2023-2026 WORK PROGRAMME
The present work programme is based on a survey that the AIM secretariat has done with its members during the month of June/July 2023. The numerous answers fed into the current work programme. The priorities are aligned with the AIM strategy adopted in 2022 as well as the AIM memorandum as adopted by the General Assembly in June 2023.

The present work programme is overarching for all the regions represented at AIM.

It is structured around three chapters: trends and developments, political landscape and priorities. Priority 5, which is devoted to international cooperation, has two geographical sub-priorities, one for Africa and the Middle East and the other for Latin America.
Since our last work programme was published, we are experiencing a multitude of crises that have a direct impact on our health and social systems and should lead to their reinforcement. Fortunately, the COVID-19 pandemic has come to an end. But it will certainly not be the last pandemic that we will all experience. Reports on the EU’s response to the Covid-19 pandemic resulted in lessons learned and recommendations towards the European Commission and member states on health, democracy and fundamental rights, social and economic impact the EU and the world that can stimulate debate on how the EU approaches health policy.

With climate change hitting us hard, and extreme weather events becoming the norm rather than an exception, the impact of climate change on health can no longer be overseen. What is more, our world is hit by multiple wars. Armed conflicts pose a threat to world peace, cause famine and an unprecedented flow of refugees seeking protection and access to health and social care in other countries and regions.

A number of institutions, organisations and forums have set their international agendas for 2023. The World Economic Forum identified "risks", always through an economic prism. Under the Indian Presidency, the 2023 G20 focus on the theme "One Earth, One Family, One Future". This theme affirms the value of human beings, animals, plants and micro-organisms, and their interconnectedness on planet Earth and in the wider universe. For the United Nations, which includes the World Health Organization and the International Labour Organization, there is an urgent need to act for achieving the Sustainable Development Goals (SDGs) while we are halfway towards the 2030 deadline. UN Secretary-General António Guterres said that while ambition, urgency and solidarity have been lacking to overcome the myriad of challenges, many countries are now facing "a financial abyss", strangling the resources needed to achieve the 2030 Agenda for Sustainable Development. Mr Guterres called on countries to “make 2023 count" and lay the foundations now for coordinated efforts to get the SDGs on track, referring to key meetings on food security, climate action, health, and sustainable development. AIM strongly supports the WHO’s recognition that pandemics are not the only threat facing humanity, its emphasis on the need for effective global mechanisms to address and respond to emergencies of all kinds, and its recognition that the international community must be prepared to respond decisively, collectively, and equitably to the next pandemic when it inevitably occurs.

The COVID-19 pandemic further amplified ever-present spectres and emerging risks to physical and mental health, including antimicrobial resistance (AMR), vaccine hesitancy and climate-driven nutritional and infectious diseases.

Across continents, we are currently facing three transitions: the demographic transition (more of relevance for Europe), the digital transition and the environmental transition. As well as a transversal transition, the fair transition.

Trends identified by our members in terms of their own health and social systems are the following:

**Demographic ageing – life cycle approach to health and social care**

This is certainly true for Europe. Demographic ageing entails a number of consequences for health and social systems. In addition to the challenges in terms of funding and the need to increase public budgets, our health and social systems in Europe need to adapt to shortages of personnel and an ever-increasing scarcity of other resources. Long term care needs to be strengthened and people need to be kept in a liveable autonomy as long as possible. At the same time informal carers need to get the flexibility needed to take care of their
family members and to have their own rights to social protection and to proper support acknowledged. Demographic ageing also brings about structural changes especially in rural areas. Health insurers based on solidarity and not for profit can help to accommodate those structural changes. In an ageing society, prevention gets more and more important in order to make sure that people are ageing well in good health. A life cycle approach to health from early childhood, through all stages of life, protecting workers at the workplaces and accompanying older people during the last decades of their lives needs to be taken. This includes improving levels of literacy on concepts influencing health (health, media, AI, digital and digital health literacy) and addressing all determinants of health.

