Among opportunities for sustainable growth in Europe: The Global Health

Symposium Proceedings

EUROPEAN ECONOMIC AND SOCIAL COUNCIL

BRUSSELS

Tuesday, September 22nd 2015

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Under the high Patronage of Pierre Moscovici

Commissioner for Economic and Financial Affairs, Taxation and Customs

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FOREWORD

Among its various works, EIH wished to organize a symposium on the theme: **"Among Opportunities for sustainable growth in Europe: The Global health"** benefiting, as has been the case in the past ,of the support of the European Commission and of the European Parliament which always shown interest in the themes that we address.

Indeed, among the important topics and in the context of the economic crisis, the role of health as a booster 'sustainable' economic growth seemed to us to be a priority issue. Also, from the studies we have conducted in partnership with Accenture, we would like, through this symposium, invite as many of the stakeholders:

- to share the diagnosis of carriers of a possible development of economies and growth themes;

- to consider, in a prospective mind, developments and new models;

- to discuss and identify common areas of research with the aim to raise the brakes in order to enable an effective contribution to growth.

The ultimate goal should be taken into account by Policymakers and stakeholders that health is global and that it is an engine for sustainable growth in a context where the European priority is that of value creation and perennial job: indeed Global Health induces positive effects on many sectors of the general economy.

In addition to providing for Research, Innovation, Training, Employment, New jobs, Prevention, it takes longer consider that it should offer the opportunity to gradually establish shared European policies to define exportable European models in the scope Health conceivable 2030.

AVANT-PROPOS

Dans le cadre de ses divers travaux, l'EIH a souhaité organiser un colloque économique sur le thème: **"Parmi les possibilités de croissance durable en Europe: La Santé Globale"** en bénéficiant, comme cela a été le cas dans le passé, de l'appui de la Communauté européenne Commission et du Parlement Européen qui ont toujours manifesté leur intérêt pour les thèmes que nous abordons.

En effet, parmi les sujets importants et dans un contexte de crise économique, le rôle de la santé comme booster d'une croissance économique "durable" nous a semblé être une question prioritaire. A partir des études que nous avons menées en partenariat avec Accenture, nous voulions, à travers ce colloque, inviter le plus grand nombre de parties prenantes :

- à partager les diagnostics porteurs d'un développement possible des thèmes d'économies et de croissance ;

- à examiner, dans un esprit prospectif, les développements et les nouveaux modèles ;

- à identifier et à envisager des domaines communs de recherche dans le but de lever les freins afin de permettre une contribution efficace à la croissance.

L'objectif ultime devant être la prise en compte par les décideurs politiques et les principaux acteurs du fait que la santé est globale et qu'elle est un moteur de croissance durable dans un contexte où la priorité européenne est celle de la création de valeur et d'emplois pérennes, la santé Globale induisant des effets positifs sur de nombreux secteurs de l'économie générale.

En plus de fournir de la recherche, de l'innovation, de la formation, de l'emploi, de nouveaux emplois, de la prévention, il faut en plus considérer que cet objectif devrait offrir la possibilité d'établir progressivement des politiques européennes communes pour définir des modèles européens exportables dans le champ d'application de la Santé concevable en 2030.

WELCOME ADDRESS

Pr Rudy Aernoudt

Head of Cabinet EESC, representing Mr Henri Malosse, President

I would first like to apologize Mr Malosse, who unfortunately could not be free from his obligations for being with us.

So I'll quickly tell you a few words:

When speaking of health, it is a multidimensional concept that has many ramifications. To address the issue of its various dimensions I would just like to highlight five points:

1- First of all Health is the economy and although this may shock, it must be considered that the sector represents 8 % in Germany, 10 % in other European countries such as Denmark or the Netherlands, 12 % in the USA: So Health is big business.

2- Then, there is the issue of innovation: Health is an area where there are many innovations. Health is a booster for innovation. If we take the example of Belgium which is a small country, we see that there are many companies working for this innovation, particularly in the biotechnology sector.

3- Ethical issues in a continent where live old people and where we have to fund research.

4- The amount of ICT offer future opportunities that will play a very important role (remote surgery, robots etc ...).

5- Finally, there is the issue of education. A recent report, indicated that 2/3 of biotechnology companies could not find qualified staff. These companies are looking to hire people, but the candidates do not seem to have the right education and the right training.

We must not forget that, regarding the question of employment, 10 % of total employment is in the health sector.

Taking into account all these elements, with the addition of research, societal dimension, etc... one realizes that this is policy. By taking such innovation and

the financing, how to design patents, how to protect them, how long? All these issues are matters of policy.

We are all citizens, stakeholders, consumers, health actors and it is a very good thing to have chosen for the holding of this meeting the Economic Council because it is the home of European citizens. I will end this short message via a slogan of our colleagues in the Commission, DG / SANCO: “a healthy citizen safe and confident, this is the mission of Europe.”

WELCOMING SPEECH AND STATE OF PLAY SINCE EIH / ACCENTURE 2010 STUDY

Bernard Mesuré
EIH, Chairman

Before beginning the presentation of this symposium, I would, very quickly, remembered that EIH is a non-profit association European and independent registered in Belgium, without any lobbyist vocation and dedicated to facilitating discussions and exchanges in the field the health prospective, between Member States and the various actors. EIH wishes anticipate the very important developments and changes in models and paradigms of "Global Health" at the European level.

I would also like to thank all participants who represent a wide range of actors in this new Global Health: this reflects the interest in the theme of this meeting.

The increasing burden of healthcare spending in developed economies is a long established trend, extensively analyzed and discussed by economists, policy makers and industry stakeholders alike. The recent recession and now mixed speed recovery, has only added fuel to the debate that healthcare, as it is delivered and financed in its current form, is not sustainable in the long term, and new solutions are needed now.

Most of the debate to date has focused quite rightly on understanding where the burden of increasing healthcare demand and expenditure lies - that is the ageing population and in increased chronic disease prevalence, as well as in understanding where inefficiencies lie in healthcare processes.

Rarely is healthcare viewed as a positive economic driver rather than a cost burden.

We face a strong paradox. Healthcare spend is strongly impacting budget deficits in our countries. Most often than not, citizens complain about a deteriorated healthcare system. At the same time never ever such progresses in science and technology have opened so major opportunities, lengthening our life expectancy, improving quality of life of patients, delivering care and cure in more effective and efficient ways. Never ever maintaining their "health capital" has been more a concern for so many people in Europe. Hence, should we look at healthcare as a bottomless pit or as one pillar of the European economic turnaround ?

