EU GLOBAL HEALTH STRATEGY: AMBITIONS ARE HIGH, NOW MUTUALS SHOULD BE MORE INVOLVED

The European Commission unveiled its Global Health Strategy on 30 November. AIM congratulates the European Commission on the publication of this long-awaited document. We share the diagnosis that the European Commission provides on the state of access to healthcare at the global level. However, AIM regrets that the strategy does not mention the crucial role of non-profit health insurance, mutual health organisations and social economy actors in achieving the Sustainable Development Goals (SDGs). The lack of recognition of their role is a missed opportunity for the European Commission.

Putting progress on Universal Healthcare Coverage targets back on track
In Africa, in Latin America and in Europe, access to COVID-19 vaccines and treatments has been the source of much concern. Up to today, their availability is unequal across the world, and so are healthcare systems’ capacities to distribute them. Beyond access to vaccines, in some parts of the world, COVID-19 halted decades of progress towards universal health coverage (UHC), set back the achievement of health-related development goals, and reiterated the importance of strong and accessible health care systems for all. As AIM highlighted in its answer to the consultation on the strategy, there is a need not only to put UHC goals back on track, but also to find new methods and concepts to underpin access to healthcare, for instance: promote the efficient financing of health systems with a long-term vision; develop (e)health promotion and prevention; develop research on the effectiveness of public health policies. We are happy to see that some of these aspects are taken up in the final document.

Amisssed opportunity to involve mutuals in achieving the objectives of the Global Health Strategy
AIM regrets that the strategy does not mention the role of non-profit health insurance, mutual health organisations within it, and social economy actors in achieving the Sustainable Development Goals (SDGs). Mutuals in Europe, Latin-America and in Africa facilitate access to healthcare in a supportive, non-profit and democratic manner, and carry out health promotion and prevention activities for the population. They therefore make a strong contribution to universal access to care and can therefore help to achieve the three core objectives outlined in the strategy. Unfortunately, they have, at this stage, lacked visibility in international and national UHC development strategies, thus depriving health systems of an effective mechanism to achieve their health coverage ambitions. The lack of mention of their role in the outcome document is therefore another missed opportunity for the European Commission.
The successful implementation of the strategy will require a strong link between the donors and the actors on the ground.

AIM members from various regions have called as early as in November 2020 for governments, international organisations and donor organisations to rely on mutuals and civil society to ensure an efficient and inclusive response to the pandemic. This is also true for the reinforcement of healthcare systems in the future. The development of specific indicators, which will allow to properly monitor progress, constitute a significant step forward, but effective and perennial change on the ground must rely on knowledge of communities, as well on the appropriate support for the organisations that deliver useful services within them, including mutual benefit health insurance schemes. So far, a strong link between donors and with stakeholders active on the ground remains to be built and the strategy seems to be taking a turn for the worse in this respect. The next steps in the implementation of the strategy will have to confirm this new trend, or risk raising disappointed expectations.

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