

STOP CO-PAYMENT

Barcelona Declaration - June 10, 2010

At a time when the government of Spain has prompted an austerity plan with the pension freeze, reduction of social policies, cut salaries to civil servants and other workers in the public sector, with the intention of extending the retirement age 65 to 67 among other restrictive measures against the working classes, have re-emerged stronger voices in favor of privatization of public enterprises and services and for co-payment in public health.

Individuals and organizations gathered today, June 10, 2010 in Barcelona, in this Day Against Co-Payment: For equal access to public healthcare, we spoke resolutely and decisively against the co-payment and any action involving a direct additional disbursement of the public to access public health services, or indirectly through forms of tax relief on private health insurance contracts for the following reasons:

1) Any action means an economic barrier, however small, involving an outlay to gain access to health services is harmful, regressive and unfair to the extent that expels a universal - or hampers their access - people with lower incomes or minimum. Payment or co-payment for the care of health problems may not be manageable or represent a significant burden for the people belonging to disadvantaged groups. This is a fundamental aspect to be considered from the perspective of equity. The different forms of existing co-payment or under discussion can generate economic difficulties of access when certain social inequalities in health. There is significant literature on the field experiences throughout the world and realize, well, the dismal failure of such measures.

2) Assuming an additional discrimination and unfair to older people with health problems such as the elderly, chronically ill, and those that support all types of disabilities, who are awaiting diagnosis or treatment, or for families more children and elderly people under their responsibility.

3) The lower income in Spain, the low level of most pensions and his proposal to freeze the inequality of the copayment increase as this measure, complex and bureaucratic, resolve the funding gap.

4) The lack of tax burden in Spain in relation to EU countries and progressive deterioration of recent years can not justify a measure which is in line to pay proportionally more for public services to the poor people, exacerbating inequalities. Public services that already are scarce relative to those of the fifteen richest countries in the EU.

5) We understand that tax revenues must hold all the current health expenditure and development, which would introduce a measure harmful antisocial as their repayment, especially in times of crisis, and this should be a thorough review of our taxation improving their character redistribution and increase funding for health services proven efficient even though they are below the European average.

6) If approved tax deductions for the engagement of any individual private health insurance, which would mean a deviation (not tested) of public money to private healthcare, undermining public health and promoting only those who can afford private health insurance.

7) Contrary to arguments that justify the co-payment as a cost containment mechanism, the WHO itself provides a wealth of scientific evidence that the copayment is a weak and ineffective tool to improve efficiency and contain healthcare costs.

8) The co-payment can reduce the use of preventive services, especially among the most vulnerable groups, which in the long term leads to higher health costs and a general deterioration of health status of the population.

9) There is evidence that different forms of co-payment without discriminating reduce both the demand necessary as deemed unnecessary, and tend to affect the health and economy of a biased way: the more negative effects for people with less income and the most disadvantaged social groups.

10) The arguments for promoting co-pay as a measure of co-responsibility by the public include two fallacies, to the extent that responsibility to the citizens and not the health authorities of the gaps. These deficiencies should not pay for citizenship, much less if kept to preserve, as an unjustified, certain economic interests.

Therefore, individuals and organizations undertake to disseminate these arguments and evidence against the co-payment, to join efforts with all persons and entities that perceive these measures as socially unjust, to oppose by all democratic means to the implementation of these understood as a genuine proposed tax on the disease and more punishing those most in need, and to denounce and deny our support to those who seek to enter our society.

In Barcelona, on June 10, 2010

FEDERATION OF ASSOCIATIONS FOR THE DEFENSE OF PUBLIC HEALTH
SYSTEMS

(Federación de Asociaciones para la Defensa de la Sanidad Publica)

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