



AIM

Healthcare and
social benefits
for all

**SPECIAL
BRIEFING**

Brussels
November 2019





Dear members,

It is always like a family meeting when we gather during our Board of Director's meeting. I am pleased that so many of you made their way to Brussels. I would first of all like to thank Alain Coheur and his team for inviting us to the new Solidaris/Socialistische Mutualiteiten venue in the heart of Brussels. I would also like to thank the AIM Team that has done a great job to set these meetings up.

Europe is at a crossroads. But it is actually not only Europe that is at a crossroads. If we look at the political situation – even though we have to keep in mind, that each country has its very own - the political systems are undergoing some significant global challenges.

AIM has an important role to play to support its members in the fight for better access to health care and better social conditions all over the world. We should all cooperate to make AIM become the leading international voice of health and social benefit mutuals and to make sure that access to healthcare and social protection is enshrined as a fundamental right all over the world.

Christian Zahn

Dear members,

AIM is at the service of its members. That is why we had proposed this year to try a new format, the 'world café' in order to discuss with you about the priorities that you would like the AIM team to focus on. We were pleased with the enriching discussions and the vivid exchange that took place during the breakout sessions. We will take the outcome of the discussions as a basis for developing the future work programme of the AIM from 2020 to 2023.

The meetings of the Board of Directors brought interesting insights at least for us as a team. We dealt with medical deserts, technological developments, the further development of the LOME Platform, the social and health policy of the upcoming Commission and learned about existing European projects. The challenges that our members are facing in all parts of the world are the same, but take different shapes.

AIM is both an advocacy organisation at European and international level and a platform for sharing best practices and experiences. We are looking forward to continue our deepened dialogue with all our members to promote the values that unite us: solidarity, autonomous management, not-for-profit orientation, responsibility and social democracy. Thank you very much to Solidaris/Socialistische Mutualiteiten for having hosted us and to our members for having come our way.

Sibylle Reichert





Side Event

Healthcare Mutuals and the digital Revolution

12 November – AIM organised a study visit in collaboration with the Belgian Intermutualist Centre (CIN). The meeting allowed participants to get a better understanding of the electronic exchange of data between Belgian mutuals and providers, as well as the coordination of homecare for elderly people. The first part of the meeting focussed on the ePlatform “MyCareNet” for the exchange of data between providers and mutuals. Mr Bernard Bolle, Manager of CIN’s coordination Unit, underlined how the platform allows faster and more secure exchanges. Computing tasks are simplified and the probability of errors reduced. The platform is a win-win for all actors. Providers have access to important information on the patient’s care path and on potential chronic diseases. They can also invoice mutuals and patients more easily. Doctors are also able to ask for instant prior agreement from mutuals’ medical advisors for the medicines which would request it. Similarly, hospitals have access to information regarding the patient’s medical record and can invoice electronically. As far as patients are concerned, they are reimbursed faster by their mutual, benefit from better care through better informed providers, and enjoy a higher degree of confidentiality. Mr Bolle highlighted that synchronisation and inclusion of all partners is needed for such a platform to be successful. Such a cooperation can be difficult, especially in a country like Belgium, where the number of stakeholders is multiplied due to the fragmented government mirrored in the

