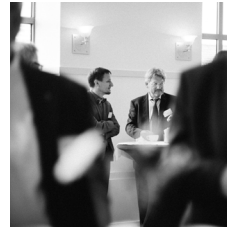
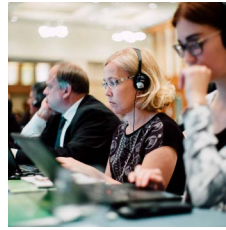
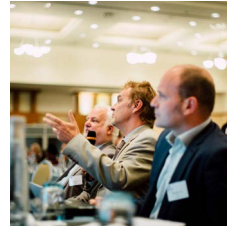
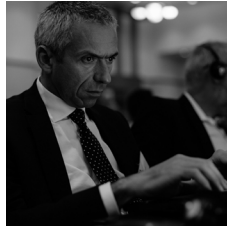
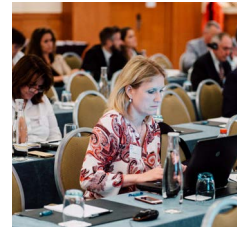
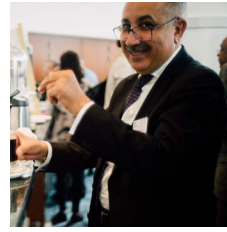




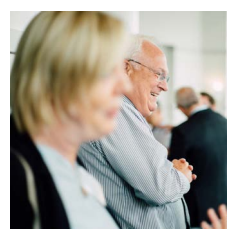
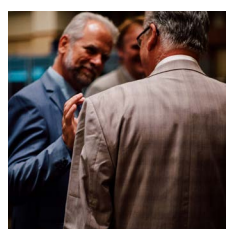
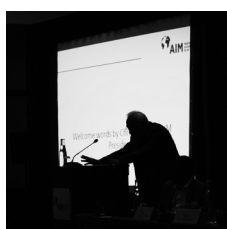
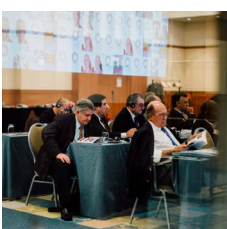
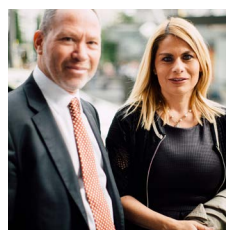
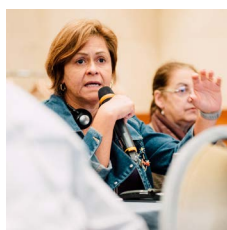
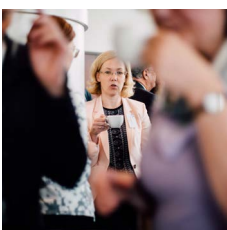
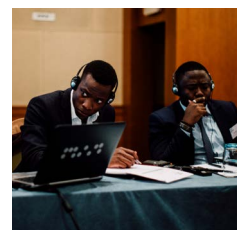
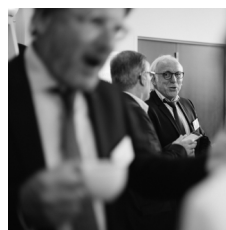
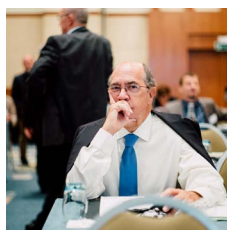
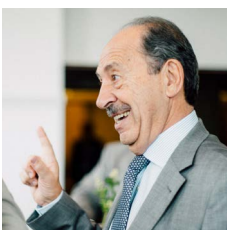
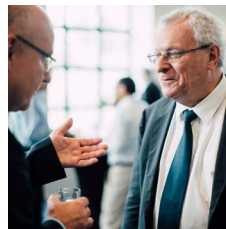
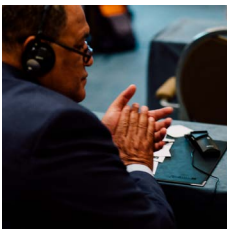
AIM

Healthcare and
social benefits
for all



SPECIAL BRIEFING

ANTWERP
June 2017





Dear members, my dear friends,

It is a great honour for me to be re-elected as President of AIM. I would like to thank all of you for the trust you have placed in me over the past three years. It has been a great pleasure to work with you and I am pleased and very grateful that I will be able to continue working with you in the future. But I won't do this work alone. I am happy to have my colleagues and friends on my side: Loek Caubo, from the Netherlands, responsible for the European Affairs, Matthias Savignac from France, who took care of the coordination of the regions Africa and Middle East and Latin America, and my friends from overseas, Abdelaziz Alaoui and Elisa Torrenegra, responsible for Africa and Middle East and for Latin America respectively. I am also looking forward to work with Alain Coheur our new treasurer, from the Belgian Mutualités Socialistes, and Pedro Bleck DaSilva, our chairman for the mutuals working group. I also want to express my special thanks to our leaving Presidium members Luc Carsauw, who has been our treasurer for more than 15 years. And to Ana Maria Silva, who was responsible for the improvement of our communication.

