



State of Health in the EU

SPAIN

Country Health Profile 2025

The Country Health Profiles series

The *State of Health in the EU's* Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and knowledge transfer. The 2025 edition of the Country Health Profiles includes a special section dedicated to pharmaceutical policy.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Observatory's Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

Contents

1	Highlights	1
2	Health in Spain	2
3	Risk factors	4
4	The health system	6
5	Performance of the health system	8
6	Spotlight on pharmaceuticals	17
7	Key findings	20

Data and information sources

The data and information in the Country Health Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD Health Database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys, the Survey of Health, Ageing and Retirement in

Europe (SHARE), the European Cancer Information System (ECIS), and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2025, based on data that were accessible as of the first half of September 2025.

Demographic and socioeconomic context in SPAIN, 2024

Demographic factors	Spain	EU
Population size	48 619 695	449 306 184
Share of population over age 65	20 %	22 %
Fertility rate 2023 ¹	1.1	1.4
Socioeconomic factors		
GDP per capita (EUR PPP) ²	36 329	39 675
At risk of poverty or social exclusion rate ³	25.8 %	20.9 %

1. Number of children born per woman aged 15-49.
2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.
3. At risk of poverty or social exclusion (AROPE) is the percentage of people who are either at risk of poverty, severely materially and socially deprived, or living in a household with very low work intensity.

Source: Eurostat Database.

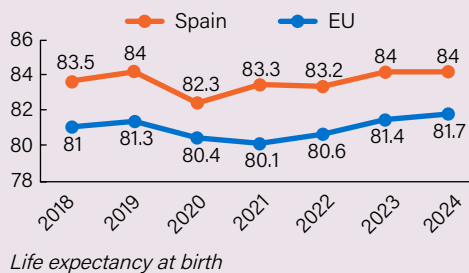
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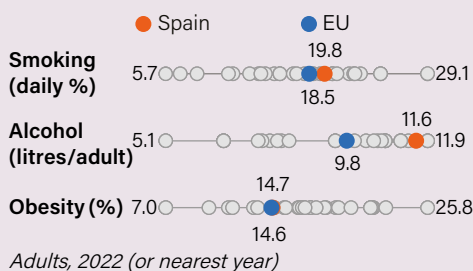
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1 Highlights



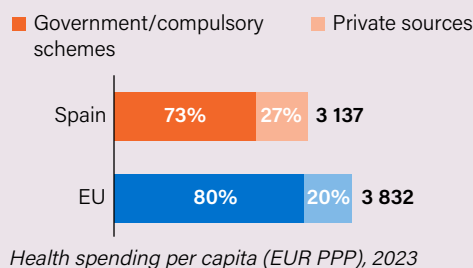
Health Status

Spain had the third highest life expectancy in the EU in 2024, at 84 years. The country experienced a temporary, steep decrease in life expectancy between 2019 and 2020 due to COVID-19-related deaths, before levels rebounded. The gender gap in life expectancy, favouring women, was 5.3 years. Cardiovascular diseases and cancer each accounted for over one in four deaths in 2023.



Risk Factors

The proportion of Spanish adults smoking daily remained higher than in most EU countries in 2020, but it has decreased since 2000. Alcohol consumption among adults has increased since 2010, reaching 11.1 litres per adult in 2023 – about 10 % higher than the EU average. Obesity rates among adults have increased only slightly since 2017, and were in line with the EU average in 2022.

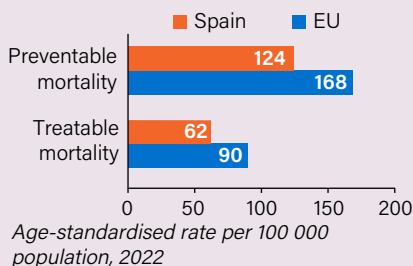


The Health System

Spain's health spending per capita in 2023 (EUR 3 137) was approximately one fifth below the EU average. Public expenditure was the primary source of financing, but levels of out-of-pocket spending (21 %) were higher than the EU average (16 %). The system is decentralised, and regional health authorities have jurisdiction over operational planning, resource allocation, and purchasing and provision decisions.

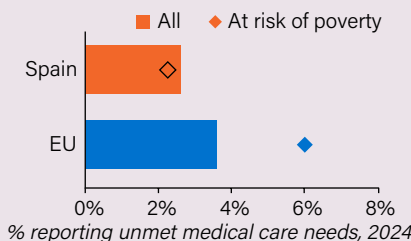
Health System Performance

Effectiveness



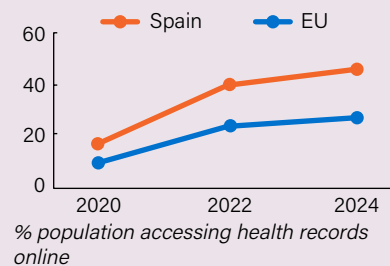
Spain had among the lowest rates of mortality from preventable and treatable causes in the EU in 2022. A range of policies tackle risk factors, and screening programmes strengthen prevention. The country's low rates of hospital admissions for congestive heart failure and diabetes reflect well-functioning primary care and integrated care systems, although geographical imbalances persist.

Accessibility



Access to healthcare is generally good in Spain, although health workforce shortages may affect accessibility. Compared to EU averages, in 2024 unmet needs among those needing care were low for medical care but high for dental care – especially among those at risk of poverty. The benefits package has been widened, especially for dental care. However, waiting lists remain the main barrier to accessing healthcare.

Resilience



Digitalisation is a key plank in building a resilient health system. Spain has been implementing strategic initiatives in digital health and increasing funding in this area. A large proportion of the population make appointments and access health records online. Health has remained important in the country's policy agenda, with public spending on healthcare increasing over time.

Spotlight: pharmaceuticals

Spending per capita on retail pharmaceuticals in Spain was below the EU average in 2023, representing 15 % of total health spending. While spending on retail pharmaceuticals has decreased over time, pharmaceutical expenditure on medicines dispensed in hospitals has increased rapidly, partly due to new and often costly medicines being administered solely in hospitals. Although copayments are in place for outpatient pharmaceuticals, they do not contribute to catastrophic spending for households. A comprehensive reform of pharmaceutical legislation is in progress, which includes measures to strengthen access, foster the rational use of medicines and introduce health technology assessment procedures.

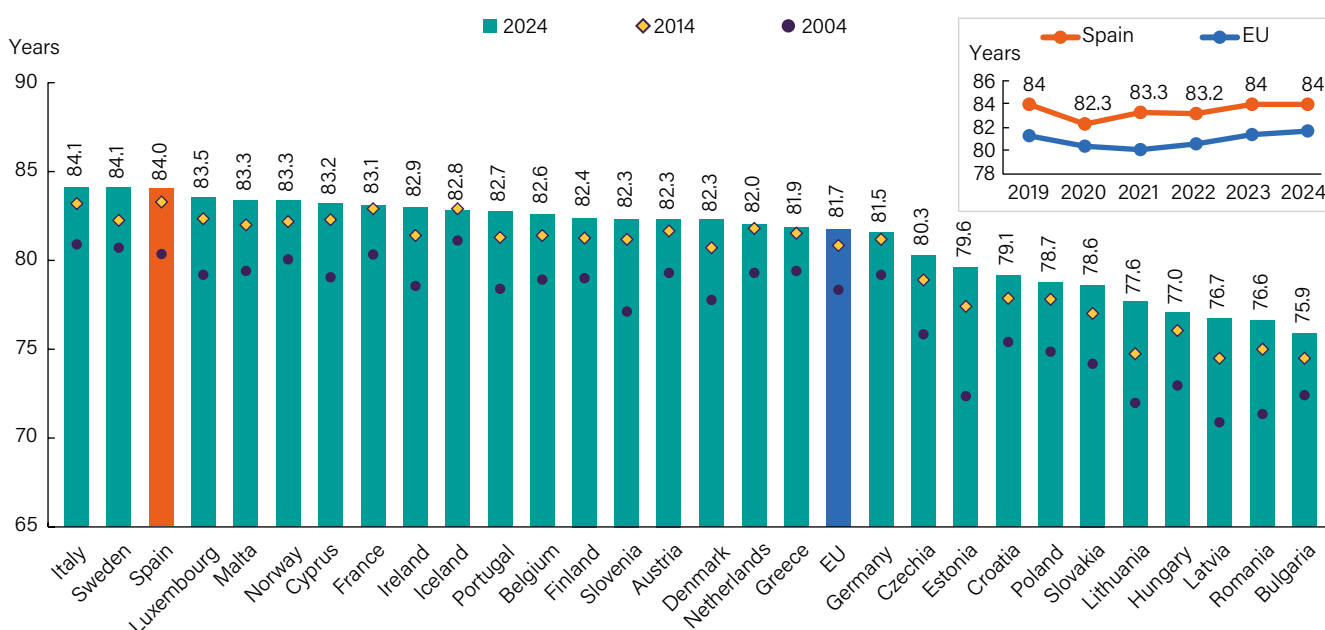
2 Health in Spain

Life expectancy in Spain was the third highest in the EU in 2024

Life expectancy at birth in Spain was 84 years in 2024, which was 2.3 years above the EU average and the third highest among EU countries after Italy and Sweden (Figure 1). Following the steep reduction during the first year of the COVID-19 pandemic in 2020, life expectancy started to

bounce back in 2021, and returned to its pre-pandemic level in 2023. As in other European countries, women in Spain tend to live longer than men. Among those born in 2024, Spanish women could expect to live 86.6 years, which is 5.3 years longer than men (81.3 years). This gender gap was close to the EU average gap (5.2 years).

Figure 1. Life expectancy in Spain was 2.3 years higher than the EU average in 2024



Notes: The EU average is weighted. Data for Ireland refer to 2023.
Source: Eurostat (demo_mlexpec).

Cardiovascular diseases and cancer account for just over half of all deaths in Spain

In 2023, the leading causes of death in Spain were cardiovascular diseases (CVDs) and cancer, which together accounted for 53 % of all deaths (Figure 2). Respiratory diseases and Alzheimer's and other dementias also accounted for a high percentage of deaths in 2023. The number and share of deaths due to COVID-19 was much lower in 2023 than in the first two years of the pandemic.

Healthy life expectancy in Spain at age 65 is lower for women than men

As in other EU countries, the Spanish population is ageing because of low birth rates and increases in life expectancy. The share of Spaniards aged 65 and over increased from 17 % in 2000 to 20 % in 2024, and is projected to rise further to 33 % by 2050.

In 2022, a 65-year-old woman in Spain could expect to live another 23.2 years – about 2 years longer than the EU average, while a 65-year-old man could expect to live another

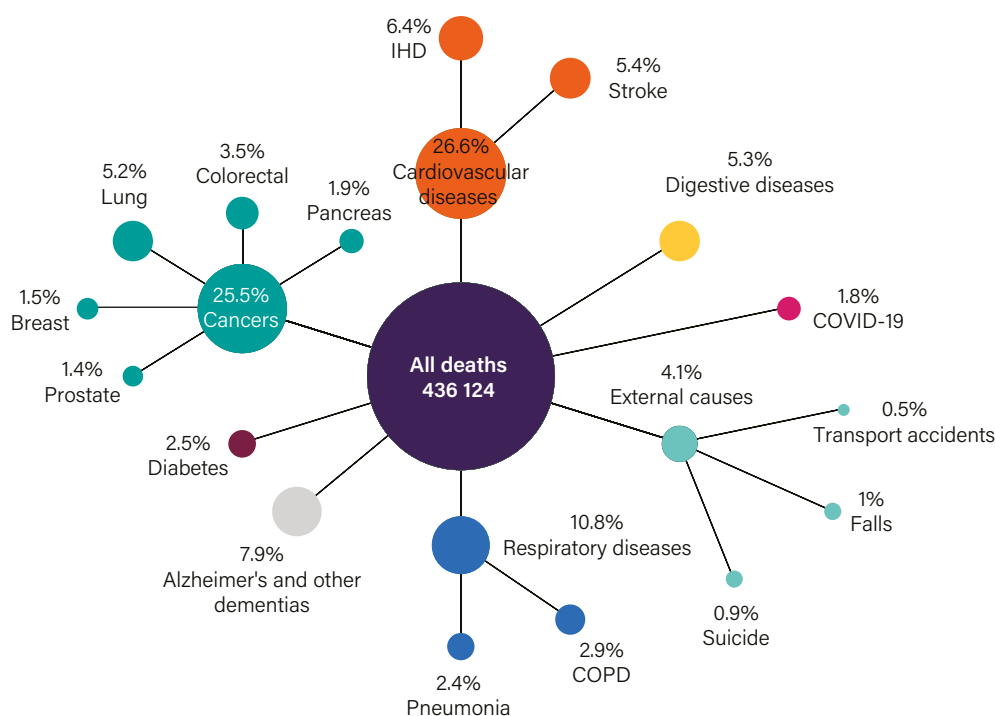
19.2 years – 1.5 years above the EU average. The number of years lived in good health after age 65 is similar between men (9.8 years) and women (9.5 years) with women spending a larger share of their remaining lives with some activity limitations (Figure 3).

Nearly half (48 %) of Spanish women aged over 65 had multiple chronic conditions compared to 44 % of men in 2022. This gender disparity was smaller than the average across EU countries, where the shares were 46 % for women and 40 % for men. The greater prevalence of health issues among Spanish women in old age was also reflected in the fact that 40 % reported limitations in basic daily activities compared to 26 % of men. This gender difference was more pronounced in Spain (a 14 percentage point gap) than in the EU overall (a 10 percentage point gap).

