



REGIONE CAMPANIA



Best Practices in the European Countries

ITALY

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Centre for Administrative Innovation in the Euro.Mediterranean Region

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The views expressed do not imply the expression of any opinion whatsoever on the part of the United Nations and of Italian Department for Public Administration, and Formez.

CHAPTER I: THE ITALIAN ADMINISTRATIVE SYSTEM REFORM.

1.1 Aims of the report.

This report, "Public Administration and administrative Reform in Italy", will present a transversal vision of the overall Italian reform process. It will identify reform trends, the impact and repercussions of innovations, the current situation and future developments. In the first chapter, it will give a description of the motivations for the reforms. They are:

- The *References regulations* that started the reform process.
- The various reform lines.
- Remarks on the innovations in Italy.

In the second chapter, the report will analyse the main innovations in the health sector and the impact of the reform on the Italian social and economic system. Finally, in the third chapter, it will mark out a course of possible innovations and reforms.

1.2 Why reform the P.A. in Italy?

As happened in the most innovative countries in the Anglo-Saxon world (USA, Great Britain, Australia, and New Zealand), in Italy, problems in the public administration were signalled by the expansion of diseconomies and national debts. Yet, the increasing dynamism of social and production sectors have encouraged a strong transformational phase: it was oriented to modernize the organization of P.A., for the country's development.

The reasons behind public administration reform in Italy, performed in the early nineties, may be summarized in this way:

- 1) *Obsolete Administration*: no organic reform has been carried out since 1865.
- 2) In spite of isolated areas of excellence, the Italian Administration was *substantially inefficient*.
- 3) *Example from other European administrations*, in the parallel supranational integration process. Italy, started late in comparison with many other countries, and has dedicated the nineties "to be abreast" with Area OCSE partners.
- 4) *Expensive Administration*: the public administration has contributed to the public finance crisis in Italy, increasing public debt.

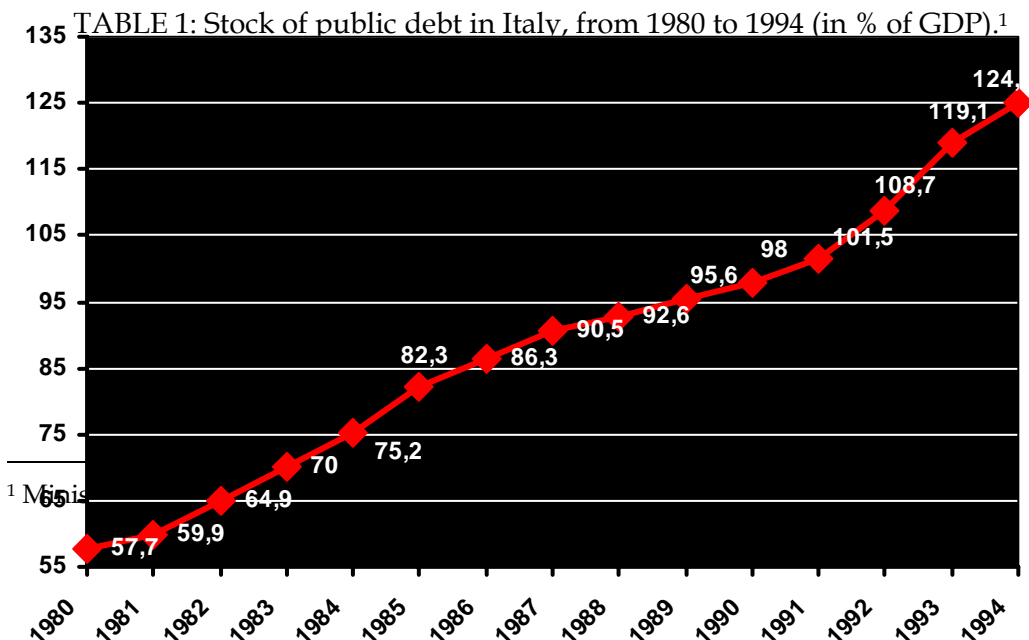
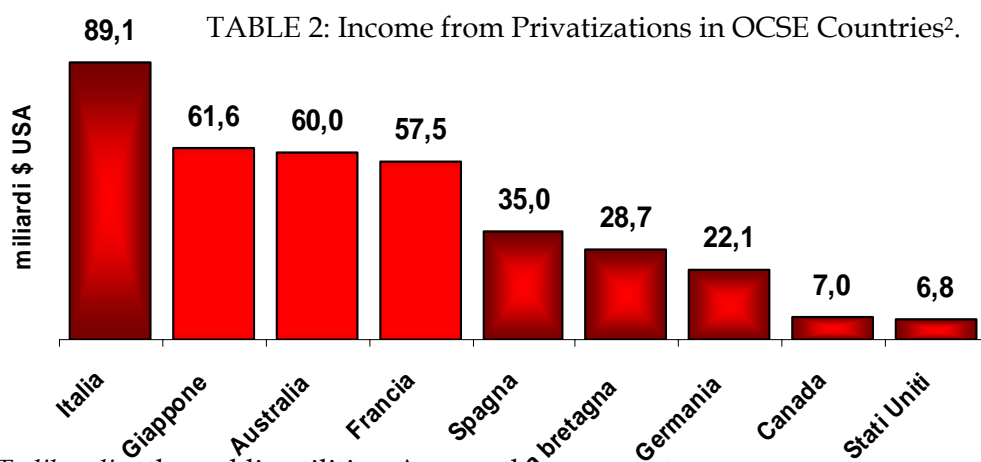


