Dear members, dear friends,

We can look back on a successful General Assembly in Geneva. It was good to see that there were so many of our members present and that we had lively discussions about interesting themes. You will find a brief overview in this special briefing.

It was the last General Assembly under the responsibility of the previous Presidium. The Activity Report 2020-2023 that we approved in Geneva contains a nice overview of AIM’s many activities during this period. Despite all the restrictions brought by COVID-19, we still managed to stay in touch with each other and work on the important files for our members.

And of course online contact was “second best”, but it is also an achievement that we have learned to make better use of the hybrid meeting as a result. Because for AIM, with members in so many countries, it is of course always useful if we know how to find each other quickly digitally, although the “live” meeting, like now in Geneva, is of course preferable.

In Geneva you have elected a new Presidium. Also on behalf of my colleagues, I would like to thank you once again for the trust you have placed in us. We are facing major challenges together and we will be enthusiastically committed to them. Based on your input, we will draw up a work program for the next three years, which we will present to you in Brussels in November.

The priorities will be in line with our strategy. The 2024 European elections will demand the necessary attention from the European members and the AIM team. But there is also work to be done in Africa and the Middle East and Latin America, especially now that we are a partner in UHC 2030 and are collaborating with the WHO.

In addition, as I said in Geneva, the new presidium will work on a healthy future for AIM. We are looking for new members. We will have to balance our income and expenditure more. We therefore need to intensify the involvement and cooperation of all members – that is, all of you!

We count on you and hope to see you all at our next general Assembly on 7 and 8 November in Brussels!

Loek Caubo
Joint Committee Meeting

Global strategies for comprehensive health policy with and for civil society and mutuals

21 June – AIM members from across the globe gathered to discuss the topic of global health strategies and the involvement of mutuals in their implementation. The pandemic raised important questions about the link between humans, their environment and animal health, the resilience of public health systems, the delivery of care and the availability of health goods. Many strategies have seen the light since then, aiming at improving international cooperation in the field of health. Yet, some agendas fail to deliver on long-awaited results, such as the UN SDG agenda. Strategies often fail to address the underlying factors allowing populations to live in good health, and which are also key in preparedness and resilience. Another key challenge is to foster the inclusion and cooperation between the international and local levels.

The first panel discussed the importance of adopting that One Health approach to global health, what it means in practice and how all international health strategies can be better coordinated. The panel was integrated by Benoît Miribel, Secretary General, of the One Sustainable Health for All Foundation; Dr Faten Ben Abdelaziz, Unit Head Enhanced Wellbeing at the Department of Health Promotion, Division of Universal Health Coverage and Healthier Populations at WHO, and Elisa Torrenegra, Director of Special Projects at Gestarsalud, Colombia. Speakers agreed on the need for better horizontal (between sectors) and vertical (local, national and international level) collaboration. Discussions also highlighted the necessity to better measure and gather data on the health implications of policies in non-health sectors. The problem of competence was also raised, as well as the difficulty in generating international commitment and accountability and in turning the Health in all Policies discourse adopted by many into concrete action. The key role of mutuals in operationalising the health in all policies approach at local level was also showcased, through the concrete example of Gestarsalud in Colombia.

The second panel was titled “EU Global Health Strategy, pandemic treaty, WHO Strategies... how to bring implementation closer to stakeholders and civil society ?” Margot Nauleau from the NGO Save The Children gave the introductory statement to the panel on civil society engagement for the delivery of global health objectives. During her introduction, she said that social participation (the systematic involvement of the people’s voice into policy formulation and decision-making) is still out of reach in many global structures. She called for the creation of strong participatory environments from global to local level, because global strategies need to be applied at local level, which calls for the involvement of civil society. In this context, the work of the Universal Healthcare Coverage 2030 Partnership is a step in the right direction.

