



AIM

Crucial years for solidarity and health: From evidence to action!

In Europe, people have usually access to high quality health care. That seems obvious, but it may not be in the near future. Solidarity based not for profit health care systems face multiple threats:

The Russian invasion in the Ukraine comes hard on the heels of the COVID-19 pandemic, climate change affects the social and environmental determinants of health. Our societies are ageing, there is scarcity of personnel and sharply rising costs of new health technologies and medicines. Access to and affordability of health care is in jeopardy. Inequalities in health are on the rise. They are not only about differences in the status of people's health but also about differences in the care received and opportunities for leading a healthy life.¹ Social and health policy are priorities within all European member states and at the EU level through the European Pillar of Social Rights². Its implementation is a top priority. Solidarity within healthcare needs to be promoted and secured for the generations to come.

AIM members call on the candidates for the 2024 European elections to build on solidarity and the lessons learned from COVID-19. We need a European Union of future- fit, resilient and sustainable social security and health care systems ensuring accessibility and affordability of care for all:

Promotion of solidarity based and not-for-profit health systems



Barriers in access to healthcare arose in almost all European countries during the pandemic. COVID-19 disrupted health care for people and hit disproportionately vulnerable populations.³



- Introduce **health equity impact assessments** when it comes to EU policymaking to counterbalance better economic issues with social/health concerns;
- Support Member States to make the necessary adjustments of health care system reforms within the **European Semester** and offer more guidance for the implementation of the principles of the **European Pillar of Social Rights**;
- Stress the role of mutuals as social and solidarity economy actors as pointed out in the European SEE action plan⁴ as well as in the UN resolution.⁵ Their legal recognition is a must⁵. **Solidarity based not-for-profit health systems** avoid health inequalities. Increased not-for-profit health insurance coverage generally leads to better access to health care improving financial protection and overall health.



Fair medicine prices

There is unequal access to medicines across the EU especially for "small" markets that have long been underserved. Ever increasing pharmaceutical expenses put national health budgets under pressure. Innovative medicines won't be available for most people. The supply and shortages of medicines are further worsened by the COVID-19 crisis.⁶

- Guarantee a fair and **balanced representation of interests** in the discussion and adoption of the newly proposed pharmaceutical framework;
- Ensure **fair pricing of medicines and transparency on underlying costs**, while allowing for a sufficient profit to keep a steady flow of innovation in Europe and the production of medicines needed by the patients. AIM has developed a **Fair Pricing Calculator** that we offer for use to those engaged in price negotiations;
- Address **shortages of medicines and medical devices** through the proposed pharmaceutical strategy.



Use of digital health focused on patient centeredness to improve healthcare outcome

3

Digital transformation can improve patient experience, better health outcomes, lower costs and can help to overcome staff shortage. Privacy and security concerns remain a challenge. Digital tools must be available for all while health literacy and digital skills must be ensured.



- **Citizens and patients** must be put **in the center** in the ongoing digitization of health care;
- **More time** for Member States to properly implement the regulation and to support them through financing programmes. The implementation of the **European Health Data Space** will entail costs and have implications on civil society;
- Invest in programmes/joint actions to promote the equal development of a basic understanding of **digital health/data literacy and skills** (e-health, m-health literacy) to empower the citizen and the citizen's knowledge on their health data.

4

Health in all policies

Noncommunicable diseases (NCDs) are the 1st cause of health and disability worldwide.⁷ An estimated 80% are preventable by addressing risk factors such as unhealthy lifestyles and environmental hazards. Mental Health has been severely impacted by a series of crisis.⁸

- Ensure implementation of the **EU's Beating Cancer Plan** and the **EU NCD initiative**, including adopting stricter rules to regulate the commercial determinants of health and the Framework for Sustainable Food Systems.
- Implement a comprehensive, multi-sectoral **Mental Health Strategy**, based on a psychosocial and human rights approach, and a proper allocation of EU funds to support it.
- Deliver on the **EU Green Deal** and ensure a **climate-neutral Europe by 2040**.