Table 1 shows the exponential growth of Italian public debt in the eighties, up to the early nineties. The data, supplied by the Treasury Ministry, applies to percentages of national GDP, in relation to the year of reference. The Italian Reform has opted for a “Lightweight State” that does less and does it better. To reach this aim, it aimed to:

- a) *To cast off* the non-essential functions.
- b) *To externalize*, denationalizing the services that can be done better by the private market, or from non-profit organizations. The biggest privatization programme in the world was realized in Italy, worth 100 billion euro (To give an example, the privatization of BNL, ENI, ENEL, INA, Telecom, Alitalia, Motorways).



c) *To liberalize* the public utilities. Among these, we note:

- ✓ 110 licences of fixed telephony services and 86 operators (end of *Telecom Italia's* monopoly).
- ✓ In the sphere of Administrative Federalism, the *liberalization* of 30 other manufacturing activities (without authorization or licences).
- ✓ The cutting back of *ENEL's* control of the energy market (from 90% in 1990, to less than 40% in 2003).

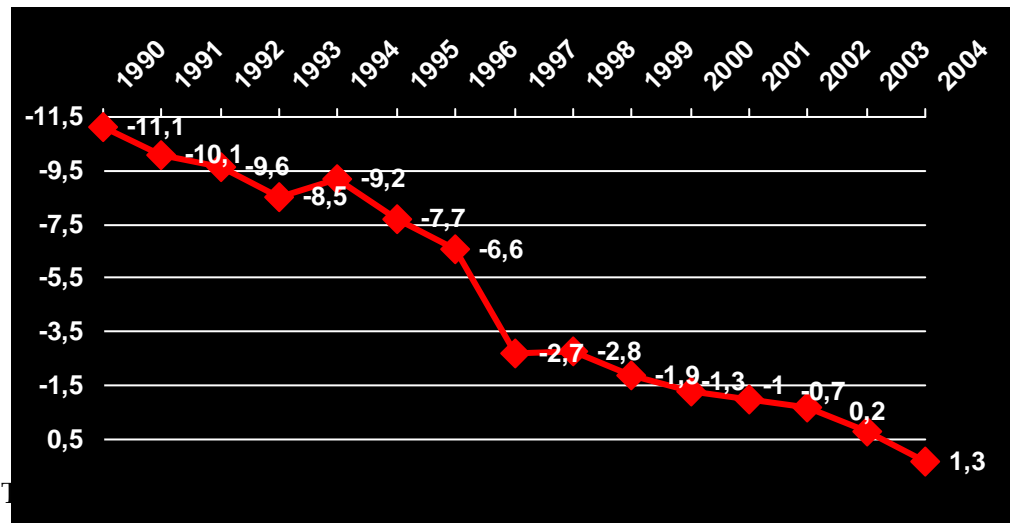
Italy in 2004 is very dissimilar to the Italy of 1990. Step by step, the interventionist, rigid and centralist State of the post-war period has become a State market-oriented, consumer-oriented and decentralized entity. It may be too early to say, but Italy has started to receive the real benefits of the reforms realized in recent years. Italy's improvements are amazing if we think of the starting point and if we consider the difficulty of a reform executed by short term governments³. The wide ranging and articulated approach undertaken has allowed Italy to enter into a synergetic circle, in which each reform encourages further reforms⁴. Tables 3 and 4 show the progress achieved in the control of the expenditure of the State. Table 3 shows the public deficit trend, from 1990 to 2004:

² Source: Organisation for Economic Co-operation and Development (OECD), 2002.