Other panellists included Sihem Sassi, Team Leader for Human and Social Development Sector at the Delegation of the European Union to Burkina Faso, who presented the European Union’s work in the country to support access to health as well as the extension of universal healthcare coverage, Marjolaine Nicod, Joint Lead of the UHC2030 Core Team at the World Health Organization elaborated on UHC2030, a partnership managed by WHO, OECD and the World Bank to support advocacy in favour of the attainment of Universal Healthcare Coverage, and Gabriel Compaoré, President of CAMUS/BF, the national platform partner of MASMUT, who presented the work of mutuals in Burkina Faso with regards to the strengthening of healthcare systems in the country.
Africa & Middle East Committee

ILO, JIFM, the Moroccan hospital system and discussion on the next Vice-President for the Region

On 21 June, AIM’s committee on Africa and Middle East met in Brussels. On the agenda were the presentation of ILO’s recent study on the delegation of management of functions of the healthcare system to mutuals, a presentation of the International Day of Mutuaitic Women (JIFM), an update on actions post-Dakar conference as well as the presentation of a University Marrakshi hospital and a discussion on the next Vice-President for the Region.

Mathilde Mailfert, Health financing and social protection officer at the International Labour Office presented first the study on “The role of mutuals and community-based insurance in social health protection systems: international experience on delegated functions”. The study, published in May 2023, presents the different functions that can be delegated to mutuals as well as the degree of integration and autonomy of the mutuals. The study notes that where mutuals are delegated to administer compulsory health insurance, they have less autonomy but are relatively more sustainable (France, Belgium, Uruguay). The study’s conclusions confirm that, to be effective, delegated management must be part of an architecture supported by strong institutions. The functions that are easiest to delegate are those relating to the collection of contributions, the management of beneficiaries and the management of relations with healthcare providers.

The study makes several references to the lack of data on the delegation of functions. It also mentions the absence of a conceptual definition of what a mutual benefit society is and what management delegation is.

The second speaker was Prof. Ahmed Bennana. Mr Bennana presented the Mohamed VI International Hospital in Marrakech. Especially, the hospital has access to low-cost paediatric cancer treatment.

Jean-Victor Ayité, Director-General of PASS the Social Strategies Support Programme, presented the JIFM. JIFM has been existing since 2019. Editions of the event took place in 2019, 2021, 2022 and 2023. Mr Ayité went on to explain the layout of the 2023 JIFM, which took place in Saly, in Senegal. It gathered 170 participants coming from 15 countries in Africa, Latin America and Europe. The event was divided up between 2 panels, respectively on “Health inequalities between women and men and the influence of gender representations on the treatment and detection of certain pathologies” and on “Gender and UHC the untapped potential of women’s involvement in extending health coverage”. The event took place after a 1-day workshop on what support to bring to women mutuaitic leaders. Mr Ayité already confirmed the organisation of the next JIFM in 2024, focusing on the role of women to support access to water.

Then, Thomas Kanga-Tona presented the state of play of promotion of the mutualistic movement after the Dakar conference. Since November 2022, the AIM Secretariat has been very active in that it reached out to international organisations: European Commission, International Labour Office, International Social Security Association, World Health Organization. Thomas also informed members about the adoption of the UN Resolution on social and solidarity economy, and of AIM joining the UHC2030 partnership. Thomas also informed members that their input is needed regarding the survey on the new work programme of AIM, as well as regarding the document tracking progress in countries regarding the fulfilment of the commitments of the Lomé Platform and Dakar Declaration.

Lastly, members discussed and approved the candidacy of Abdelaziz Alaoui as new Vice-President for the Africa and Middle East Committee.
21 June – The Latin American Committee was informed on the New Agenda to strengthen EU’s partnership with Latin America and the Caribbean and discussed the issue of rocketing prices of pharmaceuticals. They shared their national strategies to control those costs.

