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Changes for a Better Health and a Better Nation: Policy Reforms in Spain Based on the Catalanian HiAP Model

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ABSTRACT Since the decentralization of the Spanish government, questions have remained concerning the development of policy that effectively impacts both regional and national populations. To accommodate this, Spain has developed an efficient socialized healthcare program. Due to the decentralization process, however, certain regions of Spain have developed far more advanced policy mechanisms than others. In particular, Catalonia steps outside the traditional roles of government oversight to forecast visionary policy and legislative techniques. Amidst the tug-of-war between willingness and resistance to implement healthcare policies that have a direct impact on improving the population's health and healthcare, Catalonia employs original thinking and innovation in policy using the Health in All Policies (HiAP) model to create comprehensive strategies. By integrating health into every policy put forth, Catalonia ensures decision-making that prioritizes citizens' health first and foremost. When all stakeholders are invested, better conversations can be facilitated to optimally avoid potential issues. Health, as this paper explains, is an aspect of life that incorporates all other socioeconomic factors. Policy changes must be introduced to improve communication and coordination on a regional and national level, thereby introducing horizontal, collaborative partnerships. The accountability that exists as a main tenet of HiAP limits the presence of the free rider issue in government at all levels. This paper demonstrates the need for nuanced conversations that compel policy-makers to collaborate in further advancing efficiency in socialized medicine.

KEY WORDS health policy, policy reform, healthcare, Spain, Catalonia

INTRODUCTION

Within healthcare policy there is continuous debate, manifesting in a tug-of-war between providing national healthcare and the ability for a region to be self-sufficient to accurately reflect its citizens' needs. Catalonia has been a pioneer in Spanish healthcare policy. Studying the success of Catalonia, as well as the intervening factors that enable such success, is imperative, serving as a model for Spain with applications to other countries. When healthcare is accessible to its citizens, there is increased systemic transparency and, in the case of Catalonia, increased life expectancies. The application of methods to integrate healthcare in Catalonia as a focus across all policies could enable improved healthcare standards and efficiency to a broader population in Spain and beyond.

Not more than fifty years ago, Spain was held tightly under control of a conservative dictatorship. With heavy censorship, many citizens were deprived of access to personal liberties and rights. Since becoming a democratic regime in 1978, Spain achieved substantial health outcomes, with impressive decreases in mortality rates and increases in life expectancies as compared to other countries in the European Union (EU)[1-4]. Moreover, socio-environmental factors impact health, and policies can change health determinants across various national health systems. Health determinants are defined as “factors that are found to have the most significant influence on health” and are often influenced by factors outside the realm of medicine and strict healthcare, thereby affecting constituents[5]. For instance, in 2015 Spain had the highest life expectancy in the EU – an average of 83 years compared to that of the EU’s 80.6 years. This is powerful as Spanish GDP health expenditure is less than that of the EU average[2, 3, 6].

These dramatic improvements are attributed to Spain’s national healthcare system, which has made impressive strides for a shockingly low price tag. Spain spends 3.5 times less than the U.S. on healthcare, despite being a public system[7]. Due to systemic efficiencies, Spain has been considered a model for newly industrialized countries to create national affordable healthcare that addresses determinants[8]. Nonetheless, certain regions in Spain perform exceptionally more robustly by utilizing holistic approaches. Although Catalonia is not perfect in creating healthcare policy, it has assumed a singular approach based on an EU “Health in All Policies” (HiAP) model which has proven effective and drastically differs from methodologies of the rest of the nation. Spain, moreover, is intriguing due to its governmental structure affecting healthcare and policy-making. Policy-makers and healthcare officials in Spain and beyond should be cognizant of how a multi-faceted methodological approach can improve quality of life.

This paper aims to compile and explore an understanding of how Catalonia has exhibited optimal yet efficient healthcare outcomes. Examining current and previous approaches to policy creation mechanisms will illustrate a dynamic picture of the Catalonian model. In order to elucidate such factors clearly, officials in Catalonian and Spanish policy were consulted to provide insight. Thus, this paper aims to answer: How do the policy mechanisms in Catalonia contribute to improved health outcomes in the population?

