



TALLINN  
June 2018

SPECIAL  
**BRIEFING**



***Dear members, my dear friends,***

I would like to start these words by thanking Haigekassa, our Estonian member, for hosting our meetings and for organising such an interesting programme. I would also like of course to welcome our brand new members. AIM family is growing bigger, I cannot but be proud of it.

We must recognise that the conditions in which mutualism develops itself are not always favourable to its flourishing. Yet, we have said it often: every challenge we encounter is an opportunity in disguise. The discussions we had on Wednesday afternoon allowed us to see how our members in Latin America, Africa and the Middle-East and social economy enterprises in general have found ways to develop in their own contexts, allowing to reach a better quality of life for all, including the most vulnerable, the poor and those discarded by social and economic systems.

In the field of healthcare more specifically, quality measurement and sustainable access to healthcare, which we discussed on Thursday, are definitely key challenges to be faced in the future. As usual, we have understood that the answer to those problems is a collective one. Discussing our realities, strengths and weaknesses allows us to learn faster and adapt to fast-changing contexts. I was therefore also very happy to learn on Friday about the Estonian model and about their advances regarding eHealth and 'e-connectedness' in general. For many of us, the future was in Tallinn on that day.

Ten years ago, the Tallinn charter was adopted in the very city where our meetings took place. It underlined that health systems involved more than health care, as effective health systems promote both health and wealth; that investment in health was an investment in future human development; and that well-functioning health systems were essential for any society to improve health and attain health equity. I am proud to see that we went further in the declaration on health in all policies which we adopted. 10 years later, we get to understand that good health does not depend solely on the availability and quality of healthcare services. As healthcare insurance funds and mutuals, we have shown to be committed to continue working in order to unleash the full potential of health in all policies; to achieve better health by acting on all determinants and collaborating across sectors.

Collaboration is indeed as you know a defining aspect of our organisation. AIM will continue to create a network among and beyond its members; at European, Latin-American, African and global level. We are convinced and will continue defending the added value of this collaboration in the future.

**Christian Zahn**

# Committees Joint Session

## *Strengthening Social Economy and Mutuals around the Globe*

20 June - President Christian Zahn opened the meeting by reminding participants of the values and history of mutuals and their importance in times where economic interests are often considered more important than the health and wellbeing of populations. He underlined that social economy enterprises and mutuals more particularly share a sense of local purpose. They are committed to guaranteeing not only access to healthcare but also to education, proper housing, etc. ... They cover all aspects which are needed for human development.

Vice-President Elisa Torrenegra underlined the role of mutuals in the fight against poverty from a multidimensional point of view. She highlighted how mutuals intervene in all causes of inequity amongst populations. She then gave the floor to Alejandro Russo, President of the Argentinian Confederation of Mutuals, who further elaborated on that role and stressed the specificities of mutuals which constitute strengths when it comes to cover the most vulnerable, amongst which: the variety of services offered; the universality of those services which put people at the centre and which do not discriminate on basis or religion, race, age or gender; or their responsibility of covering risks left uncovered by the State.

Vice-President for Africa and Middle East Abdelaziz Alaoui praised the alternative development model which mutuals represent, a model closer to the marginalized and the most vulnerable. He stressed the key role mutuals could play in helping achieve universal health coverage in African countries,



some of which already rely on them to provide healthcare to some parts of the population. Mutuals' activities extend much further than simply reimbursing health care services as they also run their own care centres, a necessary alternative to for-profit healthcare providers and thus, an essential element for local development.

Patrick Klein, Policy Officer for Social Economy at the European Commission (EC), presented the activities in which the EC is engaged in social economy. These activities focus on the exchange of good practices with third countries and the development of relevant programmes: promoting social economy and social enterprises in development policies and SDGs or in international fora; and the improvement of the relations with International Finance Organizations and Donor Community, for example. Mr Klein showed himself convinced of the role of mutuals. He announced the launch of an OECD study focusing on social economy in selected countries (India, Brazil, Canada, South Korea etc.) and aims at building capacity in these countries to empower them to promote the development of social economy. The studies should lead to an international guide. He invited AIM to get closer to the OECD for this project in order to share members' best practices and show the important role that mutuals can and must play in social economy. He also invited AIM to launch a collaboration or framework agreement with the European Commission as well as AIM members to get in touch with the EU delegation in the country in order to make the case for the support of mutual benefit societies in economic development.

Finally, participants were invited to the social economy Forum which will take place in Bilbao in October and which will focus on 'Social Economy and Cities: Values and competitiveness for an inclusive and sustainable local development'.



## Latin-America Committee

*Mutuals and the State, a love-hate relationship*

20 June – The Latin American Committee gathered participants from Argentina, Belgium, Colombia, France, Portugal and Uruguay. After discussing priorities for the next year, small discussion groups allowed AIM members to discuss and reflect on the relationship to be fostered between mutuals and the state.

