



AIM Healthcare and social benefits for all

SPECIAL BRIEFING

Prague
June 2024



Dear members, dear friends,

On 11 and 12 June, our General Assembly took place in the beautiful city of Prague. A city that before 1989 was associated with eastern Europe, but which is actually at the heart of the continent and has also played an important role in its history. If you have had the time to also visit the city itself - which I sincerely hope you had- you will have seen for yourself Prague's rich history.

As for our General Assembly, I believe we can look back on very successful meetings. In the formal part of the meeting, we took good decisions that form the basis for a financially healthy future for our Association. Especially if we manage to recruit some new members (and the team is working hard on that), we can look to the future with confidence.

What particularly appealed to me is that in Prague we applied new formats for meetings. And in my opinion, these proved to be very successful! Instead of the classic format with introductions and questions afterwards, members were now challenged to actively participate and choose positions. This not only made the meetings livelier and more attractive, but also contributed to an important goal of AIM: sharing knowledge and learning from each other's experiences. My compliments to the team for the preparation, I trust that we will continue on this path and also find ways to give you all a more active role in our meetings in the future. And in advance the invitation to you to present and share interesting innovations with each other.

At the Prague meeting, we had to say goodbye to Thomas, who has decided to change direction in his career after seven and a half years at AIM. Meanwhile we now know that Jessica too, has accepted a position with another organisation after having worked for more than ten years at AIM. She will be saying goodbye to us in September. We will greatly miss both of them and would like to take this opportunity to thank them once again for their commitment to AIM in recent years. Jessica in particular also for all the wonderful communication and publication layouts, including this Special Briefing. Meanwhile, the recruitment of two new colleagues is in progress; we are doing everything possible to ensure that our team will soon be back to strength.

It remains for me to wish you a nice summer holiday. In any case, I hope to see you again at our next General Assembly on 13 and 14 November in Brussels.

Loek Caubo



Joint Committee Meeting

“Are mutuals the right stakeholder to communicate with communities ?” The Joint Committees of AIM hold a Tribunal for the Future of Mutualism



On 11 June, the joint committees of AIM held a Tribunal for the Future of Mutualism, a creative way of exploring the many facets of a theme, the challenges associated with it as well as promising solutions. This format recreates the organisation of a trial with a judge, prosecutor, defence lawyer, witnesses and jury, as well as the key stages of the proceedings.

After the introduction by Loek Caubo who presented the format, Jessica Carreño Louro, prosecutor, argued that health insurance funds have failed in their communication with communities. She highlighted several key points to support her case. Firstly, the obstacles and limitations faced by health insurance funds in effectively reaching out to communities, raising doubts about their efficiency. Secondly, the prosecutor emphasized the limited resources of these funds, which hinders their ability to cover rising health costs and allocate sufficient resources for communication. Thirdly, the issue of trust and credibility: health insurance funds may not be considered reliable communicators by the communities they serve. The prosecutor also questioned whether these funds ensure equitable access to health information and services across diverse communities. She stressed the possibility of other entities, such as social services or community-based organizations, to be better suited for this role. Lastly, the prosecutor demanded evidence of the direct impact of communication efforts, emphasizing the need for data rather than mere anecdotes.

Thomas Kanga-Tona, defense lawyer underlined that it is sometimes hard for people to improve their health and well-being as well as to navigate healthcare systems, due to their sometimes limited knowledge of these issues. This shows that communication in healthcare is a serious matter and the defense lawyer showed that mutuals, due to their democratic, non-lucrative, solidary features as well as their closeness to populations were the best vehicle to convey the relevant messages. In their capacity they can develop the best services for their population, but also mediate their affiliates' needs towards the other players in the healthcare system: healthcare professionals, decision-makers or associations for instance. Mutuals also contribute to the empowerment of populations, as well as to countries' socioeconomic development. Mutuals are also an integral part of healthcare systems' primary healthcare system and played a relevant role during the COVID-19 crisis for instance when they relayed and amplified governmental communication on social distancing and good behaviour to adopt during the pandemic.