Fernando Ponz Cantó, from the European Union External Action Service, presented the European Commission New Agenda to strengthen EU’s partnership with Latin America and the Caribbean. The Communication, released ahead of the EU-CELAC Summit, which will take place in Brussels on July 17 and 18, seeks to reevaluate and revitalize biregional cooperation. It makes several recommendations in important areas: a renewed political partnership; strengthening common trade agenda; rolling out Global Gateway investment strategy to accelerate a fair green and digital transition and tackle inequalities; joining forces for justice, citizen security and the fight against transnational organised crime; working together to promote peace and security, democracy, rule of law, human rights and humanitarian aid; and building a vibrant people-to-people partnership.

The meeting then focused on the issue of pharmaceutical pricing. Anne Hendricks, from Solidaris, presented the AIM calculator for fair prices of medicines. The calculator is the practical transcription of AIM’s fair pricing model. It is a tool designed to help healthcare stakeholders or anybody interested in the matter calculate a fair price for new or existing medicines (without generic competition) and compare it to the price paid or being negotiated. After her presentation, members exchanged on the main challenges related to fair pricing in their countries.

Julio Martínez, from Asociación Española (Uruguay) explained how between 9 and 10% of his country’s healthcare spending is devoted to pharmaceuticals. A national Fund centralises the negotiations for the most expensive drugs while the rest is subject to free contracting. He told participants how the Asociación Española leverages its purchasing potential to negotiate with the laboratories.

Juan Piveta, from Famsa (Argentina), showed the evolution of prices of pharmaceuticals in his countries and how the overall inflation is actually lower than the increase in the prices of drugs. He highlighted the challenge of management of high health care costs in Argentina. According to him, actors having an influence on access to pharmaceuticals are the State, industry, justice, prescribing professionals and financiers (insurers). They are part of the problem but could also be part of the solution.

Finally, Elisa Torrenegra, from Gestarsalud (Colombia), and Jossie Alvis, from Mutual Ser (Colombia), showed how Gestarsalud deals with the problem of ever growing costs. In Colombia, patients have access to the medicines included in the statutory basket, which covers 90% of pharmaceuticals. For the remaining 10%, the Ministry of Health allows doctors to prescribe medicines that are outside the reimbursement basket if it is clinically justified. These medicines will be paid for through another basket. The State defines a ceiling for the price of medicines, which has an impact on drug supply, with pharmaceutical companies sometimes stopping producing certain drugs.

This year was also an election year. Members of the Region voted for Alejandro Russo to continue as Vice-President of AIM for the Latin American Region for the next 3 years.
European Affairs Committee

Digitization of healthcare in Europe

22 June - The European Affairs Committee discussed the topic of "Digitization of healthcare in Europe" with a focus on the European Health Data Space (EHDS). The discussions were moderated by Christian Horemans, Mutualités Libres from Belgium.

In the first half of the meeting, members listened to two keynote speeches, one from the European Commission on the works on health data and digitisation at European level and one from the Swiss Federal Office of Public Health on the Federal program for the promotion of digital transformation in healthcare (DigiSanté) in Switzerland. Martin Dorazil, Acting Head of Unit Digital Health and European Reference Networks, explained that the European Commission has presented its European Strategy for Data in 2022, announcing the Commission’s plans for European data spaces, including EHDS. The proposal for the EHDS shall empower individuals to access and control their personal health data via the European infrastructure at MyHealth@EU. It is currently used by 11 Member States, offering two services: Patient Summary and ePrescription. In the future, it will include Medical images, Laboratory results, Discharge reports and other health information categories. Another objective is the re-use of health data. The provisions include the establishment of Health data Access Bodies to issue permits for the re-use of health data and purposes when data can be used and a use is forbidden. In terms of timing, Martin Dorazil emphasized that the EU doesn’t start from new, some infrastructures and services are already there. He also presented the funding at EU level, which contains, among other funding pool, 800 million EUR for the overall EHDS and its infrastructures and 480 million EUR for complementary funding and 12 billion EUR for funding for national investments.

