



**AIM** Healthcare and  
social benefits  
for all

**Health at the Heart  
of a Social Europe**

AIM Memorandum for the  
European Elections 2019



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## About the Association of Mutual Benefit Societies (AIM)

The International Association of Mutual Benefit Societies (AIM) is an international umbrella organisation of federations of health mutuels and other **not-for-profit healthcare payers**. It has 59 members from 30 countries in Europe, Latin America and Africa and the Middle East. 33 of its members, from 20 countries, are based in the European Union. AIM members provide compulsory and/or supplementary health coverage to around 240 million people around the world, including close to 200 million people in Europe, on a not-for-profit basis. Some AIM members also manage health and social services. Collectively, they have a turnover of almost €300 billion.

AIM members are either mutual or health insurance fund. They are:

- Private or public legal entities
- Solidarity based
- Not-for-profit oriented organisations: surpluses are used to benefit the members
- Democratically-elected members play a role in the governance of the organisation



# Health at the Heart of a Social Europe

AIM memorandum for the European Parliament Elections 2019

In a Europe that increasingly prioritises economic reforms over welfare measures and improvement of social protection, citizens need a more socially-oriented approach; a strong and holistic social agenda that goes beyond employment alone. Such an approach should ensure that all citizens living in the European Union benefit from good healthcare, as should be the norm in a modern, civilised society. Yet many citizens no longer feel that their concrete needs are sitting at the heart of EU policies, a feeling which feeds a growing disillusionment with the EU project. The European Commission needs to act to redress the balance in favour of all its citizens.

An overarching objective of a genuinely social Europe must be to ensure equal rights for all, not least the most fundamental right of all - the right to health. Health protection for all must be a cornerstone of our European values. However, there are significant health inequalities between and within EU Member States. These inequalities do not occur randomly or by chance; they are rather socially determined by circumstances largely outside the individual's control, disadvantaging people and restricting their chance to live longer, healthier lives.

## *The Role of national and European Institutions*

Member States are responsible for organising and delivering their own healthcare, and health policy is high on national political agendas. However, this should not prevent the EU from playing a pivotal role, above and beyond what is set out in the Treaties. Not only healthcare-related policies have an impact on health. It is also heavily influenced by a range of other broader determinants affecting the circumstances in which people are born, live, study and age.

The European Institutions should also take actions when it comes to, for example, the digitisation of healthcare, access to medicines, the mobility of healthcare workers and the challenges posed by an ageing population. In addition, the European Commission should prioritise the resilience of healthcare systems - and the role of healthcare mutuals therein - in its development cooperation agenda.

## *The Role of the Healthcare Mutual*

Healthcare mutuals are an essential partner in creating a social and healthy Europe. These organisations have a long-established history as a peoples' movement, with a distinct character that

separates them from commercial organisations. They are 'owned' by their members, which means that any profits they make are used for their benefit. These can take the form of discounts, investments to improve services for the members or rebates on premiums. All mutuals are solidarity-based organisations, where democratically-elected members play a role in the governance of the organisation. AIM's European members are fully committed to ensuring good healthcare for all European citizens.

The concept of solidarity has been at the heart of European health policy since the end of the Second World War and is one of the most important principles in EU healthcare systems. Solidarity is acknowledged as a core value within the European health policy debate; it means that every individual, regardless of income or health status, has access to the same services, delivered by the same healthcare providers and offering the same clinical outcomes. In other words, it guarantees equal access to care. Healthcare mutuals adhere to this principle and are therefore ideal for delivering a social and healthy Europe.

### *Directorate General for Health*

To be able to implement a robust European Health Policy, it will be essential to have a Directorate General for Health in the next Commission period. A solid and active EU should recognise that health is one of the greatest concerns of European citizens and its structure should reflect this.

We call on the incoming members of the European Parliament and the next European Commission to ensure that their decisions have a positive impact on healthcare systems and the health of all Europeans. Although the responsibility for the organisation of healthcare is primarily national, it is vital that the European Institutions play a positive role wherever they can.