³ Report OECD 2001-2004, page 11.

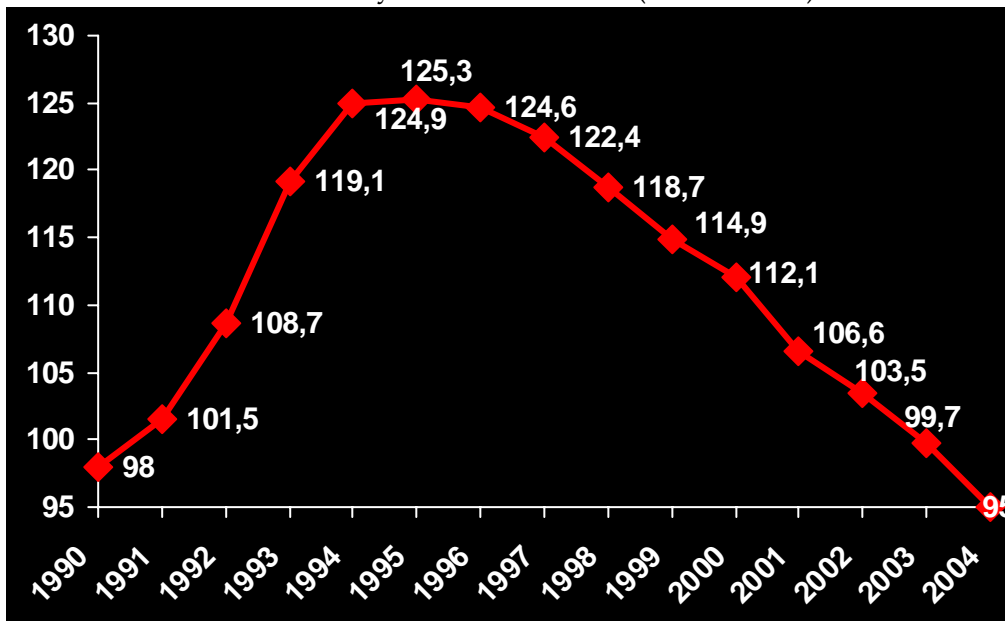
⁴ Idem, page101.

TABLE 3: Public Deficit in Italy from 1990 to 2004 (in % of GDP)⁵.



The strong impact of the reforms in controlling the Italian public debt is represented by the descent of the curve, in the second half of the nineties.

TABLE 4: Public Debt in Italy from 1990 to 2004 (in % of GDP)⁶.



1.3 References regulations: from the Manager-State to the Regulating-State.

The detailed reform processes are established by legislation whose main theoretical inspiration⁷ is found in the *New Public Management*. Without doubt, the Law 142/1990 on the local authorities is one of the most important normative provisions: in fact, it has represented a point of reference for administrative reform in Italy. Law 142 was created to curtail local Authority expenses,

⁵ Source: Ministry of Treasury, ISTAT and DPEF 2001-2004.

⁶ Idem.

⁷ C. Hood, "The New Public Management in the 1990s", 1995. – M.Barzelay, "Performance Auditing and New Public Management: Changing Roles and strategies of Central Audit Institutions", PUMA, OCDE, Parigi, 1995. – D.Osborne & T.Gaebler, "Reinventing Government. How the Entrepreneurial Spirit is transforming the Public Sector", New York, 1992.

introducing the topics of expense and budget responsibility. But the fundamental principle sanctioned by the 142 is the separation of *Policy* and *Management* (a principle extended to all the P.A. by Law 421/1992). The State, from being a planning agent, direct manager of common welfare, becomes a *Regulating State*, in that it places the conditions and preambles for the effective and efficient operation of the P.A.. The basic principles sanctioned by Law 142 can be synthesized in this way:

- Separation of politics from the administrative leadership, with the clean distinction between policy and management.
- Introduction of the basic principles: *efficiency, effectiveness and economization*.
- Introduction of *economic accounting control*. This principle helps managers to manage better, through self-monitoring and self-regulation mechanisms.
- Introduction of the *internal control principle*.

