

# SNS

Spanish National Health System



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# SNS

Spanish National Health System



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# Introduction

This year 2006 marks the twentieth anniversary of the passing of the General Health Act 14/1986, dated 25 April. This law made it possible to move from the former Social Security health system to the current National Health System, which is financed from general tax revenue and offers almost universal coverage. Far-reaching changes have taken place since then, including the transfer of powers to the Autonomous Communities which was completed in 2002, making public health one of the main pillars of the welfare state in Spain today.

This publication offers the general reader a simple description of the main features of the Spanish National Health System today, giving an overview of Spanish public health. It comes together with some facts and figures on the current situation and structure.

First, an explanation is given regarding the distribution of powers amongst the different levels of the Administration and especially between the State and the Autonomous Communities. Some key aspects of the Spanish National Health System - coverage, funding, organisation and services

- are then described briefly, and data are given on the facilities and human resources within the system and the activities they generate. Figures are also given on public health expenditure and on users' satisfaction with the system. The last section gives some facts and figures on health in Spain. Finally, the annexes offer information on the Inter-Territorial Board, which is responsible for coordination and cooperation amongst the Autonomous Community Health Departments and the central Administration, and a brief description of the functions and structure of the Ministry of Health and Consumer Affairs.

The aim of this publication is to serve as a general introduction to the public health system in Spain. But it comes together with a leaflet containing tables and graphs that can be used as quick reference material on the main facts of the Spanish National Health System. The statistics have been drawn up and, to a great extent, produced by the Health Information Institute, which forms part of the Quality Agency of the Ministry of Health and Consumer Affairs ([www.msc.es](http://www.msc.es)).

**p. 9**  
**Health  
protection  
in Spain**



The right for all citizens to enjoy health protection and care is laid down in article 43 of the Spanish Constitution of 1978.

The main principles governing the exercise of this right are regulated by the General Health Act 14/1986, as follows:

- Public funding, with universal, free health services at the time of use
- Specific rights and duties for citizens and for public authorities
- Devolution of health affairs to the Autonomous Communities
- Provision of holistic health care, aiming to achieve high quality, with proper evaluation and control
- Inclusion of the different public health structures and services in the National Health System

The **National Health System** is therefore made up of both the State and Autonomous Community Health Departments

and covers all the health functions and services for which the public authorities are legally responsible.

## State powers

- General organisation and coordination of health matters
- International health, and international health relations and agreements.
- Legislation on pharmaceutical products.

*General organisation and coordination* refers to the regulation of conditions and minimum requirements, aiming to achieve equal conditions in the functioning of public health services; the creation of methods for the sharing of information, technical standardisation in specific areas, and joint action by State and Autonomous Community authorities in the exercise of their respective powers.

*International health* refers to the surveillance and control of possible health risks in connection with the import, export or traffic of goods and international passenger traffic. Spain collaborates with other countries and international organisations through international relations and health agreements:

- In epidemiological control
- In the fight against communicable diseases
- In the protection of a healthy environment

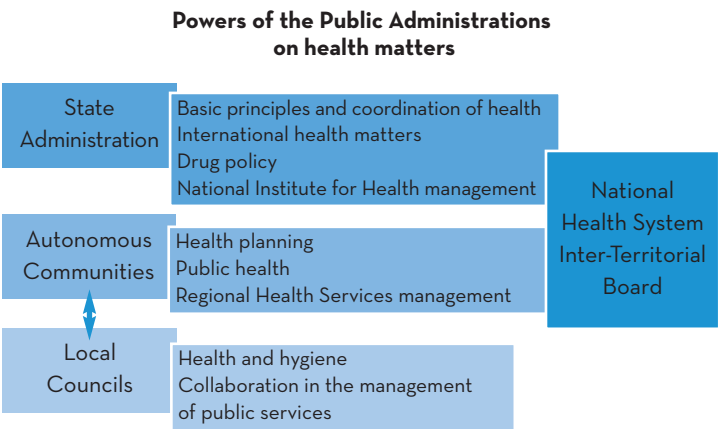
- In the drafting, improvement and implementation of international standards
  - In biomedical research and in any actions agreed on which are considered by the parties to be beneficial for health
- Regarding *Pharmaceutical products*, the powers held by the State are as follows:

- Legislation on pharmaceutical products
- Evaluation, authorisation and registration of drugs for human and veterinarian use and health products
- Authorisation for public financing and pricing of drugs and health products
- Guaranteeing the deposit of narcotics in accordance with international treaties
- Imports of urgent, foreign medication not authorised in Spain
- Maintenance of a strategic, State-run deposit of drugs and health products for emergencies and catastrophes
- Purchase and distribution of drugs and health products for international cooperation programmes

Irrespective of the powers held by the Autonomous Communities and, where appropriate, in coordination with them, the State Administration also carries out actions in the following areas:

- Health and hygiene control of the environment, foods, services or products that are directly or indirectly related to human use and consumption

- Regulation, authorisation and registration or standardisation of drugs for human and veterinary use and, for the former, inspection and quality control
- Promotion of rational drug use
- General determination of the conditions and minimum technical requirements for the approval and standardisation of facilities and equipment in centres and services
- Promotion of quality in the National Health System
- Specialised training in accredited teaching centres and units
- Creation of the NHS Information System



*Sources: Distribution of powers according to the Spanish Constitution, the General Health Act and the Law for cohesion and quality in the National Health System*



## Powers of the Autonomous Communities

The Spanish Constitution of 1978 established a territorial structure that allowed devolution to the Autonomous Communities of powers in the area of health. As a result, through their respective Autonomy Statutes, all the Autonomous Communities have gradually taken on such powers. The devolution of health care powers from the National Health Institute (INSALUD) began in 1981 and was completed in 2002, with the Central State Administration keeping the responsibility for health management in the Autonomous Cities of Ceuta and Melilla, through the National Institute for Health Management (INGESA).

The Autonomous Communities now hold powers for:

- Health Planning
- Public Health
- Health care

They have therefore taken on the functions and services, goods, rights and obligations relating to such powers, as well as the staff and budgets assigned to them.

Process of the transfer of health care as organised by the National Health Institute - INSALUD	
Autonomous Community	Royal Decree
Cataluña	1517/1981, 8 July
Andalucía	400/1984, 22 February
País Vasco	1536/1987, 6 November
Comunidad Valenciana	1612/1987, 27 November
Galicia	1679/1990, 28 December
Navarra	1680/1990, 28 December
Canarias	446/1994, 11 March
Asturias	1471/2001, 27 December
Cantabria	1472/2001, 27 December
La Rioja	1473/2001, 27 December
Murcia	1474/2001, 27 December
Aragón	1475/2001, 27 December
Castilla-La Mancha	1476/2001, 27 December
Extremadura	1477/2001, 27 December
Baleares	1478/2001, 27 December
Madrid	1479/2001, 27 December
Castilla y León	1480/2001, 27 December

*Source: Ministry of Health and Consumer Affairs. General Department for Cohesion in the National Health System and the Senior Inspectorate*

Each Autonomous Community has a **Regional Health Service**, which is the administrative and management body responsible for all the centres, services, and facilities in its own Community, whether these are organised by regional or town councils or other intra-Community Administrations.

