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COMMISSIONER ANDRIUKAITIS WELCOMES AIM MEMORANDUM
Dear members, dear partners, my dear friends,

20 years ago, AIM moved its offices from Geneva to Brussels. And in 20 years, many things have changed: the European Union has grown considerably - especially in the Eastern part of the continent; the Euro was adopted... The last decades have also seen the introduction of cross-border healthcare entitlement and the fast development of technologies and of eHealth. Besides, Europe has undergone an unprecedented financial crisis which hit the global economy in September 2008, leading to austerity measures which have threatened the availability and quality of healthcare for citizens for many years. It is now slowly but surely leaving that dark period behind and yet facing a new crisis. The EU now has to convince its members and citizens of its added value. Within AIM, we have understood that Europe is the future but we believe that it has to be more than merely a common internal market. We want a more social and solidary Europe, ready to put the health and well-being of its people at the core of its policies. During our meetings last week, we have reaffirmed that AIM and its members understand the importance and potential of a strong and united Europe in fighting inequities and achieving healthy and fully realised citizens in a more solidary society. I was particularly delighted to see how EU Commissioner Vytenis Andriukaitis shares our priorities and encourages us to raise our voice for the upcoming elections.

Our meetings were only the beginning. Now the most difficult part remains to be done and for it, we will need each and every member and partner to be active. I believe we are all convinced of the importance of the aspects mentioned in our memorandum: the key role of prevention and of health in all policies in reaching better health and wellbeing amongst populations and in ensuring the resilience of healthcare systems, the need to achieve sustainable access to pharmaceuticals, to encourage innovation; and the necessity to give more recognition to social economy enterprises like mutuals. We have preached the converted long enough; let us now try to preach the non-believers. Let us make the European Commission, Parliament, and Council understand but above all share our concerns. Let us put health at the heart of a more social Europe.

Christian Zahn
Committees Joint Session

Lifting the Lid on NCDs.

14 November – The Latin America and Africa and Middle East committees of AIM met in Brussels at the Economic and Social Committee in the frame of the Board of Directors meetings during which they discussed chronic diseases.

Evan Pye, Country Team Consultant at the Be He@lthy, Be Mobile Initiative from the World Health Organization informed the audience that today, according to the United Nations, non-communicable diseases (NCDs) are collectively responsible for 41 million deaths each year, and 15 million of which are premature. WHO decided to harness the increase in mobile phone subscriptions in order to curb the impact of NCDs. WHO and the International Telecommunications Union (ITU) set up Be He@lthy, Be Mobile in order to empower people to protect themselves from common NCD risk factors, as well as to support governments set up large-scale, sustainable mHealth services. The initiative works with 11 countries from a range of regions and income levels, tackling issues as diverse as raising awareness on cervical cancer to helping people quit tobacco use. Now the initiative is reaching out to the private sector, such as mutual benefit societies, in order to deliver NCD prevention to their members.

Miguel UprimnyYepes, Coordinator for Health at Gestarsalud, Colombia presented the approach to the fight against NCDs in Colombia, Uruguay and Argentina. For instance, Uruguay does not have a branch, departments or office responsible for the fight against NCDs within the Ministry of Health. Only Colombia has a policy on NCDs that addresses several NCDs and their risk factor. It however does not have a specific policy on marketing foods to children. All countries have a programme to address cancer though. The situation is quite satisfactory regarding access to treatment and pharmaceuticals.

Darwin Cerizola, President of the Uruguayan Mutualist Federation (UMU) presented the situation in Uruguay. Since 2014 salt and condiments with high salt content are banned from restaurant tables; bakeries have reduced salt content in their products and in 2018 shops that restaurants now have to have a least 10% of their menu without salt. The government also launched a guide on healthy nutrition, food labelling as well as a day of physical activity.

Dr Casimir Ntandikiyi, Medical Counsellor at MFP, Burundi, presented his mutual’s approach to the topic of NCDs. The MFP is ensuring access to chronic disease treatment, mainly for hypertension which is the most common NCD that insured people face. The question of NCDs care is all the more important for MFP as they affect insured people who are not full members (children under 5, retired people), which might endanger the financial stability of the mutual. MFP is thinking about adding new populations into its members pool as well as engaging in preventative activities.
Latin- American Committee

Can eHealth cure all our ills?

