



Healthcare and
social benefits for all



Activity Report 2014 - 2017



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Vallina. Thanks to Romain Chave

Layout: Jessica Carreño Louro under InDedign Software

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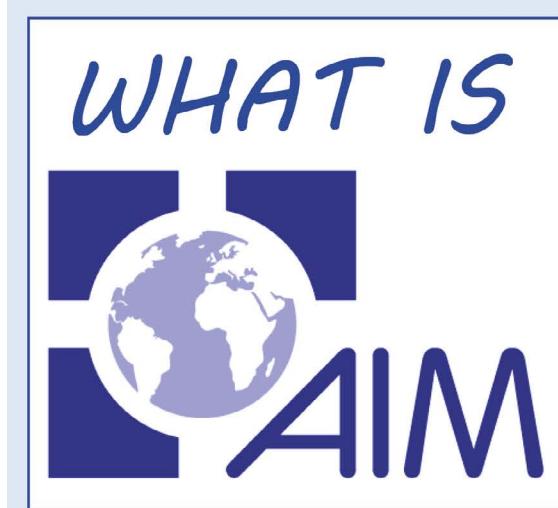
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Commitment to achieve

fair prices
for medicines

Universal Healthcare

NON PROFIT
SOLIDARITY
DEMOCRACY
we defend
OUR VALUES



Word of the President

Dear AIM members, dear friends,

Three years ago, I had the honor of being elected AIM President, and while AIM has successfully developed over the past three years, dark clouds threaten to darken our skies.

Indeed, it is no secret to anyone that Europe is undergoing an existential crisis: the Brexit -which threatens with a possible domino effect; the rise of political extremism, populism and exclusion... Distrust has risen amongst Member States and we seem to be failing to remain "united in diversity" -which is, let us remember, the core principle of the EU. We are now facing a major turning point in the history of our continent... The question is: will we yield to implosion and fragmentation or strive for greater integration? We, at AIM, have chosen our side.

These last three years, the EU has been greatly focussed on economic growth at the expenses of the most vulnerable. Social protection has particularly undergone great pressure and the increasing burden on healthcare systems is pushing us away from the very principle of universal healthcare coverage -which we, as AIM members, defend-

and leading us to a two tier healthcare system -as it is unfortunately already the case in some member States. The challenge lies in understanding that a proper functioning of social welfare systems can only be guaranteed across the Union through stronger and better social Europe, through political and economic integration. It is through an Integrated Europe and in close collaboration with the other regions that we will find appropriate answers to the greatest challenges our healthcare (and economic) systems are facing. This is the case not only for Europe but for all regions across the globe.

Our world as a whole has truly been shaken: longstanding alliances are questioned, international institutions criticised, climate agreements threatened, etc. The future looks indeed highly challenging: migration waves hitting Europe and the middle-East with greater strength than ever; ageing societies requiring a total change of mind-set; environmental issues which constitute a growing threat to public health; pharmaceuticals unaffordable for the people who sometimes need them the most... I believe that we, within AIM, have understood that strength lies in unity and that those issues can only be tackled if we speak with one voice. We are prepared to face those new challenges: with a new director, a streamlined international organisation, and enhanced lobby activities, we have managed to give a strong face to the Mutualist movement and will of course continue to do so.

We are proud to see not only that our dear British member Benenden remains by our side, but that also other countries have joined our family. Austria, Spain, Uruguay, but also many mutuals from Morocco, Burkina Faso, or the Democratic Republic of Congo have joined our ranks. The coming period promises to be as challenging as these last three years: guaranteeing a solidarity based insurance system and achieving a better legal recognition for mutuals in Europe, using the mutual model to help reach universal healthcare coverage in Africa and the Middle East, or strengthening the mutualist movement in Latin America will be some of the obstacles our troops will be confronted to. Defending the values and principles which are closest to our hearts will not be easy -it has never been- but I am glad to see that many of us are convinced it is the only way forward. The mutualist movement has shown it has a leading role to play in making a more social and healthier world. Thank you all for helping AIM brandish the standard of solidarity and better health for all people.

Christian Zahn

AIM President

Word of the Director

Dear members, Dear colleagues,

It has become a tradition in AIM to reflect on our work when a Presidium leaves office. In this Activity Report we present the developments in our Association in the period 2014-2017. It was a dynamic period. Not only President Zahn and his team took office in 2014, also the Juncker Commission started its work in that year, in a period of growing negative sentiments about the European Union. Subsidiarity and proportionality came to the forefront. As a result, the Commission decided not to pursue a proposal to ensure legal recognition of mutuals at EU level, a so called mutual statute. We were nevertheless able to increase visibility of mutuals and our association in Brussels and beyond. We contributed to discussions about TTIP and CITA and made our voice heard in debates on how to ensure access to pharmaceuticals. We organized a very successful event on mutualism in Abidjan. It was great to see how we were able to develop an agenda in the field of prevention. AIM grew in terms of members, the secretariat has become a team of five people, and our offices were modernized. I would like to thank not only the Presidium for its great efforts and our working groups chairs for the energy they brought to AIM, but everybody who contributed to our activities in this period and the success of our association, in particular my colleagues at the AIM secretariat. Special thanks go to Jessica, who was the driving force behind the preparation of this Activity Report. I hope you enjoy the reading!

Menno Aarnout

AIM Director





AIM is growing

Values that remain

Our members protect their own members without any discrimination on grounds of age or state of health. They are committed to not-for-profit principle and involve their own members in deciding upon services, setting subscriptions and in the governance of their mutuals.

Our missions consist in working with European and international institutions to promote universal access to healthcare; promoting health protection based on solidarity and democracy; fostering exchange of best practices through discussions between our members;

strengthening social innovation; and promoting both the mutual model and social and solidarity economy.

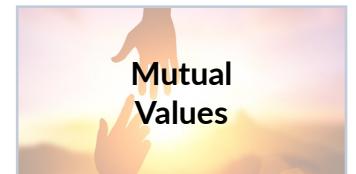
AIM members' common objective remains to develop and defend **universal access to high-quality, affordable healthcare** along with social protection based on **solidarity and democracy**.



New Working Group Structure

The AIM Presidium announced directly after it took office that it would, with the help of the AIM secretariat, work on the strengthening of the internal organisation of AIM. With the help of a task force led by Dr Anja Maria Rittner, Head of Corporate Development at AIM member Verband der Ersatzkassen e.v. (vdek), the Presidium prepared an analysis of the organization of AIM. Dr Rittner presented the analysis and recommendations during the AIM Board of Directors meeting in Lisbon, which was discussed with the members of the board. In the spring of 2016, the AIM Board of Directors and General Assembly formally adopted the recommendations.

It was considered important to reflect in the work methods of AIM the increased importance of the advocacy and lobby activities. In the organigram, that is translated into the identification of three AIM working group in which advocacy and lobby are considered to be core business. The Presidium defines yearly the priorities for these groups. These are the three groups that have lobby and advocacy as their main activity:



When rather than on lobbying emphasis should be put on networking and sharing best practices, a knowledge and network working group can be created. The Presidium evaluates yearly the functioning of each knowledge and network working group and decides on continuation of functioning of existing groups, and the forming of new ones. AIM would have three such knowledge and network working groups, namely:



It was decided that AIM will no longer have a group on pensions. AIM would nevertheless continue to be represented in the Pension Forum which is organized twice a year by the European Commission. Specific topics related to pensions that would require discussion within AIM, will be tabled in the European Affairs group. Environment and health will be dealt with in the group dedicated to health promotion, environmental health and disease prevention. Health Technology Assessment will be dealt with by the Working Group Pharmaceuticals and Medical Devices. The groups on Health Systems Reform and eHealth (formerly known as Education and eLearning) have it currently as their core business to organize study trips on the respective topics. AIM will continue to organize these trips.

Regional committees

It is for AIM of importance to continue to provide members in the African and Middle-East Region and the Latin-America region with a platform for the exchange of best practices and to discuss developments at regional level. AIM will therefore continue to organize regional committee meetings during the weeks of the General Assembly and meetings of the Board of Directors.





New Members

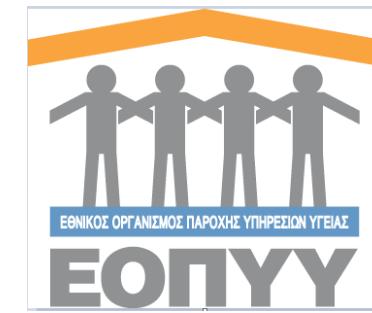
Eleven new members joined the AIM family over the last three years, adding five new countries to our map: Austria, Burkina Faso, the Democratic Republic of Congo, Spain and Uruguay.

Divina Pastora, Spain

Divina Pastora Seguros is a mutual that guarantees to its clients products, which are backed by the financial strength of a business group that accumulates more than fifty years of experience giving benefits. Their solid corporate values set a clear line of action and social responsibility, which requires employees, managers and administrators to assume, respect and identify with these core values in order to achieve a development and business vision marked by ethics.

Honesty, transparency, innovation, service, training and respect for the environment are the values that define and frame their way of acting in their relationships with employees, clients, mutuals, suppliers and society in general.

divinapastora
seguros



EOPPY, Greece

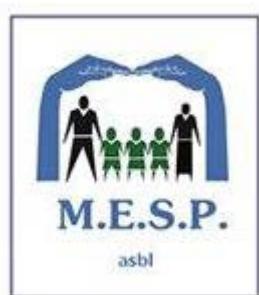
EOPPY is a public legal entity for the provision of healthcare services, established on March 2011, and supervised by the Ministry of Health. In EOPPY incorporated 8 social insurance funds and covers up to 95% of the Hellenic population. Principal responsibilities of EOPPY are: a) The provision of health services under a single benefit regulation b)The establishment of quality standards and the evaluation of the efficiency of health services, taking into account the management and control of funding and the rational use of available resources c)The establishment of criteria as well as of the terms for the contracts relating to the provision of primary and secondary health care with public and private sector, institutions and doctors.

MAADO, Burkina Faso

The Customs Administration Agents Employees' Mutual (MAADO) was created in 1960 and restructured in 2015. Its objective is to provide provident actions, ensure solidarity, mutual help, and cover all contingencies that can affect a person, while bearing in mind the interest of all its members. MAADO provides the following benefits: health insurance, death and invalidity risk coverage, complementary retirement and other social benefits. End 2016, MAADO counted more than 2 500 members and 5 000 insured people, made up of employed people, retirees, widowed and customs administration agents' orphans. MAADO is the first Burkinabe mutual to comply with Regulation 007/2009/CM/Uemoa with regards its functioning. The president of its Management Board, Evariste Somda, is current president of the Federation of Professional Mutuals and Solidarity Funds of Burkina Faso (FMP/B).



MESP, Democratic Republic of Congo



The Healthcare Mutual of Primary, Secondary and Professional Education Teachers is a not-for-profit association which brings together all teachers working within the "Ministry of Primary and secondary education and initiation to new citizenship" and recognized under the Technical Service of the Central Administration of Primary, Secondary and Professional Education regime. The Constituent General Assembly of the mutual was held on 20 February 2010. The effective start of access to care by its affiliates took place on 11 November 2011 in Kinshasa. The mission of MESP is to guarantee the medical care of its beneficiaries by signing agreements for medical services with recognised healthcare facilities. The MESP offers coverage to about 100,000 people.

MPSC, Morocco

The Railway Workers Social Providence Mutual (MPSC) was created in 2001 and stems from the Moroccan Railway Workers' Provident Society, which was created in 1950. It is the National Railway Office's own mutual benefit society. Its seat is located in Rabat but it also has an office in Casablanca.

MPSC aims to provide complementary health coverage to its members, while respecting its core values of solidarity, democracy, equality in access to care, inclusiveness, transparency and good governance. It aims to cover against the four main risks (old age, death, disability and accidents. MPSC signed a memorandum to conduct the National Fund for Social Providence (CNOPS)'s missions on its behalf.

MPSC counts currently 18 206 members and covers 42 600 people. Its management bodies are made up of its General Assembly which includes 19 members, its Board which includes 9 members. It is supervised by the Ministry of Employment and Social Affairs, and by the Ministry of Economy and Finance. It is a member of the Moroccan High-Level Council of Mutuality.



MUPRAS, Morocco

The Provident and Social Actions Mutual (MUPRAS) was originally the national airline company Royal Air Maroc (RAM)'s specific mutual benefit fund, which ensured a basic health coverage to all its members. After RAM's restructuration following which 30% of the company's employees were given early retirement arrangements, a great number of MUPRAS' members went from employed affiliate to retired affiliate. In order to address its ageing membership and upon recommendations of an actuarial study, MUPRAS has just changed its statutes to provide services to employees

of numerous companies. It is currently implementing a roadmap in order to be able to act as a complementary health insurance provider to RAM's branches as well as provide services across the aeronautic sector as well as other burgeoning companies.



OMFAM, Morocco

Established in 1929, the "Mutuality of Officials and Assimilated Agents of Morocco" is a non-profit organization which proposes to carry out, through contributions from its members, an action of foresight, solidarity and mutual assistance to cover risks that may affect its member or his / her successors. OMFAM provides coverage for sickness and maternity costs. It provides dental care in its member clinics and provides supplementary benefits in the form of allowances in the event of retirement and death.



