20 years in Brussels

AIM

AIM
Board of Directors meeting

Brussels, 15 November 2018

#AIM20yearsBxl

60 1958 2018

European Economic and Social Committee

2. Keynote address

Lobbying at EU level,
what kind of trends did we see
over the last two decades?

Professor Justin Greenwood

ROBERT GORDON UNIVERSITY ABERDEEN

#AIM20yearsBxl

Advocacy & Stakeholder involvement in the EU: 20 years perspective

Justin Greenwood

Treaty on European Union: Art. 10

- (1) The EU shall be founded on **representative** democracy

- (3) Every citizen shall have the right to **participate** in the democratic life of the Union. Decisions shall be taken as openly and as closely as possible to the citizen

Treaty on European Union:
Art. 11, 1-2

- The institutions shall..give citizens and representative associations the opportunity to make known and publicly exchange their views in all areas of Union action

- The institutions shall maintain an open, transparent and regular dialogue with *representative associations* & civil society

A ‘Brussels bubble’

- A diverse range of advocacy organisations set up offices in Brussels, for many different causes, acting as a proxy for ‘civil society’

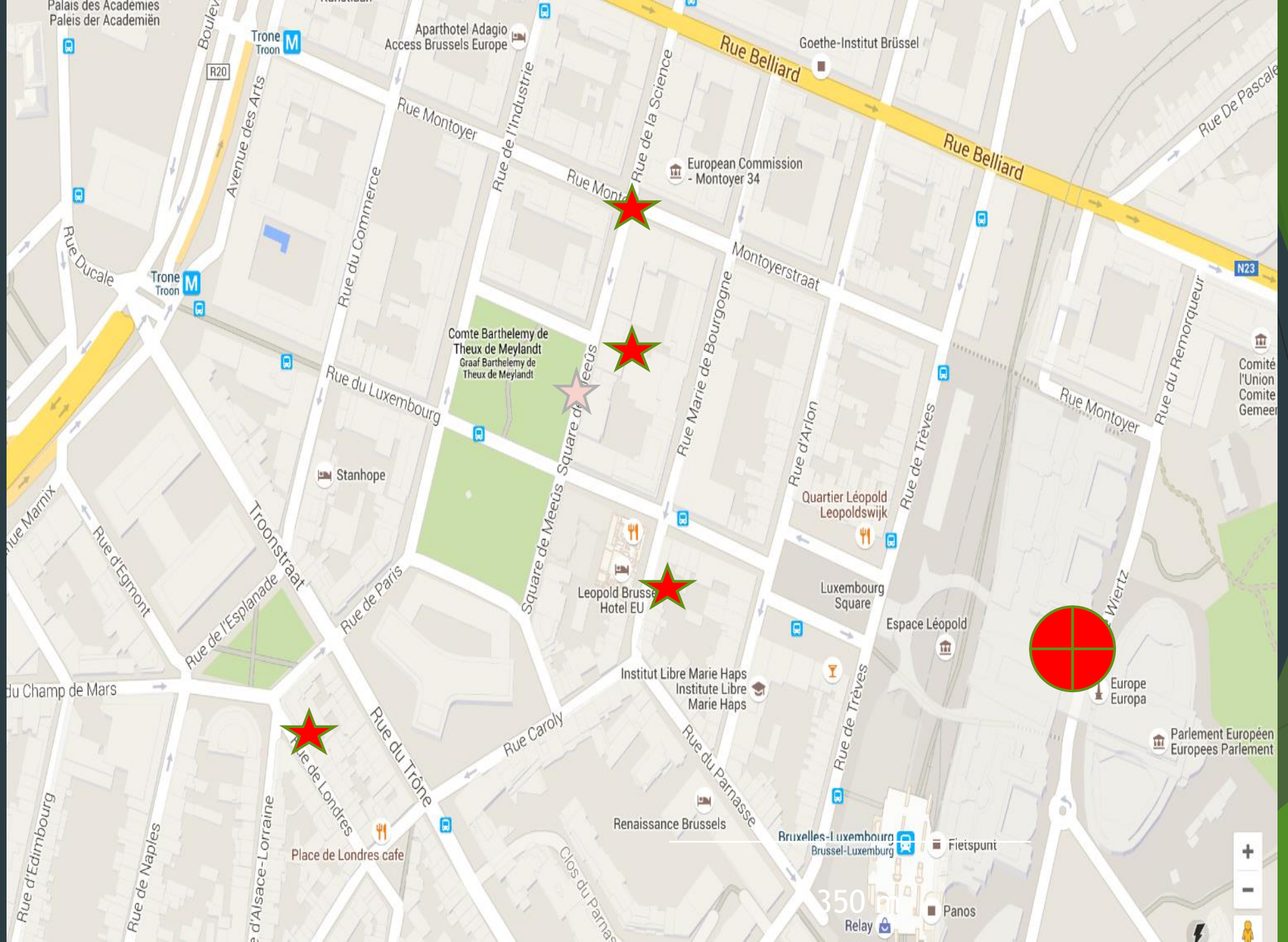
- operating in a ‘market-place of ideas’, a public dialogue with EU institutions
  - 1992: *An Open & Structured Dialogue between the Commission and Special Interest Groups*

A public dialogue between EU institutions & advocates:

- Funding for NGOs

- Transparency regimes:
  - Access to Documents
  - Transparency Register & code
    - heavily incentivised by COMM & EP
    - current & future restrictions on non-registered organisations

- Consultation instruments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Rue Belliard
Goethe-Institut Brüssel
Aparthotel Adagio
Access Brussels Europe
Trone
Troon
Rue Montoyer
Rue de l'Industrie
Rue de la Science
European Commission
- Montoyer 34
Avenue des Arts
Rue du Commerce
Rue Ducale
Montoyerstraat
Rue Marie de Bourgogne
Rue d'Arlon
Rue de Trèves
Rue du Remorqueur
N23
Comte Barthelemy de
Theux de Meylandt
Graaf Barthelemy de
Theux de Meylandt
Square de Meeûs
Rue du Luxembourg
Stanhope
Quartier Léopold
Leopoldswijk
Luxembourg
Square
Espace Léopold
Europe
Europa
Parlement Européen
Europees Parlement
Troonstraat
Rue d'Egmont
Rue de l'Esplanade
Rue de Paris
Rue du Trône
Rue Caroly
Rue du Parnasse
Institut Libre Marie Haps
Institute Libre
Marie Haps
Renaissance Brussels
Bruxelles-Luxembourg
Brussel-Luxembourg
Fietspunt
Panos
Relay
Place de Londres cafe
Rue de Londres
Rue d'Edimbourg
Rue de Naples
Rue d'Alsace-Lorraine
Clos du Parnasse
350 m

THE EU INSTITUTIONS PERFORM POORLY

When assessed against international standards and emerging best practice, the three EU institutions on average achieve a score of 36 per cent. This is particularly worrying, given that Brussels is a hub of lobbying in Europe and decisions made in the Belgian capital affect the entire region and beyond.

Of the three institutions, the Council of the European Union performs the worst, partly due to the fact that it is not covered by the voluntary EU Transparency Register.

Reform of the Transparency Register is urgently required, not only to increase its coverage to the Council of the European Union, but also to make it mandatory and to ensure that there are meaningful sanctions for breaches of lobbying and transparency rules.

To increase decision-making transparency in all the core institutions, effective "legislative footprints" should be created: a document that details the time, person and subject of a decision-maker's contact with interest group representatives.

Only when sufficient mechanisms and safeguards are in place to ensure that lobbying across Europe and at the EU-level is done in a clean, transparent and fair manner, can citizens know what interests are behind the legislation that affects their daily lives, safety and well-being.

Co-funded by the Prevention of and Fight against Crime Programme of the European Union

EU institutions need dialogue with civil society

- Information
- Political supporters & messengers
- Approval

The consensual nature of EU politics

- 3 decision making institutions
  - well insulated from pressure
- 8 political parties in the EP
- 28 Member States in the Council
- Diversely constituted Commission

- Consensual outcomes
- Broadly based alliances work well

- COMM shift from market making to regulating

- capital divided by interests on regulation
  - by industry, within industry, within a multinational

- EP:
  - takes public interest positions on politicised issues


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HTTP://WEEDLIKETOTALK.WIX.COM/WLTT

20 years in Brussels

AIM

Reflections from key AIM figures

#AIM20yearsBxl

How it all began in 1998

Geert Jan Hamilton
Honorary President of AIM

#AIM20yearsBxl

AIM's first important Brussels file: cross border healthcare

Willy Palm
AIM Executive Director 1998-2006

#AIM20yearsBxl

20 years AIM in Brussels
AIM's first important Brussels file: cross border healthcare

European Observatory on Health Systems and Policies
a partnership hosted by WHO

Willy Palm, Senior Adviser

Brussels, 15 November 2018

2018: an anniversary year


Entire World Rejoices in Downfall of Autocratic Militarism

THE DAILY TELEGRAM

WORLD WAR IS OVER

Beaten Germany Accepts Armistice Terms and Hostilities Cease on All Fronts

MONS TAKEN BY BRITISH AS NEWS REACHES ARMY | ALL CROWNED HEADS OF EMPIRE BUSY ABDICATING

Kaiser, Crown Prince and Hindenburg Seek Refuge in Holland

"IT'S OVER BOYS"

WHEN PEACE CAME

GIVE UP "DIVINE RIGHTS"

GERMANY IS BRANDED NOW AS BEATEN NATION

HOLLAND'S PROBLEM

ARMED IMPERIALISM COMPLETELY ENDED BY ACCEPTED ARMISTICE

UNIVERSAL DECLARATION OF HUMAN RIGHTS

United Nations

PAHO/WHO

Dr Halfdan Mahler, WHO director-general at the time of the 1978 conference on primary health care, sits at the podium of the Lenin Convention Center with US Senator Edward Kennedy at his side.

