


Feature Stories



AIM and ESIP publish position paper on access to innovative medicines



How will mandatory complementary health insurance impact insurance coverage in France?



Commission publishes Cost/Benefit Analysis of Self-care Systems in the European Union



AIM organized Conference on the Role of Mutuels in Europe

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What's next?

- 18 Nov** African and Middle-East Committee, Lisbon
- 18 Nov** Workshop on Small and Medium-sized Mutuels, Lisbon
- 18 Nov** Presidium Meeting, Lisbon
- 19 Nov** European Affairs Committee, Lisbon
- 19 Nov** Board of Directors, Lisbon
- 20 Nov** AIM Workshop: how to sustain provision of high quality pharmaceuticals, Lisbon

Top Tweets



Christian Horemans
@ChHoremans · 14 oct

Discussing the role of mutuels in Europa in [@Europarl_NL](#). Need for recognition. [@Onafh_Zf](#) [@MutLibres](#) [@AIM_Healthcare](#) pic.twitter.com/VDFP9csobf



AIM @AIM_Healthcare · 15 oct.
Supporting innovation in the context of sustainable health systems is key [@ESIP_EU](#) [@AIM_Healthcare](#) bit.ly/1LbPnS4

[View Tweet activity](#)

AIM interviewed (again) by the European Newspaper Politico about access to medicines and patient safety

27 October – (Extract) The EMA officially proposed its PRIME program to “facilitate accelerated assessment of priority medicines.” How is this different from adaptive pathways and accelerated approval or conditional approval?

Menno Aarnout, executive director of AIM, the international association of non-profit health care payers, said they are “very much in favor of providing patients access to the pharmaceuticals they need.”

But: “But acceleration of access should never lead to a reduction of patient safety. Patients are not simply consumers. Support for industrial competitiveness or faster access must not be allowed to supersede public health interest.” What about all the tools we already have? He continued: “There are already existing regulatory tools that allow for acceleration of access. It is important to investigate in which cases those existing tools are insufficient and whether we actually need a new scheme. Earlier and intensified dialogue between EMA and industry should obviously not lead to a reduction of the independence of the agency.

AIM and ESIP publish position paper on access to innovative medicines

14 October - Innovation in pharmaceuticals should aim at maximising benefits for patients while contributing to the sustainability and universality of healthcare systems, AIM and ESIP said in a position paper.

With prices of new medicines rocketing, ESIP and AIM ring the alarm bell and make recommendations to improve policies and mechanisms concerning innovative medicines.

First and foremost, research and development (R&D) in pharmaceuticals should be steered to the needs of patients and society: “There are many reasons to give priority to this topic. To ensure, also in the long term, access to pharmaceuticals for all those in need, we have to make sure that we focus R&D on areas of public health priorities”, says AIM Director Menno Aarnout. Moreover, public involvement in research and development costs of pharmaceuticals must be reflected in their final price.

AIM and ESIP ask for the strengthening of pricing and reimbursement (P&R) mechanisms. Health Technology Assessments (HTA) should provide the basis for P&R decisions “We believe that reimbursing products which do not provide measurable benefits for the patients is unfair”, stated Chris Dawson, ESIP Director.

For AIM and ESIP it is very important that transparency is increased across the board. “To be able to discuss the future of pharma policy in the EU, we need reliable data about costs of R&D, marketing expenditure, prices and proven effectiveness of pharmaceuticals”, says Aarnout.

Dawson: “Only on this basis we can ensure sustainable access to innovative pharmaceuticals, which is to the benefit of patients, payers and providers.” Find out more in the [📄 Position Paper](#).

Pharmaceutical Pricing and Reimbursement Policies: Challenges beyond the Financial Crisis

12-13 October - AIM attended a conference organized by the WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies in Vienna.

AIM presented in front of 300 stakeholders an official commentary to the keynote speech by the WHO senior advisor on the future directions in pharmaceutical policy, Dr Suzanne Hill. The AIM paper on access to innovative medicines was briefly presented and AIM particularly emphasized that more transparency is needed to keep provision of innovative medicines sustainable. Transparency of clinical trial data, of costs of

R&D and of prices of pharmaceuticals were also mentioned. AIM supported the plea by the WHO to further investigate which elements lead to an ethical price of pharmaceuticals. Many different examples were presented of policies to ensure sustainable access to pharma. The event was also an excellent opportunity to strengthen dialogue with all relevant stakeholders and to establish contacts with counterparts from all over Europe (and beyond).