ONEE, Morocco

The "National Office of Electricity and Drinking Water – Electricity Branch" has been offering medical coverage to its about 12,000 affiliates for over fifty years across Morocco. It is managed by a board elected by its active and retired staff. The ONEE is a partner of the CMSS, MAS and CMIM, which are also members of AIM.



SFSN, Morocco

The Fraternal Society for Mutual Support and Orphanage of the National Security Personnel (SFSN) was founded in Morocco in 1919 and recognised as a not-for-profit association in 1928. The SFSN stands for the values of: solidarity, not-for-profit orientation, democratic governance through a General Assembly, a Board of Directors as well as its Bureau, and financial autonomy.

Since 1950, Moroccan public sector mutuals play a prominent role in the management of social providence under the form of a Federation of Socially Provident Funds (CNOPS).

The SFSN manages since 2006 a complementary insurance regime associated with the statutory health insurance, which was created by the Moroccan law on basic health coverage. Its complementary health insurance scheme covers more than 235.000 beneficiaries and 96.000 members.



SVB, Austria

The Farmers' Social Security Authority (SVB) covers health, retirement and accident insurance for farmers and their families. Social insurance in Austria is based on the principle of compulsory membership, so all self-employed farmers and their family members are insured by the SVB. In 2016 about 131,000 active farmers and 146,000 retired farmers were covered in the health insurance by the SVB. SVB also carries out key measures for the early detection of diseases such as preventive medical check-ups for all ages as well as activities aimed at raising awareness among insured persons about health promotion and disease prevention.



UMU, Uruguay

The “Unión de la Mutualidad del Uruguay” was founded in 1988. It is a civil legal entity, a non-profit confederation created with the purpose of consolidating and expanding the principles of mutualism.

The UMU represents its members and their interests by governmental institutions, acting as a nexus to relay information, participating in the commissions that are created with the most diverse goals and making efforts to influence policies. It also acts as representative of its members in the relations that are maintained with the other organizations of the health sector of the country.



AIM now counts **64** members from **31** countries.



Europe

Austria

Sozialversicherungsanstalt der Bauern (SVB)

Belgium

Alliance Nationale des Mutualités Chrétiennes (ANMC)

Union Nationale des Mutualités Libérales

Union Nationale des Mutualités Libres (MLOZ)

Union Nationale des Mutualités Neutres (UNMN)

Union Nationale des Mutualités Socialistes (UNMS)

MUTAS - Centrale d'Alarme Mutualiste

Croatia

Hrvatski zavod za zdravstveno osiguranje (HZZO)

Czech Republic

Svaz Zdravotních Pojištoven (SZP)

Všeobecná Zdravotní Pojišťovna (VZP CR)

Estonia

Estonian Health Insurance Fund (EHIF)

France

Caisse Centrale de la Mutualité Sociale Agricole (CCMSA)

Fédération Nationale de la Mutualité Française (FNMF)

Mutuelle Malakoff Médéric (MUT2M)

Germany

Gemeinsame Vertretung der Innungskrankenkassen (IKK e.V.)

Knappschaft - Hauptverwaltung Bochum

Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (SVLFG)

Verband der Ersatzkassen e. V. (vdek)

BKK Dachverband e.V.

Greece

Federation of Greek Mutualities (O.A.T.Y.E)

National Organisation for Health Care Services Provision (EOPPY)

Hungary

Országos Egészségbiztosítási Pénztár (OEP)

Israel

Maccabi Healthcare Services

Italy

Federazione Italiana Mutualità Integrativa Volontaria (FIMIV)

Lithuania

Valstybinė Ligonijų Kasa (VLK)

Luxembourg

Conseil Supérieur de la Mutualité Luxembourgeoise (CSM)

Caisse Médico-Chirurgicale Mutualiste (CMCM)

The Netherlands

Zorgverzekeraars Nederland (ZN)

Poland

Narodowy Fundusz Zdrowia (NFZ)

Portugal

União das Mutualidades Portuguesas (UMP)

Montepio Geral

Slovak Republic

Všeobecná Zdravotná Poisťovňa (VZP SR)

Slovenia

Vzajemna Zdravstvena Zavarovalnica d.v.z

Spain

Divina Pastora

Switzerland

santésuisse

United Kingdom

Benenden Healthcare

Latin-America

Argentina

Confederación Argentina de Mutualidades (CAM)

Confederación Nacional de Mutualidades de la República Argentina (CONAM)

Federación Nacional Mercantil Mutualista (FNAMM)

Colombia

Asociación Nacional de Fondos de Empleados (ANALFE)

Gestarsalud

Uruguay

Unión de la Mutualidad del Uruguay (UMU)

Burkina Faso

Mutuelle des Agents de l'Administration des Douanes (MAADO)

Burundi

Mutuelle de la Fonction Publique (MFP)

Ivory Coast

Mutuelle Générale des Fonctionnaires et Agents de l'État de Côte d'Ivoire (MUGEF-CI)

Lebanon

Caisse Mutuelle Laïque (CML)

Union des Mutuelles Santé au Liban (UMS)

Mali

Union Technique de la Mutualité Malienne (UTM)

Democratic Republic of the Congo

Mutuelle de santé des enseignants de la RD Congo (MESP)

Africa & Middle-East

Morocco

Caisse Mutualiste Interprofessionnelle Marocaine (CMIM)

Mutuelle d'Action Sociale (MAS)

Mutuelle d'Assistance Médicale et de Prévoyance Sociale des Tabacs (MAMT)

Mutuelle Générale du Personnel des Administrations Publiques (MGPAP)

Mutuelle Générale des Postes et Télécommunications (MGPTT)

Mutuelle des Forces Auxiliaires (MFA)

Caisse Mutuelle de Sécurité Sociale (CMSS)

Mutuelle de l'Office d'Exploitation des Ports (MODEP)

Mutuelle Générale de l'Education Nationale (MGEN)

Mutuelle des Douanes et Impôts Indirects (MDII)

Œuvres de Mutualité des Fonctionnaires et Agents Assimilés du Maroc (OMFAM)

Mutuelle des salariés de l'Office National de l'Electricité et de l'Eau Potable, Branche Electricité (ONEE)

Mutuelle de Prévoyance Sociale des Cheminots (MPSC)

Société Fraternelle de Secours Mutuals et Orphelinat du Personnel de la Sûreté Nationale (SFSN)

Mutuelle de Prévoyance et d'Actions Sociales de Royal Air Maroc (MUPRAS)



BRUGES
June 2014

Working Groups

European Affairs

The European Affairs Working Group met several times per year and is one of the three working groups that has lobbying and advocacy as its main activity. The topics usually conform to the agenda of the European institutions. Focus of the last three years lay on the Free Trade Agreements such as the Comprehensive Economic and Trade Agreement between the EU and Canada (CETA) and the Transatlantic Trade and Investment Partnership between the EU and the US (TTIP), the European Pillar of Social Rights, data protection, and standardization of healthcare services. The period 2014 – 2017 ended with a proposal of the European Commission on the revision of the regulation of the coordination of social security systems related to entitlements in the field of long-term care.

Free Trade Agreements

Transatlantic Trade and Investment Partnership (TTIP)

In June 2014, AIM adopted a position paper on the Transatlantic Trade and Investment Partnership (TTIP) claiming for more transparency of the European Commission during the negotiations and the inclusion of mutual benefit societies and health insurers in the discussions. AIM members were also demanding for more precise definitions to exclude health mutuals and health insurance funds from the treaty as well as the investor-state-dispute-settlement (ISDS). AIM claimed that the current exemptions on “publicly funded services” and the exclusion of “monopolies” were not sufficient to protect the health insurance funds and

health mutuals from private investors from the U.S. The European Commission had started negotiations with the U.S. to liberalise the trade and investment market between the EU and the U.S. in June 2013. Beforehand, the Member States of the EU gave the mandate to the Commission to start with the negotiations. The trade agreement with the U.S. was expected to result in more jobs and more growth on both sides.

Lobbying on TTIP

AIM, together with its partner organization the European Social Insurance Platform (ESIP), met the European Commission three times in the years 2014 and 2015. On request of the European Commission, AIM and ESIP wrote a paper which gathered AIM and ESIP members' concerns on mainly three aspects: competition, public services and the definition of publicly-funded, and monopoly. AIM members contributed to the paper by describing their problems and by formulating questions to the Commission. Finally, the European Commission added “services of social security” as an exemption in the TTIP text, next to the exemptions for “monopolies” to make clear that social security institutions are not within the scope of the negotiations. AIM had also invited lead negotiator Colin Brown from DG Trade of the European Commission to the AIM working group, where he presented the plans of the EU in the “investor-state-dispute-settlement” (ISDS) and contributed in the consultation on the same topic. The “investor-state-dispute settlement” was finally altered into a “lighter version” of the dispute settlement, the “investment court system” (ICS). In addition, AIM had published several press release, one on the eve of the vote of MEP Bernd Lange's report on TTIP, urging the European Parliament to protect social security schemes, health services and services of social interest by excluding them from the negotiations, others to emphasize once more that the current exemptions for public services in the healthcare sector are not sufficient. TTIP negotiations were eventually said to be dead after US President Donald Trump had withdrawn the USA from the controversial Trans-Pacific Partnership (TPP) agreement just days after coming into power in January 2017.



Loek Caubo, Chair of the European Affairs Working Group

Mutuals and health insurance funds are important actors in the healthcare sector. They can help to make healthcare systems sustainable and to guarantee access for everybody. It is important to develop mutualism and social security systems and to protect them from threats that can do harm to these systems that have developed over the years. It is important to teach other countries which have less developed systems.



Comprehensive Economic and Trade Agreement (CETA)

In July 2016, AIM prepared recommendations for the European Parliament, for the vote on the Comprehensive Economic and Trade Agreement (CETA). The recommendations went in the same direction as the AIM position on TTIP: To improve and to clarify the exemptions for healthcare services regarding health insurance funds and health mutuals. CETA is a trade agreement between the EU and Canada which is supposed to boost trade between the EU and Canada and to create jobs and growth. CETA set a new global standard for future trade agreements. The treaty was finalised in August 2014 after 5 years of negotiations. In October 2016, Member States agreed on the treaty. In February 2017, the European Parliament adopted the treaty. Most parts of the treaties entered into force in April 2017.

Lobbying on CETA

AIM sent its recommendations to the European Parliament. On 12 July, AIM had a meeting with the assistant of Joachim Schuster, a German MEP from the S&D, regarding the AIM CETA recommendations. MEP Schuster was in line with the AIM recommendations and the office promised to do its best to integrate those comments. AIM was also informed during this meeting that additional declarations were added to the treaty, e.g. on labour standards. Furthermore, the recommendations were sent to MEP Daniel Caspary (Germany, EPP) who thanked AIM for its paper and said that he will take its recommendations as much as possible into account.



Pillar of Social Rights

AIM participated in the consultation on the Pillar of Social Rights. It was launched by the European Commission in March 2016, aiming to assess the present social EU "aquis" and to identify the scope of future action where necessary. The European Commission set out 20 areas from "wages" to "health and safety", from "sustainable healthcare" to "long-term care". The consultation ran until 31 December 2016 and the results would contribute to the final outline of the Pillar. In January 2017, the European Commission held a conference on the Pillar, where AIM attended. A consolidated version of the European Pillar of Social Rights is planned to be presented in 2017. Once adopted, the Pillar should become a reference framework to screen employment and social performance of participating Member States and to drive reforms at national level.

In its answer to the consultation on the Pillar of Social Rights, AIM reminded that a strong compulsory health insurance is indispensable to guarantee access to qualitative healthcare services and that in times of patient co-payments, exclusion of services and specific medical professionals or long waiting lists, it can become important for those households with low incomes. AIM also emphasized that not-for-profit insurers (e.g. mutuals, cooperatives) which neither conduct risk selection, nor raise premiums based on risk equivalence, should benefit from simpler rules on capital security and reporting requirements (Solvency II). In the area of Social Economy, AIM asked for a clear definition of Social Economy at European Level to clarify the scope of



all stakeholders including mutuals. AIM also pleaded for legal recognition of Social Economy at EU level. Finally, AIM focused on the universal access to essential medicines and was therefore calling for an assessment for new and existing medicines and their added value. Another important sector is the promotion of health and disease prevention. AIM requested a greater allocation of public spending and pleaded for more policy-commitment to develop concrete strategies for this area. AIM drew as well attention to environmental diseases due to the many toxically substances EU citizens are exposed to.

In spring 2017, AIM started having first contacts with the European Parliament to promote AIM topics of the Pillar of Social Rights. It will be continued in the second half of the year. AIM will also follow the White Book that was announced for Spring 2017.

Standardisation in healthcare services

Together with its partner organisation ESIP, AIM wrote a letter to the European organization of standardization (CEN), to express their concerns about standardization in the field of health and social services at European level. It started with new requests for standardization in quality of care for elderly people and patient involvement in person-centered care as well as deliberations on standardisation in the field of healthcare within a CEN working group. Whilst AIM was in favor of standardizing products used in health or nursing care, medical devices or the design of hospital beds, health mutuals and health insurance funds don't see the added value in developing standards for the quality of health and social services at EU level.