Social Cohesion

Following the ‘Strategic Foresight Report’ of the European Commission3, “eroding social cohesion threatens trust in governments and the viability of the transitions” that we are currently experiencing: Digital, demographic, and environmental. Since years, we see that there is a clear societal divide. A greater individualisation and commercialisation of social services is the trend that endangers our solidarity-based systems, even though a recent study of the British Medical Journal (BMJ) shows that commercialisation of healthcare leads to adverse outcomes.4 Humanity always developed further when solidarity reigned over individualism as described in the book ‘Humankind’ by Rutger Bregman. Social protection policies have proven to be effective in reducing poverty and inequality. In developed countries it is estimated that levels of poverty and inequality are approximately half of those that might be expected in the absence of such provisions. In some developing countries, major social protection programmes, in the areas of health, are showing a similar potential to reduce inequality and poverty.

Climate change

“The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.”5 The world is experiencing an increasing number of extreme weather events. Floods, droughts and forest fires spread across all continents. It is very clear that climate change affects the health of people in various ways. For climate change as in health matters, vulnerable groups are more affected by hazards, and should therefore be targeted in all actions. Countries implement heat plans to accommodate for unprecedented heat waves in the Northern hemisphere. The WHO issued air quality guidelines and the EU has proposed the revision of the air quality directive as air pollution is also very harmful to health.6

Digitalisation

The European Commission sets the tone in digital transformation proclaiming a Digital Decade towards 2030 and has made several proposals to push Member States to digitalise healthcare faster. The European Health Data Space and the AI Act are only two examples. We see across the world that the pandemic has accelerated digitization of health care with some countries moving faster than others. Digitalisation can also help to tackle the effects of demographic ageing such as scarcity of personnel. AI can be used to develop fast track medicine and medical devices. At the same time, digital infrastructure is not available in the same way in all regions and countries. Digitization of health and social care involves a lot of costs.
to adapt systems accordingly. Digital literacy and skills are therefore indispensable in order to ensure a better understanding of new technologies and guarantee that digitization fosters equal access to health. Sharing of data needs to put people and an ecosystem of trust in the centre.

Stepping up investment in healthcare systems

Our solidarity-based health care systems are experiencing high pressure both in terms of sustainability of the system itself, but also by rising costs through medicines and technologies. This trend has been exacerbated during the pandemic. In many countries, solidarity-based health and social care systems face large financial gaps that need to be filled. At the same time, the price for medicines and new technology put additional pressure on already tight budgets. Within this framework, we need to move from a budget constraint to an investment rationale. Investing more in social protection would build a more stable, just and sustainable world, in which everyone has access to health (care). Investments for strengthening health system resilience can be grouped into three overarching investment pillars. These pillars aim to: protect people’s health; fortify the foundations of health systems; bolster health professionals working on the frontline.

1. 2022/2076(INI) COVID-19 pandemic: lessons learned and recommendations for the future
4. https://www.bmj.com/content/382/bmj-2023-075244
The political landscape in Europe

In June 2024, European citizens are called to elect a new European Parliament. The current mandate of the Von der Leyen Commission will come to an end. The European Parliament nowadays has 705 members in even political groups. The sixth largest is the one that regroups nationalist parties from 8 Member States and counts 62 members.

Civil society needs to be strengthened across the world to build a strong foundation for the political landscape and influence policy making while accentuating social and health values high on the political agenda. More than ever civil society actors such as mutuals as well as social and health insurance institutions across the world need to lead by example with their values of solidarity, not for profit and democratic governance.

Several European countries will have elections in the upcoming three years with the imminent danger of extremist parties taking power or entering coalitions as has recently happened in Finland, Sweden and Italy. This shifts the powers in the Council of the European Union has an impact on social and health policies that concern AIM members.

During the mandate of the current Presidium from 2023 to 2026, AIM and its members will have a major role to -educate incoming MEPs- continue promoting their values and model at regional, national, European and international level and be a light that shines for solidarity-based solutions in these troubled times for citizens, social and health policy as well as the planet.
Developments in Africa and the Middle East

A joint report by the African Union Commission (AUC), the United Nations Economic Commission for Africa (UNECA), the African Development Bank (AfDB) and the United Nations Development Programme (UNDP) was published on the occasion of the African Economic Conference 2022 in Mauritius. It is entitled “Building back better after coronavirus disease, while advancing the full implementation of the 2030 Agenda for Sustainable Development”. It clearly states that Africa can wait no longer, and the time has come for the continent to redefine its development path and take ownership of its development agenda.