Nearly 476 000 new cases of cardiovascular disease were diagnosed in Spain in 2021

CVDs are not only among the leading causes of death in Spain but also primary drivers of morbidity and disability, mirroring trends across the EU. According to Institute of

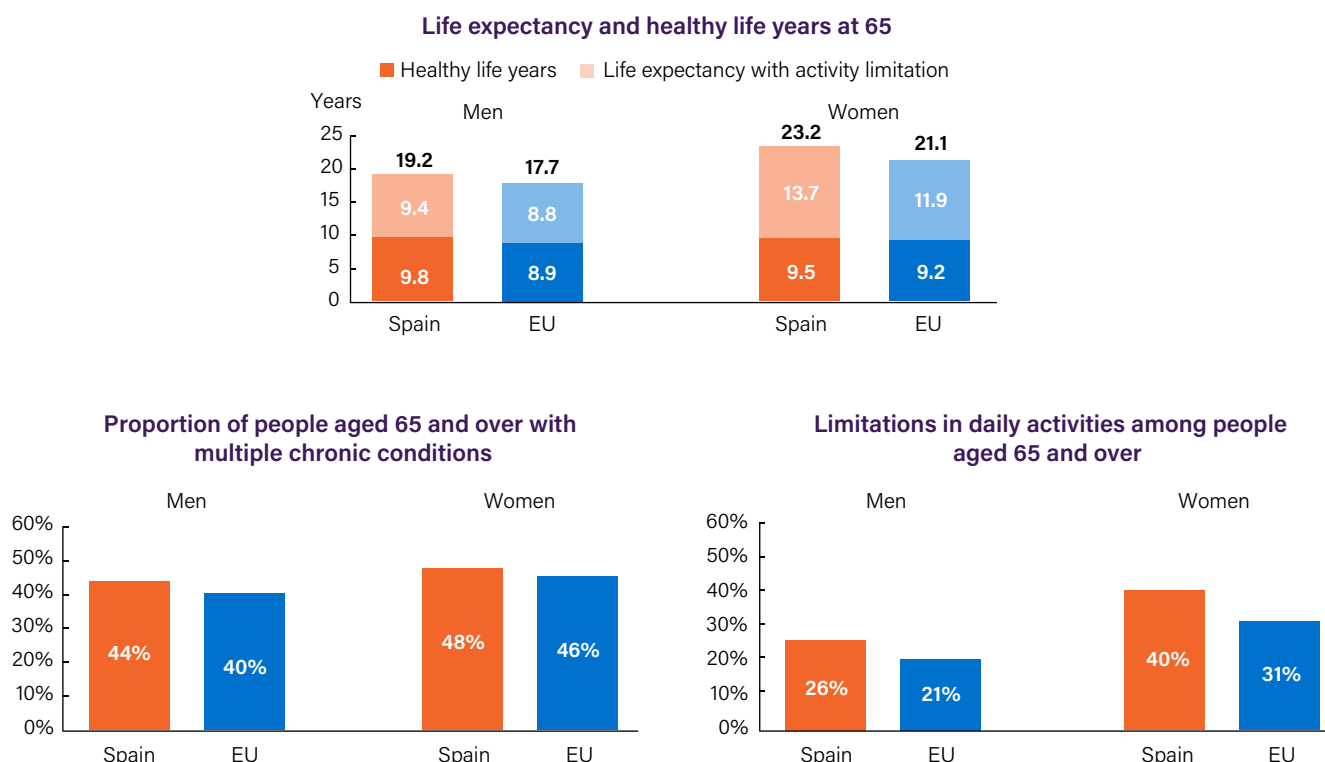
Figure 2. Cardiovascular diseases and cancer each accounted for around one in four deaths in 2023



Notes: IHD = ischaemic heart diseases; COPD = chronic obstructive pulmonary disease.

Source: Eurostat (hlth_cd_aro); data refer to 2023.

Figure 3. A high share of Spanish women aged over 65 report multiple chronic conditions and daily activity limitations

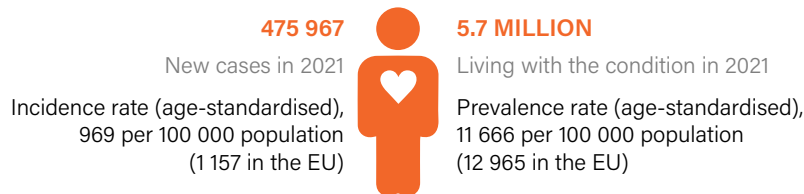


Sources: Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic conditions and limitations in daily activities); data refer to 2022 and 2021-22, respectively.

Health Metrics Evaluation (IHME) estimates, approximately 476 000 new cases of CVDs occurred in Spain, and 5.7 million people were living with a CVD in 2021. This corresponds to an age-standardised incidence rate of 969 cases per

100 000 population – 16 % lower than the EU average – and a prevalence rate 10 % lower than the EU average (Figure 4). In 2022, CVDs accounted for an estimated 12 % of all hospital discharges.

Figure 4. About one in eight people were living with a cardiovascular disease in Spain in 2021



Source: IHME, Global Health Data Exchange (estimates refer to 2021).

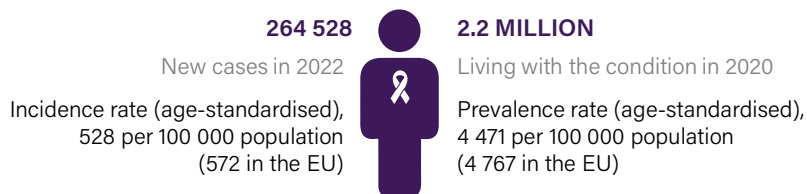
As in other EU countries, incidence and prevalence of CVDs in Spain were much greater among men than women (37 % for new cases and 25 % higher for prevalence in 2021). Ischaemic heart disease (also known as coronary artery disease) remains the most common CVD, with an estimated 138 000 new cases each year in Spain (representing 29 % of all CVDs).

Men in Spain face a higher incidence rate of cancer than women

For 2022, an estimated 264 000 new cancer cases were expected in Spain, and 2.2 million people were estimated

to be living with cancer in 2020, according to the European Cancer Information System (ECIS) (Figure 5). Cancer prevalence was significantly lower than that of CVDs, reflecting both lower incidence and survival rates. Spain's estimated 2022 cancer incidence rate was 8 % lower and its 2020 prevalence rate was 6 % lower than the EU averages. Men were estimated to have a cancer incidence rate 18 % higher than women in 2022. The most common newly diagnosed cancers in 2022 were estimated to be breast (women) and prostate (men), followed by colorectal and lung in both sexes (OECD/European Commission, 2025).

Figure 5. About one in twenty-two people in Spain were estimated to be living with cancer in 2020



Notes: These are estimates that may differ from national data. Cancer data include all cancer sites except non-melanoma skin cancer.

Source: European Cancer Information System (estimates refer to 2022 for incidence data and 2020 for prevalence).

3 Risk factors

A quarter of all deaths in Spain can be attributed to behavioural and environmental risk factors

According to IHME estimates, about 96 000 deaths in Spain in 2021 can be attributed to behavioural risk factors, such as tobacco smoking, dietary risks, alcohol consumption and low levels of physical activity. Another 13 000 deaths can be attributed to air pollution in the form of fine particulate matter (PM_{2.5}) and ozone exposure alone. Together, these behavioural and environmental risk factors accounted for 25 % of all deaths in Spain in 2021, which was nonetheless slightly lower than the EU average of 29 %. This lower overall share was mostly because the proportion of deaths related to dietary risks in Spain was lower than the EU average.

Smoking and alcohol consumption remain the main risk factors in Spain

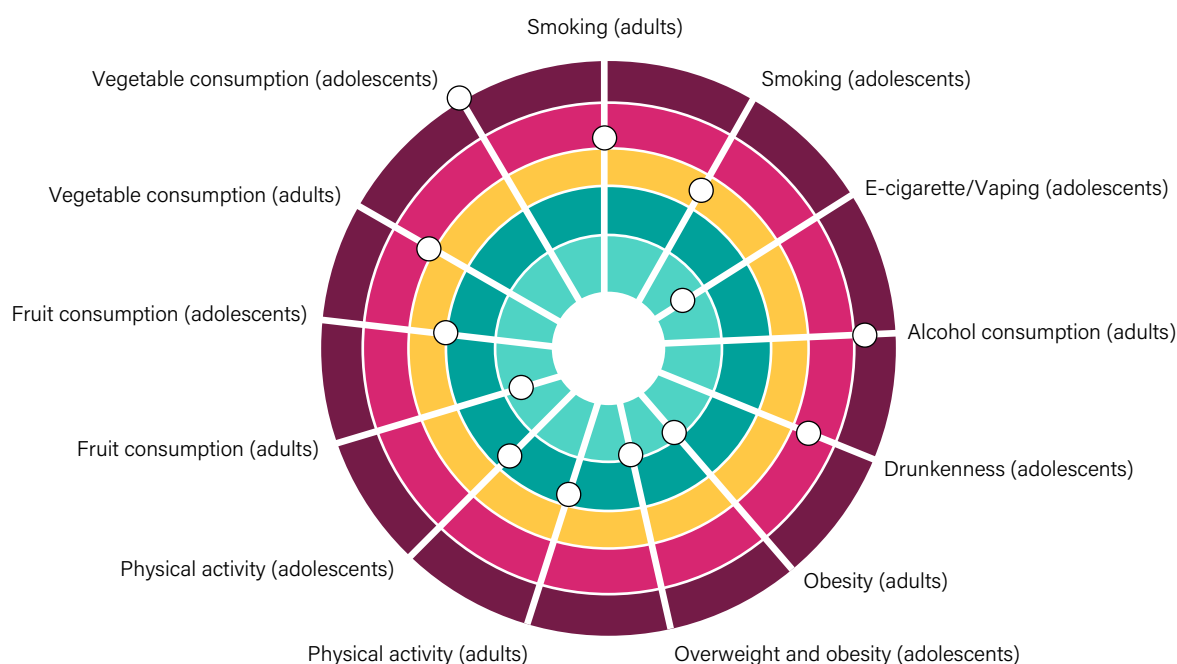
Smoking among adults in Spain has steadily declined since the early 2000s, dropping from 32 % of adults smoking daily in 2001 to 20 % in 2020 (compared to the EU average of 19 % in 2022). As in other countries, a higher proportion of men smoke than women (23 % compared to 17 %), although the decline in smoking prevalence has been more pronounced among men over the past two decades. Among 15-year-olds, traditional cigarette smoking has remained stable over the past decade: 16 % reported having smoked during the past month in 2022 – just below the EU average (17 %). Meanwhile, vaping has gained some traction among Spanish teens, with 13 % reporting e-cigarette use in the past month in 2022, but this remains well below both regular smoking and the EU adolescent vaping average (21 %) (Figure 6). The recently approved 2024-27 Tobacco Control Plan contains measures

such as treating new tobacco products (such as vapes) in the same way as traditional tobacco regarding production, advertising, implementing plain packaging, expanding smoke-free areas and increasing tobacco excise taxes to fund cessation programmes (see Section 5.1).

Alcohol consumption in Spain rose from 10.4 litres per adult in 2015 to 11.1 litres in 2023 – the fifth highest rate in the EU. After a brief drop in 2020, it peaked at 11.6 litres in 2022.

Among 15-year-olds, the share reporting having been drunk more than once fell from 34 % in 2010 to 24 % in 2022, which is close to the EU average. In March 2025, Spain approved a draft law that strengthens the existing ban on alcohol sales to those under 18 (first established in 1995), further restricting promotion near schools and introducing fines or rehabilitation options.

Figure 6. Relatively high alcohol consumption among both adults and adolescents is a public health concern in Spain



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.

Sources: OECD calculations based on HBSC survey 2022 for adolescents' indicators; Eurostat based on EU-SILC 2022 and OECD Data Explorer for adult indicators (2022 or nearest available year).

Overweight and obesity rates among adults and adolescents in Spain have been growing incrementally

In 2022, 15 % of adults in Spain were obese (up from 14 % in 2017), matching the EU average. Among adolescents, 19 % of 15-year-olds were overweight or obese in 2022, which is slightly below the EU average (21 %) and an increase since 2018 (18 %). National data show that obesity rates were declining in 2023, following the change in trend since 2020, although overall obesity and excess weight taken together remain high (Ministry of Health, 2025a). To address this public health issue, Spain launched the 2022-30 National Strategic Plan for the Reduction of Childhood Obesity, aiming to cut rates by 25 % through action promoting healthy eating, physical activity, emotional well-being and equity. In 2025, the new School Meals Reform Law mandated daily fruit and vegetables and weekly fish, banned sugary drinks, and required school menus to contain 45 % local/seasonal produce (see Box 1).

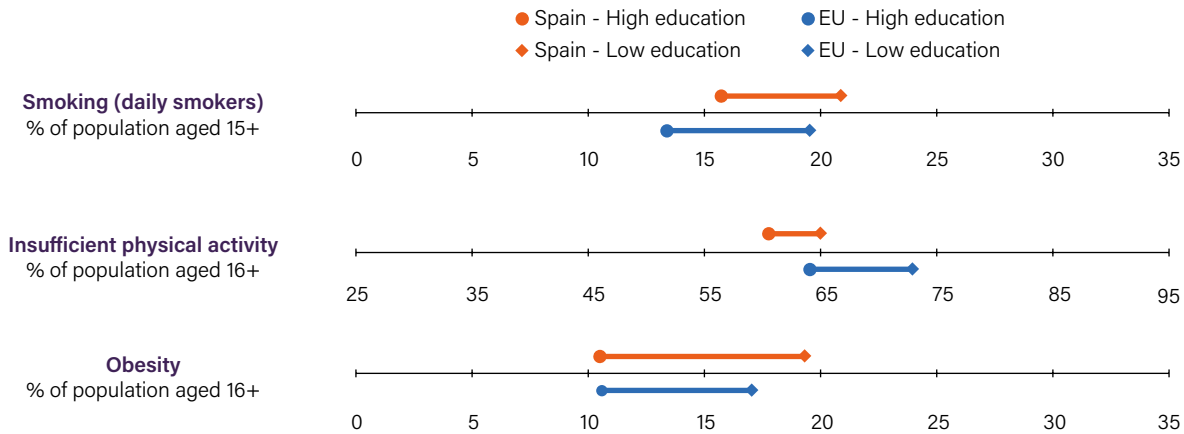
About six in ten adults in Spain do not engage in enough physical activity

Low levels of physical activity are another major contributor to overweight and obesity. In 2022, 62 % of Spanish adults did not undertake sufficient physical activity, which was nonetheless a lower share than the EU average (69 %). Among adolescents, only 16 % of 15-year-olds reported engaging in at least moderate physical activity daily – in line with the EU average. A significant gender gap exists among 15-year-olds: only 10 % of girls reported being physically active daily compared to 22 % of boys.