To garner a brief conceptualization of this topic, this paper is contextualized within current policy mechanisms to evaluate the successes and flaws on both a regional and national level. Understanding the factors that have created an effective policy mechanism to improve health outcomes could empower further changes in health policy approaches. This paper is necessary to coalesce a narrative about and amongst policy creators in hopes of creating higher health standards for constituents.

The Spanish Context

After Francisco Franco’s death, signaling the end of the Spanish dictatorship, the Constitution of 1978 established seventeen Autonomous Communities (ACs) that constitute Spain. Reforms implemented in this era focused on extending coverage to all constituents that previously had limited rights[9]. Healthcare was first implemented at that time and soon evolved into INSALUD, the plan for national healthcare[10]. INSALUD “recognize[d] the right of all Spaniards to a healthy environment and adequate public health services”[11]. Article 43 of the Constitution defined healthcare as a right for all citizens with a commitment to equity, quality and participation[1]. The formation of healthcare and definitions set acknowledge a diverse population, a fine beginning to quality healthcare.

Until 2002, only seven of the ACs had full control over expenditures, levying taxes, and reallocation of funds. The other 10 ACs were under the jurisdiction of the national government due to lack of full self-determination. Setting a precedent, this methodology created a split in the methods of yielding power to the ACs. The first method was designated for those ACs that held a “self-governing tradition dating from before the dictatorship period or backed up by a strong regional identity”[12]. These regions include the Basque Country, Navarra, Catalonia, Galicia, Valencia, Andalucía and the Canary Islands. The other third of the Spanish population remained under INSALUD until 2002, which set a precedent for autonomy in certain regions. Furthermore, capacity-building took place in those communities due to earlier-achieved autonomy.

Nonetheless, all regions in Spain operate under the Beveridge Model of healthcare, similar to the United Kingdom, Finland and Sweden [7]. The Spanish healthcare system struggled from 2002 to 2008 due to changes in government power. It was not until 2008 when the Pact for the Health System was unanimously voted to make the Spanish National Health System (SNS) an issue above politics to bolster its cohesion[9]. After

decentralization, each AC had the authority to regulate functions and provide for their population, deciding a healthcare budget without exceeding the nationally agreed limits[9]. By 2014, socialized benefits of healthcare covered 99.1% of Spain (with an opt out option for private health insurance). Nonetheless, Spain's healthcare system is complex and heavily steeped in bureaucracy. The intriguing aspect of this extensive bureaucracy is the vital role that primary healthcare (PHC) teams play in each zone of healthcare. Increasingly, attention has been given to the smallest unit of healthcare that can influence these outcomes and make the greatest differences outside the medical field [2, 13, 14]. A PHC system may improve health determinants at the regional and state level as they have been proven to be the root of success in health outcomes at all levels [2].

Moreover, Spain's central challenge is that it has faced difficulties in communicating across ACs as well as between regional and state sectors[15]. The decentralized system has additional challenges in developing common strategies for disease prevention and health promotion. Amongst the vast diversities of population and socioeconomic status (SES) in Spain, it can be difficult for government policy powers to formulate effective national policy. In 2015, most public expenditure (92.4%) was allocated to the SNS, which is subsequently run by ACs – demonstrating how decentralization can lead to uneven equity and growth[1, 2, 6]. Despite this, there are systemic differences across ACs. From the outset, there was significant ambiguity remaining in national policy after decentralization, which enabled the original, fully autonomous ACs to determine how to carry out distribution of healthcare for their respective populations[8, 15-17].

Current Documentation

What are the driving forces that have led to such incredible efficiency in healthcare and a greater capacity building for healthcare in Spain? Over the last decade ACs have undertaken various initiatives to improve healthcare and diversify their policies in order to accurately reflect their region's populations[15]. In 2009, Spain as a nation invested 8.3% of their GDP in healthcare, which is below the average of most EU members. Moreover, the per capita expenditure is also substantially lower than the EU15 average [9]. These expenditure trends have been maintained over the last decade, demonstrating efficiency in healthcare policy implementation. A study by the OECD demonstrated Spain was well above the average life expectancy, gaining four more years of life [18]. As such, Spain is considered at the frontier of efficiency in socialized medicine. Additionally, Spain has had negative health spending growth [18]. This contributes to its ability to utilize money in an effective manner that serves the population.

