

**NOBODY IS  
SAFE**

**TILL THE  
WHOLE  
WORLD IS  
SAFE**



**Recommendations to restore  
universal healthcare in Spain**





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## ► Executive summary

Universal health coverage has become one of the focal points of policies in many countries worldwide and many supranational organizations when working on health policies. Universal health coverage involves achieving a health system that covers the entire population, providing sufficient, adequate, and quality services while preventing patients from incurring the financial risks derived from their care.

The situation is very diverse regarding health coverage in different countries worldwide, with significant differences even in countries with very similar health systems and economic development stages.

The case of Spain is considered worthy of being studied and, in many respects, designated as a model to follow. A country with modest healthcare spending, which experienced notable economic growth in the second half of the 20th century, and whose healthcare system transitioned from a Social Security-type system to a different type of National Health System, obtaining health coverage figures close to 100% with only modest copayments for medicines and offering a varied and accessible portfolio of services.

However, in 2012 the path towards complete universal health coverage was broken in Spain and cases of health exclusion, especially in the undocumented immigrant population, have been happening ever since, without being

stopped with the legislative modification carried out in 2018.

Beyond the Spain's need to recover universal health coverage and include those groups excluded in the last decade, this text reviews the fundamental contributions of universal health coverage to society (at the health level, in the economic dimension and the political context), shows the difficulties and opportunities that may exist when trying to achieve or maintain universal health coverage, and outlines which aspects are fundamental on the path to universal health coverage (define the portfolio of services, avoid duplication of insurances, favor prepayments, unlink health coverage from the status of a worker, etc.).

## Highlights

»» Currently, universal health coverage is one of the objectives within international health policy, constituting a central focus within the policies of institutions such as the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD), and is also included in the Sustainable Development Goals (SDG).

»» Universal health coverage not only implies providing access and entitlement to health care to the entire population but also incorporates criteria for the quality of the services covered and the capacity of the system to correctly exercise its function of financial protection against catastrophic expenses derived from healthcare.

»» Universal health coverage has been shown to improve the health of the population, be a factor in economic growth and redistribution, and promote social cohesion, and thus acting on health, economic, and political dimensions.

»» Since the approval of the General Health Law in 1986, Spain began to develop a coverage model that aimed for universality, which was truncated in 2012 with the approval of Royal Decree–Law 16/2012 and has not yet recovered universality completely with groups excluded from the system, especially undocumented immigrants who have been in Spain for a short time.

»» There are some aspects that can put attaining universal health coverage at risk, including inflationary forces on health spending, the rise of xenophobic forces that raise discourses of exclusion, and the necessary alignment with countries in the political-economic environment.

»» Among the aspects that can facilitate the advancement and maintenance of universal health coverage are its capacity to generate social cohesion, its performance as a factor in economic development, its promotion of social justice, and its role in stimulating the achievement of the Sustainable Development Goals.

»» Favouring models of health system that are funded via taxes and avoiding copayments is a way of promoting the financial protection of the population.

»» Spain managed to have robust universal health coverage, although later weakened by legislative reforms, combined with a good quality level of the benefits covered, an important financial protection of the population, yet with a health expenditure that did not even exceed the average of the surrounding countries.

»» The universal health coverage achieved in Spain at the beginning of 2012 should not be seen as an anomaly in its environment but as good practice that can be imitated.

## ► Reconstruction of the system after the lost decade and the SARS-CoV-2 pandemic

It is no longer possible to talk about the health system and its fundamental values without discussing what happened with the arrival of SARS-CoV-2, its impact on societies worldwide, and its capacity to saturate healthcare systems.

After decades of strengthening public health systems in western countries, the economic crisis starting in 2009 gave way to budget cuts in ground previously covered by the entrance of private initiatives in the great majority of the countries where the public sector had been the protagonist in the previous decades.

The lost decade of the healthcare system, that started in 2010 with the start of the fall of public healthcare expenditure and which culminated in 2020 with the arrival of COVID-19, resulted in loss of resilience in the healthcare system, reducing its capacity to provide services to the population and increasing its vulnerability when faced with circumstances of marked increases in demand, as occurred with the first wave of COVID-19, in March 2020.