The principles governing health coordination on a nationwide level are laid down in the General Health Act 14/1986 of 25 April, which also specifies the tools for collaboration and creates the National Health System's **Inter-Territorial Board** as the coordinating body.

Subsequently, **Act 16/2003 of 28 May on Cohesion and Quality in the National Health System** deals in greater depth with the role of the Inter-Territorial Board as the coordinating body and with general coordination and cooperation within the National Health System.

The devolution of powers to the Autonomous Communities is a means of bringing the management of health care closer to citizens and thus guaranteeing equity, quality and participation. Practical experience of relations between the State and the Autonomous Communities in the area of health protection provides important references for the development of cohesion in the State of Autonomous Communities. All those involved are working to achieve a common identity for the National Health System, based on the constitutional principles of unity, autonomy and solidarity.

The Law on Cohesion and Quality in the National Health System therefore requires coordination and cooperation amongst the public health administrations in order to guarantee the right to health protection and to ensure:

- a) Equity, according to the constitutional principle of equality, guaranteeing access to services and the right to health protection in conditions of real equality throughout the Spanish territory and allowing free movement by all citizens.
- b) Quality, with the inclusion of safe and effective innovations, and orienting the system towards the anticipation and effective solution of health problems. The benefit of clinical actions should be evaluated, so that only those actions that improve health are taken, involving all agents in the system.
- c) Participation by citizens, regarding both autonomy in their individual decisions and the consideration of their expectations as users of the health system, in order to facilitate the exchange of knowledge and experience.

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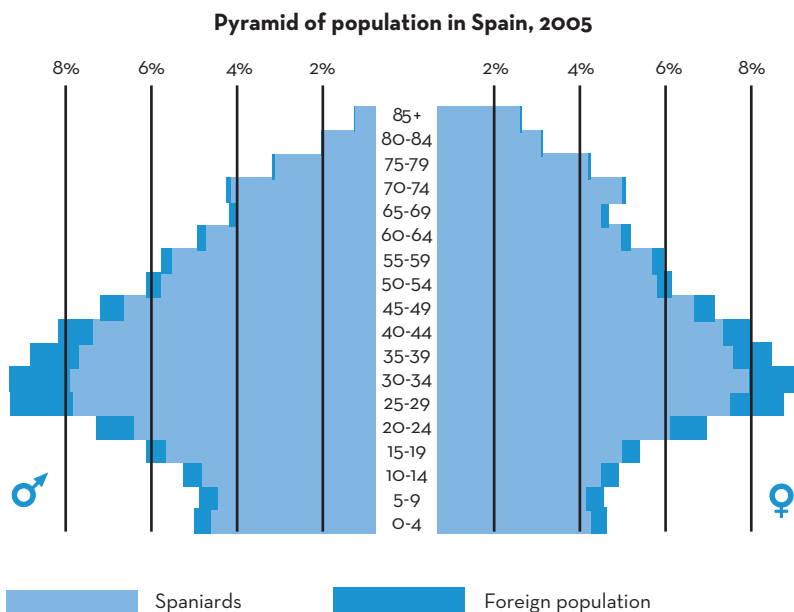
## **Coverage**



The rights to health protection and health care are held by:

- All Spanish nationals and aliens within the Spanish national territory in the terms of article 1.2 of Organic Law 4/2000.
- The nationals of European Union Member States who hold entitlement according to Community law and any applicable treaties and conventions signed by the Spanish State
- The nationals of non-European Union Member States whose rights are recognised by any applicable laws, treaties and conventions.

Spanish civil servants and their dependants may have recourse to special insurance regimes through the civil, military or judiciary mutual funds (MUFACE, ISFAS and MUGEJU respectively).



Sources: National Statistics Institute INE. Municipal Register, 1 January 2005

The Spanish population as registered on 1 January 2005 numbered 44,108 **million**, of whom 8.4% were foreigners . The pyramid shows a demographic structure characterised by ageing of the population, with 16.7% being aged over 65.

Access to services is gained on presentation of the Personal Health Card issued by the respective Health Department. This document identifies each citizen as a user for the whole National Health System.



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**Funding**



Health care in Spain is a **non-contributory benefit**. It is paid for through taxation and is included in the general budget for each Autonomous Community. Two additional funds are the Cohesion Fund managed by the Ministry of Health and Consumer Affairs and the Savings Programme for Temporary Incapacity.

Health care is one of the main instruments of policies to redistribute income amongst Spanish citizens: all citizens pay taxes in line with their financial capacity and receive health services as needed.



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# Organisation



The Spanish National Health System is organised in line with its basic principles. Since it aims to provide universal support, it has to ensure equal access to services for all citizens and, since it is financed with public funds, expenditure must be based on efficiency criteria.

The System is therefore organised at two care levels in which accessibility and technological complexity are counterpoised.

The first level – **Primary Health Care** – is characterised by extensive accessibility and sufficient technical resources to resolve the most frequent health problems.

The second level – **Specialist Care** – has more complex and costly diagnostic and therapeutic resources which have to be concentrated in order to be efficient. Access is gained by referral from Primary Health Care.

**Primary Health Care** aims to provide basic services within a 15-minute radius from any place of residence.

The main facilities are the *Primary Care Centres* which are staffed by multi-disciplinary teams comprising general

practitioners, paediatricians, nurses and administrative staff and, in some cases, social workers, midwives and physiotherapists.

Since this level is located within the community, it also deals with health promotion and preventive health care.

Maximum accessibility and equity means that Primary Health Care also reaches homes when necessary.

**Specialist Care** is given in *Specialist Centres and Hospitals*, for both in- and out-patients. Once care is complete, the patient is referred back to the Primary Health Care doctor who uses the full medical history as a basis for subsequent treatment and overall care. This means that continued care is given in equitable conditions, irrespective of the place of residence and individual circumstances, and care will be given in the patient's home if necessary.

Each Autonomous Community establishes its own **Health Areas** according to demographic and geographic criteria aiming, above all, to guarantee service proximity for users.

The Health Areas are then sub-divided into Basic Health Zones, which are the territorial framework for Primary Health Care and the Primary Care Centres. Each Area has a general hospital for Specialist Care. In some Health Departments there are intermediate structures between the Health Area and the Basic Health Zone.



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**Services**



The services offered by the Spanish National Health System include preventive care, diagnostic and therapeutic techniques, rehabilitation and health promotion and maintenance.

## Primary Care

This is the level involving most of the activities in the field of health promotion, health education and preventive medicine.

Health care is delivered both on demand and in a programmed way and in Primary Care Centres, rural out-patients' centres and patients' homes.

Medical and nursing care is also provided round-the clock – in patients' homes, if necessary – for urgent health problems.

Finally, physical rehabilitation and social support services are also offered.

