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# *La malaltia de la sanitat catalana: finançament i governança* (What is ailing Catalan healthcare: financing and governance)<sup>1</sup>

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Barcelona: Profit, 2020. 125 p.

ISBN 978-84-17942-40-3

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The book *La malaltia de la sanitat catalana: finançament i governança* (What is ailing Catalan healthcare: financing and governance) by Guillem López-Casasnovas and Marc Casanova, published by Editorial Profit, was launched on 30 January 2020 at the Universitat de Barcelona's Faculty of Medicine at an event organised by the *Cercle de Salut*. The *Cercle de Salut* is an organisation which aims to improve the Catalan healthcare model, and with this objective in mind it commissioned a report from the *Centre de Recerca en Economia de la Salut* at the Universitat Pompeu Fabra on Catalan healthcare system, which is the content of this book.

It is 125 pages long, most of which—around 70 of them—contain the report, while the references take up four pages and the remaining 36 pages are annexes.

The content of the Report is organised into three chapters: the first one compares Catalonia with other countries, the second one compares Catalonia with the other autonomous communities in Spain, and the third one studies private healthcare. In addition to these three chapters, there is an introduction, conclusions and a summary. The introduction outlines the objectives of the study and the methodology used.

In the international chapter, the authors compare Catalonia 'with different groups of developed countries, focusing on health spending, both public and private, in order to determine our situation compared to other countries around us'. International comparisons of health spending among countries have a longstanding history in health economics studies, and indeed, one of the authors has participated in this history of studies. Since the earliest comparisons made late

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1. Review published previously in the *Revista Econòmica de Catalunya* of the Col·legi d'Economistes de Catalunya, issue 81 (March 2020).

last century, both the quality of the data and the sophistication of the methodology have improved. Thus, the authors use the latest data published and more modern technologies (the regressions calculated by the authors can be found in annex A).

Since the first studies on this matter were conducted, a strong relationship has been found between a country's GDP and its health spending, not only in absolute figures but also in percentage of GDP. That is, a wealthier country spends proportionally more on healthcare than a poor country.

More recently, studies have been conducted on the effects of the ageing variable, which also increases health spending. Another variable that also explains differences among countries is the type of healthcare financing, via either social security (Bismark) or taxes (Beveridge). The authors use these three variables—GDP, ageing and the healthcare system—to estimate what health expenditure should be in Catalonia, and they conclude that Catalan healthcare is publicly financed at levels far below what it should be.

This chapter also includes comparative data between Catalonia and the European regions known as NUTS 2. Not a lot of data are published and, more important, there are no figures on health spending.

In the chapter on Spain, the authors state that: 'We shall focus on analysing the situation of public healthcare in Spain from a regional perspective'. This chapter reproduces the statistical analyses from the previous chapter with the data from the 17 autonomous communities. The results are not significant; regional income does not explain the differences in the regions' spending; nor does ageing (the regressions are in annex C).

This is logical because the objective of the financing system of the autonomous communities is for there to be equality among them, with minimal adjustments for the island communities. However, this objective of the regional policy is not reached by a long shot. The differences among the regions in spending per capita are spectacular. On the one hand, there are two regions which have special financial arrangements with the central government, called the '*cupo*', namely the Basque Country and Navarra, which have financed their own healthcare system instead of contributing to the general state system and therefore have more resources than the others. On the other hand, within the general financing system, the differences among the other 15 autonomous communities are profound. The authors analyse the evolution of these figures in the period 2003-2016 to study the impact of the cutbacks in health financing. The conclusions are that the cutbacks increased inequalities among the autonomous communities.

In the chapter on private healthcare in Catalonia, the authors state: 'We shall focus on describing private health spending in Catalonia and observing its evolution in recent years, especially during the economic crisis, where there was a significant decline in public spending'. The authors describe how the cutbacks created dissatisfaction with public healthcare while also increasing private spending in both Catalonia and Spain, even though the growth was more pronoun-

ced in Catalonia; however, they do not venture a cause for these two phenomena. The analysis of private insurance shows a slight growth in the number of insured persons and a more significant jump in the premiums paid.

In the conclusions, the authors describe the situation of public healthcare in Spain as follows: ‘The case of the autonomous communities is a clear example of the violation of the principle of fiscal responsibility, as the spending is much more decentralised than the capacity to obtain own resources via taxes’. The conclusions are crucial: ‘An improvement in the public financing of Catalan healthcare would not be possible within a Spanish state that transfers resources to our healthcare system based on highly restrictive parameters outside our economy’s fiscal capacity’. They go on to say that: ‘Without a reform in the regional financing system [...] not another minute should be wasted trying to understand the frustration caused by what is desirable, what could be and what actually is... The situation in Catalonia remains fairly well defined from the outset, at this point, as a “toll-paying” society that had historically made up for the insufficiency of public healthcare with private complements and supplements’.

The Report is a compendium of the scholarly study and it is geared at health policy. The authors manage to conduct a solid study with the goal of it serving as the underpinning of a health policy cause: the under-financing of Catalan public healthcare.