

**Association Internationale
de la Mutualité**
(the International Association of
non-profit Healthcare Payers)

and

The Societal impact of Pain

at

SIP “Time for Action!”
SIP
Symposium



Healthcare and
social benefits for all

Menno Aarnout, Brussels, 23 May 2016

Introduction



- What is AIM?
- What do we do?
- AIM position on Access to Pharmaceuticals
- Role of payers to increase quality of healthcare, including treatment of pain

The members of AIM are similar



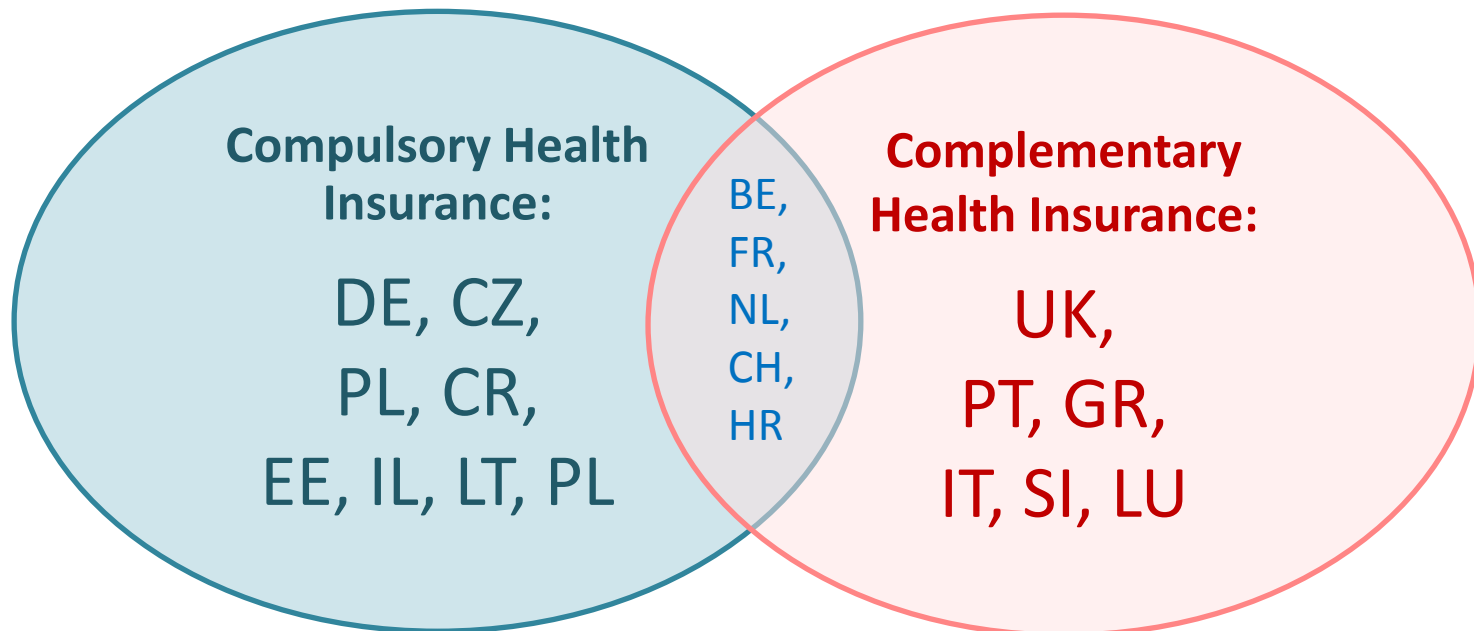
- Provide healthcare coverage
- Not for profit
- Solidarity
- Democratic governance: Mutuels, cooperatives, paritarian institutions, national health insurance funds

**Not for
profit**

Solidarity

Democratic

AIM members are different



- Providers of healthcare

Membership



**> 200 million
Europeans are
covered for
healthcare
expenditure
through a
member of AIM**

Africa & ME

- Morocco
- Burundi
- Ivory Coast
- Mali
- Lebanon

Latin-America

- Colombia
- Argentina
- Uruguay

What is AIM?



- **Network, exchange of experiences**
 - *General Assembly*
 - *Working Groups*
- **Learning**
 - *Study trips*
- **Information about Brussels**
 - *Weekly and monthly newsletter*
- **Lobby in Brussels**
 - *Meetings with representatives EU institutions*
 - *Broad network of relevant NGO*
 - *Hear and being heard at conferences, workshops, forums etc.*
- **Access to project funding**



Our position on access to pharmaceutical care

- R&D on the basis of needs
 - Better understanding of costs of R&D, public and private and their link to patents and prices
- Market access: quality and safety first
 - Earlier market access for drugs (adaptive pathways): risk quality and safety
- Central role for HTA in P&R
- Fair/ethical pricing and re-imbursement
 - Sofosbuvir
- Transparency
 - R&D, Clinical data, Prices

Role of Payers to increase quality of healthcare



- From payer to player: differs per country
 - Financing/contracting on basis of quality/outcome
- Non-profit payers: not (only) an actuary
 - Long-term sustainability: financial, solidarity/access and quality.
 - Eye for prevention
- Long-term sustainability is a responsibility for all players: Consensus with healthcare professionals, doctors, pharmacists