“Economic growth of Africa is estimated to weaken to 3.8 per cent in 2023 from 4.1 per cent in 2022 due to subdued investment and falling exports. As for sub-regional trends in 2023, growth is expected to edge up in West Africa, stabilize in Central and East Africa, and to decelerate in North and Southern Africa. The continent has been hit by a confluence of shocks, comprising weaker external demand, a sharp uptick in global inflation, higher borrowing costs and adverse weather events. These are undermining its full recovery from the pandemic. Real output losses compared to pre-pandemic projections continue to be large, with Africa remaining a full 2.4 percentage points below its prepandemic projected real output. This contrasts with developed economies, which have largely recovered from their output losses in 2020.”

“Strong economic growth contrasts with persistent poverty and lack of social security.” What is more, “(...) access to healthcare remains a challenge in the region.” Mutuals as well as not for profit social and healthcare insurers can play a role therein. AIM has organised a conference in Dakar, Senegal in March 2022 calling for the role of mutuals as well as not for profit social and healthcare insurers to be promoted to reach the Universal Health Care Coverage. This is only possible in partnership with all stakeholders involved in healthcare. Beyond the adoption of the resolution of the UN and the ILO on the Social and Solidarity Economy, the WHO, the OECD and the World Bank have a joined in the UHC2030 project, of which AIM is a partner since shortly. Our aim is to link the aforementioned resolution with the UHC 2030 and make sure that the mutuals as well as not for profit social and healthcare insurers get the necessary legal frameworks and support from governments to be able to fully deploy their role in achieving healthcare for all without inequalities. The Lome Platform and the Dakar Declaration will be the guiding documents for the works in the coming years. AIM has also supported the consolidation of a network of African mutualists women, as well as efforts to influence the United Nations' commitment towards universal health coverage. Besides, the partnership between the European Union and the African Union must involve a strong “health” pillar.

9. https://healthpolicy-watch.news/only-half-of-africans-have-access-to-health-care/
“After a strong rebound from the impacts of COVID-19 in 2021, recovery in LAC has slowed. Domestically, this reflects low potential growth and diverse structural challenges. But fallout from Russia’s invasion of Ukraine and an economic slowdown in China confirm that LAC is also deeply connected to an increasingly complex international context. Across the LAC region, economies are experiencing increased inflationary pressures and uncertainty, as well as disruptions in trade with key economic partners. Reduced macroeconomic policy space – both monetary and fiscal – makes it harder for LAC economies to sustain international and environmental shocks, as they strive to support the economic recovery and protect the most vulnerable. Estimates suggest that by the end of 2022, 33.7% of the LAC population will be in poverty and 14.9% in extreme poverty, as rising prices have more profound effects on the most vulnerable population.”

The OECD Economic Outlook 2022 for Latin America calls for “a green and just transition” to tackle the challenges that the region faces economically and socially. Mutuals as well as not for profit social and healthcare insurers can play a vital part in this transition. During the visit of the secretariat of AIM in 2022 to Colombia, Argentina and Uruguay, we could witness the innovative power of mutuals as well as not for profit social and healthcare insurers in the region and the dedication of the people that run them. They enable access to health and long-term care for all, even in remote areas; they revive rural areas with small businesses and they manage modern hospitals and homes for elderly.

Several developments give hope to the developments of mutuals as well as not for profit social and healthcare insurers and the support of Social Economy actors in the region: the adoption the ILO resolution on ‘Social and Solidarity Economy’ adopted on June 22, 2022 as well as the UN resolution on ‘Social and Solidarity Economy’ adopted on April 18, 2023. AIM has been advocating for their adoption in cooperation with an international coalition. At the same time, governments put pressure on mutuals as well as not for profit social and healthcare insurers in some countries and try to abolish them. More than ever in the coming three years, AIM therefore must support members in the region to make sure the mutualist movement gets the political support and framework it merits and needs, striving for mutuals as well as not for profit social and healthcare insurers of the region to be recognised as essential players in the achievement of universal access to healthcare and in the implementation of the Sustainable Development Goals (SDGs).