In the next three years, we are convinced that our family will continue to grow. However, we will not forget the current members that are already within AIM and will multiply bilateral meetings with all of you, in order to get to know your organisations better and reinforce the ties which bring us together. We will also increase our activities towards the EU Commission and other institutions. We will strengthen our ties to the relevant people and we will boost our communication towards our partners and you, our members. But we will not

only focus on the European countries. It is also important to stay in contact with our African and Latin American members. We have decided to get more involved in these regions and consequently decided to have a conference in Buenos Aires on 23 March 2018. We will also have again an event in Africa in the second half of 2018. It will be a follow-up of the event that took place in Abidjan which was a real success. I invite you all to join us at these two conferences.

These future events are key, especially taking into account the potential creation of a new international organisation of mutuals, announced by ODEMA from Latin America and UAM from Africa. AIM is of the opinion that we, as mutuals, should show unity at international level and that we should speak with one voice. AIM is a solid organisation that promotes and supports mutualism around the world. We will continue being the global umbrella organisation for mutuals.

In a globalized world with its diverse challenges, no State is large enough to stand alone to promote our values. The first Vice President of the European Commission said it quite well: "There are two types of Member States. The small ones and those who have not yet noticed that they are small." My dear friends, we can only overcome future obstacles by working together and fighting together for our goals. I am glad that we, in AIM, have chosen this way and will be honoured to lead it a bit longer.

Christian Zahn

Committees Joint Session

Mutuals & the Fight for Universal Healthcare Coverage

28 June – The Conference which gathered both AIM Africa and Middle East and Latin-American Regions focussed on the issue of access to healthcare for populations living at the margin of society, including migrants, informal workers or populations in remote areas. The event allowed to highlight the added value of healthcare mutuals when it comes to tackling healthcare inequalities and reaching universal coverage.

The conference which was attended by participants from all over the world as well as by representatives of the European Commission, the European Agency for Fundamental Rights, and the Iberoamerican Organisation of Social Protection, highlighted the importance of offering coverage to the most vulnerable, not only from a human but also from an economic point of view. It also showcased some international best practices from healthcare mutuals in the coverage of specific populations. In order to fulfil their duty and remain faithful to the principles they hold dear, mutuals have learnt to adapt to the changing political landscape of their countries and to develop innovative approaches to tackle problems when they emerge.

In Latin America, mutuals strive to guarantee access to health care for all by relying on other sectors. Pensions, housing, tourism, savings and loans generate resources that enable them to subsidize expensive health services. In Argentina, 40% of the population is not covered by the social security system. José María Garriga and Gustavo Badariotti described how mutuals have been palliating the lack of social protection -and of healthcare coverage more particularly- of informal workers in a country where rates of informal work are high and where those citizens are left at risk. In Colombia, cross-border healthcare and the coverage of migrants represents a huge problem for the country. Dr Jaime Gonzalez explained how 94% of the border population are concentrated at the border with Venezuela and Ecuador. These populations demand healthcare services which the country is struggling to offer as it disposes of a tight healthcare budget of €200 per year per person. Poverty is the main obstacle to universal healthcare in the country. In Uruguay, the coverage is organised through agreements with border countries. Mr Darwin Cerizola explained how total cross-border integration is managed in all matters through tight collaboration between nations. As far as healthcare coverage is concerned, entitlement is based on residency, which is easy to obtain. However, the country also faces problems when it comes to covering migrants.

In Africa and the Middle East, mutual also use innovative mechanisms -like the use of cellular technologies- which enable to approach populations that are usually out of reach. In the Democratic Republic of Congo, the healthcare sector also suffers from underfunding. Guy Mafuta Kabongo, from the MESP, presented how its mutual for teachers is one of the sole mutuals which covers a very wide range of services without co-payments. In Burkina Faso, the programme PASS, presented by Guy Roland Ouedraougo, developed a project which allows to reach a proper healthcare coverage for all craftsmen. Two other running projects on the coverage of rural populations.