Spain has implemented broad policy reforms such as the National Strategy on Chronic Conditions and anti-tobacco policies. Nevertheless, health is lacking as a priority in policy. While Spain excels in many healthcare outcomes, certain issues have remained stagnant or unaddressed over the last decade[3]. Decentralization and capacity-building meant that inter-AC tensions grew over uneven growth rates and health expenditures [5]. In addition to these tensions, many patients and citizens have a “weak ‘sense of belonging’ to their authority or community, other than their local doctors” [19]. This sentiment proves that while the championed PHC programs have been successful in establishing ties with the community, patients and constituents feel isolated. Research has demonstrated a need to modify and reform policy steeped in bureaucracy, while also providing alternative, novel treatments that extend past traditional pharmaceuticals[6]. Therefore, policy is proposed based on the Catalanian model to improve such issues and propel countries towards innovative solutions in healthcare. Specifically, through their autonomous capacity, Catalonia has declared an investment in the Health in All Policies (HiAP) European model and utilized the 17 Sustainable Development Goals as part of the 2030 Agenda for Sustainable Development published by the United Nations General Assembly in 2015 [20].

Health in All Policies Origin

In a European context, HiAP examines health on various levels to “improve health and, at the same time, contribute to the well-being and the wealth of the nations through structures, mechanisms and actions planned and managed mainly by sectors other than health”[5]. Public policy is a necessity to change population behavior and ensure the safety of constituents. HiAP has been discussed for multiple years in the EU and in international contexts, where it has been acknowledged as a necessity for interaction across many sectors of government, including nutrition, transport, education, etc. It was first implemented with success in Finland[5]. The policy is defined by the “horizontal, complementary policy-related strategy” it employs to improve population health, thus extending to other sectors of government[21]. Moreover, at the core of HiAP is the concept that all levels of governance are intertwined and required to reach as much of the population as possible, thereby positively altering outcomes and lifestyles. By using this strategy, policies that incorporate many different sectors can reduce health inequities.

Why is HiAP relevant in a general context? Inequalities in health extend beyond SES and can be seen as a gradient that extends through SES[5, 22]. Therefore, policies must reflect all types of people within a nation's borders. There are a multitude of policy considerations and processes in coordinating efforts from sectors of society to accomplish desired health outcomes. As such, HiAP is one of the few models that aptly emphasizes the complexity substantiating socioeconomic health, allowing for more informed policy-making[5, 23].

Nevertheless, there are challenges to holistic approaches in designing policy, such as motivating policy-makers in other government sectors to incorporate health where they may not have been previously willing to add this priority[5]. Policy-makers outside the healthcare sector may not understand the benefits of health integration and may not realize the necessity to promote health. Therefore, efforts are needed to align motivations and objectives in order to fulfill the health needs of the population.

The Successful Health in All Policies Model in Finland

HiAP was first successfully implemented in Finland and has been subsequently implemented in other countries. This use of HiAP by Catalonia in particular exhibits the adaptation of the model from Finland to fit another population's own needs. The HiAP model has been effective in lowering obesity and fighting cardiovascular heart disease (CHD) in Finland. In the 1970s, the Finnish government launched the North Karelia Project to combat high CHD mortality rates. Finnish men experienced more than 700 deaths per 100,000 people, a mortality more than 100 deaths per 100,000 greater than that of 24 other countries studied[5]. Along with cooperating with experts on the local and national level and utilizing resources from the WHO, the project implemented "carrying out systematic and comprehensive intervention using epidemiological and medical knowledge on cardiovascular risk factors and applying relevant principles of behavioural and social sciences on their background factors"[24]. With the backing of multiple resources, Finland also rolled out intersectoral collaboration to strategize health planning and public health policies. In accordance with the philosophy behind HiAP, the project addressed the prevalence of smoking, cholesterol, and blood pressure levels in the population – focusing on men – and prescribed lifestyle changes to smoking and dietary behaviors. For implementation, the new policy was integrated alongside previously existing policies. Studies had shown that simply supplying the population with health information did not affect the high CHD mortality rates[23]. Thus, why did Finland turn to this approach?