International cooperation to achieve Universal Healthcare Coverage (UHC)

5

While most countries recognise UHC as a goal, concrete operational steps are missing and public financing for health is inadequate, which sets UHC targets for 2030 further off track.⁹



- Ensure that the implementation of the **EU Global Health Strategy** contributes to the achievement of UHC and of stronger and more resilient health systems in other regions;
- Further involve actors of the social economy, especially mutuals, in global health strategies, and fulfil the **UHC2030 agenda**;
- Commit to strengthen the **budgets** allocated to international cooperation, initiated and implemented by civil society, in international partnerships and development cooperation.



AIM

Healthcare and
social benefits
for all

AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world. Through its 50 members from 27 countries, AIM provides health coverage to 240 million people in the world and 209 million in Europe through compulsory and/or complementary health insurance and managing health and social facilities. AIM strives to defend the access to healthcare for all through solidarity-based and non-for profit health insurance. Its mission is to provide a platform for members to exchange on common issues and to represent their interests and values in the European and international Institutions.

Crucial years for solidarity and health: From evidence to action!

AIM Memorandum for the EU elections 2024

Brussels, 19 October 2023

In Europe, citizens have usually access to high quality health care. The European social and health acquis is constantly developed to ensure a Europe of social rights, including the right to health for all.¹ In the past years solidarity based not for profit health systems were challenged through the Russian invasion of Ukraine and the COVID-19 pandemic. Its socio-economic consequences along with rising costs of living, have a negative impact on health and endangers peace in Europe. But only through peace, the well-being of citizens can be guaranteed and preserved. Climate change affects the social and environmental determinants of health. Our societies are ageing, there is scarcity of workforce and sharply rising costs of new health technologies and medicines. Access to and affordability of health is in jeopardy. Inequalities in health are on the rise. They are not only about differences in the status of people's health but also about differences in the care received and opportunities for leading a healthy life. Social and health policies are priorities within all European Member States and at the EU level through the European Pillar of Social Rights. Its implementation is a top priority. Solidarity within health needs to be promoted and secured for the generations to come.

AIM members call on the candidates for the 2024 European elections to build on solidarity and the lessons learned from COVID-19. We need European Union of future- fit, resilient and sustainable social security and health systems ensuring accessibility and affordability of quality care for all:

1. European Commission, [Eurostat on Self-reported unmet need for medical examination and care by sex](#) (accessed on 8 September 2023).



AIM Healthcare and social benefits for all

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1

Promotion of solidarity based and not-for-profit health systems

What are the challenges?

Although in most European countries, universal health coverage is guaranteed, access to healthcare can suddenly become difficult as happened during the pandemic. COVID-19 disrupted health care for people with other needs by increasing waiting times for surgeries, hip and knee replacements. Breast cancer screenings decreased, and in-consultations dropped sometimes by up to 30%, e.g. in Spain. In 2020 and the first half of 2021, the expected number of deaths increased by 16% across OECD countries and life expectancy fell as a consequence. The pandemic hit disproportionately vulnerable populations. More than 90% of the Covid-19 deaths occurred to people aged over 60, disadvantaged people, people living in deprived

areas, or ethnic minorities and immigrants. Health inequalities existed already before but were accelerating between and within countries during the pandemic. The Recovery and Resilience Facility helps EU Member States to mitigate these multiple crises through the Commission raising funds to implement investments and reforms to promote for example wellbeing and equality. But health system reforms need some time. National governments and the EU should keep health high on the agenda even beyond COVID. Ministers of Health should be at the table, when discussing the European Semester. European legislation should always take into account the impact on health.

What can we do about it?

- 1 **Introduce health equity impact assessments when it comes to EU policymaking to counterbalance better economic issues with social/health concerns.**

Health and well-being of people is influenced by economic, social and environmental factors, coming from activities outside of the health sector. To guarantee health as a fundamental right, health equity impact assessments can help to ensure that decision-makers of a proposal consider a set of evidence-based recommendations, including views and opinions of all relevant stakeholders who are impacted by the proposal. Stakeholders must be chosen at an initial stage, the evidence used can be both qualitative and quantitative. Health inequality assessments should be conducted across sectors to evaluate how a proposal can affect a population. Specific recommendations should be made to improve health for vulnerable groups to prevent reinforcing health inequalities. The recommendations must reach the decision-makers before any decisions about the proposal will be made.² We ask decision makers to:

- **Identify patterns of inequalities** in the population and **detect vulnerable subgroups** that are left behind by contacting stakeholders and decision-makers (national, regional and local level);³
- **Quantify the level of inequality** across multiple population subgroups though conducting surveys, interviews, and field observations; formulate evidence-based recommendations;⁴
- **Communicate findings** of the health impact assessment and **monitor** them during the implementation process.⁵

2. Health impact assessment: Reasons for using HIA, 16 July 2009, [Q&A](#).

3. E.g., WHO, [Health Equity Assessment Toolkit](#), Health Equity Assessment Toolkit (who.int).

4. *Idem*.

5. *Idem*.

2

Support Member States to make the necessary adjustments of health care system reforms within the European Semester and offer more guidance for the implementation of the principles of the European Pillar of Social Rights.

Access to healthcare and the growing health gap are a major challenge for several Member States. It is also part of the discussions on the EU4Health initiative and the need to resilience of healthcare systems in the EU, as well as ensuring the financial sustainability of health insurance and social security. Strengthening the integration, collaboration, and alignment of health care (public and private), public health, and social service systems is a vital step to promote health equity so that everyone has a fair and just opportunity to be as healthy as possible. This has become even more obvious during COVID-19. Appropriate connections have to be made to social services that provide housing, transportation, nutrition, income, and education supports. Such alignment and coordination become even more essential as greater need and fewer resources are expected to serve vulnerable populations.

The European budgetary framework has not been sufficiently successful in achieving its objectives. In good times, many Member States recorded small or zero budget surpluses, while in bad times they tended to consolidate their public finances. It is also problematic that the current budgetary framework does not sufficiently stimulate public investment. States looking to make savings, are quick to cut back on public investment as was the case, for example, in most eurozone countries in the aftermath of the European sovereign debt crisis, whereas increased fiscal room for manoeuvre does not lead to an increase in investment. Therefore, it is necessary to establish consolidated participative governance, both at European level and at Member State level

- Assign a fundamental role within the **European Semester** to increasing investment in social and health systems in order to meet citizens' needs; it is necessary to go beyond supporting "adjustments" in "healthcare" systems.
- Involve **civil society** in the process of drawing up the recommendations of the European Semester (for example, through fact-finding missions), not just in presenting the results.
- Rebalance priorities to ensure **effective access to social rights** (whatever the situation), the fight against health inequalities, and the strengthening of social protection systems and health systems, prevention (including health literacy), etc.

3

Stress the role of mutuals as social and solidarity economy actors as pointed out in the European SEE action plan as well as in the UN resolution. Their legal recognition is a must. Solidarity based not-for-profit health systems tackle health inequalities. Increased not-for-profit health insurance coverage generally leads to better access to health care improving financial protection and overall health.

The social economy, of which mutual benefit societies are one of the main actors, contribute to the achievement of the Sustainable Development Goals (SDGs). For decades, the social economy has been driving innovative solutions to solve challenges in the world. Mutual benefit societies find a balance between economic efficiency and social and environmental impact. They play a key role in strengthening the productive capacities of people in vulnerable situations, as well as providing social services and environmental protection. Governments should

- Implement the measures advocated in the **European Action Plan for the Social Economy**, including the ministerial and regional stakeholders for the social economy;
- Develop specific **legal frameworks**;
- Collect data in **national statistics** and provide fiscal and public **procurement incentives**.



Fair medicine prices

What are the challenges?

Ever-increasing medicinal products costs put national health budgets under pressure and the unaffordability of new molecules is a significant phenomenon affecting European health systems today. Still, the steep increase of pharmaceutical products prices continues. The costliest medicine is now a gene therapy priced at around 2.900.000€ a dose and new treatments are already announced at even higher costs. In the area of cancer, the second leading cause of mortality in EU, the total costs of medicines more than doubled between 2008 and 2018 in Europe⁶ and cancer medicines account for a growing share of the direct costs of cancer treatment.

Medicines are an important aspect of many diseases treatment and should not be considered

goods like any other. Their price must not become a barrier to access, as high costs either lead to governments not being able to provide the medicine to all eligible patients, or to patients having to pay for the medicine out-of-pocket. With specialty medicines, this means that patients would either forego treatment or endure catastrophic healthcare expenditure.

The European Union's 27 Member States make up a 446 million inhabitants' market, collectively the largest market for medicinal products in the Western world. If everyone has access to medicines in every market, then it would still generate revenue for an industry which is today one of the most profitable in the world.⁷

What can we do about it?

- 1 **Guarantee a fair and balanced representation of interests in the discussion and adoption of the newly proposed pharmaceutical framework.**

AIM calls for a **fair and balanced representation of interest** around the discussion and adoption of the newly proposed pharmaceutical legislative framework, which should not be captured by specific interests. It is important that the new legislation is firmly oriented towards the attainment of better public health for citizens and society at large, which is and should remain the main objective of this legislative reform.

- 2 **Ensure fair pricing of medicines and transparency on underlying costs.**

Extremely high prices of new medicines are often justified by risky and expensive research and development activities. However, companies publish very little data to support this claim and the available evidence points that prices do not primarily cover the costs of research and development. In addition, not enough, or no relevant data is available to payers at the time of pricing and reimbursement. For approximately half of the cancer drugs that have been on the market for 5 years,

6. Hofmarcher, T., Brådvik, G., Svedman, C., Lindgren, P., Jönsson, B., Wilking, N. [Comparator Report on Cancer in Europe 2019 - Disease Burden, Costs and Access to Medicines](#). IHE Report 2019:7. IHE: Lund, Sweden.

7. United States Government Accountability Office, [Drug Industry - Profits, Research and Development Spending, and Merger and Acquisition Deals](#), November 2017.

there is still no evidence that their use results in the improvement of survival or quality of life.⁸ Today, this means practically that we have limited data on products' actual therapeutic value when they are offered to patients, which raises questions as to whether patients receive the treatment they need and if resources are used appropriately.

AIM therefore developed a Fair Pricing Model and Calculator that we offer for use to those engaged in price negotiations. These tools propose a price setting formula that covers underlying costs, allows for a sufficient profit to keep a steady flow of innovation in Europe and the production of medicines needed by the patients, as well as rewards proven therapeutic performance.

European institutions should:

- Make **fair pricing** a reality by asking **more transparency** regarding research and production cost and prices of pharmaceuticals;
- Create an **expert group** on Transparency of medicines costs;
- Reinforce the **data requirements for registration** at EMA level;
- Improve the **transparency of the price-setting** of medicines.

3

Address shortages of medicines and medical devices through the proposed pharmaceutical strategy.

The COVID-19 crisis laid bare the fragility and the intransparency of pharmaceuticals' supply chains as well as the overdependence of Europe on trade partners regarding the supply of critical products needed in hospitals and pharmacies. This logistical issue has become of strategic and public health importance. No matter the reason, shortages have very serious consequences on patients, and can be the source of complications and therefore of collective damage to the patient and consequently the whole healthcare systems. Europe therefore needs a plan to make sure that it does not fall short on the supply of needed pharmaceuticals or medical devices in the future. The development of, and access to antimicrobials deserves attention too. Indeed, antimicrobial resistance is responsible for an estimated 33,000 patients' deaths per year in the EU. Globally, 10 million deaths per year are projected between 2015 and 2050 if current infection and resistance trends are not reversed. In order to replenish the antimicrobials pipeline, we need to prevent and reduce antimicrobials overuse, as well as new payment models relying on the linkage between sales and revenues for companies. The current proposals for transferable exclusivity vouchers are not adapted and would be a disproportionate one-off payment borne by healthcare systems that risks not delivering on its promise. EU institutions should:

- Improve the **transparency** of medicinal products' **supply chains**;
- Include mandatory **shortage management plans**;
- Prevent **antimicrobials' overuse** and support appropriate **research** into new ones.

8. Hulstaert F., Pouppez C., Primus-de Jong C., Harkin K., Neyt M. [Evidence gaps for drugs and medical devices at market entry in Europe and potential solutions](#) – Synthesis. Health Services Research (HSR) Brussels: Belgian Health Care Knowledge Centre (KCE). 2021. KCE Reports 347Cs. D/2021/10.273/44.

3

Use of digital health focused on patient centeredness to improve healthcare outcome

What are the challenges?