14 November - Members of the AIM Committee for Latin America followed up on the joint meeting by discussing the potential of eHealth solutions to chronic disease management. At the seminar, Martini Hagiefstratou (Solidaris, BE) described the latest Belgian developments in the field and participants briefly discussed the potential benefits of eSolutions in their respective contexts while highlighting some upcoming challenges and limitations.

Belgium has lately been strengthening digital solutions in the field of healthcare with the ultimate goal to roll out a fully functional system to improve patient care through more collaboration and data exchange between healthcare providers and institutions. Amongst the most relevant ones, those solutions include the summarised Medical Electronic Health Record, which enables to share medical information and ‘documents’ of patients on secured platforms and allows every health provider to have access to relevant information on the patient with their consent. Linked to those records, Mycarenet was developed, a service platform used by individual care professionals and institutions which allows to verify patients’ insurability data; to improve accessibility of healthcare by enabling to charge only the co-payment; and to save administrative costs through the introduction of medical eCertificates.

Within that national frame, the mutual Solidaris have developed the application "Comunicare", a solution developed in the context of breast cancer which ultimately targets all chronic diseases. It provides patients, via a mobile application, with personalised information on the care programme, ensuring their therapeutic compliance and collecting their feelings about the treatment. "Vivoptim", a personalised coaching programme with a strong focus on diabetes, is another concrete initiative of the mutual, through which it aims to contribute to preventing and managing cardiovascular risks by focusing on patient behaviour. Vivoptim was deployed on a large scale by a health insurer (MGEN) in France.

Discussions with participants which followed the presentation highlighted the importance of adapting solutions to the context. If eHealth is promising especially in case of medical deserts, one must take into account connectivity issues and the necessary development of platforms. eHealth developments in Uruguay were also described, amongst which, national electronic medical records and the ePrescription project. From Argentina, the experience of pharmacists following up on their clients’ treatment via Whatsapp constituted a very concrete example the potential of eSolutions in building a more personalised relationship between patients and healthcare professionals.

Finally, participants highlighted their concerns regarding data protection, an aspect not to underestimate if we are to prevent eHealth from becoming the cause of all ills. But this remains to be discussed...
Africa and Middle-East Committee

Setting up public Relations Strategies.

14 November - Africa and Middle East committees of AIM met in Brussels at the Economic and Social Committee in the frame of the Board of Directors meetings. The meeting of the Africa and Middle East region started with a presentation from Yannick Lucas, Director in charge of public affairs at FNMF, on the topic of influence in public affairs. A successful public affairs strategy is organized around 5 elements:

- The definition of a specific, measurable, acceptable and ambitious, realistic and temporarily limited objective
- An appropriate cartography of the environment, taking into account supporters and critics, allies and opponents
- The identification of tipping points, e.g. points that can enable you to win over your targets
- The wide use of vectors that will help you convey your arguments (media for instance, events, etc...)
- The measurement of impacts in order to see whether you were successful

Yannick Lucas took as an example the successful contribution of FNMF to the definition of the policy on zero co-payment policy for dental, optical and audio prosthesis in France. Key to the success was the positive attitude of FNMF towards the reform, the early positioning on the debate as well as FNMF’s constructive approach.

The rest of the discussion was dedicated to the presentation of the Lomé (22 and 23 January 2019). Vice-President responsible for Africa and Middle East Abdelaziz Alaoui informed members that on the first day, high-level roundtables with ministers, high-level representatives of international organizations and mutualists will deal with topics such as:

1. The reliance on mutuals to ensure solidarity in healthcare systems development;
2. Compulsory affiliation to mutuals;
3. The delegation of management of public health insurance schemes to mutuals.

The second day will be mainly dedicated to the Lomé Declaration, the roadmap to the inclusion of mutuals to universal health coverage policies. The conference will end with a closing dinner.