What is the difference between these two perspectives? As individuals, we can expect to be assisted and to mutualize our risks or we can be willing to invest in our health. Healthcare operating models can be looked at as necessarily

capital intensive, regulation intensive and inflexible or they can be cost effective without being Malthusian in terms of employment. Healthcare can be considered as a service only or it can be viewed as a value proposition for consumers as well. This is the equation to be thought through. Hence two questions: how to position European countries on the right equation ? How to speed up the journey promoting the adequate environment for supporting innovative and breakthrough initiatives ?

Here are some numbers to seize HealthCare in the EU.

Contribution to the EU output

- 910 b€ Growth Value Added in 2010, 6th largest contributor to EU economy, 63 % healthcare services.
- Private sector represents ~25 % of total.
- Recession resistant, 2x underlying economic growth in last 5 years 19 % debt and 34 % of deficit growing 2012-16.

Workforce and Productivity

25 M employees 11.4 % of total workforce.
Only sector growing across the recession, +10.6 % 2005-10.
2.3 M extra jobs across period of growing unemployment rate
~ 10 % of workforce in private sector representing 25 % of the output, growing.
Productivity lower in EU healthcare than in overall public sector.

Chronic diseases in high income countries

Worldwide: loss in output equivalent to ~ 5 % of global GDP in 2010, out of which 54 % from high income countries.
High income countries: 70 % of total deaths, 13 % premature deaths under 60 years.

In 2010, the EIH and Accenture carried out a study health challenges and trends for Europe in 2030. Five major trends or developments have been identified which should deeply transform the healthcare ecosystem:

1. "Youthful aging" will become a common priority and goal among Europeans.
   - *With an aging population, a major issue for European policy-makers will be keeping older workers in good health.*
   - *Healthcare and related expenditures will become a leading household budget item, and will start to include such things as nutrition, mentally stimulating games, sports, and dermato cosmetic cosmeceuticals.*
   - *The increased desire to maintain one's "health capital" will nevertheless co-exist with risky behaviors: overweight and obesity being a major one.*

What is the situation in 2015:

Health Consumerism is on the way.
Health Apps associated or not with portable devices and with virtual or remote coaches flourish: 3 % of all downloads and 8 % of all Apps revenues, growing rapidly.
72 % internet users of the EU "big-5" conducted online health-related activities in 2012
Consumers not waiting for providers to build interface with them
2-5 % of disposable income directed at Health, and share growing.

2. Health risks will be increasingly borne by the individual.

- *Risk, uncertainty, liability and insurance underlie all healthcare issues in the developed economies. These are the critical concepts underlying the great sociological and economic questions that fuel the debates and the policies in the healthcare field. How much effort to put into prevention and insurance? Where to draw the line between prevention and treatment ? Between group and personal insurance ?*
- *Signals of varying strength reveal possible trends in the three main controls we have over health risk: risk prevention, risk awareness and risk management.*

What is the Situation in 2015:

Following the practice in car insurance, some insurance companies include incentives by mean of premium reduction or additional services tied to healthy behaviors.

3. Patients will be at the center of a wider ecosystem involving more players.

- *Diagnostic and communications technology will shorten the diagnosis loop, which will alter the role of physicians and favor the development of new information-processing centers for remote, real-time consultation.*
- *New businesses will emerge, particularly that of "health coach", who will play a critical role with consumers.*
- *Changes in the value chain will also affect pharmacists and the delivery of the prescription.*
- *As different lines of work evolve so too will training of professionals, which will have to change extensively.*
- *Social networks will work on behalf of health.*

What is the Situation in 2015:

Telemedicine platforms,visio-conference-based coaching for elderly patients in several countries or regions such as the Basque Country in Spain.
Pharmacies, like other sectors, move from "products to services", expanding their range of activity, providing some basic exams or medical acts.

4. The hospital will refocus on caregiving, due to a massive inflow of new technologies.

   ➢ *Diagnostic centers and treatment centers, along with home hospitalization, will serve to refocus the hospital on direct care.*
   ➢ *With online surgery, the choice of a bricks-and-mortar treatment center and the choice of a practitioner do not have to be connected; robotic surgery will be employed in numerous instances.*

   Situation in 2015:
   Diagnostic and treatment centers emerge, particularly in rural areas where hospitals have been closed down.

5. Healthcare will be an engine of growth for the European economy.

   ➢ *By 2030 healthcare will become one of the leading industries in the economy of Europe, reflecting both increased demand in traditional healthcare segments and a broadening of the field.*
   Healthcare spending has increased by 2 percentage points of GDP of the wealthiest European nations in the last twenty years, from 7.6 % of GDP in 1985 to 9.7 % in 2005, and the trend is only expected to accelerate. In 25 to 30 years, spending in these countries may reach the level already found in the USA today of about 15 % of GDP[1]. Such acceleration is predictable no matter what the rate of GDP growth, for the increasing attention paid by European households to preserving their health assets, together with increased life expectancies, are central trends that have begun to radically transform the healthcare ecosystem.
   ➢ *Greater use of new technologies, boosted by insurers, will foster personalized medical care, which will enjoy increased productivity thanks to the industrialization process and increased competitive intensity.*

As we can see significant progresses can be seen in most EU countries. However questions for building a more effective "platform" for growth remain to be addressed, among which:

• Prevention:
  - Tools and standards to build business cases and to track benefits.
  - Best practices and return on experience on prevention and wellness programs not widely circulated and reported.
  - Upfront investment required for medium terms benefits.

[1] In France, the authors of the report by the Attali Commission on Unrestricting Growth in France (Commission de Libération de la CroissanceFrançaise) felt that demand for healthcare might even reach 20% of GDP by 2030.

• Operating models:
  - Scaling up pilot initiatives, small size of health services and networks: self-employed or small entities with very limited resources and low productivity.
  - Country regulations ruling health professionals roles and responsibilities, exp: role boundaries for nurses or pharmacies.
  - Healthcare funding and management schemes in countries: patients following their treatment pathway have to cross funding and management silos.
  - Local employment agendas.

A major issue will be keeping a handle on cost increases, largely through productivity gains and changes in how healthcare is financed, particularly the assumption by households of an ever greater share of costs.

This portrait raises three questions which answers can position European healthcare as a growth driver with both a direct and an indirect impact on the EU economy.

1) How can healthcare economic output contribute to the productivity of the ageing workforce chronic diseases ?

2) How to increase the productivity and the efficiency of the healthcare "service models" without negatively impacting the employment, even potentially creating jobs ?

3) How to foster the development of European healthcare clusters and product-service providers creating a competitive advantage and spearheading an international footprint ?

