National Healt System

National Health System

SPAIN

GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD Y CONSUMO

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National Health System

SPAIN

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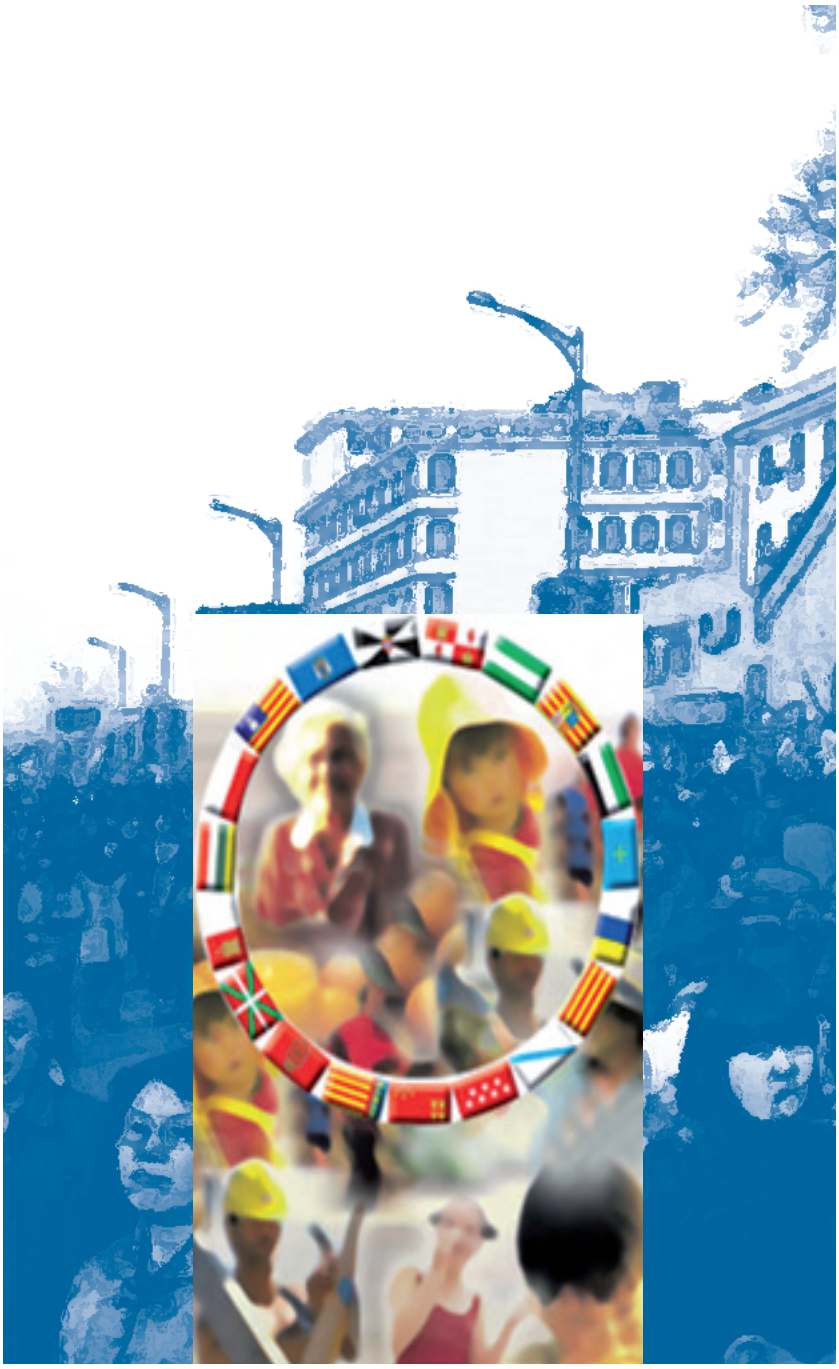
Introduction



This

publication offers the general reader a simple description of the main features of the Spanish National Health System, providing an overview of public health in Spain, and provides facts and figures that give a more accurate and detailed view of the current situation and structure.

It is intended for anyone interested in learning about the Spanish public health system, while also serving as quick reference material on the most significant information about the Spanish National Health System.

First, an explanation is given about the distribution of powers and areas of responsibilities amongst the different levels of health care management, and especially between the central government and the governments of the Autonomous Communities. This is followed by a brief description of various aspects of the National Health System, including coverage, financing, health resources and public health services.

Figures are also provided on infrastructure and human resources and the health care activities they generate, as well as on public health expenditure and user satisfaction.

The last section contains significant data on the health status of the Spanish population.

The annexes offer an overview of the National Health System's Interterritorial Council — the coordinating body for the central government and the Autonomous Communities in the

area of health — and a brief description of the structure and functions of the Ministry of Health and Consumer Affairs.

The statistical information was collected and, to a considerable 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).

Health protection in Spain


CANTABRIA
ASTURIAS
GALICIA
PAÍS VASCO
NAVARRA
LA RIOJA
CASTILLA Y LEÓN
ARAGÓN
CATALUÑA
MADRID
ISLAS BALEARES
EXTREMADURA
CASTILLA - LA MANCHA
COMUNIDAD VALENCIANA
MURCIA
ANDALUCÍA
ISLAS CANARIAS
CEUTA
MELILLA

Health protection in Spain

The right of all citizens to health protection and care was established in Article 43 of the 1978 Spanish Constitution.

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

- public financing, universal coverage and free health care services at the time of use;
- specific rights and duties for citizens and public authorities;
- political devolution of health service management to the Autonomous Communities;
- comprehensive health care services provided to high standards and appropriately monitored and evaluated;
- integration of different health service networks under the National Health System structure.

The **National Health System** (NHS) is therefore made up of both the central government and Autonomous Communities public health care managements working in coordination to cover all the health care duties and services for which public authorities are legally responsible.

Central government's health care powers and responsibilities

The central government's areas of responsibilities include:

- general health care coordination and legislation;
- international health and international health relations and agreements;
- pharmaceutical policy.

General Coordination and Legislation refers to the regulation of conditions and minimum requirements aimed at achieving equal conditions in the functioning of public health services throughout the country; the creation of appropriate information sharing methods and systems; technical standardisation in specific areas and joint action by central government and autonomous health authorities in the exercise of their respective powers and duties.

International Health refers to the surveillance and control of possible health risks in connection with imports, exports or traffic of goods and international passenger traffic. Spain collaborates with other countries and international organisations through international relations and health agreements in the following areas:

- epidemiological control;
- fight against communicable diseases;
- preservation of a healthy environment;
- drafting, improvement and implementation of international standards;
- biomedical research and in any action that the parties involved consider beneficial for health.

Regarding *Pharmaceutical policy*, the central government's areas of power and responsibilities include:

- legislation on pharmaceutical products;
- evaluation, authorisation and registration of medicines for human and veterinary use, and health products;
- decision on public financing and pricing of medicines and health products;
- guaranteeing the deposit of narcotics in keeping with international treaties;
- imports of urgent, foreign medication not authorised for use in Spain;
- maintenance of a strategic, state-run stock of medicines and health products for emergencies and catastrophes;
- purchase and distribution of medicines and health products for international cooperation programmes.

The values and principles underlying the promotion of the rational use of medicines are outlined in Act 29/2006 of 26 July, on Guarantees and Rational use of Medicines and Health Products. This Act contributes to the provision of quality health services throughout the decentralised National Health System, and to the fulfilment of the key objective of ensuring that all citizens have access to the medicines they need at all times and in any location, under safe and effective conditions.

This Act regulates all medicinal products for human use and health care products in terms of their clinical research, evaluation, authorisation, registration, manufacture, production, quality control, storage, distribution, circulation, traceability, marketing, information and advertising, imports and exports, prescription and dispensing, follow-up of the risk-benefit ratio, as well as the regulation of their rational use, and financing (in this case through public funds). This regulation also covers inactive ingredients and materials used for the manufacture, preparation or packaging of such products, and establishes the general criteria and requirements applicable to veterinary medicines and particularly to special products such as magistral and industrial formulae.

Irrespective of the health care powers held by the Autonomous Communities and, where appropriate, in coordination with them, the central government also carries out actions in the following areas:

- health and hygiene control of the environment, foods, services or products directly or indirectly related to human use and consumption;
- regulation, authorisation and registration or standardisation of medicines for human or veterinary use, and, for the former, inspection and quality control;
- establishment of conditions and minimum technical requirements for the approval and standardisation of facilities and equipment in health care centres and services;
- promotion of quality of services in the National Health System;
- specialised health training at accredited centres and teaching units;
- creation of the Health Information System of the National Health System.

