National Health System annual report 2008. Summary

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National Health System Annual Report 2008: Summary.

Health status of the population

Demographic figures from 2008 reflect the continued growth of Spain's population, which is now over 46 million inhabitants, of whom 49.5% are men and 50.5% are women. This population growth can be seen in all age groups except for the 15-24 year group, as a result of the decline in the birth rate in the final years of the past century. In the younger age groups, growth is due to the increase in fertility and birth rates. Natural growth – births minus deaths – fell in the final 25 years of the past century but this trend has now been inverted, with the rate moving from 1 per 1000 inhabitants in 2001 to 2.4 in 2007. All of this has brought a slowdown in the ageing of the population since, although the number of people above the age of 65 has grown, their percentage with respect to the total population has become smaller.

The foreign population residing in Spain is 5,268,762 in 2008, which represents 11.4% of the total population.

The percentage of people with secondary or higher education has increased and is now 70.6% in men and 64.6% in women. In 2001 the figures were 45.4% and 38.9% respectively. In 2007 half of Spain's population had completed the second cycle of secondary education or higher education, while in 1991 the figure was 38%.

A basic indicator for evaluating the health status of the population is life expectancy, which in Spain continues to be on the rise and continues to be higher for women. As for healthy life expectancy, a slight increase can be seen in the national average.

Life expectancy and healthy life expectancy at birth and at age 65, by sex. General estimate based on 2007 data

	Life expectancy	Healthy life expectancy
At birth		
Men	77.8	57.2
Women	84.3	53.4
At age 65		
Men	17.8	8.6
Women	21.9	7.2

Source: National Statistics Institute and the Health Information Institute of the Ministry of Health and Social Policy

The leading causes of death were, in order from highest to lowest, vascular diseases, cancer, respiratory diseases, digestive diseases and external causes. The infant mortality rate continues to fall; in 2007 the rate was 3.5.

Percentage distribution by age of deaths from the main causes of death. Spain, 2007.

Age	Circulatory system diseases	Cancer	Respiratory system diseases	Digestive system diseases	External causes
<15	0.0	0.2	0.2	0.1	1.7
15-44	1.4	3.2	1.6	3.6	33.6
45-74	20.9	47.7	17.7	34.4	32.1
> 75	77.7	48.9	80.6	61.9	32.6

Source: Health Information Institute of the Ministry of Health and Social Policy

Of particular significance is the reduction in the number of traffic accident victims (a reduction of 40% between 2001 and 2007) and of workplace accidents (the frequency index fell

from 42.8 to 30.8 between 2001 and 2007). Most workplace accidents took place in the sectors of construction and industry.

In 2007, the percentage of people over the age of 16 who deemed their health to be good or very good was 72.6% in the case of men and 60.6% in the case of women. Among men, 6.9% deemed their health to be poor or very poor, while among women the figure was 10.4%.

As for unhealthy lifestyle habits, the data reveal a decline in the use of tobacco and a slight increase in alcohol consumption. Men consume the most in both cases. With regard to drug use, the use of psychoactive substances is decreasing, with the exception of cannabis and cocaine, which show a slight increase. A high proportion of the adult population leads a sedentary lifestyle, especially young people, the elderly and women, although the percentage has become smaller in recent years. Finally, the population's obesity rates are increasing. They are somewhat higher in men and tend to increase with age.

Description and institutional analysis

The legal framework of the SNS, in addition to the Spanish Constitution of 1978, is comprised of the General Health Care Act of 1986 and the Law on Cohesion and Quality in the SNS of 2003, and also the laws enacted by the country's autonomous communities in the exercise of the powers laid down in their respective statutes of autonomy. The organisational models of the autonomous communities are quite similar and usually consist of a Regional Ministry that sets health care policy and performs administrative functions in the strict sense, and also a Regional Health Service in charge of providing the health care services, after objectives have been established in a contract-programme or management contract. Thus, in almost all of the autonomous communities a clear distinction is made between responsibility for planning services and responsibility for providing them.

Health care policies are defined mainly through the development of Health Plans, which can consist in turn of strategic plans, master plans and infrastructure plans, or other planning instruments. The policy aspects that most frequently appear in 2008 are the protection of patient rights; specific attention for diseases of high prevalence, chronicity or disability burden and prevention programmes aimed at specific segments of the population; research; the application of new technologies to health care as a professional tool; and human resource management.

