



Annual National Report 2011

Pensions, Health Care and Long-term Care

Spain
May 2011

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On behalf of the
European Commission
DG Employment, Social Affairs
and Inclusion

Gesellschaft für
Versicherungswissenschaft
und -gestaltung e.V.



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1 Executive Summary

As in most developed countries, the future prospects of population ageing calls into question the sustainability of welfare state transfers. With some delay with respect to most of those countries – Spanish baby boomers will start retiring around 2020 – Spain is expected to experience a pronounced ageing process. The delay in taking drastic reforms reduces the menu of policy options while the so-termed first demographic dividend – the temporary increase in the ratio of workers to dependants – is active. This delay also eliminates the possibility of reducing the burden borne by future generations vis-à-vis current ones.

Regarding the medium term, this long-term challenge strengthens the need for structural reforms in line with the EU2020 growth strategy further detailed in the Pact for the Euro. In particular, together with the need to improve the structural employment rate in general and in relation to the adjustment in the real state sector, basic supply side policies like education, research and development, energy and climate and social exclusion require government attention.

Unfortunately, the current business cycle crisis adds an additional, short-term constraint on public finances, worsening the already tight Spanish policy agenda. This should not lead the government to forget the need to reach EU15 standards in the socialisation of the cost of children as it has done in the other side of dependent life (the elderly).

Austerity measures have stopped the gradual implementation of the long-term care system. This is a problem in itself, but also in so far as the law started with no earmarked tax to finance it and with an insufficient budget provision until 2015 – five years before the baby boomers start retiring. The new law of dependency has been working since 2007, but still reflects several weaknesses in its operational structure and its financing ahead of the crisis economic restraints that have reduced its budget by 5.2%. The new system that attends dependency persons faces severe problems concerning accessibility and delays in benefit granting to dependents as well as problems in its coordination and homogenisation of services among the different Autonomous Regions. Maybe one of the main achievements of the new LTC system is the increase of social coverage to more dependent persons that previously received care inside the family context, and also the expansion of the labour market related to social services, including the incorporation of family members (mainly middle-aged women) into social security insurance.

With respect to health care, austerity measures have taken various actions to restrain the public health budget, like reducing salaries of health professionals, reforming the reference price system, reducing the industrial price of generic drugs and promoting discounts in the margins of pharmacies. Altogether, it will imply an estimated reduction of 8.2% of public health expenditures. Nevertheless, the crisis seems to be an opportunity to foster the necessary control of health expenditure in face of the sharp increase in health care cost and future prospects of demographic ageing.

Overall, in the period covered by the report, the main achievement in terms of long-term sustainability seems to be the pension reform launched in February 2011. The reform has been based on an increase of the retirement age and the minimum age for early retirement by two years, an increase in the minimum number of contributed years to retire with the 100% of the pension benefit, as well as an increase in the amount of the last contributed years to calculate the pension benefit. In this case the crisis has also favoured, if not forced, the social dialogue. Once it is approved, the pension reform will imply a gradual and incomplete, but significant reduction in pension expenditure. Further analysis combining macro and micro simulation analysis is needed in order to investigate the expected impact on adequacy of pension

benefits. Further reforms are still needed, but the sustainability factor mentioned in the law opens a door to future automatic adjustments. The main weakness of the reform is the lack of transparency. Though it might still be too soon to make a more explicit formulation of the sustainability factor, some of the legal parameters have been unnecessarily complicated.

2 Current Status, Reforms and the Political and Scientific Discourse during the Previous Year (2010 until May 2011)

2.1 Overarching developments

Since January 2010 the main development in social protection in Spain has indeed been the pension reform launched in February 2011. The government started a reform process named Sustainable Economy Strategy in December 2009 (www.economiasostenible.gob.es). This aimed at fostering economic growth by changing the productive model. A process of social dialogue was developed in the following areas: pension reform, active employment policies, industrial, energy, research & development & innovation policies, collective wage settlements and the status of public servants. Probably due to the wideness of this action, the law was finally enacted on 6 March 2011, excluding development in pensions and the labour market, which were both left for separate acts.¹ The labour market reform was finally enacted in September 2010. The pension law reform is already in Parliament, while collective wage settlements are still at the social dialogue stage.

In parallel, austerity measures needed to be taken in several areas due to the need to keep the euro credibility in the context of economic crisis. The government does not seem to have a direct intention to restrain social protection, but the need to cut the government deficit and the decrease in revenues due to the high unemployment rates will probably force this kind of measures while the crisis continues. Inevitably, some measures affecting social protection have been taken, and some of those might imply a temporary or permanent cut in expenditure, as summarised below. The social programme most affected is without doubt the retirement pensions system, though measures will be implemented only gradually. In the following we outline some of the short-term measures taken on other social programmes.

In the current year, many of the unemployed will stop receiving benefits as their entitlement period is exhausted. This will probably decrease contributory unemployment benefits and increase to a lesser extent non-contributory benefits of different kinds.² This will not necessarily mean a cut in unemployment expenditure, as new unemployed will be entitled to benefits – the unemployment rate does not show clear signs of recovering yet – while this will worsen the situation of many households.

2.2 Pensions

2.2.1 The system's characteristics and reforms

The Spanish public pension system is a defined benefit system financed on a pay-as-you-go (PAYG) basis. It is mainly contributory or *Bismarckian*, i.e. benefits are related to contributions, although a residual system of assistential, non-contributory benefits exists for the retired and disabled. The system also plays a redistributive role, shown in the fact that the relation between contribution years and contribution levels and benefits is not linear and in the existence of maximum and minimum contribution and pension thresholds. The 2010

¹ <http://www.boe.es/boe/dias/2011/03/05/pdfs/BOE-A-2011-4117.pdf>.

² See www.ine.es/daco/daco42/sociales10/protec-prov.xls for a series of coverage of social assistance.

ASISP report gives a panoramic view of the redistributive effect of the system and the negative effects on sustainability of the current crises on the system.³ The current report focuses on the reform proposed in February 2011 by the government to the extent that it might have positive effects on the long-term sustainability of the public system. This is crucial in Spain given the small size of the private pillar. This has not been fully developed in Spain. Since 1988 when the system started, there has been a steady and moderate increase, reduced by the financial crisis. Being the majority of plans (60%), employers' plans, these have less participants and accumulated funds. At the end of 2008 the number of participants reached 10.5 million – being 8.6 million in individual pension plans – with accumulated funds of EUR 78 million – being EUR 49 million invested in individual plans (see Ferruz Agudo, et al., 2009).

Recent reform proposals in the public pensions system aim at fostering proportionality further, following the tendency of past reforms since the universal system started in 1967.⁴ In particular, at the moment the pension base level depends on contributions made in the last 15 years. First a “pension base” is obtained as an average of contributions done in the last 15 years.⁵ Second, the share of the pension base received as a pension depends on the number of contributed years, being increased (reduced) by early (delayed) retirement. Eligibility rules establish a minimum contribution period of 15 years – 2 of those in the last 15 years – that give the right to 50% of the pension base. The next 25 to 35 years give 100% of the pension benefit, though the weight given to subsequent years decreases in two steps. Other features of the system are pensions and contribution minimum and maximum thresholds. Every year, those thresholds and old pensions are, in principle, indexed to inflation, though discretionary adjustments can produce deviations from this rule.

On evaluating the appropriateness of the reform one should bear in mind a non-trivial contradiction embedded in the nature of the system nature. As many other pensions systems in the OECD countries, two different policy objectives are mixed together with the complexities of the PAYG financing. Often, measures fostering the Bismarckian nature of the system have a negative redistributive (or Beveridgean) effect. Furthermore, the effect of those measures on sustainability is not straightforward. Improvements in the two policy objectives mentioned above usually worsen sustainability, as the sustainability of the pension system depends basically on demographic and productivity growth.

2.2.2 Debates and political discourse

The debate in Spain follows to a great extent the recommendations proposed by the Toledo Agreement (Pacto de Toledo) in 1995. The latter was the result of a negotiation between the government, other political parties and workers, and corporate firms' representatives. The

³ The tendency described in the last year report has continued. The business cycle crises has continued reducing revenues, undermining the possibility of raising funds while the baby boomers stay in the labour market and hence prepare to meet their future pension claims.

⁴ “Acuerdo Social y Económico para el Crecimiento, el Empleo y la Garantía de las Pensiones” (ASE) 2 de febrero de 2011. Apart from several parametric adjustments mentioned along the report, a decision to split financial sources was done, so that the earmarked contributions should eventually finance only contributive benefits. Other lines of reform present in the debate are the following. Since the current system started a convergence process to the so called “general” regime has been developing. A number of special regimes are still present nowadays together with the general employed and the special self employed (systems in extinction like workers in the old mutualism and coal workers, see and agricultural workers and house work). Furthermore, given the incorporation of females in the labor markets, the role of widow pensions is being debated.

⁵ This “pension base” is called *base reguladora*. Specifically, the formula uprates inflation for 13 years further from the retirement year.

main output of the negotiation was a document containing a set of recommendations and compromises to follow them up periodically. However, as most experts recall, several parts of the proposal were vague and did not result in a concrete policy change. Several reform acts have been enacted since then, though the reforms taken were indeed timid and have not yet fulfilled the proposals that were expressed. The strong effect of current economic crisis in Spain and international pressure to protect euro credibility has led to a reform launched in January 2011, which contains the strongest version of the general proposals outlined in the Toledo agreement. The government made a first proposal out of the Toledo agreement process, which motivated strong opposition from unions. It is worth considering that the more the reform is delayed, the less it can be spread among all cohorts and the less it takes advantage of the current favourable situation. Note that at the moment baby boomers are all working and this produces a favourable ratio of workers to consumers, (*first demographic dividend*) that will be soon exhausted.

Meanwhile, the group of 100 economists, a group of independent experts, elaborated a document to serve as a guide for the pension reform.⁶ All those circumstances, together with the fact that other European countries (Sweden, United Kingdom, Netherlands or Germany) had already undertaken serious reforms, served to reduce the resistance of the government itself and unions. After some discussion and negotiation the current version has been supported by all the actors involved.

In the following sections, the main changes implemented are outlined. As said above, the measures proposed mainly aim at fostering the relation between contribution and pension benefits, both by changing the definition of the benefits formula and by delaying retirement to increase the relation between working period and retirement period that has decreased due to the increase in life expectancy. As explained below, it also improves sustainability.

2.2.3 Impact of EU social policies on the national level

The social debate on the EU green paper has been diminished by other events and by the actual pension reform. The impact of the EU2020 strategy might be probably strong on favouring the government attention to pension policy. But, clearly, the Pact for the Euro in the context of the economic crisis seems to have been the determining fact of the final proposal, both regarding the government decision and the readiness of unions to accept the pensions reform. Unions are not only resistant to any reduction in pensions but also highly reluctant to accept a delay in retirement age, despite the fact that life expectancy has increased dramatically since the normal retirement age was fixed when the system was introduced.