Digital transformation can improve patient experience, better health outcomes, lower costs and can help to overcome staff shortage. In healthcare, however, digital progress is lagging behind other industries. Although the COVID-19 pandemic has accelerated digital healthcare, the total transformation in healthcare delivery is still a work-in-progress. Interoperability remains a major challenge in healthcare. The necessary standards for interoperability are still lacking, and the lack of adoption of existing standards remains a barrier. Data misinterpretation, missing information and data errors lead to poor data quality. Cybersecurity remains a critical point for

healthcare systems. Cyberattacks can specifically target sensitive personal health information, which can lead to disruption of care and other serious consequences such as reputation loss, discrimination, fraud and other harms.

Privacy is deeply interconnected with cybersecurity concerns. With the use of multiple devices and applications in digital interventions, many loopholes could compromise personal identifiable information and protected health information. Digital tools must be available for all while health literacy and digital skills must be ensured.

What can we do about it?

1

Put citizens and patients in the centre in the ongoing digitization of health care.

Citizens and patients are the co-pilots of their own health and must have access to the necessary information on health care, treatment options and the health care they already receive within the healthcare systems in the European Union. More advanced possibilities of digital health interventions allow for better chronic disease management and increased patient engagement in care and will lead to improved independent living outcomes for older adults and proactive population health monitoring are possible. The European Commission should:

- Focus on **digital rights and principles**, including **solidarity and inclusion**: some citizens will not catch-up with digital transformation, put efforts in initiatives to ensure that no one will be left behind in service provision or access to health;
- Promote **e-health literacy** which might require more than attaining basic digital skills by 2030. Commission defined the Access to e- health records as a **Key Performance Indicators (KPI) for digital decade**. Readdress the narrative and attention from accessing to 'understanding' (literacy) and request developing new indicators.
- Recognize the **role of AI** and that it will become more prevalent in healthcare and health data settings. More focus should be put on 'literacy' of citizens (including patients and healthcare professionals) in the digital transformation, including **data literacy and AI literacy**;
- Focus on finding solutions on the lengthy process of **certifying new digital health solutions** and the **limited availability of certifying organizations** (for example notified bodies).

2

Provide more time to Member States to properly implement the regulation on the European Health Data Space and to support them with financing programmes. The implementation of the European Health Data Space will entail costs and have implications on civil society.

The timeline anticipated in Article 72 of the European Health Data Space (EHDS) proposal makes it difficult to work with the care and precision needed to ensure a successful EHDS. More time is needed to realise a project of such scale. This also means respect for the principles of the GDPR and attention to the need for robust cybersecurity. Those are success factors which are needed to guarantee the trust of individuals and other stakeholders.⁹ The implementation will entail a cost, which seem difficult to be met: In The Netherlands a financial impact analysis was published in which the total structural costs calculated for a period of 5 years for the government for the realization of the different components of EHDS are estimated at more than €1.6 billion to €2 billion.¹⁰ The European institutions should:

- Anticipate the current timeline foreseen and set an **implementation period of 5 years** with the condition that all technical details are known in time;
- Be open for further **additional financial support** from Europe in the future to ensure that all Member States will be on board;
- Raise awareness of the **increased risk of cybersecurity and privacy problems** by multiplying the number of environments from which data can be accessed and which increases the “area” that can be attacked by hackers. Currently, this risk is underexposed in the EHDS proposal.
- Make the **link to other initiatives** such as [EU Cybersecurity Strategy](#), the [EU Cyber Solidarity Act](#), [EU Cyber Resilience Act](#);
- Guarantee the **full disclosure and transparency of health data used for innovation and research** as it is important to ensure the development of health interventions that have a real added value; private entities should disclose the public cost of research and development as a result of using data being made available; it will have important implications for the negotiation of the pricing of digital tools and new treatments later on.

3

Invest in programmes/joint actions to promote the equal development of a basic understanding of digital health/data literacy and skills (e-health, m-health literacy) to empower the citizen and the citizen’s knowledge on their health data.

