



State of Health in the EU

Spain

Country Health Profile 2023

The Country Health Profile Series

The *State of Health in the EU's Country Health Profiles* provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and voluntary exchange. For the first time since the series began, the 2023 edition of the Country Health Profiles introduces a special section dedicated to mental health.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

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Data and information sources

The data and information in the *Country Health Profiles* are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys

and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2023, based on data that were accessible as of the first half of September 2023.

Demographic and socioeconomic context in Spain, 2022

Demographic factors	Spain	EU
Population size	47 432 893	446 735 291
Share of population over age 65 (%)	20.1	21.1
Fertility rate ¹ (2021)	1.2	1.5
Socioeconomic factors		
GDP per capita (EUR PPP ²)	29 808	35 219
Relative poverty rate ³ (%)	20.4	16.5
Unemployment rate (%)	12.9	6.2

1. Number of children born per woman aged 15-49. 2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries. 3. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

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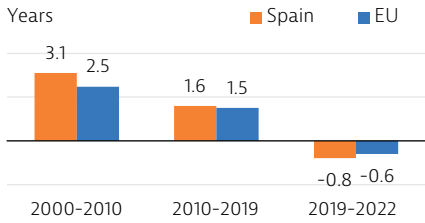
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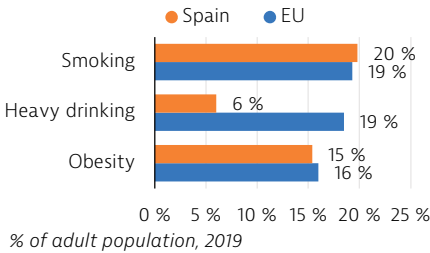
1 Highlights



Changes in life expectancy at birth

Health Status

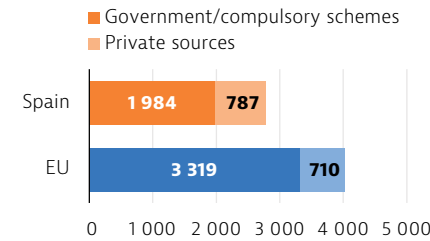
Spain has the highest life expectancy in the EU, at 83.2 years in 2022. The country experienced a temporary, steep decrease in life expectancy between 2019 and 2020 due to COVID-19 deaths before levels rebounded in subsequent years. Overall, life expectancy declined in Spain by 0.8 years over the pandemic period, slightly more than the EU average.



% of adult population, 2019

Risk Factors

The proportion of adults smoking daily remains higher than in most EU countries. Alcohol consumption has increased since 2010, but heavy drinking is only reported by 6 % of the population. Spain has a much lower percentage of deaths attributed to unhealthy diet than the EU average, but overweight and obesity among adolescents is a growing concern.



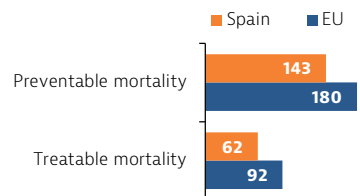
EUR PPP per capita, 2021

Health System

While Spain's health expenditure – at EUR 2 771 per capita – falls below the EU average, the health system provides universal health coverage. Public expenditure is the primary source of financing, but levels of out-of-pocket spending (21 %) are higher than the EU average (15 %). The system is decentralised, and regional health authorities have jurisdiction over operational planning, resource allocation, and purchasing and provision decisions.

Effectiveness

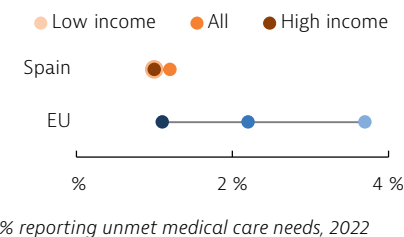
Spain has low rates of preventable mortality and has implemented initiatives to minimise risk factors. Cancer screening and vaccination rates are generally above the EU averages. Spain's low rates of hospital admissions for congestive heart failure and diabetes reflect some well-functioning primary care and integrated care systems in the country. However, regional inequalities remain a challenge.



Age-standardised mortality rate per 100 000 population, 2020

Accessibility

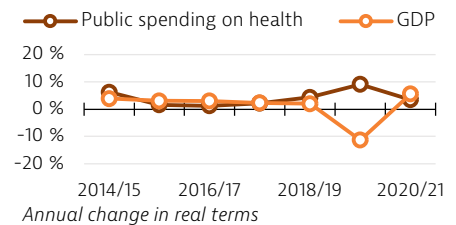
Access to healthcare is generally good. Although unmet needs rose during the pandemic, there are signs of improvement. Compared to EU averages, unmet needs are low for medical care. They are higher for dental care, although efforts have been made to expand oral care services. Out-of-pocket spending remains relatively high, but exemptions protect households from catastrophic spending.



% reporting unmet medical care needs, 2022

Resilience

Public spending on health has increased since 2014/15 and continued to do so throughout the pandemic, despite a sharp reduction in GDP in 2020. Spain's Recovery and Resilience Plan invests in strengthening health promotion, boosting high-tech equipment and the digital transformation of healthcare. Measures are also being taken to address health workforce shortages.



Annual change in real terms

Mental Health

The burden of mental health disorders is high in Spain. More than one in six people experienced a mental health disorder in 2019. Those in the lowest income quintile are more likely to report depression. The National Health Service provides mental healthcare, but unmet needs are reported. A Mental Health Strategy 2022-26 and a Mental Health Action Plan 2022-24 have been issued to improve services for people requiring mental health assistance and their families, and to promote community care.

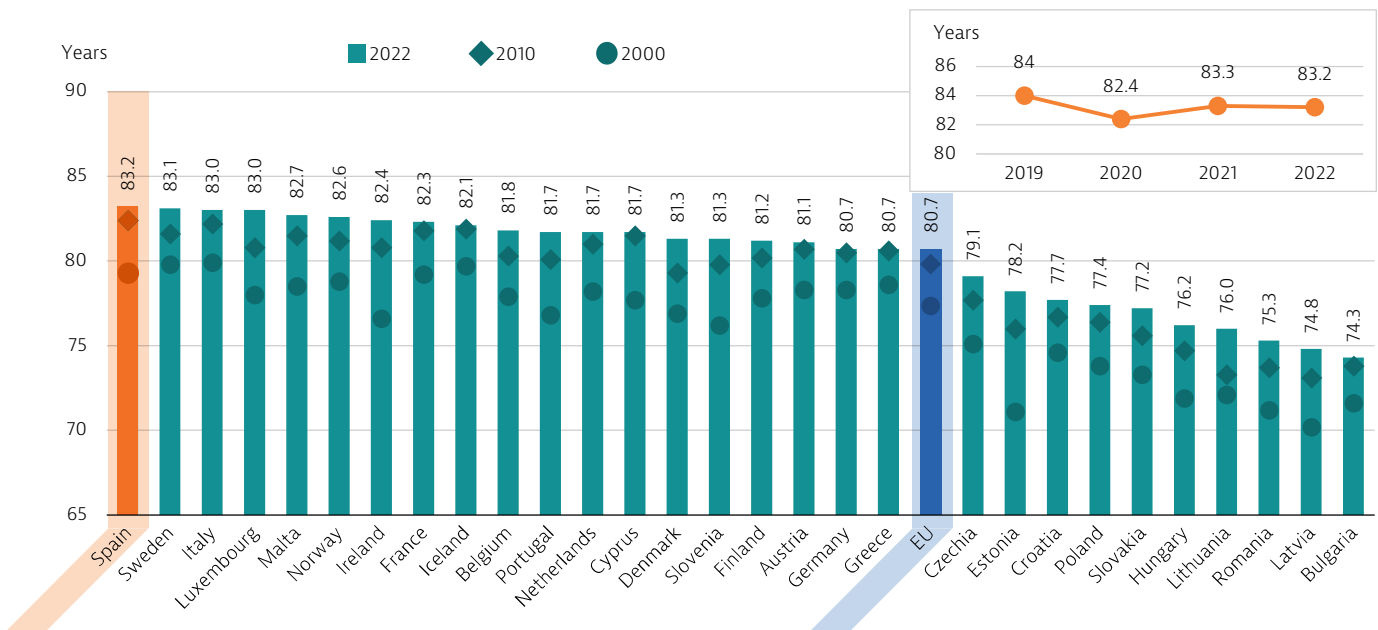
2 Health in Spain

Spain had the highest life expectancy in the EU in 2022

Life expectancy at birth in Spain was 83.2 years in 2022, over 2 years above the EU average (Figure 1). In 2010, Spain already had the highest life expectancy in the EU, and it continued to increase at a slightly faster rate than most other EU countries over the next decade. By 2019, life expectancy reached an all-time high of 84 years, then fell temporarily by more than 1.5 years in 2020 – an above-average decline reflecting the large

number of deaths that occurred in Spain during the first year of the pandemic. Life expectancy in Spain rebounded in 2021, while the EU average continued to decline, and stabilised at around the same level in 2022. The gender gap in life expectancy in Spain is similar to the EU average: women tend to live 5.5 years longer than men. The COVID-19 pandemic had a greater impact on men's mortality rates, resulting in a widening of the life expectancy gender gap between 2019 and 2022.

Figure 1. Life expectancy in Spain is the highest in the EU, despite a sharp decrease in 2020



Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refer to 2021. Source: Eurostat Database.

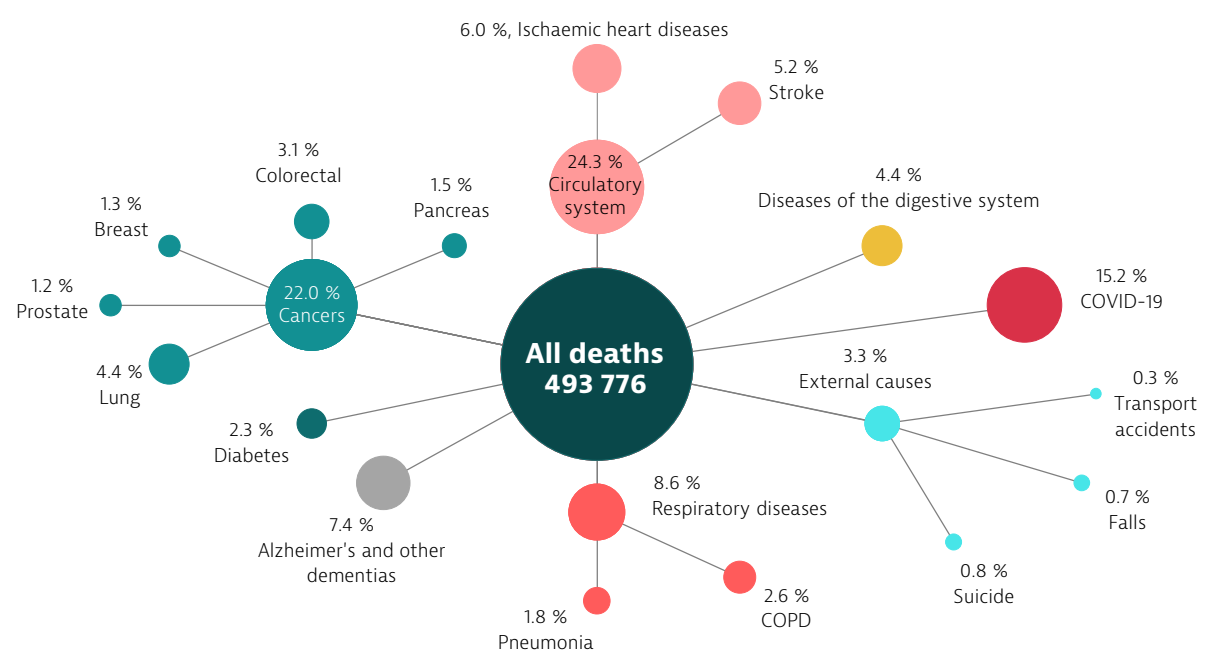
Differences in life expectancy across socioeconomic groups are relatively small

Disparities in life expectancy also exist between groups with different socioeconomic status (such as by education or income level). In Spain, the difference in life expectancy between men with the highest and lowest levels of education at the age of 30 was approximately 4 years in 2020; it was 3 years for women. These differences – which are small relative to those observed in other EU countries – are the result of a complex interplay of environmental, social and economic factors. They are at least partly explained by differences in the prevalence of behavioural risk factors, such as smoking and alcohol use, across socioeconomic groups.