Hence the gradual increase of the normal retirement age from 65 to 67 is a substantial achievement. Although it is small and gradually introduced – from 2013 to 2027 – it opens the door to further developments. Interestingly, there has also been a corresponding increase in the minimum and early retirement age from 61 to 63. However, it will still be possible to retire at the age of 65 if the worker has contributed for 38.5 years – being the increase from 35 years. Indeed the Spanish average retirement age – between 62 and 63 – is quite high by European standards, but early retirement still plays an important role. Furthermore, a delay in retirement age is strongly recommended to foster sustainability (it both increases revenue and reduces expenditure) and is acceptable given the increase in life expectancy together with the delay in the entry age in the labour market. Additionally, the share of the pension base received as a pension has been modified to foster delayed retirement. On the one hand the

⁶ The proposal was promoted by a private research center (FEDEA). It is available in its web page (www.fedea.net/propuestas/pensiones/) together with a blog that keeps the debate alive. Both news and scientific research is followed up.

weight given to contribution years has been adjusted to a maximum of 37 years (instead of 35). On the other hand, the incentive to stay in the labour market beyond statutory retirement age has been increased. The premium to continue working beyond the statutory retirement age has been increased from 2% per year (or 3% with more than 40 contributed years) to a scale from 2 to 4% depending on the number of contribution years (4% only with 37 contributed years). Although it is not yet actuarially fair it is a substantial increase.

Partial retirement has been constrained to avoid this being a way for early retirement. Early retirement is also directly reduced by the increase in the minimum retirement age. Nevertheless the possibility of retiring from age 61 for the unemployed is maintained with an increase in the required contributed years for eligibility to 33. This being more acceptable in the current business cycle position, there seems to be a concession to the unions in the possibility of voluntary early retirement at age 63 and 64. At present the possibility of voluntary (from employment) early retirement was practically eliminated. Only a transitory situation allowed it to workers affiliated to the old mutual system – those who contributed before January 1967. After negotiating with the unions the government introduced the possibility of retiring from age 63. Eligibility requirements include having at least 33 contributed years and not being affected by minimum pension. The consideration of minimum pensions together with reduction coefficients might make this option less attractive. Jimenez and Sánchez (2007) evaluate the effect of minimum pensions in fostering early retirement, finding a significant effect. The reason is basically that workers having low pension entitlements (a small number of years and/or low contribution levels) retired early because staying in the labour market would not have improved their pension entitlements above the minimum pension.

2.2.4 Impact assessment

As stated above, most measures aim at fostering the link between contributions and benefit. In particular, the reform introduces an increase in the weight given to past contributions – both in terms of contributed years and contribution level – in the initial pension benefit. The increase in the number of past contributions considered to compute the pension level has been increasing since the system was introduced, first from the last 2 years up to 8, then to the current 15 years (the latter in the 1997 reform). The current reform raises the past contributions used for pension calculation from 15 to 25 years. The expected impact of this measure is relevant both in number of years and in expected decrease in pension. The reason is the following. On the one hand it is worth noting that usually the earnings profiles tend to be steeper before middle age, stabilising afterwards. On the other hand, one has to consider the fact that the pension base formula indexes past wages only to inflation and not to productivity growth. Hence, there is a higher pension reduction the more years are included in the pension formula. In this case, the number of years is relevant as from 15 to 25 one moves from the middle-age flat earnings profile in the 50s to the steeper profile in the 40s.

Interestingly, the measures strengthening the link between contributions and pensions aim at actuarial fairness. Nevertheless they usually imply a cut in pension benefits that fosters sustainability. And the effect of those measures on income redistribution and pension adequacy is not unambiguous, given that the status quo pension rules relate contributions and benefits in a non linear and (non) direct way. On the one hand, the first 14 years before the minimum period give no entitlement and from then, the weight given to contributed years is not linear, but decreasing. On the other hand, the fact that only the last 15 years of contributions were considered in the pension base could lead to an unfair actuarial situation – workers having bad luck in the last 15 years receive low pensions no matter what they contributed in their first 20 years. Interestingly the increase from 15 to 25 years might have

redistributive effects, as it turns out that high income earners have steeper working careers and hence lose relatively more benefits by the implementation of these measures. Finally the adjustment of maximum and minimum pension thresholds is in principle linked to inflation, while in the long term there is an open way to discretionary adjustments that might alter quite substantially the redistribution effects of the pension system.⁷ In fact, the improvement in the poverty measures of the elderly might be linked to the increase in minimum pensions done by the current government in the last years. The 2011 reform plans to substitute the minimum pension threshold by the non-contributory pension benefit might probably worsen redistribution. There are also reforms directed to other types of pensions. The pension formula of the disability pensions is also adjusted to foster contributivity, resembling the retirement pension formula. Other changes in pension are related to trainees, internships, fellowship recipients and maternity periods. Persons in these three situations will be able to add a maximum of two years of contribution to the total counting period needed to retire. Despite being a marginal adjustment, note that these measures aim at considering the true source of sustainability on a PAYG system: Indeed, raising future human capital is the source of future returns of the PAYG system.

It is worth mentioning that the measures introduced are a substantial, but not a total achievement in relation to the proposals included in the Toledo Agreement and, more importantly, to sustainability. Furthermore, some parameters like the share of pension base received as a pension have been unnecessarily complicated. Finally, the introduction of an adjustment factor (sustainability factor) is mentioned in the law proposal. Though it is not specified and is only possible from 2027 on, it opens a way to manage the system once the baby boomers reach retirement age. Being an important achievement, it is necessary to detail its content as soon as possible in order to foster transparency and also other forms of retirement savings.

In the Stability Pact the government estimates saving 1.4% of 2030 GDP, 2.8% in 2040 and 3.5% in 2050. This estimation includes the estimated increase in GDP due to the increase in employment of the elderly. There is also an independent estimation at the moment of some of the reform proposals. J. Díaz-Giménez and J. Díaz-Saavedra using an overlapping generations model (OLG) model (www.fedeablogs.net/economia/?p=6832). In particular the authors simulate different reforms packages similar to the ones introduced by the government in February 2011. The most similar one is an increase in the number of contributed years used to compute the pension base from 15 to 20 and an increase in the normal (minimum) retirement age from 65 (60) to 67 (62). The effect of this reform with respect to the baseline situation is a reduction in the ratio of pension expenditure to GDP in 2050 from 10.8% to 7.8%. Note that this kind of model makes it possible to capture the general equilibrium macroeconomic effects, usually more pronounced than those computed using partial equilibrium aggregate accounting models similar to the one used by the EPC (2009). Contrary to aggregate accounting models the debt needs to be covered somehow along the simulation. In this case the consumption taxes are adjusted. The increase in the consumption tax needed to cover the debt is 37.6% in the reform instead of 47.8% in the baseline.

⁷ Note that if pension thresholds only increase with inflation –not with the average growth rate of earnings– it remain constant in real terms. This automatically implies that more pensioners will be affected by the maximum and less by the minimum. In fact the maximum pension threshold has been constant in real terms in the Spanish case for a long period.

2.2.5 Critical assessment of reforms, discussions and research carried out

Overall, the measures introduced imply a substantial improvement on the sustainability of the system, though the need to compensate for the cut in pensions by means of assistential policies might limit the extent of this improvement. In any case, further analysis is needed in order to have a more accurate measure of its redistributive effects. In fact, a combined analysis of sustainability and adequacy requires a somehow integrated macro and micro simulation analysis. The social security administration publishes a micro data set on working careers that improved the possibilities of deriving this kind of analysis.⁸

Furthermore, the total completion of measures proposed by the Toledo Agreement and an explicit formulation of the sustainability factor are needed in order to evaluate the cost of the reform in terms of welfare. The role of indexation rules is also worth analysing. This is more important in Spain given the limited coverage of complementary private systems.

Finally it is worth mentioning that the debate on pension reform often ignores that the welfare state includes many other intergenerational transfers. This is especially relevant in the Spanish case. The Spanish welfare state is imbalanced on both sides of the dependent life, contrary to most EU15 countries. While transfers to the old are mostly financed by public transfers and savings, in financing the young private transfers are the main source.⁹ This, together with the inefficient working time schedules, makes it very difficult to combine work and family and might explain the slow recovery of fertility rate in Spain. This issue is often forgotten in the debate about the sustainability of the welfare state. The current crisis should not stop the initial efforts made recently in Spain to improve public benefits to the young. The literature on intergenerational transfers suggests that one of the causes of the decline in fertility rate might have been the generalisation of PAYG financed pension systems.

2.3 Health Care

2.3.1 The system's characteristics and reforms

The Spanish National Health System is the result of an evolution from an insurance system that guarantees only low-income workers to a Beveridgean National Health System. In 1984 primary health care was reformed the construction of rural hospitals and the overarching 1986 Ley General de Salud created the Spanish health system. It is considered highly equitable and efficient although many challenges remain ahead, the high degree of decentralisation being one of the main ones. In January 2002, the only remaining 10 autonomous regions assumed full responsibilities from the Asistencia Sanitaria de la Seguridad Social, and health financing was totally integrated in common financing of each autonomous regions, throughout tax baskets. The Basque Country and Navarre constitute an exception to this rule, because they have the right to collect all taxes directly and then they give back an agreed quota to the central government to pay for national services. This configures a totally devolved health care system, in which autonomous regions bear full responsibilities and large management and organisation powers.

There are no co-payments on visits or diagnosis tests; the only existing co-payment is 40% of drugs prescribed outside hospitals, pensioners being exempted from this co-payment. Coverage of the population is universal, but it has not become a citizenship right, this meaning that access to the system is based on being a worker, being dependent on a worker or not having enough means. Coverage includes all foreign legal residents, and with the

⁸ See Jimenez et al., (2010), Patxot et al (2010). See also www.fedea.net/propuestas/pensiones/trabajos.html for other press and academic analysis.

⁹ See Patxot et al., (2011) for an estimation of the National Transfers Accounts for Spain.

introduction of the Law 4 / 2000, according to which all individuals, regardless of their nationality or country of birth and of their legal situation, are entitled to use the health services provided under the National Health Care System in Spain, with the same conditions as Spanish citizens. Illegal immigrants who have signed up in municipal censuses gain access to health care. The coverage of services is broad and comprehensive, with the only exception of dental care. Since 1995, there is a positive and a negative list of publicly financed health care services, the positive list being very ample. Primary and specialist doctors are civil servants and there is a door-keeper for access to specialised care.

The private sector functions as complementary coverage of health risks in relation to public health activity. This complementary role can include improving the accommodation quality in hospital admissions or elimination of waiting times for specialised assistance. Private sector expenditure on health represented 27.2% of total health expenditure in 2008 according to HFA/WHO and per capita spending is among the lowest in European countries.

The private insurance industry offers two types of insurance: health and health care insurance. In the first case, insured private bidders anticipate the costs of care and insurance for repayment of expenses. In the second case, the insurance provides access to health care at no direct cost. Most privately covered individuals enjoy double coverage, private and public, such as those belonging to the three existing public mutual providers, currently: General Mutuality of Civil Servants (MUFACE), the Social Institute of the Armed Forces (ISFAS) and General Mutual Judicial (MUGEJU). In these cases, the public sector allows its employees to freely choose between public or private provision, with no additional cost. The choice is limited to beneficiaries. This privileged treatment was questioned from the perspective of equity, because it violates the principle of equal treatment.