Looking back, we see how Spain found itself below the healthcare investment, in real terms, that it had in 2009 [1].

What has destroyed an important part of the healthcare system, weakening its fundamental pillars (public health and primary healthcare) and infringed some of its core values, such as universality, has not been only the current pandemic, but also the politics carried out in the last ten years. Hence, we have arrived at this point needing to reconstruct a system not only due to recent events caused by SARS-CoV-2, but also trying to propose the way to change the current course of many years that is distancing healthcare away from health as a right and healthcare provision as a means to reduce inequalities and a factor to promote social cohesion.

When reconstructing the system, universality must be one of the core values upon which the healthcare system is constructed in the post-pandemic society.

## ► Nobody is safe till the whole world is safe: universalization is urgent

The SARS-CoV-2 pandemic has placed two core values on the table: the interdependence and the importance of the public sphere. These two values are seen represented in the fact that the health of all society members is influenced by the health of other members of the same society. This leads to the need to construct universal health systems because they are a fundamental aspect of the right to health and because they are the best way to create healthier societies.

### **“Universal healthcare” what does it mean and what does it not mean?**

According to the definition proposed by the World Health Organization [2], “universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care”. That is, universal health coverage does not only refer to the population entitled to healthcare services, but also refers to the effective access to the needed services, the quality of those, and protection from the catastrophic costs for the population covered [3].

We could, therefore, conclude that universal health coverage should satisfy

aspects related to entitlement, access, the range of services provided, the quality of the services provided, and the financial protection of the population covered. Increasing one of these dimensions independently without guaranteeing the accompanying growth of the rest, puts universal coverage at risk.

Hence, these would be the characteristics that a coverage model should have in order to be considered fully universal; however, there are multiple degrees of health coverage that are more or less broad in terms of the population base, with a range of services more or less varied, and with a larger or smaller economic contribution from the user in the form of direct payment for assistance received [4].

### **Healthcare coverage in Spain: Recent development and the whys**

Spain has not always had a health system like the National Health System or universal healthcare coverage. The development of the Spanish healthcare system and its transition between different models has been guided by the modifications in its method of funding. Health coverage in Spain has had —since the creation of the National Social Security Institute and the subsequent Maternity Insurance and Compulsory Health Insurance—a clear tendency to increase population coverage [5] and to achieve the goal of universal

coverage; earmarked for the first time in the General Health Law of 1986 [6] [7] and endorsed when moving to a financing model such as the National Health System with the Law of General State Budgets for 1999 [8] [9].

The maximum percentage of the population covered by public health in Spain came in 2012, in the months before the implementation of the Royal Decree-Law 16/2012, and after the approval of the General Public Health Law [10], which meant, in legislative terms, the closure of a health coverage model that considered universality as one of its fundamental pillars.

The implementation of RD16/2012 with urgent measures to guarantee the sustainability of the National Health System and improve the quality and safety of its services [11] meant a change in the direction of the trend of expanding health coverage in the National System Health [12].

At a time when the economic crisis was already established in the world, and public spending had begun to shrink in Spain, a discourse was used based on the need for urgent changes to ensure sustainability, pointing to undocumented immigrants as parasitic consumers of the system. A major reform was carried out that recovered the term *insured* (and that of *beneficiary of the insured*), once again endowed the National Institute of Social Security with a central role in the

recognition of the right to health care and modified the health coverage model to exclude some population groups—the most notable being that of immigrants in an irregular situation.

In the current situation, under the umbrella of the Royal Decree-Law 7/2018 on universal access to the National Health System [13], there are still population groups excluded from the coverage of the health system. During the drafting period of this Royal Decree, some groups expressed their concerns, believing that it chronicled and, in some aspects, amplified the exclusion caused by the previous legislation [14]. Both a report by REDER—published in 2018 [15]— and another by Yo Sí Sanidad Universal —published in 2019 [16]— indicated that, in the year after the implementation of this Royal Decree, cases of denial of health care were identified, especially in people residing in Spain for less than 90 days and people without a residence permit (despite having been in Spain for more than 90 days), stating that the new law did not provide special protection to minors and pregnant women, with an increase in the lack of protection of these groups with respect to the previous legislation.