Behavioural risk factors are more frequent among people with lower socioeconomic status

As in other countries, behavioural risk factors in Spain are more prevalent among individuals with lower education levels. In 2019, 21 % of adults with lower education levels and 16 % of those with higher education levels smoked daily (Figure 7). In 2022, those with lower education levels were more likely to be physically inactive (65 % compared to 60 %) and obese (19 % compared to 11 %).

Figure 7. People with lower education levels are more likely to smoke and be obese than the more highly educated



Notes: Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8). Low physical activity is defined as people doing physical activity three times or fewer per week. Sources: Eurostat based on EHIS 2019 for smoking (hlth_ehis_sk1e) and EU-SILC 2022 for physical activity and obesity (ilc_hch07b, ilc_hch10).

4 The health system

Spain's decentralised health system guarantees universal population coverage

Spain has a decentralised health system providing universal population coverage. Three statutory subsystems coexist. The *Sistema Nacional de Salud* (SNS) – the universal national health system – is the primary framework, financed mainly through general taxation, providing coverage for all residents (including both documented and undocumented migrants). In addition to the SNS, there are two additional schemes: mutual funds for specific groups, including MUFACE (for civil servants), MUGEJU (for the judiciary) and ISFAS (for the armed forces); and the Collaborating Mutualities with Social Security, which cover work-related accidents and occupational diseases.

While the Ministry of Health coordinates strategic planning and develops national regulation, each of the 17 health authorities in the regions (known as autonomous communities) manages its own operational planning, purchasing and resource allocation. High-level coordination is achieved through the Interterritorial Council of the SNS, comprising the national Minister of Health, the 17 regional ministers of health and the National Institute of Health Management representing the autonomous cities of Ceuta and Melilla. Despite regional variations in spending and service organisation, coverage differences are minimal, ensuring the overarching aim of universal access.

Healthcare provision is mainly public, with family doctors at the core of the health system

The SNS is funded by general taxation, with budgets managed at the regional level. Spain provides a

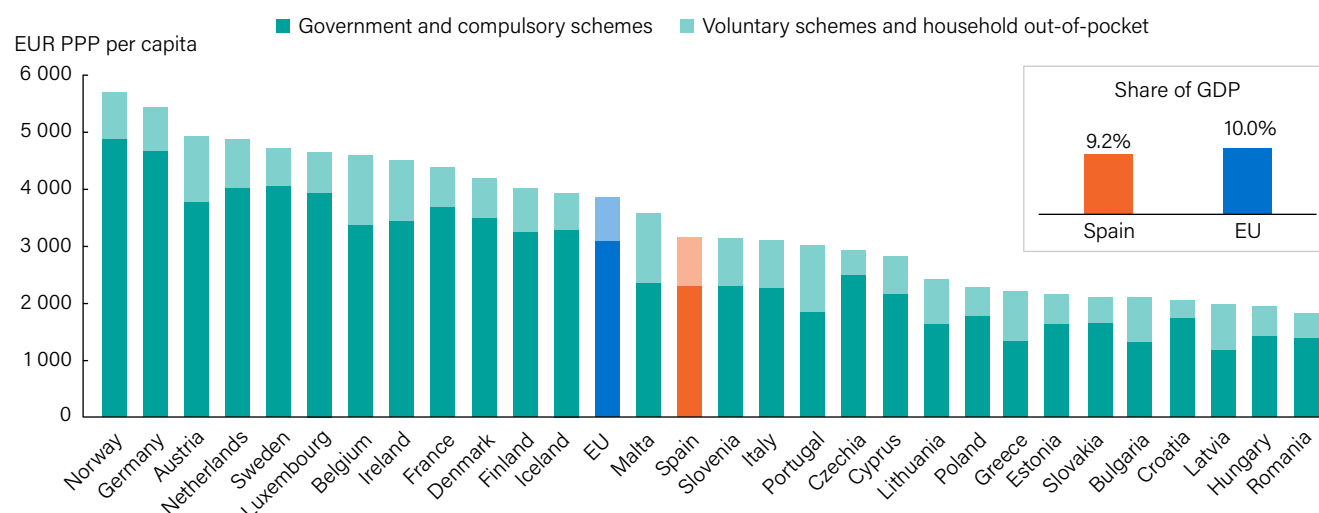
comprehensive benefits package that spans primary healthcare benefits (including acute and chronic care, health promotion and prevention activities, physiotherapy, mother and child care, mental healthcare, palliative care, medical counselling, and basic dental health services). Specialised healthcare benefits are also included – such as any diagnostic and therapeutic procedures to be provided as outpatient specialised care, inpatient acute or long-term care, day-care, surgical procedures, palliative care, acute or long-term mental healthcare, home care, organ transplants, and emergency care. Further, a more robust and effective surveillance system to safeguard the health of the population has been put in place with the creation of a national network for public health surveillance in June 2024 and the State Public Health Agency in July 2025.

Most primary care providers operate in public health centres, and family doctors/general practitioners (GPs) act as gatekeepers for outpatient specialised and hospital care. Private providers also play a role – particularly in outpatient specialised and hospital services – but public provision remains central in meeting the majority of health needs across Spain. Across the country, services are organised via basic health zones, which functionally connect to hospitals in the area, ensuring both continuity of care across levels and equitable access to specialised and hospital services.

Health expenditure has increased over time, but remains lower than in the EU overall

Spain's health expenditure in 2023 stood at 9.2 % of GDP – slightly below the EU average of 10.0 %. On a per capita basis, Spain spent EUR 3 137 (adjusted for differences in purchasing power), which was approximately one fifth below the EU

Figure 8. Per capita health spending in Spain is around one fifth below the EU average



Notes: The EU average is weighted (calculated by the OECD).

Sources: OECD Data Explorer (DF_SHA); Eurostat (demo_gind); data refer to 2023.

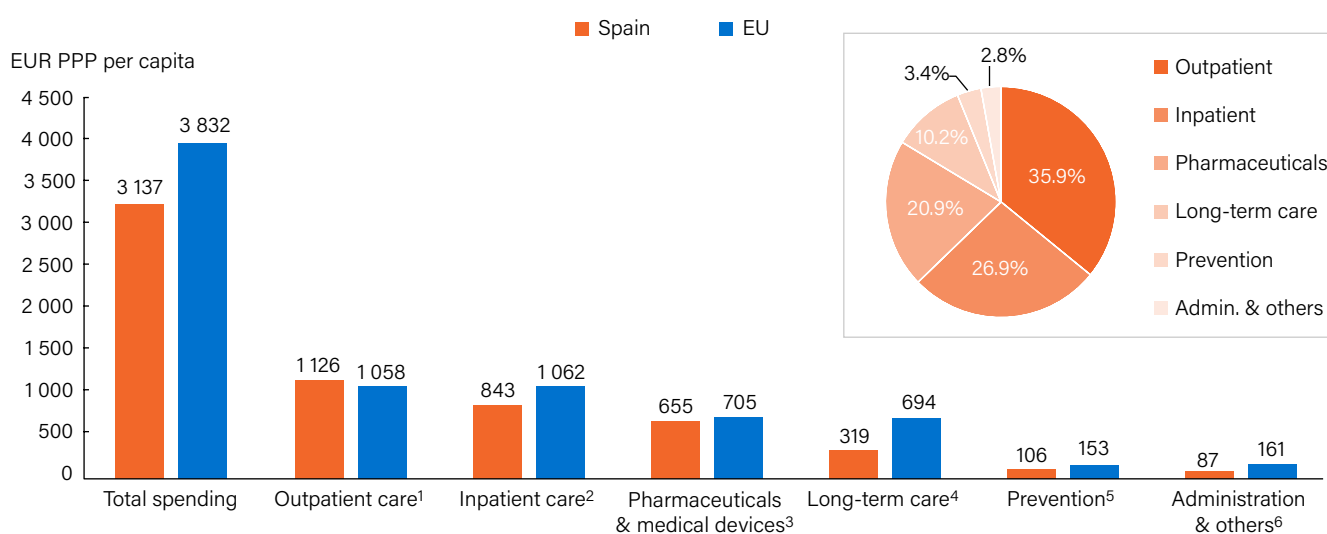
average of EUR 3 832 (Figure 8). Public sources accounted for 73 % of health spending – lower than the EU average of 80 %. Out-of-pocket (OOP) payments by households represented 21 % of Spain's health expenditure, which is well above the EU average of 16 %.

Voluntary health insurance (VHI) accounted for 6 % of health spending in 2023 – above the EU average of 4.5 %. It can serve as both supplementary insurance (to reduce waiting times for specialist and hospital care) and complementary insurance (to cover services not included in the SNS package, such as some dental services). However, uptake of VHI varies substantially across regions and income groups, reflecting differences in income levels and perceived availability of timely public care.

Outpatient care receives the largest share of health funding in Spain

Spain's allocation of health expenditure by function shows that 36 % went on outpatient care and 27 % on inpatient care in 2023 (Figure 9). Outpatient pharmaceutical spending (including medical devices) represented 21 % of health expenditure, reflecting both the breadth of prescription coverage within the SNS and relatively high levels of medicine use among an ageing population. Long-term care accounted for 10 % of current health expenditure – a share substantially below the EU average of around 18 %, while preventive care (at 3 %) was also below the EU average of 4 %.

Figure 9. Spain spends less per capita on all healthcare categories than the EU average, except for outpatient care



Notes: 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes only spending for organised prevention programmes; 6. Includes health system governance and administration and other spending. The EU average is weighted (calculated by the OECD).

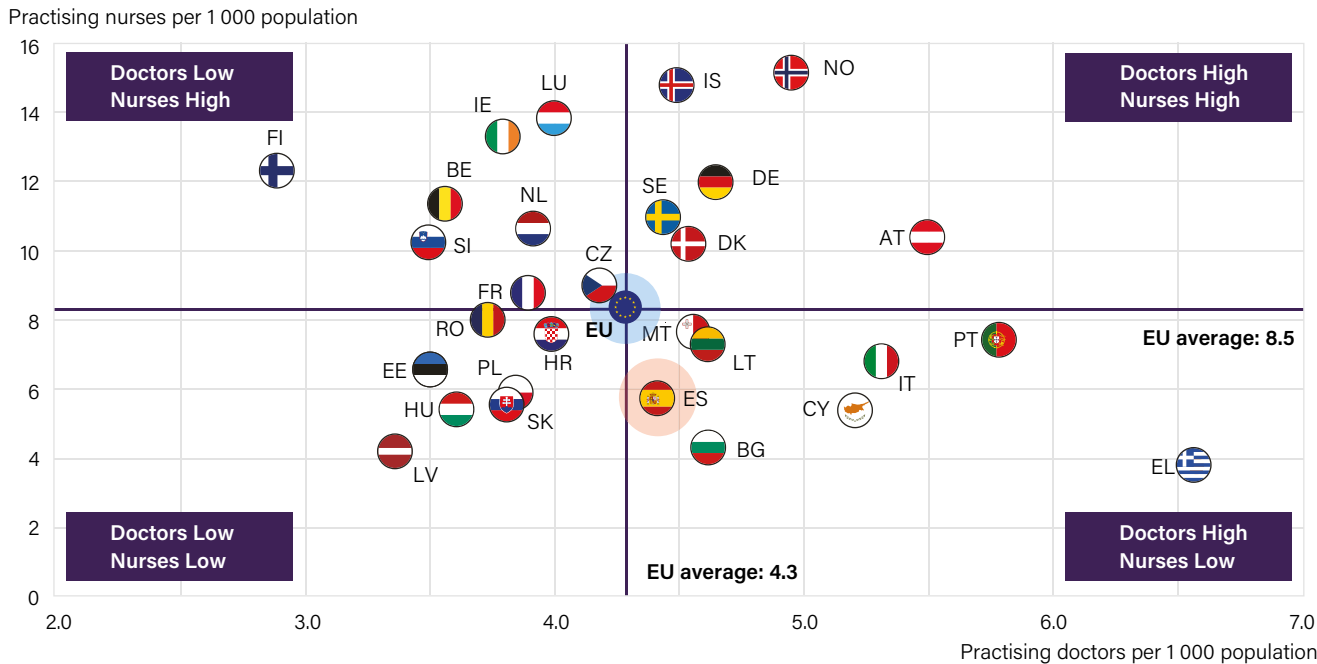
Source: OECD Data Explorer (DF_SHA); data refer to 2023.

Health workforce numbers have increased consistently although challenges remain

Spain's workforce composition has evolved, with growing numbers of doctors and nurses. The number of physicians in 2023 was 4.4 per 1 000 population – slightly above the EU average of 4.3 per 1 000 (Figure 10). Family doctors made up 22 % of these physicians, which is higher than the EU average of 19 %. However, Spain faces important health workforce challenges, including the age structure

and unequal distribution of the current health workforce, as well as forecasted shortfalls of family doctors, among other specialties (geriatrics, psychiatry and radiology). Nurse numbers have grown incrementally over recent years, reaching 5.9 nurses per 1 000 population in 2023. This was below the EU average of 8.5 per 1 000, although Spain's classification of nurse assistants and other support roles (which are not reported in the statistics) leads to an underestimation of the overall nursing workforce.

