



Annual National Report 2010

Pensions, Health and Long-term Care

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1 Executive Summary

The efforts of the Government during the past year have been focused on tackling the increased impact of the crisis on the Spanish economy and growing unemployment, by trying to reach state pacts and social agreements, on the one hand, and by issuing ad hoc legislation, on the other. Little success has been produced so far in the former aspect and this is very much resented by the population. Ad hoc legislation comprises a number of norms, such as the Law project on Sustainable Economy,¹ several Royal Decrees, the design of an Austerity Plan to reduce public deficit,² and a rise of VAT to be enacted from next July onwards.³ Such a rise has been the source of much controversy.

New regulations on pensions, be it on the public or the private tiers, are absent despite staggering figures in unemployment rates. The Spanish pension system showed a good and healthy state before the advent of the crisis: surplus in its accounts since 2002; a substantial and growing pension fund; increasing employment rates of older workers; a comparatively high effective retirement age; and an increasing average labour market exit age. The surplus was drastically reduced in 2009, but social security accounts have not incurred on deficits so far. However, the dramatic decrease in the number of contributors due to staggering unemployment rates, the rapid aging of the Spanish population, and an increase of poverty rates among older people (more acute among women) has convinced the Government of the need for reform. A reform proposal of parametric character was put on the table by the Government in January 2010.⁴ The public debate has greatly intensified and it has produced varied reactions and demonstrations.

Health care has been the only field in which actual reforms have been passed. In particular, legislation has been issued on a new model of regional financing, sexual and reproductive health and conditions for abortion, and on cost control of drugs. Discussion and debate has continued about aspects related to attain a higher cohesion among regional health care systems, but in a more tepid way than last year. Cohesion issues in a fully decentralised system include the attainment of a State Pact for Health and the conferring of a more relevant role to the Interterritorial Council of the National Health System. The new model of regional financing was seen as a precondition for cohesion gains and will hopefully be of help to reach the State Pact and the reinforcement of the Council. Some further efforts have also been made to tackle the deficit of general and specialist doctors.

As it was the case last year, long-term care, or specifically, the protection of dependency, is the field having received more attention, debate and action. The Law on Dependency⁵ has, first, continued to be implemented, which is a lot to say in a time of severe economic crisis. An increased effort to provide the necessary financing was done. Second, the implementation process has been evaluated both by government instances and by independent ones. Third, close observation and monitoring of its development has taken place both on the part of

¹ The text of the law project can be retrieved from:
<http://www.meh.es/Documentacion/Publico/GabineteMinistro/Varios/29-03-10%20PROYECTO%20LEY%20ES.pdf>.

² <http://www.la-moncloa.es/ActualidadHome/2009-2/290110-enlacedeficit>.

³ Royal Decree-Law 6/2010, of 9 April, de medidas para el impulso de la recuperación económica y el empleo. BOE, 89, 13 April 2010.

⁴ The text of the government proposal can be retrieved from:
<http://www.seg-social.es/prdi00/groups/public/documents/binario/128563.pdf>.

⁵ Law 16/2003, of 14 December, de Promoción de la Autonomía Personal y Atención a las personas en situación de Dependencia. BOE, 299, 15-12-2006.

public bodies and on the part of a wide range of associations and stakeholders. This has allowed for the signalling of flaws, imbalances and problems to be corrected and it has produced a large number of publications. Also, coordination with the socio-sanitary system and pre-existent social services has come to the fore. Main negative aspects can be summarised as persistent regional disparities and a too large provision of economic allowances in comparison to services, this being an aspect that contradicts the fundamental principles of the Law. Given the intensity of the public, academic and political debate, we have devoted more space to this policy field than the one recommended for drafting the report.

2 Current Status, Reforms as well as the Political and Scientific Discourse during the previous year

When analysing last year's developments, we termed the period from April 2008 to April 2009 as a 'transitional year'. We argued that it has been a low profile year as regards normative reforms for no major laws were approved in the pension, health care and long-term care domains and that this was due to the closeness to the last general elections held in March 2008. However, the same explanation cannot be applied to the period analysed in this report, when major legal reforms have only taken place in the realm of health care. The intention of the Government to attain broad agreements and social pacts to reform the pension system and the labour market and the fact that such agreements have not been reached constitutes a better interpretation. Still, once again, this does not mean that nothing happened. On the contrary, recent major legal reforms continued to be implemented and specific measures were taken to fight the economic crisis.

Every country has its own policy-making style. In Spain, the academic and scientific discourse has never produced much impact on the decision-making process in the whole history of democratic Spain (past 30 years), with the exception of a couple of episodes in the pension and health care domain that took place in the early-mid 1990s. However, we may be witnessing a change in this respect. Last year such a change had only affected the long-term care policy domain. In fact, leading academics from the University of Alcalá in Madrid and the Pompeu Fabra University in Barcelona played a protagonist role in the design and inception of the 2006 Law of Dependency, currently under implementation. This year, it is not only academics and experts but also associations and private/public institutions who are actively participating in the public debate on the reform of pensions, health care and long-term care. This seems to confirm a significant variation in the policy-making style. However, it may also be the case that this change is primarily due to the situation of crisis to go back to the previous state after the crisis ends. Obviously, when referral is made to scientific/academic publications in this report, what is meant is that such publications were related to whatever was being considered in the political/public discourse, but this does not imply at all that such publications bore an influence and/or had an impact.

2.1 Pensions

The Spanish public pension system is a professional pay-as-you-go system of universal coverage. The vast majority of pensioners benefit from a contributory pension. Less than 1 % of them benefit from a non-contributory pension. These are citizens that could not access the contributory system because: a) they did not depend on a worker or b) they failed to contribute for the minimum period to access the public system. The profile of non-contributory pensioners is that of elderly women, living mainly in rural areas. The public system counts on a minimum and a maximum pension and it is intensely redistributive. The reform pattern since the advent of democracy can be summarised in three main trends. First, all reforms have borne a parametric character, as for example changes in the minimum period of contributions and in the number of salaried years used to calculate the initial pension. Secondly, a steady increase of the minimum pension and use of top-ups. And, third, a simplification of the professional system so that the number of 'professional regimes' has been drastically reduced (from over a hundred in the mid 1970s to less than 10 at present). This has been coupled with a convergence towards the conditions enjoyed by workers of the

‘general regime of salaried workers’. Contributory pensions are managed by the central state (the Treasury of Social Security), while non-contributory pensions are the responsibility of the autonomous regions. Since the mid 90s, the reform of the pension system is carried out in parliamentary seat, within the Toledo Pact Parliamentary Commission,⁶ and agreed upon with the social partners, the banking system and other salient actors. The private tier consists mainly of individual pension plans (introduced in 1987 for the first time).

The Spanish pension system has not been reformed during the last year. This applies to both the public and the private pillars. The latest reform of the system took place in 2007, Law 40/2007, of 4th December, which continues to be implemented (i.e. action is being taken).⁷ Despite absence of reforms, the economic crisis and significantly high unemployment rates have meant that a number of challenges have arisen in terms of financial sustainability. Also, the debate on future reform has greatly intensified even if no reform has been enacted. Hence, this section of the report is divided into three subsections. The first addresses the impact of the economic crises on the different variables of the system for which there are data available. The second deals with the political and public debate on the reform, with the potential impact of the measures proposed, and with the findings of relevant scientific publications and analyses. The third and final is devoted to the critical assessment of last year developments in the field of pensions.

2.1.1 Developments in the absence of reform: the impact of the economic crisis

To begin with, the Spanish Social Security has enjoyed surpluses since 2002 and continues to do so at present. These surpluses have been possible thanks to the remarkable creation of employment (8 million jobs since 1996) and to the increase in the number of workers as compared to the increase of the number of pensioners. However, there are other reasons for it based on already implemented reforms. First, the split of financial sources initiated in the 1980s and consecrated by the Toledo Pact in the mid 1990s, so that health care, social care services and most non-contributory subsidies have become financed out of general revenues rather than out of social contributions. Second, the increase of the number of contributors has been attained thanks to the incorporation of young people and women into the labour market but also thanks to the inclusion in Social Security of many previous informal workers (home helps, informal carers, immigrants, people depending on a scholarship, etc.). Third, from 2004 the minimum contribution bases (minimum salary) have experimented similar growth rates to those of minimum pensions, thus maintaining the correspondence between contributions and benefits. At the same time, millions of contributors have left the minimum level and contribute for higher bases, hence reducing unbalances of the system. Fourth, a stricter control of fraud has been carried out. Fifth and last, up to 2008, early exits had diminished and the effective retirement age has grown.

These measures have allowed for the establishment of a pension fund amounting to EUR 58 billion. Furthermore, in October 2008 the Government announced an increase of 3 % in the contributions of the highest salaries, in particular those over EUR 3,000 a month, for reasons of solidarity (*El Mundo*, 2 October 2008, p. 36). In order to ascertain the solidarity

⁶ The Toledo Pact on the reform of the pension system was signed in 1995 among parties with parliamentary representation, and then approved by the social partners, the banking system and other interest groups. It consists of a list of potential reforms, which was enlarged and updated in 2003. A good number of the proposed reforms have already been enacted. The text of the Pact can be reached, for example, retrieved from: http://www.comfia.net/archivos/pacto_toledo.pdf.

⁷ Law 40/2007, of 4 December, de medidas en materia de Seguridad Social. BOE, 291, 5-12-2007.

level of the Spanish pension system, one has to bear in mind that the maximum pension for 2010 amounts to EUR 2,466.20 a month.

The balance of the system in 2009 shows still a surplus, but it has been significantly reduced. By October 2009, the surplus had been cut down by 33 % and it amounted to EUR 10,706,780 million (1.01 % of GDP), while the calculations for the end of the year were that the surplus would amount to EUR 7,114,800 million (0.7 % of GDP).⁸ The estimates for 2010 are of a EUR 2,879,894 million surplus. Expenditure on contributory pensions will increase by 5.79 % in 2010.⁹

Furthermore, the impact of the crisis on unemployment has meant a drastic reduction of the number of contributors to social security. The reduction has amounted to 1,568,938 contributors, from the highest point in affiliation in 2007 (19,372,777) to the lowest so far at the end of 2009 (17,803,839). This is very worrying in terms of future sustainability of the system, especially taking into account the rapid and intense aging of the Spanish population.¹⁰ Academics have also paid close attention to the aging problem and future sustainability of the system during the past year, both from the point of view of individual and household sufficiency.¹¹

The increase in the amount of minimum pensions over the average for the system is a traditional policy within the Spanish social security system which has been in place with different levels of intensity since the advent of democracy. The latest achievements are notorious: almost one third of all pensions receive top-ups in order to reach the minimum amount fixed by the system (beneficiaries of these pensions have not contributed enough to reach the minimum pension, so that the state tops them up). The amounts of these pensions have increased between 2.0 % and 5.57 % in 2010. The number of current topped-up pensions is of 2,643,289 people.¹² One can also ascertain worries among academics and experts on the existence and possibilities for correction of inequalities among pensioners and enhancement of distributive justice.¹³

The financing of top-ups, as agreed in the Toledo Pact, is increasingly done through the state budget and decreasingly through social contributions. The process is to be completed in 2013. Meanwhile, the amount of resources drawn out of social contributions to pay for top-ups still reaches EUR 3,000 million. The strategy to use taxes to finance top-ups, among others, has served the purpose of increasing the Reserve Fund of the pension system. The total number of beneficiaries of minimum income policy (including contributory and non-contributory assistential pensions) is 3,204,314.

Not surprising given the occupational character of the Spanish pension system, but still worrisome is the fact that the proportion of women depending on minimum pensions is much higher than that of men (61.82 % and 38.18 % respectively). This is due to the high number of women who could not enter the labour market (or could not make the minimum contributions required to enter the public system) and are dependent on a widows' pension. Even if the replacement rate for widows' pensions have been increased, their average amounts are very low (EUR 565.57 per month in 2010). Women are also overrepresented among beneficiaries of non-contributory pensions, these latter amounting to EUR 339.70 per month in 2010.

⁸ *La Nueva España*, 1 October 2010, p. 33.

⁹ *Proyecto de presupuestos de la Seguridad Social 2010*. Madrid: Ministerio de Trabajo e Inmigración.

¹⁰ *La Gaceta*, 5 January 2010.

¹¹ See Patxot Cordoner (2009); Serrano Pérez (2009); Zubiri Oria (2009); and Sánchez Martín & Sánchez Marcos (2009) in section 4 of this report.

¹² Royal Decree 2007/2009, of 23rd December, sobre revalorización de las pensiones del sistema de la Seguridad Social y otras prestaciones sociales públicas para el ejercicio 2010. BOE, 313, 29-12-2009.

¹³ See Pedraza, Muñoz de Bustillo & Rivas (2009) and Esteve Mora (2009) in section 4 of this report.

Another worrisome aspect of the pension system is that an increase of poverty rates among older people has been detected when comparing the decade of the 80s and that of the 90s up to 2005, as compared to poverty rates of people within working ages. Eurostat data for 2007 show how the at-risk-of poverty rate among people aged 65+ was of 28 %, while the correspondent rate for the total population was significantly lower, namely of 20 %. Poverty rates are higher among the elderly than the average for the whole population, but its intensity is lower. In other words, there is a lower proportion of severely poor (25 % threshold) among the elderly. Poverty rates among the elderly increase with age and also by gender, so that elderly women have higher poverty rates than men. Again, severe poverty behaves in a different way: it decreases with age, so that it has been almost eradicated among the eldest (over 75 years of age).¹⁴

This may look surprising at first sight given that pension amounts have grown over inflation rates. The strategy to increase top-ups to minimum pensions and the introduction of non-contributory pensions for the elderly since 1990 explains the decrease in severe poverty. The general increase of poverty rates (60 % of median equivalent income) may be explained, in turn, by the rapid ageing of the population over 65. The eldest among the elderly usually depend on pensions proportional to salaries which are older and lower in time than those of the young among the elderly. Hence, despite increases of pension amount over inflation, poverty may be accentuated. Furthermore, the theoretical replacement of the Spanish pension system is generous (84.2 %) but the average replacement rate (defined as the ratio between the average benefit and the average salary) is much lower (65 %). This is due to several factors: contribution bases are lower than salaries; labour histories can be short (for example women worked for 21.7 years on average in 2007); indexation is based on forthcoming inflation rather than on growth of salaries; and formulas penalise gaps in labour during the last 15 years before retiring and also early retirement.¹⁵

Finally, Law 40/2007 continues to be implemented. Its main provisions include, among others, the effective consideration of the last 15 years of salaries for the calculation of the initial pension (in force since 1 January 2008) incentives to the prolongation of working lives,¹⁶ a new calculation of disability pensions (they are never to surpass the level of retirement pensions), an amelioration of widows' and minimum pensions, and new rights to widows' pensions for divorced and de facto couples.¹⁷ A simplification of early exit modalities is also taking place under Law 40/2007. It also includes more rigorous conditions to access partial early retirement.¹⁸

¹⁴ Ayala Cañón, Luis y Sastre García, Mercedes (2008) "Pobreza, mayores y Seguridad Social: una perspectiva económica". *Revista del Ministerio de Trabajo y Asuntos Sociales*, pp. 207-209.

¹⁵ See Arza (2009) in section 4 of this report.

¹⁶ The measures include forbidding pre-retirement before 52 years of age and the hardening of conditions for partial retirement. Conversely, it provides incentives for the voluntary prolongation of working lives after the official retirement age (65). The measures aimed at this latter objective consist of the recognition of an additional 2% over the 'regulatory base' (formula to calculate salaries for pension purposes) for each extra worked year. This can be increased to 3% in the case of workers that have contributed for 40 years or more. Importantly, workers eligible for prolongation are now all individuals having contributed for the minimum period, and not only those having contributed for 35 years as before. Moreover, the increases can be applied even if they entail surpassing the amount of the maximum pension of the system.