Along the same lines, the United Nations Special Rapporteur on extreme poverty and human rights, Phillip Alston, indicated in a report the existence of barriers to access for part of the irregular immigrant population, underscoring the recognition of the problem by the Ministry of Health,



even though no legislative instruments have been deployed to correct it [17]. During this context of health exclusion, the SARS-CoV-2 pandemic arrived. Despite the abundant legislative production during the period that the State of Alarm lasted, the Central Government and legislative chambers did not make any progress in terms of health coverage to ensure universality<sup>1</sup>.

In summary, Spain can be said to have a National Health System with almost universal coverage, which stemmed from a previous situation in which the percentage of the population covered was higher than the current one, without this posing a risk to the sustainability or solvency of this health system, having carried out until 2012, a sustained expansion of health coverage, maintaining levels of public health spending below the average (or the average, in recent years) in OECD countries [18].

## Challenges and opportunities with universal healthcare

The best that can happen to the health coverage of a health system is that it is not

talked about and does not find itself at the centre of political debate because those persons most likely to fall outside of this coverage when it is questioned tend to be those with the least political impact. Universal health coverage should aspire to be common sense and not be questioned every time an economic crisis occurs; however, as this isn't the case in the majority of countries, obtaining or maintaining universal health coverage faces various challenges, and at the same time offers important opportunities to those countries moving towards it.

## Challenges for universal healthcare coverage

We can identify the following challenges to obtain and maintain a universal system in the current economic and political context:

### - The necessary alignment with member countries of the European Union

The existence of economic unions (and more or less political) between countries within the common framework can impede the interlinkage of differing models of health cover. In the case of Europe, that the right to healthcare is exported among

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<sup>1</sup> There were some autonomous communities that guaranteed, temporarily, healthcare provision for the entire resident population in Spain, during the state of alarm, without continuing this afterwards.

member countries means there are incentives to make more or less complete the provision of care to undocumented immigrants, but this does not receive the same legal category as the full rights of the local population of the member countries or with a those with residency. This, which could be considered a challenge, should be an incentive to opt for recognizing the entitlement to universal health coverage throughout the European Union, and at the same time guarantee equal access for the whole population that resides within each of the borders of the member states.

#### **- The legitimacy of universal healthcare coverage in times of economic downturn**

When economic crises face austerity policies, the weakest links of the system are the first to be left out. In the case of the health system, each crisis brings an outbreak of new voices that question whether the system should be inclusive or should be cut for the sake of sustainability. Recently, countries that have been experiencing economic pressures due to the system's crisis have been observed to respond in different ways depending on their social protection systems, and more specifically, their health coverage models [19] [20]. While countries such as Greece and Spain cut their coverage model, Sweden broadened the right to healthcare for those groups that were previously not included. At the same time, Denmark reduced the costs applied to patients in the case of undocumented immigrants.

#### **- The defence of the other in the context of the reactionary wave in Western countries**

Europe (and Spain) is experiencing a reactionary retreat that clearly exposes in its political ideology a vision of public services that excludes part of the population, especially migrants and even more so if they are in an irregular situation. This situation, which has been present in a latent form in the last decade, is more evident now that we are going through what Carolin Emcke calls "exhibitionism of resentment"; in many western societies xenophobic discourses that promote the development of exclusive public services and whose population base is largely national are no longer hidden; the appearance of these discourses previously hidden or not validated for the common debate collides with the desire for universality of health services.

#### **- Inflationary pressures of healthcare expenditure**

Health expenditure tends to increase continuously, with only a part of the expenditure increase due to increased health needs. The inflationary drive of economic growth and, mainly, the introduction of drug-technological innovations, many without due economic evaluation and without price-setting mechanisms that prioritize the collective interest over profit, push health spending upwards. Neither the aging population nor the increase in the population coverage

have been described as the fundamental factors involved in the increasing healthcare expenditure [21] [22], despite these two factors being highlighted in political debates.