In this paper, AIM and its members set out their visions for the role that the European Institutions can play in improving healthcare and health for all.

# AIM RECOMMENDATIONS FOR A MORE SOCIAL AND HEALTHY EUROPE

# 1

## Play a key role in prevention

The European Parliament and the European Commission should take into account the impact of all policies on health. Greater emphasis on health promotion, disease prevention and achieving “health in all policies” would improve citizens’ health and well-being as well as improve Europe’s economic efficiency. The Institutions must also support a more social Europe, helping combat social inequalities by providing Member States with a clear framework for reducing the breadth of social disparity. AIM sees huge potential for the EU Institutions in helping improve general population health while simultaneously reducing inequities in the areas of environment, food quality, vaccination uptake and tobacco use.

An increasing number of national healthcare systems face difficulties in financing the demand for modern pharmaceuticals. AIM calls for the European Institutions to commit to an ambitious political agenda for reviewing the incentive structure in the pharmaceutical sector. EU collaboration can greatly assist Member States in their efforts to strike a balance that meets the interests of all stakeholders in such a way that ensures sustainable access to high-quality pharmaceuticals for all EU citizens. This political agenda should address topics relating to marketing authorisation - including rules around intellectual property and market exclusivity - health technology assessment as well as pricing and reimbursement.

# 2

## Contribute to sustainable access to medicines



# 3



# 3

## Encourage healthcare innovation at EU level

EU Institutions can contribute to better public health and a more resilient and accessible healthcare system through a robust healthcare innovation agenda, for example through research programmes such as Horizon 2020 and Horizon Europe. Research should be focused both on developing new treatments and on research into health systems, to improve governance, develop innovative payment mechanisms, measure quality and establish accepted product standards. Innovation is more and more linked with the use of big data. The EU should also facilitate the secure exchange of social security data. The Electronic Exchange of Social Security Information (EESSI) and the development of compatible formats for ePatient records and ePrescriptions are positive steps. However, in implementing such projects, EU Institutions should also address the issues created by existing language barriers.

Healthcare coverage in developing countries is an important prerequisite for development, yet such coverage is often limited. AIM calls on the European Commission to design an impactful framework for international development cooperation, one that will increase healthcare coverage and allow healthcare mutuals to make an important contribution. AIM and its members already successfully help ensure access to healthcare in a number of countries in western Africa and Latin America. By disseminating the mutual model and through supporting the foundation of mutuals, they already play a key role in securing access to healthcare for all citizens, including those abandoned by social and economic systems. Mutuals have long expertise and insights into best practice; the European Commission should build their actions around these proficiencies, particularly in those countries where governments have limited budgets and institutional capacity.

# 4

## Take an International Perspective





The role of mutuals - particularly in the field of health - in Europe and on other continents such as Africa and South America, demands a global perspective. Healthcare mutuals need a commitment to safeguarding their specific role. They are not for profit organisations with no shareholders; surpluses are used to benefit the members. Healthcare mutuals are widely recognised as solidarity-based organisations with democratic governance, founded by members. AIM calls on the EU to recognise the specificities of social economy enterprises - including mutuals - to allow them to participate in the Single Market in the same way as any other enterprise. They should not be hindered by unnecessary barriers risen up by some European legislation, or taxation rules that treat mutuals in the same manner as capital enterprises.

# 5

**Recognise  
healthcare mutuals  
as a social economy  
actor**



## 1. Play a key role in prevention

Good health does not solely depend on health service provision. It is also heavily influenced by a range of other broader determinants affecting the circumstances of where people are born, live, study and age. Often, these determinants can be detrimental to citizens' health. Moreover, policies and actions often fail to address all risk factors, many of which are not explicitly connected to the healthcare sector yet can still exert a negative impact on citizens' health.