Electronic tools such as a common health data space provide little value, if the intended users do not have the skills use information technology to promote health and eHealth. E-Health requires a skill set, or literacy of its own. The ability “to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving health problems”¹¹ is not sufficiently there, although digitally health literate patients can actively manage their own health in a better way. People lower along social gradients tend to have higher health needs but don’t have the same access to health information, digital tools or even internet, which can increase health inequalities. It is absolutely essential that the EU should promote the development of a basic understanding of e-health literacy:

- An **EU Joint Action on Digital Health Literacy** should invest in and promote the equal development of a basic understanding of digital health literacy and skills (e-health, m-health literacy) in the Member States for the public at large to empower the citizen in healthcare and the citizen’s knowledge on their health data.
- The ambitious target in the **European Pillar of Social Rights Action plan** to attain basic digital skills by 2030 for 80% of those aged 16-74 as a precondition for inclusion and participation in the labour market and society in a digitally transformed Europe, should be extended to digital health literacy, not leaving the most vulnerable (and older) citizens behind.
- It should be **discussed how eHealth literacy is perceived** and promoted in the different countries and whether national perceptions can also be taken into account (e.g. use of personal data portals in the Netherlands, high digitization / consent rate in Estonia vs. critical attitude on privacy in the Netherlands).

9. [NGO statement on the EHDS](#), March 2023.

10. Dutch Ministry of Health, Welfare and Sport ([November 2022](#)).

11. [eHealth literacy: Essential skills for consumer health in a networked world](#), J Med Internet Res. 2006 Apr-Jun, Cameron D Norman, PhD corresponding author and Harvey A Skinner, PhD.

4

Health in all policies

What are the challenges?

Noncommunicable diseases (NCDs) are responsible for 17 million premature deaths. They are driven by unhealthy lifestyles, ageing but also by environmental factors. While it is vital to empower individuals to adopt healthier behaviours and provide them with the necessary

information to do so, it is even more important to create the preconditions that will allow them to live healthier lives. In that respect, the environment, in the broad sense of the term, is determinant.

What can we do about it?

- 1 **Ensure the implementation of the EU's Beating Cancer Plan and the EU NCD initiative, including adopting stricter rules to regulate the commercial determinants of health.**

Both the EU's Beating Cancer Plan and the EU NCD Initiative can be game changers when it comes to ensuring that Europeans live and age healthy, through the implementation of measures across sectors that put the individual at the centre, empowering them to live healthier and happier lives and creating health promoting environments (i.a. access to green spaces, opportunities to socialise, availability of healthy food, active transportation, quality employment and education, etc.). The commercial determinants of health should be addressed through regulation that protects and promotes health and contributes to tackling health inequities. For example, increasing the taxation of unhealthy products such as tobacco, alcohol and HFSS foods has proven to be a highly effective measure. The introduction of an excise tax on e-cigarettes, given the growing concerns on their appeal to younger people, should also be considered. It is also necessary to enforce the ban on tobacco advertising, promotion and sponsorship and to introduce of a ban on e-cigarettes and vaping products marketing as well as stricter rules on the marketing of alcohol and unhealthy food to children. Another key element to take into account is the empowerment of individuals to live healthy lives. To that regard, the level of health literacy of citizens must improve on the one hand, and on the other, their right to information should be upheld.

The shift to more sustainable and healthier food systems is essential to achieve the common vision of healthier people and a healthier planet. The revision of the Food Information to Consumers (FIC) EU Regulation No 1169/2011 is important in that sense. The Framework for Sustainable Food Systems is a key opportunity to operate that shift. To do so, it should adopt a food systems approach, set a new governance framework for the EU food system, develop enabling food environments, and ensure strong accountability and fairness throughout the food chain.

Health promotion and disease prevention actions often fail to reach those who need it the most. In addition to the Health in all Policies approach, proportionate universalism should be applied in all measures so as to ensure that they contribute to health equity.

- Adopt a **health promoting approach** (in parallel to addressing risk factors), so as to enable healthy ageing;
- **Limit the influence of commercial operators** on rules aiming to regulate policies of relevance to public health;
- Ensure that citizens are properly **informed and empowered to live healthy lives**;
- Apply a **Health in All Policies** approach to **rare disease** policy and establish a comprehensive European action plan on rare diseases with SMART goals attainable by 2030;
- Operate the shift to **more sustainable and healthier food systems** for healthier people and a healthier planet.