Mr Alaoui informed members of his mission to Burkina Faso on 1 and 2 November 2018. There, he had meetings with the General Secretary of the Prime Minister, with the General Secretary as well as the Director-General of the Ministry for Public Servants and UEMOA.

On 24 October, the Secretariat attended in Geneva the Third Multi-Stakeholder meeting of ILO’s Social Protection Floors Initiative. The meeting was encouraging because the invitation of AIM is a success; in addition, mutuals share the same concerns as the government representatives who attended the meeting: the problems that are posed by the coverage of informal workers, challenges regarding the financing, etc... It was also a bit disappointing because ILO believes that mutuals are not able to deliver on sustainable access to healthcare on a wide scale on their own. ILO is mostly turned towards publicly-funded schemes based on health insurance funds.
The Kohll and Decker Cases were our welcome Gifts.

AIM kicked off its birthday board of directors meeting with a presentation by Prof Greenwood from Aberdeen, expert in lobbying the European institutions. Many AIM members were surprised to hear that Prof Greenwood doesn’t see any problems in unequal representation in Brussels. The European institutions are according to Greenwood well able to balance the interests of the different stakeholders, the large industries and small NGO’s.

AIM members were very pleased to then welcome Mr Geert Jan Hamilton, honorary President of AIM and President of the association responsible for the move from Geneva to Brussels, from 1993 to 1999. That was a time of European optimism after the fall of the wall, a growing amount of member states, the increasing impact of EU policy on AIM members and, as a consequence, the establishment of AIM in Brussels. But there were also concerns about the future of healthcare mutuals with the strengthening of the internal market. And would a move to Brussels reduce the international dimension of the association? But the move, approved at the 1996 General Assembly in Rome, was a success, also due to the important work of the treasurer at the time, Michel Schmitz.

Then Willy Palm, the first director of AIM in Brussels (1998-2006) took over the microphone. He reflected on the removal. Those European Court Rulings on the cases Decker and Kohll came according to Palm at a fantastic moment, just after we arrived in Brussels. Our work on that file put us on the map in the EU bubble. At the end of his intervention Palm revealed a secret; AIM is responsible for the fact that now everybody speaks about Kohll and Decker. The ruling on Decker was earlier, so Decker-Kohll rulings would be more appropriate, but the colleagues in AIM thought that Kohll-Decker sounded better and decided to present them in that order. And that is how those cases are known until today.

The birthday board meeting ended with a session by former vice-president André Arnaudy (2000-2002) and current vice-president for mutual values Pedro Bleck da Silva. They looked back at a 20 years lobby for mutuals. Arnaudy considered it a battle, in particular against for-profit insurers. It started in 1993 with a first request for a legal statute specifically for healthcare mutuals. In 2006 a second project aimed at broader recognition of mutual benefit societies. The recognition of mutuals and its values remains an important field of work for AIM. Bleck da Silva underlined in his presentation the importance of contacts with influential people, members of parliament and Commissioners to make progress on the file.
In the afternoon of 15 November, AIM organized a public event during which the AIM Memorandum towards the European elections in 2019 was presented. Both EU Commissioner for Health and Food Safety, Vytenis Andriukaitis, and the President of the EESC, Luca Jahier welcomed AIM’s publication.

President Luca Jahier congratulated AIM on its Memorandum. He emphasized that demographic changes and ageing cause big problems to healthcare systems in Europe. Existing health inequalities need to be removed and life expectancy improved in all Member States. Commissioner Andriukaitis fully agreed with AIM’s priorities and highlighted the importance of fighting against preventable diseases. In this vein, he stressed the importance of increasing vaccination coverage rates especially to protect European children from dying prematurely. Ms. Fransen, former director at the Commission Directorate General for social affairs, also presented her vision on the future of health in the EU. She explained that people should be at the heart of European policies and underlined the achievements of Europe for its citizens.