Figure 10. Spain has fewer nurses than the EU average, but doctor numbers are higher



Notes: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospitals. In Spain, the number of nurses does not include nurse assistants, although they perform similar tasks to nurses in Europe.
Source: OECD Data Explorer (DF_PHYS, DF_NURSE); data refer to 2023 or nearest available year.

5 Performance of the health system

5.1 Effectiveness

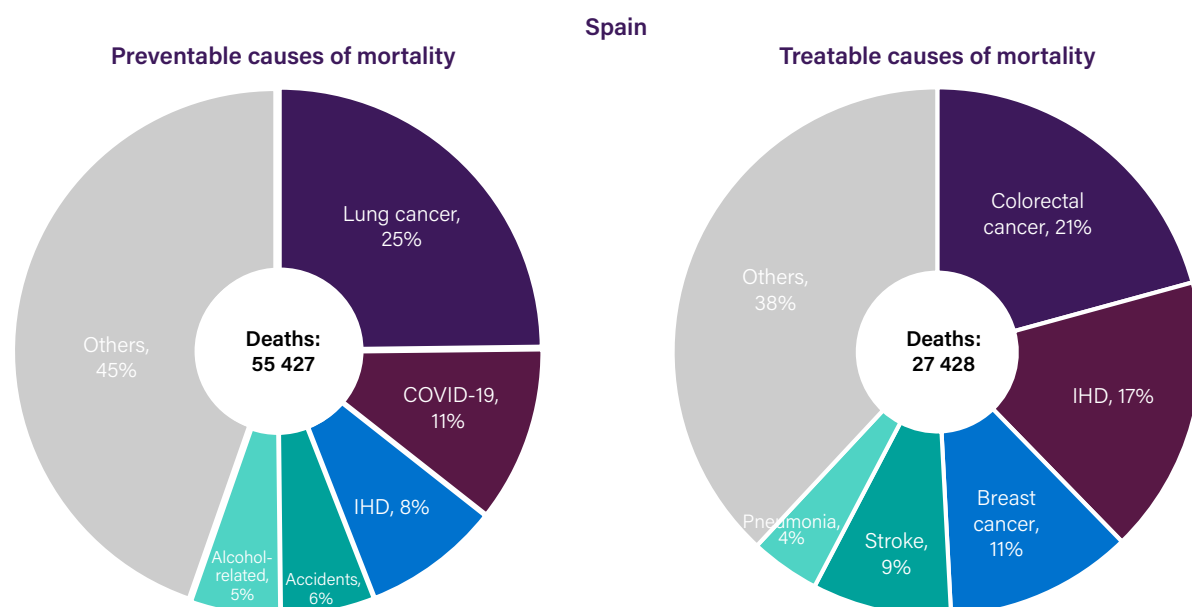
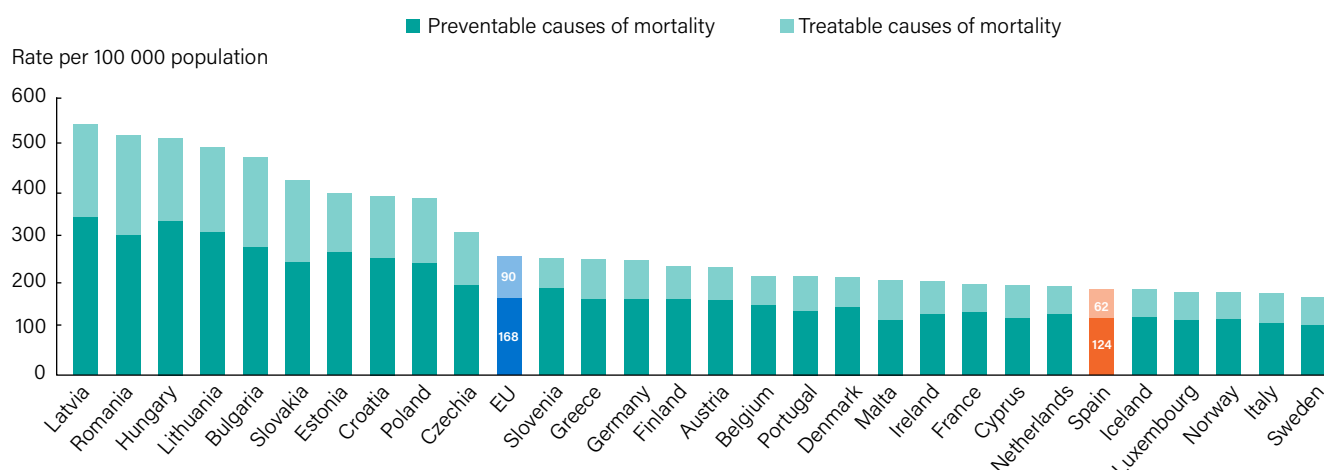
Avoidable mortality from preventable and treatable causes in Spain remains one of the lowest in the EU

In 2022, Spain had among the lowest rates of avoidable mortality in the EU, with 124 deaths per 100 000 population from preventable causes and 62 deaths per 100 000 for treatable causes (Figure 11). As in other European countries, preventable mortality rates increased substantially in Spain between 2020 and 2022 due to deaths from COVID-19 – rising from 110 deaths per 100 000 population in 2019 to a

peak of 143 deaths per 100 000 in 2020 – but remained below the EU average.

Public health efforts and the bulk of prevention are provided by family doctors and nurses. New policies and strategies aimed at minimising the burden of risk factors have been implemented in recent years. These include earlier initiatives from 2021, such as a new traffic strategy aimed at reducing road accidents, the introduction of an excise tax on sugar-sweetened beverages and implementation of the Nutri-Score food labelling system, along with more recent public health policies and strategies targeting risk factors (see Box 1).

Figure 11. Rates of avoidable mortality in Spain are among the lowest in the EU



Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease (IHD), stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death. COPD refers to chronic obstructive pulmonary disease.

Source: Eurostat (hlth_cd_apr); data refer to 2022.

Progress has been made to reduce mortality from treatable causes, especially stroke

Mortality rates from treatable conditions have decreased over the past decade, including during the COVID-19 pandemic, despite widespread disruptions to health services (see Section 5.3). The sustained reduction reflects good prioritisation of resources immediately after the lockdowns, with urgent cases of CVDs and cancers receiving fast-track care.

Spain has developed a national strategy to reduce the burden of CVDs. The 2022 Cardiovascular Health Strategy, which expands the former 2007 Strategy on Ischaemic Coronary Disease, aims to reduce the incidence and impact of CVDs across the population; promote healthy lifestyles to prevent risk factors such as obesity, high blood pressure, high cholesterol, smoking, poor diet and lack of physical activity; improve early detection and management of cardiovascular

conditions; ensure equity in access to prevention, treatment and rehabilitation services; and coordinate efforts nationally and regionally to align public health, primary care and hospital-based services.

Cervical and breast cancer screening rates in Spain remain above the EU averages

Spain offers population-wide screening for breast, cervical and colorectal cancers through the SNS benefits package. Despite disruptions during the pandemic, participation has remained above EU averages. In 2023, 69 % of women aged 50-69 had breast cancer screening, and 68 % of women aged 20-69 had cervical screening (down slightly from 70 % in 2017). However, colorectal cancer screening uptake among eligible men and women (aged 50-69 in most regions) remains low, with only a 43 % participation rate in 2023.

Box 1. Selected public health policies addressing risk factors

Alcohol and tobacco control: new draft laws reinforce bans on alcohol sales/consumption for those under 18, restrict advertising near schools (pending congressional approval), and strengthen tobacco regulation (including expanding smoke-free areas, vaping controls and higher taxes).

Obesity plans: the Obesity Action Plan 2024-27 and the National Strategic Plan for the Reduction of Childhood Obesity 2022-30 target rising childhood obesity.

School Meals Reform Law (2025): this new law mandates daily fruit/vegetables and weekly fish, limits processed foods, bans sugary drinks, and requires school menus to contain 45 % local/seasonal produce to tackle childhood obesity.

Public health strategies: a new surveillance network (2024) improves disease monitoring; national strategies address childhood obesity, cardiovascular health and broader public health priorities; the new State Public Health Agency legally incorporates extensive public health monitoring, surveillance and health impact evaluation.

Annual agreements between the Ministry of Health and the Spanish Federation of Municipalities and Provinces: these promote local action on physical activity and more public spaces for walking and cycling, healthy and sustainable eating, tobacco and alcohol consumption, and prevention of chronic conditions.

Mental health plans: the Suicide Prevention Plan 2025-27 offers support for at-risk individuals while the Mental Health Action Plan 2025-27 addresses the social determinants of mental ill health and contains specific measures to improve mental health services.

Spain has some of the lowest rates of hospital admissions for congestive heart failure and diabetes

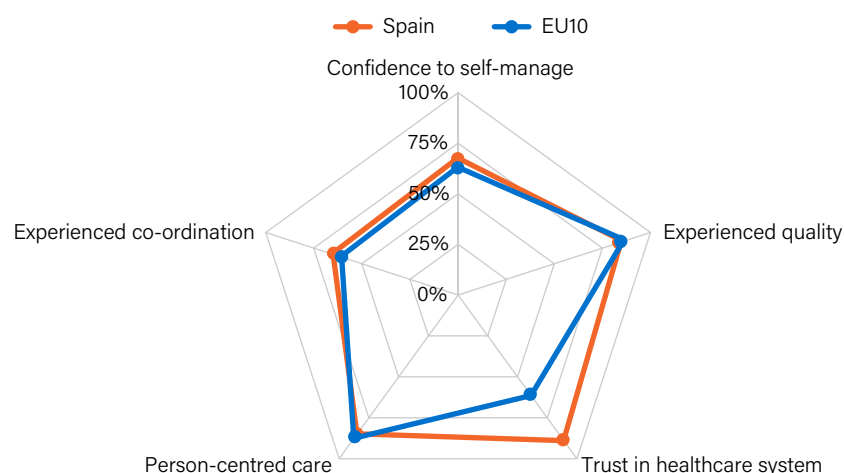
Rates of avoidable hospital admissions in Spain are among the lowest in the EU, particularly for congestive heart failure and diabetes. This can be explained in part by a strong primary care system that provides continuity of care and reduces fragmentation of specialist care. In particular, structural and organisational changes have been implemented to enhance integrated care in certain regions (including the Integrated Healthcare Organisation in the Basque Country, and the healthcare management areas in Andalusia and Aragon, which jointly manage primary and hospital care). Furthermore, in 2024 the Interterritorial Council of the SNS approved the Primary and Community Care Action Plan 2025-27, aiming to build capacity within the primary

care workforce, improve working conditions, develop regional plans to retain talent and promote continuity of care.

Patients value the quality and patient-centredness of the national health system

According to the OECD Patient-Reported Indicator Survey (PaRIS), which aims to assess health outcomes and care experiences from the patient's perspective – focusing on individuals aged 45 and older with chronic conditions – results for Spain reveal both strengths and areas for improvement in the health system (OECD, 2025). Results show that a significant majority of survey respondents rated their care quality as good (85 %) and experienced the health system as person-centred (85 %). These rates are comparable to the averages among the 10 EU countries reporting these data. Furthermore, 89 % reported trusting the healthcare

Figure 12. Strengths of the Spanish health system include quality of care, person-centred services and public trust



Note: Values refer to the percentage of people reporting positive experiences.
Source: OECD PaRIS 2024 Database (data refer to 2023-24).

system, which is well above the 62 % average. Around 65 % reported effective care coordination, while 67 % reported confidence to self-manage their own health and well-being (Figure 12).

Spain's 30-day mortality rates after hospital admission are lower than the EU averages for acute cardiovascular diseases

In 2023, Spain's 30-day mortality rate after admission to hospital was 8.0 per 100 patients for acute myocardial infarction (compared to the EU average of 8.4 per 100) and 12.6 per 100 for ischaemic stroke (compared to the EU average of 13.1 per 100). Both these mortality rates have been trending downwards since 2000, suggesting sustained quality improvements from initiatives in acute care services across Spanish hospitals. The 2024 update of the 2009 National Stroke Strategy and the 2022 Cardiovascular Health Strategy are further examples of such measures. The update of the National Stroke Strategy was a response to the increase in stroke cases – especially among young people – and to the growing need for care coordination to reduce its impact on public health. Key objectives of the Strategy include reducing stroke cases by 10 %, treating 90 % of patients in stroke units