COVID-19 was one of the leading causes of death in Spain in 2020

Over the last decade, Spain's life expectancy gains were mostly driven by decreases in mortality from circulatory diseases and cancer. However, circulatory diseases remained the leading causes of death in 2020, accounting for over 24 % of all deaths, with cancers accounting for 22 %. Among cancers, lung cancer was the main cause of mortality (Figure 2). COVID-19 was a main driver of mortality in Spain during 2020, accounting for nearly 75 000 deaths, or about 15.2 % deaths – the second highest proportion in the EU after Belgium. Most of these deaths (52 %) occurred among individuals aged 85 and over (the EU average was 43 %).

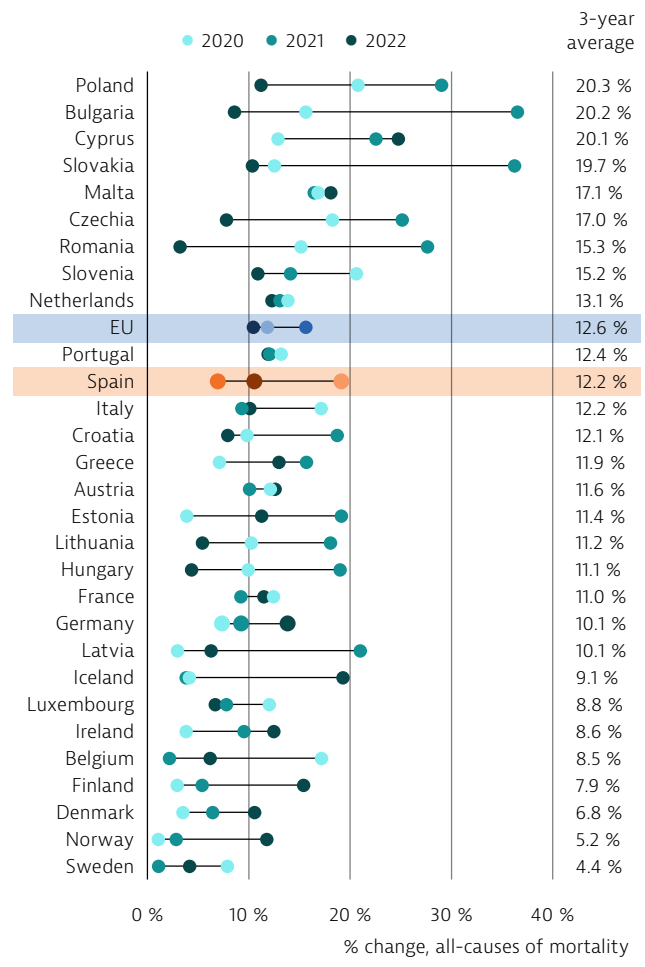
Figure 2. COVID-19 accounted for one in every six deaths in Spain in 2020



Note: COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat Database (data refer to 2020).

The broader indicator of (all-cause) excess mortality – defined as deaths from all causes above what would normally be expected based on previous years – indicates that excess deaths in 2020, 2021 and 2022 were on average 12.2 % higher in Spain than in the previous five years (2015-19). This was slightly below the EU average (12.6 %) (Figure 3). In Spain, after reaching its peak in 2020, excess mortality declined significantly in 2021, but surged again in 2022. This increase in excess mortality occurred while the number of year-on-year confirmed COVID-19 deaths decreased from 2020 to 2022. This unexpected development can be explained in part by the high number of deaths resulting from the severe heatwave that struck the country in summer 2022 (CIBERESP, 2022).

Figure 3. Excess mortality in Spain peaked at 19 % in the first year of the COVID-19 pandemic

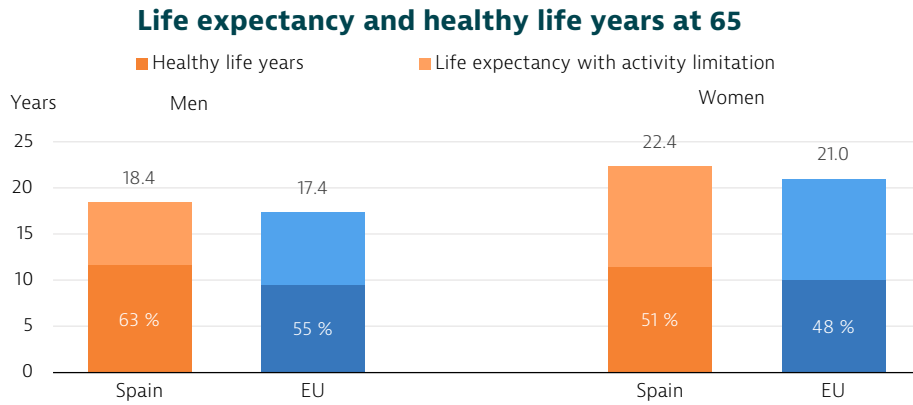


Note: Excess mortality is defined as the number of deaths from all causes exceeding the average annual number of deaths in the five years preceding the pandemic (2015-19).
Source: OECD Health Statistics based on Eurostat mortality data.

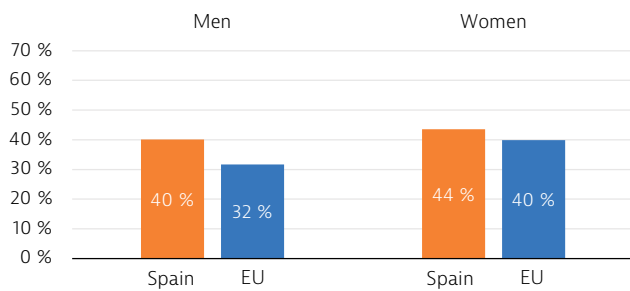
Older people in Spain live healthier lives free from disability compared to EU averages

Spain's population aged 65 and older rose from 16.5 % in 2000 to 20 % in 2020 – a slightly lower share than the EU average (21 %). This proportion is projected to increase to 33 % by 2050. In 2020, 65-year-old women in Spain could expect to live a further 22.4 years (about 1.4 years above the EU average), while men could expect to live a further 18.4 years (1 year above the EU average). In addition to enjoying life expectancies above the EU averages, both men and women in Spain can expect to spend a greater proportion of their lives after 65 years free from disabilities compared to EU averages (Figure 4). However, as in other countries,

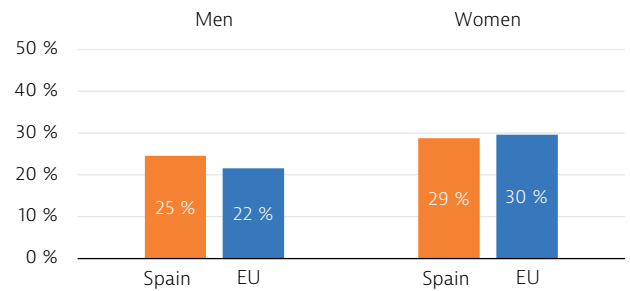
Figure 4. Older Spaniards tend to lead longer and healthier lives than their EU counterparts



Proportion of people aged 65 and over with multiple chronic conditions



Limitations in daily activities among people aged 65 and over



Source: Eurostat Database (for life expectancy and healthy life years) and SHARE survey wave 8 (for chronic conditions and limitations in daily activities). Data refer to 2020.

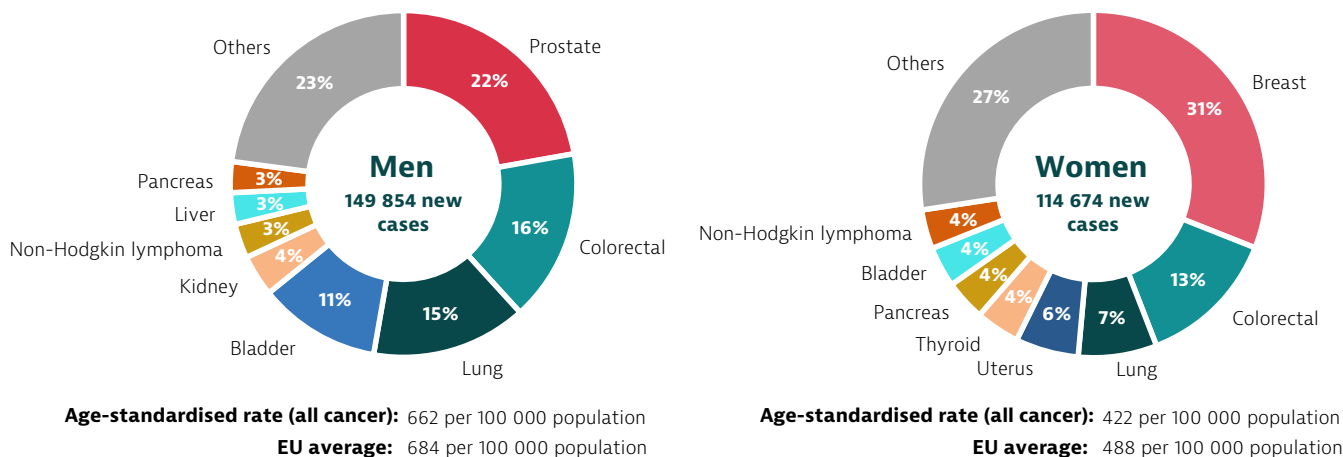
Spanish women aged 65 and over are more likely than men to report multiple chronic conditions and limitations in daily activities, so the gender gap in healthy life years is almost nil.

In Spain, 40 % of men and 44 % of women aged 65 and over report having multiple chronic conditions, which is higher than the EU averages of 32 % (men) and 40 % (women). Older people in Spain also report a slightly higher prevalence of disabilities resulting in limitations in their basic activities of daily living compared to the EU average, based on the SHARE survey.

The burden of cancer is higher for men than for women in Spain

According to estimates from the Joint Research Centre based on incidence trends from previous years, around 264 000 new cases of cancer were expected to be diagnosed in Spain in 2022. Figure 5 shows that the main cancer sites among men were expected to be prostate, colorectal and lung, while for women this was breast cancer, followed by colorectal and lung cancer. The country’s National Plan for Cancer was updated in March 2021, and aims to improve the quality of cancer care and the support provided to patients’ families (see Sections 5.1 and 5.3).

Figure 5. Men in Spain bear a greater burden of cancer than women



Notes: Non-melanoma skin cancer is excluded; uterus cancer does not include cancer of the cervix.
Source: ECIS – European Cancer Information System.

