

## AIM's reaction to the EU's Beating Cancer Plan Roadmap

AIM, the leading international association of healthcare funds and mutuals, welcomes the focus and intentions described in the European Commission's roadmap for the EU's Beating Cancer Plan. The cancer plan announces the right approach.

*We call for a reallocation of healthcare budgets, so as to better finance prevention.*

Prevention is definitely key in beating the disease. AIM believes that the importance of prevention should be reflected in the way it is financed and calls for a better reallocation of resources so as to better finance it. On the one hand, stronger prevention can notably be achieved through more efficient spending of the healthcare budget. On the other hand, more resources can also be raised through (higher) taxation of unhealthy products such as tobacco, alcohol or food high in salt, trans- fats and sugar.

*Prevention should be understood from a health in all policies point of view.*

Cancer can be caused by a wide range of factors or their combination. It therefore requires a health in all policies approach if we are to prevent those 40% preventable cases.

When talking about prevention, the responsibility cannot be laid solely on individuals. The environment, in the broad sense of the term, is determinant. Beyond individuals' exposure to all types of carcinogenic pollutants, this includes availability of healthy food, clean transport, safe roads to cycle or the exposure to marketing of unhealthy products. All these elements and many more have a clear impact on people's health.

Health promotion, in the sense of positive health, should become the focus of all European and national policies. Apart from preventing diseases, the objective should be to promote health and well-being through a holistic approach.

*Some important concrete measures are not mentioned in the roadmap.*

Regarding the concrete preventive measures proposed in the roadmap, AIM would like to underline that taxation on foods that have a high content of trans-fats, salt and/or sugar should also be implemented as an effective measure, besides the taxation of tobacco and alcohol. Moreover, we emphasise the importance of health literacy and information to consumers as a means to empower citizens to adopt healthier behaviours. The prevention of cancer at workplaces should also be a priority of the plan.

*We call for evidence-based indications to be used as basis of any screening programme.*

AIM believes existing EU-provisions on screening should be updated and mechanisms put in place to expand their remit to other types of cancers and NCDs. However, those provisions should always be evidence-based and the benefits must outweigh the harms by scientifically proven effectiveness and a positive risk-benefit-ratio.

*Act now: Knowledge gaps should be filled but should not be used as an excuse to postpone action.*

Knowledge gaps related to risk factors must indeed be covered in order to improve prevention. However, a lot of research has already been done. If the effect of a product or behaviour on health is negative, whatever the extent of the impact, action should be taken. On the other hand, research should focus on preventive measures themselves and on how to successfully implement them.

*AIM calls for fairer prices for cancer treatment.*

The total costs of cancer medicines more than doubled between 2008 and 2018 in Europe and cancer medicines account for a growing share of the direct costs of cancer while evidence of improvement in the quality of life is often disappointing. The EU has a role to help with setting high standards for the assessment of the therapeutic added value of all medicines, including cancer medicines, while giving room for adaptation to national contexts. Robust action at national and European level is also needed to address the rising cost of drug prices.

*Enhanced health literacy should become a priority in the fight against health inequities.*

When it comes to access to prevention, there is a clear need for a patient centred approaches with a focus on vulnerable group. The “health in all policies” angle helps overcome health inequities by for example promoting health literacy from a very early age on, e.g. in schools.

As highlighted in the roadmap, digital tools have a clear potential to achieve more efficient prevention and treatments. However, they also carry the risk of reinforcing health inequities. We call on the European Commission to pay attention to bridge the digital divide both by working on infrastructures and on populations’ digital health literacy.

*We subscribe to the call for more integrated care for patient and for increased teamwork with other sectors.*

New and better integrated models of care are necessary as well as a consequent update in healthcare professionals’ skills. A greater involvement of the non-health sector (e.g. social workers), communities and individuals is equally important. Enhanced support should be made available to informal carers.

*We underline the importance of the mutual model in the fight against discrimination in access to social protection.*

With the constant increase of cancer cases and survivors, the question of how best to support survivors is a challenge for all European health systems. Fighting discrimination against cancer patients and survivors is, in our view, essential, including when it comes to access to social protection and healthcare coverage more specifically.

When it comes to healthcare, while most compulsory systems make no risk selection, the picture might change for some complementary insurances. Just as for mortgages or life insurance, some health insurances indeed make risk selection and exclude people from coverage. AIM members, as healthcare mutuals, are based on the value of solidarity. They do not exclude anyone on basis of age, gender or health status. In a world where more and more people suffer from cancer, AIM believes that the mutual model should be recognised as a best practice, properly supported and further developed.

AIM also calls on other sectors to reflect on the issue and rethink insurance on basis of non-discrimination.

*Beating Cancer requires bold action at European level.*

Actions set out in the plan should not limit themselves to “support, coordinate or supplement Member States’ efforts”. A lot can be done at EU level to address health determinants for example when it comes to cross-border marketing, environmental issues, taxation etc. By regulating the internal market, the EU can indeed have a clear impact on risk factors and thus on the health of EU citizens. The upcoming Farm to Fork Strategy and the Green Deal are some clear examples of initiatives where the EU can make a difference. We support them and hope that the “European Beating Cancer Plan” will be ambitious enough to beat the growing scourge.



**AIM** Healthcare and social benefits for all

The International Association of Mutual Benefit Societies (AIM) is an international umbrella organisation of federations of health mutuals and other not-for-profit healthcare payers. It has 57 members from 30 countries in Europe, Latin America and Africa and the Middle East. 33 of its members, from 20 countries, are based in the European

Union. AIM members provide compulsory and/or supplementary health coverage to around 240 million people around the world, including close to 200 million people in Europe, on a not-for-profit basis. Some AIM members also manage health and social services. Collectively, they have a turnover of almost €300 billion.

AIM members are either mutual or health insurance fund.

They are: private or public legal entities; solidarity based; not-for-profit oriented organisations: surpluses are used to benefit the members; democratically-elected members play a role in the governance of the organisation.

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