Public Health Strategy 2022

ESP 2022

Improving the Health and Well-Being of the Population

HEALTH 2023
MINISTRY OF HEALTH

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The Council of Ministers has been informed.

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Improving the Health and Well-Being of the Population

GOBIERNO DE ESPAÑA MINISTERIO DE SANIDAD

The Ministry of Health thanks and acknowledges the participation of many people in the drafting of the Public Health Strategy 2022. All the contributors to this work are professionals involved in public health, and they have done so with generosity and professional competence.

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Table of Contents

Foreword

Good health is one of the most precious assets a person can have and is fundamental to building strong, resilient and productive societies.

Public health, defined as the set of activities organised by Public Administrations with the participation of the rest of society, is responsible for the protection and promotion of health, as well as the prevention of disease, as objectives that every society should aspire to achieve, taking into account the needs of all people, regardless of their place of birth, age, sex, social or economic status, and the cultural, social and religious customs that may exist.

Law 33/2011, October 4th, General Public Health established the need for a Public Health Strategy to serve as a tool to ensure that health and health equity are considered in all public policies and to facilitate intersectoral action in this area.

Recently, the social, health and economic crisis caused by the SARS-CoV-2 pandemic has highlighted the importance for countries to have a strong public health system with surveillance and response capacity to meet the current and future challenges of our society.

The Public Health Strategy 2022 is therefore drafted in response to the legal mandate and as a national commitment to strengthen public health and contribute to people's health. It is the first national public health strategy. It has a cross-cutting and integrative approach and is based on work on health determinants, health in all policies, the "One Health" approach and governance for health. It is also aligned with the 2030 Sustainable Development Goals, as a commitment to the necessary improvement of global health.

The Strategy is a participatory text that has integrated the experience and perspective of all the CC. AA. and cities, scientific societies and other leading public health bodies. Similarly, its marked cross-cutting nature requires the involvement of society as a whole, the necessary participation and collaboration of all levels of Public Administration (national, regional and local), scientific and social entities, patients' associations and non-governmental groups, and community participation, through individual or group actions, because the health of the population is a collective responsibility.

The Strategy includes a broad analysis of the health of the population, as well as a reflection on the state of public health. This analysis not only captures the current situation, but also helps establish the priorities that should guide public health actions in Spain in the coming years.

The Public Health Strategy 2022 therefore constitutes the coordination framework for Spain in the public health sphere, while establishing priority actions, with specific

objectives and indicators, to achieve the best possible conditions of health and well-being in the population.

With the conviction that the Public Health Strategy 2022 will be a reference document for public health and the inspirational instrument that will guide us to achieve the best health and well-being of the population, I would like to thank all those involved in its preparation for their shared work.

Carolina Darias San Sebastián
Minister of Health

Executive Summary

Public health is the set of activities organised by Public Administrations with the participation of society, to prevent disease and to protect, promote and recover people's health, both individually and collectively, and through health, sectoral and cross-cutting actions. These actions should respond to the main health problems of the population that require a comprehensive approach, either because of their high prevalence or because they represent a greater health care, family, social and economic burden. Integrating these actions into a Public Health Strategy is a social need that has not been addressed in Spain until now.

Article 44 of the Law 33/2011, October 4th, General Public Health, establishes the need for a Public Health Strategy to serve as a tool for the definition of areas of action on health determinants, to promote that health and health equity are considered in all public policies and to facilitate intersectoral action in this area by identifying synergies.

The Public Health Strategy 2022 (ESP 2022) constitutes the first common roadmap for the whole of Spain and establishes the priority actions to be carried out in order to create a reference framework for the coordination of all the stakeholders involved. Furthermore, this **ESP 2022** will be the instrument that efficiently articulates and links the different public health initiatives developed at international level with national policies (national, regional and local), taking into account the political and organisational configuration of Spain.

It is based on 5 widely accepted axes of public health:

- Health determinants, with a strong focus on addressing health equity.
- Health in all policies.
- One Health approach.
- Sustainable Development Goals 2030.
- Governance for health.

The ambition is for the **ESP 2022** to become a general coordination project in public health across Spain. It therefore has a global and integral nature and does not intend to define all the specific actions to be implemented, but rather to reinforce the actions and projects that are already underway and to inspire what will be done in the future. It is a strategy that pursues health outcomes through functional changes in public health, and concrete action plans and programmes.

It is divided into three distinct parts: the first part is introductory, containing a brief review of the evolution of public health, highlighting the two major transitions of the last century, demographic and epidemiological. It also describes the methodology used in the drafting of the strategy, the approach and principles on which it is based and the regulatory framework within which it is framed.

The second part includes an analysis of the health of the population of Spain and of the public health situation, both structurally and functionally. This analysis is the basis for prioritising the actions to be carried out.

The third part describes the strategic lines of action. This section includes goals for each line and proposed actions to be taken. Finally, a section on the monitoring and evaluation of the ESP 2022 is added, including general health outcome indicators and specific indicators for each strategic line.

The **ESP 2022** is designed from an intersectoral, multi-level, interdisciplinary and multi-stakeholder approach, which allows addressing the causes of the main health problems in a comprehensive manner and improving social and economic well-being, reinforcing and improving the efficiency of networks and cooperation flows between all levels of Public Administration. To achieve this, in addition to the coordinated action of the Public Administrations, it is necessary to coordinate the stakeholders and institutions with competencies and responsibilities in public health of the population, as well as community participation.

In short, the **ESP 2022** provides the strategic framework for coordination, collaboration and the establishment of synergies and partnerships to protect and improve the health and well-being of the population, and to address future challenges that may arise. The **ESP 2022** lays the foundations for strengthening our public health system and providing it with a roadmap that aims to guarantee the full exercise of the population's right to health.

Abbreviations and acronyms

AESAN	Spanish Agency for Food Safety and Nutrition
CC. AA.	Autonomous Community/City
CDC	Centres for Disease Control and Prevention
CIBER	Biomedical Research Networking Centre
CISNS	Interterritorial Council of the National Health System
CSIC	Spanish National Research Council
DAC	Statement of Coordinated Actions
ECDC	European Centre for Disease Prevention and Control
ECHA	European Chemicals Agency
EFSA	European Food Safety Authority
ESP 2022	Public Health Strategy 2022
VRE	Vancomycin-resistant Enterococci
FAO	Food and Agriculture Organisation of the United Nations
FEMP	Spanish Federation of Municipalities and Provinces
HaDEA	European Executive Agency in the fields of Health and Digital
HERA	European Health Emergency Preparedness and Response Authority
INE	National Statistical Institute
INGESA	National Institute of Health Management
INSST	National Institute for Safety and Health at Work
IMPaCT	Infrastructure for Precision Medicine associated with Science and Technology
ISCIII	Carlos III Health Institute
STI	Sexually Transmitted Infections
OECD	Organisation for Economic Co-operation and Development
SDG	Sustainable Development Goals
WOAH	World Organisation for Animal Health
WHO	World Health Organization
UN	United Nations
PECTI	Strategic Action in Health of the State Plan for Science, Technology and Innovation
PESMA	Strategic Plan for Health and Environment

PRTR	Recovery, Transformation and Resilience Plan
REACH	Regulation for the Registration, Evaluation, Authorisation and Restriction of Chemical Substances
REUPS	Spanish Network of Health-Promoting Universities
RSI 2005	International Health Regulations 2005
MRSA	Methicillin-resistant *Staphylococcus aureus*
SIPES	Health Promotion and Education Information System
EU	European Union

Introduction

Public health is the set of activities organised by Public Administrations, with the participation of society, to prevent disease and to protect, promote and recover people's health, both individually and collectively, and through health, sectoral and cross-cutting actions.

Over time it has evolved and adapted to socio-economic development and the needs detected. At the same time, it has incorporated the advance of scientific and technical knowledge and the involvement of actors at local, regional, national and international levels.

Traditionally, public health has been related to environmental sanitation, communicable disease control and personal hygiene measures[1]. The last century marked a particularly important moment for public health in Spain and other neighbouring countries, due to two simultaneous and progressive changes:

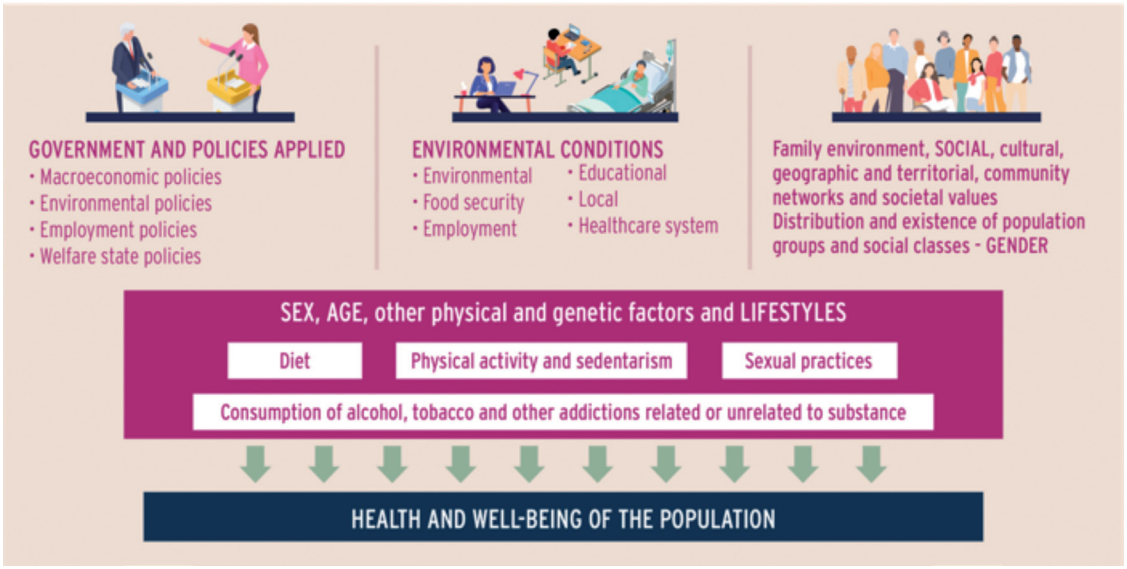
A demographic transition, in which an ageing population was observed secondary to increased life expectancy and a declining birth rate, and an epidemiological transition, whereby the burden of disease in our population shifted from an epidemiological pattern of communicable diseases to one characterised by a majority prevalence of chronic non-communicable and multifactorial diseases.

These transitions are compounded by the natural movement of people from rural to urban life, and more recently by the advent of new social communication technologies that have radically changed the way people and society communicate.

In this scenario, it is conceived that the health of the population is determined both by the biological characteristics of individuals and by the circumstances in which people are born, grow up, live, interact and age, which in turn are determined by political, socio-economic, educational, cultural, environmental factors, employment and working conditions, socio-family and community support factors, and, to a lesser extent, by factors related to the quality and accessibility of the health system. This set of factors are the determinants of health that can act positively or negatively on people's health and well-being (Figure 1).

[1] Winslow, C.E. 1920. The untilled fields of public health. *Science*, 51(1306), pp. 23-33. Available at: http://dx.doi.org/10.1126/science.51.1306.23.

Figure 1. Health determinants framework



Source: Authors' own.

These determinants are not equally distributed in society, and it is this unequal distribution that leads to health inequalities and inequities; unfair, systematic and avoidable differences in health between socially, economically, demographically or geographically defined population groups. These inequalities can and should be addressed by public policies[2].

Health and well-being are seen as a continuum throughout life in which people are co-participants in their health, interact socially and globally, and are influenced by the environment around them. In this way, health determinants can act as health risk factors or as protective or promoters of health[3].

Health assets, defined as the factors or resources that enhance the capacity of individuals, groups, communities, populations, social systems and institutions to maintain and improve health and well-being, and that help reduce health inequalities, become

[2] Ministerio de Sanidad, Servicios Sociales e Igualdad. 2012. Guía metodológica para integrar la Equidad en las Estrategias, Programas y Actividades de Salud. Version 1. Available at: https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/jornadaPresent_Guia2012/GuiaMetodologica_Equidad.htm.

[3] Ministerio de Sanidad. 2021. Acción comunitaria para ganar salud. O cómo trabajar en red para mejorar las condiciones de vida. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/Guia_Accion_Comunitaria_Ganar_Salud.pdf.

relevant[4]. This approach is based on the salutogenic model that focuses on identifying and understanding what generates health as a positive health perspective[5,6].

The fact that health is conditioned by these determinants implies that the approach to health requires the participation of more stakeholders in building health public policies: intersectoral and multilevel coordination, participation for citizens at individual and collective level, and for scientific, professional and patient societies, non-governmental organisations, universities, research centres, etc. In this context, beyond the health sector itself, the field of action and collaboration is extended to multiple areas that, in some way, have an impact on health and without which intervention on the determinants of health would be, at the very least, difficult or incomplete. The **Health in All Policies** approach[7,8,9], which advocates systematic consideration of the health implications of decisions made both within and beyond the health domains and sectors, has emerged.

Knowing these implications, synergies will be sought to promote salutogenic actions and avoid or minimise those actions linked to detrimental health impacts, in order to improve health, health equity and the quality of life of the population, as well as to promote well-being and social cohesion, the economy and the sustainability of the system (Figure 2).

[4] Morgan, A. and Ziglio, E. 2007. Revitalising the evidence base for public health: an assets model. *Promotion & Education*, *14*, pp. 17-22. Available at: https://doi.org/10.1177/10253823070140020701x.

[5] Juvinya-Canal, D. 2013. Salutogénesis, nuevas perspectivas para promover la salud. *Enferm. Clín.*, *23*(3), pp. 87-88. Available at: http://www.elsevier.es/es-revista-enfermeria-clinica-35-articulo-salutogenesis-nuevas-perspectivas-promover-salud-S1130862113000466.

[6] Cofino, R., Aviñó, D., Benedé, C.B., Botello, B., Cubillo, J., Morgan, A., Paredes-Carbonell, J.J. and Hernán, M. 2016. Promoción de la salud basada en activos: ¿Cómo trabajar con esta perspectiva en intervenciones locales? *Gaceta sanitaria*, *30*, pp. 93-98. Available at: http://www.gacetasanitaria.org/es/promocion-salud-basada-activos-como/articulo/S021391111630125X/.

[7] World Health Organisation. 2010. Report of the International Meeting on Health in All Policies. Available at: https://www.who.int/social_determinants/spanish_adelaide_statement_for_web.pdf.

[8] World Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013: The Helsinki Declaration on Health in All Policies. Translation by the Ministry of Health, Consumer Affairs and Social Welfare. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/docs/DeclaracionHelsinki.pdf.

[9] World Health Organization. 2015. Health in all policies: training manual. Geneva: World Health Organization; pp. 271. Available at: http://apps.who.int/iris/bitstream/handle/10665/151788/9789241507981_eng.pdf?sequence=1.

Figure 2. Health in all policies

Source: Authors' own.

In addition, the **evaluation of health impact** is gaining prominence as the combination of procedures, methods and tools to analyse a regulation, plan, programme or project in relation to its potential effects on the health of the population and the distribution of such effects,[10] so that negative impacts are minimised and positive impacts are maximised, while actions that have a positive impact on health are promoted and those linked to a negative impact are minimised.

Public health actions are **evidence-based** and have a **population-based** approach, considering everyone in society, with special attention to communities in situation of vulnerability. This approach implies the principle of equity and is based on the exercise of human rights. Failure to fulfil any of the human rights has negative effects on physical, mental and social well-being. With this equity and rights approach, public health can be seen as requiring explicit and concrete efforts to promote and protect human rights and dignity of individuals and communities. Public health actions, therefore, are not restricted to their specific areas, but are broadened through intersectoral, multilevel and international, interdisciplinary collaboration and society participation[11].

[10] European Centre for Health Policy, WHO Regional Office for Europe. 1999. Health impact assessment: main concepts and suggested approach. Gothenburg consensus paper. Brussels.

[11] Hanlon, John J. 2014. "La filosofía de la salud pública". *Revista Cubana de Salud Pública*, Vol. 40, no. 1. Available at: https://www.redalyc.org/articulo.oa?id=21430496015.

The more recent **One Health** approach[12] refers to the close relationship and interdependency between human health, animal health and environmental health as an explanatory framework for the increase in emerging infectious diseases of zoonotic origin in the early years of the 21st century.[13] In other words, human, animal and environmental health are intrinsically connected and interdependent, as part of the same ecosystem (Figure 3).

Figure 3. One Health

Source: Authors' own.

Originally focused on promoting networks for epidemiological surveillance, preparedness and response and specific research, it is now concerned with "mobilising multiple sectors, disciplines and communities at various levels of society to work towards promoting well-being and addressing threats to health and ecosystems, and collective needs for clean water, clean air and energy, safe and nutritious food, acting on climate change and contributing to sustainable development".[14] The current impact of climate change on the health of the population, society and the economy, and the projections for the next decade, as well as the emergence and exponential increase of antimicrobial resistance, among other aspects, make this holistic and sustainability-linked public health approach essential.

In 2015, under the umbrella of the United Nations (UN), an international agreement was reached to eradicate poverty, protect the planet and ensure prosperity for all people, which materialized in the Agenda 2030 for Sustainable Development, and 17 Sustainable Development Goals (SDGs) were established to meet the established targets (Figure 4). SDG 3 is the specific goal related to health and well-being, the others are closely related to public health and all contribute to improving the health and well-being of the population.

[12] World Organisation for Animal Health. Una sola salud. Available at: https://www.oie.int/es/que-hacemos/iniciativas-mundiales/una-sola-salud/.

[13] FAO, WOAH, WHO, UN System Influenza Coordination, UNICEF and WORLD BANK. Contributing to One World, One Health. A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface. Available at: https://www.fao.org/3/aj137e/aj137e00.htm.

[14] Joint Tripartite (FAO, WOAH, WHO) and UNEP Statement. Tripartite and UNEP Support OHHLEP's Definition of "One Health". Available at: https://www.fao.org/3/cb7869en/cb7869en.pdf.

Figure 4. Sustainable Development Goals 2030

Source: https://www.un.org/sustainabledevelopment/news/.

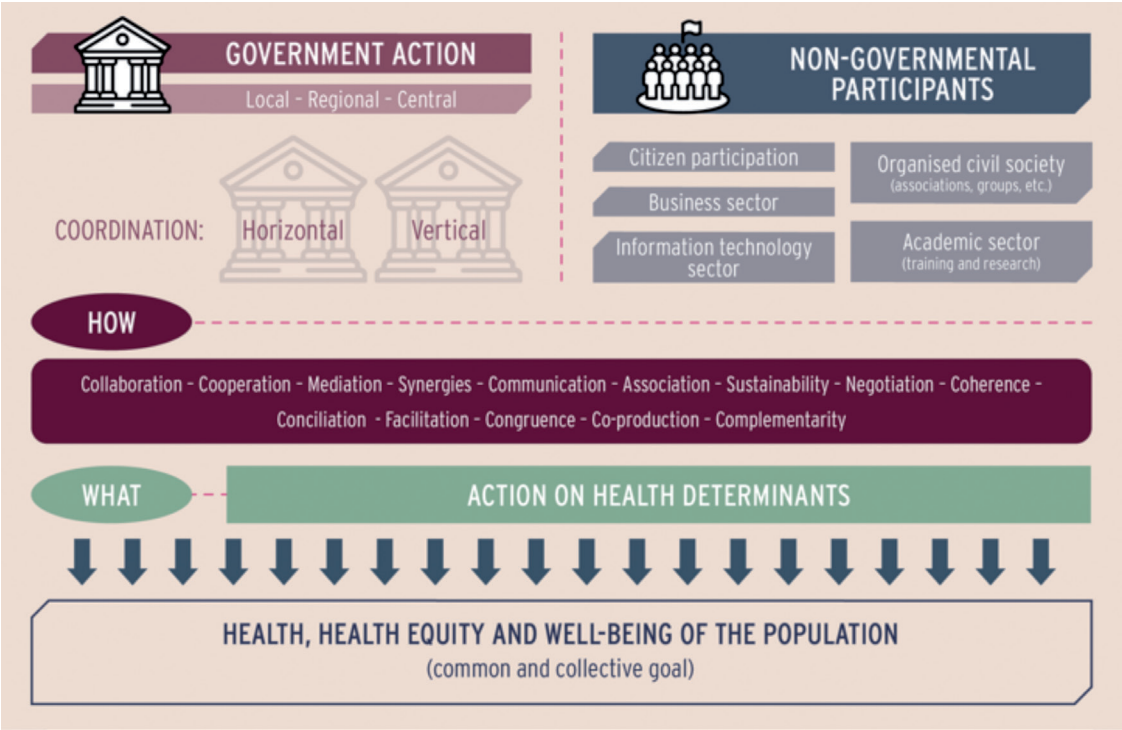
Spain is committed to the 2030 Agenda for Sustainable Development and the delivery of the SDGs, and to this end, the **Action Plan for the implementation of the 2030 Agenda** has been drawn up[15] and indicators defined for monitoring and evaluation[16]. To respond to current health challenges, the World Health Organisation (WHO) proposes a framework for action called **Governance for Health**[17], which integrates the efforts of communities in the pursuit of health through whole-of-government and whole-of-society approaches (Figure 5). Governance for health confers on ministries of health or other health authority bodies a role as principal agents and leaders in efforts to promote the health and well-being of the population.

[15] Gobierno de España. Plan de Acción para la implementación de la Agenda 2030. Hacia una Estrategia Española de Desarrollo Sostenible. Available at: https://transparencia.gob.es/transparencia/dam/jcr:6e0f06b9-a2e0-44c0-955a-dad1f66c11d7/PLAN DE ACCIÓN PARA LA IMPLEMENTACIÓN DE LA AGENDA 2030.pdf.

[16] National Statistics Institute (INE). Goals and targets (from the 2030 Agenda for Sustainable Development) Available at: https://www.ine.es/dyngs/ODS/en/index.htm.

[17] Kickbusch, I. and Gleicher, D. 2013. Governance for health in the 21st century. Copenhagen: World Health Organization, Regional Office for Europe; 107 pp.

Figure 5. Governance for health



Source: Authors' own.

Article 44 of the Law 33/2011, October 4th, General Public Health establishes the need for a Public Health Strategy to serve as a tool for defining areas of action on health determinants, to ensure that health and health equity are considered in all public policies and to facilitate intersectoral action in this area by identifying synergies.

The **ESP 2022** is a tool for the coordination of national public health policies (national, regional and local) and a tool for articulation with the different international initiatives. It is proposed as the common roadmap for our territory for the formulation, establishment and evaluation of policies and for the incorporation of a health and equity perspective in all policies. It is the national reference framework to facilitate co-governance, cohesion and collaborative synergies between the different actors and national, regional and local levels, to provide the basis for connection and liaison with international capacities in public health, and for health and health equity to be considered in all public policies.

It has a broad and integrating vision: surveillance, prevention, promotion, health protection, foreign and international health, information systems, research and training in public health, incorporating the gender and equity perspective in all public health actions. In short, it is the tool to contribute to its primary objective, which is to improve the level of health and well-being of our population.

In order to meet this objective, strategic lines are established to be followed by all Public Administrations in their health promotion, prevention and protection policies, in actions on target population groups, in informing citizens, in training professionals and in attending to their needs. The **ESP 2022** will ensure that the health of the population is considered in all public policies, facilitating intersectoral action and community participation.

The ESP 2022 has received a fundamental boost from the **Recovery, Transformation and Resilience Plan (PRTR)**, with its inclusion within one of the Reforms set out in this Plan (Component 18, Reform 2). The approval of the **ESP 2022** within the Interterritorial Council of the National Health System (CISNS) is part of the objective of achieving commitment from the stakeholders involved in public policies and facilitating intersectoral action (achievement of milestone CID#274).

Methodology

The General Directorate of Public Health, under the Secretary of State for Health of the Ministry of Health, has promoted and coordinated the process of drafting the **ESP 2022**.

For the drafting of the **ESP 2022**, existing regulations were taken into account, especially Law 33/2011, October 4th, General Public Health, and an extensive non-systematic review was carried out to incorporate the information contained in:

a) National and international information systems and scientific literature in relation to population health status and health determinants,
b) The essential public health guidelines and recommendations of the European Union (EU) and the WHO,
c) The health plans of neighbouring countries, and
d) The national reference programmes, plans and strategies approved by the Public Health Commission of the CISNS, or by other centres of the Ministry of Health.

The Autonomous Communities and Cities (CC. AA.) have developed various health plans and other related strategies within the framework of their competencies. Documents from the CC. AA. have been reviewed and the information contained therein, the accumulated experience and the diversity of ideas and proposals have all been used as inspiration for drafting the **ESP 2022.**

The information contained in the **Conceptual and Methodological Support Report for the Public Health Strategy**, produced *ad hoc* by the Spanish Society for Public Health and Health Administration (SESPAS) for the **ESP 2022**, has also been used.

Institutional participation has taken place through discussion with the different units of the Ministry of Health and input from other ministerial departments. The participation

of the CC. AA. was by contributions through the Public Health Commission and through discussion of the draft in the Public Health Commission and in the CISNS. The participation of scientific societies and professionals, and the review by experts was carried out by reviewing the drafts and by providing multiple contributions.

Based on the analysis of the documentation and all the contributions received, an analysis and diagnosis has been made of the health situation of the population and its determinants, and of the organisational and functional aspects of public health in Spain and in the international environment (EU and WHO).

Public health actions have then been established and grouped into strategic lines with their own objectives and goals. The selected actions will have an equity approach, may be intersectoral and integrated at all levels of Public Administration, they will involve collaboration of the health system, particularly the primary care level, and participation of the population.

The **State Centre for Public Health** will be the body responsible for monitoring and evaluation, once constituted, as per the Law 33/2011, October 4th, General Public Health. Indicators have been defined for monitoring and evaluation.

The **ESP 2022** will be approved by means of an Agreement of the CISNS, will be valid for five years and will be evaluated every two years as stablished in the Law 33/2011, October 4th, General Public Health. The proposals for action and the goals pursued with this Strategy, in addition to having their own specific reason for existing, are intended as a comprehensive coordination and collaboration tool, aligned with the 2030 Agenda, and aimed at contributing to the achievement of the SDGs.

Approach and principles

The **ESP 2022** aspires to become a general coordination project in public health in Spain. It therefore has a global and integrating character, and does not intend to define all the specific actions to be implemented, but rather to reinforce the actions and projects that are already underway and to inspire future ones. It is both a foundation-setting and dynamic strategy that pursues health outcomes through functional changes in public health.

The **ESP 2022** will focus on the health needs and well-being of individuals and society as a whole, and will adopt an approach based on 5 fundamental pillars:

- Health determinants, with a strong focus on addressing health equity.
- Health in all policies.
- One Health approach.
- Sustainable Development Goals 2030.
- Governance for health.

Following the Law 33/2011, October 4th, General Public Health, the **ESP 2022** will be based on the guiding public health principles listed below:

- Equity.
- Relevance.
- Caution.
- Evaluation.
- Transparency.
- Comprehensiveness.
- Security/safety.

Finally, the **ESP 2022** will respect the existing legal framework for the protection of personal data in Spain and the requirements of the Spanish Data Protection Agency.

Regulatory framework

The Law 33/2011, October 4th, General Public Health, specifically establishes the integrated, sectoral and cross-cutting health actions organised by the Public Administrations to prevent disease and to protect, promote and recover people's health, both individually and collectively. Article 44 establishes the Public Health Strategy as the tool for defining the areas of action on health determinants, to ensure that health and health equity are considered in all public policies and to facilitate intersectoral action in this area by identifying synergies. In addition, the **ESP 2022** will incorporate the public health research actions provided for in Articles 47 (referring to the State Centre for Public Health), 48 (referring to the professional practice of public health activities) and 49 (referring to public health research priorities) of the Law.

There are also other legal texts that support the drafting and implementation of a national public health strategy. They are briefly outlined below (detailed information in Annex 1):

- Spanish Constitution: Articles 43 (right to health protection), 40 (right to health and safety at work), 45 (right to the enjoyment and conservation of the environment) and 51 (defence of consumers and users).
- Organic Law 3/1986, April 14th, Special Measures in the Field of Public Health.
- Law 14/1986, April 25th, General Health.
- Law 16/2003, May 28th, on the cohesion and quality of the National Health System.
- Royal Decree 1030/2006, September 15th, establishing the portfolio of common services of the National Health System and the procedure for its updating. It contains the portfolio of common public health services.
- Law 8/2003, April 24th, on Animal Health, whose objectives include "the protection of human and animal health through the prevention, control and, where appropriate, eradication of animal diseases that may be transmitted to humans or which involve health risks that compromise consumer health".
- Organic Law 3/2007, March 22th, for the effective equality of women and men.

- Law 17/2011, July 5th, on Food Safety and Nutrition, which establishes the common basic regulatory framework in the field of food safety and nutrition.

In addition to the above, the health, social and economic crisis generated by the SARS-CoV-2 pandemic has required actions to strengthen the response to the increased health needs of the population, in the context of serious risk to the community. In this regard, public health must offer a response to health problems with a comprehensive vision and a focus on equity, and be fully capable of adaptive response in exceptional health contexts:

- Opinion of the Commission for the Social and Economic Reconstruction of Spain,[18] approved by the Congress of Deputies in July 2020.
- Resilience and Recovery Facility[19] (Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021).
- *NextGenerationEU*[20] EU instrument to tackle the health and social care crisis.
- Recovery, Transformation and Resilience Plan (PRTR),[21] approved by the Government in April 2021.
- Law 2/2021, March 29th, on urgent prevention, containment and coordination measures to address the health crisis caused by COVID-19.

[18] Establishment of the Commission for Social and Economic Reconstruction. Boletín Oficial de Las Cortes Generales. Congreso de los Diputados XIV Legislatura. Available at: https://www.congreso.es/public_oficiales/L14/CONG/BOCG/D/BOCG-14-D-123.PDF.

[19] Official Journal of the European Union. 2021. Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Resilience and Recovery Mechanism. Available at: http://data.europa.eu/eli/reg/2021/241/oj.

[20] European Commission. Recovery plan for Europe. Available at: https://commission.europa.eu/strategy-and-policy/recovery-plan-europe_en.

[21] Government of Spain. 2021. Recovery, Transformation and Resilience Plan. Government of Spain. Available at: https://www.lamoncloa.gob.es/lang/en/presidente/news/Documents/2020/20201007_RecoveryPlan.pdf.

Analysis of situation

Health status of the population

Before starting this section, it is necessary to mention the impact that the SARS-CoV-2 pandemic has had on Spanish society. According to the National Statistics Institute (INE), the third leading cause of death in 2020 was infectious diseases (11 times more than in 2019). Specifically, COVID-19 became the most frequent specific cause of mortality[22]. In fact, over 13 million confirmed cases of COVID-19 and more than 110,000 deaths were reported in Spain[23]. This is the reason why some of the data used in this situation analysis go up to 2019, so that the public health context and its trend over time can be known, without being influenced by the impact of the pandemic.

Life expectancy

Life expectancy at birth in Spain has been rising for the last century and is currently one of the highest in the world, standing at 84 years; 80 for men and 86 for women[24,25]. Of these years of life, about 63 are lived in good health (higher in men and in people with higher levels of per capita income), so that we live a significant part of the end of our lives (about 20 years) with varying degrees of limitation of activity and well-being[26].

Subjective health perception is an indicator that correlates with certain health indices and profiles and predicts mortality or the use of health care services. According to data from the 2017 National Health Survey and the 2020 European Health Survey, more than two-thirds of the population aged 15 and over report that their health is good or very good. This percentage is lower among women and falls as the level of education and/or socio-economic status of the population consulted decreases.

[22] Instituto Nacional de Estadística (INE). 2021. Defunciones según la Causa de Muerte. Año 2020. Available at: https://www.ine.es/prensa/edcm_2020.pdf.

[23] Centro de Coordinación de Alertas y Emergencias Sanitarias. Actualización nº 618. Enfermedad por el coronavirus (COVID-19). 22.07.2022. Ministerio de Sanidad. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actualizacion_618_COVID-19.pdf.

[24] OECD. 2021. Health at a Glance 2021: OECD Indicators. Available at: https://doi.org/10.1787/ae3016b9-en.

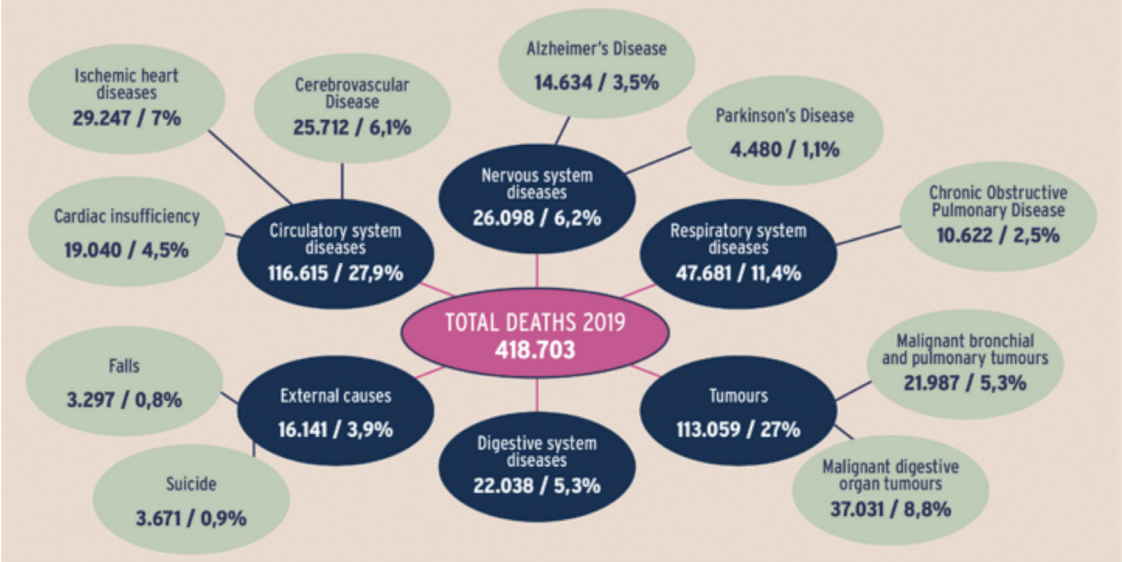
[25] Ministerio de Sanidad. 2019. Esperanzas de vida, 2019. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/ESPERANZAS_DE_VIDA_2019.pdf.

[26] Ministerio de Sanidad, Servicios Sociales e Igualdad. 2016. Determinantes económicos, recursos sanitarios, estilos de vida y años de vida saludable en España. Estudio exploratorio. Available at: https://www.sanidad.gob.es/en/estadEstudios/estadisticas/inforRecopilaciones/Factores_determinantes_AVS.pdf.

Mortality

As of 2019, approximately 55% of **mortality** in the population was due to cardiovascular diseases and tumours, with Alzheimer's disease and chronic obstructive pulmonary disease the next most common[27]. They are all chronic non-communicable diseases and are major causes of disability, ill-health, ill-health-related sick leave and result in considerable related social and economic costs[28]. The main causes of mortality are included in Figure 6.

Figure 6. Main causes of mortality in Spain in 2019, data extracted from Ministry of Health Statistics Portal



Source: Authors' own.

Data from 2015 indicate that cardiovascular mortality is inversely related to educational level, with this association even more significant for ischaemic heart disease and heart failure, especially among women.[29] The **Cardiovascular Health Strategy**, approved by the CISNS and the result of collaborative work and consensus between the Ministry of Health, the CC. AA., patient associations and scientific societies, sets the objective of promoting cardiovascular health by facilitating the creation of healthy and sustainable

[27] Ministerio de Sanidad. 2019. Portal Estadístico. Mortalidad por causas de muerte. Available at: https://pestadistico.inteligenciadegestion.mscbs.es/publicoSNS/S/mortalidad-por-causa-de-muerte.

[28] Global Burden of Disease. Institute for Health Metrics and Evaluation. Available at: https://vizhub.healthdata.org/gbd-compare/.

[29] Haeberer, M., León-Gómez, I., Pérez-Gómez, B., Tellez-Plaza, M., Rodríguez-Artalejo, F. and Galán, I. 2020. Desigualdades sociales en la mortalidad cardiovascular en España desde una perspectiva interseccional. *Revista Española de Cardiología*, *73*(4), pp. 282-289. Available at: https://doi.org/10.1016/j.recesp.2019.07.007.

environments and lifestyles[30]. On the other hand, cancer mortality is unevenly distributed across Spain, even in small areas, due, among other factors, to the different distribution of health determinants.[31] The **Cancer Strategy of the National Health System**[32] is aligned with the objectives of Europe's Beating Cancer Plan[33] and has a section on health promotion and cancer prevention fostering synergies with existing national public health strategies.

External causes (road accidents, drownings, falls, suicide, violence, etc.) account for just under 4% of mortality in Spain and constitute a major public health problem because they are the main cause of death among the younger population, with serious consequences for the family and social environment, and because they can often be avoided. Suicide is the leading cause of death from external causes in 2020, with 3.941 deaths, corresponding to 8.3/100,000 inhabitants/year. The second cause is accidental falls. For men, the first cause is also suicide, and for women accidental drowning, submersion and suffocation[34,35].

Violence is another situation of particular public health concern, both because of its major negative impact on health and because it is preventable and avoidable; violence can be understood as the intentional use of physical force or power, whether threatened or actual, against oneself, another person or a group or community, causing or highly likely to cause injury, psychological harm, developmental impairment, or even death. Different types of violence share common risk factors, underlying causes, and consequences. Like other health problems, violence is unevenly distributed across population groups or settings.

Gender violence, as the ultimate expression of gender inequality, has devastating consequences for women's health. Both because of its magnitude and its impact on the mental and physical health of affected women and their children, it is considered a priority public health issue. According to data from the National Observatory on Violence against Women, the total number of female fatalities from 2003 to 2018 was 978; the number of complaints of gender violence received in the courts in 2018 was 166.961, slightly higher than in previous years, and the number of calls to the 016 telephone number (telephone service for information and legal advice on gender violence) amounted to 73,449 in the

[30] Ministerio de Sanidad. Estrategia en Salud Cardiovascular del SNS. Available at: https://www.sanidad.gob.es/biblioPublic/publicaciones/recursos_propios/resp/revista_cdrom/Suplementos/ParadaCardiaca/EstrategiaSaludCardiovascular.htm.

[31] MEDEA Group3. Atlas de Mortalidad del Proyecto MEDEA3 (MEDEAPP). Available at: https://medea3.shinyapps.io/medeapp/.

[32] National Health System Cancer Strategy. Update approved by the Interterritorial Council of the National Health System in January 2021, Available at: https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/pdf/Estrategia_en_cancer_del_Sistema_Nacional_de_Salud_Actualizacion_2021.pdf.

[33] Europe's Beating Cancer Plan. Available at: https://ec.europa.eu/commission/presscorner/detail/es/ip_22_702.

[34] Instituto Nacional de Estadística (INE). Tasas de mortalidad por causas (lista reducida), sexo y edad. Available at: https://www.ine.es/jaxi/Datos.htm?tpx=49920.

[35] Instituto Nacional de Estadística (INE). Defunciones según la Causa de Muerte. Año 2020. Available at: https://www.ine.es/prensa/edcm_2020.pdf.

same year[36]. There is no data on morbidity caused by gender violence in the form of physical and psychological aggressions that did not result in the death of the victim.

The Gender Equality Strategy 2020-2025[37], the Common Standardized Instrument for the Early Detection of Gender-Based Violence in the National Health System 2021[38], and the reports of the Women's Health Observatory[39] contribute to the fight against this type of violence.

With regard to violence against children and adolescents, a study based on the analysis of calls made by children, adolescents and adults to the ANAR telephone number recorded a total of 25,323 cases of violence in 7 years (between 2009 and 2016)[40]. The protection of minors, the fostering of safe environments and the promotion of health in childhood and adolescence is a priority obligation of the public authorities, recognised in the Spanish Constitution, in the Convention on the Rights of the Child (adopted by the UN General Assembly in 1989 and ratified by Spain in 1990) and in various subsequent national and international treaties and regulations.[41] Any type of violence against children or adolescents (physical abuse, psychological abuse, abandonment or neglect, sexual abuse), both within and outside the family environment (school bullying, bullying, cyber harassment, cyberbullying, grooming, pornography, prostitution, etc.), must be addressed in a comprehensive and intersectoral manner[42]. Following the approval of **Organic Law 8/2021, June 4th, on the comprehensive protection of children and adolescents against violence**, the **Commission on Violence against Children and Adolescents** was created within the CISNS, with the aim of standardising the approach to violence among these population groups.

Mortality from external causes is only the tip of the iceberg of the impact that injuries have on health and well-being. Creating safe environments, informing, identifying and minimising risk situations, and complying with safety regulations are some of the essential aspects of injury prevention. At present, some surveillance systems for monitoring morbidity and mortality from external causes do not exist or need to be improved.

[36] Ministerio de Igualdad. Subdirección General de Sensibilización, Prevención y Estudios de la Violencia de Género. 2021. XII Informe del Observatorio estatal de violencia sobre la mujer (Anuario 2018). Delegación del Gobierno contra la Violencia de Género. Madrid; 472 pp.

[37] European Commission (EC). Gender Equality Strategy 2020-2025. Available at: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en.

[38] Ministerio de Sanidad. 2021. Instrumento común estandarizado para la detección temprana de la violencia de género en el Sistema Nacional de Salud.

[39] López Rodríguez, RM. Informe anual sobre violencia de género 2020. Observatorio de Salud de las Mujeres (Ministerio de Sanidad). Madrid; 150 pp.

[40] Ballesteros, B. 2018. Evolución de la Violencia a la Infancia en España según las Víctimas (2009-2016). Fundación de Ayuda a Niños y Adolescentes en Riesgo (ANAR). Available at: https://www.observatoriodelainfancia.es/fichero-rosoia/documentos/5545_d_Estudio_Evolución-de-la-Violencia-a-la-Infancia-en-España-según-las-Víctimas.pdf.

[41] Ley Orgánica 8/2021, de 4 de junio, de protección integral a la infancia y la adolescencia frente a la violencia. Disponible en: https://www.boe.es/eli/es/lo/2021/06/04/8.

[42] Gray, J., Jordanova Pesevska, D., Sethi, D., Ramiro González, M.D. and Yon, Y. 2016. Handbook on developing national action plans to prevent child maltreatment. World Health Organization. Regional Office for Europe.

Diseases in the "**infectious and parasitic**" block account for a low proportion of total deaths. In 2019 they accounted for about 1.5% of all deaths[43] (sepsis being the most frequent pathological mechanism). The socio-economic situation of Spain, the epidemiological surveillance plans for this type of disease and vaccination policies contribute to these low figures, and only the appearance of the SARS-CoV-2 pandemic has substantially modified these data.

Morbidity

The leading cause of **morbidity and burden of disease** in Spain is non-communicable diseases. **Years lived with disability** is an indicator used to assess the burden of disease, reflecting the impact of disease on people's quality of life while the health problem is present. Using this tool, the total burden of morbidity in 2019 fell mostly on the following entities: lower back and neck pain, depressive disorders, diabetes, headaches and falls (which together account for about a third of the years lived with disability in Spain). In addition, gynaecological diseases must also be taken into account. These problems frequently affect people in active employment and are associated with negative externalities with significant functional, economic, occupational, social and family repercussions.

Excess weight, including **overweight and obesity**, is a disease and a risk factor for many of the diseases previously mentioned. Prevalence is rising; the percentage of men and women aged 18 and over who are overweight or obese has risen from 45% and 36% in the late 1980s to around 63% and 47%, respectively, in 2017[44]. Abdominal obesity in men and women is 68% and 61%, respectively[45,46,47]. The prevalence of obesity in Spain is higher in the lower income groups of the population, and this socio-economic gradient is greater in women.[48]

[43] Instituto Nacional de Estadística (INE). Estadística de defunciones por causa básica de defunción. Available at: https://www.ine.es/jaxi/Datos.htm?tpx=49914.

[44] National Institute of Statistics. Technical note. Spanish National Health Survey 2017. Main results. Ministry of Health, Consumer Affairs and Social Welfare. Available at: https://www.mscbs.gob.es/estadEstudios/estadisticas/encuestaNacional/encuestaNac2017/ENSE17_pres_web.pdf.

[45] Gutiérrez-Fisac, J.L., Guallar-Castillón, P., León-Muñoz, L.M., Graciani, A., Banegas, J.R. and Rodríguez-Artalejo, F. 2012. Prevalence of general and abdominal obesity in the adult population of Spain, 2008-2010: the ENRICA study. *Obesity reviews*, *13*(4), pp. 388-392. Available at: https://doi.org/10.1111/j.1467-789X.2011.00964.x.

[46] Aranceta-Bartrina, J., Pérez-Rodrigo, C., Alberdi-Aresti, G., Ramos-Carrera, N. and Lázaro-Masedo, S. 2016. Prevalence of general obesity and abdominal obesity in the Spanish adult population (aged 25-64 years) 2014-2015: the ENPE study. *Revista Española de Cardiología*, *69*(6), pp. 579-587. Available at: https://doi.org/10.1016/j.rec.2016.02.009.

[47] Pérez-Rodrigo, C., Bárbara, G.H., Citores, M.G. and Aranceta-Bartrina, J. 2022. Prevalence of obesity and associated cardiovascular risk factors in the Spanish population: The ENPE study. *Revista Española de Cardiología*, *75*(3), pp. 232-241. Available at: https://doi.org/10.1016/j.rec.2020.12.020.

[48] Ventosa, M.M. 2016. Disentangling effects of socioeconomic status on obesity: a cross-sectional study of the Spanish adult population. *Economics & Human Biology*, *22*, pp. 216-224. Available at: https://doi.org/10.1016/j.ehb.2016.05.004.

Overweight and **obesity in children** is associated with many problems, both in childhood (non-alcoholic fatty liver disease, sleep disordered breathing, disorders of the locomotor system and renal function, hypertension, dyslipidaemia, diabetes and stigma) and in adult life (sarcopenia, osteoarthritis, obstructive sleep apnea syndrome, gallstones, liver disease, diabetes, cardiovascular disease, cancer, stigma, depression, cognitive impairment and Alzheimer's disease, with the resulting reduction in quality of life and life expectancy); affects quality of life and is linked to low self-esteem, which have consequences for childhood and adolescence; increased risk of anxiety and depression, eating disorders, addictions, rejection, school dropout and social exclusion. The WHO indicates that around 60% of children with excess weight will carry this condition into adulthood, being associated, on many occasions, with a disadvantaged economic position. They are also at increased risk of disease and premature death.

The figures for childhood overweight and obesity have been increasing for more than two decades, with Spain currently having one of the highest figures in the surrounding countries.[49] In 2016, 41% of the Spanish population aged 6 to 9 was overweight (23%) or obese (17%). About 4% of this population suffers from severe obesity,[50] a condition that mostly affects the population in situation of socio-economic vulnerability and reduces life expectancy by 10 years.[51] Among pre-schoolers, the overweight rate stands at 23% and obesity at 8%.[52]

Childhood overweight and obesity are clearly affected by the determinants of health[53] (Figure 7):

- Socio-economic gradient: the prevalence of obesity is almost twice as high among schoolchildren from disadvantaged families compared to those from more socially advantaged families.
- Food security: the prevalence of childhood obesity is higher the more difficult it is to access healthy food.

[49] World Health Organization, Regional Office for Europe 2013. Country profiles on nutrition, physical activity and obesity in the 53 WHO European region member states: methodology and summary. Copenhagen, Denmark: World Health Organization, Regional Office for Europe.

[50] Spinelli, A., Buoncristiano, M., Kovacs, V.A., Yngve, A., Spiroski, I., Obreja, G., Starc, G., Pérez, N., Rito, A.I., Kune ová, M. and Sant'Angelo, V.F. 2019. Prevalence of severe obesity among primary school children in 21 European countries. *Obesity facts*, *12*(2), pp. 244-258. Available at: https://doi.org/10.1159/000500436.

[51] Spanish Agency for Food Safety and Nutrition. Ministry of Consumer Affairs. 2020. ALADINO Study 2019: Study on Diet, Physical Activity, Child Development and Obesity in Spain 2019. Available at: https://www.aesan.gob.es/AECOSAN/web/nutricion/detalle/aladino_2019.htm.