Although health care services are mostly publicly financed, there are various management formulas used by the autonomous communities, such as the following:

— Public enterprises for the management of hospitals, urgent care services, emergency response and specialised care centres with high resolution capacity.

— Public bodies governed by private law.

— Consortia.

— Foundations.

— Associative bodies of health professionals (EBAs) who set themselves up as legal entities to work as self-managed primary care teams.

— Health care facilities and services operated by concession, using a public service contract.

— Health care facilities and services built using a public works contract.

— Long-term contracts with public or private bodies to complement the range of services offered.

— Singular or specific contracts with public or private bodies.

— The National Institute of Health Management (INGESA), the management entity of the Social Security Institute in charge of providing services in Ceuta and Melilla.

One of the indicators frequently used to determine the dimensions of the health care system is health expenditure, which in the 2003-2007 period increased by 8.6%; public sector expenditure grew by 9.1% while private sector expenditure grew by 7.4%. Expenditure on health is becoming more and more significant within the national GDP and it is the autonomous communities that bear the greatest burden in financing public health care, with most of the money going to hospitals. In contrast, households pay for most of private health care, where 50% of the expenditure goes to ambulatory care. In 2007 the total health expenditure represented 8.46% of the GDP, with public sector health care being 6.07% of the GDP.

The largest expenditure items are the remuneration of the health care professionals, which accounts for 45% of the total budget, and current transfers which, at 21% of the total, correspond almost in their entirety to pharmaceutical costs. Ranked third and fourth are intermediate consumption, at 17.5%, and purchases from the private sector, at 11.3%. These four expenditure items account for 94.8% of the expenditure in health care.

In absolute values, the distribution of the expenditure among the autonomous communities reveals, not surprisingly, a greater concentration of expenditure in the regions with a higher population.

Resources and care activity

At the Primary Care level, resource planning and allocation is based on the delimitation of basic health zones and on the assignment of health care facilities to each one of them. There is of course a high degree of variability between health areas, since the planning and allocation of resources depends on the population and geographic dispersion of each area. The national average proportion of health centres to local health facilities is 1 to 4, but the figure varies considerably among the different autonomous communities. The same occurs with the professionals, both health and non-health professionals, whose numbers total more than 80,000. In territorial terms, the SNS is organised into 156 Areas and 2688 basic health zones, which have 2914 health centres and 10,202 local health facilities.

In Primary Care, the average number of people assigned per professional is 1410 for each family doctor, 1209 for each paediatrician, 1663 for each nurse and 3102 for each auxiliary administrative staff member. The average number of consultations per inhabitant per year (frequentation) is 5.65.

At the Specialised Care level, the SNS runs 325 of the 800 hospitals currently in operation in Spain, although it also must be pointed out that 40% of the discharges from private Spanish hospitals are in fact financed by the SNS. In public hospitals most of the care provided is for acute patients, especially in the areas of hospitalisation, obstetrics, consultations and urgent care, while in the private sector most of the care provided goes to psychiatric patients and long-term care patients.

The progressive shift towards ambulatory care for certain processes that in the past required hospitalisation has brought with it the appearance of activity settings that do not involve overnight stay, such as day hospitals. Also, a significant investment has been made in technological equipment; magnetic imaging equipment is the type that has most increased in recent years.

In recent years there has been a trend towards the ageing of the population attended, the reduced use of hospital beds and displacement of activity towards ambulatory settings. These changes respond to demographic factors, technological advances and the expectations and customs of the population. Of all the associated factors, the only one that shows an alteration with respect to the trend observed in the previous two decades is that of natality, which, following a pronounced fall, is on the rise once again.

Public Health

Health promotion activities have consisted mostly of actions by various interterritorial working groups and the strengthening of the intersectoral approach, with health promotion programmes being put in place in schools, universities and even cities. Prevention initiatives have focused on alcohol-related problems, which have a high incidence throughout the European Union; on unintentional injuries, the leading cause of death among young people and among which traffic accident injuries are especially significant; on cardiovascular problems; and on smoking, which causes 14% of the deaths occurring in Spain.