European Observatory on Health Systems and Policies

a partnership hosted by WHO

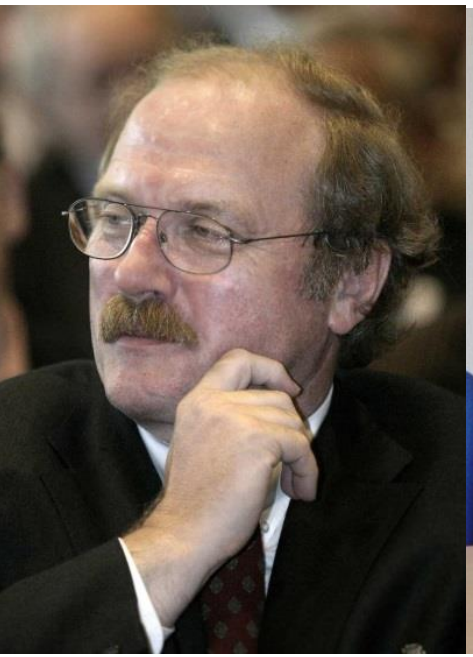
20 YEARS

WHO European Ministerial Conference on Health Systems:
"HEALTH SYSTEMS, HEALTH AND WEALTH"
Tallinn, Estonia, 25–27 June 2008


Laurent Ghekière

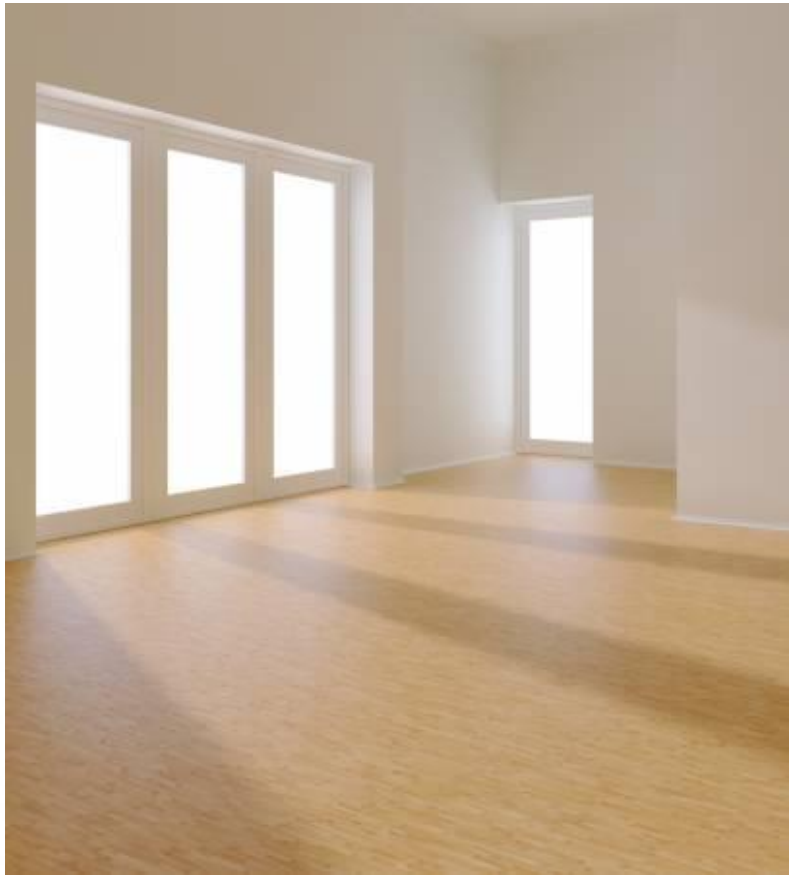


J.NIEMIEC

Zala


Paris
OFFERT
PAR LA MUTUALITE TUNI
BRUXELLES
5-6 OCTOBRE


How it all began in 1998



DECKER v CAISSE DE MALADIE DES EMPLOYÉS PRIVÉS

JUDGMENT OF THE COURT
28 April 1998 *

In Case C-120/95,

REFERENCE to the Court under Article 177 of the EC Treaty by the Conseil Arbitral des Assurances Sociales (Luxembourg) for a preliminary ruling in the proceedings pending before that tribunal between

Nicolas Decker

and

Caisse de Maladie des Employés Privés

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in answer to the question referred to it by the Conseil Arbitral des Assurances Sociales by decision of 5 April 1995, hereby rules:

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KOHLL v UNION DES CAISSES DE MALADIE

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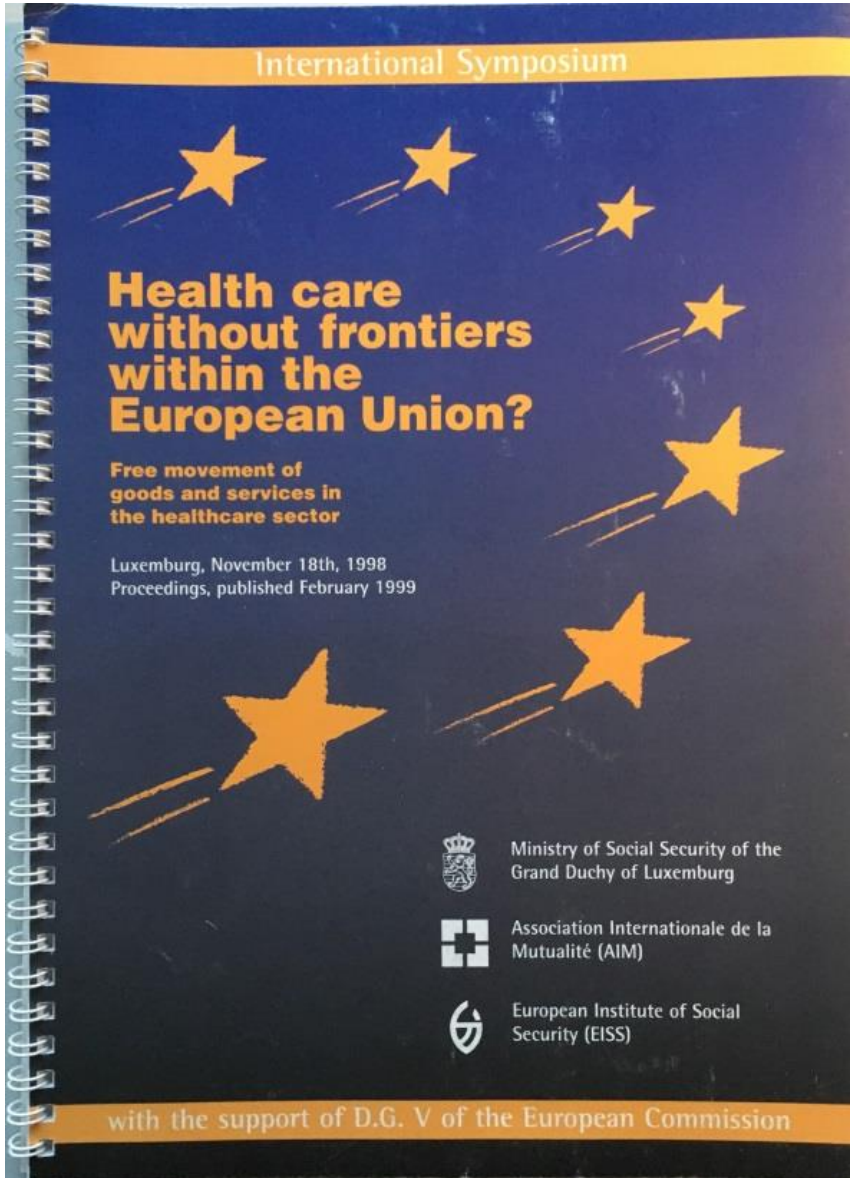
First conference on the implications of the rulings (Luxembourg, 18 November 2018)



- What healthcare services were meant by the Court ?
- Is private insurance also concerned ?
- In what respect can free choice of the patient be applied on a European scale?
- Can health systems become out-balanced by an increased mobility of patients ?
- How can arguments of general interest justify an exception to the principles of free movement ?
- What will be left of the Member States' competences in organising health care ?

All these questions go beyond the scope of these single cases. They touch upon the relationship between internal market principles and social protection values.

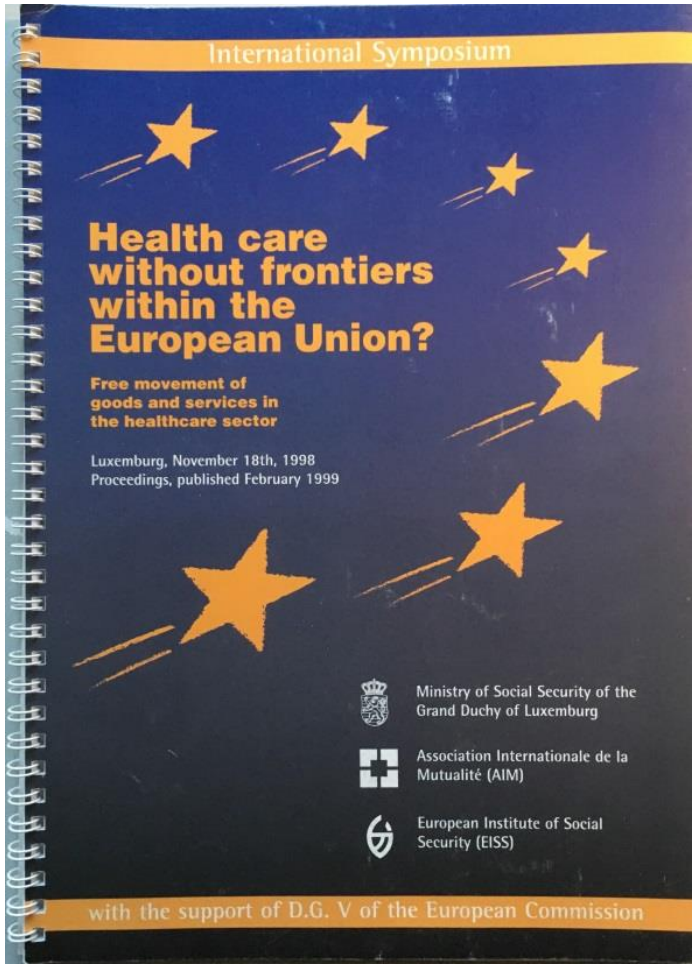
After Kohll and Decker:
Smits-Peerbooms, Müller-Fauré, Van Riet, Watts, ...