¹⁷ The rights to widows' pensions were extended to divorced and de facto couples (also to gay marriages, in accordance with the law on this issue). This is the only aspect of Law 40/2007 (*Disposición final segunda*) that needed further regulation to be implemented. Such regulation was approved by Royal Decree 296/2009, of 6 March.

¹⁸ Alzaga Ruiz (2009) analyses the impact of the latest reform of the pension system in Spain as regards early retirement provisions. He argues that it should be avoided to use early retirement to tackle high unemployment situations. See section 4 of this report.

Let us now turn to consider privately managed pension provision. The private pillar has neither undergone changes during the past year. Participation in privately managed pension provision is voluntary in Spain. The main incentives to participate in private schemes, especially in the individual plans (the largest modality in Spain) are fiscal discounts and complementing the public pension (or even fears that the public pension will be far too low). In other cases, people use individual funds or plans to receive a lump sum when retiring. Such lump sum is used for travelling, renewing the apartment or house or similar endeavours. The Government has changed fiscal conditions so that it becomes more attractive to retrieve the plan or fund as a monthly payment (“pension”) rather than as a lump sum. Accessibility of individual plans is very much limited to the middle and upper classes that enjoy enough income to be able to invest in such products.

Data from the 2007 Report of the Ministry of Economy and Finance estimate 10,288,247 participants in 2007, 81 % of which belong to the modality of individual plans and whose consolidated rights represent 61.9 % of the total.¹⁹ The Report does not break down the data on coverage of private pension schemes either by gender, family status or education. It does provide data by age. Individual plans are contracted by people aged 52 to 65 (36.12 %), followed by people aged 41 to 51 (33.33 %). On the level of contributions, the Report shows that, in almost 82 % of the cases, annual contributions are modest, in particular they are lower than EUR 900 per year. There are no data about accumulation of participation in several schemes.

The Spanish pension system is prominently public. At present, only 319,338 persons perceive benefits from private pension plans. Hence, future adequacy of pensions will depend mainly on the evolution of the public system rather than on the public/private mix, at least in the near future. Individual plans had been formalised by 8.5 million contractors in 2009. Still the assets of the system amounted to EUR 51,038 million in the same year, a figure which is comparatively low within the EU.²⁰ Also, in 2009, contributions to private plans were reduced by 6.5 % as compared to 2008.²¹ At the face of the economic crisis, this circumstance can be considered both an asset and a liability. It has been an asset because private funds have not been affected by the crisis in major proportions as it has been the case in other countries. But the limited weight of private provision may also be considered as a liability for the future, given the combined effect of the crisis and population aging on the public pension system. In other words, risk diversification is low in the Spanish case. The prescription included in Law 35/2006 on Tax on Income (*Impuesto de las Personas Físicas*)²² which lowers fiscal incentives for contributions to private pension plans is, in this sense, very negative, for it hinders participation in them.²³

¹⁹ Despite the fact that this is supposed to be an annual report, the latest available has been published in 2008. Ministerio de Economía y Hacienda. *Seguros y fondos de pensiones. Informe 2007*. Madrid: Dirección General de Seguros y Fondos de Pensiones, 2008. Retrieved from: https://www.dgsfp.meh.es/documentos/Informe_2007.pdf.

²⁰ *ABC*, 29 November 2009, p. 28.

²¹ *ABC*, 21 March 2010, p. 34.

²² Law 35/2006, of 28 November, del Impuesto sobre la Renta de las Personas Físicas y de modificación parcial de las leyes sobre los Impuestos sobre Sociedades, sobre la Renta de los Residentes y sobre el Patrimonio. BOE, 285, 20-11-2006.

²³ An analysis of the impact of Law 35/2006 can be found in Costa Franco, L. “Impuesto a la Renta de las Personas Físicas sobre jubilaciones y pensiones”. *Revista de Derecho y Tribunales*, 5, 2007, pp. 95-112. Ramírez, E. and Bauzá, M.A. “La nueva fiscalidad de los planes y fondos de pensiones y de otros sistemas de previsión social”. *Perspectivas del Sistema Financiero*, 93, 2008, pp. 51-65.

To conclude, there are still no data on how the economic crisis is impacting the effective retirement age of the system, early retirement²⁴ and the average labour market exit age. However, it is clear that the impact is bound to be negative given the soaring unemployment rates (see section 3).

2.1.2 Overview of the debates/political discourse and impact assessment

Unlike other occasions, pension reform did hardly receive attention in the national electoral campaign that resulted in the victory of the Socialist Party on 9 March 2008. Electoral programmes made scant reference to the issue of pensions. For example, the Socialist Party, preferred to underline other major social protection measures undertaken in the past legislature, as the Law on Dependency, family subsidies (the ‘baby cheque’), the Law on Equality. The electoral programme of the PSOE (*Partido Socialista Obrero Español*, Spanish Socialist Party) only includes references to the declared aim to further increase the lowest pensions, paying special attention to widows’ pensions.²⁵ This is important but not new: this policy has been pursued for three decades in Spain already and with very positive results. Conversely, it is not possible to find any reference to pension reform in the electoral programme of the PP (*Partido Popular*, Conservative Party), not even in the section devoted to the proposal of measures oriented at the amelioration of living and welfare conditions of elderly people in Spain.²⁶ The very limited attention paid to pensions in the electoral programmes of the two major political parties is good proof that it was not among their worries in March 2008.

Law 40/2007 was supposed to be answering to all adequacy and financial sustainability challenges (see section 2.1.1). In this situation it is not surprising that a public and/or political debate was not opened for months after the general elections, despite the increasingly worrying signs of economic deterioration. In October 2008, after a meeting of the prime minister with the leader of the opposition, they declared the intention to call for a meeting of the non-permanent parliamentary commission for the Toledo Pact shortly.²⁷ Furthermore, some days later, Rodríguez Zapatero stated his intention of pursuing the reform of the public pension system and that the Toledo Pact commission was to meet on the 15th November 2008.²⁸ This is in accordance with the agreement to renew the recommendations for reform of the Toledo Pact every five years provided that the renewal of the Pact took place in 2003, when the initial list of 15 recommendations was enlarged to 22 in order to update and adjust them to the new situation. Nonetheless, whatever was discussed in the commission did not transcend to the media.

In fact, the reform of the pension system did not reach the political and public arena until one year ago, in of April 2009. The trigger was the appearance of the governor of the Bank of Spain before the Parliamentary Commission for the Toledo Pact and the presentation of a report on the situation of pensions in Spain elaborated by the same institution.²⁹ The analysis included in this report and the proposals for reform made by the governor of the Bank of Spain derived from it initiated an intense and heated public debate between the governor and

²⁴ The Minister of Labour, Celestino Corbacho, has declared that early retirement has decreased from 61.7% in 2004 to 51.8% in 2009 (*El Mundo*, 1 May 2009, p. 34).

²⁵ Programa Electoral del PSOE, 2008.

²⁶ Programa Electoral del PP, 2008.

²⁷ *El País*, 15 October 2008, p. 10.

²⁸ *El Mundo Mercados*, 19 October 2008, p. 16.

²⁹ A summary of this report can be found in section 4. See: Banco de España (Dirección General del Servicio de Estudios), 2009. “La reforma del Sistema de Pensiones de Jubilación en España”, Madrid: Dirección General del Servicio de Estudios del Banco de España.

the Government (especially the Ministry of Labour). The participation in the debate has been extended to political parties and the social partners.

From the 16 April 2009, after the meeting of the Parliamentary Commission for the Toledo Pact, an open confrontation was originated and brought pensions to the forefront of public debate. To begin with, the declarations of the governor of the Bank of Spain urged for a deep and immediate reform of the pension system, to avoid reaching a traumatic situation derived from the impact of the economic crisis. According to the media, he claimed that the system would run deficits this same year if no action was taken and it would be at risk of bankruptcy in 2025.

The reaction of the Government especially that of the minister of Labour, Celestino Corbacho, was strong and immediate. He denied the possibility of the Social Security running into deficit in 2009 and declared that the governor of the Bank of Spain was unnecessarily creating alarm and unrest among the population in general and pensioners in particular. According to the minister of Labour, the Bank of Spain should stick to its institutional role of financial surveyor and let the Toledo Pact commission come up with consensual proposals for reform after considering the situation.

Other members of the Government also reacted strongly against the position of the Bank of Spain. Such is the case of the first vice-president,³⁰ María Teresa Fernández de la Vega, who claimed that she is totally against alarming the population without reason, as the governor had done.³¹ The secretary of state for Social Security, Octavio Granados, also participated in the debate stating, on the one hand, that he agreed that it was important to start thinking about the necessary reforms, but that, on the other hand, he could prove that the situation was far from dramatic. He claimed that the upsurge of a deficit in the Social Security accounts would not occur in the near future, but that if it did it could not be considered as a disaster given the present economic context.³²

Given that the position of the Government was not detailed at this point in time, an approximation to it can be ascertained by the publication of a work document by the think tank of the PSOE, Fundación Alternativas, (see Fernández Bernat & Monereo Pérez in section 4 of this report). Such document considers that the pension system should remain composed of two tiers, namely the public tier, based on intergenerational solidarity, and the private tier, based on savings. The voluntary character of private pension funds and plans should be preserved and they are to remain the centrepiece of complementary social security.

The controversy between the Government and the Bank of Spain produced an alignment on both sides of different political and social actors. The main unions (*Comisiones Obreras*, CCOO and *Unión General de Trabajadores*, UGT) strongly confronted the position of the Bank of Spain. Employers' associations (*Confederación Española de Organizaciones Empresariales*, CEOE and *Confederación Española de la Pequeña y Mediana Empresa*, CEPYME) favoured a prudent position in the debate on pension reform while declaring their intention of contributing positively to it and sympathy for the arguments of the Bank. Such an alignment of political and social actors has remained in place to date.

The opposition reacted by paying close attention to the findings of the Bank of Spain Report on pensions and by defending it against the Government. The PP claimed that the debate on the reform should be initiated immediately. Ex-prime minister José María Aznar and present

³⁰ "Vice-presidents" of the Spanish Government are called so because the prime minister is called "the president of the government".

³¹ Interview published in *El Mundo*, 19 April 2009, pp. 14-15.

³² *El País*, 21 April 2009, p. 23.

leader of the think tank of the PP (FAES, see section 5) has shown his total agreement with the recipes for reform of the Bank of Spain.

When reading through the 2009 Bank of Spain *Report on The Reform of the Pension System in Spain*, one would be very surprised by the controversy generated by it if we were not aware of how much effort the Government has invested on avoiding the creation of an atmosphere of black pessimism and alarm because of the economic crisis. In our opinion, the conflict has not been generated by the contents of the report themselves but rather by the declarations of the governor regarding the quick occurrence of deficits in Social Security accounts. Such a consideration is not included in the report. In fact, the report does not defend and/or clearly rejects either overarching reforms or reforms entailing potential losses of equity. It is built as a list of proposals of reform to be discussed. The list of proposed reforms is mainly aimed at ensuring future sustainability and adequacy of the existing public pension system. They bear a 'parametric' character:

- the increase of the number of salaried years used to calculate the initial pension (15 at present) to the whole working life
- a reduction of the replacement rate for the minimum contributory career or careers shorter than 35 years (the replacement amounts to 50 % for 15 years of contributions and 80 % for 25 years of contributions at present)
- a gradual postponement of the official retirement age (65 at present)
- the increase of the minimum period required to access the public system (15 years at present)
- strict indexation of pensions to inflation
- the possibility to consider the introduction of notional accounts

Last but not least, the report acknowledges that a drastic decrease of the replacement rate should be carefully studied. On the one hand, (theoretical) replacement rates tend to be higher in Spain than in other advanced economies (84.2 % in Spain as compared to an average of 72.1 % for OECD countries). However, on the other hand, the level of pensions is comparatively lower in Spain: expenditure on pensions for each individual over 65 years of age amounts to 56 % of per capita GDP in Spain, which is significantly lower than the average for EU countries (close to 75 %).

After this initial confrontation in the spring of 2009, the debate on the reform of the pension withered away, or, at least, the media did not reflect of it. Exceptions are the declarations of Joaquín Almunia, Commissioner for Economic Affairs of the EU at that point, on the urgent need for reform of the Spanish pension system³³, or those of the Secretary of State, Octavio Granado, acknowledging also the need for reform and proposing fostering the voluntary prolongation of working lives and making early retirement more difficult.³⁴ Also in May 2009, the Minister of Labour, in his appearance before the parliamentary commission of the Toledo Pact, advocated the introduction of further incentives to prolong working lives, to increase births and declared himself totally against the postponement of the official retirement age. He concluded that the pension system was not in crisis; on the contrary, it enjoyed excellent health.³⁵

Silence became the norm after this and until the end of 2009, when the macroeconomic data showed clearly that the deterioration of the economy was growing rapidly and the

³³ *El Mundo*, 29 April 2009, p. 34.

³⁴ *El Mundo*, 9 May 2009, p. 37.

³⁵ *El Mundo*, 12 May 2009, p. 34.

international credibility of the Government to tackle the crisis became a salient issue. The Government announced in November 2009 the publication of a proposal for reform to be discussed within the Parliamentary Commission of the Toledo Pact (see Ministerio de Trabajo e Inmigración, 2010 in section 4 of this report).³⁶ Such proposal was issued on the 27 December and the media informed on it on the 6 January 2010.³⁷ The specific recommendations are also of parametric character and include:

- the gradual postponement of the official retirement age from 65 to 67 years of age
- lengthening of the minimum contribution period to access the system from the actual 15 years to 25 years
- a reconsideration/lowering of widows'/ers' pensions in cases of short cohabiting periods and or in cases of young ones without dependents
- making early retirement more difficult by fixing a minimum age of 58 years instead of 52 with the aim of further approximating the actual age of retirement to the legal one.

The proposal was praised by the Bank of Spain, the employers' association and the opposition, while the unions declared their total opposition. The most controversial aspect was the postponement of the official retirement age, very resented by the unions and the majority of the population (84 %). The unions called for a strike on the 23rd February to oppose such reform.

Public debate is gaining momentum ever since. Two new reports have been recently published. The first document was published on the 21 January 2010 by UNESPA.³⁸ It is signed by ex-minister of Economy and Finance and ex-director of the IMF, Rodrigo Rato, and other very prominent scholars, experts of varied ideologies and union leaders (see Rato et al., 2010 in section 4 of this report). It has received much attention in the public debate and it defends the inclusion of a longer number of salaried years to calculate the initial pension and the revision for the criteria for early retirement.

The second document was published in early March 2010 by the Spanish Foundation for Applied Economics (FEDEA).³⁹ It is signed by a group of 100 economists who had already become well known because of their proposal to reform the labour market. They stress the need for urgent reform and they propose the flexibilisation of the public pension system, the modification of the criteria for calculating pensions, the postponement the retirement age and the fostering of complementary employment-based pension plans to alleviate pressures on public expenditure. This is how far the debate has reached.

2.1.3 Critical assessment

Little can be said when no decision has been taken on how to reform the public pension system during the last year. The pension system is healthy right now, but pensions are an issue in need of attention not only in the short term but also for the medium and long term. In this respect, the rapid aging of the Spanish population and high public deficit in 2009 call for reform. Still, awareness on the urgency of the matter is growing and both actors and the

³⁶ The document may also be downloaded from:
<http://www.seg-social.es/prdi00/groups/public/documents/binario/128563.pdf>.

³⁷ *La Nueva España*, 6 January 2009, p. 36; *La Gaceta*, 6 January 2009, p. 21.