3 Risk factors

Behavioural and environmental risk factors account for one third of all deaths

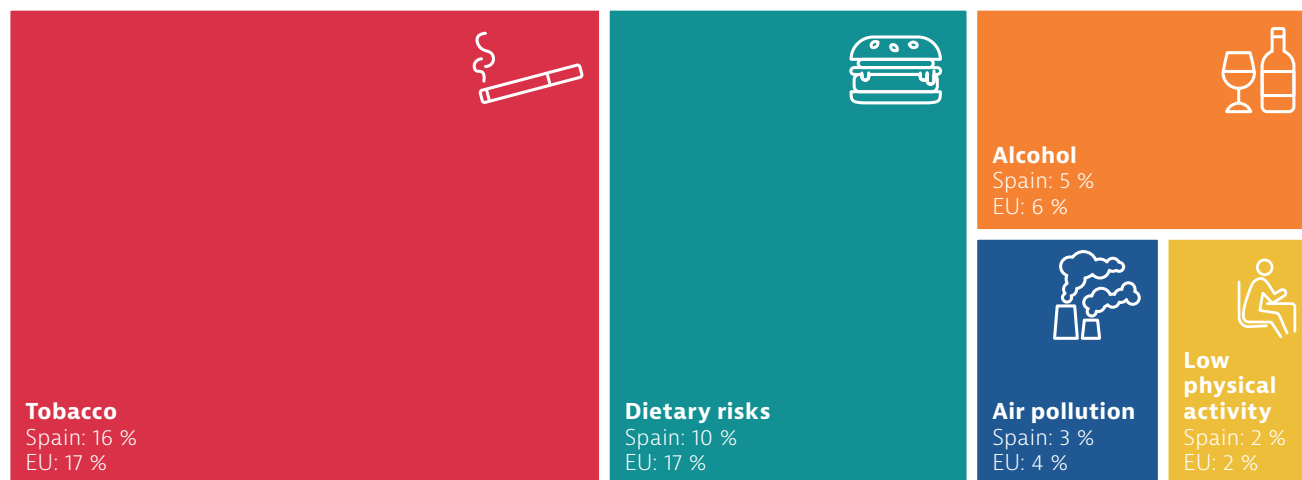
About one third (31 %) of all deaths in Spain in 2019 can be attributed to behavioural risk factors, including tobacco smoking, dietary risks, alcohol consumption and low physical activity – a lower proportion than the EU average (39 %). This lower overall share is mostly thanks to a much lower percentage of deaths attributed to dietary risks (Figure 6). Air pollution in the form of fine particulate matter (PM_{2.5}) and ozone exposure alone

accounted for a notable number of deaths, at more than 11 000 deaths in 2019.

Smoking rates among adults in Spain remain high

Despite a gradual decrease in the number of adult smokers in Spain over the past decade, the smoking rate remains relatively high, with about one in five adults smoking daily in 2020 (Figure 7). As in all other EU countries, more men than women are smokers in Spain, but the gender gap in the

Figure 6. Deaths attributed to dietary risks are much lower than the EU average in Spain



Notes: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor. Dietary risks include 14 components, such as low fruit and vegetable intake, and high sugar-sweetened beverages consumption. Air pollution refers to exposure to fine particulate matter (PM_{2.5}) and ozone.
Sources: IHME (2020), Global Health Data Exchange (estimates refer to 2019).

prevalence of smoking is comparatively smaller, with 23 % of men and 16.5 % of women reporting daily smoking. Among 15-year-olds, 15 % reported smoking at least occasionally in 2022, which is lower than the EU average (17 %). In 2021, the government implemented several public health measures to prevent the uptake of smoking and use of tobacco products in the population (see Section 5.1).

Alcohol consumption has increased over the past decade, but the heavy drinking rate is low

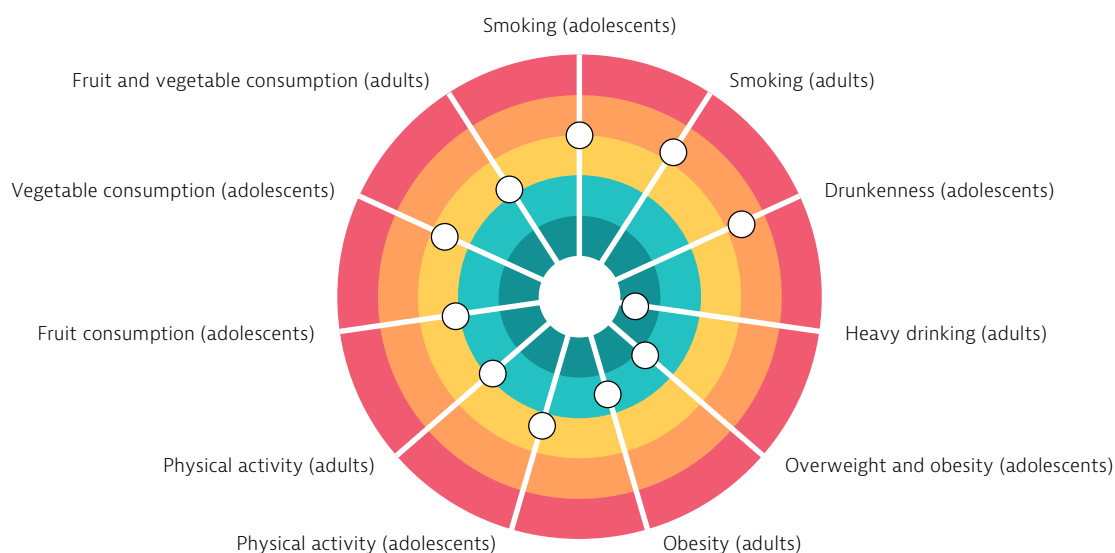
Alcohol consumption among adults in Spain increased between 2010 and 2021 and is now higher than in many EU countries, and slightly above the EU average. However, only about 6 % of adults reported regularly engaging in heavy drinking in 2019 – the third lowest rate among all EU countries and considerably lower than the EU average (18.5 %).¹ Nearly one in four (24 %) 15-year-olds

reported having been drunk more than once in their life in 2022, a proportion above the EU average (18 %).

Overweight and obesity among adolescents is a growing concern in Spain

According to self-reported data from 2019, 15.4 % of Spanish adults were classified as obese (the EU average is 16 %). The change in self-reported overweight and obesity among 15-year-olds increased from 15.5 % in 2009-10 to 18.6 % in 2021-22, but remained below the EU average of 21.2 %. Other surveys show decreasing trends, so evidence is mixed. Even though Spanish boys report being more physically active, a greater proportion of boys are overweight or obese (23.3 %) than girls (14 %) aged 15. Unhealthy dietary habits may partly explain this trend, with low fruit and vegetable consumption reported among adolescents in 2022.

Figure 7. Reducing adult smoking prevalence and increasing vegetable consumption among adolescents could provide health benefits



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.

Sources: OECD calculations based on HBSC survey 2022 for adolescent indicators; and EHIS 2019 for adults' indicators.

Social inequality contributes to health risks

Many behavioural risk factors in Spain are more common among people with lower education or income levels. In 2019, 21 % of adults with a low level of education smoked daily, compared to 16 % of those with a high level of education. Similarly, the obesity rate among adults was twice as high for those with a low level of education (20 % compared

to 10 %). Education-related differences can also be seen in the rates of consumption of fruits and vegetables. This higher prevalence of risk factors among the least educated people contributes to inequalities in health and life expectancy.

¹ Heavy drinking is defined as consuming six or more alcoholic drinks on a single occasion for adults.

4 The health system

Spain's decentralised health system provides universal health coverage

The Spanish health system is characterised by three statutory subsystems that coexist: the universal national health system (Sistema Nacional de Salud, SNS); mutual funds catering for civil servants, the armed forces and the judiciary (MUFACE, MUGEJU and ISFAS); and the mutualities focused on assistance for accidents and occupational diseases, known as “Collaborating Mutualities with the Social Security”.

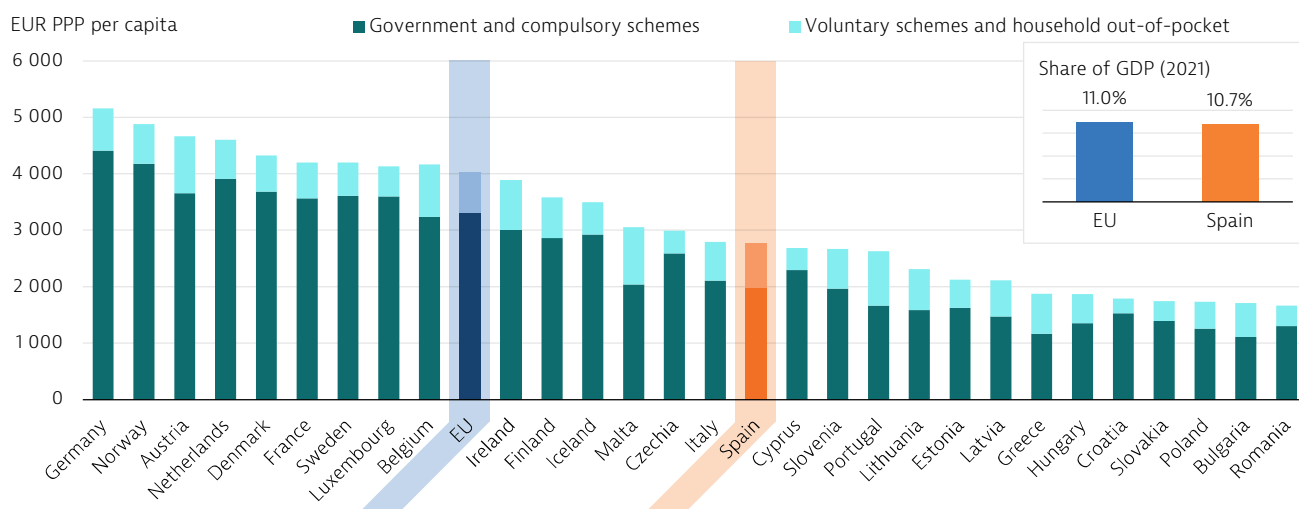
Spain's national health system (SNS) is primarily financed through general taxation and provides universal coverage of a comprehensive benefits package to its residents – including citizens and documented and undocumented migrants. The Ministry of Health is responsible for national health planning and regulation, while the 17 regional health authorities have jurisdiction over regional operational planning, resource allocation, purchasing and provision decisions. High-level coordination occurs through the SNS Interterritorial Council, which comprises the national Minister of Health and the 17 regional ministers of health. Regional variations in coverage are limited, although there are regional disparities in the allocation of resources. Health services are delivered by a mix of public and private providers, with primary care doctors playing a gatekeeping role to specialist and hospital care.

Health expenditure reached new highs in Spain during the COVID-19 pandemic

Spain's expenditure on health was 10.7 % of GDP in 2021, close to the EU average (11.0 %). Even before COVID-19, Spain's per capita spending on health had increased steadily. In 2021, it reached EUR 2 771, which was nearly one third below the EU average of EUR 4 028 (Figure 8). The share of public financing for health amounts to 71.6 %, well below the EU average of 81.1 %. Out-of-pocket (OOP) spending on health accounted for over one fifth of the total health spending (21.0 %), which is above the EU average of 14.5 % in 2021. However, financial protection in Spain is high and the incidence of catastrophic OOP spending is low compared to other EU countries due to Spain's strong redistribution arrangements (Urbanos-Garrido et al., 2021) (see Section 5.2).

Public funding for health stems from general taxes and is managed by the regions (known as autonomous communities (ACs)). Private spending on health largely arises from OOP payments on dental care, optical care, medicines and medical devices outside of hospitals, although there are exemptions and caps for medicines. In recent years, there has been a steady increase of both supplementary voluntary health insurance (VHI), which provides faster access to treatment, and complementary VHI, which provides coverage of services not included in the national benefits package (such as dental care). However, the share of the population with VHI varies widely across ACs.