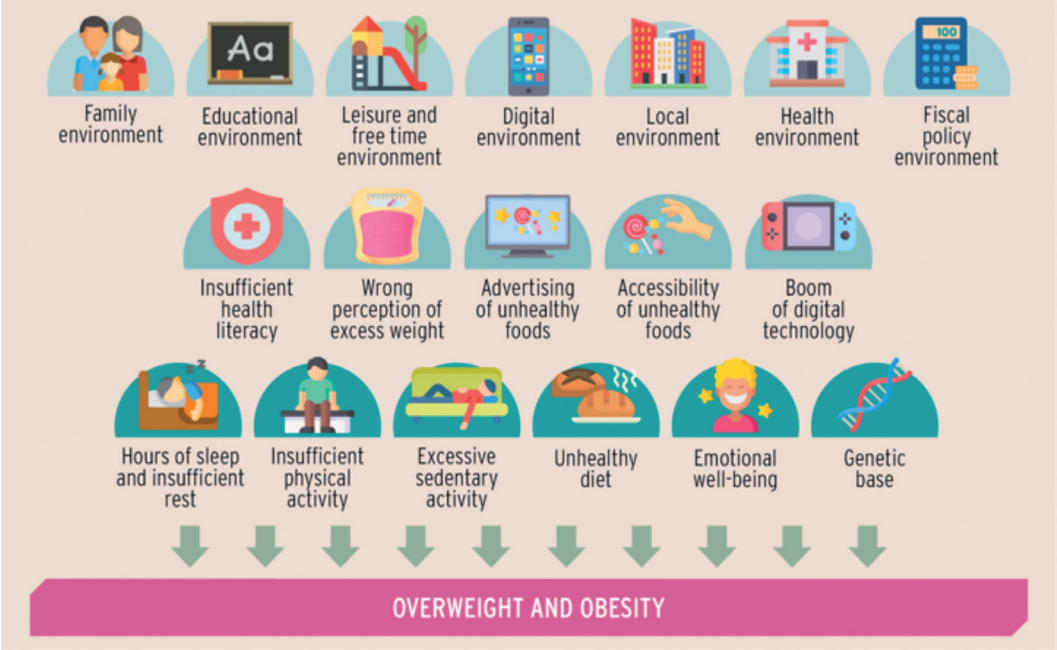
[52] Garrido-Miguel, M., Oliveira, A., Cavero-Redondo, I., Álvarez-Bueno, C., Pozuelo-Carrascosa, D.P., Soriano-Cano, A. and Martínez-Vizcaíno, V. 2019. Prevalence of overweight and obesity among European preschool children: A systematic review and meta-regression by food group consumption. *Nutrients*, *11*(7), p.1698. Available at: https://doi.org/10.3390/nu11071698.

[53] Astray, J, del Pino, V. 2018. Hábitos de salud en la población juvenil de la Comunidad de Madrid 2017. Resultados del Sistema de Vigilancia de Factores de Riesgo asociados a Enfermedades No Transmisibles en población juvenil (SIVFRENT-J). Año 2018. Boletín Epidemiológico de la Comunidad de Madrid. Department of Health. Available at: https://www.comunidad.madrid/sites/default/files/doc/sanidad/epid/sivfrent-j_2017.pdf.

- Diet: childhood obesity is associated with intake of sugary drinks and high-energy and fruit/vegetable-deficient diets[54,55].
- Physical and/or sedentary activity: childhood obesity is associated with insufficient physical activity and activities associated with sedentary lifestyles[56].
- Sleep duration and quality: a link has been found between the presence of childhood obesity and a low number of hours of sleep[57].

In Addition, 71% of mothers and fathers of children with excess weight perceive their children's weight to be normal, so this is probably not perceived as an urgent and priority health problem[58].

Figure 7. Determinants of childhood overweight



Source: Authors' own.

[54] Te Morenga, L., Mallard, S. and Mann, J. 2013. Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *Bmj*, *346*. Available at: https://doi.org/10.1136/bmj.e7492.

[55] Monasta, L., Batty, G.D., Cattaneo, A., Lutje, V., Ronfani, L., Van Lenthe, F.J. and Brug, J. 2010. Early-life determinants of overweight and obesity: a review of systematic reviews. *Obesity reviews*, *11*(10), pp. 695-708. Available at: http://dx.doi.org/10.1111/j.1467-789X.2010.00735.x.

[56] Rezende, L.F.M.D., Rodrigues Lopes, M., Rey-López, J.P., Matsudo, V.K.R. and Luiz, O.D.C. 2014. Sedentary behavior and health outcomes: an overview of systematic reviews. *PloS one*, *9*(8), p.e105620. Available at: http://dx.doi.org/10.1371/journal.pone.0105620.

[57] Magee, L. and Hale, L. 2012. Longitudinal associations between sleep duration and subsequent weight gain: a systematic review. *Sleep medicine reviews*, *16*(3), pp. 231-241. Available at: http://dx.doi.org/10.1016/j.smrv.2011.05.005.

[58] Ramiro-González, M.D., Sanz-Barbero, B. and Royo-Bordonada, M.Á. 2017. Exceso de peso infantil en España 2006-2012. Determinantes y error de percepción parental. *Revista Española de Cardiologia*, *70*(8), pp. 656-663. Available at: https://linkinghub.elsevier.com/retrieve/pii/S0300893216306650.

In economic terms, in Spain overweight accounts for 10% of health spending and it is estimated that prevention policies to tackle the problem of overweight and obesity achieve an estimated return of €6 for every euro invested.[59] If the trends of recent years do not change, it is estimated that there will be 3.1 million new overweight people by 2030 and a total obesity-related cost overrun of 3 billion euros.[60]

Currently, in addition to all the actions to promote healthy lifestyles carried out by the Ministry of Health, in collaboration with the CC. AA. and Local Authorities, the **High Commissioner for the Fight Against Child Poverty** has coordinated the development of the **National Strategic Plan for the Reduction of Childhood Obesity 2022-2030 (En Plan Bien),**[61] which aims to generate ecosystems that promote and facilitate healthy lifestyles in the main environments where the child and adolescent populations live and grow, incorporating perspectives on children's rights, health promotion, health in all policies and a positive non-stigmatising approach. The **Spanish Agency for Food Safety and Nutrition (AESAN)** is also finalising the approval of the **National Strategy on Food Safety and Nutrition**. Continued knowledge of the prevalence of childhood excess of weight is essential to evaluate the actions being taken and to analyse the trend of the figures over time.

Chronic kidney disease is another public health problem that affects some 7 million people in Spain (approximately 15% of the population), and some 60,000 are on renal replacement therapy (haemodialysis, peritoneal dialysis or a functioning kidney transplant).[62,63] The prevalence of this disease is higher in men, increases with age (reaching 40% in those over 80 years of age) and with low socioeconomic levels, and is associated with high prevalence chronic pathologies such as diabetes, arterial hypertension, heart failure and ischaemic heart disease[64]. Addressing cardiovascular risk factors and promoting healthy lifestyles will benefit people with this condition.

[59] OECD, The Heavy Burden of Obesity, 2019. Available at: oe.cd/obesity2019.

[60] Hernáez, Á., Zomeño, M.D., Dégano, I.R., Pérez-Fernández, S., Goday, A., Vila, J., Civeira, F., Moure, R. and Marrugat, J. 2019. Exceso de peso en España: situación actual, proyecciones para 2030 y sobrecoste directo estimado para el Sistema Nacional de Salud. *Revista Española de Cardiología*, *72*(11), pp. 916-924. Available at: https://www.sciencedirect.com/science/article/pii/S0300893218303877.

[61] Alto Comisionado contra la pobreza Infantil. Presidencia del Gobierno. Plan Estratégico Nacional para la Reducción de la Obesidad Infantil 2022-2030. En Plan Bien. 2022. Gobierno España-Alto Comisionado para la lucha contra la pobreza infantil. Available at: https://www.comisionadopobrezainfantil.gob.es/.

[62] Subdirección general de calidad y cohesión. 2015. Documento Marco sobre Enfermedad Renal Crónica (ERC) dentro de la Estrategia de Abordaje a la Cronicidad en el SNS. Ministerio de Sanidad, Servicios Sociales e Igualdad. Available at: https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/pdf/Enfermedad_Renal_Cronica_2015.pdf.

[63] Gorostidi, M., Sánchez-Martínez, M., Ruilope, L.M., Graciani, A., Juan, J., Santamaría, R., del Pino, M.D., Guallar-Castillón, P., de Álvaro, F., Rodríguez-Artalejo, F. and Banegas, J.R. 2018. Prevalence of chronic kidney disease in Spain: impact of the accumulation of cardiovascular risk factors. *Nephrology*, *38*(6), pp. 606-615. Available at: https://linkinghub.elsevier.com/retrieve/pii/S0211699518300754.

[64] Crews, D.C., Bello, A.K. and Saadi, G. 2019. Carga, acceso y disparidades en enfermedad renal. *Revista de nefrologia, diálisis y trasplante*, *39*(1), pp. 01-11. Available at: https://linkinghub.elsevier.com/retrieve/pii/S0211699519300505.

Mental health is a crucial element as it contributes to the development of a healthy and productive life, people's well-being, and conditions the overall burden of disease, work performance, unemployment rate and early retirement. In 2020, 22% of the Spanish adult population reported some symptoms of anxiety and 19% reported depressive symptoms.[65] 11% of the population consumes tranquillisers, relaxants or sleeping pills; 4.8% use antidepressants or stimulants and 5.4% report having seen a psychologist, psychotherapist or psychiatrist in the last 12 months. In the population aged 0-14 years, the most frequent disorders are behavioural disorders (including hyperactivity), followed by depression and anxiety. Mental health can be particularly affected in the child and youth population, in women, and in groups in situation of vulnerability such as the elderly, migrants, persons with disabilities, the LGBTIQ+ community, people living in poverty and/or social exclusion, victims of crime and inappropriate treatment, and those residing in penitentiary institutions, among others.[66,67]

Within mental health, eating disorders are included as a group of severe alterations related to food intake, the origin of which can be found in multiple factors. Although it is a potentially life-threatening problem, there are no precise data on its prevalence. Organisations indicate that it affects approximately 4-6% of women, and to a much lesser extent men.[68,69]

In addition, people with mental health problems often have a poor diet, lack of physical activity, or risk factors for the appearance of other pathologies such as smoking and alcohol consumption, or the use of other drugs, as well as being conditioned by genetic factor.[70]

There are many initiatives for mental health care and well-being of the population, at national, regional and local levels. The **Mental Health Action Plan 2022-2024**[71] part of the **Mental Health Strategy of the National Health System** has recently been approved. It aims to improve the well-being of the population through mental health care with a comprehensive and community-based care model. Promoting social and community participation networks is fundamental to improving the emotional well-being of individuals and the population as a whole.

[65] OECD. 2021. Health at a Glance 2021: OECD Indicators. Paris: OECD Publishing. Available at: https://doi.org/10.1787/ae3016b9-en.

[66] Ministry of Health, Consumer Affairs and Social Welfare. SG Información Sanitaria. Encuesta Nacional de Salud ENSE, España 2017. Serie informes monográficos: #1-Salud Mental. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/encuestaNacional/encuestaNac2017/SALUD_MENTAL.pdf.

[67] Gil-Borrelli, C.C., Velasco, C., Iniesta, C., Beltrán, P.D., Curto, J. and Latasa, P. 2017. Hacia una salud pública con orgullo: equidad en la salud en las personas lesbianas, gais, bisexuales y trans en España. *Gaceta Sanitaria*, *31*, pp. 175-177. Available at: https://www.gacetasanitaria.org/es-hacia-una-salud-publica-con-articulo-S0213911116302497.

[68] Asociación TCA Aragón. Estadísticas sobre los TCA. 2020. Available at: https://www.tca-aragon.org/2020/06/01/estadisticas-sobre-los-tca/.

[69] Sociedad Española de Médicos Generales y de Familia (SEMG). Eating disorders are the third most common chronic illness among adolescents. Available at: https://www.semg.es/index.php/noticias/item/326-noticia-20181130.

[70] OECD. Health at a Glance 2021: OECD Indicators. Paris: OECD Publishing; 2021. Available at: https://doi.org/10.1787/ae3016b9-en.

[71] Ministry of Health. Plan de Acción de Salud Mental. 2022-2024. Available at: https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/docs/saludmental/PLAN_ACCION_SALUD_MENTAL_2022-2024.pdf.

Oral health is another area of public health concern. 21% of the Spanish children has some oral health problem, which could be related to an intake of foods and drinks high in sugar and a sub-optimal frequency of toothbrushing.[72]

Sexually transmitted infections (STIs), particularly gonococcal, syphilis and chlamydial infections, have been on the rise since the late 20th century. New diagnoses of HIV infection, traditionally linked to situations of social vulnerability, discrimination and barriers to the exercise of rights, have shown a downward trend since 2018, although the proposed elimination indicators for 2020 have not been achieved. The ageing of people living with HIV, a consequence of the effectiveness of antiretroviral treatments, is accompanied by biomedical and social challenges.

The incidence of new hepatitis C infections is declining and more than 150,000 people have been treated with direct-acting antivirals since 2015; further progress is needed on early diagnosis and access to treatment for all affected people. Tuberculosis also shows a downward trend in incidence rates, although they remain higher than in the European context.[73,74]

The HIV, STI, viral hepatitis and tuberculosis epidemics in particular have common structural determinants and individual risk factors. There are currently WHO Global Health Strategies on HIV, viral hepatitis and STIs 2022-2030,[75] the **UNAIDS Global AIDS Strategy 2021-2026,**[76] the **Social Pact for non-discrimination and equal treatment associated with HIV,**[77] or the **WHO Global Strategy for Tuberculosis Research and Innovation**[78] that address these issues.

Maternal and child health programmes have come a long way since the 1990s. At present, maternal, perinatal and infant mortality and low birth weight are among the lowest in the world.[79]

[72] Bravo Pérez, M., et al. 2020. Encuesta de Salud Oral en España 2020. *RCOE: Revista del Ilustre Consejo General de Colegios de Odontólogos y Estomatólogos de España*, *25*(4), pp. 12-69. Available at: https://rcoe.es/articulo/115/encuesta-de-salud-oral-en-espaa-2020.

[73] Unidad de vigilancia de VIH, ITS y hepatitis B y C. 2021. Vigilancia epidemiológica de las infecciones de transmisión sexual, 2019. Centro Nacional de Epidemiología, Instituto de Salud Carlos III/Plan Nacional sobre el Sida, Dirección General de Salud Pública.

[74] European Centre for Disease Prevention and Control. 2012. Sexually transmitted infections in Europe 1990-2010. Stockholm.

[75] World Health Organization (WHO). Final draft of the Global Health Sector Strategies (GHSS) on HIV, viral hepatitis and sexually transmitted infections 2022-2030. Available at: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies/developing-ghss-2022-2030.

[76] UNAIDS. Global AIDS Strategy 2021-2026. End Inequalities. End AIDS. Available at: https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_es.pdf.

[77] Pacto Social por la No Discriminación y la Igualdad de Trato asociada al VIH. Available at: https://pactosocialvih.es/.

[78] World Health Organisation. 2020. Global TB research and innovation strategy. Geneva; 41 pp. Available at: https://apps.who.int/iris/handle/10665/336078.

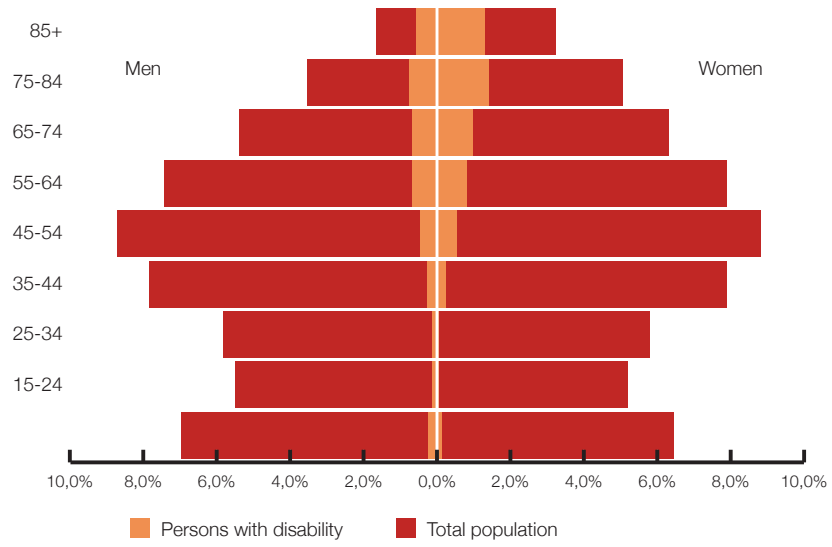
[79] OECD. 2022. Infant mortality rates (indicator). Available at: https://doi.org/10.1787/83dea506-en.

With regard to **personal functionality**, limitation of general mobility and activities of daily living is more frequent in women and increases with age. 12% of women aged 55 and over have difficulty sitting or standing up[80] and 14% report difficulty using the toilet. This percentage of limited mobility increases to 49% for women aged 65 and over.[81]

The Spanish legal framework considers that "persons with disabilities are those who have physical, mental, intellectual or sensory impairments, foreseeably permanent, which, in interaction with various barriers, may prevent their full and effective participation in society on an equal basis with others".[82]

According to the 2020 Survey on Disability, Personal Autonomy and Dependency Situations (EDAD), a total of 4.38 million people (95 of every thousand inhabitants) claimed to have some kind of disability, a higher proportion of women than men (Figure 8), 21% of Spanish households were home to at least one person with a disability, in more than one million households the person with a disability lived alone[83].

Figure 8. Total population pyramid and with disability in 2020



Source: INE website: www.ine.es.

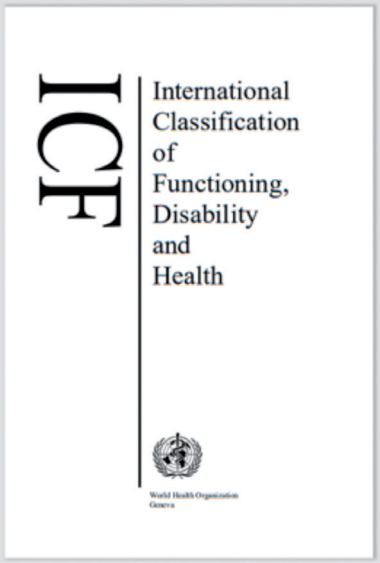
[80] Instituto Nacional de Estadística (INE). Estado de salud (estado de salud percibido, enfermedades crónicas, dependencia funcional). Available at: https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259926692949&p=%5C&pagename=ProductosYServicios%2FPYSLayout&param1=PYSDetalle&param3=1259924822888.

[81] Instituto Nacional de Estadística y Ministerio de Sanidad. Encuesta Europea de Salud en España (EESE) 2020. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/EncuestaEuropea/EncuestaEuropea2020/EESE2020_inf_evol_princip_result.pdf.

[82] Real Decreto Legislativo-1/2013, de 29 de noviembre Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social. Available at: https://www.boe.es/eli/es/rdlg/2013/11/29/1/con.

[83] Instituto Nacional de Estadística (INE). Encuesta de Discapacidad, Autonomía personal y situaciones de Dependencia (EDAD). Año 2020. Available at: https://www.ine.es/prensa/edad_2020_p.pdf.

Figure 9. International Classification of Functioning, Disability and Health (ICF)-WHO



Source: https://apps.who.int/iris/handle/10665/42407?locale-attribute=es&.

In 2019, according to the State Database of persons with assessment of the degree of disability[84], there were 3,257,058 persons in Spain with a recognised degree of disability equal to or greater than 33%. 43% of persons with administrative recognition of disability are aged between 35 and 64.

Persons with disabilities have lower participation in the labour market, and their annual wages are over 15% lower than those of people without disabilities.[85] This situation of vulnerability is even more pronounced in women with intellectual disabilities.

The **International Classification of Functioning, Disability and Health** (ICF)[86] of 2001 is a WHO conceptual framework that changes the paradigm of disability classification (Figure 9). It describes the functional situation of people not only on the basis of the functional or structural impairment they may suffer from, but according to a series of characteristics of the person and environmental factors that surround them; in other words, it also focuses on the circumstances external to people as factors that foster people's capabilities or not.[87] It is a tool for standardising the processes for obtaining information on people's functionality, allowing comparisons between territories and between countries, generating evidence for planning health services and programmes, and evaluating the interventions carried out. Its use in Spain is not widespread.[88]

Recently, the **Spanish Disability Strategy 2022-2030**[89] has been approved. Its main objective is to make the human rights of persons with disabilities and their families effective, ensuring their inclusion in the community, their full vital development, quality of life,

[84] Sub-Directorate for Planning, Management and Evaluation. Ministerio de Asuntos Sociales y Agenda 2030. 2019. Base estatal de datos de personas con valoración del grado de discapacidad. Available at: https://www.imserso.es/InterPresent1/groups/imserso/documents/binario/bdepcd_2019.pdf.

[85] National Statistics Institute (INE). 2019. Salaries of People with Disabilities. Available at: https://www.ine.es/prensa/spd_2017.pdf.

[86] World Health Organization Pan American Health Organization Ministry of Labour and Social Affairs. 2001. International Classification of Functioning, Disability and Health: CIF. Madrid.

[87] Fernández-López, J.A., Fernández-Fidalgo, M., Geoffrey, R., Stucki, G. and Cieza, A. 2009. Funcionamiento y discapacidad: la clasificación internacional del funcionamiento (CIF). *Revista española de salud pública*, *83*(6), pp. 775-783. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1135-57272009000600002&lng=es.

[88] World Health Organization Pan American Health Organization Ministry of Labour and Social Affairs. 2001. Clasificación internacional del funcionamiento, de la discapacidad y de la salud: CIF. Madrid.

[89] Ministerio de Derechos Sociales y Agenda 2030. Estrategia Española sobre Discapacidad 2022-2030. Para el acceso, goce y disfrute de los derechos humanos de las personas con discapacidad. Available at: https://www.mdsocialesa2030.gob.es/derechos-sociales/discapacidad/docs/Estrategia_Espanola_Discapacidad_2022_2030.pdf.

personal autonomy and independent living. This Strategy is aligned with the objectives of the **European Disability Strategy**[90] and based on the **Convention on the Rights of Persons with Disabilities**.[91]

Health determinants

In 2008, the Commission to Reduce Social Inequalities in Health in Spain was set up.[92] This Commission concluded that the factors to be acted upon to reduce these health inequalities include:

- The distribution of power, wealth and resources
- Living and employment conditions throughout the life cycle
- Health-promoting environments
- Health services

In this context of health determinants, the resources, skills and capacities that each person has, the existing community networks, people's participation in these networks and the social support they receive from them are also fundamental.[93]

In Spain, as in most countries with high-income economies, a series of demographic, social, economic and environmental changes are taking place which, together with changes in health-related lifestyles, largely condition health and morbimortality.[94]

Today, behavioural and cultural knowledge for health from the social sciences and humanities helps us understand the promoters and barriers to achieving the highest possible level of health. The WHO is working on an initiative to build a culture of health in which, based on this knowledge, everyone can make healthy choices in their daily lives and in the way they use health services.[95,96]

[90] European Commission. An Equality Union: Strategy on the Rights of Persons with Disabilities 2021-2030. Available at: https://eur-lex.europa.eu/legal-content/ES/TXT/?uri=COM:2021:101:FIN#PP4Contents.

[91] General Assembly. United Nations. 2006. Convention on the Rights of Persons with Disabilities. Available at: https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf.

[92] Closing inequalities within a generation. Achieving health equity by acting on the social determinants of health. WHO. Commission on Social Determinants of Health. Closing inequalities within a generation. Final Report. Geneva: WHO/PAHO; 2008. Available at: http://apps.who.int/iris/bitstream/handle/10665/69830/WHO_IER_CSDH_08.1_spa.pdf?sequence=1.

[93] Cassetti V, López-Ruiz V, Paredes-Carbonell JJ, for the AdaptA GPS Project Working Group. 2018. Participación comunitaria: mejorando la salud y el bienestar y reduciendo desigualdades en salud. Zaragoza: Ministerio de Sanidad, Consumo y Bienestar Social-Instituto Aragonés de Ciencias de la Salud; 65 pp.

[94] Ministerio de Sanidad, Servicios Sociales e Igualdad. Comisión para reducir las desigualdades sociales en salud en España. 2015. 2015. Avanzando hacia la equidad. Propuestas de políticas e intervenciones para reducir las desigualdades sociales en salud en España. Madrid.

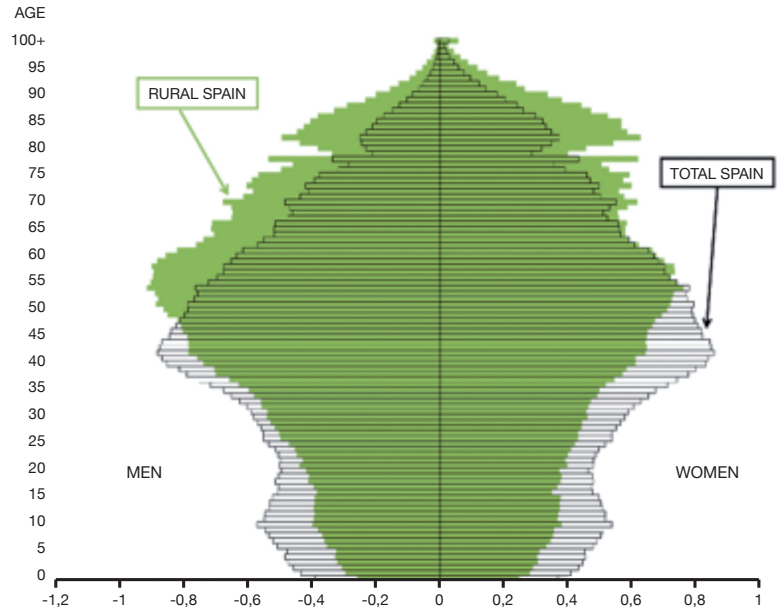
[95] WHO Regional Office for Europe. Behavioural and cultural insights for health. Available at: https://www.euro.who.int/en/health-topics/health-determinants/behavioural-and-cultural-insights-for-health.

[96] WHO Regional Office for Europe. About the European Programme of work. Available at: https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work/about-the-european-programme-of-work.

Age

The population pyramid of Spain is characteristic of **ageing populations**, with a regressing base and an increasingly broadened peak (Figure 10). In 2011, the percentage of older people (65 and over) was 17%. This percentage rose to 19% in 2019 and is estimated to rise to 29% by 2065.

Figure 10. Population pyramid of Spain, 2019



Source: Un perfil de las personas mayores en España 2020. Indicadores estadísticas básicos.

The percentage of octogenarians represents 6% of the entire population and is expected to continue to increase in the future; this is the so-called "ageing of the older population" (Figure 11).[97],[98] The pyramid of rural environments has a higher percentage of older people.

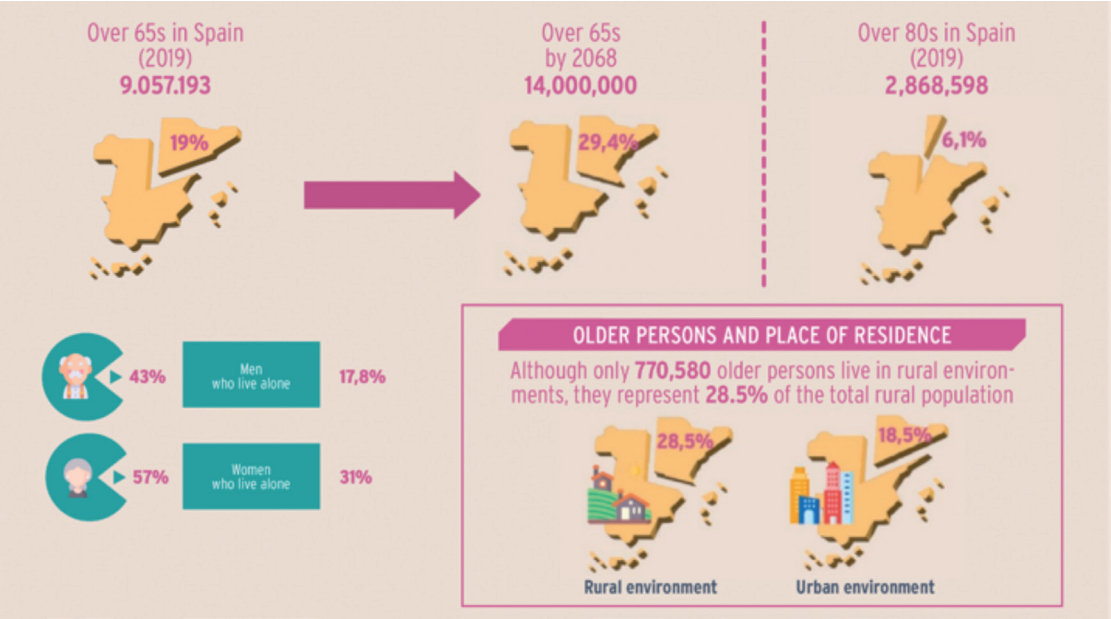
Older age is associated with a higher prevalence of **chronic diseases** (especially osteoarticular, cardiovascular and neurodegenerative diseases), limitation in activities of daily living and symptoms of depression. Part of the life circumstances and disabilities observed in this age group are the result of situations of inequities accumulated throughout

[97] Las personas mayores en España. Informe 2018. Datos estadísticos estatales y por comunidades autónomas. Available at: https://www.imserso.es/InterPresent2/groups/imserso/documents/binario/informe_ppmm_2018.pdf.

[98] Pérez Díaz, J., Abellán García, A., Aceituno Nieto, P. and Ramiro Fariñas, D. 2020. Un perfil de las personas mayores en España, 2020. Indicadores estadísticos básicos. Consejo Superior de Investigaciones Científicas (CSIC). Centre for Human and Social Sciences (CCHS). Available at: http://envejecimiento.csic.es/documentos/documentos/enred-indicadoresbasicos2019.pdf.

life.[99] In addition, among the elderly in Spain, unwanted loneliness and social isolation, understood as the insufficiency of social networks due to proximity, size or lack of emotional support, among others, are present in 20% and 25%, respectively. Community participation and social networking are key to improving health and well-being. Death in solitude is an issue of epidemiological relevance.[100,101]

Figure 11. Elderly population in Spain



Source: Authors' own, from: http://envejecimiento.csic.es/documentos/documentos/enred-indicadoresbasicos2019.pdf.

Another fundamental aspect is the **ageism** that is projected onto older people, understood as the stereotypes and prejudices that exist in relation to age. Ageism has been shown to cause cardiovascular stress,[102] to reduce life expectancy among those with negative

[99] Forjaz, M.J., Rodriguez-Blazquez, C., Ayala, A., Rodriguez-Rodriguez, V., de Pedro-Cuesta, J., Garcia-Gutierrez, S. and Prados-Torres, A. 2015. Chronic conditions, disability, and quality of life in older adults with multimorbidity in Spain. *European Journal of Internal Medicine*, *26*(3), pp. 176-181. Available at: https://www.ejinme.com/article/S0953-6205(15)00051-5/fulltext.

[100] Forjaz, M.J., Araújo, L., Ayala, A., Calderón-Larrañaga, A., Fernández-Mayoralas, G., Gonzalez-Herrera, A., Ribeiro, O., Rodriguez-Blazquez, C., Rodríguez-Rodríguez, V., Rojo-Perez, F. and Zorilla-Muñoz, V. 2021. Sumando calidad de vida a los años: propuestas para combatir la soledad y promover la una buena salud mental en personas mayores. Available at: https://repisalud.isciii.es/bitstream/handle/20.500.12105/13246/Sumando_Calidad_Vida_A%c3%b1os2021.pdf?sequence=4&isAllowed=y.

[101] Esteve-Esteve, M., Melchor-Alós, I., Pérez-Panadés, J., Herrero-Huertas, L., Botella-Rocamora, P., Alberich-Martí, C. and Zurriaga, Ó. 2021. Magnitud y factores asociados al fenómeno de la muerte solitaria del anciano en la Comunidad Valenciana. Available at: https://www.mscbs.gob.es/biblioPublic/publicaciones/recursos_propios/resp/revista_cdrom/VOL95/ORIGINALES/RS95C_202103044.pdf.

[102] Levy, B.R., Slade, M.D., Kunkel, S.R. and Kasl, S.V. 2002. Longevity increased by positive self-perceptions of ageing. *Journal of personality and social psychology*, *83*(2), p. 261.

attitudes towards ageing,[103] to delay actions that have an impact on health (e.g. structural adaptations to housing)[104], may be associated with insufficient or inadequate nutrition, and may carry a risk of self-exclusion.

Spain, like its neighboring countries, faces an important social and public health challenge linked to the progressive ageing of its population and the change in the epidemiological pattern.[105,106] This ageing and its repercussion on the prevalence of multiple chronic diseases and other associated problems could lead to an increased use of resources provided by health and social services simultaneously or successively and intensively.[107] At the same time, this demographic transition offers us an opportunity to take advantage of the contributions that the older population can make to society.

In Spain there are around 5,500 residential centres that care for approximately 400,000 people. Publicly owned centres constitute 25% of the total and care for more than 60% of residents.[108]

The public health and chronicity care approach is being carried out according to the **Strategy for Addressing Chronicity in the National Health System,**[109] and the prevention of frailty through the **Roadmap for Addressing Frailty** approved by the Public Health Commission in 2019.[110] In 2022, the Update of the **Consensus Document on the Prevention of Frailty in the Elderly**[111] was approved, in which CC. AA. and Local Administrations play a decisive role. Reference is made to the WHO **Decade of Healthy Aging (2021-2030)** due

[103] Envejecimiento y ciclo de vida. Preguntas y respuestas. World Health Organisation. Available at: https://www.who.int/ageing/features/faq-ageism/es/.

[104] Bailey, C., Aitken, D., Wilson, G., Hodgson, P., Douglas, B. and Docking, R. 2019. "What? That's for Old People, that". Home Adaptations, Ageing and Stigmatisation: A Qualitative Inquiry. *International journal of environmental research and public health*, *16*(24), p. 4989. Available at: https://doi.org/10.3390/ijerph16244989.

[105] Healthy ageing and functional ability. World Health Organization. Available at: https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability.

[106] World Health Organisation. Decade of Healthy Ageing 2020-2030. 2020. Available at: https://www.who.int/es/publications/m/item/decade-of-healthy-ageing-plan-of-action?sfvrsn=b4b75ebc_25.

[107] Palladino, R., Tayu Lee, J., Ashworth, M., Triassi, M. and Millett, C. 2016. Associations between multimorbidity, healthcare utilisation and health status: evidence from 16 European countries. *Age and ageing*, *45*(3), pp. 431-435. Available at: https://academic.oup.com/ageing/article-lookup/doi/10.1093/ageing/afw044.

[108] Subdirectorate General for Planning, Management and Evaluation. Servicios sociales dirigidos a personas mayores en España. 2021. Secretaría de estado de derechos sociales. Madrid: Ministerio de Derechos Sociales y Agenda 2030. 41 pp. Available at: https://www.imserso.es/InterPresent2/groups/imserso/documents/binario/inf_ssp-pmmesp2020.pdf.

[109] Ministerio de Sanidad. Estrategia para el Abordaje de la Cronicidad en el Sistema Nacional de Salud. 2021. Informe de evaluación y líneas prioritarias de actuación. Madrid: Ministerio de Sanidad; 98 pp. Available at: https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/pdf/Estrategia_de_Abordaje_a_la_Cronicidad_en_el_SNS_2021.pdf.

[110] Subdirección general de promoción, prevención y calidad. Dirección general de salud pública. Hoja de ruta para el abordaje de la fragilidad. Ministry of Health; Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/Fragilidad/Fragilidad_Hoja_ruta_Abordaje.pdf.

[111] Ministerio de Sanidad. 2022. Actualización del documento de consenso sobre prevención de la fragilidad en la persona mayor. Madrid. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/EnvejecimientoSaludable_Fragilidad/docs/ActualizacionDoc_FragilidadyCaidas_personamayor.pdf.

to its importance and impact, which offers the opportunity to bring together governments, international agencies, professionals, academic institutions, the media and civil society to take synergistic and coordinated actions to improve the lives of older people, their families and the communities in which they live.[112] The **Global Network for Age-friendly Cities and Communities** is part of the WHO strategy for the Decade of Healthy Ageing (2021-2030), within the framework of the 2030 Agenda and the SDGs. The Institute of the Elderly and Social Services (Imserso), a Social Security management entity attached to the Ministry of Social Rights and Agenda 2030, is the body responsible for coordinating and developing this Network in Spain.[113]

Sex and gender

Sex refers to the biological and genetic characteristics of individuals and the structures that relate to reproduction, and which influence differences in certain aspects of physiology between men and women. Approximately 50% of Spain's population are women, and this percentage increases with age, so that in old age women account for 32% more than men.[114]

Gender is a social and historical construct through which social and cultural judgements are made and values and tasks assigned to people according to sex. Gender defines beliefs, attitudes, values, social norms and a repertoire of roles and stereotypes that are assigned to each sex and internalised through the processes of socialisation. Gender roles shape the behaviours, activities, expectations and opportunities that are considered appropriate in a given socio-cultural context for all people, as well as establishing the distribution of power in these relationships.[115,116]

In recent years, progress has been made in gender equality in Spain, but there is still a long way to go. In fact, the data continue to show that inequality between men and women exists in many aspects of everyday life in relation to gender roles. Some data on health, employment, wages, education and the need for external care are described below:[117]

[112] World Health Organisation. Década del Envejecimiento Saludable 2021-2030. Available at: https://www.who.int/es/initiatives/decade-of-healthy-ageing.

[113] Ministerio de Derechos Sociales y Agenda 2030. Ciudades Amigables. Available at: https://ciudadesamigables.imserso.es/ccaa_01/index.htm.

[114] Pérez Díaz, J., Abellán García, A., Aceituno Nieto, P. and Ramiro Fariñas, D. 2020. Un perfil de las personas mayores en España, 2020. Indicadores estadísticos básicos. Consejo Superior de Investigaciones Científicas (CSIC). Centre for Human and Social Sciences (CCHS). Available at: http://envejecimiento.csic.es/documentos/documentos/enred-indicadoresbasicos2019.pdf.

[115] Martínez Benlloch, I. Updating concepts in gender and health. Ministerio de Sanidad; Disponible en: https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/pdf/equidad/03modulo_02.pdf.

[116] World Health Organisation. Gender and health. Available at: https://www.who.int/es/news-room/fact-sheets/detail/gender.

[117] National Statistics Institute (INE). Women and Men in Spain Available at: https://www.ine.es/ss/Satellite?param1=PYSDetalleGratuitas&param2=1259926360363&c=INEPublicacion_C&p=1254735110672&param4=-Mostrar&pagename=ProductosYServicios%2FPYSLayout&cid=1259924822888&L=1.

- Health: Life expectancy at birth is higher for women, but women live longer with poor health or some form of limitation of activity. The perception of a good health and the degree of functional autonomy for basic life activities is higher in men, with a higher percentage of women reporting a perceived illness or chronic health problem. The percentage of women who consult a family doctor or who have been hospitalised in the last year is higher than that of men. Women suffer more frequently than men from lower back pain, neck pain, osteoarthritis and chronic anxiety, and they also suffer more accidents than men. A higher percentage of women report being sedentary. In addition to these data, there are differences in the way diagnoses and treatments are carried out when the patient is a woman, leading, on certain occasions, to delays in diagnosis or approaches to care that are detrimental to women just because they are women. In certain situations, gender influence negatively affect men's health (e.g., lower life expectancy at birth, higher rate of criminality among males, suicide, drug and substance abuse rates, etc.).[118]

- Employment: In 2020, the gender gap (male-female) in employment rates of the population aged 16 and over reached a value of 11.1 points. This difference increases to 13.6 for the oldest age group, 55-64 years, and both values are higher than the EU-27 average. These differences are observed at all levels of education. Women have more part-time and temporary contracts; this could lead to lower incomes, greater job insecurity, and more hours of unpaid work. When paid work, commuting and unpaid work are added together, women spend more hours per week than men. It is important to point out that 72% of all healthcare workers in Spain are women,[119] so they have the dual perspective of agents of change and main recipients of the measures that are put in place to improve healthcare systems and their processes.

- Salary: In 2019, the most frequent annual salary for women was 73% of the most frequent salary for men. These gender wage differentials increase with age, and also at lower wage levels. Furthermore, the percentage of women with incomes below or equal to the minimum wage was twice as high as that of men.[120]

- Studies: All the above-mentioned differences exist despite the fact that women are currently studying post-compulsory secondary education and have a higher percentage of first and second cycle university studies than men.[121]

[118] EMAKUNDE. Instituto vasco de la salud. Articles. Construcción de la masculinidad. Available at: https://www.emakunde.euskadi.eus/informacion/igualdad-documentos/u72-contema/es/.

[119] Instituto Nacional de Estadística (INE). Encuesta de Población Activa (EPA), cuarto trimestre de 2021. 2022. Available at: https://www.ine.es/daco/daco42/daco4211/epa0421.pdf.

[120] Instituto Nacional de Estadística (INE). Salario anual medio, mediano y modal. Salario por hora. Brecha salarial de género (no ajustada) en salarios por hora. Available at: https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259925408327&p=1254735110672&pagename=ProductosYServicios/PYSLayout&param3=1259926137287#:~:text=En el año 2019, el,bruto del 80,5%.

[121] Instituto Nacional de Estadística (INE). Mujeres graduadas en educación superior. Available at: https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259925481157&p=\&pagename=ProductosYServicios/PYSLayout&param1=PYSDetalle&param3=1259924822888.

- Need for external care: in Spain, more than 10% of the population report taking care of elderly people with health problems or chronic ailment at least once a week. The caregiver is often informal, unpaid, female and belongs to a low socioeconomic level.[122] Some caregivers experience difficulties in carrying out these tasks and are affected in their health and personal lives. In terms of the consequences for their health, most of them feel tired and a significant proportion suffer from deteriorating health.[123]

In short, gender inequalities between men and women are unfair, produce inefficiency in the functioning of societies, and are mostly caused by modifiable factors. Disaggregating data by sex in statistics and studies helps to shed light on these inequalities, and enable them to be taken into account in future research, when planning public health policies and actions, and when evaluating the effects of such measures.[124,125]

Sexual orientation and gender identity

Sexual orientation and gender identity are also determinants, with a central role in health inequalities. Today, people with non-normative sexualities continue to experience inequalities. This population is at higher risk of suffering from certain health problems related to social stigma and denial of their rights; they have a higher prevalence of mental disorders and lower self-esteem, episodes of victimisation, suicide and the use of antidepressant drugs. Among those with non-normative sexual orientations, discrimination is more frequent among women than among men.[126] It should be noted that the approach to this issue is complex, as there are different problems within each identity.

Lesbian and bisexual women have a higher prevalence of osteoporosis, overweight or poorer access to gynaecological cancer screening. Gay and bisexual men have higher rates of HIV infection, STIs and hepatitis, as well as higher incidence of some cancers. Trans

[122] National Institute of Statistics and Ministry of Health. Encuesta Europea de Salud en España. 2020. Ministerio de Sanidad. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/EncuestaEuropea/EncuestaEuropea2020/EESE2020_inf_evol_princip_result.pdf.

[123] Instituto Nacional de Estadística (INE). Women and Men in Spain. Available at: https://www.ine.es/ss/Satellite?param1=PYSDetalleGratuitas&param2=1259926360363&c=INEPublicacion_C&p=1254735110672&param4=Mostrar&pagename=ProductosYServicios%2FPYSLayout&cid=1259924822888&L=1.

[124] Centro de Estudios Económicos Tomillo. Análisis de la perspectiva de género en algunas estadísticas españolas y propuestas de mejora. Instituto de la Mujer (Ministerio de Igualdad); Available at: https://www.inmujeres.gob.es/observatorios/observIgualdad/estudiosInformes/docs/016-analisis.pdf.

[125] Colomer Revuelta Concha. 2007. El sexo de los indicadores y el género de las desigualdades. *Sp. Rev. Public Health*; 81(2): 91-93. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1135-57272007000200001&lng=es.

[126] Ruiz Álvarez, M., Latasa Zamalloa, P., Sánchez Herrero, H., Figuerola Tejerina, M.A., García Solano, M. 2019. Valoración del estado de salud de las personas LGBT en España. Available at: https://www.gacetasanitaria.org/es-pdf-X0213911119000670.

people, in addition to the needs related to the process of trans-specific body modification, suffer high rates of discrimination, interpersonal violence and suicide.[127,128,129]

Sexual orientation and gender identity are not included in most national health studies, so little is known about the specific needs, problems and health inequalities of the LGBTIQ+ population in Spain.

Lifestyles

Diet

People's diets are influenced by knowledge, emotions, skills, environment, policies, circumstances and living conditions. Healthy nutrition and adequate food supply from birth are key determinants of health and well-being.

The optimal feeding in the first 6 months of life is exclusive **breastfeeding** (Figure 12). These figures in Spain in 2017 were 39%,[130,131,132] similar to the overall European figures, and far from the recommendations of the WHO, health authorities and national and international scientific societies (exclusive breastfeeding for the first 6 months of life, and thereafter continuing with breastfeeding and complementary food until at least 2 years of age, and maintaining it for as long as the mother and infant wish). There are several factors that influence breastfeeding.[133,134]

Breastfeeding is generally considered the optimal food for infants, and has benefits for the health and well-being of children (it provides the nutrients necessary for growth

127 FRA (European Union Agency for Fundamental Rights). 2020). A long way to go for LGBTI equality. Luxembourg. Available at: https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results.

128 Transgender Europe. 2017. Overdiagnosed but Underserved, Trans Health Care in Georgia, Poland, Serbia, Spain and Sweden. Berlin.

129 Herman, J.L., Brown, T.N. and Haas, A.P. 2019. Suicide thoughts and attempts among transgender adults: Findings from the 2015 US Transgender Survey. Available at: https://escholarship.org/content/qt1812g3hm/qt1812g3hm.pdf.

130 Ministerio de Sanidad, Consumo y Bienestar social. Encuesta Nacional de Salud España (ENSE) 2017.

131 Comité de Lactancia Materna · Asociación Española de Pediatría. 2016. Lactancia Materna en cifras: Tasas de inicio y duración de la lactancia en España y en otros países. Available at: https://www.aeped.es/sites/default/files/documentos/201602-lactancia-materna-cifras.pdf.

132 Instituto Nacional de Estadística y Ministerio de Sanidad. Determinantes de salud (sobrepeso, consumo de fruta y verdura, tipo de lactancia, actividad física). Available at: https://www.ine.es/ss/Satellite?param1=PYSDetalle&c=INESeccion_C&param3=1259924822888&p=%5C&pagename=ProductosYServicios%2FPYSLayout&cid=1259926457058&L=0.

133 Prevalencia de la lactancia materna y factores asociados con el inicio y la duración de la lactancia materna exclusiva en la Comunidad de Madrid entre los participantes en el estudio ELOIN-ScienceDirect.

134 Cabedo, R., Manresa, J.M., Cambredó, M., Montero, L., Reyes, A., Gol, R. and Falguera, G. 2019. Tipos de lactancia materna y factores que influyen en su abandono hasta los 6 meses. Estudio LACTEM. *Matronas prof*, pp. 54-61. Available at: https://pesquisa.bvsalud.org/portal/resource/pt/ibc-183292.

and development, and is associated with a reduced risk of numerous diseases and obesity or overweight, with these benefits lasting into adulthood) and mothers (reduced risk of postpartum haemorrhage, breast and ovarian cancer and diabetes), as well as helping to establish the mother-child bond. On the other hand, breastfeeding is associated with a decrease in maternal and infant health expenditure and is safe for the environment.[135]

Figure 12. Exclusive breastfeeding

Source: https://www.freepik.es/vector-premium/ilustracion-lactancia-materna-madre-alimentando-bebe-pecho-sobre-fondo-natural_5133703.htm.

The **International Code of Marketing of Breast-milk Substitutes,**[136] adopted by the World Health Assembly in 1981, is intended to provide the basis for policies to protect, promote and encourage breastfeeding. On the other hand, the **Initiative for the Humanisation of Birth and Breastfeeding Care** (IHAN) has been launched by WHO and UNICEF to encourage hospitals and health services to adopt practices that protect, promote and support exclusive breastfeeding from birth.[137,138] Spain is partially compliant with the content of this Code,[139] and is in the process of accrediting more hospitals and health centres as IHAN centres. The WHO also recommends the establishment of a national breastfeeding coordinating body to promote breastfeeding.[140]

In the post-breastfeeding phase, scientific evidence suggests that a **balanced diet**, with an adequate supply of food and nutrients, is one of the main determinants of health and well-being. Unhealthy eating, characterised by a high consumption of ultra-processed foods and drinks (high in calories, sugars, salt and low-quality fats and low in fibre and

[135] World Health Organisation. 2014. Comprehensive implementation plan on maternal, infant and young child nutrition Geneva: World Health Organisation. Available at: https://www.who.int/publications/i/item/WHO-NMH-NHD-14.1.