After the coffee break, five presidents and general secretaries from AIM member organisations, discussed the AIM memorandum. Ulrike Elsner (vdek, DE) reminded that Germany has a very extensive healthcare system but faces similar challenges as other countries. She underlined the need for all Member States to work together. Albert Lautman (FNMF, FR) pointed out the problems its country faces due to ageing of the population. Concerning eHealth, Rain Laane (EHIF, EE) emphasized that Data Protection should be given the attention it deserves so as to unleash the potential of eSolutions to save patients’ lives and improve healthcare. Aleš MIKELN (Vzajemna, SI) commented in a humorous tone on the side effects of connectivity. According to him, the most visited doctor is Mr. Google, a reality which unfortunately leads to vaccine hesitancy amongst parents. Finally, Armando Nieto (Divina Pastora, ES) agreed on the importance of prevention on the one hand and of accessible pharmaceuticals on the other, pharmaceuticals which should be priced according to their efficacy.

In conclusion, the panel debate reminded of the five priorities highlighted in AIM memorandum for the next elections: a stronger focus on prevention and on health in all policies; sustainable access to medicines; healthcare innovation; the need for an international perspective and the strengthening of the role of healthcare mutuals. All agreed that those priorities should be at the center of future policies if a more social and solidary Europe is to be achieved.
Conference

Betting on the winning Horse: Reforming mental Healthcare and embracing mental Ill-Health.

Constant perfectionism, uninterrupted competition, lack of sense of fulfilment... those are the pillars on which our society is currently balancing. With these words, Margret Hospach, German Psychotherapists, opened the minds of the participants to AIM conference on the future of mental health. Her engaged intervention plunged attendants into the issue by underlying the urgency of raising awareness around mental health problems which affect everyone and already have a negative impact on future generations.

Professor Raul Cordeiro, from the Polytechnic Institute of Portalegre, drew the general panorama of mental healthcare in Europe, where mental disorders are the most significant chronic condition (40%). After framing the general landscape and highlighting some of the upcoming challenges, the conference “zoomed in”, to depict some European best practices. Dr Elena Heber described an online training for preventing stress and depression – to name but a few -, and provided an example of how those trainings need to be culturally adapted to their target audience (e.g. farmers). After her, Bernard Jacob sketched the recent Belgian mental healthcare reform and the government’s ambition to reach an integrated approach which would cover all determinants of health. Finally, Professor Hans Kroon introduced the audience to “flexible assertive community treatment”, a method well developed in the Netherlands, which relies on specialised teams working within communities. He warned: “Community is an ocean of resources in which people can easily get lost”.

That concern and many others were discussed in the second part of the meeting. A panel debate moderated by Claudia Marinetti, director at Mental Health Europe, gathered a wide range of stakeholders: Jacqueline Bowman, lead of the Self-care Initiative Europe; André Decraene, representative of the European Federation of Associations of Families of People with Mental Illness; Pascal Garel, Chief Executive of the European Hospital and Healthcare Federation; Erich Koch from the German Social Insurance for Agriculture, Forestry and Horticulture; and Annabel Seebohm, Secretary General of the Standing Committee of European Doctors. Panellists agreed that deinstitutionalisation potentially constitutes a positive development, including for vulnerable groups, but that it should not happen at all costs. If communities are to take over, they should be properly supported. The importance of focussing on prevention and of including all sectors in fighting mental ill-health was also highlighted. Participants agreed that a socio-medical approach to mental healthcare is the path to take. The role of healthcare payers in building partnerships with other stakeholders from different sectors so as to allow mental health in all policies was stressed, just as the importance of providing proper support to families and informal carers. All in all, the panel confirmed that many challenges remain ahead and that tackling them will require the inclusion and collaboration of stakeholders from well beyond the mere healthcare sector.
Special thanks

AIM wishes to thank Luca Jahier, president of the European Economic and Social Committee, for welcoming AIM members in his house. AIM meetings in Brussels would not have been possible without the help of Cândida Reis Rocha and the support of Alain Coheur, as AIM treasurer and member of the EESC. Our warmest thanks.

Upcoming Statutory meetings 2019

AIM will celebrate its 38th General Assembly in Luxemburg from 26 to 28 June 2019 in collaboration with AIM Luxemburgish member CMCM.

Links to Presentations, Press Release and Pictures.

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