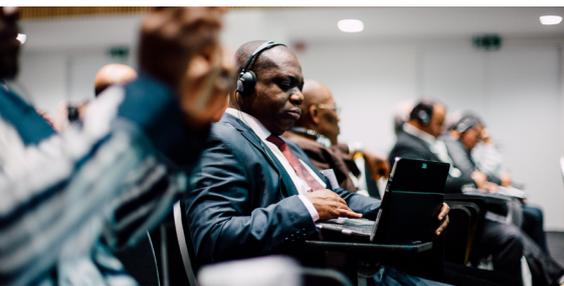
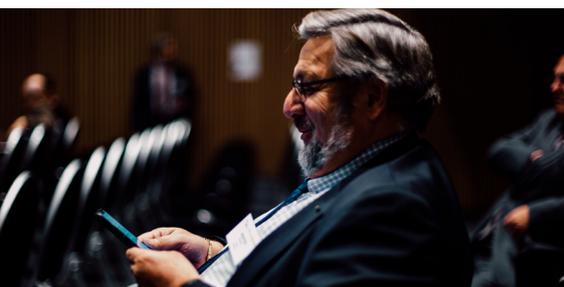
three different regions. As a second part, Mr Julien Bunckens, General Director of the Federation of Home Help and Care (FASD), described how his federation organises care and other services around elderly people. He stressed that technological tools are still in their infancy in the sector due to lack of funding but also of political will. He nevertheless mentioned some interesting initiatives such as the digital home liaison diary, which would enable a better coordination of care by all actors around patients (currently the diary is a paper one). Mr Bunckens also listed some already available tools such as the electronic pill dispenser with an integrated alert system which warns the patient and ultimately emergency services if medication is forgotten, or the interactive tablet which provides assistance in taking parameters and allows for communication between the beneficiary and providers as well as between providers themselves. All in all, the study visit showed how ICT tools and eHealth have the potential to allow effective interdisciplinarity around beneficiaries and an improved continuity of follow-up (communication, data sharing, etc.). They can also contribute to patient empowerment and enhanced autonomy, notably via extended and safer home support. However, all agreed on the importance of ensuring that technologies are always used to provide support and accompany the beneficiary who should remain in control as long as possible.





Joint Committee Meeting

Tackling the growing Challenge of medical Deserts



13 November – Medical deserts are a growing problem across Europe but also in Latin-America and Africa and the Middle East. The seminar allowed participants to get a clearer picture of how those deserts evolve in the represented regions and countries and of the solutions implemented by healthcare mutuals across regions.

Access to health for all was the overarching topic of the seminar. It is at stake for different reasons: lack of financial accessibility, shortage of healthcare staff, long travel distances, etc. Remote areas are often the first thought which comes to one's mind when speaking about medical deserts. However, problems of access also happen in big cities. Ms Katarzyna Ptak-Bufkens, Policy Officer at DG SANTE set the scene at the EU level. She described the landscape of unmet medical needs and health inequities. She also described some of the upcoming challenges. Amongst which are a shrinking number of nurses and midwives and a growing care demand, ageing physicians, accessibility problems for rural areas, and the digital divide. She underlined that solving the problem of access is a complex multi-dimensional issue which requires action on public policy beyond the health system –especially fiscal policy, but also social protection, education, employment, transport and regional development policy.

The panel debate which followed allowed members to share their experience on the issue. Mr Everiste Somda, from the MAADO, Burkina Faso, explained how people have to travel 6,4 km on average to access the first level of healthcare in his country. With one doctor available for 20 000 inhabitants and some specialisations, like radiotherapy, lacking at national level,

Burkinabe mutuals contribute to tackle the problem of lack of access, notably by creating mutualist healthcare centres and proposing scholarships for medical students.

Ms Vivika Tamra, Chief Specialist of the Public Relations and Health Promotion department of the Estonian Health Insurance Fund (EHIF), described how her country enjoys a better situation when it comes to the number of doctors per inhabitants compared to Burkina Faso (3.5 for 1000). While the country is heading for universal healthcare coverage, ageing of doctors and, more importantly, the emigration of healthcare staff looking for better pay are problematic. Ms Tamra also presented some solutions implemented to overcome access issues. For example, eConsultations are made possible for GPs to consult 21 specialties, and ePrescription has been implemented for 10 years and requires no specific digital skill from patients.

In France, there have never been so many doctors! And still, medical deserts are a growing challenge. Ageing and its impact on care demands, higher expectations from patients and expectations of doctors (work-life balance, freedom of establishment etc.) exacerbate the issue. Telemedicine is not really implemented in the country and, as underlined by Ms Severine Salgado, FNMF health Director, implies many risks amongst which the exacerbation of inequities and medical consumerism. France looks for solutions by fostering collaboration between healthcare professionals. This includes delegation of tasks such as vaccination against flu or analysis of throat swabs to pharmacists, and the creation of new roles

like advanced practice nurses. Across the Atlantic, in Latin-America, the landscape very much varies from one country to the other. Mr Darwin Cerizola, President of UMU, described how the problem of access is very present in Uruguayan urban areas too. He highlighted that 25% of their affiliates are over 65 years old, leading to an increasing demand in the coming years. As a solution,

reference centres are created for remote areas. eHealth is also well developed in the country with all patients having an electronic health report. Finally, Mr. Cerizola also underlined the challenge of overburdened emergency centres and of 'triage', to which all other participant's organisations seem to be confronted, to different extents.