[136] World Health Organization. Regional Office for Europe. 2022. Effective regulatory frameworks for ending inappropriate marketing of breast-milk substitutes and foods for infants and young children in the WHO European Region. Copenhagen: World Health Organization. Regional Office for Europe. Available at: https://apps.who.int/iris/handle/10665/352003.

[137] World Health Organization and UNICEF. Iniciativa para la Humanización de la Asistencia al Nacimiento y la Lactancia (IHAN). Available at: https://www.ihan.es/.

[138] Ministerio de Sanidad, Política social e Igualdad. 2011. IHAN. Calidad en la asistencia profesional al nacimiento y la lactancia. Madrid: Ministerio de Sanidad, Política social e Igualdad; 151 pp. Available at: https://www.sanidad.gob.es/gl/organizacion/sns/planCalidadSNS/pdf/equidad/IHAN.pdf.

[139] World Health Organization. 2020. Marketing of breast-milk substitutes: national implementation of the international code, status report 2020: summary. Geneva: World Health Organization; 4 pp. Available at: https://apps.who.int/iris/handle/10665/332185.

[140] World Health Organization. Promoting baby-friendly hospitals. Available at: https://www.who.int/activities/promoting-baby-friendly-hospitals.

essential micronutrients), to the detriment of healthy foods such as fruit and vegetables, pulses, nuts, wholegrain cereals, fish and yoghurt, is the third leading cause of death in the world and the fourth in Spain.[141] Fruit and vegetable consumption has multiple benefits due to the effects of reducing oxidation, inflammation, cell proliferation and other processes related to the genesis of disease, resulting in a reduced risk of high blood pressure, diabetes, cardiovascular disease and some cancers, such as colorectal cancer, and a protective effect on lung function. Lack of quantity or variety of food (undernutrition) leads to malnutrition and deficiency diseases; and overconsumption (malnutrition by excess) contributes to the development of cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries.

Since the 2008 financial crisis, there has been an upward trend in the consumption of food of low nutritional value, desserts and other sugary foods, with a decrease in the consumption of fresh products (fruit, vegetables, meat and fish).[142] In 2017, 27% of the adult population reported insufficient consumption of fruit and vegetables. This percentage is higher in men and in young people than in women. The evolution of this indicator between 2001 and 2020 shows a trend with little change for fruit. In relation to the child population, the percentage that meets the recommendations for daily consumption of fruit and vegetables is only 2.4%.

Consumption of **sugar-sweetened beverages** (understood as those containing free sugars or other calorific sweeteners added to soft drinks, sweetened waters, sports drinks, energy drinks, milk drinks, nectars and industrial fruit juices) is common among the Spanish population. It is one of the factors contributing to the current epidemic of overweight and obesity. The consumption of these drinks also increases the risk of tooth decay in children and adolescents, as well as the risk of diabetes and cardiovascular disease.

The child and adolescent population consumes 22% of dietary energy in the form of total sugars; in the case of children under 3 years of age, the percentage rises to 30%.[143] In relation to free sugars, more than 50% of the child and adolescent population exceed 10% of caloric intake from free sugars, which is the upper limit established by the WHO with a strong level of recommendation, and 90% exceed 5%, the limit of the conditional recommendation for additional health benefits.[144]

[141] Murray, C.J., Aravkin, A.Y., Zheng, P., Abbafati, C., Abbas, K.M., Abbasi-Kangevari, M., Abd-Allah, F., Abdelalim, A., Abdollahi, M., Abdollahpour, I. and Abegaz, K.H. 2020. Global burden of 87 risk factors in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*, *396*(10258), pp. 1223-1249. Available at: ttps://doi.org/10.1016/S0140-6736(20)30752-2.

[142] Sane Schepisi, M., Di Napoli, A., Asciutto, R., Vecchi, S., Mirisola, C. and Petrelli, A. 2021. The 2008 Financial Crisis and Changes in Lifestyle-Related Behaviors in Italy, Greece, Spain, and Portugal: A Systematic Review. *International journal of environmental research and public health*, *18*(16), p. 8734. Available at: https://doi.org/10.3390/ijerph18168734.

[143] Estudio ENALIA. Encuesta Nacional de consumo de Alimentos en población Infantil y Adolescentes. 2012-2014. Agencia Española de Seguridad Alimentaria y Nutrición. Available at: https://www.aesan.gob.es/AECOSAN/docs/documentos/seguridad_alimentaria/gestion_riesgos/Informe_ENALIA2014_FINAL.pdf.

[144] World Health Organisation. 2015. Guideline: Sugars intake for adults and children Summary. Geneva: World Health Organization; 11 pp. Available at: https://www.who.int/publications/i/item/9789241549028.

One third of the calories in the national household shopping basket and two thirds of the total sugar consumed come from ultra-processed foods and beverages (soft drinks, commercial juices and nectars, sweetened yoghurts, dairy desserts and chocolates, infant formula, biscuits, pastries, breakfast cereals, fast food, etc.). Consumption of healthy foods is higher in higher income households compared to lower income households, which consume more snacks, sweets, fast food or sugary drinks.[145] This demonstrates the influence of social structure on such an important determinant of health as diet. Studies show that measures such as the introduction of taxes on sugar-sweetened beverages have a positive influence on reducing consumption of sugar-sweetened beverages.[146,147]

- Unhealthy food habits are characterized by high consumption of ultra-processed drinks and foods (high in calories, sugars, salt and low-quality fats, and low in fibre and essential micronutrients) to the detriment of fruits and vegetables, pulses, nuts, whole grains, fish or yoghurt.
- Only 2.4% of the children meet the daily fruits and vegetables intake recommendations.
- Children and adolescent consume 22% of their energy intake form sugars.
- 33% of the calories in the shopping basket come from ultra-processed foods and drinks.
- Consumption of healthy foods is higher among families with higher income.

A fundamental public health issue is the availability and cost of healthy and nutritious food, as access to healthy and affordable food makes more of a difference to what people consume than the health education they can receive.[148]

Food and beverage advertising plays an important role in people's food choices and may contribute to the persistence of childhood overweight and obesity.[149] The **PAOS Code** of **co-regulation of the advertising of food and drink products to minors**, **obesity prevention and health**, developed in 2005, established a set of ethical rules guiding member companies

[145] Alto Comisionado para la lucha contra la pobreza infantil sobre Obesidad Infantil y Desigualdad de Renta. 2019. Available at: https://www.comisionadopobrezainfantil.gob.es/sites/default/files/DB 13.pdf.

[146] Royo-Bordonada, M.Á., Fernández-Escobar, C., Gil-Bellosta, C.J. and Ordaz, E. 2022. Effect of excise tax on sugar-sweetened beverages in Catalonia, Spain, three and a half years after its introduction. *International Journal of Behavioral Nutrition and Physical Activity*, *19*(1), pp. 1-11. Available at: https://doi.org/10.1186/s12966-022-01262-8.

[147] Thow, A.M., Downs, S.M., Mayes, C., Trevena, H., Waqanivalu, T. and Cawley, J. 2018. Fiscal policy to improve diets and prevent non-communicable diseases: from recommendations to action. *Bulletin of the World Health Organization*, *96*(3), p. 201. Available at: https://apps.who.int/iris/handle/10665/272234.

[148] Wilkinson, R. and Marmot, M. 2003. Los determinantes sociales de la salud. Hechos probados. Segunda edición. World Health Organization Regional Office for Europe; Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/hechosProbados.pdf.

[149] Menéndez García, R.A. and Franco Díez, F.J. 2009. Publicidad y alimentación: influencia de los anuncios gráficos en las pautas alimentarias de infancia y adolescencia. *Nutrición hospitalaria*, *24*(3), pp. 318-325. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0212-16112009000300009&lng=es.

in the development, implementation and dissemination of their food and drink advertising messages to children to prevent excessive advertising pressure on minors.[150] At present, and after having carried out the evaluation of this Code, the Ministry of Consumer Affairs has initiated the processing of a legal regulation aimed at reinforcing the protection of minors, limiting the advertising of food and beverages, in line with Directive 2018/1808 of the European Parliament and of the Council (**Audiovisual Media Services Directive**) which, among other measures, limits the advertising of processed products with high sugar, fat and salt content to minors.

School canteens perform an essential task in terms of healthy eating; however, access to the canteen can be a source of inequality between schools and inequities in nutritional and educational experiences. The AESAN is the governing body responsible for policies aimed at promoting a healthy and sustainable food supply in educational establishments, and for its official control in coordination with the competent regional authorities.

Nutrition in the elderly population is another fundamental aspect that needs to be analysed, with a special focus on people living in institutions and the elderly population with fewer economic resources.

Physical activity and sedentary lifestyles

Physical activity is essential for health and well-being. The benefits of physical activity are shown at all ages and include physical, mental and social health benefits. Scientific evidence consistently shows that daily physical activity improves health and is associated with reduced risk of cardiovascular disease, high blood pressure, type 2 diabetes mellitus, osteoporosis, various cancers (such as colon and breast cancer, among others), anxiety and depression. It also helps to reduce weight gain and improve adiposity-related parameters, to maintain a healthy locomotor system and to prevent frailty, disability and dependence; in short, it contributes to active and healthy ageing.

The WHO[151] recommends at least 150-300 minutes of moderate aerobic activity per week for adults, and an average of 60 minutes of moderate aerobic physical activity per day for children and adolescents. Any amount of physical activity is better than none, and all physical activity counts and can be integrated into work, sports and recreational activities, commuting (walking or cycling), as well as daily and household chores.

[150] Agencia española de seguridad alimentaria y nutrición (AESAN). 2020. Publicidad de alimentos y bebidas dirigida a menores. CÓDIGO PAOS de corregulación de la publicidad de alimentos y bebidas dirigida a menores, prevención de la obesidad y salud. Available at: https://www.aesan.gob.es/AECOSAN/web/nutricion/seccion/marketing_y_publicidad_dirigida_a_menores.htm#:~:text=The C%Código PAOS establishes an excessive advertising pressure on them.

[151] World Health Organisation. 2020. *WHO guidelines on physical activity and sedentary habits: at a glance*. World Health Organisation. https://apps.who.int/iris/handle/10665/337004.

In Spain, it is estimated that 35% of the population aged 15-69 years does not reach the level of physical activity recommended by the WHO in 2017.[152] Failure to meet these recommendations is higher among women and in less affluent social classes. These social and gender inequalities can be observed from childhood;[153] the percentage of boys aged 11-18 who are physically active 7 days a week is much higher than that of girls.[154]

A sedentary lifestyle can be understood as a lifestyle with a predominance of activities with very low energy expenditure, generally activities performed while seated or with little movement.[155] It is a risk factor with negative health effects regardless of physical inactivity and should therefore be addressed in parallel. Sedentary lifestyles are in turn associated with screen time. Physical activity is essential to intersperse active breaks and reduce the time of sedentary behaviour. In Spain, according to data from the European Health Survey 2020, 36% of the population reported a sedentary lifestyle. Sedentary lifestyles are higher in women, in the population over 65 years of age, and among those with lower levels of education.[156]

The percentage of children under 15 who spend one hour or more daily in front of a screen is 74% on weekdays and 83% on weekends. This percentage is higher in boys than in girls and increases progressively with age.[157] Although screen activity per se is not necessarily associated with health risks, it is considered a sedentary activity. It should also be taken into account that screen time can affect other healthy habits, such as a decrease in sleep (a factor associated with childhood obesity) or the consumption of unhealthy foods (tendency to eat high-energy products in front of the screen).[158]

[152] Ministerio de Sanidad, Consumo y Bienestar social. 2018. Encuesta Nacional de Salud ENSE, España 2017, serie informes monográficos: 2. Actividad física, descanso y ocio. Ministry of Health, Consumer Affairs and Social Welfare. Available at: https://www.sanidad.gob.es/va/estadEstudios/estadisticas/encuestaNacional/encuestaNac2017/ACTIVIDAD_FISICA.pdf.

[153] Gonzalo-Almorox, E. and Urbanos-Garrido, R.M. 2016. Decomposing socio-economic inequalities in leisure-time physical inactivity: the case of Spanish children. *International journal for equity in health*, *15*(1), pp. 1-10. Available at: https://doi.org/10.1186/s12939-016-0394-9.

[154] Moreno, C., Ramos, P., Rivera, F., Sánchez-Queija, I., Jiménez-Iglesias, A., García-Moya, I., Moreno-Maldonado, C., Paniagua, C., Villafuerte-Díaz, A., Ciria-Barreiro, E. and Morgan, A. 2018. Adolescence in Spain: health, well-being, family, academic and social life. *Results of the HBSC study*.

[155] Crespo-Salgado, J.J., Delgado-Martín, J.L., Blanco-Iglesias, O. and Aldecoa-Landesa, S. 2015. Guía básica de detección del sedentarismo y recomendaciones de actividad física en atención primaria. *Atención primaria*, *47*(3), pp. 175-183. Available at: https://doi.org/10.1016/j.aprim.2014.09.004.

[156] Instituto Nacional de Estadística y Ministerio de Sanidad. Ejercicio físico regular y sedentarismo en el tiempo libre. Available at: https://www.ine.es/ss/Satellite?param1=PYSDetalleFichaIndicador&c=INESeccion_C&param3=1259937499084&p=1254735110672&pagename=ProductosYServicios%2FPYSLayout&cid=1259944495973&L=0#:~:text=Respecto%20al%20sedentarismo%2C%20a%20nivel,sedentaria%20en%20su%20tiempo%20libre.

[157] Ministerio de Sanidad, Consumo y Bienestar social. 2018. Encuesta Nacional de Salud ENSE, España 2017, serie informes monográficos: 2. Actividad física, descanso y ocio. Available at: https://www.sanidad.gob.es/va/estadEstudios/estadisticas/encuestaNacional/encuestaNac2017/ACTIVIDAD_FISICA.pdf.

[158] Cartaya-Hueso, À., Lidón-Moyano, C., Martín-Sánchez, J.C., González-Marrón, A., Matilla-Santander, N., Miró, Q. and Martínez-Sánchez, J.M. 2021. Association of screen time and sleep duration among Spanish 1-14 years old children. *Paediatric and Perinatal Epidemiology*, *35*(1), pp. 120-129. Available at: https://doi.org/10.1111/ppe.12695.

As with other factors, both physical inactivity and sedentary lifestyles show significant inequalities according to sex, gender, age and socio-economic conditions. In turn, they are also influenced by the environment in which they live, determining choices about physical activity or active mobility, such as walking and cycling. The WHO European Region has established **THE PEP** *(The Transport, Health and Environment Pan-European Programme*) which promotes active mobility and other actions.[159] In Spain, cycling is being promoted as a form of active mobility and also as a form of habitability, health, environment, equity, sociability, among other benefits. Specifically, the Ministry of Transport, Mobility and Urban Agenda has published the **National Cycling Strategy**.[160]

Use of tobacco, alcohol, other drugs and non-substance addictions

In 2019-2020, the drugs with the highest prevalence of use in the Spanish population aged 15-64 were alcohol, tobacco and hypnosedatives, with and without prescription, followed by cannabis and cocaine. The age of onset of use remains stable. The substances whose use starts at the earliest age are tobacco and alcohol, followed by cannabis.[161]

According to the WHO, **smoking** is the main preventable public health problem in high-income countries, and is the leading cause of avoidable mortality and morbidity in Spain and the rest of the countries around us.[162] Tobacco use is a risk factor for six of the eight leading causes of death in the world, and is the factor that causes the most disability-adjusted years of life lost in Spain.[163] Tobacco smoking causes cancer of the lung, larynx, kidney, bladder, stomach, colon, oral cavity and oesophagus, as well as leukaemia, chronic bronchitis, chronic obstructive pulmonary disease, ischaemic heart disease, heart attack, miscarriage and premature birth, birth defects and infertility, among other diseases.[164] For lung cancer, tobacco is the main risk factor: 80-90% of lung cancer deaths in developed countries are attributed to smoking. Based on Spanish historical data from 1980 to 2013, lung cancer mortality among men has been on a

[159] United Nations Economic Commission for Europe and WHO Regional Office for Europe. Transport, Health and Environment Pan-European Programme. Available at: https://thepep.unece.org/.

[160] Ministry of Transport, Mobility and Urban Agenda. National Cycling Strategy. Available at: https://esmovilidad.mitma.es/estrategia-estatal-por-la-bicicleta.

[161] Observatorio Español de las Drogas y las Adicciones. Report 2021. Alcohol, tabaco y drogas ilegales en España. Madrid: Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas. 243 pp.

[162] World Health Organisation (WHO). Health Topics. Tobacco. Available at: https://www.who.int/health-topics/tobacco#tab=tab_1.

[163] Soriano, J.B., Rojas-Rueda, D., Alonso, J., Antó, J.M., Cardona, P.J., Fernández, E., Garcia-Basteiro, A.L., Benavides, F.G., Glenn, S.D., Krish, V. and Lazarus, J.V. 2018. La carga de enfermedad en España: resultados del Estudio de la Carga Global de las Enfermedades 2016. *Medicina clínica*, *151*(5), pp. 171-190. Available at: https://doi.org/10.1016/j.medcli.2018.05.011.

[164] Centros para el control y la prevención de enfermedades (CDC). El tabaco y el cáncer. Available at: https://www.cdc.gov/spanish/cancer/tobacco/index.htm.

downward trend since 2001, while among women it has been increasing since 1997.[165] A study in Catalonia confirms this trend and projects that by 2025 new diagnoses in men will continue to decline, but not in women.[166]

According to the 2021 Report Alcohol, tobacco and illegal drugs in Spain, 32% of the population aged 15 to 64 have used tobacco on a daily basis, and smoking begins in adolescence,[167] with the average age at which consumption begins 14 years old.[168] Data among young people are worrying; 16% of 15-year-olds reported having smoked at least one cigarette in the last month.[169] In addition, almost half of students aged 14-18 (48.4%) have used e-cigarettes at some point.[170]

In recent decades, tobacco use seems to have become more concentrated among the more disadvantaged social classes; this social gradient is more pronounced in the female population.[171] It is also linked to the use of other substances among young people, especially cannabis. Data indicate that the efforts of Public Administrations to reduce the use of this substance should be intensified.

In addition to consumption, exposure to tobacco smoke continues to be associated with a significant burden of disease and mortality, with children and pregnant women particularly at risk. The number of deaths attributable to environmental smoke in Spain in 2011 amounted to 1,028.[172,173]

165 Martín-Sánchez, J.C., Clèries, R., Lidón-Moyano, C., González-de Paz, L. and Martínez-Sánchez, J.M. 2016. Differences between men and women in time trends in lung cancer mortality in Spain (1980-2013). *Archives of Bronchopneumology*, *52*(6), pp. 316-320. Available at: http://www.archbronconeumol.org/en-differences-between-men-women-in-articulo-S1579212916300234.

166 Guarga, L., Ameijide, A., Marcos-Gragera, R., Carulla, M., Delgadillo, J., Borràs, J.M. and Galceran, J. 2021. Trends in lung cancer incidence by age, sex and histology from 2012 to 2025 in Catalonia (Spain). *Scientific reports*, *11*(1), pp. 1-8. Available at: https://www.nature.com/articles/s41598-021-02582-8.

167 Observatorio Español de las Drogas y las Adicciones. Report 2021. Alcohol, tabaco y drogas ilegales en España. Madrid: Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas. 243 pp.

168 Ministerio de Sanidad. ESTUDES 2021 encuesta sobre uso de drogas en enseñanzas secundarias en España (ESTUDES), 1994-2021. Available at: https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/ESTUDES_2021_Informe_de_Resultados.pdf.

169 OECD. 2021., Health at a Glance 2021: OECD Indicators, OECD Publishing, Paris, https://doi.org/10.1787/ae3016b9-en.

170 Ministerio de Sanidad. 2022. Informe sobre los cigarrillos electrónicos: Situación actual, evidencia disponible y regulación. Available at: https://www.sanidad.gob.es/ciudadanos/proteccionSalud/tabaco/docs/InformeCigarrilloselectronicos.pdf.

171 Costa-Font, J., Hernández-Quevedo, C. and Jiménez-Rubio, D. 2014. Income inequalities in unhealthy life styles in England and Spain. *Economics & Human Biology*, *13*, pp. 66-75. Available at: https://doi.org/10.1016/j.ehb.2013.03.003.

172 Public Health Commission of the Interterritorial Council of the NHS. Líneas de actuación 2019-20 en el ámbito de la prevención y control del tabaquismo. Comisión de Salud Pública Approved on 9 May 2019. Ministerio de Sanidad. Available at: https://www.sanidad.gob.es/en/ciudadanos/proteccionSalud/tabaco/docs/Acuerdo_Lineas_actuacion_tabaquismo.pdf.

173 López, M.J., Pérez-Ríos, M., Schiaffino, A. and Fernández, E. 2016. Mortality attributable to second-hand smoke exposure in Spain (2011). *Nicotine & Tobacco Research*, *18*(5), pp. 1307-1310. Available at: https://doi.org/10.1093/ntr/ntv130.

International action on tobacco includes the **WHO Framework Convention on Tobacco Control,**[174] the first international public health treaty and a model for countries seeking to reduce tobacco supply and demand. In Spain, **Law 28/2005, December 26th, on health measures against smoking and regulating the sale, supply, consumption and advertising of tobacco products**, and **Law 42/2010, December 30th, amending Law 28/2005, December 26th, on health measures against smoking and regulating the sale, supply, consumption and advertising of tobacco products,** have been passed. In addition, various awareness-raising campaigns have been carried out.

Alcohol is the most widely consumed psychoactive substance in Spain and with the lowest risk perception despite the fact that it has a significant impact on people's health, and is related to more than 200 health problems, injuries and premature deaths (between 2010-2017, 15,489 deaths occurred annually in Spain, 74% in men).[175] It is associated with short, medium and long-term consequences in all biopsychosocial spheres of people, and can cause harm to third parties (road accidents, interpersonal violence or foetal damage if consumed during pregnancy), as well as negative consequences for society and the economy. It is the recognised cause of various pathologies (hepatic, digestive, oncological, neurological), without there being a safe limit of consumption below which it can be said that there is no risk; it has an impact on the mental health and socio-familial environment of the consumer, even posing a risk of injury to third parties. The average age of initiation of consumption is 14 years for both sexes.[176] In 2019, 77% of those aged 15-64 consumed alcohol (Figure 13). In 2020, daily alcohol consumption was 20% in men and 6% in women, similar to recent years.[177] Per capita alcohol consumption in Spain, in litres per year, is slightly higher than the average for the Organisation for Economic Co-operation and Development (OECD) countries as a whole.[178] The frequency of monthly heavy episodic drinking (also, *binge drinking* or *heavy episodic drinking*) stands at 15% of the population, with men consuming twice as much as women.[179] The frequency of this type of use is more frequent in younger age groups. 28% of students aged 14-18 have engaged in *binge drinking* in the last 30 days.[180] As with tobacco, there is a social gradient for alcohol consumption, in this case, it is the more economically advantaged social classes that

[174] Pan American Health Organization. The WHO Framework Convention on Tobacco Control-PAHO/WHO.

[175] Ministerio de sanidad. Prevención del consumo de alcohol. Available at: https://www.sanidad.gob.es/en/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/home.htm.

[176] ESTUDES 2021. Encuesta Sobre Uso de Drogas en Enseñanzas Secundarias en España. 1994-2021. Madrid: Observatorio Español de las Drogas y las Adicciones. Ministerio de Sanidad. Available at: http://www.pnsd.mscbs.gob.es/profesionales/sistemasInformacion/home.htm.

[177] Instituto Nacional de Estadística y Ministerio de Sanidad. Encuesta Europea de Salud en España (EESE) 2020. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/EncuestaEuropea/EncuestaEuropea2020/EESE2020_inf_evol_princip_result.pdf.

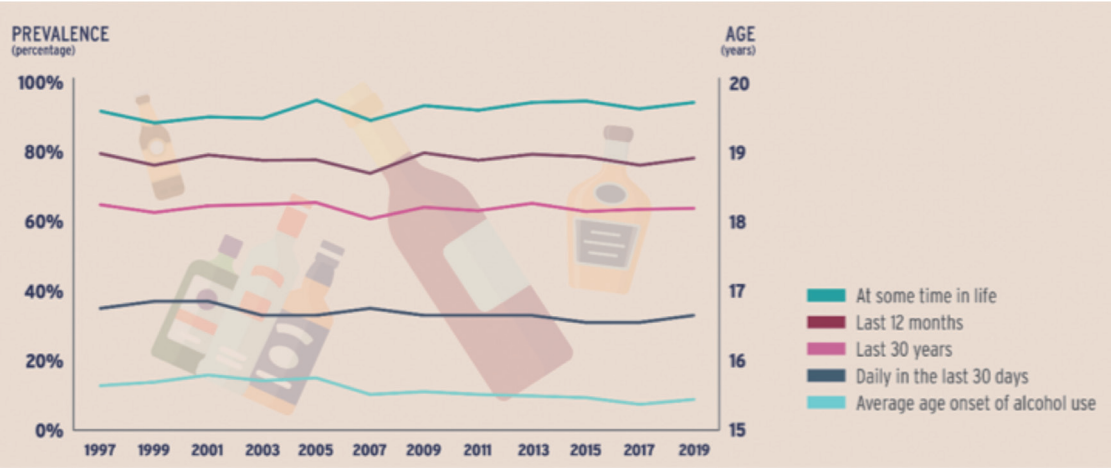
[178] OECD. 2022. Alcohol consumption (indicator). Available at: https://doi.org/10.1787/e6895909-en.

[179] Observatorio Español de las Drogas y las Adicciones. Informe 2021. Alcohol, tabaco y drogas ilegales en España. Madrid: Ministry of Health. Delegación del Gobierno para el Plan Nacional sobre Drogas. 243 pp.

[180] Observatorio Español de las Drogas y las Adicciones. Encuesta sobre uso de drogas en enseñanzas secundarias en España (ESTUDES) 1994-2021. Ministerio de Sanidad. Available at: ESTUDES 2021 Informe de Resultados definitivo https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/ESTUDES_2021_Informe_de_Resultados.pdf.

consume it the most, with this gradient being more accentuated among women. However, although overall higher alcohol consumption is associated with higher income, at the same level of consumption, harm is higher among people with a lower socio-economic status, probably because the social context determines different exposures and vulnerabilities in the environment.[181,182]

Figure 13. Trends in the prevalence of alcoholic beverages consumption and average age at which people start to drink alcoholic beverages in population aged 15-64 years (%). Spain, 1997-2019/2020



Source: Authors' own, from: Monografía Alcohol 2021. Consumo y consecuencias.

Scientific evidence supports that there is no safe level of alcohol consumption and that not consuming is the only way to avoid its harmful effects.[183,184,185,186] Therefore, if it is to be consumed, the less the better. In addition, as with tobacco, alcohol-related harm has a strong inequity component, as it affects women and those in more disadvantaged socio-economic positions more intensely. The Ministry of Health has produced a document aimed at political decision-makers, regarding the most cost-effective alcohol policy actions and their effects on public health (**Alcohol Consumption**: **Protecting health as a priority - Prevention and**

[181] Ministerio de Sanidad. 2020. Límites de Consumo de Bajo Riesgo de Alcohol. Actualización del riesgo relacionado con los niveles de consumo de alcohol, el patrón de consumo y el tipo de bebida. Madrid.

[182] Ministerio de sanidad. 2020. Consumo de alcohol y equidad. Como abordarlo en la consulta. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/docs/ConsumoAlcohol_Equidad.pdf.

[183] European Code Against Cancer. WHO International *Agency Res. Cancer*. Available at: https://cancer-code-europe.iarc.fr/index.php/en/.

[184] Burton, R. and Sheron, N. 2018. No level of alcohol consumption improves health. *The Lancet*, *392*(10152), pp. 987-988. Available at: https://linkinghub.elsevier.com/retrieve/pii/S014067361831571X.

[185] Scoccianti, C., Cecchini, M., Anderson, A.S., Berrino, F., Boutron-Ruault, M.C., Espina, C., Key, T.J., Leitzmann, M., Norat, T., Powers, H. and Wiseman, M. 2016. European Code against Cancer 4th Edition: Alcohol drinking and cancer. *Cancer epidemiology*, *45*, pp. 181-188. Available at: https://doi.org/10.1016/j.canep.2016.09.011.

[186] A healthy lifestyle. WHO Reg. Off. Eur. Available at: http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle.

harm reduction - Information for policy makers: what can Public Administrations do?),[187] and the Public Health Commission has drawn up another one on lines of action in the field of alcohol prevention (**Lines of action in the area of prevention of alcohol consumption - Public Health Consumption 13 April 2021**),[188] which is a roadmap for the coming years.

Currently, there is no comprehensive law for the prevention of alcohol-related harm. Similarly, there is room for improvement in the control of the advertising, sponsorship and promotion of alcoholic beverages, especially aimed at the protection of minors, and in the regulations on the labelling of alcoholic beverages, through which the option of making recommendations, providing information and warning the population of the harm related to alcohol consumption is made possible, as recommended by the WHO.[189] On the other hand, there are WHO initiatives to reduce alcohol consumption (**SAFER initiative**[190] and the **Global Alcohol Action Plan 2022-2030**[191]) and an implementation framework is being developed to reduce alcohol consumption in the WHO European Region.[192]

Illegal drug use is associated with definite risks and problems that keep drug users away from a healthy lifestyle. It is essential to reduce their use, to delay the age of onset and the transition from sporadic to problematic use, to provide care responses to the problems that may arise, and to include the provision of harm reduction strategies for those who persist in consumption.

Special interest should be paid to substances such as **cannabis**, whose presence has progressively and notably increased in the indicators of problems associated with the use of psychoactive substances (emergencies, admissions to treatment, etc.), while changes in its legal status in different countries around the world and its possible effectiveness in the treatment of some specific pathologies require the scientific community and Public Administrations to make an effort to duly transfer the best and most up-to-date evidence

187 Ministerio de Sanidad. Consumo de alcohol: Proteger la salud como prioridad. Prevención y reducción de los daños. Información para decisores políticos: ¿Qué pueden hacer las administraciones públicas? 28 pp. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/docs/ConsumoAlcohol_DecisoresPoliticos.pdf.

188 Ministerio de Sanidad. 2021. Grupo de Trabajo de Prevención del Consumo de Alcohol. Líneas de actuación en el ámbito de la prevención del consumo de alcohol. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/docs/Lineasactuacion_PrevencionConsumoAlcohol.pdf.

189 WHO Regional Office for Europe. 2017. Alcohol labelling-A discussion document on policy options. Geneva: World Health Organization; 20 pp. Available at: https://www.euro.who.int/__data/assets/pdf_file/0006/343806/WH07_Alcohol_Labelling_full_v3.pdf.

190 World Health Organization. SAFER-alcohol control initiative. Available at: https://www.who.int/initiatives/SAFER.

191 World Health Organisation. 2021. Global Alcohol Action Plan 2022-2030 to strengthen the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol. Geneva: World Health Organization; 41 pp. Available at: https://cdn.who.int/media/docs/default-source/alcohol/alcohol-action-plan/first-draft/global-alcohol-action_plan_first_draft_es.pdf?sfvrsn=59817c21_5.

192 World Health Organization. 2022. Draft 13th March 2022. Framework to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol (EAPA), 2022-2025. Available at: https://euro.sharefile.com/share/view/s016814c45a324333b249b7c22e84d991.

available. The prevalence of lifetime cannabis use has been on an upward trend since 1995. 38% of the population aged 15-64 have used cannabis at some time, 11% in the last year, 8% in the last month and 3% on a daily basis. The highest rates of consumption are among men under 25 years of age.

Powder **cocaine** use shows an upward trend starting in 2001. 11% of the population aged 15-64 have used cocaine at some point, 3% in the last year and 1% in the last 30 days.[193] These data are particularly worrying given the potential educational, social and health consequences associated with drug use.

Monitoring and intervention capacity should also be maintained for **other illegal drugs** (opioids, methamphetamine, new psychoactive substances, etc.) which, although less prevalent or used almost exclusively in very specific groups, can have a high impact on the health of the users.

As regards **hypnosedatives with and without prescription**, according to the 2021 report, 23% of the population aged 15-64 have used them at some point, 12% have used them in the last year, 9% in the last month and 6% daily in the last month. With regard to the use of **opioid analgesics** with or without prescription, 15% of the Spanish population aged 15-64 years admit to having used them at some point in time. Both the use of hypnosedatives and opioid analgesics is more prevalent among women than men and increases in both groups with age.[194]

In relation to **non-substance addictions**, there are apparently harmless behavioural habits that can become addictive and seriously interfere with the daily lives of those affected.[195] The key aspect of behavioural addiction is not the type of behaviour involved, but the form of relationship that is established with it. The essence of the disorder is that the addicted person loses control over the chosen activity and continues with it despite the adverse consequences. Analysis of the results of the EDADES and ESTUDES surveys from 2014 confirms that gambling, internet use and video games, which are widespread in our society, are on the rise. In 2019-2020, 64% of the population aged 15-64 have gambled with money in the last year. This type of gambling is higher in men than in women, and among the younger population. In addition, people with a possible problem gambling tend to have a higher prevalence of other risk behaviours such as binge drinking, alcohol and tobacco use, as well as a higher risk of suicidal behaviour.

There is growing concern about the potential **problematic use of the Internet** in relation to the increase of discriminatory, abusive or violent behaviour through new

[193] Observatorio Español de las Drogas y las Adicciones. Informe 2021. Alcohol, tabaco y drogas ilegales en España. Madrid: Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas. 243 pp.

[194] Observatorio Español de las Drogas y las Adicciones. Informe 2021. Alcohol, tabaco y drogas ilegales en España. Madrid: Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas. 243 pp.

[195] Basque Government. Department of Health. Behavioural (non-substance) addictions. Available at: https://www.euskadi.eus/informacion/adicciones-comportamentales-sin-sustancia/web01-a3adicom/es/.

technologies,[196] digital and social media, as well as the role of new technologies as facilitators of access to, or enhancers of, other addictive behaviours, especially gambling and online gambling among adolescents.

In Spain, the Government Delegation for the National Drugs Plan is the executive body of the Ministry of Health responsible for policies on drug use. It is responsible for the coordination and implementation of the National Drugs Plan and related specific strategies and plans (e.g. the **National Addiction Strategy 2017-2024**[197] and its Action Plans).

Sexual practices

Sexuality is an inherent part of people. It encompasses the physical, psychological, spiritual, social, economic, political and cultural, manifests itself throughout life, and is diverse and unique to each person. A healthy sexuality is one that is lived with pleasure and satisfaction, in a safe and responsible way, establishing rewarding, egalitarian and non-discriminatory relationships.

Sexual practices, in particular, are a promoter of health, people-to-people links and well-being; certain practices, however, can be a risk factor for health.

The percentage of the population aged 15-18 who report having had coital sex has risen from 26% in 2002 to 35% in 2018. This increase in the percentage of the adolescent population having sex is accompanied by a decrease in **condom use**, from 83% in 2002 to 75% in 2018,[198] despite its known effectiveness as a contraceptive method and in preventing the transmission of HIV and other STIs. Condom and lubricant use is also low among many groups in situation of vulnerability. Promoting the use of condoms as a method of contraception and prevention of HIV and other STIs remains a priority, especially among adolescents. An adequate policy of education and promotion of healthy and safe sexuality is important in this regard.

Chemsex, defined as the intentional use of drugs for sexual purposes over a long period of time, is a phenomenon that is gaining public health attention because, when practised intensively and continuously, it can facilitate not only the transmission of HIV and other STIs, but also lead to other problems and complications for the physical, mental and social health of those who engage in it.[199]

[196] Ballesteros, B., Pérez, S., Díaz, D. and Toledo, E. 2017. Estudio sobre acoso escolar y cyberbullying según los afectados. Madrid: Fundación Mutua Madrileña y fundación ANAR. Available at: https://www.anar.org/wp-content/uploads/2021/12/III-Estudio-sobre-acoso-escolar-y-ciberbullying-según-los-afectados-1.pdf.

[197] Ministry of Health. National Addiction Strategy 2017-2024. Available at: https://pnsd.sanidad.gob.es/pnsd/estrategiaNacional/home.htm.

[198] Moreno, C., Ramos, P., Rivera, F., Sánchez-Queija, I., Jiménez-Iglesias, A., García-Moya, A. and Leal-López, E. 2002. Resultados del estudio HBSC 2018 en España sobre Conducta Sexual. *Análisis de tendencias,* pp. 2006-2010. Available at: https://www.observatoriodelainfancia.es/ficherosoia/documentos/5904_d_HBSC2018_ConductaSexual.pdf.

[199] Secretaría del Plan Nacional sobre el Sida. Ministerio de Sanidad. 2020. Abordaje del fenómeno del chemsex. Disponible en: https://www.sanidad.gob.es/gl/ciudadanos/enfLesiones/enfTransmisibles/sida/chemSex/docs/CHEMSEX._ABORDAJE.pdf.

Environmental conditions and climate change

Four of the five leading causes of mortality in Spain are related to a greater or lesser extent to environmental risk factors (Figure 14). For example, in the case of chronic obstructive pulmonary disease, the percentage attributed to environmental causes was 36%, with data from 2019.[200]

Figure 14. Impact of the environment on health

Source: Authors' own.

The **air quality of** our cities is particularly responsible for numerous premature deaths and multiple adverse health effects in Spain; despite the fact that levels of fine particulate matter ($PM_{2,5}$) have been reduced by more than 30% between 2009 and 2018, it is estimated that there are 2,683 deaths per year in Spain attributable to air pollution.[201]

Moreover, **noise** is the second environmental health risk factor. Long-term exposure to certain noise levels is associated with non-auditory health effects such as annoyance, sleep disturbance, cardiovascular damage, stroke, metabolic disturbances and cognitive impairment in children.[202] In particular, long-term exposure to noise levels above 53 dB has been associated with an increased incidence of ischaemic heart disease. In this respect, it is estimated that more than 50% of the Spanish population living in urban areas is exposed

[200] Global Burden of Disease. 2019. Institute for Health Metrics and Evaluation. Available at: https://vizhub.healthdata.org/gbd-compare/.

[201] Ortiz, C., Linares, C., Carmona, R. and Díaz, J. 2017. Evaluation of short-term mortality attributable to particulate matter pollution in Spain. *Environmental Pollution*, *224*, pp. 541-551. Available at: https://doi.org/10.1016/j.envpol.2017.02.037.

[202] World Health Organization. 2018. Environmental Noise Guidelines for the European Region. Available at: https://www.euro.who.int/en/publications/abstracts/environmental-noise-guidelines-for-the-european-region-2018.

to noise levels above 55 dB.[203] 28% of the Spanish population considers noise from outside the homes to be annoying.[204]

In relation to **temperature**, it is estimated that in Spain all-cause mortality attributable to excessively high temperatures exceeds 1,200 deaths each year and in some years approaches or exceeds 2,000.[205] Heat therefore represents one of the environmental factors with the greatest impact on health, partly because of its proven influence on, among other things, the exacerbation of cardiovascular, respiratory and neurological diseases and premature birth. Increases in the frequency, intensity and duration of extreme heat events associated with climate change exacerbate the prevalence of these conditions. Excessively low temperatures are mostly associated with the aggravation of infectious diseases, although their effect over time is more delayed.

Another factor is **natural environmental radiation**, which can affect the population through ingestion of water or food, inhalation of radioactive gases, or simple exposure. Residential exposure to radioactive **radon** gas accounts for 4% of all lung cancer deaths nationally, reaching 7% in Galicia and Extremadura. It is the second leading risk factor for lung cancer among smokers and ex-smokers and the leading risk factor for non-smokers.[206,207]

The **management of** drinking water, bathing water, reclaimed water, waste water, etc., is of vital importance to ensure that water is of the quality necessary to reduce water-borne diseases.

Chemicals used in agricultural practices can be associated with health risks if they are not used and managed properly, or if they are applied close to homes or community environments where people carry out their usual activities. Surveillance of emerging and endocrine-disrupting chemical risks must be robustly studied and controlled to protect the population.

There are certain population groups that may be particularly influenced by environmental factors. These include children, the elderly, pregnant women, people with

[203] European Environment Agency. 2020. Environmental noise in Europe-2020. EEA Report No. 22/2019. Available at: https://www.eea.europa.eu/publications/environmental-noise-in-europe.

[204] Ministry of Health. 2019. National Health System Annual Report 2019. Highlights. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/sisInfSanSNS/tablasEstadisticas/InfAnualSNS2019/Informe_SNS_2019.pdf.

[205] Carlos III Health Institute. MoMoTemp. Available at: https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/MoMo/Paginas/MOMOcalor.aspx.

[206] Ruano-Ravina, A., Lema, L.V., Talavera, M.G., Gómez, M.G., Muñoz, S.G., Santiago-Pérez, M.I., Rey-Brandariz, J., Barros-Dios, J. and Pérez-Ríos, M. 2021. Lung cancer mortality attributable to residential radon exposure in Spain and its regions. *Environmental Research*, *199*, p. 111372. Available at: https://doi.org/10.1016/j.envres.2021.111372.

[207] Pérez Ríos, M., García Talavera, M., García Gómez, M., González Muñoz, S., Rey-Brandariz, J., Barros Dios, J.M. and Ruano Ravina, A. 2021. Mortality attributable to residential radon exposure in Spain. Madrid: Ministry of Health. Available at: https://www.mscbs.gob.es/ciudadanos/saludAmbLaboral/docs/04_Mortalidad_radon.pdf.

chronic diseases and those living in the most environmentally degraded environments (often those with the least socio-economic resources).[208]

The health effects of environmental conditions are concentrated in urbanised environments, so it is essential to work on maintaining or improving the quality of the habitat and promoting green cities in order to develop a favourable and harmonised ecosystem in which human beings can live their lives with the least damage to their health.

With the aim of promoting healthier environments that favour better levels of health for the population and reduce the risks arising from environmental factors and their conditioning factors, the **Strategic Plan for Health and the Environment (PESMA)**[209] has been approved, with a comprehensive **One Health** approach.

Climate change is recognised as the greatest threat to human, animal and environmental health in the 21st century.

The health impacts of climate change occur through multiple pathways and intermediate factors (primarily encompassed in indicators related to heat, extreme weather events, declining quality and availability of water resources, proliferation of new infectious diseases, displacement and forced migration, food security and malnutrition, among others), which profoundly alter aspects of environmental risk determinants, thus affecting health (Figure 15).

The consequence of these changes is the increase in exposure to pollutants, mainly in cities, the increase in the generation of tropospheric ozone, or the expansion of invasive species (particularly mosquitoes and ticks) that act as vectors transmitting diseases to humans and animals.[210,211,212,213] In this context, climate change is an added factor of imbalance, with the imbalance being disproportionately unequal and affecting those who have contributed the least to the problem most. The WHO, the Food and Agriculture Organisation of the United Nations (FAO) and the World Organisation for Animal Health (WOAH) promote coordination and cooperation between public health, animal health and environmental authorities in different countries, as part of the **One Health** approach.

[208] Ministerio de Sanidad. Grupos vulnerables. Available at: https://www.sanidad.gob.es/ciudadanos/saludAmbLaboral/medioAmbiente/gruposvulnerablesaire.htm#:~:text=are:,the effects of these diseases.

[209] Ministerio de Sanidad, Ministerio para la Transición Ecológica y el Reto Demográfico. 2022. Plan estratégico de salud y medioambiente 2022-2026. Madrid: Ministerio de Sanidad. 194 pp.

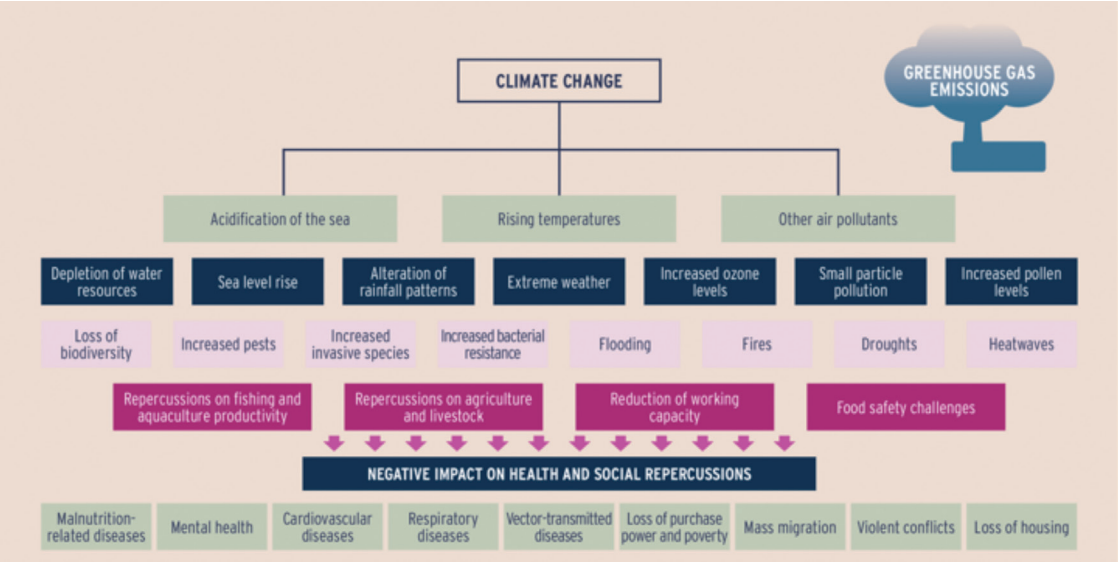
[210] Romanello, M., McGushin, A., Di Napoli, C., Drummond, P., Hughes, N., Jamart, L., Kennard, H., Lampard, P., Rodriguez, B.S., Arnell, N. and Ayeb-Karlsson, S. 2021. The 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future. *The Lancet*, *398*(10311), pp. 1619-1662. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01787-6/fulltext.

[211] Ministerio de Sanidad, Ministerio para la Transición Ecológica y el Reto Demográfico. Plan Estratégico de Salud y Medioambiente 2022-2026. Available at: https://www.sanidad.gob.es/ciudadanos/pesma/docs/241121_PESMA.pdf.

[212] Pan American Health Organization. Climate Change and Health. Available at: https://www.paho.org/en/topics/climate-change-and-health.

[213] Ministerio de Sanidad, Servicios Sociales e Igualdad. 2013. Impactos del cambio climático en la salud. Madrid; 236 pp. Available at: https://www.sanidad.gob.es/ciudadanos/saludAmbLaboral/docs/CCCompleto.pdf.

Figure 15. Climate change



Source: The 2018 report of the Lancet Countdown on health and climate change.

In the face of projected future emissions and scenarios, and the already visible consequences of climate change, it is more important than ever to establish adaptation, preparedness and resilience plans to protect the health of the world's population. In 2021, the United Nations **Climate Change Conference** (COP26)[214] took place, where 50 countries and the WHO committed to developing low-carbon, climate-resilient health systems. To help countries achieve both objectives and justify the need for them, WHO has developed its **Guidance for climate-resilient and environmentally sustainable health facilities**.[215] Spain is committed to achieving the challenge of zero emissions in the National Health System by 2050 and has developed the **National Plan for Adaptation to Climate Change 2021-2030,**[216] which devotes a section to the impacts on health and the necessary adaptation of the health system to deal with them.

[214] World Health Organization. COP26 Health Programme. Available at: https://www.who.int/initiatives/cop26-health-programme.

[215] World Health Organisation. 2021. WHO guidance for climate-resilient and environmentally sustainable health care facilities. Licence: CC BY-NC-SA 3.0 IGO.

[216] Ministerio para la Transición Ecológica y el Reto Demográfico. 2020. Plan nacional de adaptación al cambio climático 2021-2030. Madrid; 246 pp. Available at: https://www.miteco.gob.es/es/cambio-climatico/temas/impactos-vulnerabilidad-y-adaptacion/pnacc-2021-2030_tcm30-512163.pdf.