Juliette Compaoré, General Secretary of the NGO Asmade presented the example of using theatre as a tool for the promotion of healthcare mutuals. Juliette explained that theatre is a perfect awareness-raising tool to convey messages around health insurance, the financing of healthcare, usefulness of health insurance funds, what are mutuals and how to enrol. Where they are played, plays gather around 200 people. So far, the NGO has developed around 30 plays in Burkina Faso and played in 90 villages over 6 months. In order to reach distant or hard to access regions and to overcome security challenges, ASMADE also developed radio versions of the plays. ASMADE also partnered with micro-finance institutions in order to group together services that are of use to communities. Mathias Neelen, Flemish Region Coordinator of Community Health Workers, presented the role of his organisation in Belgium and their importance in bridging the gap between socially vulnerable individuals and the healthcare system. The target audience for CHWs includes individuals with low education, financial vulnerability, limited knowledge of national languages, no legal residency

status, physical limitations, mental health issues, homelessness, and limited social networks. CHWs' work is based on a conceptual framework for access to care, which includes the perception of health needs, the individual's ability to find appropriate care, timely access to the right care, being able to make appropriate use of care, and the outcome of healthcare utilization. CHWs develop local interventions and support, paying particular attention to the diversification of meeting places, events, individual follow-up, and referrals. In the future, CHWs' ambitions to be recognized as professionals within the Belgian healthcare system.

Justo Paz, Head of the Health service department at Mutual Ser, presented the programme "De todo corazón" which operates in 130 municipalities in Colombia for 2 310 810 people in vulnerable situations. Mutual Ser established a community of practice, i.e. a group of people who share a concern, a set of problems or a common interest about a topic. The "De Todo Corazón" programme, created for the more than 290,000 people with hypertension and diabetes covered by the mutual, brings together participants in a community of practice via the Facebook platform. The objectives of the programme are information, education and communication: to achieve adherence and loyalty, modify risk behaviours, educate on issues related to their disease, promote self-care attitudes and generate lifestyle changes. Carers and family members are also included in the community, with the aim, among others, of overcoming the barrier of lack of digital skills of older participants. The strategy is quite recent so no data is available yet on its impact. The focus is currently on increasing the volumes of people involved.

For its closing statement, the defense lawyer reminded the jury of the content of the Alma Ata Declaration underlining that every human being has the right and the duty to participate individually and collectively in the planning and implementation of health care intended for him and that governments have a responsibility to ensure adequate health and social provision by making the fullest possible use of local, national and other resources, and by promoting, through appropriate education, the ability of communities to participate. Health care must reflect the needs of the communities from which it emanates. To the defense lawyer, this paves the way for a full involvement of mutuals in communicating with communities but now States and all relevant decision-makers need to empower mutuals to play this role.

For her part, the prosecutor underlined the limitations that were observed during the trial. Mutuals do not effectively reach all segments of the populations, sometimes leaving some target groups, as the most vulnerable, behind. She stressed how mutuals are not leading when it comes to communications but often rely on others to develop strategies and communication too. They also fall short when it comes to communicating effectively with key partners. In addition, mutuals have limited resources and cannot spend the ones devoted to healthcare on communications. Finally, given the wider understanding of health and its broader determinants, the limited scope of mutuals, which focus solely on health, is an additional obstacle to their efficient communication. The prosecutor concluded by asking the jury to reach a verdict that reinforces the importance of responsible and effective communication by mutuals and holds them accountable.

After deliberations, the jury found by unanimous decision that mutuals were the right stakeholder to communicate with Communities.



Africa & Middle East Committee

The Ethiopian community-based health insurance system, the control of medicines budget, and the next international mutualistic conference

11 June – Members of the Africa and Middle East Committee met to discuss the Ethiopian community-based health insurance system, the control of medicines budget, as well as the next international mutualistic conference.

The meeting was opened with a presentation by Abduljelil Reshad, Technical Advisor at the Ethiopian Health Insurance Service, on Health Insurance Implementation in Ethiopia. The country features low per capita health expenditure, high out-of-pocket payment levels (representing 30.5% of total expenditure), high donor dependence as they finance about 34% of healthcare expenditure, inadequate allocation from government sources and lack of equity in the financing and access of health services. Interventions of the Ethiopian Health Insurance Service help to mitigate these issues in terms of the improvement of health service utilization, avoidance of unexpected OOP at the point of service utilisation and protection from impoverishment, ensuring equitable access to healthcare and improving health service quality through community ownership. The EHIS is divided between the community health insurance for the formal (covering 17% of the insured population) and for the informal sector (covering 83% of the insured population). The scheme is established at district level and embedded within existing governmental structures at this level. This level includes a general assembly that meets every year and where overall decisions are expected to pass. Zonal and regional levels of organisation provide support to the lower levels. EHIS is mandated to provide technical support at regional level, but also provide capacity support at all levels and manage tertiary care at federal level. EHIS' National Council gathers members of government, mayors, regional state presents as well as regional finance bureau heads. The National Council decides on the share of national pool for tertiary and for purchasing secondary and primary care. It also decides on the share of subscription, as well as the basket of services. Within EHIS, membership has now become compulsory, the target population is mainly the rural population and those engaged in the urban informal sector, and the unit of enrolment is the household. Three sources of financing exist: members payment (24%), targeted subsidies to poor households and a general subsidy from the federal government (25% of the total contributions). 89% of the districts now implement CBHI, there's an 82% population coverage, a 76% poor households coverage and a 93% renewal rate. Mr Reshad listed as achievements a wide and growing population acceptance; increased health service utilization; decreased financial hardship; improvements in the quality of healthcare services; a better targeting of poor households and women empowerment. He listed among the challenges low and flat rate membership contribution ; scheme fragmentation; schemes fund management capacity gap ; inadequate risk assessment and management system ; challenges in health service quality (sic). Lastly, he listed as ways forward strengthening capacity building system at national and subnational level ; higher-level risk pooling ; the implementation of modern health information systems ; strengthening strategic health purchasing functions and the roll out of SHI. Babacar Ngom, President of the Board of MSAE (Senegal), presented the options that mutuals have to control the price