**Specific activities** are also carried out, most of them focusing on specific groups:

- *Women:* Family counselling, monitoring of pregnancy, birth preparation, post-natal care, scanning for cervical and breast cancer, treatment of pathological complications of the menopause
- *Children:* Healthy child check-ups, vaccinations and health education for parents, tutors, teachers and carers
- *Adults and the elderly:* Vaccinations, detection of risk factors, education, care for chronic patients, specific problems of the elderly and home care for the disabled and terminal patients
- *Oral and dental health:* Information and education for children, preventive measures and treatment of acute processes, preventive examinations in pregnant women
- *Terminal patients:* Palliative care and home visits
- *Mental health:* Detection and care for mental health problems in coordination with the specialist level

## Specialist Care

This includes care, diagnostic and therapeutic activities and rehabilitation. Care activities include those aspects of health promotion, education and prevention which are best carried out at this level.

Services are provided for both out- and in-patients, sometimes via day hospitals which mainly offer out-patient surgery and diagnostic and therapeutic techniques requiring special monitoring.

Out-patient consultations are offered by the different medical and surgical specialists and diagnostic and therapeutic activities are carried out. In Mental Health and Psychiatric Care, diagnosis and clinical monitoring are carried out, with drug therapy and individual, group or family psychotherapy and hospitalisation as required, with the express exclusion of psychoanalysis and hypnosis.

Hospitalised patients receive medical, surgical, obstetric and paediatric care for severe diseases and recurring chronic processes, with treatments or diagnostic procedures as required.

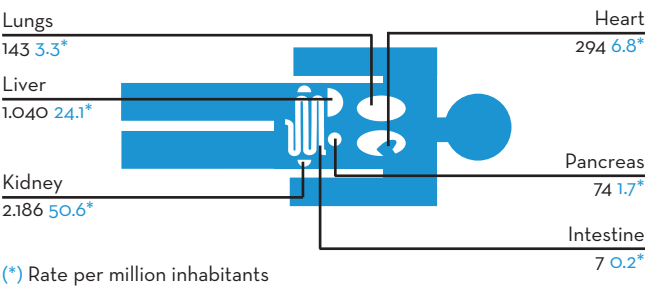
Emergency care is available round the clock for out-patients.

# Other services

- Haemotherapy
- Fertility diagnosis and treatment
- Ante-natal diagnosis in risk groups
- Diagnosis by imaging
- Laboratories
- Renal lithotripsy
- Family planning
- Interventional radiology
- Radiotherapy
- Transplants

Spain is one of the countries that carries out most **transplants**.  
In 2004, there were 34.6 organ donors per million inhabitants.

## Transplants, 2004



Source: Ministry of Health and Consumer Affairs. National Transplant Organisation

## Pharmaceutical services

These cover drugs and health products as well as actions aiming to ensure that patients receive drugs as required, at the right dosage, during the right time and at the lowest possible cost for them and for the community.

Unlike other services which are provided free of charge, pharmaceutical, orthopaedic and prosthetic services are co-financed by users, as follows:

	Population with Social Security protection	Population with Public Mutual Fund protection
Pensioners and their beneficiaries	0%	30%
Non-pensioners and their beneficiaries	40%	30%
Specific groups		
Toxic Syndrome patients	0%	
AIDS patients	10% (2.69 € maximum)	
Chronic patients	10% (2.69 € maximum)	

Source: Ministry of Health and Consumer Affairs. Directorate General for Pharmacy and Health Products

- *Hospital pharmacy:* Drugs dispensed during hospitalisation or specialist care are fully publicly financed.
- *Medical prescriptions:* When drugs covered by the Social Security or State funds for health care within the National Health System are prescribed and dispensed to non-hospitalised patients, co-financing works as shown in the chart.

## Orthopaedic and prosthetic services

These cover the elements required to improve patients' quality of life and degree of autonomy.

They include health products, whether implants or not, that totally or partially replace a body structure or modify, correct or facilitate its function.

Services are laid down in a specific catalogue.

## Health transport

The transport of patients for clinical purposes when their situation does not allow them to use ordinary means of transport, in emergencies or when the patient is physically incapacitated.



## Dietary products

The dispensing of dietary treatments to people with certain congenital metabolic disorders, and enteral feeding in patients' homes when their clinical situation does not allow them to ingest ordinary food.

## Information and Health Documentation Services

The National Health System also offers a number of services that complement health care:

- Information for patients and their families on their rights and obligations, especially regarding informed consent.
- Administrative procedures to guarantee continued care.
- Issue of medical certificates for employers and other reports or clinical documents for assessing incapacity, etc.
- Hospital discharge report and out-patients' reports.
- Certification of births, deaths, etc. for the Civil Register.
- At the request of users, the provision of their clinical records or specific data contained in them, while observing the obligation of preserving such records in the Health Centre.
- The issue of reports or certificates on the condition of health as required for other health services or for legal or regulatory reasons.



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# **Facilities and Activities**



## Facilities and resources

The National Health System has 2,702 Primary Care Centres. There are also medical centres in small towns to which the staff of the zone's Primary Care Centre travel in order to provide basic services to the local population. These are mostly in rural areas, which tend to have a high proportion of elderly patients.

Health centers, 2005			
	Control	Centers	Beds
Primary Care Centers (1)	Public	2,702	...
Hospitals	Public civil hospitals	293	103,592
	Ministry of Defence	8	1,460
	Industrial Accident and Occupational Disease Mutual Funds	24	1,792
	Private, non-for-profit	121	20,007
	Private, for profit	333	31,075
	TOTAL	779	157,926

(1) Year 2004

Source: Ministry of Health and Consumer Affairs. Regional Departments of Health of the Autonomous Communities and the National Catalogue of Hospitals

The National Health System also has 293 hospitals, with 103,592 beds. There are also 24 hospital establishments owned by Mutual Funds for Industrial Accidents and Occupational Diseases, as well as 454 private hospitals in which 40% of discharges are for patients whose hospital care was arranged and financed by the NHS.

Spain has 129,389 beds for acute pathologies, of which 71.6% belong to the National Health System.

Hospitals and beds, 2005				
		Total	Rate x 100,000 inhabitants	% Public
Acute care	Hospitals	574	1.3	40.2
	Beds	129,389	301.4	71.6
Psychiatric care	Hospitals	92	0.2	38.0
	Beds	16,141	37.6	38.4
Geriatric and long-term care	Hospitals	113	0.3	31.0
	Beds	12,396	28.9	39.5

Source: Ministry of Health and Consumer Affairs. National Catalogue of Hospitals

Approximately 38% of the 16,141 beds available for psychiatric care and of the 12,396 for geriatric and long-term patients belong to the National Health System.

The following table gives figures for equipment installed in hospitals based on the most widely-used technologies.

High technology in hospitals, 2005		
	Total	Rate per million inhabitants
Computerised axial tomography	566	13.2
Magnetic resonance imaging	328	7.6
Gamma chamber	221	5.1
Haemodynamics unit	181	4.2
Digital angiography	168	3.9
Lithotriptors	78	1.8
Cobalt unit	47	1.1
Particle accelerator	115	2.7

Source: Ministry of Health and Consumer Affairs. National Catalogue of Hospitals

## Human Resources

There are more than half a million people in Spain working in the health sector who are qualified and registered with a professional association. The largest group is that of nurses which also contains the highest proportion of women.

