

Identity card: Health Mutual

1. FOUNDATIONS, CONSTRUCTION AND DEPLOYMENT

• Why an identity card?

In Belgium, the “Mutualités chrétiennes” (MC)⁽¹⁾ have been involved for over 25 years with WSM⁽²⁾ in numerous international partnerships⁽³⁾. This experience enables the MC to describe the uniqueness of a “health mutual” in the context of an “Identity Card”, which can be applied both to the MC themselves and to many other organisations which recognise themselves as “health mutuals” throughout the world in Africa, Asia, Latin America and Europe.

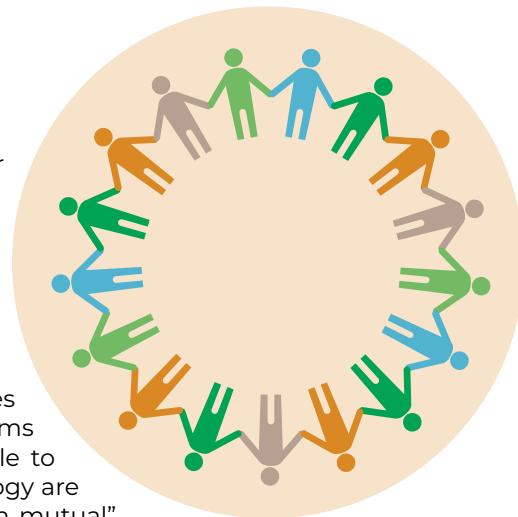
The purpose of this “identity card” is firstly to clarify the basic principles and values of the “mutual health organisation”, as well as the different forms of service provision, financing and structuring. It also makes it possible to identify potential international partners when the context and terminology are different from what we know in Belgium⁽⁴⁾ and to involve these “health mutual” partners in joint international cooperation (regional, continental, global) to develop and strengthen access to health through quality health services, universal health cover, and health promotion, prevention and education services.

This “identity card” is also essential for building the contribution of “health mutual organisations” to a universal system of access to health and social protection. Social protection in health is essential if we are to take account of the diversity of risks and social determinants of health, which calls for an “integrated” approach to health. The “identity card” makes it possible to build the contribution of “mutualist partners” in synergy and complementarity with other social movements at national, continental and international level. The INSP!R network, to which WSM and the Mutualités chrétiennes belong, as well as many of their mutualist partners, is a channel for this.

• How was this identity card created?

This “identity card” is based on the experience of the “mutualist” partners of the MC and/or WSM, who have been active for nearly 25 years in access to health programmes and projects, including partnerships with the French-speaking and Dutch-speaking Belgian Christian Health Mutuals (MC and CM).

Since 2021, we have been building and enriching this identity card with representatives of MC and WSM partners in West Africa, Central Africa and Europe. In 2023, we finalised the identity card through a thematic working group made up of representatives of partners in Latin America and the Caribbean, Asia, Africa, and Europe. The final result of this work is presented in this document.



¹ Christian Mutuality (CM) fights for quality healthcare that is accessible to all. It offers its members benefits and services based on solidarity. Everyone contributes to the well-being and health of all. Through compulsory and supplementary insurance, the MC offers a professional service tailored to the needs of its members. The MC also participates in the development of health policies and encourages healthy lifestyles and behaviours.

² WSM is the NGO of the Christian Workers Movement (CWM) and its constituent organisations, which defends decent work and the right to social protection in twenty countries with more than seventy organisations such as trade unions, mutual societies, microcredit organisations, women’s organisations, youth organisations and organisations of the elderly.

³ International cooperation with mutualist partners in Central and West Africa and Central Europe, monitoring of European policies, cross-border and transnational cooperation in Europe and participation in the work of AIM (Association Internationale de la Mutualité).

⁴ In the Anglo-Saxon world in particular, there are many definitions of “mutuals” which have a very different interpretation from the concept proposed here.



• What is the purpose of this identity card?