With the increasing complaints of European stakeholders, CEN created a Focus Group on Healthcare Services to discuss and make proposals in relation to

an overall approach and methodology towards standardisation in the area of healthcare services. AIM was invited to this group as an observer. The Focus Group is expected to provide a first set of recommendations by mid-2017.

The CEN Focus Group on Healthcare Services met four times, discussing common terminologies on "clinical guidelines", "healthcare services" and other definitions, which were in question. Furthermore, a list of criteria was supposed to be set up to ensure under which circumstances a standard can be developed. The differences between national standardization institutes and stakeholders were so big that no agreement on a CEN guide for a strategy in healthcare services could be made. The meetings will continue in September 2017. AIM will continue monitoring initiatives in this field.

Meanwhile, AIM continues to raise awareness of its members and to lobby at national level. AIM members started to get into contact with their national standardization institutes and health ministries.

Social Security Coordination Regulation

AIM started working on the revision of the Social Security Coordination regulation 883/2004. The European Commission has published on 13 December 2016 a proposal focusing in particular on a number of areas which have not been covered: economically inactive citizens' access to social benefits, long-term care benefits, unemployment benefits and family benefits. AIM started to develop a position on a coherent regime for the coordination of long-term care benefits (currently dealt with under the sickness chapter). The new proposal had introduced a separate chapter for their coordination which also includes a definition and provides a list of those benefits. In the second half of the year AIM will lobby the council and the European Parliament.





DUBROVNIK
November 2014

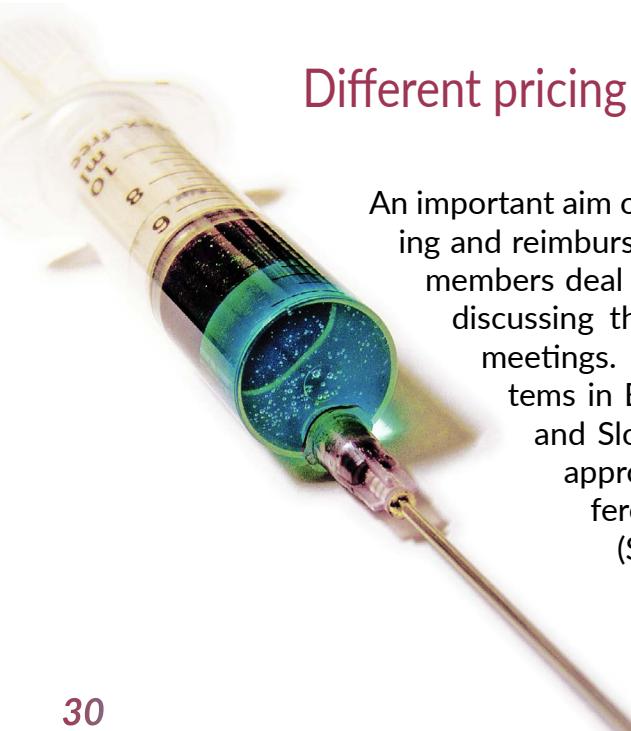
Matthias SAVIGNAC

Pharmaceuticals & Medical Devices

During the term of the Presidium 2014-2017, this group met 13 times. The leitmotif for the group has been "access to medicines". AIM published together with the European Social Insurance Platform (ESIP) in October 2015 a broad joint position paper on how to improve access to medicines. The paper deals with all aspects of the cycle a pharmaceutical goes through. From fundamental research, via clinical trials and market access, health technology assessment and pricing and reimbursement up to use and delisting. The document helped to set priorities for the working group and increased the visibility of AIM in the field and was a good basis to convey our message to stakeholders.

Different pricing and reimbursement schemes in Europe

An important aim of the working group is to increase understanding of different pricing and reimbursement schemes in the different countries and how different AIM members deal with similar challenges. AIM members have been presenting and discussing their prices and reimbursement schemes during Working Group meetings. During this Presidium term, presentations were held about systems in Belgium, Switzerland, The Netherlands, Germany, Austria, France and Slovakia. But on the basis of presentations by members views and approaches were also shared on how to deal with stock outs, how different members respond to expensive drugs coming to the market (Sovaldi, Hepatitis-C was an important example) and how for example margins for wholesalers and pharmacists are being calculated/regulated.



Dialogue with stakeholders

The meetings of the working group were used to engage in dialogue with relevant stakeholders and to collect information about important topics. The working group had, at different meetings discussions with the European Generic Medicines Association (EGA), renamed to Medicines for Europe about patent schemes between the US and EU, using INN for biosimilars and on how to increase uptake of biosimilars. With the European umbrella of community pharmacists the group discussed in 2015 falsified medicines directive and in 2016 ways to improve pharmaceutical care. The group also met with the European Organisation for Research and Treatment of Cancer (EORTC) on possible collaboration, and with the European Medicines Agency (EMA) on new legislation regarding the transparency of clinical trials. The deputy head of cabinet of the Belgian Minister of Health came to one of our meetings to present the Belgian-Dutch collaboration for joint procurement of pharmaceuticals. The World Health Organisation was present at one of the meetings to discuss INN, in particular for biosimilars. A representative of Merck, Sharp and Dohme came to share with the group ideas about Anti-Microbial Resistance (AMR). A European Commission trade negotiator visited the working group to discuss TTIP, after which it was decided that no specific action in relation to pharmaceutical and TTIP would be taken. The Hungarian Health Insurance Fund, member of AIM participates in EURIPID. A representative presented that programme, which deals with increasing the transparency of prices pharmaceuticals and pricing mechanisms, to the working group.

The Belgian Health Care Knowledge Centre (KCE) developed future scenarios for drug development and pricing. They participated in one of our working group meetings to present the study. The health attaché of the Dutch permanent representation to the EU joined one of the working group meetings to provide background about the new regulation for medical devices and diagnostics.



Andreas Schiesser,
Chair of the Pharmaceuticals
Working Group

"The pharmaceutical industry has a strong voice in Europe. We have to continue to make also the voice of healthcare payers heard. Ensuring sustainable access to good quality pharmaceuticals, maintaining and increasing transparency regarding cost and benefits will continue to be an important topic at EU level in the coming years."



Adaptive Pathways

The working group has been following developments around “adaptive pathways” (a process to speed up market approval for new pharmaceuticals) and, linked to that, managed entry agreements. The group published in 2016 a document stating concerns AIM has about these developments. AIM has been an observer in the IMI project “Adapt Smart” adaptive pathways access Position, actively contributing to some of their workshops and conferences and has broadened its view about the project to the attention of all relevant stakeholders, also during conferences held by the European Commission and the European Parliament.



Lobbying

In addition to work related to Adaptive Pathways, AIM has been actively communicating its position relating to pharmaceutical policies to external stakeholders. Together with ESIP, AIM organized in January 2016 a seminar in the European Parliament on access to medicines. The event, hosted by MEP Ismail Ertug of the S&D group and attended by some 150 participants, included contributions from the European Medicines Agency, the European Commission, the Dutch Ministry of Health and the IMI initiative. But also representatives from the German umbrella of Krankenkassen (GKV-SV) as well as the Austrian Hauptverband contributed to the discussion about how sustainable access to good quality medicines can be guaranteed, also in the long-run. In addition, AIM participated as a



speaker in many different conferences and seminars and was in contact with several individual members of the European Parliament and representatives of the European Commission. The European Parliament adopted in 2017 an own initiative report on access to medicines. Prior to the adoption of the report, AIM met with several members of the Parliament, and their assistants. The Parliament report was to a large extent in line with the position of AIM. Jose Inacio Faria (MEP from Portugal) attended a meeting of the AIM Pharma Working Group to discuss the final report with AIM members.

Health Technology Assessment

With Irina Odnoletkova, AIM was proud to have an HTA expert active for its association. Representing the association of independent mutuals in Belgian (MLOZ), Irina was involved in the work on HTA at European level, mainly through contributions to the EU Joint Action 2 on HTA. On a regular basis she reported to the group about work being done within this project (funded from the EC Public Health Programme). After five years of involvement in AIM, Ms Odnoletkova left her employer MLOZ to join the Plasma Protein Therapeutics Association.

In the meantime the European Commission launched HTA Joint Action 3. The main aim of the Action would be to further broaden involvement of stakeholders. AIM indicated that it would be interested in active involvement in the Action, in particular in relation to observational studies and data collection and ‘early dialogue’, especially in relation to so called ‘managed entry agreements’.

AIM is actively involved in policy dialogue about collaboration at EU level in the field of HTA. AIM





is member of the HTA Network (coordinated by the European Commission). The working group also contributed to the Public Consultation on HTA, organized by the European Commission, which would feed into discussions about how to shape HTA collaboration at EU level after JA3, in 2020.

Medical devices

Although the focus of the activities of the group has been on pharmaceuticals, we have been discussing medical devices as well, mainly because the European Council and the European Parliament were discussing new legal documents on medical devices and diagnostics. AIM published several positions on the draft directive, asking for extra safeguards to ensure only market authorisation for safe medical devices.

Seminar - Lisbon 20 November 2015

AIM organised in Lisbon a seminar which tried to answer the question "how to sustain the provision of high quality pharmaceuticals". The meeting was



chaired by Rolf Stadié, chair of the working group. Andreas Schiesser, representing santesuisse in the AIM working group presented the position paper on pharmaceuticals which AIM and ESIP published in October of that year. A lively discussion took place, also on the basis of contributions from several external experts in the field, about how to increase transparency of the pharmaceutical sector, which is according to AIM an important prerequisite to ensure sustainable access to pharmaceuticals also in the long run.

A new chairman

After many years of active involvement in AIM, Mr Rolf Stadié retired from Knappschaft (KBS) in Germany and ended his contributions to the work of our Association in 2016. Under the inspiring leadership of Mr Stadié, the working group had been flourishing and visibility of the group in Brussels and beyond had increased. He handed the chairmanship of the Pharma Working Group over to Mr Andreas Schiesser of santesuisse. Mr Schiesser brings a lot of experience in the field of pharmaceuticals to the group. He worked for many years for the Suisse pharma company Roche. With his appointment as chair, during the General Assembly in The Hague in June 2016, the group ensured the smooth continuation of its work.



Mutual Values

The mutuals working group strives to defend the values of mutuals in Europe. As one of the major social economy actor, mutuals aim to raise awareness of the social economy sector and to use the social economy to get recognition at European level to keep their governance, principles and values. The mutuals working group drafted brochures and organised events to foster and to spread the knowledge of mutualism given that, although mutuals and other institutions of Social Economy in the EU play a special and relevant role of for the sake of citizens and for smart and resilient economic growth, they still have to deal with the challenges of the internal market.

A European Statute for mutuals

In January 2014, the Commissioner Tajani announced the launch of a legislative proposal to create a European statute for mutual societies (EMS) giving the chance to these organisations to develop their inclusive model and values of democracy, solidarity and not-for-profit orientation across the EU. Since this announcement the process though seemed to be stopped by other EU institutions, stakeholders and several impact assessment studies had already spoken up for the creation of a statute. The European Parliament already expressed twice in favour of the creation of an EMS with a written declaration voted in 2011 and an own initiative report voted with an overwhelming majority in 2013. Following a very positive consultation launched by the European Commission in March 2013, an impact assessment study

was carried out by its services, giving a positive opinion on the option, recommending the recast of the European Cooperative Statute. Moreover, the European Economic and Social committee recently showed its support to the EMS by voting a report entitled: Statute for a European Mutual Society: views, role and contribution to civil society in March 2014.

Lobbying

AIM sent a letter to the First Vice President of the European Commission, Frans Timmermans, asking about the launch of the European Statute for a mutual. Timmerman answered that the Commission decided not to include a proposal for a Council Regulation on the Statute for a European Mutuals Society in its Work Programme for 2015 because major concerns remain about the added value of a European legislative initiative. The Commission's impact assessment report on the proposal has shown that mutuals societies are typically small and working geographically close to their members and do not have interest in expanding geographically. Moreover, unanimity was necessary in the council and this was not very likely to happen. Thus, the proposal for a European mutual statute was stopped.

In May 2015, AIM met with the cabinet of Commissioner Thyssen to urge the Commission to launch a proposal for a European mutual statute. The members of the Cabinet of Commissioner Thyssen welcomed the idea to give specific attention to mutuals during the conference on social economy which will be held during the Luxembourgish Presidency, in December 2015. The Commission will approach Luxembourg Minister Schmit (Employment and Social Economy) about this, and advised AIM to do the same. The Cabinet repeated the message that was earlier shared with AIM through letters from Commission first Vice-President Timmermans and Commissioner Bienkowska, that when setting its priorities the Commission focussed on measures which were likely to be able to find agreement in the European Parliament and in the Council of the EU. This was not the case for the moment regarding the European mutuals statute.

The mutuals working group decided to promote mutuals better. In



Pedro Bleck da Silva,
Chair of the Mutuals Working Group

“ Mutuals as social economy actors need to be recognized at European level to meet the challenges they are facing and to develop themselves. They are resilient in times of crisis and help to make health systems sustainable. With their principles of solidarity, democracy and not-for-profit, mutuals guarantee access to healthcare for everyone. That's why every country must get a possibility to develop mutualism. We welcome the decision of the European Commission to promote Social Economy Enterprises and in particular mutuals in the coming years. ”

2011, the European Commission ordered a study to take stock of the situation of mutual societies in Europe. The study, entitled: The current situation and prospects of mutuals in Europe (herein after referred to as Panteia study) was drafted by a Dutch consultancy called Panteia and was published in 2012. The aim of the study was "to provide the Commission with up to date knowledge to better assess the current situation of mutuals and allow a reasoned reflection on the need for eventual future policy development." Since the study was more than 600 pages, the mutuals working group decided draft a shorter and easy accessible document to highlight the main findings of the Panteia study. Together with its partner organization AMICE such a document was finalised and distributed in 2015.

Recognition of mutuals at EU Level

Since the project for a European statute for a mutual was temporarily put aside, alternative strategies were needed. The mutuals working group decided in favour of a proposal from a lawyer, who was hired by FNMF and GEMA. The lawyer has made two pro-



posals: A European umbrella framework for all social enterprises and a specific act for mutuals on groupings.

To ensure that the first proposal would be implemented, AIM decided to work closely with the Expert group on Social Entrepreneurship of the European Commission (GECES). Alain Coheur, Mutualité Socialiste (BE) and Julie Savary, MGEN, (F) were part of the working group in GECES and proposed to develop a European platform, which defined minimum requirements for recognition principles on mutual forms acceptable for all Member States. The aim was that this platform would lead to a proposal for an overarching framework directive for all social economic enterprises.

The second proposal was, to implement a delegated act with the Solvency II Directive or the "Green paper of Building a Capital Markets Union", giving mutuals the possibility to form groups. The idea behind it was that many mutuals were searching for partners to tackle the challenges. But when looking abroad in different Member States, mutuals faced barriers such as lack of common eligibility criteria for legal entities and lack of common rules concerning specific accounting features.

The GECES report, which was finally published end of 2016 was emphasizing that mutuals need to have



an alternative to their statute and that the European Commission will try to find solutions. At the same time, the report was promoting social economy enterprises. Beginning of 2017, the European Commission announced a set of actions to help social economy enterprises, including mutuals, to get recognition. AIM started to have meetings with the European Commission, offering their help.

Conference "The Role of Mutuals in Europe"

In October 2015, AIM organised a conference, hosted by the Portuguese MEP Sofia Ribeiro, which gathered researchers, stakeholders and European policy makers (European Commission, European Parliament and EESC). They discussed the role of mutuals, their added value for Europe and the difficulties they currently face to grow. It was emphasized that the diversity and capacity of social economy enterprises, to which mutuals belong, contribute to consumer choice, establishment of jobs and market stability. Apart from actors from the social economy, many MEPs such as Sven Giegold (the Greens) and Sofia Ribeiro (EPP) attended the meeting. Nicolas Schmit, Minister of Labour, Employment and Immigration of Luxembourg, attended AIM's conference, emphasized the importance of mutuals and social economy enterprises. He also said that that these



social economy actors would need recognition and that he will support them.

Social Economy

In spring 2017, AIM drafted a position paper on Social Economy, explaining the challenges and its specificities. AIM requested once more that a clear definition for social economy enterprises should be provided. It also asked for a framework directive for all social economic enterprises which should ensure recognition of these actors. AIM initiated a dialogue with the European Commission on its proposal and to start again a dialogue on social economy enterprises including mutuals as one of the biggest groups in the Social Economy. In spring 2017, the European Commission was finally very open to listen to social economy enterprises.





LIÈGE
June 2015

Disease Prevention, Environmental Health and Health Promotion

These last three years, the working group has been increasingly active. It focused mainly on the exchange of information and of best practices, aiming to act as a mind-opener and help reflect on ones' own priorities and enabling members to learn from other experiences and from new trends or developments. The working group could also benefit from the intervention of renowned experts in different fields. It has worked on identifying common actions to be carried out by all in order to fight common issues and on the creation of networks of contacts. The group also published positions and press releases, and started to lobby on some files relevant to mutuals' activities in health promotion and disease prevention.

Prevention around Europe

The working group started in 2016 a series of presentations on the organisation and financing of prevention around different European countries. Reports were already issued on prevention in Germany and in The Netherlands, one on Poland will follow. The aim is to gather all reports to allow a comparison. Next countries to be looked at in 2017 include: Poland and Belgium and Austria.



Mental Health

The topic was identified as a priority by the WG members, who consequently became active in the field, notably organising a conference on the topic of eMentalHealth which highlighted the potentials and benefits of eSolutions for individuals' health but also to health systems as a whole. The event also stressed the main challenges to be tackled for eMentalHealth to be properly implemented and mainstreamed.

Still in the field of Mental Health, AIM built up an Alliance together with other European Organisations (namely AEIP, EPHA, MHE, and GGZ Nederland): the European Alliance on Mental Health in all Policies, which is an informal co-operation around the specific issue of the economic impacts of mental health and the role it plays in raising labour productivity as means to support an exit of the economic crisis. Its aim is to raise awareness for this issue and to stimulate policy development on an EU level in this domain.

In May 2015, AIM published a position on mental health promotion and well-being which we presented in Helsinki at the conference on mental health in all policies organised by the Commission, where we called for comprehensive and coordinated policies to implement the active inclusion of people affected by mental disorders (amongst others) and underlined the necessity of completing the shift towards community-based mental healthcare and greater patient-empowerment as a way to help ensure universal access.

AIM became an official partner in the campaign "Healthy Workplaces Manage Stress" launched by EU-OSHA in 2011, which builds on the idea that psychosocial risks and stress at work can be prevented. The main objectives of the campaign, which came to an end in 2015, consisted in raising awareness around the issue, provide practical tools and guidance to manage such risks and highlight the positive effects of doing so. AIM is also an official partner of the following



Leo Blum,
Chair of the Prevention
Working Group

“ The idea that prevention of disease is common sense is becoming always more prevalent. An increasing number of actors are recognizing the high value of measures that are useful and successful in promoting health and disease prevention. International cooperation in this area is one way to achieve progress for all stakeholders. That is why I am delighted about the diverse activities developed by the working group. ”



campaign: "Healthy Workplaces for All Ages" which in turn aims at raising awareness of the contribution that different generations working together can make in the workplace, and working together to support healthy and productive working at all ages.

Health Literacy

Understanding health literacy, its social determinants and the consequences of low literacy is key to empower people to look after their own health. The working group set up a workshop lead by Dr. Stephan Vandenbroucke, professor of health psychology at the University of Ghent, and Dr. Kristine Sorensen, representative of Health Literacy Europe, which allowed AIM members to develop competency in the field and identify strategies for mutuals to take action and lead to improvement.

In the same vein, the working group also organized a session which looked at successful ways of communicating health information and having an impact on people's behaviour.



it contributed to help them address target audiences better and have a greater impact on populations when it comes to the promotion of healthy eating habits. Apart from the meeting in itself, a WHO training on the topic was offered to participants and will be organized in collaboration with the AIM secretariat.

Environment

Environmental issues became a topic for the working group in June 2016. Since then, endocrine disrupting chemicals (EDCs) have been the focus of work. AIM has worked in close collaboration with the Health and Environment Alliance (HEAL) on the topic. HEAL helped AIM to draft a letter which called for adequate criteria and was sent to national health ministers and other relevant actors in order to influence the votes on the file.

In January 2017, following the Commission's submission of an amendment, which allowed the evaluation of risks after substances are put on the market and given the dangers this change represented for European citizen's health, AIM adopted a declaration on EDCs which not only demanded an appropriate set of criteria, but also called on the Commission to raise public awareness on the issue and come out with a series of evidence-based recommendation to populations and more particularly to vulnerable groups. On the occasion of the launch of the declaration, an editorial by President Christian Zahn was published in Euractiv in three languages. In the second half of 2017, climate and air quality will be given special attention.



Nutrition

A meeting on nutrition and more precisely food recommendations was organized in order to allow AIM members to better understand the differences between food recommendations around member states (notably the well-known pyramid). Getting a deeper knowledge of these recommendations and of the reasons of their difference across member states was a clear added value to health insurers involved in activities of health promotion and disease prevention as





Falls Prevention

After a meeting on the topic, the working group advised the AIM to endorse a joint declaration, issued by the European project ProFouND, on falls prevention aiming at increasing awareness on the impact of falls injuries and the need for action, promoting the uptake of evidence-based good practices and prevention tools, integrating fall prevention in institutional education, increasing awareness on the impact of falls injuries and the need for action, encourage members' commitment, and broadening the action span.



helping to ensure healthcare systems' sustainability by putting more resources on prevention. The document stressed that ensuring universal access to care is more than ever crucial and can only be achieved by relieving the burden of chronic diseases both on the health and quality of life of EU citizens and on Member States' economies, which will only be possible if prevention and health promotion are given the attention they deserve.

Following the position, the working group proposed amendments to the revision of the Audiovisual Media Services Directive, which governs EU-wide coordination of national legislation on all audiovisual media and notably covers the advertisement of tobacco, alcoholic beverages and unhealthy food. The secretariat lobbied on the file by meeting relevant stakeholders within EU Institutions and by joining a wide coalition of NGOs.

On 1 December 2016, AIM organised, together with this coalition, an event at the Parliament to raise MEP's awareness on the impact which such a Revision could have on European children's health. The coalition also sent letters to MEPs in order to influence their votes in different Committees and met Member States' Permanent Representations.

Cancer

The second largest cause of death in the EU is cancer, an illness which represents not only a burden in terms of suffering but also a threat for the viability of our health systems.

The AIM was already actively involved in this field, as it was a collaborating partner in the European Partnership for Action against Cancer which took

place between 2009 and 2012. The last three years, the working group continued being active on the topic as a member of the European Commission's Expert Group on Cancer Control which assists the Commission with drawing up legal instruments, policy documents, guidelines and recommendations on cancer control.

Special Thanks

The AIM working group on disease prevention, environmental health and health promotion has worked in close collaboration with other partners and organizations such as the Belgian Healthcare Knowledge Center (KCE), AEIP, MHE, GGZ Nederland, EPHA, EHN, Eurocare, WHO Europe, the London Schools of Economics and the Universities of Leuven (Belgium) and of Lueneburg (Germany). On behalf of all participants, AIM thanks them for their close co-operation and looks forward to continue working together in the future.



Long-term care & Chronic Disease Management

The age pyramid is slowly but surely inverting itself, leading to a rise in chronic and degenerative diseases. On the one hand, strengthening health promotion to ensure a healthy ageing population can only be beneficial to healthcare systems and to society as a whole by allowing older populations to remain active for longer.

On the other hand, as far as treatment is concerned, unleashing the potentials of eHealth in allowing care to be provided within the community -when wished- would not only improve the well-being of patients but also relieve the economic burden on systems. AIM long-term care working group addressed those issues during the last three years mainly through its active participation in a European Commission's project on Active and Healthy Ageing and more precisely on the use of eHealth to enable patient's empowerment and independent living.

Bruges 2014

AIM organised a workshop on chronic disease management. The workshop, opened by Rachelle Kaye and chaired by the Croatian Health Minister Siniša Varga, focussed on telemedicine and on how ICT solutions can contribute to patient empowerment. Maccabi telemedicine Center, which proposes telemonitoring devices using phone lines to patients, was presented.

The meeting also aimed at providing a definition of the concept of patient empowerment which is the sum of the promotion of policy participation, a shared decision making process (Patients are partly the boss of the provided care) and self-management (Patients are the boss of their diseases). These three dimensions aim at a better health, high quality of care and at ensuring that costs are maintained at a reasonable level.

Liège 2015

AIM organised a seminar which aimed at comparing long-term care (LTC) funding arrangements across the globe. The meeting also allowed to analyse how these arrangements impact the viability of the social care system. Participants underlined the need to be more actively involved in the change from "reactive to proactive strategies" to strengthen the long-term care sector. Interesting examples of how the use of ehealth applications, which can indeed contribute to strengthening of the long-term care sector were presented. Their use for prevention and for the reduction of the costs of LTC was also discussed.

Visit to the CSD

In the framework of its general assembly in Liège, AIM offered its members the opportunity to take part in the visit of Home-based healthcare services Plant (CSD) of the Belgian mutual Solidaris. The CSD addresses the problem of the ageing population and home care by helping people in difficulty (accident, illness, disability, aging) who wish to remain at home safely , while respecting their autonomy and their life choices; and by supervising its beneficiaries and their relatives from A to Z through integrated services and our coordination with hospitals and rest homes.

Collaboration between the CSD and Solidaris is subject to a cooperation agreement pursuant to the law on mutuals. This agreement materializes the services delivered in return for the payment of a financial allocation. The strength of those services is their level of integration: they are a one-stop-shop (a unique number); offer a personalised, efficient, coherent and reactive answer; and are organised around a coordination centre in constant contact with the GP and the healthcare providers.



Special Thanks

The chair of our long-term care working group brought a lot of knowledge and energy into our association. Rachelle Kaye represented in AIM "Maccabi Healthcare Services" from Israel. She and her organization have a lot of experience with implementing eHealth tools in their organization. She brought that knowledge not only to AIM, but contributed through AIM also in several EU funded projects, like United4Health. In 2016, after many years in our association, Rachelle retired from Maccabi and AIM, but we hope to continue to welcome her to our meetings, as she will continue to be involved in EU project. Her valuable experience is of great importance to many AIM members.

Brussels 2016 Seminar on de-institutionalisation and integrated care

This seminar was organized together with the European Ageing Network (EAHSA) and the European Association for Directors and Providers of Long-Term Care Services for the Elderly (EDE).

In discussions about de-institutionalisation, the seminar concluded that there is too much focus on quantity and barely no consideration of quality of care. "High-quality nursing home care is not depending on the number of beds", said Jiří Horecký, EDE President and EHASA Board member. "Saying that the maximum capacity for nursing homes must not be higher than 40 beds and recommending 8 – 12 beds per home, as the European Commission suggests, is totally irresponsible and is not acceptable." It takes no account of the myriad of factors determining quality of care. From presentations of Liz Gosme, member of the European Expert Group on the Transition from Institutional to Community-based Care and Dr Wouter Keijser, Associated Researcher at the University of Twente, The Netherlands, it became clear that de-institutionalisation puts pressure on the community and that real integration of care - including eHealth - is highly depending on the human factor and the availability of carers that want and are able to work together.



Fight against Fraud

The working group on Fight against Fraud has been quite active over the past three years. Fraud is “the use or presentation of false, incorrect or incomplete statements and/or documents, or the non-disclosure of information in violation of a legally enforceable obligation to disclose, having as its effect the misappropriation or wrongful retention of funds or property of others, or their misuse for purposes other than those specified”. Fraud takes many forms and costs a lot to health systems but the assessment of its importance is difficult, just like responses and tools used to fight it differ. These issues have been discussed on a regular basis not only with AIM members but also with external experts and third party organisations. This is why the working group has been very active in the field and has strived to increase the topic's visibility.

Meetings

AIM holds meetings dedicated to the fight against fraud in healthcare on a regular basis. The group gathers fraud experts from all over Europe who exchange about policies and tools to tackle fraud. This working group intends to inspire the members of AIM to take more concrete measures in this field. The World Health Organisation considers fraud as one of the ten leading causes of inefficiency in health systems. The average amount of healthcare fraud is estimated to be 6.19% of the global healthcare expenditure for 2013 (or roughly 5.65€ trillion).



Questionnaire

The working group drafted a survey with the objective to have an overview of magnitude of health insurance fraud as well as the activities of AIM members to counter Fraud in healthcare. The questionnaire was distributed to all members and gets over 20 responses. The result shows the very great interest in

the issue of countering fraud and corruption. More than 45 % of the respondents estimate the damage of healthcare fraud is high or very high while 90 % say that they will invest in more intensive data analysis.

Press Release

AIM Fight against Fraud working group released a press release on March 2016 after a 2 day workshop in Brussels. The press release intended to European policy makers and health insurer in general called for the strengthening of the efforts in tackling fraud and waste.

Cooperation with EHFCN

AIM has further reinforced its collaboration with the European Healthcare Fraud & Corruption Network by regularly participating in their activities such as Open Houses and Conferences and by inviting EHFCN to AIM events and meetings. .

Participation in the Commission's study on corruption in healthcare

Hans-Jürgen Faust has participated in an interview as part of the update of a Commission study on corruption in healthcare, to increase AIM's and its member's visibility as important stakeholders working on this topic.



Hans-Jürgen Faust,
Chair of the Fraud Working Group

Fraud in healthcare is estimated to cost about 6% of healthcare budget. This means that a share of the budget supply does not fulfil legitimate health needs. In addition to financial consequences for health authorities it can also have consequences for people and families. This is why I believe that fraud should be addressed as a specific issue at a time of financing constraints for healthcare systems



LISBON
November 2015

Study Trips

eHealth

To explore the integration of eHealth and Telemedicine services in European healthcare systems, to learn from the lessons of others and share experience about redesigning daily clinical practice with the means of digital health services, AIM and EHTEL have built a partnership in organizing study visits to different European countries.

The AIM - EHTEL-Study Visits focus on the integration of eHealth and Telemedicine services into patient oriented and efficient healthcare systems. The Study Visits thus explore the innovation of health and social care by means of health-IT/Digital Health, recognising critical success factors and risks.

Since 2014, study visits to Estonia, Sweden and Italy have provided an unique learning lab to share lessons learned on routine e-Services in health and social care, e.g. prevention, chronic disease management and mobile personal health services.

Stockholm December 2014

The study visit in Stockholm was organised by the Swedish e-health agency Inera. It gave a great overview on the key principles and challenges of the Swedish National eHealth strategy and its implementation in different sectors such as electronic medical record or telemedicine in remote areas.



Palermo

The hospital was the site of a study visit organised by the European Health Telematics Association (EHTEL) for their members and the members of the Association Internationale de la Mutualité (AIM). It brought together eHealth practitioners ('doers') and insurance scheme specialists, alongside personnel from the European and American civil services. The visit combined a workshop with sessions that focused on the ISMETT context as well as on other partnerships for innovative health services in Euro-Mediterranean regions. Visit highlights included: a tour of ISMETT's facilities; workshop presentations explaining the collaboration between the two hospitals in Palermo and Pittsburgh; other presentations outlining wider collaborations in Europe; as well as a European Union (EU)-US webinar on the upcoming activities in the EU-US work stream on innovation ecosystems. More than 25 people were at the study visit to the ISMETT-UPMC hospital in Palermo, Italy..



Health Systems Reform

In 2015, AIM launched a new study concept which aims at analysing the role of and services offered by AIM members in the healthcare system in their home country. By means of virtual tours of the AIM member's websites during several study trips, we propose to learn about the different healthcare systems in the European Union precisely from the perspective of these mutuals/health insurance funds. Provided with concrete and direct examples, participants go back home with a vivid picture of the added value which a mutuality can represent for health insurance and with some ideas of the role which websites can play at further empowering patients and providing better accessibility, orientation, and coaching.

Belgium – May 2015

AIM organised in May 2015 a study trip to Brussels, which was hosted by the Belgian Intermutualist College. In Belgium, compulsory health insurance provided by the seven existing national associations of



mutual funds offers general coverage of health risks and guarantees access to a qualitatively good health care. Accessibility is broad, with about 99% of the population covered. The costs are reasonable; there are no waiting lists problems; and consumer and provider satisfaction is high. As a whole, the system is thus efficient. However, participants to the trip saw that many obstacles are yet to be overcome: high share of out-of-pocket expenditure,

inequalities, ageing society , overmedicalisation, are only some of the challenges which lay ahead and which will have to be overcome by the Belgian system... just like by many others.

Jean Hermesse, Chairman of the Working Group, stated: *"The study trip was a success. All delegations really appreciated the quality of the presentations which were made and went back home their heads full of ideas!"*



Jean Hermesse,
Chair of the Health Systems Reform
Group

Estonia – October 2015

The trip to Estonia gave AIM members the opportunity to hear from the best practices and challenges faced by the Estonian Health Insurance Fund. Issues such as the sustainability of a system whose financing is based on payroll taxes, the lack of human resources, the development of a more patient-centred healthcare or the guarantee of access to care were notably highlighted as some of the most pressing issues. The Fund already makes use of patient records and the further development of eHealth solutions will most probably help tackle many of the previously mentioned challenges.

Tanel Ross, CEO of the Estonian Health Insurance fund highlighted the added value of the trip for his own organisation: *"The study trip was a great opportunity for participants from EHIF to have a side look to their everyday efforts and to the Estonian system as a whole. It was refreshing to analyse our strengths and weaknesses in the pleasant company of international experts."*



“ It is an added value to learn about other health mutuals and health insurance funds in other countries, how they are organised and what services they offer. The study trip on health system reforms aims to learn about health insurance funds and mutuals and their services in other countries.

Europe is a fantastic laboratory of different ways of organizing and financing health care. The group is also challenging by making comparisons and sharing experiences of all the participants. The study is on the field which makes it very lively. This makes the study trip so valuable because it gives new ideas when coming home from such a trip.

Vienna - May 2016

On 2 and 3 May 2016, AIM organised its study trip to Vienna, to learn more about its Austrian member and the country's healthcare system as a whole. Participants heard about the main challenges in the coming years which include securing the financing of the existing performance levels and the financial requirements of medical progress. A priority for SVB's insured group is the securing of primary health care in rural areas. The decreasing willingness of physicians, to accept a contract, particularly in peripheral regions, was presented as a key challenge for the rural population and their health insurance. AIM study trip to Austria has shown that there are highly differentiated health systems by occupational groups and regions, with complex financing structures. The study trip has brought a good insight into the specific services of the SVB in the area of health promotion and disease prevention.

Franz Ledermüller, SVB's CEO, on the experience: "*Making an international comparison, Austria has a complex organizational and financing model in health insurance, which has grown over a long time. The lesson learnt from the discussions in the context of our event, is that Austria needs to think about a simpler and more transparent forms of financing and organization. Compared to other countries, I consider that the Austrian system of compulsory insurance has a good legal basis and works in the interest of the insured. To curb cost trends in the remedies sector, we must strengthen European and international cooperation.*"



programmes (eg. immunisation, cancer screening etc..); and the speed at which the system manages to implement changes (whether it be reforms or technology changes). The role of Benenden within the system was described. As public sector budgets become stretched and rationing occurs, Benenden is able to step in to support members with quick diagnosis and treatment on a range of ailments that the NHS struggles to deliver. The challenges faced by the system as a whole were also presented, especially particular features of the challenges in the United Kingdom which are the lack of funding and the degree of politicisation of the system.

Blandine Cassou-Mounat, European Affairs Manager at Benenden: "*AIM study trips are a good way to get in touch with the real challenges faced in each country. One of the added values of health systems study trips is to be able to meet key stakeholders and experts of a country to understand the strengths and weaknesses of the system and get inspiration from it for your own country and organisation. This experience then also enables us to take this context into consideration when thinking about national and European policies and major challenges such as ageing, chronic diseases or e-health to name only a few.*"



London - January 2017

The trip to London showed the strengths of the British NHS: its accessibility to all and for free, a strong primary care system – with the principle of the GP as a gatekeeper, facilitating an efficient use of health services by patients without overconsumption and making it easy to implement national screening

Region Committees

Throughout the last triennium, the International Association of Mutual Benefit Societies has strengthened the links between the different geographical areas that compose it: Africa & Middle East, Latin America, and Europe. The development of actions in each of these regions is one of AIM's core missions.

This triennium was marked in particular by the organization of an international conference on the mutualist movement in Abidjan, Côte d'Ivoire. African mutualists, but also European, were present to contribute to the success of this event. AIM General Assemblies and Boards of Directors are also an opportunity to discuss issues common to all continents: access to care, big data, etc. Discussions and presentations help understand national or international issues. These moments are real opportunities for more informal exchanges which, in a way, consolidate the relationships between all partners of the AIM and encourage the development of new cooperation. Behind this dynamic, the AIM defends a clear vision: in a globalized world, it is essential for the mutualist movement to be structured everywhere in the world. Our mutualist model and the values attached to it can only be sustainable if it succeeds in spreading in all parts of the globe. This is what the AIM has been doing over the past three years. We will continue to make the structuring of the mutualist movement in Africa & the Middle East, Latin America and Europe a tangible reality for populations.



Matthias Savignac,
AIM Vice-President in charge of International Cooperation

Europe

The European Affairs Committee takes place every six months in the framework of the General Assembly. This EU-political body meets in the morning before the AIM board meeting to discuss and exchange on daily issues at European level and to prepare AIM declarations and positions which will later be adopted by the AIM board. Together with researchers, professors, stakeholders and European policy makers (European Commission, European Parliament and EESC), AIM members debate about European and national policy in the fields of public health, healthcare, social protection, insurance and social economy.

[Challenges in Long-term care in the European Union: Are we only debating or already acting?](#)
[European Affairs Committee in Bruges, Belgium in June 2014](#)

The main topics of the European Affairs Committee in Bruges were the TTIP negotiations between the EU and the USA, where Professor Unger, Professor for Public Health at the Institute of Tropical Medicine in Antwerp, pointed out the threats and challenges for the healthcare sector and the plans of the EU Commission regarding VAT exemptions. Mr. Jean Hermesse, General Secretary of the Mutualité Chrétienne, discussed with AIM members the thoughts of the EU Commission to delete existing VAT exemptions in the education or healthcare sector and the possible consequences for mutuals. In the second part of the meeting a panel discussion on the challenges in the long-term care sector took place.

[Patients Involvement: Burden or Blessing?](#)
[European Affairs Committee in Dubrovnik, Croatia in November 2014](#)

Among other topics such as Solvency II, where the General Secretary of AMICE at that time, Gregor Pozniak, gave an overview of the challenges of Solvency II for mutuals, AIM members discussed with Ms. Hanneke van Essen, Deputy Director of the health ministry from the Netherlands, Dr. Korolija, Assistant Minister of the Croatian Health Ministry and Mr. Aleš Mikeln, CEO of Vzajemna the involvement of patients in healthcare. It was concluded that patients need to be involved in the decisions of treatment and care, in quality of care and the received outcomes and that the patient should be aware of the costs and the quality of a service. But so far, healthcare is still a "black box" for many patients.



How can the mutuals character be reinvented?

European Affairs Committee in Liège, Belgium in June 2015

In Liège, AIM members Mr. Pedro Bleck Da Silva, Montepio, Mr. Aleš Mikeln, Vzajemna, Mr. Marc Bell, Benenden, Ms. Elisa Torrenegra and Matthias Savignac, FNMF discussed how the mutuals character can be reinvented. The discussion was moderated by Alain Coheur. Everybody agreed that mutuals need recognition which can only be achieved when mutuals of different countries work together and that they do not just ask for recognition but show it. Mutuals should not just talk about the values but learn from the big nations and bring the best practices home to their countries. Before the discussion, Mr. Jacques Defourny, Director of the Centre for Social Economy of the University of Liège, spoke about the roles and challenges of mutuals as actors of social economy. Marc Bell, presented Benenden, a mutual as an example from the UK.

Today's understanding of self-responsibility and solidarity in social health insurance institutions in Europe

AIM declaration on refugees and access to healthcare

European Affairs Committee in Lisbon, Portugal in November 2015

The topics of the European Affairs Committee were the understanding of self-responsibility and solidarity in social health insurance institutions as well as refugees and access to healthcare. Professor Ignas Devisch, Professor in Ethics, Philosophy and Medical Philosophy at the Ghent University and the University College Arrteveldehogeschool in Belgium indicated that solidarity and responsibility in social security and healthcare institutions are very urgent and relevant topics. He explained that there is a link between responsibility and avoidability but that no clear definition of solidarity and responsibility exists. The second part of the meeting was dedicated to refugees in the EU and their access to healthcare. Different members, Mr. Jörg-Meyers-Middendorf from vdek, Germany and Mr. Ghassan Daou from Lebanon presented the situation in their home countries. The AIM board finally adopted a declaration saying that refugees that are unlawfully staying in the EU also need to get the necessary healthcare.

Challenges for the future: which healthcare system gives the best guarantees for equitable access to high-quality health services?

European Affairs Committee in The Hague, The Netherlands in June 2016

AIM members discussed how healthcare systems could guarantee solidarity and accessibility. Representatives from three different Member States of the EU -the Netherlands, Spain and Germany- presented briefly their healthcare systems and the challenges of that system. During the panel discussion which followed the presentations, it was discussed whether competition suits health systems. The answer of the panelists is that there needs to be a balance between public and private elements. Competition improves quality of the health insurers. At the same time, it is necessary to have the sector regulated. Neither a fully

market driven system nor a fully state driven system will work. Another question was how the high costs of healthcare expenditure can be reduced and who would be responsible for this. The opinions differed. While some panelists said that they don't think that health expenditure should be reduced. Others said that some treatments are more expensive than others and alternatives can be chosen. The panelists concluded that in every health system in Europe there were similarities and most of them face similar challenges. The most important thing was that all countries aim to have equal accessibility and healthcare benefits for all, independently from age, sex and health status.

*What specific sectors should be addressed by the Pillar of Social Rights and how?
European Affairs Committee in Paris, France in November 2016*

The topic of the European Affairs Committee in Paris was the Pillar of Social Rights, and more specifically a consultation, which was launched by the European Commission in spring 2016. AIM had prepared an answer to this consultation which was presented to the European Affairs Committee and later adopted by the AIM board. During the discussions, Ruth Paserman, Deputy Head of Cabinet Thyssen from the European Commission, DG EMPL explained that the European Commission planned – among other areas – to secure professional transitions notably how the social protections rights were secured. When speaking of the modernization of social security systems, the European Commission wants everybody to be covered by social insurance with no gaps. Tarmara Hervey, Jean Monnet Professor of European Union Law, School of Law at University of Sheffield, emphasized that the EU has to adapt to the new challenges of digitilisation such as enterprises like Uber which employ people who are not in ordinary employment relationships. But new technologies can also be used to tackle old problems, e.g. health apps. Ms Hervey also pointed out that the EU can now push forward the social agenda without the UK as a break. Etienne Caniard, rapporteur of the "Pillar on Social Rights" of the French Economic, Social and Environmental Council, said that they do not have a position yet but that a fast and transparent interpretation of the pillar is necessary. During the panel discussion that followed afterwards, the panelists agreed that the debate should be less economic and more on solidarity. The EU should put forward more concrete targets. Member States can work on mHealth, health literacy and prevention.

Africa and Middle East

From 2014 to 2017, AIM's activities in the African region have focused on developing lobby activities, communication to other stakeholders, and on the exchange of best practices in order to expand the recognition of health mutuals, their sustainability and their efficiency. AIM's presence in the region has increased substantially since 2017, as seven new members joined.

In addition, AIM partnered with two regional platforms: PASS and MASMUT, two North-South mutual partnerships platforms, with which AIM organised in March 2016 the landmark conference on mutualism in Africa. With exciting changes taking place in health systems and mutuals on the continent, AIM and its members can have a role to support the strengthening of healthcare systems in the region. Supporting mutuals' structuration, equipping them with the relevant skills, encouraging them to network and communicate and keeping levels of interest high after the Abidjan conference will be crucial.

The European Commission supports the mutual movement in Mali

In autumn 2015, AIM Malian member UTM (Union Technique de la Mutualité) could, benefit from the Socieux programme. Socieux is a EU funded project which aims at strengthening the capabilities of social protection institutions in developing countries. With the help of the AIM secretariat in Brussels, UTM applied to Socieux early 2015 and has been selected by the European Commission to get assistance to carry out a capabilities reinforcement programme in order to be able to extend healthcare coverage in a country where currently only 5% of the population enjoys a healthcare insurance.

The European Commission financed a ground mission of two health insurance experts, one of whom is an AIM member from Morocco, who made an assessment of UTM strengths and weaknesses and drafted a strategic development programme for the further extension of health insurance especially towards the rural population. Two missions took place in October 2015 and June 2016.

The Abidjan Conference

AIM brought together more than 350 mutualists from 17 African and European countries in Abidjan (Ivory Coast) in March 2016 to express their willingness to contribute to universal and solidarity based health protection systems in Africa. The event was organised by AIM in collaboration with its partners, the Western African regional office of the African Union of Mutuality (UAM-Afro), the PASS and MASMUT programmes. This conference provided African and European mutualists a forum to discuss and prepare the participation of mutuals in the future African universal healthcare coverage systems.

Participants exchanged on key issues such as the development of mutuals and healthcare services, the implementation and management of health insurance, the structuring of the mutualist movement, the importance and added value of international partnerships, communication and advocacy activities. These themes were discussed and debated with testimonies from various countries of West and Central Africa. The conference gathered officials from several African governments and international organisations such ILO and ISSA. The President of AIM, Christian ZAHN, invited governments to commit to supporting and integrating health mutuals in the deployment and expansion of universal health coverage in Africa.



Global Social Forum

AIM was invited to take part in the Global Social Forum in Tunis. The Global Social Forum gathers the global civil society: non-governmental organizations, advocacy campaigns as well as formal and informal social movements seeking international solidarity. AIM Vice-president for Africa, Abdelaziz Alaoui delivered a speech at a workshop dedicated to social economy on the role and added value of mutuals in social protection systems. He reminded that mutuals contribute to the improvement of healthcare systems by reducing co-payments, by providing affordable healthcare services and by providing innovative services while creating social cohesion.



Abdelaziz Alaoui,
Vice-President for the Region

South American and African mutualists hand in hand

AIM Vice-president for Africa, Abdelaziz Alaoui, was invited by AIM vice-president for Latin America, Elisa Torrenegra to take part in the congress of her mutual GestarSalud in September 2015. This invitation was to the occasion to tie the links with the regions and discuss on further collaboration.

Geneva health forum

AIM took part in the Geneva Health Forum whose aim is to bring together healthcare experts from many backgrounds and from all over the world to encourage the research and development capacities in health. The theme of the Geneva Health Forum was affordable and sustainable innovation in healthcare. It gathered around 1300 representatives (public health professionals, doctors, economists, researchers, representatives from governments and international

“ I am very happy with the activities that were conducted by AIM in Africa and the Middle East. The increase in the number of new AIM African members over the period is a clear sign of the attractiveness of AIM, which we can be proud of. I hope that the next triennium will translate into the reinforcement of AIM and mutuals in the region. ”



organisations). AIM animated a workshop on the contribution of healthcare mutuals and cooperatives to the improvement of healthcare and health coverage systems.

PASS Programme

The Support Programme to the Development of Mutualist Health Strategies (PASS) helps mutuals and social protection bodies' representatives, public authorities and sub-regional institutions to create and develop mutuals. PASS also helps with the structuration of the mutuals as well as of the mutualist movement at a national and sub-regional level, with advocacy, awareness-raising, communication and development of mutuals' products supply. PASS' headquarters are located in Abidjan, Ivory Coast, from where it spans to the eight West African Economic and Monetary Union (UEMOA) member states (Benin, Burkina Faso, Cote d'Ivoire, Guinea-Bissau, Mali, Niger, Senegal, and Togo). PASS was one of the organisers of the conference on "Perspectives on the African mutualist movement in the frame of universal health coverage" which took place in March 2016 in Abidjan.



health insurance system. MASMUT worked directly with, and supported civil society organisations in four West African countries: Burkina Faso, Mali, Senegal and Togo, but also undertook a more comprehensive regional approach through the West African Economic and Monetary Union (UEMOA). Two other Central African countries, Democratic Republic of Congo as well as Burundi were included in the programme too. MASMUT was presented during AIM's General Assembly in Dubrovnik in November 2014. The programme has come to an end in December 2016 but is expected to last beyond 2016. MASMUT delivered an update to AIM during the association's General Assembly in Paris in November 2016. MASMUT was one of the organisers of the conference on "Perspectives on the African mutualist movement in the frame of universal health coverage" which took place in March 2016 in Abidjan.



Latin America

Over the last three years, the region has undergone major developments. First of all, it achieved a permanent and formal interlocutor within the AIM and a clearer definition of mechanisms of participation of Latin American mutuals in the different activities of AIM -like in its working groups. This enabled a greater presence of the region within the association as a whole. A new country, Uruguay, joined the Committee, enriching debates through its "savoir-faire" in healthcare and in issues such as the fight against tobacco consumption.

AIM Latin American region has focussed its discussions in exchanging experiences in order to allow a better recognition of mutualism on the one hand, and on the other the identification of common challenges and of strategies to overcome them. More and more, discussions have crossed frontiers and members were able to also benefit from the presence and interventions of African and European colleagues. With Spain joining the Committee meetings in November 2016, no doubt the future holds further fruitful international collaboration.

Legal frameworks in the service of mutuals

The meeting of the Region discussed the great necessity of visibility and common legal frameworks which would allow mutuals to develop and reach a broader coverage, as well as better provide their services based on solidarity to all citizens. All continents participated to this event which was a great opportunity to learn from the strengths and challenges of different legal frameworks around the globe. Mr. Mesmin Komoe, Secretary General at the mutual MUGEFCI in Ivory Coast, presented the regulation for mutuals within the Economic and Monetary Union of Western Africa (UEMOA), a regulatory framework which is being developed since 2005 in order to answer the needs of the population regarding access to affordable



Elisa Torrenegra,
Vice-President for the Region

Our proximity to the governments in each country and our shared mechanisms to monitor the different social, economic and political aspects of the region through AIM's social networks and our own, have allowed us to be in constant communication and to share concepts, expertise, joint work plans, and decisions, always bearing in mind the developments in Europe, Asia and Africa as part of a globalized world in which AIM is our great umbrella. //

healthcare. After Mr. Komoe, Mr. Pedro Bleck da Silva, chairman of AIM's mutuals working group, shared with the audience the efforts done by AIM to reach a European Mutual Statute (EMS). The homogenization of the European legal frameworks would help mutuals achieve greater recognition and allow them to operate across borders.

Focus was also brought to Latin-America, where most countries do not even benefit from a legal framework. The situation in Argentina was commented upon, where social economy served as a mattress in 2002, when the neoliberal system underwent a deep crisis, successfully thwarting hunger among the population. However, since then, mutuals have been forgotten. As far as legal frameworks are concerned, the country is currently revising the two laws on the issue. Both AIM members are lobbying the State for mutuals rights and economic exemptions to be safeguarded, so as to allow them to continue to cover the population. The comparison of frameworks allowed to identify the challenges and opportunities which legal frames represent for mutuals' activities around the globe.



AIM Director visits AIM Latin-American Members

The ties between all members of AIM in Latin-America and AIM were strengthened through a visit of the AIM Director to Latin America. He presented there the AIM organisation and learned about the developments in the mutualist movement and the healthcare sector in Argentina, Uruguay and Colombia.





AIM's support to Argentinian Mutuals

In July 2016, Christian Zahn, delivered a letter to the president of the Argentinian Confederation of Mutualities (CAM), Lic. Alejandro Russo representing the Argentine delegation. In the letter addressed to the President of the Argentine Nation Mauricio Macri, with a copy to the Minister of Health of the Nation Dr. Jorge Lemus, and to the president of the National Institute of Associativism and Social Economy (INAES), Dr. Marcelo Collomb, states that, considering the importance and background of Argentine mutualism in healthcare social protection, President Zahn communicates his hopes that real possibilities are given to mutuals to participate actively in the framework of Social Security in health, as well as, in the protection of those sectors trapped in labor informality, which make it difficult for thousands of families to access the same healthcare coverage as the formal workers.

On 16 December 2016, Christian Zahn repeated its support to Argentinian mutuals. AIM President sent a letter addressed to the President of the National Bank of Argentina (BNA), Mr. Carlos Alberto Melconian, regarding the situation of the closing of current accounts to mutuals, by the aforementioned bank. The letter asked for information as to the reasons behind such measures and expressed the wish that bank account closures of the affected mutuals be reversed as soon as possible.



in general are key in the fight for a fairer and more equitable society was highlighted. The variety of topics and the heated discussions ensued, showed that there are many issues which could benefit from exchange and collaboration within AIM.

A project in Colombia

The project was developed in close collaboration with the Education and Solidarity Network, of which AIM is a founding member. Its overall objective is to unite the forces of AIM and other members of the Network, mainly Education International, the Inter-American Center for Social Security Studies (CIESS), and local actors in order to contribute to an awareness-raising and education campaign for the integral protection of health in Latin America, in order to empower current and future citizens on issues related to social protection. For mutuals, this campaign offers the opportunity to position itself as an essential tool for the construction and expansion of social protection in health in Latin America. (for more information, see the "Projects" section of this report)



Global healthcare challenges

The Committee's meetings also enable the comparison of the role and importance of mutuals in the systems of the different nations represented. Topics such as the involvement of youth within mutualism, the fight against gender inequalities or access to pharmaceuticals are common challenges which AIM members have to face across the globe. Participants learned from best practices in healthcare management from Uruguay and their National Integrated Health System (SNIS) and National Health Insurance (SNS); from Argentina, where mutual play a key role in the immigration crisis and in the fight against inequity and for social integration; and from Colombia where mutualism and social economy



THE HAGUE
June 2016

Projects



United for Health

AIM was involved in the project from January 2013 via the involvement of AIM former Israeli member Maccabi, and more specifically of Ms Rachelle Kaye. The project, which ended in December 2016, aimed at demonstrating that telehealth home monitoring for the management of people living with chronic diseases in home settings could be successfully transferred to other regions and deployed at scale. Another aim was to increase the evidence base with an observational study including around 11 000 patients in three disease groups, by linking partners from 10 countries (14 regions) with 19 different service models.

United4Health explored the implications of tele-



health use for patients in each of three areas of chronic conditions. It was thus able to lay out a seven-step approach to telehealth deployment, ranging from innovating to adopting in real life. The project involved over 10,000 patients and included 1.5 million days of follow-up and around 80,000 contacts with physicians. The results showed that "hospitalisation rates are being reduced; some 90% of patients are showing substantial satisfaction rates, and, in particular condition areas, there have been reductions in several conditions". Moreover, many of the project sites are now going to enhance and expand their use of telehealth use.

Social protection is key to building sustainable societies, and responsibility is at the core of the development of a sustainable social protection. AIM Colombian member Gestarsalud, in close collaboration with the Education and Solidarity Network (of which AIM is a founding member), the Colombian Labour and Education Ministries, and the Cooperative University of Colombia (amongst others), is currently developing a project which will allow to have a pilot experiment of designing and implementing education programs on responsibility and social protection in Colombia.

The target audience are young people entering the labour market. Education units have been developed



Project in Colombia

on topics such as "social protection with emphasis on health" or "social entrepreneurship and mutualist intelligence". The five modules, which represent 1500 hours of training, will be implemented in Colombia through 200 young leaders who will have to organize at least one session of 30 participants each quarter. In total, 18 000 young people are expected to be reached.

As a follow up to the pilot project, the resources developed in Colombia where the ground is fertile to work on those issues are meant to be adapted to other countries, regions and contexts of the world – in partnership with regional and international organizations (Latin America, Africa, but also Europe).

Partners



The Health and Environment Alliance (HEAL) is a leading European not-for-profit organisation addressing how the environment affects health in the European Union (EU). HEAL demonstrates how policy changes can help protect health and enhance people's quality of life. Its broad alliance represents health professionals, not-for-profit health insurers, doctors, nurses, cancer and asthma groups, citizens, women's groups, youth groups, environmental NGOs, scientists and public health institutes. Members include international and Europe-wide organisations as well as national and local groups in 25 countries both within EU member states and the wider European region, as defined by the World Health Organisation (WHO). AIM membership in HEAL dates back to 2010. In October 2016, Jessica Carreño Louro, coordinator of AIM working group on health promotion, environmental health and disease prevention, has been appointed as a member of HEAL's Executive Committee.

HEAL

RES

MGEN, member of AIM French member FNMF, has created an international network in 2009, in partnership with AIM, the world federation of education unions (Education International) and with the support of the International Labour Office (ILO). The Network aims to build bridges between education actors and health and social protection actors, in order to work for the well-being of the educational community worldwide. Today, the Education and Solidarity Network brings together more than 30 member organizations from the sectors of education and health in the 5 continents, sharing the values of non-profit status, democracy and solidarity. These last three years, AIM and RES have collaborated closely on a project in Colombia. (see section "Projects" of this report)



SFP

The Smoke Free Partnership's mission is the effective implementation of the WHO Framework Convention on Tobacco Control (FCTC). To this end, the SFP works with decision makers to ensure that tobacco control receives adequate political attention at EU level and to promote tobacco control information and policy research at EU and national level, in collaboration with other EU health organizations and tobacco control networks. It also aims to ensure FCTC implementation globally, and is working to release EU funding for tobacco control to counter poverty in developing countries. AIM became a partner of the SFP in May 2017.

SEE

AIM is one of the founding members of Social Economy Europe (SEE). It promotes the further development of the social economy enterprise model and its social, political and legal recognition. Cooperatives, mutual societies, associations, foundations deemed it essential to establish a permanent dialogue on European policies that are of common interest. In January 2008, the European Standing Conference of Cooperatives, Mutual societies, Associations and Foundations (CEP-CMAF) changed its name into Social Economy Europe. SEE is also in charge of the secretariat of the Social Economy Intergroup of the European Parliament.

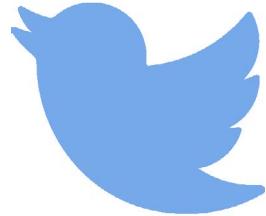


Communication

Media are the windows through which AIM is seen and sees the world. In the last three years, the association, hand in hand with its Task Force Communication, has been working on opening up that window and on making the organisation more visible both to stakeholders and European Institutions. Refreshing its internal communication and its webpage and multiplying contacts with the press, AIM has grown more present and visible than ever in the different communication channels and social networks.

Twitter

AIM has increased a lot its presence on twitter for several reasons: communicate about AIM activities and position and monitor international healthcare and health insurance news. Since June 2014, the number of followers has increased by more than 300% from approx. 250 to around 900 followers. The average number of tweets per month is 80. Thanks to tweeter, AIM has increased its audience among international institutions, healthcare stakeholders and mutual players.



Weekly

The AIM weekly newsletter has been revamped to become a clear and reader friendly monitoring and information tool for AIM members. The Weekly collects the most recent European and International healthcare, insurance and social economy news and keep our members informed about what is of most interest for their daily activities.





Ana María Silva,
Chair of the Communication Task Force

“ AIM communications have evolved considerably the last three years. Brand new internal and external communication tools -like our website or twitter account- have been developed allowing better internal exchanges and strengthening our image to the outside. ”

Monthly

AIM's monthly newsletter has also been refreshed with a new layout. Very much appreciated by AIM members, the publication is now more reader friendly and gives more visibility to the organisation and its activities.

New AIM website

In order to keep up with the Joneses and remain very visible on the web, AIM decided to revamp its website. AIM new website aims at being both visually attractive and very easy to use. It provides visitors with information about mutual and other not-for-profit healthcare insurers, AIM's role, governance and activities and European and international news as well.

The website is also an interactive platform for AIM members to download documents and get information about what is going on at European and international level as far as health insurance is concerned.

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N°145 - October 2016

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International

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Healthcare and social benefits for all

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EDCs
9 February – AIM publishes its declaration on Endocrine Disrupting Chemicals demanding an appropriate set of criteria, but also calling on the Commission to raise public awareness on the issue and t.....
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Communication document about Mutuals in Europe

AIM, together with AMICE (Association of Mutual Insurers and Insurance Cooperatives in Europe), released a communication document based on a detailed study published by the European Commission entitled: Study on the current situation and prospects of mutuals in Europe. The 600 page study, published in 2012, gives a detailed insight of the specificities, activities and challenges of mutuals throughout Europe. It notably acknowledges that 95% of all European mutuals share the same core principles of solidarity, democracy and non-profitability. Being very detailed and technical, the study is not a bedtime reading. That's why AIM and AMICE decided to summarize it in a short and reader friendly document that explains simply what mutuals are and what challenges they currently face.



"The not-for-profit health insurer NGO **AIM** was happy with the final report of the trade committee – particularly since it calls for health care services to be excluded from the agreement. "AIM welcomes this decision and hopes that the plenary vote on June 10 will go in the same direction," Jessica Carreño Louro from AIM told POLITICO." [29/05/2015]

"The health insurance organization **AIM** also criticized the new provision, saying that it "would still apply in the area of health care ... We believe ISDS is definitely not the public interest and a positive list approach should be adopted," they added." [9/07/2015]

"A word of caution from payers: Menno Aarnout, executive director of **AIM**, the international association of non-profit health care payers, said they are "very much in favor of providing patients access to the pharmaceuticals they need." But: "But acceleration of access should never lead to a reduction of patient safety. Patients are not simply consumers. Support for industrial competitiveness or faster access must not be allowed to supersede public health interest."

What about all the tools we already have? He continued: "There are already existing regulatory tools that allow for acceleration of access. It is important to investigate in which cases those existing tools are insufficient and whether we actually need a new scheme. Earlier and intensified dialogue between EMA and industry should obviously not lead to a reduction of the independence of the agency." [27/10/2015]

"Menno Aarnout, executive director of the **International Association of Mutual Benefit Societies** told POLITICO earlier this year that there are several trends impacting pharma spending. Some cause an increase in spending, some a decrease, he said. "One could expect an increase due to trends toward more expensive treatments, or the increase in use." But due to the crisis, several European countries have reduced pharma spending, he said. This was done through different methods: "by increasing uptake of generics, by tougher/better price negotiations, or

more regular adjustment of prices using the international reference pricing mechanisms, but also through reducing the benefit package or introduction of co-payments." He also noted the macro figures including outpatient spending when the biggest costs come from pharma costs in hospitals." [5/10/2015]

EUROPOLITICS
THE EUROPEAN AFFAIRS MAGAZINE

AIM in the Press

Over the last three years, AIM considerably increased its contacts with the press and was cited in several occasions in the European affairs daily Europolitics and Euractiv. AIM's opinion on developments in pharmaceutical expenditure and access to medicines or on the Transatlantic Trade and Investment Partnership (TTIP) were shared to the public. Increasing its visibility within the European policy arena has been a priority and has allowed to enhance the organisations weight and influence on European decision-making processes. AIM President also had an editorial published in Euractiv.

AIM bodies

AIM is not only an association of mutuals and health insurance funds, AIM is most of all an association of people, enthusiastic people, in 28 different countries, working together on good health and good healthcare for all. For their exceptional contribution to our association, Jean-François Belliard and Jean-Philippe Huchet became in this period honorary members of AIM. In this section members of the Presidium look back at the period 2014-2017 and coming and going members of the team at the AIM secretariat are presented.



Honorary Posts

In Dubrovnik, the Extraordinary General Assembly decided unanimously to appoint Mr. **Jean-François Belliard** as Honorary Member of our Association. Mr Belliard represented CCMSA from France as a member of the Board of Directors for no less than 15 years and as a member of the Internal Audit Committee and the Committee of revision of AIM Statutes. For years, Mr Belliard has substantially contributed to the development of AIM.



Tribute

Agata Horanin-Bawor was a great doctor - a gynaecologist and obstetrician. For many years she was a brilliant health care manager in various hospitals and out-patients centers in Warsaw. In the 90s she was a pioneer in creating new reforms of health care systems. She worked as the Head of the Healthcare Service Department in the National Health Fund. Since 2011 Agata Horanin-Bawor took part in working groups organized by AIM. She was especially interested in themes connected with reforms of European healthcare systems and new technologies referred to distance treatment. AIM pays tribute to her professionalism and open-mindedness.



Presidium



“ During this triennium, the Presidium was determined. Determined to improve the functioning of AIM. Determined to better meet the needs and demands of AIM members. Determined to bring mutualist values to the international scene. All members of the Presidium were involved in these challenges for our Association. And it was with great pleasure and pride that I was able to participate in this collective success. ”

Matthias Savignac,
Vice-President in charge of International
Cooperation

“ These last three years have been full of changes and challenges. We have managed great achievements and overcome many obstacles. None of this would have been possible without a strong, stable and trustworthy team on which to rely. I am therefore very thankful for the commitment of all Presidium members and their active involvement in AIM activities. ”

Christian Zahn,
President



“ I am very happy with the collaboration with the presidium so far. It has been a very good personal and professional experience that has led to meaningful achievements for the Africa and Middle East region and I am excited about the future work within AIM. ”

Abdelaziz Alaoui,
Vice-President for the Africa & Middle-East Region

“ The Presidium, with the issues it covered, its dynamics, its schedules adjustments, the implementation of a video conference system, and the receptivity of its members and in particular of President Zahn to the analysis of problems of the regions and their solutions, has allowed not only the permanent participation of the Latin American region, but also the harmony among its members and consensual decisions for the benefit of all regions and of the whole work of AIM's Team. ”

Elisa Torrenegra,
Vice-President for the Latin-America Region





“ International cooperation is important to overcome the challenges we are currently facing in the EU. I have been working with great pleasure in a team like the AIM presidium, where I found partners to exchange on healthcare topics and to collaborate with and where I learned interesting things about health systems and their challenges in other countries. ”

Loek Caubo,
Vice-President for the European Region

“

Working with such an understanding and human team was a great pleasure. Reaching important decisions was not always easy but we always remained truthful to our main principle, which is putting people first. That was, from my point of view, the greatest strength of our presidium.

”

Ana María Silva,
Vice-President in charge of
communications



“ It has been a great pleasure for me to be an active part of the AIM family for such a period of time. I'm happy to hand over the responsibilities of the treasury to a new generation. The financial situation of our association is currently very healthy, also due to my excellent and very pleasant collaboration with Cristina at the AIM secretariat and the different colleagues over the years at the accounting department of my organisation. I wish AIM all the best for the future! ”

Luc Carsauw,
Treasurer

Special Thanks

Luc Carsauw has been member of the board of AIM for several decades. He took a more active role in AIM already in 2000, first as a deputy treasurer and since 2002 as treasurer, taking responsibility for all financial matters, including staff and leasing contracts. AIM changed significantly over those years, not only the amount of members increased. A shift was made in 2008 from being an organization under French law into a Belgian ASBL. This had a great impact on the AIM finances. Mr Carsauw managed this transition, including the set-up of an internal audit committee and the involvement of an external accountant who yearly checks the AIM books. In 2013-2014 he was the chairman of the Committee of the revision of the AIM Statutes. Due to responsible financial management, AIM has become a financially very stable organization. AIM thanks Mr Carsauw for all his contributions to our association.

Secretariat



Menno Aarnout became AIM Executive Director in 2014. Trained economist, he began his career at the Dutch Ministry of Health. He subsequently held different positions in the field of healthcare in the EU Commission including in the Directorate General for Health and Consumers (SANCO), DG Development Cooperation (DEVCO) and in DG Economic and Financial Affairs (ECFIN).

In his new role as AIM Executive Director Menno Aarnout, will contribute to giving access to good quality and affordable healthcare to all and contribute therefore to one of Europe's most important objectives. He will also help to consolidate the global mutual movement to promote the values of solidarity and universal access to healthcare.

Romain Chave decided to leave the AIM secretariat from September 1st 2016. During almost 3 years he contributed significantly to the work of the Association. His dedication and professionalism did not remain unnoticed. AIM thanks Romain for his contribution to the work of AIM, especially to the modernisation of the AIM communication tools and successful organisation of unprecedented AIM activities in the African region. His pro-active and enthusiastic attitude has given a boost to the AIM secretariat and has increased the visibility of the mutualist movement and AIM in and outside Brussels.

Thomas Kanga-Tona joined the AIM team in January 2017. With a four-year experience working for the consultancy Burson-Marsteller Brussels, he brought to AIM his solid knowledge of the EU agenda on medicines and access to treatment. Thomas has worked on the sustainability of health systems, digital healthcare, medical devices, contraception, clinical trials, rare diseases, alcohol consumption. He also took leading roles in the organisation of one-to-one meetings or conferences with representatives of the



European Parliament, members of the European Commission or representatives of the Council. While he will be working on all projects within AIM, he will be more prominent in the fraud working group. He will also specifically take over AIM's work with African members and partners.



From left to right: Corinna Hartrampf, Cristina Vallina, Menno Aarnout, Jessica Carreño Louro, and Thomas Kanga-Tona

Finances

In the period 2014-2017 the financial situation of AIM has significantly improved. In 2014, 2015 and 2016 a positive financial result could be presented. Membership contributions were for 2015 increased with 2,5%. The contributions were not increased for the budget of 2016 and 2017.

In 2014 AIM generated a positive result of €110,976, mainly due to the late arrival of the new director, but also because of lower than expected expenditure on a few other budget lines, including missions and office expenses. In addition, the revenues from membership contributions were slightly higher than foreseen. On the other hand, the translation costs for the board meeting in Dubrovnik were in reality significantly higher than expected at the time of the approval of the 2014 budget.

In 2015 AIM generated a positive result of €184,732. In addition to the budgeted boni of €37,000, AIM spent €74,000 less than foreseen on salaries (due to maternity leave and later than anticipated wage increases). The meeting costs were €20,000 lower than foreseen, due to the fact that Montepio paid for most of the costs of the Board of Directors meeting in Lisbon in the autumn of 2015. Costs of translation and interpretation were €16,000 lower than initially foreseen (AIM by accident anticipated a Presidium change that year, which would have led to higher costs due to the translation of an activity report). The 5th cause identified, is the fact that €15,000 more was received from membership fees, as the amount of members grew and also the size of some of their contributions increased.

In 2016 AIM generated a positive result of €104,060. When the budget was agreed, a boni of €12,254 was already foreseen. Similar to 2015 AIM celebrated the birth of a child for a female member of the AIM secretariat staff, which led to maternity leave and lower than anticipated salary expenses. Also the departure of one of the members of staff in September 2016, not immediately replaced by a new member of staff, contributed to the positive financial result. The new rental contract for the AIM offices lead also to lower than expected expenditure. At the same time the financial result was negatively impacted by the highly successful AIM event organized in Abidjan, Ivory Coast, for which no specific budget was foreseen.

The positive results of all three years have been added to the general financial reserves of AIM, which amounted at the end of 2016 €1.1 million, which is equivalent to about 15 months of expenditure. These figures show clearly that after a few years of financial difficulties, AIM is also financially back on track.

Internal Audit Committee

In Bruges on 26 June 2014, the AIM Board of Directors elected Mr Jürgen Hohnl (IKK e.V., Germany) as Chairman of its Internal Audit Committee.

In The Hague, on 2 June 2016, the Board elected in unanimity Arielle Garcia (FNMF, FR) as new member of the Internal Audit Committee, replacing Mr. Jean-François Belliard (CCMSA, FR). Other members of the Audit Committee are the President, the Treasurer and the Executive Director of AIM as well as Christian Horemans (MLOZ, BE).

During the 2014-2017 Presidency, the Internal Audit Committee met twice per year. The Committee reviewed at each occasion the execution of the budget in the current year, the figures regarding the previous financial year as well as the budget that was prepared for the upcoming year. The Committee also made recommendations with regards to the cash management, which has been professionalized during this Presidium term. The Committee also recommended changes to the presentation of the budget (with better insight in costs of staffing, costs made in relation to board of directors meetings as well as Presidium expenses). The Committee also advised the Presidium to review at a yearly basis whether contributions to the Education and Solidarity Network (ESN), the Health and Environment Alliance (HEAL) and Social Economy Europe (SEE) should be continued.



Jürgen Hohnl,
Chair of the IAC

“ After years of financial difficulty, it is good to see that the budgetary situation within AIM has significantly improved, whilst keeping the yearly membership contributions stable. ”



Financial results

Balance sheet

Assets	2014	2015	2016
Fixed assets			
Tangible	2,242	6,888	11,249
Intangible	11,512	0	0
Financial	31,343	31,343	30,088
Current assets			
Short term account receivable	845,87	1711	31,592
Disposable assets	890,341	1,132,372	1,176,887
Regularisation accounts	59,770	29,005	53,416
Total	996,054	1,201,319	1,303,232

Liabilities	2014	2015	2016
Equity			
Associative funds	239,707	239,707	239,707
Allocated funds	50,000	50,000	47,182
Results brought forward	588,468	773,200	880,078
Debts			
Accounts payable	34,073	61,499	24,489
Tax, salary and social security debts	66,049	75,741	65,243
Regularisation accounts	17,757	1,172	46,532
Total	996,054	1,201,319	1,303,232

Profit &Loss

EXPENSES	2014	2015	2016
RENT, SERVICES, MISSIONS, GOODS, MEETING COSTS, ETC.	298,209	248,130	289,839
SALARIES AND SOCIAL SECURITY	374,528	419,936	443,669
DEPRECIATION	7,693	4,624	3,569
TOTAL EXPENSES	680,430	672,691	737,078
INCOME	2014	2015	2016
CONTRIBUTIONS	782,532	850,752	835,371
OTHER OPERATING INCOME	8,874	6,671	5,767
TOTAL INCOME	791,406	857,423	841,138
RESULT	2014	2015	2016
	110,976	184,732	104,060



PARIS
November 2016

Annexes

List of publications

Position Papers, Consultations & Declarations

21.04.2017	AIM position on Social Economy
24.04.2017	Consultation on possible activities under a 'Commission Communication on a One Health Action Plan to support Member States in the fights against Antimicrobial Resistance (AMR)'
13.02.2017	Consultation on Excise duties applied to manufactured products
09.02.2017	AIM Declaration on Endocrine Disruptors
2017	
08.12.2016	Consultation on the European Pillar on Social Rights
24.10.2016	"Towards amplified awareness of EU rights to cross-border care" report by the EC
14.09.2016	AIM-ESIP joint letter on standardization of Health and Social Services
08.07.2016	Recommendations on CETA
30.06.2016	Adaptive pathways: Why are we cautious?
03.06.2016	"Time to unlock the Potentials of Health Promotion and Disease Prevention"
2016	
26.11.2015	AIM Declaration: "Access to Medically necessary Healthcare Services for Refugees is essential"
13.10.2015	Position paper on access to medicines
21.09.2015	Joint Declaration on Falls Prevention
04.05.2015	"Mental Health Promotion and Well-Being"
2015	

Letters

10.04.2017	Open letter to CULT Committee ahead of the vote in the Committee on the AVMSD
09.01.2017	Joint letter on the AVMSD to Members of the CULT and ENVI Committee in the EP
2017	
15.10.2016	AIM letter on EDCs sent to National Ministers
14.09.2016	AIM-ESIP joint letter on standardization of Health and Social Services
01.07.2016	AIM-ESIP letter to Commissioner Malmström on Free trade agreements
15.04.2016	Open letter to the Informal Health Council - A CALL FOR CONCRETE ACTION FOR SUSTAINABLE ACCESS TO MEDICINES
2016	



Press Releases

03.10.2014 European Parliament asks Commissioner designate Bienkowska to create a European Mutual Statute
23.10.2014 Juncker alive to AIM arguments: responsibility for pharmaceutical policy remains with health Commissioner
18.11.2014 AIM calls on the EU to act on air quality
12.12.2014 AIM welcomes the re-establishment of the Social Economy and Public Services Intergroups

2014

AIM & AEIP publish Joint Position on Mental Health 04.05.2015
Health Insurers call on the Parliament for the exclusion of health services from TTIP 13.05.2015
Mutuals and Health Insurers call on the Parliament to protect solidarity-based healthcare systems from TTIP 27.05.2015
AIM & ESIP welcomes full protection of public services and Services of General Economic Interest in TTIP but call on further protection from ISDS 29.05.2015
Mixed outcome in plenary vote on TTIP: ... rejecting ISDS should also be part of the equation to ensure the full protection of citizen's health 08.07.2015
AIM-ESIP Joint Position on Access to innovative Medicines 13.10.2015
AIM underlines the importance of adequate processing of personal data for mutuals and health insurance funds 09.12.2015

2015

2016

19.02.2016 AIM welcomes the intention of the EC to exclude statutory systems of social security in TTIP as a first step in the right direction
03.06.2016 "Time to unlock the Potentials of health promotion and disease prevention"
08.06.2016 How do healthcare systems guarantee solidarity and accessibility?
17.06.2016 AIM welcomes Council conclusions on balancing the pharmaceutical system in the EU
20.06.2016 Press release and recommendations of Food Product Improvement
08.07.2016 EU Pillar of Social Rights should contribute to sustainable access to good quality healthcare for all EU citizens
24.11.2016 AIM International Conference shows that financial regulation is concerned when financial regulation is concerned
25.11.2016 AIM International Conference shows that healthcare mutuals need specific attention

2017

EUMHAlliance - Depression: the biggest barrier to workplace well-being 07.04.2017
AIM publishes a position paper on Social Economy calling for a proper recognition of Social Economy enterprises in the EU 21.04.2017
Uhmask my City: Anti-air pollution campaign launched in Europe 02.05.2017





AIM in the Press



12.04.2017	Joint open letter to CULT Committee on the Audiovisual Media Services Directive in the EU Observer
11.04.2017	Joint open letter to CULT Committee on the Audiovisual Media Services Directive in Politico Pro
09.02.2017	President's Zahn editorial on EDC's in Euractiv in English and German
2017	
30.09.2016	"Europe's health systems on life support" in Politico
04.08.2016	"On the importance of active membership in international associations of social security institutions" by Jessica Carreño Louro published in SVLFG Magazine
2016	
06.10.2015	Quote by Menno Aarnout on Pharmaceutical spending in the EU in Politico Pro
02.06.2015	AIM-ESIP PR before TTIP Plenary vote in Politico Pro
29.05.2015	AIM on Health Services & TTIP in Politico Pro

2015

Credits

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Thank you!