Powers and responsibilities

Central Government	basic principles and coordination of health affairs	NHS Interterritorial Council
	international health	
	pharmaceutical policy	
	management of the National Health Management Institute (INGESA)	
Autonomous Communities	health planning	
	public health	
	management of health services	
Local Councils	health and hygiene	
	collaboration in the management of public services	

Source: Distribution of health care powers and duties as established by the 1978 Spanish Constitution, the General Health Act 14/1986 of 25 April, and Act 16/2003 of 28 May on Cohesion and Quality of the National Health System.

Autonomous Communities' health care powers and responsibilities

The 1978 Spanish Constitution established a region-based organisation of the national territory that allowed the devolution of central health care powers to the Autonomous Communities. Under constitutional provisions and their respective Statues of Autonomy, Autonomous Communities have gradually assumed such legal authority. The health care devolution process, managed by the National Institute of Health (INSALUD), began in 1981 and ended in 2002, with the central government retaining the responsibility for health care management in the Autonomous Cities of Ceuta and Melilla, through the National Health Management Institute (INGESA). Therefore, the Autonomous Communities exercise their powers and duties in the following areas:

- health planning
- public health
- health care.

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

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 Community, whether these are organised by regional or town councils, or any other intra-community administration.

The principles governing health coordination on a nationwide level are set forth in the General Health Act 14/1986 of 25 April, which also specified collaboration instruments and established the **Interterritorial Council of the National Health System** (CISNS, from its Spanish abbreviation) as the coordinating body.

Subsequently, **Act 16/2003 of 28 May on Cohesion and Quality in the National Health System** deals in greater depth

Process of devolution of 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

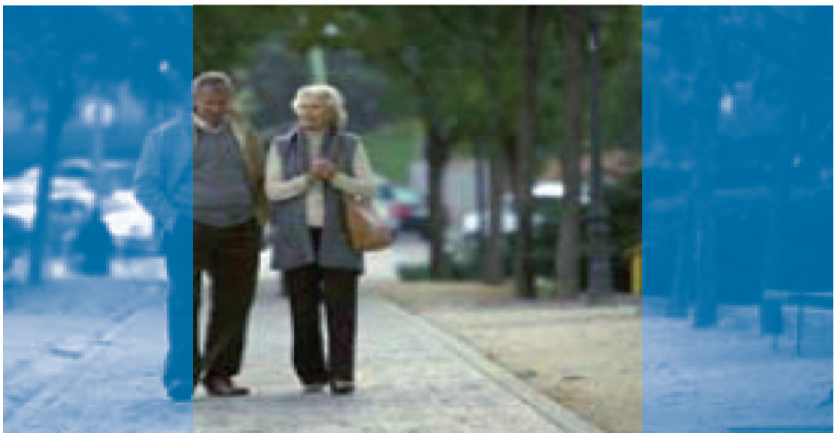
with the role of the Interterritorial Council as the coordinating body and with general coordination and cooperation within the National Health System.

The devolution of powers to Autonomous Communities is a means of brining health care management closer to citizens, thus guaranteeing equity, quality and participation. Practical experience of relations between the central government and the Autonomous Communities governments relative to health protection provide important references for the development of cohesion in the State of Autonomous Communities. All parties involved work together to achieve a common identity for the National Health System, based on the constitutional principles of unity, autonomy and solidarity.

The Act on Cohesion and Quality in the National Health System therefore establishes coordination and cooperation amongst the country's public health care managements to guarantee the right of all citizens to health protection and care, and to ensure:

a) equity, in keeping with the constitutional principle of equality, guaranteeing access to services and therefore recognizing the right to health protection and care with the same level of efficacy throughout the Spanish territory, thus enabling citizens to move freely throughout the national territory;
b) quality, by putting into use safe and effective innovations and orientating the system towards the anticipation and effective solution of health problems, evaluating the benefits of clinical actions so that only those that improve health are taken, and involving all agents in the work of the system;
c) citizen participation, by acknowledging their autonomy regarding individual decisions and by taking into account their expectations as users of the health system, to facilitate the exchange of knowledge and experience.

Coverage



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rights to health protection and health care are enjoyed by:

- all Spanish and foreign nationals within the Spanish national territory, under the terms of Article 1.2 of Organic Act 4/2000;
- the nationals of European Union Member States who hold entitlement pursuant to European Community law or any applicable treaties or covenants signed by the Spanish State;
- the nationals of non-European Union Member States whose rights are recognised by applicable laws, treaties and covenants.

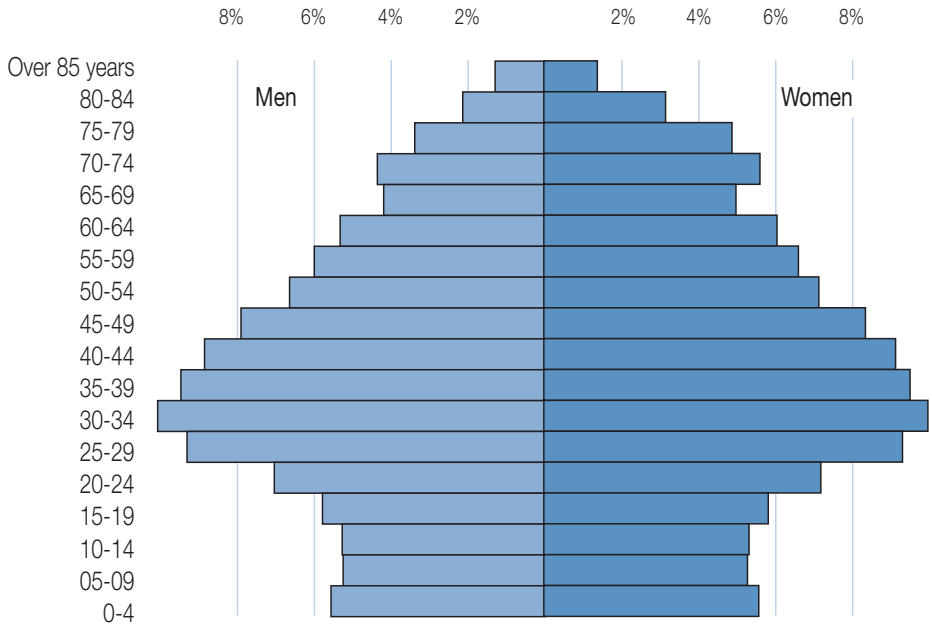
The Spanish population, as registered on 1 January 2007 (Royal Decree 1683/2007, of 14 December) numbered 45,200,736 inhabitants, of whom 4,519,554 (10.0%) are foreign nationals.

According to preliminary figures provided by the Municipal Register, the number of residents in Spain as of 1 January 2008 totalled 46.06 million inhabitants, of whom 40.84 million are Spanish nationals and 5.22 million are foreign nationals.

The 2007 population pyramid shows a demographic structure typical of a rapidly ageing of the population, with 16.6% being over 65 years of age.

Access to health care services is gained on presentation of the Personal Health Card issued by the respective health department. This document identifies each citizen as an entitled user of the National Health System.

Spanish population pyramid



Source: National Institute of Statistics (INE). Official numbers (figures) of population. Municipal census on January 1, 2007.

Funding

In Spain, health care is a **non-contributory benefit** financed out of general taxation and included in the general budget of 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 the Spanish redistributive income tax system, aimed to redistribute income amongst Spanish citizens: all citizens contribute to general taxation in proportion to their level of wealth, and receive health care services according to their own particular needs.

The figure below shows the Spanish health system financial cash flows as the sum of public and private funds allocated to public health care on different levels, which influences and shapes their characteristics. It also shows how financial resources reach service providers, in the form of global budgets, accords, or payments for services or for hospital stays.

In 2006, public health expenditure represented 71.2% of the total health care expenditure in Spain, while private health expenditure accounted for the remaining 28.8% (of which, 22.5% originated from direct household tax contributions, 5.5% from private health insurances, and the remainder from private non-profit organisations).

The public health funding system reform of 2002 included health care within the general funding framework of the

Autonomous Communities (Act 21/2001). General taxation is the basis for health care financing and accounts for 94.07% of financial resources, which are distributed between the Autonomous Communities (89.81%), the central government (3.00%), local councils (1.25%) and Autonomous Cities (0.01 %).