³⁸ A summary of this document can be found in section 4. See: Rato et al. (2010) "Reflexiones para la reforma". Madrid: UNESPA.. Also, as way of clarification, UNESPA is the Insurance employers association, see section 5.

³⁹ A summary of this publication can be found in section 4. See: Boldrin et al. (2010) "Pensions: the necessary reform". Madrid: FEDEA.

population expect that a final result before the summer. As regards private pensions, despite that the PSOE was the party in office when Law 35/2006 on Tax on Income (lowering fiscal incentives for contributions to private pension plans) was enacted, the Government seems to have changed its position. Recent declarations of the Minister of Labour recommend citizens to subscribe a private pension plan.⁴⁰ It is our contention that rising fiscal incentives again is more than advisable in order to enhance participation in private pension plans and strengthen the private pillar.

2.2 Health Care

The Spanish National Health System is, since 2002, the gathering of the 17 autonomous regions health care systems, which are predicated on the 'national health service' model. This means that it is a totally devolved health care system, in which autonomous regions bear full responsibilities. It is financed out of public revenues. Autonomous regions use both own taxes and central state transfers to pay for the services. The Basque Country and Navarre constitute an exception to this rule, for they have the right to collect directly all taxes and then they give back an agreed 'quota' to the central government to pay for (national) services. There are no co-payments on visits or diagnosis tests; the only existing co-payment is 40 % of drugs prescribed outside hospitals, the 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 dependant on a worker or not having enough means. Coverage reaches all foreign residents, legal, and, since 1999, also illegal immigrants (these latter just have to sign up in municipal censuses in order to gain access). 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 public salaried employees and there is a door-keeper for access to specialised care. The 1984 reform of primary care, the construction of rural hospitals (*hospitales comarcales*) and the overarching reform of 1986 gathering all pre-existing public networks into the National Health System have rendered the Spanish system highly equitable and efficient.

The debate on health care issues during the previous year has not borne a high profile, either in political and/or academic terms, especially if compared with other social policy fields such as pensions, labour market policies or education. However, three major exceptions may be highlighted, namely regional financing (including health as the most outstanding aspect), the new regulation on abortion, and cost control in public pharmaceutical spending. Legal reforms on these issues have been passed.

Some other broad and highly significant issues, which started to be discussed with the new legislature two years ago, are still being debated and no final decision has been adopted as yet. In particular, a proposal to reach a State Pact for Health, the search for a more relevant role of the Interterritorial Council, and the search for solutions to the deficit of general and specialist doctors. Finally, no major changes have occurred in health care organisation, health management and benefits provided.

⁴⁰ ABC, 14 March, 2010, p. 10.

2.2.1 Enacted reforms: public debate and discussion of potential impact

As noted above, three main reforms have been passed during the previous year regarding regional (health care) financing, sexual health and abortion, and austerity measures to curtail pharmaceutical expenditure respectively.

Financing and sustainability of the National Health Care System

In his investiture speech as prime minister (8 April 2008), José Luis Rodríguez Zapatero announced that one of the most important tasks to be carried out during the present legislature was the approval of a new regional financing model. Such new regional financing model was passed in July 2009, substituting the one in place since 2002.

From 2002 the management of health care has been incorporated into the general regional financing model (not finalist as before). This affects all autonomous regions of “common financial regime”, of which only Navarre and the Basque Country are exceptions. Thus, this is a topic of much relevance for the Spanish National Health System.

The 2002 model of regional financing was regulated by law and not by an agreement published in the Official State Bulletin in order to underline a vocation of permanence. Nonetheless, several factors explain the need for change. Among others, one can highlight the fact that, since 2002, a good number of the Regional Statutes of Autonomy have been renewed.⁴¹ Some of the reforms included the renewed Statues imply a change of the criteria guiding direct central state investments in regions. Furthermore, the design of the 2002 model of regional financing did not allow for automatic adjustments to new needs related to changes occurred in key variables such as the volume of the population.⁴² The massive inflow of immigrants (6 million people) is distributed unequally among the regions. The 2002 model rather showed instability and was subject to political negotiations conducive to *ad hoc* modulations. The new model is aimed at levelling out the conditions of access to public services in the hands of regions. These are fundamental services such as health care, education and social care services.

As regards health care, the plenary of the Interterritorial Council celebrated in September 2008 discussed the criteria to determine the financial needs of the National Health System. The objective was to design and propose a versatile model, able to adapt to the variables influencing health care expenditure and, in sum, able to guarantee dynamic financial sustainability of regional health services. It is to be noted that financial sustainability of health care is one of the basic pillars of the State Pact for Health under process of agreement at present. The implementation of the Pact will depend primarily on the financial model. In any case, the political debate on the new regional model of financing has taken place within the Council for Fiscal and Financial Policy (*Consejo de Política Fiscal y Financiera*, CPFF),⁴³ which is the competent institution to define and propose the new model. The model is then finally passed by the national parliament and those of the autonomous regions.

After the presentation of the general lines in the plenary of the CPFF of 20 May 2008 and the celebration of over seventy bilateral meetings with the regional authorities, the Government

⁴¹ The Statutes of Autonomy are the basic institutional norm of each Autonomous Region. They are recognised and protected by the State as an integral part of its juridical configuration (article 147.1 of the 1978 Constitution).

⁴² The Spanish population grew by 10% between 2002 and 2008.

⁴³ The CPFF is the coordinating institution between the State and the regions in financial and fiscal matters. It is composed of the minister of Economy and Finance, the regional ministers and the minister of Public Administration.

sent the regions a proposal including the basic guidelines for reform on the 30 December 2008.⁴⁴ The document proposed to equalise the financing of fundamental public services by 'unity of need', adjusted by aspects such as territorial area, population dispersion; insularity; population over 65 years of age; population under 18; and equivalent sanitary population (with different weights for the three intervals of age considered). Moreover, the document proposed that the regional allocations of the Fund for the Guarantee of Fundamental Public Services (*Fondo de Garantía de los Servicios Públicos Fundamentales*) are revised yearly.

The new regional financing agreement was approved by the CPFF on the 16 July 2009 and turned into law on the 18 December 2009.⁴⁵ It increases the share of revenues to be collected directly by regions. In particular direct taxes are increased from 33 % to 50 %; VAT from 35 % to 50 %; and special taxes from 40 % to 58 %. The new regional financing model does not increase fiscal co-responsibility. Consequently, the agreement would enhance future sustainability of the National Health Care System under normal circumstances, given that the regions will count on more funds. However, in a time of crisis, experts claim that the new system increases the chances for overspending on the part of regions, while the central government will have less money to cover services under its responsibility.⁴⁶ This combination of non-enhanced fiscal responsibility with more funds is very likely to lead to higher public deficits. The decision of the Government to enact a national Austerity Plan in February 2010 could reduce this danger. In March 2010, the minister of Finance informed regional governments that they were given three months to design and present the central government with 'regional austerity plans'. Also, the new model does not solve the existing uncertainty on the minimum volume of resources to be devoted to health care by regions.⁴⁷

New regulation on abortion

The so-called Organic Law on Sexual and Reproductive Health and Voluntary Interruption of Pregnancy completed its parliamentary process after much debate and was finally passed by the Senate on the 25 February 2010.⁴⁸ It is to come into force in July 2010. This reform was initially supported by feminist associations and a group of highly positioned women within the Socialist Party and the Government. The new Law allows for free abortion during the first 14 weeks of pregnancy and up to the 22 week of pregnancy only in case of severe health risks for the mother-to-be and/or intense foetal malformations. It substitutes previous 1985 regulation under which abortion was only possible in cases of health risks for women, foetal malformations and pregnancies derived from raping. The 1985 did not specify, as the present law does, that abortion is a free and public service, included in the list of services of the NHS, even though it was informally understood so.

The most polemic aspect of the law has been that it places free decision on the part of girls from the age of 16. Girls aged 16 and 17 are obliged to inform at least one of their parents or legal tutors of their decision, but do not need their consent. In case of risk such as intra-family

⁴⁴ Reforma del sistema de financiación de las Comunidades Autónomas de régimen común y Ciudades con Estatuto de Autonomía (Propuesta base para un acuerdo), 30 December 2008. Retrieved from: <http://www.meh.es/Documentacion/Publico/GabineteMinistro/Varios/30-12-08%20Documento%20propuesta%20acuerdo%20financiaci%C3%B3n.pdf>.

⁴⁵ Law 22/99, of 18 December, por la que se regula el sistema de financiación de las Comunidades Autónomas de régimen común y ciudades con Estatuto de Autonomía y se modifican determinadas normas tributarias. BOE, 305, 19-12-2009.

⁴⁶ See, for example, the interview with Prof. Carlos Monasterio (*La Nueva España*, 17 July 2010, p.18).

⁴⁷ See Editorial of *Salud 2000. Revista de la Federación de Asociaciones para la Defensa de la Sanidad Pública* (2009) in section 4 of this report.

⁴⁸ Organic Law 2/2010, of 3 March, de salud sexual y reproductiva y de la interrupción voluntaria del embarazo. BOE, 55, 4 March 2010.

violence, coercion, menaces or abandonment, the obligation of informing can be obviated. This issue produced a very heated debate from the approval of the law proposal by the Council of Ministers on the 26 September 2009. The catholic church and the Conservative Party, PP, have been the main opponents and both continue to show their disagreement profusely in the media up to the present. For the PP, the age to decide on abortion should be the same as the one to become of age, be allowed to vote and drive a car, namely 18. In turn, the catholic church opposes any norm allowing abortion. Health professionals will be able to raise moral objection. Finally, those women aborting outside the prescriptions of the Law will have to pay an economic fine but they will never be sent to prison.

The Law also includes a long list of measures aimed at improving sexual and reproductive health, as regards information, education, access to counselling services and access to contraceptives.⁴⁹ Unlimited access for young people to the ‘pill of the day after’ has also caused much debate.

Controlling public expenditure on drugs

A Royal Decree-Law was passed on the 9 April 2010 aimed at reducing public expenditure on pharmaceuticals by EUR 1,500 million yearly, according to government calculations.⁵⁰ It modifies the system of reference prices which will be done on the basis of the cheapest cost by treatment and day. The price of generics will be reduced by 25 % on average. Finally, the cost of drugs used to treat the most trivial symptoms (such as paracetamol and ibuprofen) will also be lowered. This measure can be considered to be part of the general actions taken by the Government towards austerity after the soaring public deficit Figures for 2009 were known.⁵¹

2.2.2 Pending reforms: the ongoing debate

It is broadly understood by Spanish political and social actors that it is much desirable to maintain or even increase: a) the level of equity among regions in a fully devolved system, and b) the level of quality of the services. In this respect, the 2003 Law on Cohesion and Quality of the National Health System was of the utmost importance.⁵² Apart from the already attained renewed regional financing model, cohesion and equity among regions and a high level of quality of services has to be secured through three main means:

1-a State Pact for Health among regions

2-a clear, prominent and leading role of the Interterritorial Council in the reform of health care. Both the autonomous regions and the central state are represented in this Council.

3-a search for solutions to the existing deficit of general and specialist doctors, an issue which is closely related to quality.

⁴⁹ An academic analysis of the situation of sexual and reproductive health in Spain can be found in Pérez Albarracín (2009). See section 4 of this report.

⁵⁰ Royal Decree-Law 4/2010, of 26 March, de racionalización del gasto farmacéutico con cargo al Servicio Nacional de Salud. BOE, 79, 1 April 2010.

⁵¹ The Editorial of *Salud 2000. Revista de la Federación de Asociaciones para la Defensa de la Sanidad Pública* (2010b) includes an analysis of expenditure on drugs in the cotext of the economic crisis. See section 4 of this report.

⁵² Law 16/2003, of 28 May, de Cohesión y Calidad del Sistema Nacional de Salud. BOE, 128, 29-5-2003.

State Pact for Health

On the 2nd June 2008, the then minister of Health and Consumption, Bernat Soria, stood in front of the Parliamentary Commission of Health and Consumption in order to present the general lines of his government programme for the IX legislature. In his presentation, he announced a proposal directed to autonomous regions to reach a State Pact for Health, oriented at achieving a consensus among all regional health administrations for the amelioration and consolidation of the Spanish National Health System. He was backed up by all the parliamentary groups. Also, the proposal received the support of all regional health ministers within the Interterritorial Council (in charge of coordination of the devolved 17 regional health care systems).

The six basic principles to support the Pact are: 1) equity in health services for all citizens; 2) cohesion among regions; 3) innovation; 4) quality; 5) security for patients; and 6) sustainability. The correspondent six institutional committees were constituted presented at the end of September 2008. They gather over a hundred representatives of the Ministry of Health and of the Regional Health Care Systems.

Furthermore, a sub-commission for the State Pact was created within the parliamentary Commission for Health. This sub-commission was to elaborate and present a report to the Commission for Health within 10 months of its constitution.⁵³ Several political instances have repeatedly asked for a meeting of political parties aimed at achieving a broad pact for health care, similar to the 1995 Toledo Pact for pensions. However, the central government defends the strategy of attaining first a pact among the regions and also to open the discussion to other social agents, such as unions, professional associations, scientific societies and patients' associations. So far, negotiations to attain the Pact are progressing, but appearances before the the parliamentary commission went on after almost two years and no final decision has been made. There are even rumours that the Pact will be postponed until 2013.⁵⁴ Meanwhile, several publications have focused on analysing the cohesion level of the health care system, the impact of immigration and the potential impact of the crisis.⁵⁵

A more relevant role for the Interterritorial Council of the National Health System (CISNS) and a reduction of the responsibilities of the Ministry of Health.

Given the fact that the National Health System has been fully devolved to regions since 2002, a more prominent role of the Interterritorial Council had been asked for both by politicians and academics. The Council was created in 1987 and is the top political body in charge of the coordination among regional health services. The aim is to confer to it a larger executive role, extended leadership, and political will, beyond its present consultative character. The reason for this shift in the balance of powers between the Ministry and the Interterritorial Council is that, since 2002, some regional disparities have either appeared or intensified. Such disparities/inequalities may compromise the cohesion of the National Health System in the future.

In this context, one could classify as a positive move the consideration of future financial and cohesion needs within two out of three plenary meetings of the Council in 2008. Furthermore,

⁵³ Diario de Sesiones del Congreso de los Diputados, IX legislatura, no. 153, 2008. (Parliamentary Commission of Health and Consumption, celebrated on the 20 November 2008).

⁵⁴ Patience among professionals, experts and policy-makers is being exhausted. See <http://opinionras.com/>.

⁵⁵ For example, Sánchez Bayle (2009); del Llano (2009); Tobes Portillo et al. (2009); and Dávila Quintana & González López-Valcárcel (2009). Also, the Annual Report on the National Health System 2008, published in 2009 by the Ministry, includes a new section devoted to the evolution of regional health care systems. See section 4 of this report.

the Council has designed the first reference centres, services and units for intensely specialised care for the whole territory, with the aim of ensuring equity in access to such services for all citizens.

Conversely, the Ministry of Health has lost powers in 2008. The Carlos III Institute, devoted to research in health sciences, was transferred to the Ministry of Science and Innovation (this latter created in April 2008).⁵⁶ This is a relevant issue both from a quantitative and qualitative point of view provided that the powers of the Ministry of Health had been substantially reduced due to the process of devolution of health care. From a budgetary perspective, the Ministry of Health has seen how the resources managed directly by it have been increasingly reduced as compared to those assigned to regional health ministries. Because of this, the Carlos III Institute had come to represent a significant share of the total budget of the Ministry of Health.

Nonetheless, the situation has dramatically changed at the beginning of April 2009 due to the ministerial re-organisation enacted by the Government. The Ministry of Health has acquired the competence over long-term care and the responsibility to implement the 2006 Law on Dependency and a new minister has been appointed. The new Ministry of Health and Social Policy has unequivocally gained visibility and weight, given the high expectations placed by the population on the Law on Dependency. This may render positive results in terms of coordination among health care and long-term care policies. The move has been broadly welcomed. The risk remains that all the energies within the new Ministry are placed on long-term care at the cost of forgetting the pending problems of the much more consolidated health care system.

