and ensure timely prosecutions, sending a clear message that attacks on health care will not go unpunished. Second, collaborative efforts among governments, human rights organisations, and regional judicial bodies can lead to enhanced intelligence gathering, better coordination, and a more comprehensive response to attacks on health-care workers. Third, instilling a deeper understanding of the principles of medical neutrality and the legal obligations to protect health-care facilities among military personnel can help to prevent attacks and minimise their devastating consequences. Finally, leveraging technology and innovation to protect health care in conflict zones can be immensely beneficial. Deploying advanced surveillance systems, such as satellite imaging and remote monitoring, will provide accurate data to support investigations, facilitate prosecutions, and strengthen the evidence base for holding perpetrators accountable.

By implementing these measures, we can pave the way for a future where the sanctity of health care is upheld, even in the middle of conflict.

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Shortage of paediatric intensive care unit beds in Italy

In view of the present situation and the ongoing transformations of the Italian health-care system, we want to highlight the great shortage of paediatric intensive care unit (PICU) beds in Italy.

According to scientific literature, an efficient intensive care system should not be easily overcrowded and should have a target occupancy rate of 85% for optimal functioning. The unit should also have enough flexibility to manage an exceptionally high influx of patients in case of mass casualties, seasonal epidemics, pandemics, and transient tourism-related increases in population.[1]

European standards[2] suggest one PICU bed for each 20 000–30 000 children. The ratio of PICU beds to the number of people aged 18 years and younger in European countries varies widely (0·5–11·7 beds per 100 000 children aged 1–18 years).[3] For example, in Germany the availability of beds in PICUs should be one per 20 000 people aged up to 18 years.[4]

In Italy, the number of PICU beds is only 273 for 9 788 622 patients aged 1–18 years; this number gives a ratio of one PICU bed per 35 856 patients, which is far from the recommended standard.[5] The case of Sardinia illustrates this issue well. Despite its geographical isolation from the rest of the Italian peninsula, the region does not have a single PICU bed. This absence of adequate paediatric critical care services is worrying, especially considering the potential difficulties in transferring seriously ill children to PICUs located in the rest of the country.

16 regions in Italy have less than 25% of the PICU beds recommended by the European standards.[2] The shortage of PICU beds in Italian macro areas is 67·3% in the south, 42·3% in the north, and 2·2% in the centre (appendix). This poor access to critical care facilities puts children from these regions at a serious disadvantage when timely medical care is required for life-threatening emergencies.

See Online for appendix

In conclusion, Italy currently has a 44·4% shortage of PICU beds. This shortage underlines the need for urgent improvement. Interventions might include: increasing the number of PICU beds, improving geographical distribution of PICU beds across the country, and strengthening of specialised paediatric critical care retrieval systems and referral networks. We should ensure that every child with a major medical problem can benefit from the highest quality of care, regardless of the geographical location they live in.

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For more on the **statistical data used** see http://dati.istat.it