A total of 422,471 staff provide their services in the National Health System, 20% in Primary Care and 80% in Specialist Care.

Registered health professionals, 2004			
	Total	% women	Registered health professionals per 1,000 inhabitants
Physicians	194,668	41.4	4.7
Dentists	21,055	40.5	0.5
Pharmacists	57,954	68.3	1.4
Veterinarians	25,604	35.1	0.6
Nurses	225,487	81.6	5.5

Source: National Statistics Institute INE

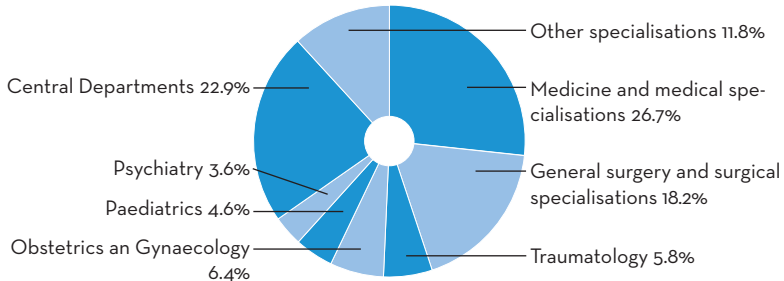
Human Resources in National Health System, 2003			
Human Resources		Breakdown by health care level	
	SNS	Primary Care	Specialist Care
Total HR	422,171	84,471	337,700
Physicians	83,726	29,428	54,298
Nurses	118,532	24,455	94,077
Others	219,913	30,588	189,325

Source: Ministry of Health and Consumer Affairs. Estimate drawn up by the Health Information Institute



27% of doctors in Specialist Care work in internal medicine and other specialist branches of medicine, 23% in central departments (clinical analysis, microbiology, radiodiagnosis, etc.) and 18 % in surgery and surgical specialisations.

### Physicians Practising in Public Hospitals, 2003



*Source: Ministry of Health and Consumer Affairs. Statistics on Health Establishments providing in-patient care*

In Primary Care, 82.2% of doctors are specialists in Family and Community Medicine and 17.8% in Paediatrics.

## Activities

In Primary Care, over 300 million consultations are given every year, with a rate of 7.4 consultations / inhabitant / year.

Consultations are either requested by users or are programmed by doctors or paediatricians. Primary Care nurses carry out both programmed activities and technical actions in diagnosis and health care.

In Specialist Care, more than 3.8 million hospital discharges a year are financed by the National Health System.

Some 60 million consultations are given by different medical specialists. 18.3 million emergency cases are seen and 2.9 million surgical actions are taken.

Primary Care activities in the National Health System, 2003	
Total medical consultations (in millions)	309.6
% consultations with general practitioner	86.8
% consultations with paediatrician	13.2
Consultations per inhabitant per year	7.4

Source: Ministry of Health and Consumer Affairs. Spanish National Health Survey

Specialist Care activities financed by the National Health System in public and private hospitals, 2003	
Hospital discharges (thousands)	3,871.9
Hospital discharges per 1,000 inhabitants	92.2
Consultations (thousands)	60,078.0
Consultations per 1,000 inhabitants	143.0
Emergencies (thousands)	18,345.4
Emergencies per 1,000 inhabitants	436.7
Surgical actions (thousands)	2,928.8
Surgical actions per 1,000 inhabitants	69.7

Source: Ministry of Health and Consumer Affairs. Statistics on Health Establishments providing in-patient care

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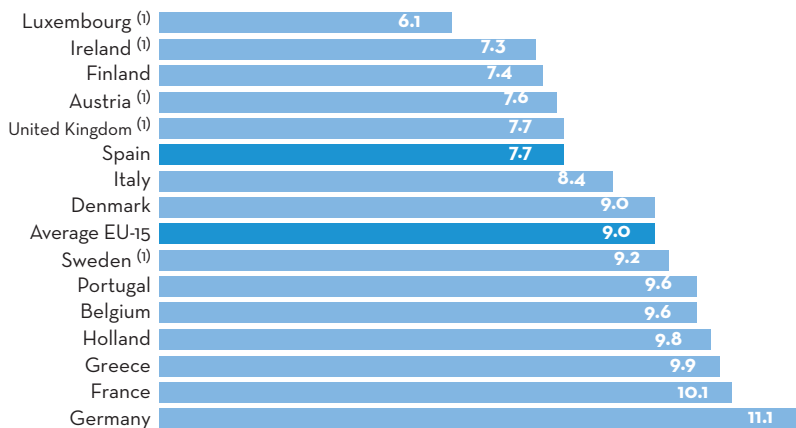
# **Financing and Public Health Expenditure**



The latest official figures set public health expenditure in Spain at 41,199.7 **million euros**. This represents 71.4% of total health expenditure in Spain which amounts to 57,698.7 million euros.

Health expenditure in Spain accounts for 7.7% of GDP.

#### **Total health expenditure as a percentage of GDP in the European Union countries (EU-15), 2003**



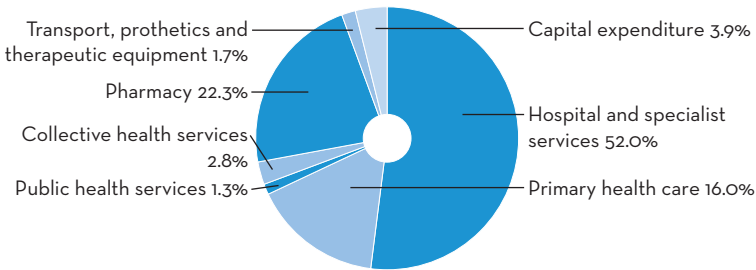
<sup>(1)</sup> year 2002

Source: OECD Health Data, June 2005

Public health expenditure accounts for 5.5% and private health expenditure 2.2% of GDP.

Hospital and specialist services account for the largest percentage of expenditure, followed by pharmaceutical services and primary health care.

**Public health expenditure, 2003**  
**Breakdown by functional items**



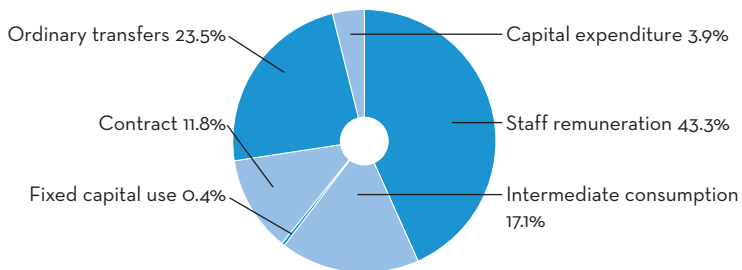
*Source: Ministry of Health and Consumer Affairs. Public health expenditure*

The reason for the apparently small relative weight of Public Health is partly because of the way in which this activity is defined and classified in accounting systems but also because public health, prevention and promotion activities are mostly carried out through the Primary Care network.

Regarding budgetary classification, staff remuneration is the largest item in health expenditure

Contract activities account for 11.8%.

