Political and Social Agreement for a Public and Universal National Health System

History

On April 20, 2012, Spain's Council of Ministers approved the Royal Decree-Law 16/2012 (RDL 16/2012) *on urgent measures to guarantee the sustainability of the National Health System and improve the quality and safety of its services*, signalling the start of a structural reform of the Spanish National Health System (NHS). On August 4, 2012, the Royal Decree 1192/2012 was published, developing the requirements and conditions for been considered insured or beneficiary from the National Health System.

The healthcare model emerging from these regulations has radically altered the system which, gradually and in a consensual manner, had been built in Spain since the approval of the General Law on Health of 1986. It is important to remember that, in accordance with this Law, healthcare in Spain is organised through a National Health System founded on a series of basic principles. Firstly, **universality**, according to which a person's right to health protection and healthcare is based on the idea of citizenship and residency in the national territory. Secondly, it is a **highly decentralised system** in terms of regulatory powers. Thirdly, the **principle of prevention** positions Primary Healthcare as the pillar around which the healthcare system is structured. Finally, **funding through taxes** aims to guarantee the sustainability of the NHS while enabling it to fulfil an important redistributive function. Thanks to the consensus on these basic principles, our National Health System is an important common asset, which has cost a great deal to build and has contributed to improving the health and well-being of many people and across many generations. It has therefore been judged to be among the fairest and most efficient systems in the world, and is perceived in a very positive light by the country's citizens.

However, **with the entry into force of RDL 16/2012, access to the NHS has ceased to be a right for all people living in Spain** and is now dependent on the fact of been a contributor to Social Security. Meanwhile, the basic portfolio of services has been reduced, leaving families to bear more of the costs related to medicines, service provision and healthcare resources. **These measures have been accompanied by severe cuts to public health spending** which dropped from 6.9% of GDP in 2010 to 6.29% of GDP in 2015, while private healthcare expenditure simultaneously grew by 16% between 2009 and 2014, from 25% of total healthcare expenditure in 2010 to 30.2% in 2014. It is also important to take into account that 80% of private spending comes directly from the pockets of citizens and their families.

The health system based on these policies is less efficient and less solidarity-based, moving away from its role as a basic pillar of the welfare state. Breaking down the principle of universal access and introducing a model based on insurance has marginalised more vulnerable people, not least undocumented immigrants. The Network for Denouncing and Resisting RDL 16/2012 – *La Red de Denuncia y Resistencia,* or *REDER* – has recorded over 3,300 cases of healthcare exclusion since January 2014, including many situations in which serious illnesses have not received appropriate care, as well as violations of the RDL exemptions – under-18s , pregnant women and emergency cases. This figure is but a mere indication of the drama that is currently unfolding, the real magnitude of which is suspected to be far greater, given that over 800,000 healthcare cards were – according to the Government's own

figures – withdrawn in 2012. **This regression in terms of rights has been widely condemned by various European and international human rights bodies for being contrary to Spain's international commitments**. This is the case, among others, of the European Committee of Social Rights, the Committee on the Elimination of Discrimination Against Women or the United Nations Special Rapporteur on extreme poverty, as well as other United Nations Special Rapporteurs.

The RDL has therefore promoted the increase in healthcare inequality, as reflected in several reports published by Spanish Association of Public Health and Healthcare (SESPAS). The increase in pharmaceutical co-payment has made it impossible for many families to bear the cost of medicines, causing treatments to be interrupted, with dangerous consequences. There is also an additional risk to public health caused by the reduction in childhood vaccination coverage and in the control of the spread of infectious diseases.

To make matters worse, **the flawed drafting and implementation of RDL 16/2012 also caused disorganisation and lack of coordination within healthcare services**, particularly affecting people in irregular administrative situations. Each autonomous region has regulated its healthcare provision according to different criteria. In practice, this situation has led to a fair amount of discretion and arbitrary application of the regulation, as has been widely documented by REDER.

The 2012 reform has caused a clear decline in the healthcare situation, further heightened by the significant fall in public health spending and staff shortages. Accessibility and quality are also affected and, as a consequence, so too are public satisfaction and confidence. All of the aforementioned issues place the legitimacy and sustainability of the Spanish National Health System in serious jeopardy.

The introduction of the RDL has effectively resulted in the **breakdown of the principle of prevention**, since it has shifted Primary Healthcare as the door to early disease detection and diagnosis while causing the **interruption of treatment and monitoring of serious diseases**. In addition, **the healthcare reform goes against the objectives of the fight against gender violence and Spain's international commitments on the subject of sexual and reproductive rights.** As a consequence of the exclusion to access to Primary Healthcare services brought about by the RDL, the ability to detect cases of gender violence from the healthcare setting has been diminished. Likewise, it has shut off one of the ways of possibly identifying victims of trafficking of women for sexual exploitation and other purposes.

A new context

On 10 March 2015, nearly all opposition parties signed an Institutional Declaration committing to "take any specific action necessary to guarantee the effective restitution of the universal right to healthcare for all people living in Spain". This commitment was reflected in the decisions adopted by multiple autonomous governments following the elections of May 2015, which sought to give coverage to those excluded by RDL 16/2012. Despite representing positive steps contributing to easing the dramatic situation faced by thousands of people, these measures are not enough. The limitations of the power held by the autonomous regions prevent them from tackling the root of the problem, which is based on a distinction drawn between people with insurance and those without. In this way, autonomous regulations have only been able to implement parallel systems, unable to recognise equal rights. These circumstances have caused the collateral creation of a situation in which there is a lack of symmetry between regions, with different requirements for accessing the healthcare system depending on the autonomous region of residence. Of greater concern, most of these measures have been appealed by the Government before the Constitutional Court.

The General Elections held on 26 June 2016 heralded a new political landscape in which the Government led by the *Partido Popular* lost its absolute majority and must legislate in agreement with a Congress dominated by those parties that have expressed their commitment to universal healthcare. Despite this, the Government has made use of article 134.6 of the Constitution to veto the processing of the bill on universal healthcare by the socialist group.

A Political and Social Agreement for a Public and Universal National Health System

Nearly five years after the approval of the Royal Decree-Law 16/2012, the change in model, the regression of rights and successive cuts to public funding have placed the National Health System at a crossroads and in a clearly weakened position. Faced with this situation, the signatory political parties, professional associations, trade unions and social organisations understand that it is imperative that a major political and social agreement is reached to defend a public and universal National Health System of solidarity, and as a result they agree to:

- Promote the necessary legal reforms to guarantee universal healthcare and safeguard the National Health System as a basic pillar of the welfare state, with a clear redistributive vocation and which specifically:
    - Recognises universal access to healthcare as a right of all people living in Spain, regardless of their administrative situation, thereby putting an end to the model based on insurance.
    - Safeguards the model of a National Health System model funded by taxes.
    - Guarantees sufficient budget allocation, recapitalising the National Health System until quality, efficiency and universality are guaranteed.
- Requires the Government to refrain from using article 134.6 of the Constitution to prevent the processing of an initiative that has the broad consensus of the Congress and is backed by the main professional and social groups.
- Requires the Government to immediately withdraw the unconstitutional resources against autonomous regulations that give coverage to those excluded by the RDL.
- Requires the Government to immediately reform the autonomous funding model to guarantee that the National Health System receives adequate funding and is sustainable.