Participants were divided into small discussion groups and agreed that the state and mutuals must develop a relationship of collaboration and complementation. Mutualism is complementary, supplementary, since the State delegates part of social protection responsibilities to mutual entities. Therefore, both must share enforceable objectives and the state is to propose support policies, especially towards the most vulnerable. The state must also recognize the social impact of mutuals and, ideally, develop legally recognised cooperation and collaboration with them. It is the responsibility of the state



to control the mutuals and to offer them a specific tax regime in which they can develop. Mutuals, for their part, must propose initiatives of innovation and dynamism.

Participants agreed that the types of services offered also has an influence on the State-mutuals relationship. There are, for example, services where there is a greater need for State control. On the other hand, rules and policies often do not depend on the nature of the entity as mutual, but on the specific sector in which they carry out their activities.

Independence from the state and the capitalist sector was highlighted as a major advantage of a great financial and governance autonomy from the state. AIM Latin-American members agreed that the cost of not being financially autonomous is the price of freedom and that, on the other hand, the advantage of being financially intervened has as a disadvantage the lack of freedom in governance. Being totally autonomous leads to greater responsibility but increases creative capacity. Participants also highlighted the risk of mutual disappearance in case of strengthening the role of the state in certain areas.



## Africa and Middle-East Committee

### *Mutuals' access to pharmaceuticals*

20 June – AIM's African and Middle-East committee met in Tallinn in the frame of the association's XXXVIIth General Assembly. The session opened with a presentation of Mr Christophe-Jacques Rerat, from the World Health Organization (WHO)'s Directorate for Pharmaceuticals, who presented the WHO-European Union-Africa, Caribbean and Pacific Program on Access to Health Products. The programme ran from 2012 to 2017 and was conducted in 15 African countries. It was organised around 5 main objectives: 1. Improve the availability and supply of essential medicines; 2. Reduce the price of medicines and improve financing mechanisms and fair coverage; 3. Improve the quality and safety of medicines and fight against falsified products; 4. Improve the processes of selection, prescription, dispensing and use of medicines and 5. Revise and develop national pharmaceutical policies and plans based on scientific evidence, transparency and good governance of the pharmaceutical sector. Completed in 2017, the programme led to a number of achievements that will help improve the supply chain management at country level, as well as help better define drug pricing. Mesmin Komoe, Chairman of the Board of Directors of the Mutual of State Employees and Agents of Côte d'Ivoire (MUGEFCI, Ivory Coast), presented the actions of his mutual in the field of medicine. Just like in many countries, pharmaceutical spending is increasing in Ivory Coast and many mechanisms are in place to moderate spending. In fact, the 3522 drugs that were reimbursed by MUGEFCI in 2017 were preselection on the basis of socio-economic criteria before being placed on a positive reimbursement list. Should a medicine not be placed on the list, then it is not reimbursed. Co-payment, specific reimbursement price calculation mechanisms (a molecule's reimbursement price is based on the lowest price available on the market, plus 40%) also help moderate spending. The increase in terms of chronic diseases as well as the demographic transition are expected to drive up drug prices further.

Then, Fouad Bajiali, Chairman of the Board of the Mutual of the Auxiliary Forces (Morocco) and Secretary General of the National Union of Moroccan Mutuals (UNMM) then presented this newly-born organisation. UNMM was launched on 10 May in Rabat in the presence of the Moroccan Minister for Labour. The union is at this stage uniting public and semi-public mutuals before the launch of a bigger federation that would unite all public, semi-public and private mutuals. The organisation will aim at furthering each individual mutual's role: furthering their mission to give access to healthcare for all, in the spirit of the Moroccan constitution and, as households still support a high share of healthcare spending.

The meeting ended with an update on the next mutualist conference in Africa, which is likely to take place in Togo at the end of the month of January.



# European Affairs Committee

## *Measuring and improving Quality of Care*

The European Affairs Committee took place in the framework of the AIM General Assembly on 21 June 2018 in Tallinn, Estonia. The topic of this European Affairs Committee was “Measuring and improving quality of care.” AIM members discussed how to measure quality and how they can bring this information to patients, doctors and other actors in the healthcare sector. In Germany, Alexander Geissler from the Technische Universität von Berlin explained that since 2004, all hospitals have to report and collect data. Patients can see their results of quality indicators from all hospitals on the website [www.weisse-liste.de](http://www.weisse-liste.de). Germany has obliged its hospitals to supply their quality of information in a very short time.



The reasons are that Germany has relatively high mortality rates in hospitals. The challenge is that patients rarely use this information due to limited awareness.

In Switzerland, all hospitals, pharmacies as well as laboratories, have to sign a national quality treaty which obliges them to collect quality data and to report them. The results are published and compared. United Kingdom and Estonia have provisions which are compulsory for hospitals and other actors in healthcare to report on quality data. In other countries, such as Belgium and the Netherlands, patients do only have access to quality information to a certain degree. Reporting and publishing the information on quality is not binding.

During the meeting, AIM members had lively discussions on how to improve the information on quality of care. Health insurers from different Member States could exchange information on how to give access to citizens on quality measurement. The exchange seemed to give to one or the other new ideas on how to improve the situation on their own country.



## Board of Directors and General Assembly meeting

*How co-payments can contribute to sustainability but also reduce access to healthcare*



The AIM general assembly started with welcoming words by Mrs Paluste of the Ministry of Health and Labour. She spoke on behalf of the Estonian Minister of Health, Mrs Riina Sikkut, who was at the moment of our assembly in Luxembourg for the EU Council of Health Ministers.

