

Catalonia, Spain

Cap Roig beach,
Calonge, Girona – La
Costa Brava

General overview

Catalonia, one of the 17 autonomous communities in Spain, covers 6.4% of the territory of the country in which 16.1% of the population is concentrated. It has its own official language and strong cultural identity.

Catalonia has full powers in the area of health care, including public health. Table 1 lists relevant health-related data for Catalonia in the period 2016–2018.

Table 1. Health-related data, Catalonia, 2016–2018

Factors (year)	Data
Population (2017)	7 496 276 (1)
Life expectancy (2015)	83.2 years (males 80.4; females 85.9) (2)
Healthy life expectancy (2014)	68.4 years (males 67.9; females 68.8) (3)
Birth rate (2016)	9.2 (4,5)
Crude mortality rate (2016)	8.47 (males 8.7; females 8.3) (2)
Infant mortality (2016)	2.47 (5)
Immigrant population (2017)	13.8% (compared with 4.4% in 2001, 11.4% in 2005, and 15.9% in 2009) (6)
Unemployment rate (2017)	13.4% (7)
Population over 65 years (2017)	18.6% (8)
GDP per capita (2016)	€30 078 (9)
Public expenditure on health, per capita, US\$ purchasing power parities (PPP) (current prices, current PPP) (2014)	US\$ 1930.4 (10)
High urban concentration (2017)	Average 234.3 inhabitants/km ² ; range from 5.1 in Pallars-Sobirà to 15 319.6 inhabitants/km ² in Barcelonés Country, which includes Barcelona (8)

Important issues to mention in relation to health and society in Catalonia are the following:

- ageing society with low fertility rates and high life expectancy (epidemiological profile: noncommunicable diseases);
- social and health inequalities between the urban and rural areas;

- emerging populations (immigration);
- emerging (global) health threats arising from obesity, chronic diseases, infectious diseases, and climate change;
- health effects of economic crisis and increasing sense of vulnerability (individual and collective);
- increasing positive influence of the media regarding health-related issues;
- growing demand for citizen empowerment;
- increasing expectations of the population regarding (public health) services requiring:
 - ability to anticipate health problems/risks to prevent them;
 - ability to deal with them rapidly and transparently when they occur.

The Catalan health model within the content of the Spanish national health system

The Catalan Government created the Catalan Health Service in 1991 as the official entity for planning, assessing and purchasing health services, separating the functions of providing and financing health services. As a result, all health-care providers are contracted by the Catalan Health Service.

In Catalonia, public and private bodies that finance/provide health services coexist. Although the whole population is covered by publicly financed health services, in Catalonia, about 20% of the population opt for private coverage or use both systems. Universal care is provided by primary-care centres where family physicians and nurses work in teams with other health professionals and administrative staff.

In 2016, the Department of Health of Catalonia launched the 2016–2020 Health Plan for Catalonia (10) that includes the framework for and strategic objectives of the Catalan Health System. Among these objectives, top priority was placed on the Interministerial Public Health Plan (PINSAP) 2017–2020 (11).

In 2009, Catalonia's Public Health Law (No. 18/2009), establishing PINSAP (11) as the basic tool for implementing public health action in Catalonia, and a Government commitment, was passed unanimously by all political parties.

Since 2014, PINSAP (11) has been included

in all government plans. Elaborated by the Interministerial Health Commission, comprising representatives of all government ministries, approved by the Government and presented to Parliament, it seeks to involve the local administration and the society at large, through collaborative work with their representatives. The Plan, which is the only one in Spain to be based on the Health-in-All-Policies strategy recommended by WHO, promotes a whole-of-government, whole-of-society approach, and requires evaluation of the health impact of its main policies and strategies.

Focusing on the living conditions of the population, the first stage of PINSAP (2014–2016) (11) involved 1266 activities of different departments of government, local administration and other sectors of society to improve population health and address the health determinants. The most important of these related to the promotion of community health, the elaboration of social prescribing projects, the development of a map of assets, the development of a health impact assessment screening test ("Test Salut"), and collaboration with the Health and Crises Observatory of The Agency for Health Quality and Assessment of Catalonia (AQuAS).

The second stage of PINSAP (2017–2020) (11) focuses on the concept of health as a fundamental human right and on tackling health inequality through action on the social determinants. PINSAP emphasizes that evaluation of the impact of its activities on health is included in all government policies and proposes that it also be included in municipal policies at the local level. It also underlines the relationship between health and sustainable development within the framework of the 2030 Agenda.

The second stage of PINSAP (11) seeks to better interdepartmental and intersectoral collaboration in continuing implementation of the activities started in the first phase. To this end, it focuses on eight new priority topics that require a whole-of-government, whole-of-society approach if they are to be addressed effectively. These topics (obesity, environment and climate change, addiction, smoking, vulnerability and social exclusion, emerging diseases, ageing, mental health and well-being, and traffic injuries) were

identified by WHO as challenges for the 21st century. They are major causes of premature mortality or disability in Spain (according to the Global Burden of Disease Study), and complex (“wicked”) problems that require effective public health interventions. It is planned to include further topics, such as sexual and reproductive health, and early childhood in the near future.

Another important feature of the second stage of PINSAP (11) is its emphasis on the different levels of governance for health. The previous stage had only one level: Catalonia. The present has four: Catalonia, regional, municipal, and community. The intersectoral approach will be applied at each of these levels, and committees and intersectoral groups will work together to this end.