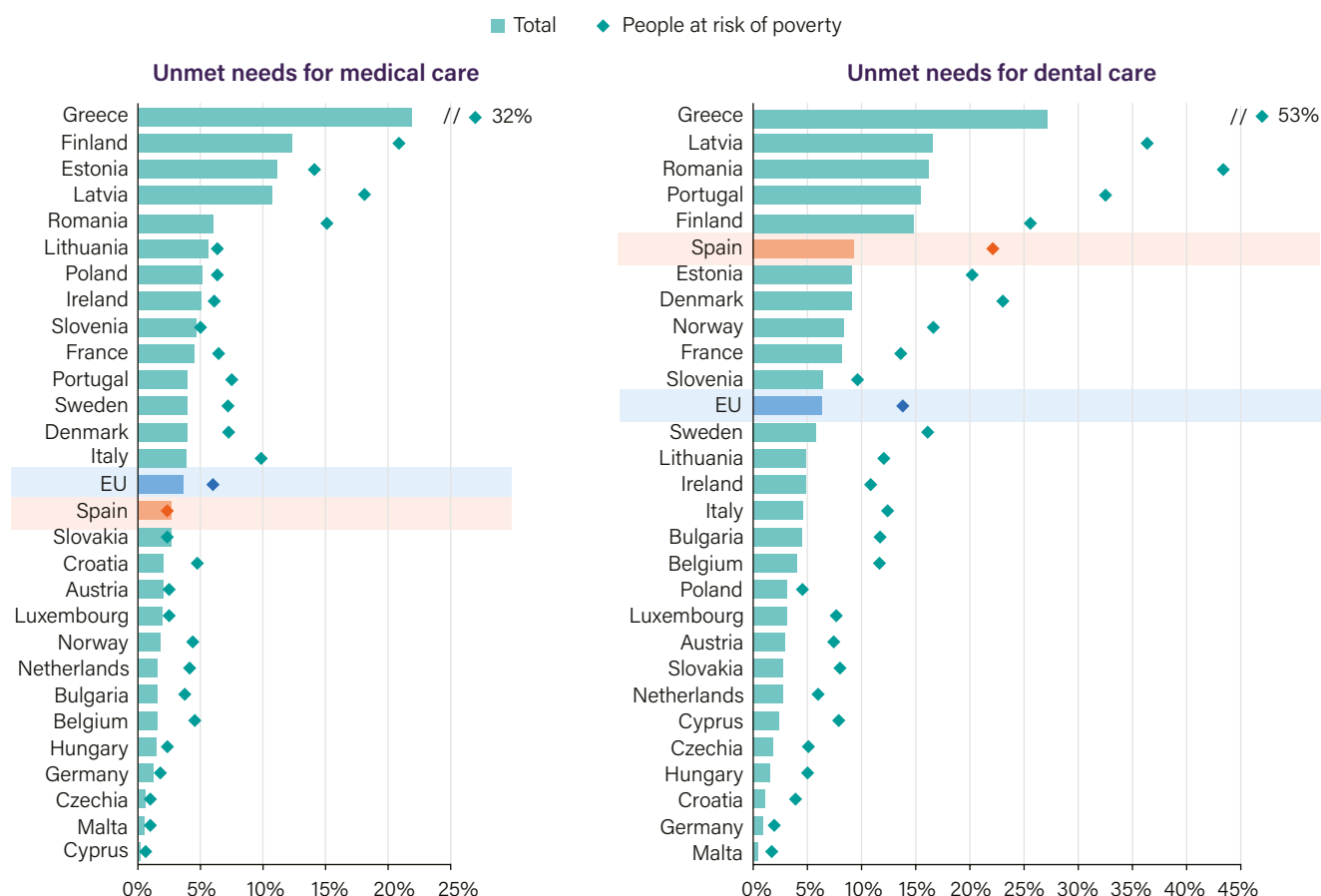
and ensuring continuity of care from prevention to post-stroke life support, all by 2030.

5.2 Accessibility

Spain has comparatively low levels of unmet needs for medical care, but these are higher for dental care

According to the EU-SILC survey, the rate of self-reported unmet needs for medical examination due to financial reasons, long waiting lists or distance to travel among those who reported having medical care needs was 2.6 % in 2024 – below the EU average (3.6 %). People at risk of poverty who had healthcare needs reported an even lower share of unmet needs, at 2.3 % in Spain compared to 6.0 % across the EU (Figure 13). Unmet needs are much greater for dental care: 9.3 % of respondents who had dental care needs reported unmet needs, which was above the EU average of 6.3 %. Furthermore, unmet dental care needs were much higher among those at risk of poverty, reaching 22.1 % in Spain – far above the EU average of 13.6 %.

Figure 13. Those at risk of poverty in Spain have higher levels of unmet needs for dental care than the EU average



Notes: The EU average is weighted. Data refer only to individuals who reported having medical care needs. People at risk of poverty are defined as those with an equivalised disposable income below 60 % of the national median disposable income.

Source: Eurostat (hlth_silc_08b); data refer to 2024.

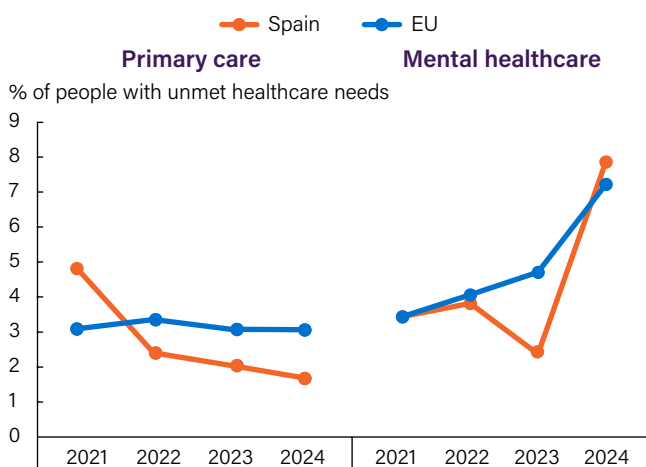
Efforts are ongoing to strengthen access to primary and mental healthcare in Spain

Looking at more specific areas of care, according to the Eurofound Living and Working in the EU Survey,¹ 1.7 % of respondents in Spain reported having unmet needs for care provided by a family doctor or health centre in 2024, which was below the EU average (3.1 %). Unmet needs for primary care have declined since 2021, when the COVID-19 pandemic and associated containment measures limited access to health services. In contrast, unmet needs for mental healthcare have more than doubled since 2021: in 2024, 7.9 % of respondents in Spain reported forgoing mental healthcare, which is similar to the EU average (7.2 %) (Figure 14).

Spain is working to improve quality and access to primary care, but regional shortages of health professionals remain a significant challenge. While the overall number of doctors per 1 000 population is slightly above the EU average, there are persistent disparities across autonomous communities. In 2022, the number of primary care physicians ranged from 0.6 to 1.1 per 1 000 population, and primary care nurses from 0.5 to 0.9 per 1 000. For specialists, the figures ranged from 1.6 to 2.7 per 1 000 for doctors and 3.3 to 6.9 per 1 000 for nurses. These variations often reflect the more dispersed populations in rural areas.

To address these imbalances, national and regional authorities have introduced targeted strategies. A 2023 technical document defined 13 criteria for identifying hard-to-fill positions. If a primary care post meets at least five of these criteria, it qualifies for incentives such as financial bonuses, housing support, career development opportunities and better work-life balance measures. Building on these efforts, the Primary and Community Care Action Plan 2025-27 aims to increase the primary care workforce with new professionals

Figure 14. Unmet needs for mental healthcare in Spain have reached high levels, above the EU average



Note: Primary care includes access to a GP/family doctor or a health centre.

Source: Eurofound Living and Working in the EU survey (2025).

and roles, enhancing multidisciplinary teams, widening the benefits package with new diagnostic procedures and dental care services, and building capacity to reduce unnecessary referrals to specialised care. An assessment and monitoring system will be set up to follow up its progress and ensure that the planned objectives are met.

In April 2025, the Interterritorial Council approved the Mental Health Action Plan 2025-27, aimed at strengthening mental healthcare in Spain and addressing the social determinants that affect mental health. With total funding of EUR 101 million, the Plan aims to ensure rational use of psychotropic drugs, to address the shortage of mental healthcare professionals, and to promote human rights and dignity.

The benefits package has been widened, but coverage for dental and optical care is still limited

Spain's benefits package offers broad coverage for primary and specialised care (see Section 4), but dental services remain limited, and optical care is mostly excluded. In June 2024, EUR 68 million was allocated to improve oral health, targeting children under 14, pregnant women, people with disabilities, and those with cervical or facial cancer. The Ministry of Health is also working to improve access to optical care: the SNS can start funding glasses and contact lenses for children from low-income families from the last quarter of 2025.

Exemptions protect households from catastrophic spending despite high out-of-pocket payments

Some services – such as dental and optical care, as well as prescribed outpatient medicines and medical devices – require patient copayments. Spain's share of OOP payments in health spending has been decreasing since 2018, reaching 21 % in 2023 – but this was still above the EU average of 16 % (Figure 15). Patients mainly pay directly for dental care (32 %), outpatient pharmaceuticals (24 %) and optical care.

Despite relatively high OOP payments, catastrophic health spending² in Spain was among the lowest in the EU (fewer than 3 % of households experienced catastrophic spending due to OOP payments for health services in 2020). This can be explained by extensive protection mechanisms expanded in new reforms in 2020 and 2021, including new pharmaceutical copayment exemptions for a range of population groups (those on minimum wage, pensioners whose annual income was below a threshold, people receiving childcare-related social security benefits and children with a recognised disability), benefiting around 7.3 million people in 2024 (Ministry of Health, 2025b).

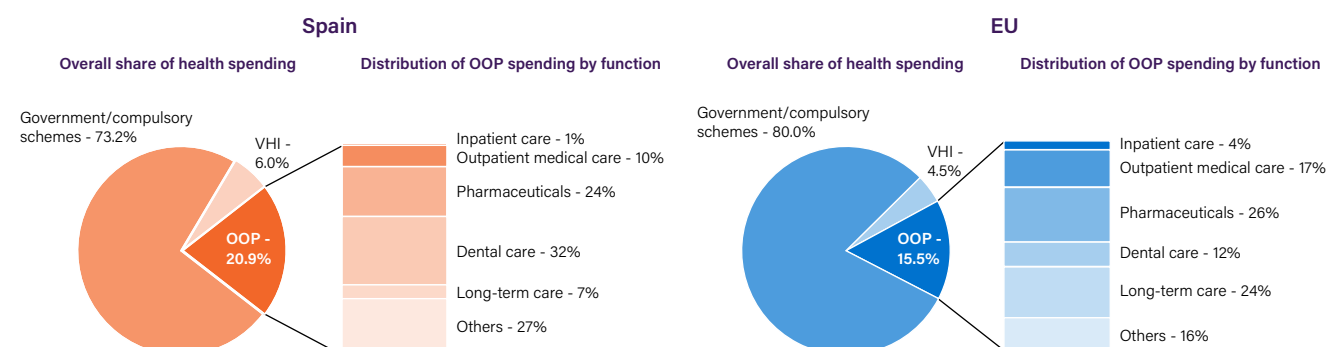
Waiting lists are the main barrier to accessing healthcare in Spain

Although effective health coverage has improved substantially in recent years, some access gaps remain – including administrative barriers to obtaining residency status, which is the basis for entitlement; administrative barriers to obtaining

¹ The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

² Catastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).

Figure 15. Key drivers of out-of-pocket spending include dental care and pharmaceuticals



Notes: VHI also includes other voluntary prepayment schemes. The EU average is weighted.

Source: OECD Data Explorer (DF_SHA); data refer to 2023.

the guaranteed minimum income, which is the basis for exemption from copayments; limited coverage of some services (such as dental and optical care); and long waiting lists and delays in receiving treatment.

Waiting times remain the major barrier to access healthcare in Spain. According to the 2023 Health Barometer, which captured the perspectives of patients on availability of resources in the SNS, 33.9 % of respondents said that waiting times had worsened in the previous 12 months, 38.2 % had experienced more than a three-month wait between referral from the primary care physician and specialist consultation, and 69.8 % reported that it took more than 24 hours to obtain an appointment with a family doctor, with an average waiting time of nine days (see Section 5.3).

In April 2024, the SNS established the Working Group on Waiting Lists, aiming to eliminate the heterogeneity in the management of waiting lists, as well as in the information that is handled, recorded and addressed in the different autonomous communities. The work and reports generated by the Working Group will be submitted to the Interterritorial Council of the SNS for its acknowledgement and approval. Moreover, in January 2025, a multisectoral state-level agreement was approved for the first time to improve early intervention and reducing waiting times for children with development disorders or at risk of suffering them, ensuring that those aged under 6 receive care within 45 days of detecting a case.

5.3 Resilience

Health system resilience – the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes – has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

National coordination in public health has been enhanced following the COVID-19 pandemic

Spain's response to the COVID-19 pandemic revealed the need for stronger national coordination in public health. In

June 2024, the country launched a comprehensive network integrating surveillance across five domains (communicable diseases, non-communicable diseases, occupational health, environmental health and early warning systems), aiming to provide timely evidence to inform policy decisions. The State Public Health Agency was created in July 2025 to be a central authority that enhances Spain's ability to anticipate and manage public health challenges.

The number of hospital beds remains stable, while waiting times are closer to pre-COVID-19 levels

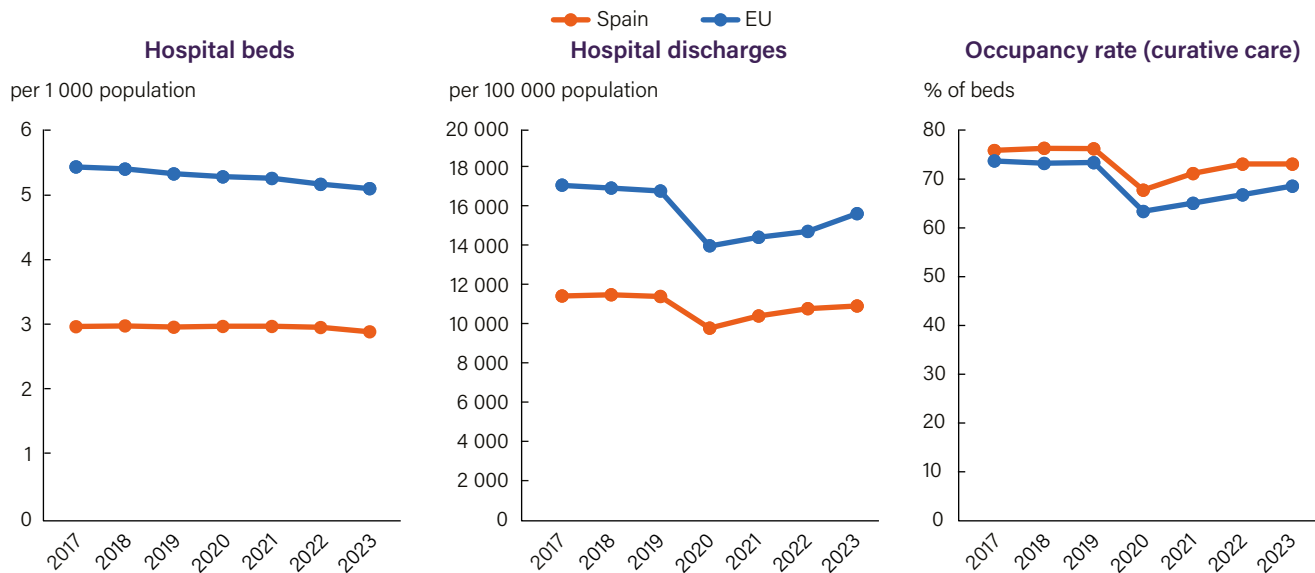
At the onset of the COVID-19 pandemic, the number of hospital beds in Spain was relatively low (3.0 per 1 000 population in SNS hospitals) compared to the EU average (5.3 per 1 000), although with higher occupancy rates; this pattern remained unchanged in the following years (Figure 16). Hospital discharges and occupancy rates decreased between 2019 and 2020, reflecting the fact that most elective surgical procedures were postponed or cancelled in the first year of the pandemic, and patients delayed hospital visits. Since then, both hospitalisations and occupancy rates have increased, although levels have not yet reached pre-pandemic levels.