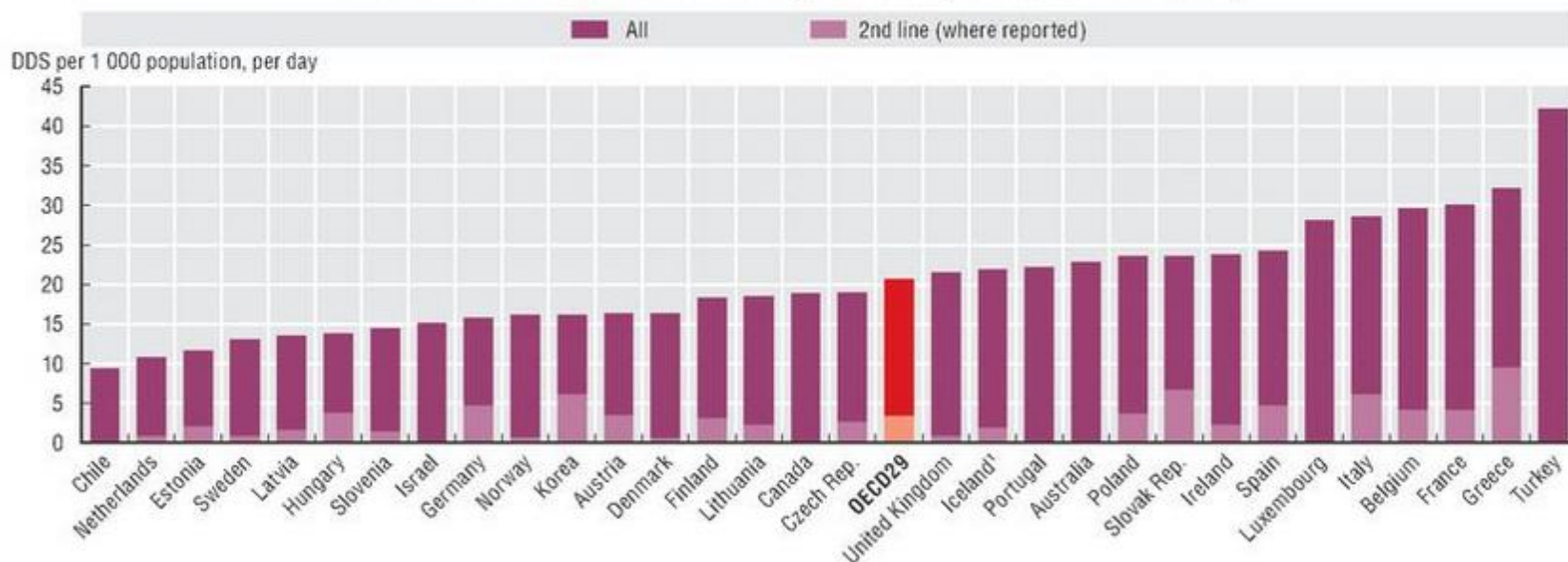
Differences in quality of pharmaceutical care (OECD)

Use of Antibiotics

8. QUALITY OF CARE

Prescribing in primary care

8.5. Overall volume of antibiotics prescribed, 2013 (or nearest year)



1. Data refer to all sectors (not only primary care).

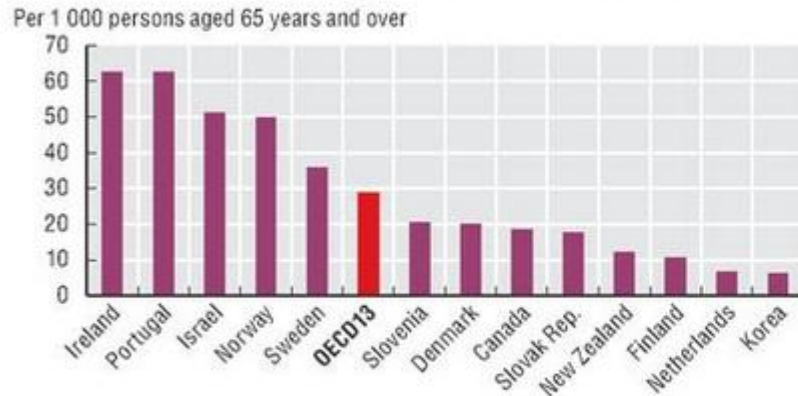
Source: European Centre for Disease Prevention and OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.


StatLink  <http://dx.doi.org/10.1787/888933281125>

Differences in quality of pharmaceutical care

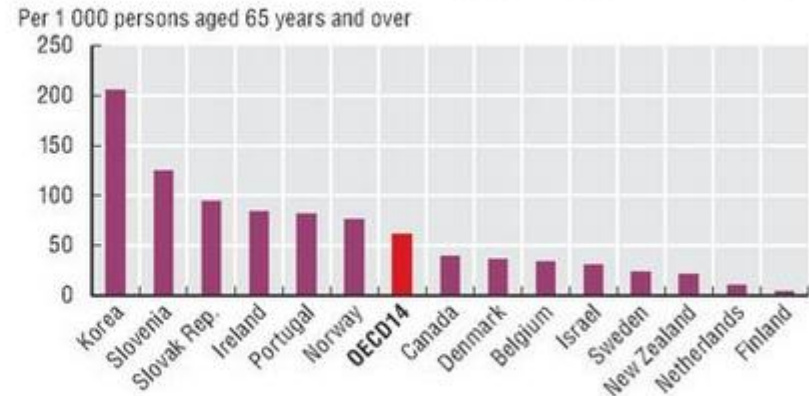
Benzodiazepines and elderly


8.8. Elderly people prescribed long-term benzodiazepines or related drugs, 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.
StatLink  <http://dx.doi.org/10.1787/888933281125>

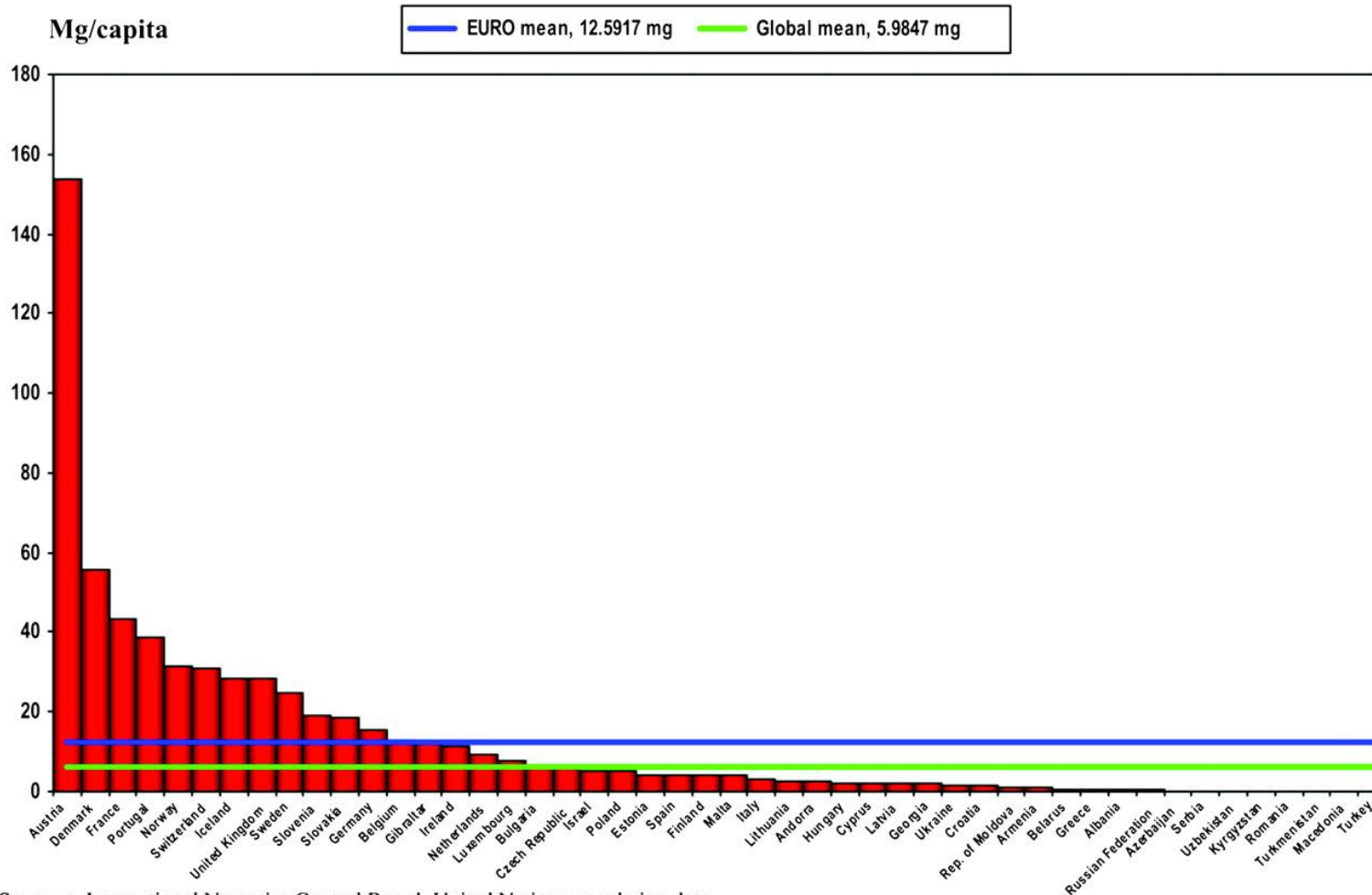
8.9. Elderly people prescribed long-acting benzodiazepines or related drugs, 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.
StatLink  <http://dx.doi.org/10.1787/888933281125>

Differences in quality of pharmaceutical care

European consumption of morphine, 2006



Thank you for your attention

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