Health professionals

In the realm of human resources, the most pressing problem (or, at least, perceived so) is that of the increasing deficit of specialist doctors. Several instances have kept claiming for an evaluation of the situation and a corresponding strategic action during the last year. In this sense, the presentation of a report by the Ministry of Health on the existent supply and needs of specialist doctors in Spain for the period 2008-2025 in March 2008 (published 2009) should be highlighted.⁵⁷ The reports estimates a deficit of 3,000 specialist doctors at present, which will increase to 9,000 in six years if no measure is undertaken. Specialities worst affected comprise family doctors, child doctors, and trauma.

This document allows for the design of future strategic action, which has been absent to date. Such absence of action is probably related to the inexistence of a national register of professionals of the National Health System (in process of creation). However, the mentioned report represents a key tool for it includes the register data of the regional health care systems and they complement such data with other sources of information. Also, it incorporates into the simulation model the changes in the regulation implemented recently aimed at alleviating the deficit of specialists in the short term. It foresees the updating of regulations every two years. In particular the measures implemented to alleviate the deficit comprise:

- the increase of *numerus clausus* in Medical Schools by 34 % (estimated) since 2005;

⁵⁶ Royal Decree 1183/2008, of 11 July, on the development of the basic structure of the Ministry of Science and Innovation. *Boletín Oficial del Estado* no. 171, of 16 July 2008.

⁵⁷ Barber Pérez, P. and González López-Valcárcel, Beatriz (2009) *Oferta y necesidad de especialistas médicos en España (2008-2025)*. Ministerio de Sanidad y Consumo. This is an update of the study *Oferta y necesidad de especialistas médicos en España (2006-2030)*, March 2007.

- the increase of positions for the education of specialists: 7,111 positions were offered, 25 % over those offered in 2004;

- a more agile process of homologation of degrees obtained abroad. It is worth noting in this respect the proposal of a Royal Decree aimed at regulating the conditions for homologation of specialist doctors with degrees obtained outside the EU, with the aim of integrating them into the National Health System (in all cases respecting the quality requisites established in Directive 2005/36/CE).

Another report on the issue has been recently published (March 2010) by researchers of the Universidad Europea de Madrid.⁵⁸ It estimates a deficit of 9,000 professionals in 2009, namely 3,000 in specialist care and 6,000 in primary care. According to the document, the deficit is particularly acute among paediatricians, gynecologists, general surgery, anesthesiologists, and family doctors. The situation seems to be aggravated by emigration of Spanish doctors to other countries (UK, Sweden, Portugal), offering them, if not significantly higher salaries, better working conditions and possibilities for research and reconciliation of work and family life.⁵⁹

The economic crisis may well accentuate this problem. Despite the absence of quantitative official data, the media have repeatedly reflected the reduction of staff during the last few months. On the one hand, jobs are not being substituted when retirements take place. On the other hand, public offers for new contracts are also less numerous.

Before closing this section, we have to refer to the development of the *Quality Plan for the National Health System*.⁶⁰ The Quality Plan was approved in 2006 and updated in subsequent years. It is one of the main tools to ensure quality and cohesion within the National Health System. The Plan established twelve Health Strategies which translate into practice quality policies associated to pathologies. Health Strategies are agreements that allow responding to a concrete health problem within the whole national territory in a homogeneous way. They are based on an ample participation of stakeholders and a strong scientific consensus. So far, health strategies have been developed for cancer, ischemic cardiopathy, diabetes, mental health, ictus, palliative care, rare illnesses and chronic obstructive lung illness. The Plan also includes the development of several actions for the period 2009-2010, such as the creation of a Library of Clinical Practice Guides, a Strategy for Security for Patients and further advancement of the project of Digital Clinical Histories.

2.2.3 Impact and critical assessment

To sum up, in our opinion, the Spanish National Health System is working properly in terms of access and equity for the time being. According to OMC objectives, measures have been undertaken during the last year in order to ensure future sustainability and adequacy as, for example, the new pact on regional financing. However, the full impact of the crisis and austerity measures is yet to be seen. Further efforts should be done in order to attain soon a State Pact. This would help in the direction of making sure that equity in health services for all citizens, cohesion among regions, innovation and quality are not curtailed in the future. Solving the problem of shortage of professionals should also be high on the agenda. Furthermore, the opinion of citizens leaves some room to worry about the future. The latest

⁵⁸ A summary of this publication can be found in section 4. See: Sánchez Fierro & Vicente Fuentes (2010) "Las necesidades de médicos en España. Valoración de la situación actual y propuestas e iniciativas de futuro". Madrid: Universidad Europea de Madrid.

⁵⁹ Sánchez Fierro & Vicente Fuentes (2010). See section 4 of this report.

⁶⁰ See: <http://www.msc.es/organizacion/sns/planCalidadSNS/pncalidad.htm>.

survey on public health care services, published in April 2009,⁶¹ shows how Spaniards continue to prefer public over private care, but less so than four years ago. The National Health System passes the exam with 6.29 points over ten (6.12 points in 2004). Still, seven out of ten citizens think that it works well but it is in need of changes. Improvements should be done mainly in shortening waiting lists for specialised and hospital care (50.2 % of the population thinks that the situation has not improved) and in increasing financing and resources. The most valued aspects of the public health care system are the closeness of health centres and how patients are treated by family doctors and paediatricians, together with quality and technology in specialised and hospital care. Commodities in hospitals are considered too low.

2.3 Long-term care

Despite the relevant debate taking place in other policy areas, such as pensions, and while no major reforms have taken place in the field of long-term care (LTC) during the last year, discussions concerning LTC have been continuous and not at all of limited scope. The main discussions about LTC in Spain remain related to the implementation of Law 39/2006 on the Promotion of Personal Autonomy and Care for People in Situation of Dependency (Law on Dependency) passed in December 2006 and with the System of Dependency and Care for Dependency (SAAD) introduced by this Law.

The effective application of the SAAD started more than two years and a half ago, considering that the period January-September 2007 was that of normative development and the first steps of the regional systems. During this short time-period, an important effort done by the central state and the autonomous regions in the development of this complex system can be appreciated and its recognition is widely generalised. The aim to implement and develop the SAAD is given by the Law, with the attribution of specific aims and responsibilities to the central state and autonomous regions. It creates the Territorial Council of the SAAD as what could be denominated as its management body. This Council is in charge, among other functions, of the definition of degrees of dependency, the catalogue of services and benefits, the degree of co-payments, and cooperation between the central and the regional level. Last but not least, the Law signals that its funding corresponds to the central state, the autonomous regions and user's contributions.

At present, the system faces, and will still have to face, challenges of diverse, wide, and intense character in the next few years. It is important to consider this situation with a future-past perspective. A future perspective, as its implementation was foreseen to be carried out gradually. A past-perspective as the shortfalls of the starting point with regard to coverage levels, extension of services, professional training cannot be denied. The Law on Dependency foresees in the third point of its first final disposition that the Territorial Council of the SAAD would elaborate a first institutional evaluation after three years of its progressive implementation. However, the need to bring forward the results of this work to the current year, third one of its implementation, was agreed by this Council last September.⁶² This is indeed a great opportunity to improve what it has been done so far, to solve relevant problems and to give a major push for SAAD's full maturity in 2015 (the year foreseen for its complete implementation), also taking into account no new groups will access the system until 2011 (those evaluated as grade II, severe dependency, level 1).

⁶¹ Centro de Investigaciones Sociológicas. *Barómetro Sanitario 2008*. Madrid: Centro de Investigaciones Sociológicas 2009 (Published on the 14 April 2009).

⁶² Ministry of Health and Social Policy, 22 of September 2009, retrieved from: <http://www.msc.es/gabinetePrensa/notaPrensa/desarrolloNotaPrensa.jsp?id=1649>.

In parallel, other evaluations and analysis have been undertaken. In October 2008 the national parliament approved an amendment of the Catalan Nationalists Party (*Convergència i Unió*, CIU) pushing the Government to entrust an independent group of experts with the evaluation of the implementation of the Law and possible modifications to it. The Government appointed its five members in November 2008. The report, first due June 2009, was finally published last October (see section 4 of this report). Another evaluation requested by the central government to the Spanish National Agency for the Evaluation of Public Policies and Quality of Services in 2008, regarding the participation of the central state in the SAAD, was also presented at the same time of the experts report (see AEVAL, 2009, in section 4 of this report). These two publications are taken as main references for the institutional evaluation and were jointly presented at the regional parliament's Commission on Health, Social policy and Consumption by the General Secretary of Social Policy on the 21st of October of 2009.⁶³ Last but not least, two of the periodic reports on the development of the SAAD, elaborated by the Observatory on Dependency of the Spanish Association of Social Services Directors and Managers, have been published this year (see Observatorio de la Dependencia, June 2009 and December 2010, in section 4 of this report).

The issues reviewed in this section take as a basis the analysis of general debates and publications/reports, and are related with the following aspects: 1) access; 2) benefits and services; 3) institutional organisation and governance; 4) information, quality and training; and 5) funding.

2.3.1 Access

The effort to expand coverage has continued and can be considered overall as rather satisfactory. The last cumulative data published by the SAAD (1 April 2010) are the following: 1,417,824 applications, 1,268,433 dictums, 913,262 beneficiaries with recognised benefits, 546,610 already receiving a benefit, and 119,542 non-professional family carers affiliated to the Social Security.⁶⁴

The regulation of access to benefits requires several steps: application, evaluation, dictum of degree and level of dependency, negotiation of the Programme of Individual Attention (PIA), confirmation of the resolution of access to services, and finally, effective use of the benefits. This should be completed with the monitoring of beneficiaries and a correct information management.⁶⁵ Therefore, it is indeed of crucial importance to clarify and strengthen this complex bureaucratic process as much as possible.

For instance, delays involving the evaluation and final granting of system's benefits have persisted. The average time in the country is estimated between twelve and eighteen months, with relevant differences among regions.⁶⁶ This is indeed an aspect of relevant public impact

⁶³ Retrieved from: <http://www.imserso.es>

⁶⁴ Retrieved from: http://www.imserso.es/dependencia_01/documentacion/estadisticas/datos_estadisticos_saad/index.htm.

⁶⁵ There are three key issues here. First, the recognition of rights (evaluation and assignment of benefits) is in the hands of the autonomous regions. Second, the right has validity in the whole Spanish territory. Third, the active participation and freedom of choice of the claimer or tutors is also recognised.

⁶⁶ *El País*, 3 February 2010, retrieved from http://www.elpais.com/articulo/sociedad/anos/cumplir/plazos/ley/Dependencia/elpepisc/20100203elpepisc_4/Tes and OBSERVATORIO NACIONAL 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». January 2010.

for users but also for different institutions and social organisations.⁶⁷ The Territorial Council agreed (in its meeting of the 25 January of 2010) to establish a maximum of six months between the entrance of an application and the recognition of benefits.⁶⁸

Several organisations, mainly those in the field of disabilities such as CERMI (*Comité Español de Representantes de Personas con Discapacidad*, Spanish Committee of Disabled People, see section 5 of this report), have pointed the limitations of the valuation scale to “grasp” dependency caused by intellectual disabilities, mental problems, cognitive-behavioural problems or certain organic diseases. This valuation scale approved in 2007⁶⁹ is common to the whole territory. However, there are different management styles in its usage which can have an impact in the guarantee of territorial cohesion. Evaluations are done by social workers in some regions, by doctors, by mixed-professional teams, in others, who have received different training. The institutional adscription of these professionals also varies among regions (health, social services or new created departments). This imprints variability in the applied criterion giving main, or almost full, relevance to autonomous regions in the process, thus leaving the central administration in a secondary position. Consequently, the need to adjust and adequate the valuation scale and its application has been appreciated, but also the differentiation of those evaluating and those assigning resources. The Territorial Council agreed in the January meeting mentioned above to take measures to improve the evaluation process: the incorporation of homogeneous multidisciplinary teams, the implementation of quality systems; the strength of sociosanitary coordination to determine the health status of the person under evaluation; and the establishment of basic criteria for training evaluators.⁷⁰

2.3.2 Benefits and Services

The SAAD considers economic allowances, mainly those for family care, as an “exception” and services as the main rule to follow. This aims, among other issues, to push services supply, that is, the promotion of the public net of social services, and contribute to boost employment creation (mainly for women). However, to date, this rule has been completely broken. The last data from the SAAD (1 April 2010) show that out of the 546,610 people that effectively receive a benefit almost half (49.2 %) get an economic allowance for family care. This percentage is followed by: residential homes (17.1 %); home help (11.03 %); alarm systems (10.02 %); economic allowances linked to service (6.91 %); day centres (5.17 %); prevention and personal promotion (0.63 %); and personal assistance (0.1 %).

The explanation for the predominance of economic allowances over services goes beyond the scope of this report. However, we can point to citizen’s preferences, the lower cost and easier management of these allowances in comparison to services, or the still scarce number of suitable services available. In any case, it is of general agreement that this situation has to be corrected as soon as possible as it confronts the main ruling principles informing the Law. For instance, the actual catalogue of services is too generalist and should be adapted to provide a

⁶⁷ Note that for the first time since its approval, the annual report of the Spanish Ombudsman for the year 2008 included complaints related with the Law. Complaints were focused on these two aspects.

⁶⁸ Resolution of 4 of February 2010, of the General Secretariat of Social Policy and Consumption, publishing the Territorial Council’s agreement on dependency bodies and evaluation procedures. BOE 62, 12 March 2010, p. 24967-24973.

⁶⁹ Royal Decree 504/2007, of 20 of April, approving the valuation scale of the SAAD. BOE, 96, 21-4-2007, p.17646-17685.

⁷⁰ See again Resolution of 4 February 2010, of the General Secretariat of Social Policy and Consumption, publishing the Territorial Council’s agreement on dependency bodies and evaluation procedures. BOE 62, 12 March 2010, p. 24967-24973.

better answer to the needs of all its potential users. At the same time and in the presence of growing demand for home help and care at home, this service should be reinforced with the necessary participation of the three layers of government in providing funds.

Last month, the Council of Ministers approved two Royal Decrees regarding economic benefits and the minimum protection level for SAAD's beneficiaries for 2010. The first, establishes the maximum amounts of economic benefits per grade and level of dependency and includes an increased base of 0.3 % grounded on the Consumer Price Index of November 2008-November 2009.⁷¹ The second increases around a 1 % the monthly quantity that the central state transfers to regions for each evaluated dependant, the total amount for this year would be of EUR 1,164,979.320.⁷²

2.3.3 Institutional Organisation and Governance

We can refer to the existence of regional disparities in the implementation and development of the Law. In fact, even though the Law itself and the central government are in charge of regulating basic aspects of the system, the autonomous regions are the ones that have to develop basic norms in detail. Problems related to institutional aspects and to the split of responsibilities are derived to a large extent not only from the complexity of the implementation of the Law in terms of coordination and the implication of three different levels of government (central, regional and local), but also with the necessary collaboration with the health care system, local social services, and social actors affected by its implementation.

Among the coordination initiatives launched this year, we can refer to the agreement taken last February in the framework of the Territorial Council among the Ministry of Health and Social Policy and the regional governments to draft a White Paper to strengthen social and health care coordination.⁷³ This paper is expected to be ready by January 2011. This initiative could contribute to palliate not only the social character of the Law and the absence of a specific reference to the role of the National Health System on it, but also the extinction of socio-sanitary benefits from the catalogue of health benefits⁷⁴ which were foreseen in the Law on Cohesion and Quality of the National Health System of 2003.⁷⁵ At the same time, we should not forget the 'poor brother' of the system and also the main point of entrance to it, the social services system, more precisely the local social services, whose role is crucial in the provision of counselling and information, in the management of cases and PIAs, and in the supply of preventive services and home help.