Many of these factors are directly and indirectly influenced by European policy. This is why AIM calls on European Institutions to recognise the impact of all policies on both physical and mental health and wellbeing. Placing a greater emphasis on health promotion and disease prevention and achieving Health in All Policies would substantially improve citizens' health and wellbeing and also help improve economic efficiency. However, focusing solely on prevention and health promotion is not enough; if we are to attain an EU society with greater social cohesion and solidarity, the benefits of empowering individuals and strengthening both primary and secondary preventive care should not be limited to the richest and most educated. There needs to be particular attention for vulnerable groups and citizens from lower socioeconomic backgrounds to avoid exacerbating existing inequities.

The importance of this cannot be overstated; epidemiological studies have confirmed the influence of social status on health and life expectancy. People with lower social status are increasingly affected by chronic diseases, psychosomatic complaints, accidental injuries and disabilities. They assess their own health as worse and more frequently report suffering from health-related limitations in everyday life. As a result, they are more reliant on the benefits of the medical care system and on social protection in the event of illness. The cumulative effects of social disadvantage find their clearest expression in premature mortality in this socioeconomic group.

◆ **AIM calls on the European Commission and the European Parliament to reduce social inequalities in order to ensure a more social Europe by setting up a joined strategy together with the member states and by defining joined targets to reduce the range of social differences.**

AIM sees clear opportunities for the European Institutions in helping improve general population health while simultaneously reducing inequities in the areas mentioned hereafter.

### *Environment and Food Quality*

There is no such thing as a healthy individual in an unhealthy environment. The quality of the air we breathe, the chemicals we are exposed to every day in the food we eat and the cosmetics we use or the environmental noise levels we endure are all factors that clearly influence both our physical and mental health.

- ◆ Cleaner air in European cities can only be achieved through stricter, more ambitious air quality standards and by reducing emissions of air pollutants. It is time to step up European and global efforts for tackling climate change and to reach the landmark Paris Agreement.

There is an urgent need to improve the quality of food. Excessive consumption of poor-quality products, heavy in fats, sugars or salt is a risk factor for various chronic conditions such as obesity, diabetes and cardiovascular disease as well as a number of cancers.

- ◆ AIM calls for legally-binding regulatory initiatives that set limits for the levels of industrial trans fats, sugars and salt in food, encouraging the food industry to provide healthier products.

- ◆ AIM also supports proper labelling of both alcoholic and non-alcoholic food products - including comprehensive information on content and hence respects consumers' right to properly monitor their diets - and stricter regulations on marketing unhealthy products, particularly in vulnerable populations such as children and adolescents.

### *Well informed Citizens and Vaccination*

Greater health literacy empowers citizens and consumers to choose healthier lifestyles. However, such empowerment is only feasible if populations are provided with comprehensive, unbiased information on the products they buy, the services they are offered and the pharmaceuticals they use.

- ◆ AIM believes there is a pressing need to improve the quality of health information provided by governments to individuals, notably on vaccination.

Vaccination is rightly recognised as one of the most successful and cost-effective interventions for improving health outcomes. AIM believes that there is unquestionable added value in strengthening cooperation between Member States on vaccination and in the EU harmonising vaccination programmes.

- ◆ AIM welcomes the initiatives taken during the previous Parliamentary term. EU institutions should now respect their commitment to developing new and innovative strategies for improving vaccination coverage rates.





### *Empowered Citizens along the Self-care Continuum*

It is important that citizens are well informed on their health to allow them to develop their own preventative measures. In addition, they need to be engaged and empowered to do so sustainably. AIM welcomes the various initiatives for empowering patients, professionals and other health actors during the previous Term. It calls on the European Parliament and the European Commission to encourage implementation at all levels of the self-care continuum, specifically:

- ◆ For policy makers at EU and national levels to actively include self-care within integrated health reform solutions on related topics including wellbeing, work-life balance, mental health, mHealth and digitisation and patient safety.