Economic, social and cultural conditions

Social class, cultural background and economic status of individuals are strong determinants of health inequalities and inequities. In this regard, in Spain the rate of the population at risk of poverty or social exclusion (AROPE rate) in 2020 was 27%,[217] the 4th highest in the EU. In 2018 this rate was 26.1%, and the percentage of the population in the lower social class was 47%[218] implying a worsening between 2018 and 2020. Child poverty in 2019 in Spain stood at 27%, behind only Romania and Bulgaria, and above the EU average of 19%.[219]

Poor **economic and social conditions** are associated with virtually all causes of death, poorer health perception and a higher prevalence of hypertension, overweight and obesity, diabetes mellitus and cardiovascular disease.[220] Differences have also been found in relation to health determinants in children and adolescents, such as quality of life, perceived health, nutrition, overweight and obesity, and oral and dental health.[221]

By population group, the **Roma community** in Spain, made up of some 650,000 people,[222] presents important health inequalities, due to both the unequal distribution of the determinants of health and the effects of discrimination in itself on their health. This is evidenced by the Roma Community Health Surveys of 2006[223] and 2014,[224] and by comparing these with the National Health Surveys. Health equity for this population is addressed through the **Strategy for Roma Equality, Inclusion and Participation 2021-2030**[225] and its respective operational plans.

Another group of public health relevance is the **immigrant population** arriving in Spain. This population, in general, is young and has a better health status, as well as lower health

[217] Eurostat. Living conditions in Europe-poverty and social exclusion. Luxembourg: Publications Office of the European Union; (Living conditions in Europe). Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Living_conditions_in_Europe_-_poverty_and_social_exclusion#Poverty_and_social_exclusion.

[218] Ministry of Health. National Health System Annual Report 2019. Highlights. Ministerio de Sanidad; Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/sisInfSanSNS/tablasEstadisticas/InfAnualSNS2019/Informe_SNS_2019.pdf.

[219] Alto comisionado contra la pobreza infantil. Datos e indicadores. Available at: https://www.comisionadopobrezainfantil.gob.es/es/datos-e-indicadores.

[220] Machón, M., Mosquera, I., Larrañaga, I., Martín, U. and Vergara, I. 2020. Desigualdades socioeconómicas en la salud de la población mayor en España. *Gaceta Sanitaria*, *34*, pp. 276-288. Available at: https://doi.org/10.1016/j.gaceta.2019.06.008.

[221] Font-Ribera, L., García-Continente, X., Davó-Blanes, M., Ariza, C., Díez, E., García Calvente, M., Maroto, G., Suárez, M. and Rajmil, L. 2014. The study of social inequalities in child and adolescent health in Spain. *Gaceta Sanitaria*, *28*, pp. 316-325. Available at: https://doi.org/10.1016/j.gaceta.2013.12.009.

[222] Fundación Secretariado Gitano. Un Pueblo sin fronteras: Available at: https://www.gitanos.org/la_comunidad_gitana/un_pueblo_sin_fronteras.html.es.

[223] Ministerio de sanidad y política social. 2009. Encuesta Nacional de Salud a Población Gitana 2006. Madrid.

[224] Ministry of Health, Social Services and Equality. 2018. National Roma Health Survey 2014. Madrid.

[225] Ministry of Health. Equidad en Salud y Comunidad Gitana. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/EquidadComunGitana.htm.

and pharmaceutical expenditure than the average non-immigrant population.[226,227,228] Over the years, this population may accumulate several social conditioning factors, economic difficulties, integration, discrimination and access to public services, which lead to greater mental health problems and poorer perceived health compared to the non-immigrant population.[229] Migrants in an irregular administrative situation may accumulate particular vulnerabilities that affect their health and well-being. The inclusion of data on people's country of origin or, alternatively, nationality in public health studies and research can improve knowledge of the health of this population group.

Finally, it is worth mentioning the people in a situation of homelessness. The **Comprehensive National Strategy for the Homeless 2015-2020** reflected the difficulty in adequately counting the homeless population, which by some estimates exceeds 30,000 people.[230]

Conditions of the educational environment

The educational environment is a fundamental setting for generating health and well-being from a biopsychosocial perspective. Education is one of the main determinants of health and is particularly important in the early stages of life where knowledge, attitudes and skills for the future are being acquired. It is a source of psychological resources and social skills that influence the adoption of healthy lifestyles; those with higher levels of education tend to have higher levels of health literacy, choose healthier behaviours, invest more in health and are more likely to be employed, which is also associated with income generation that allows investment in health and healthy behaviours, so that the cycle is perpetuated.[231]

[226] Gimeno-Feliu, L.A., Pastor-Sanz, M., Poblador-Plou, B., Calderón-Larrañaga, A., Díaz, E. and Prados-Torres, A. 2021. Overuse or underuse? Use of healthcare services among irregular migrants in a north-eastern Spanish region. *International journal for equity in health*, *20*(1), pp. 1-11. Available at: https://doi.org/10.1186/s12939-020-01373-3.

[227] Gimeno-Feliu, L.A., Calderón-Larrañaga, A., Diaz, E., Poblador-Plou, B., Macipe-Costa, R. and Prados-Torres, A. 2016. Global healthcare use by immigrants in Spain according to morbidity burden, area of origin, and length of stay. *BMC Public Health*, *16*(1), pp. 1-10. Available at: https://doi.org/10.1186/s12889-016-3127-5.

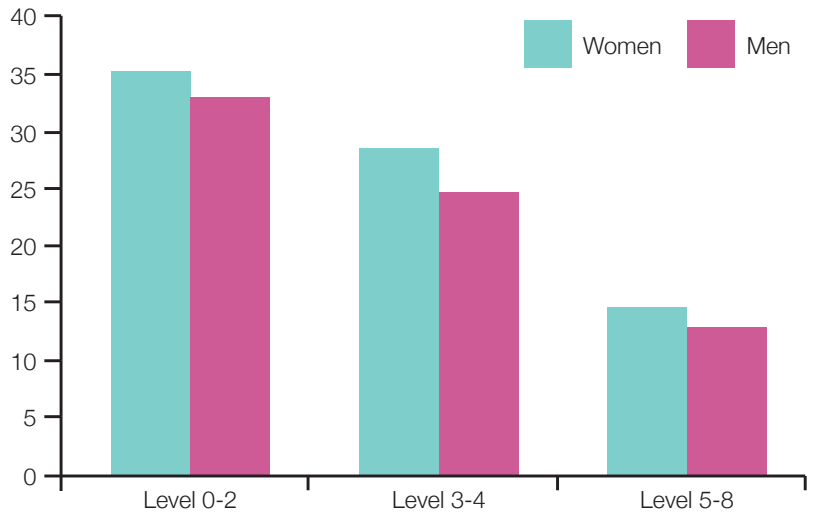
[228] Sarría-Santamera, A., Hijas-Gómez, A.I., Carmona, R. and Gimeno-Feliú, L.A. 2016. A systematic review of the use of health services by immigrants and native populations. *Public Health Reviews*, *37*(1), pp. 1-29. Available at: https://doi.org/10.1186/s40985-016-0042-3.

[229] Malmusi, D. and Ortiz-Barreda, G. 2014. Health inequalities in immigrant populations in Spain: a scoping review. *Revista Española de Salud Pública*, *88*(6), pp. 687-701. Available at: https://doi.org/10.4321/s1135-57272014000600003.

[230] Ministry of Health, Social Services and Equality. 2015. Comprehensive National Homelessness Strategy 2015-2020. Available at: https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Personas-sin-hogar/docs/EstrategiaPSH20152020.pdf.

[231] Albert, C. and Davia, M.A. 2011. Education is a key determinant of health in Europe: a comparative analysis of 11 countries. *Health promotion international*, *26*(2), pp. 163-170. Available at: https://doi.org/10.1093/heapro/daq059.

Figure 16. At-risk-of-poverty and/or social exclusion rate by level of education Spain 2020



Source: https://www.ine.es.

Education is also one of the most powerful tools for building an equitable and healthy society that is informed, proactive and aware in its decision-making. Therefore, health literacy and the acquisition of life skills should be an integral part of school-based education and leisure education. Children who grow up in healthy environments achieve better educational outcomes and reach adulthood in a healthier way. The health behaviours of school-aged adolescents and their context are being studied in the framework of the WHO collaborative study *Health Behaviour in School-aged Children* (HBSC).[232]

Educational level correlates with the risk of social exclusion (Figure 16). Since 2011, the percentage of young people completing secondary education has risen. Nevertheless, early school leavers (young people aged 18-24 with at most a compulsory secondary education qualification) stood at 13.3% in 2021,[233] and the percentage of the population aged 25-64 with basic education or less is 35%, higher than in the EU-27.[234]

Bullying is another important public health issue; according to a 2016 *Save the Children* study, 9% of students consider that they have experienced traditional bullying in the last two months, 7% consider themselves to be victims of cyberbullying, 5% recognise having

[232] Ministerio de Sanidad. Estudio HBSC. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/promocion/saludJovenes/estudioHBSC/home.htm.

[233] EDUCAbase. Ministerio de Educación y Formación Profesional y Ministerio de Universidades. Explotación de las Variables Educativas de la Encuesta de Población Activa/Transición de la Formación al Trabajo. Abandono Temprano. 2. Abandono temprano de la educación-formación en la U.E. por país, sexo y periodo. Available at: http://estadisticas.mecd.gob.es/EducaJaxiPx/Datos.htm?path=/laborales/epa/aban//l0/&file=aban_1_02.px&type=pcaxis.

[234] National Statistics Institute (INE). Women and Men in Spain. Available at: https://www.ine.es/ss/Satellite?param1=PYSDetalleGratuitas&param2=1259926360363&c=INEPublicacion_C&p=1254735110672&param4=-Mostrar&pagename=ProductosYServicios%2FPYSLayout&cid=1259924822888&L=1.

bullied someone and 3% recognise being responsible for cyberbullying. Both the person who bullies and the person bullied show low self-esteem; students who report having bullied show less cognitive and affective empathy, less assertiveness and lower conflict resolution skills. It is essential to reinforce emotional education and the acquisition of social skills and values of coexistence.[235]

The educational environment (including the university) offers a unique opportunity to promote health and safety, prevent and correct social inequalities in childhood and adolescence. The **Health Promoting Schools** and the **Spanish Network of Health Promoting Universities (REUPS)** are a support to carry out all these actions.[236,237]

Local environmental conditions

The local environment is the environment closest to citizens, where people live, work, study, enjoy their leisure time and socialise. It is a determinant that influences living conditions and the level of health and well-being; it can be a generator of health or another factor that contributes to the excess risk of morbidity and mortality.[238]

The work of **Local Administrations and Entities** is particularly important because they are the first stepping-stone for citizens and the environment. Working together with the **Spanish Federation of Municipalities and Provinces (FEMP)** through the **Spanish Network of Healthy Cities**, which is part of the WHO **European Network of Healthy Cities**,[239] and the local implementation of the Strategy for Health Promotion and Prevention in the National Health System[240] are essential for building a healthy local environment and promoting health and quality of life.

The Ministry of Health and the FEMP have been collaborating for years to strengthen the Spanish Network of Healthy Cities and the local implementation of the Strategy for

[235] Sastre, A. 2016. Yo a eso no juego. *Bullying* y *ciberbullying* en la infancia. Madrid: Save the Children; 132 pp. Available at: https://www.savethechildren.es/sites/default/files/imce/docs/yo_a_eso_no_juego.pdf.

[236] Acuerdo entre el Ministerio de Educación y Formación Profesional y el Ministerio de Sanidad para la educación y promoción de la salud en la escuela. 2019. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/promocion/saludJovenes/docs/Acuerdo_MSAN_MEyFP_PromocionSaludEscuela.pdf.

[237] Red española de universidades promotoras de la salud. La Universidad como entorno promotor de salud. Available at: https://www.unisaludables.es/es/.

[238] Grupo MEDEA3. Atlas de Mortalidad del Proyecto MEDEA3 (MEDEAPP). Available at: https://medea3.shinyapps.io/medeapp/.

[239] Ministerio de Sanidad, Consumo y Bienestar Social, FEMP, RECS. Fase VII de la Red Europea de Ciudades Saludables de la OMS (2019-2024). Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/ImplementacionLocal/RedEuropeaCiudadesSaludables_Fase_VII.pdf.

[240] Ministerio de Sanidad, Servicios Sociales e Igualdad. 2013. Estrategia de Promoción de la Salud y Prevención en el Sistema Nacional de Salud. Madrid. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/EstrategiaPromocionSaludyPrevencionSNS.pdf.

Health Promotion and Prevention in the National Health System.[241] Also as part of this Strategy, the application **Localiza salud**-Map of Health Resources is available, showing resources and activities that contribute to health and wellbeing in the municipalities participating in the Strategy.[242]

Community health is also promoted through advocacy, training, intersectoral work and participation, working in coordination with the CC. AA., local authorities, associations and platforms, such as the **Community Health Alliance**, and producing reference documents such as the guides **Community Action for Health**[243] and **Participate for Health.**[244] The figure of **community mediation** is important as a way of promoting equity in health by eliminating barriers such as language, access to information and/or the correct exercise of people's rights.

In this regard, it is necessary to work in collaboration with the Local Authorities, the third sector, the education sector and other professionals in direct intervention, who are aware of the situation of the most vulnerable people and have the capacity to inform, guide and refer these groups to the appropriate resources.

Around 80% of the Spanish population lives in urban areas. More than 35% of the population declares unclean streets as the main problem in the housing environment, 26% report a shortage of green areas around their homes, while concerns about air pollution from nearby industry, or other causes, are of concern to less than 15% of the population.[245,246] It is in the larger cities where social and spatial segregation phenomena are concentrated, and where the cost of living is higher, which are aspects that determine the growing inequalities in health.[247,248]

[241] Resolución de 20 de mayo de 2021, de la Secretaría de Estado de Sanidad, por la que se publica el Convenio con la Federación Española de Municipios y Provincias, para la potenciación de la Red Española de Ciudades Saludables y la implementación local de la Estrategia de Promoción de la Salud y Prevención. https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-8997.

[242] Ministerio de Sanidad. Localiza salud. Mapa de recursos para la salud. Available at: https://localizasalud.sanidad.gob.es/maparecursos/main/ResourcesSearch.action.

[243] Ministerio de Sanidad. Guía "Acción comunitaria para ganar salud". Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/Accion_Comunitaria_Ganar_Salud.htm.

[244] Ministry of Health. Community Participation Guide. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/Participacion_Comunitaria.htm.

[245] Instituto Nacional de Estadística (INE). Mujeres y Hombres en España. Available at: https://www.ine.es/ss/Satellite?L=es_ES&c=INEPublicacion_C&cid=1259924822888&p=1254735110672&pagename=ProductosYServicios/PYSLayout&param1=PYSDetalleGratuitas&param2=1259926360363&param4=Mostrar.

[246] Ministerio de Sanidad. Informe Anual del Sistema Nacional de Salud 2019. Highlights. 267 pp. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/sisInfSanSNS/tablasEstadisticas/InfAnualSNS2019/Informe_SNS_2019.pdf.

[247] Forte de Campos, V., Moral Benito, E. and Quintana González, J. 2021. Un índice del coste de la vida en las ciudades españolas. *Boletín económico/Banco de España [Articles], n. 3, 2021*. Available at: https://www.bde.es/f/webbde/SES/Secciones/Publicaciones/InformesBoletinesRevistas/ArticulosAnaliticos/21/T3/Fich/be2103-art29.pdf.

[248] Franco, M., Bilal, U. and Diez-Roux, A.V., 2015. Preventing non-communicable diseases through structural changes in urban environments. *J Epidemiol Community Health*, *69*(6), pp. 509-511. Available at: https://jech.bmj.com/content/69/6/509.

If cities are well planned and managed, urbanisation can be a powerful tool for maintaining and generating health (**UN New Urban Agenda**)[249] and promoting active and healthy ageing in the place where one chooses to live.[250]

Collaboration between the urban planning, transport and mobility, environment and health sectors is essential to address the challenges posed by urbanisation, placing health and well-being at the heart of urban development and the problems we face, such as high levels of air and noise pollution, the insular effect of warming, lack of green space, problems of social cohesion and sedentary behaviour.[251,252] In Spain there are many projects dedicated to the study and improvement of urban health.[253,254,255]

The part of our territory that is fundamentally rural is becoming depopulated in favour of an exodus to the cities, which in turn is causing rural populations to age more than urban ones. People living in **rural areas** face challenges arising from depopulation and lack of certain basic and public services (health care network, schools, communication and transport networks, etc.), as well as lack of access to long-term care resources.

Working environment conditions

Work occupies a central place and influences the standard of living, status and social relations, self-esteem and personal development. In other words, it is not a neutral factor in people's lives and health, as it can act as a promoter of health, or be the cause of global social inequalities (due to unemployment or precariousness) and illness when it is carried out in inadequate conditions. Exposure to physical, chemical, biological, ergonomic and psychosocial agents in the workplace, demanding jobs, lack of control and insufficient reward for effort are risk factors for physical and mental health.[256]

[249] United Nations Conference on Housing and Sustainable Urban Development (2016; Quito, Ecuador). New Urban Agenda. 2017. 54 pp. Available at: https://www.mdsocialesa2030.gob.es/agenda2030/documentos/agenda-urbana-habitat.pdf.

[250] Ministry of Social Rights and Agenda 2030. Ciudades y comunidades amigables para las personas mayores. Available at: https://ciudadesamigables.imserso.es/ccaa_01/index.htm.

[251] Fariña, J., Higueras, E. and Román, E. 2019. Ciudad Urbanismo y Salud. Documento Técnico de criterios generales sobre parámetros de diseño urbano para alcanzar los objetivos de una ciudad saludable con especial énfasis en el envejecimiento activo. Madrid.

[252] Instituto de Salud Global de Barcelona. Planificación urbana, medio ambiente y salud. Available at: https://www.isglobal.org/urban-planning.

[253] Social and Cardiovascular Epidemiology Research Group. The heart healthy hoods project: A multifaceted approach to cardiovascular diseases in European Cities. Available at: www.hhhproject.es.

[254] Evaluating the Impact of Structural Policies on Health Inequalities and their Social Determinants and Fostering Change (SOPHIE). Available at: SOPHIE http://www.sophie-project.eu/project.htm.

[255] National Atlas of Mortality in Spain (ANDEES). Available at: http://andees.fisabio.san.gva.es/.

[256] Eurofound and EU-OSHA. 2014. Psychosocial risks in Europe: Prevalence and strategies for prevention. Publications Office of the European Union, Luxembourg.

The health impact of **inadequate working conditions** is considerable; around 560 million working days are lost annually in the EU due to work-related health problems (including accidents at work). The estimated cost of work-related injuries and illnesses is 3-4% of GDP.[257,258]

In Spain, around 14,000 men and more than 2,000 women die annually from diseases due to workplace exposures. Most of these deaths would be from cancers associated with exposure to carcinogens (about 8,700 in men and 850 in women).[259] Exposure to **asbestos** is the most frequent cause of occupational lung cancer. It is estimated that mortality rates associated with this exposure will continue to increase until the end of 2040 in Spain.[260] Recently, **Law 7/2022, April 8th, on waste and contaminated soils for a circular economy**[261] has been published, which includes a specific additional provision on facilities and sites with asbestos and provides for the publication of a census by local councils and a timetable for its removal.

Although the figures for **occupational diseases** may be underestimated due to difficulties in identification or classification, Spain has quadrupled the number of occupational diseases recognised in recent years, most of them (82%) resulting from the action of physical agents. Successful efforts have been made, both at national level and globally, to obtain reasonably plausible estimates of the burden of disease attributable to work, which confirm that the two leading causes of work-related death in the world are cancer and cardiovascular disease. Accidents are in third place, closely followed by chronic respiratory diseases.[262]

There are more than 500,000 **work accidents** and more than 500 fatal accidents every year in Spain.[263,264] More than 90% of these accidents occur in paid employment and physical

257 Comisión Europea. Plan de Acción del Pilar Europeo de Derechos Sociales. Available at: https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-action-plan_es.

258 European Commission. Employment, Social Affairs & Inclusion. Available at: https://ec.europa.eu/social/main.jsp?catId=151&langId=en.

259 Ministerio de Sanidad. Carga de cáncer atribuible al trabajo y su coste sanitario en España en 2015. Available at: https://www.sanidad.gob.es/ciudadanos/saludAmbLaboral/saludLaboral/docs/Estudio_cancer_laboral.pdf.

260 López-Abente, G., García-Gómez, M., Menéndez-Navarro, A., Fernández-Navarro, P., Ramis, R., García-Pérez, J., Cervantes, M., Ferreras, E., Jiménez-Muñoz, M. and Pastor-Barriuso, R. 2013. Pleural cancer mortality in Spain: time-trends and updating of predictions up to 2020. *BMC cancer*, *13*(1), pp. 1-8. Available at: https://doi.org/10.1186/1471-2407-13-528.

261 Law 7/2022 of 8 April on waste and contaminated soils for a circular economy. Available at: https://www.boe.es/eli/es/l/2022/04/08/7/con.

262 Global Burden of Disease. 2019. Institute for Health Metrics and Evaluation. Available at: https://vizhub.healthdata.org/gbd-compare/.

263 Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), O.A., M.P. 2021. Informe anual de accidentes de trabajo en España 2020. Madrid: Ministerio de Trabajo y Economía social. Available at: https://www.insst.es/documents/94886/602559/Informe+annual+of+work+accidents+in+Spain+2020.pdf.

264 Subdirección General de Estadística y Análisis Sociolaboral. Estadística de accidentes de trabajo. Año 2020. Madrid: Vicepresidencia Segunda del Gobierno y Ministerio de Trabajo y Economía social. Available at: https://www.mites.gob.es/estadisticas/eat/eat20/Resumen_resultados_ATR_2020.pdf.

overexertion is the main cause. Psychosocial risk factors also increase the incidence of occupational injuries. On the other hand, work-related musculoskeletal disorders are the main cause of disability and loss of quality years of life in Spain; they cause 15 million days of sick leave and an approximate cost of 1.7 billion euros per year.[265] Part of this accident rate is preventable with occupational risk prevention policies.

The latest National Surveys of Working Conditions[266], conducted before the SARS-CoV-2 pandemic, reflect a deterioration of the working environment, expressed as follows:

- 75% percent of women and 50% of men report low incomes. By age, 75% of those under 35 earn low wages.
- 37% of working people consider that their work negatively affects their health (the most affected population are men, older age, in construction and healthcare jobs).
- 30% of working people report that stress at work affects them "always or almost always", more frequent in women, older people and in the healthcare sector.
- Almost one third of workers indicate that in the last year they have missed a day of work due to sick leave or health reasons, with a higher percentage for women, and those working in the education and health sectors. 41% of these people say that they have worked while ill in the last 12 months.

Finally, the SARS-CoV-2 pandemic has promoted the modality of **remote work,**[267] evidencing the social and public health benefits it has, reducing traffic, air pollution and commuting time.[268] At the same time, possible negative aspects have been identified that need to be taken into account when organising this mode of working (continuous connectivity, lack of social interaction, risk of ergonomic problems due to sedentary lifestyles associated with screen time).

As well regional and local actions for health protection and promotion, there is the **Spanish Strategy for Health and Safety at Work 2022-2027**, soon to be approved, the **Comprehensive Health Surveillance Program for workers exposed to asbestos** (PIVISTEA), or the **Spanish Network of Healthy Companies**,[269] inspired by the **European Network for Health Promotion at Work**.[270]

[265] Grupo de Trabajo "Trastornos Musculoesqueléticos". Comisión nacional de seguridad y salud en el trabajo. Plan de acción para la reducción de los trastornos musculoesqueléticos en el medio laboral. Objetivo 3A.3 de la EESST 2015-2020. Instituto Nacional de Seguridad y Salud en el Trabajo (INSST); 66 pp. Available at: https://www.insst.es/documents/94886/626291/-%09Plan+de+acci%C3%B3n+para+la+prevenci%C3%B3n+de+trastornos+musculoesquel%C3%A9ticos/d65becde-81e3-45ba-b284-47e70a843b94.

[266] National Institute for Health and Safety at Work (INSST). Ministry of Labour and Social Economy. National Surveys on Working Conditions and Preventive Management. Available at: https://www.insst.es/el-observatorio/encuestas/encuestas-nacionales-de-condiciones-de-trabajo-y-gestion-preventiva.

[267] The European Commission's science and knowledge service Joint Research Centre. Science for Policy Brief: Telework in the EU before and after the COVID-19: where we were, where we head to. Available at: https://joint-research-centre.ec.europa.eu/system/files/2021-06/jrc120945_policy_brief_-_covid_and_telework_final.pdf.

[268] World Health Organization and International Labour Organization. 2021. Healthy and safe telework technical brief. Geneva. Available at: https://www.who.int/publications/i/item/9789240040977.

[269] Spanish Network of Healthy Companies. Available at: https://www.insst.es/red-espanola-de-empresas-saludables.

[270] European Network for Workplace Health Promotion. Available at: https://www.enwhp.org/.

Health System Conditions-National Health System

The Spanish National Health System is universal and free of charge, being the guarantor of health care for all people and aims, among other aspects, to ensure that **access to** health **services** is provided under conditions of effective equality and with an integral concept of health, regardless of where the person resides and the situations or conditions surrounding them. Part of the public health services are provided in the field of healthcare, which, due to the characteristics of universality and free of charge, reach practically the entire population.

The density of professionals in the National Health System per 1,000 inhabitants is mostly concentrated in hospitals:[271]

a) For medicine: 0.8 in Primary Care Teams, 1.8 in hospitals, and 0.1 in Emergency Services 112/061; more than 50% are women.
b) For nurses: 0.7 in Primary Care Teams, 3.2 in hospitals, and 0.07 in Emergency Services 112/061; more than 70% are women.
c) For other professionals: another 317,578 professionals work in the National Health System, which means a density of 6.8, 85% of them in hospitals.

There are considerable differences between the CC. AA.

Although the accessibility of the National Health System shows very high percentages, people's assessment of this accessibility, in terms of unmet health care needs, varies according to gender, age, income level, level of education, nationality, degree of urbanisation and CC. AA.[272].

Spain has a **common lifelong vaccination schedule** agreed by the CISNS, included in the common portfolio of benefits of the National Health System and applicable throughout Spain from 2019.[273] It remains under continuous evaluation and open to modifications of incorporation, replacement of vaccines and changes of schedule, following a specific methodology.[274] At present, systematic vaccination is well established in Spain among the paediatric population, with high vaccination coverage (although there are suboptimal coverage values in certain specific groups). However, there is a need to improve adolescent and adult vaccination indicators, as well as to improve programme evaluation mechanisms,

[271] Ministerio de Sanidad. Número de profesionales de la medicina que trabajan en el Sistema Nacional de Salud (SNS) en Atención Primaria, Atención Hospitalaria, Servicios de urgencias y emergencias (112/061) y Especialistas en formación según comunidad autónoma. Available at: https://www.sanidad.gob.es/estadEstudios/sanidadDatos/tablas/tabla13.htm.

[272] National Statistics Institute (INE). 3.2.1. Healthcare needs not satisfied. Available at: https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259944487867&p=1254735110672&pagename=ProductosYServicios/PYSLayout&param1=PYSDetalleFichaIndicador&param3=1259947308577.

[273] Ministerio de Sanidad. Calendario común de vacunación a lo largo de toda la vida. Calendario recomendado año 2022. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/calendario-y-coberturas/docs/CalendarioVacunacion_Todalavida.pdf.

[274] Grupo de Trabajo Criterios 2011, de la Ponencia de Programa y Registro de Vacunaciones. 2011. Criterios de evaluación para fundamentar modificaciones en el Programa de Vacunación en España. Comisión de Salud Pública del Consejo Interterritorial del Sistema Nacional de Salud. Ministerio de Sanidad, Política Social e Igualdad.

including the collection of quality data and rapid analysis, and the strengthening of advisory support for decision-making. In addition, mechanisms should be strengthened to facilitate the purchase of vaccines for the child and adult population and the stock of vaccines when appropriate. Some CC. AA. have added vaccines to this common schedule, which could lead to situations of inequity related to the geographical area of residence.

The administration of COVID-19 vaccines has an integrated information system, **REGVACU,**[275] that has provided an excellent experience in terms of registration, management and evaluation of the COVID-19 vaccination programme.[276,277,278] At present, there is no registration system equivalent to REGVACU for the rest of the vaccines within the National Health System, which would be positive for managing and evaluating vaccination campaigns and avoiding inequalities between territories.

Population screening programmes are activities included in the common portfolio of services of the National Health System. They are aimed at early detection of the disease, early diagnosis and early treatment, and are actively offered to the whole population susceptible to the disease. Currently, the screening programme for breast cancer, colorectal cancer and cervical cancer, and the neonatal screening programme for endocrine-metabolic diseases are underway. Coverage is very high and is increasing over the years. There are some differences between territories that should be addressed to avoid health inequities related to geographical area of residence.

A new order is currently being processed to **update the common portfolio of services of the National Health System**, which incorporates four diseases into the neonatal screening programme for endocrine-metabolic diseases, while the neonatal screening programme for hearing loss and the prenatal screening programmes for chromosomal anomalies and infectious diseases are being finalised within the common portfolio of public health services.

Patient safety is an important dimension of quality of care that has gained special interest since the last century when several epidemiological studies showed the large

[275] Boletín Oficial del Estado (BOE). Resolución de 4 de junio de 2021, de la Secretaría de Estado de Sanidad, por la que se publica el Acuerdo del Consejo Interterritorial del Sistema Nacional de Salud sobre la declaración de actuaciones coordinadas frente a la COVID-19. Available at: https://www.boe.es/buscar/pdf/2021/BOE-A-2021-9351-consolidado.pdf.

[276] Grupo de Trabajo de Efectividad Vacunación COVID-19. Análisis de la efectividad de la vacunación frente a COVID-19 en España. 17 December 2021. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/Efectividad_VacunacionCOVID-19_Espana_3Informe.pdf.

[277] Grupo de Trabajo de Efectividad Vacunación COVID-19. Análisis de la efectividad y el impacto de la vacunación frente a COVID-19 en residentes de centros de mayores en España. 25 April 2021. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/covid19/docs/Efectividad_Residentes_Centros_Mayores_Informe.pdf.

[278] Expósito Singh, D., Olmedo Lucerón, C., Limia Sánchez, A., Guzmán Merino, M. and Carretero, J. 2022. Estimación del impacto de la vacunación frente a la COVID-19 en la población infantil de 5-11 años. *Revista Española de Salud Pública*, *96*(1), pp. e1-e9. Available at: https://www.sanidad.gob.es/biblioPublic/publicaciones/recursos_propios/resp/revista_cdrom/VOL96/C_ESPECIALES/RS96C_202202021.pdf.

negative health impact associated with healthcare.[279,280,281] These harms are of particular public health relevance because they are largely preventable, and in terms of morbidity, in Spain, Europe and globally, they lead to increased hospital stays, increased antimicrobial resistance, additional costs for both the patient and the health system, long-term disability and, eventually, death. These aspects are addressed in the **Patient Safety Strategy of the National Health System**.[282]

Within patient safety, **health care-associated infections** (HAI) are relevant. In Spain, according to data from the EPINE study in 2019, 7% of patients admitted to hospital had at least one HAI.[283] It has been known since the 1970s that more than 20% of HAIs are preventable and controllable through the implementation of infection control and hygiene programmes.[284] In Spain, multiple **programmes** have been implemented **to reduce HAIs**; hand hygiene programmes,[285] programmes for the surgical environment,[286] and programmes for critically ill patients.[287]

Antimicrobial resistance is another issue of global public health concern due to its high negative impacts on human and animal health, food safety and the sustainable development of the agricultural sector. Antimicrobials used in human and animal health belong to the same families and share similar mechanisms of action, which increases the risks of transmission of resistant bacteria between humans and animals through the food chain or by other routes of contact (faeces, direct contact, etc.). Multidrug-resistant bacteria cause 33,000 deaths per year in Europe and generate an additional health expenditure of about 1.5 billion euros.[288] The burden of disease due to antibiotic resistant bacterial

279 Donaldson, M.S., Corrigan, J.M. and Kohn, L.T. eds. 2000. To err is human: building a safer health system. Available at: https://www.ncbi.nlm.nih.gov/books/NBK225182/.

280 De Vries, E.N., Ramrattan, M.A., Smorenburg, S.M., Gouma, D.J. and Boermeester, M.A. 2008. The incidence and nature of in-hospital adverse events: a systematic review. *BMJ Quality & Safety*, *17*(3), pp. 216-223. Available at: http://dx.doi.org/10.1136/qshc.2007.023622.

281 Lark, M.E., Kirkpatrick, K. and Chung, K.C. 2018. Patient safety movement: history and future directions. *The Journal of hand surgery*, *43*(2), pp. 174-178. Available at: https://doi.org/10.1016/j.jhsa.2017.11.006.

282 Ministry of Health, Social Services and Equality. 2016. Estrategia de Seguridad del Paciente del Sistema Nacional de Salud Período 2015-2020. Available at: https://seguridaddelpaciente.es/resources/documentos/2015/Estrategia Seguridad del Paciente 2015-2020.pdf?cdnv=2.

283 ESTUDIO EPINE-EPPS no 30: 2019. Prevalencia de infecciones (relacionadas con la asistencia sanitaria y comunitarias) y uso de antimicrobianos en hospitales de agudos. Sociedad española de medicina preventiva, salud pública e higiene; 91 pp. Available at: https://epine.es/api/documento-publico/2019 EPINE Informe España 27112019.pdf/reports-esp.

284 Hughes, J.M. 1988. Study on the efficacy of nosocomial infection control (SENIC Project): results and implications for the future. *Chemotherapy*, *34*(6), pp. 553-561. Available at: https://doi.org/10.1159/000238624.

285 Ministry of Health. Hand Hygiene Programme. Available at: https://seguridaddelpaciente.es/es/practicas-seguras/programa-higiene-manos/.

286 Ministerio de Sanidad. Programa de seguridad en el bloque quirúrgico. Available at: https://seguridaddelpaciente.es/es/practicas-seguras/programa-de-seguridad-en-el-bloque-quirurgico/.

287 Ministry of Health. Critical Patient Safety Programme. Available at: https://seguridaddelpaciente.es/es/practicas-seguras/seguridad-pacientes-criticos/.

288 Plan Nacional frente a la Resistencia a los Antibióticos (PRAN). Sobre la resistencia. Available at: https://resistenciaantibioticos.es/es/sumate-al-pran#que-es-la-resistencia.

infections in the European population is comparable to that of influenza, tuberculosis and HIV/AIDS combined.[289]

Multidrug-resistant bacteria have experienced an increase in recent years *(*methicillin-resistant *Staphylococcus aureus*–MRSA, vancomycin-resistant enterococci–VRE, and highly resistant Gram-negative bacilli, as examples), which may be related to the inappropriate use of antibiotics[290,291,292] and represent a major therapeutic challenge in the field of communicable diseases. Primary care accounts for 80-90% of all human antibiotic prescriptions, mainly for respiratory tract infections.[293] Work is currently underway to address this problem in an intersectoral and interdisciplinary manner through the **National Antibiotic Resistance Plan**[294] with a **One Health** approach.

Preventive **oral health** care is included for the most part in the common portfolio of services of the National Health System and is free of charge; however, coverage can be improved as there is a social gradient, both in access to preventive consultations and in oral health indicators, with inequalities maintained throughout the life cycle.[295,296] Oral health care that is not of a preventive nature is not included in this common portfolio of services and is therefore eminently private. Its high cost is a major challenge for families across Spain.[297] The use of oral health care services is also lower than recommended in Europe.[298] The aforementioned order updating the common portfolio of services of the National Health System includes the extension of the portfolio of oral health care services with the aim of standardising oral health care services throughout Spain,

[289] European antibiotic awareness day. Key messages: Health burden of antibiotic resistance. Available at: https://antibiotic.ecdc.europa.eu/en/get-informed/key-messages/health-burden-antibiotic-resistance.

[290] European antibiotic awareness day. Key messages for hospital prescribers. Available at: https://antibiotic.ecdc.europa.eu/en/get-informed/key-messages/health-burden-antibiotic-resistance.

[291] European Centre for Disease Prevention and Control. Antimicrobial Resistance in the EU/EEA. A One Health response. Available at: https://www.ecdc.europa.eu/en/publications-data/antimicrobial-resistance-eueea-one-Health-response.

[292] Ministry of Health, Social Services and Equality, Spanish Agency for Medicines and Health Products. 2018. JIACRA Spain Report. First integrated analysis of antibiotic consumption and its relationship to the emergence of resistance. Madrid.

[293] European antibiotic awareness day. Key messages for primary care prescribers. Available at: https://antibiotic.ecdc.europa.eu/en/get-informed/key-messages/primary-care-prescribers.

[294] Plan Nacional frente a la Resistencia a los Antibióticos (PRAN). Available at: https://www.resistenciaantibioticos.es/es.

[295] Pinilla, J., Negrín-Hernández, M.A. and Abásolo, I., 2015. Time trends in socio-economic inequalities in the lack of access to dental services among children in Spain 1987-2011. *International journal for equity in health*, *14*(1), pp. 1-9. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4316659/.

[296] Urbanos-Garrido, R.M., 2020. Income-related inequalities in unmet dental care needs in Spain: traces left by the Great Recession. *International journal for equity in health*, *19*(1), pp. 1-13. Available at: https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01317-x.

[297] Urbanos-Garrido, R., Peña-Longobardo, L., Comendeiro-Maaløe, M., Oliva, J., Ridao-López, M., Bernal-Delgado, E. 2021. Can people afford to pay for healthcare? New evidence on financial protection in Spain. Copenhagen: WHO Regional Office for Europe.

[298] Moreno Fuentes, F.J., Rodríguez Cabrero, G., Blanco, M., Cruz Martínez, G., Díez, J., Franco, M., et al. UNICEF. 2021. Bases for the European Child Guarantee Action Plan in Spain. Available at: link: https://www.unicef.org/eca/reports/deep-dive-european-child-guarantee-spain.

guaranteeing equal access regardless of place of residence. The preventive approaches will also be progressively expanded, prioritising the following groups: children and young people, pregnant women, persons with disabilities and those diagnosed with cervicofacial oncological processes.

Visual health, like oral health, is influenced by axes of inequality (age, sex, gender, socio-economic, educational, territorial, etc.).[299] Preventive eye health care, through visual acuity measurement and eye fundus assessment, is included in the portfolio of common primary care services. The correction of diffraction errors is not included, and the costs are borne by individuals and families.[300,301]

Health care for persons deprived of liberty is an issue of public health relevance. With regard to prison health, it is worth highlighting some of the issues discussed at the ***Health in the criminal justice system annual conference***, held in Copenhagen in 2016. As noted there, the health of persons deprived of liberty is the responsibility of states and must be protected and promoted through adequate integration of their systems into public health structures. The main issues to address in relation to health in these institutions remains mental health, communicable diseases (mainly hepatitis, tuberculosis and HIV infection and other STIs) and substance abuse.[302] The **2020 General Report on Prisons** addresses these issues, and shows that, relative to the general population, persons deprived of liberty have higher prevalence of the diseases described above.[303] This population comes mainly from groups in situation of vulnerability; in many cases, prison constitutes the first access to a regulated health system, which allows the detection and treatment of the pathologies described above, contributing to the improvement of community public health.

The **SARS-CoV-2 pandemic** has had a direct and indirect impact on health, the health system and society as a whole. In Spain, more than 13 million confirmed cases of COVID-19 and more than 110,000 deaths have been reported.[304] The elderly have been the most

[299] Observatorio de la Infancia y Adolescencia de Andalucía. 2021. Radiografía de la pobreza visual infantil en España. Madrid: Junta de Andalucía; 43 pp. Available at: https://www.observatoriodelainfancia.es/oia/esp/documentos_ficha.aspx?id=7675&vengoDe=busqueda_resultado.

[300] Real Decreto 1030/2006, de 15 de septiembre, por el que se establece la cartera de servicios comunes del Sistema Nacional de Salud y el procedimiento para su actualización. Available at: https://www.boe.es/eli/es/rd/2006/09/15/1030/con.

[301] Latorre-Arteaga, S., Fernández-Sáez, J. and Gil-González, D. 2018. Inequities in visual health and health services use in a rural region in Spain. *Gaceta Sanitaria*, *32*(5), pp. 439-446. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-91112018000500007&lng=es. Epub 07-Dic-2020. https://dx.doi.org/10.1016/j.gaceta.2017.03.009.

[302] Ministerio del Interior. Encuesta sobre salud y consumo de drogas en internados en instituciones penitenciarias. Available at: https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2016ESDIP.pdf.

[303] General Secretariat of Penitentiary Institutions. General report. 2020. Ministry of the Interior. Available at: http://www.interior.gob.es/documents/642317/1202140/Informe_general_IIPP_2020_12615039X/ce569139-2f09-4ef0-8a32-5d04d98ea499.

[304] Centro de Coordinación de Alertas y Emergencias Sanitarias. Actualización nº 618. Enfermedad por el coronavirus (COVID-19). 22.07.2022. Ministry of Health; Available at: https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actualizacion_618_COVID-19.pdf.

affected, with the majority of serious cases requiring hospital or ICU admission, and the highest mortality.[305,306,307,308] Residential care homes for the elderly suffered particularly from the impact of the pandemic.[309] This has highlighted the need to strengthen coordination between health and social services, which is already reflected in Law 16/2003, May 28th, on the cohesion and quality of the National Health System, and Law 39/2006, December 14th, on the Promotion of Personal Autonomy and Care for Dependent Persons.

Other studies have found an unequivocal relationship between socio-economic conditions of the population and COVID-19 incidence and mortality rates.[310,311,312] These circumstances, together with the repercussions in all areas of life, have had an impact on the mental health of the general population[313,314,315,316] and the healthcare

[305] Centro de Coordinación de Alertas y Emergencias Sanitarias. Update No. 598. 2022. Enfermedad por el coronavirus (COVID-19). 13.05.2022. Ministry of Health. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actualizacion_598_COVID-19.pdf.

[306] National Statistics Institute (INE). Weekly deaths, cumulative and absolute difference of cumulative by sex and age. Total, national and autonomous communities. 2019-2022. Available at: https://www.ine.es/jaxiT3/Datos.htm?t=35179.

[307] Ministry of Social Rights and Agenda 2030. Report of the COVID-19 working group and residences. Available at: https://www.imserso.es/InterPresent2/groups/imserso/documents/binario/gtcovid_residencias_vf.pdf.

[308] COVID-19 team. RENAVE. CNE. CNM (ISCIII). Status of COVID-19 in Spain as at 30 March 2022. Available at: https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Documents/INFORMES/Informes COVID-19/INFORMES COVID-19 2022/Informe nº 124 Situación de COVID-19 en España a 30 de marzo de 2022.pdf.

[309] Ministry of Social Rights and Agenda 2030. Report of the COVID-19 working group and residences. Available at: https://www.imserso.es/InterPresent2/groups/imserso/documents/binario/gtcovid_residencias_vf.pdf.

[310] Observatori de desigualtats en salut., Observatori del Sistema de Salut de Catalunya, Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS). 2020. Desigualtats socioeconòmiques en el nombre de casos i la mortalitat per COVID-19 a Catalunya. Direcció General de Planificació en Salut del Departament de Salut. Available at: https://aquas.gencat.cat/web/.content/minisite/aquas/publicacions/2020/desigualtats_socioeconomiques_covid19_aquas2020.pdf.

[311] Amengual Moreno, M., Calafat Caules, M., Carot, A., Rosa Correia, A.R., Río Bergé, C., Rovira Plujà, J., Valenzuela Pascual, C. and Ventura Gabarró, C. 2020. Determinantes sociales de la incidencia de la COVID-19 en Barcelona: un estudio ecológico preliminar usando datos públicos. *Rev Esp Salud Publica. 2020 Sep 16; 94: e202009101*. Available at: https://www.mscbs.gob.es/biblioPublic/publicaciones/recursos_propios/resp/revista_cdrom/VOL94/ORIGINALES/RS94C_202009101.pdf.

[312] Ordovás, J.M., Esteban, M., García-Retamero, R., González López Valcárcel, B., Gordaliza, A., Inzitari, M., Jordano, P., Lecuona, I.D., Lechuga, L.M., López de Mántaras, R. and Molero, J. 2021. Informe del GTM sobre Desigualdades y COVID-19. Available at: https://digital.csic.es/handle/10261/239476.

[313] Centro de Investigaciones Sociológicas (CIS). 2021. Efectos y Consecuencias del Coronavirus (V). Avance De Resultados. Madrid: Centro de Investigaciones Sociológicas; 30 pp. Available at: http://datos.cis.es/pdf/Es3336marMT_A.pdf.

[314] Cátedra extraordinaria UCM-Grupo 5 Contra el estigma (Universidad Complutense de Madrid y Grupo 5). 2021. Conviviendo un año con la COVID-19: estudio longitudinal del impacto psicológico de la COVID-19 en la población española (PSI-COVID-19): Universidad Complutense de Madrid; 37 pp. Available at: https://centredocumentacioap.diba.cat/cgi-bin/koha/opac-retrieve-file.pl?id=32b66b722e0a1eb91d0b77a1ec770c11.

[315] OECD Policy Responses to Coronavirus (COVID-19). 2021. Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response. Organisation for Economic Co-operation and Development (OECD). Available at: https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/.

[316] Balluerka Lasa, M.N., Gómez Benito, J., Hidalgo Montesinos, M.D., Gorostiaga Manterola, M.A., Espada Sánchez, J.P., Padilla García, J.L. and Santed Germán, M.Á., 2020. Las consecuencias psicológicas de la COVID-19 y el confinamiento. Informe de investigación. Available at: The psychological consequences of COVID-19 and confinement https://www.universidades.gob.es/stfls/MICINN/Universidades/Ficheros/Consecuencias_psicologicasCOVID19.pdf.

population.[317] The impact of the pandemic on health and health services has also been assessed from a gender perspective.[318] Other effects to be taken into account are those that may occur in the medium and long term, including persistent COVID.

To these health effects that SARS-CoV-2 itself has produced in the population, we must add the indirect effect on the care of "non-COVID-19" pathologies in the health services at times of maximum healthcare occupation; there has been an increase in the average waiting time for care in primary care consultations and for non-urgent programmed surgery.[319,320]

Primary care is the backbone of the Spanish healthcare system and strengthening it is one of the most important challenges the country is facing in the coming years. The **Strategic Framework for Primary and Community Care**[321] and the action plans arising therefrom[322] are the basic documents for carrying out this reform, which aims to achieve greater prevention and early diagnosis of the disease, improved disease control, years lived with quality of life and well-being, reduction of social and territorial inequalities and improvement in the efficiency and sustainability of the health system.

In recent years, a person-centred approach to care has gained importance, and patient organisations have taken on an increasing role as agents of change and modernisation, helping to ensure that their perspectives are taken into account.[323] It is essential to encourage local and community participation, people's autonomy in relation to decisions about their health, and actions to promote **"active patient" programmes**.[324]

317 García-Iglesias, J.J., Gómez-Salgado, J., Martín-Pereira, J., Fagundo-Rivera, J., Ayuso-Murillo, D., Martínez-Riera, J.R. and Ruiz Frutos, C., 2020. Impact of SARS-CoV-2 (COVID-19) on the mental health of healthcare professionals: a systematic review. Available at: https://www.sanidad.gob.es/biblioPublic/publicaciones/recursos_propios/resp/revista_cdrom/VOL94/REVISIONES/RS94C_202007088.pdf.

318 Women's Health Observatory. Health and Gender Report 2022.

319 Ministerio de Sanidad. Informe Anual del Sistema Nacional de Salud 2020-2021. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/sisInfSanSNS/tablasEstadisticas/InfAnualSNS2020_21/INFORME_ANUAL_2020_21.pdf.

320 Ministry of Health. Informe Anual del Sistema Nacional de Salud 2020-2021. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/docs/LISTAS_PUBLICACION_dic21.pdf.

321 Ministerio de Sanidad, Consumo y Bienestar social. Marco Estratégico para la Atención Primaria y Comunitaria. 2019. Available at: https://www.sanidad.gob.es/profesionales/proyectosActividades/docs/Marco_Estrategico_APS_25Abril_2019.pdf.

322 Consejo Interterritorial del Sistema Nacional de Salud. 2021. Plan de Acción de Atención Primaria y Comunitaria 2022-2023. Marco Estratégico de Atención Primaria y Comunitaria. Ministerio de Sanidad. Available at: https://www.sanidad.gob.es/profesionales/excelencia/docs/Plan_de_Accion_de_Atencion_Primaria.pdf.

323 European Patients Forum (EPF). Available at: https://www.eu-patient.eu/.

324 Red de Escuelas de Salud. Aprender a cuidarse entre iguales. Available at: https://www.redescuelassalud.es/actividades/aprenderACuidarse.htm.

Globalisation

The social, economic, cultural and political processes of the last 50 years have been marked by a growing global connectedness and interdependence that transcends physical or geographical limitations, resulting in growing cross-border dynamics whereby events in one place can have far-reaching repercussions beyond the control mechanisms of a single state. Economies, movements of people, the spread of information, infectious diseases or conflicts are examples of these dynamics.

Perhaps the most representative phenomenon of globalisation (or its genesis) is **international trade**. This phenomenon, which started 200 years ago, has seen the volume of international exports increase by up to 40 times compared to 1913, especially since the end of the Second World War. In 2010, the value of these exports was $26 trillion. [325]

Travellers are as unique as their itineraries; they span all age ranges and concerns and have varied health conditions. This situation means that health risks are very heterogeneous and are accentuated in areas where there are deficiencies in the quality of hygiene and sanitation, housing, medical services, or public safety. Accidents remain the most common cause of morbidity and mortality in this population. The importance of protecting health during travel, as well as safeguarding the health of communities upon return, cannot be overemphasised. [326]

In 2020, there were 1.466 billion trips for tourism in the world.[327] In the same year, the UN counted as many as 82 million **forcibly displaced** people (refugees) in the world, double the number of 20 years ago.[328] This globalisation of mobility has had important impacts on health and the distribution of major diseases and risk factors.[329,330.]

At the same time, in the last decade, the world has experienced **outbreaks of infectious diseases with the risk of spreading to other countries** that have required an international response on an unprecedented scale, such as influenza, Ebola, the Zika virus epidemic, Crimean-Congo haemorrhagic fever, Chikungunya virus, Nile fever virus or dengue fever,

[325] Ortiz-Ospina, E. and Beltekian, D. Trade and Globalization. Available at: https://ourworldindata.org/trade-and-globalization#.

[326] Centers for Disease Control and Prevention. 2019. Brunette GW, editors. CDC yellow book 2020: health information for international travel. New York, NY: Oxford University Press; 687pp.

[327] Statista. Evolución del número de llegadas de turistas internacionales en el mundo entre 1995 y 2020. Available at: https://es.statista.com/estadisticas/633153/numero-de-llegadas-de-turistas-internacionales-en-el-mundo/.

[328] United Nations High Commissioner for Refugees (UNHCR). Figures at a Glance. Available at: https://www.unhcr.org/figures-at-a-glance.html.

[329] MacPherson, D.W., Gushulak, B.D., Baine, W.B., Bala, S., Gubbins, P.O., Holtom, P. and Segarra-Newnham, M. 2009. Population mobility, globalisation, and antimicrobial drug resistance. *Emerging infectious diseases*, *15*(11), p. 1727. Available at: https://doi.org/10.3201%2Feid1511.090419.

[330] Findlater, A. and Bogoch, I.I. 2018. Human mobility and the global spread of infectious diseases: a focus on air travel. *Trends in parasitology*, *34*(9), pp. 772-783. Available at: https://doi.org/10.1016/j.pt.2018.07.004.

many of them transmitted by vectors in environments far from their original habitat.[331] The SARS-CoV-2 pandemic has once again shown that infectious agents do not understand administrative or political borders or territorial demarcations within nations.

In this regard, WHO, FAO and WOAH have jointly developed a **Tripartite Guide to Addressing Zoonotic Diseases in Countries,**[332] with the aim of engaging all relevant sectors in the response to zoonotic diseases in a **One Health** multisectoral collaborative approach, both in strategic planning and in zoonotic emergency preparedness.

The **International Health Regulations (IHR 2005)**[333] indicate that Member States must ensure responsive public health capabilities at designated airports, ports and land crossings so as to achieve "maximum security with minimum hindrance" for international traffic of persons and goods.[334] The health crises of recent decades have highlighted the need to strengthen this Regulation by implementing and supporting the development of core capacities and enforcement at the local level to ensure early detection of alerts and a coordinated and timely response.

The **United Nations International Strategy for Disaster Reduction**[335] defines preparedness as "the knowledge and capacities developed by governments, professional response and recovery organisations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or actual hazard events or conditions". Preparedness and response to health risks and emergencies should be based primarily on:

- Ensure a rapid, timely and coordinated response to threats posing a public health alert risk at national and international levels by strengthening early warning and response capacities.
- Local reinforcement of core capacities required by the International Health Regulations (IHR 2005), as well as at points of entry in the event of a Public Health Emergency of International Concern (PHEIC).
- Strengthening the healthcare system with the aim of optimising emergency health care and avoiding the collapse of non-emergency health services.

331 Hotez, P.J. 2016. Southern Europe's coming plagues: vector-borne neglected tropical diseases. *PLOS Neglected Tropical Diseases*, *10*(6), p.e0004243. Available at: https://dx.plos.org/10.1371/journal.pntd.0004243.

332 World Health Organisation (WHO), Food and Agriculture Organisation (FAO) and World Organisation for Animal Health (WOAH). 2019. Adoption of the multisectoral "One Health" approach-Tripartite guidance for addressing zoonotic diseases in countries. Available at: https://www.oie.int/fileadmin/Home/esp/Media_Center/docs/pdf/PortailOH/ES_TripartiteZoonosesGuide_webversion.pdf?msclkid=db56c949c32011ec89b0d0cce6575d81.

333 World Health Organisation. 2021. Marco de gestión del riesgo de emergencias y desastres de salud. Geneva: World Health Organisation. Available at: https://apps.who.int/iris/handle/10665/348823.

334 Core capacities prescribed in the IHR plan for follow-up: questionnaire to monitor progress on core capacities required by the IHR in states parties. Available at: Core capacities prescribed in the IHR plan for follow-up: questionnaire for monitoring progress on core capacities required by the IHR in states parties https://apps.who.int/iris/handle/10665/255758.

335 World Health Organization (WHO) Regional office for Europe. Preparedness. Available at: https://www.euro.who.int/en/health-topics/health-emergencies/from-disaster-preparedness-and-response/policy/preparedness.

- The promotion of collaboration at all levels, and the integration of all sectors of government and society in all activities foreseen in the different preparedness and response plans.
- Includes an evaluation section in all preparedness and response plans that are developed. The **European Centre for Disease Prevention and Control** (ECDC) and the WHO recommend implementing both *after-action review* and *in-action review* capabilities to improve a response action even while it is ongoing.

Health diplomacy has become of increasing interest as a tool for health promotion and protection in the international environment. This is stated in the Opinion of the Commission for Social and Economic Reconstruction of Spain, approved by the Congress of Deputies, in point 22 of the section on Health and Public Health.[336]

State of Public Health

Public Health structures

Following the approval of the Spanish Constitution of 1978 and with Law 14/1986, April 25th, General Health, the principles and substantive criteria were established to progressively configure the **Spanish National Health System** (understood as the set of health services of the CC. AA., suitably coordinated), at the same time as the transfer of competencies in health matters to the different CC. AA. took place. The **Regional Health Departments (Consejerías de Sanidad**) were constituted as the maximum managing bodies in health matters, a process that culminated at the end of 2001, with the General State Administration maintaining the management of health care in the Autonomous Cities of Ceuta and Melilla through the **National Institute of Health Management (INGESA)**.

This transfer process has been completed with a stable financing model, through the approval of Law 22/2009 of 18 December 2009, which regulates the financing system of the Autonomous Communities under the common system and Cities with a Statute of Autonomy and amends certain tax regulations.

The **organisation of public health** in the autonomous regions is heterogeneous;[337] on some occasions, public health has been integrated into the Regional Health Departments, usually within the General Directorate of Public Health, and on other occasions, certain

[336] Dictamen. Comisión para la reconstrucción social y económica. Available at: https://www.congreso.es/docu/comisiones/reconstruccion/153_1_Dictamen.pdf.

[337] Lobato-Pajares, M.T. and Villalbí, J.R. 2019. Los servicios de salud pública: una lectura de los informes disponibles. *Gaceta Sanitaria*, *33*, pp. 293-295. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-91112019000300293&lng=es. Epub 25-Nov-2019. https://dx.doi.org/10.1016/j.gaceta.2018.08.005.

public health services are provided from other autonomous administrative structures other than those of health.[338,339,340]

Both the State and the CC. AA. and the other competent Public Administrations organise and develop all health actions within an integral conception of the health system.

The **Ministry of Health** is currently responsible for regulating the bases, coordination and general cohesion of healthcare in Spain, to ensure that common health care services are applied throughout the country, to guarantee the coherence of the actions of the different Public Administrations in health matters, and to avoid contradictions and dysfunctions, so that the population has the same rights regardless of where they live. It is also responsible for foreign health, international health relations and agreements, legislation and evaluation of chemical substances, and pharmaceutical policy. In matters of public health, and without prejudice to the competences of the CC. AA., it shall issue provisions and have powers to act, through the competent bodies in each case, in public or private activities to protect the health of the population. It is also responsible for general reporting on public health and healthcare.

The **AESAN**[341] is the Autonomous Body that integrates and carries out, within the competence framework of the General State Administration, the functions related to food safety and healthy eating.

The **National Institute for Health and Safety at Work** (INSST)[342] is the technical scientific body for the analysis and study of health and safety conditions at work, as well as the promotion and support for their improvement, and a reference in European institutions.

In the field of research, the **Carlos III Health Institute** (ISCIII)[343] is the public research body through which research projects carried out within the National Health System are promoted and/or executed (directly through departments, centres and dependent bodies), managed and financed for the cohesive advancement of science and innovation in public health.

338 Segura, A., Villalbí, J.R., Mata, E., de la Puente, M.L.I., Ramis-Juan, O. and Tresserras, R. 1999. Las estructuras de salud pública en España: un panorama cambiante. *Gaceta Sanitaria*, *13*(3), pp. 218-225. Available at: https://linkinghub.elsevier.com/retrieve/pii/S0213911199713531.

339 Ministerio de Sanidad, Consumo y Bienestar Social. 2008. La protección de la salud en España. Available at: https://www.sanidad.gob.es/organizacion/sns/docs/proteccion08.pdf.

340 de Torre, M.O., 2004. La organización de los servicios de salud pública en las Comunidades Autónomas: una aproximación global. *Revista de administración sanitaria siglo XXI*, *2*(2), pp. 195-206.

341 Agencia Española de Seguridad Alimentaria y Nutrición (AESAN). Available at: https://www.aesan.gob.es/AECOSAN/web/home/aecosan_inicio.htm.

342 National Institute for Health and Safety at Work (INSST). Available at: https://www.insst.es/.

343 Carlos III Health Institute (ISCIII). Available at: https://www.isciii.es/Paginas/Inicio.aspx.

Local Administrations (municipalities, provinces, islands, counties, metropolitan areas, and associations of municipalities), without prejudice to the competencies of other Public Administrations, are responsible for the sanitary control of the environment (atmospheric pollution, water supply and sewage treatment, urban and industrial waste), of industries, activities and services, noise and vibrations, of buildings and housing and coexistence, transport, distribution and supply of foodstuffs, beverages and other products for human use or consumption and control of cemeteries and mortuary sanitation police.[344,345] As well as these protective functions there are functions related to health promotion, in collaboration and synergy with the CC. AA. or with the General State Administration. Health promotion is integrated into public policies of proximity, with an approach of **health in all policies** and community participation. Large cities such as Madrid, Bilbao and Barcelona have explicitly defined their public health services.[346]

The **FEMP** is the Association of Local Entities at national level, which brings together Local Councils, Provincial Councils and Island Councils, and represents more than 95% of Spanish Local Governments. It was constituted in accordance with the provisions of Law 7/1985, April 2nd, Regulating the Bases of Local Regime, and was declared a Public Utility Association by Council of Ministers Agreement of 26 June 1985. The FEMP promotes and develops initiatives related to the promotion and protection of the health and well-being of citizens in accordance with the competencies of local corporations, and/or in collaboration with regional or national health authorities.[347]

344 Ley 14/1986, de 25 de abril, General de Sanidad. Available at: https://www.boe.es/eli/es/l/1986/04/25/14/con.

345 Ley 7/1985, de 2 de abril, Reguladora de las Bases del Régimen Local. Available at: https://www.boe.es/eli/es/l/1985/04/02/7/con.

346 Villalbí, J.R., Carreras, F., Martín-Moreno, J.M. and Hernández-Aguado, I. 2010. La cartera de Servicios de Salud Pública en el Sistema Nacional de Salud: la aportación de la Administración General del Estado. *Revista española de salud pública*, *84*, pp. 247-254. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1135-57272010000300003&lng=es.

347 Resolution of 20 May 2021, of the Secretary of State for Health, publishing the Agreement with the Spanish Federation of Municipalities and Provinces, for the promotion of the Spanish Network of Healthy Cities and the local implementation of the Strategy for Health Promotion and Prevention. Available at: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-8997.

The competencies in health matters with an impact on public health were established as follows:

Administration	Set of competencies
General State Administration (Ministry of Health and other ministerial departments or dependent public bodies)	• Basis and coordination of healthcare (including public health) • Foreign health • Medicines policy • Healthcare in the Autonomous Cities of Ceuta and Melilla (INGESA) • General public health and health care reporting • Chemicals policy • Food safety and nutrition policy (AESAN) • General co-ordination and promotion of health research (ISCIII) • International health agreements
Regional Administration	• Health Care Planning • Regional Public Health • Healthcare Services Management
Local Administration (without prejudice to the competencies of other public authorities)	• Health protection (public health) • Traffic and urban mobility, urban planning, urban environment • Collaboration in the management of public services • Large municipalities with public health responsibilities and functions

Apart from the public health structures mentioned so far, there is an extensive list of national, regional and local bodies (public or private) working directly or indirectly for the benefit of public health.

Article 47 of the Law 33/2011, October 4th, General Public Health provides for the creation of a **State Centre for Public Health**. In this regard, the future State Centre for Public Health will aim to provide technical and scientific advice on public health, the evaluation of interventions, the monitoring and evaluation of the **ESP 2022**, as well as the coordination of the actions developed by the national public health centres. Within its functions, it will provide the necessary support for the development of the Public Health Surveillance Network and will promote cooperation mechanisms between the healthcare and public health services of the CC. AA., creating a space for technical coordination and exchange of good practices. Finally, it will be responsible for analysis and study, evaluation of public policies and interventions, technical advice, proposal of measures to health authorities and preparation and coordination of response to emergency situations. In short, the creation of the State Centre for Public Health will consolidate a change of approach, moving from a segmented vision of the various aspects of public health to an integrated one, both functionally and institutionally, guaranteeing efficient and operational multisectoral

coordination at the different levels of Public Administration. The vision of the centre will be based on health determinants, health in all policies and the **One Health** approach.

Implementing and facilitating instruments in Public Health

The **Interterritorial Council of the National Health System (CISNS)**, according to Law 16/2003, May 28th, on the cohesion and quality of the National Health System, is the permanent body for coordination, cooperation, communication and information on health matters between the General State Administration and the CC. AA. It is where decisions are made and consensus and linkages are sought between the parties. It is the body that promotes the cohesion of the National Health System through the effective and equitable guarantee of citizens' rights throughout the country, and it also carries out important work both in the promotion of consensus and in the dissemination of experiences and mutual learning between levels of government. It operates in Plenary, in Delegate Commission, through Technical Commissions, Working Groups and through the Consultative Committee.

The **Public Health Commission**, one of the Technical Commissions of the CISNS, ensures national cohesion and quality in public health. Currently, the Public Health Commission is coordinated by the General Directorate of Public Health of the Ministry of Health, with the participation of the General Directorates of Public Health of the Health Departments of the CC. AA., as well as INGESA, ISCIII, the General Secretariat of Penitentiary Institutions (Sub-directorate General of Penitentiary Health), and the «Capitán Médico Ramón y Cajal» Institute of Preventive Medicine of Defence. Occasionally, and depending on the subject matter, other organisations may participate.

The Public Health Commission has **reapporteurships** (and specific working groups) to advise on its decisions:

- Public Health Alerts and Preparedness and Response Plans Reapporteurship.
- Population Screening Reapporteurship.
- Vaccination Programme and Registry Reapporteurship.
- Health Promotion Reapporteurship.
- Occupational Health Reapporteurship.
- Environmental Health Reapporteurship.
- Epidemiological Surveillance Reapporteurship.

In addition, within the framework of the CISNS, there are other commissions of importance for public health that provide technical support and guidance for the development of common protocols for the National Health System and for the planning of health measures:

- Commission against Gender Violence of the National Health System.
- Commission on violence against children and adolescents.
- National Commission for Coordination and Monitoring of AIDS prevention programmes.

The CISNS has the **Declaration of Coordinated Actions** (DAC) as a decision-making tool in matters of public health and food safety, which is included in Article 65 of Law 16/2003, May 28th, on the cohesion and quality of the National Health System. Once a DAC is agreed in the CISNS, it is up to the Ministry of Health to establish it, and the signatory parties have the obligation to implement its content. The DAC falls into one of the following categories:

- To respond to situations of particular risk or alarm for public health.
- To comply with international agreements, as well as programmes arising from the requirements of EU regulations, when their compliance and development must be homogeneous throughout the State.

The first DACs were approved in Spain in connection with the SARS-CoV-2 pandemic and have been particularly effective as a mechanism for rapid, collaborative and coordinated decision-making. Among others, these include the establishment of common measures to resume face-to-face educational activity for the academic year 2020-2021,[348] for certain significant dates (St. Joseph's Day and Easter in 2021),[349] or for the activity related to nightlife in 2021.[350] Other agreements that have been adopted in the CISNS Plenary are also important, as is the spirit of seeking consensus.

Apart from the CISNS and the Public Health Commission as bodies for coordination and collaboration between the Ministry of Health and the CC. AA., there is no organisational structure where public health issues can be discussed with other ministerial departments, where the health approach in all policies could have its own space and public health governance could be fully realized.

A fundamental aspect of public health is the **evaluation of the health impact** of policies as a combination of procedures, methods and tools with which a policy, plan, programme or project can be analysed in relation to its potential effects on the health of the population

[348] Ministerio de Sanidad. Consejo Interterritorial del SNS. 2020. Acuerdo del Consejo Interterritorial del SNS, adoptado en coordinación con la Conferencia sectorial del Educación, sobre la Declaración de Actuaciones Coordinadas en Salud Pública frente al COVID-19 para centros educativos durante el curso 2020-21. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Acuerdo_CISNS_CSE_Actuaciones_coordinadas_en_salud_publica_para_centros_educativos_27.08.20.pdf.

[349] Boletín Oficial del Estado. Resolución de 11 de marzo de 2021, de la Secretaría de Estado de Sanidad, por la que se publica el Acuerdo del Consejo Interterritorial del Sistema Nacional de Salud sobre la declaración de actuaciones coordinadas frente a la COVID-19 con motivo de la festividad de San José y de la Semana Santa de 2021. Available at: https://www.boe.es/buscar/pdf/2021/BOE-A-2021-3841-consolidado.pdf.

[350] Boletín Oficial del Estado. Resolución de 4 de junio de 2021, de la Secretaría de Estado de Sanidad, por la que se publica el Acuerdo del Consejo Interterritorial del Sistema Nacional de Salud sobre la declaración de actuaciones coordinadas frente a la COVID-19. Available at: https://www.boe.es/boe/dias/2021/06/05/pdfs/BOE-A-2021-9351.pdf.

and the distribution of these effects. According to Law 33/2011, October 4th, General Public Health, Public Administrations must submit to evaluation the health impact of the regulations, plans, programmes and projects that they select as having a significant impact on health. This evaluation should consider the direct and indirect effects of health and non-health policies on the health of the population and social inequalities in health with the aim of improving actions. The results of these evaluations should also be integrated into the public health information system and its surveillance network. There are CC. AA. that include the evaluation of the health impact in their regional regulations and have experience in this aspect.[351,352,353,354,355] There is, however, no system for conducting the evaluation of the health impact of policies in a general way throughout the national territory.

Another instrument (and competence) in public health is the **health authority**, through which certain legally established actions (inspections, special and precautionary measures, infringements and sanctions, etc.) can be carried out on public or private activities in the name of health as a superior public good. This health authority is exercised at all levels of public health; national, regional and local.[356,357,358] The function of health authority at the regional level is transferred and is regulated by the regulations of each CC. AA. The full exercise of the health authority requires conditions of anonymity and protection of the persons carrying out the inspection actions so that the work of initiating proceedings is carried out in accordance with the current regulations in this area.

The **health authority at borders**, according to Articles 38 and 53 of Law 33/2011, October 4th, General Public Health, is carried out by foreign health personnel in the exercise of their functions and in events that may pose a public health risk, coordinating this response with various administrations to ensure its effectiveness. The current organisational model for foreign health adopted in 1997 integrates the peripheral units of the Ministry of Health into the Government Delegations, which report to the Ministry of Territorial Policy. A large part of the actions in the field of foreign health are carried out

351 Junta de Andalucía. Evaluación de Impacto en Salud (EIS). Available at: https://www.juntadeandalucia.es/organismos/saludyfamilias/areas/evaluacion-impacto/impacto-salud.html.

352 Gobierno de Aragón. Evaluación del Impacto en Salud (EIS). Available at: https://www.aragon.es/-/evaluacion-del-impacto-en-salud-eis-.

353 Eusko Jaurlaritza. Evaluación de Impacto en Salud (EIS). Salud en todas las políticas. Available at: https://www.euskadi.eus/informacion/salud-en-todas-las-politicas/web01-a2salpol/es/.

354 Agència de Salut Pública de Catalunya (ASPCAT). Aquí sí: Test Salut. Available at: https://salutpublica.gencat.cat/ca/sobre_lagencia/Plans-estrategics/pinsap/Accions-eines-i-projectes-relacionats/test_salut/.

355 EINASalut. Instituciones activas. ¿Cómo mejorar la salud en las instituciones? Available at: https://einasalut.caib.es/web/instituciones-activas/como-puedo-mejorar-mis-actuaciones.

356 Ley 33/2011, de 4 de octubre, General de Salud Pública. Available at: https://www.boe.es/eli/es/l/2011/10/04/33/con.

357 Ley Orgánica 3/1986, de 14 de abril, de Medidas Especiales en Materia de Salud Pública. Available at: https://www.boe.es/eli/es/lo/1986/04/14/3/con.

358 Francisco Polledo, J.J. 1997. El papel de las autoridades sanitarias ante los retos de la salud pública del siglo XXI. *Revista Española de Salud Pública*, *71*, pp. 429-436. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1135-57271997000500001&lng=es.

in these units. This characteristic means that coordination between organisational aspects, priorities and functional needs is essential so that the activity carried out in foreign health, which has a high level of specialisation and a high social and economic impact, is carried out homogeneously throughout the country and in the most effective way possible.

On the other hand, under a biopsychosocial and ecological conception of health, it is understood that **community participation** is another instrument to address public health. Some community participation bodies are the area health councils, local health councils, regional health councils, intersectoral coordination tables of Local Entities, etc. Other more recently created bodies are the health forums[359] or the State Council for Child and Adolescent Participation.[360]

We are currently witnessing a growing social interest in health determinants and the need to address them in a cross-cutting and intersectoral way, and with a community participation perspective (i.e. fuel poverty, housing crisis, economic inequality, gender inequality, marginalisation and/or social exclusion, unwanted loneliness, machism, racism and xenophobia, aporophobia, LGBTIphobia, ageism, depopulation, inequity of access to key services and infrastructures, etc.)[361]. At the same time, there is growing social awareness of the economic impact of public health crises and challenges (ageing, epidemics, pollution, climate change, equity, etc.), which makes it possible to present investment in public health as a social investment for the future.

Civil society participation in public health actions can be articulated *ad hoc* through different instruments, such as technical committees, working groups, advisory committees or monitoring committees for health plans, strategies or programmes.

International Public Health

Public health, its management and governance, goes far beyond the national level and is addressed within international bodies and organisations. The EU and the UN are the main bodies through which international public health governance is articulated.

The following is a very brief description of the public health aspects of these two international bodies; more detailed information on international public health can be found in Annex 2.

[359] Ruiz-Giménez, L., 2005. Community participation. *Discussion paper on a model of community participation in the Spanish National System. Community*, *8*, pp. 62-72. Available at: https://obsaludasturias.com/obsa/wp-content/uploads/participacionjlrg-2.pdf.

[360] Boletín Oficial del Estado. 2021. Order DSA/1009/2021, of 22 September, creating the State Council for the Participation of Children and Adolescents. Available at: https://www.boe.es/eli/es/o/2021/09/22/dsa1009.

[361] Lancee, B. and Van de Werfhorst, H.G. 2012. Income inequality and participation: A comparison of 24 European countries. *Social science research*, *41*(5), pp. 1166-1178. Available at: https://linkinghub.elsevier.com/retrieve/pii/S0049089X12000725.

European Union-EU

The EU[362,363] is an organisation that includes European countries and addresses many policy areas, from climate, environment and health to external relations and security, justice and migration. It was created under a different name in the post-World War II period and, over the years, has developed and created dependent bodies. It plays an integrating, harmonising and facilitating role among its Member States to achieve shared objectives, generate synergies and address common health challenges.

It has four main decision-making institutions that run the EU's administration. These institutions collectively provide political guidance to the EU and play different roles in the legislative process: a) the European Parliament, b) the European Council, c) the Council of the EU, and c) the European Commission.[364]

The **Directorate-General for Health and Food Safety** (DG SANTE)[365] is the European Commission body whose mission is to protect the health of citizens and to monitor the safety of food consumed. This mission also includes ensuring the accessibility and effectiveness of health systems, crop and forest protection, animal welfare, and a range of other tasks that highlight the aforementioned variety of disciplines that make up public health.

The EU's role in health protection took a turn and was particularly enhanced in the late 20th and early 21st century through the creation of bodies such as the **European Centre for Disease Prevention and Control** (ECDC) and the **European Medicines Agency** (EMA), among others, which responded to the need for coordination and regulation in the EU.

Due to the SARS-CoV-2 pandemic health emergency, the new **European Health Emergency Preparedness and Response Authority** (HERA) was set up to enable the EU and Member States to deal with future cross-border crises.

United Nations-UN

The UN is an international organisation established to maintain international peace and security, and to promote international cooperation in the pursuit of common interests, friendship among nations, social progress, better standards of life and human rights. The UN officially came into being in 1945, following the ratification of the **UN Charter**, its

362 European Union Website. Available at: https://european-union.europa.eu/index_en.

363 European Union. What it is and what it does Available at: https://op.europa.eu/webpub/com/eu-what-it-is/en/index.html.

364 European Union. Types of institutions and bodies. Available at: https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/types-institutions-and-bodies_en.

365 European Union. Directorate-General for Health and Food Safety (SANTE). Available at: https://ec.europa.eu/info/departments/health-and-food-safety_es.

founding document.[366] It currently has 193 Member States represented in its deliberative body, the General Assembly. It is the only place where all nations of the world can come together, discuss common problems and find shared solutions that benefit all of humanity.

In 1948, within the UN, the **WHO** was established as an organisation specialising in global health prevention, promotion and intervention policies.[367] In the same year, health protection was included in the **Universal Declaration of Human Rights** (Article 25.1). Since then, the WHO, as an organisation specialised in managing global health prevention, promotion and intervention policies, has developed numerous areas of work that constitute the reference framework for the planning of a wide range of important public health issues: smoking and alcohol, child nutrition, mental health, communicable diseases, etc.

The latest and current **International Health Regulations (IHR 2005)**, adopted at the 58th World Health Assembly,[368] aim to assist the international community to "prevent, protect against, control and provide a public health response to the international spread of disease that is proportionate and restricted to public health risks, while avoiding unnecessary interference with international traffic and trade". Any situation or event potentially constituting a risk to public health, whether of a biological, radionuclear or chemical nature, is considered as an object of control. It is a binding legal instrument for all WHO Member States, including Spain. It establishes the obligation to build, strengthen and maintain core public health capacities to detect, prepare for, and respond to, situations that may pose a risk to public health. Communication with WHO is done through a designated National Focal Point in each country.

Finally, and in line with the ultimate goal of public health, the global roadmap is set by the **2030 Agenda for Sustainable Development**, adopted by the UN in 2015, and converged in 17 SDGs aimed at ending poverty, protecting the planet, and improving the lives and prospects of all, leaving no one behind by 2030.[369]

Spain in international Public Health

Spain participates actively in the health policies of the EU, the UN and other international organisations, through its representation, and the work of experts from the National Health System in international meetings, projects and actions.

Examples of Spanish representation/participation:

- In the EU, the Council and the European Commission, DG SANTE, the European Centre for Disease Prevention and Control (ECDC), the European Food Safety

366 United Nations. Available at: https://www.un.org/es/about-us.

367 World Health Organization. History. Available at: https://www.who.int/es/about/who-we-are/history.

368 Reglamento Sanitario Internacional 2005. Available at: http://www.who.int/ihr/IHR_2005_es.pdf.

369 Sustainable Development Goals and Targets. Available at: https://www.un.org/sustainabledevelopment/.

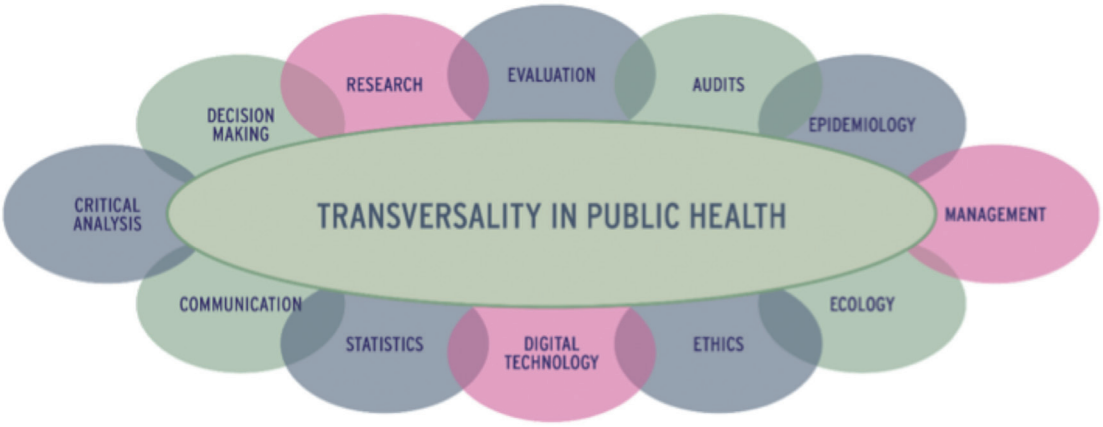
Authority (EFSA) and the European Health Emergency Preparedness and Response Authority (HERA).
- At the UN, represented and involved in the WHO (mainly the Regional Office for Europe) and its working groups and activities.
- In transnational organisations, the G20 Health platform, or the OECD.

In the current international context, this activity of representation and participation implies the visibility of Spanish health policies in all international forums, contributing with good practices and achievements and, on the other hand, the possibility of intervening from the beginning in the discussions of regulations, standards and programmes proposed from the different forums to update global health. In addition, this international activity leads to an updating of the health policies applied at national level, which are transferred to the CC. AA. through specific plans, strategies or work programmes. It is therefore essential to strengthen this presence and further develop health diplomacy.

Work and Public Health professionals

The historical background of public health gives its professionals particular characteristics in our territory; they have a global view of health and its determinants, and require an additional set of **transversal skills**: data analysis, epidemiology, evaluation, management, knowledge of other disciplines, decision-making, etc. (Figure 17).

Figure 17. Transversal skills in public health



Source: Authors' own.

Traditionally, most public health professionals in Spain came from medicine, nursing, veterinary medicine and pharmacy backgrounds. As mentioned earlier in this **ESP 2022**, the actions and fields of action of public health have become more diverse and expansive over the decades. Today, to complement the traditional subjects, people with **profiles**

from other sectors (often other than health) are being incorporated to add knowledge, skills and abilities from disciplines such as biomedicine, biology, dietetics and nutrition, demography, psychology, social and behavioural sciences, physics, statistics, computer science, management, economics, climatology, ecology, political analysis and diplomacy, ethics, law, communication or marketing. Both now and for the future, cross-cutting digital literacy training is also essential. A **National Digital Competence Plan** has been developed with relevant information in this regard.[370]

In Spain, in addition to the specialised health training in Preventive Medicine and Public Health with a specific training pathway in public health,[371] the specialised health training in Medicine and Family and Community Nursing with training in public health, and the basic knowledge of public health included in the undergraduate training content of some health professions, there are other ways of accessing **training in public health** (master's degrees, specific courses, etc.). However, the level of education and training of non-health professionals is not defined.

Work is currently underway to introduce cross-cutting competencies related to public health in all health science specialisations. In addition, Component 18 of the Recovery, Transformation and Resilience Mechanism includes a module entitled "**Training of health professionals and resources for sharing knowledge, aimed at reinforcing the capacities and competencies of health professionals through continuous training**", to include in the continuous training plans of at least 90,000 health professionals in the CC. AA. training actions linked to the objectives and measures included in this Component, including Public Health Surveillance and Epidemiology and Environmental Health.

Public health is deeply linked to international bodies and action, and training in this field is becoming increasingly important. Currently, there are numerous **training programmes** such as temporary placements (EU programmes for people employed in Public Administrations,[372] Erasmus+ programme,[373] placements in different agencies such as the WHO,[374] etc.) or more specific ones such as applied field epidemiology programmes (EPIET and EUPHEM programmes of the European Centre for Disease Prevention and Control (ECDC),[375] or the EIS programme of the Centers for Disease Control and

[370] Gobierno de España. 2021. Plan Nacional de Competencias Digitales. 72 pp. Available at: https://portal.mineco.gob.es/RecursosArticulo/mineco/ministerio/ficheros/210127_plan_nacional_de_competencias_digitales.pdf.

[371] Orden SCO/1980/2005, de 6 de junio, por la que se aprueba y publica el programa formativo de la especialidad de Medicina Preventiva y Salud Pública. Available at: https://www.boe.es/eli/es/o/2005/06/06/sco1980.

[372] Ministerio de Asuntos Exteriores, Unión Europea y Cooperación. Expertos Nacionales. Available at: https://www.exteriores.gob.es/RepresentacionesPermanentes/EspanaUE/es/TrabajarenUE/Paginas/EXPERTOSNACIONALES.aspx.

[373] European Commission. Erasmus + EU Programme for education, training, youth and sport. Available at: https://erasmus-plus.ec.europa.eu/es.

[374] World Health Organization. WHO internship programme. Available at: https://www.who.int/careers/internship-programme.

[375] European Centre for Disease Prevention and Control. Fellowship programme: EPIET/EUPHEM. Available at: https://www.ecdc.europa.eu/en/epiet-euphemhttps://www.ecdc.europa.eu/en/epiet-euphem.

Prevention (CDC)).[376] HOPE, the European Hospital and Healthcare Federation's health professional exchange programme, includes exchange and training programmes in the healthcare environment to promote the improvement of people's health in EU countries.[377] At present, there are no structured international public health training schemes that are systematically provided to people working in the various public health services. There are, however, mobility programmes for professionals that allow stays in other countries for innovation-oriented programmes or projects that could be one of the options for developing this **international training in public health**.

The **SARS-CoV-2** pandemic has pushed the flexibility and adaptability of public health workers to the limit; various documents such as the Opinion of the Commission for Social and Economic Reconstruction of Spain, from the Congress of Deputies[378] have underlined the need to **adapt staff** dedicated to public health to current needs; the latest reports on the challenges for epidemiology in Spain highlight the shortage of professionals, among other difficulties.[379] In addition, the pool of human resources dedicated to public health in Spain must be sufficient to address all the actions it is mandated to take under existing laws, especially if it is to face possible future crises.

To avoid these **structural deficiencies**, factors such as the approaching retirement age of a high percentage of professionals must be taken into account (a situation that requires planning for generational replacement, not only to replace numerically those who retire, but also to transfer all the knowledge and experience that these people have accumulated over the years). It is also important to take into account the fact that some jobs are difficult to fill (e.g. in rural areas).

Part of the reasons for understaffing are due to the fact that **pay and working conditions** may be less attractive in relation to other non-public health jobs requiring the same education or professional level (especially visible among, but not exclusive to, medical professionals). Nor are salaries homogeneous between professionals working in public health at different levels of Public Administration –national, regional and local– and between different departments within the same administrative level.

Investment in the people who work in public health is an essential requirement as they are the most important resources to deliver and implement public health services and activities comprehensively and correctly. This includes education, training, professional development and personal growth, incentives and evaluation, as well as

[376] Centres for Disease Control and Prevention. Epidemic Intelligence Service (EIS). Available at: https://www.cdc.gov/eis/index.html.

[377] European Hospital and Healthcare Federation. Hope Programme 2022. Available at: https://hope.be/programme-2022/.

[378] Dictamen. Comisión para la reconstrucción social y económica. Available at: https://www.congreso.es/docu/comisiones/reconstruccion/153_1_Dictamen.pdf.

[379] Field epidemiologist in times of COVID-19: challenges for public health services. SESPAS Report 2021. Available at: https://doi.org/10.1016/j.gaceta.2022.02.009.

adequate coverage of the jobs needed to perform the mandate public health functions with excellence.

The **Zaragoza Declaration on Public Health Surveillance**,[380] approved by the CISNS in March 2022, contains a section on the implementation of a coordinated human resources policy among public health staff, which guarantees the generation and retention of talent, generational replacement, the appropriate size of the workforce for the functions performed and the territorial deployment necessary to face present and future challenges with effectiveness and quality.

Public Health information and surveillance

An agile and continuous knowledge of population health status, health determinants, public health functioning, and potential health threats is indispensable for establishing public health policies and actions.

Surveillance is one of the essential functions of public health, a cross-cutting function at the service of health policy makers, which allows for improved resource planning in the national health system and the implementation and evaluation of prevention and control activities. Surveillance also provides the information needed to define priorities for health research.

The **National Network of Epidemiological Surveillance** was created in 1995 by Royal Decree, and it was proposed both as an adaptation to the structural changes of the state, as well as to the EU process, and laid the foundations that allowed to start the transformation of the traditional surveillance system with special emphasis on communicable diseases. At that time, information on non-communicable diseases and health determinants were excluded from surveillance.[381] Somewhat later, another important health surveillance network, the **Veterinary Health Alert Network** (RASVE), was created.[382]

The Law 33/2011, October 4th, General Public Health establishes the creation of the Public Health Surveillance Network to coordinate the different surveillance systems in Spain, including communicable and non-communicable diseases, health determinants, as well as the early warning and rapid response system for the detection and assessment of incidents, risks, syndromes, diseases and other situations that may pose a threat to the health of the population.

[380] Consejo Interterritorial del SNS. Declaración de Zaragoza sobre Vigilancia en Salud Pública. Zaragoza, 9-10 March 2022. Ministerio de Sanidad. Available at: https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/sanidad14/Documents/2022/100322-declaracion_zaragoza.pdf.

[381] Ministerio de Sanidad. 2021. Documento Técnico del Grupo de Trabajo de Vigilancia de Equidad y Determinantes Sociales de la Salud. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/DocTecnico_GTVigilanciaEquidadyDeterminantesSocialesSalud_2021.pdf.

[382] Real Decreto 1440/2001, de 21 de diciembre, por el que se establece el sistema de alerta sanitaria veterinaria. Available at: https://www.boe.es/eli/es/rd/2001/12/21/1440.

In this regard, and in the current context, the Zaragoza Declaration on Public Health Surveillance (Zaragoza 9-10 March 2022)[383] agreed to strengthen and modernise public health surveillance, incorporating other systems and sources of information necessary to extend surveillance to all diseases (not only communicable diseases), health problems and their determinants, and to enable the National Health System, its professionals and the population as a whole to be prepared for future needs.

It is necessary to develop a **Public Health Surveillance Strategy for the National Health System** that defines the strategic framework to strengthen and modernise public health surveillance and to set up the State Public Health Surveillance Network. The Public Health Surveillance Strategy of the National Health System was approved by the Public Health Commission on the 5th of May 2022 and by the CISNS on the 15th of May 2022. The Ministry of Health is currently in the process of drafting a Royal Decree on Public Health Surveillance, which will create the **State Public Health Surveillance Network**, which will coordinate surveillance systems in relation to the state of health of the population in terms of well-being, morbidity and mortality and the risks, determinants, inequalities and factors that condition it.

Fundamental to public health surveillance are **data sources** that provide information on population health and health-related issues: INE, Health Barometer, Key Indicators of the National Health System-INCLASNS, the Primary Care Clinical Database-BDCAP, Primary Care Information System-SIAP, Specialised Care Information System-SIAE, Specialised Activity Registry RAE-CMBD, national and international surveys, statistics and indices, etc.[384]

This information for public health surveillance is supplemented by information from **public health laboratories**. There are multiple types in terms of category, linkage, functions and capacities, which are organised in functional networks (e.g. Official Control laboratories[385] or the Network of Laboratories for the Surveillance of Resistant Microorganisms).[386] They provide information on environmental samples, food quality control, substance quality control, biological samples, drugs, infectious agents, etc.

Social media and websites are also important sources of information and can also be useful for monitoring purposes.

[383] Consejo Interterritorial del SNS. Declaración de Zaragoza sobre Vigilancia en Salud Pública. Zaragoza, 9-10 March 2022. Ministerio de Sanidad. Available at: https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/sanidad14/Documents/2022/100322-declaracion_zaragoza.pdf.

[384] Ministerio de Sanidad. Banco de datos. Available at: https://www.sanidad.gob.es/estadEstudios/estadisticas/bancoDatos.htm.

[385] Ministerio de Sanidad. Laboratorios designados para el control oficial. Available at: https://www.sanidad.gob.es/profesionales/saludPublica/sanidadExterior/lab_desig_control_oficial.htm.

[386] Agencia Española de Medicamentos y Productos Sanitarios (AEMPS) y Dirección General de Salud Pública, Calidad e Innovación del Ministerio de Sanidad, Consumo y Bienestar Social. 2018. Red de laboratorios para la vigilancia de los microorganismos resistentes. Available at: https://resistenciaantibioticos.es/es/system/files/field/files/red_laboratorios_vigilancia.pdf?file=1&type=node&id=499&force=0.

Another source of knowledge that guides and informs public health practice is **scientific research**. In Spain, public health research takes place mainly through the public system, both at the national level, with the Public Research Bodies (mainly ISCIII and the Spanish National Research Council-CSIC), and at regional level through the universities and the specific centres designed by many CC. AA. Of particular interest is the role of the ISCIII in the planning, prioritisation and funding of collaborative research structures (Networked Biomedical Research Centres-CIBERs, Healthcare Research Institutes and Cooperative Research Networks Focused on Health Results), as well as in the promotion of research, both internally through its centres and units and externally by funding different research projects and human resources through the **Strategic Action in Health of the State Plan for Science, Technology and Innovation** (PECTI), whose priority lines are defined by the Ministry of Health itself in conjunction with the Ministry of Science and Innovation.

On the other hand, the Ministry of Science and Innovation, through the ISCIII, has launched the **Infrastructure for Precision Medicine associated with Science and Technology** (IMPaCT) aimed at the development and implementation of clinical-healthcare research projects in the National Health System to increase the precision of the different prevention, diagnosis, treatment and rehabilitation procedures available. This activity will provide organisational cues that can be used for public health.[387]

There is also a **Health Promotion and Education Information System** (SIPES) created within the framework of the CISNS whose main purpose is the exchange of information and good practice in health promotion.[388] There is, however, no complete mapping of all research structures and bodies with a specific public health focus, nor of all the public health activities and good practices.

Public Health communication and advocacy

Public health information is a right for citizens and a duty for the responsible institutions. Today, globalisation, social media and technology have made it possible to communicate directly and fluidly with the population, and for information to be disseminated on a massive scale in a matter of seconds. This situation with new media and the impact of social media constitutes an opportunity that should be seized by public health to shape popular opinion, configure healthy social identities (e.g. ideological communities), and encourage the creation of **healthy behaviours and environments**.

The SARS-CoV-2 pandemic has clearly highlighted the need for clear and coordinated **communication strategies** at times of alert that address health problems and issues in the

[387] Ministry of Science and Innovation. Infrastructure for Precision Medicine associated with Science and Technology-IMPaCT. Available at: https://www.isciii.es/QueHacemos/Financiacion/IMPaCT/Paginas/default.aspx.

[388] Ministerio de Sanidad. Sistema de Información de Promoción y Educación para la Salud-SIPES. Available at: https://sipes.sanidad.gob.es/sipes2/queEsSipesAction.do?limpiaSession=1.

public sphere, and that help to understand and address communication problems such as hoaxes, infodemics, and misinformation campaigns, which have proven to have considerable impact during the pandemic[389] (e.g. the relationship of the degree of infodemics and public acceptance of vaccines).[390]

At present, there are no defined guidelines on how public health communication should be conducted. The **National Artificial Intelligence Strategy,**[391] the **Plan for the Promotion of Language Technologies**[392] and the **eHealth Strategy of the National Health System,**[393] provide a support framework in terms of monitoring, analysis, impact measurement and development of messages, communication plans and public health communication campaigns.

Effective public health communication and **advocacy** must take into account the following aspects:

- It is designed according to the purpose of the message (informative, legal, coercive, etc.), the target audience (health professionals, general population, children and adolescents, the elderly population, other specific population groups, decision-makers, etc.), and the channel used (radio, television, paper, internet, etc.).
- It is established at the national, regional and local levels, maintaining coherence between levels and avoiding discrepancies.
- It is based on the principles of health in all policies, and equity in health. As a general rule, it will promote healthy behaviour and lifestyles and should move towards the promotion of healthy environments.

In addition, partnerships and collaborations are essential for the message to be effective:

- With the media, both general and specialised, to establish information synergies.
- With other health-related or related sectors.
- With groups of social influence (sport, culture, fashion, health, etc.). Special attention will be given to communication for groups in situation of vulnerability or disadvantage in public health issues, taking into account the diversity of the society in our territory.
- With scientific societies and professional bodies.

[389] European Observatory on Health Systems and Policies & Heiss, Raffael. 2020. Fighting health infodemics: the role of citizen empowerment. *Eurohealth*, 26 (3), 23-25. World Health Organization. Regional Office for Europe. Available at: https://apps.who.int/iris/handle/10665/338919.

[390] Singh, K., Lima, G., Cha, M., Cha, C., Kulshrestha, J., Ahn, Y.Y. and Varol, O. 2022. Misinformation, believability, and vaccine acceptance over 40 countries: Takeaways from the initial phase of the COVID-19 infodemic. *Plos one*, *17*(2), p.e0263381. Available at: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0263381.

[391] Secretaría de Estado de Digitalización e Inteligencia Artificial (SEDIA). Estrategia Nacional de Inteligencia Artificial. Vicepresidencia tercera del Gobierno y Ministerio de Asuntos Económicos y Transformación digital. Available at: https://portal.mineco.gob.es/RecursosArticulo/mineco/ministerio/ficheros/201202_ENIA_V1_0.pdf.

[392] Ministerio de Energía, Turismo y Agenda Digital. Plan de Impulso de Tecnologías del Lenguaje. 2015. Available at: https://plantl.mineco.gob.es/tecnologias-lenguaje/PTL/Bibliotecaimpulsotecnologiaslenguaje/Detalle%20del%20Plan/Plan-Impulso-Tecnologias-Lenguaje.pdf.

[393] Ministerio de Sanidad. Secretaría General de Salud Digital, Información e Innovación para el SNS. 2021. Estrategia de salud digital del Sistema Nacional de Salud. Madrid, 62 pp.

- With associations of elderly people, people with functional diversity, associations of patients, and social organisations that promote community participation in health communication and advocacy.