In all these issues, the role of the Territorial Council is, without doubt, of key relevance. Institutional collaboration and cooperation endorsed to this Council is an aspect to be improved and reinforced. This should also be strengthened by the participation of the Consultative Councils foreseen. However, as Rodríguez Cabrero argues, the SAAD is not only the tool for the materialisation of a new social right, but also a new way of doing social

⁷¹ Royal Decree 374/2010, of 26 of March, on the economic benefits of Law 39/2006 for the promotion of personal autonomy. BOE, 374, 27 March 2010.

⁷² Royal Decree 373/2010, of 26 March, which determines the minimum level of guaranteed protection for the beneficiaries of the SAAD for 2010. BOE, 373, 27 March 2010.

⁷³ La Moncloa, 24 February 2010. Retrieved from: http://www.la-moncloa.es/IDIOMAS/9/ActualidadHome/2009-2/24022010_WhiteBook_Health_Coordination.htm.

⁷⁴ Regulated in Royal Decree 1030/2006, of 15 of September, establishing common Basic Portfolio of Benefits of the Spanish Nacional Health System. BOE, 222, 16-9-2006, p. 32650-32679.

⁷⁵ This does not mean sociosanitary initiatives do not exist at the regional level in Spain.

policy in Spain based on the cooperation of different levels of government and the participation of public and private organisations.⁷⁶

2.3.4 Information, Quality and Training

Overall, the information that the population actually enjoy about the system and the way of accessing it can be considered as rather satisfactory, despite the existence of some lacks related with the coverage, conditions and services/benefits and the very limited monitoring of the cases evaluated. However, the main worrisome issue vis á vis information stems from its daily functioning. The construction of a system, as the SAAD, implies the generation of information on quality, transparency in its transmission, and its analysis in terms of decisions made, costs, funding and management. To date, the data provided by the information system of the SAAD, the SISAAD (which costs EUR 22 million) is not enough in its quantity and quality to produce a good knowledge of the real functioning of the system. This implies, for instance, constraints in the comparative analysis among regions and the social and/or economic impact.

This state of affairs has created tensions among regions, mainly between those who use it and those who have decided to use their own information systems, despite the compatibility of the SISAAD protocol with regional systems. The former argue that this is unfair as there are forced to a “full transparency” while the the other are not. In addition, data divergence does not only have a political impact, but also an economic one as the central state bases a part of its funding according to the number of people having gained right to a benefit, that is, those with a dictum.⁷⁷ Unfortunately, this has not been the only problem. Until last summer available data was biased with dead people counting as SAAD’s users. This has been solved by crossing SAAD’s data with the monthly death statistics of the National Institute of Statistics. Moreover, statistics provided by regional governments did not differentiate between people who were already receiving benefits before and after the Law. Last September, the central and regional governments agreed to do this differentiation and a more accurate monthly update of its data, including aswell information about their net of centres and services and people employed in them and the personal situation (unemployed, retired, etc) of those family carers receiving an allowance.⁷⁸

Quality criteria remain in a relative secondary position in comparison with other priority issues such as the management of information mentioned above. For instance, the proposal done last April by the new Minister of Health and Social Policy, Trinidad Jiménez, to the Territorial Council regarding the elaboration of a Good Practices Catalogue about the implementation of the Law is still pending. However, there have been positive steps towards its guarantee through the accreditation of centres and services within the SAAD. The common criterion was regulated by the central state in December 2008.⁷⁹ Regional governments have been the ones to start regulating and providing accreditations within their territory since then. Quality improvement also involves the provision of suitable training and working conditions not only for those working in the field, but also for potential workers on the field. Note that

⁷⁶ See Rodríguez Cabrero (2009) in section 4 of this report.

⁷⁷ *El País*, 23 June 2009, retrieved from: <http://www.elpais.com/articulo/sociedad/cifras/dependientes/siembran/cizana/elpepisoc/20090623elpepisoc/4/Tes>.

⁷⁸ *El País*, 22nd September 2009, retrieved from: <http://www.imsersodependencia.csic.es/documentacion/dossier-prensa/2009/not-22-09-2009bisbis.html>.

⁷⁹ See again Resolution of 4 of February 2010, of the General Secretariat of Social Policy and Consumption, publishing the Territorial Council’s agreement on dependency bodies and evaluation procedures. BOE 62, 12 March 2010, p. 24967-24973.

training programmes aimed at women facing difficulties to access the labour market are widely extended through the country, for instance as a complement income guarantee programmes⁸⁰ or within the training offer for unemployed of the National Institute of Employment.⁸¹ Last but not least, the guarantee and supervision of the quality of care provided at home and the training, at least of basic character, of informal carers receiving allowances is still far from being satisfactory despite the existent initiatives. The Territorial Council agreed to reinforce the monitoring of the quality of care provided within the family and that of family carers last January,⁸² and to establish common criteria for the training and information of this group last September.⁸³

2.3.5 Funding

Funding is indeed a cornerstone problem and the less developed part of the SAAD. If the availability of enough funding is still an open debate (of no minor importance taking into account the actual economic situation), the existence of different administrations involved increases its complexity. Among the first obstacles we can mention how reality has surpassed the initial calculations of how many potential users would be in need of services. This is also linked with the underestimation of costs in the Economic Memory of the Law, which was of EUR 12,600 million until 2015. In fact, this has not slowed down the budgetary effort done since the Law was implemented. An example is that in the first three years the central state contributed a 65 % more of what was initially foreseen in the Economic Memory. In 2010 the amount devoted is of EUR 1,581.2 million, meaning almost half of the money invested in the last three years and meaning a rise of more than 36.5 % from 2009. In fact, EUR 220 million of the “Active Ageing Programme” and EUR 100 million for disabled benefits should be added.⁸⁴ Moreover, in 2010, the fund providing economic support to entrepreneurship initiatives promoting and developing infrastructures of services for the SAAD is of EUR 17 million⁸⁵ and the National Fund for Local Investment, Plan E, will count again this year with a share for investments related with dependency policies.⁸⁶ Last but not least, and following the claims of several regional governments, the resolution of May 2009 regulating the share of funds of the denominated “agreed level” was not exclusively distributed by the central state according to the estimated dependant population but also according to the amount of people already recognised as SAAD’s beneficiaries. The distribution for 2010 has not been approved yet.

To all this we should add the effort done by regional governments. According to recent estimations, the funding-share among the central state and the autonomous regions seems to break the almost equal contribution foreseen, as regional governments would be bearing most of the foreseen total cost of the system. Yet, to date and in practical terms, we know what the

⁸⁰ *La Voz de Avilés*, 17 April 2010, retrieved from: <http://www.lne.es/aviles/2010/04/17/aviles-peticiones-salario-social-aviles-aumentan-primer-trimestre/901924.html>.

⁸¹ Cinco Días, 27 of October 2009, retrieved from: <http://www.imsersodependencia.csic.es/documentacion/dossier-prensa/2009/not-27-10-2009.html>

⁸² See again Royal Decree 504/2007, of 20 of April, approving the valuation scale of the SAAD. BOE, 96, 21-4-2007, p.17646-17685.

⁸³ Resolution, of 4th of November 2009, of the General Secretariat of Social Policy and Consumptions, publishing the agreement of the Territorial Council of the SAAD about common criteria of accreditation on training and information for non-professional carers. BOE 286, 27-11-2009, p: 100840-100846.

⁸⁴ National Parliament’s Commission of Health, Social Policy and Consumption. National Parliament. 18 February 2010, retrieved from: http://imserso.es/Presentacion/groups/imserso/documents/binario/n20100218_cmsps.pdf.

⁸⁵ For detailed information see: <http://www.sepides.es/fondependencia/>.

⁸⁶ For detailed information see: <http://www.mpt.es/prensa/actualidad/noticias/2008/12/20081210.html>.

Government provides but nothing about the use that some regional governments are doing of this money. Also it remains unknown to what extent regional governments co-finance this law, that is, if they devote the same amount they received from the central states as the so-called agreement level foresees.⁸⁷ Therefore, funding-share should be complemented with information that reports the effort done by different administrations. This reinforces not only the importance of the availability of quality information about the daily functioning of the system mentioned before, but also its transparency. In this respect, the Court of Auditors announced last March that it will investigate the economic and financial management in the implementation of the Law. More precisely, it will analyse whether the state transfers to autonomous regions is being used for this purpose and whether autonomous regions are contributing with the amount they should.⁸⁸

Regardless of the relevant budgetary effort mentioned above and the need to monitor the economic and financial management, it would be very difficult to advance in SAAD's financial sustainability if there is not a proper knowledge about its real costs. The academic arena and the central state have started to contribute to a better understanding of this issue. A recent study has calculated that the number of dependants with right to benefits will be more than one million by 2020, being the initial forecast of 900,000, and that in 2015 the year foreseen for the completion of the system, its cost would be around EUR 20,000 million, surpassing in EUR 4,426 million initial calculations.⁸⁹ Moreover, a working group of the Delegated Commission of the Territorial Council has been created to analyse costs, funding and promote a consensus of funding distribution. It might be the case that the proposals presented at the parliament by the group of experts might be a source of inspiration. Those were to increase VAT (already decided) or to increase the part transferred to autonomous communities; the introduction of compulsory insurance; the elimination of the exception of pharmaceutical co-payments among retired people and the transfer of these resources to dependency; the creation of an inheritance tax; the establishment of an additional social contribution to that of pensions through salaries.

Finally, the announcement of the public Austerity Plan earlier this year, which foresees a cut in spending of EUR 50,000 million in three years, has pushed autonomous regions to shuffle possible options regarding health and dependency expenditure. Among the latter there would be co-payments for some dependants. The highly criticised legislation introducing an increase of VAT, to be enacted next July (see section 3), does not affect dependency provided that it establishes a reduced rate of 4 % for those related services provided through concerts with the private sector or prices deriving from administrative competitions.

2.3.6 Impact and critical assessment

We can consider this last year as a relevant period mainly vis á vis the reflection for future actions. This comes out of the initial steps taken for the first institutional evaluation of this new system that would cover approximately the first three years of its implementation. In this respect, the policy experience acquired, the will of the Territorial Council of the SAAD to bring forward this evaluation, and two reports presented last year, (namely, the one commissioned by the national parliament and elaborated by a group of independent experts

⁸⁷ This is one of the issues mentioned in the evaluation done by the National Agency for the Evaluation of Public Policies and Quality of Services, AEVAL. See section 4 of this report.

⁸⁸ *El País*, 23 March 2010, retrieved from:
http://www.elpais.com/articulo/sociedad/Tribunal/Cuentas/investigara/financiacion/Dependencia/elpepisc/20100302elpepisc_5/Tes/.

⁸⁹ See Albarrán Lozano & Alonso González (2009) in section 4 of this report.

and the one carried out by the Spanish National Agency for the Evaluation of Public Policies and Quality of Services) constitute helpful references to accomplish this task. These reports, together with other publications and general debates on this policy area help us to point some core issues and challenges with a particular focus on the objectives agreed in the OMC.

Access: there has been a considerable rise in the coverage effort within the country (with differences among regions) and measures for the reduction of waiting times. The evaluation and final granting of benefits have been agreed. However, there is still work to do on issues such as the complex and bureaucratic process to access the system, the need to widen and adjust valuation scales applied to cover a wider range of dependency situations and the improvement of the evaluation process as a whole.

Quality: the promotion of home and community services is being perverted by the fact that economic allowances for family care are applied as the main rule and not as an exception. This points, among other issues, to the need not only to correct this situation, but also for the guarantee of quality of the care provided at home and the training of family carers, to the development of adequate answers articulated through the actual catalogue of services. In addition, preventive actions of all kinds are still of limited scope. Quality measures regarding centres and services are being regulated throughout the country and actions for the improvement of training and working conditions of LTC workers are being developed. A worrisome issue affecting the system's quality stems from the still relatively scarce information regarding its management.

Finally, it is possible to argue that the *sustainability* of the system mainly revolves around two aspects. First, its governance, that is, institutional collaboration among different levels of government and with core systems for the development of LTC policies (health and social services) and the need of the Territorial Council to guide this process in a collaborative-cooperative manner. Second, its financial sustainability, where the knowledge of the share provided by each contributor, an accurate knowledge of the real costs and potential users of the system, and the articulation of stable funding agreements among central and regional governments are crucial aspects.

3 Impact of the Financial and Economic Crisis on Social Protection

Macroeconomic data for the Spanish economy at the end of 2009 are worrying. Public deficit has grown from +0.7 % in 2007 to a staggering -11.4 % of GDP in 2009 (-2.3-2.5 corresponding to the regional level and -0.5-0.7 to the local level). GDP growth has amounted to -3.61. Public debt has reached 53.4 % of GDP (it was of 39.5 % in 2008). However, the most outstanding impact of the crisis on the Spanish economy has been the rise in unemployment. Data published by the media on the 1 May 2010 show how unemployment has continued to grow during the first term of 2010. It has now risen to 20.2 %, namely 4,600,000 people. The press also reports that there is nobody employed in 1.3 million households.⁹⁰ This is closely linked to a deficient functioning and structuring of the labour market.

There is widespread agreement among all social and political actors that the performance of the labour market bears the main responsibility for the impact of the crisis in Spain. But despite all the efforts undertaken to reach an agreement on how to reform it, no results have been attained so far. Social dialogue on the issue began almost two years ago (18 June 2008).

⁹⁰ ABC, 1 May 2010, p. 32; La Nueva España, 1 May 2010, p. 38.

This is a long time for no achievements and the population is losing patience. The Government wishes to attain consensus through social dialogue, not only because reforms are easier to put in practice when consensus have been reached, but also because it fears the negative electoral consequences of enacting highly unpopular reforms. The opposition, in turn, does not wish to see its chances to win the next general elections (due in two years time) reduced by supporting drastic cuts. The opposition is 6 points ahead of the Government as regards voting intention and the perception of the population is that the response to the crisis by the Government has been slow, timid, contradictory, and erratic. Furthermore, negotiations remain blocked because unions frontally refuse to accept any reductions in compensations for lay-offs and on employers' social security contributions, while employers seek precisely the opposite. Also, employers have lost significant legitimacy because of the bankruptcy of several enterprises owned by its president.

While negotiations get blocked and are re-taken once and again, different groups of experts and professionals have felt compelled to publish outstanding manifests to contribute to the public debate. The first of them was published on the 26 April 2009, by the so-called '100 economists' and supported by the Spanish Foundation of Applied Economics (FEDEA, see section 5 of this report).⁹¹ It is entitled 'Proposal for the reactivation of employment in Spain'. This manifest considers that the worst aspect of the Spanish labour market consists of its really high share of temporary contracts (amounting to one third of all contracts). The solutions proposed include:

- the simplification of the extensive existing menu of contracts by introducing an only open-ended contract, with a redundancy compensation higher than that for fixed-term jobs (8 salary days per worked year) and lower than that for open-ended jobs (45 salary days per worked year).
- increase unemployment passive protection during the period of crisis, but make it significantly higher during the first months of unemployment and lower in subsequent months in order to incentivate the search for a job.
- penalise enterprises and firms who use a high number of temporary contracts with higher social contributions.

The reaction to the 100 economists manifest arrived soon. A group of 500 experts (namely, university professors of Labour Law, Economics, Sociology of Labour) together with union representatives published another manifest on the 5th June. In this case, the title of the manifest is 'Work: the basis for sustainable growth'.⁹² They frontally reject any cheapening of compensations for lay-offs, and they propose to enhance the performance of the labour market by fostering collective bargaining and increasing flexibility within firms to avoid firings.