Our Latin American members have also done a lot to attract young people and strengthen the role of women to the movement in recent years. This is of utmost importance in order to secure the future of mutualism in the region and beyond.

Like the partnership between the European Union and the African Union, the European Union - Latin America - Caribbean partnership requires a strong ‘health’ component.

CHAPTER III
2023-2026 MANDATE PRIORITIES

International Cooperation

Against all odds, international cooperation remains important. Without cooperation, we'll never be able to tackle the world crises. AIM’s priority is to be a platform for cooperation, sharing good practice and innovation and learning from each other. Partnering with other organisations as well as European and international institutions is of utmost significance to promote the role of mutuals as well as not for profit social and healthcare insurers in achieving universal health care coverage. AIM has recently joined the UHC2030 partnership. At the same time, the social and solidarity economy has finally been recognised by international institutions such as the ILO and the UN. It is important to link this important development with the UHC2030 and underline the role of mutuals as well as not for profit social and healthcare insurers in achieving universal healthcare coverage. Cooperation and partnerships in social action should be acknowledged and fostered in order to strengthen the versatile and comprehensive social protection model that the mutualist model represents providing solutions in healthcare, social security as well as in education, housing and long-term care.

Mutual model and solidarity-based health and social care systems in troubled waters

Mutuals and solidarity based, not for profit health and social insurers and institutions represented by AIM members fulfil many of the 17 Sustainable Development Goals across the continents. Our systems represent a more sustainable and social model for health and social services at lower cost. Surplus is used to improve the health and social care services for our members. However, in several countries, mutuals as well as not for profit social and healthcare insurers are being attacked by governments and legal changes threaten the mutual model. Legal frameworks developed for commercial insurers are being applied to them. This leads to a de-mutualisation and erosion of the mutual and social insurance model. Instead, we need to continue to put people in the centre rather than profit making. Therefore, it is vital to further continue the promotion of the mutual model as well as reaping the rewards of the resolutions adopted by the United Nations and the ILO as well as the European Action Plan on Social Economy and the OECD recommendations.

Crucial Years for solidarity and health!

Solidarity is the guiding principle in our works and will remain so in the upcoming period from 2023 to 2026. In 2022, we adopted a new strategy with two major priorities. These were:

- Strong advocacy at European and international level with primary focus on solidarity-based health and social care and social economy
- Platform for exchanging innovation, knowledge and best practices

We agreed to do pro-active advocacy based on members’ expertise on the following subjects:

- Pharma
- Healthcare and digitalisation
- Solidarity and mutual model
- Health in all policies
- (Re)-active advocacy based on members’ expertise include other relevant topics on the EU and international agenda.

Studies by AIM members are also fundamental to our advocacy work, enabling us to base our recommendations on evidence (evidence-based).
In line with our Memorandum for the European elections, for the upcoming period of 2023 to 2026, we set the following priorities:
1. Promotion of solidarity based and not-for-profit health systems
2. Fair Prices for Medicines
3. Use of Digital health focused on patient centredness to improve healthcare outcome
4. Health in all policies
5. International Cooperation to achieve universal healthcare coverage (UHC)
Priority 1: Promotion of solidarity based and not-for-profit health systems

Member States need to continuously adapt to demographic ageing, technological developments, rising prices of medicines and more recently the pandemic. New forms of employment and platform work endanger the European universal health care coverage. Therefore, AIM and its members see the need to continue to promote solidarity-based and not-for-profit health systems, as well as to assert their governance model to invest in health.