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Version Française

Avant d'entamer la présentation de ce symposium, je voudrais très rapidement rappeler que l'EIH est une Association à but non lucratif enregistrée en Belgique, européenne et indépendante, sans aucune vocation lobbyiste et dédiée à faciliter les discussions et les échanges entre les États membres et les différents acteurs dans le domaine de la prospective en matière de santé. L'EIH souhaite anticiper les développements très importants ainsi que les changements dans les modèles et paradigmes de la "Global Health" au niveau européen.

Je voudrais aussi remercier tous les participants qui représentent un très large panel des acteurs de cette nouvelle santé globale, ce qui témoigne de l'intérêt suscité par le thème de cette réunion.

Le fardeau croissant des dépenses de santé dans les économies développées est une tendance établie de longue date, largement analysée et discutée par les économistes, les décideurs et les intervenants de l'industrie. La récente récession et la reprise de vitesse variable, a seulement alimenté le débat sur les soins de santé, qui délivrés et financés dans leur forme actuelle, ne sont plus viables à long terme, de nouvelles solutions s'avérant nécessaires désormais.

L'essentiel des débats à ce jour a porté à juste titre sur la compréhension du fardeau constitué par la demande croissante de soins de santé et les dépenses engendrées. En particulier, quelle est la part du vieillissement de la population et de l'augmentation de la prévalence des maladies chroniques, mais aussi quelle est la compréhension que l'on a des zones où se situent les inefficacités dans les processus de soins de santé. De ce fait, il est donc rare que les soins de santé soient considérés comme un moteur économique positif plutôt que comme un fardeau au niveau des coûts.

Nous sommes confrontés à un paradoxe fort. Les dépenses Santé ont de fortes répercussions sur les déficits budgétaires dans nos pays. Le plus souvent, les citoyens se plaignent d'un système de santé détérioré. Dans le même temps jamais de tels progrès en science et technologie n'ont conduit à de telles opportunités contribuant à l'allongement de notre espérance de vie, à l'amélioration de la qualité de vie des patients, à la prestation des soins et à la guérison par des moyens plus efficaces et plus efficients. Jamais le maintien de leur "capital santé" n'a été autant une préoccupation pour de nombreuses personnes en Europe. Alors, devons-nous considérer la santé comme un puits sans fond ou comme un pilier de la reprise économique européenne ?

Quelle est la différence entre ces deux points de vue ? En tant qu'individus, devons-nous nous attendre à être assistés et à ce que nos risques soient mutualisés ou alors devons-nous être prêts à investir dans notre santé. Les modèles d'exploitation de la santé peuvent être regardés comme constituant nécessairement un très gros poids en matière de capital investi, avec une réglementation intensive et inflexible, mais on peut aussi considérer qu' ils peuvent être rentables sans être malthusiens en termes d'emploi. Les soins de santé peuvent n'être considérés que comme un service ou alors ils peuvent être considérés comme une valeur ajoutée pour les consommateurs : c'est l'équation à résoudre. D'où deux questions : comment positionner les pays européens dans la bonne équation, et comment faire pour accélérer le parcours, promouvoir l'environnement adéquat et soutenir des initiatives novatrices et révolutionnaires ?

Voici quelques chiffres à prendre en compte concernant les soins de santé dans l'UE:

Contribution à la production de l'UE:

- 910 b € de Croissance en Valeur Ajoutée en 2010, le plus grand contributeur à l'économie de l'UE 6, les services de soins de santé représentant 63 %.
- Le secteur privé représente environ 25 % du total.
- La récession de croissance résistante = 2x du sous-jacent économique dans les 5 dernières années.
- 19 % de dette et 34 % du déficit croissant 2012-16.

Main-d'œuvre et productivité

25 Millions d' employés soit 11,4 % de l'effectif total.

Seul secteur en pleine croissance en période de récession, + 10,6 % 2005-10

2,3 Millions d'emplois supplémentaires à travers une période de taux de chômage croissant.

~ 10 % de la main-d'œuvre dans le secteur privé représentant 25 % de la production.

De plus en plus baisse de la productivité des soins de santé dans l'UE plus que dans le secteur public global.

Maladies chroniques dans les pays à revenu élevé

Dans le monde entier: perte de production équivalente à ~ 5 % du PIB mondial en 2010, dont 54 % en provenance des pays à revenu élevé.

Pays à revenu élevé: 70 % du total des décès, 13 % des décès prématurés de moins de 60 ans.

En 2010, l'EIH et Accenture ont mené une étude concernant les défis et les tendances en matière de santé pour l'Europe à l'horizon 2030. Cinq tendances ou développements majeurs ont été identifiés qui devraient transformer profondément l'écosystème de la santé :

1. "vieillir jeune" ou vieillir en bonne forme et en bonne santé va devenir une priorité et un objectif commun entre Européens.
   - Avec une population vieillissante, un enjeu majeur pour les décideurs politiques européens sera de garder les travailleurs plus âgés en bonne santé.
   - Santé et dépenses connexes deviendront un élément leader des budgets des ménages, et vont commencer à inclure des éléments tels que la nutrition, les jeux de stimulation mentale, le sport, et tout ce que l'on range dans la catégorie de la dermato-cosmetique.
   - Le désir accru de maintenir son "capital santé" devra néanmoins coexister avec des comportements à risque : surpoids et obésité restant un problème majeur.

Quelle est la Situation en 2015:

La consommation/santé est en chemin.
Les Applications santé associées ou non à des appareils portables et avec des entraîneurs virtuels ou distants prospèrent : 3 % de tous les téléchargements et 8 % des revenus des applications, tout cela en croissance rapide.
72 % des internautes de l'UE "big-5" ont mené des activités liées à la santé en ligne en 2012.
Les consommateurs n' attendent pas les fournisseurs afin de construire l'interface avec eux.
2-5 % du revenu disponible est dédié à la santé, et prend une part croissante.

2. Les Risques de santé seront de plus en plus pris en charge par l'individu.
   - Risque, incertitude, assurance responsabilité sous-tendent toutes les questions de soins de santé dans les économies développées. Ce sont les concepts sous-jacents critiques des grandes questions sociologiques et économiques qui alimentent les débats et les politiques dans le domaine de la santé. Combien d'efforts pour mettre en route prévention et assurance ? Où tracer la ligne entre prévention et traitement ? Entre groupe d'assurés et assurance personnelle ?
   - Des signaux de force variable révèlent des tendances possibles dans les trois principaux constituants que nous avons du risque santé: prévention des risques, sensibilisation aux risques et gestion des risques.

Quelle est la Situation en 2015:

Conformément à la pratique dans l'assurance automobile, certaines compagnies d'assurance proposent des incitations pour une réduction de primes ou à la fourniture de services supplémentaires, le tout lié à des comportements sains et responsables.