Latin-America Committee

Electronic Records: a Strength and Challenge for Latin-American Mutuels



13 November - AIM Latin-American members discussed their impressions on the study visit organised on Tuesday (see article above). They also spoke about records in the region and how mutuels are included and benefit (or not) from them.

The meeting started with an exchange of views on the meeting organised the previous day on the Belgian system of exchange of data and on the coordination of care around elderly people. Members were in general very positive about the session, although it did not allow to cover all important aspects like financial difficulties for mutuels to cover growing demands of care to the elderly or the issue of solitude. The discussions also allowed to highlight key topics on which the region would like AIM to focus in the future, amongst which staff shortages, overmedicalisation, and efficient triage.

Participants then dove into the issue of 'ICT tools for mutuels'. Ing. Ana Fernández, Manager of Organization and Systems, presented how the 'Asociación Española' of Uruguay, transformed medical records and electronic prescribing into a platform to ensure patient safety, provide new self-

management services to partners and a better experience in their healthcare processes. She also described an application developed by her organisation, which allows for greater empowerment of patients, and, amongst others, enables them to manage their appointments with the doctor or pay online for consultations or medicines, which can then be delivered to their house.

Mr Hector Pardiñas described the IT deployment of Casa Galicia, member of AIM Uruguayan member UMU. Tools for room and medication control, pharmacy automation, homecare solutions etc. are developed always keeping in mind the same objective of excellency in services provided in the technological but also in the oncological and cardiological domain. Mr Pardiñas also reminded participants of the way healthcare is financed in his country.

Ms Silvana Naveda, from CAM, and Mr Carlos Nemesio, from FeNAMMF, presented the situation in Argentina, where healthcare is covered by the State for 35% of the population and by the so-called "obras sociales" for 65%, from which



10% are covered by mutuels. They underlined the problem of integration of all IT systems into a single platform. The State has implemented an integrated eHealth platform but there are problems of lacking capacity and resources from mutuels to connect their own and very diverse IT systems to that platform.

As a conclusion, AIM underlined that those interoperability issues are the same ones the European Union is facing in establishing the European Health Data Space, as announced in Commissioner Kyriakides' mission letter. AIM will follow closely the developments and inform members if any solution should come up, which could be mirrored in other countries.



Africa and Middle East Committee meeting

The African mutualist model looks ahead

13 November 2019 - AIM's Africa and Middle East Committee met on 13 November in Brussels.

Fouad Bajilali, President of the Board, Mutuelle des Forces Auxiliaires (MFA) presented the map on the availability of healthcare professionals in Morocco. There is a shortage of doctors in some areas in Morocco. Indeed, the majority of public sector doctors is active on the Casablanca-Kenitra axis, leaving the rest of the territory with a shortage of healthcare professionals. Similarly, private sector doctors focus on cities and/or populous areas and gather a high number of potential patients. Only 303 private sector doctors chose to settle in rural areas, for instance. When it comes to the availability of hospitals and clinics, the public sector only has 148 hospitals against 356 private sector clinics. In addition, the public sector is plagued with an uneven geographical distribution and a general lack of equipment.





Thomas Kanga-Tona made a presentation of the most recent steps that followed the adoption of the Lomé Platform. MASMUT and PASS have developed templates of action plans in countries to implement the calls of the Lomé platform. These actions will mainly take the form of country-level meetings when the Lomé Platform will also be handed over to the political authorities in some cases, if this has not been done. The AIM Secretariat has also undertaken a series of actions including the drafting of key messages on the Platform, the context of its adoption and its demands. The Secretariat drafted a strategy document for the promotion of the mutualist movement. It includes a number of actions that will take AIM to 2020-2021. A significant amount of time will be spent after the autumn 2019 on organising meetings with international organisations too.