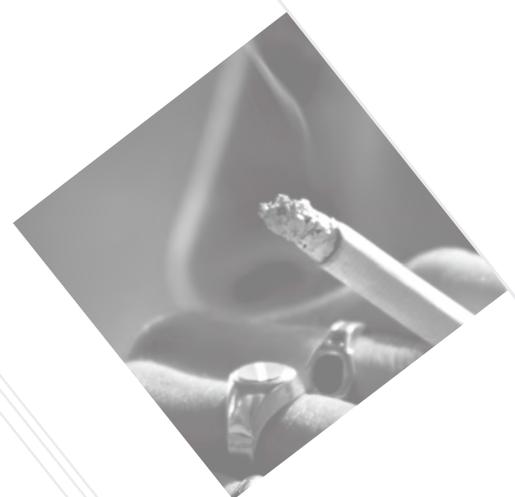
- ◆ For policy makers to ensure that self-care is included as an essential part of health literacy exercises and activities across Europe and at regional level where applicable (for example as one of the indicators for health system performance assessment)

- ◆ For policy makers at an international level to include self-care as an essential element of healthcare strategies, especially in light of the Sustainable Development Goals (SDGs).

### *Tobacco*

Tobacco consumption remains one of the leading avoidable causes of mortality and premature death in the European Union. While appropriate tax regimes can act as a disincentive for some users, others may simply shift to cheaper or counterfeit products.

- ◆ AIM encourages the European Commission to adopt regulatory measures to harmonise EU tobacco tax regimes. Raising and harmonising taxation rates on all types of tobacco products would benefit public health and contribute to reducing health inequalities. It would also help fight illicit trade in tobacco, which undermines attempts at control.





## 2. Contribute to sustainable access to pharmaceuticals

Pharmaceuticals and medical devices play a vital role in the treatment of diseases. However, as they consume around 20-25 percent of healthcare expenditure, they must be managed carefully. At the same time, the pharmaceutical and medical devices industries are an important economic sector within the EU and worldwide. The European Institutions, while recognising the interests and impact of these industries, need to place the interests of citizens at the centre of their actions. High-quality medicines should be accessible for all.

Currently, costs of newer medicines are becoming a challenge for more and more EU Member States, endangering solidarity-based access to healthcare. While the prices are high, the true added value of these medicines is sometimes unclear at the time market authorisation is granted. EU actions in the field of pharmaceuticals and medical devices should help Member States ensure fair prices so that all their citizens can access the pharmaceuticals they need.

### *Market access*

The European Medicines Agency plays an important role in the market access process for new pharmaceuticals. It is vital that the Agency executes its role independently. However, it should not work in isolation, but rather should maintain regular dialogue with organisations undertaking health technology assessments, pricing and reimbursement decision makers and healthcare payers. The agency is developing mechanisms to ensure an appropriate balance between early market access for those pharmaceuticals with promising po-

tential impact on high unmet medical needs and their actual safety and efficacy. AIM believes that these mechanisms need broader political discussion.

AIM also calls on all EU Institutions to be involved in assessing the complex and detailed system that leads to market exclusivity. The current system needs to be improved if it is to stimulate development of urgently-needed pharmaceuticals while simultaneously contributing to affordable access to pharmaceuticals for all.

- ◆ **The European Medicines Agency should maintain a regular dialogue with relevant stakeholders, including healthcare payers.**
- ◆ **Mechanisms to facilitate early market access need broader political discussion.**
- ◆ **The European Institutions should review the complex incentives structure for pharmaceuticals.**

### *Health technology assessment*

AIM members welcome the consolidation of cooperation between Health technology assessment (HTA) bodies at EU level. This will allow national healthcare systems to make better, more comprehensive use of HTAs in their decision-making processes; this cooperation can be further strengthened. Therefore AIM welcomes the European Commission's proposal for a regulation on HTA.

However, it is important that this proposal encompasses both medicinal products and medical devices. A uniform, Europe-wide assessment of medicinal products and medical devices can improve quality and standards, contributing to the improved allocation of resources to the benefit of patients.