3. Les patients seront au centre d'un écosystème plus large impliquant d'autres acteurs.
   - Les diagnostics et technologies des communications vont raccourcir la boucle du diagnostic, ce qui va modifier le rôle des médecins et favoriser de ce fait le développement de nouveaux centres de traitement avec des informations pour, à distance, permettre une consultation en temps réel.
   - De nouvelles entreprises voient et verront le jour, en particulier celle de "coach de santé", qui jouera un rôle essentiel auprès des consommateurs.
   - Les changements dans la chaîne de valeur affecteront également les pharmaciens et la livraison de la prescription.
   - Comme les différentes lignes de travail évoluent ce sera aussi la formation des professionnels, qui devra beaucoup changer.
   - Les réseaux sociaux vont également être actifs sur les questions de santé.

Quelle est la Situation en 2015:

Des plates-formes de télémédecine, des systèmes de "visio-conférence-based coaching" pour les patients âgés, sont mis en place dans plusieurs pays ou régions comme par exemple le Pays Basque en Espagne. Les pharmacies, comme d'autres secteurs, vont passer des "produits aux services", avec une expansion de leur gamme d'activités, et la fourniture d'examens de base ou d'actes médicaux.

4. L'hôpital va se recentrer sur la prestation de soins, en raison d'un afflux massif de nouvelles technologies.
   - Les centres de diagnostic et les centres de traitement, avec également l' hospitalisation à domicile, serviront à recentrer l'hôpital sur les soins directs.
   - Avec la "chirurgie en ligne", le choix d'un centre de traitement en "dur" (par opposition à virtuel) et le choix d'un praticien n'auront pas être connectés; la chirurgie robotique sera employée dans de nombreux cas.

Quelle est la Situation en 2015:

Des centres de diagnostic et de traitement émergent, en particulier dans les zones rurales où les hôpitaux ont été fermés.

5. La santé sera un moteur de croissance pour l'économie européenne.
   - En 2030 les soins de santé vont devenir l'un des principaux secteurs de l'économie pour l'Europe, reflétant à la fois une demande accrue dans les segments des soins de santé traditionnels et un élargissement du champ.
   - Les dépenses de santé ont augmenté de 2 points de pourcentage du PIB dans les nations les plus riches d'Europe au cours des vingt dernières années, passant de 7,6 % du PIB en 1985 à 9,7 % en 2005, et la tendance est prévue seulement dans le sens d'une accélération. Dans 25 à 30 ans, les dépenses dans ces pays pourront atteindre le niveau déjà constaté aux Etats-Unis aujourd'hui, soit environ 15 % du PIB. Cette accélération est prévisible, indépendamment du taux de croissance du PIB, en raison de l'attention croissante portée par les ménages européens à préserver leur capital santé. Avec l'augmentation de l'espérance de vie, ce sont des tendances centrales qui ont commencé à transformer radicalement l'écosystème de la santé.
   - Une plus grande utilisation des nouvelles technologies, dopée par les assureurs, favorisera des soins médicaux personnalisés, qui pourront profiter d'une productivité accrue grâce au processus d'industrialisation et d'intensification de la concurrence.

Comme nous pouvons le voir des progrès significatifs sont constatés dans la plupart des pays de l'UE. Cependant des questions pour la construction d'une "plate-forme" plus efficace pour la croissance restent à régler, parmi lesquelles :

- En matière de Prévention :
  - Outils et normes pour construire des cas pratiques et pour en suivre les avantages.
  - Meilleures pratiques et retours d'expérience sur les programmes de prévention et de bien-être qui ne sont pas encore suffisamment diffusés et communiqués.
  - Investissement initial nécessaire pour des bénéfices à moyen terme.

- En matière de modèles de fonctionnement:
  - Mettre en place des initiatives pilotes de petite taille des services de santé et des réseaux: entités indépendants ou petites avec des ressources très limitées et une faible productivité.
  - La réglementation des différents pays concernant les rôles et la responsabilité des professionnels de, ex : limites des rôles pour les infirmières ou les pharmaciens.
  - Financement des soins de santé et de gestion des régimes dans les pays: les patients qui suivent leur parcours de soins doivent traverser le financement et la gestion des "silos".
  - Agendas locaux d'emploi.

Un enjeu majeur sera de garder un contrôle sur les augmentations de coûts, en grande partie grâce à des gains de productivité et à des changements dans la façon dont les soins de santé seront financés, en particulier la prise en charge par les ménages d'une part toujours plus importante des coûts.

Ce constat soulève trois questions dont les réponses peuvent positionner la santé en Europe en tant que moteur de la croissance avec à la fois un impact direct et un impact indirect sur l'économie de l'UE.

1) Comment la "production économique" des soins de santé peut contribuer à la productivité des travailleurs vieillissants atteints de maladies chroniques?

2) Comment accroître la productivité et l'efficacité des soins de santé en tant que "modèles de services" sans impact négatif sur l'emploi, et même potentiellement pouvant créer des emplois?

3) Comment favoriser le développement de clusters européens de soins de santé et celui de fournisseurs produits-services en créant un avantage concurrentiel et un fer de lance pour une présence à l'international?

INTRODUCTORY KEYNOTE SPEECH

Pablo Zalba Bidegain

Vice-Président, Economic and Monetary Affairs, European Parliament

As most of us already know the european union's role with respect to healthcare is to complement national policies and it is up to the governments to organise healthcare and ensure that it is provided.

The european union's priorities with respect to health are to:

- Help governments achieve shared objectives.
- Generate economies of scale by pooling resources.
- And help eu countries tackle shared challenges such as pandemics, chronic diseases or the impact of increased life expectancy on healthcare systems.

Having said this, today we are here to look at the economic side of health in the EU.

Health is a value in itself. It is also a precondition for economic prosperity. People's health influences economic outcomes in terms of:

- Productivity,
- Labour supply,
- Human capital and
- Public spending.

Health expenditure should be recognised as a growth-friendly expenditure. Cost-effective and efficient health expenditure can increase the quantity and the productivity of labour by increasing healthy life expectancy.

However, the relatively large share of healthcare spending in total government expenditure, combined with the need for budgetary consolidation across the european union, requires more efficiency and cost-effectiveness to ensure the sustainability of current health system models.
Evidence suggests there is considerable potential for efficiency gains in the healthcare sector.

Given the current economic situation and the different health systems within the member states we have to look for a european perspective aimed at seeing health as a booster of economic growth.