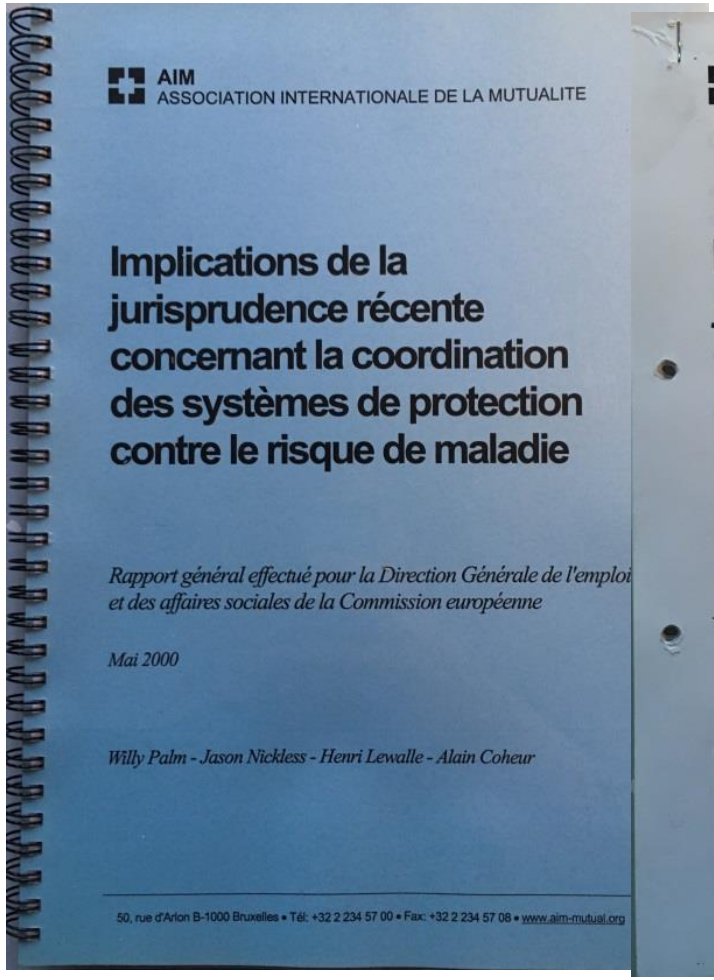
Basic principles of the ECJ rulings

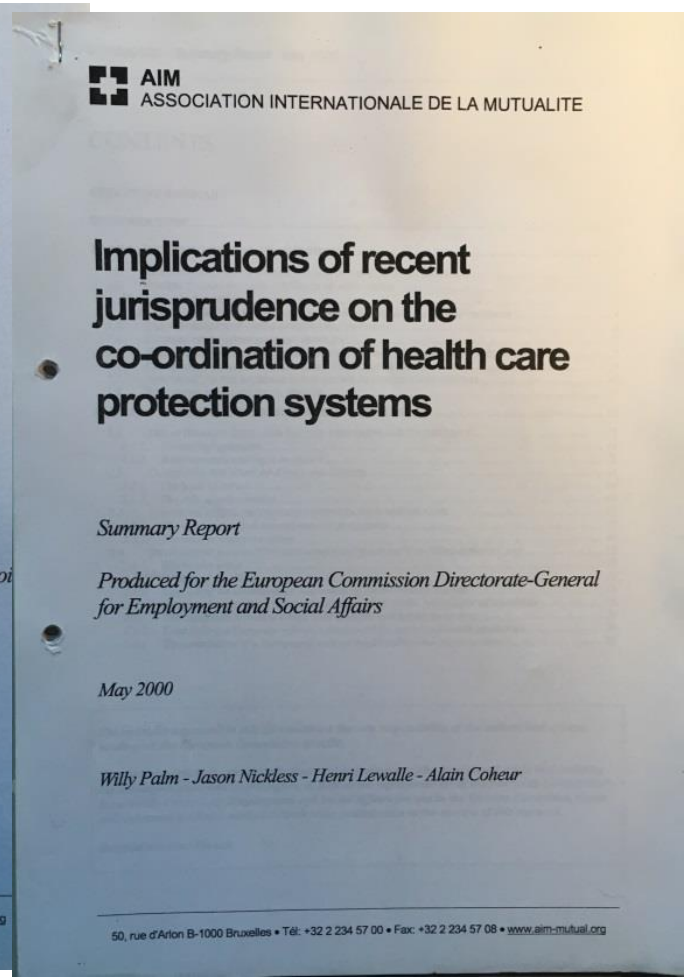
- Social security and health care are competence of Member States but does not preclude respecting Community law
- Free movement of goods and services applies to health care, regardless of the type of care (in- or outpatient) and the type of coverage (reimbursement – benefits in kind)
- Prior autorisation is an obstacle to free movement
- Can be justified to:
  1) Preserve the financial equilibrium of the social security system
  2) Maintain a balanced medical and hospital service and accessible to all
  3) Maintain medical capacity and expertise on the national territory, essential for public health
- As far as
  - It is necessary and proportional
  - The criteria used are objective and non discriminatory

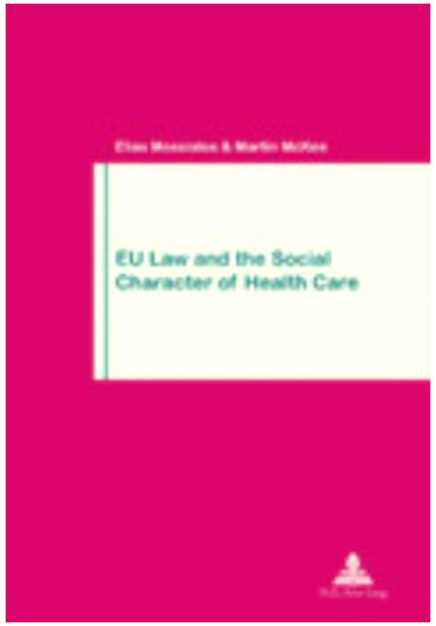
Association Internationale de la Mutualité