Figure 8. Overall health spending in Spain is below the EU average



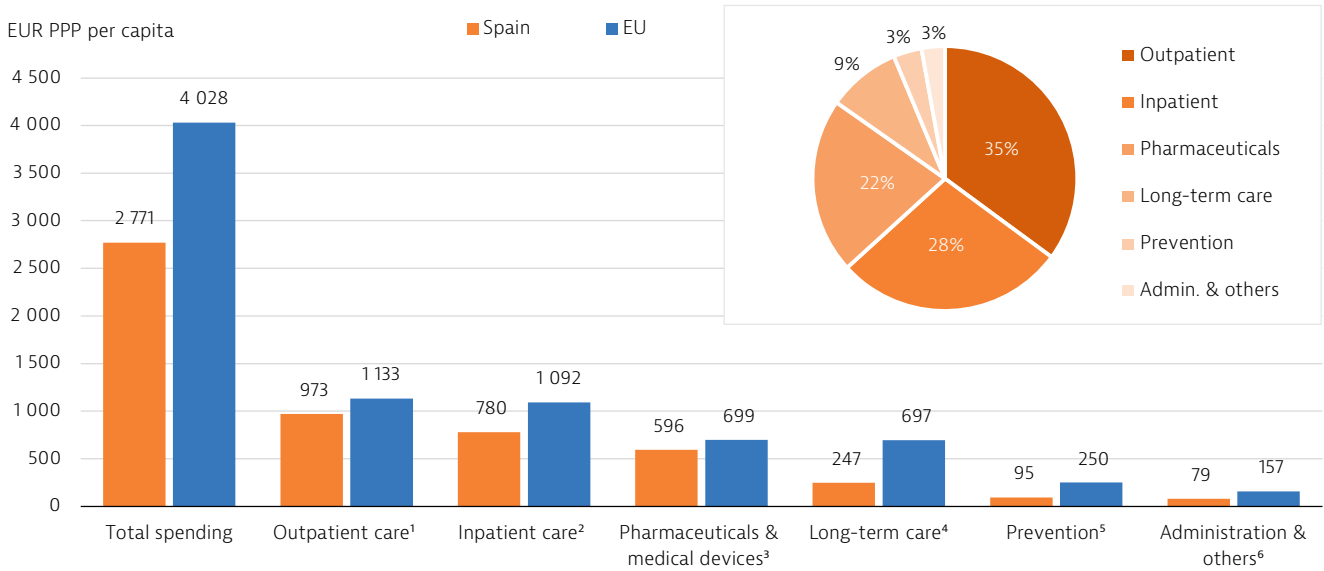
Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Outpatient and inpatient care take up the bulk of health spending

According to 2021 data, nearly two thirds of Spain's healthcare spending is devoted to outpatient care (35 %) and inpatient care (28 %), while pharmaceuticals and medical devices take up another 22 %. The large share of spending on outpatient care supports Spain's primary care services. This may increase further as efforts

are underway to implement Spain's Primary and Community Care Action Plan 2022-23 (see Section 5.3). Conversely, as proportions of current health expenditure Spanish spending on long-term care (9 %) and prevention (3 %) are low compared to the EU averages - 16 % and 6 % respectively. Given its lower health expenditure overall, Spain spends less per capita than the EU averages across all categories of healthcare (Figure 9).

Figure 9. Spanish spending across all healthcare categories is lower than EU averages



Notes: 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes only spending for organised prevention programmes; 6. Includes health system governance and administration and other spending. The EU average is weighted.
Sources: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

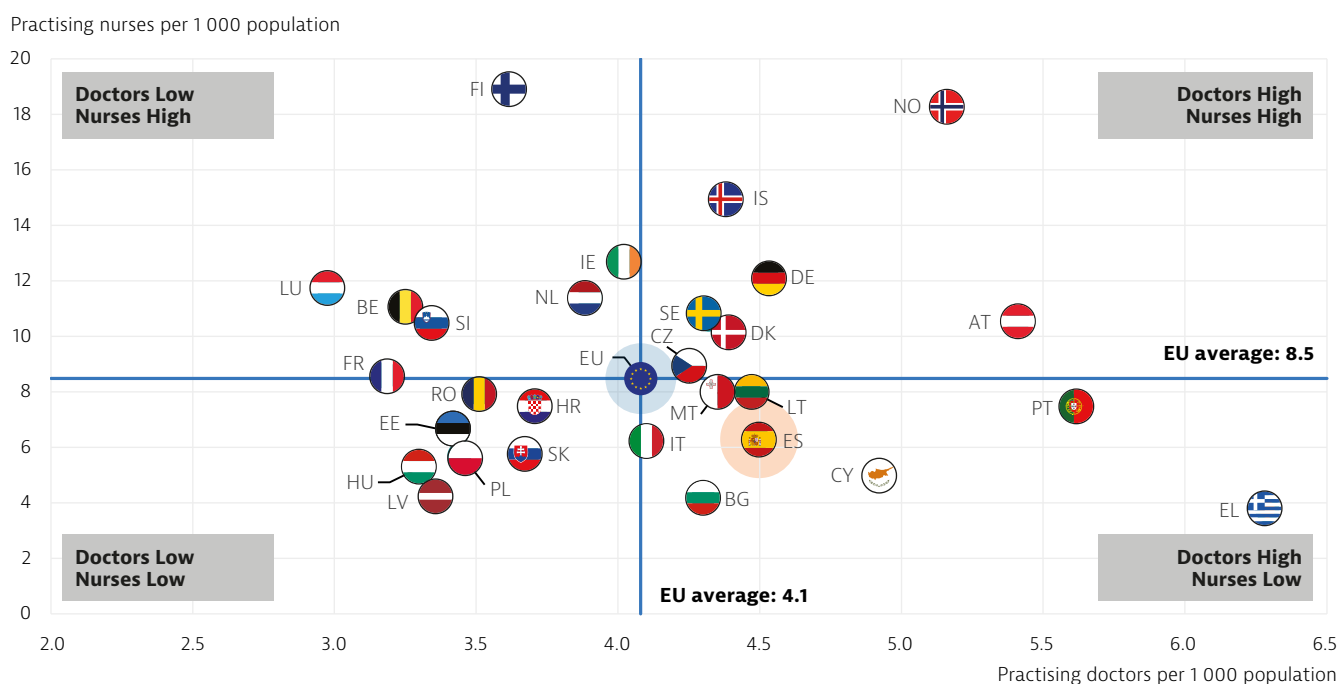
The density of hospital beds in Spain has remained relatively stable

For nearly a decade (between 2012 and 2021), the number of hospital beds per 1 000 population in Spain stagnated at 3.0. While this is a reduction from the 3.7 per 1 000 population in 2000, it is a much smaller decrease than that experienced by other countries. This is partially because baseline rates in 2000 were already lower than that in most EU countries (compared to 4.7 per 1 000 in Italy, 8.0 per 1 000 in France and 9.1 per 1 000 in Germany). This overall consistency of approximately 3-4 hospital beds per 1 000 population reflects a mixture of increases (geriatric beds for older people), decreases (medical, surgical and psychiatric beds) and stability in the numbers of hospital beds (curative beds) within specific settings.

Despite recent increases, nursing shortages persist

The estimated number of physicians in Spain was 4.5 per 1 000 population in 2021, which is higher than the EU average of 4.1 per 1 000 (Figure 10). While the share of physicians who practise as general practitioners (GPs) increased slightly between 2020 and 2021 (from 20 % to 21 %), this remains lower than in 2018, when the share peaked at 22.2 %. The number of nurses in Spain has also been rising but, at 6.3 nurses per 1 000 population, remains below the EU average of 8.5 per 1 000 (see Section 5.2). However, the number of nurses for Spain counted within statistics does not include nurse assistants, who perform similar tasks to nurses in other European countries.

Figure 10. Spain has more doctors than the EU average, but nurse numbers are lower



Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals. In Spain, the number of nurses does not include nurse assistants although they perform similar tasks to nurses in Europe. Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

5 Performance of the health system

5.1 Effectiveness

Spain’s mortality rate from preventable and treatable causes combined is one of the lowest in the EU

In the first year of the pandemic, with a rate of 143 deaths per 100 000 population from preventable causes and 62 deaths per 100 000 population for treatable causes (i.e. those that should not have occurred in the presence of timely and effective healthcare), Spain had among the lowest rates of avoidable mortality in the EU (Figure 11). Rates of preventable deaths had been declining incrementally in the years prior to the pandemic. However, as in most countries in Europe, deaths from COVID-19 led preventable mortality rates to rise significantly in Spain – from 110 deaths per 100 000 population in 2019 to 143 deaths per 100 000 population in 2020, an increase of 30 %. Nevertheless, lower rates of preventable mortality in Spain may be related in part to public policies and initiatives to minimise health risk factors (Box 1).

Progress in reducing mortality from treatable causes is sustained

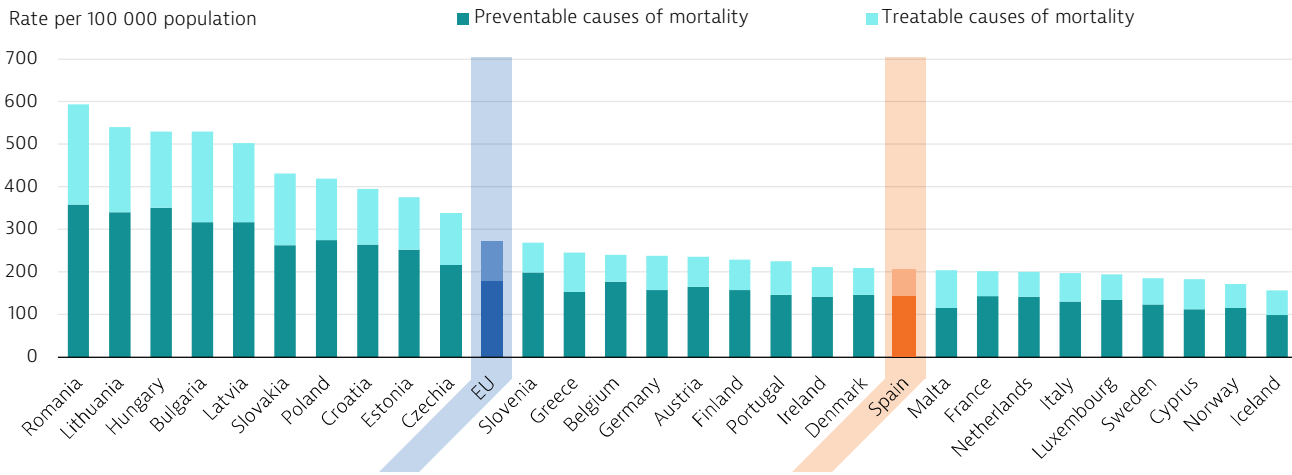
Rates of mortality from treatable causes have declined in the last decade, even during the

COVID-19 pandemic when many health services were interrupted (see Section 5.3). This partially reflects the successful implementation of specific plans to mitigate the effect of the pandemic on high-priority patients from June 2020. Moreover, the sustained decline is linked in part to relatively low mortality rates from, and incidence of, stroke, breast cancer and ischaemic heart disease.