2.3.2 Debates and political discourse

Recent political initiatives on health might have some impact in the access and sustainability of NHS. Recent drastic cuts in health care expenditure have been contested by citizens. In fact, this seems to be one of the determinants of the recent social conflict that occurred in Spain. It is not yet possible to evaluate if the quickness and strength of the measures might have any effects in the long run, if it might serve as a credible threat to producing a deeper and more rational process of reforms to cut expenditure in face of the long-term challenges faced by the health system.

Coping with the pressure of the economic crisis has led to a reassessment of medium and long-term objective of the Spanish health system. Organisational efforts to maximise efficiency cost allocation and reduce horizontal disparities across autonomous regions were implemented, although many challenges remain ahead.

Health Professionals

Spanish government, with the support of the regions in the Inter-Territorial Council, has taken various actions to challenge those goals such as the Royal Decree Law 4/2010 and 8/2010, including, inter alia, the reduction of NHS salaries, reform of the reference price system, reducing the industrial price of generic drugs mandatory deductions without reference price, and discounts and changes in the margins of pharmacies. Those measures implied an estimated reduction in health care expenditure in 2011 of 8.2% compared to the previous year (Ministerio de Economía y Hacienda).

Measures have focused on the application of a scale for the reduction of NHS base salary and the three basic items of compensation in accordance with the qualifying group. (1) The reduction of the base salary ranges between 0 and 4.5%, to apply from June to December; (2)

further a 5% reduction in all fringe benefits will be applied in the months from June to December in all qualifying groups with the exception of group E¹⁰, to which is applied only a 1% reduction; (3) reduction of the bonus in December and June and a 5% reduction in other components that make up the bonus, for all qualifying groups with the exception of group E, to which 1% is applied. Likewise, the remuneration that corresponds to the additional day to cover continuing care (guards) will also be reduced by 5%. However, the autonomous regions have transferred management of health and competence to establish additional remuneration. Personnel training in health sciences will experience a cut back of 5% which implies an annual salary lowering from EUR 396.26 for a training nurse and up to EUR 644.30 for a five-year training resident on average. Government cuts of between 0.56% and 7% of civil service salaries have implied a decrease of 0.1% of work hour effective cost and salary cost of health sector and social services workers in the 4th trimester of 2010 in respect to the third trimester, whereas general salaries increased by 0.1% (Encuesta Trimestral de Coste Laboral, INE).

At sub-national level, the previous tendency of increasing expenditure in health care was ended, although differences between areas are relevant. A Budget constraint was implemented in La Rioja and Baleares, whereas Navarra, Murcia, Catalonia and Asturias were more generous. Catalonia is experiencing an incipient retrenchment. Its Economy department estimates it will save from EUR 850 million up to EUR 1,000 million through the elimination of the waiting list reduction programme, delaying the construction of some health centres and a reduction of 10% budget on every hospital.

Reduction of drugs cost

Spanish Health authorities have attempted to reduce growth in drugs expenditures in line with other European authorities. Those measures include the system of reference pricing, the reduction of wholesale distributors' and retailers' mark-ups and compulsory reductions of ex-factory prices.

In May 2010 a decree was introduced that is supposed to save for the health system up to EUR 1,042 million, approximately 8.54% of EUR 12,000 million of drug expenditure that are disposed by official prescription, subsidised for chronically ill or retired people. Interterritorial Council approved in March 2010 that the incorporation of new drugs in the portfolio of NHS services must be based on criteria of cost-effectiveness, and work together to develop pharmaceutical guides that might help clinical decisions based on evidence of cost-effectiveness. Current research on the assessment of the impact of cost containment measures on expenditure per capita, prescriptions per capita and the average price of pharmaceuticals financed by the public sector in Catalonia (Spain), from 1995 to 2006 has demonstrated that measures are not effective. Twelve of the 16 interventions analysed that were intended to contain the overall pharmaceutical expenditure were not effective even in the short term, and the four that were effective were not so in the long term. Other studies seem to conclude that there are no clear trends regarding price decreases proposed by the Ministry of Health and Social Policy. Price decrease affects generally high costs drugs for oncology and those that are new in the market. A significant reduction of costs and the homogenisation of prescription for chronic patients within the Autonomous Regions were implemented.

New anti-tobacco legislation

¹⁰ According to the *Disposición adicional séptima* in the 7/2007 Act (April 12th, 2007), this group is the last on the scale of public servants and does not require to hold any qualifications provided by the education system.

Law 42/2010 of 30 December 2010, took effect on 2 January 2011, as a modification of the previous anti-smoking law of 2006. The law tightens anti-smoking restrictions introduced in 2006 and outlaws smoking in any enclosed building open to the public, apart from some exceptions. New fines were introduced; bartenders who do not respect new law may face fines ranging from 601 to EUR 100,000.

Short, medium and long-term measures to improve universality of the system

A clear preeminent role in the definition of short, medium and long-term measures is played by Interterritorial Council. In March 2010 an important measure that guarantees full universality and a standard to ensure maximum access to health care service was approved. Moreover a unique vaccine schedule was adopted and improvements were made in the access of citizens to the health system through extensive use of e-Health and the Extension of the Common Electronic Medical Records. A procurement procedure added to the NHS as a whole, to which the Autonomous Regions may join voluntarily, was established in 2010. It makes it possible to develop and implement a system for sharing information purchasing prices from different suppliers between the Autonomous Regions. Efforts were made to foster the appropriate use of services, with special attention to the ER (emergency rooms).

Medium-term measures agreed to be adopted during 2010 and implemented in the period 2010–2013 include: development of a common system for human resources planning with criteria of needs and distribution across SNS, identifying shortages; setting up and keeping up the national registry of health professionals, including remuneration, career status and professional category; setting up a national system of health care outcomes indicators; reinforcing the role of health technology assessment linked to the updating of the SNS benefits basket. Among its main characteristics, we underline the adoption of the “Health in All Policies” approach, along with a reorganisation and clarification of the distribution of responsibilities among different administrations. The Ministry of Health is experiencing difficulties in coordinating 17 Autonomous Regions as it has been criticised recently by the Consejo Económico y Social.

2.3.3 Impact of EU social policies at the national level

In the face of the growing European Commission and international pressure to reduce public deficit, the Spanish government reacted with a major reduction of social benefits that has involved to a minor extent the health care system. Following World Health Organisation policy lines, the Spanish Government through the Interterritorial Council of Autonomous regions has adopted measures for securing full universality of the health system as mentioned above and improving governance and health information systems at sub-national level.

2.3.4 Impact assessment

The current economic crisis seems to suggest the need for further cuts in the health system. Inevitably personnel and pharmaceuticals cost were the first to be cut in view of their impact on the accounts of the system and the urgent need to reduce current spending. In the future a more diversified expenditure cut in health care seems likely, and for this reason efficiency and rationality criteria are necessary to maintain the same levels of performance and lower costs. Traditionally obstacles to Spanish health system reforms were very difficult to overcome. Recently a debate on the reduction of health care costs is prominent in Spain. One of the big issues is the emergence of the imposition of co-payments in primary care and emergency medicine.

A report by Fedea-McKinsey has focused on demand management measures to ensure that patients and professionals make an efficient use of the system. This policy line jointly with

the incorporation of technology into services portfolio based on unit cost effectiveness and publication of performance indicators and outcomes of health centres were strongly recommended. Introduction of co-payment seems to be a palliative measure that can not meet the objective of a significant reduction in health costs as outlined by a recent report by Antares Consulting. According to this the Spanish health system would be in need of structural reforms that can challenge the fundamental factors of increasing health spending and its sustainability on the long run. The proposed measures would have an estimated impact of approximately EUR 9,872 million, which roughly represents 15% of total Spanish health care expenditure. The development of an information system that allows health equity to guide all public policy across regional autonomous systems and a comprehensive plan to support child and youth health conditions seems to be a priority to ensure equal opportunities regardless of socioeconomic conditions of parents.

Taking into account the time lag between the preparation of new proposals and the achievement of their results, it seems necessary to adapt political discourse to a period of economic stagnation. Anti-crisis measures can be seen as an opportunity to improve internal efficiency and direct resources towards those areas where they can have major impact. In line with principles that inspire the system, structural reforms are feasible but require the adoption of standard measurement criteria across Autonomous Regions and governance transparency as outlined by the Consejo Economico de España.

2.3.5 Critical assessment of reforms, discussions and research carried out

Overall the measures taken so far seem to lack comprehensive and deep analysis. Reduction concentrated mainly on personnel and pharmaceutical costs which might not affect directly the provision of the service. The objective of reducing the deficit to 3% of GDP for 2013 makes further reductions foreseeable and ensures the diversion of funds for future payment of debt interest. However, taking into account the scientific evidence of the impact of economic crisis on health and the beneficial effect of social policies on health, a deterioration in health conditions of the population or a lower future growth path is expected. Improving performances and productivity of human resources and the introduction of shared service between health care providers represent some of the possible measures to cut spending in the long run. Hence, development of health information system to enhance comparative analysis at a sub-national level represents an important challenge for the evaluation of system performance and its rationalisation.

2.4 Long-term Care

2.4.1 The system's characteristics and reforms

The Spanish Government took a big step forward on the regulation of long-term care with the introduction of a new law 39/2006 regulating the autonomy and care of dependent persons that became effective as from 1 January 2007. The so-termed Ley de Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia (The Law of Promotion of the Autonomy and Care for People in a Dependent Situation) establishes the System for Autonomy and Care for Dependency (SAAD). It stipulates the right to access a universal benefit under equal conditions, to all elderly persons and people with a disability who need help to execute any of the basic activities of daily living (BADL).

In the case of Spain, the new law has allowed a clear shift from a social assistance LTC system, to a more universal system, but responsibility continues to fall heavily on families and informal care (Arriba & Moreno, 2009). Despite the existence of service benefits and the clear intention of increasing the supply of caregivers, the Spanish system is characterised by the

provision of cash benefits targeted to families or informal caregivers, which perpetuates the care system within the family that already existed.

The services and benefits detailed within the Law are provided by the Autonomous Regions (Comunidades Autónomas) in collaboration with the private sector. Therefore, the Territorial Council of the System for Autonomy and Care for Dependency was created in order to ensure the collaboration between the General and Regional Public Administrations involved. This organ is in charge of managing the cooperative framework between all administrations, as well as defining the catalogue of services and benefits, the conditions and amount of financial benefits and co-payments of beneficiaries. It further determines the criteria and scale of dependency for eligible beneficiaries. One of the four other organs constituted by the Law are the SAAD Advisory Committee, a consultative body where employees' and employers' organisations participate in order to advise and make proposals on matters that are of particular interest to operations of the system (SAAD) The other three consultative organs that ensure the participation of organisations representing people in a situation of dependency and their families are: The State Council of Senior Citizens, The National Disability Council and The State Council of Non Governmental Social Action .