Financial cash flow

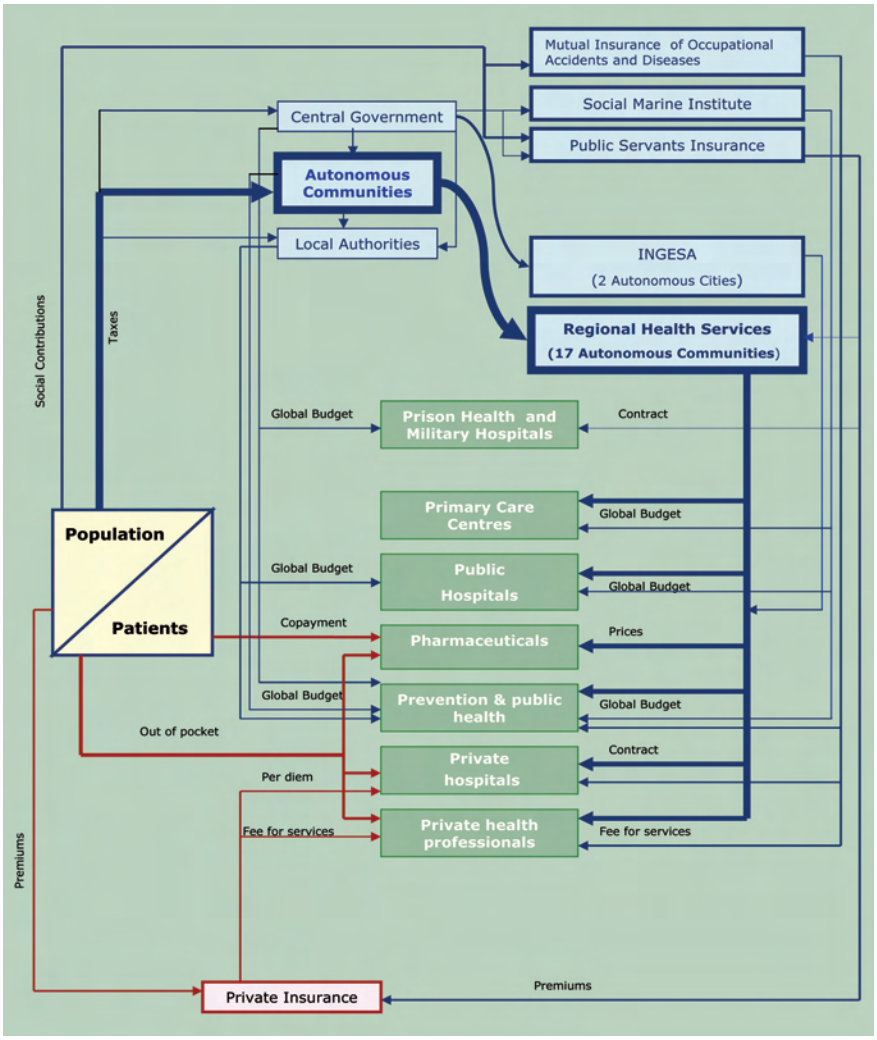
Area of funding	Percentage
Central government	3.00
Social Security	2.53
Civil servants mutual funds	3.40
Autonomous Communities	89.81
Cities with Statutes of Autonomy	0.01
Local councils	1.25
Public health expenditure	100.00

Source: Ministry of Health and Consumer Affairs, Directorate-General for Cohesion of the National Health System and High-level Inspection. Prepared by the Economic Analysis and Cohesion Fund Bureau. Facts and figures for 2005.

Of all social contributions, 2.53% is used for health care funding, including funds allocated to mutual funds for work-related accidents and occupational illnesses and to the Marine Social Institute, for contingencies arising from work-related accidents and occupational illnesses.

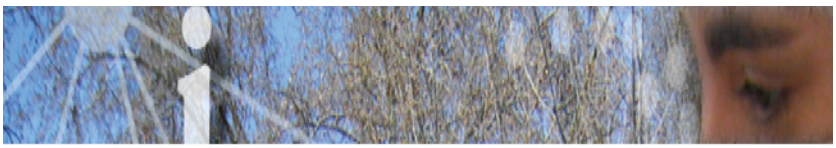
The special health insurance schemes for civil servants (MUFACE, MUGEJU and ISFAS mutual funds) absorb 3.40% of the system's resources, and its funding comes from social and tax contributions.

Financial cash flow of public expenditure for health care since the 2002 reform



Source: Ministry of Health and Consumer Affairs. Directorate-General for Cohesion and High-level Inspection of the National Health System. Prepared by the Economic Analysis and Cohesion Fund Bureau.

Organizational structure



The

National Health System is organised in keeping with the basic values and principles that should underpin its work. The principles of universal coverage and solidarity mean that the NHS must ensure equal access to health care services for all citizens. In addition, because the NHS is financed with public funds, expenditure must be based on the principle of cost-effectiveness.

The NHS health care delivery system is therefore structured into two health care levels in which there is an inverse relationship between accessibility and technological complexity.

The first level (**primary health care**) is characterised by extensive accessibility and sufficient technical resources to deal with common health problems.

The second level (**specialist care**) has more complex and costly diagnostic and treatment resources, which have to be concentrated in order to be efficient. These services are accessible only by referral from primary health care professionals.

Primary health care makes basic health care services available within a 15-minute radius from any place of residence. The main facilities are the *primary care centres*, staffed by multidisciplinary teams comprising general practitioners, paediatricians, 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 health care also provides home care whenever this is necessary.

Health care levels

Characteristics	**Primary care** extensive accessibility	**Specialist care** technical complexity
Activities	health promotion and disease prevention, and 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 efficient.
Access	spontaneous	by referral from primary health care professionals.
Facilities	health care centres and local doctor's offices	outpatient specialist services and hospitals .
Place of health care provision	in a health care centre or at patient's home	outpatient and inpatient

Specialist Care is provided in *outpatient specialist centres 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 health care doctor, who, based on the patient's full medical history, including the medical notes issued by the specialist, assumes responsibility for any necessary follow-up treatment and care. 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.

Health care services are distributed following a region-based organisation of **health areas** and **basic health zones**. Each Autonomous Community defines its own health areas according to various demographic and geographic criteria, but above all aiming to guarantee service proximity to users.

Each health area comprises several basic health zones that constitute the territorial framework for primary health care delivery, and where primary health care centres are based. Each health area is assigned a general hospital where patients are referred to for specialist care. In some regional health care services there are intermediate organisational structures between the health area and the basic health zones.

Services


Planta
Baja
PB
Farmacia
Dispensación
Externa
Admisión
Extracciones


12 Cápsulas
Vía oral

The

health care services provided by the National Health System include disease prevention, diagnosis and treatment; rehabilitation; and health promotion and maintenance activities. Basic services portfolio is part of the cohesion and quality act of the National Health System.

Public health

Public health is defined as the initiatives developed by the civil services aimed to preserve, protect and promote the health of the population.

Its work focuses on both the design and implementation of health policies and on the maintenance of the health of the population.

Public health includes various types of activities, namely: epidemiological information and surveillance, health protection (design and implementation of health policies and exercise of health authority), health promotion and disease prevention, environmental health protection and promotion, food safety promotion, and occupational health promotion and protection.

Primary care

This health care level covers most activities regarding health education and promotion, disease prevention and treatment, health maintenance and recovery, rehabilitation and community care.

Health care is delivered either on demand, as part of scheduled programmes or in emergencies, at primary care

centres, rural outpatient clinics or in the patients' homes. This includes the indication of diagnostic and therapeutic procedures, which are also performed locally.

Medical and nursing care — including home visits if necessary — is provided round the clock, for urgent health problems.

Primary care includes all activities in the field of health prevention, promotion and education, family and community care.

In addition, health protection information and surveillance activities are carried out and physical rehabilitation services are offered.

Specific activities are also carried out, most of which focus on specific high-risk groups:

- *Adolescent care*: Counselling on healthy habits (including the damaging effects of tobacco, alcohol and addictive substances abuse), eating habits and body image, and on making healthy sexual decision.
- *Woman care:* Family counselling, pregnancy and puerperal care, early diagnosis of breast and gynaecological cancer, and diagnosis and treatment of menopause-related problems.
- *Child care:* Early detection of health problems, assessment of nutritional status, prevention of sudden unexpected infant death, general advice on child development, health education and prevention of toddler accidents, and guidance for the prevention and detection of sleep and sphincter disorders.
- *Care of adults, high-risk groups and chronic patients:* Evaluation of health status and risk factors; counselling on healthy lifestyles; early detection of health problems; and education, attention and care of patients with various concurrent diseases and illnesses and receiving treatment with multiple medications.
- *Care of the elderly:* Health promotion and prevention, detection and care of elderly people with health risks, and home care for homebound persons.
- *Care and detection of gender-based violence and physical abuse:* Especially when the victim is a minor or and elderly or disabled person.
- *Dental care:* Care, diagnosis and treatment, health promotion, health education and disease prevention. Treatment of acute dental problems and provision of specialised dental treatments; preventive care and follow-up of pregnant women; and disease prevention and medical care for children.

