



## San Marino

View of San Marino

### General overview

The Republic of San Marino is an enclave located between the regions of Emilia-Romagna and Marche in Italy. It has a population of approximately 33 000 and covers a total area of 61 km<sup>2</sup> (1).

San Marino is one of the countries in the world with a very high life expectancy (81.9 for males and 86.4 for females) (1). One of the oldest sovereign states and constitutional republics in the world, it is a parliamentary representative democracy headed by two captains regent (coheads of state). The Congress of State (Government) exercises executive power. The Grand and General Council (Parliament) is a unicameral legislature comprising 60 members. Legislative power is vested in both the Parliament and the Government. The Judiciary is independent of both the executive and the legislative branches.

San Marino is divided into nine municipalities: Acquaviva, Borgo Maggiore, Chiesanuova, City of San Marino, Domagnano, Faetano, Fiorentino, Montegiardino and Serravalle. Each municipality has a local community council, chaired by a captain, to control and manage local services. The duties and functions of the councils are deliberative, consultative and promotional.

San Marino is recognized as high-income and developed country. Its economy relies heavily on industry and tourism, as well as on the service and financial sectors. Cross-border workers are very important since they make up 26% of the total work force (1). In terms of education, a key social determinant of health, almost 50% of the population has a secondary education and more than 10% has a university diploma (1).

Since 1955, San Marino has based its health system on the principles of solidarity, universalism and equity, and established the Institute for Social Security (ISS) to find ways of meeting the health needs of its population. ISS is a public organization financed by the state budget. Its aim is to ensure that all citizens and residents of San Marino have access to health and social services, priority being given to the most vulnerable citizens. ISS offers a social security system, which includes retirement benefits and support to people with disabilities.

San Marino took up a new challenge in 2012 when it adopted the new European health policy framework, Health 2020 (2). The country also participates in the WHO small countries initiative (established in 2013), acting as coleader along

with the European Office for Investment for Health and Development, Venice, Italy, of the WHO Regional Office for Europe. The countries participating in the initiative all have populations of less than one million: these are Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino.

The Second national health plan (2015–2017) (3), approved in 2015, is based on Health 2020 objectives and oriented to achieving the Sustainable Development Goals (SDGs) (2,4).

In 2016, the leading causes of all-age mortality in San Marino were cardiovascular diseases (32.2%), neoplasms (28%) and respiratory tract infections (10%). Mortality from dementia and diseases of the nervous system have increased recently (10% in 2017 vs 7% in 2015 and 2016); this is attributable both to an ageing population and to endocrinology-diabetes (5%) (1). These data demonstrate the burden of noncommunicable diseases (NCD) (1). Lifestyle-related interventions and empowering people to take responsibility for their own health are central to the Second national health plan (2015–2017) (3). The Second national health plan also emphasizes the importance of addressing reemerging communicable diseases (HIV, hepatitis, etc.).

Health development measures in San Marino include a continuum of health promotion, health protection, disease prevention, diagnosis, acute treatment, rehabilitation, palliative care, treatment of chronic diseases, and a system of delivering coordinated, integrated health services with people and the community centre stage. San Marino considers an intersectoral (whole-of-government, whole-of-society, Health in All Policies (5,6)) approach – engaging other sectors by allowing them to identify how they could contribute to improving health – fundamental to tackling NCDs and lifestyle issues.



## Strengths

The strengths of the health system in San Marino are:

- ✓ universal health coverage;
- ✓ cross-sectoral working groups (for example, on education, road safety, gender violence, climate change);
- ✓ strong social cohesion;
- ✓ prevention programmes (screenings, education);
- ✓ voluntary associations.



## Aspirations

San Marino's aims include:

- ✓ improving health promotion;
- ✓ introducing innovations (both organizational and of health/non-health information systems);
- ✓ strengthening internal and external networks;
- ✓ enhancing quality in ageing;
- ✓ building community capacity for action on the social determinants of health;
- ✓ tackling exclusion (vulnerable groups/people);
- ✓ achieving sustainability.



## Challenges

These are:

- ✓ recruitment of human resources for health;
- ✓ purchase of technologies;
- ✓ evidence-based working;
- ✓ improved data collection.



## Potential areas of collaboration

San Marino would be interested in collaborating with other regions on:

- ✓ research and policy development;
- ✓ sharing know-how on promoting/improving health equity;
- ✓ creating a specific database/dataset for small countries/regions with common indicators (Health 2020 (2));
- ✓ continuing education in medicine and public health.



## Working groups

San Marino is interested in participating in working groups on:

- ✓ the Sustainable Development Goals (SDGs) (4)/ equity;
- ✓ environment;
- ✓ women's/men's health;
- ✓ health systems/primary health care;
- ✓ participatory approaches/resilience;
- ✓ the all-of-government approach/intersectoral action;
- ✓ investment for health and well-being.



## People active in the Regions for Health Network (RHN)

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