Moreover, with Law 142, and still more with the successive reforms of 1993 (Law 81) and 1999 (Law 265), the "sequence" State/Regions/Public-bodies has been definitively broken as descendant levels of government. The L.29/1993 is another fundamental normative reference: it privatizes job relations in the P.A.. The L.29 is modelled on the well-known processes of modernization of the public administrations, like *New Public Management* (NPM). It is necessary to emphasize that the paradigm of the NPM does not have a merely dogmatic nature, but it is a systematization of empirical experience conducted in the USA⁸.

1.4 Reform lines.

Line 1: Simplification of norms and procedures

On the subject of simplification, the reform of the administrative system has been determined by:

- a) *Legislative Inflation*: the presence of a normative *corpus* of beyond 35.000 laws;
- b) *Regulation Costs*: unnecessary rigidities and burdens on citizens, enterprises and Public Administration;
- c) *Legislative Defilement*: the jungle of laws generates legal uncertainties;
- d) *Bureaucratic Costs*: the great increase of the administration's authorizing powers and the complexity of the procedures generate high bureaucratic costs.

The instruments of the administrative simplification are:

- *Auto certification*, that it replaces 90% of certificates. For example, the demands for signature authentications fell from 38,200,000 in 1996, to 5,900,000 in 2000.
- *Declaration of activity beginning* and *Silence-Assertion* (in 194 specific cases), instead of authorizations, licences and other administrative acts.
- *Conference of services*, replacing a lot of provisions.
- *Consolidated Acts*, with the introduction of simplification laws, to suppress and to unite the normative provision in force (eg: constitution of society, telematic public auctions, conference of services).
- *Sole Counter*, that it institutes a single procedure for every determined activity, with accessible computerized structure for data transmission.

Line 2: "Administrative Federalism"

⁸ Marco Meneguzzo, "New Public Management e modelli innovativi di programmazione e controllo interistituzionale della spesa pubblica", Rome 2001.

One of the mainstays of innovative politics in all democratic countries has been administrative decentralization. In Italy, this process has been realized with constitutional cover (the modification of Title V), in order to prevent the reforms from being left to the mercy of the political majorities. The stages in the progress of decentralization are:

- Stability and legitimization of the local governments, with direct election of Mayors, Presidents of the Provinces (L.81/1993) and Presidents of the Regions (22 Constitutional Law of November 1999).
- Financial Autonomy of Local Governments: *Fiscal Federalism*, with State transfers transformed into local levies or participation in the main national taxes (art.119 Constitution, 18 October 2001).
- Sovereignty of Local Governments: Parliament has approved the bill on the federal system.
- Efficiency and functionality of the local administrations, with reform of controls, city managers, management, and wages tied to performance (1997).

Line 3: Ministerial reform

Another aspect of Italian administrative reform regards the reform of the Ministries. The innovations implemented are the first organic reforms since the time of Cavour. Its aims are:

- Elimination of duplications, fragmentations, superimpositions of competences and structures.
- More flexible internal organization, with greater freedom of choice among the organizational models.
- To have for every mission a single Ministry: 22 Ministries in 1990, 18 in 2000, 15 in 2004.
- To introduce the Agencies: corporate type technical-operating structures, with their own regulations.
- Grouping together in the territorial Offices of Government, the Prefectures and the numerous peripheral offices of the State.

In recent years, the Ministerial reform has felt the effects of the replacement of the political majorities, in that implementation has slowed down.

Line 4: Training, University and Research Reform

In the information and knowledge society, Education, Training, University and Research represent the strategic mission of the country and its institutional system. On the basis of Law 59/1997, reforms have been applied to:

- The Primary and the Secondary public education system.
- The University system.
- The Scientific Research system.
- The main Research Bodies (CNR, ENEA, ASI, national Institute of geophysicist and volcanology, etc.).
- The MURST (Ministero dell'Istruzione, dell'Università e della Ricerca).
- The training of management and public employees.
- In the Training, University and Research sector, the fundamental principle of reform carried out in these years is *Autonomy*. In particular, efforts have been made towards the attainment of: I) Organizational, didactic and scientific Autonomy of Universities; II) Organizational and scientific Autonomy of Research Bodies; III) Autonomy of the Educational Institutes.

