

Antwerp, 28 June 2017

Dear members, Dear colleagues, my dear friends,

I apologize if I only address you today in French. My knowledge of Spanish is unfortunately rather limited and I will not inflict on translators the torture of having to translate my speech into that language.

I would like first of all to welcome Mrs Sheena Keller, Representative of the European Agency for Fundamental Rights and Mrs Ana Mohedano Escobar, Responsible for the Social Services Programme at the Iberoamerican Social Security Association. Thank you for agreeing to take part in our meetings. We look forward to hearing from you.

It is a pleasure for me to stand in front of you once again to open both our statutory meetings and this joint meeting of the regions of Latin America and Africa and the Middle East. It is a new tradition to which we are giving birth today and it is with great pride that we do so. AIM's strength, as you know is based on the relationship among its members. It is your exchanges and your collaboration that give meaning to our association. As I said six months ago, we dear friends have chosen to build bridges rather than walls, because we are convinced that together we will face the challenges that the future holds for us. It is in this spirit of learning from our mistakes but also from our victories and solidarity that we decided, within the presidium, to organize this joint session. I can only be proud of it.

We are meeting today to discuss a major issue for health systems around the world. It is an overarching challenge for all of us, members of AIM, who stand for the same values of solidarity, democracy and universal access to healthcare. As you are surely aware of, Europe is going through an unprecedented wave of migration. Disempowered individuals join others who are already marginalized by the system and who suffer under the burden of inequality. While irregular migrants are often the least well off, people with low socio-economic status also have limited access to care. As mutuals, it is our duty to ensure the well-being of all citizens and the sustainability of our health systems. I think that all of you today have made this a priority.

As you may already know, in Latin America, the activities of our members extend far beyond health care. Mutuals protect individuals against all types of risks. Pensions, housing, tourism, savings and

loans generate resources that enable them to subsidize expensive health services. The mutuals in the region struggle to guarantee access to health care for all by relying on other sectors.

We hear that in Argentina, the National Institute of Associations and Social Economy, INAES, plans to make compulsory an annual statistical census of the population's health. This would make it possible to evaluate and boost the effectiveness of mutual actions in improving the quality of life of citizens.

In a country where social inequity also strikes and where between 35 and 40 per cent of the population is not covered by compulsory health insurance, such an initiative can only be beneficial to the activities of our members, and lead to the improvement of health care as a whole.

In the capital of the same country, Buenos Aires, was adopted in March 2017 the "Declaration of Buenos Aires". This declaration, dear members, is a step forward in the fight against social inequalities. The eleven objectives that it brings together will undoubtedly contribute to strengthening social protection systems, consolidating achievements in the region and making progress in the eradication of all forms of exclusion. I know that many of our members participated actively in the Ibero-American congress during which the document was adopted. I congratulate them and I hope that the document will serve as a basis for future fruitful initiatives.

The fight against health inequalities is not always as straightforward and obvious. Risk factors such as alcohol consumption or poor nutrition (to name but a few) add to these inequities. In Uruguay, our UMU member and the government have done a brilliant job in the fight against tobacco consumption. As you know, this scourge is strongly linked to socio-economic status and contributes significantly to health inequalities. The measures put in place in Uruguay have been a real success and AIM can only join the World Health Organization in its compliments to the country.

In Colombia, our member Gestarsalud, also in collaboration with the government, has launched an innovative initiative: the Integral Model of Access to Health (MIAS), which Dr. Jaime Gonzalez will present to us in more detail. This initiative is a living example of the potential mutuals represent in the fight against inequities and universal health coverage. This project is developing in a region where only 17% of the population has access to health care services, and where 85% of the population is indigenous, particularly vulnerable and with basic needs such as education, housing or healthcare uncovered. Our member Gestarsalud has set up a model-based pilot that manages these problems in an integrated way and whose objective is not only to improve the quality and efficiency of health infrastructures and services but also and above all to promote the general welfare of these

isolated populations. I already congratulate Gestarsalud and look forward to learning more about their model.

We also know the central role that mutual societies play in universal coverage in Africa, while more than 90% of the population living in low-income countries do not have the right to health coverage.

As many of you know, and as its name suggests, access to universal health coverage in Africa was at the centre of the Abidjan conference on "The Prospects of the African Mutualist Movement in Universal Health Coverage " which took place in March 2016. This meeting brought together more than 350 mutualists from 17 African and European countries to express their willingness to contribute to universal and solidarity-based social protection systems. However, although the mission of mutualists is clearly defined, there are many obstacles.

The African continent is marked by high informality, the difficulty of retaining members in certain countries, and the poverty of certain populations. That is why I am very pleased with the discussions that will take place here today, as they will allow us to exchange examples and good practices that are rich in lessons for all. I sincerely hope that these presentations will help us broaden our minds and inspire us to do our work every day.

I know, for example, that in Ivory Coast, innovative mechanisms make it possible to reach populations that are usually out of reach. There, it is cooperatives or other groups which, through internal and participatory mechanisms, may be responsible for payment of contributions to the benefit of the mutual. It will also be interesting to see the impact that the use of cellular technologies can have in accessing these populations. Guy-Roland Ouedraougo of the PASS program will present the implementation of health coverage for the informal sector in Côte d'Ivoire.

Mr Ghassan Daou of the Union of Mutual Health in Lebanon will discuss how, in Lebanon, the mutuals take care of the astronomical number of migrants present in the country. The example of Mr Daou will be important to see how mutual societies promote international solidarity with migrant populations.

Finally, Mr Mafuta Kabongo will tell us how the MESP has put in place intelligent processes to ensure that populations who do not live in the region where the MESP is deployed can have access to the services offered by the mutual.

Of course, more work can and should be done on other topics. MLOZ presented a remarkable work a week ago on the retention of populations in Togo and Benin and I invite all members to consult it.



Healthcare and  
social benefits for all

**Opening speech – 28.06.2017**  
**President Zahn**

Ladies and gentlemen, such examples of good practice in all regions are invaluable. We know that there are still many obstacles to be faced in the future. Our systems are under pressure and our values are in danger. Exclusion and the privatization of health care are a danger not to be underestimated, but they are by no means a solution. Although others have decided to take the path of division, at AIM we will never tire of repeating it, it is together that we will face adversity and celebrate our victories.

I thank you for your attention and wish you fruitful exchanges.