The percentage of patients on waiting lists who waited longer than three months for surgery increased considerably for selected elective procedures during the pandemic. For example, the percentage of patients waiting for hip replacements for more than three months grew from 38 % in 2019 to 68 % in 2020. It then fell to 44 % in 2024 but remained above the pre-pandemic level (Figure 17). Similar trends can be seen for patients waiting longer than three months for knee replacements and cataract procedures.

Public spending on health has continued to increase, reflecting the importance of health in the country's policy agenda

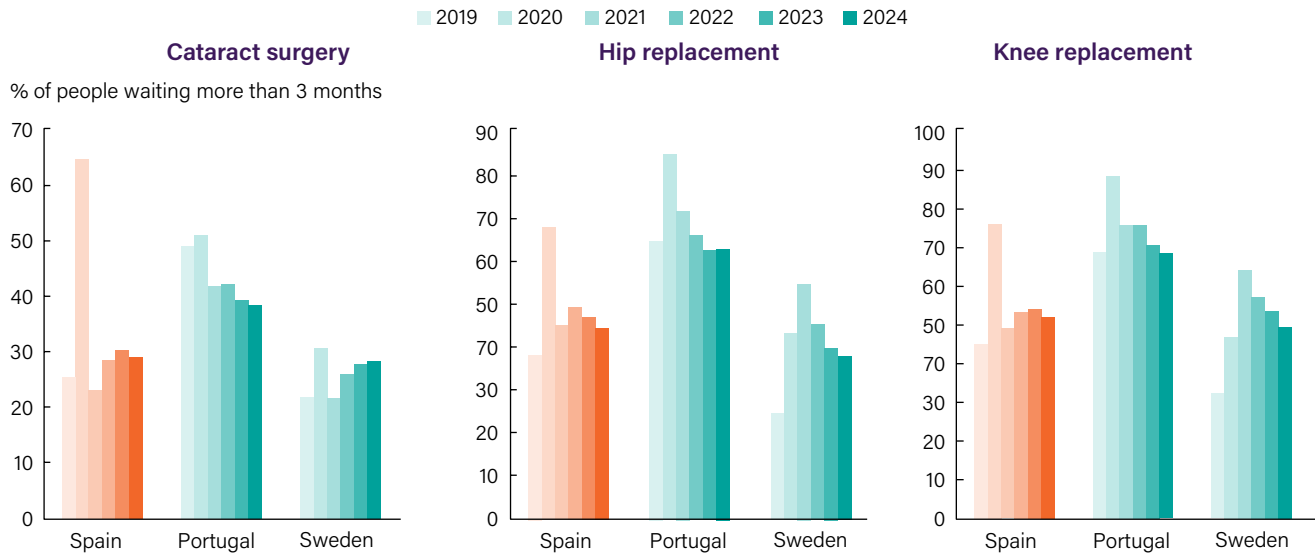
Public spending on health per capita in Spain declined in 2022, in line with most other EU countries, following the strong growth between 2020 and 2021 due to the response to the pandemic. Unlike the EU average, which continued to decline in 2023, the growth rate in public spending in Spain increased, demonstrating a higher level of health spending than the projection based on pre-pandemic trends (Figure 18).

Figure 16. Hospital discharges and occupancy rates have increased after the COVID-19 pandemic



Note: The EU average is weighted for hospital beds and unweighted (calculated by the OECD) for the remaining indicators.
Sources: Eurostat (hlth_rs_bds1) and OECD Data Explorer (DF_KEY_INDIC).

Figure 17. The percentages of patients waiting more than three months for elective surgical procedures have not yet returned to pre-pandemic levels



Source: OECD Data Explorer (DF_WAITING).

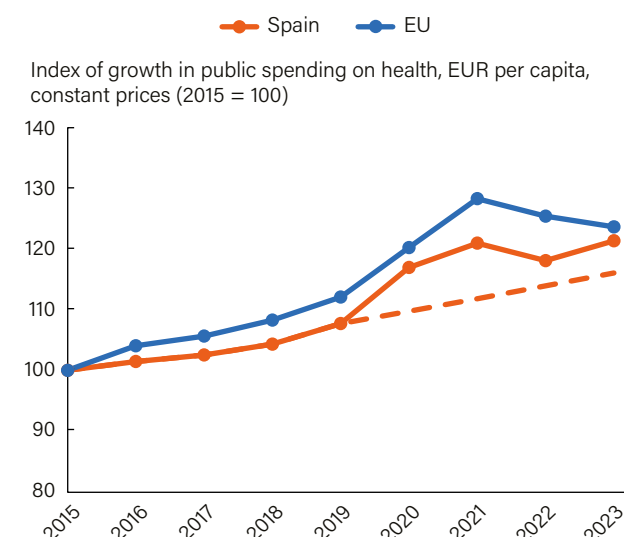
Government spending on health as a percentage of total government spending in Spain has varied very little since 2019 (14.4 %), reaching 14.5 % in 2023: its consistency suggests that health is a longstanding priority in Spain's public spending. In the case of the autonomous communities, which manage 91 % of public spending on health, the share of health spending was well above 30 % of their annual budgets, with some variation across regions in 2024 (health spending ranging from EUR 1 423 to EUR 2 301 per capita) (Datosmacro, 2025).

A significant share of EU funding is dedicated to health in Spain

Spain's health sector has been supported by significant EU funding across multiple instruments. Under the Recovery and Resilience Plan (RRP),³ Spain allocated EUR 2.4 billion (1.5 % of total RRP funds) to health. The investments included in the RRP focused on renewal and expansion of high-tech equipment, strengthening of preventive care, training of health professionals and rationalisation of the consumption of pharmaceuticals, among others. Complementing the RRP, funds from the EU Cohesion Policy (2021-27) allocate EUR 1.1 billion to healthcare. Key priorities

³ Recovery and Resilience Fund data are based on the information available as of 20 September 2025; potential future amendments may affect these figures.

Figure 18. Public spending on health per capita in recent years has exceeded pre-pandemic levels



Notes: The EU average is weighted (calculated by the OECD). The dashed line represents the projected trend based on pre-pandemic (2015-19) data.
Source: OECD Data Explorer (DF_SHA).

include health infrastructure (60 %), digital health services and applications (22 %), and health equipment (14 %). Additionally, until mid-September 2025 under the EU4Health work programmes (2021-25), Spanish beneficiaries received funding via joint actions and direct grants amounting to about EUR 93.4 million. This was primarily dedicated to crisis preparedness (29 %), cancer initiatives (33 %), and health promotion and disease prevention (14 %).

Some measures have been implemented to increase the number of medical graduates

The rates of both medical graduates (13.6 per 100 000 population) and nursing graduates (24.0 per 100 000) in Spain were lower than the averages across the EU in

2023 (15.2 medical graduates and 38.6 nursing graduates per 100 000 population) (Figure 19). However, nursing assistants are not included in these figures for Spain, underestimating the number of new graduates from nursing-related programmes.

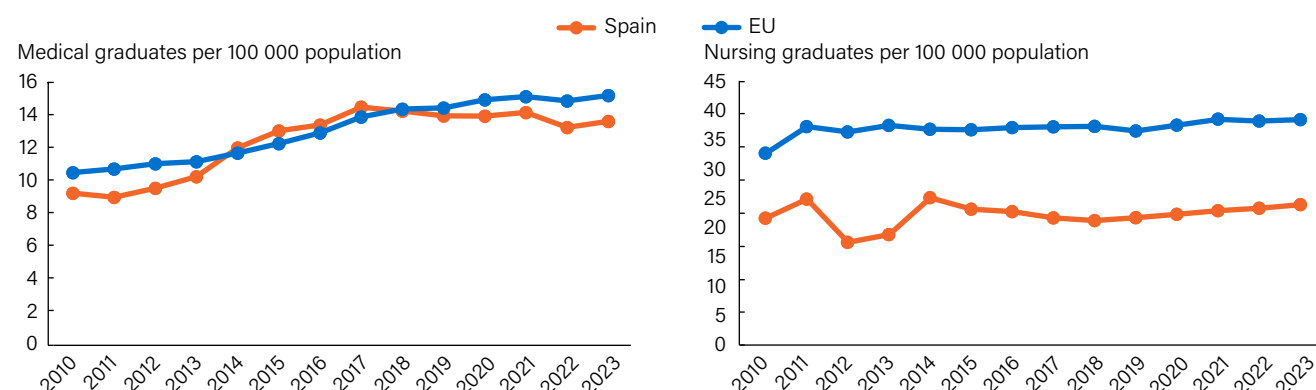
The challenge arising from comparatively low numbers of graduates has been exacerbated by the demographic profile of the medical workforce: in 2022, 43 % of doctors were aged 55 and over, indicating impending retirement waves that will intensify existing pressures. To increase the number of medical graduates, 677 new places for medical students at public universities (across all years) were offered in the academic year 2023/24; this led to an increased cohort of 722 first-year places, representing a growth rate of 12 % compared to the previous academic year. Public universities received EUR 52 million from the Spanish Government to support this increase.

Spain has been advancing digital health through strategic initiatives and increased funding

Investment in health information and communication technology (ICT) in Spain has increased since 2019, reaching EUR 1.89 million per 100 000 population in 2023, which is below the EU average of EUR 2.29 million per 100 000 (Figure 20). This increase was supported by funding from the Recovery and Resilience Facility, which devoted around 7 % of its total contribution to healthcare to digital health (around EUR 176 million) (European Commission, 2021).

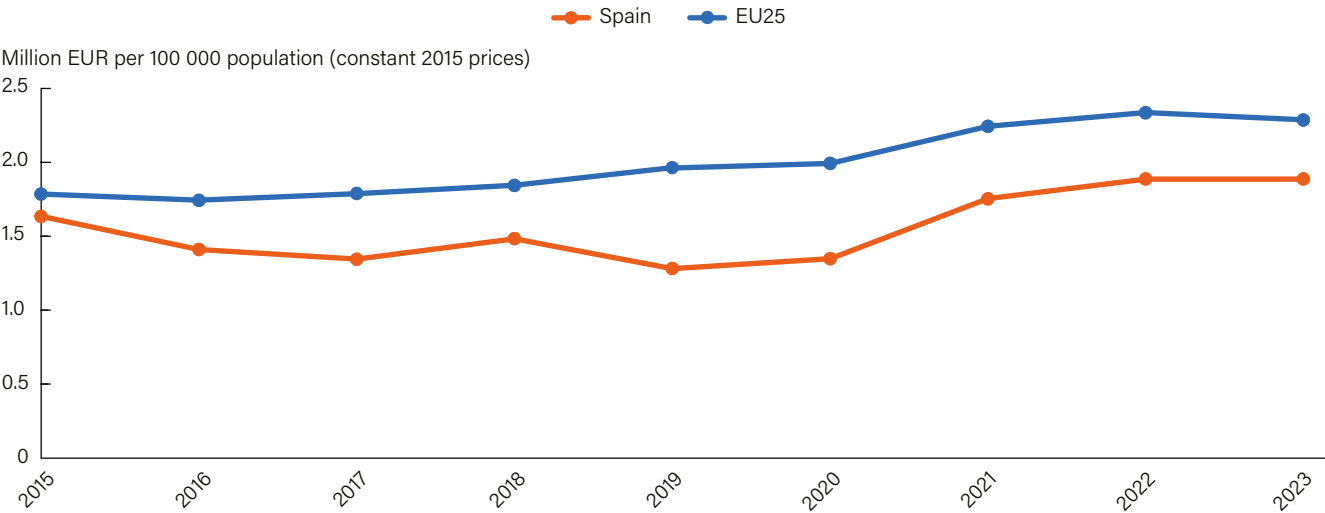
Public uptake of digital health tools in Spain has been higher than the average across the EU, and use of online resources increased markedly between 2020 and 2024 – particularly for making appointments and accessing health records (Figure 21). However, use of digital tools is unequal across the population, with substantial differences between people with higher and lower education levels. Spain's 2021-26 Digital Health Strategy aims to enhance public health by leveraging digital technologies across the SNS. The Strategy focuses on empowering citizens, healthcare professionals and service providers through digital transformation.