**Public health expenditure, 2003**  
**Breakdown by budgetary items**



*Source: Ministry of Health and Consumer Affairs. Public health expenditure*





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**User**

**Satisfaction**

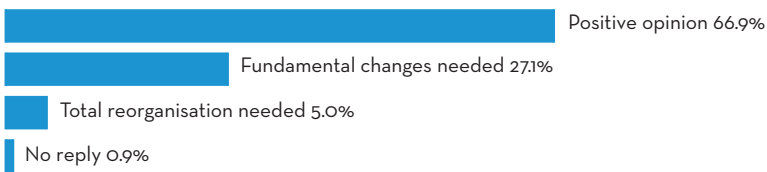


In the early 1990s, the Ministry of Health and Consumer Affairs began to carry out surveys to ascertain user satisfaction with the National Health System. Since 1993, these give rise to what is now known as the Health System Barometer.

The results of the 2004 Health System Barometer show a positive general opinion regarding the main attributes studied – how well the system works, primary health care, out-patient specialist care and hospitalisation, waiting lists and rational drug use.

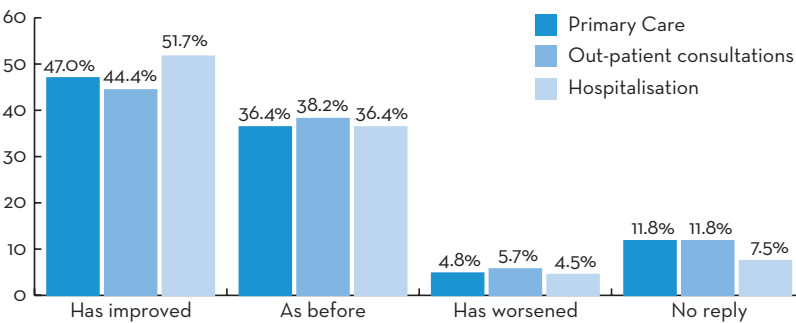
Three thirds of the population consider the National Health System works well and only 5 % consider it should be completely re-organised. 27% consider that great improvements are needed.

User’s opinions of the health system, 2004



Source: Ministry of Health and Consumer Affairs. Spanish Health Barometer

Regarding trends over the last 5 years in the various services offered by the National Health System, in 2004 the majority of citizens considered they had all improved.



Source: Ministry of Health and Consumer Affairs. Spanish Health Barometer

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**Facts  
and figures  
on health  
in Spain**

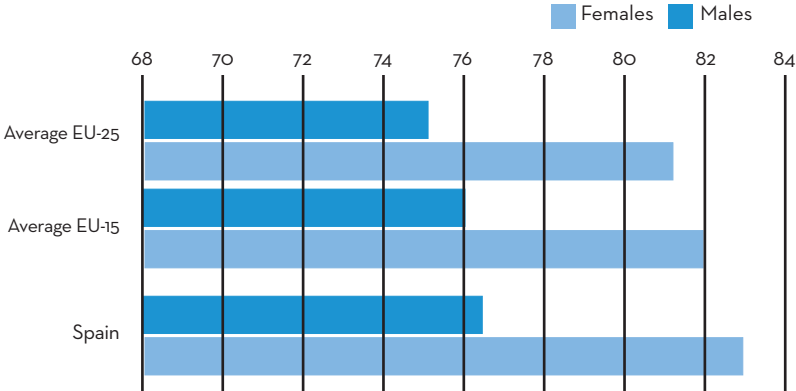


## Life expectancy

Life expectancy at birth in Spain is 79.9 years, above the EU average of 78.3 years. Spain is the country with the third highest life expectancy in the EU after Italy and Sweden.

Life expectancy adjusted for disability in 2002 was 72.6 years in Spain and 70.8 years in the EU.

**Life expectancy at birth**  
**Spain and European Union, 2002**



Source: National Statistics Institute. WHO European health for all database (HFA-DB) 2005

## Subjective perception of health

66.7% of men and 57.8% of women in Spain consider they enjoy good or very good health. Spain is in a mid-way position amongst the countries of the EU for subjective perception of health.

Self-assessed health Percentages in population aged 16+, 1993-2003				
	1993	2003	Female (2003)	Male (2003)
Very good	10.8	11.2	9.8	12.7
Good	57.7	56.8	53.4	60.3
Fair	24.4	23.2	26.0	20.3
Bad	6.0	6.7	8.1	5.1
Very bad	1.1	2.2	2.7	1.6

Source: Ministry of Health and Consumer Affairs. Spanish National Health Survey

## Habits and lifestyle

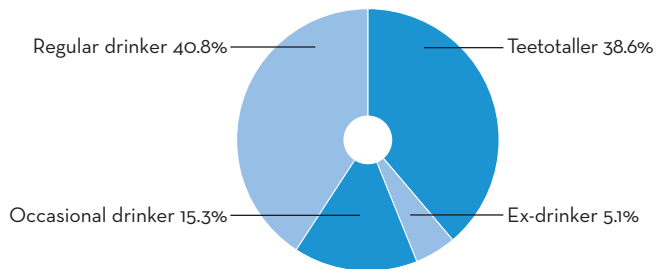
With 28.1% of daily smokers, Spain is at a mid-way position in the European Union of 15 countries. The percentage of daily smokers dropped by 4% between the early 1990s and 2003.



The consumption of alcoholic beverages is an important public health problem in most developed countries, because of both the constant increase in drinking and the negative effects it has on health.

56,1% of the Spanish population aged over 16 consume alcohol.  
38% state they do not drink alcohol or have never done so.

### Alcohol consumption in over-16s, 2003



*Source: Ministry of Health and Consumer Affairs. Spanish National Health Survey*

Overweight and obesity are risk factors for a large number of diseases and health problems including hypertension, hypercholesterolaemia, adult diabetes, heart diseases, certain types of cancer and many other chronic diseases. The obesity rate in Spain is 13.3% for the population aged 18 and over, and 24.8% for children.

Body mass indices (*) in adults aged 18+, 2003			
	Total	Female	Male
Normal weight or underweight ( $<25.0$ kg/m <sup>2</sup> )	48.5	56.2	40.3
Overweight grade 1 ( $25.0$ - $26.9$ kg/m <sup>2</sup> )	17.9	14.0	21.9
Overweight grade 2 ( $27.0$ - $29.9$ kg/m <sup>2</sup> )	18.1	14.0	22.3
Obesity ( $\geq 30.0$ kg/m <sup>2</sup> )	13.3	13.6	13.0
Not stated	2.3	2.2	2.5

(\*) Body mass indices. (weight kg/size m<sup>2</sup>)

Source: Ministry of Health and Consumer Affairs. Spanish National Health Survey. Quetelet indices

Body mass indices (*) in children aged 2-17, 2003			
	Total	Girls	Boys
Normal weight or underweight	68.0	69.1	66.9
Overweight and obesity	24.8	23.6	25.8
Not stated	7.3	7.3	7.3

(\*) Body mass indices= (weight kg/size m<sup>2</sup>)

The table uses the body mass index cut-off points for child overweight and obesity published in Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. BMJ 2000; 320:1-6.