The Government has recently (6 February 2010) presented its own proposal for reform,⁹³ which includes:

- increased use of open-ended contracts, with a redundancy compensation amounting to 33 days of salary per worked year.
- fostering part-time employment, be it with flexible working time or with fixed one.

⁹¹ The full text of this proposal can be retrieved from:

<http://www.crisis09.es/PDF/propuesta-reactivacion-laboral.pdf>.

⁹² The full text of this manifest can be retrieved from: <http://www.ugt.es/flic/actividades/09-06-19-manifiesto/manifiesto.pdf>.

⁹³ See: <http://www.la-moncloa.es/ActualidadHome/2009-2/050210EnlaceDocumento>.

- a plan to provide apprenticeships and labour market insertion to young people under 25, coordinated with the regions.

- introducing the German *Kurzarbeit* model.⁹⁴

So far, the debate goes on while unemployment continues to grow. In the absence of final decision, the Government has tried to tackle the crisis by enacting a good number of new norms and regulations. They can be classified as measures: a) to protect the unemployed; b) to reduce public deficit; c) to attain a Pact of State to tackle the crisis, and d) to promote economic growth.

3.1 Protection of the unemployed

Expenditure on passive unemployment protection amounted to EUR 31 billion in 2009, while EUR 7,8 billion were devoted to active measures. Despite these rocketing Figures, the Government decided in August 2009 to prolong unemployment subsidies for those workers having exhausted their rights since the 1 January 2009. The new subsidy consists of EUR 420 to be perceived for six months. Beneficiaries must compromise to follow an individual plan for employment. This measure is supposed to be in place while the unemployment rate remains higher than 17 %.⁹⁵ In accordance with this, in February 2010, the measure was decided to be applied to workers having exhausted their rights to unemployment transfers between the 16th of February and the 15 August 2010.⁹⁶

Furthermore, the Local Fund of the Plan E (Plan Español para el Estímulo de la Economía y el Empleo, Spanish Plan for Stimulating the Economy and Employment), aimed at creating employment in localities, was allocated EUR 5 billion for 2010 (8 billion in 2009).⁹⁷ Finally, day labourers from the regions of Andalusia and Extremadura saw the minimum number of worked days reduced from 35 to 20 in order to access the so-called agrarian subsidy.⁹⁸ This measure will benefit 40,000 agrarian workers.

3.2 Deficit control and Austerity Plan

Other measures have been aimed at reducing the public deficit, and they have intensified during the second half of 2009, as the growing Figures came to be known. Already in May 2009, a cut of EUR 1,5 billion was done on the 2009 General State Budget. In terms of social policy, it affected the National Institute for Migration and Social Services, the National Plan

⁹⁴ The *Kurzarbeit* model tries to avoid increasing the number of lay-offs by reducing working times. Workers see their work time reduced and their salaries proportionally, while the state takes charge for compensating them for the salary reduction through a partial unemployment benefit. This is, at least, the Spanish interpretation of the model.

⁹⁵ Royal Decree-Law 10/2009, of 13 August, por el que se regula el programa temporal de protección al desempleo e inserción. BOE, 197, 15-8-2009. Law 14/2009, of 11 November, por las que se regula el programa temporal de protección por desempleo e inserción. BOE, 273, 12-11-2009.

⁹⁶ Royal Decree-Law 5/2010, of 31 March, por el que se amplía la vigencia de determinadas prestaciones económicas de carácter temporal. BOE, 79, 1 April 2010.

⁹⁷ Royal Decree-Law 13/2009, of 26 October, por el que se crea el Fondo Estatal para el Empleo y la Sostenibilidad Local. BOE, 259, 27-10-2009.

⁹⁸ Royal Decree-Law 2/2010, of 19 March, sobre la reducción del número mínimo de jornadas registradas para acceder al subsidio por desempleo o a la renta agrarian a favour de los trabajadores eventuales afectados por las inundaciones acaecidas en las Comunidades Autónomas de Andalucía y Extremadura. BOE, 71, 23 March 2010.

for the Disabled, some aspects of education, transfers to regions for health care, and housing.⁹⁹

In September 2009, an increase of taxes (VAT) was announced by the Government, together with the suppression of the EUR 400 tax deduction for every tax payer enacted at the beginning of the present legislature two years ago. This latter is supposed to save EUR 5,5 billion to the Treasury in 2010. Such reform was approved by the council of ministers on the 27th September 2009. The reform includes also an increase of the taxes on capital investment, namely from 18 to 19 % on the first EUR 6,000 of returns and from 18 to 21 % for returns over EUR 6,000. The increase of VAT will be of 2 percentage points for the general type, of 1 percentage point for the reduced type, while leaving the super-reduced type untouched. The Government argued the lower fiscal pressure on VAT and special taxes existing in Spain (15.9 %) in comparison with the EU-27 (22.2 %) and the Eurozone (21.5 %). The opposition and the employers have severely criticised and opposed this measure; they argue that the increase in taxes will only have the effect of hampering consumption and increasing the black economy. Contrarily, another newborn group, composed by 25 outstanding economists from FEDEA, is in favour of the reform and even of increasing VAT further and also tax on income.¹⁰⁰

Finally, in early February 2010, the Government announced the design of an Austerity Plan aimed at reducing public expenditure by EUR 50 billion up to 2013, EUR 40 billion corresponding to the central state and EUR 10 billion to regional and local level. The calculations are that, by such a reduction, public deficit will fall to -3 % in the mentioned year. In early March, the Minister of Economy and Finance, Elena Salgado, decided to give regions and localities three months to draft their corresponding plan of adjustment.¹⁰¹ The bulk of the adjustment of the central state will be suffered by investment on environmental projects, on infrastructures and industry, together with cuts in current expenses.¹⁰²

3.3 Pursuing a State Pact to tackle the crisis

Mounting worries about the state of the economy, led even the King to ask for more decided action and to call for the attainment of a State Pact to fight the crisis.¹⁰³ On the 18 February, the Government followed the advice. During the parliamentary session on control of the crisis, the prime minister proposed the creation of a commission headed by the ministers of Economy and Finance, Industry, and Infrastructures to negotiate with the rest of the political parties represented in parliament conditions for:

- a) enhancing competitiveness and employment creation
- b) designing industrial policies to renovate the productive tissue
- c) attaining fiscal consolidation to reduce public deficit, and
- d) improving the stability of the financial system, reduce morosity and intensify access to credit.¹⁰⁴

The opposition accepted to start negotiations, but renunces were clear on both sides right from the beginning. Meetings of the commission started in late February. A State Pact proper

⁹⁹ *ABC*, 10 May 2009, p. 14.

¹⁰⁰ *La Nueva España*, 28 March 2010, p. 43.

¹⁰¹ *El País*, 5 March 2010, p. 21.

¹⁰² *ABC*, 13 February 2010, p. 37.

¹⁰³ *El Mundo*, 12 February 2010, p. 4.

¹⁰⁴ *El País*, 18 February 2010, p. 10-14.

was not attained, but the Government has passed 31 measures to fight the crisis, 27 of them derived from the negotiations carried out (the so-called Zurbano Pact). These measures do not affect social protection directly (with the exception of maintaining super-reduced VAT for services for dependent people mentioned at the end of the previous section of this report). They rather consist of a heterogeneous array of measures aimed at easing the performance of firms and promoting economic activity.

3.4 Promotion of economic growth and Law on Sustainable Economy

The Law on Sustainable Economy was announced by the Government already in May 2009, but it has not been passed by the council of ministers until the 20 March 2010, hence initiating then its parliamentary path. It consists of a normative base for promoting a new model of economic growth grounded on enhanced competitiveness, increased weight of industrial activities and use of advanced technologies.

Finally, the opposition has recently published a book, signed by 19 experts, explaining all its proposals to reform to overcome the crisis. The contents of the book have been backed up by ex-prime minister José María Aznar, the leader of the PP, Mariano Rajoy, and Rodrigo Rato.¹⁰⁵ The main recipes consist of strict fiscal discipline and deep flexibilisation of the labour market.

To conclude, the developments of the past year in terms of tackling the economic crisis can be summarised in a nutshell: very intense debate and less action than the Spanish citizens would wish for.

¹⁰⁵ de Guindos, L. (coord.) (2010). *España, claves de prosperidad*.

4 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

[R1] RATO, Rodrigo; CHOZAS, Juan; EGUIAGARAY, Juan Manuel; FIDALGO, José María; PÉREZ-DÍAZ, Víctor; SALA-I-MARTÍ, Xavier and GONZÁLEZ DE FRUTOS, Pilar, *Reflexiones para la Reforma*, Madrid: Comisión para el estudio de los efectos del envejecimiento en el futuro del Estado del Bienestar, Madrid: UNESPA, 2010.

“Reflections for Reform”

The report casts considerable doubts about the future financial viability of the Spanish public pension system in the absence of reform initiatives. The ensuing academic and public debate in Spain on this issue has resulted in a wide variety of reform proposals, ranging from minor political actions on the current system to the concentration on private or funded pension mechanisms. The report explores the path of pension reform in Spain, which has been aimed at reducing the system’s generosity, increasing the linkage between contributions and pension benefits and encouraging the participation of older workers in the labour market. The report also aims at extending and fostering this public debate, by presenting an evaluation of the contributory pension system in Spain and by proposing a number of initiatives for reform that may balance the Social Security Accounts. The report concludes that it is necessary to introduce a number of specific reforms which should consider the lengthening of the period of calculation of pensions and the revision of the criteria for early retirement.

[R1] SÁNCHEZ MARTÍN, Alfonso & SÁNCHEZ MARCOS, Virginia, Demographic change and pension reform in Spain. An assessment in a two-earner OLG model, *Documentos de Trabajo FEDEA* 09-40, Madrid: FEDEA, 2009.

“Demographic change and pension reform in Spain. An assessment in a two-earner OLG model”.

Recent pension reforms in Spain have been guided by two opposite goals, achieving financial stability and improving redistributive aspirations. In particular, reforms implemented in 1997/2002 entailed a mixture of both through (i) changes in the pension formula, (ii) the extension in the entitlement to early retirement to all cohorts, and, finally, (iii) increases in survival pensions. The paper builds an Applied General Equilibrium OLG model that captures the fundamental non-stationary of the Spanish

reality to assess the impact of those reforms. It also shows that exploring the financial prospects with traditional single earner households models may result in underestimates of the future financial burden of the pension system.

[R1] SERRANO PÉREZ, Felipe, Sostenibilidad del Sistema español de Seguridad Social: posibles reformas paramétricas, *Revista del Ministerio de Trabajo y Asuntos Sociales*, Extra 1/2009: 139-152.

“Sustainability of the Spanish Social Security System: possible parametric reforms”

The article considers a theory on households that are understood as the link between the payroll taxes they pay and the public pensions that they receive, and the decision on when to retire from the labour force. This approach is calibrated to the Spanish economy so that it replicates its demographic features, its macroeconomic aggregates and ratios and many of its institutional features. The policy reform for the sustainability of the Spanish public pension system is evaluated in the context of both the Spanish demographic and educational transitions.

[R1] ZUBIRI ORIA, Ignacio, El sistema de pensiones español ante el reto del envejecimiento, *Revista del Ministerio de Trabajo y Asuntos Sociales*, Extra 1/2009: 31-57, 2009.

“The Spanish pension system: the challenge of aging”

The article focuses on the impact of recent demographic trends in the structure of the Spanish population and analyses the future sustainability of the pensions system in the light of these changes. In Spain, as in other advanced countries, the public pension system is the fundamental basis for the income maintenance after retirement age. In the future, the ageing of population is going to introduce further pressure (i.e. additional effort in the percentage of the PIB) on the financial sustainability of the public pensions system. The article analyses the risks which are being faced by the Spanish pensions system, evaluates the advantages of capitalisation and introduces the current economic debate on the actual possibilities of private and public pensions systems.

[R1] PATXOT CARDONER, Concepció, Eficiencia y gasto social: implicaciones económico-presupuestarias del envejecimiento de la población, *Revista del Ministerio de Trabajo y Asuntos Sociales*, Extra 1/2009: 59-76, 2009.

“Efficiency and social expenditure: economic and budgetary implications of population ageing”

The article approaches the issue of the aging of the Spanish population and its impact on public social expenditure in the medium and long term. It also emphasises the need for long term projections on the connections between demographic trends and expected social expenditure, with a specific focus on pensions, because of the existent correlation between this area and population aging. It also evaluates the future sustainability of social security schemes, including pensions, in the current demographic scenario of accelerated aging of the Spanish society.

[R2] PEDRAZA, Pablo, MUÑOZ DE BUSTILLO, Rafael & RIVAS, Luis Alberto, Aging population and Spanish pension system reforms: effects on average pensions and inequality among pensioners, *EAWP Working Papers*, 8 (7), 2009.

The paper argues that an ageing population is prompting the reform of pensions systems in advanced countries. The Spanish pension system has undergone two consecutive reforms in the last decade and a third one is currently being taken into consideration. All these three involve the lengthening of the period used to calculate the amount of pensions. The paper offers an estimation of the impact of each system of calculation on average pensions and on inequality among pensioners. It also explores the applicability

of the conclusions raised by the paper to those workers who are now in the middle of their working life.

[R2] ARZA, Camila, El sistema español de pensiones en el contexto europeo: estructura institucional, reformas e impactos sociales, in V. Navarro (ed.), *La Situación Social en España*, vol. 3, Madrid: Fundación Largo Caballero: 163-212, 2009.

“The Spanish pension system in the European context: institutional structure, reforms and social impacts”

This contribution to a collective volume edited by prof. Vicenç Navarro approaches the main features and current debate on the public pensions system in Spain. It argues that, as in many European countries, Spain has gone through a major wave of pension reform over the past two decades, which has radically reshaped existing systems for old-age income protection. As a result, traditional frameworks used for the classification of countries in welfare clusters have become less suitable to capture the new pension regime types, the dynamics of institutional change and the distributional principles underpinning new reform directions. The chapter proposes a conceptual framework to evaluate the underlying distributional principles of recent pension reform in Europe and concentrates in the Spanish case in order to provide empirical evidence.

[R2] BANCO DE ESPAÑA (DIRECCIÓN GENERAL DEL SERVICIO DE ESTUDIOS), *La Reforma del Sistema de pensiones de jubilación en España*, Madrid: Dirección General del Servicio de Estudios del Banco de España, 2009.

“The reform of the public retirement pensions system in Spain”

The report analyses the current situation and the financial sustainability of the public retirement pension system in Spain and recommends a set of specific measures to be taken into account towards its reform. It describes the basic characteristics of the Spanish system of retirement pensions and addresses the major challenges it has to cope with in the near future. It stresses that Spain has to rein in public spending, launch structural reforms and overhaul state pension Law, given that the social security system could suffer from deficits within a year.

[R2] BOLDRIN, Michelle *et al*, *Pensiones. La reforma necesaria*, Madrid: FEDEA, 2010.

“Pensions: the necessary reform”.

The debate on the future of the public pension system in Spain became the central issue of the reform of Spanish Welfare State almost twenty years ago, constituting at the same time an object of consensus and conflict between social and political forces. After the reforms carried out in the early 2000s, the FEDEA report, signed by Michelle Boldrin and 100 scholars and practitioners in economic disciplines (‘the so-called group of the 100’) stresses the need for a new reform episode in the context of the current financial crisis. The report proposes a number of reform initiatives including the flexibilisation of the public pensions system, the modification of the criteria for calculating pensions, the lengthening of the retirement age and the introduction of more complementary employment-based pension plans to alleviate pressure of public expenditure on pensions.