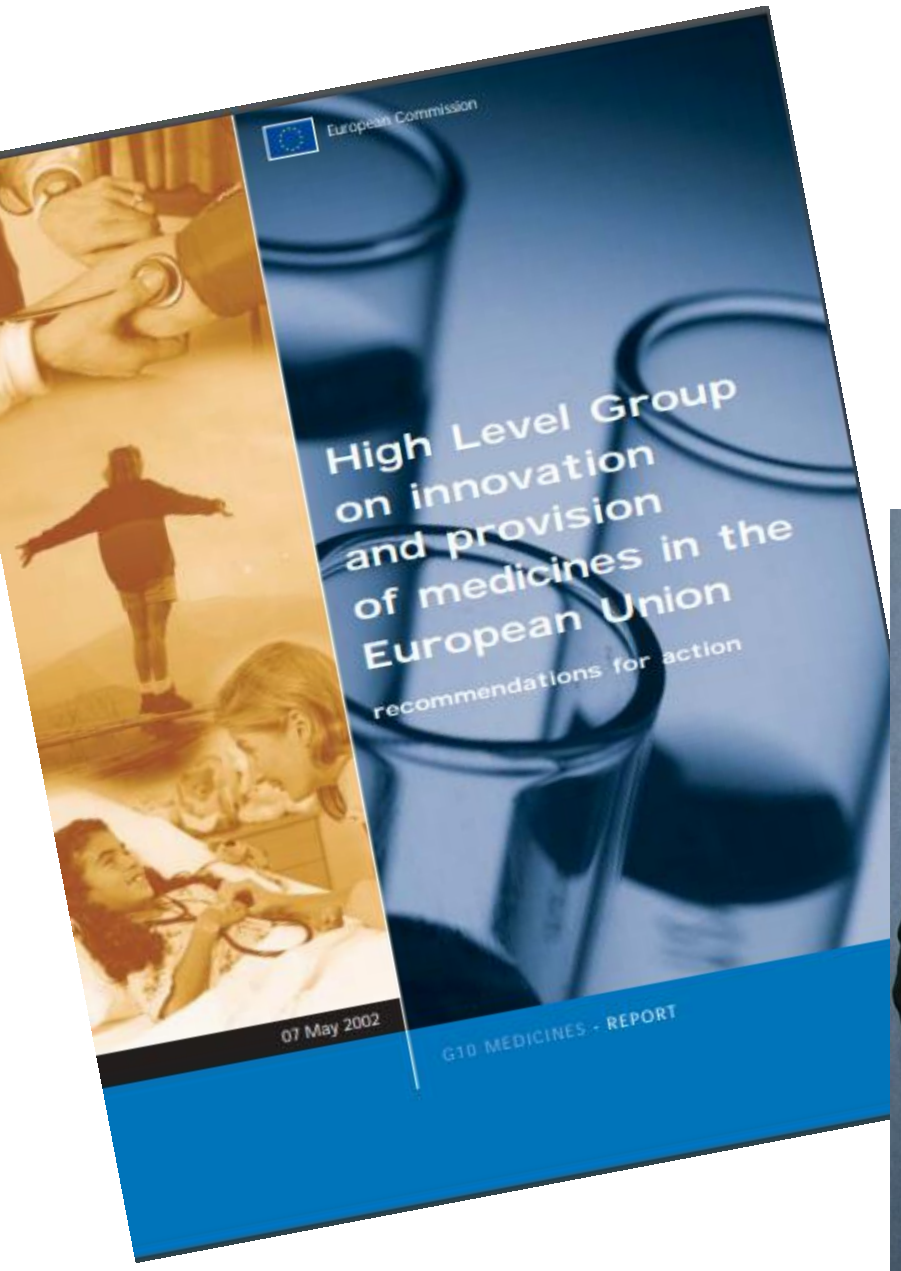
Cross-border care: a foot in the door







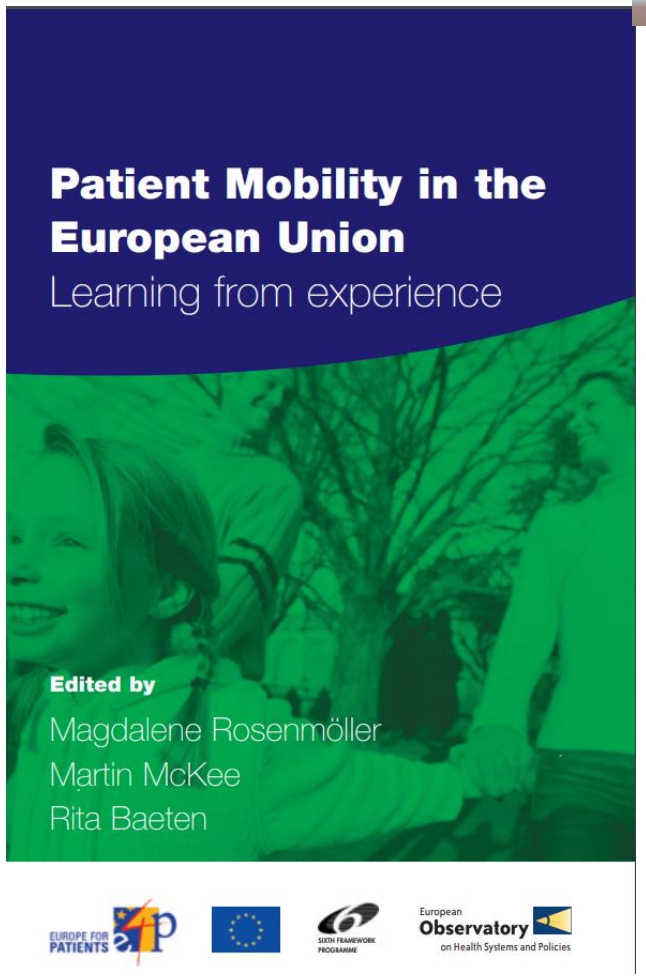




EUROPEAN COMMISSION
HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

HIGH LEVEL PROCESS OF REFLECTION ON PATIENT MOBILITY AND HEALTHCARE DEVELOPMENTS IN THE EUROPEAN UNION

EUROPE FOR PATIENTS



Access to health care in an internal market: Impact on statutory and complementary systems (Luxembourg, 8 April 2005)

Tageblatt Nr. 82

Lëtzebuerg

Samstag/Sonntag, 9./10. April 2005

GESUNDHEITS-SYSTEME

Freien Zugang im freien Markt sichern

Seite 16

Gesundheitsleistungen und gemeinsamer Markt

Zeit, zu reagieren

Foto: Fabrizio Pizzolante

nand Lepage (ALOSS), Michel Schmitz (CSML), Ron Hendriks (AIM), Mars di Bartolomeo, Claude
n, Yves Jorens (v.l.n.r.)

Dans le cadre de la présidence de l'Union européenne, 300 délégués d'une vingtaine de pays ont assisté à la conférence «L'Accès aux soins de santé dans un marché unique».

Le ministère de la Sécurité sociale a organisé en collaboration avec l'Association luxembourgeoise des organismes de sécurité sociale (ALOSS), le Conseil supérieur de la mutualité luxembourgeoise (CSML) et l'Association internationale de la mutualité (AIM), une conférence sur «L'Accès aux soins de santé dans un marché unique» qui se fondait sur un rapport établi par le professeur Yves Jorens de l'université de Gand.

La conférence avait pour objectif de présenter une perception précise de l'impact du droit communautaire existant ou projeté sur les soins sanitaires et la protection sociale. Quelque 300 délégués d'une vingtaine de pays étaient présents durant toute la journée.

«Il s'agit d'un sujet qui passionne et qui polarise des enjeux très importants avec la discussion autour de la directive des services dite directive Bolkestein. La présidence n'a pas caché sa position dans ce domaine. Nous sommes convaincus que les services de santé représentent un service, mais pas comme tous les autres», explique Mars Di Bartolomeo, ministre de la Santé et de la Sécurité sociale.

Bien que le Conseil européen ait décidé de remodeler le projet de la directive Bolkestein, le problème reste entier.

Libre circulation des patients

«La situation actuelle demandait qu'on se mette autour d'une table pour discuter. Les priorités du service des soins sont la qualité, le libre accès et la spécificité des soins», explique Mars Di Bartolomeo. **«La libre circulation des patients est dans l'agenda. Nous la voyons dirigée vers les intérêts des patients. Si on ne trouve pas un soin dans son pays, alors on peut se diriger vers un autre pays de l'Union européenne. Ce qui n'est pas un prétexte pour la libre concurrence dans ce secteur»**, conclut-il.

Avant d'examiner en détail l'influence du marché intérieur sur les soins de santé, Yves Jorens, professeur de droit de sécurité sociale et de droit social européen, a analysé comment l'Union européenne a réagi, sur un plan politique, aux développements nationaux et européens en matière de soins de santé.

«Les soins sont devenus une activité économique qui pose pas mal de problèmes. L'application des règles du marché intérieur est un grand risque. Comment peut-on garantir des soins qui sont devenus un élément important, si on n'a pas un cadre législatif? C'est le message que nous voulons faire passer. Si on veut garder ce principe de base de la solidarité des services d'intérêt général, la politique doit définir un cadre législatif pour les principes de base», lance Yves Jorens.

Lotti Stemper

> **Le rapport d'Yves Jorens peut être consulté sur le site de la présidence www.mss.etat.lu**

Qu'est-ce que l'AIM?

L'Association internationale de la mutualité, créée en 1950, regroupe 44 fédérations nationales d'organismes autonomes d'assurance maladie et de protection sociale dans 31 pays du monde, tous opérant selon les principes de solidarité et de non-lucrativité.

«En ce moment, nous nous retrouvons face à deux problèmes. La population est de plus en plus vieille et la technologie se développe de plus en plus vite. Le système de santé, peut-il se permettre les dépenses liées à ces phénomènes à l'avenir? Ensuite, les services de santé sont devenus des activités économiques, ainsi qu'un combat de concurrence entre les différentes assurances. Aucune n'a envie de prendre des risques. Les gouvernements cherchent des assurances mixtes, privées et publiques», met en garde Ron Hendriks, le président de l'AIM.

Pour plus d'informations, consultez **www.aim-mutual.org**.

AIM Association Internationale de la Mutualité

*« Health services, as health insurance services, are clearly linked to the concept of **social services of general interest**, in other words to a direct responsability of the States.*

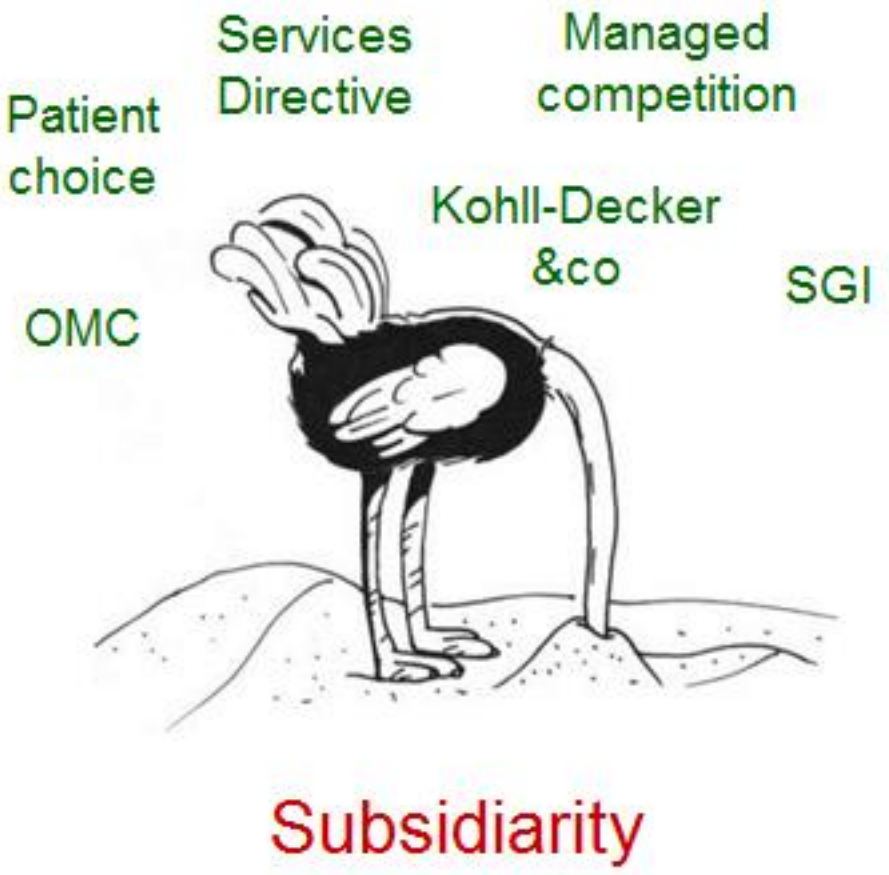
But at the same time, they are ever more considered as economic services, even if there are exceptions, such as the British case.