In innovative politics, importance has been given to the need to prioritize resource allocations for training, research and the educational system: “the investment in the human training and research is a strategic investment for the competitive future of the Country⁹”.

Line 5: Civil Service Reform

The most tenacious resistance has been met the reform of the Civil Service, for the following main reasons: a) *behaviour of politicians, administrators and managements*, inclined to seek consensus, the conservation of their own slice of power and the defence of acquired privileges; b) *choices of parliament*: the choice of principle of contractualism, meritocracy and quality has clashed with patronage culture, which promotes open legis, and the assumption of favourites without competition; c) *behaviour of the labour organizations*, clashing with the choice of professionalism and principles of merit.

Reform has introduced the *privatization of the Civil Service* (L.29/93). Drawing on the principles of the New Public Management (NPM), the following such managerial practices have been introduced in the P.A.:

- public contracts regulated by general norms of civil law;
- efficiency rating instruments and related rewarding mechanisms;
- management control (external control, defined in Law 77/1995): management control is the procedure intended to verify the state of completion of programme objectives (focusing on targets, and not on the modalities of their attainment), through the analysis of acquired resources and the comparison between the costs and the quantity/quality of the services.

The reform of the civil service includes these aims:

- elimination of political interference in the management of Public Administration: politicians are exclusively responsible for the political choices of policy, not for those of management. The instruments include: publicity and transparency in the granting of competences, establishment of guarantee organs (Committee of Guarantors), results rating, annulment of competences only for negative ratings;
- more responsibility for Public Administration management: the leaders have wider powers, greater responsibilities and wages adapted to the responsibilities and to the results.

Line 6: National Budget Reform

The National Budget reform has transformed the budget from financial to economic: from a budget fragmented into at least 6,000 units, it has been reworked into approximately 1,000 provisional base units, one for every objective. Moreover, every administrative structure is responsible for its own budget, and every budget shows the relationship between costs and objects, verified every year. The reform has a historical capacity: it represents the end of the budget increases that started the exponential expansion of the Italian public debt. In particular, the reform of the budget calls for:

- Rigorous cost analysis of the Financial Act and the expense laws.
- Cost control of amendments in parliament.
- Computer science mandate.
- Fiscal Federalism.

Line 7 On-line Administration (e-Government):

⁹ F.Bassanini, “La riforma della P.A. in Italia”, Rome 2000.

Computer science technology is an extraordinary opportunity and the main instrument for P.A. updating. The administrative reform calls for:

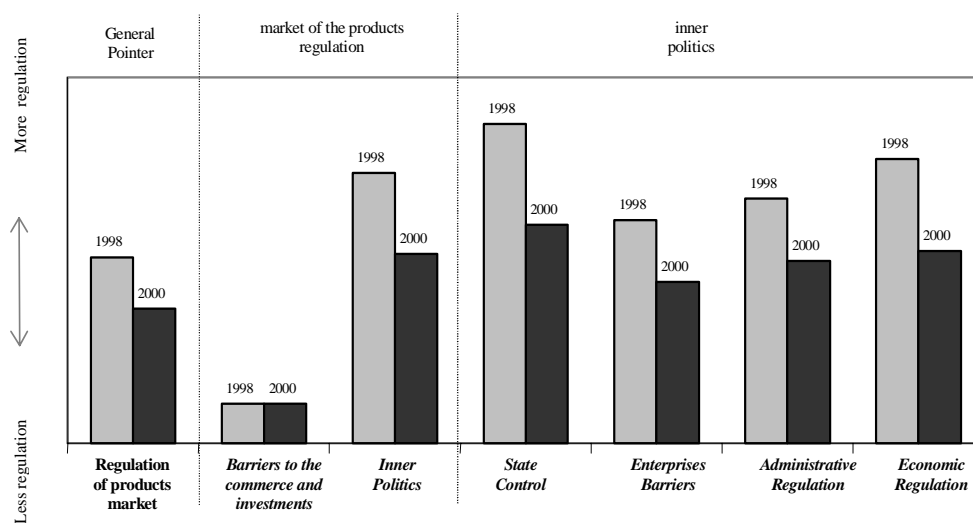
- Telematics State Treasury (40 million tax declarations and 200 million annexed documents are introduced for via data transmission and dealt electronically).
- Digital signature, called for by L. 59/97, recognizing the legal validity (operates 8 accounting firms).

