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<b>Title:</b>	<b>Minimum GDP allowance for healthcare</b>		
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Traditionally health inequalities are seen as mainly caused by a higher exposure of lower socio-economic groups to a wide range of unfavorable material, psychosocial and behavioral risk factors.

In some European countries we can see a combination of (interlinked) factors: a rise in economic insecurity; a breakdown of protective social, public health and health care institutions; and a rise in risk factors for premature mortality.

Socio-economic inequalities in health are unacceptable, and represent one of Europe's greatest challenges in public health.

The main challenge is to develop new and effective policies to address the determinants involved in these inequalities.

The analysis that connects the share of GDP for health with health indicators and outcomes, allows us to conclude that there is a close relationship between underfunding of the health systems and health inequalities. This is, consequently, one of the main problems for health at European level.

So, in order to reduce health inequalities in Europe, to improve patient safety and quality of care while improving outcomes, the FEMS General Assembly strongly supports the demand for a minimum of 6,9% of share of GDP public expenditure to be attributed to health.

By achieving this goal, countries that now have lower share of GDP for health could improve technology, salaries, working conditions, post-graduate training and consequently professional development.