Source: Ministry of Health and Consumer Affairs. Spanish National Health Survey. Indices drawn up by the Health Information Institute

## Morbidity

The most frequent hospital discharges are for diseases of the circulatory, respiratory, digestive and musculo-skeletal systems and cancer.

Causes of hospitalisation in the National Health System, 2003				
Diagnosis Groups (*)	Females		Males	
	%	Discharges	%	Discharges
Infectious and parasite diseases	1.6	29,771	2.7	42,685
Neoplasias	8.0	146,329	10.2	163,792
Endocrine, nutrition and metabolic diseases and immunity disorders	1.9	35,283	1.6	25,841
Blood and blood-forming organ diseases	0.9	17,075	0.9	15,143
Mental and behavioural disorders	1.7	31,757	2.5	39,976
Diseases of the nervous system, eye, ear and mastoid process	3.6	64,671	3.8	60,209
Diseases of the circulatory system	11.2	204,131	16.8	269,837
Diseases of the respiratory system	7.9	143,204	14.7	235,531
Diseases of the digestive system	9.5	172,666	14.7	235,359
Diseases of the genito-urinary system	6.5	119,111	5.5	88,005
Pregnancy, childbirth and the puerperium	25.6	465,398	...	...
Skin and subcutaneous tissue diseases	0.8	15,249	1.2	19,629
Muscular and skeletal system and connective tissue diseases	5.2	95,270	4.6	73,105
Congenital malformations, deformations and abnormalities	0.7	12,925	1.2	18,926
Certain conditions originating in the perinatal period	1.4	26,194	2.0	32,047
Symptoms and signs not classified elsewhere	3.6	65,915	5.3	85,356
Injuries and poisoning	7.0	127,416	9.3	149,277
Factors influencing health conditions and contact with Health Services	2.5	46,288	3.1	49,799
Total		1,818,653		1,604,500

(\*) Diagnosis groups according to the International Classification of Diseases, 9<sup>th</sup> revision, clinical modification (CIE-9-MC)

Source: Ministry of Health and Consumer Affairs. Statistics based on the NHS Register of Hospital Discharges.

Spain attains a high degree of vaccination coverage. Preventable communicable diseases, such as measles and rubella, show figures of 0.6 cases and 0.3 cases per 100,000 inhabitants respectively, which are considerably lower than those for the EU (5 and 15 cases per 100,000 inhabitants). The figure for hepatitis B is 2 cases per 100,000 inhabitants, also below the EU figure of 4.76.

Regarding AIDS, Spain has an incidence rate of 4.4 cases per 100,000 inhabitants, showing a marked drop since 1995 when the figure was 18.1 per 100,000 inhabitants

Vaccination coverage in children aged under 1, 1990-2004				
	1990	2000	2003	2004
Poliomyelitis (*)	94.0	95.0	98.5	96.9
Diphtheria/pertussis/tetanus (*)	93.0	95.0	98.2	96.6
Type b <i>Haemophilus Influenzae</i> (*)	...	92.0	98.1	96.5
Type c meningococcal meningitis	...	...	97.6	96.3
B-hepatitis (*)	...	...	97.6	96.9

(\*) Triple dose basic series

Source: Ministry of Health and Consumer Affaires. General Directorate for Public Health.

Vaccination coverage in children aged over 1 and under 2, 1990-2004				
	1990	2000	2003	2004
Measles/Rubella/ Parotitis	97.0	94.0	97.7	97.3
Poliomyelitis booster (*)	...	94.0	96.0	94.7
Diphtheria/pertussis/ tetanus booster (*)	...	...	95.8	94.9
Type b <i>Haemophilus</i> <i>Influenzae</i> booster(*)	...	...	94.9	94.0

(\*) single dose booster

Source: Ministry of Health and Consumer Affairs. General Directorate for Public Health

## Maternal and child health

Spain has the fifth lowest figure in the EU for child mortality, with 4.1 child deaths for every 1,000 births.

With 5.6 perinatal deaths per 1,000 live births, Spain has a similar rate to the rest of the EU-15, lying in eighth position.

## Accidents

The number of road accident deaths in Spain has been increasing since 1994, with a figure in 2003 of 382 for every

100,000 inhabitants. Regarding accidents at work, Spain recorded a figure of 2,377 deaths for every 100,000 inhabitants, one of the highest rates in the EU.

## Mortality

In 2003, there were 384,828 deaths in Spain, 199,897 for males and 184,931 for females. The gross mortality rate was 916 deaths for every 100,000 inhabitants.

These figures show that Spain has the classic epidemiological profile of other countries in its socio-economic area, with cardiovascular diseases and cancer being the main causes of death or, more specifically, cerebrovascular diseases and breast cancer in women and ischaemic heart disease and lung cancer in men.

Cardiovascular diseases are the first cause of death in Spain, accounting for 33.71% of total deaths. Within this group, ischaemic heart disease is the first cause in men (22,923 deaths). Cerebrovascular diseases are the main cause in women (21,927 deaths).

In second position are tumours, which cause 25.9% of deaths. In 2003, they were the cause of 99,826 deaths, 2,042 more than in 2002.

Alzheimer's disease has been rising as a cause of death in recent years, whereas AIDS has been falling.

Number of deaths by cause of death and sex, 2003	Total	Female	Male
Total deaths	384,828	184,931	199,897
Ischaemic heart disease	40,353	17,430	22,923
Cerebrovascular diseases	37,225	21,927	15,298
Heart failure	19,863	13,199	6,664
Lung and bronchial cancer	18,780	2,262	16,518
Chronic obstructive lung diseases	17,081	4,400	12,681
Dementia	12,184	8,467	3,717
Diabetes	10,099	6,092	4,007
Colorectal cancer	9,473	4,190	5,283
Alzheimer's disease	8,349	5,780	2,569
Pneumonia	8,176	3,968	4,208
Hypertension	6,228	4,288	1,940
Breast cancer in women	5,913	5,913	—
Kidney failure	5,895	2,944	2,951
Stomach cancer	5,862	2,321	3,541
Prostate cancer	5,606	—	5,606
Road accidents	5,478	1,268	4,210

Sources: National Statistics Institute INE. Deaths by cause of death 2003





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**Annexes**



# Spanish National Health System Inter-Territorial Board

The Inter-Territorial Board of the Spanish National Health System is the standing body for coordination, cooperation, communication and information among Health Departments in the Autonomous Regions and between them and the State Administration. It aims to promote cohesion within the National Health System by fully protecting citizens' rights throughout the Spanish territory.

It is made up of the Head of the National Health Department (Ministry of Health and Consumer Affairs) and the Ministers of Health from the Autonomous Communities.

Representatives from the Autonomous Cities of Ceuta and Melilla also participated as from February 1997, and in April 1999 Ceuta became a full member.

The Under-Secretary for Health and Consumer Affairs and the General Director for Cohesion of the National Health System and the Senior Inspectorate also attend the plenary sessions but without the right to vote.

The Inter-Territorial Board is chaired by the Minister of Health and Consumer Affairs. The Deputy Chair is held by one of the Autonomous Community Ministers of Health who is elected by the members.