Migration was given special attention at the meeting. In Lebanon, the number of Syrian refugees now reaches 1.5 million, that is, 40% of the population. Mr Ghassan Daou, from AIM Lebanese member UMS, stressed his organisation's will to continue helping Syrian families and covering their basic needs but also called for the financial support from the European Region.

The best practices presented at the meeting bear witness to the commitment of mutual societies to meet the healthcare needs of all citizens, to contribute to universal and solidarity-based social protection systems, and to promote international solidarity with migrant populations. It also showed their willingness to work together to tackle emerging issues, be it within a same country or across borders, always for the benefit of populations and within the umbrella organisation which is AIM.



Latin- American Committee

Educating populations to create solidarity-based and healthier Societies

28 June – The meeting of the Latin-American Committee allowed to look into the key role which mutuals, and AIM members in particular, can play in educating citizens to healthier habits and more solidary behaviours.

Second part of the meeting focused on medical control and claims check with enlightening examples from Burkina, Burundi, Ivory Coast and Morocco.

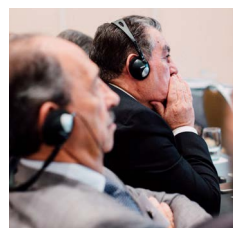
The meeting started with the presentation, by Ms Elisa Carolina Torrenegra, Vice-President for the Region, of a draft document describing the general landscape of mutualism and education in Latin-America. The report, initiated by Gestarsalud and meant to be completed by all AIM members, aims at depict the educational realities of mutualism in Latin America and their link to social and healthcare protection. It will be used as basis for future work in the Region. AIM Vice-President for the Latin-American region also presented the latest developments of the Colombian project: “Tú, yo, nosotros – jóvenes emprendedores”, a training whose objective is to generate, among young people entering the labour market, entrepreneurship based on social and solidary economy.

Thereupon, Mr Hector Acosta, from AIM Argentinian member CAM underlined the necessity to create a space, within AIM, which would allow its members to share experiences regarding education. He then presented his organisation’s strategies when it comes to youth and women participation, scholar mutualism, and of course education. He announced and invited participants to join CAM’s national congress which will take place on 7 and 8 September 2017. José María Garriga additionally underlined that CAM’s involvement in the field of education is unneglectable. The organisation has even developed the first master’s programme in social economy of Latin-America.

In Argentina still, the FeNAMMF pictured its network of educational services which was deployed across the country. According to Mr Carlos Nemesio, FeNAMMF’s members have been working in collaboration with the Ministry of Work of the Nation and with the Provinces’ ministries in order to provide online multimedia and English courses to their affiliates. This professional training for the commerce workers allows mutual to contribute and cooperate in the education of people which will strengthen the valued of mutual help, solidarity and universality.

In Uruguay, a mutual which is a member of UMU educates and accompanies its members in one of the hardest healthy choices for some citizens: the decision to stop smoking. Mr. Darwin Cerizola described how the smoking cessation clinic of their member “Asociación Española” surrounds the patient and offers him multi-sectorial support with the help of professionals such as cardiologists, nurses but also psychologists. The initiative has proven to be a great success.

The meeting showed how active all AIM members are in the field. They have understood the importance of close collaboration between the educational and the healthcare sector for the well-being of societies and for the sustainability of the values of solidarity and democracy.





Africa and Middle-East Committee

AIM partners present their activities to AIM members

28 June – Two presentations on the results of PASS and MASMUT were presented during AIM's General Assembly in Antwerp. It helped show the activities of both platforms and was also a useful preview into what to expect in the future.

Alain Coheur presented the Belgian Plateforme Micro Assurance Santé Mutuelles de Santé (MASMUT)'s work and achievements. The programme was launched as a partnership between NGOs and mutuels and ran for 18 months between 2014 and 2016, with a budget of €2million. In the countries where MASMUT was active in the West African Economic and Monetary Union (UEMOA) it strived to help with the structuration of national platforms, in order to make mutuels key partners in the frame of the development of compulsory health insurance policies. While the platform also provided educational programmes to mutuels, to Mr Coheur the absence of enough personnel in mutuels as well as in the public administration is limiting the development of universal health coverage policies.