I hope that during today's symposium we can have the largest number of stakeholders:

- To share the diagnosis of a possible development of economies and growth themes.
- To consider, in a forward-looking spirit, developments and new models.
- To discuss, and identify common areas of research with the aim to remove the bottlenecks in order to enable an effective contribution to growth.

The ultimate goal for today should be to gradually develop the sharing of european policies to define exportable european models in the scope of a possible health strategy for 2030.

ECONOMIC APPROACH, DIAGNOSTICS AND CHALLENGES :

The needed evolution of the European health system

Nicolas Bouzou
Economiste, Directeur, fondateur d'Asterès

Since the after-war, the Welfare State has been shaping the life of European people. But the economic and technologic environment has been changing quickly while the Welfare State is difficult to reform. Inflation, which was a mean to repay the debt, has disappeared. The European are getting older. Most of all, health expenses increase because of the impact of chronic diseases like diabetes or cancer. The macroeconomic cost of curing diseases rises for two reasons: the growth in the number of individuals involved (about 2.5 million new persons are contracting a cancer a year in Europe for instance) and the rise in the unit cost of treatment. Good news lies in the progress made thanks to this R & D. Traditional therapies are more and more efficient, genomics leads to administration of "targeted therapies", robotic surgery driven is more precise and less invasive than ever, nanotechnologies and immunotherapy are full of pledges. But there may also be bad news: European national health system and welfare-states are not prepared to this scientific and innovative revolution. A legitimate fear is that human genius can overcome many diseases but that inability to reform prevents the equitable diffusion of the most recent treatments.

Health expenditures are rising very quickly in nearly all rich countries where they represent between 8 % and nearly 20 % of the GDP. Health is what economists call a "superior good", namely a good whose weight in private incomes is rising, exactly on the contrary of the famous textbook example of potatoes. The reason lies to a certain extent in the demographic eldering but not only. Also the more therapies are targeted, the more the R & D costs are huge. Indeed R & D (and the pricing power of pharmaceutical firms) is the main explanation for the high price of new treatments. And many of these new treatments are administrated during a long period of time as the example of Herceptin in breast cancer shows. Last but not least the "social demand" in Europe for the most efficient therapies has been rocketing. This is part of our common value to make all European people access to the most adapted treatments whatever their revenues.

Some economists have argued that the pharmaceutical market for new drugs was not perfectly efficient. Proof is that the increase in price is not always justified by inflation and survival benefits.

This may be true but we must not underestimate the difficulty to improve the functioning of the health market which presents two features: the main payers are not patients or hospitals but insurers ; people are demanding to profit a treatment even if the survival benefit is only a few months. Most often these demands are supported by practitioners who see a scientific justification to administrate the “treatment of the last chance”.

Other economists claim that scale economies will permit drug prices to diminish. It might be true in the middle-term but we can raise three objections. First we also have to rule the short term i.e. a situation of strong pressure on public social expenditure. Second even if the costs of many new drugs decrease by 30 or 50 %, they will stay high. Third even if the unit cost of the treatments melts, their rate of diffusion will soar so that the global cost will continue to increase exactly as we saw in the past with coronary stents in heart diseases.

The question of the health system reform is a systemic one. It means that it cannot be tackled only on focusing on drug prices or insurance technics but in considering the global evolution of health systems and Welfare-States. Securing an efficient and equitable access to the most recent treatments in the short and middle term requires at least three kinds of actions:

- Intensify the effort of prevention to brake the rise in incidence and the global cost of chronic diseases. It seems that the corporate sector could be preeminent in this strategy;
- Rise the global productivity of the health system (for instance in closing rooms) in order to free new financial resources;
- Redefine the frontier between public and private financing to be able to sanctify a public budget for anti-cancer treatments.

These reforms are a great way to show that European countries are able to conciliate scientific innovation with equity. But the battle has hardly begun.

PANEL 1 : THE NEEDS

How can healthcare contribute to growth and competitiveness?

Investments, new job opportunities, new markets, assistance to the person, urbanism... (Awareness / Activities / Actions)

Topics: reducing unnecessary costs for society ; health prevention as a market; unleashing export potential; new partnerships

Introduction to the topic

Nathalie Renaudin
Public Affairs Director, Edenred

- Dear President, dear Chairman, first of all, I would like to thank you very much for your invitation. I am glad and honoured to introduce this first panel dealing with “the needs: how can healthcare contribute to growth and competitiveness ?”

- Many important issues have already been raised this morning and I would like to lay the emphasis on some of them. Healthcare is a global question that affects all citizens and with consequences for the society as a whole. I will focus on this “globality” in the frame of the activity of the company I represent.

- Edenred helps companies and public institutions in 42 countries to improve performance by fostering the well-being of their employees and citizens, and to meet their social needs. Edenred is an official partner of the Healthy Workplaces Manage stress Campaign of the EU-OSHA, which is recognition of its involvement to create healthy environment for employees.

- Edenred notably delivers solutions, namely services vouchers which give access to specific goods and services and which are designed on the basis of specific legal frameworks. Such services vouchers constitute efficient tools to prevent from a whole range of diseases; be they physical (through deliverance of services in the field of nutrition or physical activity, relaxation) or psychosocial (with a facilitated access to services that ease worklife balance and reinforce wellbeing)…

- Let me give you some concrete examples :
  1. The meal vouchers programme helps to give access to a decent meal during the working day. We also developed complementary programmes to promote balanced nutrition and prevent obesity and chronic diseases.
  2. Childcare vouchers or Personal and Households services vouchers allow balancing the work and social life. Worklife balance is a major element to prevent employees from stress and mental health disorder. It is also a European challenge with more than a quarter of Europeans who suffers from work-family conflict.

- If you are interested in further information, examples or impact assessments, you can read this book: "Creating Healthy Workplaces" where a whole chapter is dedicated to services vouchers as tools for prevention.

- Companies invest more and more in such solutions because they know that prevention represents a direct return on investment: it is a driver for more productivity at work and less absenteeism / less health costs / less presenteeism and therefore more prosperity in the society. It helps to turn a vicious circle into a virtuous circle.

- However such an involvement from companies is not possible without an investment from public authorities. Such stakeholders are the one to design the global frame, the workplace environment. They can invest to sustain the development of facilities or instruments that ease the workers' everyday lives. Tax incentives have proved to be very efficient in that perspective.

- As stated in the EU Strategic framework on health and safety at work (2014) "occupational safety and health contributes to the well-being of workers and is cost-effective (…) Investments in this area can produce high ratios of return, averaging 2.2 and in a range between 1.29 and 2.89".