Jürgen Hohmann, Expert for Social Protection at the European Commission's Directorate-General for Development Cooperation (DG

DEVCO), explained his Directorate-General's activities in social protection. At this stage only a limited one percent of the EU development budget is available for social protection. At the same time, the future EU-Africa alliance will not focus much on social protection projects. Mr Hohmann invited mutuals to focus on other types of projects, potentially on mobile transfers, or digital money. He ended up presenting a series of European Commission programmes dealing with social protection. Lastly, the working group discussed the region's priorities for the next three years. A number of priorities were mentioned by the members: developing lobbying and advocacy so that health and mutuals are on the radar of the Commission, having mutuals participate more in debates on social economy, investing in more concrete study visits on the ground. These ideas should also be complemented on the basis of the outcome of the discussions on Thursday 14 November.



Board of Directors

World Café reflects on AIM's upcoming Priorities

After the statutory part of the board of directors meeting, we have introduced a new format of the Board of Directors: The World Café.

The objective of organising such a format was to listen to the members' priorities for the for the years to come. As AIM will elect a new Presidium and President in June 2020, an activity plan has to be prepared to be adopted by the new Presidium.

There were 5 breakout sessions whereby each group had to discuss one priority. AIM will analyse these rich discussions. They will flow into the AIM's activity plan for 2020 to 2023.



The power of data for better health

The group identified as a first challenge the ability to be able to prevent illnesses and promote good healthcare based on the amount of data collected. Other challenges included access to technologies be it the investment in them, their update or systems interoperability. Members also mentioned the future ownership rights structures. As data is collected and modified, who will be owning the new data or the new datasets? The same goes for algorithms. This could be dealt with by legislation but in some countries members remarked that legislation itself is not up-to-date with what is now common practice. For example in Morocco, doctors still need to use paper receipts while mutuals would like to move to digital forms in order to facilitate and speed-up patient file treatment. Lastly, the participation of every stakeholder in digital change is necessary for big

data and digital healthcare to deliver on its potential.

AIM could draft, adopt and promote, along with members, a charter on the proper use of healthcare data. This charter would include provisions on high standards of data protection, high standards in terms of the use of big data instruments, algorithms, artificial intelligence and could help addressing potential health inequalities. This chart would help decide on some delicate ethical questions (for instance - AIM members collect a substantial amount of patient data - should they act when they see that someone is at risk of falling ill, or not? If they act, wouldn't this be an invasion of privacy? If they don't, can't they be criticised for doing nothing while they knew?). AIM should also promote the participation of all in the changes induced by the digitisation of healthcare. Not only healthcare professionals, but also governments, people and citizens, etc... Members also saw a very big potential in the exchanges of experience that AIM should continue to foster. These experiences could relate to the strategic action plans for the development of digital health systems that are needed to make digital healthcare work. They could also include the investment



Rocketing prices, a threat to the sustainability of our health systems

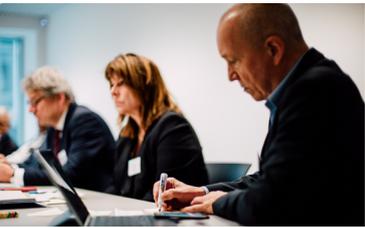
With regard to increasing prices the participants agreed on the fact that high prices for medicine, an ageing population and innovation is putting pressure on the sustainability of our health systems. Possible solutions discussed were the need for cost – benefit analyses, increasing efficiency through digitalisation of administrative processes and evidence-based use of medicine and new technology. It was underlined that solidarity is at stake and that AIM's overarching lobby aim should be the promotion of solidarity. In this respect, AIM should become a strong voice against market driven approach to health care and help its members to safeguard the sustainability of the health systems while defending the interests of healthcare payers in discussions regarding innovating and pricing etc. The participants agreed that AIM is both a lobby organisation and an information platform for its members. AIM should look into the common denominators of its members. AIM should also continue working on the added value of medicine and how to support innovation in health care. Against this background, the overarching priority is the affordable access to health care and medicines. AIM should continue striving for fair pricing of pharmaceuticals and improved transparency in establishing prices and push for robust legislation on HTA while respecting national specificities. AIM should call for a political discussion on early market access and more research on healthcare systems. Sharing information between members should be fostered and joint studies as well as an international register for diseases were discussed.