- *Care of terminal patients:* Comprehensive, individual and continued care provided at home or at a health care centre.
- *Mental health care:* Promotion and prevention of mental health problems, detection and treatment of mental health problems in coordination with the specialist care level.

Specialist care

In addition to health promotion, health education and disease prevention activities that, due to their nature, are best carried out at this level, specialist care also involves disease diagnosis and treatment, rehabilitation and follow-up care. Specialist care ensures ongoing comprehensive health care beyond the scope of primary care until the patient's condition has stabilised enough for treatment and care to be continued at the primary care level.

Specialist care is provided in the form of outpatient or inpatient care or in day hospitals, depending on the patient's condition and particular needs.

Hospital-based emergency care (available round the clock for patients with acute medical conditions requiring urgent hospital care) is provide to patients referred by their primary care or specialist care doctor, or to patients who have suffered an accident or has presented with a sudden life-threatening condition requiring treatment available only in a hospital setting.

Specialist care also includes specialised care and treatment, day hospital care, specialised medical and surgical treatment, inpatient care, support to primary health care centres regarding cases of early hospital discharge and home care, palliative care of terminal patients, mental health care, and rehabilitation of physically impaired patients.

It also includes intensive care, anaesthesia and resuscitation, haemotherapy, rehabilitation, nutrition and diet, pregnancy follow-up, family planning and assisted fertilisation.

In addition, specialist care is also responsible for the indication and implementation of diagnostic and therapeutic procedures, including:

- Prenatal diagnosis in high-risk groups
- Imaging tests
- Interventional radiology
- Haemodynamics
- Nuclear Medicine

- Neurophysiology
- Endoscopy
- Diagnostic laboratory tests
- Biopsies and spinal taps
- Radiation therapy
- Radiation surgery
- Lithotripsy
- Dialysis
- Respiration therapy
- Organ, tissue and cell transplants coming from human-beings.

Emergency care

Emergency care is available for patients requiring urgent medical attention. It is delivered round the clock at health centres or in other settings, such as the patient's home, *in situ*, etc. It may be provided at primary or specialist health care centres, or at accident and emergency services.

Pharmaceutical services

Pharmaceutical services cover medicines and health products 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.

Hospitalised patients are provided with all the medicinal and health products required for all types of treatment covered by the NHS.

For outpatients, these services cover all prescription medicines approved and registered by the Spanish Agency for Medicines and Health Products, magistral formulae 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, mouthwash, toothpaste and other health products, over-the-counter medicines, homeopathic remedies, or any item or accessory advertised targeting the general population.

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

- *Hospital pharmacy:* No co-payment is charged for medicines used for inpatient or specialist care.

- *Medical prescriptions:* When medicines covered by the Social Security or state funds for NHS health care services are prescribed and dispensed to non-hospitalised patients, co-financing works as shown in the table below:

	Population covered by Social Security	Population covered by public mutual funds
Pensioners and their beneficiaries	0%	30%
Non-pensioners and their beneficiaries	40%	30%
Special groups		
Toxic syndrome patients	0%	
HIV/AIDS patients	10% (€2.64 maximum)	
Chronic patients		

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

Orthopaedic and prosthetic services

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

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

This benefit is regulated by a specific catalogue.

Dietary products

These include therapeutic dietary products prescribed to people with certain congenital metabolic disorders, and products for enteral feeding at home for patients whose clinical condition makes it impossible for them to ingest ordinary food.

Health care transportation

This includes the transportation of patients for health care purposes when their condition does not enable them to use ordinary means of transportation, in cases of emergencies or when the patient is physically incapacitated.

Health care services paid for by third parties

In all applicable situations, public health services receive from third-party payers full payment for health care or services provided directly to patients covered by them. This includes costs and expenses incurred for health care transportation, emergency care, specialist care, primary care, pharmaceutical services, orthopaedic and prosthetic services, rehabilitation and services requiring the use of dietary products.

Information and medical documentation services

The National Health System also provides a number of services associated with the health care process, including:

- information for patients and their families or relatives on their rights and obligations, especially relative to the granting of informed consent;
- administrative procedures necessary for the provision of continued health care;
- information for patients on any health care procedures they will undergo;
- issue of medical certificates, reports or any other relevant documents for incapacity assessment or other purposes;
- hospital discharge reports and outpatient visit reports;
- issue, at the request of users, of a copy of their clinical record or of specific information contained therein, while observing the health care centre's obligations regarding the safekeeping of personal data and records;
- birth and death certificates or any other document or certificate for the Civil Registry.

Supplementary services provided by the Autonomous Communities

Within the scope of their authority, Autonomous Communities can establish their respective package of services, which must include all the basic services that all National Health System users must be guaranteed.

On top of these, they can add in techniques, technologies or procedures not included in the general package of services. None of these supplementary services is funded by the National Health System; therefore, they must provide the additional resources necessary. Anyway, these supplementary services are not included in the general benefits funding of the National Health System.

Portfolio of services of the mutualities

The civil servants' mutualities will have to guarantee the content of the portfolio of common services of the National Health System, and will be able to approve their respective portfolio of services.

Facilities, resources and activities

The

Facilities

National Health System has **2,913 primary health care centres**. There are also **10,178 medical centres** in small towns, where health professionals of the health zone's primary care centre go to provide basic health care services to the local population. These are mostly in rural areas, where the proportion of elderly people tends to be high.

Health care centres and hospitals

	Ownership	No. of centres	No. of beds
Health care centres	public	2,913	—
Medical centres	public	10,178	—
Hospitals	public (civil)	301	103,655
	Ministry of Defence	8	1,458
	work-related accidents and occupational illnesses mutual funds	22	1,741
	private (non-profit)	120	19,980
	private (for profit)	349	33,458
	TOTAL	800	160,292

Source: Ministry of Health and Consumer Affairs. Primary Care Information System – SIAP 2007 and National Catalogue of Hospitals 2008, updated to 31 December 2007.

The National Health System also has 301 hospitals, with 103,655 beds, and 8 hospitals of the Ministry of Defence, with 1,458 beds. There are also 22 hospitals owned by work-related accident and occupational illnesses Mutual Funds, and 469 private hospitals where 40% of hospital discharges are of patients whose care was arranged and financed by the NHS.

Spain has 131,310 hospital beds in acute hospitals, of which 72.1% belong to the National Health System.

Hospitals and beds

		Total	Rate per 100,000 population	% Public
Acute care	Hospitals	591	1.3	41.8
	Beds	131,310	290.5	72.1
Psychiatric care	Hospitals	90	0.2	33.3
	Beds	16,028	35.5	37.5
Geriatric and long-term care	Hospitals	119	0.3	26.9
	Beds	12,945	28.7	34.2

Source: Ministry of Health and Consumer Affairs. National Catalogue of Hospitals, 2008; updated on 31 December 2007.

Thirty-seven and a half percent (37.5%) of the 16,028 beds available in psychiatric hospitals, and 34.2% of the 12,945 beds used for geriatric and long-term patients, also belong to the NHS.

The table below shows hospital-based equipment for the most widely used high-technology services.

High-technology services

	Total	Proportion per million population
Computerized Axial Tomography	654	14.4
Magnetic Resonance Imaging	417	9.2
Gamma Chamber	232	5.1
Haemodynamics Unit	220	4.9
SPECT	46	1.0
Digital Angiography	194	4.3
Extracorporeal Lithotripsy	91	2.0
Cobalt Unit	40	0.9
Particle Accelerator	160	3.5
Positron Emission Tomography (PET)	32	0.7
Breast Screening Unit	481	10.6
Bone Densitometer	165	3.6
Haemodialysis Equipment	3.225	71.2

Source: Ministry of Health and Consumer Affairs. National Catalogue of Hospitals, 2008; updated on 31 December 2007.

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.

Registered professionals

	Total	% women	Registered health care professionals per 1,000 population
Doctors	208,098	43.6	4.6
Dentists and odontologists	24,515	42.6	0.5
Pharmacists	61,300	70.2	1.4
Veterinarians	27,594	39.2	0.6
Nurses	243,000	83.0	5.3

Source: National Institute of Statistics (INE). Registered Health Care Professionals in Spain to 31 December 2007.