Figure 19. The rates of healthcare professionals graduating in Spain remain comparatively low



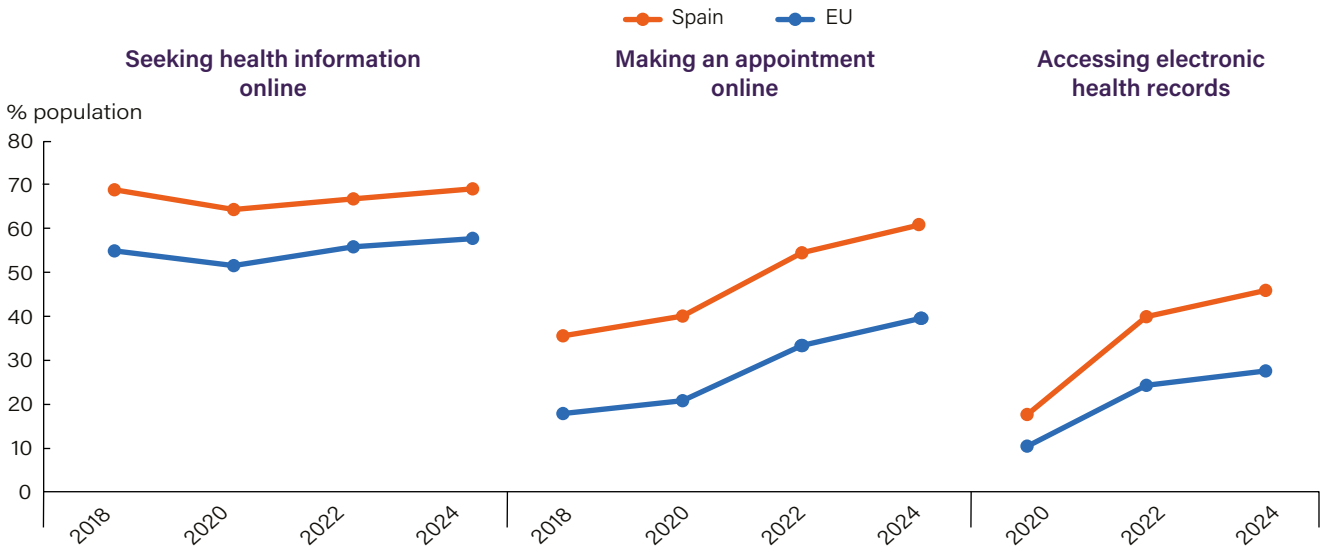
Note: The EU average is weighted (calculated by the OECD).
Source: OECD Data Explorer (DF_GRAD).

Figure 20. Investment in health information and communication technology has increased in Spain since 2019



Notes: Values refer to gross expenditure and include ICT equipment and computer software and databases. Data refer to human health and social work activities (Q).
Source: Eurostat (nama_10_a64_p5).

Figure 21. The percentage of the population using the internet for health-related activities has been consistently higher in Spain than across the EU



Source: Eurostat (isoc_ci_ac_i).

Consumption of antibiotics remains relatively high in Spain

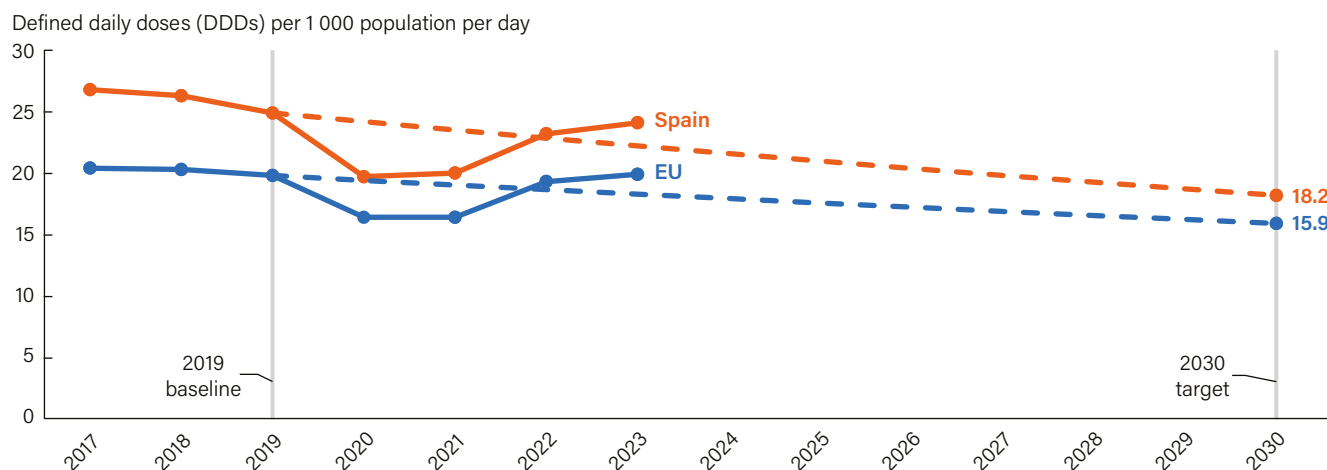
Curbing excessive antibiotic use is critical to addressing antimicrobial resistance – a priority reinforced by the EU Council's 2030 targets that were adopted in 2023.⁴ While a notable decrease in consumption rates was seen during the COVID-19 pandemic, largely driven by lower infection rates, Spain's antibiotic consumption has increased again since 2021 and slightly widened the gap with the EU average. It reached 24.1 defined daily doses per 1 000 population in 2023 – above the EU average of 19.9 per 1 000, potentially putting the 2030 reduction target at risk (Figure 22). This

suggests that underlying prescribing behaviours have not yet changed fundamentally, despite national efforts to reduce antibiotic consumption.

Spain's latest National Plan for Antibiotic Resistance was published in 2025, continuing the three previous plans from 2014, 2019 and 2022. The new Plan established a One Health strategy through six common lines of action for human health, animal health and the environment – including surveillance of antibiotic consumption and resistance; control of bacterial resistance; prevention measures; promotion of research, training and information for health professionals; and communication and public awareness (AEMPS, 2025).

⁴ Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

Figure 22. Spain's antibiotic consumption has increased since the pandemic



Notes: The EU average is weighted. The chart shows antibiotic consumption in hospital and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.

Source: ECDC ESAC-Net.

6 Spotlight on pharmaceuticals

Spending per capita on retail pharmaceuticals in Spain is below the EU average

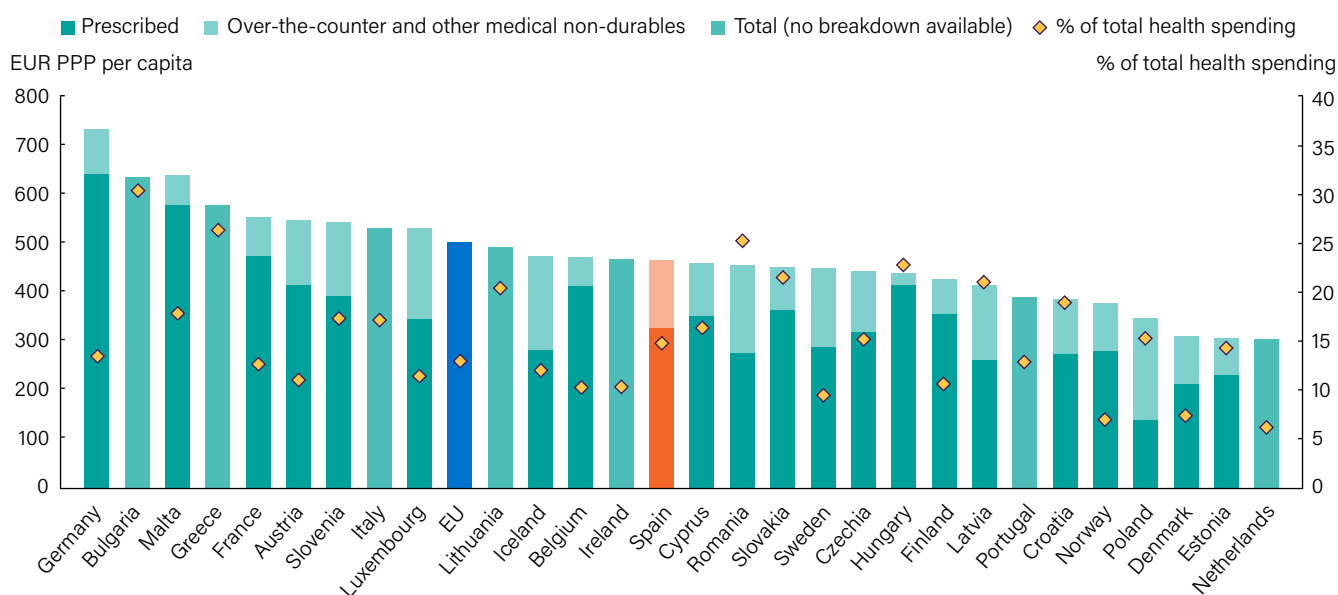
In 2022, retail pharmaceutical expenditure charged to public funds totalled EUR 12.8 billion in Spain – an increase of 5 % compared to 2021 (Ministry of Health, 2024a). On a per capita basis, Spain spent 7 % less (EUR 472) than the EU average (EUR 510) in 2023, adjusted for differences in purchasing power. Retail pharmaceutical spending represents about 15 %

of total health expenditure in Spain – a slightly higher share than the EU average of 13 % (Figure 23).

Expenditure on inpatient medicines accounts for over a quarter of total pharmaceutical spending, and is increasing

While retail pharmaceutical expenditure per capita as a share of total pharmaceutical spending has fallen – from 77 % in

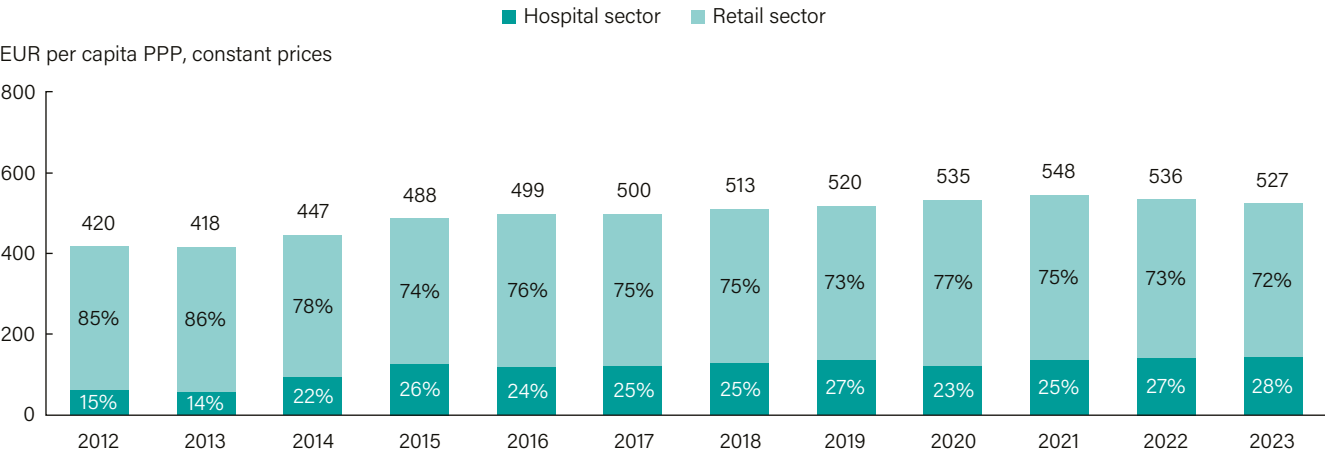
Figure 23. Expenditure on retail pharmaceuticals per capita was lower in Spain than the EU average



Note: This figure represents expenditure on pharmaceuticals dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.

Source: OECD Data Explorer (DF_SHA); data refer to 2023, except for Norway (2022).

Figure 24. The share of spending represented by medicines dispensed in hospitals has increased rapidly in Spain



Source: OECD Data Explorer (DF_SHA).

2020 to 72 % in 2023 – spending on medicines dispensed in hospitals has increased, reaching 28 % in 2023 (Figure 24). Pharmaceutical expenditure in the inpatient sector accounted for EUR 9.6 billion in 2023, with an annual growth rate of 8 % in 2023 compared to 4.8 % in the previous year (ESIP/ MEDEV, 2024). This increase is linked at least in part to the fact that many new, often costly, medicines (such as cancer therapies) are administered exclusively in hospitals.

Spain has aimed to balance access to medicines with cost containment

Since the mid-2000s, Spain has introduced key cost-containment measures, including legislation that regulates criteria on reimbursement and pricing. Prices are not market prices but are fixed using a specific methodology.⁵ Measures such as electronic prescription systems to help monitor drug use and avoid unnecessary or duplicate prescriptions, and clinical guidelines that help steer doctors towards evidence-based and cost-effective prescribing, support access to medicines as well as cost containment. In 2024, the Ministry of Health revised prices for over 17 000 pharmaceuticals to save EUR 139 million and ensure system sustainability while maintaining access to essential medicines. More recently, a wide-ranging draft Law on Medicines and Health Products, introduced in April 2025 for public consultation (and pending parliamentary approval), aims to modernise Spain's pharmaceutical legislation to enhance equitable access, rational use, environmental sustainability, public oversight, digital adaptation and alignment with EU regulations.

Household direct spending on pharmaceuticals is high, but financial protection measures are in place

In Spain, cost-sharing is required for outpatient pharmaceuticals. Two thirds of all retail pharmaceuticals are covered publicly in Spain (67 % in 2023) while the remaining third is paid by households (Figure 25). Copayments have been reformed in recent years. In 2020, an exemption from copayments was extended to recipients of the guaranteed

minimum income, which provides a uniform minimum income floor throughout Spain, with benefits varying depending on family size and composition. In 2021, full exemption was extended to pensioners on low incomes, moderately and severely disabled children, and households receiving child benefits. The new exemptions benefited 7.3 million people in 2024 (see Section 5.2). Nevertheless, the lack of a cap on cost-sharing for active workers may act as a barrier to access outpatient prescriptions for those on lower incomes.