of medicinal products. Mr Ngom presented the state of play in Africa on access to medicinal products as well as the different strategies that public health authorities can use to reduce the cost of medicinal products in their healthcare system: budget impact analysis and cost-efficacy, benefit-risk, QALYs and DALYs-based analyses. Mr Ngom also mentioned the use of generic medicines as a way to control costs. In Senegal, MSAE reimburses up to 50% of the price of originator products and up to 65% of the price of generics. In Ivory Coast, MUGEF reimburses up to 70% of the price of originator and generic medicinal products prices. In Morocco, MGPAP reimburses from 16 to 20% of the out of pocket payments for generics and originator products on the basis of a national list prices in an outpatient setting. Mr Ngom finds that enlarging the benefit package for the insured population remains a challenge. He also informed the audience that using a fair prices of medicines could be a way forward for mutuals. Mr Ngom informed participants that he will be organising an event on this in the autumn of 2024. Lastly, he suggested to create a network of mutualistic pharmacies in order to reduce medicinal products' costs for patients.

Thomas Kanga-Tona provided an update to members on the preparation of the 2025 mutualistic conference. The event will be taking place on 3-4 February in Bujumbura, Burundi with the following objectives:

- Reaffirm the need to fulfil universal healthcare coverage on the African continent
- Take notes of the developments that took place since the last conference and reinforce the mutualistic movement's position within universal health coverage policies
- harness the recent adoption of ILO's and UN's Resolutions and Conclusions on the social economy; position mutuals in the aftermath of the adoption of these texts

The Secretariat aims for 200-250 participants and invitations will be shared in the course of the summer.

Latin-America Committee

Gender and Youth: Crossed Glances

11 June – Members of the Latinamerican Committee meet to discuss the new Ibero-American Network for the Promotion of the Social and Solidarity Economy and to exchange on challenges and opportunities for women and youth in the Region.

Jorge Abascal, Director of projects at the National Institute for the Social Economy, presented the progress made in the Ibero-American Network for the Promotion of the Social and Solidarity Economy. In Latin America, wealth and property ownership are highly unequal, with the richest 10% owning about 55% of the total income. The bottom 40% own only 10%. This inequality stems from economic practices and the relationship between production, profits, and distribution. A more democratic economy, where the wealth is distributed among the people who generate it is essential. This social and solidarity economy promotes a more democratic and equitable distribution of wealth, involving the participation of all those involved in the process. The governmental sector in Latin American countries has been engaging in a dialogue to promote the social and solidarity economy. This led to the creation of the Ibero-American Network of Social and Solidarity Economy, constituted in Mexico, on 29 and 31 January 2024, by the governments of Spain, Brazil, Chile, Colombia, Guatemala and Mexico. The network is expected to be joined soon by other nations such as Portugal, Cuba, Costa Rica, Paraguay and Argentina.

The Committee also discussed the topic of gender and youth involvement in the social and solidary economy. A round table, moderated by Nora Landard, Coordinator of the Gender Equality Commission of the Latin American Network of Women in the Social and Solidarity Economy, gathered representatives from across the region.

Yasi Morales and Ana Beatriz Peralta discussed the challenges faced by rural communities in Costa Rica, including access to land, native seeds, and revaluing agricultural activities. They emphasized the importance of the social solidarity economy, which values individual identities and responds to material, social, and cultural needs through social ties.