The speaker also gave a presentation of MASMUT's organisation as of 2017. The programme will operate in a new framework for 2017-2021. The budget will be managed by partner NGOs directly and the work will be embedded in a more general reflection on "decent work". For its new period, MASMUT will also try to build bridges with other players such as unions as such partnerships will hopefully help relaunch mutuels' dynamism on the continent. The education provided by MASMUT will also change and focus more on "teaching trainers" rather than training personnel, in order to create a more perennial ecosystem at national level. MASMUT noticed that the programme still does not have figures about the importance of the mutualist sector in the countries where they operate. More figures would help MASMUT reinforce its argumentation and deliver more coherent advocacy activities towards the European Commission, the World Bank, or other institutions.

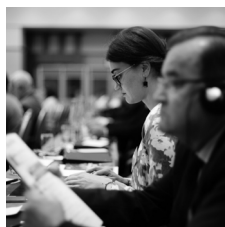
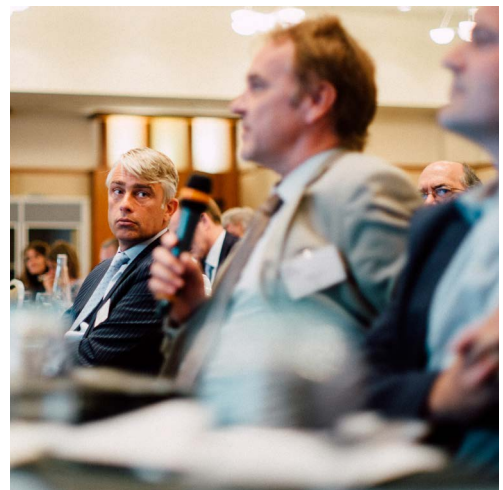
Guy-Roland Ouedraogo presented the results of the Programme d'Appui des Stratégies de Santé (PASS) under the form of a video that explains what the programme is. The programme consists in support to the development of mutuels, the movement's structuration at the country and regional level, advocacy, development of care offers as well as communication. PASS helps mutuels in UEMOA countries become an important partner in the development of universal health coverage policies. PASS focuses on the implementation of the UEMOA regulation on mutuels of 2009 to help UEMOA countries adopt this regulation in the future. PASS was also associated with the creation of a number of umbrella organisations such as the Western African bureau of the African Union of Mutuels, the Federation of Senegalese Mutuels, the Federation of Burkinabese mutuels, or the Ivoirian Union of Mutuels. PASS also does proactive outreach in some schools in order to raise awareness about the benefits of mutuels towards future workers. In the future, PASS aims at being self-financed in order to become a permanent structure.

European Affairs Committee

Big Data: Opportunities for improving Healthcare

29 June – This year's European Affairs Committee focused on Big Data and how it can contribute to healthcare. Health mutuals, doctors and patients representatives concluded that Big Data opens opportunities for improving healthcare when it is balanced with the right of patients to privacy of personal data. Are these requirements fulfilled, data on diagnosis and treatment of citizens in addition to their healthcare status can lead to more personalised and effective treatments of the patients.

The first speaker, Herman Bennema, Director of Vektis, a Dutch information centre for healthcare, confirmed that data in the healthcare sector remain essential. However, the fact that successful kidney transplantations can be predicted by data does not mean that medical decisions of doctors should be replaced by algorithms. He described Vektis as an organisation that collects data in the healthcare sector and provides health specialists, hospitals and doctors with information which is used to influence policy makers, benchmarking and to monitor providers. He also emphasised that working with Big Data is just at its beginning.



The second speaker, Dr Bernard Maillet, Vice President of the Standing Committee of European Doctors (CPME), pointed out that Big Data in healthcare is a tool for better prevention and management of chronic conditions. Individual data is collected for example from mHealth apps which are used for patient's management in daily care or from monitoring of patients compliance with treatment. Big Data can also be used to predict patient's response to treatments and improve healthcare delivery as a whole by identifying key risk factors for certain diseases or selecting patients who will respond to a specific treatment and detection of drug-related side effects.

Simone Boselli, Public Affairs Director of Rare Diseases Europe, stated that patients with rare diseases are usually very lonely because of the lack of exchange with other patients with the same disease. Big Data projects give possibility to patients to connect all over the world and to support each other. He also explained that patients are willing to share personal data, when they benefit from it. The more severe a disease was, the more a patient was willing to share. Nevertheless, the privacy and confidentiality needs to be protected and might be at risk, when it comes to Big Data. Therefore, it needs to be embedded in the right framework.