- Such investments in sectors that can prevent from stronger health issues are crucial to avoid unnecessary health costs and institutionalisation. They also lead to macro-economic earn-back effects for the benefit of the whole society. In the catering sector, it is estimated that one job is created every 30 users of meal vouchers. The European Commission evaluated that the Personal and Household services sector represents an opportunity of 5.5 million jobs in the EU, as they strongly help to fight undeclared work.

As a conclusion, I would like to focus on 5 points:

1. Healthcare is a global issue and should be the concern of everyone : State, citizens, companies… everyone has a role to play and a fruitful dialogue should be enhanced;
2. Healthcare deals with physical as well as mental health;
3. Together with cure, healthcare includes prevention : prevention is not a trend but the core responsibility of our future;
4. We need to invest on prevention for a better return on investment and we need to assess the solutions that are being developed.
5. We also need to communicate about healthcare and this is today a great opportunity as there is still a strong need of pedagogy, of raising awareness, of development of simple tools and we need to disseminate the results of the assessments.

So I am pleased to introduce this panel and I am looking forward to hearing from you. Thank you.

Moderator

Hans Martens

Senior Advisor European Policy Centre (EPC)

Prevention is very important for productivity and thus for employment and economic growth Use technology and data for prevention and for preventing disease progression For more efficiency in health sector: Break down the silos EU Growth and Stability Pact fully recognise meaningful investments in health - but not (unnecessary) costs Europe’s health systems has a certain aversion to change Can we empower patient’s better, and create a dialogue between patients and health at a more equal level - and can the whole population be empowered, or can this create a new inequality ?

Panelists

Chistoph Schwiertz

Général Directorate Ecfin, European Commisson

As part of the mandate of my General Directorate, I would like to mention three points:

- In a context of huge fiscal constraints on the public budgets, it will be a very important theme in 2 or 3 years to come and even more in the next 10 years:

  In Member States, in the context of the Stability and Growth Pact, MS have signed to pursue public debt reduction. This represents roughly 90 % of GDP in the European Union and will go down slowly until 2025. Moreover the decrease will be very low because of very low growth rates of the economies.

  Member States have decided to reduce debt further aiming at a level of roughly 65 % debt to GDP ratio until 2025 that means they will have to produce sustained primary surpluses and that means serious efforts should be made to save money. But the healthcare sector is one of those who contribute most to projected spending pressure for public payers. So we look very closely how Member States want to pursue fiscal and structural reforms to meet the Stability and growth Pact. It is a theme that will stay permanent.

- Investments should make sense: we have to give a true value for the money spent. President Juncker has made investment as a priority by setting up the European Fund for Strategic Investment. The initiative is important and we hope to have 300 billion euros in the coming years. What is encouraging is that the first 4 EIB projects focus on the health sector. Supported by these funds, for example there are new health centers built in Ireland or new activities in R & D in Spain. This is a real investment opportunity and the Stability and Growth Pact provides more flexibility to account for meaningful investment. So Member States if they can prove that they can enhance economic growth and create jobs by investment, this will be taken into account in the European Commission's yearly assessment of MS' compliance with the S & G pact .

- We see that advances in medical technology can be very valuable in many regards, but how to finance all this? Taking the case of Prevention: It is essential to invest in prevention, but we know that prevention will not lead to significant decreases in public healthcare spending. As there is a lot of waste in health systems: it represents according to some estimates 20 to 30 % of all spending. By eliminating this waste including errors in the production and delivery of care, one might then reasonably argue for increases in spending... but this required significant structural reform

efforts. The European Union emphasizes the need for structural reforms of healthcare within the European Semester: In 2015, 11 Member States have received recommendations to reform their healthcare system. So there is a strong emphasis on these recommendations, and it should be indicated again that there are two parts in the equation: the fiscal responsibility and efficiency to provide value-for-money; Within its legal mandate, the EU supports many initiatives in the field of cooperation and information exchange to speed up this process.

To conclude this short presentation, if you heard the speech of President Juncker on the state of the Union: "We need more union in Europe and more union in the Union", in the same way, we need more union in health and there are many Commission initiatives that can contribute to this.

Dr Roberto Bertollini

Director WHO Brussels, WHO chief scientist

Regarding the debate so far, I must admit I feel uncomfortable, because of the excessive emphasis, in my view, given to technology and the great attention to the management of the debt of the countries as a priority with respect to the needs of the health system budget.

On the other hand, I fully agree about the importance of a constructive dialogue among stakeholders from different sectors in order to get to a better understanding of the different approaches and interests involved.

I feel that what is most lacking in the discussions so far is the desired purpose of the very existence of a public health system. We seem to forget that the health sector is there to protect citizens, to enable them to have a healthy life and a healthy aging. We are trapped in a financial sustainability debate, which sometimes dismisses these basic concepts. On the other hand, health is increasingly present in the political discourse and this is a positive development.

There are a number of lessons learned about technology and the health system. For instance the recent Ebola outbreak has shown how a large epidemic can become an economic and social problem for a country. The Ebola crisis also shows that in the absence of effective treatments and vaccines, the public health community had to rely on traditional public health measures to control a severe outbreak. This means that health protection and promotion can be pursued through existing knowledge and technology while waiting for the new tools produced by innovation and research.

On a broader scale, the relationship between health and wealth in the macroeconomic context is a well-known concept. Growth is obviously a very important issue: increase of GDP is associated to increase of life expectancy, and decrease of cardiovascular diseases, for instance. It is not by chance that

among the sustainable development goals that will be approved by the UN, health is centrally placed among the commitments to be taken by Member States, which in this way recognise the importance of health protection and promotion for the development of any society. However the real challenge is how and when countries will implement the SDG agenda in the years to come and whether it will become a living goal worldwide.

Policy coherence is indeed a major problem. I have personally recognised this challenge since I joined WHO 25 years ago. It is an issue both for policies within the countries (coherence among international commitments and national decisions) and at the international level (coherence between decisions taken i.e. within WHO governing bodies and EC decision making settings). It is mostly up to member states to recognise this « coherence need » and act accordingly. Acknowledging the priority to be given to the well being of people as a societal goal and relate economic growth to this goal would change the debate and perhaps facilitate policy coherence at different levels. This approach is still rare in the national and international discourse. .

I have also noticed the emphasis placed on the achievement of 60 % national budget deficit in the near future. This is certainly an important objective for the economic sustainability of the countries but I believe it should not be pursued at the expenses of the health and well being of the populations. If this is not the case, and coherently with the overall societal objective of promoting and maintaining population wellbeing, perhaps countries and the EC should revisit or postpone this objective if reaching it would become “too costly” for the society as a whole.