The Inter-Territorial Board functions in plenum, with a Delegate Commission, Technical Committees and Working Groups.

## **Inter-Territorial Board Plenum**

The Plenary meetings take place at least 4 times a year. This is the highest body as its members are responsible for health throughout Spain.

The Board's agreements take the form of recommendations reached by consensus.

Any Technical Committees and Working Groups created work independently on the tasks assigned to them and meet as required.

## **Delegate Commission**

The Delegate Commission is the second-level body. It is chaired by the General Secretary of the Health System and comprises

one representative from each Autonomous Community with the rank of Deputy Minister or the equivalent and a representative of the Ministry of Health and Consumer Affairs who acts as secretary. The Deputy Chair is designated by the representatives of the Autonomous Communities.

The Delegate Commission provides support, preparing the meetings of the Inter-Territorial Board and carrying out any functions the Board delegates to it.

## Advisory Committee

This body, which is dependent on the Inter-Territorial Board, guarantees social participation in the National Health System by involving trade union and business organisations.

The Committee is made up of the following members:

Six representatives from the General State Administration.

Six representatives from the Autonomous Communities.

Four representatives from local administration.

Eight representatives from entrepreneurial organisations

Eight representatives from the most representative national trade union organisations.

Its function is to inform, advise and make proposals on matters of special interest for the Spanish National Health System.



# Ministry of Health and Consumer Affairs

The Ministry of Health and Consumer Affairs is the body within the Central Administration which proposes and implements the main government guidelines on health policy, health planning and health care.

It lays down the regulations implementing the basic standards for health services and is responsible for establishing systems to facilitate information exchange and standardisation of the techniques used in diagnosis and treatment, ensuring cooperation amongst the various levels of administration. Both the General Directorate for National Health System Cohesion and the Senior Inspectorate and the Agency for Quality play an essential role in these tasks. In addition, the Ministry represents the Spanish State in international organisations.

In today's context of total decentralisation of health matters, with the Autonomous Communities determining how health services should be organised and offered, the Ministry of Health and Consumer Affairs has taken on a more supervisory role and is responsible for drawing up overall strategies for equity, quality and efficiency, acting as a basic tool for cooperation to facilitate

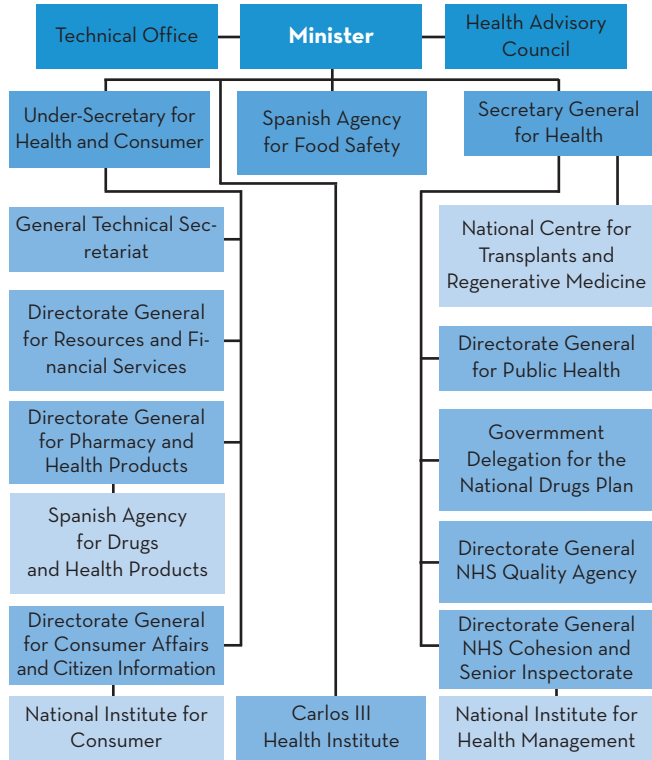
regional initiatives. The only health management powers it holds are for Ceuta and Melilla and these are exercised through the National Health Management Institute.

The Ministry of Health and Consumer Affairs is also responsible for pharmaceutical legislation and for the processes of assessment and authorisation of drugs and health products. These tasks are carried out by the General Directorate for Pharmacy and the Spanish Agency for Drugs and Health Products.

Other basic functions are public health, food safety and health research. The Directorate General for Public Health leads actions to promote health and prevent illness, including environmental health and health at work. Such preventive actions are done in collaboration with the Government Delegation for the National Drugs Plan. The Spanish Food Safety Agency is responsible for guaranteeing maximum safety and for promoting health in connection with food. The health research policy, which is also considered a top priority, is basically carried out by the Carlos III Health Institute, as well as other Ministry-run centres, such as the National Centre for Transplants and Regenerative Medicine.

Finally, the Ministry plays an important role in applying the policy for consumer protection through the General Directorate for Consumer Affairs and Citizen Information Services.





# Addresses

## Ministry of Health and Consumer Affairs

*Ministerio de Sanidad y Consumo*

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

Spanish Food Safety Agency

*Agencia Española*

*de Seguridad Alimentaria*

Calle Alcalá, 56.

28071 Madrid

Tel: 913 38 01 28

[www.aesa.msc.es](http://www.aesa.msc.es)

Spanish Agency

for Drugs and Health Products

*Agencia Española de Medicamentos*

*y Productos Sanitarios*

Calle Alcalá, 56.

28071 Madrid

Tel: 918 22 21 31

[www.agemed.es](http://www.agemed.es)

Carlos III Health Institute

*Instituto de Salud Carlos III*

Sinesio Delgado, 4-6.

28071 Madrid

Tel: 913 38 01 28

[www.isciii.es](http://www.isciii.es)

National Institute for Consumer

*Instituto Nacional de Consumo*

Príncipe de Vergara, 54.

28029 Madrid

Tel: 914 31 18 36

[www.consumo-inc.es](http://www.consumo-inc.es)

National Center for Transplants  
and Regenerative Medicine  
*Centro Nacional de Trasplantes  
y Medicina Regenerativa*  
Sinesio Delgado, 6.  
28029 Madrid  
Tel: 918 22 49 30  
[www.ont.msc.es](http://www.ont.msc.es)

National Institute for Health  
Management  
*Instituto Nacional de Gestión  
Sanitaria*  
Calle Alcalá, 56.  
28071 Madrid  
Tel: 913 38 00 06  
[www.ingesa.msc.es](http://www.ingesa.msc.es)

Government Delegation  
for National Drugs Plan  
*Delegación del Gobierno  
para el Plan Nacional sobre Drogas*  
Recoletos, 22.  
28071 Madrid  
Tel: 918 22 61 21  
[www.pnsd.msc.es](http://www.pnsd.msc.es)

## Autonomous Communities

### Andalucía

Consejería de Salud  
Avda. de la Innovación s/n,  
Edif. Arena 1. 41020 Sevilla  
Tel.: 955 00 63 00  
[www.juntadeandalucia.es](http://www.juntadeandalucia.es)

Servicio Andaluz de Salud (SAS)  
Avda. de la Constitución, 18  
41071 Sevilla  
Tel.: 955 01 80 00