Promotion of mutual health and social benefit systems

The group focussed on the main challenges currently faced by mutuals and how AIM could contribute to overcome them. First of all, the lack of recognition of social economy and the problem of legislation which would be adapted to mutuals' specificities was highlighted. Participants thought that AIM should lobby at European and global level for the recognition of the mutual model but also accompany national organisations in their advocacy work. The recognition of the mutual model and the need for a stronger voice was indeed stressed as a key issue. A concrete example was the need for mutuals and AIM to become a strong 'counter power' with regards to the pharmaceutical industry, for instance, through the production of mutualist medicines. AIM members highlighted the need for AIM to coordinate action with

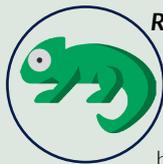




other organisations such as ESIP or AMICE. Advocacy of European institutions and International Organisations needs to be strengthened. To do so, it is key to demonstrate the advantages and benefits of the mutual model in terms of economic outcomes while highlighting its strengths compared to private sector actors. AIM should put more energy in providing data on those aspects when lobbying.

The challenge of governance was another priority emphasised by the group. Safeguarding the autonomy of management, ensuring democracy in the mutuals' governance and striving for transparency were recognised as key objectives. In this field, AIM should favour the exchange of best practices between members and provide them with technical assistance. Another proposal would be for AIM in collaboration with all its members to establish, quality standards for mutuals. This would also help the mutualist movement to achieve greater recognition worldwide.

Finally, ensuring the continuity of the mutual model was described as a multi-faceted problem. Mutuals have a problem of communication to the outside. AIM could help overcome that weakness by establishing a communication plan to be used as a model by all mutuals. Another facet of the same issue are fast technological changes and the need to keep up-to-date with regards to technologies. In this field, AIM should continue to be a platform for the exchange of experiences. Finally, financing is also decisive when it comes to making sure that the model is sustainable. Participants underlined the challenge of covering the informal sector and of maintaining a strong social protection. They called on AIM to launch a reflection on the coverage of the informal sector and new forms of work.

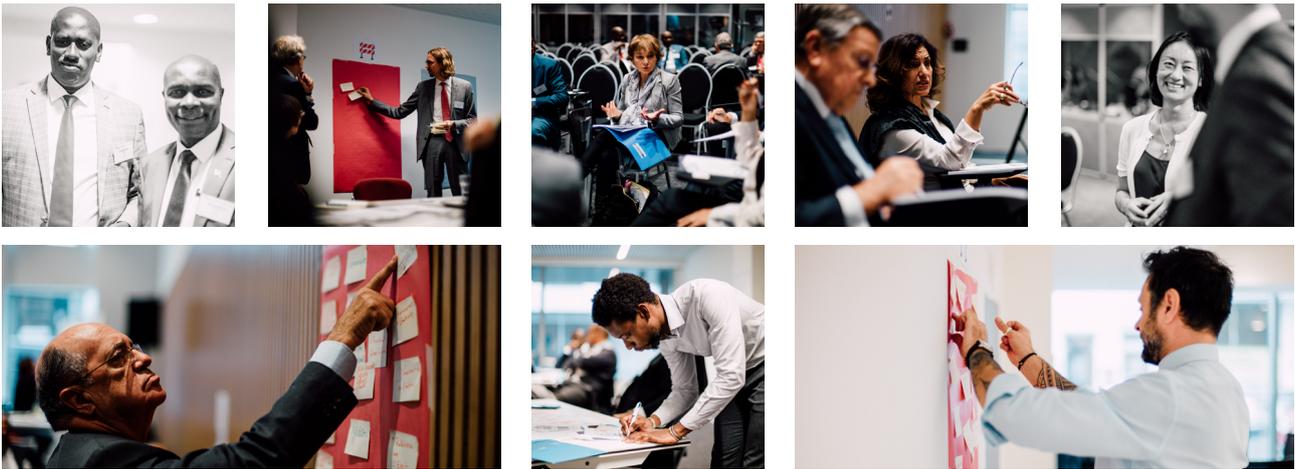


Reshaping our welfare systems – the load of ageing populations and changing labour markets