However, any procedure for a joint HTA should not infringe or contradict the national responsibility of health systems. It is therefore important that joint assessments are suitable for adaptation to the needs and requirements of each Member State and, where necessary, complemented by further assessments nationally. AIM members are involved in HTA work at national level and are highly impacted by the outcomes of these assessments. AIM therefore considers it important that payer organisations are involved in further developing the proposal; the regulation should ensure that payers have an active role in HTA at European level.

- ◆ AIM welcomes a regulation to further strengthen HTA collaboration in the EU.
- ◆ Joint assessments should be suitable for adaptation to national contexts.
- ◆ Payer organisations should be involved in HTA collaboration at EU level.

### *Medical Devices*

The EU has taken steps to improve product safety with the recently-adopted medical devices regulation. However, AIM would still favour a centralised authorisation procedure and believes the European Commission should consider implementing compulsory liability insurance for medical device manufacturers.

### *Reimbursement and prices of pharmaceuticals.*

It is up to individual EU Member State to make decisions on reimbursing pharmaceuticals. However, AIM sees considerable added value in technical collaboration.

Pricing and reimbursement decisions remain difficult for individual Member States and are opaque for the general public. Member States should prioritise collaboration in pricing and reimbursement, strengthening methodologies for (relative) cost-effectiveness studies and transparency, including decision making, managed entry agreements, reassessments and appropriate use. Jointly-developed methodologies should subsequently be tailored to national contexts and priorities, ensuring that Member States maintain their independence in organising their healthcare system and allocating expenditure.

- ◆ The European Commission should facilitate exchange between Member States on pricing and reimbursement practices.





### 3. Encourage healthcare innovation at EU level

Promoting innovation is essential in many different areas of healthcare. AIM believes that EU Institutions can play an important role in this process.

- ◆ EU Institutions can improve public health and help establish a resilient and accessible healthcare system via the Horizon 2020 and Horizon Europe research and innovation programmes. Research should be focused both on developing new treatments and on research into health systems, to improve governance, develop innovative payment mechanisms, measure quality and establish accepted product standards.
- ◆ Too much money is invested in pilot projects with interesting results but with few practical applications in healthcare. There needs to be further research into wider implementation of useful innovation.

#### *Digital tools*

Digital solutions in health and care have the potential to significantly increase the wellbeing of EU citizens. EU collaboration in this field can accelerate the effective and efficient implementation of these solutions. Data supports digital transformation, but it is not handled or managed in the same way in all EU Member States or within national health systems; nor is it always accessible to all relevant stakeholders. Increasing the interoperable digitisation of healthcare systems will require balanced EU

action and funding that takes account of the interests of all relevant stakeholders - patients, healthcare providers, industry, research institutions and academia as well as healthcare payers.

#### *Long-term care*

Ageing populations and the steep increase in long-term care (LTC) are also important challenges for the future. Innovative solutions can help ensure sustainable LTC by improving prevention, supporting rehabilitation, allowing individuals to live better longer lives at home should they wish and supporting both formal and informal carers in their tasks.

However, innovative solutions alone will not address this ever-growing issue. There should be policies that ensure that LTC services are accessible and affordable for all, in line with Principle 18 of the European Pillar of Social Rights. These policies should aim to support home care and community-based services while taking particular attention not to limit access to, for example, residential care. However data on, and proper monitoring of, LTC needs, service provision and quality of care are essential for ensuring these policies are effective and efficient. Developing outcome indicators at European level would be a good way to encourage objective and standardised assessment of LTC.

Informal care provides the backbone of LTC in many countries, and is a growing trend. European policies should help ensure informal carers hold

a clear working status and enjoy proper working conditions. There should also be minimum requirements to help guarantee high quality levels of care. Carers need to be properly trained and counselled, which could be addressed by developing innovative tools, such as online training, counselling and guidance for relatives acting as carers.

Experts detect a clear trend towards privatisation and a market-driven approach to LTC in Europe. Such a trend could exacerbate inequities, leaving the most vulnerable groups with unmet needs. Financing and organisational systems should be established that ensure that every citizen in the EU has sustainable access to good quality LTC.