### Aragón

Departamento de Salud  
y Consumo  
Edificio Pignatelli  
Paseo María Agustín, 36  
50071 Zaragoza  
Tel.: 976 71 40 00  
<http://portal.aragob.es>

Servicio Aragonés de Salud  
Paseo María Agustín, 16  
50004 Zaragoza  
Tel.: 976 76 58 00

### Asturias (Principado de)

Consejería de Salud  
y Servicios Sanitarios  
General Elorza, 32  
33071 Oviedo  
Tlf: 985 10 55 00  
[www.princast.es](http://www.princast.es)

Servicio de Salud  
del Principado de Asturias  
Plaza El Carbayon, 1-2  
33001 Oviedo  
Tel.: 985 10 85 00

### Baleares (Islas)

Consejería de Salud y Consumo  
Plaça d'Espanya, 9  
07002 Palma  
Tel.: 971 17 69 69  
[www.caib.es](http://www.caib.es)

Servicio de Salud de las  
Islas Baleares (ib-salut)  
Reina Esclaramunda, 9  
07003 Palma de Mallorca  
Tel.: 971 17 56 00

## **Canarias**

Consejería de Sanidad  
Alfonso XIII, 5  
35071 Las Palmas de Gran Canarias  
Tel.: 928 45 22 45

Rambla General Franco, 53  
38071 Sta. Cruz de Tenerife  
Tel.: 922 47 43 87/34  
[www.gobiernodecanarias.es](http://www.gobiernodecanarias.es)

Servicio Canario de Salud  
Plaza Dr. Juan Bosch Millares, 1  
35004 Las Palmas de Gran Canarias  
Tel.: 928 30 81 45

Pérez de Rozas, 5 plta. 4ª  
38004 Sta. Cruz Tenerife  
Tel.: 922 47 57 04

## **Cantabria**

Consejería de Sanidad  
y Servicios Sociales  
Federico Vial, 13  
39009 Santander  
Tel.: 942 20 82 40  
[www.gobcantabria.es](http://www.gobcantabria.es)

Servicio Cántabro de Salud (SCS)  
Avda. del Cardenal Herrera Oria, s/n  
39011 Santander  
Tel.: 942 20 27 70

## **Castilla y León**

Consejería de Sanidad  
Paseo de Zorrilla, 1  
47007 Valladolid  
Tel.: 983 41 36 00  
[www.jcyl.es](http://www.jcyl.es)

Gerencia Regional de la Salud  
Paseo de Zorrilla, 1  
47007 Valladolid  
Tel.: 983 41 36 00

## **Castilla-La Mancha**

Consejería de Sanidad  
Avda. de Francia, 4  
45071 Toledo  
Tel.: 925 26 70 99  
[www.jccm.es](http://www.jccm.es)

Servicio de Salud  
de Castilla-La Mancha (SESCAM)  
Huérfanos Cristinos, 5  
41071 Toledo  
Tel.: 925 27 41 06

## **Cataluña**

Departamento de Salud  
Travesera de les Corts, 131-159  
(Pabelló Ave María)  
08028 Barcelona  
Tel.: 932 27 29 00  
[www.gencat.es](http://www.gencat.es)

Servicio Catalán de la Salud  
(CatSalut)  
Travessera de les Corts, 131-159  
(Edificio Olimpia)  
08028 Barcelona  
Tel.: 93 403 85 85

## **Comunidad Valenciana**

Consejería de Sanidad  
Micer Mascó, 31-33  
46010 Valencia  
Tel.: 963 86 66 00 / 28 00  
[www.san.gva.es](http://www.san.gva.es)

Agencia Valenciana de Salud  
(AVSA)  
Micer Mascó, 31-33  
46010 Valencia  
Tel.: 963 86 66 00

## **Extremadura**

Consejería de Sanidad y Consumo  
Adriano, 4  
06800 Mérida  
Tel.: 924 00 41 00  
[www.juntaex.es](http://www.juntaex.es)

Servicio Extremeño de Salud (SES)  
Avda. de las Américas, 1  
06800 Mérida  
Tel.: 924 38 25 01/02

## **Galicia**

Consejería de Sanidad  
Edif. Admtvo. San Lázaro, s/n  
15703 Santiago de Compostela  
Tel.: 981 54 27 12  
[www.xunta.es](http://www.xunta.es)

Servicio Gallego de Salud  
(SERGAS)  
Edif. Admtvo. San Lázaro, s/n  
15703 Santiago de Compostela  
Tel.: 981 54 28 13

## **Madrid (Comunidad de)**

Consejería de Sanidad  
y Consumo  
Aduana, 29 2ª planta  
28071 Madrid  
Tel.: 91 586 70 00  
[www.madrid.org](http://www.madrid.org)

Servicio Madrileño de Salud  
(SERMAS)  
Plaza Carlos Trías Beltrán, 7  
28020 Madrid  
Tel.: 91 586 72 27

## **Murcia (Región de)**

Consejería de Sanidad  
Ronda de Levante, 11  
30005 Murcia  
Tel.: 968 36 20 00  
[www.murciasalud.es](http://www.murciasalud.es)

Servicio Murciano de Salud  
Ronda de Levante, 11  
30005 Murcia  
Tel.: 968 36 20 00

## **Navarra (Comunidad Foral de)**

Departamento de Salud  
Amaya, 2  
31002 Pamplona  
Tel.: 848 42 35 11  
[www.navarra.es](http://www.navarra.es)

Servicio Navarro de Salud  
(OSASUNBIDEA)  
Irunlarrea, 39  
31008 Pamplona  
Tel.: 848 42 88 00

## **País Vasco**

Departamento de Sanidad  
Donostia-San Sebastián, 1  
01010 Vitoria-Gasteiz  
Tel.: 945 01 91 61 EXT. 19161  
[www.osanet.euskadi.net](http://www.osanet.euskadi.net)

Servicio Vasco de Salud  
(OSAKIDETZA)

Álava, 45

01006 Vitoria-Gasteiz

Tel.: 945 00 60 00

## **La Rioja**

Consejería de Salud

Villamediana, 17

26071 Logroño

Tel.: 941 29 13 96

[www.larioja.org](http://www.larioja.org)

Servicio Riojano de Salud

Avda. Autonomía de la Rioja, 3

26071 Logroño

Tel.: 941 29 76 60

## **Ceuta**

Consejería de Sanidad

y Bienestar Social

Plaza de San Amaro, 12

51071 Ceuta

Tel.: 856 20 06 80

[www.ceuta.es](http://www.ceuta.es)

Instituto Nacional  
de Gestión Sanitaria (INGESA)

Avda. Marina Española, 13 1º

51001 Ceuta

Tel.: 956 51 49 29

## **Melilla**

Consejería de Sanidad

y Bienestar Social

Ramírez de Arellano, 10 3ª planta

52001 Melilla

Tel.: 952 69 93 01

[www.melilla.es](http://www.melilla.es)

Instituto Nacional

de Gestión Sanitaria (INGESA)

Pablo Vallesca, s/n

52001 Melilla

Tel.: 952 68 34 46