Although overall figures indicate that the number of male doctors is higher than that of female doctors, figures corresponding to younger doctors clearly show a female predominance. Hence, the current trend is expected to reverse in the next few years.

Registered doctors

Male		Female
18,593	65+	1,725
24,128	55-64	7,973
42,024	45-54	30,171
20,173	35-44	26,188
12,406	– 35	24,655

Source: National Institute of Statistics (INE). Registered Health Care Professionals in Spain to 31 December 2007.
Note: Age group was not indicated for 62 people (36 men and 26 women).

Of the staff providing services in the NHS, 20% work in primary care and 80% in specialist care.

There are **33,482 doctors** working in **health care centres** and **primary** care medical centres, of whom **81.3%** are general practitioners specialised in **Family and Community Medicine** and **18.7%** are **paediatricians.**

A total of **61,958 specialist doctors** work in the National Health System hospitals and specialist care centres. (These figures do not include trainee doctors.) Of these specialists, 27.1% work in internal medicine and other specialised medical fields, 21.4% in other

Doctors in hospitals

Medicine and medical specialties	27.1%
Central services	21.4%
General surgery and surgical specialties	16.8%
Obstetrics and gynaecology	5.8%
Traumatology	6.0%
Paediatrics	4.7%
Psychiatry	4.1%
Other medical specialties	14.1%

Source: Ministry of Health and Consumer Affairs. Statistics on Health Establishments providing Inpatient Care 2006.

departments (clinical laboratory, microbiology, radiodiagnosis, etc.) and 16.8% in general surgery and surgical specialties.

Activities

In primary care, over 300 million medical consultations are given each year. These are either requed by users or programmed by family doctors or paediatricians. Primary care nurses carry out programmed activities and technical actions in diagnosis and health care.

In specialist care, the number of hospital discharges per year is over 5.1 million, of which 4.0 million (77.6%) are financed by the NHS.

Each year, some 73.7 million consultations are given by various medical specialists (87.1% financed by the NHS), 25.3 million emergency cases are seen (77.2% financed with public funds) and 4.3 million surgical treatments are performed.

	Total	% Financed by the NHS
Discharges (in thousands)	5,156.8	77.6%
Discharges per 1,000 population	117.0	
Consultations (in thousands)	73,735.3	87.1%
Consultations per 1,000 population	1,675.3	
Emergencies (in thousands)	25,300.4	77.2%
Emergencies per 1,000 population	574.1	
Surgical treatment (in thousands)	4,316.3	
Surgical treatment per 1,000 population	97.9	

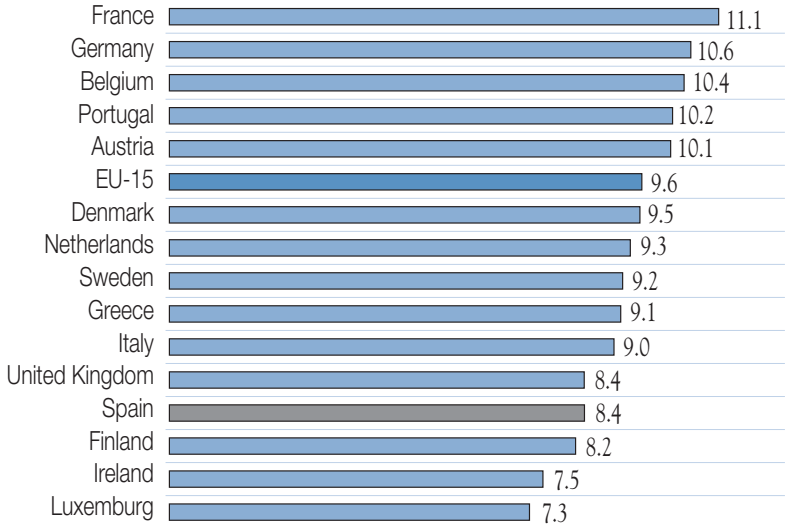
Source: Ministry of Health and Consumer Affairs. Statistics on Health Establishments providing Inpatient Care 2006.

Public health expenditure

The

latest official figures, for 2006, set public health expenditure in Spain (including long-term care) at **58,466 million euros**, which accounts for 71.2% of Spain's total health expenditure (82,064 million euros). Total expenditure on health in Spain accounts for 8.4% of the GDP.

Expenditure on health as % GDP



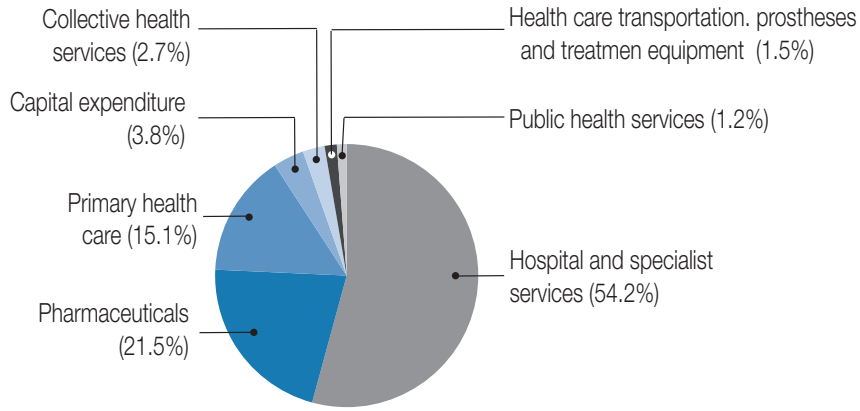
Source: OECD HEALTH DATA 2008, June version. Facts and figures for 2006.

Public health care expenditure and private health care expenditure in Spain account for 6.0% and 2.4% of the GDP, respectively.

Excluding long-term care, expenditure is composed of hospital and specialist services which represent the highest percentage, followed by pharmaceutical services and primary health care services.

The reason for the apparently small relative weight of the public health care component (1.2%) is partly due to how this activity is defined and classified in accounting systems, and also because public health care, disease prevention and health promotion activities are provided chiefly through primary health care networks.

Public health expenditure



Source: Ministry of Health and Consumption. Statistics of the Sanitary Public Expense 2005.

Regarding the budgetary-economic classification, staff salaries is the item with the highest public health expenditure, 41,5%. Payments to mutual funds for health care activities account for 12.4% of the total public health expenditure.

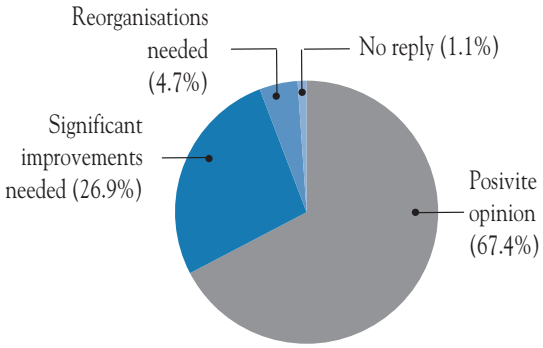
User satisfaction

In the early 1990s, the Spanish Ministry of Health and Consumer Affairs began to carry out surveys to ascertain citizens' satisfaction with the National Health System. In 1995, these studies gave rise to what is now known as the Heath System Barometer.

The results for 2007 show overall satisfaction regarding the key areas surveyed each year: system performance, primary care services, specialist outpatient consultations and hospitalisation, waiting lists, and rational use of medicines.

Survey outcomes show that 67.4% of users consider that the National Health System functions well, only 4.7% believe it should be completely reorganised, and 27% think that significant improvements are needed.

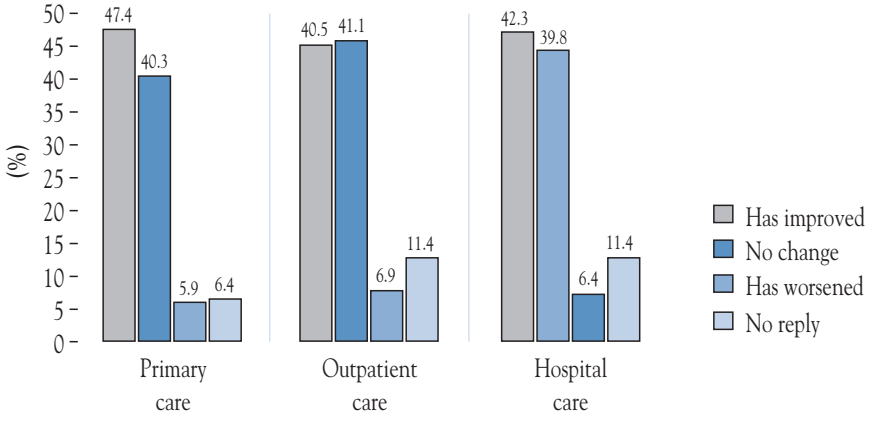
Citizens and the Health System



Source: Ministry of Health and Consumer Affairs Data from the Spanish Health Barometer 2007.