- ◆ AIM calls for the adoption of policies which ensure the accessibility and affordability of LTC and support community –based services and home care. EU outcome indicators should be developed for the assessment of LTC.

EU Institutions should help guarantee a clear working status and proper working conditions for carers, be it formal or informal. Setting minimum skills requirements and ensuring support in the form of counselling and guidance will help ensuring quality of care and improve the health and well-being of both the carer and the care-recipient.

- ◆ Across Member States, financing and organisational systems of LTC which ensure both the access to care for all and the sustainability of systems should be agreed on. When doing so, particular attention should be paid so as not to exacerbate inequities.

### *Cross border data exchange*

One of the most pressing tasks for the EU institutions is to promote an approach to digitisation that makes it accessible and beneficial to all. AIM members believe it is important to focus on developing new technologies and processes for treating diseases. In addition, the EU should:

- ◆ Encourage procedures for securely exchanging social security data by building upon the Electronic Exchange of Social Security Information (EESSI).

- ◆ Develop compatible formats for ePatient records and ePrescriptions. The European Commission should contribute to developing interoperable solutions that can reliably overcome language barriers.

### *European Social Security Number*

In cross-border scenarios, it can be complicated for people with insurance to prove their identity to the relevant social security institutions. To answer those concerns, the European Commission is working on creating a European Social Security Number (ESSN) to address those concerns.

AIM fully believes that ESSNs could sharply reduce these difficulties and ease identification of entitlement to benefits. It may also reduce the abuse of social benefits. However, before initiating such a project, it is first important to have a clear insight in the scale of problem to be addressed and to carry out a cost-benefit analysis.

### *Data protection*

The implementation of the General Data Protection Regulation did not end the intense debates over personal data ownership. Instead, there remains much to interpret during the implementation of the new regulation.

Citizens expect all stakeholders to handle their health data with particular care. For that reason, issues such as preventing the re-identification of non-personal data will be vital.

- ◆ European and national legislation should establish clear requirements for collecting, storing and processing health data (such as that generated via wearables or mHealth).

- ◆ EU Institutions should play an important role in providing clear definitions and introducing strict requirements for collecting, storing and processing health data.



## 4. Take an international perspective

Developing social protection systems remains a challenge in many parts of the world. In its World Social Protection Report 2017-2019, the International Labour Organisation (ILO) found that only 45 percent of the global population is covered by at least one social protection benefit.

In Latin America, 30 percent of the population have no healthcare access for economic reasons and 21 percent as a result of geographical barriers, with huge disparities between countries. In Africa, 75 percent of the population lacks health coverage. In rural areas, 83 percent are not insured against any healthcare expenditure. This exposes the sick and their families to catastrophic levels of health spending that can lead them to poverty and marginalisation. Such poor prospects for human development are a leading cause of people choosing to risk their lives in order to seek better opportunities in Europe.

◆ AIM calls on the European Institutions to contribute to improving healthcare coverage in developing countries. Healthcare coverage should be based on solidarity and be accessible to all, irrespective of age, gender, wealth, or health status. Healthcare mutuals can provide such protection.

AIM and its members are already successfully helping to ensure access to healthcare in a number of countries in western Africa and Latin America. By disseminating the mutual model and through supporting the funding of mutuals, they are playing a key role in helping defend the most vulnerable, the poor and those abandoned by social and economic systems. Mutuals help integrate the social

fabric and compensate where healthcare service coverage is insufficient or even non-existent to the extent that people lack access to protection. The European Commission should build their international actions on these best practices, particularly in those countries where governments have limited budgets and institutional capacity. Healthcare mutuals are established close to the populations they serve, are owned and governed by their members and therefore often provide a better alternative to limited government-provided systems.

However, mutuals require recognition, time and support to be established. Educating civil society, governments as well the wider population on the specifics of social protection and on the benefits of the mutual model is a prerequisite for high-scale, robust mutuals.

