	2.9	13.6	12.1	35.7	3.7	7.3
18.6	46.9	42.0	3.5	11.9	11.0	31.8	4.7	8.2
11.3	32.1	77.0	3.1	4.5	12.2	61.5	3.8	5.8
16.8	12.7	83.3	2.3	8.4	7.3	60.1	3.4	8.2
18.2	20.0	78.1	2.3	4.4	5.4	68.0	3.4	8.4
15.4	5.0	88.4	2.2	13.0	9.1	53.5	3.3	8.1
8.2	21.0	88.3	3.8	5.3	9.4	53.3	3.6	6.8
10.2	23.5	67.8	2.5	6.3	10.6	33.1	4.0	7.3
8.8	30.2	67.6	3.2	4.8	11.2	41.7	4.4	6.8
8.5	27.0	56.2	3.0	5.5	8.3	38.9	4.5	7.1
5.2	21.7	70.1	2.3	11.3	13.0	17.7	4.6	7.6
5.5	9.9	87.0	2.7	11.7	11.3	33.6	3.9	6.8
15.4	47.6	32.1	2.9	7.1	13.2	30.8	4.8	7.0
7.8	16.4	69.2	3.0	14.5	13.8	21.1	4.4	7.1
7.4	6.4	44.7	4.3	27.3	13.2	12.4	4.2	8.3
7.2	40.8	31.7	2.4	8.7	8.9	34.8	3.9	5.8
5.3	24.4	47.3	3.2	7.8	10.2	17.1	3.9	6.9
6.8	12.6	43.3	2.8	24.9	10.6	20.6	3.4	7.4
5.9	11.4	31.3	2.4	18.7	11.2	17.6	4.0	5.7
5.9	29.6	23.8	3.2	5.9	9.0	15.2	4.5	6.1
7.6	14.6	91.0	2.3	5.4	18.3	31.0	4.9	6.4
10.7	30.1	71.6	3.2	5.6	11.1	49.7	3.9	6.6
11.6	....	67.0	3.2	5.7	11.9	51.5	3.9	6.2
9.4	....	77.8	3.3	5.5	10.0	47.1	3.9	7.0
11.3	34.7	49.4	2.8	7.5	11.4	32.5	4.6	7.0
6.5	26.8	40.5	2.8	9.7	10.6	22.5	4.2	6.3
6.5	....	40.4	2.7	11.4	10.2	24.4	4.0	6.3
6.4	....	40.5	3.0	5.8	11.3	18.7	4.6	6.2
9.4	30.0	56.7	3.0	7.3	11.0	36.0	4.1	6.6

(h) Per 100 discharges of inhabitants in the region;

(i) Per 100 persons;

(l) Per 100 physicians;

(m) Per 1,000 inhabitants;

(*) Provisional data;

(**) Provisional data. 2020 data also contains the waiver for reasons related to COVID-19.