Strengths

The Catalan Health Service has the following strengths:

- ✓ PINSAP (11), which is based on the Health-in-All-Policies approach and fully supported by the Government;
- ✓ universal health care provided by the Catalan Health Service;
- ✓ multidisciplinary primary-health-care teams;
- ✓ integration of activities of the health promotion and preventive services in PINSAP (11), and in primary health care (working together with public health teams);
- ✓ the Chronicity Prevention and Care Programme set up by the Health Plan for Catalonia in 2011 (10) the results of which have shown some impact in reducing the rate of emergency admissions and readmissions related to chronic conditions and to better outcomes of chronic disease control;
- ✓ initiatives, like the Catalan Expert Patient Programme, that have obtained good results and appropriate service utilization (12).



Aspirations

Catalonia is aiming to:

- ✓ fully implement health-in-all-policies strategies and improve the evaluation of intersectoral actions, including health-impact assessment;
- ✓ implement action towards achievement of the Sustainable Development Goals (SDGs);
- ✓ enhance intersectoral action to tackle obesity, tobacco use and mental ill health.



Challenges

These are:

- ✓ aging population (demographic change, increased rates of noncommunicable diseases (NCDs));
- ✓ the long terms effects of the economic crisis on health;
- ✓ over-medicalization in the health system;
- ✓ inequalities between urban and rural areas;
- ✓ emerging health threats (NCDs, infectious diseases, effects of climate change);
- ✓ increasing costs of the health system – sustainability of the model.



Potential areas of collaboration

Catalonia is interested in collaboration with other regions on:

- ✓ health in all policies/SDGs (13)/intersectoral action;
- ✓ equity in health/application of universal proportionalism to public health action;
- ✓ primary health care / community health;
- ✓ migration.

Catalonia, Spain



Working groups

Catalonia is interested in participating in working groups on:

- ✓ the Sustainable Development Goals (SDGs) (13)/ equity;
- ✓ environment;
- ✓ the all-of-government approach/intersectoral action.



People active in the Regions for Health Network (RHN)

Carmen Cabezas Pena

Deputy Director for Health Promotion
Public Health Agency of Catalonia
Barcelona
Email: carmen.cabezas@gencat.cat

References

1. IDESCAT [website]. Population on 1 January. 1900–2018. Provinces. Barcelona: Statistical Institute of Catalonia; 2018 (<https://www.idescat.cat/pub/?id=aec&n=245&lang=en>, accessed 17 May 2018).
2. IDESCAT [website]. Death rate indicators. 2012–2016. Barcelona: Statistical Institute of Catalonia; 2018 (<https://www.idescat.cat/pub/?id=aec&n=245&lang=en>, accessed 17 May 2018).
3. Informe de salut 2016 [Health report 2016]. Barcelona: Department of Health of Catalonia; 2017 (http://salutweb.gencat.cat/ca/el_departament/estadistiques_sanitaries/dades_de_salut_i_serveis_sanitaris/Informe-de-salut-de-Catalunya/, accessed 17 May 2018).
4. IDESCAT [website]. Birth statistics. Barcelona: Statistical Institute of Catalonia; 2018 (<https://www.idescat.cat/pub/?id=naix&lang=en>, accessed 17 May 2018).
5. IDESCAT [website]. Population estimates. Barcelona: Statistical Institute of Catalonia; 2018 (<https://www.idescat.cat/pub/?id=ep&lang=en>, accessed 17 May 2018).
6. IDESCAT [website]. Total and foreign population series. 2000–2017 Catalonia. Barcelona: Statistical Institute of Catalonia; 2018 (<https://www.idescat.cat/poblacioestrangera/?geo=cat&nac=a&b=0&lang=en>, accessed 17 May 2018).
7. IDESCAT [website]. Unemployment rate. 2001–2007. By sex. Provinces. Barcelona: Statistical Institute of Catalonia; 2018 (<https://www.idescat.cat/pub/?id=aec&n=318&lang=en>, accessed 17 May 2018).
8. IDESCAT [website]. Population density. Counties and Aran, areas and provinces. Barcelona: Statistical Institute of Catalonia; 2018 (<https://www.idescat.cat/pub?id=aec&n=249&lang=e>, accessed 21 May 2018).
9. IDESCAT [website]. GDP per inhabitant. 2012–2016 In purchasing power parity (PPP). Barcelona: Statistical Institute of Catalonia; 2018 (<https://www.idescat.cat/pub/?id=aec&n=356&lang=en>, accessed 17 May 2018).
10. Despesa sanitària a Catalunya [Health Plan for Catalonia]. Barcelona: Department of Health of Catalonia; 2017 (<http://catsalut.gencat.cat/ca/coneix-catsalut/informacio-economica/despesa-sanitaria-catalunya/>, accessed 17 May 2018).
11. Pla Interdepartamental i Intersectorial de Salut Pública (PINSAP) [Interministerial and Intersectoral Public Health Plan]. Barcelona: Department of Health of Catalonia; 2016 (http://salutpublica.gencat.cat/web/.content/minisite/aspcat/sobre_lagencia/pinsap/01Els_Plans/PINSAP_2017-2020/PINSAP-2017-2020-web.pdf, accessed 17 May 2018).
12. Contel JC, Ledesma A, Blay C, Mestre AG, Cabezas C, Puigdollers M et al. Chronic and integrated care in Catalonia. *Int J Integrated Care*. 2015;15:e025 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4491324/>, accessed 19 May 2018).
13. Sustainable Development Goals. In: Sustainable Development Knowledge Platform [website]. New York: United Nations; 2018 (<https://sustainabledevelopment.un.org/sdgs>, accessed 27 May 2018).

Catalonia, Spain