The action-plan for e-government determines that the citizen will be able to obtain any public service by applying to the administration or front-office relevant to the service. Moreover, the citizen will have to communicate only once to the Administration regarding any variation of his information. Therefore, every administration will have to be in a position to find the required information, and all public services technically enabled to use the net will be distribute on line as well.

1.5 Administrative reform impact in Italy.

As we can see in table 5, by the end of 2000, improvements are already registered in every category of regulation, in a position of having an impact on the productive system (politics oriented to the inside), including state controls, administrative barriers to entrepreneurship, administrative norms and economic regulation¹⁰.

TABLE 5: Synoptic picture of the synthesis pointers of market regulation for products by sector Evolution in Italy (1998 – 2000)



Source: The pointers of the 1998 come from an OSCE elaboration of 1999, that is based on comparison and on information supplied from the member States in March 1998. Pointers of 2000 are based on supplied information from Italy, using OSCE methodology of 1998.

“Lagging behind in comparison with many other countries, Italy has dedicated the nineties to keeping abreast of these countries, in an advanced stage of economic and institutional reforms. The capacity, the

¹⁰ Report OECD (Organisation for Economic Cooperation and Development), page 37.

speed and the significance of the structural reforms have been indeed remarkable. Today, Italy continues to move faster than many countries in the completion of its reform program¹¹".

CHAPTER II: ITALIAN HEALTH CARE SYSTEM REFORM.

2.1 Why reform Health Care System?

The Health Systems of all the advanced Countries have started processes of reform, inspiring themselves to the attainment of the *three critical Es*:

- *Effectiveness.*
- *Equality.*
- *Efficiency.*

The control of Health spending is one of the central topics of social policies for all the advanced countries. From some studies carried out by the OECD, it has emerged that the States could no longer limit themselves to acting through traditional programs of expenditure control (that simply transfer burdens to the weaker sectors of the system), but had to proceed from structural and multisector points of view in the Reform of Health System¹². In Italy the National Health System (NHS) has been instituted. An NHS is definable as a public system financed by taxes. It guarantees universal provision through public or private structures that are operating within the National Health Service. Financing through taxes implies the concept that *health is a right for all, whose costs are financed through taxation*. An implicit defect in the NHS that they who distribute the service are at the same those who finance the system.

2.2 Principles and goals of health reform: organizational freedom.

In order to gain a complete picture of the supposed and actual implications of the concept of health enterprise organizational autonomy, I would propose a schematic comparison between the current model, introduced with the Italian reform of the nineties, and the Law 833/1978 model.

The 833/78 was based on universal logic, and it shaped a system in which the first principle was the guarantee of a sole and homogenous service for all the national territory. The USLs (Local Health Unit) were only territorial articulations of the system and they were introduced as identical organizational arrangements. This standardization of the organizational models was intended to lead the construction of an SSN (National Health System) that resolved the fragmentation and inherited health structure of the previous mutual bodies. However, the homogeneity sought after with the 833/78 was only formal, and in reality there was substantial diversity: in fact, the system has developed in a patchwork manner, with remarkable disparities (super-equipped hospitals against a technologically backward background).

With the De Lorenzo-Garavaglia reform, inaugurated by decree 512/1992 and 517/1993, (and confirmed by the decree 229/1999), it is recognized that the single elements of the system (Regions, public and private Health Enterprises, University and Research Institutes) have the right/duty to define their own strategies of development and the organizational order too. Therefore, the distance between formal order and real order could be filled by making the operating subjects responsible, through strategic, organizational and patrimonial autonomy. In the new order following the reform, the organizational models are not equal and predetermined, but they can be shaped according to local requirements. In fact, within the institutional obligations of the SSN (normative, budgetary, safeguard of public service principles), the health enterprises enjoy wide

¹¹ Idem, page 5.

