

Feature Stories



[AIM & ESIP conference on access to Innovative Medicines at the European Parliament](#)



[The African mutual movement ready to contribute to the implementation of universal health coverage systems](#)



[AIM welcomes the exclusion of social security in TTIP](#)



[Latin America: AIM over the Atlantic to visit its Latin-American members](#)

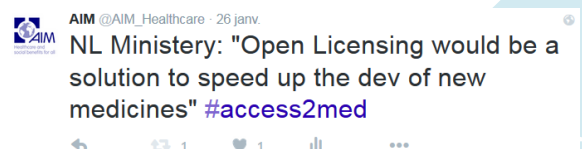
Contents:

AIM and You in Abidjan	2
European Institutions	4
Health	5
Mutuals	8
Events	9

What's next?

15-16 March	Fraud Working Group – <i>AIM Offices</i>
17 March	Social Economy Parliament Intergroup - <i>Brussels</i>
8 April	European Affairs Working Group – <i>AIM Offices</i>
29 April	Presidium Meeting – <i>AIM Offices</i>
2-3 May	Health System Reforms Study trip - <i>Austria</i>

Top Tweets



Abidjan, world capital of Mutuality - The African mutual movement ready to contribute to the implementation of universal health coverage systems

5 March - More than 350 mutualists from 17 African and European countries gathered in Abidjan to discuss the prospects of the African mutual movement in the framework of the implementation of universal health coverage (UHC) at the occasion of a conference organised by AIM and its partners, UAM-Afro, MASMUT and PASS.

"I invite governments to commit to supporting and integrating health mutuals in the deployment and expansion of universal health coverage in Africa." This is how AIM President Christian Zahn opened the international conference organised by AIM in cooperation with the Western African regional office of the African Union of Mutuality (UAM-Afro), the PASS and MASMUT programmes. He added: "mutualist values of solidarity and universality can be found in the genuine principles of the UHC."

The head of cabinet of the Social Protection Ivorian Minister added: "Mutuals are governments' partners because of their local presence and their experience of solidarity-based health insurance".

This first day of conference enabled participants to share experiences on key issues about the development of mutuals and healthcare services, the implementation and management of health insurance and the structuring of the mutualist movement. These themes were discussed and debated with testimonies from various countries of West and Central Africa. The International Labour Office declared its will to strengthen cooperation with mutuals with the aim of promoting mutualist best practices.

The President of AIM and President of UAM-Afro, Mamadou Soro, encouraged the newly established mutual national platforms, as well as their partners, the PASS and MASMUT programs, to take the opportunity to become key players in the implementation of UHC.

The conference continued on Thursday 3 and Friday 4 March with panels demonstrating the importance and added value of international partnerships, communication and advocacy for mutuals.

Conference acts were adopted by the organizers before the Ivorian Minister of Social Protection, Moussa Dosso closed the conference by congratulating participants for their tremendous will to contribute to better healthcare systems. Presentations are available on AIM [website](#). Pictures are available [here](#).

Abidjan Conference: The key messages of the event engraved in stone

4 March - During the closing ceremony of the Abidjan Conference, AIM and its partners presented their position and the key messages of the event in the form of conference proceedings.

Proceedings of the Abidjan Conference:

- Whereas over 90% of the population living in low-income countries doesn't benefit from any right to health coverage,
- Whereas adequate health coverage is the prerequisite for any social and economic development and access to quality healthcare services should be a fundamental right,
- Whereas the new Sustainable Development Goals of the United Nations (2015) identify universal health coverage (UHC) as an essential lever to help everyone to have access to health care, Whereas many African governments have shown strong political will to develop UHC, Whereas the mutualist values of solidarity and universality are found in the genuine principles of the UHC,
- Whereas mutual societies are an effective tool for the development of social protection in the world, especially in the health sector, because of their long experience of solidarity-based health insurance and their local presence,



The International Association of Mutual Benefit Societies (AIM), the Regional Office from West-Africa of the African Union of Mutuality (UAM-AFRO), PASS and MASMUT programs gathered at the Abidjan conference:

- Invite governments to strengthen the provision of quality healthcare to enable everyone to have access to health care;
- Invite governments, regional institutions and international organizations to commit mobilising resources, supporting and integrating health mutuals in the deployment of universal health coverage in Africa;
- Encourage mutuals to strengthen their international partnerships North-South and South-South because they represent an added value for the development of the mutual movement in Africa and in Europe;
- Urge the mutual movement to work towards the creation of a national umbrella association of mutuals in each country and to participate actively in the activities of the regional, continental and international umbrella association of mutuals in order to facilitate the pooling of resources, to enhance advocacy for mutuals and to continue professionalisation of mutuals in order meet the tremendous challenges of the expansion of population health coverage.