The group discussed the imbalance between contributions and expenses as a major concern. On the contributions side new forms of work (e.g. platform work) and automatization was mentioned as a relevant problem. Some jobs and working conditions in the health sector are getting or could get unattractive. What is more, health care professionals are at times faced with psychological threats. A lack of health care professionals was also stressed. This phenomenon is due to demographic ageing and migration of health care professionals from one country to another for better working conditions. Among others the problem of insufficient recognition for informal carers was highlighted. Not to forget, risks and chances of especially youth migration was discussed.

The second priority brought two sorts of answers. On the one side there were ideas about possible (public) strategies. The implementation of the European Pillar of Social Rights and the role of civil society in the European Semester were mentioned, but also position papers in this respect. On the other side, e.g. exchange of best practices was seen as a means to create value for AIM members. Furthermore, coalition building and cooperation with other societal groups were highlighted as a necessary tool. Striving jointly for social protection for all and new forms of work were seen as most important. Therefore e.g. the creation of quality jobs and lifelong learning were seen as relevant aspects. The importance of social inclusion, also of migrants was stressed. The same applies to supporting families e.g. in the Long-Term Care of relatives.





Healthy environment for healthy people

The group discussed climate action, which was highlighted as one of the sustainable development goals of the United Nations. These objectives are closely integrated, so interventions in the area of the environment will affect outcomes in other objectives such as the “end of poverty”, “health and well-being” or “reduction of inequalities”. AIM should ensure the implementation of these objectives in national, European and International policies and coordinate with international organisations such as the WHO, ILO or UN. Tackling the issue of climate change requires political commitment as well as multi-faceted solutions like phasing out fossil fuels in favour of clean and renewable energy or organise awareness-raising campaigns. AIM should contribute to generate policy proposals or collective action on climate change, energy, transport and agriculture. Exposure to toxic chemicals is another growing issue which was stressed by members. Toxic chemicals should be kept out of daily lives workplaces and consumer products. AIM should follow the developments regarding the EU level comprehensive strategy on endocrine disruptors and ensure that it guarantees high levels of protection for public health, specifically for vulnerable groups (children, pregnant women).

Air and water pollution are other key challenges. Levels of pollution are still well above WHO recommended levels in many cities. Action needs to be taken so as to decrease preventable diseases linked to indoor and outdoor air pollution and poor quality water and to protect those most vulnerable – pregnant women, children, the elderly and those already ill or poor. In order to achieve cleaner air, AIM should call on the EU and on all regions to adapt legislation to the latest WHO recommendations and to deliver on zero-pollution ambition, which requires a wide-ranging approach looking at air, water, transport, food and hazardous chemicals among other key areas

The group insisted that vulnerable groups such as children should be at the centre of measures and policies. Moreover, citizens need to be empowered to take healthier decisions regarding the food they consume and products they use. AIM should call on European Institutions to develop coordinated European-wide public information and awareness-raising campaigns. Those campaigns could also be mirrored at global level and coordinated by international organisations. Finally, participants proposed that AIM promotes the implementation of educational programmes targeting educational communities and AIM members. AIM should on the one hand build experience on this issue and, on the other, be a platform for its members and partners to exchange best practices.





European Affairs Committee

Von der Leyen 2019-2024: towards a more social and health-oriented Commission?



14 November - The European Affairs Committee of AIM met on the topic "Commission Von der Leyen 2019-2024: how close to the heart of this Commission will social and healthcare be?"

Michel Jadot, President of Solidarités/Union Nationale des Mutualités Socialistes, presented his vision of a more social Europe, underpinned by social justice. Mr Jadot asked for a new social and environmental pact gathering all actors, including technical and political commitments. The pact should lead to a roadmap with clear and ambitious objectives and milestones. Its governance should be inclusive, while also foreseeing accountability for the fulfilment of the roadmap's objective. The impact of all EU initiatives on healthcare inequalities is very important for Mr Jadot, who reminded the audience that poverty level remains a challenge in the EU. Some Member States have a higher rate of people in poverty and at risk of social exclusion than in 2008. In addition, a Eurobarometer showed that the fight against poverty must be an objective of the new Commission. Mr Jadot underlined the importance of investing in human capital as well as of supporting Member States' social security systems. A Europe of true general interest should rely the civil society as well as strengthen it when needed. This is why a European statute for mutuals is important. Lastly, such a roadmap should build on the international normative framework: the International Labour Organization's Centenary Declaration for the Future of Work as well as the United Nation's Sustainable Development Goals (SDGs).