Influenza vaccination rates among older people in Spain are consistently above EU averages

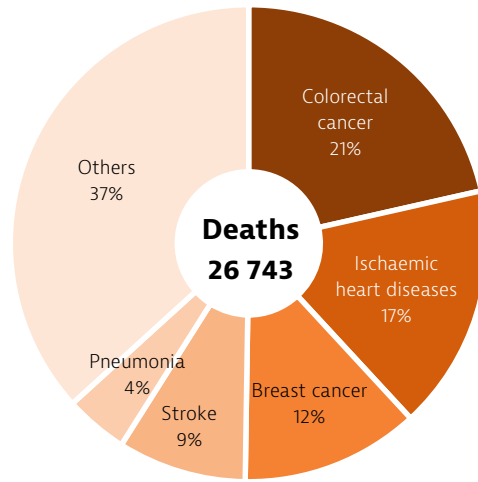
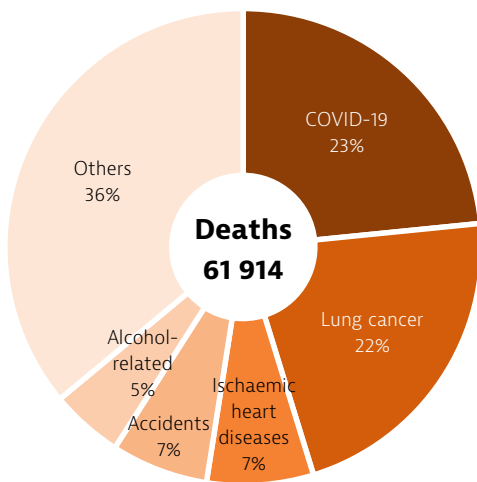
Influenza immunisation rates for those aged 65 and over in Spain have consistently been above EU averages, with some fluctuations in vaccination rates over time. During the COVID-19 pandemic, the influenza immunisation rate among older people rose from 54.7 % in 2019/20 to 67.7 % in 2020/21, and rose again the following year to 69.5 %. Increases in influenza vaccination rates are partly related to national campaigns in autumn 2020. Meanwhile, the human papillomavirus immunisation rate among 15-year-old girls has risen since 2020 (reaching 86 % in 2022), and is above the EU average (63.4 %).

Figure 11. Spain has some of the lowest rates of avoidable mortality in the EU



Preventable causes of mortality

Treatable causes of mortality



Spain

Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death. Source: Eurostat Database (data refer to 2020).

Box 1. Selected examples of recent policies to address health risk factors in Spain

Amendment to Law on Traffic Circulation of Motor Vehicles and Safety (2021): This represents further efforts to reduce road traffic accidents and sets a target for reductions by the end of the decade.

Introduction of excise tax on sugar-sweetened beverages (2021): The implementation of this tax reduced the consumption of sugar-sweetened beverages among lower-income households.

Introduction of Nutri-score food labelling system (2021): Some companies in the food industry utilise the optional Nutri-score food labelling system which indicates a grade corresponding to the healthfulness of a given food product.

National Strategic Plan for the Reduction of Childhood Obesity 2022-30: A collaborative, intersectoral plan has been developed to provide a roadmap to reduce child and adolescent overweight and obesity in Spain by 25 % by 2030.

Public Health Strategy 2022: This provides a common strategy and priority actions to strengthen public health across all regions.

Strategic Primary Care Framework (2019) and the Primary and Community Care Action Plan 2022-23: Spain has mobilised over EUR 750 million for activities to provide comprehensive approaches, funding, organisation and stakeholder participation to address the most frequent health issues. They have also been used for the improvement of infrastructure and the purchase of equipment in primary healthcare centres (Infrastructure improvement plan in Primary Care).

Cervical and breast cancer screening in Spain were disrupted by COVID-19, but rates remained above EU averages

Population-based screening is incorporated into the SNS portfolio of services for breast, cervical and colorectal cancers. Rates of women aged 50-69 screened for breast cancer in the last two years fell from 81.5 % in 2017 to 73.8 % in 2020. Similarly, rates of women aged 20-69 who were screened for cervical cancer in the previous 24 months fell from 70.0 % to 68.4 %. While initiatives implemented since the early 2000s have aimed to improve cancer care, rates of colorectal cancer screening remain below EU averages. Inequalities exist in cancer screening across different income levels. Fewer Spanish women aged 20-69 in the lowest income quintile (49.2 %) were screened for cervical cancer than those in the highest quintile (65.3 %) in 2019. In 2021, Spain updated its 10-year National Plan for Cancer to build on, and align with, Europe's Beating Cancer Plan, in an effort to improve the quality of cancer care for patients and support for their families.

Spain has some of the lowest rates of hospital admissions for congestive heart failure and diabetes

Spain's rates of avoidable hospital admissions are among the lowest in the EU – partly due to its low admission rates for congestive heart failure and diabetes. While Spain's aggregate admission rate for ambulatory care-sensitive conditions was comparable to the EU average in 2019, rates for diabetes have persistently stayed lower than the EU average over the past decade (Figure 12). These low rates are partially attributable to strengths in Spain's primary care system, and the regional

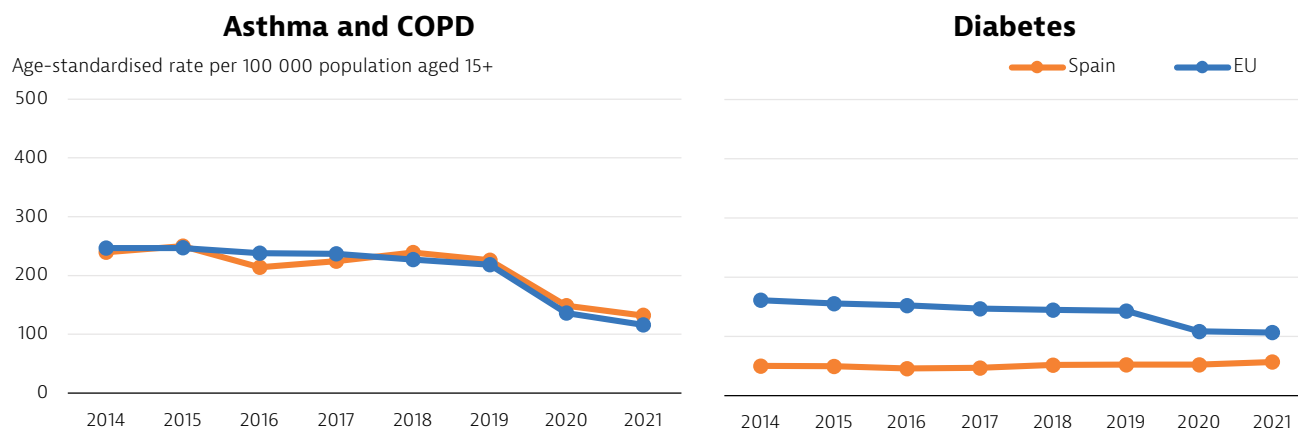
structural and organisational changes that have taken place to enhance integrated care (e.g. the creation of the Integrated Healthcare Organisation in the Basque Country and the healthcare management areas in Andalusia and Aragon, which jointly manage primary and hospital care). While challenges and disparities in the primary care system remain, the Primary and Community Care Action Plan 2022 has established goals to improve primary care across all Spanish ACs (see Box 1).

The large decline in hospital admissions for asthma and chronic obstructive pulmonary disease (COPD) observed in 2020 and 2021 should be interpreted in the context of the disruption caused by COVID-19, which severely affected the capacity of hospitals to provide acute care, and modified patients' healthcare-seeking behaviour (see Section 5.3). However, early deployment of primary care virtual visits – phone calls mainly – may have played a role in remote COPD-asthma treatments, thus reducing the need for A&E visits.

Spain's 30-day mortality rates after hospital admission are lower than EU averages for certain conditions

In 2021, Spain's 30-day mortality rate after admission to hospital was 7 per 100 patients for acute myocardial infarction (AMI) and 10.2 per 100 patients for ischaemic stroke. These rates are lower than the EU averages of 10.1 per 100 patients (AMI) and 14.6 per 100 patients (stroke). Both these mortality rates had been trending downwards since 2000, suggesting continuous quality improvements in acute care in Spanish hospitals.

Figure 12. The hospitalisation rate for asthma and chronic obstructive pulmonary disease in Spain is similar to the EU average, but much lower for diabetes



Note: Admission rates are not adjusted for differences in disease prevalence across countries. Source: OECD Health Statistics 2023.

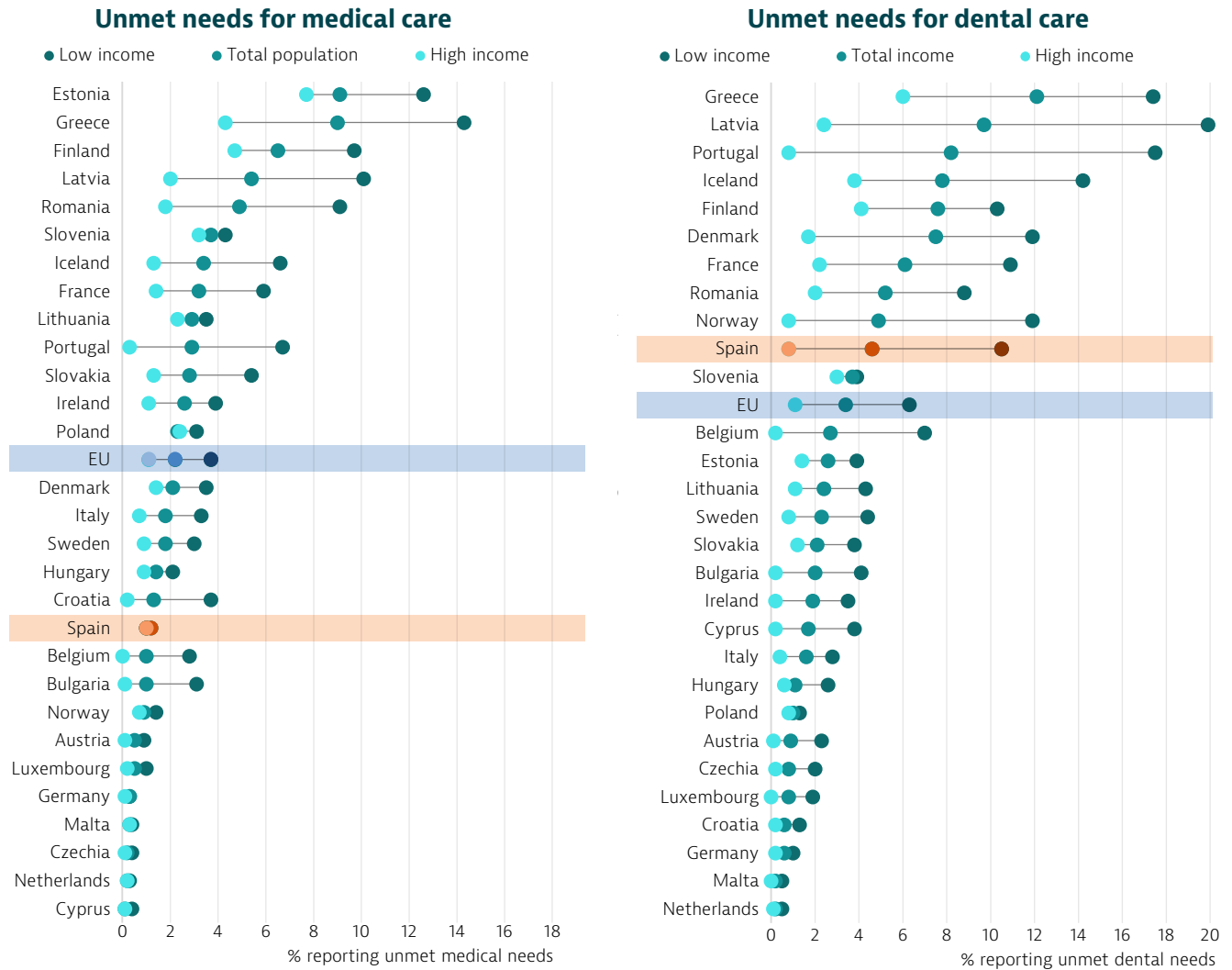
5.2 Accessibility

Unmet medical needs rose during the second year of the pandemic but remained relatively low, except for dental care

In 2022, 1.2 % of the Spanish population reported unmet needs for medical examinations due to either costs, distance or waiting times (the EU average was 2.2 %), with no difference in unmet needs between people in the highest and lowest income quintiles (Figure 13). While the overall

rate of unmet needs for dental care has declined over time, in 2022, 4.6 % of the Spanish population reported forgoing dental care (the EU average was 3.4 %). The rate was much greater among those in the lowest income quintile (10.5 %) than among those in the highest (0.8 %).