## Opportunities for universal healthcare coverage

On the other hand, there are some outstanding aspects of universal coverage systems, beyond improvements in health, which must be at the centre of the debate when proposing extensions of health coverage:

### **- Economic strengths of universal healthcare**

It is not possible to question the suitability of establishing universal health coverage from an economic point of view. Universality is efficient from the perspective of the health system's functioning and socially beneficial from the point of view of the economy as a whole. It acts as a driver of the economy and efficiently allocates resources to the place where needs arise. In countries with a less egalitarian sense of justice, the economic aspects of universal health coverage should serve as a stimulus for its establishment.

### **- Social justice and the reduction of social inequalities in health as core values of universal healthcare coverage**

Social inequalities, in general terms, and health inequalities, in particular, are some of the biggest problems facing many societies today, and they are likely to increase in the coming decades. Universal health coverage is one of the main factors in building societies that oblige public powers to achieve effective equality among their citizens within the fundamental framework of human rights, generating more cohesive and just societies.

### **- Sustainable Development Goals**

Achieving universal health coverage is one of the Millennium Development Goals (MDG) [23]. Beyond emphasizing that this coverage has international consensus as an indispensable element for the development of global health, this shows that the universality of health systems is an element of growing concern and care in the political international health scene.

Furthermore, its inclusion in the MDGs has favoured the development of important tools for measuring the achievement of this objective [24]. An aspect from which those countries that advance towards universal health coverage from a more distant position can especially benefit.

## ► Healthcare exclusion as a driving force of inequality: the migrant population

When the Royal Decree–Law 16/2012 was approved, a far-reaching reform took place in the health coverage model in Spain, recovering the concept of the *insured* (and the beneficiary of an insured) and increasing the linkage of this right to contributions to Social Security.

Several measures were included in this law that supposed the exclusion from the health system. However, undoubtedly, the undocumented migrant population was the largest and most apparent group to be excluded from access to the health system, limiting its ability to obtain access to some fundamental services (paediatric and obstetric care and urgent processes). This decision led to the expulsion of a significant number of people from the public health system, of which less than a thousand signed a special agreement to obtain assistance [25].

Hundreds of thousands of people were no longer able to attend primary care consultations, benefit from medicines financing or be referred to hospital consultations, and were able to use only paediatric, obstetric, and emergency care.

The case of the irregular migrant population is a case of special interest in the analysis of the evolution of health coverage in Spain for several reasons:

- The reversal of an acquired right: in a general framework in which universal health coverage had become one of the fundamental guidelines of organizations such as the World Health Organization, proposing a reversal in the trend towards full universalization meant questioning the system as a whole and withdraw the entitlement to healthcare from a population group that had previously had this right and that, in addition, contributed to the financing of the system through taxes linked to consumption. In addition, this suppression of acquired rights was contrary to the commitments and obligations of the Spanish State in the field of Human Rights reflected in the International Covenant on Economic, Social and Cultural Rights, as evidenced by the Committee on Economic, Social and Cultural Rights of the United Nations in 2012 and again in 2018 [26].

- The multiplicity of barriers to access, not only to entitlement: the undocumented migrant population has to face various barriers in accessing health care beyond the mere right to it. For this reason, the withdrawal of the right to health coverage meant entering a situation that, even with a legislative framework that provides more guarantees, represented a constant risk of exclusion. Waiting times, language, the lack of cultural adaptation of health services, scarcity in information provision, job insecurity, and

administrative procedures are barriers frequently cited when studying the access of the migrant population to health services [27].

– The profile of resource use of this population group –the migrant population– in general terms and more specifically regarding those in an irregular situation, is that of lower resource use than the native population as a whole [28] [29], as well as a lower burden of disease [30].

– Regaining health coverage in the irregular migrant population and in reunited family member ascendants is the most important objective in the fight for the universality of the National Health System in Spain, as it affects a significant number of people in situations of social vulnerability and, in addition, because it represents a milestone in the recovery of a right violated using economic crisis as justification without its impact being subsequently evaluated by the institutions.

## ► Universality as the driving force of the system, not a burden

In 2011, McKee and Stuckler published an article in the British Medical Journal entitled "The assault on universalism" [31], where they proposed the path that governments, institutions and societies that wanted to destroy the universality of its public services should follow (and would follow). They outlined a roadmap consisting of I) creating an identifiable group of poor "unworthy" of receiving health care; II) generating a system in which the rich enjoy few benefits in exchange for the taxes they pay; III) diminish the role of unions, showing them as exclusive defenders of the interests of their members instead of recognizing that high union membership rates have historically benefited the general population; IV) make decisions whose implications are unclear and whose effects are only seen in the future.

There is one aspect of what McKee and Stuckler pointed out that has particular relevance: that of seeing universality not only as a value to be achieved *downwards*, but also showing the need to shield universality *upwards*, that is, towards people with higher socioeconomic status. Universal health systems must achieve this universality both upwards and downwards, not only because of social justice, but because universality is a source of social cohesion [32] and such cohesion cannot be achieved by creating systems that serve only the most disadvantaged people.

It is not only a matter of justice. Universality must also be seen as an element of social cohesion and a driver of development (social and economic [33]) in the societies in which these systems are inserted.

## Why does healthcare need to be universal?

Sustainable healthcare systems are so because they are universal, not in spite of it. Inclusiveness in social protection policies is not a hindrance in developing systems and economies within our system. Instead, it is the engine that drives them towards development and sustainability.

Universal coverage is a fundamental part of the so-called right to health and is one of the core aspects in the search for social justice. In addition to this, universal health coverage is intimately linked to many other aspects of society, especially its economic development and social cohesion [34]. Of all the aspects with which universal health coverage is related, three fundamental areas must be highlighted from which to argue the importance of moving towards this universality: health, economics, and politics.

### Universal healthcare and health outcomes

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It is fairly intuitive that universal health coverage can have beneficial effects on the health of the population; however, it is necessary to have data to support this concept. Life expectancy is positively correlated with the essential aspects that make up universal health coverage, that is, with the population group covered, the breadth of services covered, and financial protection (represented by the greater or lesser importance of out-of-pocket payments) [35]. The impact of universal health coverage on life expectancy has

been similar in some studies to that of sanitation measures [36], considered one of the most important public health measures.

The exclusion of health cover for specific population groups has been shown to have negative effects both for the individual health of the excluded groups and for the public health of the society in which they reside and participate. Published studies have shown that the health exclusion of undocumented immigrants and the possibility that they are afraid of going to health centres for fear that their situation of administrative irregularity may be notified, is related to delays in the diagnosis of tuberculosis and to an increase in the number of close contacts before treatment [37], as well as poorer perinatal outcomes and increased costs for pregnant migrant women [38].

In Spain, after the withdrawal of health coverage for immigrants in an irregular situation, their mortality was estimated to increase, calculating an excess of mortality of 70 undocumented immigrants per year [39].

### The economic aspect of universal healthcare

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Since their creation, public health systems have had a dual economic function: on the one hand, keeping workers healthy so that the country's productivity does not decline; and on the other hand, trying to contain the saving rate in such a way that the population does not have to save excessively to protect itself against the

costs derived from an eventual illness [40]. In healthcare systems with a low level of coverage and a significant presence of out-of-pocket payments<sup>2</sup>, bankruptcy derived from catastrophic expenses to cover the costs of healthcare benefits is a frequent phenomenon, as in the case of the United States in which more than 50% of individual bankruptcies are for this reason [41].

In addition to these aspects, universal health coverage has the extra economic aspect derived from its ability to ensure that the necessary health care is carried out in the place where it is most efficient. From a purely economic point of view, and from a funder's perspective, the following situation must be taken into account: under various international treaties and conventions, habitually excluded groups, such as undocumented migrants, for example, must receive some degree of health care, generally focused on paediatric, perinatal, and emergency care.

The existence of this minimum coverage package means that on many occasions these population groups must receive health care through emergency services, which is much less effective, more expensive (in short, less efficient) and less safe than the regulated and adequate use of all healthcare provisions. Although not a

fundamental value of universal health coverage, it must be emphasized that it is the most efficient way to organize a health system, not only from a social perspective (which is the one that should predominate in public policies) [42], but also from the funder's perspective.