AIM visit to a Ivorian mutualist hospital

5 March - The Tax Medical Hospital of Abidjan welcomed an AIM delegation beginning of March for a visit of the facility which was recently rewarded ISO certification attesting to a high level of patient satisfaction and compliance with legal and regulatory requirements.

The hospital was established in 2005 and provides many health specialties: general medicine, emergency, paediatrics, gynaecology, ophthalmology or dialysis. It permanently employs 14 doctors and 8 nurses and employs about 100 contractors for

specialties. The centre benefits from modern and quality equipment. It owns a well-equipped laboratory and an internal pharmacy. Particular attention has been paid in recent years to the reception and orientation of patients in order to increase service efficiency and patient satisfaction. This is the first mutualist hospital that obtained ISO 9001-2008 certification. This certification marks an increase of the quality of the mutualist healthcare provision in West Africa.

AIM & ESIP conference on access to Innovative Medicines at the European Parliament

26 January - AIM and ESIP held a well-attended conference in the European Parliament about access to innovative medicines.

European Union and Member States' officials and stakeholders gathered to discuss research and development, prices and reimbursement in the European Parliament. Two roundtables were organised: Steering innovation towards public health needs & Adopting pricing & reimbursement models to ensure equitable access to pharmaceuticals.



The main highlights of the conference were the following:

- France may join the Belgium-Dutch-Luxembourg alliance to negotiate drug prices together while Germany prefers to remain aloof

- Adaptive Pathways was at the core of discussions: EMA affirmed that this faster process to put drugs on the market without going through the usual marketing authorization procedure will only be used in specific cases and will not become the norm. However participants raised concerns about patient safety, lack of clinical data and absence of any mechanism to withdraw a drug from the market if useless.
- The Netherlands would be in favour of open licensing to facilitate the development of innovative medicines
- IMI (Innovative Medicine Initiative) Director representative defended its project arguing that this Public/Private project will help accelerate the development of new therapies & reduce time and costs of marketing authorizations
- According to German public payers, there is in the EU a general shift from normally authorized blockbusters medicines to niche busters with fast and facilitated procedures of marketing authorisation
- Transparency of R&D is needed to ensure a fair price of medicines and a fair return in investment for industry
- Early dialogue between regulators, insurers and industry could help set up a sustainable financing system for pharmaceuticals.

European Institutions

➤ *European Commission*

Health Programme 2014-2020: Commission adopts Work Programme for 2016

29 February – The European Commission adopted the Health Work Programme for 2016 which foresees some funding opportunities and joint actions with member states.

The European Commission identified the following priority areas:

- Health of refugees and other migrants;
- Tackling antimicrobial resistance and healthcare associated infections;
- Respond to health crises
- Supporting the establishment of European Reference Networks, and cooperation on eHealth and Health Technology Assessment (HTA);
- Action on chronic diseases, and risk factors
- Preventing communicable diseases such as HIV-AIDS, viral hepatitis and tuberculosis

Upon the request of the Commission, the OECD and the European Observatory on Health Systems and Policies will work on country specific information on public health and health systems for the 28 EU countries. The overall total amount of EU funding available in 2016 covering grants and tenders is nearly €58 million managed by the Consumer, Health, Agriculture and Food Executive Agency (CHAFEA). More information is available [here](#).

➤ *European Parliament*

AIM auditioned by the European Parliament about outcomes of the Innovative Medicine Initiative (IMI)

16 February - European Parliament's budgetary control committee invited AIM to speak about the added value of the public-private project on pharmaceuticals IMI.



The European Commission praised the IMI project and explained the expected benefits for patients such as tests to be put in place to detect autistic children earlier and to advise parents on how to deal with these complex issues, or the antimicrobial resistance platform which is screening for possible new antibiotics and go through the entire cycle of clinical trials. AIM director Aarnout did not take the same view and criticized the lack of transparency of Research & Development and raised concerns about the

fact that public is paying multiple times for the same drug, through taxes financing the IMI project and through the purchase of drugs when put on the market. Romanian Member of Parliament Marian-Jean Marinescu, rapporteur of IMI Finances, reminded the audience and IMI representatives that the final beneficiaries of the IMI project were the citizens and patients and that AIM was representing close to 200 million citizens in Europe.