The main aim of the identity card is to make it easier to assess the various elements that identify an organisation as a “health mutual”. Intended both for the organisations themselves and for the various stakeholders, it is a decision-making and educational tool based on a common and widely shared understanding of the characteristics of a mutual health insurer. The aim is to enable international cooperation to strengthen this “mutualist model” as a means of improving access to care and health and enhancing the effectiveness of the right to health. The aim of this international cooperation is to defend the right to health, taking into account all its social determinants.



• How can we build a learning process around this identity card?

The “identity card” defines different dimensions of the “health mutual”, each of which can give rise to a specific exchange to capitalise on good practice or detect innovative responses in terms of services, financing or structuring of the health mutual that are useful for everyone.



MC and WSM are committed in a thematic working group made up of representatives of health mutual partners from various continents to collect and capitalise on experience and/or good practice in relation to the various dimensions of the identity card. This thematic work also supports the process of political action to promote the mutualist model.

To organise this work, MC is relying on the INSP!R network⁽⁵⁾ and also involves various internal resources, and knowledge, and academic expertise or key players in health and social protection.



• The basic principles of a health mutual

- A democratic organisation that organises «mutual aid» on a solidarity basis with the direct participation of its members, who ensure that the organisation runs smoothly.
- Its main objective is to guarantee accessible, affordable, high-quality, and dignified healthcare for the entire population and to promote physical, mental and social well-being .
- A not-for-profit, autonomous organisation (no shareholders but members who have access to a range of services).⁽⁶⁾
- A social movement open to the whole population, without any form of discrimination (gender, cultural and social origin, social status, sexual orientation, state of health, etc.) and respecting human rights.



2. THE MODEL OF A HEALTH MUTUAL: MAIN TASKS AND ACTIVITIES

2.1. Social insurer

• Financial accessibility of healthcare

Health mutuals can ensure this financial accessibility in various ways:

- Developing/co-managing/implementing a general health insurance (public) which is funded by social contributions (from members and/or employers) / public subsidies/ company (employer) payments to the health insurance fund (for example, a health tax paid directly to the health insurance fund). This may contribute to the development of universal health coverage.

⁵ INSP!R is an international network for the right to universal social protection that connects social movements around the world so that current and future generations can enjoy the universal right to a dignified life and social protection. In 2023, it will have more than 170 members.

⁶ Any profits from the provision of services are reinvested in the organisation's activities. Health mutuals are part of the “social economy”.



- Building a solidarity based mutual insurance system between members - based on members' contributions.
- Signing compulsory price agreements (and determining the quality) with health-care providers.

2.2. Social movement

• Building a social movement

It is important that a health mutual acts as a 'social movement based on members'. This means that it plays an active part in the social debate, cooperates with other social organisations, and involves all the social and population groups in its activities. To do so, it relies on strong social engagement through a voluntary movement, which is also involved in specific services for target groups (young people, students, elderly people, chronic disease, disabled people, young parents, migrants, homeless people, etc.).

• Representation and advocacy work

A health mutual is the spokesperson for all its members – of the entire population – towards the public authorities, health service providers, and other social organisations. It is responsible for both the collective defence and individual defence of their members.

This advocacy concerns the population's access to healthcare and prevention, the organisation of this healthcare and the development of (and participation in) a social protection system.

The representation of these interests goes beyond the field of healthcare. Health mutuals subscribe to the principle of '*health in All Policies*' (HiAP) and want to represent their members in all domains that have a direct and indirect impact on the health and well-being of the members. Health mutuals recognise the importance of other determinants of health including social determinants and want their actions to have a positive impact on these.

In this context, health mutuals also want to cooperate with other organisations in civil society to contribute together to strengthening health systems and to an overall system of universal social protection.