If we analyse the economic aspects related to health coverage for undocumented immigrants, an aspect that has been most studied in Europe in recent years, we can observe that studies indicate that restricting access to health care by undocumented immigrants means increasing costs in the long term [43]. Whereas including this population group in routine health coverage can achieve savings in both healthcare and non-healthcare costs [44].

## The political and social aspects of universal healthcare

The principal value of universality in public policies, and especially those related to health and social welfare, comes from its ability to unite societies [45] [46] [47] and allow people who are in a situation of greater vulnerability to live more dignified lives. Complex bureaucratic systems, which assign different levels of entitlement to health care according to the socioeconomic level of the people, end up

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<sup>2</sup> "Out-of-pocket payment" is the name used for direct payments by the user of a healthcare service, as opposed to prepayments (via taxes, contributions, or insurances).

generating systems and itineraries in which people in vulnerable situations have to demonstrate that they are entitled to health care, either because they have low income because they do not enjoy other social benefits, or because they are in a particularly vulnerable situation. For this reason, one of the fundamental values that must be highlighted when addressing the virtues of universal health coverage systems is its ability to make things easy for those who have the most difficulties in life.

In an article published in 2019 in *Current Affairs* [48] under the title of "The importance of making everything easy", the need for universal models that dismantle bureaucratic labyrinths is defended: Why is *Medicare For All* so important for us? In part because any other model makes your experience with the healthcare system much more complicated. We want you to be able to go to your doctor and not have to consider money. We do not want you to have to think about policies, copayments, or deductions. You should only be thinking about your health. And this is not a utopia. In those countries that pay for healthcare services via taxes, when you want to go to the doctor, you simply go, they treat you, and you leave.

Considering Spain, and within the framework of social services benefits, the book "Administrative Silence" by Sara Mesa [49] narrated the bureaucratic impossibility of a person in a highly vulnerable situation to access the most basic social services and how the system itself presupposed the capabilities of the

users of these systems that on many occasions were incompatible with the material conditions in which the lives of these people passed. Universal systems must attempt to eliminate these barriers to encourage healthcare to reach those who need it, beyond their ability to overcome administrative barriers.

This idea of the universal health system as an element of social cohesion that favours not only the most disadvantaged people but also people from the highest socioeconomic strata is the one that underpins the article by Michael Marmot "Why should the rich care about the health of the poor?"[50], arguing that social cohesion represents a value for public health and that inequality generates social unrest and worsens the health, not only of the rich but also of the poor. In addition, a health system used by all people, both those with higher incomes and those with lower incomes, will not risk becoming a charitable service and will be able to offer a higher quality of care for the population.

### **Spain and universal healthcare coverage: Model to follow or anomaly to eliminate?**

Health coverage models and how a population accesses health systems vary between different countries, even when comparing countries with the same economic and political environment [51] [52] [53], so that making comparisons between countries can be difficult as the



characteristics of each health system have multiple singularities.

In the European Union context (and many OECD countries), health coverage is high. However, in most countries, it does not reach 100%. In the last 20 years, one of the countries that has been characterized by having high coverage rates has been Spain; for a long time, it has been the country within the European Union that provided more inclusive assistance to groups such as immigrants in an irregular situation. The detractors of universal health coverage pose this as an anomaly to be extinguished, while its defenders use the case of Spain (prior to Royal Decree-Law 16/2012) as the model to follow.

At present, there is an unquestionable consensus about the expansion of health coverage to the entire native population of the country in question; however, different countries carry out opposite practices regarding health care for undocumented immigrants [54] [ 55] [56]. Beyond aspects related to social justice, it seems obvious to note that in health systems whose financing comes from taxes, and not from social security contributions, the existence of universal health coverage cannot be considered if undocumented immigrants (or any especially vulnerable groups) are excluded [57]. For this reason, in a health system such as the Spanish National

Health System, financed with taxes, with a modest health expenditure both in euros per inhabitant and expressed as a percentage of Gross Domestic Product and aiming for universality, the anomaly is excluding from health coverage (or with reduced coverage, excluding pharmaceutical benefits) undocumented migrants who have been in Spain for a short time or people reunited under the family reunification scheme.