A survey conducted in 2007 on the performance of NHS services over the last 5 years showed that most users considered that primary care and specialist outpatient consultations and hospitalisation had improved.

Citizens' opinions on services evolution



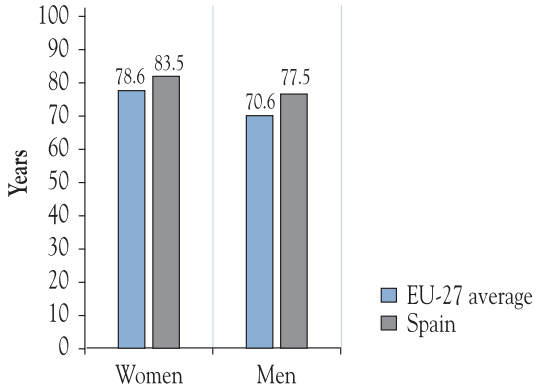
Source: Ministry of Health and Consumer Affairs Data from the Spanish Health Barometer 2007.

Highlights on the health in Spain

Life

expectancy at birth in Spain is 80.5 year – well above the EU-27 average (74.3 years).

Life expectancy

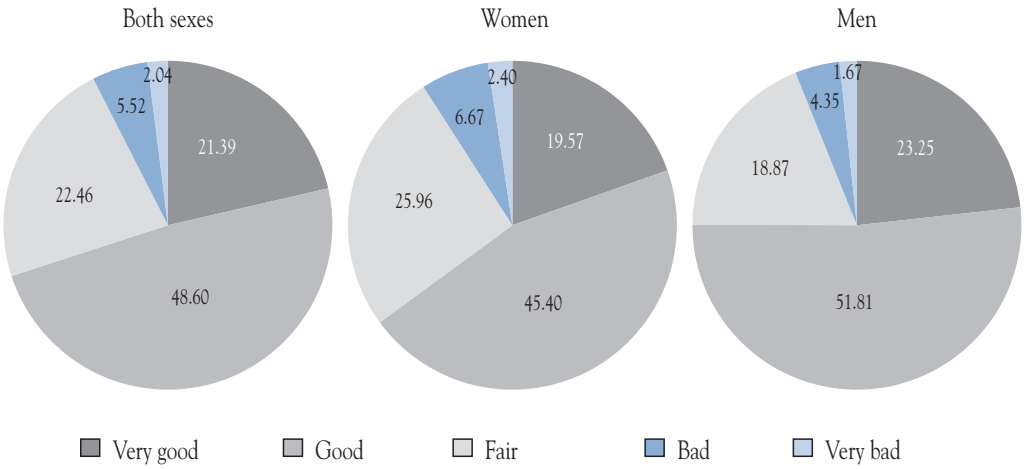


Source: National Institute of Statistics (INE). WHO European Health for All Database (HFADB) version of November 2007.

Perceived health status

In Spain, 75.2% of men and 65.0% of women rate their health as 'good' or 'very good'.

Self-assessed health status



Source: Ministry of Health and Consumer Affairs - INE. Spanish National Health Survey, 2006 .

Habits and lifestyle

In the Spanish population over 16 years of age, 26.4% consider themselves daily smokers, 20.5% consider themselves exsmokers, and 50% say that they have never smoked.

Of the people over 16 years of age who identify themselves as daily smokers, 31.6% are men and 21.5% are women.

Relevant analyses by age group show that for men the percentage of daily smokers is higher amongst the middle-aged population than in younger age groups. However, for women the percentage is higher in the younger age groups.

Daily smokers

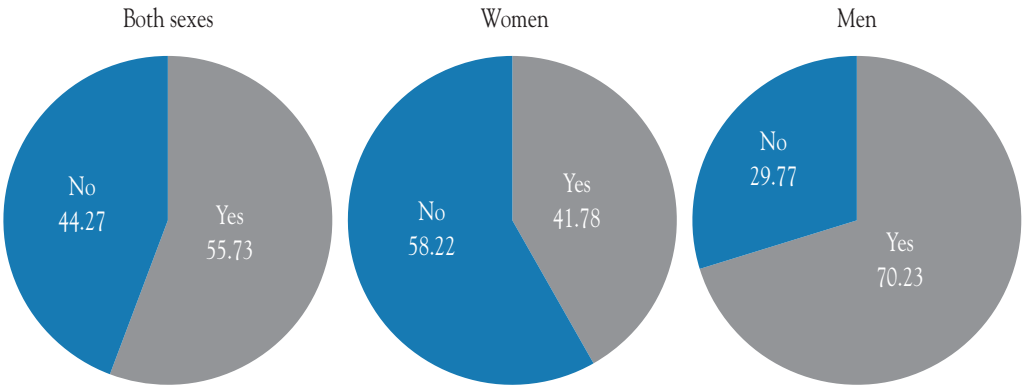
Men		Women
14.18	65 +	2.67
34.27	45-64	20.95
38.83	25-44	30.44
24.96	16-24	28.93

Source: Ministry of Health and Consumer Affairs - INE. Spanish National Health Survey, 2006.

Of the population aged 16 years and over, 55.7% state that they have consumed alcohol in the last twelve months. Of them, 70.2% are men and 41.8% are women.

Forty-four point three percent (44.3%) has stated not to have consumed alcohol in this period.

Alcohol consumption



Source: Ministry of Health and Consumer Affairs - INE. Spanish National Health Survey, 2006.

Relevant analyses by age group show that the percentage of men who state that they have consumed alcohol in the last 12 months is higher amongst the middle-aged population than in younger age groups. However, amongst women the highest percentage is found amongst the younger age groups.

Consumption of alchohol by sex and group of age

Men		Women
72.78	65 +	36.73
81.07	45-64	56.97
82.99	25-44	65.80
77.15	16-24	67.60

Source: Ministry of Health and Consumer Affairs - INE. Spanish National Health Survey, 2006.

Tobacco and alcohol consumption together with 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 several other chronic diseases. The obesity rate in Spain is 15.4% for the population aged 18 and over, and 8.9% for children (from 2 to 17 years).

Body Mass Index in adults

	Both sexes	Women	Men
Underweight (18.5-24.9 kg/m2)	1.79	3.07	0.54
Normal weight (<18.5 kg/m2)	45.71	52.33	39.27
Overweight (25.0-29.9 kg/m2)	37.13	29.41	44.65
Obesity (>=30.0 kg/m2)	15.37	15.19	15.55

Source: Ministry of Health and Consumer Affairs - INE. Spanish National Health Survey, 2006.
Quetelet Index prepared by the Health Information Institute.

Body Mass Index in children

	Both sexes	Girls	Boys
Normal weight or underweight	72.39	74.17	70.68
Overweight	18.67	17.09	20.19
Obesity	8.94	8.74	9.13

Note: Body mass index = [Weight (kg)/Height (m) squared].
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 - INE. Spanish National Health Survey, 2006.
Quetelet Index prepared by the Health Information Institute.

Morbidity *Causes of hospitalisation*

The most frequent causes of hospitalisation in NHS acute care hospitals are circulatory, respiratory, and digestive disorders; cancer; and pregnancy, childbirth and puerperal complications.

Cause	Women		Men	
	%	No. of cases	%	No. of cases
Certain infections and parasitic diseases	1.57	30,028	2.62	43,775
Neoplasms	8.05	154,301	10.43	174,519
Endocrine, nutritional and metabolic diseases	1.93	36,998	1.62	27,151
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	0.96	18,346	1.00	16,817
Mental and behavioural disorders	1.75	33,612	2.46	41,241
Diseases of the nervous system and sense organs	2.98	57,026	3.34	55,901
Diseases of the circulatory system	11.13	213,159	16.77	280,644
Diseases of the respiratory system	7.94	152,182	14.42	241,295
Diseases of the digestive system	9.67	185,343	14.77	247,148
Diseases of the genitourinary system	6.18	118,368	5.45	91,196
Pregnancy, childbirth and puerperal complications	25.87	495,626	—	—
Diseases of the skin and subcutaneous tissue	0.84	16,017	1.19	19,963
Diseases of the musculoskeletal system and connective tissue	5.42	103,750	4.74	79,387
Congenital anomalies	0.69	13,193	1.16	19,382
Certain conditions originating in the perinatal period	1.45	27,853	2.04	34,075
Symptoms, signs and conditions not elsewhere classified	3.57	68,451	5.06	84,660
Injuries and poisoning	7.11	136,248	9.38	156,973
Factors influencing health status and contact with health services	2.36	45,248	2.88	48,200
Other	0.52	10,042	0.68	11,344
TOTAL		1,915,791		1,673,671

Note: For statistical purposes, the National Health System includes public hospitals, hospitals of the public health network and hospitals with replacement contract. It does not include psychiatric hospitals and long-term care hospitals.