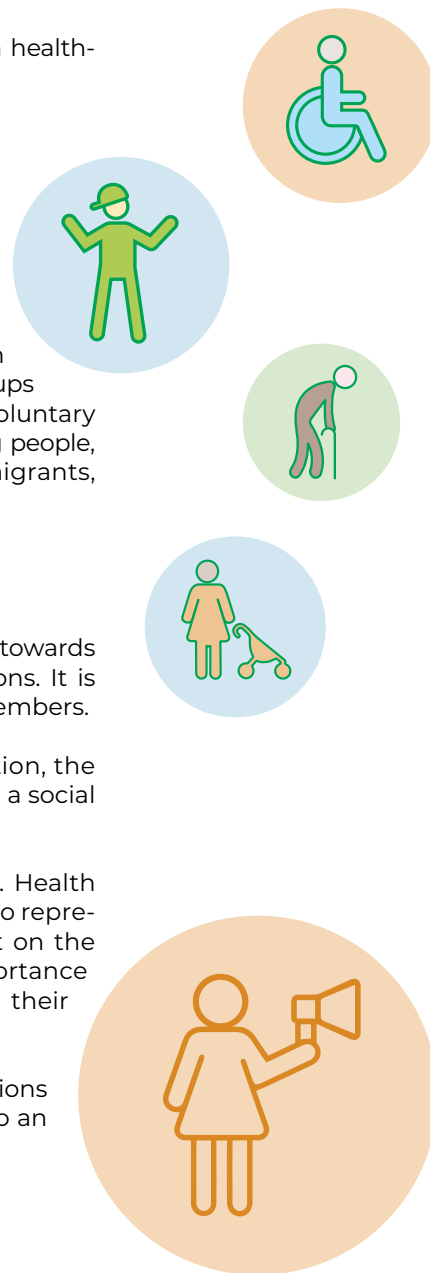
• Community development

Health mutuals build a society in which all social and societal groups are actively involved. The direct participation of all the members in this community building is of great importance, with their involvement within decision-making bodies and in activities.

Health mutuals combat social inequality, which is partly caused by inaccessible or unaffordable quality healthcare and a lack of health literacy.

In addition to participation, they also respond to all their members' sense of responsibility ('taking care of themselves and others').

They constructively carry out this community building at all levels, from local to international.



The development of a voluntary movement that strengthens participation and is aimed at socially weaker target groups is especially important in this community building. The health mutual therefore contributes to the inclusion of all the social groups and therefore to greater social justice.

• Prevention and health promotion

Health mutuals are active in the field of prevention and health promotion. They mobilise both their members and the public authorities.

The aim is to stimulate healthy behaviour among the members or specific target groups, to address the health determinants ('health in all policies') as well as to provide the members with the right information (for example in using medicines). In this way, the health mutual wants to emancipate its members and make them responsible in the health debate ('education for health').



2.3. Social entrepreneur

• Medical, social, and societal services

When quality health services are absent or inaccessible/unaffordable for members, the health mutuals can organise its own quality services: as a healthcare provider (for example, home treatment, medical consultations, etc.) or as a social entrepreneur (social pharmacies and support services). Furthermore, there are many other fields (social assistance, consulting, etc.) where the health mutual can develop its own set of services according to its members' needs.

These services must not become an 'end in themselves' but help put in practice the basic principles. All the surplus of these services must be invested in the organisation's operation.

Voluntary work may play an active role within these services.



3. FUNDING MECHANISMS

3.1. Members' contributions

Membership is an essential element of the health mutual. A membership fee may potentially be requested individually or collectively, but it is not a complete source of funding because access to the organisation must be guaranteed, and the amount must therefore be limited. The organisation and administration of the collection of membership fees must not be an obstacle to membership and must not be a threshold for financially weaker groups. A group membership is possible (for example, a farmers', teachers', or village association, etc.). Membership assures the identity and the cohesion of the organisation and its members' feeling of belonging. It also gives the member the right to participate in the operation of the health mutual.

3.2. Contribution for a solidarity based health insurance

Many health mutuals use this source of funding, above all if emphasis is placed on the health insurance aspect – whether or not it is linked to a member's contribution. This dates back to very old solidarity systems within a profession, a community, etc.