Let me close these comments by spending a few words on prevention, the somehow neglected area of the health system worldwide. The overall cost for the societies due to the failure to apply existing strategies and technologies to prevent diseases and disabilities is huge. Smoking, which kills 50 % of consumers, costs 2.1 billion $ per year. Only in Europe 700,000 people die each year because of tobacco consumption. The EU has recently approved a new directive on tobacco. This is a positive, although timid, development that was contrasted by a very strong pressure from the tobacco industry. However the implementation of the Directive as well as of all known and existing strategies against smoking is fragmented and very heterogeneous among countries. For instance, the large majority of countries worldwide has signed and ratified the WHO Framework Convention on Tobacco Control. One of the most effective measures to control tobacco addiction included in the convention is the increase of cigarettes’ price through taxation: It has been repeatedly shown that acting on prices reduces tobacco smoking, especially among young people. However, only a handful number of countries are coherently acting at this level. For example, I have calculated that an increase of € 2 on the pack of cigarettes in one of the EU countries with a smoking prevalence of 25 %, would determine an increase of 3 billion € of revenue for the State in comparison with the current level. Consumption would be reduced by 14 million cigarettes per year.

I made an additional calculation: the personal savings of people who stop or decrease smoking would amount to about 63.5 billion € which could be re-injected in the economy for the consumption of other goods with a positive economic impact. The question is, why is this not happening? How can we contrast the powerful lobby of the tobacco companies?

Another example of the failure to implement preventive action is the obesity epidemics. As you know, childhood is of particular concern considering that obese children will most likely become obese adults. This is a complex wicked problem, which requires the involvement of many different economic sectors, from industry to distribution, from agriculture to advertisement, from education to media. We cannot continue fooling ourselves thinking that 30' gym a couple of times a week will solve this problem. This is not only a behavioural problem or an individual choice, but an issue for the whole society which need to be addressed through effective and evidence based intersectoral policies: promoting active transport, healthy food, less aggressive advertisements as well acting on the price leverage by encouraging healthy food through differential taxation schemes. Another example of the need for policy coherence at all levels.

Patricia Fosselard

Secretary General, European Federation of Bottled Waters

The European Federation of Bottled Waters (EFBW) is the voice of the European bottled water industry. Through its 26 national trade associations and direct company members, EFBW represents over 500 producers of natural mineral and spring waters.
Whether packaged or from a public water supply, water has a vital role to play towards healthy hydration, the good functioning of the human body and disease prevention. Promoting water and healthy hydration is one of EFBW's key goals.

How much should we drink?

In its scientific opinion on Dietary Reference Values for Water, dated March 2010, the European Food Safety Agency (EFSA) recommends clear reference values for an adequate water intake: Under moderate conditions of activity and temperature and assuming that food contributes on average 20 % of the total water intake, an adult women should drink at least 1.6 litres and an adult man 2 litres every day. In the same opinion, EFSA highlights that "*Water is essential for practically all functions of the body […]*" and that "*A water intake which balances losses and thereby assures adequate hydration of body tissues is essential for health and life*".

Research is beginning to highlight the importance of water and hydration

Until recently, water was not a popular topic for research unlike food and some beverages; research specifically dedicated to water is in the early developments.

However, available data suggest that people are not drinking enough when compared with the European recommendations on adequate water intake[1]. Children and elderly are particularly at risk of dehydration. This is a source for concern as studies show that even mild dehydration can affect the good functioning of the body whether we look at physical or cognitive performance (as acknowledged by EFSA in its 2011 Scientific Opinion on the substantiation of health claims related to water)[2]. New research has also demonstrated that dehydration may impair mood states and physical sensations[3].

Water also has a special role to play in the context of rising obesity and diabetes, as a natural and calorie-free source of healthy hydration. Last but not least, adequate water intake can also play a role in the prevention of some illnesses, such as chronic kidney diseases[4].

What can we do from a public health perspective?

There is now evidence that a significant part of the population is actually drinking less than the values promoted by EFSA and that improving hydration and water intake among the European population could significantly contribute to improved nutrition and public health.

EFBW and its members have taken a number of initiatives to educate on the role of water and the need to hydrate properly, whether via participation in High level Nutrition Congresses (e.g. IUNS 20th International Congress of Nutrition 2013 in Granada[5] or the 12th European Nutrition Conference FENS 2015 in Berlin[6]), or by developing dedicated tools such as the EFBW online streamed video on water and hydration[7].

From a public perspective, it would be beneficial if national health authorities promote EFSA's dietary references more actively and adopt national recommendations for water intake. Children and the elderly in particular should be encouraged to drink more and be a particular focus of attention in awareness raising campaigns.

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[1] Guelinckx I, Ferreira-Pego C, Moreno LA, Kavouras SA, Gandy J, Martinez H, et al. Intake of water and different beverages in adults across 13 countries. European Journal of Nutrition 2015;54 Suppl(2):45-55

[2] EFSA Journal 2011;9(4):2075

[3] Nathalie Pross. Impact of mild dehydration in daily life. Annals of Nutrition and Metabolism 2015; 67 Suppl(1):92-93

[4] Ivan Tack. Drinking water and kidney diseases. Annals of Nutrition and Metabolism 2015; 67 Suppl(1):92

[5] ICN abstract booklet : http://www.efbw.org/fileadmin/EFBW_GuidelinesforAdequateWaterIntake.pdf

Promoting water: Things are moving forward worldwide!

Public authorities, the scientific community and the industry are beginning to partner to promote water.

A few recent examples are:

- **'Drink Up' campaign:** The campaign is an initiative of First Lady Michelle Obama and the Partnership for a Healthier America. Active campaign supporters include IBWA (the US Bottled Water Association) and partners from both private and public water sectors[8].
- **EU Action Plan on Childhood Obesity 2014-2020:** The European Union clearly prioritises initiatives which promote the increasing intake of healthy foods, including water[9].
- **'Drink Water, Be healthy' campaign:** The campaign was initiated by the European Association for the Study of Obesity (EASO). It explains the importance of drinking water as a healthy choice, and provides tips to help improve consumption[10].
- **iFamily project:** This EU funded FP7 research project is tackling obesity with the aim to identify effective interventions that help families make lifestyle – and in particular food – choices which support lifelong health. Increasing water consumption is one of six key messages to reduce lifestyle-related risk factors for obesity[11].
- **EPHE/EPODE project:** EPODE for the promotion of Health Equity is a project co-funded by the EU and undertakes among other things pilot studies to measure the impact of water availability in schools[12].

Conclusions

Water is a vital nutrient for our body. Europeans should be encouraged to adopting healthy drinking habits according to the EFSA reference values. Nutritional policies and education have an important role to play in that context. Water, packaged or not, should be made available wherever possible and drinking enough water should be actively promoted.

