



Euromf EZA-Seminar

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Dr. Ineza Skrzypiec-Sikorska
Jean-Pierre Descan

L.C.M.–A.N.M.C

Federation Christian Mutual Associations

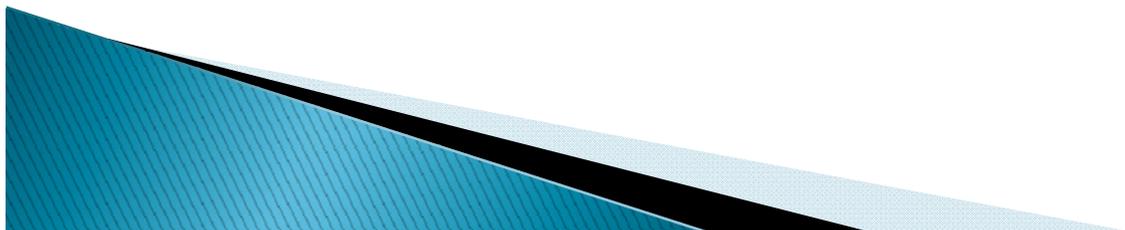


- ▶ **Largest social movement in Belgium**, started in the middle of 19th century (rich history of precedents in all Europe)
- ▶ Developed from **local mutual associations** into a national federation (1906)
- ▶ **Important actor in the development of the social security and health insurance in Belgium**
- ▶ Is a **non-profit association** (statute of mutual association) with 4,5 million members (45 % of population), 5.000 staff members and thousands of volunteers (approx. 80.000)
- ▶ « **christian** » out of historical reasons but still as a value for services; CM is open to all people – independent from belief, background, etc. (other mutual associations: socialist, liberal, etc.)

Role of the Christian Mutualities (CM)



- **Representative of the patients (members) in negotiations with the public authorities, providers, etc. (setting of reimbursement levels, etc.)**
- **Patient-movement: 6-yearly elections for General Assemblies regional branches, regional boards, national assembly, etc. : dialogue between the public and the authorities/providers (membership)**
- **Implementation of reimbursement in compulsory health insurance (information, juridical support, etc.) (system of « money follows the patient ») (budget = social insurance fund)**





Organising of complementary insurance / services : (large package of about 100 services, targetting all ages / soc groups, (budget = membership fee, membership payments, subsidies from government)

- (Health) holidays for children, elderly, families, handicapped, etc.
- Contracted home-care services
- Health prevention & health education
- Complementary insurance on certain services
- Social help (networking)
- Support during life-deciding moments (birth, decease, etc.)
- Renting and selling of revalidation materials
- Self-help groups
- Information and collective & individual patient defence
 - competition between mutualities for membership in this sphere
 - CM emphasizes on solidarity !

CM and international solidarity



- Basic idea of **social patient movement**, targetting to guarantee an **accessible quality** for all **social groups** in a sphere of solidarity and mutual support
- CM supports the development of such « mutual » movements in **about 30 countries on four continents**: financial, technical and material support – for Central Europe: accent on Poland and Romania
- CM dedicates **part of the membership fee to international cooperation**, completed by subsidies of Belgian Cooperation Fund, Flemish and Walloon regional governments, European Union and other international funding
- Intention is to support **independent organisations** (no branches of CM) with the same general objectives in order to become strong stakeholders in the national and international debates related to social security and health insurance.

« Stowarzyszenie Wzajemnej Pomocy Flandria a Polish mutual association

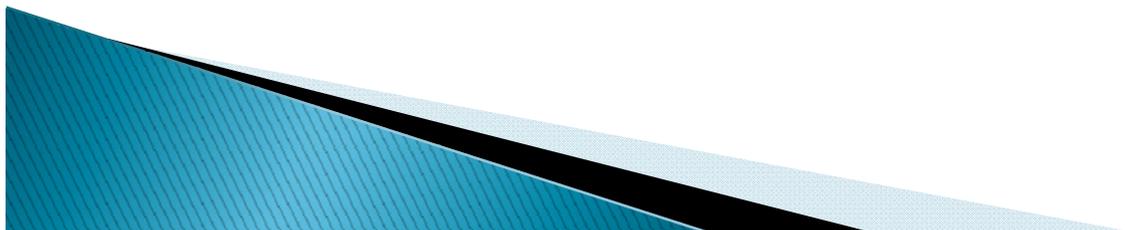


- ▶ Started within the framework of the Cooperation Program of the Flemish government
- ▶ Starting group: social organisations, doctors, local authorities Inowroclaw, → training → setting up of « SWP Flandria » in 1995
- ▶ Orienting of services where there was a **shortage, no accessibility (price) or a weak quality** → starting of services in 1997
- ▶ In 2010: 10.000 members, 50 staff and 500 active volunteers; active in three Polish regions (Kujawski–Pomorski, Wielkopolski, Pomorski in central Poland (region as large as Flanders))