It is clear that the reconciliation of both aspects is problematic. »

Jerôme Vignon,
Director DG EMPL,
European Commission

at the conference
« Access to healthcare in an internal market »
(Luxembourg, 8 April 2005)

AIM Association Internationale de la Mutualité



*« Finding the right balance between **competition** that stimulates and **solidarity** that unites. »*
(Jacques Delors)

The road to the Directive of 9 March 2011 on the application of patients' rights in cross-border healthcare

Milestones

1998	First rulings Kohll & Decker
2001	Smits-Peerbooms rulings
2002	Revision of the sickness benefits chapter of Reg. 1408/71 on social security coordination
2003	Müller-Fauré/van Riet ruling
	Report on the application of internal market rules to health services
	High level reflection process on patient mobility and healthcare developments in the EU
2004	Commission proposal on services in the internal market
	Creation of the high level group on health services and medical care
	Adoption of Reg. 883/04 on social security coordination
	Introduction of the European Health Insurance Card
2005	EP Report on patient mobility
2006	Commission draft Regulation implementing Reg. 883/04
2006	Exclusion of health services from the Services Directive
	Watts ruling
	Council Statement on common values and principles in EU health systems
2007	EP report on the impact of the exclusion of health services from the Services Directive
	Consultation process on Community action on health services
2008	Adoption of the new proposal by the College of Commissioners
2009	Adoption of implementing Reg. 987/09 on social security coordination
	First reading in EP
2010	Monti Report on Single Market
	Commission/France ruling
	Council adopts common position
	Second reading in EP
2011	Adoption of the Patients' rights Directive
2013	Transposition

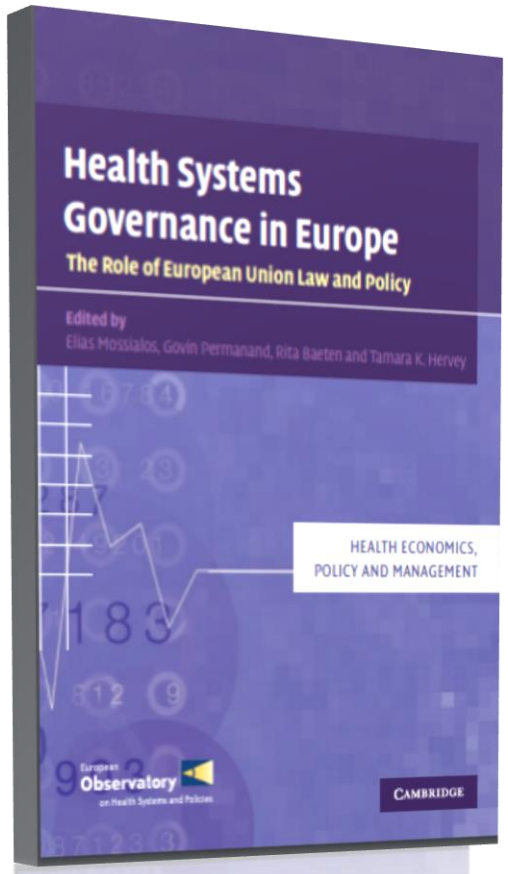
ECJ - DG EMPL – DG MARKT – DG SANCO – Council - EP

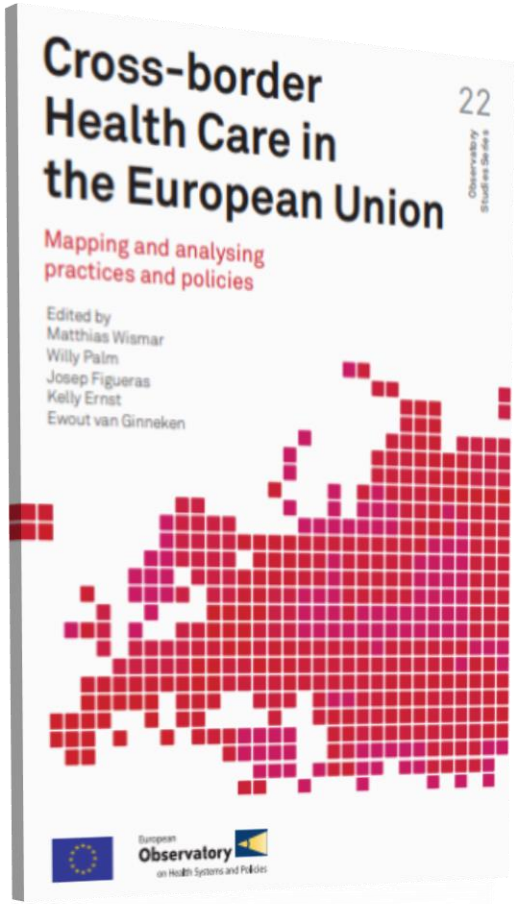
Impact assessment expert panels on cross-border care (Brussels, May 2007)

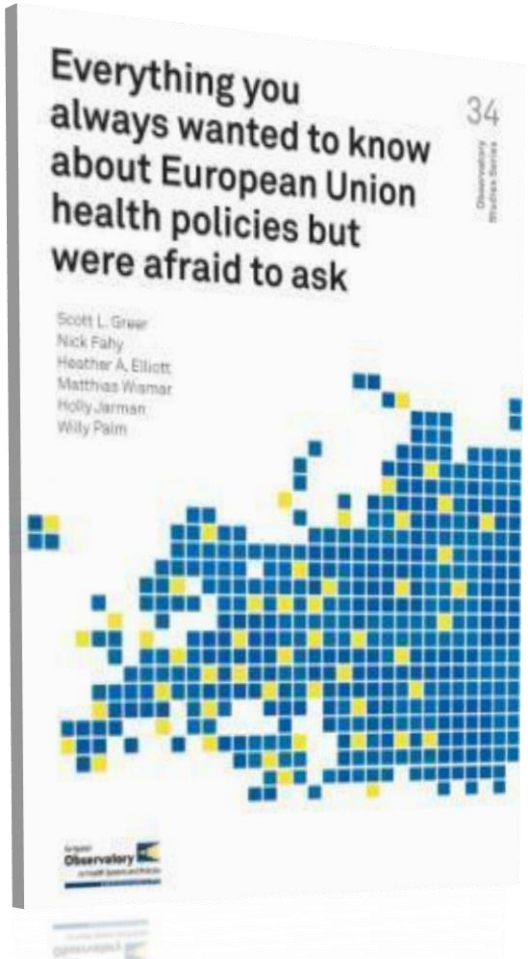

2008
Health Systems
Governance
in Europe:
the Role of EU
Law and Policy
NIHDI
Observatory
Vassilis HATZOPOULOS

Observatory Venice Summer School 2010
Impact of EU law

EU integration and health







Everything you always wanted to know about European Union health policies but were afraid to ask (2014)

by Scott L. Greer, Nick Fahy, Heather A. Elliott, Matthias Wismar, Holly Jarman, Willy Palm
2014, xiv + 146 pages

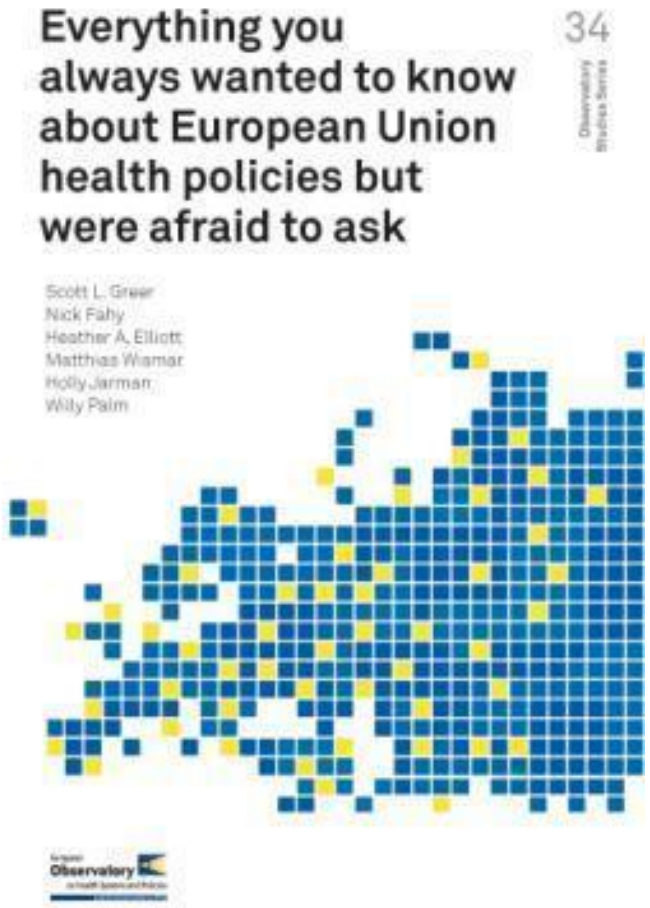
What does the European Union mean for health and health systems? More than one would think. The EU's health mandate allows for a comprehensive set of public health actions. And there are other EU policies, though not health related, which have important consequences for governing, financing, staffing and delivering health services. In other words: EU actions affect the health of Europe's population and the performance of health systems.

Given how important health systems are, we need an informed debate on the role of the EU and its contribution. But this is not easy because EU health policy is difficult to comprehend. There is no single strategy with a neat body of legislation implementing it; rather, there are many different objectives and instruments, some of which appear in unlikely places.

Understanding the EU role in health is especially important now, when health systems have to deal with a plethora of challenges, the European social model is confronted by the threat posed by the financial crisis, and the EU is facing increasing euro-scepticism in politics.

This short book makes EU health policy in its entirety (and complexity) accessible to political and technical debate. To this end the volume focuses on four aspects of EU health policy:

- the EU institutions, processes and powers related to health;
- the EU action taken on the basis of this health mandate;
- the non-health action affecting health and health systems;
- and, because of its growing importance, financial governance and what it means for European health systems



DECKER v CAISSE DE MALADIE DES EMPLOYÉS PRIVÉS

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Decker - Kohll

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Merci!