In the same way that Thailand has become a model of universal health coverage (including wide coverage of undocumented immigrants) for middle and lower-middle income countries in Asia, Spain must aspire to continue being the reference model in Europe and, especially, for those countries with a national health system-type model. Spain has accumulated and brings together a series of characteristics (political, economic, cultural, and social) that have favoured establishing a health system that was almost completely universal and that, presumably, will be so again. However, Spain does not have exclusivity of the circumstances and contexts that facilitate universal health coverage policies. Many other countries could choose a path similar to the one travelled by Spain at the time, trying to avoid making the same errors.

## ► Recommendations for universality

Following the first COVID-19 wave in 2020, the Commission for Social and Economic Reconstruction of the Spanish Congress drew up an opinion[58] that contained the following agreement in terms of the universality of the health system:

*"1.2. Promote and adopt the normative, legal, and regulatory modifications necessary to guarantee the effectiveness of the right to health protection through universal access to the National Health System. RD Law 7/2018, of July 27, on universal access to the National Health System, will be processed as a law that definitively repeals RD Law 16/2012, of April 20, of urgent measures to guarantee the sustainability of the National Health System and that, together with the regulations that develop it, guarantee in any case the following points:*

*a) work collaboratively among the Central Administration and the autonomous communities,*

*b) extend this right to ascendants who arrive from non-EU countries, reunited with their daughters and sons with Spanish nationality, or from another EU country,*

*c) guarantee the recovery of free health coverage in our country to Spanish citizens residing outside of Spain and*

*d) any other changes necessary to guarantee universal access to health care as a subjective right of all people. Regardless of future legislative reforms, all administrations undertake to make effective, immediately and without*

*exceptions, the right to health protection, guaranteeing health care in those groups that enjoy special protection in our legislation and in the international conventions signed by the State, as is the case for minors, pregnant women and applicants for international protection".*

Based on this judgement, and taking as a reference the proposals that REDER, Yo Sí Sanidad Universal, and Amnesty International made to the Ministry of Health in the consultation phase of the Draft Law on measures for equity, universality, and cohesion of the National Health System, the following recommendations are made, with the aim of recovering a universal health coverage model that is effective and, in addition, robust for the future:

» Urgently pass a law that makes the necessary modifications **to comply with what was agreed on in the opinion of the Commission for Social and Economic Reconstruction**, eliminating the administrative requirements demanded in RDL 7/2018 to obtain the right to healthcare. Said law should:

– Eliminate differentiation in obtaining entitlement to healthcare between the population with Spanish nationality or with a residence permit and the immigrant population in an irregular situation.

– Eliminate the minimum period of stay in Spain as a requirement to obtain the right to healthcare, and recognize it based on the intention to stay in Spanish territory,

which should be accredited by means that do not require a minimum length of stay.

- Recognize the right to healthcare for ascendants who arrive in Spain as a result of a family reunification process.

- Guarantee the inclusion of the right to pharmaceutical provision with a co-payment system that does not discriminate based on a situation of administrative irregularity, explicitly recognizing the exemption of pharmaceutical co-payment in cases of special vulnerability.

- Until the processing of said law, approved by way of Royal Decree-Law an amendment to RD-I 7/2018 that provides the special protection of the population under 18 years of age, pregnant women, victims of trafficking, asylum seekers, and emergency assistance for anyone.

In addition to these legislative modifications, the following aspects must be taken into account to ensure that the legislative improvements result in an effective improvement in the access to the health system by the now excluded population:

» **Creation of an Observatory of Universality mandated to ensure equity and non-discrimination** in the effective access to the health system, assessing existing barriers in the development of universal health coverage, and monitoring possible situations of exclusion.

» **Shift the *culture of exclusion* established with RD-I 16/2012 and continued by RD-I 7/2018**, whereby the exclusion of people from the health system does not imply a greater obligation for public powers. To achieve this, it will be necessary that any denial of health care be notified in writing to the interested person, as well as to be made known to the High Inspectorate of the Spanish Ministry of Health.

» **Immediately approve a regulation that harmonizes the application of the Royal Decree-Law 7/2018 throughout the Spanish territory**, guaranteeing the elimination of additional barriers such as the registration or the presentation of documents from countries of origin.

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