Mission of SWP Flandria

- ▶ Participation and social integration
- ▶ Gap-filling between the public and private health care
- ▶ Information and awareness
- ▶ Volunteer movement within the mutual movement
- ▶ Impact on social and health policy
- ▶ Improving the staff qualifications and information flow within the organization
- ▶ Conscious and active membership





Services of SWP Flandria in 1997

- ▶ Yearly membership fee : ca. 10 € (Inowroclaw region)
- Social pharmacy of SWP Flandria: price-reduction of 10 % for members, health information, prevention, etc.
- Contracts with private medical cabinets: setting of quality standards and 30 % reductions
- Dental cabinet with reduction 20 % for members
- Medical home care services
- Renting and selling of revalidation materials
- Health actions for youngsters



Services SWP Flandria in 2000–2010

- **Sickness Funds / Health Funds (NFZ): contracting of medical services of SWP Flandria (NZOZ) by public health insurance**
- **SWP Flandria orientates itself more to an organisation for the defence of patients' rights (in relation with NFZ, providers, etc.) – and a social movement (target groups of youth, handicapped, elderly, long-term ill patients, etc.) (yearly Spartakiade)**
- **SWP Flandria develops services in different cities and regions: Inowroclaw, Torun, Bydgoszcz, Wloclawek, Poznan and Gdynia**
- **SWP Flandria and its services become a « model », a « social laboratory » in Poland**
- **Growing cooperation with regional and national authorities, Polish civic society, medical providers, etc.**



Cooperation CM–Belgium >< Flandria–Poland (1)

- ▶ Started from « support » and developed to « cooperation and partnership »
 - *common objectives for both partners, adapted in their historical, cultural and social background*
- ▶ **Support:**
 - Financial support : to develop « models » and « methods »
 - Technical support: for developing of services, approach,...
 - Political support: for awareness on political level
- ▶ **Partnership**
 - Regional branches of CM with regional branches of Flandria (Ostend, Central Flanders, South West Flanders, Brussels, Limburg)
 - Common actions (volunteers, campaigns, ...)
 - Awareness campaign in Polish community in Belgium



Cooperation CM–Belgium >< Flandria–Poland (2) along the three pillar strategy of SWP Flandria



- First pillar: national level:
 - Multiplication of the « model » in other regions of Poland – useful for a national strategy related to health care (insurance) – *technical, political support from CM to Flandria & co-operation in relation to national authorities, European institutions, ...*
 - Participating in the national dialogue on reform (representation of the patients' interests) (*between Poland and Belgium: exchange of ideas what is relation mutual association and representing of patients' interests*)
 - Developing of a legal statute for mutual associations (eventually related to the complementary health insurance) (*saveguarding statute mutual association in European perspective, legal status in Poland*)
 - Consulting support in the development of social health insurance (*technical expertise of LCM, SWP Flandria, AIM (European federation of mutual associations), etc.*)



Cooperation CM–Belgium >< Flandria–Poland (3) along the three pillar strategy of SWP Flandria



- Second pillar: regional level:
 - Developing of regional branches of the mutual associations (cooperation with the regional authorities, medical and social services, volunteer activities, health campaign, ...): *between CM and SWP Flandria; active partnership with exchanges, common actions and activities, integration between members of both organizations, direct cooperation between branches CM and SWP Flandria*

- Third pillar « European Cooperative of Health Shops and Social Pharmacies »:
 - Selling and renting of revalidation materials (economic factor)
 - Consulting point for the patients (medical and social information, prevention and health education) (social factor): *between CM–Lindeboom–Escapo and SWP Flandria: direct partnership in cooperative of Polish and Belgian partners, common strategy and management, etc*



Future of SWP Flandria

- *Developing of a social movement (members organization) oriented to a larger patients' participation in the health and social care in Poland, integrating all society layers with specific attention to handicapped people, long-term ill people, elderly people and youngsters. To realize this mayor objective, SWP Flandria is organizing medical and social services and a volunteer movement. Other important objectives are the developing of a prevention policy and the responsibility building, both on the level of patients, providers and public authorities in all matters related to health and social care.*
- *Volunteers play as such an important role in different aspects: they are active in the governing bodies of the association, they are the mobilizing level in actions and they offer services to members of the organization. (three types of volunteers: in management of the association, in strategic actions and in service providing).*