¡CON CRISTINA
A LA VICTORIA!
HABLA FELIPE SOLÁ
SÁBADO 7 DE MAYO - ESTADIO CLUB PLATENSE - 15 HS
MTD
Evita

Recognition of mutuals, the red thread through 20 years in Brussels (1)

André Arnaudy
AIM Vice President 2000-2002

#AIM20yearsBxl

Recognition of mutuals, the red thread through 20 years in Brussels (2)

Pedro Bleck da Silva
AIM Vice President for Mutual Values

#AIM20yearsBxl

We want that too!

- In 2003, the Council adopted a regulation for a statute for Cooperatives.

We called with Regina Bastos, member of the EP…

- Public hearings
- Meetings
- Position papers
- ….

Would the Panteia report be our life line?

- Lobby the researchers

Panteia

Research to Progress

We continued our lobby…

- Luigi Berlinguer, member of the European Parliament, was our next target

- Own initiative report

Lobbying the European Commission…

- Impact Evaluation Study
- New Panteia Report
- Public Consultation

“ Pourquoi je n’ai pas ce dossier ? “

Lobbying the European Commission…

- At a hearing in the European Parliament

“I promise you a Statute for mutuals”

Since 2014…

- Strengthen the ties with the Social Economy Europe family

Social Economy Europe

THE EUROPEAN PARLIAMENT'S SOCIAL ECONOMY INTERGROUP

8. Presentation and possible approval of the AIM Declaration on Air Pollution and Health

The Board of Directors is asked to approve the AIM Declaration

#AIM20yearsBxl

Annex 3

Brussels Declaration on air pollution and health

Brussels, 15 November 2018 - We, the undersigned representatives of the International Association of Mutual Benefit Societies, bringing together 59 members from 30 countries, representing 240 million people in the world, and 160 million in Europe;

Have adopted the following declaration to European policy makers:

- Taking note that air pollution is the leading environmental risk factor for health [1];
- Taking note that air pollution is a critical risk factor for noncommunicable diseases (NCDs), causing an estimated one-quarter (24%) of all adult deaths from heart disease, 25% from stroke, 43% from chronic obstructive pulmonary disease and 29% from lung cancer [2];
- Taking note of the World Health Organization "Review of evidence on health aspects of air pollution" (REVIHAAP), which concludes that health effects of air pollutants occur at lower concentration levels than previously thought, and highlights that there are new associations with conditions such as diabetes, adverse birth outcomes and impacts on cognitive development [3];
- Taking note that according to WHO, nine out of ten people breathe air containing high levels of pollutants worldwide, leading to an alarming toll of 7 million early deaths from outdoor and household air pollution [4];
- Taking note that more than 90% of air-pollution related deaths occur in low- and middle-income countries, mainly in Asia and Africa, followed by low- and middle-income countries of the Eastern Mediterranean region, Europe and the Americas, and that many of the world's megacities exceed WHO air quality guidelines by more than 5 times [5];
- Taking note that in the European Union, air pollution continues to be an "invisible killer" with 400,000 premature deaths; and that the external health-related costs to society from air pollution are estimated to be in the range of €330-940 billion per year [6];
- Taking note that emission from coal power plants contribute significantly to the burden of disease, with impacts amounting to more than 18,200 premature deaths, about 8,500 new cases of chronic bronchitis, and over 4 million lost working days each year, and that the economic costs of the health impacts from coal combustion in Europe are estimated at up to €42.8 billion per year [7];

1. http://www.who.int/news-room/fact-sheets/detail/ambient-(outdoor)-air-quality-and-health
2. See 2018 World Health Organization figures: https://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action
3. http://www.euro.who.int/__data/assets/pdf_file/0004/193108/REVIHAAP-Final-technical-report-final-version.pdf?ua=1
4. See 2018 World Health Organization figures: https://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action
5. http://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action.
6. EEA report on air quality in Europe – 2017 https://www.eea.europa.eu/highlights/improving-air-quality-in-european
7. https://www.env-health.org/wp-content/uploads/2018/06/unpaid_health_bill_EN.pdf

Brussels Declaration on air pollution and health

UPDATE OF THE BRUGES DECLARATION (27TH OF JUNE 2014)

Brussels Declaration on air pollution and health

Why a renewed declaration?

- Air pollution is the **leading environmental risk factor for health**
  - a critical **risk factor for noncommunicable diseases** (NCDs)
  - new associations with diabetes, adverse birth outcomes
  - an **increased risk of neurological disorders** (stroke, dementia and cognitive disorders)
  - **an "invisible killer":** 400,000 premature deaths + **external health-related costs to society** estimated in the range of €330-940 billion per year In the EU alone
  - health effects of air pollutants occur **at lower concentration levels than previously thought**

Brussels Declaration on air pollution and health

Why a renewed declaration?

- Two examples:
  - emission from coal power plants cause more than **18,200 premature deaths**, about **8,500 new cases of chronic bronchitis**, and over **4 million lost working days** each year
  - exposure to **nitrogen dioxide** (NO_2), mainly from diesel vehicles, causes an estimated 75,000 till 229,000 **premature deaths in the EU** annually

- 22 out of 28 countries in the EU are currently **in breach of air quality standards** for particulate matter or NO_2

- Air pollution and **climate change** are intertwined

Healthcare mutuals and national health funds are deeply **concerned about people's wellbeing** and bear **increased health costs from air pollution** → threat to the sustainability of healthcare systems as a whole

Brussels Declaration on air pollution and health

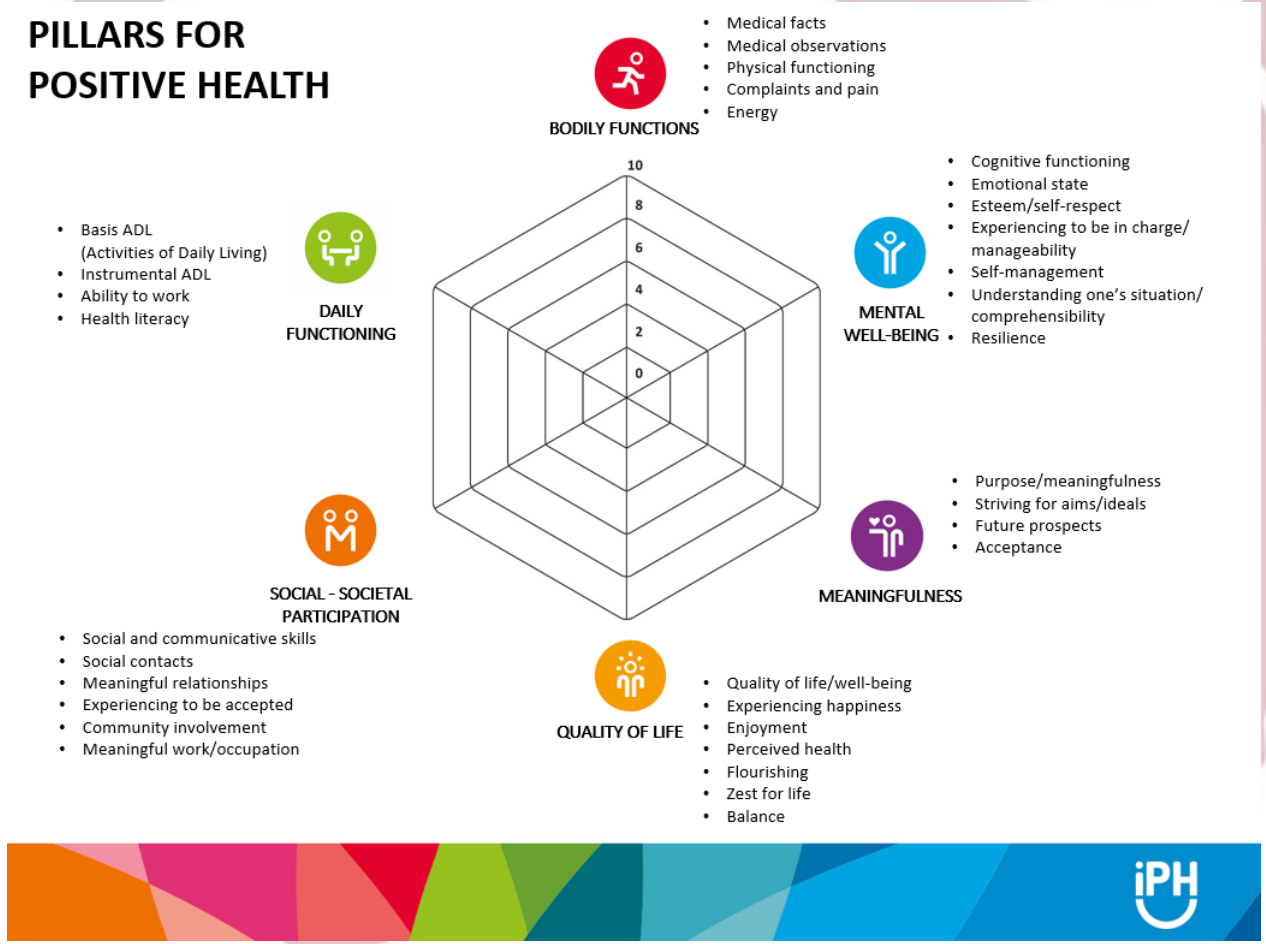
AIM calls on national and European decision-makers:

- ❑ to adopt **comprehensive and strict air quality standards**, in line with the health-based recommendations of WHO
- ❑ to adopt measures that **tackle both air pollution and climate change**
- ❑ to strengthen efforts to **bring down emissions of air pollutants from all sectors**, but particularly from transport in cities and coal plants
- ❑ to become more engaged in clean air efforts and this in all sectors of society according to the principles of **Health in all Policies** → to prevent diseases, to reduce healthcare costs and to improve the quality of life

9. Positive health in Belgium

Positive outcome of the AIM General Assembly in The Hague in 2016

Jean Hermesse,
Christian Mutuals in Belgium



#AIM20yearsBxl

Getting the concept of “Positive Health” alive

Jean Hermesse
Secrétaire Général
AIM Conference 2018
Brussels

Presentation of the concept of « Positive Health » at the AIM Conference of in Den Haag (Nederland) – June 2016

- Invest more in health care does not necessarily increase health of all because health care impact health, life expectancy with only 10 to 25% maximum
- The WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

- Instead of a negative definition of health with health as an aim, a requirement, let us look at health as a mean, a leverage for a life of quality, a meaningful life !
- Positive health becomes “the ability to adapt oneself and have control, in face of social, physical and emotional challenges”

  and this ability, capacity can be exercised in 6 dimensions.