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[6] Download the EFBW abstract booklet on 'Hydration and its importance for daily life and health': http://www.efbw.org/fileadmin/user_upload/documents/Publications/EFBW_booklet_hydration_v08_MR.pdf

[7] Watch the EFBW video: http://www.efbw.org/index.php?id=136

[8] http://youarewhatyoudrink.org/about/

[9] The EU Action Plan is available on the website of the European Commission : http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf

[10] http://easo.org/wp-content/uploads/2015/09/EASO_hydration-tips_HCPs_HD_final.pdf

[11] http://www.ifamilystudy.eu/

[12] http://epode-international-network.com/support/partners/2014/12/08/ephe-project

Marie Monestier

Président, Groupement des Entreprises de Services à la Personne (GESP)

Le secteur des Services à la Personne (famille, vie quotidienne, dépendance) est le secteur d'activité de l'économie française ayant le potentiel le plus élevé de créations d'emplois (en France : 1,1 % du PIB pour 6 % des emplois, à savoir 1,7 Millions d'emplois non délocalisables en France avec une croissance de 6 % par an) comme le rappelle l'étude du Cabinet Olivier Wyman .

http://www.fesp.fr/sites/default/files/presentation_powerpoint_-_etude_oliver_wyman_fesp.pdf

Le vieillissement et la dépendance sont présentés par l'OCDE et la Commission européenne (DG Ecfin et DG Grow) comme des axes de développement majeur à horizon 2030 (39 % de la population européenne sera dépendante en 2050 "voir également actes du Colloque" organisé par EIH sur la dépendance "Long Term Care" au Parlement européen le 13 Novembre 2013).

Les changements démographiques de la société surtout vis à vis du vieillissement nous pousse à réfléchir à des méthodes innovantes d'accompagnement, à assurer une qualité constante de cet accompagnement et à repenser l'accompagnement en termes de besoins et de créations d'emplois.

Le problème actuel réside en une inégalité de traitement, aboutissant à une distorsion de concurrence, entre le secteur concurrentiel et le secteur associatif subventionné. L'égalité de traitement que nous souhaitons obtenir, par rapport au monde associatif pourrait nous aider à créer 400 000 emplois dans les 5 prochaines années. Ce sont des emplois non délocalisables et adossés à une charte de qualité de services que les entreprises doivent respecter pour continuer à bénéficier du régime d'agrément.

Robert Johnstone
European Patients Forum

PowerPoint presentation

HOW CAN HEALTHCARE CONTRIBUTE TO GROWTH AND COMPETITIVENESS?
THE PATIENT'S PERSPECTIVE

Robert Johnstone
Board Member, IAPO and EPF

European Institute for Health
High-Level Conference 2015
22 September 2015

@eupatientsforum

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

EPF European Patients Forum

Presentation outline

1. Who is EPF?
2. Barriers to access to healthcare
3. EPF latest developments
   - EPF Campaign for the 2014 EU Elections
   - Patient Access Partnership & MEP Interest Group
4. Access to Innovation – key dimensions
5. Patient access and Patient Empowerment
   - Patient as part of solution
   - EPF Campaign on Patient Empowerment
6. What about prevention?

2

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

Who is EPF?

- European Patients' Forum
  - Umbrella organisation
  - Active since 2003
  - Independent & non-governmental
  - EU patients' voice
- Our members
  - 64 patients' groups
  - Disease-specific EU & national coalitions
- Our vision

  All patients in the EU have **equitable access** to high-quality, patient-centred health and social care

3

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

Barriers to access to healthcare

Impact of the crisis

- Wide disparities are not new
- Higher demand for social support and healthcare
- Measures impacting access
- Health inequalities in new Member States (NPO survey)

→ Significant impact on patients on the ground!

4

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

Barriers to access to healthcare

The biggest challenge in healthcare is...

...and not only in poor countries!

5

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

EPF latest development

- EPF Campaign for 2014 EU Elections:
  - 1 key message: **"Breaking down access barriers"**
  - 1 key ask: **Support an EU initiative on equitable access**
  - Commitment of **34 MEPs**

- Patient Access Partnership
- MEPs Interest Group on Access to Healthcare

6

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

EPF latest developments

The Patient Access Partnership

- After the EPF Campaign:
  Working Towards a European Partnership
- Multi-stakeholder partnership:
  Patients, healthcare professionals, healthcare industries, and health experts, and key decision makers
- Objectives
  - Join forces to **explore solutions to overcome inequities**
  - Put access on **EU political agenda**

7

Latest developments in access

MEP Access to Healthcare Interest Group

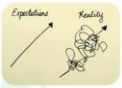
- Launch: 27 January 2015
- Role
  Bridge health stakeholders with EU policy-making in search for solutions
- 5 MEPs chairs

"This is a real milestone in putting access and equity issues for patients on the European agenda"
EPF President
Anders Olauson

8

Access to innovation in all its guises

- Value –based innovation
- Redesigning of **regulatory systems**
- Learning from **practice**: real-life data
- Innovation in **pricing**
- More efficiency in **R&D**
- Models for stakeholders' **involvement** including patients and citizens



9

Patients Access and Empowerment

- Patient access and empowerment
  - Two key values of EPF
  - One cannot exist without the other
- INFORMED patients need to access information on
  - What care is available and for what price?
  - How it is reimbursed?

10

Patients Access and Empowerment

Patients as part of the solution

- Patients = underused resource?

Strong evidence base of the benefits!

- Better health outcomes
- Better patients' satisfaction
- Cost-effectiveness

- Patients = experts/co-producers?

Patient involvement = healthier Europe

But need for patient empowerment:

- Self-management
- Health literacy

11

Patient Empowerment Campaign

One-year patient-led campaign (2015 – 2016)

Raise awareness & Create an enabling environment

"Patients prescribe 5 'Es' for sustainable health"

E^5 =

- **Education** [Information/Health literacy]
- **Expertise** [Self-management]
- **Equality** [Shared decision-making with HCPs]
- **Experience** [Collective involvement]
- **Engagement** [Involvement in healthcare design]

12

What about prevention?

- Investment in prevention and health promotion
  - Need to tackle social determinants of health
- Effective prevention:
  - More resources for patients
- High-quality chronic disease management:
  - Maximises patients' quality of life
  - Reduces the disease burden
  - Optimises the use of healthcare resources
- Not all chronic diseases cannot be prevented
  - The right treatment can delay the onset or progression

13

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

Conclusions

- Patients' **expertise** can contribute on the **"Hows**
  - They are **engaged** and **committed** to be part of a radical change process
- