

NATIONAL  
HEALTH  
SYSTEM

NHS

SPAIN 2012



GOBIERNO  
DE ESPAÑA

MINISTERIO  
DE SANIDAD, SERVICIOS SOCIALES  
E IGUALDAD

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NATIONAL HEALTH  
SYSTEM  
**SPAIN**  
**2012**

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## National Health System of Spain, 2012.

Ministry of Health, Social Services and Equality

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## Introduction

This information brochure gives an overview of the basic characteristics of Spanish public health and describes the main features of the National Health System.

The text is supplemented by data and figures which provide a picture of the situation of the sector and illustrate its current configuration.

The document begins with a chapter setting out the distribution of responsibilities in the health area among the different levels of government, and particularly between the Central Government and the autonomous communities, and continues with a review of aspects of the National Health System related to the population covered, organization of healthcare resources and benefits included in public funding.

The chapter on the relevant health data in Spain can be used as a quick reference to the most significant figures on the Spanish health status and on the Spanish National Health System.

This document also includes a set of tables with statistical information to allow review of the main data and figures on health in Spain and attached as an appendix is the directory of the public health departments or equivalent of the autonomous communities and cities with status of autonomy.

The statistical information has been compiled and to a large extent produced by the Subdirector General for Health Information and Innovation, belonging to the Directorate General for Public Health, Quality and Innovation.

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# Health protection in Spain

Article 43 of the Spanish Constitution of 1978 establishes the right to health protection and healthcare for all citizens.

Regulation of the actions to enable exercise of the right to health protection are set out in a set of regulations with the rank of Act: General Health Act (1986), Act on the Cohesion and Quality of the National Health System (2003), Act on Guarantees and Rational Use of Medicines (2006), General Health Act (2011) and Royal Decree-Law on Emergency Measures for the Sustainability of the National Health System and Improvement of Quality and Safety (2012).

The fundamental principles and criteria enabling the exercise of this right are:

- Public funding, universal coverage and free healthcare services at the time of use.
- Defined rights and duties for citizens and public authorities.
- Political decentralization of healthcare devolved to the autonomous communities.
- Provision of comprehensive healthcare, striving to attain high levels of quality duly evaluated and controlled.
- Integration of the different public structures and health services under the National Health System.

The National Health System –NHS– is configured as a coordinated set of health services from the Central Government Administration and the autonomous communities that integrates all healthcare functions and benefits for which public authorities are legally responsible.

## Responsibilities for public authorities on health

- Health basic principles and general coordination.
- Foreign health affairs and international relations and agreements.
- Legislation and authorization of medicinal products and medical devices.

### CENTRAL GOVERNMENT RESPONSIBILITIES ON HEALTH

NHS INTERTERRITORIAL COUNCIL	CENTRAL GOVERNMENT	Health basic principles and coordination
		Foreign health affairs
		Policy on medicines
		Management of INGESA
LOCAL COUNCILS	AUTONOMOUS COMMUNITIES	Health planning
		Public health
		Healthcare services management
LOCAL COUNCILS		Health and hygiene
		Cooperation in the management of public services

Source: Distribution of responsibilities according to the Spanish Constitution of 1978, Act 14/1986, April 25th 1986, the General Health Act, and Act 16/2003, May 28th 2003, on the Cohesion and Quality of the National Health System.

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The basic principles and general coordination refer to the establishment of standards determining the minimum conditions and requirements, in pursuit of a basic equality of conditions in the operation of the public healthcare services. Includes the setting of resources and relationship systems allowing reciprocal information, technical uniformity in certain aspects and the combined action of the national and regional health authorities in the exercise of their respective powers.

Foreign health activities are performed in monitoring and control of possible health risks arising from the import, export, or transit of goods and international traffic of travelers. Through international relations and health agreements, Spain cooperates with other countries and international organizations in the following aspects:

- Epidemiological control.
- Fight against transmissible diseases.
- Conservation of a healthy environment.
- Preparation, improvement and implementation of international regulations.
- Biomedical research and all actions agreed because they are considered beneficial by the parties in the field of health.

With regard to the pharmaceutical products, the powers, among others, that correspond to the Central Government are:

- Legislation on medicinal products and medical devices.
- Assessment, authorization, and registration of medicinal product for human use, veterinary medicinal products and medical devices.
- Authorization of pharmaceutical companies.
- Pharmacovigilance of marketed medicinal products.
- Authorization of clinical trials on investigational drugs.
- Decision on public funding and pricing of medicinal products and medical devices.
- Guarantee deposit of narcotic substances in accordance with international treaties.
- Importation of urgent foreign medicines unauthorized in Spain.
- Maintain a strategic nationwide depot of medicinal products and medical devices for emergencies and disasters.
- Purchasing and distribution of medicinal products and medical devices for international cooperation programs.

The fundamental principles and criteria for promoting the rational use of medicines are contained in Act 29/2006, 26 July 2006, on guarantees and rational use of medicinal products and medical devices, in order to ensure the quality of coverage throughout the National Health System in a decentralized framework, in such a way as to achieve the key objective of guaranteeing that all citizens continue to have access to the medicines they need at all times and in any location, under effective and safe conditions.

This Act regulates drugs for human consumption and medical products, its clinical research, their evaluation, authorization, registration, manufacture, preparation, quality control, storage, distribution, circulation, traceability, marketing, information and advertising, importation and exportation, prescription and dispensing, the monitoring of the benefit-risk ratio, as well as the regulation of their rational use and the procedure for public funding, where appropriate.

The regulation also extends to the excipients and materials used for their manufacture, preparation and packaging. It also establishes the criteria and general requirements applicable to veterinary drugs, magisterial preparations, and those relating to industrially prepared medicines.

Irrespective of the powers held by the autonomous communities and, where appropriate, in coordination with them, the Central Government also undertakes actions in the following areas:

- Health control of the environment and foods, services or products directly or indirectly related to the human use and consumption.
- Regulation, authorization and registration or standardization of drugs for human consumption and veterinary use and, with respect to the former, to exercise the responsibilities of inspection and quality control.
- Determination, on a general basis, of the minimum conditions and technical requirements for the approval and standardization of facilities and facilities in centers and services.
- Promotion of quality in the National Health System.
- Specialist health care training in specifically certified teaching centers and units.
- Establishment of the Information System for the National Health System.

## Responsibilities of the autonomous communities

Under constitutional provisions and their respective autonomy statutes, all the autonomous communities have taken up responsibilities with respect to healthcare.

Each autonomous communities has its own Health Service, which is the administrative and management body responsible for all the health centers, services and facilities in its region, provincial administrations, town councils and any other intra-regional administration.

Central Government retains healthcare management in the cities with autonomy statutes—Ceuta and Melilla—through the National Health Management Institute—INGESA—.



The taking-up of responsibilities in the field of health by the autonomous communities brings the management of healthcare closer to citizens and guarantees:

### EQUITY

ACCESS TO BENEFITS AND RIGHT TO HEALTH PROTECTION UNDER CONDITIONS OF EFFECTIVE EQUALITY THROUGHOUT THE COUNTRY AND FREE MOVEMENT OF ALL CITIZENS

### QUALITY

IN THE EVALUATION OF THE BENEFIT DELIVERED BY CLINICAL ACTIONS, INCORPORATING ONLY THOSE WHICH CONTRIBUTE ADDED VALUE TO THE IMPROVEMENT OF HEALTH, IMPLICATING THE HEALTHCARE SYSTEM

### PARTICIPATION

PUBLIC OF CITIZENS BOTH IN RESPECT FOR THE AUTONOMY OF THEIR INDIVIDUAL DECISIONS AS WELL AS IN THE CONSIDERATION OF THEIR EXPECTATIONS AS USERS OF THE HEALTHCARE SYSTEM

## The Interterritorial Council of the National Health System—CISNS—

The Interterritorial Council of the National Health System is the body responsible for the coordination, cooperation and liaison among the central and autonomous communities public health administrations. Its purpose is to promote the cohesion of the National Health System through an effective and equitable guarantee of the rights of citizens throughout the country.

It is made up of the Minister of Health, Social Services and Equality and the Regional Ministry of the autonomous communities. The Minister for Health acts as President of the Interterritorial Council. Vice President is held by one of the Regional Ministry of the autonomous communities, elected by and among the Regional Ministry comprising the Board.

The CISNS operates through its Plenary Meeting, an Executive Committee, technical committees and working groups.

The Plenary Meeting is the highest level body within the structure of the Board, as its members hold the most senior offices of responsibility for health in our country. The Plenary Meeting is held at least four times each year. The decisions of the CISNS materialize through the recommendations which are approved by consensus.

The Executive Committee, chaired by the General Secretary for Health and Consumer Affairs and one representative of each autonomous communities with the rank of a Deputy Head of Department, provides support in the preparation of the Interterritorial Council meetings and performs whatever duties the Board may delegate to it. This Committee can establish the subcommittees and working groups that are required for the performance of its functions.

The CISNS will review, discuss or, if applicable, issue recommendations on:

- Essential functions in the configuration of the National Health System.
- Functions of counseling, planning, and assessment in the National Health System.
- Functions of cooperation between central government and autonomous communities.

## The Advisory Committee

The Advisory Committee answers to the Interterritorial Council and renders social participation in the National Health System effective on an ongoing basis, as the Committee is the vehicle enabling the institutional participation of trade unions and employers' organizations in the National Health System.

The specific duties of the Committee are to inform, give advice and make proposals on matters of particular interest for the operation of the National Health System.

The Committee is comprised by the following members:

- Six representatives of the Central Government.
- Six representatives of the autonomous communities.
- Four representatives of local government.
- Eight representatives of employers' organizations.
- Eight representatives of the most representative trade union organizations nationwide.



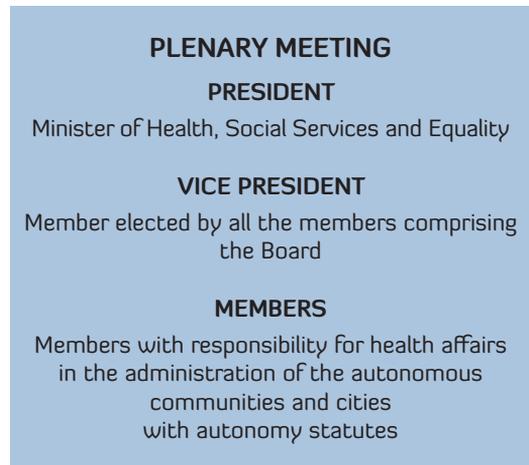
**GOVERNMENT**



**GOVERNMENT**

Permanent body of coordination, cooperation, communication and information of Health Services among the central and autonomous communities public health administrations.

Its purpose is to promote the cohesion of the National Health System through an effective and equitable guarantee of the rights of citizens throughout the country.



**Resolutions** are approved by **consensus** and materialized through **recommendations**

## Population covered by the National Health System

Access to public health services is obtained through the Individual Healthcare Card issued by each Health Service. This is the document which identifies every citizen as a healthcare user throughout the National Health System.

In Spain, the rights to health protection and public healthcare through the National Health System are held by people who have insured status.

Insured status is held by all people who fulfill any of the following requirements:

- Being an employed or self-employed worker, affiliated with the Social Security and having active contributor or assimilated contributor status.
- Being a pensioner in the Social Security system.

- Being a recipient of any other periodic Social Security benefits including unemployment benefits.
- Having used up all unemployment benefits and being unemployed, while not certifying insured status under any other title.

In those cases in which none of the aforementioned circumstances are present, Spanish nationals or citizens of any European Union Member State, the European Economic Area or Switzerland residing in Spain and foreign citizens authorized to reside in Spanish territory, may have insured status, provided they do not exceed the income limit established by regulations.

The following people will be beneficiaries of an insured person, provided they reside in Spain: a spouse or person with a relationship of similar status, who must prove the corresponding official registration, a dependent ex-spouse, and dependent descendants under the age of 26 or with a disability of a degree greater than or equal to 65%.

The people who do not have insured or beneficiary status can get the health care benefit by making the corresponding payment or contribution arising from signing a special agreement.

The holders or beneficiaries of the special schemes of the Social Security managed by the General Mutual Society for Civil Servants, the General Legal Mutual Society and the Social Institute for the Armed Forces, may choose to receive public (NHS) or private (insurance organization) health care.

The people included in said mutual societies who have chosen to receive health care through the insurance organizations must be treated in the health care centers agreed by these organizations. When receiving health care at public health centers, the cost of the care provided shall be claimed from the liable third party.

The granting and control of insured or beneficiary status will be the responsibility of the National Institute for Social Security (INSS) through its provincial directorates. Once insured or beneficiary status has been granted, the entitlement to health care will be implemented by the competent health authorities, who will provide citizens with access to health care benefits by issuing individual health insurance cards.

The National Social Security Institute will provide the competent health authorities with the necessary information to verify that they meet the necessary requirements and conditions for entitlement to health care, without requiring the interested party's consent.

Foreign citizens who have not been registered or authorized as residents in Spain may receive the health care under the same conditions as Spanish citizens:

- Emergency care for serious illnesses or injuries until medical discharge.
- Antenatal and postnatal care.
- If under the age of eighteen.

## Organization of the National Health System

The National Health System is structured into two health care levels, primary care and specialist care, in which there is an inverse relationship between accessibility and technological complexity.

Primary Care makes basic health care services available within a 15-minute radius from any place of residence. The main care facilities are the health care centers, staffed by multidisciplinary teams comprising general practitioners, pediatricians, nurses and administrative staff, and, in some cases, social workers, midwives and physiotherapists.

Since primary health care services are located within the community, they also deal with health promotion and disease prevention.

The principles of maximum accessibility and equity mean that primary care also provides home care whenever this is necessary.

Specialist care is provided in specialist care centers and hospitals in the form of outpatient and inpatient care. Patients having received specialist care and treatment are expected to be referred back to their primary care doctor, who, based on the patient's full medical history, provides a global clinical and therapeutic vision. This ensures the provision of continuous care under equitable conditions, irrespective of the patient's place of residence and individual circumstances, with care provided even in the patient's home if necessary.

	PRIMARY CARE	SPECIALIST CARE
Features	Accessibility	Technical complexity
Activities	Health promotion and disease prevention with sufficient technical resources to properly deal with common health problems	More complex and costly diagnostic and treatment resources that have to be concentrated to be effective
Access	Spontaneous	By referral from primary care professionals
Facilities	Health care centers and local clinics	Specialist care centers and hospitals
Place of health care provision	In the health care center and at patient's home	Outpatient and inpatient

The services offered by the National Health System to citizens include preventive, diagnostic, therapeutic, rehabilitation and health promotion and maintenance activities.

The basic services portfolio is established in Act 16/2003, 28 May 2003, on the cohesion and quality of the National Health System and in Royal Decree 1030/2006, 15 September 2006, which establishes the common services portfolio of the National Health System and the procedure for its update. The health sector reform established in Royal Decree-Law 16/2012, 20 April 2012, on urgent measures to guarantee the sustainability of the National Health System and improve the quality and safety of its services, modifies the common service portfolio of the National Health System including the following modalities:

**Basic common services portfolio of the National Health System:** It comprises all care activities for prevention, diagnosis, treatment and rehabilitation carried out in health and social and healthcare centers, as well as emergency health transport.

**Supplementary common portfolio of the National Health System:** It includes the following services

- Pharmaceutical services.
- Orthopedic and prosthetic services.
- Dietary products services.
- Nonemergency health transport, subject to medical prescription for clinical reasons.

**Common accessory services portfolio of the National Health System:** Includes all activities and services or techniques, without the nature of provision, that are not considered essential and/or that are adjuvant or supportive for improvement of a chronic illness. Activities, services or techniques included in this modality of portfolio are pending implementation until they are approved by Order of the Ministry of Health, Social Services and Equality.

**Supplementary services portfolio of autonomous communities:**

Autonomous communities in the scope of their powers may include a technique, technology or procedure not considered in the basic common, supplementary or accessory services portfolio of the National Health System, for which they will establish the necessary additional resources, informing the Interterritorial Council of the National Health System of the reasons for such measures.

The content of the common services portfolio of the National Health System will be updated by Order of the Ministry of Health, Social Services and Equality, following agreement of the Interterritorial Council of the National Health System, at the proposal of the Committee on insurance, funding and benefits, reporting to this Ministry.

Preparation of its content must be taken into account efficacy, efficiency, effectiveness, safety and therapeutic utility, as well as the clinical advantages and alternatives, care of less protected or risk groups and social needs, as well as their economic and organizational impact. The inclusion of new techniques, technologies or procedures will be subject to mandatory assessment prior to their use in the National Health System by the Spanish Network of Health Technology Assessment Agencies and Benefits of the National Health System.

## Pharmaceutical services

Pharmaceutical services cover medicinal products and medical devices as well actions aiming to ensure that patients receive medicines as required, at the correct dosage, during the right amount of time and at the lowest possible cost for them and for the community, thus promoting the rational use of medicines.

For hospitalized patients, the pharmaceutical prescription includes those products needed by each patient on the basis of the portfolio of common services.

For outpatients, these services cover all prescription medicines approved and registered by the Spanish Agency for Medicinal Products and Medical Devices, magisterial formulas and official preparations produced at local pharmacies following the National Formulary guidelines, and allergy and bacterial vaccines. These services do not cover cosmetic and dietary products, mineral water, elixirs, toothpaste and other health products, over-the-counter medicines, homeopathic remedies, or any item or accessory advertised targeting the general population.

Public funding of medicinal products will be subject to the system of reference prices and selected price mechanisms as cost-saving instruments in pharmaceutical expenditure, fostering use of the generic drugs and adapting the containers of medicinal products to the duration of treatment.

The reform set out in Royal Decree-Law 16/2012 modifying the previously existing system of user contributions in pharmacy, establishes different levels of contribution to copayment of medicinal products and/or medical devices funded by the Social Security.

The contribution to the funding of pharmaceutical expenditure is as follows

- Hospital pharmacy: Medicines dispensed in hospitals are not subject to copayment.
- Outpatient pharmaceutical services: Medicinal products and/or medical devices that are dispensed for patients by the pharmacy office or service are subject to co-payment at the time of dispensing.

The contribution of the beneficiaries to outpatient pharmaceutical services is established based on three criteria: income, age, and extent of disease. The following situations may arise:

- Unemployed persons who have lost their entitlement to receive unemployment benefit and recipients of social inclusion income, non-contributory pensions of contributory pensions and similar situations will be exempt from co-payment.
- Patients with severe diseases and patients with chronic disease will have a reduced contribution of 10% in medicinal products and medical devices for the treatment of these diseases, with a maximum contribution limit updated to the Consumer Price Index (CPI).
- In general, three contribution brackets are established on the basis of income (from 0% to 60%).

- For pensioners, maximum contribution limits per month are established according to income. These limits will not exceed €8 in most cases, and will only reach €18 in a small percentage of cases.
- Only in the case of income exceeding €100,000 will a limit of €60 be established.

Contribution of beneficiaries to outpatient pharmaceutical services with respect to the recommended retail price (RRP):

	ACTIVE INSURED PERSONS	PENSIONERS
Recipients of social inclusion income, non-contributory pensions, unemployed persons without unemployment benefit, unemployment and similar situations <sup>(1)</sup>	0%	0%
Income less than €18,000	40%	10% (maximum limit of €8 per month)
Income equal to or greater than €18,000 and less than €100,000	50%	10% (maximum limit of €18 per month)
Income equal to or greater than above €100,000	60%	60% (maximum limit of €60 per month)
Reduced contribution medicinal products	10% (maximum contributions limit resulting from updating of CPI to maximum contribution in force)	
Mutual fund societies and civil servants	30%	

Notes: <sup>(1)</sup> Persons suffering from a toxic illness or disability in the cases included in their specific regulations. Treatments arising from occupational accidents and occupational illnesses.

Source: Royal Decree-Law 16/2012, of 20 April 2012, on urgent measures to guarantee the sustainability of the National Health System and improve the quality and safety of its services.

## Population

As of January 1, 2012, 47.2 million inhabitants reside in Spain, with a slight predominance of women (50.7%). The age group of less than 16 years accounts for almost 16% and age group of those 65 and older over 17%.

Of the total population, 5.7 million are foreigners, representing 12.1%. In 2011, 33.3 million foreign nationals lived in the group of EU countries (EU-27), representing 6.6% of the total. The majority, 20.5 million, were citizens from non-EU countries, while the remaining 12.8 million were citizens from other EU member states.

## Main data and figures on health and health services in Spain

In absolute numbers, Spain is the second ranking country of EU-27 with more foreign resident population, only surpassed by Germany which has over 7 million.

## Health status

### Life expectancy

For the whole population, Spain (2010) has a life expectancy at birth of 82.1 years, a figure higher than the average of 79.7 for the EU-27. By gender, life expectancy at birth for Spanish men and women is 79.1 and 85.3 years of age, respectively. For inhabitants of the EU-27, these figures are 82.6 years for European women and 76.7 years for men.

Life expectancy at 65 years of age shows the same trend and is higher also in Spain (20.8 years) than in the EU-27 (19.1 years). By gender, Spanish women at age 65 have a life expectancy of 22.7 years compared to 20.9 years in the EU-27, and 18.6 years for Spanish men compared to 17.3 years for EU-27 men.

### Mortality by main causes of death

In absolute terms, the number of deaths in Spain in 2010 was 382,047 (183,926 women and 198,121 men), with a gross mortality rate of 829.2 deaths per 100,000 population (786.8 deaths per 100,000 women and 872.9 deaths per 100,000 men). Data per cause reveal an epidemiological profile prevalent in Spain for some time, which is similar to countries in its same socioeconomic environment: cardiovascular diseases, stroke and cancer as main causes of death.

Mortality rate due to cardiovascular diseases, the main cause of death in Spain, represents 31.2% of total deaths. Within the group of cardiovascular diseases, ischemic heart diseases rank as the main cause of mortality in men (20,226 deaths), while stroke is the main cause among women (17,529 deaths). Within tumors, the greater mortality was caused by bronchial and lung cancer (20,755 deaths). By gender, the most frequent cause of death was bronchial and lung cancer in men (17,303 deaths) and breast cancer in women (6,295 deaths).

### Infant mortality

Infant mortality, with a clearly downward trend, shows low figures in Spain (2010). Only 3 of every 1,000 live births die in the first year of life, 2 in the neonatal period and 1 in the postneonatal period. By gender, there was a slight predominance of deaths in boys (3.3) as compared to girls (3.1).

Perinatal mortality in Spain also shows a downward trend with approximately 4 deaths per 1,000 live births. Perinatal mortality includes fetal deaths and infant deaths less than 7 days of age and it is considered to be clearly relating to health services: degree of development, access, coverage or quality.

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## Self-assessment of health status

The perception a population has of its health status is a good predictor of its health status and use of healthcare services. In Spain (2009), for the total population, 7 of every 10 inhabitants consider their health as good or very good; the data by gender show that men (8 of every 10) have a better self-assessment than women (7 of every 10).

## Vaccine-preventable disease

Systematic vaccination of children has contributed to a large extent to the reduction in morbidity and mortality from vaccine-preventable diseases.

2012 marks the 10 year anniversary since the European region was declared polio-free.

Systematic introduction of the vaccine against diphtheria, tetanus, and pertussis in 1965 caused a drastic fall in the incidence of these diseases. The last case of diphtheria in Spain was reported in 1986. Since 2000 vaccination coverage is above 95%.

The incidence of tetanus remained stable over the last few years with rates of 0.02 reported cases per 100,000 inhabitants.

In spite of the high vaccination coverage against mumps, in 2010, 2011, and the first weeks of 2012 an increase was seen in the incidence of mumps, rising from 6.0 in 2010 to 10.0 per 100,000 in 2011, which appears to indicate the beginning of a new epidemic wave.

In 2011 the number of cases reported of rubella was more than 10 times higher than those reported in 2010 (3,641 reports with the rate of 7.9 cases per 100,000 inhabitants compared to 302 cases and an incidence of 0.7 cases per 100,000 inhabitants). In early 2012 rubella virus continued to circulate in Spain, but with less intensity, depicting what is probably the descending limb of the epidemic wave.

In the case of pertussis, the incidence is oscillating with a cyclical pattern every 2-3 years, which is the normal behavior of this disease. In 2011 3240 cases were reported, with a rate of 7.0 reported cases per 100,000 inhabitants. In recent years pertussis is cause for concern due to the frequency and severity of the disease in infants and the number of cases occurring in vaccinated children.

## HIV and AIDS

In 2010 2,907 new diagnoses of HIV (rate of 88.5 per million inhabitants) were made, 8 of every 10 were men, and the median age was 35 years. The most frequent transmission route was men who have sex with men (46%), followed by heterosexual, (33%), and at a greater distance by injected drug users (6%). Depending on the transmission mode, the trend in the incidence of new diagnoses is different: downward in intravenous drug users, stable in heterosexual transmission and upward in men who have sex with men.

In 2010 930 cases of AIDS were reported, which, after correcting for delayed reporting, is estimated to reach 1,162 cases, almost 8 of every 10 diagnosed cases were men. The median age was 42 years and somewhat higher in men than women (42 compared to 40 years). Cases in heterosexuals accounted for 33% of the total, intravenous drug users 28%, and men who have sex with men 26%. Although in absolute numbers, the unprotected heterosexual transmission mode affects more men than women, it is of particular importance among the latter as it represents 60% of diagnoses in women. Transmission between men who have sex with men accounts for 34% of cases affecting men.

From the start of the epidemic in Spain a total of 80,827 cases of AIDS have been reported. In recent years there has been downward trend in the three main categories of transmission in both men and women.

## Chronic diseases

The main health problems and the most prevalent diseases have changed progressively in developed countries. With the reduction in infectious diseases, non-communicable diseases and chronic diseases have replaced the former as the principal causes of morbidity and mortality, in addition to being responsible, to a large extent, for activity limitations in the elderly.

Diabetes is one of the most widespread diseases in the population, in Spain its prevalence in adults is estimated at 6% (5.8% in women and 6.0% in men) with an upward trend.

## Lifestyles

### Tobacco use

Tobacco use ranks as one of the main causes of avoidable premature mortality. One out of four people aged over 16 smokes on a daily basis (26.2%), one out of five declares to be an ex-smoker (20.4%), and one out of two have never smoked (49.7%).

The number of daily smokers over 16 years of age is much lower in women (21.3%) than in men (31.2%) and many more men (26.3%) than women (14.7%) declare they are ex-smokers, which is difference of about 12 percentage points. Women are those with the highest proportion of those who have never smoked (60.7%), compared to 38.4% of men.

By age group, for both men and women the highest percentage of smokers is between 25 and 54 years of age, but with different weightings, close to 40% of men and almost 30% of women.

With regard to young people aged 16 to 24 years, smoking affects 26.3% of the population (28.9% of men and 23.5% of women). It is in this age group where the difference between men and women is smallest, less than 5 percentage points.

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## Alcohol consumption

Consumption of alcoholic beverages is an enormous public health problem in most developed countries, both on account of the continuing increase in consumption and also because of the harmful effects it produces. Almost 4 out of 10 people aged over 16 years state that they have not consumed alcoholic beverages in the past year; this proportion is double in women than in men. The remaining part (64.6%) of the population of over 16 years have consumed alcohol in the past year, 76.9% of men and 52.9% of women. By age, the percentage of people who consumed alcohol in the past year is lower in older age groups, and more pronounced in women.

## Overweight and obesity

Tobacco use and alcohol consumption, together with overweight and obesity, are risk factors for a large number of diseases and health problems: high blood pressure, hypercholesterolemia, adult diabetes, coronary diseases, certain types of cancer and many other chronic diseases.

More than half of persons aged 18 and over are above their recommended weight. According to their body mass index (BMI), 37.7% of adults are overweight and 16.0% are obese among the population aged 18 and over.

In both men and women, obesity is more common in older ages, except in the population aged 75 and over where it decreases.

The prevalence of overweight and obesity, considered together, in the population aged 18 and over (53.7%) shows higher values in men (62.8%) than in women (44.6%) in all age groups.

Among children aged 6 to 9 years, 4 of every 10 boys has excess weight (overweight and obesity), and this is also more prevalent in boys (5 of every 10) than in girls (4 of every 10).

## Physical activity

An appropriate level of physical activity is recognized to be a beneficial habit to health. A number of epidemiological studies have consistently shown the relationship between physical activity and the reduction of coronary risk, some others diseases have also been associated with physical inactivity including, as particularly significant, diabetes mellitus, hypertension and osteoporosis.

The percentage of the population aged 16 and over who declares not having engaged in intense or moderate physical activity in the past seven days, and who also does not walk is 12.1%, with a higher percentage in women (13.3%) than in men (10.9%) and increasing with age.

# Facilities, human resources and activity of the National Health System

## Health care center

The National Health System has 3,006 health centers and 10,116 local clinics where professionals from the zone's health care center go in order to bring basic services closer to the population.



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## Hospitals

There are 790 hospitals (1.8 per 100,000 population) operating in Spain, equipped with 162,538 beds (352.5 per 100,000 population).

According to functional dependency, 4 out of 10 hospitals are public and 6 are private, a proportion that is reversed when we consider ownership of the installed beds, 7 out of 10 installed beds are public and 3 are private.

According to the kind of care provided, 7 out of 10 hospitals are dedicated to care of acute diseases, 1 is a psychiatric hospital and 2 are for geriatric and long-term care. Eight out of 10 beds installed are in acute care hospitals, 1 in a psychiatric hospital and 1 in a geriatric and long-term care hospital.

According to functional dependency and ownership, half of acute care hospitals and 75% of beds are publicly owned. Thirty percent of psychiatric hospitals and 34% of beds dedicated to this purpose are publicly owned, as are 30% of geriatric and long-term care hospitals and 37% of installed beds.

## Hospital-based high technology

If we exclude dialysis facilities, computerized axial tomography –CAT– is the most widespread high technology in hospitals and dependent facilities, with a total of 699 units and a ratio of 15.2 per million inhabitants. Magnetic resonance follows with 510 units and a ratio of 11.1 per million inhabitants.

The number of mammography units dependent on hospitals totals 572. Mammography helps to diagnose the most common cancer in women, breast cancer; early diagnosis facilitates intervention and increases survival.

## Public healthcare staff

Public healthcare health centers and hospitals employ approximately 272,000 physicians and nurses with a clear predominance of women, 7 of every 10. Physicians represent just over 114,000, and the group formed by nursing staff is the most numerous with 157,000 professionals.

To these healthcare staff figures, we need to add staff acquiring postgraduate training, particularly around 19,000 resident physicians who work in public hospitals.

## Health care center staff

Health centers and local clinics of National Health System employ more than 35,000 physicians (around 29,000 family physicians and just over 6,000 pediatricians) of which half are women (5 of every 10) and over 29,000 nursing professionals, of which 8 of every 10 are women. The ratio of physicians on the first level of care per 10,000 inhabitants assigned is 7.6 and for nursing 6.3.

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## Hospital staff

Just over 79,000 physicians (ratio of 172 per 10,000 inhabitants) provide their services in National Health System hospitals and specialist care centers, of which 4 of every 10 are women, and more than 128,000 nurses (ratio of 279 per 10,000 inhabitants), of which 9 of every 10 are women.

By large specialty groups, 5 out of 10 physicians are dedicated to the medical specialties, 3 to surgical specialties, just over 1 to central services (clinical tests, microbiology, diagnostic radiology, etc.) and around 1 to emergency services.

## Activity in health care center

The annual overall medical visit attendance rate per inhabitant in the first level of care of the National Health System is 6.0, which means that approximately 259 million medical consultations are attended to per year in health centers and local clinics. If we also consider emergency care outside normal working hours, the number of consultations reaches 279 million. If we include nursing activities, the volume exceeds 418 million contacts.

## Vaccination coverage in children

Systematic vaccination coverage provided to the population under 1 year of age is 97.1% for poliomyelitis, 97.1% for DTP (diphtheria-tetanus-pertussis), 96.6% for hepatitis B and 97.1% for *Haemophilus influenzae* type b. Meningitis C has a 98.8 percentage of vaccination.

Children between one and two years of age have a vaccination rate of 96.8% for the MMR vaccine (measles/mumps/rubella).

Systematic vaccination coverage for human papillomavirus in the population aged 11 to 14 is 65.5%, and for the tetanus-diphtheria booster in the population aged 14 to 16 72.4%.

## Vaccination coverage for seasonal influenza in people over 65

Seasonal influenza vaccination coverage for people over 65 is decreasing in recent years but remains at a rate close to 60%. During the 2011-2012 influenza season, more than 5 million people over 65 were vaccinated, representing 57.7% coverage rate.

## Activity in hospitals

More than 5.2 million hospital discharges are registered every year, of which, 4.2 million (80.7%) are funded by the National Health System.

Similarly, each year, there are 82.6 million consultations with the various medical specialists (87.3% funded by the National Health System), 26.2 million emergency cases are treated (78.6% with public funding) and 4.7 million surgical operations are performed, more than 1.3 million of which involve major ambulatory surgery. There were 358,000 births in hospitals, 121,000 of which were by caesarean section.

## Causes of hospitalization

In the case of 13% of the total discharges, the most frequent reason for admission to National Health System hospitals stems from childbirth, puerperium and complications of pregnancy. This cause accounts for 25.7% of women's total visits to acute care hospitals.

Other causes in women, in order of importance, are circulatory system diseases (11.8%), followed by the digestive system and the respiratory tract diseases with percentages of 10.2% and 8.9%, respectively. Tumors account for 8.8%.

In the case of men, the most frequent cause of hospital discharge is also circulatory system diseases with 16.9%, followed by the respiratory tract diseases with 14.7% and digestive system diseases with 14.4%. Tumors account for 11.2%.

Mental disorders are a more frequent cause of hospital discharge in men (2.4% of total discharges) than in women (1.9% of total discharges).

## Transplants

The transplantation of organs is now a common technique in medicine, placing those who perform transplants in the technological vanguard. Scientific advances are making it possible for a larger number of diseases to be treated by means of transplants. In Spain, there is a continuous and stable transplant activity.

The limiting factor with respect to transplant activity is the number of donors and organs generated. Spain, with a donation rate of 35.3 per million inhabitants, strengthens its world leadership.

In 2011 there were 1,667 organ donors in Spain. This donation activity allowed the performance of a total of 4,222 solid organs transplants: 2,498 kidney transplants, 1,137 liver transplants, 237 heart transplants, 230 lung transplants, 111 pancreas transplants and 9 intestinal transplants.

Other figures also stand out, such as 312 living donor kidney transplants and 28 liver transplants.

## Medicine consumption

According to the data collected from the National Health System's prescription invoicing reports, which reflect the packages dispensed in pharmacy offices charged to the National Health System, and measured in Defined Daily Doses—DDD, the most consumed medicines over the last few years, in terms of quantity, by groups belong to the cardiovascular system (401.5 DDD per 1,000 inhabitants/day), followed by the digestive system and metabolism (231.1 DDD per 1,000 inhabitants/day) and nervous system (226.2 DDD per 1,000 inhabitants/day).

By drugs, agents acting on the renin-angiotensin system are the most consumed (158.9 DDD per 1,000 inhabitants/day), followed by drugs for peptic ulcer and gastroesophageal reflux (116.5, DDD per 1,000 inhabitants/day), lipid-lowering drugs (82.5 DDD per 1,000 inhabitants/day) and antidepressants (61.2 DDD per 1,000 inhabitants/day), showing in all cases an upward trend in recent years.

Drugs used in diabetes show a consumption of 55.8 DDD per 1,000 inhabitants/day.

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Consumption of anti-infectious agents for systemic use is 20.9 DDD per 1,000 inhabitants/day. The Ministry of Health, Social Services and Equality has conducted campaigns focusing on both physicians and patients in order to promote prudent use of antibiotics with the aim of preserving their effectiveness and preventing the appearance of bacterial resistance.

## Healthcare expenditure

Data for Spain (2010) place public healthcare expenditure, including long-term care expenditure, at 75,000 million euros, which represents 74.2% of the country's total healthcare expenditure, which amounts to 101,000 million euros.

As a percentage of GDP, the total healthcare expenditure in Spain is 9.6%. Public healthcare expenditure accounts for 7.1% of GDP and represents an expense per inhabitant of 1,622 euros.

The countries of the European Union (EU-27) spend an average of 9.0% of GDP, ranging from 12% of GDP of The Netherlands, Germany or France, to 6% of GDP of Estonia or Romania.

From a functional dimension of the public expenditure on healthcare, hospital and specialist services, represent a little over half of expenditure (56.0% and 38,588 million euros), followed by pharmaceutical services, 19.4% (13,380 million euros), and primary care services at 15.5% (10,651 million euros).

The public health services represent 1.1% of expenditure, with a small relative weight due to the definition and classification of accounting systems. Activities of public health, prevention and promotion are carried out basically through the primary care and are not accounted for specifically.

As for the financial-budgetary classification, without including the expenditure on long-term care, the remuneration of personnel is the item with the greatest weight in public healthcare expenditure, just over 4 of every 10 euros, which in absolute numbers amounts to almost 31,000 million euros. The activity arranged with the private sector represents 10.7% (7,389 million euros) of the total expenditure.

## Satisfaction with the healthcare system

Legitimacy of any services organization –and the National Health System is such an organization– rests on satisfaction elements; so the information on users' opinion on the health system is key.

More than 7 out of 10 adults legitimate the public health system assessing positively its operation; this positive perception is a growing trend in recent years.

About 2 of every 10 surveyed think it needs changes, which is a lower figure than in previous years.

The proportion of those who state they are dissatisfied and demand that the system be completely redone is less than 1 out of 10 surveyed (4.2%), remaining similar to previous years.

# Main data and figures on health in Spain

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# 1. Population

## 1.1.

### Official population figures by Autonomous Community. Spain 2009-2012

	2009	2010	2011	2012 (A)
Andalucía	8,302,923	8,370,975	8,424,102	8,437,681
Aragón	1,345,473	1,347,095	1,346,293	1,346,884
Asturias	1,085,289	1,084,341	1,081,487	1,077,090
Baleares	1,095,426	1,106,049	1,113,114	1,118,654
Canarias	2,103,992	2,118,519	2,126,769	2,115,049
Cantabria	589,235	592,250	593,121	593,620
Castilla y León	2,563,521	2,559,515	2,558,463	2,543,413
Castilla-La Mancha	2,081,313	2,098,373	2,115,334	2,119,942
Cataluña	7,475,420	7,512,381	7,539,618	7,565,603
Comunidad Valenciana	5,094,675	5,111,706	5,117,190	5,123,511
Extremadura	1,102,410	1,107,220	1,109,367	1,106,705
Galicia	2,796,089	2,797,653	2,795,422	2,778,913
Madrid	6,386,932	6,458,684	6,489,680	6,489,768
Murcia	1,446,520	1,461,979	1,470,069	1,472,837
Navarra	630,578	636,924	642,051	643,713
País Vasco	2,172,175	2,178,339	2,184,606	2,191,722
La Rioja	321,702	322,415	322,955	323,302
Ceuta	78,674	80,579	82,376	83,820
Melilla	73,460	76,034	78,476	80,763
<b>Total</b>	<b>46,745,807</b>	<b>47,021,031</b>	<b>47,190,493</b>	<b>47,212,990</b>

Notes: (A) The 2012 data are provisional data and correspond to advance results of the municipal population register.

Fuente: National Statistics Institute (INE). Official Population Figures.

<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t20/e260&file=inebase&N=&L=0>

## 1.2.

### Population structure, percentage by age group. Spain 2011-2012

Age group	2011		2012 (A)	
	Population	% of total	Population	% of total
0-15	7,446,863	15.8	7,468,247	15.8
16-44	19,729,393	41.8	19,376,663	41.0
45-64	11,920,680	25.3	12,147,033	25.7
65 years and over	8,093,557	17.2	8,221,047	17.4
<b>Total</b>	<b>47,190,493</b>	<b>100.00</b>	<b>47,212,990</b>	<b>100.0</b>

Notes: (A) The 2012 data are provisional data and correspond to advance results of the municipal population register.

Source: National Statistics Institute (INE). Official Population Figures.

<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t20/e260&file=inebase&N=&L=0>

### 1.3.

#### Proportion of registered foreign nationals recorded in Autonomous Community population. Spain 2009-2012

	2009	2010	2011	2012 (A)
Andalucía	8.1	8.4	8.7	8.8
Aragón	12.8	12.8	12.7	12.7
Asturias	4.3	4.5	4.7	4.7
Baleares	21.7	21.9	21.8	21.6
Canarias	14.3	14.5	14.4	14.6
Cantabria	6.5	6.6	6.6	6.6
Castilla y León	6.5	6.6	6.8	6.8
Castilla-La Mancha	10.9	10.9	11.0	11.1
Cataluña	15.9	16.0	15.7	15.6
Comunidad Valenciana	17.5	17.5	17.2	17.2
Extremadura	3.4	3.6	3.8	3.8
Galicia	3.8	3.9	4.0	4.0
Madrid	16.7	16.7	16.5	15.6
Murcia	16.3	16.5	16.4	16.1
Navarra	11.2	11.2	11.2	10.7
País Vasco	6.1	6.4	6.6	6.9
La Rioja	14.6	14.5	14.3	14.3
Ceuta	4.5	5.0	6.0	6.7
Melilla	10.3	11.7	12.8	13.9
<b>Total</b>	<b>12.1</b>	<b>12.2</b>	<b>12.2</b>	<b>12.1</b>

Notes: (A) The 2012 data are provisional data and correspond to advance results of the municipal population register.

Source: National Statistics Institute (INE). Official Population Figures.

<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t20/e260&file=inebase&N=&L=0>



## 2. Relevant data on the health of spaniards

### 2.1. MORTALITY

#### 2.1.1.

Life expectancy at birth in years, by sex, in the European Union (EU-27) and Spain: total and by autonomous communities, 2006 and 2010

	2006			2010		
	Total	Women	Men	Total	Women	Men
EU-27	78.9	82.0	75.8	79.7	82.6	76.7
Spain	81.0	84.2	77.2	82.2	85.3	79.1
Andalucía	79.7	82.8	76.5	81.0	84.0	77.9
Aragón	81.5	84.6	78.5	82.5	85.6	79.5
Asturias	80.1	84.0	76.2	81.2	84.9	77.5
Baleares	81.1	84.3	78.0	81.8	84.7	79.0
Canarias	80.0	83.3	76.8	82.1	85.2	79.1
Cantabria	80.9	84.4	77.4	82.3	86.0	78.6
Castilla y León	81.9	85.1	78.8	83.2	86.6	79.9
Castilla-La Mancha	81.7	84.5	78.9	83.0	85.7	80.3
Cataluña	81.4	84.5	78.1	82.6	85.6	79.4
Comunidad Valenciana	80.4	83.5	77.3	81.7	84.6	78.8
Extremadura	80.5	83.9	77.2	81.3	84.4	78.2
Galicia	80.7	84.3	77.1	82.0	85.4	78.6
Madrid	82.2	85.2	78.9	83.9	86.6	80.8
Murcia	80.3	83.4	77.2	82.0	84.7	79.2
Navarra	82.1	85.6	78.7	84.1	87.0	81.0
País Vasco	81.6	85.0	78.0	82.8	86.0	79.4
La Rioja	81.9	85.4	78.5	83.2	86.1	80.5
Ceuta	78.8	81.7	76.2	78.9	82.0	75.8
Melilla	79.1	82.0	76.1	82.3	85.1	79.3

Source: Eurostat.

[http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public\\_health/data\\_public\\_health/database](http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public_health/data_public_health/database)  
Key Indicators of the National Health System  
[http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/inclasSNS\\_DB.htm](http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/inclasSNS_DB.htm)

#### 2.1.2.

Life expectancy in years at age 65 by sex, in European Union countries (EU-27) and Spain, 2006 and 2010

	2006			2010		
	Total	Women	Men	Total	Women	Men
EU-27	18.6	20.4	16.8	19.1	20.9	17.3
Spain	19.9	21.7	17.8	20.8	22.7	18.6

Notes: The figure for 2010 of the EU-27 corresponds to 2009.

Source: Eurostat.

[http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public\\_health/data\\_public\\_health/database](http://epp.eurostat.ec.europa.eu/portal/page/portal/health/public_health/data_public_health/database)  
Key Indicators of the National Health System  
[http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/inclasSNS\\_DB.htm](http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/inclasSNS_DB.htm)

### 2.1.3.

#### Number of deaths and gross mortality rate per 100,000 population. Spain 2008–2010

	2008		2009		2010	
	No. deaths	Rates per 100,000 pop.	No. deaths	Rates per 100,000 pop.	No. deaths	Rates per 100,000 pop.
Men	199,647	886.8	199,095	878.2	198,121	872.9
Women	186,677	808.8	185,838	799.0	183,926	786.8
<b>Total</b>	<b>386,324</b>	<b>847.3</b>	<b>384,933</b>	<b>838.1</b>	<b>382,047</b>	<b>829.2</b>

Source: National Statistics Institute (INE). Mortality by cause of death: Prepared by Ministry of Health, Social Services and Equality.

<http://pestadistico.inteligenciadegestion.msssi.es/>

### 2.1.4.

#### Deaths by main causes of death, by sex. Spain 2010

	Both sexes	Men	Women
All causes	382,047	198,121	183,926
Ischemic heart disease	35,268	20,226	15,042
Cerebrovascular diseases	30,161	12,632	17,529
Malignant neoplasm of the trachea, bronchus and lung	20,755	17,303	3,452
Heart failure	16,038	5,598	10,440
Chronic lower respiratory tract diseases	15,676	11,644	4,032
Mental disorders	14,821	5,058	9,763
Alzheimer's disease	11,343	3,426	7,917
Malignant tumor of the colon	11,241	6,525	4,714
Diabetes mellitus	9,799	4,108	5,691
Hypertensive diseases	9,474	3,124	6,350
Pneumonia	7,525	3,771	3,754
Nephritis, nephrosis, and nephrotic syndrome	6,462	3,171	3,291
Malignant tumor of the breast	6,371	76	6,295
Malignant tumor of the prostate gland	5,875	5,875	0
Malignant tumor of the stomach	5,851	3,601	2,250
Malignant tumor of the pancreas	5,715	3,000	2,716

Notes: Included are the causes of death with a relative weight equal to or greater than 1.5% ordered by relative weight.

Source: National Statistics Institute (INE). Mortality by cause of death: Prepared by Ministry of Health, Social Services and Equality.

<http://pestadistico.inteligenciadegestion.msssi.es/>

## 2.1.5.

Infant mortality per 1,000 live births and its components: neonatal and postneonatal mortality. Perinatal mortality per 1,000 live births. Spain 2008-2010.

	2008			2009			2010		
	Total	Women	Men	Total	Women	Men	Total	Women	Men
Infant mortality	3.3	3.0	3.7	3.3	3.0	3.5	3.2	3.1	3.3
Neonatal mortality	2.1	1.9	2.4	2.1	2.0	2.3	2.1	2.0	2.2
Postneonatal mortality	1.2	1.1	1.3	1.1	1.0	1.2	1.1	1.1	1.1
Perinatal mortality	4.4	4.0	4.7	4.5	4.3	4.7	4.4	4.4	4.4

Notes: Infant mortality; No. of deaths of children before one year of age.

Neonatal mortality: No. of deaths of children under 28 days of age

Postneonatal mortality: No. of deaths of children over 28 days and less than one year of age.

Perinatal mortality: No. of fetal deaths at 24 weeks or more of pregnancy and no. of infant deaths less than seven days of age.

Fuente: National Statistics Institute (INE). Deaths by cause of death. Natural Population Change. Prepared by Ministry of Health, Social Services and Equality.

<http://pestatistico.inteligenciadegestion.msssi.es/>

## 2.2. MORBIDITY

### 2.2.1.

Subjective perception of health: percent distribution in the total population by sex. Spain 2003, 2006, and 2009

	2003	2006	2009
<b>Total</b>	<b>71.3</b>	<b>70.0</b>	<b>70.9</b>
Women	67.1	65.0	66.1
Men	75.7	75.1	75.8

Source: Ministry of Health, Social Services and Equality. National Statistics Institute (INE). National Health Survey of Spain (ENSE).

[http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/inclasSNS\\_DB.htm](http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/inclasSNS_DB.htm)

### 2.2.2.

Prevalence (%) of diabetes mellitus in population aged 16 and over by sex. Spain 2003, 2006, and 2009

	2003	2006	2009
<b>Total</b>	<b>5.9</b>	<b>6.2</b>	<b>5.9</b>
Women	6.2	6.1	5.8
Men	5.6	6.3	6.0

Source: Ministry of Health, Social Services and Equality. Key Indicators of the National Health System Database (INCLANS-DB).

[http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/inclasSNS\\_DB.htm](http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/inclasSNS_DB.htm)

### 2.2.3.

Vaccine-preventable diseases: reported cases and rates per 100,000 population. Spain 2009-2011

	Reported cases			Reported rates per 100,000 population		
	2009	2010	2011	2009	2010	2011
Diphtheria	0	0	0	0.0	0.0	0.0
Mumps	2,172	2,705	4,615	4.8	6.0	10.0
Poliomyelitis	0	0	0	0.0	0.0	0.0
Rubella	30	12	19	0.1	0.0	0.0
Measles	44	302	3,641	0.1	0.7	7.9
Tetanus	9	11	10	0.0	0.0	0.0
Pertussis	538	884	3,240	1.2	1.9	7.0

Source: Institute of Health Carlos III. National Epidemiology Center. Epidemiological bulletins.

[http://revista.isciii.es/public/journals/1/pdf\\_69.pdf](http://revista.isciii.es/public/journals/1/pdf_69.pdf)

<http://gesdoc.isciii.es/gesdoccontroller?action=download&id=19/09/2012-03699464ca>

<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t15/p063/a1998&file=pcaxis>

### 2.2.4.

HIV and AIDS: new diagnoses, rates per million inhabitants, median age and distribution by category of transmission by sex. Spain 2010

HIV/ AIDS surveillance	VIH			sida		
	Total	Mujeres	Hombres	Total	Mujeres	Hombres
New cases	2,907	521	2,386	930	210	720
Rate per million inhabitants	88.5	31.2	147.8	20.2	9.0	31.7
Median age (years)	35	35	35	42	40	42
<b>Distribution (%) by category of transmission</b>						
Men who have sex with men	46.1	-	56.1	26.5	-	34.2
Injected drug users	5.9	6.7	5.7	28.3	30.4	27.6
Blood product recipients	0.0	0.0	0.0	0.1	0.0	0.1
Transfusion recipients	0.0	0.0	0.0	0.2	0.0	0.3
Mother-child	0.4	0.8	0.3	0.3	1.0	0.1
High-risk heterosexual contacts	33.1	79.8	22.9	33.1	58.6	25.7
Other exposures / Unknown/ Not specified	14.5	12.7	14.9	11.5	10.0	11.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Notes: New diagnoses of HIV infection and rates per million inhabitants correspond to data for 17 autonomous communities uncorrected due to delayed reporting.

Source: Ministry of Health, Social Services, and Equality - Ministry of Science and Innovation.

Information System on New Diagnosis of HIV and National Register of AIDS Cases.

National AIDS Plan Secretariat/National Epidemiology Center. Madrid; Madrid Nov 2011.

[http://www.isciii.es/ISCIII/es/contenidos/fd-servicios-cientifico-tecnicos/fd-vigilancias-alertas/fd-enfermedades/fd-sida/InformeVIHSida\\_Junio\\_2011.pdf](http://www.isciii.es/ISCIII/es/contenidos/fd-servicios-cientifico-tecnicos/fd-vigilancias-alertas/fd-enfermedades/fd-sida/InformeVIHSida_Junio_2011.pdf)

## 2.3. LIFESTYLES

### 2.3.1.

Smoking, percentage distribution in population aged 16 and over by sex.  
Spain 2009

	Total	Women	Men
Daily smoker	26.2	21.3	31.2
16-24 years	26.3	23.5	28.9
25-34 years	32.8	28.6	36.8
35-44 years	33.4	29.2	37.5
45-54 years	34.0	29.7	38.4
55-64 years	19.7	13.2	26.6
65-74 years	10.4	5.4	16.3
75 years and over	5.4	2.3	9.8
Occasional smoker	3.7	3.3	4.2
Ex-smoker	20.4	14.7	26.3
Non-smoker	49.7	60.7	38.4
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: Ministry of Health, Social Services and Equality and National Statistics Institute (INE). European Health Survey in Spain 2009.

<http://www.msssi.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm>

### 2.3.2.

Consumption of alcoholic beverages in the last 12 months. Percent distribution in population aged 16 and over, by sex, and age group. Spain 2009

Age group	Total	Women	Men
Has consumed	64.6	52.9	76.9
16-24 years	70.5	65.7	75.1
25-34 years	71.4	61.5	80.9
35-44 years	70.0	60.4	79.3
45-54 years	68.8	56.9	81.0
55-64 years	62.0	48.1	76.8
65-74 years	51.8	35.3	71.5
75 years and over	38.1	24.2	57.8
Has not consumed	35.4	47.1	23.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Fuente: Ministry of Health, Social Services and Equality and National Statistics Institute (INE). European Health Survey in Spain 2009.

<http://www.msssi.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm>

### 2.3.3.

#### Overweight and obesity, percentage distribution in adult population aged 18 and over, by sex. Spain 2009

	Total	Women	Men
<b>Overweight</b>	<b>37.7</b>	<b>29.9</b>	<b>45.5</b>
18-24 years	18.5	13.8	23.2
25-34 years	31.4	21.4	40.7
35-44 years	36.9	26.1	47.2
45-54 years	41.1	30.8	51.4
55-64 years	45.7	40.1	51.4
65-74 years	47.6	43.6	52.1
75 years and over	43.7	39.0	50.2
<b>Obesity</b>	<b>16.0</b>	<b>14.7</b>	<b>17.3</b>
18-24 years	5.2	4.4	5.9
25-34 years	9.8	7.2	12.2
35-44 years	14.6	11.5	17.6
45-54 years	17.4	14.8	20.0
55-64 years	22.8	20.6	24.9
65-74 years	25.7	27.4	23.9
75 years and over	21.1	23.9	17.1

Notes: Overweight body mass index between 25.0-29.9 kg/m<sup>2</sup>.

Obesity, body mass index  $\geq 30.0$  kg/m<sup>2</sup>.

Source: Ministry of Health, Social Services and Equality and National Statistics Institute (INE). European Health Survey in Spain 2009.

<http://www.msssi.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm>

### 2.3.4.

#### Overweight and obesity, percentage distribution, by sex, in children aged 6 to 9. Spain 2010/2011

	Total	Girls	Boys
Overweight	26.2	25.7	26.7
Obesity	18.3	15.5	20.9

Notes: Calculated with WHO growth standards. Overweight between 1 and 2 standard deviations (SD) and obesity + 2 SD. The obesity data for boys have a  $p < 0.05$ .

Source: Ministry of Health, Social Services and Equality. Spanish Agency for Food Safety and Nutrition (ALADINO Study).

<http://www.naos.aesan.msssi.gob.es/naos/investigacion/aladino/>

## 2.3.5.

Percentage of population aged 16 and over that claims not to engage in physical activity by sex. Spain 2009

	Total	Women	Men
Does not engage in physical activity	12.1	13.3	10.9
16-24 years	7.1	8.6	5.6
25-34 years	10.0	10.9	9.2
35-44 years	9.5	8.9	10.0
45-54 years	10.6	9.6	11.5
55-64 years	10.4	10.1	10.8
65-74 years	12.8	15.5	9.7
75 years and over	31.4	35.2	25.5

Source: Ministry of Health, Social Services and Equality and National Statistics Institute (INE). European Health Survey in Spain 2009.

<http://www.msssi.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm>

## 3. Resources and activity in the National Health System

### 3.1. INFRASTRUCTURE AND FACILITIES

#### 3.1.1.

Health centers and local clinics of the National Health System. Spain 2009-2011

	2009	2010	2011
Health care centers	2,954	2,979	3,006
Local clinics	10,207	10,154	10,116
<b>Total</b>	<b>13,161</b>	<b>13,133</b>	<b>13,122</b>

Source: Ministry of Health, Social Services and Equality. Primary Care Information System (IAPS).

<http://estadistico.inteligenciagegestion.msssi.es/>



### 3.1.2.

Hospitals and beds by type of care: total, ratio per 100,000 inhabitants and proportion of public owned. Spain 2009-2011

	Total			Ratio per 100,000 inhabitants			% Public		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
<b>Total</b>									
Hospitals	803	794	790	1.8	1.8	1.8	43.7	44.0	44.1
Beds	161,549	161,022	162,538	351.7	349.5	352.5	68.2	68.1	68.3
<b>Acute care</b>									
Hospitals	588	578	577	1.3	1.3	1.3	48.5	49.3	49.4
Beds	132,368	131,832	133,216	288.2	286.1	288.9	75.0	75.1	75.6
<b>Psychiatric care</b>									
Hospitals	91	90	88	0.2	0.2	0.2	34.1	30.0	29.5
Beds	15,259	14,729	14,440	33.2	32.0	31.3	39.2	35.5	33.7
<b>Geriatric and long-term care</b>									
Hospitals	124	126	125	0.3	0.3	0.3	28.2	29.4	29.6
Beds	13,922	14,461	14,882	30.3	31.4	32.3	35.3	37.8	36.6

Source: Ministry of Health, Social Services and Equality. National Catalog of Hospitals (updated at 31 December 2009, 2010 and 2011).

<http://www.msssi.gob.es/ciudadanos/prestaciones/centrosServiciosSNS/hospitales/home.htm>

### 3.1.3.

Hospital-based high technology: total and ratio per million inhabitants. Spain 2009-2011

	2009		2010		2011	
	Total	Ratio per million inhabitants	Total	Ratio per million inhabitants	Total	Ratio per million inhabitants
Computerized axial tomography	693	14.0	690	15.0	699	15.2
Magnetic resonance imaging	459	10.0	492	10.7	510	11.1
Gamma camera	232	5.1	237	5.1	226	4.9
Hemodynamics room	227	5.0	233	5.1	242	5.2
Photon emission tomography (SPECT)	57	1.2	63	1.4	68	1.5
Digital angiography	192	4.2	195	4.2	206	4.5
Extracorporeal lithotripsy	93	2.0	93	2.0	94	2.0
Cobalt-60 therapy unit	30	0.7	28	0.1	26	0.6
Particle accelerator	183	4.0	192	4.2	199	4.3
Positron emission tomography (PET)	46	1.0	55	1.2	57	1.2
Mammographs	508	11.1	563	12.2	572	12.4
Bone densitometers	208	4.5	218	4.8	226	5.0
Hemodialysis facilities	4,105	89.4	4,259	92.4	4,298	93.9

Source: Ministry of Health, Social Services and Equality. National Catalog of Hospitals (updated at 31 December 2009, 2010 and 2011).

<http://www.msssi.gob.es/ciudadanos/prestaciones/centrosServiciosSNS/hospitales/home.htm>

## 3.2. HEALTHCARE STAFF

### 3.2.1.

Staff in public primary care: physicians and nurses. Total, ratio per 10,000 inhabitants assigned and proportion of women. Spain 2009–2011

	2009		2010		2011		
	Total	Ratio per 10,000 inhabitants	Total	Ratio per 10,000 inhabitants	Total	Ratio per 10,000 inhabitants	% of women
Physicians	34,642	74	34,966	7.5	35,167	7.6	51.7
Family medicine	28,405		28,641		28,743		
Pediatrics	6,237		6,325		6,424		
Nursing	28,660	6.2	28,970	6.2	29,407	6.3	76.7

Notes: Data not available on the number of women by professional category of Catalonia to calculate % in 2011.

Source: Ministry of Health, Social Services and Equality. Primary Care Information System (IAPS).

<http://pestadistico.inteligenciadegestion.msssi.es/>

### 3.2.2.

Staff in public specialist care: physicians and nurses who work in hospitals and specialist centers: total, ratio per 10,000 inhabitants assigned and proportion of women. Spain 2008–2010

	2008		2009		2010		
	Total	Ratio per 10,000 inhabitants	Total	Ratio per 10,000 inhabitants	Total	Ratio per 10,000 inhabitants	% of women
Physicians	73,446	16.1	75,997	16.5	79,159	17.2	42.7
Internal Medicine and Medical Specialties	20,571		21,738		26,511		
General Surgery and Surgical Specialties	12,626		12,970		14,306		
Traumatology	4,174		4,235		4,475		
Obstetrics Gynecology	4,369		4,436		4,427		
Pediatrics	3,609		3,836		3,775		
Psychiatry	3,063		3,215		3,125		
Central Services	15,621		15,743		12,454		
Intensive Care Medicine	2,440		2,414		2,284		
Rehabilitation	1,336		1,364		1,429		
Emergency / On Call	5,637		6,046		6,373		
Nursing	120,991	26.5	124,080	27.0	128,314	27.9	88.4

Source: Ministry of Health, Social Services and Equality. Statistics on Healthcare Establishments Providing Patient Accommodation.

<http://www.msssi.gob.es/estadEstudios/estadisticas/estHospilInternado/inforAnual/homeESCR1.htm>

### 3.3. USE OF SERVICES

#### 3.3.1.

Care activity in primary care (NHS): number of consultations in 2011 and medical visit frequency according to population assigned in primary care and year. Spain 2009-2011

	Consultations by population assigned and year			Number of consultations
	2009	2010	2011	2011
<b>In normal PC working hours</b>				
Medicine	5.6	5.4	5.6	258,775,162
Family medicine	5.6	5.5	5.6	223,643,239
Pediatrics	5.3	5.2	5.4	35,131,923
Nursing	2.9	2.8	2.8	131,578,006
<b>Outside hours: PC emergencies</b>				
Medicine	0.5	0.5	0.5	20,180,146
Nursing	0.3	0.3	0.3	7,880,262
<b>Total</b>				
Medicine	6.1	5.9	6.0	278,955,308
Nursing	3.2	3.1	3.1	139,458,268

Notes: The data on PC emergencies in 2009 refer to 11 autonomous communities (68% of population), those in 2011 on medicine refer to 15 autonomous communities (80% of population) and those on nursing to 14 autonomous communities (62% of population).

Source: Ministry of Health, Social Services and Equality. Primary Care Information System (IAPS).

<http://www.msssi.gob.es/estadEstudios/estadisticas/estadisticas/estMinisterio/siap.htm>

#### 3.3.2.

Systematic vaccination coverage in population aged 0 to 6 years. Spain 2008-2011

	2008	2009	2010	2011
Poliomyelitis	96.7	95.9	96.6	97.1
DTP (diphtheria-tetanus-pertussis)	96.7	95.9	96.6	97.1
Hib (Haemophilus influenzae type b)	96.7	95.9	96.6	97.1
Meningitis C	96.0	96.5	94.2	98.8
Hepatitis B	96.5	95.5	96.5	96.6
Measles, mumps and rubella (MMR)	97.6	97.4	95.5	96.8
Poliomyelitis booster	94.8	94.1	93.7	94.3
DTP booster (diphtheria-tetanus-pertussis)	94.8	94.1	93.7	94.1
Hib booster (Haemophilus influenzae type b)	94.8	94.1	93.7	94.1

Notes: The data on Poliomyelitis, DTP and Hib booster refer to a dose.

Source: Ministry of Health, Social Services and Equality. Directorate General of Public Health, Quality and Innovation Vaccination coverage.

<http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/coberturas.htm>

### 3.3.3.

#### Systematic vaccination coverage in population aged 11 to 16 years. Spain 2009-2011

	2009	2010	2011
HPV coverage (Human papillomavirus)	77.2	64.3	65.5

Notes: Vaccination of adolescent girls aged 11 to 14

	2009	2010	2011
Td coverage (Tetanus-Diphtheria)	74.1	80	72.4

Notes: Booster Td dose administered to adolescents aged 14 to 16

### 3.3.4.

#### Coverage (%) of influenza vaccination in population >= 65 years. Seasonal influenza season: 2009-2010, 2010-2011 and 2011-2012. Spain

	Season 2009/2010	Season 2010/2011	Season 2011/2012
Total	65.7	56.9	57.7

Notes: There are no data available in Ceuta.

Source: Ministry of Health, Social Services and Equality, Directorate General for Public Health, Quality and innovation.  
<http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/coberturas.htm>

### 3.3.5.

#### Medical, surgical and obstetric activity in hospitals and specialist centers: total, rate per 1,000 inhabitants and percentage of funding by the National Health System. Spain 2008-2010

	2008		2009		2010	
	Total	% Funded by NHS	Total	% Funded by NHS	Total	% Funded by NHS
Discharges (thousands)	5,282.5	78.4	5,269.8	78.7	5,220.60	80.7
Discharges/1,000 inh	115.9	-	114.7	-	113.3	-
Consultations (thousands)	79,614.0	86.4	82,142.4	86.2	82,631.60	87.3
Consultations/1,000 inh	1,746.2	-	1,788.5	-	1,793.5	-
Emergencies (thousands)	26,249.1	76.9	26,898.6	77.1	26,206.4	78.6
Emergencies/1,000 inh	576.0	-	585.6	-	568.8	-
Surgeries (thousands)	4,567.7	-	4,663.8	-	4,657.9	-
Surgeries/1,000 inh	100.2	-	101.5	-	101.1	-
MAS (thousands)	1,259.3	77.8	1,308.4	79.3	1,352.70	81.1
MAS/1,000 inh	27.6	-	29	-	29.4	-
Vaginal deliveries	385,859	-	364,881	-	358,285	-
Cesarean sections	128,255	-	123,480	-	121,436	-
% Cesarean sections	24.95	-	25.3	-	25.31	-
Total deliveries	514,114	-	488,361	-	479,721	-

Notes: The provisional results of 2010 are included.

Source: Ministry of Health, Social Services and Equality. Statistics on Healthcare Establishments Providing Patient Accommodation.  
<http://www.msssi.gob.es/estadEstudios/estadisticas/estHospInternado/inforAnual/homeESCRI.htm>

### 3.3.6.

#### Hospitalization in the National Health System: Discharges by the main disease groups by sex and rate per 10,000 inhabitants. Spain 2010

	Women		Men	
	Discharges	Discharges/ 10,000 inhabitants	Discharges	Discharges/ 10,000 inhabitants
Total	1,909,188	816.8	1,721,082	758.3
Complications of pregnancy, childbirth, and puerperium	467,031	199.8	-	-
Circulatory system	225,551	96.5	291,435	128.4
Digestive system	195,025	83.4	248,302	109.4
Respiratory system	170,779	73.1	253,300	11.6
Malignant neoplasms	168,673	72.2	192,823	85.0
Injuries and poisonings	150,285	64.3	158,613	69.9
Genitourinary system	116,885	50.0	100,299	44.2
Musculoskeletal system and connective tissue	106,956	45.8	85,718	37.8
Nervous system	55,905	23.9	57,524	25.3
Mental disorders	35,495	15.2	41,923	18.5

Notes: We have included as the main disease groups those having a relative weight of over 2.0%.

Source: Ministry of Health, Social Services and Equality. Discharge registry—CMDB in hospitals of the National Health System.

<http://pestadistico.inteligenciadegestion.mssi.es/>

### 3.3.7.

#### Donors and solid organ transplants: total and rate per million inhabitants. Spain 2009-2011

	2009		2010		2011	
	Number	Rate / million inhabitants	Number	Rate / million inhabitants	Number	Rate / million inhabitants
Organ donors	1,606	34.4	1,502	32.0	1,667	35.3
Kidney transplants	2,328	49.8	2,098	47.3	2,498	52.9
(Living donor)	235	5.0	240	5.4	312	5.1
Liver transplants	1,099	23.5	971	20.7	1,137	24.1
(Living donor)	29	0.6	20	0.4	28	0.4
Heart transplants	274	5.9	217	5.2	237	5.0
Lung transplants	219	4.7	235	5.0	230	4.9
Pancreas transplants	97	2.1	94	2.0	111	2.4
Intestine transplants	11	0.2	5	0.1	9	0.2

Source: Ministry of Health, Social Services, and Equality, National Transplant Organization: Report 2009, 2010, and 2011.

<http://www.ont.es/infesp/Paginas/Memorias.aspx>



### 3.3.8.

Consumption of medicines charged to the National Health System expressed in Daily Dosages Dose (DDD) per 1,000 inhabitants, ordered by Anatomical Therapeutic Chemical (ATC) group. Spain 2008-2010

Main ATC classification groups	2008	2009	2010
<b>A Alimentary tract and metabolism</b>	216.8	228.9	231.1
Antacids	2.7	2.5	2.4
Drugs for peptic ulcer and gastroesophageal reflux	100.8	109.6	116.5
Drugs used in diabetes	60.4	62.0	55.8
<b>B Blood and blood-forming organs</b>	104.6	108.3	120.8
<b>C Cardiovascular system</b>	373.5	389.0	401.5
Cardiac glycosides	4.9	4.6	4.4
Class I and II antiarrhythmics	3.0	2.9	3.0
Antihypertensives	9.1	9.1	9.1
Diuretics	41.9	44.9	44.8
Beta-blocking agents	20.8	20.8	21.3
Calcium channel blockers	37.8	37.3	36.7
Agents acting on the renin-angiotensin system	145.8	153.1	158.9
Agents reducing serum lipids	66.7	74.0	82.5
<b>G Genitourinary system and sex hormones</b>	33.0	34.1	36.1
Sex hormones and genital system modulators	10.4	10.2	10.6
<b>H Systemic hormonal preparations, excluding sex hormones and insulins</b>	24.3	25.2	26.3
<b>J General anti-infectives for systemic use</b>	21.7	21.6	20.9
Antibacterials for systemic use	19.7	19.7	19.9
<b>M Musculoskeletal system</b>	84.9	88.3	87.7
Anti-inflammatory and antirheumatic nonsteroidal products	58.3	60.9	59.8
<b>N Nervous system</b>	207.2	216.8	226.2
Analgesics	32.2	35.0	36.5
Anxiolytics	50.6	51.2	51.9
Hypnotic and sedatives	24.9	25.8	26.8
Antidepressants	55.0	57.7	61.2
<b>R Respiratory system</b>	89.2	93.8	91.6
Drugs for obstructive airway diseases	44.3	45.4	44.1

**Notes:** DDD: technical unit of measurement corresponding to the maintenance dose in the main indication for an administration route measured in adults which does not necessarily reflect the dose daily actually prescribed or used by the patient, although it should be close to it. The discrepancy between the DDD and doses actually used for the population may make the results expressed in DDD overestimate or underestimate the actual use of the medicinal product.

**Fuente:** Ministry of Health, Social Services and Equality.  
OECD Health Data, version July 2012.

<http://stats.oecd.org/index.aspx>



## 4. Health expenditure

### 4.1.

Total healthcare expenditure: public and private in millions of euros and percentage of gross domestic product (GNP). Spain 2008–2010

	2008		2009		2010	
	Millions of euros	% of GDP	Millions of euros	% of GDP	Millions of euros	% of GDP
Public healthcare expenditure	71,169.6	6.5	75,395.3	7.2	74,732.3	7.1
Private healthcare expenditure	26,115.7	2.4	25,496.9	2.4	26,008.5	2.5
Total healthcare expenditure	97,285.3	8.9	100,892.3	9.6	100,740.8	9.6

Notes: Figures in line with the SHA (System Health Account) methodology.

Source: OECD Health Data 2012, online version.

<http://stats.oecd.org/Index.aspx?DataSetCode=SHA>



## 4.2.

### Total healthcare expenditure as a percentage of gross domestic product (GDP) in EU-27 countries. Spain 2008-2010

	Total Healthcare Expenditure % GDP		
	2008	2009	2010
Germany	10.7	11.7	11.6
Austria	10.5	11.2	11.0
Belgium	10.0	10.7	-
Bulgaria	7.0	7.2	-
Cyprus	6.9	7.4	7.4
Denmark	10.2	11.5	11.1
Slovakia	8.0	9.2	9.0
Slovenia	8.3	9.3	9.0
SPAIN	8.9	9.6	9.6
Estonia	6.0	7.0	6.3
Finland	8.3	9.2	8.9
France	11.0	11.7	11.6
Greece	10.1	10.6	10.2
Hungary	7.5	7.7	7.8
Ireland	8.9	9.9	9.2
Italy	8.9	9.3	9.3
Latvia	6.6	6.8	-
Lithuania	6.6	7.5	7.0
Luxembourg	6.8	7.9	-
Malta	8.3	8.5	8.6
Netherlands	11.0	11.9	12.05
Poland	6.9	7.2	7.0
Portugal	10.2	10.8	10.7
United Kingdom	8.8	9.8	9.6
Czech Republic	6.8	8.0	7.5
Romania	5.4	5.6	6.0
Sweden	9.2	9.9	9.6
<b>Total EU-27</b>	<b>8.4</b>	<b>9.2</b>	<b>9.0</b>

**Notes:** The data for Belgium do not include investments.  
 Total EU-27 corresponds to the arithmetic mean.  
 Figures in line with the SHA (System Health Account) methodology.  
**Source:** OECD Health Data 2012, online version.

<http://stats.oecd.org/Index.aspx?DataSetCode=SHA>

### 4.3.

#### Health expenditure in euros per capita: public, private and total. Spain 2008-2010

	2008	2009	2010
Public healthcare expenditure per capita	1,562.3	1,642.3	1,622.1
Private healthcare expenditure per capita	573.3	555.4	564.5
Total healthcare expenditure per capita	2,135.5	2,197.7	2,186.6

Notes: Figures in line with the SHA (System Health Account) methodology.

Source: OECD Health Data 2012, online version.

<http://stats.oecd.org/Index.aspx?DataSetCode=SHA>

### 4.4.

#### Public healthcare expenditure composition by economic-budget classification. Spain 2008-2010

	2008		2009		2010	
	Millions of euros	% of total	Millions of euros	% of total	Millions of euros	% of total
Remuneration to staff	29,025	43.6	31,329	44.5	30,924	44.9
Intermediate consumption	13,691	20.5	14,640	20.8	13,920	20.2
Fixed capital consumption	224	0.3	274	0.4	284	0.4
Agreements	7,383	11.1	7,314	10.4	7,389	10.7
Current transfers	13,500	20.3	14,207	20.2	14,231	20.7
Capital expenditure	2,803	4.2	2,564	3.6	2,134	3.1
Consolidated total expenditure	66,626	100	70,328	100	68,881	100

Notes: Figures in line with the methodology of the Statistics of Public Health Expenditure.

The data for the years 2009 and 2010 are provisional.

Source: Ministry of Health, Social Services and Equality. Statistics of Public Health Expenditure.

<http://www.msssi.gob.es/estadEstudios/estadisticas/inforRecopilaciones/gastoSanitario2005/home.htm>

## 4.5.

### Public expenditure on health according to functional classification. Spain 2008-2010

	2008		2009		2010	
	Millions of euros	% of total	Millions of euros	% of total	Millions of euros	% of total
Hospital-based and specialist services	36,767	55.2	39,001	55.5	38,588	56.0
Primary health services	10,444	15.7	10,840	15.4	10,651	15.5
Public health services	785	1.2	1,158	1.6	759	1.1
Collective health services	1,886	2.8	2,044	2.9	2,029	2.9
Pharmacy	12,721	19.1	13,435	19.1	13,380	19.4
Transfer, prostheses and therapeutic devices	1,221	1.8	1,286	1.8	1,339	1.9
Capital expenditure	2,803	4.2	2,564	3.6	2,134	3.1
Consolidated total expenditure	66,626	100	70,328	100	68,881	100

Notes: Figures in line with the methodology of the Statistics of Public Health Expenditure.  
The data for the years 2009 and 2010 are provisional.

Source: Ministry of Health, Social Services and Equality. Statistics of Public Health Expenditure.

<http://www.msssi.gob.es/estadEstudios/estadisticas/inforRecopilaciones/gastoSanitario2005/home.htm>

## 5. Satisfaction with the healthcare system

### 5.1.

#### Satisfaction with the health system, distribution by percentage of opinion. Spain 2009-2011

	2009	2010	2011
Positive assessment	69.2	73.9	73.1
Needs changes	25.3	21.6	21.9
Needs to be redone	4.7	3.5	4.2

Source: Ministry of Health, Social Services and Equality. Sociological Research Center (CIS). Health Barometer.

<http://www.msssi.gob.es/estadEstudios/estadisticas/sisInfSanSNS/informeAnual.htm>



# Appendices

Directory of the Ministry of Health,  
Social Services and Equality,  
autonomous communities and cities  
with statute of autonomy

## Directory of the Ministry of Health, Social Services and Equality, autonomous communities and cities with autonomy statute

### ■ ■ ■ Ministerio de Sanidad, Servicios Sociales e Igualdad (Ministry of Health, Social Services and Equality)

Paseo del Prado, 18-20.  
28071 Madrid  
915 96 10 00  
[www.msssi.es](http://www.msssi.es)

### ■ ■ ■ Secretaría de Estado de Servicios Sociales e Igualdad (Secretariat of State for Social Services and Equality)

Calle de Alcalá, 37  
28014 Madrid  
915 24 32 08  
[www.msssi.es](http://www.msssi.es)

### ■ ■ ■ Instituto de la Mujer (Women's Institute)

Condesa de Venadito, 34  
28027 Madrid  
913 63 80 00  
[www.inmujer.gob.es](http://www.inmujer.gob.es)

### ■ ■ ■ Instituto de Mayores y Servicios Sociales (IMSERSO) (Institute for the Elderly and Social Services)

Avenida de la Ilustración, s/n  
c/v a calle Guinzo de Limia, 58  
28029 Madrid  
913 63 89 16  
[www.imserso.es](http://www.imserso.es)

### ■ ■ ■ Instituto de la Juventud (Young People's Institute)

Calle Marqués de Riscal, 16.  
28071 Madrid  
913 63 78 49  
[www.injuve.es/](http://www.injuve.es/)

### ■ ■ ■ Consejo de la Juventud (Young People's Council)

Calle de la Montera, 24  
28013 Madrid  
917 01 04 20  
[www.cje.org/](http://www.cje.org/)

### ■ ■ ■ Real Patronato sobre Discapacidad (RPD) (Royal Board on Disability)

Calle de Serrano, 140  
28006 Madrid  
917 45 11 91  
[www.rpd.es](http://www.rpd.es)

### ■ ■ ■ Secretaría General de Sanidad y Consumo (Secretariat General for Health and Consumer Affairs)

Paseo del Prado, 18-20  
28071 Madrid  
915 96 10 00  
[www.msssi.es](http://www.msssi.es)

### ■ ■ ■ Agencia Española de Seguridad Alimentaria y Nutrición (AESAN) (Spanish Agency for Food Safety and Nutrition)

Calle de Alcalá, 56  
28071 Madrid  
913 38 03 92  
[www.aesan.msssi.es](http://www.aesan.msssi.es)

### ■ ■ ■ Agencia Española de Medicamentos y Productos Sanitarios (AEMPS) (Spanish Agency for Medicinal Products and Medical Devices)

Parque Empresarial "Las Mercedes",  
edificio 8 – Campezo, 1  
28022 Madrid  
918 22 50 28  
[www.aemps.es](http://www.aemps.es)

■■■ Instituto Nacional de Consumo (INC)

(National Consumer Institute)  
Calle de Príncipe de Vergara, 54  
28006 Madrid  
914 31 24 53  
[www.consumo-inc.gob.es/](http://www.consumo-inc.gob.es/)

■■■ Organización Nacional de Trasplantes (ONT) (National Transplant Organization)

Calle de Sinesio Delgado, 8  
28029 Madrid  
913 14 24 06  
[www.ont.es](http://www.ont.es)

■■■ Instituto Nacional de Gestión Sanitaria (INGESA) (National Institute of Health Management)

Calle de Alcalá, 56  
28071 Madrid  
913 38 00 00  
[www.ingesa.msssi.es](http://www.ingesa.msssi.es)

## Autonomous communities: Departments competent in health affairs

### ANDALUCÍA

■ Department of Health and Social Welfare

Avenida de la Innovación s/n  
Edif. Arena 1  
41020 Sevilla  
955 00 63 03  
<http://www.juntadeandalucia.es/salud/sites/csalud/portal/index.jsp>

### ARAGÓN

■ Department of Health, Social Welfare and Family

Vía Universitat, 36, 8º Planta  
50071 Zaragoza  
976 71 43 02  
<http://www.aragon.es/DepartamentosOrganismosPublicos/Departamentos/SanidadBienestarSocialFamilia>

### ASTURIAS

■ Department of Health

Calle Ciriaco Miguel Vigil, 9  
Edif. Buenavista  
33006 Oviedo  
985 10 65 09  
<http://www.asturias.es/portal/site/astursalud>

### BALEARES

■ Department of Health, Family and Welfare

Plaza de España, 9  
07071 Palma de Mallorca  
971 78 44 88  
<http://saluticonsum.caib.es/index.ca.html>

### CANARIAS

■ Department of Health

Avenida Juan XXIII, 17, 6ª Planta  
35071 Las Palmas de Gran Canaria  
928 11 89 64  
<http://www2.gobiernodecanarias.org/sanidad/>

### CANTABRIA

■ Department of Health and Social Services

Calle Federico Vial, 13, 2ª Planta  
39071 Santander  
942 20 82 40  
<http://www.saludcantabria.org/>

### CASTILLA Y LEÓN

■ Department of Health

Paseo de Zorrilla, 1  
47071 Valladolid  
983 41 36 62  
<http://www.saludcastillayleon.es>

## CASTILLA-LA MANCHA

### ■ Department of Health and Social Affairs

Avenida de Francia, 4  
45071 Toledo  
925 26 90 02  
<http://sescam.jccm.es/web1/home.do>

## MADRID

### ■ Department of Health

Calle Aduana, 29, 2ª planta  
28071 Madrid  
915 86 70 12  
[http://www.madrid.org/cs/Satellite?pagename=PortalSalud/Page/PTSA\\_home](http://www.madrid.org/cs/Satellite?pagename=PortalSalud/Page/PTSA_home)

## CATALUÑA

### ■ Department of Health

Travessera de les Corts, 131-159  
(Pabelló Ave María)  
08071 Barcelona  
932 27 29 01  
<http://www20.gencat.cat/portal/site/salut>

## MURCIA

### ■ Department of Health and Social Policy

Avenida de la Fama, 3  
30071 Murcia  
968 37 51 83  
<http://www.murciasalud.es>

## COMUNIDAD VALENCIANA

### ■ Department of Health

Calle Micer Mascó, 31-33  
46071 Valencia  
963 86 66 09  
<http://www.san.gva.es>

## NAVARRA

### ■ Department of Health

Calle Amaya, 2º A  
31071 Pamplona  
848 42 35 60  
[http://www.navarra.es/home\\_es/Temas/Portal+de+la+Salud/Ciudadano/](http://www.navarra.es/home_es/Temas/Portal+de+la+Salud/Ciudadano/)

## EXTREMADURA

### ■ Department of Health and Social Policy

Avenida de las Américas, 2  
06871 Mérida (Badajoz)  
924 00 41 19  
<http://saludextremadura.gob.es>

## PAÍS VASCO

### ■ Department of Health

Calle Donostia-San Sebastián, 1  
01071 Vitoria-Gasteiz (Álava)  
945 01 91 61  
<http://www.osasun.ejgv.euskadi.net/r52-ghhome00/es/>

## GALICIA

### ■ Department of Health

Edif. Administrativo San Lázaro, s/n  
15771 Santiago de Compostela  
(La Coruña)  
881 54 27 11  
<http://www.sergas.es>

## LA RIOJA

### ■ Department of Health and Social Services

Calle Bretón de los Herreros, 33  
26071 Logroño  
941 29 13 96  
<http://www.riojasalud.es>

## Cities with autonomy statute: Departments competent in health affairs

### CEUTA

#### ■ Department of Health and Consumer Affairs

Carretera de San Amaro, 12  
51071 Ceuta  
856 20 07 23  
<http://web.ceuta.es:8080/sanidad/principal/>

#### ■ Delegation National Institute of Healthcare Management (INGESA)

Avenida Marina Española, 23, 1º  
51001 Ceuta  
956 51 49 29

### MELILLA

#### ■ Department of Social Welfare and Health

Calle Carlos Ramírez de Arellano, 10  
3ª Planta  
52071 Melilla  
952 69 93 01  
[http://www.melilla.es/melillaPortal/lacc\\_d3\\_v1.jsp?codMenu=2&language=es](http://www.melilla.es/melillaPortal/lacc_d3_v1.jsp?codMenu=2&language=es)

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# NHS

NATIONAL HEALTH SYSTEM  
SPAIN 2012



GOBIERNO  
DE ESPAÑA

MINISTERIO  
DE SANIDAD, SERVICIOS SOCIALES  
E IGUALDAD