[R2] ESTEVE MORA, Fernando, Justicia distributiva, sistemas de pensiones y alargamiento del periodo de cotización, *Principios: Estudios de Economía Política*, 13: 35-54, 2009.

“Distributive justice, pensions systems and expanding the period of contributions”

The article emphasises the importance of showing explicitly which criteria of distributive justice are being used when evaluating the proposals of reform of the pension system. The reason is that there is no pure efficiency criterion that uses some

kind of assessment about distributive justice. As any such reform affects the three aspects of a pension system (individual, intragenerational and intergenerational) this is not an easy and conclusive job. Finally, some considerations about the distributive justice are presented with respect to a reform policy that plans to expand the contributory period to calculate the initial pension.

[R2] FERNÁNDEZ BERNAT, Juan Antonio & MONEREO PÉREZ, José Luis, Planes y fondos de pensiones: propuestas de reforma, *Documentos de Trabajo del Laboratorio Alternativas*, 137, 2008.

“Plans and pensions funds. Reform proposals”

The study considers the following reform measures. First, the voluntary character of the model of private plans and pension funds should be preserved (not turned compulsory). The pension system should therefore be supported by a double model organised in two main tiers, arranged within the public and private spheres, both equally binding and based on intergenerational solidarity (the first public tier) and on savings (the second private one). Pension plans should be the centrepiece of the whole system of complementary social security, implementation and coordination. The spread of complementary social protection should be enhanced. Participation of workers in the definition of pension plans and funds should also be secured via sector collective bargaining.

[R2] MINISTERIO DE TRABAJO E INMIGRACIÓN, *Propuesta de reforma de las pensiones que se presentará a la Comisión del Pacto de Toledo*, Madrid: Gobierno de España, 27/01/2010, 2010.

“Proposal for the reform of the pension system to be presented to the Commission of the Toledo Pact”.

This document is a preliminary proposal by the Government of Spain on the reform of a number of basic aspects of the pension system. It was presented in early January 2010 to the political parties, the social partners (i.e. employers associations and trade unions), as well as other groups of interest representation at the national level. The proposal has to be discussed by the Parliamentary Commission of the Toledo Pact. With regard to its main contents, the document includes a number of guidelines on the future reform path. These recommendations are aimed at ensuring the sustainability of the pension system at the medium and long term. It assumes a gradual increase in the social expenditure to be faced by the Spanish economy with regard to the maintenance of the pension system. Also, it considers the reform scenario within a temporal perspective of 30 years. Finally, as to its specific recommendations, the proposal includes: (i) a non-retroactive restructuring of the widow's pensions system, to set a maximum amount and period of perception of the pension in cases of young widows/ers without children in charge; (ii) a lengthening of the minimum contribution period (i.e. which is now established in 15 years); (iii) the restriction of early retirement, to approximate the actual average age of retirement of the Spanish workers, which is 63 years and 10 months to the legal age; (iv) and the revision of the legal age of retirement itself, which is now established in 65 years and could be situated in 67 years.

[R3] ALZAGA RUIZ, Ignacio, La jubilación anticipada: reflexiones a la luz de la última reforma, *Revista del Ministerio de Trabajo e Inmigración*, 79: 37-58, 2009.

“Early retirement: reflections in the light of the latest reform”.

The article analyses the impact of the latest reform of the pensions system in Spain (2002), focusing on its impact on the regulation of early retirement provisions. It also analyses retirement behaviour and incentives and describes some alternative routes to

the dominant approach to early retirement in the 80s and 90s, i.e. to consider it as an effective mechanism for reducing high unemployment rates in the 90s. The article also takes into account additional assumptions about the changes in the demographic scenarios. Finally, a number of actions aimed at ensuring the sustainability of the Spanish pension system are introduced.

[H] Health

[H1] EDITORIAL, El nuevo modelo de financiación autonómica. Más de lo mismo para la Sanidad, *Salud 2000. Revista de la Federación de Asociaciones para la Defensa de la Salud Pública*, 121: 11-13, 2009.

“The new financing model for Autonomous Regions. More of the same for Health”.

The article considers the consequences of the new model of health care financing on the inequalities of supply, access and use of health care services. Firstly, it argues that the new scheme of regional and health care financing, apart from some theoretical gains in terms of equity and sufficiency, has not solved uncertainty on the volume of resources that has to be devoted to health care facilities by the regions. It also analyses inter-territorial inequalities in the health care supply and the access to public services and concludes that the new logic of allocation of public health funds, which is still excessively biased to specialised health care, may result in increased inequalities in the use of health care facilities.

[H1] BENGOA RENTARÍA, Rafael, La normalización de un modelo disfuncional. Políticas de salud y economía política del gasto sanitario, *Revista de Administración Sanitaria siglo XXI*, 7 (1): 5-11, 2009.

“The normalisation of a disfunctional model. Health policies and political economy of health expenditure”.

The article analyses the disfunctionalities of the National Health System in Spain for chronic patients. It argues that if Spain maintains the current dualised model of health care, specialised on serious and chronic illness, on the one hand, and on general medicine, on the other, we will be consolidating a disfunctional health model for the next century. The article also stresses that the main tensions which will be faced by the Spanish Health System in the future to come are not related to the economic or demographic crisis, but to the deficiencies in prevention and health promotion programmes and the focus on reactive medicine.

[H1] DÁVILA QUINTANA, Carmen Delia & GONZÁLEZ-LÓPEZ VALCÁRCEL, Beatriz, Crisis económica y salud, *Gaceta Sanitaria*, 23 (4): 261-265, 2009.

“Economic crisis and health”

The paper analyses the general financial situation and the future sustainability of the Spanish Public Health System. It explores the path of health reform in some different areas, including the introduction of co-funding mechanisms in the regular use of general practitioner services and the rationalisation of pharmaceutical expenditure, among others. It also stresses the necessity for broadening the public debate on these aspects at the light of the economic crisis.

[H1, H5] SÁNCHEZ FIERRO, Vicente & VICENTE FUENTES, Fernando, *Las necesidades de médicos en España. Valoración de la situación actual y propuestas e iniciativas de futuro*, Madrid: Universidad Europea de Madrid, 2010.

“The demand for doctors in Spain. Evaluation of the current situation and initiatives and proposals for the future”.

The report evaluates the current demand for physicians, including general practitioners and specialist in Spain. It situates the deficit of doctors in Spain reaching a 9.000 gap by 2009, need being especially intense in rural and inner city areas. The report identifies several aspects on the area of planification of Human Resources which could contribute to the narrowing of this gap in the near future. It argues on the necessity of hiring new medical professionals despite the situation of public accounts in the current scenario of economic crisis, in order to ensure generational change (i.e. four out of ten physicians in Spain were older than 50 years in 2009). The report also evaluates the consequences of the Bologna process on the formative and training career of doctors in Spain and includes a number of proposals for the modernisation of medical practice, namely, the introduction of a programme of incentives (i.e. not merely economic) for physicians, the simplification and de-burocratisation of medical practice and the articulation of a stable and secure professional career for doctors.

[H2] PÉREZ ALBARRACÍN, Gloria, *La salud reproductiva y sexual en España*, *Gaceta Sanitaria*, 23 (3): 171-173, 2009.

“Sexual and reproductive health in Spain”.

The article analyses the pattern of sexual and reproductive health in Spain. The right to a responsible and safe sex life and to choose the desired number of children means that we must concern ourselves with such concepts as fertility, unwanted pregnancy and assisted reproduction. The article evaluates available information on the risk of unwanted pregnancy in Spain and on abortion ratio (which was situated on 11.5‰ in 2007) and connects this data either with failure in the use of contraceptive measures and, above all, on the lack of an effective approach to reproductive health in Spain. It also evaluates the impact of the new multi-cultural reality of the Spanish society. The immigration phenomenon has contributed to raise fertility rates in Spain since the late 90s, but it is also a crucial factor behind the increasing rates of unwanted pregnancy and abortion.

[H3] DEL LLANO, Juan, *Sanidades autonómicas ¿solución o problema?*, Madrid: ed. Círculo de la Sanidad, 2009

“Regional health care systems, ¿solution or problem?”

This book is a comparative study of regional health care systems in Spain. It bears a descriptive character, based on own elaboration of data coming from reliable sources. The majority of such data are presented in the format on maps as the results of applying cluster techniques. Temporal references adopted for comparison are from 2002, the first year when all regions enjoyed devolved powers on health care, and 2005 (in some cases 2006 or 2007). Aspects subject to comparison comprise epidemiological characterisation of populations by region; levels of expenditure; structural and human resources; levels of activity; frequencies of use, accessibility, and user’s satisfaction. The study includes a critical analysis of the process of devolution.

[H3] TOBES PORTILLO, Paloma, ANGOITIA GRIBALBA, Miguel, DE LARA PÉREZ, Miguel, SALAS SUÁREZ, Álvaro, MATEOS DE LA NAVA, Inmaculada & RAHONA LÓPEZ, Marta, Inmigración y gasto social en España: análisis de las funciones de sanidad, educación y desempleo, *Actas del XVI Encuentro de Economía Pública*, Granada: Universidad de Granada, 2009.

“Immigration and social expenditure in Spain: analysis of the areas of Health, Education and Unemployment”

The paper focuses on the impact of immigration on social expenditure in health, education and unemployment. In the section devoted to the Health System the paper evaluates the consequences of the massive entrance of immigrants in the Spanish labour market during the 90s and the 2000s on the financing effort made on health and analyses the use of health care services by immigrants in Spain. It uses a nationally representative health survey and finds that there is no statistically significant difference in the patterns of visit to physicians and hospital stays between immigrants and natives in Spain. However, it also shows that immigrants tend to have a lower access to specialists and visit emergency rooms with higher frequency than nationals.

[H3, H5] MINISTERIO DE SANIDAD Y CONSUMO, *Informe Anual del Sistema Nacional de Salud 2008*, Madrid: Ministerio de Sanidad y Consumo, 2009.

“Annual Report on the National Health System 2008”.

This report is published each year, starting in 2004, and derived from the prescriptions of Law 16/2003, of 28th May, on Cohesion and Quality of the National Health System. This Law created the Observatory of the National Health System, which is in the hands of the Ministry of Health. Hence, this is the sixth year in which the Annual Report is published. The present structure of the document was initiated last year and it is composed of two sections. The first section includes the main changes occurred from a global perspective. The second section deepens and analyses in more detail all the relevant comparative issues among regions, such as socio-economic characteristics of the population; evolution of the health status of the population; normative and institutional developments; health plans and programmes; equity; human resources; drugs; research; health information systems; quality; participation; and description of innovative experiences. As a novelty, this latest issue of the Report includes a section specifically devoted to the developments and particularities of health systems at regional level.

[H4] EDITORIAL, Treinta y tres medidas para mejorar el sistema sanitario, *Salud 2000: Revista de la Federación de Asociaciones para la Defensa de la Sanidad Pública*, 125: 3-4, 2010 a.

“Thirty three measures for improving the Health System”.

The article explores different options to improve the performance and effectiveness of the Spanish Health System. Thirty three specific measures are proposed to prepare the Health System for the challenges posed by a fast ageing population and rising costs of hospital services and drugs. These include: to ameliorate service levels in health centres by boosting numbers of doctors and expanding the role of nurses, to tackle inequalities in access to general practitioner services, to reduce extensive waiting times for elective surgery and to introduce incentives to improve responsiveness and improve efficiency. The article concludes that the Spanish Health System is now facing severe challenges which take the form of adaptation to technological changes, rapid rate of population ageing, increasing costs and rising patient expectations.

[H4] SÁNCHEZ BAYLE, Marciano, La cohesión del Sistema Nacional de Salud, *Salud 2000. Revista de la Federación de Asociaciones para la Defensa de la Salud Pública*, 123: 14-16, 2009.

“The cohesion of the National Health System”.

The article approaches the issue of the cohesion of the Spanish National Health System. It analyses the consequences of the de-centralisation of Health Care in Spain to the Autonomous Regions and the role played by the Health Care Cohesion Fund, which was designed to guarantee equality of access to the National Health Service and which has not shown to be the optimal instrument to achieve this ambitious goal. The article also analyses the changes in the composition of health care financing sources and their implications on some losses of vertical equity and progressiveness.

[H5] BARBER PÉREZ, Patricia, & GONZÁLEZ LÓPEZ-VARCÁRCEL, Beatriz (2009), *Oferta y necesidad de especialistas médicos en España, (2008-2025)* Madrid: Ministerio de Sanidad y Consumo. Updating and broadening of the study *Oferta y necesidad de especialistas médicos en España (2006-2030)*, March 2007.

“Supply and needs of specialist doctors in Spain (2008-2025)”

The study was based on the recollection of register data provided by the regional health care systems. The aim is to evaluate mismatches between supply and demand of specialist doctors in Spain (including family doctors) in 2008 and to build up projections up to 2025. The simulation model allows for contemplating alternative scenarios. One of the main results of the study is the apparent paradox between the existence of a deficit of supply in some specialities (an aggregated deficit of 2 % is estimates) and relatively high ratios of doctors per population in comparative perspective with other countries. This result is related to how work is organised in Spain, where doctors develop activities that are in the hands of other health professionals in other countries. As for the projections, in a medium scenario, a slight increase of the deficit is expected (up to 5 % in 2015), followed by a much more intense increase (14 % in 2025).

[H5] IBERN REGÁS, Pere, Interacciones público-privadas en el ámbito de la salud, *Revista de Administración Sanitaria siglo XXI*, 7 (1): 33-42, 2009.

“Public-private interactions in Health”.

The article provides an overview of the debate on private insurance and public health in Spain. It analyses the links between private financing and public health care systems by concentrating into three specific areas: health insurance, service provision and public health. The article introduces a conceptual approach towards the optimal combination of the advantages of public and private systems and evaluates the role played by both on the coverage of health risks. It considers the emergence of a new logic of competition (i.e. ‘yardstick competition’) and cooperation between the public and private spheres in the provision of health services. It also evaluates the regulatory actions to be taken for ensuring an appropriate balance in the interaction between public and private health.

[H6] EDITORIAL, Crisis económica, gasto farmacéutico y medicamentos genéricos, *Salud 2000. Revista de la Federación de Asociaciones para la Defensa de la Salud Pública*, 125: 18-19, 2010 b.

“Economic crisis, pharmaceutical expenditure and generic drugs”

The article concentrates on the consequences of the economic crisis on pharmaceutical expenditure of the public Health System in Spain. It argues that the growth in pharmaceutical expenditure in Spain has followed an increasing path in recent years due to general demographic trends, namely population ageing. It also stresses that, in

the current scenario of economic crisis, the growth in pharmaceutical expenditure raises concerns in terms of affordability and sustainable financing of the Health System at the medium and long term. Finally, the article analyses the pattern of expenditure on generics in Spain.

[L] Long-term care

[L] AGENCIA ESTATAL DE EVALUACIÓN DE LAS POLÍTICAS PÚBLICAS Y LA CALIDAD DE LOS SERVICIOS (AEVAL), *La participación de la Administración General del Estado en el Sistema para la Autonomía y Atención a la Dependencia*, Madrid, AEVAL, 2009, retrieved from

http://www.aeval.es/es/evaluacion_de_politicas_publicas/evaluaciones_de_la_agencia/

“The participation of the Central State in the SAAD”

AEVAL analyses the first two years of the law on dependency (2007 and 2008) with an annex including main novelties in 2009. It signals the remarkable contribution of the central state in the first steps of the system (i.e basic regulations and conditions, creation and functioning of the Territorial Council). However, it mentions how its action is still far from constituting the pushing actor able to facilitate and give efficiency to inter-administrative cooperation, a key aspect of the governance of the system. This report also mentions, among other issues, general problems of the system such as delays in the recognition and concession of benefits; the limitations of the elements defined by the catalogue of benefits; the lack of reliable information about its implementation; and the lack of a clear definition of costs, which is crucial not only to determine the financial contribution of administrations and users, but also for the financial sustainability of the system.