➤ *Council of the European Union*

Pharma: The Netherlands makes its position on pharmaceuticals public

25 February - The Netherlands Presidency published a position paper concerning pharmaceuticals which takes stock of the upcoming challenges regarding the provision of medicines in the EU and make recommendations.

The paper addresses 6 issues that will be critical for the future pharma policies of EU member states: accessibility, prices, research and development, use of pharma products; balance in the pharmaceuticals market and information to patients.

Every chapter has a *Go to Action* section which makes recommendations such as:

- Look into how flexible means of market authorization could be used more effectively
- Better equip healthcare insurers and healthcare providers for the procurement of Medications
- Set conditions for research subsidies in order to prevent the Dutch taxpayer from paying twice for medications.
- Support diagnostic developments so that more information about the right dosage
- The protection of intellectual property and shareholder interest must be in proportion to the goal, namely encouraging innovation.

The Netherlands is at the head of the European Union until July 2016 and said it will make pharma policies a priority. Position paper is available [here](#).

Health

➤ *Pharmaceuticals - Medical devices*

European Commission published study on pharma product pricing

1 March - In a recently published study entitled “Study on enhanced cross-country coordination in the area of pharmaceutical product pricing”, the Commission explore the pharmaceutical pricing policies of external price referencing (EPR) and differential pricing (DP) and analyses their ability to improve patients’ access to medicines and to generate savings for public payers.

In particular, the study makes an inventory of existing EPR schemes in the EU and suggests possible improvements to the current practices. The study also explores the possibility of an EU coordination mechanism to support the improvement of EPR systems. The WHO defines EPR as “the practice of using the price(s) of a medicine in one or several countries in order to derive a benchmark or reference price for the purposes of setting or negotiating the price of the product in a given country”.

Menno Aarnout was interviewed by the newspaper Politico on that study. He declared “*Pandora’s box of pharmaceutical pricing in Europe needs to be opened. The study shows that the current system of international reference pricing is ready for a total makeover. AIM is not against reference pricing, but it sees it as broken since countries make reference to the list prices instead of the real ones, which are negotiated in secrecy.*” Aarnout continues: “*If it is a system where the industry decides who it gives confidential discounts and to whom it doesn’t, then we are not in favour. But if member states would use differential pricing as a solidarity mechanism between countries, then it sounds much more interesting. But we are obviously still far from there*”. You can find the study [here](#).

Prescrire Annual Conference 2016 – Adaptive pathways on the grill

28 January – *This is a tradition since 1981 and there was no exception in 2016, the magazine for healthcare professionals Prescrire held its traditional conference in Paris entitled 'The Golden Pill'.*

Year 2016 was dedicated to adaptive pathways. Health Action International (HAI) was invited as guest to present the brand new proposal of the European Commission (and Pharma Industry) that would speed up the marketing of new medicines by implementing for example shorter clinical trials on smaller amount of people, flexible post-marketing evaluation procedures. After a detailed presentation of the project, HAI criticised the initiative by arguing that such systems already exist and are limited to enable the marketing of medicines for unmet medical needs. History has shown that the risk/benefit balance of accelerated procedure was not always positive and that post-marketing authorisation evaluations were not always satisfying.

AIM position on adaptive pathways:

- Dialogue about adaptive pathways requires political steer, not only dialogue between industry and the Medicines Agencies.
- Adaptive pathways might be useful, but assessment of currently available tools to increase access seems a first priority.
- Access to medicines is not only about fast market access and adaptive pathways, but should include discussion about how to deal with reimbursement of drugs yet without proven (cost-) effectiveness.

➤ **E-health**

From innovation to implementation – eHealth in the WHO European Region (2016)

7 March - *WHO published a report about the latest e-health trends in Europe which makes a list of success stories of practical application of e-health tools.*

The report assesses a growing interest for e-health from all stakeholders and covers a wide range of e-health topics such as: electronic medical records, m-health applications, e-learning, legal frameworks or big data. WHO also makes some recommendations and invites Member States to foster the development of e-health by providing appropriate legal environment.

Indeed, with over half of the Member States in Europe focusing on constructing and refining national electronic health records, only a portion of these countries have sufficient legislation supporting their use, states the report. Through its Health 2020 Plan, the WHO is willing to help Member states to strengthen eHealth foundations, foster the adoption of standards and interoperability solutions and reform national health information system. The report is available [here](#).