Corinna Hartrampf, Senior Project Manager at AIM, presented the AIM position on the proposal. Main concerns are the timing, costs, privacy & cybersecurity, some operational points and the governance.

Nassima Mehira, Head of Directorate Digital Transformation and Governance at Federal Office of Public Health (FOPH) in Switzerland explained that tasks in healthcare are not explicitly a federal matter fall under the responsibility of the cantons. The FOPH is responsible for more than 20 laws and numerous regulations. In international comparison, the digitalization of the Swiss healthcare system is at the back. Challenges are that Switzerland has many different digitisation systems for doctors, care facilities, hospitals etc. Each system is an island and speaks different languages. But Switzerland is moving as well. Currently, it is working on...
the Electronic Patient Record (EPR), which gives patients an overview of all relevant documents and doctors know about all relevant treatments. With Digitisanté, Switzerland plans to promote the digital transition in healthcare, including all relevant stakeholders in the system in an appropriate manner, establishing a secure and interoperable data exchange between healthcare stakeholders, creating new or changing legal bases at cantonal or federal level. The program is planned to be implemented from 2025 on. Switzerland is ready to keep pace with the developments at EU level.

In the second panel, Ms. Mehira, Kenneth Ahrensberg, Global Policy Advisor at the Danish Health Data Authority, Yannick Lucas, Public Affairs Director at Mutualité Française, and Rain Laane, CEO of the Estonian Health Insurance Fund, discussed the developments in their respective countries. Although Denmark's healthcare system is characterised by extensive digitisation in the healthcare sector, Kenneth Ahrensberg explained that it also faces challenges regarding the implementation of the EHDS. Infrastructure and standards need to be renewed and do not work cross-border for the moment. Yannick Lucas said that in France not every doctor uses a computer. Estonia is quite advanced and is already making plans for using AI in the healthcare system. Switzerland is working on its digitisation but is not integrating the plans on the EHDS yet. The outcome of the meeting was, that it is helpful to meet people from different countries to have an exchange on challenges and progresses made in digitisation of healthcare as it helps to collect ideas to develop the system at home.

General Assembly

AIM elects new Presidium

22 June - A new President and Presidium was elected for the mandate from 2023 to 2026. Two Vice-Presidents and the senior advisor for the Presidium no longer stood for election; Fouad Bajilali from MFA in Morocco, Matthias Savignac representing FNMF and Pedro Bleck da Silva from Montepio Geral.

The new AIM President is Loek Caubo from our Dutch member ZN. The new AIM Governance Team is composed by Aziz Alaoui from CMIM Morocco, who will be the new Vice-President for Africa and the Middle East. Verena Nold from santesuisse stay as the Vice-President for Europe. Alejandro Russo from CAM Argentina will stay Vice-President for Latin America. Marion von Wartenberg stays on as Vice-President representing our German members vdek, ikk and SVLFG and in charge of communication. Alain Coheur from Solidaris, will remain the treasurer of AIM. Yannick Lucas has been elected Vice-President representing our French members.

In the coming weeks, the new AIM Presidium will work on a programme for their mandate. The new President, Loek Caubo intends to continue to work on promoting the mutual model and fighting for the right framework conditions for mutuals to thrive. AIM will also work on the further implementation of the strategy adopted in 2022 as well as striving to become a real member driven organisation and use the innovative power and strength of its members to grow further as an organisation.
Honorary members

During the General Assembly a number of members that had left the AIM family and chaired working groups became honorary members:

Pedro Bleck da Silva from Montepio Geral
Vice-President, special advisor and chair of the Mutuals working group became honorary member. He has served our case almost 30 years. He has been a fierce defender and promoter of the mutual model and under his leadership, mutuals gained both in importance and recognition at European and international level. AIM has to thank Pedro for his wise leadership in defending our cause.