AIM organized Conference on the Role of Mutuals in Europe

14 October - AIM held a conference at the European Parliament to put light on the role and needs of mutual societies on 14 October 2015.

The event, hosted by the Portuguese MEP Sofia Ribeiro, enabled stakeholders to discuss “the diversity and capacity of mutuals to contribute to consumer choice, jobs and market stability”.

Mr Girard, Researcher at the University of Quebec, reminded the audience that being not for profit, mutuals’ core objective is to satisfy member’s needs instead of maximizing return on investment. This is the reason why they can provide quality services at a reasonable price to more than 150 million European Citizens.

But Mutuals also contribute to economic growth and jobs: “Only in the UK, mutuals created more than 120 000 jobs between 2008 and 2013” said Paul Keenan from AIM British member Benenden. According to ICMIF representative Catherine Hock, mutuals represent together with insurance cooperatives, 30% of the global insurance market. Financially robust, mutuals have even increased their market share during the financial crisis.

In spite of the incontestable added value for Europe, mutuals are not recognised at EU level and are therefore unable to go cross-border and benefit from the internal market, highlighted Pedro Bleck Da Silva from AIM. In some European countries, people are not even allowed to set up a mutual, in others part of Europe, mutuals are pushed to demutualise and become for-profit companies.

Both the European Commission and the Luxembourgish Minister for Employment and Social Economy indicated their willingness to take initiatives to overcome these hurdles: “it must be a priority for the EU to provide mutuals with a friendly environment to facilitate their further development. Things have been moving too slow” said Minister Schmit. Commission representative Catinat ensured all participants that the Commission is eager to move forward, notably with the help of its expert group on social entrepreneurship (GECES): “The Commission is ready to explore any ways deemed necessary to remove barriers to the development of mutuals”.

However, stakeholders as well as MEP Sven Giegold, and EESC member Alain Coheur regret that no roadmap for concrete actions has been set up yet.



AIM meets healthcare cooperatives from all over the world at an international workshop in Milan

13 October - The workshop was organised beside the International Exhibition and was opened by Jean-Pierre Girard from Quebec who presented the international survey of co-ops and mutuals at work in the health and social care sector.

According to Girard, health mutuals and coops are able to fit in any health coverage system: Beveridge or Bismarck, or in the absence of any structured system. In Western Canada, coops provide on behalf of the

government healthcare services while in the East, health coops and mutuals provide offices to rent to health and social professionals.

In Japan, health coops employ 34000 doctors and own 76 hospitals. Japanese health coops are particularly active in the field of health promotion. They have implemented since the 1970's the Hans-kai *programme which aims at helping people to improve their health knowledge and their ability to monitor their own basic health indicators in a peer-supported environment*. Information is available in this short [video](#).

Over the Atlantic, Unimed is a network of Brazilian healthcare providers. It gathers 351 health coops and provides services to 20 million people. Unimed owns 2800 hospitals, 20 emergency services, 500 labs. This is the second biggest private hospital network of Brazil. Further information on the examples above and much more is available in the study: [Better Health & Social Care: How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?](#)

European Institutions

➤ *European Commission*

Commission working programme for 2016: very little space for health and social policies

26 October - The European Commission has published its working programme for 2016 called No Time for Business As Usual but social and health issues seem to have been forgotten.

Commission roadmap for actions consists of 23 new initiatives. It notably includes:

- Initiatives on Better Migration Management, and proposals on Border Management
- Implementation of the Digital Single Market, Follow-up to the Single Market Strategy, a Space Strategy for Europe, and a European Defence Action Plan
- A Circular Economy, Next Steps for a Sustainable European Future, and legislation to implement the Energy Union
- A New Skills Agenda for Europe, a New Start for Working Parents, and a Pillar of Social Rights as part of a deepening of Economic and Monetary Union
- A Corporate Tax package and an Action Plan on VAT

As far as social issues are concerned, the Commission is skittish: development of collaborative economy, new proposals for workers mobility and mechanisms for a better coordination of social security systems. Basta. More information [Here](#).