The Law provides two types of benefits: services and cash benefits. Regarding the services, Chapter 15 of the Law lists a wide range of services available to be carried out through a public network of social services, controlled by the autonomous regions through public centres or private centres subsidised by the government. These services include the Telecare service, the home help service, personal care, service centre and day and night residential care service. Among the benefits there are also cash benefits related to services: monetary benefit for home care and monetary provision for personal assistance. The first benefit is granted only when it is not possible to access a public service. The provision for care in the family environment is recognised, exceptionally, if beneficiaries are being cared by their families in their own homes. Finally, the personal assistance aims to empower people with higher dependency to hire professional assistance for some hours, and provide the beneficiary with access to education, work, or an independent life in the exercise of basic activities of daily live.

The law states its gradual implementation from 2007 to 2015, when it is expected to be provided for all dependents, prioritising the inclusion of the most dependent persons. Among the dependents, the law establishes three different levels of dependency: Grade I – moderate; Grade II – severe; Grade III – high dependence. Each grade is also divided into two levels, where level 1 refers to the least severe and level 2 to the most dependent. Thus, in 2007 persons in a situation of high dependency (Grade III) were considered to receive the dependency benefit. During 2008 and 2009 the severely dependent (Grade II) Level 2 were incorporated. In 2009 and 2010 those dependents with Grade II and Level 1 were included. And in 2011-2012 it is time for those with moderate dependency (Grade I) Level 2, ending with the inclusion of all dependents of Grade I between 2013 and 2014. Following this schedule, on 2 January 2011 the extension of coverage to dependents of Grade I level 2 became effective. There was only the exception of the region of Catalonia, which in front of the delays in including all dependents decided to delay the extension to dependents of Grade I level 2 until next year.

Likewise, the budget assigned to finance those benefits established in the law has been increasing since 2007. At first it was stipulated that the State General Administration would contribute with almost EUR 13,000 million for the whole period (2007-2015), starting with EUR 400 million in 2007, whereas in 2010 it was of EUR 1,581 million. The crisis has restrained this continuous increment, and in 2011 the amount set to finance the long-term care decreased by 5.2%, being only EUR 1,498 million. On the other hand, the EUR 17 million

financial contribution to support the fund for the promotion and development of infrastructure and services of the SAAD is being maintained. This fund aims to provide financial support to companies which carry out dependency services, encouraging collaboration between public and private sectors.

Finally, another important aspect of the new law is related to the quality and labour market regulation of caregivers. The law gives priority to the provision of services in relation to financial benefits with the intent to promote and stimulate the supply of formal labour market caregivers. The law also sets out the financial support to informal caregivers within or outside the family, under the condition that these workers contribute to Social Security. The cash benefit is directed to caregivers as self-employers. This kind of measure diminishes informality and increases control over caregivers. Moreover, the SAAD also promotes training courses for caregivers organised by government institutions like IMSERSO. These courses have the objective of promoting the necessary training of non-professional caregivers and informing them about the contents of the new dependency law. They try to offer basic knowledge to caregivers to improve social and health conditions of dependents, offer information about products and techniques that increase the autonomy of the person with dependency, provide emotional support to caregivers and give information about social and health services available to guarantee the assistance of caregivers to dependents.

Recent reforms

During the past year there have been several changes that need to be emphasised. Some of these changes are a consequence of the economic crisis afflicting the country, and will produce restrictions of the law, but others have been the result of different assessments and reviews, and have the aim to improve its implementation.

Among the restrictive changes is the reduction of the budget by 5.2%, as mentioned above, reversing the gradual increase of each year since the implementation plan was established. In addition, the Real Decreto-Ley 8/2010 of 20 May stipulated the abolition of retroactivity in the delivery of benefits to beneficiaries who have already been valued and considered as beneficiaries, but still have not received provision, to a maximum of waiting time of six months.

Among the improvements made recently, central government and regional administration are committed to reduce to 6 months the waiting time to receive any benefit by persons recognised as candidates, which means a challenge, given the current wait of 9 to 15 months (Barriga, 2010). Furthermore, another enhancement is related to a change in the scale of assessment of dependence by the Real Decreto 174/2011 of 11 February 2011. This modification aims to adjust and improve the reliability of the measurement instruments to achieve a uniform assessment of dependent people in the different regions.

Finally, Real Decreto-Ley 6/2010 of 9 April 2010 provided the reduction of VAT on care services to dependents provided by private entities with publicly subsidised vacancies. This modification is expected to give an impulse to this kind of business and increase the supply of services to meet the greatest number of dependents benefited from the law.

2.4.2 Debates and political discourse

The implementation of the new law of dependency has opened diverse debates and discussions resulting in some of the recent reforms. Still, the time since the law started being effective is increasing, which it opens up new lines of discussion as more assessments are made and the deadline for inclusion of all dependents is approaching.

The number of dependent persons considered by the law seems to take the expected course, although in 2010 the number of dependents was lower than previously projected (1,246,000 dependents were expected in Spain and were only 1,024,000). Nevertheless, the projections were wrong in relation to the distribution of these dependents according to their degree of dependence: 223,000 dependents were projected to be in grade III, when they were already more than half a million. This certainly has strong implications on the budget set, which will need higher funding than initially projected (a projection that already was insufficient).

The present crisis has exacerbated some of the problems in the implementation of the law and the inclusion of beneficiaries. Among the associations of beneficiaries special importance has been given to the problem of the delay in receiving the benefits (in cash and kind), once the assessment and inclusion of the dependent was already established. According to Barriga (2010), the waiting time is between 9 and 15 months (depending on the Autonomous Region), so that in addition with the time waiting to be evaluated it results in an estimated waiting time of 12 to 18 months from the moment that the person applies for the benefit or service perception. Consequently, by October 2010, 27% of the recognised dependent persons had not received their assigned benefits yet (CCOO, 2010).

Several doubts have arisen since the law was enacted about its funding. Those doubts have been aggravated by the present economic crisis. First, the projection of the government only considered the need for resources until 2015, without any contemplation of how the financing of the programme will develop afterwards. Knowing that the baby boom cohort starts retiring in 2020 this does not seem to ensure the sustainability of the dependency system. In addition, the existence of wide regional economic disparities has recently started to be investigated by the accounting court (Tribunal de Cuentas). The triple funding, by the State General Administration, the Regional Administration and co-payments of the beneficiaries, adds more complexity to the system. This complexity has raised questions about whether cash transfers by the General Administration are being used effectively for that purpose and if the Regions are contributing with their part to their duty. Four years after the rule went into effect there is still no way of assessing the regulation of the accounting system and its effectiveness.

We can see that one of the most serious problems in implementing the law is the great heterogeneity existing in the different regions, in relation to their management, implementation and available resources. The State is trying to rectify this heterogeneity by creating new regulations in relation to the waiting time, the assessment of dependency degree, etc., trying to increase homogenisation. However, these intentions are still very far from being more concrete actions with immediate results (Barriga, 2010, Jimenez-Martin & Valplana, 2009).

Several organisations have pointed out the limitations of the law in recognising dependency caused by mental problems. Many of these dependents were already considered in the previous system, but the new dependency law has not led to any changes, where most of them are not included inside the dependency definition constructed by the law, as it relies strongly on physical dependency.

Other issues considered in the general debate of LTC are the insufficient attention of the new system to implementing mechanism to monitor and improve the quality of LTC, although there is a clear intention to improve this situation (as the creation of a Special Committee to improve the quality of SAAD in July 2008). Furthermore, analysis and studies about the new system are affected by the scarcity of data and shortcomings in the information system. While it is true that an official information system exists (the SISAAD), not all autonomous regions have incorporated it with the same fidelity, causing many differences in their assessment.

2.4.3 Impact of EU social policies on the national level

The application of the new law is primarily a consequence of the increasing proportion of older people and therefore dependents in the population, but the influence of other European countries' reforms already carried out cannot be denied.

With this new law Spain has joined the group of European countries that choose a system that guarantees to dependent citizens a support to promote their autonomy or long-term care (Arriba & Moreno, 2009). The European policy on LTC is marked by a combination of a growing but limited universalism of the state that guarantees the basic funding of the system, a regulation by a multi-level government, plus a large family responsibility in caregiving along with a decentralised management with a large private sector, allowing the beneficiary and his family the possibility to choose the combination of benefits that best suits them.

The new law could be also seen as a contribution to improve the wellbeing of dependents, the majority of whom are elderly, helping the country to reach some of the targets presented by EU 2020, such as the reduction of poverty among the elderly. The new law not necessarily increases the income of dependents (being in their majority elderly persons), but it promotes the improvement of autonomy among them and as the cash benefits directed to family caregivers are most of the times directed to family members that live in the same household as dependents, it finally increases the overall income of the family unit. However, due to the lack of studies of this kind it is difficult to assess how the new system of LTC has been related to EU 2020 strategies.

2.4.4 Impact assessment

By 1 January 2011, the statistical database of SAAD displayed that since its implementation in 2007, 1,500,152 applications had been processed and 1,377,853 applications had been assessed. The data state that 899,633 people were eligible for a service or a cash transfer (grade III and grade II), and 668,578 were already receiving their benefit, while the remainder (25.7%) are still waiting to start receiving their benefits. Among these beneficiaries, 67% were women and 33% men, 56% of them being 80 years or over. From all dependents only 0.36% were foreigners. Until 2011 only dependents with Grade III and Grade II had been incorporated, where 58% were highly dependent (Grade III). Although the initial projections of the number of dependents seem to be lower (1,246,000 dependents were expected in Spain in 2011, but there were only 1,024,000), they were inaccurate in relation to the distribution of these dependents according to their degree of dependence, as they projected less severe dependents than the ones evaluated.

In relation to budgetary issues, in 2007, the amount of LTC public expenditures represented 0.5% of GDP and the projections from the European Commission expect that this percentage will rise to 1.4% of GDP in 2060 (a variation of 166%) (European Commission, 2009). This notable increase is due, in great part, to the new dependency law implementation and not only to the natural ageing of population. Before the law, projections of LTC expenditures displayed a small growth of only 0.2 p.p of GDP until 2050 (Alonso Albarrán, 2009). The new law has previewed an increment of public coverage of dependents from 32% of dependent population receiving public benefits in 2007 to 68% in 2015. This was possible, with several criticisms and difficulties, from 2008 to 2010, as the new law applied an increase in the government budget devoted to LTC from 2008 until 2010. However, in 2011, the economic crisis has restrained this increase, which will put in danger the sustainability of the implementation of the law, and will expand the struggles in the timing and accessibility of dependents.

In spite of the intention to favour services provision over monetary benefits, the latter represented 48% of total aid transferred, where the a great share of it was to family caregivers,

while 52% were transfers related to services. This feature of the LTC system has necessarily an impact on quality of services, as informal caregivers are less controlled than services provided by institutions (public or private). There have been several studies to evaluate and project the level of necessity of dependents before the law was implemented, in order to help to construct an overarching system that could take into account all types of situations, addressing quality and quantity issues. However, the decentralisation of provision of services by Autonomous Regions has established a system where each region has its own rules and data collection mechanisms to assess quality of services. The result is a situation where the evaluation and comparison of services is complex and difficult and can provoke problems of transparency. It is undoubtedly necessary to start a process of homogenisation of quality criteria among the different regions.

Finally, the number of new social security affiliations of social services workers since the creation of SAAD in 2007 has been 110,000, a number that contrasts with the context of crisis and job losses experienced by the Spanish economy during this period. This increase reflects the shortage of workers experienced in the sector, which is gradually being rectified with the new Law (Fujisawa and Colombo, 2009). Moreover, the cash assistance directed to family caregivers has especially benefited women, who represent 83% of informal carers. These women are aged, in their majority, between 45 and 65 years old, and are also without occupation. Therefore, the cash benefit has necessarily increased the visibility of this kind of informal service, improving the economic and social wellbeing of this group.

2.4.5 Critical assessment of reforms, discussions and research carried out

As a final conclusion, it seems clear that there are two main issues that the regulation of the new long-term care system needs to handle and improve. On the one hand, the new system needs to face the actual context of economic crisis that Spain is experiencing, and manage to continue with the implementation and inclusion of beneficiaries in spite of the budget reductions. Planning the funding of the system after 2015 should be a priority to ensure the sustainability of the system.

On the other hand, the execution of the new law is encountering real difficulties in putting into action the daily operation of the system, especially those related to coordination between the General and the Regional State Administrations.

Both situations have influenced profoundly the reforms of the system carried out during recent months and undoubtedly have interacted within each other. The complexity that characterises the multi-level management of the system is being affected by the budget constraints and aggravates the access of beneficiaries to the services and cash transfers considered by the new system.

Moreover, the SAAD needs to improve several aspects of its management and implementation like the information system or the homogenisation of quality criteria among the different regions. Moreover, the SAAD needs to consider a serious forecast of the funding needed in the coming years, and after the year 2015 in order to confront the continuation of the system once the ageing process increases the number of dependents.

Finally, one of the main achievements of the new LTC system is the increase of social coverage to more dependent persons who previously received care inside the family context, and also the expansion of the labour market related to social services, including the incorporation of family members (mainly middle-aged women) into social security insurance.

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3 Abstracts of Relevant Publications on Social Protection

[R] Pensions

- [R1] General trends: demographic and financial forecasts
- [R2] General organisation: pillars, financing, calculation methods or pension formula
- [R3] Retirement age: legal age, early retirement, etc.
- [R4] Older workers activity: active measures on labour market, unemployment benefit policies, etc.
- [R5] Income and income conditions for senior workers and retired people: level of pensions, accumulation of pensions with earnings from work, etc.

[H] Health

- [H1] Health expenditures: financing, macroeconomic impact, forecasting, etc.
- [H2] Public health policies, anti-addiction measures, prevention, etc.
- [H3] Health inequalities and access to health care: public insurance coverage, spatial inequalities, etc.
- [H4] Governance of the health system: institutional reforms, transfer to local authorities, etc.
- [H5] Management of the health system: HMO, payments system (capitation, reimbursement, etc.)
- [H6] Regulation of the pharmaceutical market
- [H7] Handicap

[L] Long-term care

[R] Pensions

[R1, R2] BOLDRIN, Michel, GARCÍA GÓMEZ, Pilar (2010). Social security incentives, exit from the workforce and entry of the young. In: GRUBER, Jon, WISE, David (eds). Social Security programmes around the world: the relationship to youth employment. Chicago University Press for the NBER, p. 261-294.

This book groups together an intercountry comparative analysis of the effect of social security incentives on the exit rate of old workers, with special attention to the interaction between this magnitude and the entry rate of the young.

[R2, R5] FERRUZ AGUDO, Luis, ALDA GARCÍA, Mercedes, MUÑOZ SÁNCHEZ, Fernando. Planes y fondos de pensiones privados en España: características, ventajas y evolución de sus principales magnitudes. Boletín económico de ICE, Información Comercial Española, ISSN 0214-8307, N° 2973, 2009.

“Private pension schemes and funds in Spain: Characteristics, advantages and evolution of their principal magnitudes”

In the present context of economic crisis, social protection turns out to be a very important aspect for all citizens. One of the key features and the more distressing is the public system of pensions. Factors like the increase of life expectancy, an earlier age retirement or unemployment question the viability of the public pension system in the medium term, as we know nowadays, a fact already pointed out by different bodies. In relation to this concern of a majority of citizens, an alternative that shows up as a solution, at least in some part, is participation in private pension funds. This study carries out an exhaustive description of the Spanish market of private pension funds and analyses the principal magnitudes that characterise it, and describes its evolution since its beginning until the present.

[R2] GARCÍA-PÉREZ, J. Ignacio, JIMÉNEZ-MARTÍN, Sergi, SÁNCHEZ-MARTÍN, Alfonso R. Retirement incentives, individual heterogeneity and labour transitions of employed and unemployed workers. Economics Working Papers n. 1239, 2010. Department of Economics and Business, Universitat Pompeu Fabra.

In this paper the sensitivity of the labour market decisions of workers close to retirement is analysed with respect to the incentives created by public regulations. It improves upon the extensive prior literature on the effect of pension incentives on retirement in two ways. First, by modelling the transitions between employment, unemployment and retirement in a simultaneous manner, paying special attention to the transition from unemployment to retirement (which is particularly important in Spain). Second, by considering the influence of unobserved heterogeneity in the estimation of the effect of carefully constructed incentive variables. Using administrative data, it is found that, when properly defined, economic incentives have a strong impact on labour market decisions in Spain. Unemployment regulations are shown to be particularly influential for retirement behaviour, along with the more traditional determinants linked to the pension system. Pension variables also have a major bearing on both workers' reemployment decisions and on the strategic actions of employers. The quantitative impact of the incentives, however, is greatly affected by the existence of unobserved heterogeneity among workers. Its omission leads to sizable biases in the assessment of the sensitivity to economic incentives, a finding that has clear consequences for the credibility of any model-based policy analysis.

[R2, R5] JIMÉNEZ MARTÍN, Sergi. An evaluation of the life-cycle effects of minimum pensions on retirement behaviour in Spain. *Journal of Applied Econometrics*, 22, 2007, p. 923-950.

In this paper the effects of the minimum pension programme on welfare and retirement in Spain are explored. This is done with a stylised life-cycle model which provides a convenient analytical characterisation of optimal behaviour. We use data from the Spanish Social Security to estimate the behavioural parameters of the model and then simulate the changes induced by the minimum pension in aggregate retirement patterns. The impact is substantial: there is a threefold increase in retirement at 60 (the age of first entitlement) with respect to the economy without minimum pensions, and total early retirement (before or at 60) is almost 50% higher.

[R1] PATXOT, Concepció, RENTERÍA, Elisenda, SÁNCHEZ-ROMERO, Miguel, SOUTO, Guadalupe. Integrated results for GA and NTA for Spain: Some implications for the sustainability of the welfare state. *Moneda y Crédito* n. 231, Jan. 2011. Banco Santander, Madrid.

The aim of the paper is twofold. First, the first estimates for Spanish National Transfers Accounts (NTA) for Spain are presented. The excess of total consumption on labour income – the life cycle deficit – and the way it is financed through age reallocations via market, public, or private transfers, are obtained. These estimates are then used to estimate the first demographic dividend. Second, this technique and Generational Accounting (GA) are combined to give a more complete picture of the effects of ageing on the economy. In particular, GA sustainability indicators are extended to include age reallocations which occur through family and market.

[R1, R3] PATXOT, Concepció, MORAL-ARCE, Ignacio, SOUTO, Guadalupe. Fostering Delayed Retirement in Spain: A Micro-simulation Exercise Using the MCVL. *Papeles de Trabajo* 1/10, 2010, Instituto de Estudios Fiscales.

In this paper the scope for measures delaying retirement age in Spain is analysed using the continuous working life sample published by the Social Security administration (MCVL). In

particular, retirement probabilities of workers are estimated using a limited dependent variable model, controlling for the possibilities to opt for early retirement. The results indicate that, despite the attempt to focus on the relevant subsample – those who can opt for delayed retirement – the incentive measures explicitly governed by legislation have a limited impact on retirement decision, this being mostly determined by age. When age is specified as single year dummies it captures most of the significance, but the option value still turns significant. Hence, there is some room for policy simulations. In particular the impact of the last reform introduced in Spain fostering delayed retirement, is simulated finding a small impact. This is not surprising, given that it affects a small share of pensioners and it is a marginal change. Other measures often discussed in order to foster the Bismarckian nature of the system are also analysed to the extent that they can affect retirement age. Despite their impact on pension rights, the response of retirement probability is also limited. Only a direct increase in the normal retirement age would produce a sizeable increase in retirement age. Despite the small impact on the probability of retiring of the change in incentive, there is a 1.1 increase in retirement age in the male subsample when age dummies are switched accordingly.

[H] Health

[H2, H3, H4] ARTAZCOZ, Lucía, OLIVA, Juan, ESCRIBÀ- AGÚIR, Vicenta, ZURRIAGA, Óscar. Informe SESPAS 2010: La Salud Pública en la sociedad española: Hacia la salud en todas las políticas. Barcelona, 2010. Retrieved from: <http://www.sespas.es/informes.php>

“SESPAS report 2010: Public Health in Spanish society – to health in all policies”

This report is produced by SESPAS, the Spanish Agency of Public Health and Health Policy Administration. It is sponsored by various institutions such as the Ministry of Health and Public Policies and other subnational institutions in the field.

[H5] CABALLER TARAZONA, María, VIVAS CONSULO, David, MOYA CLEMENTE, Ismael. Financiación pública, provisión privada: la medida de la eficiencia comparada.

Revista de Administración Sanitaria 2009; 7(3):521-36.

“Public funding, private provision: a measure of compared efficiency”

This article establishes specific and thoroughly researched criteria for the evaluation of a hospital's activity in order to discover and improve potential inefficiencies. This paper has aimed to analyse efficiency in three health services units of the Valencian hospitals and to establish appropriate guidelines for efficient performance. This article also compares the operational performance in both public and private hospitals. Three of the health care services units having the highest average waiting list out of 22 hospitals within the Valencian Region were selected (general surgery, ophthalmology, traumatology-orthopaedic surgery). A nonparametric methodology, specifically the DEA model (Data Envelopment Analysis) was used. As a complement, two efficiency indicators were constructed. In conclusion, this paper offers an alternative tool for evaluating the performance of hospital activity.

[H1, H4] GIL, Vicente; BARRUBÉS, Joan; ÁLVAREZ, Juan Carlos; PORTELLA, Eduard. Sostenibilidad financiera del sistema sanitario: 10 medidas estructurales para afrontar las causas del crecimiento del gasto, Barcelona: Antares Consulting 2010. Retrieved from: http://antares-consulting.com/es_ES/main/detallepublicacion/Publicacion/2/apartado/C/idUnidad/4

“Financial sustainability in the health system: 10 structural measures to confront the causes of expenditures growth”

This report exposes 10 structural measures to address the causes of spending growth and strongly oppose proposals of implementing co-payment in various forms. Introduction of this measure does not alter structural factors involved in increased health care costs, those factors that have sustained and prolonged effect in time.

[H1] LÓPEZ CASASNOVAS, Guillem. La evaluación del gasto sanitario en España en sus niveles y determinantes. Economics Working Paper 810. Working Paper nº46. Research Centre on Health and Economics (CRES), 2005.