To combat the previous failure of merely disseminating health information, local authorities worked alongside manufacturers in the food industry to develop better food products and mandate public areas as smoke free. The Finnish government improved school lunches and raised public awareness in the media while also engaging both the community and local authorities[5]. Through this comprehensive approach, risk factors decreased substantially while also cholesterol levels and diets improved – both in men and women. The project worked to improve "general risk-related lifestyles in the area through community-based action that included not only preventive services...but also worked with many community organizations,...the private sector, and political decision makers"[25]. As a result, the region revitalized all aspects concerning health, illustrating a new process of transversal policy making.

The drop in CHD mortality was most shocking. In North Karelia, the mortality rate decreased by 82%. Even more impressively, the policy changes extended to the rest of Finland as well. Over a span of thirty years – from the initiation of systemic change in the 1970s through 2002 – the CHD mortality rate decreased across Finland by 75%[5]. These cutting-edge initiatives are astounding and are considered some of the fastest observed in any country. When considering the amount of policy revamped and implemented in such a number of regional, local, national, and international levels, it becomes apparent that the emphasis on implementing HiAP strategies guaranteed this change. Furthermore, another study demonstrates that the changes in health and determinants of health extended beyond addressing CHD mortality rates. Life expectancy increased by 10 years alongside major improvements in diet. For instance, among other changes, compared to the 90% in 1972, only 5% of the Finnish population used butter on bread in 2009[23]. This demonstrates the improvement of health determinant outcomes that can occur with intersectoral reforms and with support from many areas and levels of government. Such an all-encompassing model has been brought to Spain by Catalonia and adapted based on the successes seen in Finland[20].

Catalonian HiAP Model

One path of the HiAP model that has been implemented in Catalonia has been actualized as Pla interdepartamental i intersectorial de salut pública (PINSAP), first introduced through the passing of Law

18/2009 in 2009[4, 26]. PINSAP stresses the importance of developing policies that prioritize health and improving lives from multiple standpoints, and it is the actual mechanism for HiAP implementation. In 2016, the Catalanian government approved its legislature to incorporate a National Sustainable Development Goals Plan and ensure that the targets listed in the 2030 Sustainable Development Goals agenda are incorporated in Catalonia[20, 27]. PINSAP seeks to optimize the health of the population through the creation of public health policies and initiatives designed for health promotion. Its main focus is on emphasizing the role of governance for health at different levels rather than a generalized Catalanian health care.

The region has successfully managed to unify various sectors of government from a health perspective. Public health was made a priority and unanimously voted in in Law 18/2009[4]. HiAP is a collaborative method, involving all parts of the population – regardless of socioeconomic background – in government action and policy making to more accurately serve the needs of said population and diminish the gaping chasm caused by societal inequalities. Backed by WHO and other NGOs, the most up-to-date PINSAP includes five objectives for implementation. First is the priority to engage all levels of government and society to positively influence health. This objective also follows the 17 Sustainable Development Goals to ensure sustainability and equity. Next, PINSAP looks to coordinate efforts amongst department plans on all levels. Third, PINSAP acknowledges the individuality of the different zones within the region and encourages utilization of PINSAP resources in each zone that best reflects the needs of that area. To achieve these goals on a national level, the Interdepartmental Health Commission was introduced and helped stimulate PINSAP usage to reduce inequity. On a regional level, many advisory territorial councils have been involved in deploying PINSAP. In the local territories, PINSAP operates through different community health projects championed by local authorities. With this in mind, the next objective of PINSAP is bolstering community health projects to improve *all* communities within Catalonia[4, 27].

An important aspect of the Catalanian government, or GenCat, to highlight is its role in taking primary responsibility in healthcare promotion. GenCat has become the ‘go to’ comprehensive resource for citizens in all realms pertaining to health and fitness, based on existing policy mechanisms. For healthy recipes, information on outdoor fitness centers and gym locations, and information on infant health and public transportation, GenCat is an easily accessed resource. The PINSAP mechanism and prioritization ensures education is widely distributable. PINSAP encourages “all the sectors of the Government, of the public administrations Catalans and society [to] capitalize directly on their health and health influences well-being associated with health, in order to contribute jointly to developing public health policies and to develop promotion and health protection initiatives, particularly those aimed at the most vulnerable groups in society”[28]. Currently, PINSAP has 10 priorities, including environment, obesity, mental health, active lifestyle, and consumption of drugs, among others. These objectives are based on the priorities of WHO, 17 Sustainable Development Goals, and the idea that complex (‘wicked’) problems that require intersectoral approaches.

