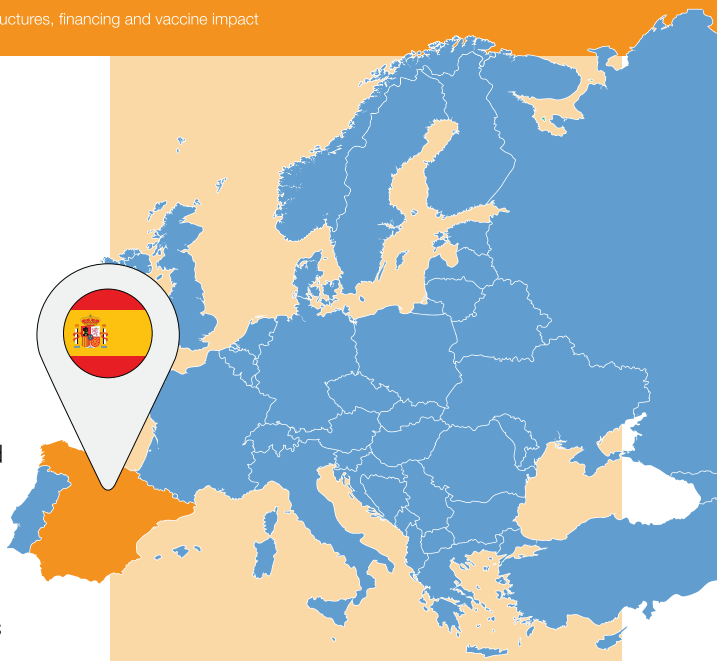
SPAIN



Decision-Making

Stakeholders: The Public Health Commission of the Ministry of Health, the National Immunisation Technical Advisory Group (NITAG), and regional health authorities

Introducing a new vaccine: New vaccines are evaluated by NITAG; based on this evaluation, the Public Health Commission recommends updates to the National Immunisation Plan (NIP) and final financing decisions made by regional Ministries of Finance based on recommendations. Thus, vaccination recommendations can vary between regions. For instance, in Madrid, Tetanus-Diphtheria and pneumococcal vaccines are administered at age 60, while in Catalunya, they are given at age 65. This variability reflects regional autonomy in public health decisions.

Ministry of Finance Involvement: Not directly involved in NIP budgeting, as funding is managed regionally.

Financing

Primary Funding Sources: Vaccines are funded by regional governments, with costs covered for all recommended vaccines in the NIP.

Financial Mechanisms for Sustainability: Yes, through diversified funding through national and EU mechanisms, long-term agreements and commitments

Influence of Public-Private Partnerships: Minimal, with industry negotiating some conditions at the national level.

Critical Financing Challenges: The high cost of new vaccines, a decentralised health system and insufficient political will

	Yes	No
Ministry of Finance Involvement		✓
Ringfencing	✓	
Financial Mechanisms for Sustainability	✓	
External Funding Sources		✓
Influence of Public-Private Partnerships		✓

Landscape

History: Since establishing the Spanish National Health System (SNS) in 1986, healthcare, including vaccination programs, has been publicly funded. Decentralisation in the late 20th century led to variability in vaccine program implementation, though national immunisation schedules aim to standardise recommendations. Despite economic challenges like the 2008 financial crisis, Spain firmly focused on vaccination as a cost-effective public health measure.

Most Funded Campaign: Seasonal influenza campaigns due to their public health and economic impact. Herpes Zoster, HPV, and meningococcal vaccination have also highly impacted regional health budgets.

Future Landscape: Spain is increasing investment in public health infrastructure by creating the Spanish Agency of Public Health and a national epidemiological surveillance network. Immunisation coverage will expand to include more diseases and eligible populations. The Spanish Association of Vaccinology have proposed a proposal to the Ministry of Health requesting the national budget support the introduction of new vaccines in their first year, aiding regional budget restructuring. Additionally, Spain is advancing digital transformation by developing national immunisation registries, enhanced data analytics for decision-making, and digital tools to improve vaccine uptake and surveillance.

Decentralised
Health System

10.4%
of GDP spent on healthcare

3.5%
of healthcare budget is spent on prevention

69.5%
Over-65 influenza vaccination coverage

Adult vaccination (18+) recommendation against 14 diseases:

All are government funded

COVID-19
Diphtheria
Tetanus
Pertussis
Hepatitis B
Pneumococcal disease
Meningococcal disease
Measles
Mumps
Rubella
Varicella
HPV
Influenza
Herpes Zoster