Yanina Costa and Verónica Fontán, from Uruguay, highlighted how Uruguay is a pioneer in promoting the integration of young people in various organizations. Public policies have been promoted, with 50% of cabinet ministers being women. In the health sector, 70% of enrolment is female. However, leadership and teaching positions are mostly occupied by men. UMU has been working to provide young people with their first job without requiring experience. They have opened a hospital education center. At present, there is no specific agenda for young people, but a structured agenda for civil servants includes objectives setting, skill assessment, workshops, coaching, and mentoring. This is tailored to young workers, including doctors and students finishing their degrees. Sirlei Gaspapareto and Jazmín Acosta Ríos, from Brasil, highlighted the importance of respecting cultural diversity and plurality, advocating for a popular feminist solidarity economy, and promoting youth integration. She also mentioned the rural women's movement in the Union of Cooperatives of Family and Solidarity Agriculture, which has implemented training processes and courses on solidarity economy and popular feminism, focusing on productive work, agro-ecology, and environmental relations. The movement has historically held training sessions for young people, focusing on their reality, peasant identity, land issues, access to healthy food, and agroecology. The movement also bridges the gap between



urban and rural communities, addressing the tradition of women farmers and the introduction of new technologies. Blanca Suárez and Carolina Cabrebra explained how the Confederación Argentina de Mutualidades has prioritized the incorporation and integration of young people and women in its strategic plan. These incorporations have become institutional through amendments to statutes. The Latin American network of women in the social and solidarity economy has been formed, with data collection and training as strategic steps, and with the academic support from countries like universities. The gender equality agenda includes sustainability of life and rights, addressing the need for reinforcement of rights.

Blanca Suárez and Carolina Cabrebra explained how the Confederación Argentina de mutualidades has prioritized the incorporation and integration of young people and women in its strategic plan. These incorporations have become institutional through amendments to statutes, leading to various activities. The Latin American network of women in the social and solidarity economy has been formed, with, as strategic steps, data collection and training, with academic support from countries like universities. The gender equality agenda includes sustainability of life and addresses the need for reinforcement of rights.

Finally, Elisa Torrenegra, invited participants to the COP 16, which will take place in Colombia in October 2024, with a specific agenda for the social economy sector. The event will be attended by 600 people and is not only for Colombia but also Latin America and the world. The event will also include thematic forums on international instruments and the role of the social and solidarity economy.



European Affairs Committee

The outcome of the European elections 2024: Political challenges and opportunities!

AIM had its European Affairs Committee on 12 June on “The outcome of the European elections 2024: Political challenges and opportunities! After the welcome of the AIM President, Loek Caubo, the Czech Deputy Minister for Health, Mr. Jakub Dvořáček, spoke about important European files for Czechia, among them the implementation of the European Health Data Space and the pharmaceutical package. He mentioned that health insurance funds are not there to pay for everything, it is their role to facilitate access to healthcare for all patients.

During the panel discussion on the “Outcome of the European elections”, Mr. Jindrich Pietras from the European Parliament Liaison Office in Czechia explained that a Special Eurobarometer, which was done ahead of the European elections, showed, that for European Citizens public health was the second highest priority. Although it has limited competences, the European Union nevertheless plays an important role in health as shown during the pandemic. It led to the establishment of the European Health Union. In the European Parliament, a health and environment committee takes care of all files related to health. Jindrich Pietras mentioned with a movie, the goals that have been reached with the European Union: no war but peace. This is threatened with the right shift on the European Parliament after the elections in June 2024.

In the discussion that followed, Marcin-Rodzinka-Verhelle, assistant to the Luxembourgian Member of European Parliament, Tilly Metz from the Greens, Joyce Loridan, European Affairs policy officer at Solidararis in Belgium and AIM Executive Director, Sibylle Reichert discussed the results of the European elections. While Marcin Rodzinka was positive about the fact that the extreme right party gained power but didn't get the majority. Although they will try to block many decisions, he was certain that they wouldn't have the power to prevent legislative files of being decided on. Joyce Loridan was more sceptical, mentioning that health disappeared from the strategic agenda of the European Union for the coming years and that health is not a priority of the extreme right. Sibylle Reichert said that, although it will be difficult, AIM will have to speak with every fraction in the European Parliament, trying to further promote AIM's values on solidarity and access to healthcare for all.





In the second part of the meeting, Ms. Jana Šípková from the health insurance fund of the Czech Republic, VZP ČR explained the Czech Health System. During a second presentation, AIM members learned about Digitalisation of hospitals in the Czech Republic through Mr. Hynek Kružík from the National eHealth Centre. AIM Vice President, Verena Nold, closed the meeting by saying that although Switzerland is not part of the European Union, it follows closely, what is happening in the EU.