Policy Translated to Successful Program Outreach

Currently, Catalonia employs seven territorial councils, more than 708 professionals and 177 entities. To promote a healthier Catalonia, over fourteen programs have been introduced. This policy paper focuses on the HiAP model extending to PINSAP due to the breadth and depth of the program implemented in Catalonia. As mentioned in the *The Catalanian Health in All Policies Model*, PINSAP has been implemented since 2009, and is in its second revised model after the first phase’s success[4]. One of the most impressive reforms is the nutrition program. Out of twenty-eight countries that have implemented sugar taxes worldwide, Spain ranks ninth in regulation. Specifically, Catalonia passed Law 5/2017 to regulate sugary beverages[2]. Furthermore, studies have demonstrated the success of a Mediterranean-based diet[27, 28]. GenCat, through the program coined “AMED,” has aided in the accreditation of 561 establishments in 134 municipalities and 95% of hospitals to incorporate a Mediterranean diet. An intriguing aspect of the program is the cafeteria component for schools and factories[29]. Through governmental encouragement and implementation of healthier meals in such settings, the lifestyles of children and factory workers have been improved with more nutritious options[G. Miranda, G. Salvador, personal communication, May 31, 2019].

Additionally, another tenet of the nutrition program is the concept of “Más, Cambia a, Menos,” or, “More, Change to, Less,” which is in accordance with the policy instructed by the 17 United Nations’ Sustainable Development Goals. Branded as “small changes to eat better,” this beneficial and instructive information simplistically educates on nutrition to ensure citizens can easily understand and improve their dietary habits. In the online 84-page extended version, the nutrition recommendation guides people on which foods to eat and

when, as well as why these foods are important to a diet,, how large a portion size is, etc.[30, G. Miranda, personal communication, May 31, 2019]. Verified scientific studies are sources for each food listed with resources for further information, facilitating a conversation of the power of placing health first. This policy and its philosophy has positively changed nutritional outcomes for school children and factory workers.

Another policy mechanism influenced is the prevalence of medications as a treatment as opposed to alternative methods. According to The Physician and Sportsmedicine Journal, “Studies have demonstrated the benefits of exercise in the treatment and prevention of most every common medical problem seen today”[31]. Therefore, PINSAP has encouraged doctors to prescribe exercise as a form of treatment for certain diagnoses. This activity-based prescription has manifested into a program called FITjove, with pilot programs in 11 Catalan municipalities. Additionally, this idea exists outside the healthcare sector and is promoted in the “social prescription” program where “social activities and community participation are prescribed to promote quality of life with positive mental health”[C. Cabezas Peña, personal communication, May 29, 2019]. To bring this to action, 100 professionals have been recruited and a guide generated. Moreover, GenCat works with the social environment and public zoning sectors of government to build free outdoor gyms and public spaces to further promote awareness, accessibility and population engagement[29, C. Cabezas Peña, personal communication, May 29, 2019].

From PINSAP policies that extend from the Catalanian government to the localized programs that are horizontal in measure, healthcare outcomes have vastly improved across multiple sectors. According to **Table 1**, life expectancy has improved, along with the mortality rate per 1000 habitants, and tobacco consumption. Nevertheless, there are certain key issues that languish, such as obesity. Obesity is influenced by many factors including social and environmental effects[26]. In response to this weight epidemic, the Catalanian government has responded on multiple levels - introducing taxes on certain unhealthy foods, improving public transportation, increasing education and working alongside architectural authorities [C. Cabezas Peña, personal communication, May 29, 2019].

Although the Catalanian government recognizes prevailing health issues to overcome, the HiAP impact on health determinants and outcomes has had perceivable momentum. Due to this holistic approach and evaluation, Catalonia has addressed both causes and effects by extending beyond the conventional scope of healthcare. Across governmental structure, while Catalonia has a direct dialogue amongst its governmental decisions, Spain still does not have that organizational communication channel[A. Alemany, personal communication, June 17, 2019].

TABLE 1. Comparison of Health and Life Quality of Catalanian Population 2013-2016

	Year	Both	Male	Female
Life Expectancy	2013	83.2	80.2	86.0
	2014	83.4	80.5	86.1
Life Expectancy with Good Health	2013	68.1	67.3	68.8
	2014	68.4	67.9	68.8
Perception of Bad Health	2012	17.25%	12.8%	21.6%
	2016	16.6%	13.7%	19.3%
Mortality per 1000 Habitants	2013	5.3	7.1	3.9
	2014	5.2	6.9	3.9
Avoidable Mortality per 1000 Habitants	2013	65.8	90.1	42.4
	2014	66.6	90.2	43.8
Tobacco Consumption (Daily and Occasional)	2012	28.5%	34.2%	22.9%
	2016	24.7%	29.0%	20.6%
Consumption of Alcohol Risk	2012	3.9%	6.0%	1.7%
	2016	4.5%	6.9%	2.2%
Overweight and Obesity in Adults	2012	49.0%	57.7%	40.1%
	2016	49.3%	57.4%	41.0%
Adults who are Sedentary	2012	17.8%	16.4%	19.2%
	2016	22.6%	21.0%	24.2%
Psychological Wellbeing (Rating from 14 to 70)	2011	58.4	59.0	57.8
	2016	58.1	58.7	57.6

Note. Translated by the author from *Amb tothom sumum salut*, by PINSAP and Generalitat de Catalunya, 2017. Bolded indicates more recent data outcome.

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HEALTHCARE POLICY RECOMMENDATIONS

Spain

It is no secret that, with the exception of three healthcare benchmarks, the Spanish healthcare system excels in the world, far surpassing the EU standards and averages. Despite an economic crisis that stifled world economies and healthcare funding in 2008, Spain's efficiencies in spending allowed health coverage to extend to 99% of the population in as early as 2009 [9, 32].

If the SNS remains at the status quo, it is a missed opportunity to extrapolate Catalonia's effective policy initiatives thereby improving citizens' health. Madrid has attempted to play catch up for the past decade to centralize all medical documentation to streamline doctors' access to patient records to better patient health outcomes, thus trying to reduce cost inefficiencies. As a comparison, Catalonia has had this technology functioning for at least the same amount of time (G. Miranda, personal communication, May 31, 2019; A. Alemany, personal communication, June 17, 2019), which has created streamlined health for its citizens. More recent reforms have yet to address root causes of issues that would improve the SNS[2]. Changes must be more than simply a Band-Aid in order to better reflect the population within the policy system.

Extrapolation to Other Countries

A HiAP approach would better enhance healthcare systems by prioritizing health, engaging the local community and augmenting win-win strategies. Already, it has been successful in a number of smaller countries and settings, demonstrating with the appropriate approach how it could be integrated into a larger system[5]. For a step in this direction, it is necessary to introduce or revise health reporting systems to understand precisely where regions are lagging concerning health outcomes thereby bolstering the ability to better provide resources at the regional and national level to fix these issues. Although for some socialized systems, where the onus of care is the government's responsibility, attaining the next level in health outcomes could require a significant upheaval due to current status quo in policy perspectives, a HiAP approach could be what is necessary in order to sustainably bridge science, care, and policy. Thus, HiAP will improve outcomes by enabling the system to predict health outcomes and consequences of policies thereby reducing the amount of trial and error[5]. At its core, this type of policy institutes changes designed to improve constituents' lives. This can be achieved by aligning future policy reforms to the 17 Sustainable Goals and 2030 EU agenda as well as relying on other resources such as the WHO or other NGOs.

Understanding Health as a Priority

The first measure of implementation towards a better healthcare system is aligning the vision and actions of policy-makers, plus underscoring prevalence of healthcare in policy decisions. It has been found that when health, and healthcare, is improved, education is more readily accessed, income security is improved, and unemployment and social exclusion is reduced among other affected external factors[5]. In order to garner support for prioritizing healthcare, horizontally-structured intersectoral public health committees should be explored for implementation. Catalonia employs such committees, thereby facilitating open communication across sectors [G. Miranda, G. Salvador, personal communication, May 31, 2019].