Projects to enhance transfusion safety are also underway, such as the creation of a Scientific Committee for Transfusion Safety and a National Commission on Haemotherapy. The purpose of these and other projects is to introduce and monitor quality systems and best practices which will make it possible, for example, to prevent HIV and Hepatitis C infection. Other programmes focus on protecting the health of pregnant women, particularly in the case of elective termination of pregnancy, which increases year after year, and of newborn babies and young children.

In the area of border health control, the health risks posed by imports and exports and the international movement of travellers and goods are the object of close surveillance. Also, the international transport of corpses and cadaverous remains, organs for transplant, anatomical preparations used in research, biological samples and products for human use and consumption, both in and out of the country, is controlled. Public health authorities also oversee international vaccinations and the recommendations given to international travellers, with the aim of preventing the spread of diseases such as yellow fever, typhoid, diphtheria, etc., which have been practically eradicated in developed countries but are still present in other countries. There is also a Health Alert Network to respond to possible cases of illnesses such as cholera, dengue fever, avian influenza, malaria, etc. Finally, various sanitary controls are performed at border posts and on means of international transport, mostly in international ports and airports.

With regard to Acquired Immune Deficiency Syndrome, the National Plan on AIDS focus on preventing infection and providing special care to affected citizens. One of its objectives is to safeguard the quality of life of AIDS patients, which involves taking steps to fight discrimination and provide social support. A study of the history of AIDS in Spain reveals that the number of new cases detected peaked at the end of the 1980s and then began a steady descent which continues today. The lower number of new cases is the result of prevention measures adopted by the population. In recent years two important facts have become evident: the consolidation of sexual contact as the most common means of transmission of the virus and the influence of immigrants, among whom there is a high rate of detected cases.

In the National Plan on AIDS prevention activities represent the most important item in the plan's budget, with over 75% of funds being allocated to initiatives such as free condom distribution and needle exchange programmes. The Plan also addresses such areas as care quality, research and international co-operation.

On the environmental health agenda, efforts involve the registration and authorisation of biocidal products and the evaluation of the risks that chemical and phytosanitary products may pose to the health of the population. For this purpose, Spain has a National Network for the Surveillance, Inspection and Control of Chemical Products, various information systems on water health and quality and also programmes to reduce physical environmental risks.

Pharmaceuticals and health products

Pharmaceutical benefits in Spain are regulated by the following legislation:

- The Basic Social Security Act of 1967.
- Law 16/2003, of 28 May 2003, on the Cohesion and Quality of the SNS.

- Law 29/2006, of 26 July 2006, on Guarantees and Rational Use of Pharmaceuticals and Health Products, which replaces Law 25/1990 on Pharmaceuticals.
- Royal Decree 1030/2006, of 15 September 2006, which establishes the common benefits package of the SNS and the procedure for its revision.

Prior to their inclusion in the public financing system, pharmaceuticals and health products must be approved by either the Spanish Agency of Medicines or the European Agency of Medicines, in accordance with current laws and regulations. The Ministry of Health and Social Policy, through the Directorate General for Pharmaceuticals and Health Products, decides whether or not to include the pharmaceuticals in the SNS pharmaceutical service, bearing in mind the criteria established in Law 29/2006. The Interministerial Committee on Pharmaceutical Prices sets the prices for pharmaceuticals and health products that are to be included in the SNS pharmaceutical service. During 2008, a total of 1371 pharmaceuticals were approved for inclusion, of which 972 were generic pharmaceutical specialties, with a total of 23 new active pharmaceutical ingredients being admitted. At the end of the year, the number of pharmaceuticals approved and included in the public financing system totalled 18,976. Of these, 7023 correspond to generic pharmaceutical specialities. Six new health products were included, meaning that a total of 5205 products were offered at the end of 2008.

Pharmaceutical consumption is analysed using the SNS medical prescriptions invoiced by the health services. From a quantitative point of view, there has been a trend towards moderation since 2004 in the main data for SNS medical prescription invoicing, due to programmes for the rational use of pharmaceuticals put in place by the various health care administrations, the system of reference prices, the Ministry of Health and Social Policy's pricing policy and modifications to the commercial margins in the distribution and dispensing of pharmaceuticals. Growth in pharmaceutical expenditure in 2008 with respect to the year before was 6.97%, far below the year-on-year growth in 2003, which was 12.14%. The number of prescriptions increased by 5.53% in 2008, below the increase of 5.95% for 2007. Furthermore, the average expenditure per prescription grew by only 1.36% in 2008. For the SNS as a whole, expenditure amounted to approximately €11,970 million in 2008. Regarding distribution by product, pharmaceuticals accounted for 93% of the expenditure and 97% of the prescriptions.