➤ **Trends in health systems**

Strengthening health system governance: better policies, stronger performance

1 March – *The WHO published a book identifying five key aspects of health governance which impact the ability of health systems to provide accessible, high-quality and sustainable healthcare services.*

These aspects are transparency, accountability, participation, organizational integrity and policy capacity. The WHO makes the list of lessons learnt and suggests ways to reflect on effective governance models. The main findings of the study are the followings:

- There is no simply good governance that can work everywhere: every aspect of governance involves costs and benefits, and context is crucial;
- Governance can explain policy success and failure, so it should be analysed and in some cases changed as part of policy formation and preparation; and
- Some policies simply exceed the governance capacity of their systems and should be avoided.

The report also gives concrete examples of the role of governance notably in the field of competitive insurance market reform and the pharmaceutical sector. More information is available [here](#).

International Comparison: Which country has the world's best healthcare system?

1 March - The Guardian recently published an article which compares the healthcare systems in some of the world's leading countries by looking at how patient pay for healthcare and who gets the best outcomes.

The article screens the cost of GP consultation in France (23€), Sweden (8-16£), in the UK (0£), China (20p), in Germany (0€) or in Russia (0€) and gives a brief but clear overview on how health systems are financed and the amount out-of-pocket payments for patients. The article also looks at the complementary private health insurance mechanisms available in every country. The article is available [here](#).

➤ International

AIM representing healthcare mutuals at the Stakeholders event of the 12th Round TTIP Negotiations

24 February - AIM was invited to intervene in the TTIP stakeholder's event during the TTIP negotiations to present the position of healthcare mutuals.

AIM Director, Menno Aarnout repeated the AIM position regarding the Agreement and the provision regarding insurance and healthcare. He pleaded for a better definition of the term "social security" to make sure health insurance funds/mutuals as well as social services, for example elderly homes etc., are covered. Aarnout also asked for the addition of the term "Social Services of General Interest" within the meaning of health and social care which would include health, social services and social security systems and guarantee Member States' exclusive competence in organizing their own compulsory and complementary health insurance and social services. Finally, he reminded that these concerns and recommendations were also valid for other Free Trade Agreements such as CETA and TiSA.

TTIP: AIM welcomes the exclusion of social security

19 February - AIM published a press release to welcome the intention of the European Commission to exclude statutory systems of social security in TTIP as a first step in the right direction. However, AIM reminds that some clarification is still needed

The exclusion of "social security" alone from 'market access' would not completely preserve the exclusive competence of all Member States to organize and manage their compulsory and complementary health insurance in the future, and to define their own health policy. Indeed, the term "social security" does not necessarily include compulsory health insurance funds/mutuals as variously offered in all Member States, or complementary health insurance as provided for example by the Belgian or French mutuals.

Therefore, AIM members call to explicitly mention "social security" in the EU Reservation and to add "current and future Services of General Interest (social and economic)". The mentioning of these services would include health, social services and social security systems and therefore guarantee Member States' exclusive competence in organizing their own compulsory and complementary health insurance and social services. The press release is available [here](#).

Morocco: Mutualists healthcare centres endangered

1 February - Moroccan mutuals have recently stepped into the breach to oppose to the reform of the code of mutuality which is currently discussed in the Parliament and would put mutualist healthcare centres at risk.

The concern is a provision, recently added on the text upon strong lobby from private providers, that would prevent mutuals to create and manage own healthcare facilities. Moroccan mutuals have historically provided services to their members, mainly dental services, through their own facilities. All mutuals decided to take actions to defend their right to provide services in kind and are deploying a strong lobbying strategy to promote their activities and safeguard their social and healthcare facilities.

AIM over the Atlantic to visit its Latin-American members

2 February - AIM Director, Menno Aarnout, visited in the first week of February all AIM members in Latin-America, with the aim to get to know the mutual movement on the continent, to meet the people behind those organisations, to better understand the context they work in, the work they do and what they expect from their AIM membership.

It was a very inspiring and interesting trip said Director Aarnout. The mutual movement in Latin-America is very active and big, not only active in the field of healthcare but in many fields, upholding values of democracy, solidarity and non-profit orientation. Menno received a very warm welcome, and visited not only the offices of confederations, but also saw hospitals of mutuals and met with government representatives. All members indicated that they will attend the next AIM General Assembly in The Hague. From Argentina, Uruguay and Colombia government representatives will contribute to the meeting of the Latin-American Region Committee, on Wednesday 1 June in the same city.