Rachelle Kaye, former chair of the AIM long term care working group, informed the Committee that she participated on behalf of AIM in a 3-year-project from the European Commission called "United4Health" on "Telehealth in practice". AIM participated in it to know what's going on and to give feedback about the reimbursement. One of the lessons learned was, that the success of the telehealth services depended from the approval of a doctor. Doctors were an obstacle that cannot be overcome. Ms Kaye concluded that everybody felt a deep commitment, when the project was coming to an end.



The AIM General Assembly adopted the following statement: "AIM urges the European Union and its national governments to collaborate with the Lebanese Government and share the financial consequences of the Syrian crisis and help Lebanon to apply the Solidarity Values and support the Syrian refugees."



Board of Directors and General Assembly meeting

AIM elects a new Presidium for the period 2017-2020

29 June - The assembly meeting started with a keynote address by Dr Bert Winnen, head of cabinet for healthcare of the Belgian Minister of Health, Maggie de Block. He shed light on the reforms taking place in the world of Belgian mutualism based on "un pact" between the Belgian healthcare mutuals and the Minister, the collaboration of the Belgian government with the Dutch, Luxembourg and Austrian colleagues in the field of pharmaceuticals and the ambitions of Maggie de Block in strengthening the mutual model internationally.

The General Assembly also decided to elect as honorary members, Michel Schmitz of CSM in Luxembourg, Rachele Kaye of Maccabi in Israel and Luc Carsaw of Union Nationale des Mutualités Socialistes in Belgium, for their longstanding involvement in the work for the association.

The General Assembly accepted the application of CMCM in Luxembourg to become full member of AIM, taking over the role of the Conseil Supérieur de la Mutualité (CSM), which ceased to exist and will leave AIM on January 1st 2018. The same counts for Maccabi from Israel and ANALFE from Colombia.

The outgoing Presidium then presented its Activity Report 2014-2017, a full color booklet of more than 100 pages describing the activities organized by AIM. The Presidium also presented a modernized AIM logo and a fully renewed website. Before the election of a new Presidium, the General Assembly approved the financial accounts of 2016, with a significant surplus.

Also in the coming three years, AIM will be chaired by Christian Zahn. Zahn has been leading AIM since June 2014, and was the vice-president of the association for three years (2011-2014).

Zahn was delighted to accept the unanimous support of the members of AIM and will continue to contribute to facilitating mutuals and health insurance funds in organizing access to comprehensive and good quality health and social care, thus contributing to the social security and cohesion of the society.

Alain Coheur was elected treasurer in the AIM Presidium. Alain Coheur, who comes from the Association of Socialist Mutual Benefit Societies in Belgium, took over the position of Luc Carsaw, who took care of the AIM finances for more than 15 years. Pedro Bleck Da Silva was also newly elected as Vice President of the association. Mr. Bleck Da Silva comes from the Portuguese organization Montepio Geral and has been the chairman of the AIM working group that deals with the strengthening of the position of mutual benefit societies. He took over the position from Ana Maria Silva, who was in the last Presidium responsible for communication. AIM re-elected four vice-presidents Elisa Torrenegra (Gestarsalud, Colombia), Abdelaziz Alaoui (CMIM, Morocco), Loek Caubo (ZN, The Netherlands) and Matthias Savignac (FNMF, France).



Elisa Carolina Torrenegra
Vice-President for the Latin-American Region

Loek Caubo
Vice-President for the European Region & Communications

Matthias Savignac
Vice-President in charge of International Cooperation

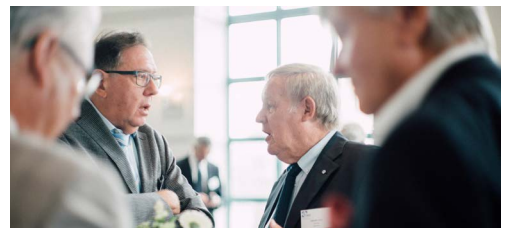
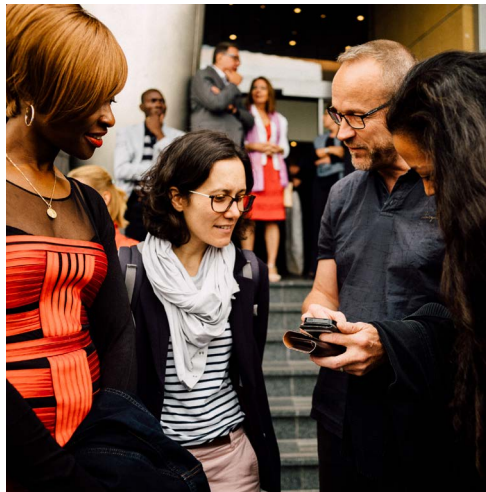
Christian Zahn
President