In the qualitative analysis, the increase in the use of generic pharmaceuticals has been significant, given that between 2003 and 2008 the percentage of consumption increased almost two and a half times, from generic packs making up 8.85% of the total in 2003, to 21.81% in 2008. Regarding consumption by active pharmaceutical ingredient, omeprazole had the highest consumption in terms of number of packs for 2008, while atorvastatin had the highest consumption in terms of cost. For health products, urinary incontinence pads had the highest consumption in terms of number of packs and cost.

Finally, the Spanish Agency of Medicines and Health Products performs different actions in the area of pharmaceutical and health product safety, in order to guarantee their quality, safety and efficacy and to provide accurate information to the population. Similarly, the administration and processing of requests for clinical trials has been computerised, thus facilitating the work of the Coordinating Centre of the Ethics Committee for Clinical Research, the competent authority for regulating clinical trials. During 2008, a total of 675 clinical trials were authorised.

Quality

The most important actions in the field of quality are set forth in the Quality Plan for the SNS 2006-2010. These actions include efforts to improve patient safety; the creation of tools which promote clinical excellence; and strategies for diseases of high prevalence and high social and economic cost.

The Quality Plan for the SNS covers six large action areas divided into twelve strategies, which are in turn subdivided into a series of objectives and action projects. The Plan is executed

in collaboration with various types of organisations, such as scientific societies, patient associations and the Regional Health Services of the various autonomous communities.

In the area of patient safety, the strategy undertaken in 2005 has continued, with training and informative activities aimed at both professionals and the general population, the development of information systems on adverse effects and the introduction of safe practices in health care settings. Spain has participated in national and international meetings and forums, to facilitate the exchange of information and experiences.

In the promotion of Clinical Excellence, the following initiatives deserve special mention:

— Validation studies of quality indicators in patient safety and avoidable hospitalisation.

— Financing of research projects and Health Technology Assessment projects at the Carlos III Health Institute.

— Financing of access in Spanish to the Cochrane Library and the Joanna Briggs Institute Library.

— The creation of the Clinical Excellence metasearcher.

— Creation of Clinical Practice Guides linked to the health strategies.

The Quality Agency of the SNS prepared five documents on quality and safety standards and recommendations, in collaboration with groups of experts and representatives of the professional associations most closely linked to each of the units of study, which were the following:

— Childbirth care in hospitals.

— Surgery wards.

— Units for multiple pathology patients.

— Major outpatient surgery.

— Day hospital.

Also, there are specific auditing plans for the accreditation of health care facilities and services, for purposes of the designation of SNS Reference Facilities, Services and Units and also to ensure fulfilment by certain health facilities of their duty to provide specialised training in the health sciences. These plans address auditing and accreditation processes and also the training of the auditors in charge of such processes.

Finally, strategies were drawn up to improve the health care provided in the SNS for certain illnesses of high prevalence and high social and economic cost, emphasising co-ordination with the Regional Health Services and ensuring compliance with the principles of equity and cohesion. The illnesses addressed in the strategies are cancer, ischaemic heart disease, diabetes, mental health and palliative care.

Equity

To reduce social inequalities in the area of health, the following initiatives have been taken:

— A national group of experts was created to formulate proposals on how to reduce inequality.

— The Spanish Network of Healthy Cities was expanded and numerous cities have put in place health plans with equity as a transversal theme.

— National strategies to promote equity were developed, with the aim of eliminating barriers that limit access to health care services and putting an end to the ineffective use of such services for reasons of inadaptation or discrimination.

Of special importance in this final point is the equity strategy that focuses on the gypsy population. The strategy is based on a national health survey conducted in this group and on agreements with gypsy associations and its goal is to reinforce the efforts made to advise, accompany and build specific capacities in health professionals and administrations. Various documents and reports have been published, debate forums have been created and international co-operation has been stimulated to allow for exchange with other European countries in similar situations.

Efforts of the same type have also been made with respect to the immigrant population. This group has become increasingly significant in recent years as Spain has quickly become one of the countries with the highest rates of immigration. In this area, several strategies have been put in place to ensure that access to the public health care system and the care received takes place in conditions of equality and contributes to the integration of the immigrant population in Spanish society. In addition, studies have been conducted on the infectious diseases imported as a result of immigration or of international travel to the tropics.

These initiatives have been carried out in collaboration with or to complement the actions of the autonomous communities themselves, which are making their own efforts to increase accessibility, provide support to people with disabilities and, of course, attend the population of immigrants or certain ethnic groups, such as the gypsy community.

One of the main components of the path towards equity is the legal recognition of the equality of men and women, such as found in the laws and regulations at the European, Spanish and regional levels. Other developments in this area include a National Plan on Gender Violence Awareness and Prevention, instruments that help define and disseminate best practices and specific programmes to promote women's health, especially in relation to childbirth. Finally, equity in the exercise of the health professions has been the object of study, in the sphere of care giving, research, teaching and even management.

Clinical information management in the SNS

To ensure the continuity of care given to citizens regardless of where they are in the country, a project is underway to implement an Electronic Medical Records system, by which clinical information can be shared among the Regional Health Services of the different autonomous communities, through a data centre managed by the Ministry. In 2008 various working groups have participated:

— The technical standards and requirements team has worked on the system's technological design and on the issue of compatibility with the information systems of the Regional Health Services of each autonomous community.

— The semantic interoperability advisory group has worked on recommendations to guarantee such interoperability.

— Several autonomous communities have taken part in the pilot project group, comprised of the autonomous communities that have decided to participate actively in the first phase of the plan.

Consideration has also been given to information security requirements, citizen participation and integration with Electronic Medical Records projects undertaken by the European Union and by the autonomous communities.

Furthermore, Spain is participating in the epSOS project, funded by the European Commission and similar to the project described above. This project focuses on two primary lines of action: developing Patient Summaries containing the most essential health information of each patient, and e-Prescription. Twelve EU Member States are participating and Spanish representation is through the Ministry of Health and Social Policy and the autonomous communities of Andalusia, Catalonia and Castilla-La Mancha in the pilot testing project.

All of the autonomous communities have continued to work on projects involving the introduction of electronic medical records. Aspects common to all such projects are: access to patient history, problem list, allergies and the coding of diagnoses and procedures. With regard to specific information systems, the general lines of work focus on the following: patient identification; management of laboratory requests and results; diagnostic imaging; e-prescribing systems; appointment management; clinical information systems at the hospital level; telemedicine, and other initiatives, including the Electronic Medical Records projects of the SNS, information security mechanisms and access by citizens to their clinical information.

Professional regulation and health training

In a context characterised by a shortage of professionals in some specialties in the SNS, the public administrations are working towards improved governing of the various levels of organisation and regulation of professionals, the creation of registration systems, the adjustment of the number of students in undergraduate programmes and specialised training, the offering of incentives for ongoing professional development, the commissioning of consultancy projects on long- and medium-term needs planning and the regulation of the entry of professionals from outside the European Union.

Medical specialist needs in Spain 2008-2025

	2008	2015	2025
Inhabitants (million)	44.3	46.3	48.0
Specialists needed per one hundred thousand inhabitants	319	323	317
Estimate of total number of specialists	161,966	171,100	174,071
Estimate of number of specialists needed	165,205	180,169	198,962
Percentage of specialists needed	2%	5.3%	14.3%
Source	Ministry of Health and Social Policy. Study on the Supply and Needs of Medical Specialists in Spain (2008-2025).		

The data available indicates that Spain has a highly-developed and highly-regulated specialised health training system. It has proven its capacity to provide high quality training in 54 different specialties to a large group of residents, who come from seven different university degree programmes. The system is also in expansion, in terms of both the number of accredited positions that are offered and also in the number of applicants from all the degree programmes. The system has renewed, over the past four years, most of its training programmes and is currently working on the definition of the programmes for the new nursing specialities approved in 2005 by Royal Decree 450/2005.

Despite its achievements, the system is undergoing a profound transformation that affects the very foundations of the systemisation of specialties, the applicant selection system, the training structure (through the definition of common initial pathways for similar specialties), the strengthening and recognition of teaching structures and the evaluation system. The publication of Royal Decree 183/2008, of 8 February 2008, represents a vital step in this process of renewal, as it introduces new concepts, adapts the system to the current configuration of a state comprised of autonomous communities and also foresees the modifications that will take place in coming years.