2 **Implement a comprehensive, multi-sectoral Mental Health Strategy, based on a psychosocial and human rights approach, and a proper allocation of EU funds to support it.**

Mental Health has been severely impacted by a series of crisis, including the pandemic, the climate crisis, the rising costs of living and the war in Ukraine.¹² In June 2023, the European Commission published its “comprehensive approach to mental health”, a first step in recognising the importance of tackling mental health with a health in all policies, psychosocial and multi-sectoral approach. We call on decision makers to **ensure the effective and ambitious implementation of that Strategy**, which will be determinant for the health and wellbeing of Europeans.¹³

3 **Deliver on the EU Green Deal and ensure a climate-neutral Europe by 2040.**

Tackling environmental risks is key in ensuring that individuals can live healthy lives on a healthy planet. Doing so requires a One Health approach, which takes into account the interlinkages between human, animal and planetary health. Not taking action would further threaten the sustainability of our social protection systems and have devastating effects on people, economies and ecosystems. Air pollution causes 400 000 premature deaths in the EU, hitting harder the most deprived. EU air quality standards have a clear potential in reducing and preventing air pollution. The Zero-Pollution Action Plan of the European Commission unfortunately fails to commit to the full alignment of EU air quality standards to WHO's. The EU Ambient Air Quality Directives (AAQD) should align EU standards for air quality with WHO guidelines and the latest scientific evidence, with the ultimate goal of protecting people's health. The EU should stick to its zero pollution ambition for a toxic-free environment. Chemical consumption is expected to double by 2030. Eurostats data shows that already two thirds of the chemicals produced in the EU are hazardous to health. It is therefore vital to phase out the most hazardous substances and reach a more protective production, use and recycling for a safer circular economy. The precautionary principle should be followed before putting any new chemical on the market.

Climate change is undermining 50 years of public health gains. It not only affects the social and environmental determinants of health and leads to an increase in extreme weather events, prolonged allergy season and new sensitization, higher air pollution, spread of vector-borne diseases, but also impacts mental health. Tackling climate change requires understanding the urgency of the situation and achieving greater political commitment to take the necessary measures. Limiting global temperature rise to well below 1,5 degrees Celsius requires bold action across sectors, from phasing out fossil fuel and investing in renewable energy, to operating the change to a more sustainable and resilient food chain, changing consumption patterns, and boosting clean transport (to cite but a few). The transition towards climate neutrality should put fairness at its centre and ensure that no one is left behind.

- Ensure **clean air for all**, as a fundamental right, and without delay.
- **Reduce citizens' exposure to chemicals of concern** and follow the **precautionary principle** as a rule.
- **Mitigate** the effects of **climate change** and **prepare healthcare systems** for its impact, while ensuring their climate-resilience and putting **social fairness** at the core of the transition.

12. [Joint Statement](#) : A Mental health in All Policies approach as key component of any comprehensive initiative on mental health.

13. [AIM PR](#) on the publication of the EC Approach on Mental Health.

14. See [HEAL](#).

15. See [Eurostat](#).

5

International cooperation to achieve Universal Healthcare Coverage

What are the challenges?

COVID-19 is no longer an international public health emergency. Still, the questions it raised in terms of the resilience and the preparedness of healthcare systems, in terms of availability of medical countermeasures in crisis, but also in non-crisis times, are still relevant.¹⁶ More importantly, COVID-19 halted decades of progress towards

universal health coverage (UHC), set back the achievement of health-related development goals. The Global Health Strategy, UHC2030 agenda and other international agreements, have the potential of achieving more resilient systems and to put UHC goals back on track.

What can we do about it?

- 1 Ensure that the implementation of the EU Global Health Strategy contributes to the achievement of UHC and of stronger and more resilient health systems in other regions;

The overarching objective of the EU's Global Health Strategy should be to reach Sustainable Development Goal 3.8 on achieving Universal Healthcare Coverage (UHC). Building effective and resilient health systems is essential to tackle health inequalities, be prepared for health threats and respond to them effectively. This requires investment in the health workforce, community health systems, inclusive and quality services, and public health capacities. In addition, global agreements should follow the One Health and a 'health in all policies' approach, putting all policies at the service of human, animal and environmental health, thereby contributing to the achievement of all Sustainable Development Goals.