Figure 13. The gap in unmet needs, although negligible in medical care, remains high for dental care



Notes: Data refer to unmet needs for a medical or dental examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.
 Source: Eurostat Database, based on EU-SILC (data refer to 2022, except Slovakia and Norway (2020) and Iceland (2018)).

The COVID-19 pandemic and the related infection containment measures limited access to health services in 2021, but there are indications that some unmet needs have reduced since then. A Eurofound survey on unmet needs for healthcare during the pandemic found that 23 % of the

Spanish population reported having forgone a needed medical examination or treatment in spring 2021 compared to 17 % across the EU; and by 2022, the rates were 14 % in Spain and 18 % in the EU (Eurofound, 2021, 2022).²

² The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

Free access and financial solidarity are core principles of healthcare coverage in Spain

Population coverage is universal (the SNS covers 100 % of the population who have legal residence) and is based on the principles of free access and financial solidarity. These principles are also the basis for the strong redistributive effect of the welfare state, the high level of financial protection, and exemptions for copayment for those with low incomes. Legislation passed in 2018 restored access to services for migrants; access had been suspended since 2012 when coverage was based on social security status. Ukrainian nationals who have been displaced due to the war have similar health benefits to other Spanish residents (for example, access to healthcare is free except for pharmaceutical prescriptions, where Ukrainian beneficiaries have a 40 % copayment).

The package of healthcare services is comprehensive, but coverage for dental care and therapeutic appliances is limited

The benefits package is broad and provides a comprehensive package of primary healthcare benefits (including health promotion and prevention activities, physiotherapy, maternal and childcare, chronic care management, mental healthcare, palliative care, medical counselling, basic dental health services) and specialised healthcare services, including diagnostics, which are offered in outpatient, inpatient and emergency settings. Although there have been improvements in recent years, dental coverage is still limited and remains well below the EU average. Optical care, including therapeutic appliances such as glasses, falls outside public coverage.

Out-of-pocket spending in Spain remains high, but exemptions protect households from catastrophic spending

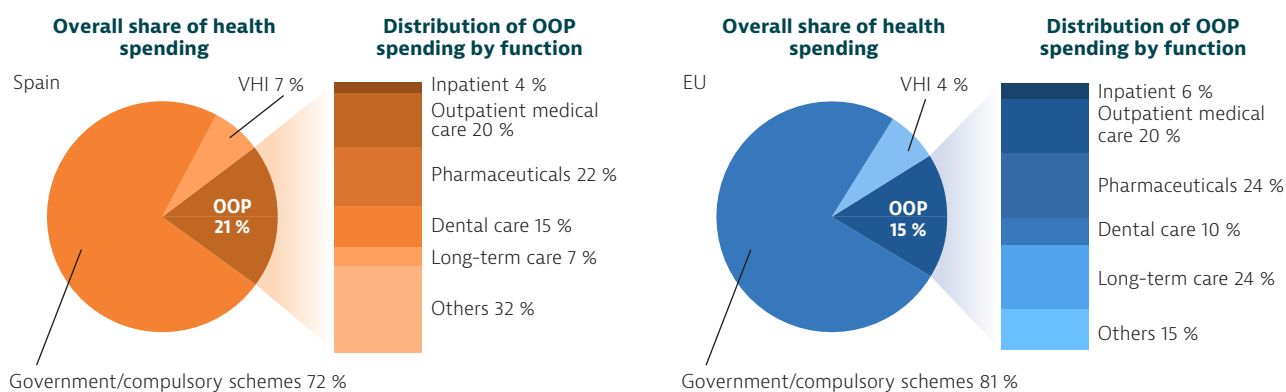
The share of OOP payments in health spending has been decreasing since 2018, but it was 21 % in 2021 – well above the EU average of 15 % (Figure 14). Reforms in May 2020 and January 2021 introduced new pharmaceutical copayment exemptions for a range of population groups (a total of 6 million people), including those on minimum wage, pensioners whose annual income falls below a threshold, people receiving childcare-related social security benefits, and children with a recognised disability.

Despite relatively high OOP payments, catastrophic health spending³ in Spain is among some of the lowest in the EU: in 2020, fewer than 2.9 % of households experienced catastrophic spending due to OOP payments for health services. This result could be partially explained by strengths in the design of health system coverage and the highly redistributive effect of public expenditure in healthcare.

The distribution of healthcare resources is uneven, but measures have been taken to renew medical equipment

According to the most recent national data, in 2020, the distribution of hospital beds across Spain's ACs is uneven, ranging from 2.2 to 3.8 beds per 1 000 population in Andalusia and Catalonia. Similar differences exist with medical equipment; there are twice as many magnetic resonance imaging (MRI) units in the AC with the highest number compared to the AC with the lowest, and the difference for haemodialysis equipment is seven-fold (Ministry of Health, 2022a). In 2021, as part of its Recovery and Resilience Plan, the government adopted the

Figure 14. Dental care and pharmaceuticals are important drivers of out-of-pocket expenditure



Notes: VHI also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

³ Catastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).

INVEAT Plan, which aims to replace equipment that is more than 12 years old and to improve access by increasing the average density of medical equipment per 100 000 population by 15 %.

Increases in medical and nurse training programmes aim to address shortages

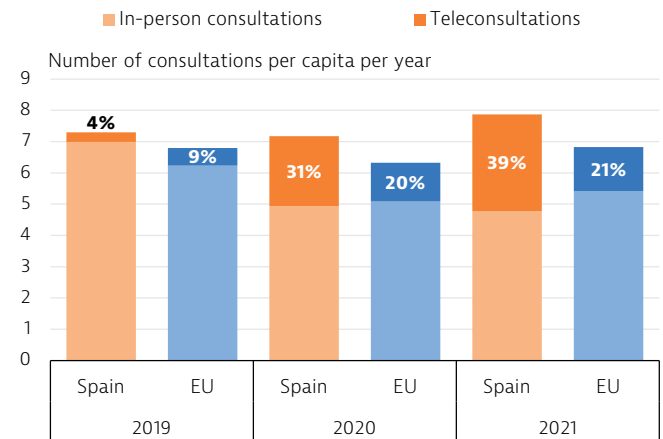
The number of doctors per 1 000 population in Spain is slightly above the EU average (see Section 4), but the distribution of physicians and nurses has persistently varied across ACs. Across the ACs in 2020, the number of primary care physicians ranged from 0.6 to 1.1 per 1 000 population while the number of primary care nurses ranged from 0.5 to 0.9 per 1 000. The number of specialist doctors varied from 1.5 to 2.6 per 1 000 population, and the number of specialist nurses ranged from 3.0 to 6.9 per 1 000.

While in certain areas of the country (i.e. urban areas), filling vacancies for healthcare worker posts is rather easy, there are challenges in filling gaps for some specialist areas in Spain: family medicine, anaesthesiology, geriatrics, radiology and psychiatry have been identified as specialisations with the largest shortages and greatest future need. In 2023, for the first time, positions for specialists in child and adolescent psychiatry were offered in the Medical Internship Programme (MIR) training system – the nationwide specialisation programme, which provides entitlement to practise in the SNS. To address shortages, the government increased the number of vacancies in the MIR.

Digital technologies have been enhanced following their success during the COVID-19 crisis

The COVID-19 pandemic led to a sharp increase in the use of remote consultations to maintain access to healthcare services. The share of teleconsultations rose significantly in Spain between 2019 and 2020 (from 4 % to 31 %). In 2020, this share was more than 1.5 times the EU average of 20 % (Figure 15). This rapid growth continued after the first year of the pandemic, and in 2021 the share of teleconsultations with doctors in Spain was 39 %. In December 2021, the Ministry of Health released the Digital Health Strategy (Ministry of Health, 2021) to improve population health and reinforce the SNS by harnessing digital technologies and building digital capabilities (see Section 5.3).

Figure 15. The share of teleconsultations with doctors in Spain was almost double the EU average in 2021



Sources: OECD Health Statistics 2023.

5.3 Resilience

The COVID-19 pandemic has proved to be the most significant disruption to health systems in recent decades. It has shed light on the vulnerabilities and challenges within countries' emergency preparedness strategies and their ability to provide healthcare services to their populations. In response to the enduring effects of the pandemic – as well as other recent crises, such as cost-of-living pressures and the impact of conflicts like the war against Ukraine – countries are implementing policies to mitigate the ongoing impacts on service delivery, invest in health system recovery and resilience,⁴ improve critical areas of the health sector, and fortify their preparedness for future shocks.

Hospital activity and waiting times were impacted during the COVID-19 pandemic

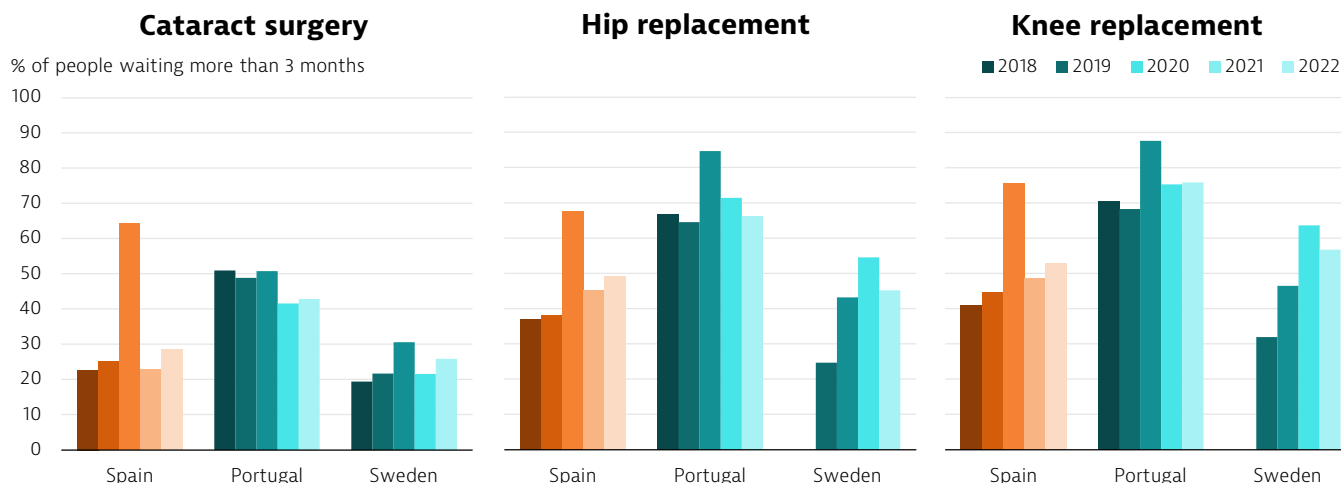
At the onset of the COVID-19 pandemic, the number of hospital beds in Spain was relatively low (3.0 per 1 000 population in SNS hospitals) compared to the EU average (4.9 per 1 000), and has been unchanged since 2012. The drop in hospital discharges in 2020 compared to 2019 (from 11 421 per 100 000 population in 2019 to 9 794 per 100 000 in 2020) took place alongside a fall in occupancy rates, from 76 % in 2019 to 68 % in 2020. These reductions in hospital activity levels reflect the fact that, during the first wave of the pandemic, most elective surgical procedures were postponed or cancelled in Spain (except for cancer treatment) and, in general, people opted to delay their hospital visits. Both hospitalisations and occupancy rates increased again in 2021, but not to pre-COVID-19 levels.