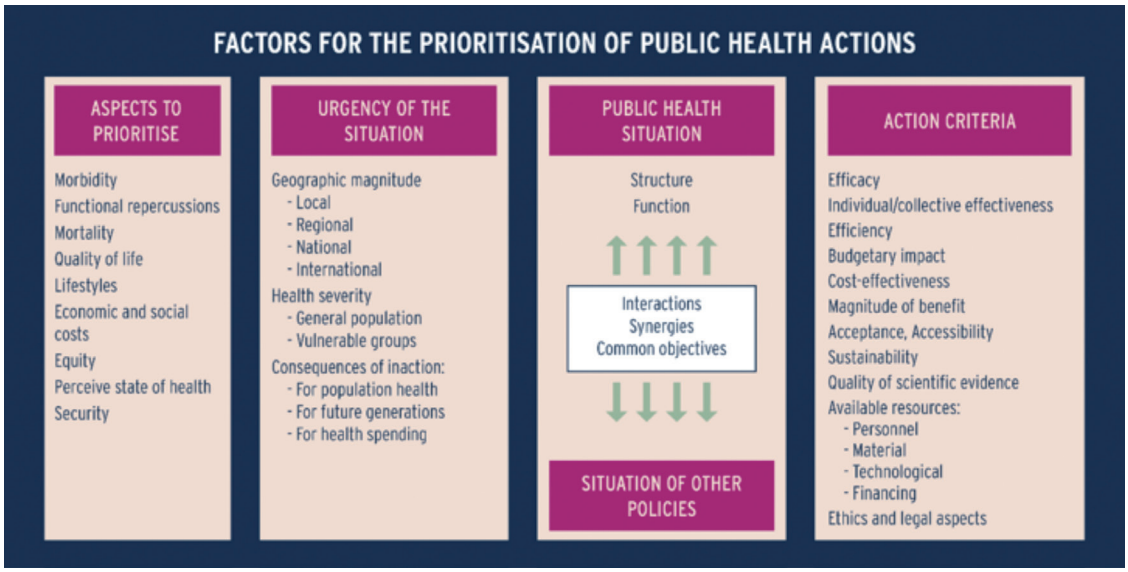
The areas of public health where communication strategies should focus are:

- Results of public health research.
- Situations of health risk.
- Measures taken in public health.
- Promotion of healthy, safe and sustainable environments: environmental, employment, local, educational, etc.
- Promotion of healthy lifestyles: tobacco and related products, alcohol, healthy eating, physical activity and sedentary lifestyles, sexual health, healthy leisure (reducing problematic use of new technologies and non-substance addictions) as priorities.
- Promotion of population participation in prevention and early diagnosis programmes, especially vaccination programmes and population-based cancer screening programmes.

Strategic lines

Setting **priorities for action in public health** is not a trivial or simple task, nor is it neutral (Figure 18). It is defined by the urgency of the action, and by the aspect where the focus of attention is placed, e.g. the morbidity or mortality resulting from a pathology or lifestyle, the degree of disability it causes, the disruption to ordinary life, the economic and social costs of the disease, or the need for rapid action in the case of epidemic processes. It is also, and probably more strongly, determined by the structural and functional characteristics of public health, of policies not directly related to health but which have an impact on it, and of the interactions, synergies and common health objectives that can be established between all of them. This intersectoral framework is complemented by the attributes desired for prioritisation: efficacy, effectiveness, budgetary impact, cost-effectiveness, potential for reducing inequalities between groups, the number of people who could benefit, or the quality of the available evidence, among many other factors.[394]

Figure 18. Factors for the prioritising of public health actions



Source: Authors' own.

From the detailed analysis of the health status of the population and the state of public health carried out in this **ESP 2022**, the following **key points** emerge to help determine and materialise the proposed actions.

[394] Definición de prioridades en las políticas de salud. Cuadernos de la Fundación Dr. Antonio Esteve. Available at: https://www.esteve.org/wp-content/uploads/2018/01/13188.pdf.

Key points for action

- In general, the population of our territory is an ageing one, with one of the highest life expectancies in the world. The burden of disease is mainly based on chronic non-communicable disease that share common risk factors such as unhealthy environments that favour unhealthy diets, physical inactivity, smoking and alcohol consumption.
- Most health problems are preventable and share the effect of health determinants in their development. International guidelines and directives recommend a simultaneous/comprehensive approach for the main risk factors to globally improve the most prevalent diseases; such as the "four by four" strategy that prioritises addressing the four main risk factors (unhealthy diet, physical inactivity, alcohol consumption and tobacco use) for the four main chronic diseases (cardiovascular disease, cancer, chronic respiratory disease and diabetes), extended to the 5x5 agenda, including air pollution as a risk factor and mental health as a disease. The approach should include a population-based approach that includes community action in health.
- The most effective way to address the health of the population is through global and comprehensive actions that foster equal access to healthcare based on the principle of universal access. In certain health processes or population groups, due to their special situation of vulnerability, specific actions are required.
- Information on the health status of the population and its determinants is essential for the design of health policies. In addition, the existence of an Early Warning and Rapid Response System ensures protection against public health risks and emergencies.
- Efforts to enable the health system and social services to respond more effectively to people's diversity in its broadest sense, and to the health emergencies and challenges that will arise in the future, are essential.
- In order to improve the health of the population, it is necessary to articulate all the actions to be carried out by the public authorities. This involves identifying synergies with all Public Administrations and actors directly or indirectly involved in public health, including civil society. Health in all policies and the One Health approach are central to this.
- The international dimension of public health is important to reflect the role of our territory in the different international organisations with competence in health and to contribute and share the experience we have accumulated in public health. In short, it is a matter of ensuring proper governance of the system.

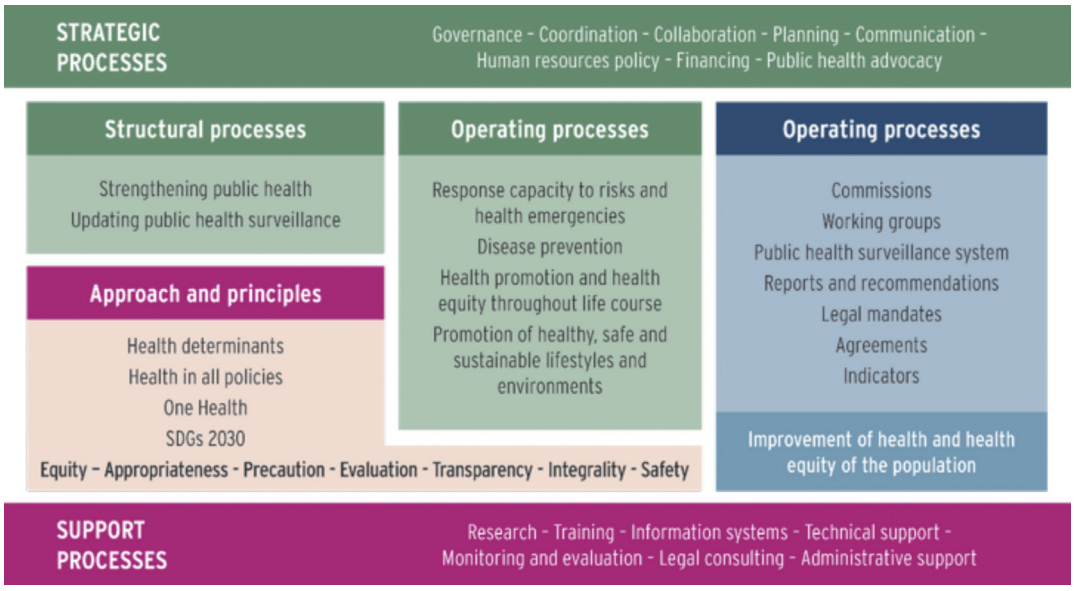
Another important consideration was the **European Action Plan for Strengthening Public Health Services and Capacities**[395] which includes governance for health and well-being, ensuring sufficient and competent public health professionals, population health surveillance, health emergency monitoring and response, health protection and promotion and disease prevention, ensuring organisational structures and funding, advocacy, communication and social mobilisation for health and public health research.

The approach and principles of the ESP 2022, and the contents of the Situation Analysis section have finally outlined the goals to be achieved and where we should focus our actions. Four strategic lines of action are defined which aim to address all the above-mentioned aspects:

- Strategic Line 1: Strengthening public health to improve the health of the population.
- Strategic Line 2: Update public health surveillance and ensure response capacity to health risks and emergencies.
- Strategic Line 3: Improving health and well-being through the promotion of healthy, safe and sustainable lifestyles and environments.
- Strategic Line 4: Promote health and health equity throughout the life course.

The approach and the strategic lines will be developed under the auspices of the Ministry of Health and within the framework of the CISNS, a body for co-governance and comparison of proposals from all public agents with competence in the health sector. Figure 19 shows the process map of the ESP 2022.

Figure 19. The ESP 2022 process map



Source: Authors' own.

[395] WHO Regional Committee for Europe. 2012. European Action Plan for Strengthening Public Health Capacities and Services. World Health Organization. Available at: https://www.euro.who.int/__data/assets/pdf_file/0005/171770/RC62wd12rev1-Eng.pdf.

Strategic Line 1. Strengthening Public Health to improve population health

Population health problems, demands and challenges are constantly evolving, and public health must be capable of adapting without losing ambition in its objectives. To this end, it is essential to have robust structures that can serve as a foundation to promote and develop the strategic lines proposed by the **ESP 2022**.

In this strategic line, the leadership of the Ministry of Health is essential to ensure coordination, cooperation and the establishment of alliances between the different Public Administrations with competencies in this area.

Goals

- **Strengthen the public health governance system**
- **Ensure public health capacities and competencies**
- **Boost public health research and innovation**
- **Enhance public health communication and advocacy**

Priority actions

The actions included shall be named with SL1, indicating the strategic line to which they belong, followed by the letter A and the corresponding ordinal number. E.g. SL1-A1, SL1-A2, SL1-A3, etc.

SL1-A1. Establish effective mechanisms for public health governance and cross-cutting health coordination in all policies.

SL1-A1.1. Set up an inter-ministerial commission within the General State Administration to promote health in all policies, which may have working groups in specific areas.

SL1-A1.2. Promote intersectoral participation in the Public Health Commission of the CISNS when deemed appropriate.

SL1-A1.3. Promote the creation of intersectoral bodies or alliances at regional and local level for the implementation of health in all policies.

SL1-A2. Enhance the Spanish presence and participation in international decision-making forums related to public health and strengthen international collaboration with low- and middle-income countries.

SL1-A3. Establish a State Centre for Public Health.

SL1-A4. Promote the evaluation of health impact of policies.

SL1-A4.1. Develop the methodology for the evaluation of health impact of policies as reflected in Law 33/2011, October 4th, General Public Health, and promote an advisory network coordinated with the CC. AA. to facilitate the evaluation of health impact of non-health interventions and the health approach in all policies.

SL1-A5. Strengthen public health services across Spain.

SL1-A5.1. Update the Portfolio of common public health services in Annex I of Royal Decree 1030/2006, September 15th, establishing the portfolio of common services of the National Health System and the procedure for its updating.

SL1-A5.2. Promote and standardise the functions of control, inspection and official public health authority across Spain (food and environmental at least at the border and within Spain).

SL1-A6. Standardise the choice of public health actions on a systematic basis based on the best scientific evidence, best practices and a portfolio of common public health services.

SL1-A7. Implement a human resources policy in public health that guarantees the generation and retention of talent, generational change, the appropriate size of human resources and the territorial deployment necessary to face present and future challenges with effectiveness and quality.

SL1-A7.1. Analyse the human resources needs in public health to guarantee the generation and retention of talent, generational replacement, and the appropriate size of the workforce for the functions performed.

SL1-A7.2. Promote, in cooperation with the CC. AA. and universities, the planning of the offer of university studies related to public health in accordance with the need for professionals, while expediting the procedure for the homologation of university degrees in the field of public health.

SL1-A8. Implement a public health training policy.

SL1-A8.1. Consensus on the core competencies that public health personnel need to master in order to respond to the performance of public health functions.

SL1-A8.2. Develop an itinerary of continuous training in public health for health professionals through the National School of Health of the ISCIII, and other public health training centres. It will specifically include the approaches of health determinants, health in all policies, the evaluation of health impact of policies, One Health, public health governance and others, as well as consideration of the contents of the National Plan for e-Skills for public health training

SL1-A8.3. Promote the dissemination of public health training programmes in international organisations among those working in public health.

SL1-A8.4. Collaborate with universities and vocational training centres to transversally promote knowledge related to public health in all health sciences and vocational training studies in the health and social services branch.

SL1-A9. Strengthen research and innovation in public health.

SL1-A9.1. Promote health research, with a public health and territorial cohesion perspective, within the framework of the Spanish Strategy for Science, Technology and Innovation 2021-2027 (EECTI), specifically the ISCIII's Strategic Action in Health, as well as the State's future scientific research strategies.

SL1-A9.2. To promote interdisciplinary research of excellence between public health and other areas of knowledge, in cross-cutting projects with a clear focus on health outcomes, and to promote the transfer of these results to the National Health System and health administrations, for public health decision-making.

SL1-A10. Strengthen public health communication and advocacy.

SL1-A10.1. Develop, on a collaborative basis, a common public health communication strategy, including the design of a procedure for public dissemination of public health outcomes, the establishment of partnerships with formal (media) and informal stakeholders (social influencers, social media, etc.) and the availability of the necessary resources.

SL1-A10.2. Collaborate intersectorally and at all levels of Public Administration to establish standardised systems for detecting, limiting and rectifying disinformation linked to campaigns promoting interests contrary to those of public health (advertising for a purported health purpose) or fake news.

Strategic Line 2. Update Public Health surveillance and ensure response capacity to health risks and emergencies

Public health surveillance is one of the fundamental pillars for obtaining quality information to analyse the epidemiological situation and the factors that determine it at any given time. At the same time, information is the tool that facilitates decision-making and the design and implementation of public health actions.

The threats to public health in our environment are many and diverse: communicable and non-communicable diseases, biological agents, chemical agents, physical agents, environmental threats, including those related to climate change, nuclear and radiological threats, etc. Public health must be prepared for potential emergencies that may arise in the future and based on surveillance information, provide a timely and proportionate response with a **One Health** approach.

Goals

- **Strengthen and complete the public health surveillance system**
- **Ensure a rapid, timely and coordinated response to public health threats at local, regional, national and international levels**

Priority actions

The actions included will be named with SL2, which indicates the Strategic Line to which they belong, followed by the letter A and the corresponding ordinal number. For example, SL2-A1, SL2-A2, etc.

SL2-A1. Develop and implement the Public Health Surveillance Strategy.

SL2-A1.1. Public health surveillance is a system that timely integrates information from all sources and structures necessary to respond to public health information needs.

SL2-A2. Improve monitoring and management of vaccination programmes.

SL2-A2.1. Develop an integrated national vaccine register system interoperable at European level, in collaboration with the CC. AA.

SL2-A2.2. Promote seroprevalence studies.

SL2-A3. Improve the response to public health threats at local, regional, national and international levels.

SL2-A3.1. Develop the Early Warning and Rapid Response System of the State Public Health Surveillance Network, integrated into the Public Health Surveillance

System, ensuring coordination between all agencies and stakeholders to ensure adequate early detection and rapid response to public health alerts.

SL2-A3.2. Strengthen and maintain the core capacities required by the International Health Regulations (IHR 2005) and Decision No 1082/2013/EU on serious cross-border threats to health, as well as any other international agreements to which Spain adheres (subject to approval by the Ministry of Finance and Public Administration).

SL2-A3.3. Develop and disseminate a National Health Emergency Preparedness and Response Plan, with a multisectoral, multi-level, interdisciplinary, equity-based and social behavioural science approach (including, among others, the creation of multisectoral, multi-level and interdisciplinary response teams, training for professionals and simulations, and the establishment of a strategic reserve to ensure the availability of strategic health material and the existence of personal protective equipment to minimise exposure risks).

Strategic Line 3. Improve the health and well-being of the population through disease prevention and the promotion of healthy lifestyles and healthy, safe and sustainable environments

Lifestyle factors, as well as environmental, economic, social, cultural, educational, local, occupational, and health environments, as well as food security, influence people's health. Indeed, the greatest burden of disease in our society falls on non-communicable diseases and their risk factors, which are closely linked to unhealthy lifestyles and environments.

It is necessary to act on them so that the healthiest options are the easiest to choose and, consequently, the level of health and well-being of the population is improved.

Actions implemented in any of the settings must take the gender perspective into account and be oriented towards promoting health equity.

Goals

- **Improve the living conditions, well-being and health of the population**
- **Contribute to creating healthy, healthy-genic, safe, sustainable environments free of discrimination and violence**
- **Promote healthy, safe and sustainable lifestyles and encourage action to make the healthiest options the easiest for people to choose**
- **Promote disease prevention activities**

Priority actions

The actions included will be named with SL3, which indicates the Strategic Line to which they belong, followed by the letter A and the corresponding ordinal number. E.g. SL3-A1, SL3-A2, SL3-A3, etc.

SL3-A1. Promote and encourage healthy and sustainable food.

SL3-A1.1. Collaborate intersectorally and at all levels of Public Administration to promote lifelong healthy eating in all settings (with special emphasis on education, health and work) and to encourage people to make healthy and sustainable food choices.

SL3-A1.2. Protect the population, especially children and adolescents, from advertising of unhealthy foods and beverages.

SL3-A2. Encourage and promote physical activity, and reduce sedentarism.

SL3-A2.1. Collaborate in an intersectoral, interdisciplinary way and at all levels of Public Administration to inform and raise awareness among the population about health-enhancing physical activity.

SL3-A2.2. Collaborate intersectorally and at all levels of Public Administration to promote physical activity, active mobility and reduce activities associated with sedentarism (promotion of active breaks).

SL3-A2.3. Encourage the healthy and safe use of information and communication technologies.

SL3-A3. Promote policies/initiatives aimed at reducing the use of tobacco, alcohol and other substance and non-substance related addictions.

SL3-A3.1. Collaborate with the Government Delegation for the National Drugs Plan in the implementation of the National Strategy on Addictions 2017-2024 and its Action Plans, with regard to tobacco, alcohol and the use of, and addiction to, other psychoactive substances, as well as the addictive potential of other behaviours (gambling, screen time, etc.).

SL3-A3.2. Develop multilevel and regional strategies and action plans for the promotion of healthy habits and skills and the prevention of addictions.

SL3-A3.3. Approve the Comprehensive Plan for Prevention and Control of Smoking.

SL3-A3.4. Elaborate the Law for the prevention of the negative effects of alcohol consumption in minors.

SL3-A4. Promote sexual health from a positive, comprehensive and inclusive approach.

SL3-A4.1. Carry out training, education and promotion actions on comprehensive sexual health aimed at the population (with special emphasis on the adolescent and youth population and those in situation of vulnerability).

SL3-A4.2. Implement the Sexual and Reproductive Health Strategy in the National Health System.

SL3-A5. Promote disease prevention.

SL3-A5.1. Develop a national vaccination strategy and improve vaccination coverage for immunopreventable diseases.

SL3-A5.2. Develop and promote population screening programmes for preventive purposes.

SL3-A6. Promote safe environments for all.

SL3-A6.1. To inform and raise awareness among citizens, professionals and decision-makers about prevention of unintentional injuries and violence.

SL3-A6.2. Collaborate intersectorally and at all levels of Public Administration to prevent unintentional injuries and eliminate all forms of violence.

SL3-A7. Promote a healthier environment.

SL3-A7.1. Implement the Strategic Plan for Health and Environment (PESMA) and the action programmes arising therefrom, with a health in all policies and One Health approach.

SL3-A7.2. Establish an intervention-oriented surveillance system for exposure to environmental factors and their effects on health.

SL3-A8. Promote food security interventions and programmes.

SL3-A8.1. Collaborate intersectorally and at all levels of the Public Administration in the monitoring of the National Plan for the Official Control of the Food Chain 2021-2025 (PNCOCA) with AESAN, the coordinator of this Plan, and provide the necessary information to evaluate results.

SL3-A8.2. Collaborate across different sectors and at all levels of Public Administration in the implementation of the Farm to Fork Strategy.

SL3-A9. Promote healthy, safe and sustainable educational environments.

SL3-A9.1. Promote in the educational environment (infant, primary and secondary) specific health promotion itineraries that incorporate basic and advanced knowledge on healthy, safe and sustainable lifestyles or behaviours.

SL3-A9.2. Promote the creation, implementation and/or development of Networks of Health Promoting Schools (in line with the European counterpart *Schools for Health in Europe Network*) and collaborate with the Spanish Network of Health Promoting Universities (REUPS).

SL3-A10. Encourage the local environment to promote health and well-being.

SL3-A10.1. Promote health, health equity, community participation and assets for health through coordination between primary care, public health, municipalities and other supra-municipal local bodies, neighbourhoods and citizens.

SL3-A10.2. Implement intersectoral strategies at all levels of Public Administration to promote healthy environments in the local level, both urban and rural.

SL3-A11. To provide a working environment that ensures the safety and protection of people's health and well-being.

SL3-A11.1. Implement the Spanish Strategy for Health and Safety at Work 2022-2027 and as many actions that could be established within the framework of the National Commission for Health and Safety at Work; as well as the regional strategies in this area.

SL3-A11.2. Develop the occupational health surveillance system (at national and regional level), which will be aligned with the provisions of the Spanish Strategy for Health and Safety at Work 2022-2027.

SL3-A12. Promote public health actions in the health care environment and social services.

SL3-A12.1. Develop community care policies and programmes for health promotion, prevention and early detection of diseases and health problems from primary care in collaboration with public health.

SL3-A12.2. Develop and promote plans and strategies to foster a culture of patient safety and quality of care and to reduce the occurrence of care-related adverse events.

SL3-A12.3. Collaborate in addressing antimicrobial resistance and the appropriateness of antimicrobial prescription.

SL3-A13. Controlling public health at borders.

SL3-A13.1. Modernise foreign health by drawing up a Strategic Plan for foreign health that includes digitalisation and improvements in the quality of its services, among others, as well as its regulatory framework, all with the collaboration and agreement of the Ministry of Territorial Policy.

SL3-A13.2. Increase the involvement of public health authorities in the process of negotiating health agreements and export certification with third countries.

SL3-A13.3. Strengthen participation and collaboration with EU Healthy Gateways.

Strategic Line 4. Promoting population health and health equity throughout the life course

Public health actions are essential for the population as a whole. At the same time, there is a need for specific approaches targeted at particular stages of people's lives and aimed at avoiding and minimising the generation of vulnerability in population groups, so as to achieve the highest level of health and quality of life at all times and health equity for all.

Goals

- **Encourage people to live a healthy life at all stages in life**
- **Promote equity in the health and well-being of the population**
- **Promote participation in the development of public health and community health programmes**

Priority actions

The actions included will be named with SL4, which indicates the Strategic Line to which they belong, followed by the letter A and the corresponding ordinal number. For example, SL4-A1, SL4-A2, etc.

SL4-A1. Encourage the protection and promotion of an active and healthy childhood and adolescence.

SL4-A1.1. Collaborate intersectorally and at all levels of Public Administrations to tackle the childhood obesity pandemic.

SL4-A1.2. Collaborate intersectorally and at all levels of Public Administrations to prevent and protect the child and adolescent population from any type of violence (Commission on violence against children and adolescents within the CISNS, among others).

SL4-A1.3. Promote emotional well-being in the child and adolescent population (Mental Health Action Plan 2022-2024 among others).

SL4-A1.4. Encourage the child and adolescent population to participate in the promotion of their state of health.

SL4-A2. Encourage the protection and promotion of active and healthy ageing.

SL4-A2.1. Collaborate intersectorally and from all levels of Public Administrations to promote active and healthy ageing, and good treatment (WHO Decade of Healthy Ageing 2020-2030, among others).

SL4-A2.2. Promote the approach to chronicity and prevent frailty and ageism (Evaluation report and priority lines of action of the Strategy for Addressing

Chronicity in the National Health System, Roadmap for the approach to frailty approved by the Public Health Commission, among others).

SL4-A2.3. Promote coordination between the health systems, social and public health services to improve comprehensive care for older people.

SL4-A3. Ensure that health policies promote equitable addressing of the needs of all.

SL4-A3.1. Collaborate intersectorally and at all levels of Public Administrations to promote equity in the health and well-being of the population (National Health Equity Strategy, among others).

SL4-A3.2. Prevent violence against women, promoting good treatment and egalitarian relations with coordinated actions with the educational, health, social services and community administrations.

SL4-A3.3. Collaborate with the competent bodies to promote universal accessibility and the elimination of any kind of barriers, as well as to promote personal autonomy, and the care and protection of persons in situation of dependency.

SL4-A3.4. Implement intersectorally and at all levels of Public Administration actions to promote equality, inclusion and participation of population in situation of vulnerability in decisions that affect their health.

Implementation, monitoring and evaluation

The **ESP 2022** will be developed through the proposed actions, many of which are included in sectoral strategic documents, plans and programmes at national, regional and local level that will be developed and implemented.

Ongoing monitoring and biennial evaluation of the **ESP 2022** will be carried out by the future **State Centre for Public Health** as reflected in the Law 33/2011, October 4th, General Public Health.

This will take into account the indicators selected and/or developed specifically for the **ESP 2022**.

The following is a battery of the main outcome indicators that assess global aspects of the health of the population, as well as a set of specific indicators for each strategic line and the actions included in each of them. These indicators will help us understand where we are in relation to our actions and are intended to allow us to observe data trends over time.

In order to carry out the biennial evaluations and the final evaluation, an indicator evaluation sheet has been created, which classifies them as: structure, process and result indicators (Annex 3).

Finally, the plans and strategies that have been included in this **ESP 2022** have their own independent evaluation process, including indicators or other tools. The annual reports on the health of the Spanish population will also serve as an evaluation tool for the **ESP 2022** and will allow for the analysis of progress in reducing health inequalities.

Main indicators of population health outcomes

In general, in line with this **ESP 2022** and the gender approach, data will be disaggregated by sex in the indicators where appropriate (indicators for people's health, especially for calculating incidences, prevalence of disease processes and lifestyle factors).

Similarly, and in general, the results of the indicators should be disaggregated by age group when age is relevant for public health decision-making. Where sample size allows it, results should be disaggregated by sex and age group.

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
Life expectancy at birth	Life Expectancy at birth	INE Life Expectancy at Birth according to sex (1414) (ine.es)	Annual
Healthy life years	Healthy life years at birth	Ministry of Health https://www.sanidad.gob.es/estadEstudios/estadisticas/sisInfSanSNS/vidaSaludable.htm	Annual
Health status of the population	Percentage of people aged 15 and over describing their health status as good or very good	Ministry of Health; INE Valoración del estado de salud percibido en los últimos 12 meses según sexo y grupo de edad. Población de 15 y más años (ine.es)	Triennial
Deaths by cause of death	Deaths according to the most frequent cause of death	INE INEbase/Society/Health/Death statistics by cause of death/ Latest data	Annual
Mortality attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases (SDG Indicator 3.4.1.)	Mortality rate attributed to cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.4.1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (ine.es)	Annual
Suicide mortality rate (SDG Indicator 3.4.2.)	Suicide mortality rate	INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.4.2. Suicide mortality rate (ine.es)	Annual
Limitations on activities of daily living	Percentage of persons indicating limitations on activities of daily living in the last 6 months according to sex and age group. Population aged 15 and over	Ministry of Health; INE Limitation on activities of daily living in the last 6 months by sex and age group. Population aged 15 and over (ine.es)	Triennial

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
Limited mobility INE	Percentage of people indicating difficulty in mobility according to sex and age group. Population aged 15 and over	Ministry of Health; INE Mobility difficulties according to sex and age group. Population aged 15 and over (ine.es)	Triennial
Emotional well-being INE	Percentage of people indicating moderate or severe depressive symptomatology according to sex and age group. Population aged 15 and over	Ministry of Health; INE Severity of the depressive symptomatology by sex and age group. Population aged 15 years old and over (ine.es)	Triennial

Monitoring and evaluation indicators for Strategic Line 1: Strengthening Public Health to improve population health

SL1-A1. Establish effective mechanisms for public health governance and cross-cutting health coordination in all policies.

SL1-A2. Enhance Spanish presence and participation in international decision-making forums related to public health and strengthen international collaboration with low- and middle-income countries.

SL1-A3. Establish a State Centre for Public Health.

SL1-A4. Promote the evaluation of health impact of policies.

SL1-A5. Strengthen public health services across Spain.

SL1-A6. Standardise the choice of public health actions on a systematic basis based on the best scientific evidence, best practices and a portfolio of common public health services.

SL1-A7. Implement a human resources policy in public health that guarantees the generation and retention of talent, generational change, the appropriate size of human resources and the territorial deployment necessary to face present and future challenges with effectiveness and quality.

SL1-A8. Implement a public health training policy.

SL1-A9. Strengthen research and innovation in public health.

SL1-A10. Strengthen public health communication and advocacy.

The indicators included shall be named with the prefix SL1, indicating the strategic line to which they belong, followed by the letter A and a number, indicating the action to which they belong, followed by the letter I (indicator) and the corresponding ordinal number. E.g. SL1-A1-I1, SL1-A1-I2, SL1-A1-I3, etc.

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL1-A1-I1. Inter-ministerial commission to promote health in all policies	An inter-ministerial commission has been set up within the General State Administration to promote health in all policies, which may have working groups in specific areas	Ministry of Health Qualitative: Yes/No/In progress	Annual until achieved
SL1-A1-I2. Intersectoral participation in the Public Health Commission to promote health in all policies	The Public Health Commission has had intersectoral involvement where appropriate to promote health in all policies	Ministry of Health; CC. AA. Quantitative: No. of meetings in which there has been intersectoral participation in the Commission on Public Health	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL1-A1-I3. Intersectoral bodies or alliances at regional and local level to promote health in all policies	Promoting the creation of intersectoral bodies at regional and local level to promote health in all policies	CC. AA.; Local Authorities Quantitative: (No. of intersectoral bodies created / Total no. of CC. AA.) * 100 (No. of intersectoral bodies created / No. of Local Bodies) * 100	Annual
SL1-A2-I1. Spanish participation in international public health-related institutions	Number of international organisations and forums related to public health in which Spain is represented	Ministry of Health Numerical: Number of international organisations related to public health in which Spain has been represented Number of international forums related to public health where Spain has been represented	Annual
SL1-A3-I1. State Centre for Public Health	The State Centre for Public Health was established by law	Publication in the Official State Gazette (BOE) of the legislative text of its creation Qualitative: Yes/No/In progress	Annual until achieved
SL1-A4-I1. Methodology for the evaluation of health impact of policies	A methodology has been developed for the evaluation of health impact of policies as reflected in the Law 33/2011, October 4th, General Public Health	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress Includes the drafting of a text/ manual with this methodology	Annual until achieved
SL1-A4-I2. Health impact of policies advisory network	There is an advisory network coordinated with the CC. AA. to facilitate the evaluation of the health impact of non-health interventions and the health approach in all policies	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress Includes a descriptive report on the number and type of organisations in the network and the professionals involved (information disaggregated by gender)	Annual until achieved
SL1-A5-I1. Portfolio of common public health services	The Portfolio of common public health services has been updated by amending Royal Decree 1030/2006, September 15th, establishing the portfolio of common services of the National Health System and the procedure for updating it	Publication in BOE Qualitative: Yes/No/In progress	Annual until achieved

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL1-A5-I2. Control, inspection and official public health authority	Work has been carried out intersectorally and at all levels of Public Administration to promote and standardise the functions of control, inspection and official public health authority (food and environmental at least, and at borders and in national territory) throughout Spain	Ministry of Health; CC. AA. Quantitative: No. of actions carried out for the promotion of control, inspection and official public health authority No. of actions carried out for the homogenisation of control, inspection and official public health authority	Annual
SL1-A5-I3. Organisational structure of public health services	A report has been published on the definition of the basic organisational structure of the Public Health Services for all of Spain (including preventive medicine and public health services in hospitals, primary care centres, local public health services, etc.)	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL1-A6-I1. Systematisation of choice of public health actions	A method of systematisation has been established for the choice of public health actions that takes into account: a) the best scientific evidence and best practices in public health, b) the portfolio of common public health services	Ministry of Health Qualitative: Yes/No/In progress	Annual until achieved
SL1-A6-I2. Equity in public health actions	An equity analysis is carried out with the tool “Checklist for Equity Analysis in Health Strategies, Programmes and Activities (EPAs)” of the Ministry of Health or another tool when public health strategies, programmes and activities are developed, regardless of the Public Administration that develops them	Ministry of Health; CC. AA. Percentage: (No. of public health strategies, programmes and activities that have conducted equity analysis / No. of public health strategies, programmes and activities developed) * 100 (Disaggregated by national, regional and local level)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL1-A7-I1. Working Group for Human Resources in Public Health Policy	A working group has been set up within the Human Resources Commission of the CISNS to draw up a proposal for a human resources policy	CISNS Human Resources Commission Qualitative: Yes/No/In progress (Explain how it has incorporated the gender perspective in its formulation and evaluation, as indicated in the European Strategy for Equality 2022-2025)	Half-yearly until attainment
SL1-A7-I2. Proposal for a Human Resources in Public Health Policy	The Human Resources Commission of the CISNS has drawn up a proposal for a human resources policy before the end of the first half of 2023	CISNS Human Resources Commission Qualitative: Yes/No/In progress	July 2023; if not met, six-monthly until achieved
SL1-A7-I3. Recognition of university degrees in the field of public health	Promoting the speeding up of the procedure for the recognition of university degrees in the field of public health	Ministry of Universities; Ministry of Health; CC. AA. Percentage: (No. of applications for accreditation of university studies related to public health that have been processed and resolved / No. of applications for accreditation of university studies related to public health) * 100	Annual
SL1-A8-I1. Core and optimal competencies for public health work	An analysis has been made of basic and optimal competencies for working in public health, in its different areas and levels of Public Administration	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress A report has been produced	Annual until achieved
SL1-A8-I2. Itinerary of continuing training in public health	An itinerary of continuing education in public health has been developed for health professionals through the National School of Health, or other public health training centres once the analysis of basic and optimal competencies for working in public health has been carried out	Ministry of Health; Ministry of Science and Innovation (ISCIII); CC. AA. Qualitative: Yes/No/In progress	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL1-A8-I3. International public health training	The participation of public health professionals in international organisations to acquire public health training is encouraged	Ministry of Health Percentage: (No. of public health professionals from the General State Administration who have participated in international organisations to acquire training in public health / No. of public health professionals from the General State Administration) * 100	Annual
SL1-A8-I4. Cross-cutting public health knowledge	Collaboration with Universities and Vocational Training Centres to promote knowledge related to public health in a cross-cutting manner in all health sciences and vocational training studies in the health and social services branch	Ministry of Health; Ministry of Universities; Ministry of Education and Vocational Training; CC. AA. Percentage: (No. of university studies in Health Sciences include transversal training in public health / No. of university studies in Health Sciences) * 100 (No. of vocational training studies in health and social services include transversal training in public health / No. of vocational training studies in health and social services) * 100	Annual
SL1-A9-I1. National public health research map	A national map of accredited research structures that include public health in their research areas has been produced and is updated annually	Ministry of Health; Ministry of Science and Innovation (ISCIII); Ministry of Universities Qualitative: Yes/No/In progress	Annual
SL1-A9-I2. Systematic prioritisation of public health research	A system for prioritising research needs in public health areas has been created, in coordination with the Strategic Action in Health, within the Spanish Strategy for Science, Technology and Innovation 2021-2027	Ministry of Health; Ministry of Science and Innovation (ISCIII) Qualitative: Yes/No/In progress	Annual until achieved

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL1-A9-I3. Translating public health research into decision-making	The results of public health research are fed into decision-making in the National Health System and health administrations	Ministry of Health; Ministry of Science and Innovation (ISCIII); CC. AA. Percentage: (No. of public health research projects funded that have generated innovation in decision making (verified by documented evidence) / No. of public health research projects funded in the same period) * 100 (national and regional level)	Annual (for projects completed in the three years preceding the measurement year)
SL1-A9-I4. Public health research training	Promoting research training for public health professionals	Ministry of Health; Ministry of Science and Innovation (ISCIII); CC. AA. Percentage: (No. of public health professionals participating in post-doctoral programmes linked to R3 certification / Total no. of persons participating in such programmes) * 100	Annual
SL1-A9-I5. Equity in public health research	The gender, cultural and behavioural perspective, country of origin or nationality, socio-economic and geographical/territorial axes are included in public health research lines with competitive public funding	Ministry of Health; Ministry of Science and Innovation (ISCIII); CC. AA. Percentage: (No. of research calls with competitive public funding that include the gender, cultural and behavioural perspective, country of origin or nationality, socio-economic and geographical/territorial axes in the field of public health / No. of research calls with competitive public funding in the field of public health) * 100 (national and regional level)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL1-A9-I6. ICF research in public health	The International Classification of Functioning, Disability and Health (ICF) is used as a tool to investigate, describe and classify health and health-related dimensions	Ministry of Science and Innovation; CC. AA. Percentage: (No. of funded health research projects that include the International Classification of Functioning, Disability and Health (ICF) as a tool to classify health and its dimensions / No. of funded health research projects) * 100 (general and autonomous level)	Annual
SL1-A10-I1. Common public health communication strategy	A common public health communication strategy has been developed, including: a) the design of a procedure for public dissemination of public health results, b) the establishment of partnerships with formal (media) and informal actors (social influencers, social media, etc.)	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL1-A10-I2. Systematic detection of public health misinformation	A standardised system for detecting, limiting and rectifying disinformation linked to campaigns that promote interests contrary to public health (advertising with a purported health purpose) or fake news has been stablished	Ministry of Health; CC. AA.; Local Authorities and FEMP Qualitative: Yes/No/In progress	Annual until achieved

Monitoring and evaluation indicators for Strategic Line 2: Update Public Health surveillance and ensure response capacity to health risks and emergencies

SL2-A1. Develop and implement the Public Health Surveillance Strategy.
SL2-A2. Improve monitoring and management of vaccination programmes.
SL2-A3. Improve the response to public health threats at local, regional, national and international levels.

The indicators included shall be named with SL2, indicating the strategic line to which they belong, followed by the letter A and a number, indicating the action to which they belong, followed by the letter I (indicator) and the corresponding ordinal number. E.g. SL2-A1-I1, SL2-A1-I2, SL2-A1-I3, etc.

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL2-A1-I1. Compliance with the Public Health Surveillance Strategy	Compliance with the objectives proposed in the Strategic Lines of the Public Health Surveillance Strategy has been evaluated	Ministry of Health; CC. AA.; Local Administration and FEMP Percentage: (No. of objectives of the Strategic Lines of the Public Health Surveillance Strategy met / No. of objectives of the Strategic Lines of the Public Health Surveillance Strategy) * 100	Biennial
SL2-A2-I1. Vaccination and Immunisation Information System (SIVAIN)	A national information system on vaccinations and immunisation administered to and registered for persons resident in Spain has been developed	Ministry of Health; CC. AA. and other organisations Qualitative: Yes/No/In progress	Annual until achieved
SL2-A2-I2. Interoperability of the Vaccination and Immunisation Information System (SIVAIN)	The CC. AA. and the participating organisations have adapted their information systems to be able to provide data to SIVAIN	Ministry of Health; CC. AA. and other organisations Percentage: (No. of CC. AA. that have adapted their information system to SIVAIN / Total no. of CC. AA.) * 100 (No. of participating agencies that have adapted their information system to SIVAIN / Total no. of participating agencies) * 100	Biennial from when indicator I2.2.1 is met.

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL2-A2-I3. Conducting seroprevalence surveys	A seroprevalence study will be carried out during the ESP 2022 to determine the immune status of the population against immunopreventable diseases and other diseases of public health importance	Ministry of Health; Ministry of Science and Innovation (ISCIII); CC. AA. Qualitative: Yes/No/In progress	By the end of 2026
SL2-A3-I1. Development of the Early Warning and Rapid Response System of the State Public Health Surveillance Network	The Early Warning and Rapid Response System of the State Public Health Surveillance Network has been developed, integrated into the Public Health Surveillance System, guaranteeing the coordination of all bodies and actors to ensure adequate early detection and rapid response to public health alerts	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL2-A3-I2. Capacity and preparedness for health emergencies (SDG Indicator 3.d.1.) 	Spain has the capacity foreseen in the International Health Regulations (IHR 2005) and preparedness for health emergencies (average of the scores of the 13 main capacities)	Ministry of Health; INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.d.1. International Health Regulations (IHR) capacity and health emergency preparedness (ine.es)	Annual
SL2-A3-I3. Compliance with Decision No. 1082/2013/EU on serious cross-border threats to health	Spain complies with Decision No 1082/2013/ EU on serious cross-border threats to health	Ministry of Health Qualitative: Yes/No/In progress	Annual
SL2-A3-I4. National Health Emergency Preparedness and Response Plan	A National Health Emergency Preparedness and Response Plan (with a multisectoral/multi-level, interdisciplinary and equity-focused scope) has been developed, including training, simulations and the establishment of a strategic stockpile of health equipment	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress	Annual until achieved

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL2-A3-I5. Health emergency preparedness and response simulations	Simulations are conducted in accordance with the National Health Emergency Preparedness and Response Plan and the results are disseminated to public health professionals	Ministry of Health; CC. AA. Quantitative: No. of simulations carried out (disaggregated by General State Administration and CC. AA.)	Annual
SL2-A3-I6. Health emergency preparedness and response teams	Intersectoral/ interdisciplinary/multilevel public health emergency response teams have been established 24 hours/day, 365 days/year (including foreign health, environmental health, and as many others as deemed appropriate)	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL2-A3-I7. Strategic reserve for public health emergencies	A strategic reserve has been established to continuously ensure: a) the availability of strategic health equipment for the care of persons affected by any kind of health threat b) provision of personal protective equipment to minimise the risks of exposure of health, social and public health service professionals	Ministry of Health; Ministry of Defence; Ministry of the Interior Qualitative: Yes/No/In progress (for a and b)	Annual

Monitoring and evaluation indicators for Strategic Line 3: Improving health and wellbeing through lifestyle promotion, disease prevention and healthy, safe and sustainable environments

SL3-A1. Promote and encourage healthy and sustainable food.
SL3-A2. Encourage and promote physical activity and reduce sedentarism**.**
SL3-A3. Promote policies/initiatives aimed at reducing the use of tobacco, alcohol and other substance and non-substance related addictions.
SL3-A4. Promote sexual health from a positive, comprehensive and inclusive approach.
SL3-A5. Promote disease prevention.
SL3-A6. Promote safe environments for all.
SL3-A7. Promote a healthier environment.
SL3-A8. Promote food security interventions and programmes.
SL3-A9. Promote healthy, safe and sustainable educational environments.
SL3-A10. Encourage the local environment to promote health and well-being.
SL3-A11. To provide a working environment that ensures the safety and protection of people's health and well-being.
SL3-A12. Promote public health actions in the health care environment and social services.
SL3-A13. Controlling public health at borders.

The indicators included shall be named with SL3, indicating the strategic line to which they belong, followed by the letter A and a number, indicating the action to which they belong, and followed by the letter I (indicator) and the corresponding ordinal number. E.g. SL3-A1-I1, SL3-A1-I2, SL3-A1-I3, etc.

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A1-I1. Breastfeeding INE	Percentage of breastfeeding (natural and mixed) by social class based on the occupation of the reference person	Ministry of Health; INE; CC. AA. Tipo de lactancia por clase social basada en la ocupación de la persona de referencia y duración. 2017 (ine.es)	Triennial
SL3-A1-I2. Exclusive breastfeeding for up to 3 months INE	Percentage of exclusive breastfeeding up to 3 months of age by social class based on occupation of the reference person	Ministry of Health; INE; CC. AA. Tipo de lactancia por clase social basada en la ocupación de la persona de referencia y duración. 2017 (ine.es)	Triennial

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A1-I3. Exclusive breastfeeding for up to 6 months INE	Percentage of exclusive breastfeeding up to 6 months of age by social class based on occupation of the reference person	Ministry of Health; INE; CC. AA. Tipo de lactancia por clase social basada en la ocupación de la persona de referencia y duración. 2017 (ine.es)	Triennial
SL3-A1-I4. International Code of Marketing of Breast-milk Substitutes	The health centres of the CC. AA. include the International Code of Marketing of Breast-milk Substitutes in their programme contracts	Ministry of Health; CC. AA. Percentage: (No. of health centres that include compliance with the International Code of Marketing of Breast-milk Substitutes in their programme contracts / No. of health centres) * 100 (disaggregated by CC. AA.)	Annual
SL3-A1-I5. National Food Security and Nutrition Strategy 2022-2032	Collaborate in the implementation of the National Strategy for Food Security and Nutrition 2022-2032 (ENSAN 2022-2032)	Ministry of Health; Ministry of Consumer Affairs (AESAN); CC. AA. Quantitative: No. of actions in which the Ministry of Health and the CC. AA. have collaborated with the AESAN for the fulfilment of the ENSAN 2022-2032 (disaggregated by General State Administration and CC. AA.)	Annual
SL3-A1-I6. Consumption of fruit, vegetables, salads and greens INE	Percentage of population consuming fruit, vegetables, salads and greens daily, less than once a week and never	Ministry of Health; INE Consumo de fruta, verduras, ensaladas y hortalizas según grupos de edad y periodo (ine.es)	Biennial
SL3-A1-I7. School canteens	The opening of school canteens is encouraged regardless of the type of school day to ensure that children have access to one healthy meal a day	Ministry of Health; Ministry of Education and Vocational Training; CC. AA. Percentage: (No. of schools with school canteens / No. of schools) * 100 (disaggregated by CC. AA.)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A1-I8. Child and adolescent protection from unhealthy food and beverage advertising	A legal regulation has been processed (AESAN) aimed at reinforcing the protection of children by limiting food and drink advertising, in line with Directive 2018/1808 of the European Parliament and of the Council (Audiovisual Media Services Directive)	Ministry of Health; Ministry of Consumer Affairs (AESAN); CC. AA. Qualitative: Yes/No/In progress	Annual
SL3-A2-I1. Information and awareness-raising on health-enhancing physical activity	Collaborate in an intersectoral, interdisciplinary way and at all levels of Public Administration to inform and raise public awareness of health-enhancing physical activity	Ministry of Health; Ministry of Education and Vocational Training; Ministry of Universities; Ministry of Culture and Sport; CC. AA.; Local Authorities and FEMP Quantitative: No. of information and awareness campaigns/actions on health-enhancing physical activity (Disaggregated by national, regional and local level)	Annual
SL3-A2-I2. Healthy, safe and active school pathways	The municipalities develop and implement a plan for healthy, safe and active school roads to promote physical activity among children and adolescents in coordination with the STARS Programme of the DGT	Ministry of Health; Ministry of the Interior (DGT); CC. AA.; Local Authorities and FEMP Percentage: (No. of municipalities that have developed a healthy, safe and active school roads plan / Total no. of municipalities) * 100	Annual
SL3-A2-I3. Use of bicycles for regular journeys INE	Percentage of population using bicycles for regular journeys	Ministry of Health; INE Utilización de la bicicleta para desplazarse según sexo y grupo de edad. Población de 15 y más años (ine.es)	Triennial
SL3-A2-I4. Walking as a mode of travel INE	Percentage of the population who walk to get arround	Ministry of Health; INE Número de días a la semana en los que camina para desplazarse según sexo y comunidad autónoma (ine.es)	Triennial
SL3-A2-I5. Level of physical activity in the population INE	Level of activity (high, moderate, low) performed by the population	Ministry of Health; INE Nivel de actividad física según sexo y grupo de edad. Población de 15 a 69 años. Coeficiente de variación (ine.es)	Five-yearly (ENSE), and according to the frequency of the rest of the studies/surveys

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A2-I6. Healthy and safe use of information and communication technologies	The healthy and safe use of information and communication technologies among children and adolescents is promoted	Ministry of Health; Ministry of the Interior; Ministry of Education and Vocational Training; CC. AA.; Local Authorities and FEMP Percentage: (No. of educational centres that have carried out training actions on the healthy and safe use of information and communication technologies / No. of educational centres) * 100 (disaggregated by CC. AA. and municipalities)	Annual
SL3-A3-I1. Action Plan on Addictions 2021-2024	Degree to which the objectives of the Action Plan on Addictions 2021-2024 have been met	Ministry of Health; CC. AA. Percentage: (No. of objectives achieved / No. of objectives) * 100	Annual
SL3-A3-I2. Comprehensive Plan for Prevention and Control of Smoking	The Comprehensive Plan for Prevention and Control of Smoking has been approved, which aims to achieve a comprehensive smoking prevention and control policy in line with current standards and recommendations	Ministry of Health Qualitative: Yes/No/In progress	Annual until reached
SL3-A3-I3. Comprehensive Plan for Prevention and Control of Smoking	The measures proposed in the Comprehensive Plan for the Prevention and Control of Smoking are implemented once approved	Ministry of Health Percentage: (No. of measures completed / No. of measures) * 100	Annual from the publication of the Plan
SL3-A3-I4. Smoking Cessation Programme	A smoking cessation programme for health centres has been developed to ensure that provision is consistent across Spain	Ministry of Health; CC. AA. Percentage: (No. of health centres implementing the same smoking cessation programmes / No. of health centres) * 100 (disaggregated by CC. AA.)	Annual until reached
SL3-A3-I5. Awareness and education campaigns to prevent adolescents and young people from starting to use tobacco	Awareness and education campaigns have been carried out to prevent adolescents and young people from starting to use tobacco	Ministry of Health; CC. AA.; Local Authorities and FEMP Quantitative: No. of awareness and education campaigns carried out (disaggregated by national, regional and local level)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A3-I6. Intersectoral work on prevention of alcohol consumption	Intersectoral working groups have been set up to address alcohol consumption as a public health priority	Ministry of Health Qualitative: Yes/No/In progress	Annual until achieved
SL3-A3-I7. Training in preventing and tackling alcohol consumption	Training in prevention and management of alcohol consumption has been provided to professionals of health and social services	Ministry of Health; CC. AA. Numeric: Number of courses held; No. of professionals trained in the social and healthcare environment (both disaggregated by national and regional level)	Annual
SL3-A3-I8. Brief advice and intervention on risky alcohol consumption	A document on brief advice and intervention on risky alcohol consumption has been produced	Ministry of Health Qualitative: Yes/No/In progress	Annual until achieved
SL3-A3-I9. Dissemination of alcohol consumption	Materials and resources have been developed (infographics, videos and other informative materials) aimed at preventing alcohol consumption among the population	Ministry of Health; CC. AA. Numeric: No. of infographics; No. of videos; No. of other dissemination materials (disaggregated by national and regional level)	Annual
SL3-A3-I10. Law on the prevention of the negative effects of alcohol consumption in minors	Law on the prevention of the negative effects of alcohol consumption in minors has been adopted	Ministry of Health Qualitative: Yes/No/In progress	Annual until achieved
SL3-A3-I11. Preventing alcohol consumption during pregnancy	Measures to prevent alcohol consumption during pregnancy have been developed	Ministry of Health; Ministry of Science and Innovation (ISCIII) Percentage of pregnant women who do not consume alcohol during pregnancy (controls from the Spanish Collaborative Study of Congenital Malformations-ECEMC)	Annual
SL3-A3-I12. Definition of alcohol consumption-related terms	A document containing agreed definitions of alcohol consumption-related terms in line with the WHO alcohol and drug glossary has been developed	Ministry of Health Qualitative: Yes/No/In progress	Annual until achieved
SL3-A3-I13. WHO's SAFER Initiative for the reduction of alcohol consumption	The implementation of the actions proposed in the WHO SAFER Initiative has been promoted	Ministry of Health Percentage: (No. of actions implemented / No. of actions) *100	2004 and 2006

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A3-I14. Admissions to treatment for alcohol abuse or dependence (SDG Indicator 3.5) 	Persons admitted to treatment for abuse of, or dependence on, a psychoactive substance (other than alcohol) in a treatment centre have been counted	Ministry of Health Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Subindicator 3.5.1.2. Admissions to treatment for alcohol abuse or dependence (ine.es)	Annual
SL3-A3-I15. Prevalence of current tobacco use (SDG Indicator 3.a.1.) 	Prevalence of current tobacco use at age 15 and older (age-adjusted)	Ministry of Health; INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older (ine.es)	Triennial
SL3-A3-I16. Daily tobacco use in the population aged 15 and over	Percentage of persons aged 15 and over who use tobacco on a daily basis	Ministry of Health Encuesta Nacional de Salud de España 2017	Triennial
SL3-A3-I17. Harmful alcohol consumption (SDG Indicator 3.5.2.) 	Harmful alcohol consumption per capita (15 years of age and older) during a calendar year in litres of pure alcohol	Ministry of Health; INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.5.2. Harmful alcohol consumption per capita (15 years of age and older) during a calendar year in litres of pure alcohol (ine.es)	Triennial
SL3-A3-I18. Cannabis use	Population using cannabis on a daily basis	Ministry of Health Percentage: (No. of 15-64 year olds who have used cannabis daily in the last 30 days / No. of 15-64 year olds) * 100	Annual
SL3-A4-I1. Comprehensive sexual health training, education and promotion	Measures have been developed for the training, education and promotion of comprehensive sexual health aimed at both the general population and population in situation of vulnerability	Ministry of Health; CC. AA. Quantitative: No. of measures drawn up by the Ministry of Health and the CC. AA.	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A4-I2. Sexual and Reproductive Health Strategy in the National Health System	Work is underway to implement the Sexual and Reproductive Health Strategy in the National Health System	Ministry of Health; CC. AA. Percentage: (No. of targets achieved / No. of targets) * 100 (by Ministry of Health and CC. AA.)	Before the end of 2024 and before the end of 2026
SL3-A5-I1. National Vaccination Plan	A national vaccination plan approved by the Public Health Commission before the end of 2025, including international commitments and targets for vaccination, and the resources and advice needed for implementation, has been developed	Ministry of Health Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL3-A5-I2. National Vaccination Advisory Committee	A National Vaccination Advisory Committee has been established that meets the WHO and EU requirements for National Vaccination Advisory Committees	Ministry of Health Qualitative: yes/no/in process Percentage (after the above): (No. of requirements included / No. of requirements established by WHO) * 100 (No. of requirements included / No. of requirements set by the EU) * 100	Annual
SL3-A5-I3. Vaccination coverage (SDG Indicator 3.b.1.)	Proportion of the population having received the vaccines included in the common lifelong vaccination schedule	INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.b.1. Proportion of population immunised with all vaccines included in each national programme (ine.es)	Annual
SL3-A5-I4. Vaccination coverage in the child population	Actions are promoted intersectorally, interdisciplinary and at all levels of Public Administration to maintain primary vaccination coverage and booster doses at >95%	Ministry of Health; CC. AA. Population coverage for all vaccines included in the Common Lifetime Immunisation Schedule (disaggregated by CC. AA.)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A5-I5. Promoting influenza vaccination in the population	Actions are promoted intersectorally, across different disciplines and at all levels of Public Administration to comply with the indications for influenza vaccination included in the common lifelong vaccination schedule	Ministry of Health; CC. AA. Quantitative: No. of actions carried out to promote influenza vaccination in the population (disaggregated by national, regional and local level)	Annual
SL3-A5-I6. Neonatal screening for hearing loss, endocrine-metabolic diseases, infectious diseases and chromosomal abnormalities in the National Health System	Work has been done to implement the National Health System's neonatal screening programmes for hearing loss, endocrine-metabolic diseases, infectious diseases and chromosomal anomalies	Ministry of Health; CC. AA. Percentage: % coverage of the neonatal hearing screening programme % coverage of the screening programme for endocrine-metabolic diseases % coverage of the infectious disease screening programme % coverage of the chromosomal abnormality screening programme (all disaggregated by CC. AA.)	Annual
SL3-A5-I7. Cancer screening	Work has been done to implement the National Health System's breast, colorectal and cervical cancer screening programmes to achieve maximum coverage of the target population	Ministry of Health; CC. AA. Percentage: % coverage of the National Health System's breast cancer screening programme % coverage of the National Health System's colorectal cancer screening programme % coverage of the National Health System's cervical cancer screening programme (disaggregated by CC. AA. for all)	Annual
SL3-A5-I8. Cancer screening	A national information system has been developed for the cancer screening programmes of the National Health System	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL3-A6-I1. Information and awareness-raising on prevention of unintentional injuries and violence	Measures have been developed to inform and raise awareness among citizens, professionals and decision-makers on prevention of unintentional injuries and violence	Ministry of Health; CC. AA. Quantitative: No. of measures developed (disaggregated by Ministry of Health and CC. AA.)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A6-I2. Road safety	Cross-sectoral collaboration to implement the Road Safety Strategy 2030 of the Directorate General of Traffic	Ministry of Health; Ministry of the Interior (DGT); CC. AA.; Local Authorities and FEMP Percentage: (No. of objectives in which collaboration has taken place / No. of objectives) *100 (disaggregated by Ministry of Health, CC. AA. and Local Authorities and FEMP)	Annual
SL3-A6-I3. Driver Recognition Centres	The Medical-Psychological Examination Protocol for Driver Testing Centres has been updated	Ministry of Health; Ministry of the Interior (DGT) Qualitative: Yes/No/In progress	Annual until achieved
SL3-A6-I4. Prevention of driving after consuming alcohol and other drugs	A mapping of the agents, resources and protocols developed for the prevention of driving after consuming alcohol and other drugs has been carried out	Ministry of Health Qualitative: Yes/No/In progress	Annual until achieved
SL3-A6-I5. Prevention of driving after consuming alcohol and other drugs	Work is being done intersectorally and at all levels to implement measures aimed at preventing driving after consuming alcohol and other drugs and recidivism	Ministry of Health; Ministry of the Interior (DGT); CC. AA.; Local Authorities and FEMP Quantitative: No. of measures implemented (disaggregated by national and regional level)	Annual
SL3-A6-I6. Violence in the population (SDG Indicator 16.1.3.)	Proportion of population having experienced a) physical violence, b) psychological violence and c) sexual violence in the last 12 months	INE Agenda 2030 Indicators for Sustainable Development - Goal 16. Promote peaceful and inclusive societies for sustainable development, facilitate access to justice for all and build effective and accountable inclusive institutions at all levels - Indicator 16.1.3. Proportion of the population subjected to a) physical violence, b) psychological violence and c) sexual violence in the last 12 months (ine.es)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A6-I7. Sexual violence in the population (SDG Indicator 16.2.3.)	Percentage of young women and men aged 18-29 who experienced sexual violence before age 18	INE Agenda 2030 Indicators for Sustainable Development - Goal 16. Promote peaceful and inclusive societies for sustainable development, facilitate access to justice for all and build effective and accountable inclusive institutions at all levels - Indicator 16.2.3. Percentage of young women and men aged 18-29 who experienced sexual violence before the age of 18 years (ine.es)	Annual
SL3-A6-I8. Gender-based violence (SDG Indicator 5.2.1.)	Proportion of women and girls aged 15 and over who have experienced physical, sexual or psychological violence at the hands of a current or former intimate partner in the last 12 months, disaggregated by form of violence and age	INE Agenda 2030 Indicators for Sustainable Development - Goal 5. Achieve gender equality and empower all women and girls - Indicator 5.2.1. Proportion of women and girls aged 15 and over who have experienced physical, sexual or psychological violence at the hands of a current or former intimate partner in the last 12 months, by form of violence and age (ine.es)	Annual
SL3-A6-I9. Gender-based violence (SDG Indicator 5.2.2.)	Proportion of women and girls aged 15 and over who experienced sexual violence at the hands of a non-partner in the last 12 months, disaggregated by age and place of occurrence	INE Agenda 2030 Indicators for Sustainable Development - Goal 5. Achieve gender equality and empower all women and girls - Indicator 5.2.2. Proportion of women and girls aged 15 and over who experienced sexual violence at the hands of a non-partner in the last 12 months, by age and place of occurrence (ine.es)	Annual
SL3-A6-I10. Notification of aquatic incidents	The Aquatic Incident Reporting System (AQUATICUS) has been updated	Ministry of Health Qualitative: Yes/No/In progress	Annual until achieved

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A6-I11. Accidental drowning, submersion and suffocation INE	Rate of deaths attributed to accidental drowning, submersion and suffocation in population	INE Mortality rates due to external causes. 2019 (ine.es)	Annual
SL3-A6-I12. Accidental falls INE	Rate of accidental falls in the population	INE Mortality rates due to external causes. 2019 (ine.es)	Annual
SL3-A6-I13. Accidental poisoning by psychotropic medicines and drugs of abuse	Rate of deaths attributed to accidental poisoning by psychotropic drugs and drugs of abuse	Ministry of Health Data from the Spanish Observatory on Drugs and Addictions (OEDA)	Annual
SL3-A6-I14. Death rate due to road traffic injuries (SDG Indicator 3.6.1.)	Death rate due to road traffic injuries	INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Guarantee a healthy life and promote well-being at all ages - Indicator 3.6.1. Death rate due to road traffic injuries (ine.es)	Annual
SL3-A7-I1. Strategic Plan for Health and Environment (PESMA)	Strategic Plan for Health and Environment is implemented	Ministry of Health Qualitative: Yes/No/In progress Publication of an annual report with the set of indicators contained in the PESMA	Annual
SL3-A7-I2. Implementation of a system for monitoring exposure to environmental factors and their effects on health	Design of a system for monitoring exposure to various environmental factors and their effects on health	Ministry of Health; Ministry for the Ecological Transition and the Demographic Challenge Qualitative: Yes/No/In progress	Annual until achieved
SL3-A7-I3. Drinking water supply (SDG Indicator 6.1.1.)	Proportion of population using safely managed drinking water services	INE Agenda 2030 Indicators for Sustainable Development - Goal 6. Ensure availability and sustainable management of water and sanitation for all - Indicator 6.1.1. Proportion of population using safely managed drinking water services (ine.es)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A7-I4. Adequate wastewater treatment (SDG Indicator 6.3.1.) 	Proportion of domestic and industrial wastewater flow safely treated	INE Agenda 2030 Indicators for Sustainable Development - Goal 6. Ensure availability and sustainable management of water and sanitation for all - Indicator 6.3.1.Proportion of domestic and industrial wastewater flow safely treated (ine.es)	Annual
SL3-A7-I5. Recycled municipal waste (SDG Indicator 11.6.1.4.) 	Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, disaggregated by cities	INE Agenda 2030 Indicators for Sustainable Development - Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable - Indicator 11.6.1. Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, by cities (ine.es)	Annual
SL3-A7-I6. Compliance with environmental agreements on hazardous waste and other chemicals (SDG Indicator 12.4.1.) 	Number of parties to international multilateral environmental agreements on hazardous waste, and other chemicals that meet their commitments and obligations in transmitting information as required by each relevant agreement	INE Agenda 2030 Indicators for Sustainable Development - Goal 12. Ensure sustainable consumption and production patterns - Indicator 12.4.1. Number of parties to international multilateral environmental agreements on hazardous wastes and other chemicals complying with their commitments and obligations to transmit information as required by each of these agreements (ine.es)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A7-I7. Noise from neighbours or outside (Indicator SDG 11.1.1) 	Proportion of people living in households with noise problems from neighbours or from the outside	INE Agenda 2030 Indicators for Sustainable Development - Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable - Indicator 11.1.1. Proportion of urban population living in slums, informal settlements or inadequate housing (ine.es)	Annual
SL3-A7-I8. Fine particulate matter levels in cities (SDG Indicator 11.6.2.) 	Annual average levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population-weighted)	INE Agenda 2030 Indicators for Sustainable Development - Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable - Indicator 11.6.2. Annual average levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (ine.es)	Annual
SL3-A8-I1. National Plan for the Official Control of the Food Chain 2021-2025	The Ministry of Health, with the participation of the Ministry of Territorial Policy, has developed the 4 programmes relating to its competencies in the area of foreign health for the implementation of the National Plan for the Official Control of the Food Chain 2021-2025	Ministry of Health; Ministry of Territorial Policy Qualitative: Programme 1. Official control of goods for human use or consumption from third countries: yes/no/in process Programme 2. Official control of consignments from third countries with no commercial nature: yes/no/in process Programme 3. Control of catering waste from international means of transport: yes/no/in process Programme 4. Designation and supervision of border facilities for sanitary control or storage of goods: yes/no/in process	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A8-I2. Farm to Fork Strategy	Collaboration with the Spanish Agency for Food Safety and Nutrition in the implementation of the Farm to Fork Strategy (Ministry of Health with the participation of the Ministry of Territorial Policy, CC. AA.)	Ministry of Health; Ministry of Consumer Affairs (AESAN); CC. AA. Percentage: (No. of actions in which collaboration has taken place / No. of actions) * 100 (disaggregated by Ministry of Health and CC. AA.)	Annual
SL3-A9-I1. Network of Health Promoting Schools in Spain	The Network of Health Promoting Schools in Spain has been created in line with its European counterpart, the *Schools for Health in Europe Network*	Ministry of Health, Ministry of Education and Vocational Training; CC. AA. Qualitative: Yes/No/In progress	Annual
SL3-A9-I2. Drafting of the Guide for Health Promoting Schools	The Guide for Health Promoting Schools has been developed	Ministry of Health; other ministerial departments; CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL3-A9-I3. Autonomous Network of Health Promoting Schools	The CC. AA. have set up an Autonomous Network of Health Promoting Schools	Ministry of Health; Ministry of Education and Vocational Training; CC. AA. Percentage: (No. of CC. AA. with an Autonomous Network of Health Promoting Schools / No. of CC. AA.) * 100	Annual
SL3-A9-I4. Study of the health behaviours of adolescents in schools	A study of the health behaviours of school-aged adolescents and their context has been carried out (within the framework of the WHO collaborative study *Health Behaviour in School-aged Children*- HBSC)	Ministry of Health Qualitative: Yes/No/In progress	By the end of 2026
SL3-A10-I1. Health and community participation	Health and community participation is promoted through: (a) development of community action projects, (b) creation of community networks and citizen participation, (c) training of community health workers	Ministry of Health; CC. AA.; Local Authorities and FEMP Quantitative: a) Number of Community action projects; b) Number of community and citizen participation networks; c) No. of training courses for community health workers (all disaggregated by Ministry of Health and CC. AA.)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A10-I2. Local Implementation of the Strategy for Health Promotion and Prevention in the National Health System	Local authorities have adhered to the implementation of the Strategy for Health Promotion and Prevention in the National Health System	Ministry of Health; CC. AA.; Local Authorities and FEMP Percentage: (No. of local authorities adhering to the Strategy for Health Promotion and Prevention in the National Health System / No. of local authorities) * 100	Annual
SL3-A10-I3. Spanish Network of Healthy Cities	Local authorities have joined the Spanish Network of Healthy Cities (aligned with the *European Healthy Cities Network*)	Ministry of Health; CC. AA.; Local Authorities and FEMP Percentage: (No. of local authorities adhered to the Spanish Network of Healthy Cities / No. of local authorities) * 100	Annual
SL3-A10-I4. Urban health information	Local authorities have information on any urban health indicators	Ministry of Health; CC. AA.; Local Authorities and FEMP Percentage: (No. of local authorities with urban health indicators / No. of local authorities) * 100	Annual
SL3-A10-I5. Recovery Plan: 130 Measures to tackle the Demographic Challenge	There was collaboration for the implementation of Action Lines 7 and 8 of the Recovery Plan: 130 Measures for the Demographic Challenge of the Ministry for Ecological Transition and the Demographic Challenge	Ministry of Health; Ministry for Ecological Transition and the Demographic Challenge; CC. AA.; Local Authorities and FEMP Percentage: (No. of Axis 7 actions on which the Ministry of Health has collaborated / No. of Axis 7 actions) *100 (No. of Axis 8 actions on which the Ministry of Health has collaborated / No. of Axis 8 actions) *100	Before the end of 2024 and before the end of 2026
SL3-A11-I1. Spanish Strategy for Health and Safety at Work 2022-2027	The Spanish Strategy for Health and Safety at Work 2022-2027 has been implemented	Ministry of Health; Ministry of Labour and Social Economy (National Commission for Health and Safety at Work); CC. AA. Percentage: (No. of objectives achieved / No. of objectives) * 100 (disaggregated by CC. AA.)	Before the end of 2024 and before the end of 2026

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A11-I2. Measures to protect and promote health at work	The National Commission for Health and Safety at Work draws up actions for the protection and promotion of health at work	Ministry of Health; Ministry of Labour and Social Economy (National Commission for Health and Safety at Work) Quantitative: No. of actions drawn up by the National Commission for Health and Safety at Work for the protection and promotion of health	Before the end of 2024 and before the end of 2026
SL3-A11-I3. Healthy and safe workplaces	Work is being carried out intersectorally and at all levels of Public Administration to implement the actions developed by the National Commission for Health and Safety at Work to promote health and safety in the workplace	Ministry of Health; Ministry of Labour and Social Economy (INSST); CC. AA.; Local Authorities and FEMP Percentage: (No. of actions implemented / No. of actions developed) * 100 (disaggregated by CC. AA.)	Before the end of 2024 and before the end of 2026
SL3-A11-I4. Occupational Health Surveillance	An occupational health surveillance system has been designed for the national and regional levels (including the reporting of suspected occupational diseases)	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL3-A11-I5. Comprehensive Health Surveillance Program for workers exposed to asbestos (PIVISTEA)	The Comprehensive Health Surveillance Program for workers exposed to asbestos (PIVISTEA) is implemented	Ministry of Health; CC. AA. Percentage: (No. of objectives achieved / No. of objectives) * 100 (disaggregated by CC. AA.)	Before the end of 2024 and before the end of 2026
SL3-A11-I6. Post-occupational health surveillance	A study on post-occupational health surveillance programmes that need to be implemented has been prepared	Ministry of Health Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL3-A12-I1. Comprehensive Lifestyle Counselling Programmes	Comprehensive lifestyle counselling programmes have been developed for use in primary care	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress (disaggregated by CC. AA.)	Annual until achieved
SL3-A12-I2. Comprehensive lifestyle advice	Comprehensive Lifestyle Counselling is used for people attending primary care consultation	Ministry of Health; CC. AA. Percentage: (No. of people attending for consultation and receiving comprehensive lifestyle advice / No. of people attending for consultation) * 100 (disaggregated by CC. AA.)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A12-I3. Initiative for the Humanisation of Birth and Breastfeeding Care-IHAN	Work is underway to increase the number of health centres with accreditation from the Initiative for the Humanisation of Birth and Breastfeeding Care-IHAN	Ministry of Health; CC. AA. Quantitative: (No. of hospitals with IHAN accreditation / No. of hospitals) * 100 (by Autonomous Community) (No. of primary care centres with IHAN accreditation / No. of primary care centres) * 100 (disaggregated by CC. AA.)	Annual
SL3-A12-I4. Primary and Community Care Strategic Framework	Public health institutions have collaborated with the primary health care level to fulfil Strategies C (improve the quality of care and coordination with other health care settings, services and institutions) and D (strengthen community orientation, health promotion and prevention in Primary Health Care), and their action plans	Ministry of Health; CC. AA. Percentage: (No. of objectives achieved within Strategy C / No. of objectives of Strategy C) * 100 (No. of Strategy D objectives met / No. of Strategy D objectives) * 100 (for both disaggregated by Ministry of Health and CC. AA.)	Annual
SL3-A12-I5. Social prescription in primary care	Public health institutions have collaborated with the primary care level to promote social prescribing and help de-medicalise the social and/or emotional problems of the population	Ministry of Health; CC. AA.; Local Authorities and FEMP Percentage: (No. of CC. AA. that have implemented social prescription in primary care / No. of CC. AA.) * 100	Annual
SL3-A12-I6. Hepatitis B screening guidelines	A Guide to Hepatitis B Screening in Spain has been developed	Ministry of Health; CC. AA. Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL3-A12-I7. Incidence of hepatitis B (SDG Indicator 3.3.4.)	Hepatitis B incidence per 100,000 population	INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Guarantee a healthy life and promote well-being at all ages - Indicator 3.3.4. Hepatitis B incidence per 100,000 population (ine.es)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A12-I8. Hepatitis C screening	Work has been done to implement hepatitis C screening as stablished in the Ministry of Health's HCV screening guidelines	Ministry of Health; CC. AA. Percentage: (No. of CC. AA. that have implemented hepatitis C screening in their health care / No. of CC. AA.) * 100	Annual
SL3-A12-I9. Prevention, early detection and management of tuberculosis in the population	Work is being carried out at all levels of Public Administration for the prevention, early detection and management of tuberculosis in the population	Ministry of Health; CC. AA. Percentage: (No. of objectives met in the Plan for the prevention and control of tuberculosis in Spain / No. of objectives) * 100 (disaggregated by CC. AA.)	Annual
SL3-A12-I10. Incidence of tuberculosis (SDG Indicator 3.3.2.) 	Incidence of tuberculosis per 100,000 inhabitants	INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Guarantee a healthy life and promote well-being at all ages - Indicator 3.3.2. Incidence of tuberculosis per 100,000 inhabitants (ine.es)	Annual
SL3-A12-I11. HIV infection and STIs	Working at all levels of Public Administrations to promote comprehensive sexual health and non-discrimination	Ministry of Health; CC. AA.; Local Authorities and FEMP Percentage: (No. of targets met in the HIV and STI Prevention and Control Plan 2021-2030 / No. of targets) * 100	By the end of 2026
SL3-A12-I12. HIV infection	Interventions have been designed to prevent HIV infection (such as pre-exposure prophylaxis or HIV post-exposure prophylaxis)	Ministry of Health; CC. AA.; Local Authorities and FEMP Quantitative: No. of interventions carried out (disaggregated by Ministry of Health; CC. AA.; Local Authorities and FEMP)	Annual
SL3-A12-I13. HIV infections (SDG Indicator 3.3.1.)	Number of new HIV infections per 1,000 uninfected population, disaggregated by sex, age and key populations	Ministry of Health; INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Guarantee a healthy life and promote well-being at all ages - Indicator 3.3.1. Number of new HIV infections per 1,000 uninfected population, disaggregated by sex, age and key populations (ine.es)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A12-I14. Excess weight in the child population	Screening programmes for excess weight (overweight and obesity) in children in primary care settings have been updated	Ministry of Health, CC. AA. Qualitative: Yes/No/In progress (disaggregated by CC. AA.)	Annual
SL3-A12-I15. Children aged 2 to 4 who are obese, overweight or underweight (Indicator SDG 2.2.2) 	Percentage of children aged 2 to 4 years who are obese, overweight or underweight	Ministry of Health; INE Agenda 2030 Indicators for Sustainable Development - Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture - Sub-indicator 2.2.2.1. Proportion of children aged 2 to 4 years with obesity, overweight or underweight (ine.es)	Triennial
SL3-A12-I16. Training in early detection of gender-based violence	Health professionals are trained in the early detection of gender-based violence	Ministry of Health; CISNS; CC. AA. Quantitative: No. of training courses on gender-based violence carried out (disaggregated by General State Administration and CC. AA.) No. of professionals who have received training on gender violence (by General State Administration and CC. AA.)	Annual
SL3-A12-I17. Protocol for the prevention, early detection and approach of violence against children and adolescents	A protocol has been drawn up for the prevention, early detection and approach of violence against children and adolescents in health care	Ministry of Health; CISNS; CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL3-A12-I18. Training in the prevention, early detection and approach of violence against children and adolescents	Health care professionals have been trained in the prevention, early detection and approach of violence against children and adolescents	Ministry of Health; CISNS; CC. AA. Percentage: (No. of healthcare professionals who have received training on prevention, early detection and approach to violence against children and adolescents / No. of health care professionals) * 100 (disaggregated by CC. AA.)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A12-I19. Training on the specific health needs of LGBTIQ+ people	Intersectoral work has been carried out to promote the training of healthcare professionals in the specific healthcare needs of LGBTIQ+ people	Ministry of Health; Ministry of Equality; CC. AA. Numerical: No. of training actions aimed at healthcare professionals No. of health professionals trained (both disaggregated by CC. AA.)	Annual
SL3-A12-I20. Patient Safety Strategy of the National Health System	Work has been done to meet the objectives proposed in the Patient Safety Strategy of the National Health System	Ministry of Health; CC. AA. Percentage: (No. of objectives achieved / No. of objectives) * 100 (disaggregated by Ministry of Health and CC. AA.)	Annual
SL3-A12-I21. Patient safety study	National studies of adverse events in primary care and hospitalisation-related adverse events have been updated	Ministry of Health; Ministry of Science and Innovation (ISCIII); CC. AA. Qualitative: Yes/No/In progress (disaggregated by primary care and inpatient)	End 2024 (start of the study); End 2026 (end of the study)
SL3-A12-I22. National Antibiotic Resistance Plan (PRAN)	The National Antibiotic Resistance Plan (PRAN) and in particular the implementation of the Antibiotic Use Optimisation Programmes (PROA) in both hospital and primary care settings is being implemented intersectorally	Ministry of Health; CC. AA. Percentage: (No. of PRAN objectives achieved / No. of objectives) * 100 (No. of primary care and hospital health centres that have implemented PROA / No. of primary care and hospital health centres) * 100 (both disaggregated by CC. AA.)	Annual
SL3-A12-I23. Network of Health Promoting Hospitals	Work is underway to promote the Network of Health Promoting Hospitals	Ministry of Health; CC. AA. Percentage: (No. of hospitals that adhere to the Network of Health Promoting Hospitals / No. of hospitals) *100 (disaggregated by CC. AA.)	Annual
SL3-A12-I24. Health of persons deprived of liberty	The prevalence of communicable diseases, mental illnesses and substance use in persons deprived of liberty has been studied and a report has been produced with the data	Ministry of Health; Ministry of the Interior (Sub-directorate General of Prison Health); Ministry of Science and Innovation (ISCIII); CC. AA. Qualitative: Yes/No/In progress (pending completion of report)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A13-I1. Strategic Plan for the modernisation/ improvement of foreign health	The Strategic Plan for the modernisation/improvement of foreign health has been drawn up with the participation and prior agreement of the Ministry of Territorial Policy	Ministry of Health; Ministry of Territorial Policy Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL3-A13-I2. Plan for the Digitalisation of the management and information of foreign health information	The Plan for the Digitalisation of the management and information of foreign health interoperable with the CC. AA., the Functional Areas of Health and Social Policy of the Government Delegations and Sub-delegations, and other national and international applications has been drawn up	Ministry of Health; Ministry of Territorial Policy Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL3-A13-I3. International Vaccination Centres	The Quality Plan for International Vaccination Centres has been drawn up with the collaboration and agreement of the Ministry of Territorial Policy	Ministry of Health; Ministry of Territorial Policy Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL3-A13-I4. Public health authority activity	The public health authority participates in the negotiation process of sanitary agreements and export certification with third countries	Ministry of Health Percentage: (No. of sanitary agreements and export certification with third countries in which the public health authority has participated / No. of sanitary agreements and export certification with third countries) * 100	Annual
SL3-A13-I5. *EU Healthy Gateways*	Spain has participated in the drafting of guidelines, catalogues of good practices and action plans included in the *EU Healthy Gateways*	Ministry of Health Percentage: (No. of guidelines, catalogues of good practices and action plans included in the *EU Healthy Gateways* in which Spain has participated / No. of guidelines, catalogues of good practices and action plans included in the *EU Healthy Gateways)* * 100	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL3-A13-I6. Regulatory developments in foreign health	The following aspects have been developed in regulations, which have been previously agreed with the Ministry of Territorial Policy: a) regulation of health checks on persons travelling in international transit and health and hygiene checks in international facilities and means of transport, b) law on fees, offences and penalties in the field of foreign health, c) regulation of official controls on goods for human use or consumption coming from third countries or third territories and establishes the conditions for the authorisation of Border Control and Sanitary Storage Facilities for Goods, d) regulation of sanitary measures for the export of products of non-animal origin, e) regulation of the international transfer of corpses and anatomical parts, and biological samples)	Ministry of Health; Ministry of Territorial Policy Qualitative for each section: a: Yes/No/In progress b: Yes/No/In progress c: Yes/No/In progress d: Yes/No/In progress e: Yes/No/In progress	Before the end of 2024 and before the end of 2026

Monitoring and evaluation indicators for Strategic Line 4: Promoting health and health equity throughout the life course

SL4-A1. Encourage the protection and promotion of an active and healthy childhood and adolescence.

SL4-A2. Encourage the protection and promotion of active and healthy ageing.

SL4-A3. Ensure that health policies promote equitable addressing of the needs of all.

The indicators included shall be named with SL4, indicating the strategic line to which they belong, followed by the letter A and a number, indicating the action to which they belong, followed by the letter I (indicator) and the corresponding ordinal number. E.g. SL4-A1-I1, SL4-A1-I2, SL4-A1-I3, etc.

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL4-A1-I1. Protection from violence in the child and adolescent population	Multisectoral actions have been implemented in the Public Administration (national, regional and local level) to protect children and adolescents from any form of violence	Ministry of Health; Ministry of Equality; CC. AA. Qualitative: Yes/No/In progress (Disaggregated by national, regional and local level)	Annual
SL4-A1-I2. Map of agents, resources and protocols on violence against children and adolescents	A map reflecting agents, resources and protocols developed on violence against children and adolescents at national and regional level has been drawn up	Ministry of Health; Ministry of Equality; CC. AA. Qualitative: Yes/No/In progress	Annual
SL4-A1-I3. School abuse in the child and adolescent population	Percentage of children and adolescents who have been victims of mistreatment in the school environment	Ministry of Health Percentage (data from the *Health Behaviour in School-aged Children* Study)	By the end of 2026

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL4-A1-I4. Physical or sexual violence against women and girls aged 16 and over inflicted by a current or former intimate partner (SDG Indicator 5.2.1.1)	Percentage of women and girls aged 16 years and over who have experienced physical or sexual violence by a current or former intimate partner in the previous 12 months	INE Goal 5. Achieve gender equality and empower all women and girls - Sub-indicator 5.2.1.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (ine.es)	Annual
SL4-A1-I5. Sexual violence against women and girls aged 16 and over outside of intimate partner relationships (SDG Indicator 5.2.2.1)	Percentage of women and girls aged 16 and over who have experienced non-partner sexual violence in the previous 12 months	INE Goal 5. Achieve gender equality and empower all women and girls - Sub-indicator 5.2.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (ine.es)	Annual
SL4-A1-I6. Positive parenting	Training and education on positive parenting has been provided to caregivers of the child population	Ministry of Health; CC. AA. Percentage: No. of training and capacity building courses on positive parenting (disaggregated by Ministry of Health and CC. AA.) No. of persons who have received training and education on positive parenting (disaggregated by Ministry of Health and CC. AA.)	Annual
SL4-A1-I7. Mental Health Strategy of the National Health System	Work on the implementation of the Mental Health Strategy of the National Health System and its action plans (current Mental Health Care Plan 2022-2024)	Ministry of Health Percentage: (No. of goals achieved / No. of goals) * 100 (No. of actions carried out / No. of actions) * 100 For the Strategy and for the action plans	Before the end of 2024 and before the end of 2026

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL4-A1-I8. Protocols for detecting mental health problems in young people	Protocols have been developed intersectorally for the early detection of mental health problems in young people	Ministry of Health; Ministry of Education and Vocational Training; Ministry of Social Rights and Agenda 2030; CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL4-A1-I9. Participation of the child, adolescent and youth population in the promotion of their health	Work has been carried out to involve children, adolescents and young people in the promotion of their health	Ministry of Health; Ministry of Education and Vocational Training; CC. AA.; Local Authorities and FEMP Quantitative: No. of health promotion programmes aimed at children, adolescents and young adults Number of children, adolescents and young people who have participated in health promotion programmes (both disaggregated by CC. AA.)	Annual
SL4-A2-I1. Protection from violence in the elderly	A study has been carried out to find out the prevalence of violence and mistreatment directed at the elderly population	Ministry of Health; Ministry of Social Rights and Agenda 2030; Ministry of Science and Innovation (ISCIII); CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL4-A2-I2. Promoting active and healthy ageing	Programmes to promote active and healthy ageing are developed at all levels of Public Administration	Ministry of Health; Ministry of Social Rights and Agenda 2030 (Imserso); CC. AA.; Local Authorities and FEMP Quantitative: No. of active and healthy ageing promotion programmes have been implemented (disaggregated by levels of Public Administration) Percentage: (No. of people aged 65 and over who have participated in an active and healthy ageing programme / No. of people aged 65 and over) * 100 (disaggregated by CC. AA.)	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL4-A2-I3. Strategy for Addressing Chronicity in the National Health System	Work is being carried out on what is indicated in the Evaluation Report and priority lines of action of the Strategy for Addressing Chronicity in the National Health System	Ministry of Health; CC. AA. Percentage: (No. of lines of action fulfilled / No. of priority lines of action) * 100 (disaggregated by Ministry of Health and CC. AA.)	Before the end of 2024 and before the end of 2026
SL4-A2-I4. Integrated care for older people	A national document on the model of integrated care for the elderly has been drawn up in line with the *Frailty Prevention Approach* (FPA) and the Strategy for Addressing Chronicity in the National Health System	Ministry of Health; Ministry of Social Rights and Agenda 2030 (Imserso); CC. AA. Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL4-A2-I5. Partnerships to improve integrated care for older people	Cross-sectoral work is carried out at all levels of Public Administration to address and improve comprehensive care for older people	Ministry of Health; Ministry of Social Rights and Agenda 2030; CC. AA. Quantitative: Number of intersectoral (at least the health care sector, the social sector and public health) and multilevel (national, regional and local level) meetings held to address and improve comprehensive care for the elderly	Annual
SL4-A2-I6. Training on frailty	Training and awareness-raising courses on frailty for health and social services professionals are carried out	Ministry of Health; CC. AA. Quantitative: Number of courses on frailty have been carried out by the Public Administration (disaggregated by national, regional and local level) No. of health and social care professionals who have taken a course on frailty (disaggregated by Autonomous Community)	Annual
SL4-A2-I7. Early detection of frailty	Early frailty screening of people aged 70 years and older is carried out at the primary care level as set out in the Consensus Document Update on Frailty Prevention in the Elderly (2022)	Ministry of Health; CC. AA. Percentage: (No. of CC. AA. that have incorporated the Updating of the Consensus Document on the Prevention of Frailty in the Elderly (2022) / No. of CC. AA.) * 100	Annual

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL4-A3-I1. National Health Equity Strategy	The National Health Equity Strategy has been updated	Ministry of Health Qualitative: Yes/No/In progress	Before the end of 2024 and before the end of 2026
SL4-A3-I2. Regional health equity plans and actions	The CC. AA. have plans to promote health equity in the population	Ministry of Health; CC. AA. Percentage: (No. of CC. AA. with health equity plans / No. of CC. AA.) / * 100 (No. of CC. AA. that implement actions/actions to promote equity in health / No. of CC. AA.) / * 100	Annual
SL4-A3-I3. Accessibility in the movement of the population	Work is being done to promote universal accessibility in the movement of the population through the development of a new protocol for assessing drivers with mobility problems for access to group 2 driving licences	Ministry of Health; Ministry of the Interior (DGT); CC. AA. Qualitative: Yes/No/In progress	Annual until achieved
SL4-A3-I4. European Strategy for Gender Equality 2020-2025	Work is carried out intersectorally and at Public Administration levels to meet the objectives proposed in the European Strategy for Gender Equality 2020-2025	Ministry of Health; Ministry of Social Rights and Agenda 2030; Ministry of Equality; CC. AA. Percentage: (No. of objectives met / No. of objectives) * 100 (disaggregated by Ministry of Health and CC. AA.)	Before the end of 2024 and before the end of 2026
SL4-A3-I5. Health and health equity for Roma people	Work is being carried out on the health actions of the Strategy for Roma Equality, Inclusion and Participation 2021-2030 and its respective operational plans	Ministry of Health; Ministry of Social Rights and Agenda 2030; CC. AA.; Local Authorities and FEMP Percentage: (No. of health actions completed / No. of health actions) * 100 (disaggregated by national, regional and local administrations)	Before the end of 2024 and before the end of 2026

Indicator	Description	Source (Calculation formula)	Measurement (Frequency)
SL4-A3-I6. Health and health equity for LGBTIQ+ persons	Working intersectorally to promote health equity for LGBTIQ+ people	Ministry of Health; Ministry of Equality; CC. AA. Quantitative: No. of LGBTIQ+ people who have felt discriminated against in the last 12 months when using health services (disaggregated by Autonomous Community)	Annual
SL4-A3-I7. Health and health equity for people in situations of dependence	Work is being carried out intersectorally and at all levels of Public Administration to improve the System for Autonomy and Care for Dependency (SAAD) provided for in the Dependency Law	Ministry of Health; Ministry of Social Rights and Agenda 2030; CC. AA.; Local Authorities and FEMP Percentage: (No. of people who are granted aid through the System for Autonomy and Care for Dependency (SAAD) / No. of people who apply for aid) * 100	Annual
SL4-A3-I8. Addressing disability	Work is being carried out intersectorally and at all levels of Public Administration to implement the Spanish Disability Strategy 2022-2030	Ministry of Health; Ministry of Social Rights and Agenda 2030 (Imserso); CC. AA.; Local Authorities and FEMP Percentage: (No. of actions on which the Ministry of Health has collaborated / No. of actions on which the Ministry of Health is a collaborator) * 100 (No. of recommendations worked on by the CC. AA. / No. of recommendations for the CC. AA.) * 100 (No. of recommendations worked on by Local Authorities / No. of recommendations for Local Autorities) * 100	Annual
SL4-A3-I9. Health and health equity for persons deprived of liberty	Working intersectorally to promote health and health equity for persons deprived of liberty	Ministry of Health; Ministry of the Interior (Sub-directorate General for Prison Health); CC. AA. Quantitative: No. of plans/actions carried out to promote health and health equity in persons deprived of liberty (disaggregated by Ministry of Health and CC. AA.)	Before the end of 2024 and before the end of 2026

Annexes

Annex 1. Regulatory Framework

The Law 33/2011, October 4th, General Public Health, specifically establishes the integrated, sectoral and cross-cutting health actions organised by the Public Administrations to prevent disease and to protect, promote and recover people's health, both individually and collectively. Article 44 establishes the Public Health Strategy as the tool for defining the areas of action on health determinants, to ensure that health and health equity are considered in all public policies and to facilitate intersectoral action in this area by identifying synergies. In addition, the **ESP 2022** will incorporate the public health research actions provided for in Articles 47 (referring to the State Centre for Public Health), 48 (referring to the professional practice of public health activities) and 49 (referring to public health research priorities) of the Law.

There are also other legal texts that support the drafting and implementation of a national public health strategy.

The right to health protection is expressly formulated in Article 43 of the Spanish Constitution. This article states that "it is the responsibility of the public authorities to organise and protect public health through preventive measures and the necessary benefits and services". It is instrumentally linked to Article 15 of the Spanish Constitution, which promulgates the right to life and to physical and moral integrity.

In addition to Article 43, the protection of health is broadly contemplated in the constitutional context and goes beyond the health benefits provided by the public authorities to also affect other rights and matters that act as determinants or conditioning factors of the health of individuals. These aspects are expressly included in the Spanish Constitution, for example, the right to the enjoyment and conservation of the environment (Article 45), health and safety at work (Article 40), or the defence of consumers and users (Article 51).

There is a clear constitutional mandate to establish a basic and recognisable institutional architecture to ensure that public health provision is real and effective for all citizens.

Article 43 of the Spanish Constitution has been developed in Spain through a series of legal norms that have configured the structure of the National Health System, of which the following should be highlighted:

1. Article 1 of Organic Law 3/1986, April 14th, on Special Measures in the Field of Public Health, establishes: In order to protect public health and prevent its loss or deterioration, the health authorities of the different Public Administrations may, within the scope of their competencies, adopt the measures provided for in this Law when so required for urgent or necessary health reasons. And in its third article, it determines: In order to control communicable diseases, the health authority may, in addition to general preventive actions, take appropriate measures for the control of sick persons, persons who are or may have been in contact with them and the immediate environment, as well as those measures considered necessary in the event of a risk of a communicable nature.

2. Law 14/1986, April 25th, General Health, established the principles and substantive criteria that have made it possible to configure the National Health System, in which the CC. AA. have broad competencies in health matters, and the State provides the basic management and coordination. Article 3 reflects the priority orientation of the health system towards health promotion and disease prevention, with an emphasis on overcoming territorial and social imbalances. Article 8 considers, as a fundamental activity of the health system, the carrying out of epidemiological studies necessary to guide the prevention of health risks more effectively, as well as health planning and evaluation, which must be based on an organised system of health information, surveillance and epidemiological action. Hygiene control, food technology and research, as well as the prevention and control of zoonoses and the techniques necessary to avoid risks to humans due to animal life or animal diseases are also considered basic activities of the health system. Article 40 establishes that the General State Administration, without detriment to the competencies of the CC. AA., will draft general reports on public health and healthcare.

3. Law 31/1995, November 8th, on the Prevention of Occupational Risks, specifically develops the actions of the competent Public Administrations in health matters.

4. Law 16/2003, May 28th, on the cohesion and quality of the National Health System, establishes the bases for guaranteeing equity, quality and social participation in the National Health System, as well as the coordination and cooperation of the Public Administrations to overcome inequalities in health. Article 11 defines public health benefits as the set of initiatives organised by Public Administrations to preserve, protect and promote the health of the population through collective or social actions. They include, among others, the following actions:

a) Public health information and surveillance, epidemiological alert and rapid response systems for public health emergencies.
b) Advocacy for public health goals and objectives is the combination of individual and societal actions aimed at gaining political commitment, support for health policies, social acceptance and support for particular health goals or programmes.
c) Health promotion, through intersectoral and cross-cutting programmes.
d) Prevention of disease, disability and injury.
e) Protection of health, avoiding the negative effects that various elements of the environment can have on people's health and well-being.

f) Protection and promotion of environmental health.
g) Protection and promotion of food security.
h) Protection and promotion of occupational health.
i) Evaluation of health impact of policies.
j) Surveillance and control of potential health risks arising from the import, export or transit of goods and the international transit of travellers.
k) Prevention and early detection of rare diseases, as well as support for people with rare diseases and their families.

These services will be provided from the public health structures of the Administrations and the primary care infrastructure of the National Health System.

5. Law 8/2003, April 24th, on Animal Health, lays down the basic and coordinating rules on animal health, as well as the regulation of foreign health in this field. It encompasses, inter alia, the following purposes related to human health:

d) Protection of human and animal health by the prevention, control, control and, where necessary, eradication of animal diseases which may be transmitted to humans or which involve health risks to the health of consumers.
e) Prevention of risks to human health arising from the consumption of foodstuffs of animal origin which may contain harmful or fraudulent substances or additives, as well as harmful residues of animal health products or any other elements used in veterinary therapeutics.

6. Royal Decree 1030/2006, September 15th, establishing the portfolio of common services of the National Health System and the procedure for its updating, establishes the content of the portfolio of common services of the National Health System's health benefits in order to guarantee equity and accessibility to adequate health care for the population. The portfolio of services contained in this Royal Decree has the prior agreement of the CISNS and will be guaranteed regardless of where in Spain the users of the system are at any given time.

The Royal Decree contains the portfolio of common public health services. In addition, the CC. AA., within the scope of their powers, may approve their respective portfolios of services, which shall include, at least, the portfolio of common services of the National Health System, which must be guaranteed to all users of the same. The CISNS shall be aware of, debate and, where appropriate, issue recommendations on the establishment by the CC. AA. of health benefits complementary to the common benefits of the National Health System, in accordance with the provisions of article 71.1.b) of Law 16/2003, May 28th, on the cohesion and quality of the National Health System.

7. Organic Law 3/2007, March 22th, for the effective equality of women and men. The purpose of this Law is to give effect to the right to equal treatment and opportunities between women and men, in particular by eliminating discrimination against women,

whatever their circumstances or condition, in any sphere of life and, in particular, in the political, civil, labour, economic, social and cultural spheres, in order to achieve a more democratic, fairer and more caring society, in the development of Articles 9.2 and 14 of the Constitution. To this end, the Law establishes principles for action by the public authorities, regulates the rights and duties of natural and legal persons, both public and private, and provides for measures aimed at eliminating and correcting all forms of discrimination on grounds of sex in the public and private sectors.

8. Law 17/2011, July 5th, on Food Safety and Nutrition, which establishes the common basic regulatory framework in the field of food safety and nutrition, with a broad approach that seeks safety throughout the food chain.

The CC. AA., in accordance with the model of decentralisation of health competencies and management, have been developing their own health and public health laws.

In short, there is a mandate for health administrations to create a public health strategy that integrates the different dimensions that determine the health of the population in a global and increasingly interconnected world.

In addition to the above, the health, social and economic crisis generated by COVID-19 has required actions to strengthen the response to the increased health needs of the population, in the context of serious risk to the community. In this regard, public health must offer a response to health problems with a comprehensive vision and a focus on equity and be fully capable of adaptive response in exceptional health contexts.

In this regard, in July 2020, the Congress of Deputies approved the Opinion of the Commission for the Social and Economic Reconstruction of Spain.[396] In order to carry out this reconstruction, among many other aspects, a section on the transformation of the National Health System towards a more robust, flexible and resilient model is included, with more than 70 proposals and measures such as the promotion of primary care and public health, the reinforcement and improvement of human and professional resources, digital transformation, research, pharmaceutical policy, strategic reserves or the governance of the system.[397]

The EU has established the Recovery and Resilience Mechanism[398] (EU Regulation 2021/241 of the European Parliament and of the Council of 12 February 2021) which

[396] Creación de la Comisión para la Reconstrucción Social y Económica. Boletín Oficial de Las Cortes Generales. Congreso de los Diputados XIV Legislatura. Available at: https://www.congreso.es/public_oficiales/L14/CONG/BOCG/D/BOCG-14-D-123.PDF.

[397] Dictamen. Comisión para la Reconstrucción Social y Económica. Available at: https://www.congreso.es/docu/comisiones/reconstruccion/153_1_Dictamen.pdf.