Matthias Savignac representing FNMF
Matthias Savignac has been Vice-President representing FNMF since 2014. He was responsible for international affairs and supported AIM greatly in shaping and steering AIM’s international activities and policy. We also thank Matthias Savignac for his engagement and availability during all those years.

AIM Memorandum

During the General Assembly meeting, AIM’s members also have adopted a Memorandum prepared to influence on the European elections in 2024. We have focused on five areas where we think that the EU should take action for the next mandate. AIM considers the coming years for the European Union to be crucial for solidarity and healthcare and calls for walking the talk.

AIM calls for the following and invites politicians for concrete actions on:

• Promotion of solidarity based and not-for-profit health systems
• Fair prices of medicine
• Use of digital health focused on patient centeredness to improve healthcare outcome
• Health in all policies
• International cooperation to achieve Universal Healthcare Coverage (UHC)
AIM Activity Report

With the mandate of the Presidium ending with this General Assembly, the AIM team has prepared an activity report describing the works done by the Secretariat from 2020 to 2023. The activity report is a testimony of the rich activities and involvement of our members in our work as well as the team of AIM. These years were marked by the pandemic as well as a cascade of new legislation at European level in the aftermath. Health was catapulted to be a top priority for both European and international policy making. The AIM secretariat adapted to the new working circumstances and offered virtual meetings as well as expert talks for its members to share on topics of interest and relevance of its members.

Including a change of the statues, AIM has presented a new strategy and its implementation. AIM also started a reflection process on solidarity.
Seminar

The Swiss LTC system: a Tingely Machine

Friday 23 June - AIM members took a glimpse into the Swiss Long Term Care System, its advantages and challenges. The first part of the event consisted in a presentation of the Swiss system and the role of mutual insurers and santésuisse in it. The second part was devoted to the challenge of integrated care. An innovative example of an intergenerational living space was presented. The meeting was chaired by Anne-Françoise Raedemaeker, chair of the AIM long-term care working group.

Mr Igor Carrasquinho, Health Economist and Project Manager at Curaviva, the branch association of institutions serving people in need of support, and Mr Markus Gnägi, Head of the Official Tariffs and HTA Department at santésuisse, set the context. Mr Carrasquinho shared its metaphor of the healthcare system being like a Tingely piece of art in which the long-term care system is a key cog and in which all cogs are arranged so that everything works like clockwork. Both speakers highlighted the many challenges in the sector amongst which the ageing population, the growing costs and threatened sustainability of the system, the improvement of the efficiency of services, and the need to address individuals' needs.

As a second part of the meeting, Cyrill Bernolle, Head of the Accommodation Department and Head of Activities at "Le Nouveau Prieuré" shared an example of good practice in intergenerational living. Located in Chêne-Bougeries / Geneva, "Le Nouveau Prieuré" is a home for 144 residents in single rooms, which is linked to a crèche, a student residence, a home for people with multiple disabilities and rental flats, all set around a square in the village. Meeting and spending time with a child, teenager or local resident helps to maintain a link with the outside world. In return, older people share their experiences, their knowledge and their life stories. Subsequently, Ms Marianne Pfister, Co-Director of Spitex Schweiz, the national umbrella association of cantonal home help and care associations and other professional home care and support organisations, spoke about outpatient care, how it is organised, financed and the main challenges for the years to come. More older people and a rise in chronic diseases but also shorter hospital stays, later admission to homes, and fewer family doctors will lead to an increase in demand for Spitex services, clients and complexity of care situations and an increased need for nursing staff.
**Special Thanks**

AIM thanks Santésuisse for hosting its meetings and for their great support for the organisation of the events. AIM also thanks them for inviting its members to a memorable cocktail reception. Our thanks go in particular to Verena Nold, Christoph Kilchenmann, Markus Gnäggi, Eva María Spack, Nanette Ott and Ursi Cuda.

**Upcoming meetings**

The next General Assembly will take place in **Brussels** on **7 and 8 November 2023**.

**Presentations are available upon request.**

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