Source: Ministry of Health and Consumer Affairs Register of Hospital Admissions (CMBD), 2006.

Diseases vacunables

Spain has a high level of immunisation coverage. The incidence of preventable communicable diseases, such as measles and rubella, is 0.8 cases and 0.2 cases per 100,000 population, respectively. These rates are considerably lower than those for the EU (1.6 and 6.1 cases per 100,000 population).
Immunisation coverage against flu for people aged over 65 during the 2006-2007 programme was 67.8%.

Coverage vacunal

Poliomyelitis	97.6
DTP	97.6
Hib	97.5
Meningococcal C	97.1
Hepatitis B	96.6

In children under 1 year

Mumps/Measles/Rubella	96.9
Poliomyelitis booster (*)	95.1
Diphtheria/Tetanus/Pertussis booster (*)	95.1
Type b Haemophilus influenzae booster (*)	95.1

In children over 1 year younger than 2 years

(*) Single-dose booster.
Source: Ministry of Health and Consumer Affairs. Directorate-General for Public Health. Facts and Figures for 2006.

HIV and AIDS

According to the reports received by the Spanish National HIV/AIDS Registry until 31 December 2007, the number of people diagnosed with HIV/AIDS in Spain in 2007 was estimated at 1,464. This estimation was made after figures were corrected following a delay in the delivery of reports. Following a peak in the mid 1990s, the number of HIV/AIDS cases reported has showed a continuous decrease. In 2007, these figures had decreased by 78% since 1996 – a year before the generalised use of highly active antiretroviral therapy was introduced.

A total of 75,733 cases have been reported in Spain since the beginning of the HIV/AIDS pandemic.

Maternal and child health

In 2006, there were 482,957 births in Spain, for a crude birth rate of 10.9 per 1000 population, a considerable upturn with respect to previous years. In 1996, the number of births was 362,626, for a crude birth rate of 9.2 per 1000 population.

The percentage of births to mothers under 20 years of age is 2.8%, and to mothers aged 35 years and over, 24.5%. In 1998, the figures were 3.0% and 14.6%, respectively.

With an infant mortality rate of 3.78 per 1000 live births in 2005, Spain is one of the countries with the lowest reported infant mortality across the EU, with a decrease of 91% over the period 1960-2005.

The perinatal mortality rate is 4.9 deaths per 1000 live births, with a decrease of 87% over the period 1960-2005.

Accidents

The number of road accident deaths in Spain has shown an upward trend since 1994, with a rate of 330.0 per 100,000 population in 2006.

Regarding work-related accidents, in 2005 Spain recorded a rate of 35.3 accidents per million hours worked.

Mortality

In 2006, there were 371,478 deaths in Spain (194,154 men and 177,324 women), which were 15,877 less than those registered in 2005. The gross mortality rate stood at 843 deaths per 100,000 population.

These figures show that Spain's epidemiological profile is similar to that of other countries with similar socio-economic conditions, with cardiovascular diseases and cancer being the leading causes of death.

Cardiovascular diseases are the number one cause of death in Spain, accounting for 32.5% of deaths.

Within this group, ischaemic heart disease is the main cause of death in men (21,194 deaths) and cerebrovascular diseases are the main cause of death in women (19,038 deaths).

The second leading cause of death are malignant tumours, accounting for 27.4% of deaths. In 2006, they were the cause of 101,669 deaths. In women, breast cancer continues to be the main cause of death due to cancer (5,956 deaths), while in men lung and bronchial cancers show the highest mortality rate (16,879 deaths), followed by cancer of the colon (5,642 deaths) and prostate cancer (5,413 deaths).

Deaths, by cause

	Total	Men	Women
Cause of death	**371,478**	**194,154**	**177,324**
Ischaemic heart disease	37,076	21,194	15,882
Cerebrovascular diseases	32,887	13,849	19,038
Lung and bronchial cancer	19,513	16,879	2,634
Heart failure	18,888	6,562	12,326
Chronic lower respiratory diseases	14,333	10,770	3,563
Dementia	11,215	3,639	7,576
Cancer of the colon	9,926	5,642	4,284
Diabetes mellitus	9,626	3,818	5,854
Alzheimer's disease	9,174	2,806	6,368
Pneumonia	7,812	4,083	3,729
Hypertension	6,675	2,120	4,555
Renal failure	6,035	3,003	3,032
Breast cancer	6,021	65	5,956
Stomach cancer	5,716	3,542	2,174
Prostate Cancer	5,413	5,413	—

Source: National Institute of Statistics (INE) Deaths by cause of death. Provisional data, 2006. The most common causes of death were those with a relative weight higher than 1.4% of the total of deaths.

The third leading cause of death in Spain is diseases of the respiratory system, which caused 39,486 deaths in 2006.

Annexes

Interterritorial Council of the National Health System

The

Interterritorial Council of the National Health System acts as the standing body for health care coordination, cooperation, communication and information amongst health care services in the Autonomous Communities and between them and the central government. It aims to promote cohesion within the National Health System by protecting the rights to health protection and health care of all citizens throughout the Spanish territory.

Interterritorial Council of the National Health System, since its formation in April 1987, has been formed by the same number of representatives as on the part of the General State Administration as on the Autonomous Communities, which meant a global of thirty-four members. From the point of the publishing of the Cohesion and Quality Act on, it is constituted by the Minister of Health and Consumer Affairs, as well as the Counsellors of the Autonomus Regions competent on health matters and the ones of the Cities with statute of autonomy.

The Interterritorial Council is chaired by the Minister of Health and Consumer Affairs. The Deputy Chair is held by one of the Autonomous Community Counsellors for Health Affairs who is elected by the members.

Interterritorial Council plenum

The Interterritorial Council functions in plenum, with a Delegate Committee, Technical Committees and Working Groups.

The plenary meetings are held at least 4 times a year. This is the highest body as its members are responsible for health care throughout Spain.

The Council's agreements take the form of recommendations approved by general consent.

Each technical committee and working group works independently on tasks assigned to them and meets as required, according to their own features.

Delegate Committee

The Delegate Committee is a second-level body. It is chaired by the Secretary General 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 Committee provides support, preparing the meetings of the Interterritorial Council and carrying out any functions that the Council delegates to it.

Advisory Committee

Dependent on the Interterritorial Council, this body guarantees social participation in the National Health System by involving trade unions and business organizations.

The Committee is made up of the following members:

- six representatives from the Central Government;
- six representatives from the Autonomous Communities;
- four representatives from Local Administration;
- eight representatives from Business Organizations;
- eight representatives from the most representative National Trade Union Organizations.

Its functions are 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 government that proposes and implements the main government guidelines on health policy, health planning and health care. It also represents the State before international organizations.

It also ensures the functional cohesion of the National Health System, lays down the regulations that define health care service basic and common standards, is responsible for establishing systems to facilitate information exchange and standardisation of the techniques used for the diagnosis and treatment of diseases, and ensures cooperation amongst the various levels of health care management. It also develops information systems, promotes health plans and quality assurance programmes within the National Health System and evaluates the performance of the Spanish health system with respect to other health systems. Both the Directorate-General for the Regulation of Professions, Cohesion and High-level Inspection and the Quality Agency of the National Health System play an essential role in the implementation of these tasks.

The Directorate-General for Advanced Therapies, under which the National Centre for Transplants works, is in charge of coordinating health sciences research, whose outcomes can be later used to conduct research within the National Health System, thus improving the quality of the basic public services provided to the population.

In today's context of total decentralisation of health affairs, with Autonomous Communities determining how health services should be organised or 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 cooperation instrument to facilitate regional initiatives. The only health care management powers it holds are for Ceuta and Melilla, and these are exercised through the National Health Management Institute (INGESA).

The Ministry of Health and Consumer Affairs is also responsible for the coordination of pharmaceutical policy and pharmaceuticals financing, and for the processes of assessment and authorisation of medicines and health products. These tasks are carried out by the Directorate-General for Pharmacy and the Spanish Agency for Medicines and Health Products.