◆ AIM calls on the European Commission to champion increasing healthcare coverage through mutuals. These could include mandatory subscription to mutuals to ensure universal coverage as well as public awareness-raising campaigns on the benefits of subscribing to a mutual. The Commission should explore the possibility of subsidies to help establish healthcare mutuals and to cover initial operational costs.

AIM and its members are ready to support the EU action in this area and to become a partner in developing projects and joint actions.



## 5. Recognise healthcare mutuals as a social economy actor

The role of mutuals both in Europe and in other continents such as Africa and South America - particularly in the field of health - demands global consideration and commitments to safeguard the specific services they provide. These are solidarity-based organisations, founded by members to solve member's problems, mostly in health and social security needs. By nature, they are democratic organisations, they follow the principle of "one person, one vote" irrespective of the involvement of the member. Mutuals are not for profit organisations, meaning that they do not distribute financial surpluses to their members.

Mutuals have existed since long before the EU was formed, even before national security schemes were put in place. However, they have been struggling in the EU to gain political recognition for the social importance of their work. To an extent they have been forgotten and excluded from the benefits of some fundamental EU principles, such as Freedom of Establishment or the freedom to circulate in the Internal Market. Despite this, mutuals are legally bound to a set of EU regulations created to structure that same Internal Market.

- ◆ AIM calls on the European Institutions to ensure that healthcare mutuals do not face unnecessary barriers to fulfilling their role effectively.

### *A legal Recognition of Social Economy at EU Level, including Mutuals*

AIM has been pleading for many years for legal recognition of healthcare mutuals. This lack of recognition in some EU countries, along with a lack of understanding of the nature of the organisations, makes it difficult for mutuals to play their role effectively. The core issue lies with how mutuals are treated from a legal perspective, i.e. similarly to public limited companies and other for-profit-organisations. This treatment is unfair, as public limited companies and similar forms of capital companies have different access to financing and can therefore easily meet the requirements of EU law, such as Solvency II.





AIM demands that the specific characteristics of social economy, including healthcare mutuals, should be taken into account in all policies.

- ◆ A clear EU legal framework for social economy enterprises, including mutuals, to allow them to participate in the Single Market like any other enterprise.

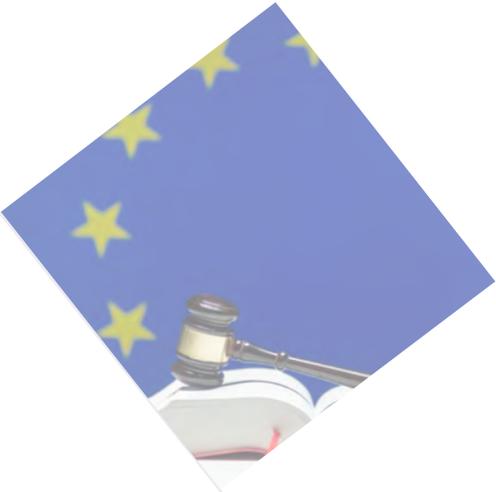
If a stand-alone solution for mutuals is not politically acceptable, at least the EU should consider an overall solution for Social Economy enterprises. Alternatively, the European Commission could adopt a recommendation establishing the main principles and characteristics of social economy enterprises, including mutuals.

- ◆ Soft actions, such as developing communication tools to encourage Member States to recognise the mutual form, help supervisors better understand the specific features of mutual forms and improve the general understanding of mutuals.

*Solvency 2*

At a time when the Solvency II directive is leading all insurers to significantly strengthen their long-term financial sustainability, many of them are seeking the right partners to address this challenge. Mutuals face specific barriers when they seek to form groups with partner mutuals from different Member States. These difficulties are another issue that needs to be addressed.

- ◆ To solve this specific problem of mutuals active in the field of insurance, the European Commission should explore the idea of a delegated act dedicated to the rules applying to the creation of European mutual groups.



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Layout: Jessica Carreño Louro under InDedign Software

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