The EU should seek to strengthen social protection coverage for all socio-economic groups, including informal workers and mutuals can facilitate this. In this respect, the EU should help with the design of mechanisms for compulsory membership which should be based on an evolutionary process, from design to transition phases and implementation. Only a universal health coverage system can ensure solidarity, risk pooling and sustainability of resources. We call on EU institutions to:

- Follow the **One Health approach**, addressing not only the prevention and treatment of disease but also the underlying social, economic, commercial, and environmental determinants of health and aiming to achieve the SDGs;
- **Map all single market and external tools** that could be activated to help the EU meet its global health goals and set out the conditions for their use;
- Support the establishment and implementation of appropriate **mechanisms for a universal health coverage system**.

16. WHO and World bank, [Universal Health Coverage Global Monitoring Report 2023](#).

2

Further involve actors of the social economy, especially mutuals, in global health strategies, and fulfil the UHC2030 agenda;

Mutuals across the globe carry out health insurance and health promotion and prevention but also curative and rehabilitation care activities for the population. They facilitate access to healthcare in a solidary, supportive, non-profit and democratic manner, which is the most effective way of giving the greatest number of people access to health insurance. The specific features inherent to the mutualist model, including reliability, proximity, the participatory approach, the cross-defence of citizens' interests and the coherence of the social protection system, are advantages when it comes to the management and organisation of UHC too. Unfortunately, mutuals have, at this stage, lacked visibility in international and national UHC development strategies. States and international organisations should instead take account of mutual health insurance as a means of covering and sharing social risks, in line with national social protection mechanisms. Mutuals should be present as members of the management bodies (Board of Directors, Management Committee) of local, regional and national public health authorities as representatives of healthcare users. It is also important to foster a structured dialogue between mutuals and States, where mutual benefit societies are recognised as partners of the State in the field of health, from the design to the implementation of policies for access to health and social protection. As healthcare providers, mutual aid societies ensure their members access to humane, quality care that is often delivered more promptly than within the public healthcare system, and at lower costs compared to the for-profit private sector. They unquestionably serve as a partner of the state in ensuring the universality of care. Conversely, it is important to include social economy organisations such as mutuals in global advocacy fora for the attainment of universal health coverage, such as those organised by the United Nations entities (UHC 2030 for instance). Mechanisms must be put in place to guaranteeing mutuals viability from the institutional, technical, financial and functional points of view. The existence of a legal environment with enforceable rights as well as obligations incumbent on mutual health insurance is the first element to help their development. Decision-makers should:

- Adopt a **governance** architecture for UHC in which **mutuals** are recognised as **partners**,
- **Strengthen or adopt laws** governing mutual health insurance and the provision of healthcare services by the **social economy** sector, namely mutual aid societies.

3

Commit to strengthen the budgets allocated to international cooperation for health, initiated and implemented by civil society, in international partnerships and development cooperation.

The exclusive reliance on domestic resources for the development of healthcare systems is, today, illusory and can only lead to the creation of under-resourced schemes, risks for the population's health and eventually a loss of trust in health insurance schemes. At the same time, relying exclusively on foreign resources for the development of healthcare systems is unsustainable. It is therefore important to continue support countries' efforts to create healthcare systems, while accompanying the gradual increase of domestic resources. The EU being collectively the biggest global donor, it has a specific role to play in shaping this environment. The Abuja Declaration stated that countries in Africa need to dedicate at least 15% of their budget to healthcare. It is essential that international solidarity helps bridge existing gaps to reaching this commitment but also important to help countries find the appropriate resources to appropriately equip their healthcare systems in terms of the purchase of healthcare services, goods, infrastructures and professionals. It is worth highlighting to the need to support social and solidarity economy organisations themselves but also to strive to foster social and solidarity economy organisations in projects related to community development. The EU should

- Promote synergies to **enable the installed capacity within the social economy healthcare sector** to **assist the deficiencies of the public system**, thereby optimizing the available resources within society;
- Support the **mobilisation of domestic resources** for the attainment of healthcare objectives;
- Create and facilitate the **access to funding** for entities of the social economy.