Other basic functions are public health, international health, food safety, and consumer protection policy. The Directorate-General for Public Health and International Health leads health promotion and disease prevention actions, including environmental health and occupational health.

Such preventive actions are conducted in collaboration with the Government Delegation for the National Drugs Plan, in charge of the development of policies for reducing substance abuse and of the implementation of health protection, disease prevention and treatment, rehabilitation programmes and reduction of harms for the health.

The Spanish Food Safety Agency is responsible for guaranteeing maximum safety and for promoting health in connection with food consumption.

Finally, the Ministry plays an important role in the implementation of consumer protection policies through the Directorate-General for Consumer Affairs.

Royal Decree 1133/2008 of 4 June, describing the basic organic structure of the Ministry of Health and Consumer Affairs, stipulates that the Ministry of Health and Consumer Affairs shall also have decision-making power regarding duties of the Carlos III Health Institute in connection with Health and Epidemiological Control, Environmental Health, the National School of Health and the National School of Occupational Medicine, Agency for the Assessment of Health and Hygiene Technologies and all duties pertaining to the National Health System. Therefore, a Joint

Committee shall be created in collaboration with the Ministry of Science and Innovation to assume the necessary coordination activities between the two Ministries.

Addresses





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DE
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www.aesa.msc.es

SPANISH AGENCY FOR MEDICINES AND SANITARY PRODUCTS (AGENCIA ESPAÑOLA DE MEDICAMENTOS Y PRODUCTOS SANITARIOS)
Parque Empresarial "Las Mercedes", edificio 8 – Campezo, 1.
28022 Madrid
Tel: 918 22 21 31
www.agemed.es

NATIONAL INSTITUTE FOR CONSUMER AFFAIRS (INSTITUTO NACIONAL DEL CONSUMO)
Príncipe de Vergara, 54.
28006 Madrid
Tel: 918 22 44 40
www.consumo-inc.es

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Recoletos, 22. 28071 Madrid
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www.gobcantabria.es

CANTABRIAN HEALTH SERVICE
(SERVICIO CÁNTABRO DE SALUD, SCS)
Avda. del Cardenal Herrera Oria, s/n
39011 Santander
Tel.: 942 20 28 23

CASTILLA AND LEON

DEPARTMENT OF HEALTH CARE
(CONSEJERÍA DE SANIDAD)
Paseo de Zorrilla, 1
47007 Valladolid
Tel.: 983 41 36 00
www.jcyl.es

REGIONAL HEALTH MANAGEMENT
(GERENCIA REGIONAL DE LA SALUD)
Paseo de Zorrilla, 1
47007 Valladolid
Tel.: 983 41 36 00

CASTILLA-LA MANCHA

DEPARTMENT OF HEALTH AND WELFARE (CONSEJERÍA DE SALUD
Y BIENESTAR SOCIAL)
Avda. de Francia, 4
45071 Toledo
Tel.: 925 26 70 99
www.jccm.es

CASTILLA-LA MANCHA HEALTH SERVICE (SERVICIO DE SALUD
DE CASTILLA-LA MANCHA, SESCAM)
Huérfanos Cristinos, 5
41071 Toledo
Tel.: 925 27 41 06

CATALONIA

DEPARTMENT OF HEALTH (DEPARTAMENTO DE SALUD)
Travesera de les Corts, 131-159
(Pabelló Ave María)
08028 Barcelona
Tel.: 932 27 29 00
www.gencat.es

CATALAN HEALTH SERVICE (SERVICIO CATALÁN DE SALUD, CATSALUT)
Travessera de les Corts, 131-159
(Edificio Olimpia)
08028 Barcelona
Tel.: 93 403 85 85

COMMUNITY OF VALENCIA

DEPARTMENT OF HEALTH CARE (CONSEJERÍA DE SANIDAD)
Micer Mascó, 31-33
46010 Valencia
Tel.: 963 86 66 00 / 28 00
www.san.gva.es

HEALTH AGENCY OF VALENCIA (AGENCIA VALENCIANA DE SALUD, AVSA)
Micer Mascó, 31-33
46010 Valencia
Tel.: 963 86 66 00
89 Direcciones

EXTREMADURA

DEPARTMENT OF HEALTH AND DEPENDENCE (CONSEJERÍA DE SANIDAD Y DEPENDENCIA)
Adriano, 4
06800 Mérida
Tel.: 924 00 41 00
www.juntaex.es

HEALTH SERVICE OF EXTREMADURA (SERVICIO EXTREMEÑO DE SALUD, SES)
Avda. de las Américas, 1
06800 Mérida
Tel.: 924 38 25 01/02

GALICIA

DEPARTMENT OF HEALTH CARE (CONSEJERÍA DE SANIDAD)
Edif. Admtvo. San Lázaro, s/n
15703 Santiago de Compostela
Tel.: 981 54 27 12
www.sergas.es

GALICIAN HEALTH SERVICE (SERVICIO GALLEGO DE SALUD)
(SERGAS)
Edif. Admtvo. San Lázaro, s/n
15703 Santiago de Compostela
Tel.: 981 54 27 37

MADRID (COMMUNITY OF)

DEPARTMENT OF HEALTH AND CONSUMER AFFAIRS (CONSEJERÍA DE SALUD Y CONSUMO)
Aduana, 29 2ª planta
28013 Madrid
Tel.: 91 586 70 00
www.madrid.org

HEALTH SERVICE OF MADRID (SERVICIO MADRILEÑO DE SALUD, SERMAS)
Plaza Carlos Trías Beltrán, 7
28020 Madrid
Tel.: 91 586 72 27

MURCIA (REGION)

DEPARTMENT OF HEALTH CARE (CONSEJERÍA DE SANIDAD)
Ronda de Levante, 11
30071 Murcia
Tel.: 968 36 61 58
www.murciasalud.es

HEALTH SERVICE OF MURCIA (SERVICIO MURCIANO DE SALUD)
Ronda de Levante, 11
30008 Murcia
Tel.: 968 35 74 11/15

NAVARRA (REGIONAL COMMUNITY OF)

DEPARTMENT OF HEALTH (DEPARTAMENTO DE SALUD):
Amaya, 2
31002 Pamplona
Tel.: 848 42 88 27
www.navarra.es

HEALTH SERVICE OF NAVARRA (SERVICIO NAVARRO DE SALUD, OSASUNBIDEA)
Irunlarrea, 39
31008 Pamplona
Tel.: 848 42 89 02

BASQUE COUNTRY

DEPARTMENT OF HEALTH CARE (DEPARTAMENTO DE SANIDAD)
Donostia-San Sebastián, 1
01010 Vitoria-Gasteiz
Tel.: 945 01 80 00
www.osanet.euskadi.net

BASQUE HEALTH SERVICE
(SERVICIO VASCO DE SALUD, OSAKIDETZA)
Álava, 45
01006 Vitoria-Gasteiz
Tel.: 945 00 60 00

LA RIOJA

HEALTH DEPARTMENT (CONSEJERÍA DE SALUD)
Bretón de los herreros, 33.
26071 Logroño
Tel.: 941 29 13 96
www.larioja.org

HEALTH SERVICE OF LA RIOJA (SERVICIO RIOJANO DE SALUD)
Piqueras, 98
26006 Logroño
Tel.: 941 29 76 60

CEUTA

DEPARTMENT OF HEALTH CARE AND SOCIAL WELFARE (CONSEJERÍA DE SANIDAD Y BIENESTAR SOCIAL)
Plaza de San Amaro, 12
51071 Ceuta
Tel.: 856 20 06 80
http://web.ceuta.es:8080/sanidad/principal/

DELEGATION OF THE NATIONAL HEALTH MANAGEMENT INSTITUTE (DELEGACIÓN INSTITUTO NACIONAL DE GESTIÓN SANITARIA, INGESA)
Avda. Marina Española, 23,1º
51001 Ceuta
Tel.: 956 51 49 29

Cities with the Statute of Autonomy

MELILLA

DEPARTMENT OF HEALTH CARE AND SOCIAL WELFARE (CONSEJERÍA DE SANIDAD Y BIENESTAR SOCIAL)

Ramírez de Arellano, 10 3ª planta
52001 Melilla
Tel.: 952 69 93 01
www.melilla.es

DELEGATION OF THE NATIONAL HEALTH MANAGEMENT INSTITUTE (DELEGACIÓN INSTITUTO NACIONAL DE GESTIÓN SANITARIA, INGESA)

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