[L] ALBARRÁN LOZANO, Irene; ALONSO GONZÁLEZ, Pablo; BOLANCE LOSILLAS, Catalina, Comparación de los baremos español, francés y alemán para medir la dependencia de las personas con discapacidad y sus prestaciones, in *Revista Española de Salud Pública* 83, p. 379-392. n. 3. May-June 2009, retrieved from:

http://www.msc.es/biblioPublic/publicaciones/recursos_propios/resp/revista_cdrom/vol83/vol83_3/RS833C_379.pdf

“A comparison of the Spanish, the French and the German valuation scales to measure dependency and public support for people with disabilities”

The evaluation definition and scales that are in use in France, Germany and Spain are applied to the Spanish population using data from the Survey on Disabilities, Dependency and Health Status. The Spanish system is compared to the other two using factorial correspondence analysis. According to the Survey the total number of dependent individuals in the population is 1.398.767. Under the Spanish scale, 776.475 would receive some type of public support, under the German scale 745.520 would qualify and when applying the French scale, those would be 315.514. Correspondence analysis results show that the Spanish scale is much more similar to the German scale than it is to the French scale. (Spearman's correlation coefficient and Kendall's are reduced by almost 40 % when the Spanish scale is compared to the French scale, rather than the German scale). With the same personal conditions, the system used the influences of both the degree of severity of dependence and the possibility to become eligible to public funds. The Spanish system is the most generous and the French system is the most restrictive one, the latter also imposes limitations on age.

[L] ALBARRÁN LOZANO, Irene & ALONSO GONZÁLEZ, Pablo, La población dependiente en España: estimación del número y coste global asociado a su cuidado, in *Estudios de Economía*, vol. 36, n.2, p: 127-163, December 2009.

“Dependent population in Spain: estimation of their number and global associated cost to their care”

This research tries to assess the number of dependants and long term cost associated to their care for the next years in Spain. To do this, the authors use data from the Survey on Disabilities, Impairments and Health Status and population forecasts from the National Institute of Statistics, the main legal regulations passed between 2006 and 2008, and some former studies about individual costs of long term care. Once calculated, forecasts till 2050 have been estimated. Final results have been compared with those included in the Law on Dependency and show how the economic effort needed widely surpasses initial provisions of the economic section on the Law. These authors calculate that the number of dependants with rights to benefits will be more than one million by 2020. Five years earlier, in 2015, the year foreseen for the full functioning of the system, they have calculated that its cost will be around EUR 20,000 million, which surpass the EUR 4,426 million foreseen.

[L] ALONSO GONZÁLEZ, Pablo & ALBARRÁN LOZANO, Irene, Private long term care insurance: Theoretical approach and results applied to the Spanish case, in *Alcamentos* 0902, Universidad de Alcalá, Departamento Estadística, Estructura y O.E.I. 2009, retrieved from: <http://dspace.uah.es/jspui/bitstream/10017/3323/1/Alcamentos0902.pdf>

The passing of the Law on Dependency has given the chance of offering products that cover the expenses associated to the risk of dependence given to Spanish insurance companies. However, due to the lack of reliable statistic information about characteristics of dependent population, it is extremely difficult to evaluate not only the frequency, but also the cost. These two items create uncertainty in the pricing process. This paper proposes a methodology for premium calculation taking into account not only the availability of the data but also the current legal framework in Spain. Together with the theoretical approach, premium calculations for two possible versions are included. Finally, a simulation model is introduced aimed at evaluating the impact that a portfolio with this kind of contracts would have on the solvency of an insurance company.

[L] ANTARES CONSULTING, *Claves para la construcción del espacio sociosanitario en España*, Antares Consulting, March 2010, retrieved from: <http://www.antares-consulting.com/content/update/publicaciones/documentos/pdf2.pdf>

“Key aspects in the construction of a socio-sanitary space in Spain”

This consulting agency carries out an exhaustive analysis in Spain, identifies the key aspects of this attention and proposes concrete steps regarding the construction of a real socio-sanitary space. The steps are related with the creation of a common decision space for social and health services; the development of a coordinated system of funding that could contract flexible services to different providers (health, social, mixed); the flexibilisation of health and social services (they are based right now in rigid different systems); and the investment on information systems to facilitate coordination strategies.

[L] CERVERA MACÍA, Montserrat; HERCE SAN MIGUEL, José Antonio; LÓPEZ CASANOVAS, Guillem; RODRÍGUEZ CABRERO, Gregorio; SOSVILLA RIVERO, Simón, *Informe final del grupo de expertos para la evaluación del desarrollo y efectiva aplicación de la Ley 39/2006 14 de Diciembre de promoción de la autonomía personas y atención a las personas en situación de dependencia*, September 2009, retrieved from: <http://www.imserso.es/Presentacion/groups/imserso/documents/binario/informesaadgexpertos.pdf>

“Group of experts’ final report for the evaluation of the development and effective application of the Law on Dependency”

This report gives answer to the amendment approved at the national parliament to entrust an independent group of experts for the evaluation of the implementation of the law and possible modifications to it. It provides a range of generally known pitfalls such as: regional variability in the criteria used in evaluating the degree of dependency and determining the assigned benefits; different regional timing in the development of the law; predominance of economic allowances to family carers; opacity on the information provided regarding the functioning of the system or financial problems. Of these aspects, their proposals regarding funding problems can be considered a main novelty. The proposals include: to increase VAT or to increase the part transferred to autonomous communities; the introduction of compulsory insurance; the elimination of the exception of pharmaceutical co-payments for people 65 and over and the transfer of these resources to dependency; the creation of a inheritance tax; the establishment of an additional social contribution to that of pensions through salaries.

[L] CODORNÍU, Julia Montserrat, *La tercera vía de financiación: la contribución económica del usuario*, in *Presupuesto y Gasto Público* 56, p: 127-143, 2009, retrieved from: http://www.ief.es/Publicaciones/revistas/PGP/56_09.pdf

“The third way of funding: user’s economic contributions”

This article examines whether users are able to afford the amount of fees estimated by the Government or not and analyses the impact of individuals’ fees on their incomes. Estimated data on co-payments of the current levels of coverage (degree 3 and 2) show a difference of thirteen percentage points of those foreseen in the Economic Memory of the law. And this despite the fact there are still groups who should enter the system (degree 1 moderate dependency). It does not seem that their contributory percentage could be raised in significant terms as there are mainly low and medium earners among them and also because the assigned benefits are foreseen to be mainly of economic character. This article also signals how medium-income groups bear a high cost contribution and how the elimination of the tax on patrimony poses problems on the calculation, equity and volume of co-payments.

[L] COMITÉ ESPAÑOL DE REPRESENTANTES DE PERSONAS CON DISCAPACIDAD (CERMI), *Documento de posición del CERMI ante el proceso de evaluación y revisión de la Ley 39/2006, de Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia*, January 2009, retrieved from: <http://www.cermi.es/NR/rdonlyres/28CDF0AF-C255-48F6-87DD-4084BDAFC785/30604/ESPECIALcermiesENERO2010.pdf>

“Position of the National Spanish Committee of Disabled People about the process of evaluation and revision of the Law 39/2006, of 14th of December, on the Promotion of Personal Autonomy and Care for People in Situation of Dependency”

In this document of only twelve pages, CERMI carries out an evaluation of its main impressions about the application of the law on dependency in its first years of implementation. It signals how autonomous regions are exhausting the resources of

social service's system to cover dependency needs; the need of a better coordination with the local administrations; how the catalogue of services is scarce and focused on assistential aspects; the main role played by the economic allowance to carers; the extremely limited role played by personal assistance among those services provided, or the importance of creating information and claims offices more accessible to citizens.

[L] MARBÁN GALLEGO, Vicente, La atención a la dependencia, in MORENO, Luis (coord.), *Reformas de las políticas del bienestar en España*. 2009. Ed. Siglo XXI, Madrid, p: 207-237

“Attention to dependency”

This article is included in an edited book and it is the result of a research project which analyses the extent and consequences of public policies and welfare state reforms in Spain between 1984 and 2008. Marbán's work analyses the changes of dependency policies in the country since the 80`s and pays main attention to the contributions done by the law on dependency and its current challenges. The interest of this article is not only its historical perspective, but also its analysis of the policy-making process previous to the law on dependency and the role and position that different social actors had on it. For instance, he mentions how elderly people and disabled organisations have been among the social actors more reinforced in their position with the new law.

[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 posed 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 on this area. At the same time, it includes a new and revised raking of all Spanish regions in relation with the implementation of the law. The four top positions of this raking 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. On the contrary, 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 on 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 focuses on the funding and costs of the law. The second 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] PORCAR SEDER, Rosa María; PRAT PASTOR, Jaime; ANDRADE CELDRÁN, Xavier; BENÍTEZ BERMEJO, Emilio J; BOLLAIN PASTOR, Clara; SÁNCHEZ LACUESTA, J Javier, *El sistema estatal de atención sociosanitaria en el ámbito de la dependencia*, IBV y Asociación para el cuidado de la Calidad de Vida (CVIDA), 2009, retrieved from: http://www.cvida.com/document/1/c5285_informe.pdf

“The national sociosanitary attention system in the area of dependency”

This work characterises the model of attention and protection of people with dependency in Spain from a socio-sanitary perspective. Among its main contributions is the comparative analysis of the Spanish system with other countries such as Germany, France, UK or Japan.

[L] RODRÍGUEZ CABRERO, Gregorio, *El desarrollo de la política social de promoción de la autonomía y atención a las personas en situación de dependencia en España (2007-2009)*, in *Gestión y Análisis de Políticas Públicas*, nº 2, P: 33-58 July-December 2009.

“The development of social policy in the area of promotion of autonomy and attention of dependency in Spain (2007-2009)”

This article makes a detailed analysis of the general context of the European Social Model in order to understand the main developments and tendencies of long term care European systems. It also describes the Spanish social protection system for dependency, its main institutional pillars, and it makes a general approach and assessment of its social protection basis: accessibility, system of social benefits, government of the system, funding, and control of the quality of services. Its conclusions place emphasis on the main problems for the application of this policy as regards: access and the guarantee of social rights; the system of benefits; its governance; funding and co-payments; and information and quality of benefits. Among these, we can refer to the need to do a revision of the valuation scale process, the predominance of economic allowances over other services, or the need for a mid to long term cost analysis of the system.

[L] ROQUETA BUJ, Remedios (coord.), *La situación de dependencia: régimen jurídico aplicable tras el desarrollo reglamentario, estatal y autonómico, de la Ley de dependencia*, Valencia Tirant lo Blanch, 2009.

“The dependency situation: national and regional juridical regime applicable after the development of the Law on Dependency”

This edited book does an important and exhaustive juridical analysis of all the aspects regulated by the law on dependency and, consequently, the SAAD. This includes a revision of national and regional regulations regarding dependency, cooperation agreements among the central and the regional administrations and an assessment of its functioning and efficacy. The book also pays attention to the analysis of those similar and divergent points between the SAAD and the System of Social Security.

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

http://www.imserso.es/dependencia_01/documentacion/estadisticas/datos_estadisticos_saad/index.htm

“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] SOSVILLA RIVERO, Simón, Un análisis estratégico del sistema para la autonomía y atención a la dependencia, in: *Presupuesto y Gasto público 55 (2)*, p: 7-29, Instituto de Estudios Fiscales, 2009, retrieved from:

http://www.ief.es/Publicaciones/Revistas/PGP/55_Sosvilla.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.

[L] TOBÍO SOLER, Constanza; AGULLÓ TOMAS, M^a Silverio; GÓMEZ, M^a Victoria; MARTÍN PALOMO, M^a Teresa, *Caring for others. A challenge for the 21st century*, Social Studies Collection. La Caixa n. 28, 2010, retrieved from:

http://obrasocial.lacaixa.es/StaticFiles/StaticFiles/7af433edaa007210VgnVCM1000000e8cf10aRCRD/es/vol28_en.pdf

This study undertakes a thorough overview of care from a multi-dimensional perspective paying main attention to the Spanish case. The book is divided into four parts. The first one deals with conceptual and historical aspects of care. The second one addresses the diversity of needs of different age groups, but also of caregivers. The third deals with care suppliers including both formal and informal carers. The fourth pays attention to policy answers to care needs. This text signals how one of the main challenges is the definition of a model that integrates multiple perspectives and positions with and egalitarian and gendered dimension.

[L] VIDRIALES FERNANDEZ, Ruth; et al., *Análisis de los desarrollos normativos del Sistema para la Autonomía y Atención a la Dependencia: estudio comparativo autonómico*, Madrid, CERMI, 2009, retrieved from:

<http://www.cermi.es/NR/rdonlyres/71F353B1-DDB9-4217-A2C8-99F4D7876EBD/26249/AnalisisdelosdesarrollosnormativosdelSAAD.pdf>

“Analysis of the normative development of the System of Dependency and Care for Dependency and the Law on Dependency: a comparative regional study”

This is a practical book analysing the SAAD from a juridical perspective. Its main aim is to facilitate, in an accessible manner, a better knowledge of SAAD’s aspects such as benefits/services or procedures, to all those involved in the system (i.e. families, professionals).

5 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
Fax : (+34) 91 411 41 71
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
Email: (+34) 93 209 95 67
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. Her 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 celebration of an annual conference from 1980. It was created to group all professionals devoted to Health Economics and/or interested on it. 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 joins at present almost two hundred professionals holding management positions on 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 with the development and territorial implementation of the Law on Dependency on the framework of an Observatory that follows 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
Fax: 0034 (0) 915 77 48 71
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 monographies 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
Fax: 0034 (0) 91 429 03 17
Email: cermi@cermi.es
Internet: <http://www.cermi.es/>

Confederation of a wide range of associations which 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 institution 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
Fax: 0034 (0) 91 573 79 28
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
Fax: 0034 (0) 91 429 42 57
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
Fax: 0034 (0) 91 431 96 20
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

National body including all regional associations of social workers.

“Econsalud” distribution list, lodged in RedIRIS

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
Fax: 0034 (0) 91 589 77 47
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
Fax: 0034 (0) 91 437 75 06
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)
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Phone: 0034 (0) 91 319 98 60
Fax: 0034 (0) 91 319 22 98
Email: jmanegui@alternativas.org
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 Alterativas 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

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Fax: 0034 (0) 91 374 85 22
Email: informacion@bbva.es
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

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Email: fundacionbs@gruposantander.com
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 socio-economic 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)
Address: c/ Jorge Juan, 46 (28001) – Madrid
Phone: 0034 (0) 91 435 90 20
Fax: 0034 (0) 91 577 95 75
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
Phone: 0034 (0) 91 596 57 18
Fax: 0034 (0) 91 596 57 96
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 produce 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 influent 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 is 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
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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 Sistema - Sistema Foundation

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Address: c/ Fuencarral, 127, 1º (28010) – Madrid
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Fax: 0034 (0) 91 448 73 39
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
Fax: 0034 (0) 91 339 89 64
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/>

This Institute, created in 1978, is currently part of the new Ministry of Health and Social Policy. It manages complementary services of the 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

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

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

Note: the Ministry is right now under re-organisation, so it is difficult to provide other contact details at this very moment.

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

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.

Campus dels Tarongers. Avinguda dels Tarongers s/n. 46071.
Valencia
Phone: 0034 (0) 96 382 81 84 / 82.02
Fax: 0034 (0) 96 382 81 84
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
Fax: 0034 (0) 91 537 19 41
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
Fax: 0034 (0) 91 564 79 44

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
e-mail: 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 the 96 % of the Spanish insurance market. It was created in 1977 to represent the professional, economic and social interests of its affiliates before 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>