⁴ In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessments, 2020).

The percentage of patients on the list who waited longer than three months for surgery increased considerably for several procedures during the pandemic. For example, the percentage of patients waiting for hip replacements for more than three months grew from 38.2 % in 2019 to 67.7 % in

2020. It dipped down in 2021 to 45.1 %, and then rose to 49.3 % in 2022 – still above pre-pandemic levels (Figure 16). Similar trends can be seen for patients waiting longer than three months for knee replacements and cataract procedures.

Figure 16. Waiting times for elective surgery in Spain increased substantially in 2020



Source: OECD Health Statistics 2023.
 COVID-19 vaccination coverage has been high in Spain

COVID-19 vaccination coverage has been high in Spain

In Spain, more than 77 % of people aged over 80 have had a second booster dose of the COVID-19 vaccine in 2022 as a result of the immunisation campaign that started in all ACs on 26 September 2022. The initial target groups for this campaign included people aged over 80 and those living in nursing homes. Subsequently, health and social care workers, people aged over 60, and people who have not completed their course of immunisation were added. By the end of 2022, around 56 % of people aged over 60 had received their second booster.

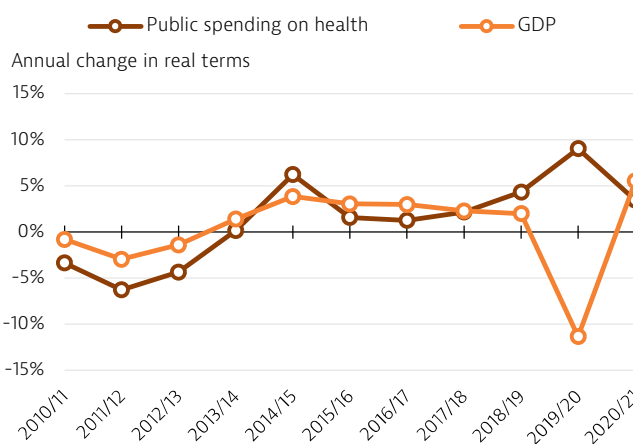
Spain was the first country to vaccinate 100 % of its population aged over 80, and overall vaccination coverage is high: as of June 2023, 93 % of people aged over 12 have received the complete course (over 39.1 million inhabitants) while some 80 % of people aged over 40 have received one booster dose (Ministry of Health, 2023).

Public spending on health increased substantially in response to the pandemic

Public spending on health in Spain began to outpace GDP growth from 2017/18, and increased sharply in 2019/20 (9.0 % annual growth rate in real terms compared to 4.3 % for 2018/19). This increase in public spending on health in 2019/20 took place despite a sharp reduction in GDP

growth (Figure 17), which was mainly linked to the country’s response to the COVID-19 pandemic. In 2020/21, GDP rebounded (to 5.5 %), while the growth rate in public spending on health slowed down to 3.4 %.

Figure 17. Public spending on health increased despite the sharp decrease in GDP during the first year of the pandemic



Source: OECD Health Statistics 2023.

Funding from the EU offers a boost for health sector investments in the coming years

Of the EUR 69.5 billion in the total Recovery and Resilience Plan package over the period 2021-26, about 2.5 % is designated to health-related

components. The main priority areas include boosting high-tech equipment, enhancing health system preparedness, resilience and response capacity to crises, strengthening health promotion, and the digital transformation of healthcare (Figure 18).

These investments will be complemented by the rollout of the EU Cohesion Policy 2021-27 programming.⁵ Spain is set to invest a total of

EUR 1.7 billion in its healthcare system through this mechanism, 70 % of which will be co-financed by the EU. Nearly all of this will come through the European Regional Development Fund (ERDF). From the ERDF, about EUR 878 million will be used to support health infrastructure improvements, EUR 465 million for e-health services and applications improvements and EUR 193 million for health equipment improvements.

Figure 18. A substantial amount of investment from the Recovery and Resilience Plan is targeting modernisation and the resilience of the national health system in Spain



Notes: These figures refer to the original Recovery and Resilience Plan. The ongoing revision of the Plan might affect its size and composition. Some elements have been grouped together to improve the charts' readability.
Source: European Commission – Recovery and Resilience Scoreboard.

Spain’s health workforce is facing pressures and shortages

The number of physicians in Spain exceeds the EU average (see Section 4), but there are worrying trends in the health workforce. Both the rate of medical graduates (14.2 per 100 000 population) and the rate of nursing graduates (23 per 100 000) in Spain were below EU averages in 2021 (17.5 per 100 000 medical graduates and 44.3 per 100 000 nursing graduates) (Figure 19). However, nursing assistants are not included in these figures, so this under-estimates the number of new graduates from nursing-related programmes. Following a continuous decline between 2014 and 2018, the rate of nursing graduates in Spain has slightly risen from 2019 onwards. As the population ages and the burden of chronic conditions continues to grow (see Section 2), there are threats of shortages, particularly of nurses and specialist practitioners nationwide, and of GPs and paediatricians in remote areas of the country.

The share of temporary employment contracts has contributed to healthcare staffing challenges.

In the SNS, the issuing of temporary contracts increased from 28.5 % in 2012 to 41.9 % in 2020. In efforts to reverse this trend, in July 2022, the government took measures to reduce temporary employment in the SNS through a process – the largest in the history of the system – leading to the employment of 80 000 health professionals. This process also provides a new legal framework that places limits on temporary work through modification of the Framework Statute for Health Personnel.

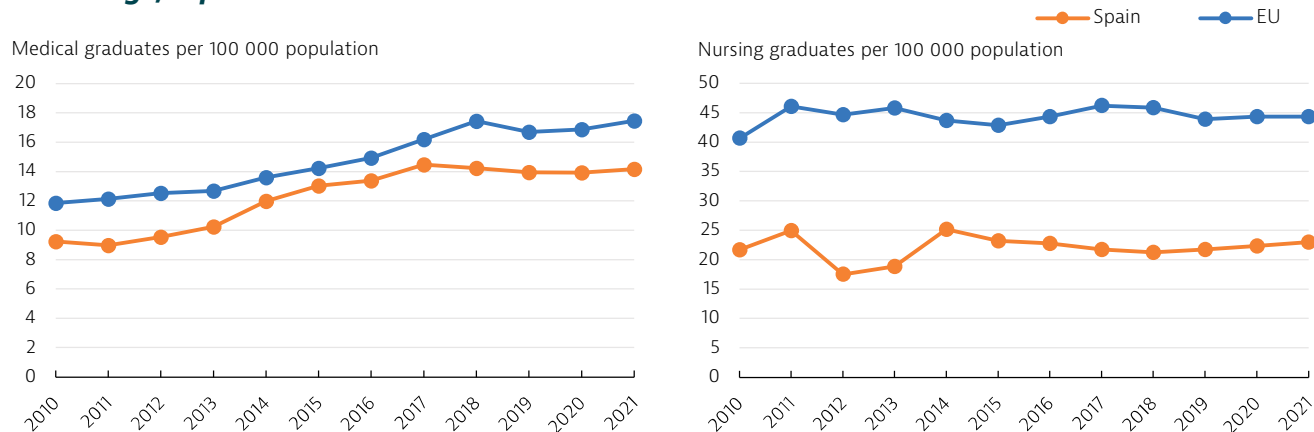
Specific measures to address shortages in certain medical specialities include increased vacancies in the MIR specialisation programme and in nurse training places (see Section 5.2).

Spain is implementing strategies to enhance quality and performance across many areas of the health system

Spain’s Primary and Community Care Action Plan 2022-23 is a follow-up to the Strategic Primary Care Framework released in 2019 (see Box 1 in Section 5.1). A series of initiatives to improve and

⁵ These EU Cohesion Policy figures reflect the status as of September 2023.

Figure 19. The rate of healthcare professionals graduating in Spain has consistently fallen below the EU average, in particular for nurses



Note: The EU average is unweighted.
Sources: OECD Health Statistics 2023; Eurostat Database.

strengthen primary care are expected across the country (see Section 5.2). Recent efforts have also focused on data and digitalisation spaces in the country. The 2021 Digital Health Strategy hinges on four strategic objectives: empowering people; maximising processes and facilitating communication and continuity of care by using digital tools; increasing data interoperability and quality; and implementing innovative policies to harness digitalisation. Moreover, in late 2022, the government approved the distribution of EUR 28 million from European funds to regional authorities for the development of a National Health Data Space (Ministry of Economic Affairs, 2022).

Additionally, the Spanish Government is working together with the pharmaceutical industry to stimulate the sector through the Strategic Plan for the Pharmaceutical Industry. While the Plan is still not in place, the three main pillars will be: research, industrial production and access. Focusing on the pharmaceutical industry as an economic driver, the Plan is aligned with the European Pharmaceutical Strategy and will be supported by the future law on guarantees and rational use of medicines and healthcare products.

Learning from experiences during the COVID-19 pandemic, Spain launched the 2022 national strategy on public health

The experience with COVID-19 in Spain highlighted the importance of having a solid public health foundation equipped with strong surveillance and response capacities. Learning from this experience, Spain adopted a national strategy on public health in 2022. The Public Health Strategy 2022 serves as a tool to encourage all public policies to feature health and health equity. The Strategy establishes

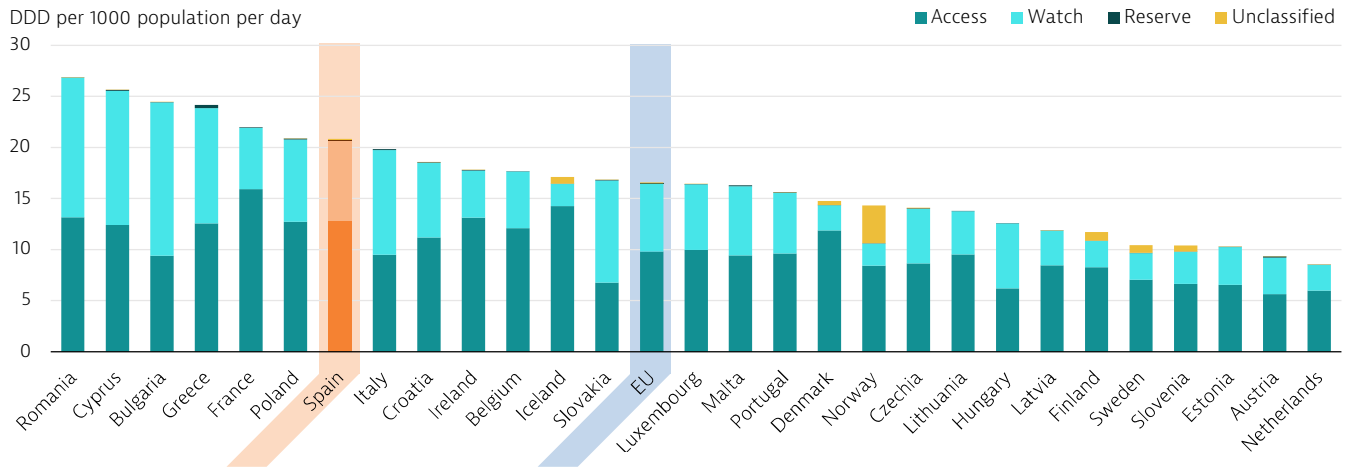
a coordination framework and outlines priority actions for public health, with specific objectives and indicators. Importantly, the Strategy takes an integrated approach that considers the concepts of One Health, Health in all Policies, the social determinants of health, and whole-of-society involvement.