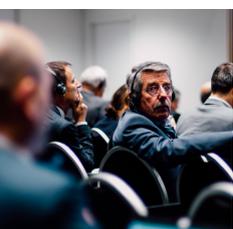
Mr Sylvain Giraud, Head of Unit for Healthcare Systems Performance Assessment (HSPA) at the Directorate-General for Health and Food Safety (DG SANTE) sketched out potential future areas of work for DG SANTE under the Commission President Ursula Von der Leyen. The future Commissioner Stella Kyriakides will propose a plan to fight cancer. It will look into improving the diagnosis and treatment of cancer. The next priority was the health data space which will not look into questions related to the cybersecurity, ethical rules, collaboration to move further than only into the health sector. He dedicated a significant amount of his intervention to access to medicines, an issue that has attracted more and more public attention in the last few years. It is important to note that the wording in Stella Kyriakides' mission letter focuses on affordability and sees a role further than only the marketing authorisation. This is however an area where Member States have been protective of their competencies. Mr Giraud noted that there could be logic in Member States discussing common issues together, in order to learn from each other. Mr Giraud ended up inviting AIM to be heard more in Brussels as well as at national level.



A panel discussion followed, which gathered Michael Mueller, Health Analyst at the Organisation for Economic Cooperation and Development (OECD), Alain Coheur, Director for European and International Affairs at Solidaris/Mutualité Socialiste, Loek Caubo, AIM Vice-President in charge of European Affairs and Rainer Münz, Adviser on Demography and Migration. The panel discussion started with the presentation of a report by Michael Müller on “Health for Everyone? Social Inequalities in Health and Health Systems”. The report analysed how social circumstance translate into health inequalities. The report indicates that inequalities are wide-spread across all countries and domains and in this nearly exclusively to the detriment of disadvantaged population groups. The report concludes that reducing healthcare inequalities calls for action in many domains such as public health policies dealing with lifestyle, regulation or health literacy. Health systems policies can support with workforce planning, coverage or benefit design. Strengthening primary care can help generate new models of care or focus on disadvantaged groups. Lastly action outside the healthcare field (in labour market, education or social policies) can also help reduce inequalities in healthcare.

The panellists then sketched the challenges facing the European Union as the new Commission President is expected to take office. All across Europe there are 110 million people at risk of falling into poverty. While all speakers agreed that there is a limited mandate for the European Commission to develop ambitious policies in the social sector, during the debate, it was agreed that health in all policies is a good route to follow in the healthcare sector. They also highlighted that social security systems in the EU are advanced compared to the rest of the world and need protection. The implementation of the European Labour Authority is a good example of the power of impact the European Union can have in terms of social policy. When asked about what are the most important priorities for the incoming Commissioners for Health and/or social affairs, speakers replied access to pharmaceuticals, tax policies, the planned backstop for unemployment insurance and access to long-term care services were most important.

Katarina Ivankovic-Knezevic described what would be the probable actions of the new Commissioner for Jobs and Social Rights. It is according to her a good sign that Social Rights has been added to the title of Nicolas Schmit, the Commissioner designate. Social Policy will be imbedded in several responsibilities of the new Commission. This underlines according to Ms. Ivankovic-Knezevic the importance that Social Policy will get in the upcoming term of the European Commission. One of the tasks of the new Commissioner is to present an Action Plan on the implementation of the Pillar of Social Rights. It is important to put the pillar in the right perspective of local, regional and national level. There will also be a Green Paper on Ageing as well as a Child Guarantee that includes access to basic rights such as health care. Another important topic will be the discussions around minimum income. The DG EMPL will also look into the full transposition of the work-life balance which includes measures for carers such as flexible working conditions. The new Commission will also focus on the gender equality, with a Commissioner whose portfolio is dedicated to equality. Ms. Ivankovic-Knezevic also gave an overview of the possible social funding programmes of the EU. According to her Europe will become certainly more social in the future as it has become a cross-cutting issue.