The aim is mainly to gather the contribution of all the members, which is then put at the service of those who need it, defined according to the health mutual's statutes. However, this system has many complications. Therefore, the question remains as to how the operating costs can be paid for to make/keep the organisation financially viable. On the other hand, collecting and managing these contributions is a huge task, especially when it is a large organisation and when there are many members with a low or insecure income. Even if the health mutual provides solidarity insurance, it still faces the need for a balance between its revenues and expenditure - or, in other words, between small and large risks. This is why some health mutuals fall back on a specific target group (for example a specific company) and give up the principle of being an 'open' organisation. In extreme cases, this may lead to corporatism, which goes against the principle of an open and accessible social organisation.

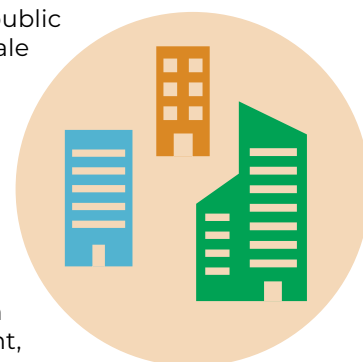


3.3. Social security contributions

Although health mutuals are limited to a small geographical region, non-public social insurance, as described above, is possible. However, an increase in scale requires the 'national' public authorities to play a role in this field.

This should facilitate fundraising (social contributions on revenues, direct taxes on consumer goods, etc.). This is the process of developing a national social security system that insures the entire population, which most health mutuals also support.

Health mutuals may play a major role in this respect / not only in the model's design but also in the implementation of this social security (see the Belgian model). However, this requires good cooperation between the government, employers and health mutuals and it's generally a process that takes many years.



3.4. Subsidies and grants

Health mutuals propose to perform tasks for local, national, or international authorities within the framework of their activities. These are, for example, health prevention activities which are then reimbursed by subsidies and grants from the authorities. Another example is that the health mutual may, with the authorities' financial support, need to organise workers and their families in the informal economy to access quality healthcare. In this way, the health mutual may also develop by meeting certain needs in society. One of the disadvantages of such subsidies from the authorities is often the absence of structure and dependency on the 'goodwill' of these same authorities.

3.5. Financial means from own activities

One obvious source of funding is the creation of financial revenues from own activities. In this way, the health mutual becomes a 'social entrepreneur'. These activities can also address shortages in the local or national health sector or contribute to better access to healthcare at an affordable price. The surplus made are not paid to shareholders but reinvested in social activities/reimbursement of health costs.



There are many possibilities: health stores, social pharmacies, primary care, complementary health insurance (hospitalisation insurance, for example), etc. In some cases, these are also activities outside the scope of healthcare.

4. HEALTH MUTUALS STRUCTURE

4.1. Democratic structure

A health mutual is a members' movement and it is therefore important to have a democratic structure that enables these members to participate: a members' annual general meeting and a board of volunteers that sets the objectives and strategy and can supervise the professional framework, which must guarantee the application of these. These structures are established democratically (mutual elections) and are open to all members without distinction.



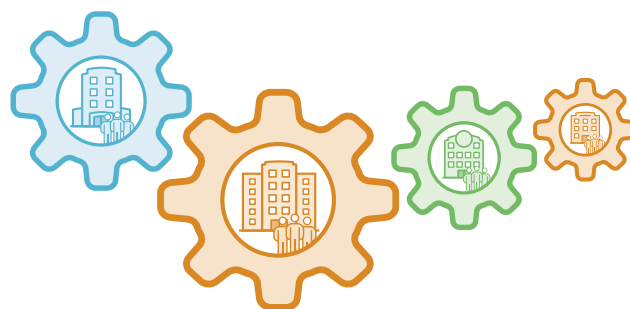
4.2. Local-regional-national

It is important to develop a good structure based on subsidiarity with strong local and regional entities that run smoothly in the field, have good interaction with their members and a national structure that can cooperate with the public authorities in the field of general social protection.



4.3. Health mutuals' support structure

It is important that the creation, development, and extension of health mutuals are supported by national and international cooperation networks or organisations put in place by existing health mutuals and specialised social organisations. These support structures enable the professionalisation of health mutuals' operations to be organised. These support structures can also contribute to awareness raising and advocacy work with relevant political stakeholders.



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