Health

European Health Forum Gastein: two-tier healthcare systems in Europe

2-3 October - Future of healthcare systems was at the heart of discussions of the European Health forum in Gastein. Rising costs of medicines, innovation, and access to quality healthcare or chronic diseases are all challenges to be met.

Member states see the pressing need to cooperate to cope with the challenges of financial viability and equal access to quality healthcare. But there is strength in unity and some countries already decided to collaborate more closely on long and rocky road of sustainable, universal and innovative healthcare. The EU will have to find new ways to produce medicines, to attract qualified medical staff, to foster health

technology assessment, to steer demand-oriented research and development in pharmaceuticals and to treat non-communicable diseases. More information [here](#).

Commission publishes Cost/Benefit Analysis of Self-care Systems in the European Union

Concerned with enhancing self-care at European level and with developing strategies to support the broader implementation of effective self-care, the Commission published a general study aiming at exploring the added value of self-care systems, assessing their economic and societal impacts and providing guidance on how to transfer and implement self-care initiatives.

While recognizing the increasing relevance of self-care, the study underlines the need for further evidence and knowledge, as well as their dissemination. Its added value lies in that it not only focusses on the effectiveness of pharmaceutical treatments for self-care use but also assesses initiatives in cost-benefit analyses. The publication also identifies best practices and allows to transfer them to policy-makers' own setting through the use of a practical guide. The need of political commitment to self-care is also outlined, just as the prerequisite for a change in culture toward a greater patient-empowerment and for access to reliable and understandable information on self-care. A re-thinking of the involved health care professionals is also required.

The study is meant to provide a basis for follow-up work. More precisely, the Commission expects a guideline for the promotion of self-care and for the development and production of communication tools, as well as proposals of policy actions at EU level to be carried out by the [PISCE project](#) following their recommendations. For more information, please read the [Study](#).

➤ [Pharmaceuticals - Medical devices](#)

Conference: Improving price transparency for Vaccines – what can the EU do?

21 October 2015 – MEP Beatriz Becerra (ALDE) held an event at the Parliament which aimed at discussing the affordability of vaccines, an issue which remains a key challenge for most developing countries. According to the MEP, the solution lays in “improving affordable access to new vaccines by ensuring greater price transparency”.



The conference gathered representatives of Médecins sans Frontières (MSF), WHO and of the European Commission. MSF firstly presented some figures included in their new [Report](#): “The Right Shot: Bringing down Barriers to affordable and adapted Vaccines”. According to their figures, the price of the basic vaccines package for children has increased by 68 times since 2001 and 80% of the price of that package is paid only for three vaccines. The organization notably denounced the practice of pharmaceutical companies who often use the argument of “tiered pricing” –adapting prices to the countries’ income- when asked how they define their price structure. However, data shows that tiered pricing is not upheld.

WHO also strongly advised countries to create transparency, underlying that “we are currently holding an uninformed, uneducated discussion on vaccines due to the lack of data”. They presented their V3P project on “Products, Price and Procurement” in which they created a web platform

which collects information on price and procurement. It establishes an international collaboration between 40 countries and aims at increasing price transparency and ensuring that vaccines pricing is done in a proper context. The database is open to the public and contains not only data on prices but also analyses regarding income groups, volumes, procurement mechanisms, etc., which are key elements to take into account when comparing prices. Some conclusions and observations were already drawn from the project: for thirty vaccines types, 83% are procured by one or two manufacturers and 50% from only one supplier; there is actually no relationship between volumes and prices; newer vaccines represent a large percentage of procurement budgets; and the difference in prices between countries can be as high as 2,5 times higher. Project EURIPID, which is funded by the European Commission and to which most Member States participate, was also presented. Similarly to V3P, EURIPID has created a tool to make pharmaceutical prices more transparent. Their website is however not open to the public as they fear doing so would encourage parallel trade, intransparent free riders and raise problems of data ownership or of misinterpretation of the data. Some of the key messages which the project brought about are that not only price matters and that a discussion on fair pricing at political level is necessary, just as a technical platform for monitoring prices which could serve as a one-stop-shop.