Alain Coheur
Treasurer

Pedro Bleck Da Silva
Vice-President in charge of Multis & Social Economy

Abdelaziz Alaoui
Vice-President for the Africa & Middle-East Region

AIM New Presidium 2017 - 2020



Seminar on Integrated Care

Care integration offers opportunities for AIM members to steer necessary change in health delivery

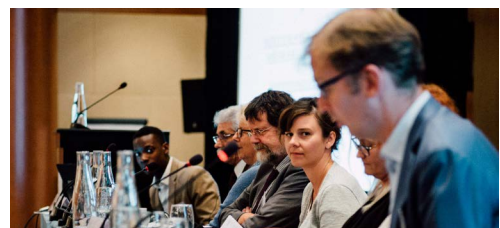
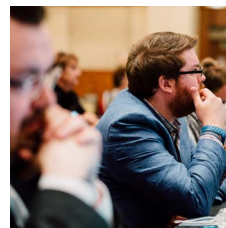
30 June - the International Association for Mutual Benefit Societies organised in Antwerp a seminar on integrated care. This discussion was organised to present what AIM members and other organisations are doing in the field, and also introduce participants to the concept of integrated care. Indeed, AIM members do not only reimburse health services. A lot of them have an influence on the shape of health systems via contracting of healthcare providers and via the management of health centres too.

Mirella Minkman, Professor on long term integrated care in The Netherlands as well as Dr Nick Goodwin, CEO of the International Foundation for Integrated Care (IFIC) provided the conceptual framework, the seamless connection between health services and health professionals. AIM members and other organisations then presented national examples. In Poland a new pilot project on care coordination, the Primary Care Plus initiative, was launched. The initiative is at this stage a pilot and aims at improving health by acting on prevention, chronic diseases management as well as rehabilitation for at least 300 000 patients. In Germany, the Techniker Krankenkasse works with the Pinel health Network, a mental health project that provides in 2017 a comprehensive set of services to smoothen care paths for 10 000 people in Germany with acute mental illnesses.

“The way society considers health is changing. It means that we, as health insurers must change the way we see health and the way we deliver health services too”, said Christian Zahn, AIM President

The last two presentations focused on projects in Uruguay, where mutuals have put together comprehensive care models for the diabetic patients. These models rely on multidisciplinary care teams but also on patient education and training via workshops. In Sweden, local authorities and regions are at the driving seat to get through integrated care reforms to improve home care for elderly patients.

The meeting confirmed that many AIM members are already using the integrated care concept to address healthcare needs; to focus on more prevention, more patient-centredness, and more coordination across teams and across settings (home, day clinics or hospitals). It is a very important and exciting challenge to AIM members who, as health payers and as health services organisers, have a unique position and opportunity to make the integrated care change a reality. AIM's long-term care working group will continue discussing how AIM members can further implement integrated care.





Elzenveld opens its Doors to AIM Members

AIM members were invited to take part in a cocktail reception on the evening of 29 June. They had the opportunity to reinforce the ties which bind them and to further discuss the issues covered by AIM statutory meetings while feasting their eyes on the medieval splendor of the venue.


Upcoming Statutory meetings 2017

15 11 17 - 17 11 17

AIM will celebrate its 37th Extraordinary General Assembly in Rome (Italy) from 15 to 17 November 2017 in collaboration with AIM Italian member **FIMIV**.



Links to [Presentations](#), [Press Releases](#) and [Pictures](#).

 www.aim-mutual.org
[@AIM_Healthcare](https://twitter.com/aim_healthcare)

“AIM Special Briefing” © 2017 biennial publication of the AIM Secretariat. Also available in French, German and Spanish.

Editor: AIM Secretariat - Layout: Jessica Carreño Louro - Pictures @Theo Scholten

AIM asserts copyright in all the text of this publication. Reproduction of short extracts is welcome provided the source is quoted.

Reproduction of complete articles requires written permission in advance from the AIM office.

AIM – Association Internationale de la Mutualité - 50 rue d'Arlon - B - 1000 Brussels.

Phone : [+ 32 2] 234 57 00; Fax : [+ 32 2] 234 57 08; e-mail : aim.secretariat@aim-mutual.org