The number of specialised training positions available in 2008 was 7866. The total number of residents in training was 23,763. Of them 2338 were not of Spanish nationality.

With the aim of co-ordinating the training activities and harmonising the actions of the different health care administrations, the Ongoing Training Commission has done the following in 2008:

— Reaffirm the validity of the accreditation system in use since February of 1998.

— Present a proposal regarding the Commission's Internal Regulations.

— Create a Technical Commission on Accreditation.

— Make a proposal regarding the Distribution of Responsibilities in the accreditation of ongoing training activities.

— Study the procedure used for evaluating distance training activities.

— Collaborate in the development of the Ongoing Training Commissions of the autonomous communities.

— Grant accreditation to 18,307 activities of the 20,365 applications that were received in 2008.

Research

In 2008 the National Plan for Scientific Research, Development and Innovation 2008-2011 went into effect. It has several instrumental lines of action, including the Strategic Action in Health, with the intention of generating knowledge with which to preserve the health and well-being of the citizenry, strengthen scientific innovation in biohealth subjects and apply the progress made in research to SNS patients. To achieve this, it aims to increase investment, both public and private, increase the quantity and quality of human resources, scientific production and the international dimensions of R+D+I in health, as well as promoting the transfer of knowledge and technology in health.

The Strategic Action in Health is organised into five principal areas:

— Molecular and cellular technologies applicable to human health.

— Translational research on human health.

— Promotion of research into Public Health, Environmental and Workplace Health, Dependence and Health Services, in order to improve the functional life of the Spanish population.

— Promotion of pharmaceutical research on medicines and the development of pharmaceutical technologies. Research, Development and Innovation in pharmaceuticals for the treatment of the most relevant diseases.

— Consolidation of the SNS as a platform for scientific and technical research in conjunction with industrial and technological research settings.

The Strategic Action in Health is comprised of the following lines of action:

— Implementing programmes oriented towards training and mobility and towards hiring and incorporation.

— Enhancing project action, with three subprogrammes: research into health, non-commercial clinical research and research in the area of Health Technology Assessment and health services.

— Promoting scientific and technological infrastructure, giving priority to the acquisition of infrastructure and equipment to be used jointly by the research teams working in SNS facilities.

— Strengthening stable co-operative research structures, through the CIBER (Networks of Biomedical Research Centres), RETICS (Thematic networks of co-operative research in Health) and the CAIBER (Consortium to Support Biomedical Research Networks).

— Funding complementary reinforcement actions: making the SNS research and technological settings more dynamic, providing training in evidence-based medicine and in Health Technology Assessment, and performing specific actions in the area of health, sports and physical activity.

Strategic Action in Health funding has been complemented with funding from other sources, such as the regional governments, the European Union (7th Framework Programme for Research and Technological Development) and even the private sector.

In 2008 priority was given to the acquisition of infrastructure and equipment to be used jointly by the research teams of SNS facilities and stable co-operative research structures have been strengthened. To stimulate research projects within the SNS more than 900 projects have been funded, for a total amount of over €95 million. To improve the use and performance of scientific infrastructure, more than 50 projects received funding, for a total amount of over €11 million. Funding in the amount of €33 million was allocated to projects to make the research and technological settings in the SNS more dynamic, to promote public/private cooperation in actions involving clinical praxis in research. Also noteworthy is the support and funding of the stable research structures, in the amount of over €50 million. Finally, also deserving of mention is the initial impetus given to strengthen the central units of clinical research and clinical trials through CAIBER.

Innovation

Innovation is one of the strategic priorities of the SNS. The innovative experiences of the autonomous communities revolve around the following lines of action:

— Health care management: benefit packages, living will registries, professional directories, accreditation and recognition of excellence, reorganisation of services and home hospital, among others.

— Application of Information and Communication Technology (ICT): introduction of electronic medical record systems.

— Care projects: improving quality in the way mental illness is approached in Primary Care, increasing co-ordination between Primary Care and Specialised Care in the prevention of cardiovascular disease, social health care for people with mental illness, hospital care for celiacs and attention to sexual and reproductive health.

— Training and research: medical-surgical simulation, clinical trials, support for research, technological transfer and marketing, etc.

— Equity in health care: improving geographical accessibility and general access to quality health care.

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