“The evaluation of health expenditures in Spain, levels and determinants”

The empirical analysis of the paper focusses on the present achievements of health spending on some selected outcome measures and the potential vectors of growth in public resources once we take into account the optimal effects of the increase in expenditure on some sectoral output measures. They include a) efficiency improvements (on overall performance); b) the strengthening of equity (in the financial and in the delivery side), and c) on the “responsiveness” index from the supply side of health services on demand. We identify the gap between actual and “best practice” predicted values and above all, to which type of input or output should the system devote attention at the time of increasing expenditure. We estimate the main results of the former exercise by non parametric Data Envelopment Analysis under different assumptions, either at the multiple inputs and single output levels or under the several outputs and several inputs approach.

[H6] MORENO-TORRES, I., PUIG-JUNOY J, RAYA JM. The impact of repeated cost containment policies on pharmaceutical expenditure: experience in Spain. *European Journal of Health Economics* 2010, DOI 10.1007/s10198-010-0271-1.

This article assesses the impact of cost containment measures on expenditure per capita, prescriptions per capita and the average price of pharmaceuticals financed by the public sector in Catalonia (Spain), from 1995 to 2006. Twelve of the 16 interventions analysed intended to contain the overall pharmaceutical expenditure were not effective even in the short term, and the four that were effective were not so in the long term.

[H4] PEIRÓ, Salvador, ARTELLS, Juan José, MENEU, Ricard. Identificación y priorización de actuaciones de mejora de la eficiencia en el Sistema Nacional de Salud. *Gaceta Sanitaria* 2011; 25 (2):95-105.

“Identification and prioritisation of actions to improve the efficiency of the National Health System”

This article collects the proposals advanced by 13 experts, interviewed through nominal group and Rand consensus method.

[H5] SALUD 2000: Revista de la Federación de Asociaciones para la Defensa de la Sanidad Pública. Treinta y tres medidas para mejorar el sistema sanitario, n. 125, 2010 : 3-4.

“Health 2000: Journal of the Federation of Public Health Defense Associations”

This editorial collect 33 possible measures advanced by *Asociaciones para la Defensa de la Sanidad Pública* to improve Spanish Health System.

[L] Long-term care

[L] ARRIBA GONZALEZ DE DURANA, Ana; MORENO FUENTES, Francisco Javier. El tratamiento de la dependencia en los regímenes de bienestar europeos contemporáneos. Colección Estudios, Serie Dependencia, n. 12007, IMSERSO, 2009.

“The treatment of dependency among contemporary European welfare systems”

The study, commissioned by the IMSERSO, has the aim to progress in the comprehension of the development of social protection policies in Spain, enshrined by the debates on Welfare Systems in Europe and their recent reforms. It gathers several papers, most of them with a comparative background, that analyse different paths followed by European countries to respond to the care and attention necessities of their citizens.

[L] BARRIGA MARTÍN, Luis Alberto. Evolución gráfica de la gestión del SAAD por CCAA. Asociación Estatal de Directores/as y gerentes de Servicios Sociales, 2010.

“Graphic evolution of the SAAD management by Autonomous Regions”

The objective of the study is to give an overarching perspective for each Autonomous Region in Spain of the implementation and managing of the SAAD. The analysis emphasises the use of graphics and visual resources to exhibit the evolution of the indicators.

[L] COMISIONES OBRERAS. Informe Implantación del sistema de dependencia (SAAD) por Comunidades Autónomas. Propuesta de “Plan para la promoción de los Servicios de Dependencia y la creación de Empleo”. October 2010.

“Report about the implementation of the Dependency System (SAAD) by Autonomous Regions”

The report is part of a periodical and sustained monitoring and assessment of the implementation of the System for Autonomy and Care of Dependency (SAAD). The monitoring is executed with a double territorial and temporal perspective, analysing the situation of each Autonomous Community.

[L] GUTIERREZ, Maria Fernanda, JIMENEZ-MARTÍN, Sergi, VEGAS SANCHEZ, Raquel, VILAPLANA, Cristina. The Spanish long-term care system. FEDEA, April 2010.

The study gives an overarching description of the long-term care system in Spain, focusing especially in the application of the new Law of Dependency. It describes not only its organisation, management, coordination and types of services, but also the regulation of the labour market related to social services for dependents.

[L] JIMÉNEZ-MARTÍN, Sergi, VILAPLANA PRIETO, Cristina. Perspectivas de la atención a la dependencia. Temas a debate sobre Economía de la Salud, FEDEA, n. 2009-02, 2009.

“Perspectives of the Attention to Dependency”

This article aims to add a new dimension to the debate generated by the implementation of the new Law of Dependency. It explores not only the demand of care but also the future offer of formal and informal caring.

[L] LIBRO AMARILLO. Presentación del proyecto de presupuestos generales del estado, 2011. Retrieved from: www.meh.es

“Yellow Book. Presentation of General State Budget project, 2011”

The Libro Amarillo presents the General Budget from the State for 2011. It details all the expenditure adjustments presented to reduce the public deficit, which is one of the main objectives of the present budget. All the adjustments follow what is called the Stability Programme, but the accounts also show how part of the budget is also assigned to maintain social cohesion and contribute to improve modernisation of the productive structure.

[L] OBSERVATORIO DE LA DEPENDENCIA, Desarrollo e implantación territorial de la ley de promoción de la autonomía personal y atención a las personas en situación de dependencia. III Dictamen del Observatorio, Asociación Estatal de Directoras y Gerentes en Servicios Sociales, June 2009, retrieved from: <http://www.directoressociales.com/>

“Development and territorial implementation of the Law on Dependency. III Observatory Report”

Following the intense debate in the media and the criticisms of the second report made by some regions, this third report introduces some corrections and clarifications of the previous one. This report focuses on what they consider and endorse as good practices in this area. At the same time, it includes a new and revised ranking of all Spanish regions in relation with the implementation of the law. The four top positions of this ranking were assigned to Andalusia and the Basque Country with 8.5 points followed by La Rioja, Castilla La Mancha and Castilla León with 8 points. By contrast Extremadura (4 points); Comunidad Valenciana (3.5 points); Madrid (3 points); Canarias (2.5 points) and Murcia (0.5 points) got the last positions.

[L] OBSERVATORIO DE LA DEPENDENCIA, Desarrollo e implantación territorial de la ley de promoción de la autonomía personal y atención a las personas en situación de dependencia. IV Dictamen del Observatorio, Asociación Estatal de Directoras y Gerentes en Servicios Sociales, January 2010. Retrieved from: <http://www.directoressociales.com/>

“Development and territorial implementation of the Law on Dependency. IV Observatory Report”

This new report analyses the initial years of the implementation of the law. It mentions as its cornerstone points: the important advance in the implementation of the SAAD; how the best option to develop the SAAD seems to be its integration in the System of Social Services and the reinforcement of those at the local level; how funding problems are not of much volume, the problem consisting rather in the criteria for the distribution of central funding among regions and the control mechanisms on real expenditure; the evolution in the consolidation of proceedings; the still important number of people waiting to make effective their assigned benefits; the predominance of economic transfers over services, contrary to the principles informed in the law; and the still scarce development of home help. The report includes again an updated ranking of all Spanish regions and three annexes. The first one focusses on the funding and costs of the law. The second is an analysis of the agreement of the Territorial Council regarding the evaluation of people in dependency, and the third is a graphic analysis

of the evolution of the SAAD management per region between June 2008 and December 2009.

[L] SAAD, Datos estadísticos del Sistema para la Autonomía y Atención a la Dependencia, Instituto de Mayores y Servicios Sociales, retrieved from:

<http://www.imsersodependencia.csic.es/estadisticas/saad/index.html>

“Statistical data of the System of Attention of Dependency (SAAD)”

Monthly information and evolution of the situation of the system including: demands; profile of claimers; evaluations and dictums; degrees and levels of dependency; recognised benefits/services; agreement for non-professional carers; minimum level of protection guaranteed by the Central Government.

[L] SAAD. Portal de la dependencia. Estructura. Retrieved in 2011 from:
http://www.dependencia.imserso.es/dependencia_01/saad/estructura/index.htm

“The official website of the System for Autonomy and Care of Dependency”

The System for Autonomy and Care of Dependency is sustained inside a constitutional framework based on the collaboration, cooperation and participation of the different public administrations implied. This official website of the System for Autonomy and Care of Dependency offers information about the structure, services, documents, data and practical issues related with the application of the new Law.

[L] SOSVILLA RIVERO, SIMÓN. “Un Análisis Estratégico del Sistema para la Autonomía y Atención a la Dependencia,” Economic Reports 23-08, FEDEA, 2008. Retrieved from:
http://www.fedea.es/pub/est_economicos/2008/23-08.pdf

“A strategic analysis of the system of promotion of autonomy and protection of dependency”

This article analyses the situation of dependency in Spain with data from 2005, reviews the main characteristics of the SAAD, examines attention to dependency in Europe and estimates the effects that the SAAD can have on the economy and on employment. Finally, it does a SWOT analysis of the SAAD and identifies four main strategies of action. They are related to the incorporation of disadvantaged groups into the labour market; the use of a territorial solidarity fund to alleviate differences among regions; the establishment of professional profiles suiting SAAD’s needs; and a higher collaboration and coordination among public and private (for-profit and non-profit) providers.

4 List of Important Institutions

Agencia Estatal de Evaluación de las Políticas Públicas y la Calidad de los Servicios (AEVAL)- National Agency for the Evaluation of Public Policies and Quality of Services

Contact person: Ana M^a Ruíz Martínez (Director Evaluation Department)

Address: C/ Príncipe de Vergara, 108, 4^a Planta 28002 Madrid

Phone: (+34) 91 2732871

Email: anam.ruiz@aeval.es

Webpage: <http://www.aeval.es/>

This Agency performs an institutional role combining the goals of improving the quality of public services, rationalising the use of public funds, and enhancing the public accountability of government bodies. The goal of the Agency is to: improve public services and our understanding of the effects on society of public policies and programmes; promote more rational public spending and optimal use of resources; support the productivity and competitiveness of the Spanish economy by removing red tape; and enhance accountability to citizens and reinforce democratic quality by promoting transparency and participation.

Antares Consulting S.A

Contact person: Montserrat Cervera (director of social policies)

Address: Josep Tarradellas, 8-10, 4^o. 08029 Barcelona

Phone: (+34) 93 241 89 50

Webpage: antares@antares-consulting.com

This is a consultancy firm specialised in strategic management and technology, health services and health sciences, social and socio-sanitary services. The director of social policies is the ex-general director of the Catalan Institute of Assistance and Social Services (ICASS) and one of the members of the group of experts evaluating the implementation of the law on dependency requested by the national parliament.

Asociación de Economía de la Salud (AES) - Health Economy Association

Contact person: Enrique Bernal Delgado (president)

Webpage: <http://www.aes.es/>

The Asociación de Economía de la Salud (AES) is a non-profit private association. It was constituted formally in 1985, although it was already developing activities before then, in particular the annual conference from 1980. It was created to group all professionals devoted to and/or interested in health economics. The number of members has grown steadily during the last decades, so that it reached 680 in April 2004 (36 % are economists, 39 % are doctors and the rest come from other fields of specialisation). The most common areas of research include: hospital management, health administration, public health, economic evaluation and pharmacy. Publication of AES include: 'Boletín Economía y Salud', technical reports and positioning documents. AES also manages ECONSALUD within RedIris.