¹² OECD Working Papers, Health Care Reforms in Light of Changing Funding, Incentives and Production Patterns, n.18, 1996.

autonomy in the definition of their organizational order¹³. This autonomy implies the ability of this authority to make its own choices for the local contingent requirements: the greater challenge for health enterprise is the building of such capacity, through the acquisition of organizational and managerial skills traditionally lacking in the previous USL (indicating the necessity for a reorganization process)¹⁴. The general instrument, with which the ASL can start these processes, is the *Organization Plan*. By deepening the connected aspects of the organizational dimension, this plan guarantees coherence between the guidelines and the strategic objects is comprises:

- *Objectives*, indicated through the relevant regional law and the Business Strategic Plan (which explains the overall aims, objectives and business resources).
- *Analysis of current organizational model*.
- *Organizational needs*.
- *Elaboration of a New Organizational Model*.
- *Guide-lines for organizational change*, indicating the distance put into effect¹⁵.

2.3 Bindi's Reform and Regions delays.

Minister Bindi's reform (L.229 of 1999) recovers some of the values of the Anselmi's Reform (L.883/1978). It reaffirms universality (health is a citizenship right), equity and solidarity principles. In Italy, the *National Health Plan* constitutes the most important instrument of health politics. The Regions participate in the choice of health priorities and in the elaboration of the plan, in the unified conference context. In the same way, common participation in the elaboration of the regional health plans is guaranteed. A more innovative element is constituted from the strong push towards programming and management participation, involving not only municipal but also voluntary organizations. An important role is assigned to prevention and to protection of health and, consequently, to prevention departments. Another element of innovation is the attempt to characterize the entire sector through:

- a permanent training programme that involves all health operators, to guarantee government assistance, based on effectiveness, efficiency and appropriacy (ECM = continuous education in medicine);
- the adoption of credit systems for the choice of professionals and the distribution of service;
- the elimination of the clash of interests of operators (all are committed to the exclusivity of the work relationship with the SSN).

The reform has in the *guide lines* the necessary instrument to promote surgical therapies and treatments with more solid scientific bases. One of the training objectives consists exactly of the spread and adoption of the professionals the guide's lines. Institutional accreditation of the public and private health structures stipulates the possession of qualification requirements, adherence regional programming policy, and the positive verification of activities and results. The participation of the citizens is assured through systematic adoption of the *services paper* and the distribution of the described rating programs outcomes.

¹³ R.Ruffini, "Logiche di progettazione dell'assetto organizzativo delle aziende sanitarie", Mecosan, n.18, 1996.

¹⁴ A.Tanese, "L'efficacia del cambiamento organizzativo", a cura di M.Bergamaschi, "Manuale di organizzazione delle aziende sanitarie", McGraw-Hill, Milano, 2000.

¹⁵ Index of USL Enterprise Organization Plan of Avezzano-Sulmona (1998).

In conclusion, it is necessary to emphasize that the Bindi's reform inverts the route taken by the De Lorenzo reform. In opposition to the American model, it recovers the system of values that made and developed the European democracies. It strengthens the relationship between citizen and health system, valuing the role of the perceived quality from the user of services. The tariff system loses its shattering effect and distorting of the relationship between territorial health enterprises and hospitals¹⁶. Though the reform is innovative in the sphere of ideals and values, it is known mainly for the row the minister had with the doctors. The Regions find it hard to acknowledge with own laws, in spite of the strong pressures made from the mayors. The hope is that the regions "come to maturity"; otherwise the federalism has only the bitter taste of a slogan.

2.4 Financing Italian Health Care System after the reform.

The factors that have pushed in favour of a progressive financial autonomy of the Regions are essentially two:

1. The demand of reorganization of the public Finance.
2. The request of greater action freedom of the regions, above all from the north of the country.

The implications of the decentralization process in federalist sense are multiple. In particular, the regions appear remarkably responsible in own budgets management. For example, if we analyze the modalities of Financing Italian Health System (SSN), we can see such radical transformation.

Until the 2000, the Financing Italian Health System was subdivided with this modality:

- the 45-50% coming from the regional tax on productive activities (IRAP, introduced in the 1998) and additional tax on the physical persons (IRPEF);
- the 40-45% came from central transfers of the Budget;
- the 5-6% deriving from the participation of the Regions to special Charter;
- the 3-4% through own entrances.

Instead, the situation to 2001 has previewed:

- the 45-50% with the IRAP + add. IRPEF;
- the 40-45% it is derived from the sum of the regional comparticipation to IVA and the benzine inland duties. In particular, the DPCM 17 of May 2001 elevates to 38,55% the regional comparticipation to IVA.
- the 5-6% remains derived from the Regions to special Charter participation;
- the 3-4% remains supplied through own entrances¹⁷.