Dr Sarah Thomson of the WHO Office for health System Strengthening presented a recent study on how citizens in different EU countries are financially protected against catastrophic health spending. After her introduction members of AIM took the floor to present the role of co-payments in their country. Petr Honěk of VZP (CZ) presented the very moderate level of co-payments in the Czech Republic. Yannick Lucas, of FNMF (FR) presented the current debate in France about reduction of co-payments. Also the role of co-payments in the Greek mutuals was presented by Ioannis Mitsopoulos of A.T.P.S.Y.T.E (EL).

The meeting continued with the presentation by Leo Blum, chairman of the Working Group on Prevention, of an AIM position on Health in all Policies. Good health is not created by health service provision alone but also and mostly by other broader determinants. The [declaration](#) was endorsed by the General Assembly. EU institutions and all other relevant stakeholders, including AIM members, should ensure that each policy should take health impacts into account.

AIM is financially contributing to three organisations, Social Economy Europe (SEE), the Health and Environment Alliance (HEAL) and the Education and Solidarity Network. The General Assembly was updated about what these organisations stand for and what they have been doing by Jessica Carreño Louro, Alain Coheur and Cécile Martinez respectively.

The remaining of the GA dealt with more administrative topics. AIM had to say goodbye to three members. HZZO, the health insurance fund in Croatia decided to leave AIM. Also the membership of UMP in Portugal and ONEE in Morocco were terminated. On the other side, the General Assembly was very happy to welcome four new members. The umbrella of healthcare mutuals of Burkina Faso (BMP/B), the Portuguese umbrella organisation (APM Redemut), the Cyprus Health Insurance Organisation (HIO) and Inter Mutuelles Assistance (IMA) from France. The Presidium updated the General Assembly about the activities of the last 6 months, which had been very much focussed on strengthening ties with the EU institutions and international Organisations like ILO, ISSA and WHO.





## Estonian Seminar

### *What makes the Estonian healthcare system so special?*

When we left Rome, but also when we left Paris, Lisbon, Dubrovnic, Liege, The Hague, we were all very satisfied about the General Assembly we had there. But AIM members had the feeling that they didn't really get to know the healthcare system of the countries we visited. The seminar on Friday, the third day of our meetings in Tallinn, was a bit of an experiment. We didn't discuss broad healthcare topics, but we zoomed in on the healthcare system of Estonia. A big thank you goes to the colleagues in Estonia to prepare this interesting program, and special thanks go to Kaidi Kasenomm of Haigekassa, who did not only organize the meeting, but also moderated the debate.

The meeting started with a general introduction of the Estonian healthcare system and role of Haigekassa by the chairman of the board of Haigekassa, Rain Laane. He painted a positive picture of health insurance coverage in the most north Baltic state. Coverage was further broadened, now including more dental care. Laane also spoke about service provision in remote areas of Estonia, and how e-services play an important role for example on the two islands Hiiumaa and Saaremaa.

That primary care is a field where Estonia is making good progress became also clear from the second speaker, Dr Elle-Mall Keevallik, Board Member of the Estonian Primary Care Physician's Association.

The primary care sector in Estonia is dominated by women. Not less than 93% of all family doctors are female. And 70% of them is older than 51 years. That means that the sector sees itself confronted with serious challenges ahead. Dr Keevallik gave the AIM members an interesting insight in those developments. The family nurse is getting a more important role and an e-consultation system has been set up, allowing primary care physicians to consult with specialist doctors.

Mrs Helen Hoyer, Head of the Insurance Registry and E-Services Division then presented recent efforts of Haigekassa in relation to ePrescription and eServices more general. She spoke of the importance of good communication around to project that such a project can only be successful if properly coordinated with all involved stakeholders.

After these presentations, AIM members went by bus to the e-Estonian showroom, where we got a better understanding of how the electronic healthcare record in Estonia practically works and how it is linked with many other e-Government services. We ended the AIM program in Tallinn in style, with a beautiful and tasty lunch.



### Special Thanks

AIM meetings in Tallinn were made possible thanks to the hard work of an impressive team. On behalf of all its members and staff, AIM would like to warmly thank EHIF for the professionalism with which they hosted our event. More particularly, we thank Mr Rain LAAN, Ms Kaidi KASENOMM, and Ms Katrin ROMANENKOV.



### *AIM dives into the Estonian sea for an evening*

On the evening of 21 June, AIM members were invited by EHIF to a “standing dinner” in the breath-taking Maritime Museum of Tallinn. With the size of a football court, the museum displays many genuine items, such as sail ships, boats, naval mines and the impressive Lembit submarine, built in 1937 by the British Vickers–Armstrongs shipyard. The former hydroplanes hangar was the perfect venue to spend an evening strengthening the ties between the many AIM member delegations.

## Upcoming Statutory meetings 2018



AIM next General Assembly will take place in the city of Brussels (Belgium).



### Links to Presentations and Pictures.

 [@AIM\\_Healthcare](http://www.aim-mutual.org)

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