When government policy does not prioritize health, other sectors of government are negatively impacted[33]. In contrast, Catalonia has prioritized health due to early adaption of thoughtful, holistic policy along with policy experimentation, which enhanced capacity-building in the region [9]. In examining another country, Wales, for instance, officials utilized videos with the HiAP message to reach multiple levels of government and constituents[5]. Another instance utilized in other countries are "Health Days" to increase awareness about health issues while also involving the local industries [34]. With more communication and inter-involvement amongst sectors, the issues that face each sector can be raised, rallying new and different perspectives towards solving issues on regional and national levels. Additionally, by incorporating multiple governmental sectors in the conversation from the beginning of policy-making processes, overlooked issues could be diminished that usually become pronounced long after resources are too drained to fix them.

Win-Win Strategies

Although difficult to coordinate and devise policies that benefit multiple governmental sectors, such stratagems are imperative to functional and thriving policies. Policy-makers must take into account the agenda of each stakeholder, shared objectives and what instrumentation is available for operationalization[5]. Of course, this step is built on respect amongst policy-makers and within government, with knowledge that a reciprocal relationship is beneficial in various capacities. Policy-makers that influence healthcare must recognize other powers in

government, realizing those interests and encouraging key players to stake claim in improving healthcare. Furthermore, without each conciliatory shareholder contributing to improve healthcare policy, or if certain agents act as free riders by reaping the benefits without aiding themselves, HiAP will fail. Therefore, accountability is paramount to success.

Prevailing Challenges

Although the HiAP model is an optimization technique to institute beneficial change in Spanish and other countries' healthcare systems, there remain healthcare and logistical issues paralleled across both countries that must be addressed. If HiAP were executed on a national level, it would require the willingness to coordinate human resources and the planning of fiscal resources. Such a holistic process depends on the quality of the investment in such a policy and therefore needs contribution on both vertical and horizontal planes of government and power. The tenets of HiAP acknowledges and works with prevailing inequities, but may be difficult to sustain on a grand scale. While it has been successful in a number of regions, larger health systems are often entrenched in a battle of delivering healthcare [35-37]. Without implementation, Spain and other countries could be inhibited from elevating citizens' health to its highest potential [36, 38]. Addressing this possible obstacle requires the continuous support of transverse communication and an intersectoral government system. Through these implementation techniques, HiAP can be realized and successful in serving populations.

CONCLUSION

In conclusion, the main tenets exhibited of PINSAP in Catalonia and HiAP are the cross-section and integration of central elements which include policies and key players from the most local level, to municipalities, to all the way up to the national level and beyond [6]. Nonetheless, policies cannot be successful locally unless there is support at a regional, national and/or international level. Reciprocally, policies cannot be successful in a broader schema unless adapted and supported in local communities. A policy-making process that addresses this and incorporates such a framework will be far more effective. Moreover, holistic and proactive policy decisions save resources, thereby increasing efficiency.

These lessons can provide directionality for multiple countries' healthcare systems. A recent study funded by the Bill and Melinda Gates foundation demonstrated that despite GDP expenditure on health, there can still be variability in the success of a healthcare system [39]. If countries can employ a model working across sectors and championing its population's needs, citizens will have a better quality of life, translating in all aspects of life including increased productivity.

Championing policy structures based on the Catalonian HiAP model will increase dialogue surrounding health's pertinence. A reformed policy-making process will materialize involving efficient coordination tactics, where key components are integrated during policy-making processes. Ultimately, decentralization and a HiAP model allows optimal experimentation, evaluation, planning, communication, efficiency, and policy decisions that directly involve and reflect the population and ultimately uplift the national healthcare system. The priority for Spain and other countries' policies focus on many different levels, thus addressing all elements of healthcare. By no means will inequities in determinants and the persistent absence of health prioritization in some countries nor the lack of communication that has been the status quo of a decentralized Spain will be substantially improved overnight. Each country must act to have a successful policy process where all shareholders can and will contribute, benefiting from the win-win strategies. In summary, in order to facilitate a holistic process across all sectors from the individual citizen to the national government, healthcare systems must extrapolate the visionary and efficient Catalonian healthcare policy to subsequently be successful in implementing life-improving health outcomes.

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