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| Position of mutuals                              | • Promote legal recognition in the Social Economy Framework  
• Active promotion of mutuals at European level  
• Provide good practice of the work of mutuals in health and long-term care as well as other relevant areas in all communication and positions  
• Explain what mutuals are and why they are good for a social Europe and the world -> link to AME and LATAM Committee works  
• In cooperation with other like-minded organisations, promote recognition of specificities of mutuals in Solvency II and relevant other legal frameworks | • Use good practice examples of members,  
• Cooperate with communication departments of members to improve reputation of mutuals  
• Collect statistics of mutuals to showcase the richness of the activities of the mutuals  
• Carry out a new study on the role and importance of mutual health benefit societies in the European Union |
| Modernisation of social security and health insurance | • Advocate for the proper implementation of the European Pillar of Social Rights through access and equity to health for all (addressing the non-take-up of health and social rights...)  
• Strive for the adoption of new indicators for health, LTC, and social policy during a revised European semester process  
• Ask for health and social policy impact assessment to monitor developments in health system  
• Promote integrated care  
• Promote the recognition and proper support of informal carers | • Experts talks on modernisation developments by AIM Members (suggestions: mutualistic elections, digitalisation of services..)  
• Present good practice examples during AIM meetings  
• Study trips on specific topics of modernisation and innovation  
• Share information on quality, sustainability and access to health and long-term care, patient mobility  
• Conduct an analysis of the European semester with a view to boosting investment in health systems  
• Exchange on European health Union ambition and impact |
Priority 2: Fair Prices for Medicines

With its Fair Pricing model and the development of a Fair Pricing Calculator, AIM has contributed to initiate a debate at European and global level on the blatant imbalance between a profit searching pharmaceutical industry and the not-for-profit, solidarity-based mutual health insurers and institutions. While it is challenging to advocate for the inclusion of the ‘Fair Pricing’ principle into European legislation, the calculator should be largely used by AIM Members and beyond to highlight the above-mentioned imbalance. Members and reimbursement bodies for medicines could use the calculator to enter negotiations based on sound information. What we have been and will continue advocating for during the revision of the Basic Pharmaceutical legislation is to get more transparency for the parameters used in the calculator determining the price setting for medicines.

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<tr>
<td>Fair pricing of medicines</td>
<td>• Continue to get more visibility for the Fair Pricing Works of AIM with the help of AIM member.</td>
<td>• Continue to work on the project on AIM ‘Fair Pricing’ together with the members of the Pharmaceutical working group.</td>
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<td>• Promote the transparency principle for R&amp;D and prices of pharmaceuticals in the current negotiations on the revised Basic Pharmaceutical legislation</td>
<td>• Sharing information on campaigns for fair pricing</td>
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<td>• Ask for the creation of an expert group at European level for transparency</td>
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<td>• Ask for the reinforcement of data requirements at EMA level</td>
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<td>• Participate in European projects when useful (i.e. ASCERTAIN)</td>
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<td>• Continue to get more visibility for the Fair Pricing Works of AIM with the help of AIM members.</td>
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<td>• Have AIM members promote the Fair Pricing Calculator at national level</td>
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<td>Health Technology Assessments</td>
<td>Active participation in the HTA stakeholder group</td>
<td>Foster cooperation between members on HTA</td>
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<td>Pharmaceutical legislation</td>
<td>• Advocate for improving the transparency of supply chains, costs and prices</td>
<td>Keep attention on Industry funding of patient organisations “Industry funding of patient organisations in the UK: a retrospective study of commercial determinants, funding concentration and disease prevalence”</td>
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<td>• Advocate for mandatory shortage management plans</td>
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Priority 3: Use of Digital health focused on patient centredness to improve healthcare outcome

The pandemic has accelerated the developments towards a more digitalised healthcare. AI is taking more and more importance for the development of medicines, detection of fraud or supporting AIM members in tailor made prevention programmes. Digitalisation has a lot of potential to improve the health of people when framed by an ecosystem of trust and applied wisely. At the same time, we must ensure that no one is left behind and that an ambitious agenda on different literacy concepts -amongst others digital, AI and health literacy...- supports and develops the skills of all. To intensify our works on digitalisation, the General Assembly of AIM has decided to set up a working group on Digital Health.

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| European Health Data Space    | • Advocate for patient centredness to improve healthcare outcome while applying digital health care solutions  
• Advocate for enough time for the implementation  
• Supply enough funds to accommodate the necessary changes at national level  
• Focus on cybersecurity | • Work towards becoming a knowledge hub for data sharing in health insurance |
| Digitalisation of health and long-term care | • Increase visibility of role of not for profit, solidarity- based health care mutual insurances in the digitalisation  
• Underline importance of enough EU funding  
• Draw the attention to the lengthy process of certifying new digital health solutions and the limited availability of certifying organisations  
• Harness the potential of digitalisation to address the challenges of an ever-increasing need for long term care | • Expert talk on how AIM members digitalise their services: What are the challenges, what are the success stories? |
| Equity in a digitalised health care world | • Awareness raising on need for digital health literacy  
• Advocate for an EU joint action on digital health literacy | • Share practice examples of how members reach out to vulnerable groups and rural areas  
• Develop a questionnaire to be filled in by AIM members mapping needs, difficulties... |
Priority 4: Health in all Policies and prevention

