



**AIM** Healthcare and  
social benefits  
for all

About AIM: AIM members, are not-for-profit, solidarity based, mutual healthcare insurers and sickness funds. They provide reimbursement for access to healthcare but also manage social, healthcare and long-term care services.

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## EU Cancer Plan: It is now time to turn ambitions into reality!

AIM welcomes the ambitious Cancer Plan presented by the European Commission. The choice to follow a health in all policies approach and to put the “interest and well-being of patients, families and the wider population at the heart” is the only appropriate way ahead to beat cancer. AIM is convinced that the goals set up in the plan are up to the task and looks forward to contributing to the implementation of the Plan.<sup>1</sup>

*All risk factors in the bull's eye; let us not miss them!*

*AIM applauds the Plan's comprehensiveness, its focus on a great number of determinants of health and its clear and ambitious targets on many of them.<sup>2</sup>*

Achieving a “Tobacco Free Generation” by 2040, reviewing the EU legislation on the taxation of alcohol, proposing mandatory indication of the list of ingredients and of health warnings on the labels of alcoholic beverages, aligning air quality standards with WHO's are some of the initiatives that AIM particularly welcomes. The European Commission also announces that it will explore measures “to address the marketing and advertising of products linked to cancer risks” and “look into the feasibility of proposing new tax measures on sugars and soft drinks”. These aspects could have a substantial impact on cancer prevention. AIM hopes that the Plan's ambitions will not be watered down. The impact assessment and revision of the Plan in 2024 is, in that sense, key.

Low levels of health literacy is another key risk factor. It is a fundamental aspect to start with to truly empower citizens and thus contribute to tackling inequities. The EU mobile app proposed by the Plan could provide individuals with trustworthy information and allow them to make informed choices. At the same time, special attention should be paid and targeted information should be made available to vulnerable groups. Digital solutions must be accessible to all.

*Fighting discrimination, including in insurance services*

*AIM welcomes the plans to build a Code of Conduct to ensure that the developments on cancer treatments and their improved effectiveness are reflected in the practices of financial and insurance services. The proposal is in line with our call for non-discriminatory access to healthcare coverage for cancer survivors. AIM calls for the involvement of mutuals in the development of the code and look forward to a discussion on a transition to more inclusive, ethical and sustainable insurance practices.*

Indeed, when it comes to healthcare, while most compulsory systems make no risk selection, the same cannot be said about many complementary insurances. Just as for mortgages or life insurance, some

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<sup>1</sup> See also our [Factsheet](#) on Cancer.

<sup>2</sup> The European Commission proposals reflect some of the calls made in our [series of factsheets](#).

health insurances indeed make risk selection and exclude people from coverage. AIM members, as healthcare mutuals, are based on the value of solidarity. In principle, they do not exclude anyone on basis of age, gender or health status.

#### *Better screening accessible to all*

*AIM believes existing EU-provisions on screening should be updated and mechanisms put in place to expand their remit to other types of cancers, always provided that they are evidence-based and the benefits outweigh the harms (scientifically proven effectiveness and positive risk-benefit-ratio). The EU-supported Cancer Screening could be a strong tool to fight inequities.*

*AIM agrees with the European Commission's goal to improve early detection. We particularly welcome the proposed new EU-supported Cancer Screening Scheme. We call on the European Commission to rely on scientific evidence in its decision on the possibility to expand the scheme to other types of cancer<sup>3</sup> and to ensure that the corresponding programmes are cost-effective. AIM calls for the involvement of all stakeholders, including health insurers, in discussions on the potential expansion of screening programmes.*

#### *One Plan for All*

*AIM calls for inequalities to be taken into account in the implementation of all measures. The initiative to establish a Cancer Inequalities Registry is a step in the right direction. .*

Reducing inequities is rightly mentioned as an overarching priority of the Plan. It recognises that inequalities persist in the EU, within and across Member States. Indeed, not all EU citizens have equal access to high quality treatments, they do not benefit from prevention the same way, do not enjoy the same levels of education, etc. AIM therefore asks the European Commission to pay specific attention to vulnerable groups for each measure taken in the implementation of its Plan: in its prevention initiatives (e.g. marketing of unhealthy products, health literacy, etc.), in the development of innovations and solutions for improved quality of life of survivors (e.g. the Network of Youth Cancer Survivors, the Survivor Smartcard).

#### *More collaboration on research and better data*

*AIM members agree to develop and use digital tools such as AI, European Health Data Space, if it is lawful, data protection and security are safeguarded by a precise legal framework and ethical principles are respected. Principles should be developed that guarantee that health data will not be used against the interest of citizens. Rules to guarantee the quality of data need to be established.*

The flexible use of health data provides huge potential for patient centeredness and the improvement of healthcare quality and outcome. The use of health data should aim to improve patient's access to healthcare (including cancer treatments) and should facilitate to predict the costs of treatment such as the amount to pay and the part reimbursed by the health system. The use of real-world data can certainly drive research, cost-effectiveness analyses, treatment, and care and helps to identify inefficient spending. It also empowers patients through the access to their own data and records.

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<sup>3</sup> Other than breast, cervical and colorectal cancers

*Ensuring access to essential medicines and innovation*

*AIM welcomes the specific challenges mentioned in the EU's Beating Cancer Plan regarding affordability, availability and unequal access to cancer medicines.*

According to the World Health Organization, 35% of the cancer medicines approved by the European Medicines Agency between 2009 and 2013 had established prolonged survival at the time of approval. Only 10% of the same approved cancer medicines had evidence of improvement in the quality of life.<sup>4</sup> At the same time, total costs of cancer medicines more than doubled between 2008 and 2018 in Europe. This places vulnerable populations such as children with cancer or patients with rare forms of cancer at further risks of lacking access to the therapies they need.

AIM and its members are ready to participate in the EU platform to improve access to cancer medicines as well as the Cancer Diagnostic and Treatment for All initiatives. A collaborative approach is needed to reach meaningful change for cancer patients.

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<sup>4</sup> World Health Organization. (2018). Technical report: pricing of cancer medicines and its impacts: a comprehensive technical report for the World Health Assembly Resolution 70.12: operative paragraph 2.9 on pricing approaches and their impacts on availability and affordability of medicines for the prevention and treatment of cancer. World Health Organization. <https://apps.who.int/iris/handle/10665/277190>.