Asociación Estatal de Directores y Gerentes de Servicios Sociales de España – Spanish Association of Social Services Directors and Managers

Email: directoressociales@hotmail.com

Webpage: <http://www.directoressociales.com/>

This Association was created in 1994 and includes at present almost two hundred professionals holding management positions in social services. The Association has a special presence in Andalusia, Madrid, Aragón, Castilla y León, Castilla La Mancha, Comunidad Valenciana, La Rioja and the Basque Country. Its main aims are to promote scientific

meeting, research and publications aiming to improve social services organisation and management. Since May 2008 it has published four reports related to the development and territorial implementation of the Law on Dependency and the framework and an observatory that monitors the law.

Banco de España - Bank of Spain

Contact person: Juan Jimeno (Head of the Research Department)

Address: c/ Alcalá, 48 (28014) – Madrid

Phone: 0034 (0) 91 338 50 00

Email: juan.jimeno@bde.es

Webpage: <http://www.bde.es/>

The Banco de España is the national central bank of Spain. It was established in Madrid in 1783. It is a public independent advisory body responsible for defining and implementing the Eurosystem's monetary policy, conducting currency exchange operations, promoting the sound working of payment systems in the Euro area, issuing legal tender banknotes, holding and management of currency and precious metal reserves not transferred to the European Central Bank, providing treasury services, etc. It is also a financial agent for government debt etc. The Bank of Spain is also an autonomous adviser to the Government. It prepares and publishes reports and studies, as well as statistics relating to its functions and assisting the European Central Bank in the compilation of statistical information. These reports and studies are aimed at the regular monitoring of the Spanish, Euro-zone and world economies, the evaluation of relevant economic policies, financial regulation and supervision. The regular publications of the Bank of Spain include: an Economic Bulletin, the Annual Report, the Financial Stability Report, the Report on Banking Supervision in Spain, as well as other specific reports, books and volumes.

Círculo de empresarios - Entrepreneurs Network

Contact person: Claudio Boada Pallerés (President)

Address: Paseo de la Castellana, 15, 6º (28046) – Madrid

Phone: 0034 (0) 915 78 14 72

Webpage: <http://www.circulodeempresarios.org>

The Círculo de Empresarios is a private institution which represents the interests of business and big firms in Spain. It was created in 1977 and is aimed at the study, spreading and promotion of free business activity as an essential component of economic and social progress. The Círculo de Empresarios constitutes a space for open debate and opinion on social and economic issues. It publishes monographs and reports.

Comisiones Obreras (CC.OO.)-Secretaría Confederal de Política Social - CC.OO. Social Policy Secretariat

Contact person: Rosana Costa Navarro (Head of Social Policy Secretariat)

Address: C/ Fernández de la Hoz, 12, 28010 Madrid

Phone: 0034 (0) 91 702 80 91

The Spanish trade union CC.OO has been since its origins one of the main active social partners in the inclusion of dependency issues in the political agenda, elaboration and analysis of the implementation of the Law on Dependency.

Comité Español de Representantes de Personas con Discapacidad (CERMI) - Spanish

Committee of Disabled People

Contact person: Luis Cayo-Pérez Bueno (president)
Address: CERMI c/ Recoletos 1º Bajo 28001 Madrid
Phone: 0034 (0) 91 360 16 78
Email: cermi@cermi.es
Webpage: <http://www.cermi.es/>

Confederation of a wide range of associations that defend the interests of people with disabilities and related illnesses.

Confederación Española de Organizaciones Empresariales (CEOE) - Spanish Confederation of Business Organisations

Contact person: Pilar Iglesias (Director of Security and Health and Safety Area)
Address: Diego de León, 50 (28006) – Madrid
Phone: 0034 (0) 91 566 34 00
Email: piglesias@ceoe.es
Webpage: <http://www.ceoe.es/>

The Confederación Española de Organizaciones Empresariales (CEOE) is the major representation of the Spanish business community. It is the legitimated interlocutor of the Government and the trade unions in social dialogue, social concertation and collective bargaining processes at national level. The CEOE also carries ongoing analyses of the Spanish economy and the social and labour situation, in order to propose solutions for increasing the competitiveness of Spanish firms. It publishes books and reports on these issues.

Confederación Española de Organizaciones de Mayores (CEOMA) – Spanish Confederation of Elderly People Associations

Contact person: José Luis Méler y de Ugarte (president)
Address: C/ Pío Baroja 10. Edificio Cantabria. 28009 Madrid
Phone: 0034 (0) 91 573 52 62
Email: ceoma@ceoma.org

CEOMA is a non-governmental, cross-sector federation dealing with the coordination, promotion and defence of elderly people interests.

Consejo Económico y social de España (CES) - Economic and Social Council of Spain

Contact person: Marcos Peña (President)
Address: c/ Huertas, 73 (28014) – Madrid
Phone: 0034 (0) 91 429 00 18
Email: webmaster@ces.es
Webpage: <http://www.ces.es/>

The CES is a central government advisory body on socio-economic and employment issues. It has public legal status, full capacity and organisational and functional autonomy. It has a tripartite composition, including social partners' representatives, civil servants and other independent experts. The CES draws up opinions on broad social and economic issues, on a mandatory or optional basis, for consultation processes, as well as preparing surveys and reports on its own initiative on the fields covered by its remit. It also draws up an annual report on the socio-economic and employment situation in Spain. CES' regular publications include an Annual Socioeconomic and Labour Report as well as other reports in specific topics and the journal 'Cauces'.

Consejo General de Colegios Oficiales de Médicos de España - General Council of Medical Associations of Spain

Address: Plaza de las Cortes, 11 (28014) – Madrid
Phone: 0034 (0) 91 431 77 80
Email: webmaster@cgcom.es
Webpage: <http://www.cgcom.org/>

The Consejo General de Colegios Oficiales de Médicos de España is a private organisation representing the interests of the 52 Medical Associations existing in Spain. It constitutes a very active pressure group for health & care policy design in Spain. It also supports research and training activities carried out by its members.

Consejo General de Trabajo Social - General Council of Social Work

Contact person: Ana Isabel Lima Fernández (director)
Address: Avda. Reina Victoria 37- 2ºc, 28003 Madrid
Phone: 0034 (0) 91-541-57-76 / 77
Webpage: <http://www.rediris.es/list/info/econsalud.html>

This is a public service created in 1988, interconnecting computer services of universities and research centres. It is a distribution list of scientific information related to health economics and moderated by a webmaster. One needs to subscribe but subscription is for free.

Escuela Julián Besteiro (Unión General de Trabajadores, UGT) - Julián Besteiro School, (Unión General de Trabajadores, UGT)

Address: c/ Azcona, 53 (28028) – Madrid
Phone: 0034 (0) 91 589 78 01
Email: informacion@ejb.ugt.org
Webpage: <http://www.ugt.es/ejb>

The Escuela Julián Besteiro is a private institution belonging to the Spanish trade union Unión General de Trabajadores (UGT). It aims at the promotion of analysis on social and economic issues, focusing on employment and labour market trends. However, it is more active in training and debate than in scientific research.

Federación de Asociaciones para la Defensa de la Sanidad Pública (FADSP) – Federation of Associations for the defence of Public Health Care

Address: c/ Arroyo de la Media Legua, 29, local 49 (28030) – Madrid
Phone: 0034 (0) 91 333 90 87
Email: fadspu@gmail.com
Webpage: <http://www.fadsp.org/>

The Federación de Asociaciones para la Defensa de la Sanidad Pública (FADSP) is a private organisation representing the interests of professionals and citizens in the Spanish public health care system. It constitutes a very active pressure group. It also publishes books and reports, as well as a regular journal (‘Revista Salud 2000’).

Fundación Alternativas - Alternativas Foundation

Contact person: Juan Manuel Eguiagaray Ucelay (Director)
Address: c/ Zurbano, 29 – 3º izq (28010) – Madrid
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Webpage: <http://www.falternativas.org/>

The Fundación Alternativas is a private non-profit research institution. It was established in 1997 as a think tank and a channel for political, social, economic and cultural reflection. The areas of expertise of the Fundación Alternativas range from issues of a socioeconomic nature (such as the model of growth for the Spanish economy, systems of family support, or challenges facing the welfare state) to those related to the quality of democracy and security of the public. These areas are developed in different sections: the Alternativas Laboratory is aimed at promoting the formulation of rigorous analysis and proposals. The Observatory of Spanish Foreign Office (OPEX) is dedicated to the monitoring of Spanish foreign policy in the European and global context. Estudios de Progreso is a programme aimed at young researchers. The Alternativas Laboratory is the general research service of the Fundación Alternativas. It publishes a highly relevant Working Papers series available online.

Fundación Banco Bilbao Vizcaya Argentaria (BBVA) - BBVA Foundation

Contact person: Francisco González Rodríguez (President) / Carmen Iglesias Cano (Advisory Committee)
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Webpage: <http://www.fbbva.es/>

The Fundación BBVA is a private research and training institution linked to the BBVA Group. The Foundation engages in the promotion of research and transmission of scientific knowledge to society at large, focusing on the analysis of emerging issues in five strategic areas: environment, biomedicine and health, economy and society, basic sciences and technology and arts and humanities. The BBVA Foundation designs, develops and finances research projects in these areas, organises award schemes for researchers and professionals and communicates and disseminates such knowledge through publications, debates and lectures.

Fundación Banco Santander - Banco Santander Foundation

Contact person: Antonio Escámez Torres (President) / Javier Aguado Sobrino (Director Manager)
Address: c/ Serrano, 92 (28006) – Madrid
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Webpage: <http://www.fundacionbancosantander.com/>

The Fundación Banco Santander is a private institution with a cultural and scientific mission from which it develops an activity of cultural funding in several areas, including socioeconomic issues. Among other publications and reports on financial, social and economy trends, the Banco Santander Foundation publishes the journal 'Moneda y Crédito'.

Fundación de estudios de Economía Aplicada (FEDEA) - Applied Economics Studies Foundation

Contact person: Pablo Vázquez (Director) / Domingo Arranz (Administrador)
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Phone: 0034 (0) 91 435 90 20
Email: infpub@fedea.es
Webpage: <http://www.fedea.es/>

FEDEA is a private non-profit research centre which was set up in 1985 to produce objective and independent economic analysis. It is aimed at fostering effective economic and social

proposals through an understanding of their implications for individuals, families and businesses in Spain. FEDEA's research agenda has been shaped to reflect the problems faced by Spanish society down the years. Issues relating to the labour market, pensions and economic development have accounted for a substantial part of the work undertaken by the centre. Some of the best publications on pensions are elaborated by experts of this institution. Other topics, concerning innovation, the environment and immigration, also receive major attention. FEDEA's regular publications include a Working Papers Series, FEDEA Briefs and Bulletins, Economic Reports and Labour Observatory Bulletins.