Therefore, great part of the financing SSN isn't more for transfers from the State, but through other regional and local sources. The diversity of the social and economic country constitution, it has provoked worry for a possible negative impact of the fiscal federalism. The D. Lgs. 56/2000 serves the interregional solidarity purpose and it has instituted the National Equalizer Fund. Until the 2012, the participation of every Region to the Bottom it will be calculated based on the historical expense, and will be reduced gradually: in 2013, the equalize transfer among Regions will be calculated exclusively based on the regional consumptions, to the number of inhabitants and the geographic dimension.

¹⁶ The Regional management act (DRG's) could be used better and could be a control and verification instrument, not of tariffation among the health enterprise of SSN.

¹⁷ Nerina Dirindin, "Master Agenti per l'Innovazione delle PP.AA.", Naples, 2001.

CHAPTER III: THE FUTURE OF THE REFORM.

3.1 An hypothesis for Health Sector: the European social insurance Systems.

According the current majority, it will be necessary to take part to modify the Reform of the SSN. In particular, the Government has announced that he will cancel with a decree the relationship of exclusive job for the doctors. Such cancellation represents a step back, and a return to the De Lorenzo method, when the head physicians shunted the patients in the own private studies, with consequent payment of higher parcels.

Trying to imagine scenes for a future reform of the SSN, it appears more opportune to inspire itself to the present models in Europe. For example, in some European Health Systems there is a mixed financing: insurance and state's tax. Beyond the taxes, in these countries it is paid a premium that gives the right of the performances straight. The premium can be captured like percentage of the yield from job (with quotas paid from the dependent and the employer, like in Germany and France) or it can be a fixed prize, deductible from the taxes (Switzerland). It exist mixed solutions also (Holland). The State repay in way to obtain a complete cover for all the citizens. In the systems where the assurance it is financed through a withdrawal of money on the salary, the State covers the subjects that do not have yield (unemployed and students) and it guarantee the attendance to pensioners. In the systems where the premium is in fixed amount, the State subsidizes who is under the poverty threshold. In all the cases it draft of systems to cover total. The concept subtended to the insurance model is that: to fall ill is a universal risk and, so, it is financed with an obligatory assurance. Therefore, in the insurance systems the financing is mixed: insurance for management expenses, while investment expenses remain public. The insurance expense still can be part of the budget of the State, instead, it is outside from the budget if we have many assurances in competition, even if regulated from laws. In any case the initial investment is always of the State (and therefore of people), that it establishes where to construct the public structures (hospital planning). Obviously, the social assurances cannot make profits.

The financing difference seems insignificant, but if we think to the great tax evasion in Italy (from subjects that obviously enjoy the sanitary performances) already we begun to reflect. In mixed insured systems, the public health receives more resources regarding SSN systems, and therefore it is more developed. In many European countries, in fact, the cover is total and the system is revealed clearly better than that Italian. The European mixed systems are sure more expensive but it is not carried out in an elevated fiscal pressure, but in an equally insurance withdrawal of money, distributed on the population. And the fiscal pressure is lower. In a theoretical point of view, the insurance system subdivides the costs among assures. In this case, we speak about the single operating costs (medical cures, hospitals, and pharmaceuticals), because the investment costs and extraordinary maintenance of the public hospitals structures remain to the people (than in the federal countries it is express in local tasks for the basin of user, not sure centrals).

The fundamental characteristics of an obligatory insurance system are following:

- The assurance cannot be refused to citizens (universality).
- They are not admitted ties on the regress diseases, or in action, and not even periods of observation.
- All the valid cures and valid medicines are reimbursed, without maximal of expense.
- An assurance can recede from the contract only to the end of the same one.
- Also an insured person can recede, to the end of the contract, and to looking for a better assurance.
- The assurances do not have fiduciary relationships with doctors and hospitals, but they are only a payer body (that reimburses and control the expense), that allocate the expense on all assures of a geographic district.
- The State supplements the expense with performances, reimbursements, subsidies, investments.

Compatibly with the national legislative picture, an Insurance Health System could be experienced on regional scale (in a test pilot Region) for some years. Happening of such experimentation, could later on be extended with happening also to other Regions.

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