General Assembly

Thanks to our hosts, VZP, we were able to meet in the beautiful city of Prag for our 2024 General Assembly meeting. It was also special in the sense that it took place right after the European elections. The President, Loek Caubo underlined the need to uphold the values of mutuals in Europe and across the world with wars ravaging people and landscapes, more and more severe weather events. We also had the honour of a speech by Jacub Dvoracek, the Deputy Health Minister of the Czech Republic who reminded us about the need for collaboration, affordability, accessibility and availability of medicines in all EU member states and that national legislation can have an impact on other countries medicines availabilities. He also invited AIM and its members to influence both at European and national level on the ongoing negotiations of the pharma package.

Tribute to Luc Carsauw

The members of AIM's General Assembly held a minute of silence and paid tribute to its former Board member and treasurer, Luc Carsauw who passed away recently.

What happened in the regions, in Communication and on Mutuals?

Verena Nold, Vice-President Europe, informed about the adoption European Health Data Space and its impact on AIM members and how AIM was dealing with this important subject in its Digital Health Working Group. She furthermore explained about the adoption of the pharmaceutical legislation in the European Parliament and the ongoing negotiations in the Council. And finally, she referred to the outcomes of the European elections and AIM's activities concerning the Memorandum and the social media posts of CEOs of our members.

Marion von Wartenberg, Vice-President Communication reported about the implementation of the communication strategy and the ask to AIM members to repost and retweet AIM's activities. Furthermore, she said that setting up a platform for members via TEAMS was a challenge as some members were not able to use it due to strict data protection rules. A solution to that should be





found in order to have an easier way for members to reach out to each other.

Abdelaziz Alaoui, Vice-President Africa and the Middle East informed the members about the upcoming conference in Africa that would take place in February 2025 in Burundi. He also said that AIM became an observer member of the Consultative Committee for Social Mutuality (CCMS). The CCMS is the consultative body responsible for monitoring the implementation of the community regulations on social mutuality adopted by the West African Economic and Monetary Union (WAEMU). These Community regulations aim to harmonise the rules governing the development of social mutuality within the WAEMU area, in order to promote their development.

Alejandro Russo, Vice-President Latin America, reported that an Ibero-American Network for the Promotion of Social and Solidarity Economy was recently created, and it was presented at the Latin America committee meeting by a representative of the INAES in Mexico the day before.

He also referred to the difficult political situation in his own countries and the latest developments in Uruguay and Colombia.

Beyond this reports, during the General Assembly, the usual formalities had to be dealt with including the adoption of the budget 2025 to 2026 and the closure of the accounts 2023.

Loek Caubo, also presented the plans for AIM's 75th anniversary that will be celebrated in 2025.

Innovation Panel

During the AIM General Assembly, for the first time, AIM members were invited to present their innovations. We had Rain Laane from Estonia, Ulf Schinke from vdek Germany, Dra. Paula Pio from APM Redemut Portugal, Babacar Ngom from MSAE Senegal and Julio Martinez from UMU Uruguay present examples of their power in terms of social innovation.

The Estonian Health Insurance Fund ([Tervisekassa \(Estonian Health Insurance Fund\)](#)) is introducing new permanent payment mechanisms, such as funding for health analysts, digital channels and treatment planning in primary care to enhance the availability of primary care doctors.

The Mutualista Covilhanese, member of [APM-RedeMut – Associação Portuguesa de Mutualidades](#) presented their project ISI Migrant, an integrated social initiative, where different services from different organizations collaborate to give access to essential services and facilitate access to the labor market and foster integration. The Mutuelle de Santé des Agents from Senegal presented a digital platform, where patients can monitor their level of consumption and reimbursement, generate a drug order and check their contribution and eligibility.

In Uruguay, a new Integrated National System (SNIS) was created, financed by a National Health Insurance (SNS). The model gave priority to the Primary Health Care strategy, including prevention and introduced information technologies, e.g. a complete and integral electronic health record.

From Germany, the Verband der Ersatzkassen (vdek) presented the “Mehr-Patientensicherheit” - portal, created in order to give possibility for patients to report health situations occurring in the German healthcare system to improve the quality of the whole system.

The presentations were followed by vivid discussions and a question and answer session. There was a common agreement that such a format should be part of each General Assembly in order to give to members the possibility to learn from each other.





Special Thanks

AIM thanks the VZP Organisation for hosting our meetings. Our warmest thanks go to Zdeněk KABÁTEK, General Director, as well as to Helena Kuhnová, and Jan Kust.

Upcoming meetings

The next General Assembly will take place in **Brussels** on **13 and 14 November 2024.**



Presentations are available upon request.



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