MEP María Iglesia-Gómez then presented the EU agenda for effective, accessible and resilient health systems, which notably addresses access to medicines. According to the Commission, accessibility is a multidimensional phenomenon which depends on health insurance coverage, the basket of care, affordability (co-payments, out of pocket payments, etc.), and availability (costs, distance, waiting times). She also mentioned some initiatives taken by the commission in the field like the stakeholder- and the MEP-partnership on patient access to healthcare; the work of the Expert Group on Safe and Timely Access to Medicines; the improvements in HTA and the joint procurement on medical countermeasures, aiming at helping MS better fight cross-border threats.

Finally, MEP Margrete Auken closed the conference by questioning the comparability of the information available and its possible use for negotiations and by stressing that “where there is public investment, there should be mandatory public transparency”.

➤ *Trends in health systems*

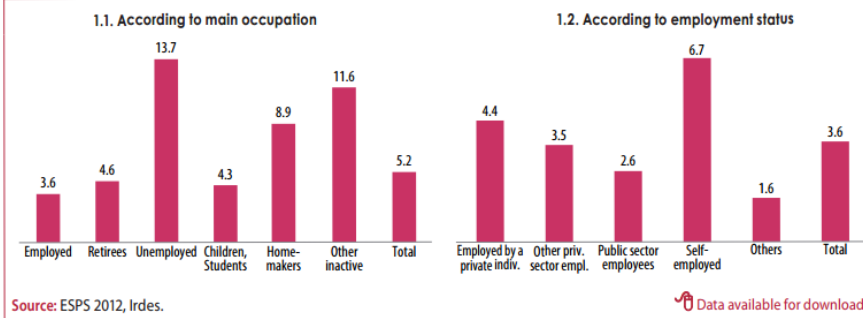
How will mandatory complementary health insurance impact insurance coverage in France?

Approximately 5% of the French population is not covered by complementary healthcare coverage. This leads to important inequalities in access to healthcare as absence of a complementary healthcare coverage is the first reason of refusing healthcare.

In 2012, for the first time since the 70s, the percentage of people covered by complementary healthcare insurance in France decreased. This has led to more people refusing healthcare because of the uncovered costs. To tackle this issue, the French government decided to oblige every employer to provide and co-finance complementary health coverage to his/her employees. This is the National Inter-professional Agreement (NIA).

An article published in English by the Health economics research institute (IRDES) presents the expected impact of NIA on the coverage of the French population and highlights the limits of such a reform. According to the writers, implementation of the NIA would decrease by one point the percentage of uncovered people (from 5% to 4%). Main reasons are that elderly, unemployed, individuals in poor health and low income individuals will remain without coverage.

Rate of non-coverage by CHI in 1012 according to employment status



Authors recommend promoting in the meantime other schemes to improve access to complementary health insurance for the poorest and improve the efficiency of the Universal Complementary Health Insurance. Article is available here ([EN](#))

➤ *International*

Gestarsalud organizes its 10th National Congress

28 & 29 September – The Congress, which gathered mutuels from all over Latin-America, was presided by Ms. Elisa Carolina Torrenegra, president of AMA (Alianza del Mutualismo de América - umbrella organization) and AIM Vice-President of the Latin-American Region.

After a brief presentation of all participants, Mr. Héctor Acosta (FEMUCOR, Colombia) gave a report on the digital developments achieved lately, namely the development of AMA's webpage to which the regular sending of newsletters, the reports on the global context and the management of Social Networks must be added. After his contribution, participants presented the existing legal frameworks for mutuels in their respective countries. Mr. Alejandro Russo, president of the CAM (Argentina); Mr. Darwin Cerizola, president of the Union of Mutuality in Uruguay (UMU); and Mr. Abdelaziz Alaoui, AIM Vice-President for the Africa and Middle-East Region (Morocco) notably took the floor. Their interventions enabled to compare and get to know the mutualist legislation in those countries, its evolution and the constant fight of mutuels to defend the rights of their members in social services as important as health or medicines, sometimes facing the attempts from the State to limit tax exemptions or, in some cases, to compare them to for-profit sectors, etc. The interesting discussions raised the necessity to move on towards strategies for the integration of experiences, knowledge and initiatives which would enable mutuality to have a major visibility at Latin-American and global level.