An evening in the heart of Brussels

On Thursday 14 November, AIM organised a cocktail at the Brussels Information Point. It was an occasion for members to network and continue the discussions which had started earlier on that day.





Seminar

The benefits and challenges of cross-border collaboration of mutuals

On 15 November - AIM organised a seminar on "Strengthening European cooperation to tackle health and social challenges: what opportunities for mutuals?".

Marianne van de Vorle, Desk Officer at the Directorate-General for Regional and Urban Policy (DG REGIO) started with a presentation of INTERREG programmes. Interreg is at the same time a goal of cohesion policy, but also a framework for joint action to find common solutions for shared problems and to exchange of experience between national, regional and local actors from different Member States. Opportunities for healthcare in border regions represent a potential of increased growth in border regions, if barriers to collaboration are lifted. INTERREG will focus in the future on the development of border focal points, giving support to address legal issues in border territories all with the intention to lift those barriers.

Dorota Tomalak, Deputy Head of Unit at the European Committee of the Regions made an update on the state of play on the Cross-Border Healthcare Directive. According to Ms Tomalak, the assessment of the Directive's implementation revealed that safeguards in order to prevent abuse in cross-border healthcare became an obstacle to people from enjoying their rights under the Directive. In order to assess best ways forward, the European Committee of the Regions has developed an opinion destined to feed into the review of the Directive. The European Committee of the Regions also created Regional Hubs for EU Policy Implementation review, in charge of collecting local authorities' views on EU

policy implementation at regional level.

In the second part of the seminar, AIM members or partners presented projects involving European collaboration projects: Caroline Glaude, Cross-border and European project manager, Christian Mutual Health Funds (Belgium), presented the project EMRaDi. The project, involving regions in Belgium, the Netherlands and Germany, focused around three objectives: Improving the transparency of needs and availability of services; the creation of Euregio Meuse-Rhine models of rare disease patient pathways and recommendations for patients; the creation and the reinforcement of a network of health professionals and raising (public) awareness.

Laurence Soussigne, Advisor in charge of cross-border projects in France/Belgium and Greater Region, Direction of European and International Affairs, UNMS (Belgium), presented Coserdo. Coserdo is deployed at the border between France and Belgium and is aimed at helping home care after hospital discharge. The project led to the care of 320 patients, the exchange of know-how between healthcare professionals and which healthcare professionals are needed for patients leaving hospital discharge.

Jean-Pierre Descan, Director for European Affairs at the Christian Mutual Health Funds (Belgium), presented the project Social Economy for care. The project focuses on employing people with a great distance to the labor market in care jobs. The project translated into policy recommendations for authorities, an information leaflet for providers in the care sector as well as on guidance for social economy actors that



want to develop similar activities in their national context. The last presentation was made by Marco Favara, Director of Harmonie Mutuelle in Italy. He presented the Fondo Salute project. Fondo Salute is a clear case of how mutuals can join in a cross-border fashion in order to overcome limits imposed by national legislation, in order to give access to care to patients. In Italy, mutuals cannot propose insurance products and therefore the market is taken either by the public insurance offers, or by private actors, which limits the number of options available for people. For this reason, Harmonie Mutuelle and Cesare Pozzo joined in a cooperative in which Harmonie Develops insurance products while Cesare Pozzo gives access to healthcare facilities.



Thanks

AIM warmly thanks Solidararis/Socialistische Mutualiteiten, for hosting its Board of Directors in their premises. More precisely, we thank Alain Coheur, AIM treasurer, Ms Carine Algoet, and Dominique Alsteen for their help and support in the organisation of our meetings. Merci beaucoup. Hartelijk Dank.

Upcoming Statutory meetings

AIM will hold its next General Assembly in Berlin from 17 to 19 June 2020. It will be organised in collaboration with AIM German member vdek.

17 06 20 - 19 06 20

Links to [Presentations](#) and [Pictures](#).



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