The six main dimensions of health:

- Bodily functions
- Mental functions & perception
- Spiritual-existential dimension
- Quality of Life
- Social & societal participation
- Daily functioning

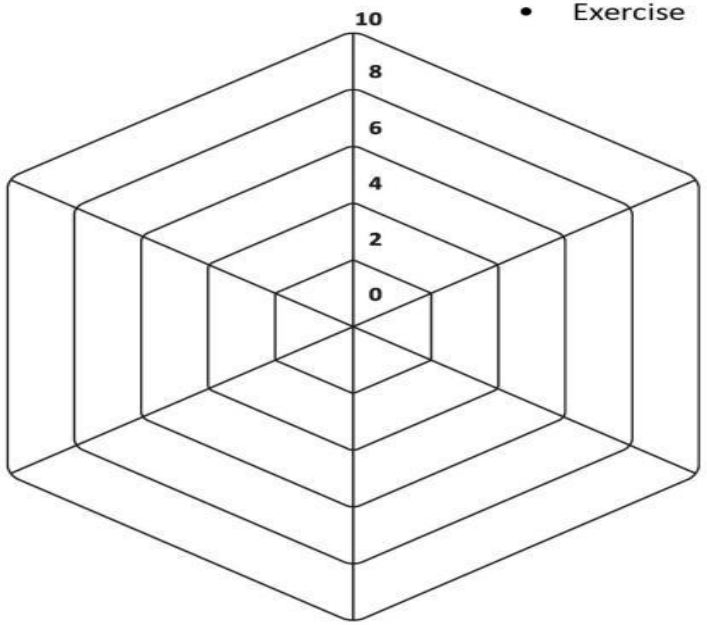
MY POSITIVE HEALTH

BODILY FUNCTIONS

- Feeling healthy
- Feeling fit
- Having complaints and/or pain
- Sleeping pattern
- Eating pattern
- Physical condition
- Exercise

DAILY FUNCTIONING

- Looking after yourself
- Knowing your limitations
- Knowledge of health
- Managing time
- Managing money
- Being able to work
- Asking for help



MENTAL WELL-BEING

- Being able to remember things
- Being able to concentrate
- Being able to communicate
- Being cheerful
- Accepting yourself
- Being able to handle changes
- Having controle

PARTICIPATION

- Social contacts
- Being taken seriously
- Doing fun things together
- Having the support of others
- Belonging
- Doing meaningful things
- Being interested in society

MEANINGFULNESS

- Having a meaningful life
- Being high-spirited
- Wanting to achieve ideals
- Feeling confident about
- Accepting life
- Being grateful
- Continue learning

QUALITY OF LIFE

- Enjoyment
- Being happy
- Feeling good
- Feeling well-balanced
- Feeling safe
- Living conditions
- Having enough money

- An old person, a chronic ill patient, a handicapped person can feel oneself well because he/she adapted herself to the situation. One can make progress in other dimensions than only physical and mental.
- The individual capacities, abilities can be developed through actions, services, the environment, culture to create space for development toward 6 dimensions,

  And it seems to work ...

Internal debate on the consequences

- For the priorities of Health Policy
- For strategic development of Sickness Fund

New perspective in terms of Health Policy

- More “health in all policies” (mobility, public transport, work conditions, housing, LEF food, energy, climate, …)
- Integrate « positive health » in health care
- Importance of « non medical » partners
- Creation of an « Institute for Positive Health » open to all partners

New strategic orientation for the Sickness Fund

- From Sickness Fund to Health Fund
- Promote services and activities in the six dimensions of Positive Health
- Work with local Networks to promote Positive Health
- Development of support and coaching with the aim of health and well-being promotion

New associate partner

Inter Mutuelles Assistance (FR),

Martine Carlu-Benasich, Director Healthcare Assistance

#AIM20yearsBxl

INTER MUTUELLES ASSISTANCE

PÔLE SANTÉ, BIEN-VIVRE

Pôle Santé
Bien-Vivre

INTER MUTUELLES ASSISTANCE

LE GROUPE IMA

3 380
COLLABORATEURS

6
FILIALES INTERNATIONALES

+55 000
PRESTATAIRES

DÉPLACEMENT

HABITAT

SANTÉ, BIEN-VIVRE

- Création en **1981** à Niort
- Actionnariat issu de **l'économie sociale et solidaire**
- IMA, la **référence en matière d'assistance**…

DE L'ASSISTANCE D'URGENCE À L'ACCOMPAGNEMENT DANS LA DURÉE

Assistance routière, voyage ou bien médicale, habitation, santé et prévoyance, le Groupe IMA propose une gamme complète de services pour garantir le bien-être et la satisfaction de vos clients. Et cela toute l'année, de jour comme de nuit.

LE PÔLE SANTÉ, BIEN-VIVRE

UNE APPROCHE GLOBALE DE LA PERSONNE

SANTÉ AU QUOTIDIEN

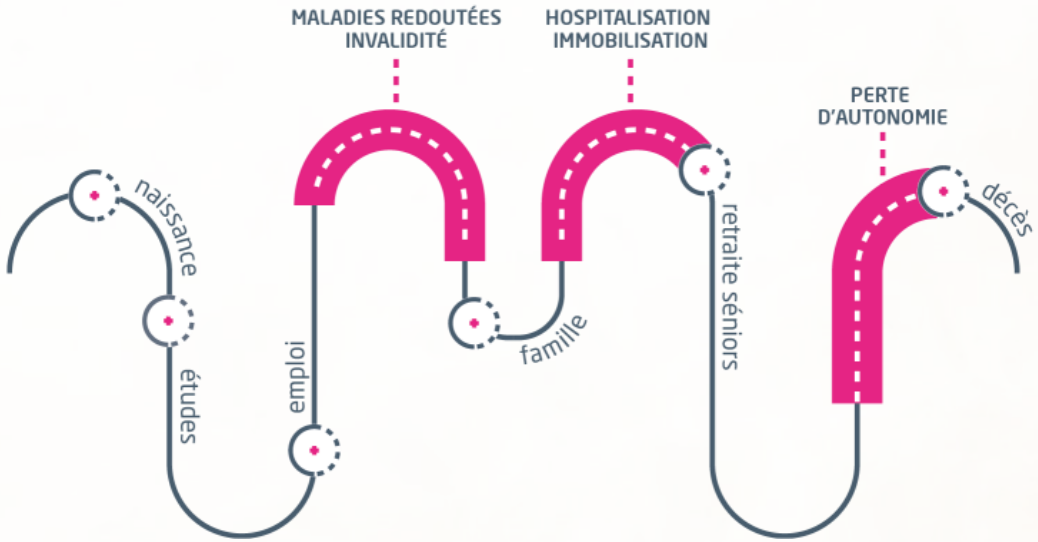
- Expertise médico-sociale
- Portail web IMA Santé
- Soutien hospitalisation / immobilisation / maladies chroniques
- Téléconsultation

PARCOURS DE SANTÉ

- Conseil et orientation
- Prévention
- Évaluation
- Coaching motivationnel
- Coordination de parcours
- Plateforme de services QVT

ASSISTANCE À DOMICILE

- Téléassistance
- Soutien vie quotidienne
- Adaptation du logement
- Aide sociale et financement
- Formation et accompagnement des aidants



83M€
CHIFFRE D'AFFAIRES

+350
COLLABORATEURS

90,6%
SATISFACTION GLOBALE

ARCHITECTE DE SOLUTIONS DE PRÉVENTION ET D'ACCOMPAGNEMENT DES PERSONNES DANS LEUR PARCOURS DE VIE ET DE SANTÉ.

INTER MUTUELLES ASSISTANCE

PÔLE SANTÉ, BIEN-VIVRE

Pôle Santé
Bien-Vivre

INTER MUTUELLES ASSISTANCE

New associate partner

Cyprus Health Insurance organisation, HIO

Athos Tsinontides, acting Director General

#AIM20yearsBxl

HEALTH INSURANCE ORGANISATION




The Cyprus General Health System

Athos Tsinontides
Acting Director General

AIM Board of Directors Meetings
Brussels, 14-16 November 2018

Where we are!


Arctic Ocean
Kara Sea
Greenland Sea
Barents Sea
Russia
Denmark Strait
ARCTIC CIRCLE
66°30'N
Norwegian Sea
Baltic
Atlantic Ocean
North Sea
ASIA
EUROPEAN RUSSIA
EUROPE
English Channel
Kazakhstan
Bay of Biscay
Caspian Sea
Black Sea
Turkey
CYPRUS
Strait of Gibraltar
Tunisia
Syria
Iran
Mediterranean Sea
Lebanon
Morocco
Israel
Iraq
Jordan
ASIA
MIDDLE EAST
Algeria
Libya
800 mi
Egypt
800 km
23°5'N
TROPIC OF CANCER
Saudi Arabia
PRIME MERIDIAN
AFRICA
worldatlas
Red Sea
©GraphicMaps.com

General Health System (GHS_ΓεΣΥ)

Health Insurance Organisation (HIO)

HIO is a public legal entity. Its mission is the implementation of the General Health System (GHS) and its main responsibilities include monitoring and managing the System in order to promote social solidarity, equal access and efficient use of resources.