Spain is one of the top 10 consumers of antibiotics in the EU

Antimicrobial resistance (AMR) is a major public health concern in the EU, with estimates of about 35 000 deaths (ECDC, 2022) in the EU/EEA due to antibiotic-resistant infections and healthcare-associated costs of around EUR 1.1 billion per year (OECD/ECDC, 2019). Because antibiotic overprescription and overuse in humans are major contributors to the development of antibiotic-resistant bacteria, antibiotic consumption data are a useful tool to evaluate the risk of AMR and the efficacy of programmes to promote their appropriate use.

A Strategic Action Plan to Reduce the Risk and Spread of AMR was released in 2014, and antibiotic consumption rates have declined steadily in Spain since data first became available in 2016. However, despite a more marked reduction in consumption rates during the first year of the pandemic that continued into 2021, Spain’s antibiotic consumption rate remained above the EU average in 2021 (20.8 compared to 16.6 defined daily doses (DDDs) per 1 000 population per day). In Spain, over one third of antibiotics consumed are on WHO’s Watch list compared to the EU average of 40 %, meaning that they are antibiotics that should only be used for a specific, limited number of indications (Figure 20).

Figure 20. Spain's antibiotics consumption rate is above the EU average



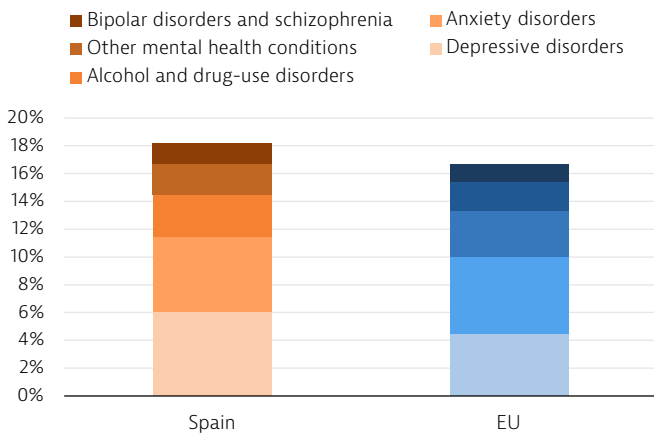
Notes: WHO classification of antibiotics (Access, Watch and Reserve – AWaRe). Access: first- and second-choice antibiotics that should be widely available in all countries; Watch: antibiotics that only should be used for a specific, limited number of indications; Reserve: last-resort antibiotics for cases where other antibiotics have failed or for infections of multidrug-resistant bacteria; Unclassified: antibiotics that are not yet classified.
Source: ECDC, WHO Regional Office for Europe (data relate to 2021).

6 Spotlight on mental health

The burden of mental health issues is high in Spain

The direct and indirect costs of mental illness are substantial; these costs were estimated at 4.2 % of Spain's GDP in 2015 (OECD/EU, 2018). According to IHME estimates, more than one in six people in Spain had a mental health issue in 2019 – placing it in the top six countries in the EU. As in many EU countries, the most common mental health issues in Spain are depressive disorders and anxiety (Figure 21). Spain was the second largest consumer of prescribed anxiolytics in the EU in 2021.

Figure 21. More than one in six people in Spain experienced mental health issues before the COVID-19 pandemic

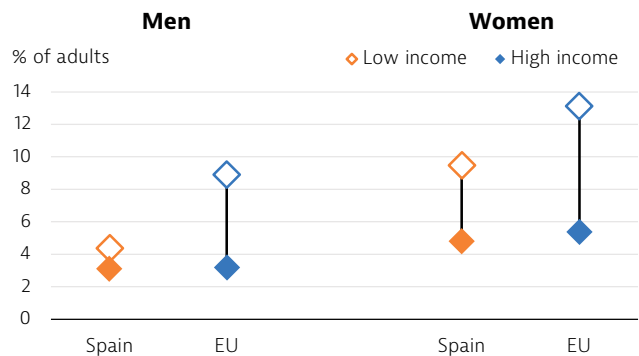


Note: The EU average is unweighted.
Source: IHME (data refer to 2019).

The share of people in Spain reporting depression is less than the EU average

In 2019, 6 % of Spaniards reported having depression, compared to the EU average of 7 %, based on the European Health Interview Survey. People on lower incomes and women are more likely to suffer from depression (Figure 22). In Spain, 9.5 % of women in the lowest income quintile report chronic depressive symptoms compared to 4.8 % of women in the highest income quintile (EHIS, 2019).

Figure 22. Women and people in the bottom income quintile are more likely to report depression



Note: High income refers to people in the top income quintile (20 % of the population with the highest income), whereas low income refers to people in the bottom income quintile (20 % of the population with the lowest income).

Source: Eurostat Database (based on EHIS 2019).

Moreover, survey data collected during the pandemic in 2020 and 2021 also confirmed a continued higher prevalence of mental ill health among those on lower incomes in general. Eurofound's Living, Working and COVID-19 e-survey found a much higher share of Spanish adults at risk of depression among respondents reporting financial difficulties (64 %) than among those who did not report such difficulties (38 %). These proportions were slightly above the EU averages (Eurofound, 2021, 2022).

Suicide rates among men and women have remained fairly stable and are below EU averages

In Spain, the rates of suicide among both men and women have remained consistently below EU averages. However, in the EU, average rates of suicide declined between 2005 and 2020, but remained relatively stable in Spain, with recent slight upturns for men since 2018 and for women in 2020. For men, the suicide rate was 12 per 100 000 population in 2020; for women, it was three times lower (4 per 100 000).

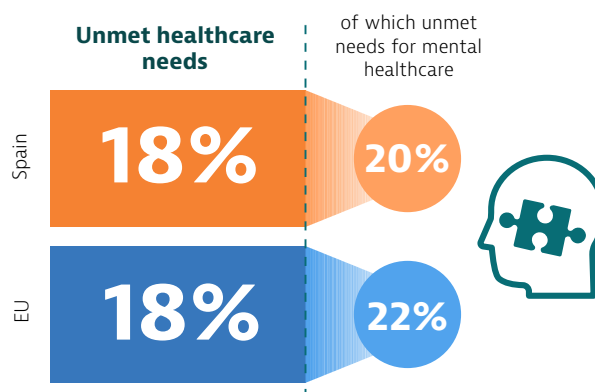
The National Health Service provides mental healthcare but the share of unmet needs are similar to EU averages

Mental healthcare in Spain is provided in primary healthcare settings (early detection of mental health disorders as well as symptomatic treatment and follow-up of patients treated at a specialised level), outpatient specialised settings (e.g. for child disorders) and hospital settings (for acute episodes and medium/long-stay patients). The SNS benefits package covers diagnosis and follow-up of mental health disorders, psycho-pharmacotherapy and individual, group or family psychotherapy (excluding hypnosis and psychoanalysis), with no cost sharing. According to Eurofound surveys in 2021 and 2022, 18 % of people reported unmet needs for medical care in Spain, and of these, one fifth were for mental healthcare, which is similar to the EU average (Figure 23).

An updated mental health strategy is in place to improve the mental health of the population

The COVID-19 pandemic led to an increase in demand for mental healthcare, placing mental health at the centre of public health policies. The government has issued a new Mental Health Strategy 2022-26, which has been co-produced by scientific societies, patients and their families, and the ACs (as Regional Health Departments) to improve services and support for families and to promote a model of comprehensive and community

Figure 23. One fifth of reported unmet health needs in Spain during the pandemic were for mental healthcare



Note: Survey respondents were asked whether they had any current unmet healthcare needs and, if so, for what type of care, including mental healthcare.

Sources: Eurofound (2021; 2022).

care. The Strategy incorporates a strong focus on citizenship rights, social integration, recovery and the fight against stigma through 10 initiatives (Ministry of Health, 2022b). In addition, an accompanying Mental Health Action Plan 2022-24, endowed with EUR 100 million, focuses on professional training, awareness activities and improvements in human resources.

Specific suicide prevention services are also available, including a mental health crisis hotline, which has operated since May 2022. Since February 2023, a leave allowance of up to two weeks has been available for the companions of individuals who are at imminent risk of suicide, to enable those with a high risk of suicide to be cared for by a loved one.

A new medical specialty in child and adolescent psychiatry was created in 2021. Following this, certain aspects of the title of doctor/specialist in psychiatry were updated, defining their professional profile, scope of action and training model, and thus allowing an improvement in the training and skills of these specialists. Both medical specialties are integrated into the multidisciplinary teams of the mental health networks in which other health professionals are involved, such as psychologists specialising in clinical psychology and nurses specialising in mental health nursing.

7 Key findings

- Spain had the highest life expectancy in the EU in 2022, at 83.2 years, despite a temporary decline in 2020 during the first year of the COVID-19 pandemic. While Spaniards tend to live longer lives than many other Europeans, they are also more likely to report chronic conditions in older age. After peaking with COVID-19 in 2020, excess mortality declined in 2021, but it surged again in 2022 despite the sizeable decline in the number of confirmed COVID-19 deaths.
- In 2021, Spain dedicated 10.7 % of GDP to health expenditure, slightly less than the EU average of 11.0 %. While health spending per capita has been growing over the last decade, it remained about one third below the EU average. Out-of-pocket spending – just over one fifth of total health spending – was above the EU average. Despite this, Spain has high financial protection, and guarantees universal health coverage with a comprehensive health benefits package. Public expenditure is the main source of health financing in Spain, but there also has been a steady increase in voluntary health insurance in recent years.
- Spain's rates of mortality from preventable and treatable causes are below the EU averages. The country's low rates of hospital admissions for congestive heart failure and diabetes relative to other EU countries can be linked in part to strengths in its primary care system. However, there are many areas where improvements to and increased investment in primary care can be made, and the sector is starting to implement reforms. One large issue to be addressed is the healthcare worker shortages given the difficulty of resourcing doctors and nurses in some rural areas.
- Unmet healthcare needs rose during the second year of the pandemic in Spain, although they remained at a very low level. However, the gap in unmet needs between the richest and the poorest population groups remains high for dental care. Public financing is low for dental care and therapeutic appliances, including optical care such as glasses. Although out-of-pocket spending in Spain remains relatively high, exemptions for a wide range of groups protect households from catastrophic spending.
- Spain's Recovery and Resilience Plan dedicates EUR 1.7 billion to health sector investment over the period 2021-26, focusing on boosting high-tech medical equipment, improving health system preparedness, strengthening health promotion and digital transformation of healthcare. Dedicated strategies such as the Primary and Community Care Action Plan 2022-23, the Public Health Strategy 2022 and the Digital Health Strategy 2021 reflect important lessons from the pandemic experience, and target key areas to build health system resilience.
- Amidst health workforce pressures and shortages – particularly of nurses, general practitioners, paediatricians and specific medical specialists – the government has implemented measures to reduce temporary contracts and increase numbers of vacancies in medical specialisation and nurse training programmes. These measures aim to bolster longer-term workforce capacity and enhance access to services.
- The burden of mental health disorders in Spain is high, affecting 18 % of its population in 2019. Mental healthcare is provided by the National Health Service. The COVID-19 pandemic may have resulted in a substantial percentage of individuals reporting unmet needs for mental healthcare in Spain. An updated mental health strategy has been put in place to improve the mental health of the population. In particular, strategies have been implemented to support patients and families affected by suicidal behaviour. In addition, a medical specialty of child and adolescent psychiatry was created in 2021.

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Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovakia	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

State of Health in the EU

Country Health Profile 2023

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2023 edition of the Country Health Profiles provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- For the first time in the series, an account of the state of mental health and related services within the country.

Complementing the key findings of the Country Health Profiles is the Synthesis Report by the European Commission.

For more information, please refer to: ec.europa.eu/health/state

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