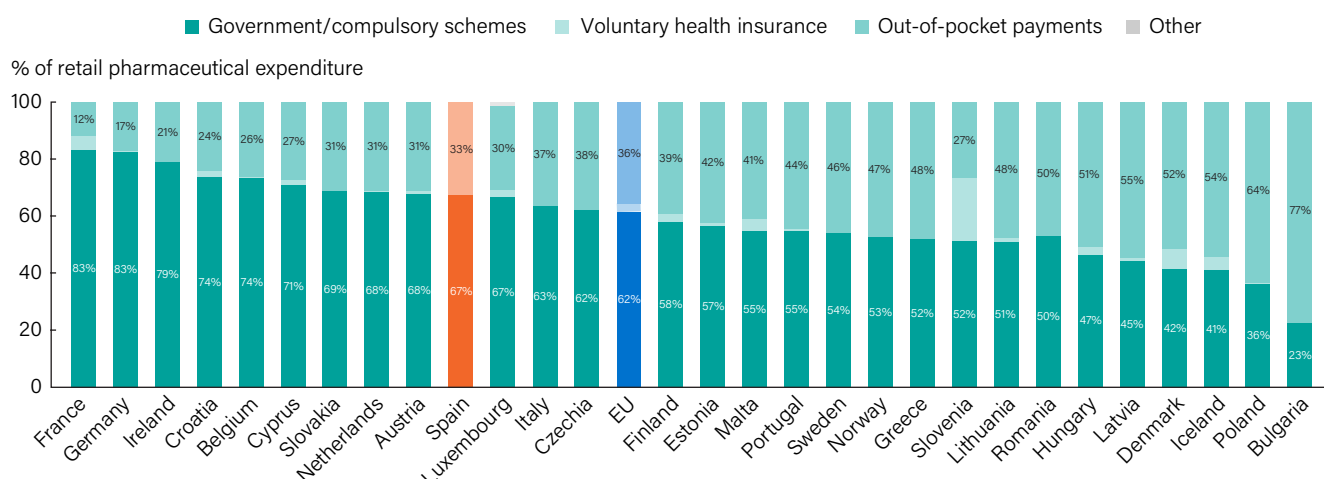
Measures are being developed to facilitate early access to medicines

Two of the indicators most commonly used to assess the timeliness and breadth of access to new medicines are the average time elapsed between EU marketing authorisation and public reimbursement, and the proportion of centrally approved medicines available nationally. Both metrics are reported in the European Federation of Pharmaceutical Industries and Associations' Patients WAIT Indicator Survey (Newton et al., 2025). While neither indicator comprehensively measures meaningful patient access to effective treatments, they provide a foundational basis for discussion. For medicines approved by the EU between 2020 and 2023, Spain recorded an average time-to-reimbursement of 616 days, which is 7 % longer than the EU average (578 days). As of January 2025, 71 % of the new medicines approved had coverage, which was well above the EU average of 46 %.

Spain is pursuing more timely access to innovative therapies through a cautious but evolving early access approach. The new draft Law on Medicines and Health Products establishes procedures for addressing conditional, early and temporary funding for medicines that have special added value for particular population groups, pending a final funding decision. This will facilitate faster access to innovative therapies. The draft legislation also establishes a health technology assessment process, with a system for evaluating the effectiveness and cost-effectiveness of new healthcare technologies, which is also aligned with the new

⁵ The detailed methodology can be found at: https://www.sanidad.gob.es/areas/farmacia/precios/docs/20220526_Doc_Infor_Financiacion_Med_Esp.pdf.

Figure 25. The national health system covers two thirds of expenditure on retail pharmaceuticals



Notes: The EU average is unweighted.

Source: OECD Data Explorer (DF_SHA); data refer to 2023, except for Norway (2022).

EU Regulation on Health Technology Assessment. A linked regulation establishes, among other measures, a 180-day period from the authorisation of a drug to a decision on its funding.

Despite some progress, generic uptake remains relatively low in Spain

Generic medication utilisation has remained stagnant in the past decade in Spain (Figure 26). As of 2024, generic medications constituted 47 % of all pharmaceutical units dispensed through community pharmacies – similar to the 48 % recorded in 2014. However, it is worth noting that in Spain, the price difference between generic and branded medicines is relatively small due to policies such as the reference pricing system; therefore, the impact of low generic

uptake on cost containment may be less pronounced than in other countries. The new draft Law on Medicines and Health Products aims to promote prescription by active ingredient as a rule, promote rational use of medicines and ensure the sustainability of the health system.

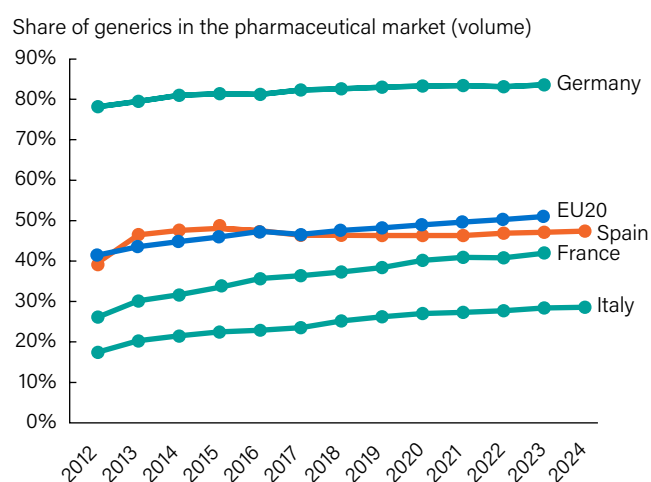
Data published by IQVIA indicate that Spain has room to improve biosimilar adoption rates across some therapeutic categories such as ophthalmology and diabetes, while biosimilar adoption rates across therapeutic categories such as cancer and osteoporosis are high compared to those in other EU countries (IQVIA, 2023).

Pharmaceutical industry investment in research and development has increased in Spain, but remains below levels in neighbouring countries

In 2022, Spain's pharmaceutical industry invested EUR 928.4 million in research and development (R&D), accounting for 5.9 % of total EU pharmaceutical R&D spending. When adjusted to constant 2022 prices, this investment reached EUR 20 per capita, below the average (EUR 35) for the 24 EU countries with available data, and lower than the levels in neighbouring countries such as France (EUR 29) and Germany (EUR 59).

Patent applications are a key indicator of pharmaceutical innovation. According to OECD Intellectual Property Statistics, in 2022, 127 patent applications filed under the Patent Co-operation Treaty (PCT) originated from applicants based in Spain, representing 7 % of all EU submissions that year. However, at 2.7 applications per million people, Spain lagged behind the EU average of 4 patent applications per million. To boost innovation, the government launched the Pharmaceutical Industry Strategy 2024-28, which is aligned with the European Pharmaceutical Strategy. It aims to improve access, foster innovation, strengthen biomedical R&D investment and reduce foreign dependence, while promoting growth, employment and the sector's role as a key economic driver (Ministry of Health, 2024b).

Figure 26. The share of generics in the pharmaceutical market has remained stagnant in the past decade



Notes: The data show the percentage of the generic market in volume terms. The EU average is weighted.

Source: OECD Data Explorer (DF_GEN_MRKT).

7 Key findings

- Spain had among the highest life expectancies in the EU in 2024, at 84 years, despite a temporary decline during the COVID-19 pandemic. While the gender gap in life expectancy at birth favours women, healthy life expectancy at age 65 was lower for women than men. Cardiovascular diseases and cancer are the primary drivers of morbidity and disability – similar to the trend across the EU. Incidence rates for both cardiovascular diseases and cancer are higher among men than women.
- In 2023, Spain dedicated 9.2 % of GDP to health expenditure – slightly less than the EU average of 10 %. While health spending per capita has grown over the last decade, it remained about one fifth below the EU average. Out-of-pocket spending, representing 21 % of total health spending, is well above the EU average (16 %). Despite this, Spain has a high level of financial protection, and guarantees universal health coverage with a comprehensive health benefits package.
- Outpatient care received the largest share of health funding in 2023, supporting a strong primary care system and ambulatory sector. Several regions have invested in structural changes to enhance integrated care between the primary care and hospital sectors, while the national Primary and Community Care Action Plan 2025-27 promotes capacity building within the primary care workforce.
- Spain's rates of mortality from preventable and treatable causes were among the lowest in the EU in 2022. The country's low rates of hospital admissions for congestive heart failure and diabetes are linked in part to strengths in its primary care system and continuity of healthcare. Patients value the quality and patient-centredness of the health system, and report a high level of trust in the national health system.
- Unmet healthcare needs remain low in Spain, especially for medical care. However, unmet needs among those at risk of poverty are high for dental care. Despite improvements in recent years, the package of publicly paid services for dental care is limited, and optical care is not covered. Although out-of-pocket spending in Spain has remained relatively high compared to the EU average, exemptions for a wide range of groups protect households from catastrophic spending.
- Public funding of healthcare has continued to grow in Spain. The health sector is also supported by significant EU funding: under the Recovery and Resilience Plan, Spain allocated EUR 2.4 billion to health, while the EU Cohesion Policy (2021-27) allocates EUR 1.1 billion to various healthcare investments, with key priorities including health infrastructure, digital health services and applications, and health equipment.
- Shortages of medical professionals affect remote and rural areas; concerns are also growing about future shortages in some specialties – particularly primary care professionals. Some measures have been implemented to increase the low numbers of medical graduates, as the demographic profile of the medical workforce presents further challenges: 43 % of doctors were aged 55 and over in 2022. Recent strategies also aim to tackle geographical inequalities in the health workforce by offering incentives for health professionals to practise in underserved areas.
- Spending per capita on retail pharmaceuticals in Spain was 7 % below the EU average in 2023. Household spending accounts for just over a quarter of spending on outpatient pharmaceuticals, but catastrophic spending is low. The time to access new medicines is longer than the average across the EU, but coverage for these medicines is 50 % higher than the EU average. A draft law reforming pharmaceutical legislation has the potential to shorten timelines, and various measures are in place to facilitate access to new medicines.

Key sources

Bernal-Delgado E et al. (2024), *Spain: health system review*, Health Systems in Transition, 26(3):i-194. Copenhagen, European Observatory on Health Systems and Policies, WHO Regional Office for Europe, <https://iris.who.int/handle/10665/378543>.

OECD/European Commission (2024), *Health at a Glance: Europe 2024: State of Health in the EU Cycle*. Paris, OECD Publishing, <https://doi.org/10.1787/b3704e14-en>.

References

AEMPS (2025), *National Plan of Antimicrobial Resistance*. Madrid, Spanish Agency for Medicines, <https://resistenciaantibioticos.es/es/publicaciones/plan-nacional-frente-la-resistencia-los-antibioticos-pran-2025-2027> [in Spanish]

Datosmacro (2025), *Budgets of the autonomous communities: health*. Madrid, <https://datosmacro.expansion.com/estado/presupuestos/espana-comunidades-autonomas?sc=PR-G-F-31> [in Spanish]

ESIP/MEDEV (2024), *Trends in pharmaceutical expenditure, October 2024. Spain*. European Social Insurance Platform, https://esip.eu/publications/health_positions/2024-10_ESIP-MEDEV-Report_Trends-in-Pharmaceutical-Expenditure.pdf.

European Commission (2021), *Recovery and Resilience Facility (RRF) – Spain*. Brussels, https://pact-for-skills.ec.europa.eu/stakeholders-and-business/funding-opportunities/recovery-and-resilience-facility-rrf-spain_en?prefLang=es.

IQVIA (2023), *The impact of biosimilar competition in Europe December 2023*. Danbury, CT, <https://www.iqvia.com/-/media/iqvia/pdfs/library/white-papers/the-impact-of-biosimilar-competition-in-europe-2023.pdf>.

Ministry of Health (2024a), *Annual report on the National Health System of Spain 2023: executive summary*. Madrid, https://www.sanidad.gob.es/estadEstudios/estadisticas/sisInfSanSNS/tablasEstadisticas/InfAnualSNS2023/Resumen_Ejecutivo_2023_Ingles.pdf.

Ministry of Health (2024b), *Pharmaceutical Industry Strategy 2024-2028*. Madrid, https://www.sanidad.gob.es/areas/farmacia/infIndustria/docs/Estrategia_de_la_industria_farmaceutica.pdf [in Spanish]

Ministry of Health (2025a), *Spanish Health Survey 2023*. Madrid, https://www.sanidad.gob.es/estadEstudios/estadisticas/encuestaSaludEspana/ESdE2023/ESdE2023_notatecnica.pdf [in Spanish]

Ministry of Health (2025b), *Copayment for prescription medicines in the Spanish National Health System*. Madrid, https://www.sanidad.gob.es/estadEstudios/estadisticas/sisInfSanSNS/pdf/01.01.2024_aportacion_al_pago_medicamentos_por_receta_SNS.pdf [in Spanish]

Newton M et al. (2025), *EFPIA Patients WAIT Indicator 2024 Survey*. Brussels, European Federation of Pharmaceutical Industries and Associations, [efpia-patients-wait-indicator-2024-final-110425.pdf](https://www.efpia.europa.eu/media/110425/patients-wait-indicator-2024-final-110425.pdf).

OECD (2025), *Does healthcare deliver? Results from the Patient-Reported Indicator Surveys (PaRIS): Spain*. Paris, <https://doi.org/10.1787/c8af05a5-en>.

OECD/European Commission (2025), *EU Country Cancer Profile: Spain 2025*. Paris, OECD Publishing, <https://doi.org/10.1787/1f6a5051-en>.

Country abbreviations

Austria	AT	Czechia	CZ	Germany	DE	Italy	IT	Netherlands	NL	Slovakia	SK
Belgium	BE	Denmark	DK	Greece	EL	Latvia	LV	Norway	NO	Slovenia	SI
Bulgaria	BG	Estonia	EE	Hungary	HU	Lithuania	LT	Poland	PL	Spain	ES
Croatia	HR	Finland	FI	Iceland	IS	Luxembourg	LU	Portugal	PT	Sweden	SE
Cyprus	CY	France	FR	Ireland	IE	Malta	MT	Romania	RO		

State of Health in the EU

Country Health Profiles 2025

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2025 edition of the *Country Health Profiles* provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- an account of the pharmaceutical sector and policies within the country.

Complementing the key findings of the Country Health Profiles is the *Synthesis Report*.

For more information, please refer to:
https://health.ec.europa.eu/state-health-eu_en

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