HIO is governed by a 13 member Board of Directors, with **quadrilateral representation** (Government, Employers, Employees and Patients):

- **Chairman***
- **Director General, MoH**
- **Director General, MoF**
- **Government** - 2 members
- **Employers** - 3 members
- **Employees** - 3 members
- **Self employed** - 1 member
- **Patients** - 1 member

The composition of the BoD provides autonomy and protection from political interventions and promotes consensus in decision making.

* Appointed by the Ministerial Council

Main Characteristics

Universal

- Coverage of the whole population regardless of income and health status

Social

- Contributions based on income

Solidarity

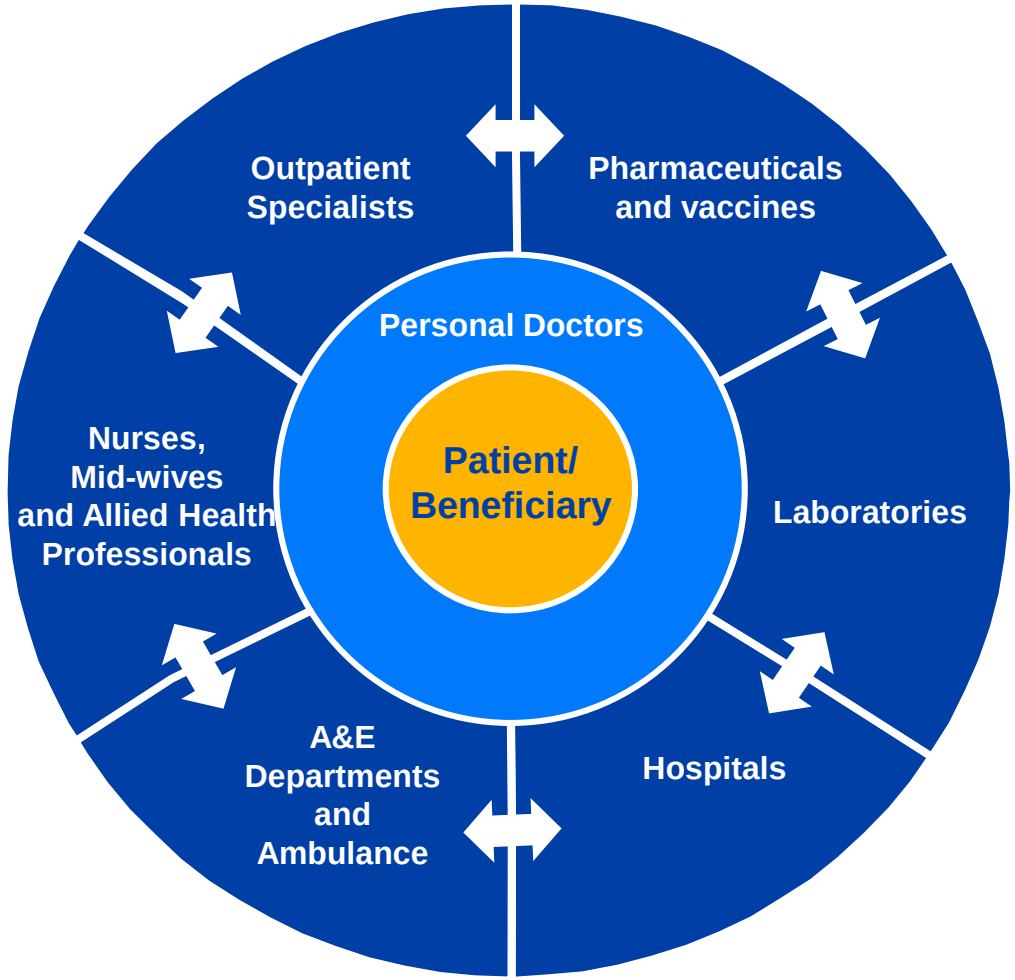
- Healthy population for the sick
- The affluent for the poor

Accessible

- Equity in the access of beneficiaries
- Free choice of providers in public and private sector

Comprehensive

- Provision of complete health care package



GHS Beneficiaries

Republic of Cyprus Citizens

who have their ordinary residence in the areas controlled by the government of the Republic of Cyprus

European Union Citizens

who have their ordinary residence and work in the areas controlled by the government of the Republic of Cyprus or have acquired the right of permanent residence.

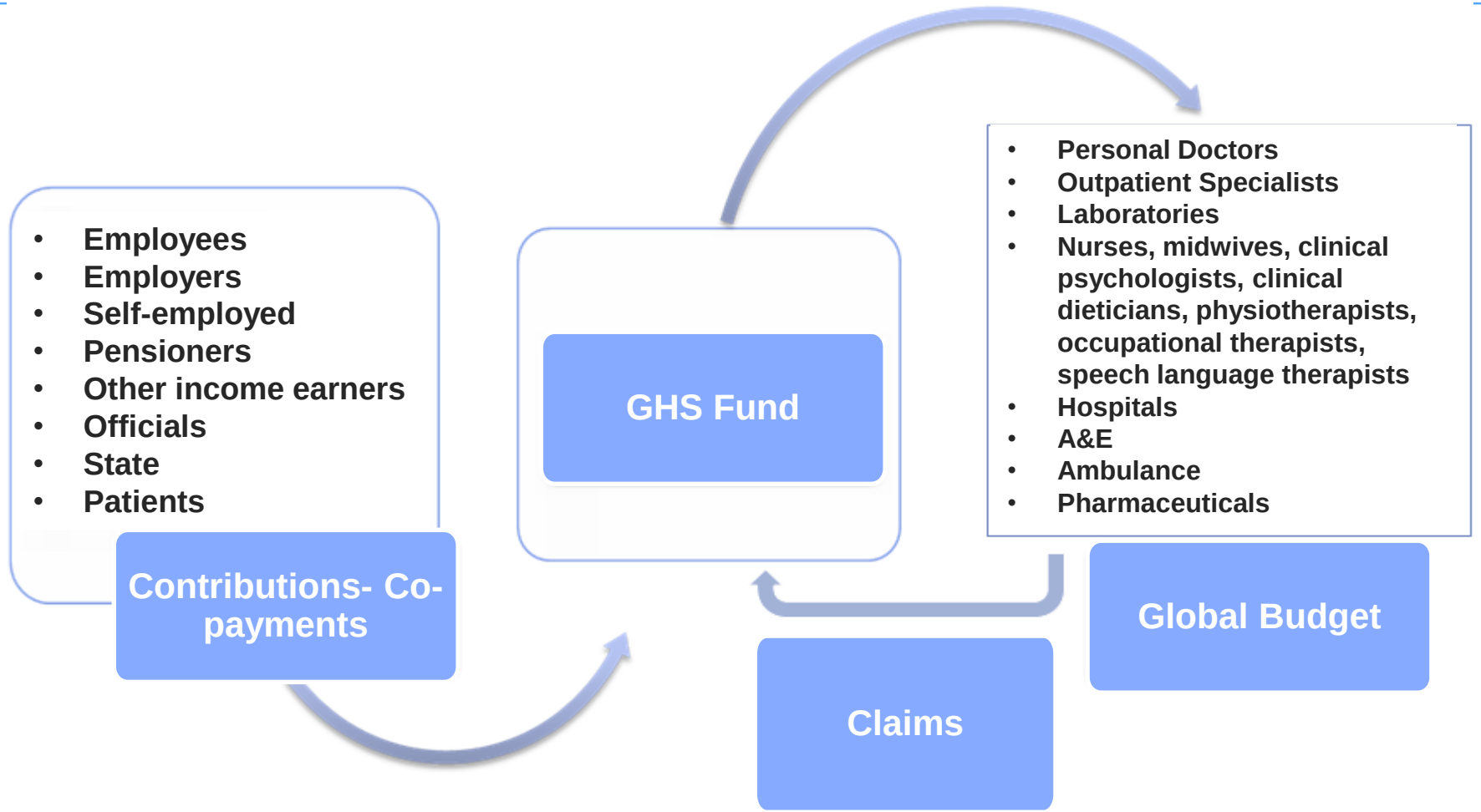
Third Country Nationals

Who have their ordinary residence in the areas controlled by the Republic of Cyprus and meet the provisions of the Cyprus National Law.

Other categories

under certain conditions

Financing the GHS



The GHS contributor categories and the contribution percentages

CONTRIBUTORS	March 2019*	March 2020**
Employees	1.70%	**2.65%**
Pensioners	1.70%	**2.65%**
Any other income	1.70%	**2.65%**
Officials	1.70%	**2.65%**
Self-employed	2.55%	**4.00%**
Employers	1.85%	**2.90%**
Government	1.65%	**4.70%**
There is a maximum annual income of €180,000 on which contributions are payable.		

* Contribution percentages which will apply from 1st March 2019 for outpatient services
** Contribution percentages which will apply from 1st March 2020 for the full GHS implementation

With the General Health System we achieve:

- Financial protection,
- Equal access,
- Free choice of doctor,
- Quality healthcare services,
- Reduction of waiting lists,
- Prevention and detection of disease
- Comprehensive package of healthcare services,
- eHealth

The right to Universal Health Coverage

GHS implementation timeline

1st Phase June **2019**

Outpatient health services

- Personal Doctors for adults and children
- Outpatient Specialists
- Pharmacies and pharmaceuticals
- Laboratories

2nd Phase June **2020**

Full GHS implementation

- Inpatient care
- Accident & Emergency and Ambulance
- Nurses, Mid-wives and Allied Health Professionals
- Palliative care and Rehabilitation

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