With a population that is ageing in most parts of the world, rising prevalence of chronic and non-communicable diseases, and an ever-increasing pressure on the financing of health care, prevention and a health in all policies approach moves in the centre of attention. AIM members are increasingly focussing on preventive healthcare and health promotion. What is more, the pandemic has shown that planetary, animal and human health are interdependent and that economic prosperity cannot be achieved in unhealthy societies.

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<tr>
<td>Health promotion and “One Health”</td>
<td>• Advocate for a lifecycle health promoting approach</td>
<td>• Share information on effectively targeting vulnerable groups</td>
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<td>• Promoting a holistic approach to health promotion among all stakeholders - Sharing responsibility and cost burden</td>
<td>• Expert talks on how to empower citizens and nudge them into healthier behaviours</td>
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<td>• raising awareness for health protection and preventive measures - Win Win for insured and insurances</td>
<td>• Discuss a “One Health approach”, ensuring the inclusion of human, animal and plant health, as well as their interactions with the environment</td>
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<td>• Development of strategies to effectively target vulnerable groups</td>
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<td>• Ask for the health and environmental impact assessments for all policies</td>
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<td>Non-communicable diseases and Cancer Plan</td>
<td>• Advocate for more sustainable and healthier lifestyle and reduction of pollution as well as chemicals and hazards of UV radiation</td>
<td>• Advocate to highlight how AIM members are developing solutions for the management of non-communicable diseases, in response to the recommendations of the European Commission, the European Parliament</td>
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<td>• Promoting consensus, international action against white skin cancer</td>
<td>• Discuss national situations in the fight against cancer</td>
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<td>• Influence legislation on the risk factors to health to ensure a stricter regulation</td>
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<td>• Call for the continuity of health services with regard to the postponement of cancer treatment during a pandemic</td>
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<td>• Call for a comprehensive EU action plan on rare diseases</td>
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<td>Mental Health and well-being</td>
<td>• Advocate for an effective and ambitious implementation of the mental health strategy</td>
<td>• Exchange of best practices on the promotion of mental well-being and tackling stigma</td>
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<td>• Advocate for the removal of taboos around mental health.</td>
<td>• Request that communication on mental health be accompanied by resources for organisations such as mutual benefit societies that provide support to citizens close to their families and communities</td>
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<td></td>
<td>• Suicide prevention</td>
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| Green and fair Transitions  | • Influence on implementation of the Green Deal, specifically on policies related to air pollution and chemicals.  
• Advocate for the transition to climate-resilient social protection systems  
• Protection of outdoor workers from UV radiation, ticks, infectious diseases, killer mosquitoes Oak processionary beetle etc. - cross-section to Climate impacts for specific occupational groups  
• Looking at particularly vulnerable groups such as migrant and seasonal workers in e.g. construction and agriculture: raising awareness for occupational health and safety and social security | • Exchange best practices on climate-resilient insurance/healthcare systems and mutuals                                                                                                                  |
Priority 5: International cooperation to achieve universal healthcare coverage (UHC)

With the pandemic, all regions in the world realised how interdependent we all are and that a health threat does not stop at borders, on the contrary. Access to healthcare and social protection in general is an important sustainable development goal, yet in some of the regions of the world we are far from a universal health care for all without inequalities. This goal can only be achieved when all relevant actors are cooperating. Mutuals do and can play an important role in achieving UHC, in partnership with governments, European and international institutions.