Mutual Movement represented at the Moroccan Forum of Social and Solidarity Economy

8 October - The African mutual movement took part in the 4th edition of the Social and Solidarity Economy Forum held in Morocco beginning of this month.

A delegation from the regional office of the African Union of Mutuality (UAM Afro) led by its President, Mamadou Soro traveled to Casablanca to take part in two important events: the steering committee of the UAM and the 4th edition of the Moroccan Social and Solidarity Economy Forum.

During the first day, members of the UAM met to discuss future and UAM and present the activity report of the last years.

On the second day, mutualists participated in the various panels of the forum. They could highlight the crucial role of social economy players and especially mutuals in countries with high



percentage of informal workers and important growth rate. UAM Afro Secretary General, Jean-Pierre Séry, notably delivered an inspiring speech during a panel dedicated to the challenges of sustainability of social mutuals in West Africa. More information is available [here](#) (FR).

On the Photo: Mamadou Soro, President on the UAM Afro, Jean-Pierre Séry, Secretary-General of UAM Afro and Babassa Djikiné, Vice-President of UAM.

Social Economy / Insurance

ARGUS Conference: “Innovations, strategies, mergers: debates and expectations of mutualist leaders”

AIM is a partner of the ARGUS Conference which will take place on 24 November in Paris.



Mutualist actors nowadays face new strategic challenges (Solvency II, etc.) and are urged towards more innovation, diversification and restructuring. Which weapons are available to them in this battle and how can they position themselves best in this evolving market? It is notably in order to answer these questions that “ARGUS de l’Assurance” organizes the 5th Mutuals Conference. AIM members can benefit from a 20% discount of the registration fees by using the code MUT2015AIM on the Conference website. For more information, please read the [Programme](#).

Events and Publications

➤ *Forthcoming Events*

- | | |
|--------------------|---|
| 5 November | International Conference on Technologies for Active and Assisted Living (TechAAL 2015) , London |
| 9 November | “Crossing biological barriers – Advances in nanocarrier design for targeted drug delivery” , Dresden, Germany |
| 10 November | “Innovative Health Systems Reform: the role of the EU in advancing innovation” , European Parliament Interest Group on Innovation in Health and Social Care, Brussels |
| 10 November | Policy Dialogue on Social investment: from narrative to impact, European Policy Centre (EPC), Brussels |
| 10 November | The future of the fight against lung cancer , Lung Cancer Europe (LuCE), Brussels |
| 12 November | The Sustainable Development Goals: Implementation in Europe , EESC, Brussels |

17 November	The 3rd European Health Literacy Conference on Developing health literacy during the life course, Brussels
17 November	The 6th European Innovation Summit , Brussels
17 November	Civil Society Conference : The social dimension of the Dutch EU Presidency priorities, Social Platform, The Hague
17 November	“TTIP – What’s in it for the social partners?” , EESC, Brussels
20 November	The people’s business: How cooperatives and mutuals can contribute to the policy agenda of European Progressives , FEPS, Copenhagen.
23 November	Characterisation of nanomaterials with focus on nanomedicine , European Commission (DG JRC)
1 December	Joint Digital Healthcare Symposium 2015 entitled “Out Digital health ... is everyone ready?”, EHTEL, Brussels
2 December	“It is not healthy: Mending the broken medicines innovation model” , Trans Atlantic Consumer Dialogue (TACD), Brussels
3 December	Boosting social enterprise in Europe , Luxembourg Presidency of the Council of the European Union in Luxembourg.
4 December	Climate change and healthcare , Global Green and Healthy Hospitals, Paris

➤ **Publications**

EMCDDA	Drug-related infectious diseases in Europe
European Parliament	Big Data and smart devices and their impact on privacy
Institut Jacques Delors	The Future of the Welfare State : visions for reform
WHO	European health report 2015
European Commission	Scoping study on communication to address and prevent chronic diseases: Final Report
JA-CHRODIS	Summary report on good practices in health promotion and primary prevention of chronic diseases across Europe
Eurodiaconia	European Commission-Joint Report On Adequate Social Protection For Long-Term Care Needs–Briefing And Recommendations
LPS	Better Health & Social Care: How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?

*The monthly AIM Flash is compiled by Romain Chave and Jessica Carreño Louro.
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For more information on one of the topics mentioned above, please contact the AIM Secretariat.*

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