Fundación de las Cajas de Ahorros (FUNCAS) - Savings Banks Foundation

Contact person: Victorio Valle (General Director)
Address: c/ Caballero de Gracia, 28 (28013) – Madrid
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Email: www.funcas.ceca.es/contacto/Contacto.asp
Webpage: <http://www.funcas.ceca.es/>

FUNCAS is a private non-profit institution created and funded by the Spanish Confederation of Savings Banks (CECA). It is aimed at developing research on the socio-economic situation of Spain with a view to producing useful analysis and proposals for public political design and decision-making both at national and regional level. FUNCAS regular publications include several highly relevant scientific journals (Papeles de Economía Española / Perspectivas del Sistema Financiero / Economía de las Comunidades Autónomas / Cuadernos de Información Económica / Panorama Social), a Working Paper series and reports on macroeconomic and financial analysis. It also publishes individual books and collective volumes.

**Fundación Juan March. Centro de Estudios Avanzados en Ciencias Sociales (CEACS) -
Foundation Juan March – Centre for Advanced Studies in Social Sciences**

Contact person: Magdalena Nebreda (Administration) / Ignacio Sánchez Cuenca
(Research Director)
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The Fundación Juan March – CEACS is a research and advanced training centre on Sociology and Political Science. It produces scientific reports and working papers on compared institutional analysis, political and economical regimes, inequalities, social mobility and labour market dynamics. The Foundation publishes a highly influential Working Papers Series and completes its research activities with seminars and conferences.

**Fundación para el análisis y los estudios sociales (FAES) - Foundation for Social Studies and
Analysis**

Contact person: Jose María Aznar López (President) / Fernando Navarrete
(Director of Economics and Public Policy)
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Email: fnavarrete@fundacionfaes.es
Webpage: <http://www.fundacionfaes.es/>

FAES is a private non-profit institution that works in the sphere of ideas and political proposals. The FAES has been linked to the Partido Popular since its creation in 1989 and

constitutes a think tank committed to nurturing the political ideas and activities of this political party. FAES develops its activities through discussion groups, seminars, lectures and summer conferences at the FAES Campus. It also issues electronic publications, the magazine 'Cuadernos de Pensamiento Político', reports (FAES Papers Series) and books.

Fundación Primero de Mayo (Comisiones Obreras, CCOO) - First of May Foundation (Comisiones Obreras, CCOO)

Contact person: Jorge Aragón Medina (Director)

Address: c/ Arenal, 11 (28013) – Madrid

Phone: 0034 (0) 91 264 06 01

Email: 1mayo@1mayo.ccoo.es

Webpage: <http://www.1mayo.ccoo.es/>

The Fundación Primero de Mayo is the research institution of the trade union Comisiones Obreras. It is aimed at promoting analysis on social and economic issues with a special focus on employment, industrial relations and labour market dynamics. It is highly active in spreading knowledge through several regular publications including the Journal of the Foundation, reports and studies and other monographs and books.

Fundación Salud Innovación Sociedad – Foundation Health Innovation and Society

Address: Gran Via Corts Catalanes, 764 (08013) – Barcelona

Phone: 0034 (0) 93 306 46 12

Email: fundacionsis.phesba@novartis.com

Webpage: <http://www.fundsis.org/>

FSIS is an institution financed by Novartis that shares its own projects and applied research in social sciences and epidemiology and provides opinions at the request of public and private bodies in the field of epidemiology, health economics and systems analysis.

Fundación Sistema - Sistema Foundation

Contact person: José Felix Tezanos (Director)

Address: c/ Fuencarral, 127, 1º (28010) – Madrid

Phone: 0034 (0) 91 448 73 18

Email: info@fundacionsistema.com

Webpage: <http://www.fundacionsistema.com/>

The Fundación Sistema is a non-profit research institution that aims at fostering debate and exchange of ideas on social and political issues, including immigration and labour market dynamics, democratic participation and civil society, among others. The think tank Fundación Sistema is independent in nature, although it has been ideologically linked to the Socialist Party (PSOE). The Fundación Sistema publishes regular informative bulletins and books.

Instituto de Estudios Fiscales (IEF) - Institute of Fiscal Studies

Contact person: José María Labeaga Azcona (General Director)

Address: Avenida del Cardenal Herrera Oria, 378 (28035) – Madrid

Phone: 0034 (0) 91 339 89 14

Email: direccion.general@ief.meh.es

Webpage: <http://www.ief.es/>

The Instituto de Estudios Fiscales (IEF) is the Spanish public finance research and training centre. It is aimed at establishing and promoting forums for research on public finance and civil society. It is also responsible for developing training, specifically designed to address the analysis of the policies and strategic objectives of the Ministry of Economy and Finance. The

IEF publishes several scientific journals ('Crónica Tributaria', 'Hacienda Pública Española. Revista de Economía Pública', 'Presupuesto y Gasto Público', 'Cuadernos de Formación', 'Foro Fiscal Iberoamericano'). It also issues a Working Papers series and a Working Document series, as well as books and individual volumes.

Instituto de Mayores y Servicios Sociales (IMSERSO) - National Institute for the Elderly and Social Services

Contact person: Pilar Rodríguez Rodríguez (general director)

Address: Avda. de la Ilustración, s/n con vuelta a c/Ginzo de Limia, n.º 58. 28029 Madrid

Phone: 0034 (0) 913 638 592/ 593/ 594

Email: dg@imserso.mepsyd.es

Webpage: <http://www.seg-social.es/imserso/>

The Institute, created in 1978, is currently part of the new Ministry of Health and Social Policy. It manages complementary services of social security (i.e holiday programmes, thermal services, non-contributory pensions, etc) in the area of elderly people and dependants.

Ministerio de Economía y Hacienda – Ministry of Economy and Finance

Address: C/ Alcalá, 9 - Planta Baja. 28071-Madrid

Email: informacion.administrativa@meh.es

Webpage: <http://www.meh.es>

It includes the Consejo de Política Fiscal y Financiera, CPFF- Council of Fiscal and Financial Policy.

Ministerio Sanidad y Política Social - Ministry of Health and Social Policy

Address: Paseo del Prado, 18-20, planta baja, esquina con Lope de Vega. 28014 Madrid

Email: oiac@mpsi.es

Webpage: <http://www.msc.es>

It includes the Consejo Interterritorial del Sistema Nacional de Salud, CISNS- Interterritorial Council of the National Health System. Note: the Ministry is right now under re-organisation, so it is difficult to provide other contact details at this very moment. Among its many publications, the Annual Report of the Spanish National Health Care System should be highlighted (published since 2004), and also Main Figures of the Spanish National Health Care System. Journals published by the Ministry include: Revista Española de Salud Pública, Información Terapéutica del Sistema Nacional de Salud, Estudios sobre el Consumo, Boletín Epidemiológico Semanal, Medicina y Seguridad en el Trabajo.

Ministerio de Trabajo y Inmigración - Ministry of Labour and Immigration

Address: C/ Agustín de Bethencourt, 4, 28071 Madrid

Phone: 0034 (0) 91 363 23 30

Webpage: <http://www.mtas.es>

The Ministry of Labour and Immigration is concerned with the tasks in the fields of social security, immigration and emigration and employment.

Observatorio Nacional de la Dependencia – National Observatory on Dependency

Contact person: Dr Jorge Garcés Ferrer (direction and management)

Address: POLIBIENESTAR. Facultad de Ciencias Sociales. Universitat de València-Estudi General. Edificio Departamental Occidental.

Phone: Campus dels Tarongers. Avinguda dels Tarongers s/n. 46071. Valencia
0034 (0) 96 382 81 84 / 82.02
Webpage: <http://www.uv.es/SocialWelfare>,
<http://www.ondep.es/portal/portada/portada.aspx>

This observatory has been created and is managed by the “Polibienestar” Research Unit, which is a leading group in Spain and the Valencian Region specialised in research, development and innovation, and management of social policies.

Servicio de Estudios del Ministerio de Trabajo e Inmigración – Research Department of the Minister of Labour and Immigration

Contact person: Julio Pérez Sanz (Minister’s Cabinet Director)
Address: Agustín de Bethencourt, 4 (28071) – Madrid
Phone: 0034 (0) 91 363 01 32
Email: sdirgabmin@mtin.es
Webpage: <http://www.mtin.es/>

The Servicio de Estudios del Ministerio de Trabajo e Inmigración is a public body for research on social security, immigration and emigration dynamics and employment and labour market issues. It issues regular reports, statistics and guides on labour and social affairs. It also publishes books and scientific journals, including the Revista del Ministerio de Trabajo e Inmigración (Journal of the Minister of Labour and Immigration).

Sociedad Española de Geriatría y Gerontología (SEEG) – Spanish Association of Geriatrics and Gerontology

Contact person: Dr. Pedro Gil Gregorio (president)
Address: Príncipe de Vergara, 57-59. 28006 Madrid
Phone: 0034 (0) 91 411 17 07

SEEG is a Spanish national association of specialists in geriatrics and gerontology.

UNESPA (Asociación Empresarial del Seguro) – UNESPA (Insurance employers association).

Contact person: Pilar González de Frutos (President).
Address: c/ Nuñez de Balboa, 101 (28006) – Madrid.
Phone: 0034 (0) 91 745 15 30
Email: gabinete.prensa@unespa.es
Webpage: <http://www.unespa.es/>

UNESPA is the main employers association of the insurance sector in Spain. It represents more than 250 insurance firms, which constitutes more than 96 % of the Spanish insurance market. It was created in 1977 to represent the professional, economic and social interests of its affiliates towards other private organisations and public institutions, both at national and international level. UNESPA also represents the collective interests of its members with regard to labour issues and particularly in the processes of social dialogue and concertation with workers’ representatives and public powers at the industry level.

Unión democrática de pensionista y jubilados de España - Democratic Union of Pensioners and Retired Persons of Spain

Address: c/ Alcalá, 178 (28028) – Madrid
Phone: 0034 (0) 91 542 02 67
Email: informacion@mayoresudp.net
Webpage: <http://www.mayoresudp.net/>

The Unión Democrática de Pensionistas y Jubilados de España (UDP) is a private umbrella organisation representing the interests of pensioners and retired workers. It brings together a large number of heterogeneous organisations of pensioners at regional and local level.

This publication is financed by the European Community Programme for Employment and Social Solidarity (2007-2013). This programme was established to support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields. The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries. The Programme has six general objectives. These are:

- (1) to improve the knowledge and understanding of the situation prevailing in the Member States (and in other participating countries) through analysis, evaluation and close monitoring of policies;
- (2) to support the development of statistical tools and methods and common indicators, where appropriate broken down by gender and age group, in the areas covered by the programme;
- (3) to support and monitor the implementation of Community law, where applicable, and policy objectives in the Member States, and assess their effectiveness and impact;
- (4) to promote networking, mutual learning, identification and dissemination of good practice and innovative approaches at EU level;
- (5) to enhance the awareness of the stakeholders and the general public about the EU policies and objectives pursued under each of the policy sections;
- (6) to boost the capacity of key EU networks to promote, support and further develop EU policies and objectives, where applicable.

For more information see:

<http://ec.europa.eu/social/main.jsp?catId=327&langId=en>