[398] Official Journal of the European Union. Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Recovery and Resilience Facility 2021. Available at: http://data.europa.eu/eli/reg/2021/241/oj.

envisages a series of reforms and investments financed mainly through the EU instrument *NextGenerationEU*[399] to address the health and social crisis. The Government approved, through the Agreement of the Council of Ministers of 27 April 2021, the Recovery, Transformation and Resilience Plan (PRTR)[400], to implement the Recovery and Resilience Mechanism in Spain, and to channel the use of EU funds dedicated to this purpose.

The Plan considers the need for transformations to improve the response to demographic challenges (ageing, chronicity, dependency, depopulation, etc.), environmental challenges (climate change, pollution, noise, etc.), social challenges (social determinants of health, territorial differences, etc.), technological challenges (data processing, disruptive technologies, etc.) and economic challenges (sustainability, efficiency, etc.). Component 18 of this Plan is dedicated to the "Renewal and expansion of the capacities of the National Health System". Reform 2 of Component 18 (Public Health System Reform)[401] includes the development of strategic and operational instruments as the basis for a new, more ambitious, more integrated and better articulated public health system.

This **ESP 2022** is part of the strategic instruments included in Component 18 Reform 2. Its approval within the CISNS constitutes the fulfilment of milestone CID#274 and represents the commitment of the actors involved in public policy and facilitating intersectoral action (as indicated in the introduction).

The **ESP 2022** sets out the strategic guidelines for public health action in Spain as a whole. The objective of the ESP 2022 is to improve the health of the Spanish population by establishing the essential lines and priorities to be followed by all health administrations in their policies for the promotion, prevention and protection of public health, in actions aimed at specific population groups, informing citizens, training professionals and meeting their needs.

The **ESP 2022** will ensure that public health and equal access to healthcare are taken into account in all public policies and facilitate intersectoral action in this field. It will run for five years, with mid-term evaluations every two years to assess the degree of implementation. It will include measures and actions in relation to all areas of public health to be implemented in the policies, plans and programmes of all Spanish health administrations during its period of validity, within the deadlines established therein.

Furthermore, within Component 18, the actions to strengthen prevention and health promotion, with a special focus on the promotion of healthy lifestyles and environments included in this **ESP 2022** (anti-smoking, prevention of alcohol consumption, promotion of

[399] European Commission. Recovery plan for Europe Available at: https://commission.europa.eu/strategy-and-policy/recovery-plan-europe_en.

[400] Government of Spain. 2021. Recovery, Transformation and Resilience Plan. Government of Spain. Available at: https://www.lamoncloa.gob.es/lang/en/presidente/news/Documents/2020/20201007_RecoveryPlan.pdf.

[401] Government of Spain. 2021. Recovery, Transformation and Resilience Plan. Component 18: Renewal and expansion of the capabilities of the National Health System. Government of Spain. Available at: https://www.lamoncloa.gob.es/temas/fondos-recuperacion/Documents/05052021-Componente18.pdf.

healthy environments and lifestyles, actions of the Antibiotic Resistance Plan, prevention and treatment of addictions, prevention of mental health problems and promotion of emotional well-being and cancer prevention) are related to Investment 2 (milestone CID#280). The proposed actions to increase the capacity to respond to health crises are related to Investment 3 (milestone CID#281).

The **ESP 2022** is not an action plan, nor a programme, nor a regulatory proposal that in itself commits budgetary elements or human, material and economic resources, but rather it frames general, extensive lines of action and actions that have a direct or indirect implication on the health of the population. It is a compendium of strategies, plans and actions already being developed or to be developed by the different administrations, each with their own budgets and human resources. It encompasses the actions of different departments of both the General State Administration, and the CC. AA. (e.g. regional health plans) and local authorities.

It aims to organise all the above-mentioned actions in a frame of reference in such a way that their impact on the overall health of the population can be made visible and assessed. The ESP 2022 sets out lines of action for the entire set of Administrations and the National Health System; all the institutions involved, which each one of them will adapt, guide and develop with their own resources. All commitments arising from the implementation of this Strategy are subject to the budgetary availabilities existing in the current and subsequent years, in accordance with the fiscal consolidation path set by the Government, and in the case of actions for which the CC. AA. and Local Bodies are competent, they will act in accordance with their budgetary availability.

Finally, Law 2/2021, March 29th, on urgent prevention, containment and coordination measures to deal with the health crisis caused by COVID-19 states in Article 5: In accordance with the provisions of Article 65 of Law 16/2003, May 28th, on the cohesion and quality of the National Health System, action plans and strategies will be adopted to deal with health emergencies, through coordinated public health actions, taking into account the different levels of risk of exposure and community transmission of COVID-19 for the development of the different activities provided for in this Law.

Annex 2. International public health

Public health, its management and governance, goes far beyond the national level and is addressed across several international bodies and organisations. The EU and the UN are the main bodies through which international public health governance is articulated.

European Union

The EU[402,403] is an organisation that includes European countries and addresses many policy areas, from climate, environment and health to external relations and security, justice and migration. It was created under a different name in the post-World War II period and, over the years, has been developed and seen the creation of dependent bodies. It plays an integrating, harmonising and facilitating role among its Member States to achieve shared objectives, generate synergies and address common health challenges.

It has four main decision-making institutions that steer its administration. These institutions collectively provide political guidance to the EU and play different roles in the legislative process:[404]

a) The European Parliament
b) The European Council
c) The Council of the EU and
d) The European Commission

The European Commission has executive power and legislative initiative, including the proposal of legislation, the implementation of EU decisions in "day-to-day management" and the upholding of the EU treaties.

The Directorate-General for Health and Food Safety (DG SANTE)[405] is the European Commission's agency responsible for protecting and improving public health, ensuring the accessibility, effectiveness and adaptability of its health systems, monitoring the safety of food consumed, as well as animal welfare, crop and forest health. They represent a range of tasks that highlight the aforementioned variety of disciplines that make up public health.

Several factors at the end of the 20th century, including the bovine spongiform encephalopathy crisis ("mad cow disease"), put health and consumer protection high on

[402] European Union. Website Available at: https://european-union.europa.eu/index_es.

[403] European Union. What is it and what does it do? Available at: https://op.europa.eu/webpub/com/eu-what-it-is/en/index.html.

[404] European Union. Types of institutions and bodies. Available at: https://european-union.europa.eu/institutions-law-budget/institutions-and-bodies/types-institutions-and-bodies_en.

[405] European Union. Directorate-General for Health and Food Safety (SANTE). Available at: https://ec.europa.eu/info/departments/health-and-food-safety_eslo.

the political agenda. Specific executive agencies were then created, such as the European Medicines Agency (EMA) and the European Centre for Disease Prevention and Control (ECDC), with responsibility for the epidemiological surveillance of infectious diseases at European level, as a commitment of the EU to health policy (both bodies are currently being reshaped).[406] The establishment of the European Chemicals Agency (ECHA) under the REACH regulation for the registration, evaluation, authorisation and restriction of chemicals, and the creation of the European Food Safety Authority (EFSA), contribute to improving the health of EU citizens.

The health emergency caused by the SARS-CoV-2 pandemic includes the creation of a new European Health Emergency Preparedness and Response Authority (HERA) with the aim of developing, producing and procuring medical countermeasures to make the EU and Member States much better prepared to respond to a cross-border crisis.[407]

The European Health and Digital Executive Agency (HaDEA) is established in 2021 to help rebuild Europe after COVID-19, and to implement the programmes and initiatives that will be set up in this regard (including the EU4Health Programme 2021-2027, the Better Training for Safer Food Initiative, the Digital Europe Programme, and the Horizon Europe Pillar 2 for research and innovation in health).

With regard to public health action areas, in 1993, the European Commission produced a Communication on the framework for action in the field of public health.[408] This Communication was the forerunner of the public health programmes that have been developed in the EU:

- Programme of Community action in the field of public health (2003-2008).[409]
- Second Programme of Community Action in the Field of Health (2008-2013).[410]
- Health for Growth Programme (2014-2020).[411]
- EU4Health 2021-2027[412] *(EU4Health* 2021-2027) is the fourth and largest of the EU's health programmes.

406 European Union. The Role of EU Agencies. Available at: https://ec.europa.eu/commission/presscorner/detail/es/fs_20_2079.

407 European Union. European Health Emergency Preparedness and Response Authority (HERA). Available at: https://ec.europa.eu/commission/presscorner/detail/es/qanda_21_4733.

408 Commission communication on the framework for action in the field of public health Available at: https://op.europa.eu/en/publication-detail/-/publication/da3d85df-7b96-4665-bc8c-d4b8ce6f09b6.

409 European Union. Programme of Community action in the field of public health (2003-2008) Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Ac11503b.

410 European Union. Second Programme of Community Action in the Field of Health (2008-2013). Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Ac11503c.

411 European Union. Health for Growth Programme (2014-2020). Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Asp0017.

412 European Union. EU4Health Programme 2021-2027. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021R0522&from=EN; https://www.europarl.europa.eu/RegData/etudes/ATAG/2021/689351/EPRS_ATA(2021)689351_EN.pdf; EU4Health Programme 2021-2027 https://www.europarl.europa.eu/RegData/etudes/ATAG/2021/689351/EPRS_ATA(2021)689351_EN.pdf; https://www.mscbs.gob.es/profesionales/proyectosActividades/docs/Programas_Accion_Area_Salud_UE.pdf.

This EU4Health Programme 2021-2027 arose to reflect lessons learned from previous health programmes and from the SARS-CoV-2 pandemic crisis. It has the following objectives:

a) To improve and promote the health of the Union in order to reduce the burden of communicable and non-communicable diseases by supporting health promotion and disease prevention, reducing health inequalities, promoting healthy lifestyles and promoting access to health care.
b) To protect the population of the Union from serious cross-border threats to health and to strengthen the responsiveness of health systems and coordination between Member States to address serious cross-border threats to health.
c) To improve the availability, accessibility and affordability in the Union of medicines and medical devices, as well as of relevant products in the event of crisis, and to support innovation in relation to such products.
d) To strengthen health systems, improving their resilience and resource efficiency.

Spain has joined EU4Health through the implementation of joint actions co-financed by Spain and the European Commission by 2021, which are binding commitments. The following are among the issues to be addressed:

- Communicable diseases-surveillance and early detection.
- Implementation of best practices and research results for the prevention of non-communicable diseases and risk factors.
- Launch large-scale human papillomavirus vaccination campaigns.
- Establishment of a new European knowledge network on cancers and cancer conditions, as well as the strengthening of eHealth, integration of telemedicine and remote monitoring in health and care systems for cancer prevention and care.
- Transfer of best practice in primary care.
- Staff forecasting and planning in the health sector.

In 2013, Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC was adopted. It lays down rules on epidemiological surveillance of communicable diseases and monitoring of serious cross-border threats to health, early warning of and response to such threats, including preparedness and response planning in relation to these activities, in order to coordinate and complement national policies.

In 2016, Regulation (EU) 2016/429 of the European Parliament and of the Council of 9 March 2016 on transmissible animal diseases and amending or repealing certain animal health acts ("Animal Health Legislation") was adopted. This Regulation lays down rules for the prevention and control of animal diseases transmissible to animals or humans.

In 2018, a Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases is established under the umbrella of DG SANTE to support countries in meeting the health targets of the SDGs.

The SARS-CoV-2 pandemic crisis leads to the adoption of Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Resilience and Recovery Mechanism.[413] This Facility envisages a series of reforms and investments financed mainly through the EU instrument *NextGenerationEU*[414] with a threefold objective:

a) To support recovery from the health crisis.
b) To drive forward the process of structural transformation.
c) To implement the most sustainable and resilient development from an economic-financial, social, territorial and environmental perspective.

With a broader spectrum, and synergistic to health, the European Commission's Work Programme 2021 has been presented.[415] It includes the following public health related actions:

- Follow-up to the EU Biodiversity Strategy 2030 and the Farm to Fork Strategy.
- New European Child Guarantee to reduce child poverty and inequalities.
- EU Strategy on the Rights of the Child.
- New EU strategic framework for health and safety at work.
- Implementation of the European Health Data Space.
- EU strategy on the rights of persons with disabilities.
- Continued commitment to EU accession to the Istanbul Convention, and presentation of a new proposal to combat gender-based violence.

Finally, in the field of research and innovation, synergies are established with the Horizon Europe Programme, which includes the launch of the Missions, as a new way of implementing R+D+I with a social and economic impact in areas of interest to the EU and its citizens. These missions are defined as a portfolio of interdisciplinary actions, which will contribute to the objectives of the European Green Pact, the European Plan to Combat Cancer and the SDGs.

United Nations Organisation-UN

The UN is an international organisation established to maintain international peace and security, and to promote international cooperation in the pursuit of common interests, friendship among nations, social progress, better standards of life and human rights. The UN officially came into being in 1945, following the ratification of the UN Charter, its founding document.[416] It currently has 193 Member States represented in its deliberative

[413] Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Resilience and Recovery Mechanism. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX-%3A32021R0241.

[414] European Union. Recovery plan for Europe Available at: https://ec.europa.eu/info/strategy/recovery-plan-europe_es.

[415] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Available at: https://eur-lex.europa.eu/resource.html?uri=cellar:fc930f14-d7ae-11ec-a95f-01aa75ed71a1.0001.02/DOC_1&format=PDF.

[416] United Nations. The Organisation. Available at: https://www.un.org/es/about-us.

body, the General Assembly. It is the only place where all nations of the world can come together, discuss common problems and find shared solutions that benefit all of humanity.

In 1948, within the UN, the WHO was established as an organisation specialising in global health prevention, promotion and intervention policies.[417] In the same year, health protection was included in the Universal Declaration of Human Rights (Article 25.1). Since then, the WHO, as an organisation specialised in managing global health prevention, promotion and intervention policies, has developed numerous areas of work that constitute the reference framework for the planning of a wide range of important public health issues: smoking and alcohol, child nutrition, mental health, communicable diseases, etc.

The UN adopted the International Covenant on Economic, Social and Cultural Rights in 1966, which entered into force in 1976. It consists of 31 articles, which recognise the economic, social and cultural rights of individuals, including labour rights and the rights to health, education and an adequate standard of living, and establish mechanisms for their protection and guarantee. In particular, Article 12 recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This International Covenant has been signed and ratified by many countries, including Spain, and has influenced the plans, strategies and actions that have been developed since then.

Over the years, a multitude of initiatives and actions have been developed and approved by the UN to improve the health of the population.

The latest and current International Health Regulations (IHR 2005), adopted at the 58th World Health Assembly,[418] aim to assist the international community to "prevent, protect against, control and provide a public health response to the international spread of disease that is proportionate and restricted to public health risks, while avoiding necessary interference with international traffic and trade". Any situation or event potentially constituting a risk to public health, whether of a biological, radionuclear or chemical nature, is considered as an object of control. It is a binding legal instrument for all WHO Member States, including Spain. It establishes the obligation to build, strengthen and maintain core public health capacities to detect, prepare for, and respond to, situations that may pose a risk to public health. Communication with WHO is done through a designated National Focal Point in each country.

Finally, and in line with the ultimate goal of public health, the global roadmap is set by the **2030 Agenda for Sustainable Development**, adopted by the UN in 2015, and converged in 17 SDGs aimed at ending poverty, protecting the planet, and improving the lives and prospects of all, leaving no one behind by 2030.[419]

[417] World Health Organisation. History of the WHO. Available at: https://www.who.int/es/about/who-we-are/history.

[418] International Health Regulations 2005. Available at: file:///C:/Users/Altalingua/Downloads/9789241580410_eng%20(1).pdf.

[419] Sustainable Development Goals and Targets. Available at: https://www.un.org/sustainabledevelopment/.

Annex 3. Indicator sheet for evaluation

The specific indicators for each strategic line are then classified as: structure, process and result indicators.

Structural indicators assess the human and material resources, as well as the organisational schemes or structures created, which will enable the fulfilment of various actions.

Process indicators measure the level of compliance with the different actions proposed, as well as the degree of participation/education of society in the improvement of its health.

Finally, **outcome indicators** assess the impact of the various actions on the health of the population.

Main indicators of public health outcomes

- Performance indicators

<table>
<tr><th rowspan="2">Indicator</th><th rowspan="2">Baseline data available in 2022</th><th colspan="2">Biennial evaluation</th><th rowspan="2">Final evaluation</th></tr>
<tr><th>1st evaluation</th><th>2nd evaluation</th></tr>
<tr><td>Life expectancy at birth</td><td>Year 2021: (years)
Both sexes: 83.06
Men: 80.24 Women: 85.83</td><td></td><td></td><td></td></tr>
<tr><td>Healthy life years</td><td>Year 2019: (years)
Both sexes: 79.9
Men: 78.0 Women: 81.8</td><td></td><td></td><td></td></tr>
<tr><td>Health status of the population</td><td>Year 2020 (percentage)
<table>
<tr><th></th><th>Very good</th><th>Good</th><th>Regular</th><th>Poor</th><th>Very poor</th></tr>
<tr><td>Men (years)</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>From 15 to 24</td><td>59.0</td><td>34.9</td><td>5.5</td><td>0.3</td><td>0.3</td></tr>
<tr><td>From 25 to 34</td><td>43.8</td><td>48.5</td><td>6.8</td><td>0.6</td><td>0.2</td></tr>
<tr><td>From 35 to 44</td><td>31.3</td><td>55.9</td><td>10.2</td><td>2.1</td><td>0.5</td></tr>
<tr><td>From 45 to 54</td><td>25.2</td><td>56.9</td><td>13.0</td><td>3.8</td><td>1.1</td></tr>
<tr><td>From 55 to 64</td><td>14.7</td><td>57.5</td><td>20.4</td><td>5.8</td><td>1.6</td></tr>
<tr><td>From 65 to 74</td><td>11.4</td><td>54.7</td><td>24.0</td><td>7.7</td><td>2.3</td></tr>
<tr><td>From 75 to 84</td><td>7.2</td><td>42.5</td><td>34.5</td><td>14.1</td><td>1.7</td></tr>
<tr><td>85 and over</td><td>3.3</td><td>35.2</td><td>40.6</td><td>15.4</td><td>5.5</td></tr>
<tr><td>Women (years)</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>From 15 to 24</td><td>48.9</td><td>41.8</td><td>8.3</td><td>0.7</td><td>0.3</td></tr>
<tr><td>From 25 to 34</td><td>38.3</td><td>48.8</td><td>11.1</td><td>1.4</td><td>0.4</td></tr>
<tr><td>From 35 to 44</td><td>31.2</td><td>52.8</td><td>12.8</td><td>2.7</td><td>0.5</td></tr>
<tr><td>From 45 to 54</td><td>21.3</td><td>55.2</td><td>16.2</td><td>5.9</td><td>1.4</td></tr>
<tr><td>From 55 to 64</td><td>13.1</td><td>54.8</td><td>23.5</td><td>6.8</td><td>1.8</td></tr>
<tr><td>From 65 to 74</td><td>9.2</td><td>47.3</td><td>30.6</td><td>9.5</td><td>3.7</td></tr>
<tr><td>From 75 to 84</td><td>5.4</td><td>33.6</td><td>37.8</td><td>18.4</td><td>4.8</td></tr>
<tr><td>85 and over</td><td>1.7</td><td>27.1</td><td>36.9</td><td>25.8</td><td>8.5</td></tr>
</table></td><td></td><td></td><td></td></tr>
</table>

Indicator	Baseline data available in 2022				Biennial evaluation		Final evaluation
					1st evaluation	2nd evaluation	
Deaths by cause of death	Year 2020:						
		Total	Men	Women			
	Total deaths	493,776	249,664	244,112			
	COVID-19	60,358	32,498	27,860			
	Ischaemic heart disease	29,654	18,123	11,531			
	Cerebrovascular diseases	25,817	10,686	13,282			
	Bronchial and lung cancer	21,893	16,599	5,294			
	Dementia	20,822	6,622	14,200			
Mortality attributed to cardiovascular diseases, cancer, diabetes or chronic respiratory diseases (SDG Indicator 3.4.1.)	Year 2020: (both per 100,000) - Cardiovascular diseases: 253.09 - Cancer: 229.19 - Chronic respiratory diseases: 65.63 - Diabetes: 23.86						
Suicide mortality rate (SDG Indicator 3.4.2.)	Year 2020: 8,344 (so many per 100,000)						

Indicator	Baseline data available in 2022			Biennial evaluation		Final evaluation
				1st evaluation	2nd evaluation	
Limitation of daily living activities	Year 2020: (percentage)					
		Severely limited	Limited but not severely	Nothing limited		
	Men (years)					
	From 15 to 24	1.1	5.4	93.5		
	From 25 to 34	0.7	6.4	92.9		
	From 35 to 44	2.4	9.8	87.8		
	From 45 to 54	3.6	13.5	83.0		
	From 55 to 64	4.8	21.0	74.2		
	From 65 to 74	6.2	24.2	69.6		
	From 75 to 84	9.5	34.8	55.6		
	85 and over	17.0	43.3	39.7		
	Women (years)					
	From 15 to 24	0.9	8.4	90.7		
	From 25 to 34	2.0	9.2	88.9		
	From 35 to 44	2.7	11.7	85.7		
	From 45 to 54	3.5	18.6	77.9		
	From 55 to 64	4.9	23.4	71.7		
	From 65 to 74	7.2	28.8	64.0		
	From 75 to 84	14.7	43.7	41.6		
	85 and over	28.5	50.0	21.5		

Indicator	Baseline data available in 2022				Biennial evaluation		Final evaluation
					1st evaluation	2nd evaluation	
Limited mobility	Year 2020: (percentage)						
		No difficulty	With some difficulty	With great difficulty	Immobile		
	Men (years)						
	From 15 to 24	99.1	0.6	0.2	0.1		
	From 25 to 34	99.0	1.0	0.0	0.0		
	From 35 to 44	97.8	1.4	0.7	0.2		
	From 45 to 54	94.5	3.5	1.8	0.2		
	From 55 to 64	86.5	8.0	4.3	1.2		
	From 65 to 74	81.0	11.2	5.8	2.0		
	From 75 to 84	59.4	26.1	9.7	4.8		
	85 and over	34.9	31.3	22.4	11.4		
	Women (years)						
	From 15 to 24	98.6	0.9	0.2	0.3		
	From 25 to 34	97.5	1.8	0.6	0.1		
	From 35 to 44	95.9	2.9	1.1	0.1		
	From 45 to 54	90.1	7.2	2.4	0.2		
	From 55 to 64	84.7	10.3	3.9	1.2		
	From 65 to 74	71.6	17.1	7.9	3.4		
	From 75 to 84	39.0	32.5	19.2	9.3		
	85 and over	19.2	26.0	29.4	25.4		

Indicator	Baseline data available in 2022						Biennial evaluation		Final evaluation
							1st evaluation	2nd evaluation	
Emotional well-being	Year 2020: (percentage)								
		None	Slight	Moderate	Moderate-severe	Serious			
	Men (years)								
	From 15 to 24	94.2	3.8	1.7	0.0	0.3			
	From 25 to 34	93.7	4.6	1.1	0.5	0.1			
	From 35 to 44	93.5	5.0	0.8	0.5	0.1			
	From 45 to 54	91.4	5.9	1.5	0.9	0.3			
	From 55 to 64	89.2	8.2	1.2	1.0	0.3			
	From 65 to 74	89.8	7.0	2.0	0.6	0.5			
	From 75 to 84	84.0	9.9	4.5	1.3	0.3			
	85 and over	75.5	14.7	7.0	2.6	0.3			
	Women (years)								
	From 15 to 24	90.8	6.8	1.2	0.8	0.4			
	From 25 to 34	90.9	6.0	2.5	0.7	0.0			
	From 35 to 44	88.9	7.4	2.2	1.1	0.3			
	From 45 to 54	84.3	10.4	3.1	1.3	1.0			
	From 55 to 64	83.1	11.3	2.8	1.9	0.9			
	From 65 to 74	80.0	13.1	3.8	2.1	1.1			
	From 75 to 84	69.2	18.2	7.5	3.2	1.8			
	85 and over	57.9	23.4	9.1	5.5	4.2			

Monitoring and evaluation indicators for Strategic Line 1: Strengthening public health to improve population health

- Structure and process indicators

Indicator	Biennial evaluation		Final evaluation
	1st evaluation	2nd evaluation	
SL1-A1-I1. Inter-ministerial Commission to Promote Health in all Policies			
SL1-A1-I2. Intersectoral participation in the Public Health Commission to promote health in all policies			
SL1-A1-I3. Intersectoral bodies or alliances at regional and local level to promote health in all policies			
SL1-A2-I1. Spanish participation in international public health-related institutions			
SL1-A3-I1. State Centre for Public Health			
SL1-A4-I1. Methodology for the evaluation of health impact of policies			
SL1-A4-I2. Health impact of policies advisory network			
SL1-A5-I1. Portfolio of common public health services			
SL1-A5-I2. Control, inspection and official public health authority			
SL1-A5-I3. Organisational structure of public health services			
SL1-A6-I1. Systematisation of choice of public health actions			
SL1-A6-I2. Equity in public health actions			
SL1-A7-I1. Working Group for Human Resources in Public Health Policy			
SL1-A7-I2. Proposal for a Human Resources in Public Health Policy			
SL1-A7-I3. Recognition of university degrees in the field of public health			
SL1-A8-I1. Core and optimal competencies for public health work			
SL1-A8-I2. Itinerary of continuing training in public health			
SL1-A8-I3. International public health training			
SL1-A8-I4. Cross-cutting public health knowledge			
SL1-A9-I1. National public health research map			
SL1-A9-I2. Systematic prioritisation of public health research			
SL1-A9-I3. Translating public health research into decision-making			
SL1-A9-I4. Public health research training			
SL1-A9-I5. Equity in public health research			
SL1-A9-I6. ICF research in public health			
SL1-A10-I1. Common public health communication strategy			
SL1-A10-I2. Systematic detection of public health misinformation			

Monitoring and evaluation indicators for Strategic Line 2: Update public health surveillance and ensure response capacity to health risks and emergencies

- Structure and process indicators

Indicator	Biennial evaluation		Final evaluation
	1st evaluation	2nd evaluation	
SL2-A1-I1. Compliance with the Public Health Surveillance Strategy			
SL2-A2-I1. Vaccination and Immunisation Information System (SIVAIN)			
SL2-A2-I2. Interoperability of the Vaccination and Immunisation Information System (SIVAIN)			
SL2-A2-I3. Completion of seroprevalence surveys			
SL2-A3-I1. Development of the Early Warning and Rapid Response System of the State Public Health Surveillance Network			
SL2-A3-I3. Compliance with Decision No. 1082/2013/EU on serious cross-border threats to health			
SL2-A3-I4. National Health Emergency Preparedness and Response Plan			
SL2-A3-I5. Health emergency preparedness and response simulations			
SL2-A3-I6. Health emergency preparedness and response teams			
SL2-A3-I7. Strategic reserve for public health emergencies			

- Performance indicators

Indicator	Baseline data available in 2022	Biennial evaluation		Final evaluation
		1st evaluation	2nd evaluation	
SL2-A3-I2. Capacity and preparedness for health emergencies (SDG Indicator 3.d.1.)	Year 2021: 80%			

Monitoring and evaluation indicators for Strategic Line 3: Improving health and well-being through lifestyle promotion, disease prevention and healthy, safe and sustainable environments

- Structure and process indicators

Indicator	Biennial evaluation		Final evaluation
	1st evaluation	2nd evaluation	
SL3-A1-I4. International Code of Marketing of Breast-milk Substitutes			
SL3-A1-I5. National Food Security and Nutrition Strategy 2022-2032			
SL3-A1-I7. School canteens			
SL3-A1-I8. Child and adolescent protection from unhealthy food and beverage advertising			
SL3-A2-I1. Information and awareness-raising on health-enhancing physical activity			
SL3-A2-I2. Healthy, safe and active school pathways			
SL3-A2-I6. Healthy and safe use of information and communication technologies			
SL3-A3-I1. Action Plan on Addictions 2021-2024			
SL3-A3-I2. Comprehensive Plan for Prevention and Control of Smoking			
SL3-A3-I3. Comprehensive Plan for Prevention and Control of Smoking			
SL3-A3-I4. Smoking Cessation Programme			
SL3-A3-I5. Awareness and education campaigns to prevent people from starting smoking			
SL3-A3-I6. Cross-sectoral work on alcohol prevention			
SL3-A3-I7. Training in preventing and tackling alcohol consumption			
SL3-A3-I8. Brief advice and intervention on risky alcohol consumption			
SL3-A3-I9. Dissemination of alcohol consumption			
SL3-A3-I10. Law on the prevention of the negative effects of alcohol consumption by minors			
SL3-A3-I12. Definition of alcohol-related terms			
SL3-A3-I13. WHO’s SAFER Initiative for alcohol reduction			
SL3-A4-I1. Comprehensive sexual health training, education and promotion			
SL3-A4-I2. Sexual and Reproductive Health Strategy in the National Health System			
SL3-A5-I1. National Vaccination Plan			
SL3-A5-I2. National Vaccination Advisory Committee			

Indicator	Biennial evaluation		Final evaluation
	1st evaluation	2nd evaluation	
SL3-A5-I5. Promoting influenza vaccination in the population			
SL3-A5-I6. Neonatal screening for hearing impairment, endocrine-metabolic and infectious diseases and chromosomal abnormalities			
SL3-A5-I8. Cancer screening			
SL3-A6-I1. Information and awareness-raising on prevention of unintentional injuries and violence			
SL3-A6-I2. Road safety			
SL3-A6-I3. Driver Recognition Centres			
SL3-A6-I4. Prevention of driving after consuming alcohol and other drugs			
SL3-A6-I5. Prevention of driving after consuming alcohol and other drugs			
SL3-A6-I10. Notification of aquatic incidents			
SL3-A7-I1. Strategic Plan for Health and Environment (PESMA)			
SL3-A7-I2. Implementation of a system for monitoring exposure to environmental factors and their effects on health			
SL3-A8-I1. National Plan for the Official Control of the Food Chain 2021-2025			
SL3-A8-I2. Farm to Fork Strategy			
SL3-A9-I1. Network of Health Promoting Schools in Spain			
SL3-A9-I2. Drafting of the Guide for Health Promoting Schools			
SL3-A9-I3. Autonomous Network of Health Promoting Schools			
SL3-A9-I4. A study of the health behaviours of adolescents in schools			
SL3-A10-I1. Health and community participation			
SL3-A10-I2. Local Implementation of the Strategy for Health Promotion and Prevention in the National Health System			
SL3-A10-I3. Spanish Network of Healthy Cities			
SL3-A10-I4. Urban health information			
SL3-A10-I5. Recovery Plan: 130 Measures to tackle the Demographic Challenge			
SL3-A11-I1. Spanish Strategy for Health and Safety at Work 2022-2027			
SL3-A11-I2. Measures to protect and promote health at work			
SL3-A11-I3. Healthy and safe workplaces			
SL3-A11-I4. Occupational Health Surveillance			
SL3-A11-I5. Comprehensive Health Surveillance Program for workers exposed to asbestos (PIVISTEA)			

Indicator	Biennial evaluation		Final evaluation
	1st evaluation	2nd evaluation	
SL3-A11-I6. Post-occupational health surveillance			
SL3-A12-I1. Comprehensive Lifestyle Counselling Programmes			
SL3-A12-I2. Comprehensive lifestyle advice			
SL3-A12-I3. Initiative for the Humanisation of Birth and Breastfeeding Care-IHAN			
SL3-A12-I4. Primary and Community Care Strategic Framework			
SL3-A12-I5. Social prescription in primary care			
SL3-A12-I6. Hepatitis B screening guidelines			
SL3-A12-I8. Hepatitis C screening			
SL3-A12-I9. Prevention, early detection and management of tuberculosis in the population			
SL3-A12-I11. HIV infection and STIs			
SL3-A12-I12. HIV infection			
SL3-A12-I14. Excess weight in the child population			
SL3-A12-I16. Training in early detection of gender-based violence			
SL3-A12-I17. Protocol for the prevention, early detection and approach of violence in the child and adolescent population			
SL3-A12-I18. Training in the prevention, early detection and approach of violence in the child and adolescent population			
SL3-A12-I19. Training on the specific health needs of LGBTIQ+ people			
SL3-A12-I20. Patient Safety Strategy of the National Health System			
SL3-A12-I21. Patient safety study			
SL3-A12-I22. National Plan Against Antibiotic Resistance (PRAN)			
SL3-A12-I23. Network of Health Promoting Hospitals			
SL3-A12-I24. Health of persons deprived of their liberty			
SL3-A13-I1. Strategic Plan for the modernisation/improvement of foreign health			
SL3-A13-I2. Plan for the Digitalisation of the management and information of foreign health information			
SL3-A13-I3. International Vaccination Centres			
SL3-A13-I4. Public health authority activity			
SL3-A13-I5. *EU Healthy Gateways*			
SL3-A13-I6. Regulatory developments in foreign health			

- Performance indicators

<table>
<tr><th rowspan="2">Indicator</th><th rowspan="2">Baseline data available in 2022</th><th colspan="2">Biennial evaluation</th><th rowspan="2">Final evaluation</th></tr>
<tr><th>1st evaluation</th><th>2nd evaluation</th></tr>
<tr><td>SL3-A1-I1. Breastfeeding

SL3-A1-I2. Exclusive breastfeeding for up to 3 months

SL3-A1-I3. Exclusive breastfeeding for up to 6 months</td><td>Year 2017: (percentage)

<table>
<tr><th rowspan="2">Social class</th><th colspan="2">3 months</th><th colspan="2">6 months</th></tr>
<tr><th>Natural</th><th>Mixed</th><th>Natural</th><th>Mixed</th></tr>
<tr><td>I</td><td>61.8</td><td>14.9</td><td>36.2</td><td>26.7</td></tr>
<tr><td>II</td><td>73.9</td><td>11.4</td><td>42.1</td><td>18.9</td></tr>
<tr><td>III</td><td>63.2</td><td>9.7</td><td>39.5</td><td>17.6</td></tr>
<tr><td>IV</td><td>61.8</td><td>11.6</td><td>41.0</td><td>14.9</td></tr>
<tr><td>V</td><td>61.9</td><td>12.3</td><td>37.1</td><td>21.0</td></tr>
<tr><td>VI</td><td>66.9</td><td>9.2</td><td>44.2</td><td>15.3</td></tr>
</table></td><td></td><td></td><td></td></tr>
<tr><td>SL3-A1-I6. Consumption of fruit, vegetables, salads and greens</td><td>Year 2020: (percentage)
<table>
<tr><th>Consumption</th><th>Men</th><th>Women</th></tr>
<tr><td>Fresh fruit</td><td></td><td></td></tr>
<tr><td>Daily</td><td>63.9</td><td>71.2</td></tr>
<tr><td>Less than once/week</td><td>3.4</td><td>2.9</td></tr>
<tr><td>Never</td><td>1.9</td><td>1.5</td></tr>
<tr><td>Vegetables, salads and greens</td><td></td><td></td></tr>
<tr><td>Daily</td><td>41</td><td>52</td></tr>
<tr><td>Less than once/week</td><td>2.1</td><td>1.1</td></tr>
<tr><td>Never</td><td>0.9</td><td>0.5</td></tr>
</table></td><td></td><td></td><td></td></tr>
<tr><td>SL3-A2-I3. Use of bicycles for regular journeys</td><td>Year 2020: (thousands of people)
<table>
<tr><th></th><th>Men</th><th>Women</th></tr>
<tr><td>Total</td><td>2,081.0</td><td>1,029.1</td></tr>
<tr><td>15 to 24 years old</td><td>369.4</td><td>185.3</td></tr>
<tr><td>From 25 to 44 years old</td><td>870.1</td><td>435.7</td></tr>
<tr><td>45 to 64 years old</td><td>655.6</td><td>315.4</td></tr>
<tr><td>65 and over</td><td>185.9</td><td>92.6</td></tr>
</table></td><td></td><td></td><td></td></tr>
</table>

<table>
<tr><th rowspan="2">Indicator</th><th rowspan="2">Baseline data available in 2022</th><th colspan="2">Biennial evaluation</th><th rowspan="2">Final evaluation</th></tr>
<tr><th>1st evaluation</th><th>2nd evaluation</th></tr>
<tr><td>SL3-A2-I4. Walking as a mode of travel</td><td>Year 2020: (thousands of people)
<table><tr><th></th><th>Men</th><th>Women</th></tr><tr><td>None</td><td>2,355.5</td><td>2,631.1</td></tr><tr><td>1 or 2 days a week</td><td>1,046.1</td><td>1,181.5</td></tr><tr><td>3 or 4 days a week</td><td>1,846.4</td><td>2,272.4</td></tr><tr><td>5 or 6 days a week</td><td>4,441.2</td><td>5,161.0</td></tr><tr><td>7 days a week</td><td>9,705.1</td><td>9,220.8</td></tr><tr><td>No record</td><td>54.8</td><td>58.1</td></tr></table></td><td></td><td></td><td></td></tr>
<tr><td>SL3-A2-I5. Level of physical activity in the population</td><td>Year 2017: (percentage)
<table><tr><th></th><th>High level</th><th>Moderate level</th><th>Low level</th></tr><tr><td>Men (years)</td><td></td><td></td><td></td></tr><tr><td>From 15 to 24</td><td>5.69</td><td>7.04</td><td>8.24</td></tr><tr><td>From 25 to 34</td><td>5.65</td><td>6.33</td><td>6.55</td></tr><tr><td>From 35 to 44</td><td>4.71</td><td>4.39</td><td>4.39</td></tr><tr><td>From 45 to 54</td><td>5.50</td><td>4.23</td><td>4.34</td></tr><tr><td>From 55 to 69</td><td>5.16</td><td>3.57</td><td>3.83</td></tr><tr><td>Women (years)</td><td></td><td></td><td></td></tr><tr><td>From 15 to 24</td><td>8.11</td><td>6.00</td><td>6.90</td></tr><tr><td>From 25 to 34</td><td>7.15</td><td>4.95</td><td>5.69</td></tr><tr><td>From 35 to 44</td><td>6.67</td><td>3.74</td><td>4.18</td></tr><tr><td>From 45 to 54</td><td>6.85</td><td>3.92</td><td>4.32</td></tr><tr><td>From 55 to 69</td><td>6.70</td><td>3.39</td><td>3.74</td></tr></table></td><td></td><td></td><td></td></tr>
<tr><td>SL3-A3-I11. Preventing alcohol consumption during pregnancy</td><td>Year 2020: ECEMC Newsletter-Data 2020 Annual Report
Aetiological distribution of newborns with birth defects identified during the first three days of life (1980-2020): Alcohol 0.09%</td><td></td><td></td><td></td></tr>
</table>

Indicator	Baseline data available in 2022	Biennial evaluation		Final evaluation
		1st evaluation	2nd evaluation	
SL3-A3-I14. Admissions to treatment for alcohol abuse or dependence (SDG Indicator 3.5)	Year 2019: 27,209 admissions for alcohol abuse or dependence treatment			
SL3-A3-I15. Prevalence of current tobacco use (SDG Indicator 3.a.1.)	Year 2017: 22.08% daily smokers (population aged 15 and over)			
SL3-A3-I16. Daily tobacco use in the population aged 15 and over	Year 2017: 22.08%			
SL3-A3-I17. Harmful use of alcohol (SDG Indicator 3.5.2.)	Year 2016: 10.00 Per capita alcohol consumption (15 years of age and older)			
SL3-A3-I18. Cannabis use	Year 2019-2020: 2.9% of the population uses cannabis daily (last 30 days)			
SL3-A5-I3. Vaccination coverage (SDG Indicator 3.b.1.)	Year 2020: (percentage) - Diphtheria: 94.4 - Tetanus: 94.4 - Pneumococcus: 93.7 - Measles: 93.9 - Human papilloma: 81.8			
SL3-A5-I4. Vaccination coverage in the child population	Cohort 2020: Primary vaccination coverage (Percentage) - Poliomyelitis: 97.9 - DTPa: 97.9 - Hib: 97.9 - Hepatitis B: 97.9 - Meningococcal C: 97.8 - Pneumococcus: 97.8			
SL3-A5-I7. Cancer screening	Year 2017: (percentage of coverage) - Breast cancer screening programme of the National Health System: 81.5 - Colorectal cancer screening programme of the National Health System: 21.8 - Cervical cancer screening programme of the National Health System: 80.7			

Indicator	Baseline data available in 2022	Biennial evaluation		Final evaluation
		1st evaluation	2nd evaluation	
SL3-A6-I6. Violence in the population (SDG Indicator 16.1.3.)	Year 2020: 0.4369%			
SL3-A6-I7. Sexual violence in the population (SDG Indicator 16.2.3.)	Year 2020: 0.052%			
SL3-A6-I8. Gender-based violence (SDG Indicator 5.2.1.)	Year 2020: Proportion of women and girls aged 16 and over who have experienced violence by a current or former intimate partner in the previous 12 months: - physical or sexual: 0.2907% - sexual: 0.0024% - physics: 0.2883% - psychological control: 0.0248% - economic: 0.0131%			
SL3-A6-I9. Gender-based violence (SDG Indicator 5.2.2.)	Year 2020: Proportion of women and girls aged 16 and over who have experienced non-partner sexual violence in the previous 12 months: 0.028% Number of women and girls aged 16 and over who have experienced sexual violence at the hands of a non-partner in the last 12 months: 5,775. Disaggregated: - in open spaces: 368 - in establishments: 613 - in facilities: 668 - in means of transport: 140 - in other common rooms/annexes of dwellings: 202 - in enclosures: 10 - on communication routes: 1,118 - in housing: 2,656			
SL3-A6-I11. Accidental drowning, submersion and suffocation	Year 2019: (per 100,000 inhabitants) Men: 7.2 Women: 6.6			

Indicator	Baseline data available in 2022	Biennial evaluation		Final evaluation
		1st evaluation	2nd evaluation	
SL3-A6-I12. Accidental falls	Year 2019: (per 100,000 inhabitants) Men: 7.7 Women: 6.3			
SL3-A6-I13. Accidental poisoning by psychotropic medicines and drugs of abuse	Year 2019: (per 100,000 inhabitants) Men: 2.4 Women: 1.0			
SL3-A6-I14. Road traffic injury mortality (SDG Indicator 3.6.1.)	Year 2020: 3.09 (per 100,000)			
SL3-A7-I3. Provision of safe drinking water (SDG Indicator 6.1.1.)	Year 2020: 84.1%			
SL3-A7-I4. Adequate wastewater treatment (SDG Indicator 6.3.1.)	Year 2016: 81.25%			
SL3-A7-I5. Municipal waste recycled (SDG Indicator 11.6.1.4.)	Year 2019: 38.0%			
SL3-A7-I6. Compliance with environmental agreements on hazardous wastes and other chemicals (SDG Indicator 12.4.1.)	Year 2019: 70.2 Kilograms/inhabitant/year			
SL3-A7-I7. Noise from neighbours or outside (SDG Indicator 11.1.1)	Year 2020: 21.9%			
SL3-A7-I8. Levels of fine particulate matter in cities (SDG indicator 11.6.2.)	Exploring data sources			
SL3-A12-I7. Incidence of hepatitis B (SDG Indicator 3.3.4.)	Year 2019: 0.62 (per 100,000 inhabitants)			
SL3-A12-I10. Incidence of tuberculosis (SDG Indicator 3.3.2.)	Year 2019: 9.24 (per 100,000 inhabitants)			
SL3-A12-I13. HIV infections (SDG Indicator 3.3.1.)	Year 2019: 0.06 (per 100,000 inhabitants)			
SL3-A12-I15. Children aged 2-4 years who are obese, overweight or underweight (SDG Indicator 2.2.2)	Year 2017: 54.97%			

Monitoring and evaluation indicators for Strategic Line 4: Promoting health and health equity throughout the life course

- Structure and process indicators

Indicator	Biennial evaluation		Final evaluation
	1st evaluation	2nd evaluation	
SL4-A1-I1. Protection from violence in the child and adolescent population			
SL4-A1-I2. Map of agents, resources and protocols on violence against children and adolescents			
SL4-A1-I6. Positive parenting			
SL4-A1-I7. Mental Health Strategy of the National Health System			
SL4-A1-I8. Protocols for detecting mental health problems in young people			
SL4-A1-I10. Participation of the child, adolescent and youth population in the promotion of their health			
SL4-A2-I1. Protection from violence in the elderly			
SL4-A2-I2. Promoting active and healthy ageing			
SL4-A2-I3. Strategy for Addressing Chronicity in the National Health System			
SL4-A2-I4. Integrated care for older people			
SL4-A2-I5. Partnerships to improve integrated care for older people			
SL4-A2-I6. Training on frailty			
SL4-A2-I7. Early detection of frailty			
SL4-A3-I1. National Health Equity Strategy			
SL4-A3-I2. Regional health equity plans and actions			
SL4-A3-I3. Accessibility in the movement of the population			
SL4-A3-I4. European Strategy for Gender Equality 2020-2025			
SL4-A3-I5. Health and health equity for Roma people			
SL4-A3-I8. Addressing disability			
SL4-A3-I9. Health and health equity for persons deprived of liberty			

- Performance indicators

<table>
<tr><th rowspan="2">Indicator</th><th rowspan="2">Baseline data available in 2022</th><th colspan="2">Biennial evaluation</th><th rowspan="2">Final evaluation</th></tr>
<tr><th>1st evaluation</th><th>2nd evaluation</th></tr>
<tr><td>SL4-A1-I3. School abuse in the child and adolescent population</td><td>Year 2018-HBSC study: Percentage of the child and adolescent population who say they have been victims of mistreatment (last two months at school or high school):
- Never: 87.8
- 1 or 2 times: 8.4
- 2 or 3 times per month: 1.3
- About once per week: 0.9
- Several times per week: 1.6</td><td></td><td></td><td></td></tr>
<tr><td>SL4-A1-I4. Physical or sexual violence against women and girls aged 16 and over inflicted by a current or former intimate partner (SDG Indicator 5.2.1)</td><td>Year 2020: 0.2907%</td><td></td><td></td><td></td></tr>
<tr><td>SL4-A1-I5. Sexual violence against women and girls aged 16 and over outside the intimate partner setting (SDG Indicator 5.2.2)</td><td>Year 2020: 0.028%</td><td></td><td></td><td></td></tr>
<tr><td>SL4-A1-I9. Mental health in the child population according to sex and age group. Population aged 4 to 14 years.</td><td>Year 2017: (media)
<table>
<tr><th></th><th>Emotional symptoms</th><th>Behavioural problems</th><th>Hyperactivity</th><th>Problems with colleagues</th><th>Prosocial Behaviour</th></tr>
<tr><td>Men (years)</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>From 4 to 9</td><td>1.6</td><td>1.6</td><td>4.3</td><td>1.1</td><td>8.8</td></tr>
<tr><td>From 10 a.m. to 2 p.m.</td><td>1.6</td><td>1.4</td><td>3.4</td><td>1.2</td><td>8.9</td></tr>
<tr><td>Women (years)</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>From 4 to 9</td><td>1.5</td><td>1.4</td><td>3.4</td><td>1.0</td><td>9.2</td></tr>
<tr><td>From 10 a.m. to 2 p.m.</td><td>1.6</td><td>1.2</td><td>2.7</td><td>1.1</td><td>9.1</td></tr>
</table></td><td></td><td></td><td></td></tr>
</table>

Indicator	Baseline data available in 2022	Biennial evaluation		Final evaluation
		1st evaluation	2nd evaluation	
SL4-A3-I6. Health and health equity for LGBTIQ+ persons	Year 2019: In the last 12 months, have you ever felt discriminated against because you are LGBTIQ+ by health or social services staff (e.g. a receptionist, a nurse or doctor, a social worker)? Yes: 15% https://fra.europa.eu/es/data-and-maps/2020/lgbti-survey-data-explorer			
SL4-A3-I7. Health and health equity for dependent persons	Year 2015: 796,109 beneficiaries with benefits			

This document constitutes the first national public health strategy and has been elaborated with the firm conviction that it will contribute to the health and well-being of the population.

Its content includes an in-depth analysis of the health of the population of our territory and of public health. Based on this analysis, strategic lines of work have been designed that will act on determinants of health, health in all policies, the “One Health” approach and governance for health. These actions also aim to contribute to the achievement of the Sustainable Development Goals 2030.

It is designed to be the coordination framework for our country in public health matters, and aspires, with it, to involve society as a whole; the general, regional and local public administration, scientific, business and social entities, patient associations, non-governmental groups, and community participation, through individual or group actions. Among all the people, we will be able to improve our health and well-being.

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