

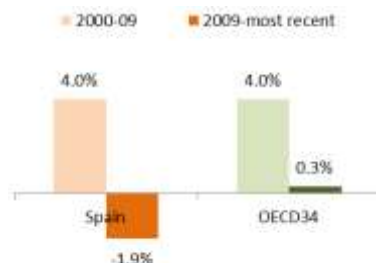
The health system in Spain stands out for its impressive life gains during the past decades. Across OECD countries, Spain currently ranks second in terms of life expectancy at birth and at 65 years old, only behind Japan. However, factors such as a high share of out of pocket spending or a relatively low level of health professionals continue to impair higher health system performance. This brief provides an insight to four challenging areas and potential policy options to address those, focusing in particular on the need to improve access to services, invest more in health professionals, tackle unhealthy lifestyles and boost quality of care.

## Improve access to services

### ► The growth rate in health spending has slowed down markedly in recent years, compared with the growth registered before the economic crisis

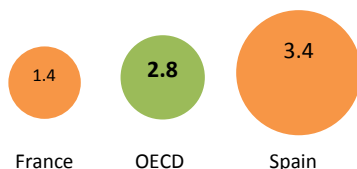
Similarly to other OECD countries hard hit by the economic crisis, Spain has significantly reduced average annual growth rates in real health spending per capita.

Average annual growth rates in real health spending per capita, pre and post crisis



This may contribute to worsening the already high share of out of pocket spending.

% of out-of-pocket medical spending as a share of household consumption, 2013



To read more about our work:

[Health at a Glance 2015](#)

[Fiscal Sustainability of Health Systems](#)

[Waiting Time Policies in the Health Sector, What Works?](#)

### ► Waiting times for elected surgery remain high

Long waiting times can be detrimental to health outcomes, hence health systems should warrant timely access to necessary treatment and surgery. In Spain, average waiting times (in days) for cataract surgery or hip replacement have increased between 2010 and 2014, and remain well-above other OECD countries such as Netherlands or Denmark.

Acknowledging this challenge, Spain has implemented numerous measures to reduce the size of waiting lists. Nonetheless, these have been frequently focused on the supply side: extending working time for health personnel or increasing funds to cut waiting lists for specific conditions. Although these measures – together with the support of new technologies – seem to have improved patient's access to surgical procedures, these seem to have also led to the increase in the demand for those services, which could be due to latent demand or supply induced demand.

#### » What can be done?

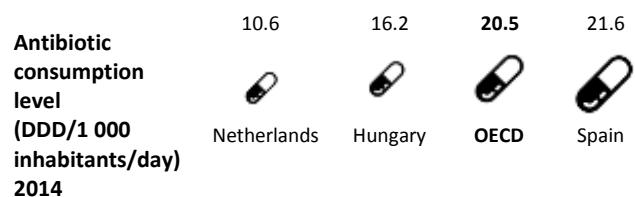
- Review and improve the use of co-payment exemptions for vulnerable population groups
- Continue efforts to reduce waiting times for elected surgery, potentially exploring demand side options

## Reduce inappropriate use of antibiotics

### ► The overall volume of antibiotics prescribed is above OECD average

Antibiotic prescription is considered an indicator of health care quality. Inappropriate prescribing may indicate problems with appropriateness of care and is correlated with the development of resistant bacterial strains. OECD data show that antibiotic prescription in Spain grew between 2005 and 2014, and is currently above the OECD average.

To read more about our work: [Antimicrobial Resistance](#)



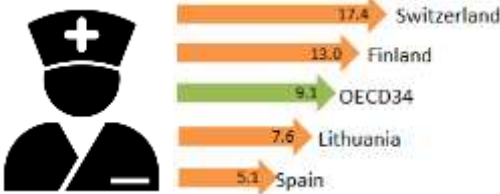
#### » What can be done?

- Upscale policies to promote rational consumption of antibiotics in health systems

## Invest more in the health workforce

### ► The number of nurses per capita is low compared to other OECD countries

Shortage of health professionals can add pressure to the health care system and limit the ability to provide high quality of care. In 2013, Spain ranked 6<sup>th</sup> among OECD countries with less nurses per capita.



Two potential factors contribute to the relatively lower number of nurses in Spain.

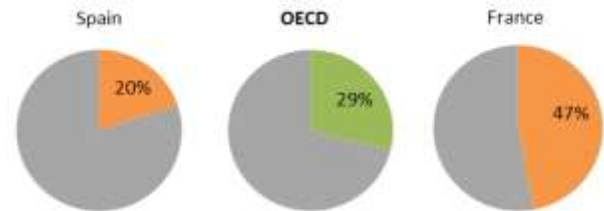
First, nursing graduates per 100 000 population in 2013, were one of lowest of the OECD, only behind Mexico, Luxembourg and Czech Republic. This is likely to continue to be the case as admissions to nursing programmes in Spain has been more or less stable for the past decade.

Second, the number of nurses migrating to other OECD countries is considerable<sup>1</sup>. In 2014, more than 9 200 nurses trained in Spain were working in other EU countries.

Note: <sup>1</sup> The inflow of nurses from other countries to Spain is not available.

### ► The share of general practitioners remains low despite an ageing population with increased health care needs

In 2013, the share of general practitioners in total physicians was around 20% in Spain, below the OECD average.



#### » What can be done?

- Expand the number of training places for nurses. Promote retention policies for nurses by creating secure and attractive pay and working conditions, including opportunities for continuing professional development
- Implement policies that influence the choice of medical specialty: increase the number of training places in general practice and improve the attractiveness of general practice

To read more about our work:

[Health Workforce in OECD Countries: Right Jobs, Right Skills, Right Places](#)

## Unhealthy behaviours

Smoking, obesity and malnutrition are important factors increasing the likelihood of cardiovascular diseases, certain types of cancer, diabetes and a series of other chronic diseases.

### ► Although a declining trend, smoking remains a common habit among the Spanish adult population

Although the number of cigarettes consumed per day and share of population smoking in Spain have been declining in recent years, the latter indicator remains one of the highest among OECD countries.

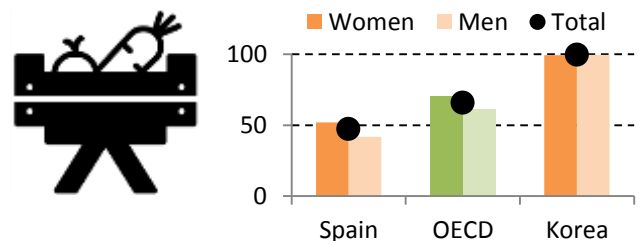
### ► The share of children who are overweight is significant

Children who are overweight have a higher chance of becoming obese adults. In 2013, roughly one third of Spanish children were overweight, a slightly higher share for boys when compared with girls.

### ► Daily vegetable consumption among adults is rather limited

Despite being a country with the tradition of a Mediterranean healthy diet, Spain ranks fifth among OECD countries with lowest share of daily vegetable consumption.

#### % adults eating vegetables daily, 2013



#### » What can be done?

- Develop comprehensive tobacco control policies
- Deliver health promotion messages about healthy diet, encourage physical activity throughout the mass media, in schools and other means
- Implement fiscal and pricing policies aimed at reducing the consumption of unhealthy foods, tobacco products and beverages
- Encourage primary care physicians to counsel at risk patients about making healthy lifestyle choices

To read more about our work:

[Obesity and the Economics of Prevention: Fit not Fat](#)  
[The Economics of Prevention](#)