Mutuals

Mutuals: Report about demutualisation of co-operatives and mutuals

8 February - The Canadian Association of cooperatives and mutuals published a report about demutualisation which examines the existing pressure put on mutuals and coops to demutualize.

The recent study looks at the factors of demutualization such as a perceived or real lack of access to capital, poor financial performance or loss of member engagement. It also foresees the potential positive (development of a more competitive and dynamic economy, protection of investments or assets) and negative consequences of a demutualisation (poorer quality products or service and/or higher prices, weaker co-operative sector, reduced ability to support social or educational community initiatives, etc.).

The major conclusion of the report is that demutualisation usually happens when the co-operative or the mutual is not performing well on numerous fronts such as financial performance, member engagement and, most importantly, governance. The authors state that demutualisation is a sign of a co-operative that is unhealthy in some way, one that has not paid attention to the key issues necessary for its success. Report is available in [EN](#) and [FR](#).



MUTUALS IN EUROPE: WHO THEY ARE, WHAT THEY DO AND WHY THEY MATTER

This summary is based on the PANTEIA report 'Study on the current situation and prospects of mutuals in Europe'.
The study was financed by the European Commission.

Mutuals: Everything You Always Wanted to Know About Mutuals* (*But Were Afraid to Ask)

1 February - AIM, together with AMICE (Association of Mutual Insurers and Insurance Cooperatives in Europe), released a communication document based on a detailed study published by the European Commission entitled: *Study on the current situation and prospects of mutuals in Europe*.

The 600 page study, published in 2012, gives a detailed insight of the specificities, activities and challenges of mutuals throughout Europe. It notably acknowledges that 95% of all European mutuals share the same core principles of solidarity, democracy and non-profitability. Being very detailed and technical, the study is not a bedtime reading. That's why AIM and AMICE decided to summarize it in a short and reader friendly document that explains simply what mutuals are and what challenges they currently face. You can download the document [here](#).

➤ Forthcoming Events

- 16 March** The 6th International FOHNEU [Congress](#) on New occupational health horizons is being held over two days in Rotterdam, The Netherlands.
- 16 March** The EUROCITIES Social Affairs Forum is meeting in Nantes during two days to discuss how cities can involve citizens in social innovation in Nantes, France.
- 16 March** HTA conference organised by the Danish Permanent Representation: *Relative Effectiveness Assessment - at time of launch*, Brussels
- 17 March** The European Trade Union Institute is hosting its monthly [forum](#) on The social reality of Europe after the crisis.
- 17 March** The European Parliament's Social Economy Intergroup is meeting to discuss Public procurement: boosting partnerships between the social economy and public authorities, Brussels
- 18 March** The European Commission (DG GROW) is organising a [conference](#) on the European professional card, Brussels
- 22 March** Multi-stakeholders workshop prior to the meeting of the Network of competent authorities responsible for pricing and reimbursement, Amsterdam
- 23 March** European Economic and Social Committee (EESC) – Meeting of the Social Economy Category, Brussels
- 23 March** [Workshop](#): Cross-Border Healthcare in Europe: Promoting Equal Access to Quality Care, Public Policy Exchange, Brussels
- 19 April** [EESC hearing](#): Financing SGIs in the aftermath of the crisis: what role for financial instruments? Brussels
- 21 April** European Commission DG CNECT eStandards [Conference](#), Berlin
- 21-22 April** The [2th International Conference](#) on Information and Communication Technologies for Ageing Well and e-Health, ICT4AWE, Rome
- 26 April** [ECPC Conference](#): Unleashing the mHealth potential for cancer patients, Brussels
- 11-12 May** European Commission [Workshop](#) on EU-funded innovation procurement in the healthcare sector, Brussels
- 23 May** The [16th International Conference](#) on Integrated Care: A Movement for Change: Enabling People-Centred and Integrated Health and Social Care, Integrated Care foundation, Barcelona
- 1-3 June** [Building the Future of Health](#), University Medical Center Groningen, Groningen, the Netherlands
- 8-10 June** [eHealth Week 2016](#), Amsterdam
- 14-16 June** The eHealth360° [International Summit](#), Budapest
- 28 June** [World Congress on Active Ageing 2016](#), International Coalition for Ageing and Physical Activity Melbourne, Australia

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For more information on one of the topics mentioned above, please contact the AIM Secretariat.

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