Priorities for Latin America

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<td>Role of Young People in mutuals</td>
<td>• Continue to advocate for the role of young people in mutuals</td>
<td>• Follow-up on the implementation of the pledge for young people</td>
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<td>• Underline the sustainability of the mutual model and promote it as a basis for a new economic model to tackle the climate and digital transition</td>
<td>• Seminars with members in Latin America to share information on the active involvement of youth in the organisations – Status quo of the implementation of the AIM Declaration</td>
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<td>Promote mutuals as actors in social economy</td>
<td>• Develop a declaration, focussing on the specific experiences of AIM members in Latin America highlighting their added value for populations’ health and well-being</td>
<td>• Share knowledge and experiences on role of mutuals in UHC and social policy during conferences, events and seminars on the role of mutuals on the ground.</td>
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<td>• Advocate for the implementation of social economy/mutual legislative frameworks</td>
<td>• Work on a simple approach that can show the economic and social contributions of mutualism</td>
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<td>• Advocate at European level for including the mutual model in implementing EU – Latin America Caribbean Strategy</td>
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<td>Cooperation with International Institutions</td>
<td>• Advocate for increasing the visibility of mutuals at international institutions</td>
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<td>• Link international works on social economy with the implementation of the SDGs and the UHC2030 Agenda</td>
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## Priorities for Africa and the Middle East

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| **UHC 2030 Agenda: Towards quality healthcare in Africa and the Middle East** | • Advocate for the implementation and the necessary legal framework of mutuals  
• Advocate for the compulsory affiliation to health care systems  
• Link international works on social economy with UHC2030  
• Advocate at European level for including the mutual model in the implementation of the EU – Africa Strategy underlining the important role mutuals play in proximity health care | • Seminars with members in Africa and the Middle East to share information on role of mutuals in UHC and social policy  
• Organize workshops and seminars, and pass on recommendations to government institutions in member countries  
• Twinning and partnerships between European mutuals and African and Middle Eastern mutuals  
• The Moroccan experience can be studied and followed up so that the region’s mutualist organizations can capitalize on successes and avoid shortcomings  
• Encouraging equality and gender equality through mutualist women and gender champions |
| **Promotion of the Lomé Platform and the Dakar Declaration** | • Advocate for the mutuals as partners in setting up health insurance while promoting solidarity and fostering access for all without inequalities  
• Advocate for supporting the funding of health and social care mutuals  
• Get in touch with non-profit organizations. | • Creation of an observatory and a best practice guide for member countries in the various areas of mutual management. |
| **Cooperation with International Institutions** | • Advocate governance for the implementation of social economy/mutual legislative frameworks  
• Join the WHO Civil Society Group (as discussed at the last General Assembly of June 2023)  
• Follow the treaty on pandemics | • Share knowledge and experiences during conferences, events and seminars on the role of mutuals on the ground.  
• Apply to the WHO  
• Build relationships with the treaty negotiators (webinars with international guest speakers...) |
6. Cooperation and creating networks

Cooperation and the creation of networks will continue to be AIM’s priority. Existing partnerships and new alliances need to be created.

- Investigate into becoming an accredited non state actor at WHO Europe
- Strengthen the UHC2030 partnership with WHO, OECD and the World Bank
- Continue the cooperation with the OECD, ISSA, UN and ILO and the promotion of social and solidarity economy.
- Strengthen cooperation with CPME, ESIP, HOPE, Social Economy, AMICE, and other relevant health actors in Europe

7. Membership

We have lost some members during the COVID pandemic. Some due to political reason, others due to the fact that we could not deliver the service expected or the expectations of the members differed from our core business. Nonetheless, it is important to continue enlarging AIM in Africa, the Middle East, Latin America and Europe.

8. Modernisation of AIM

AIM is in a continuous process of modernisation. We will set the following priorities for the next years:

- Develop a platform for our members
- Outsource human resources and management of salaries
- Continue to streamline and improve our internal IT system
- Modernise our communication internally and externally to increase our visibility towards our members and outside organisations as well as institutions we are dealing with.

9. Services to members

AIM is a service provider for its members. We need to ensure that becoming a member at AIM is a value added for our members and will attract new members at both European and international level.

For this upcoming mandate the AIM Secretariat:

- Will developing the platform function for the members to have the possibility to share practices and experiences while helping them to innovate through mutual learning.
- Will continue its pro-active advocacy of the European and international Institutions
- Involve AIM members and members of members more in our activities.
- Attract the attention of the CEOs for the works of AIM through the newsletter, seminars and meetings with officials.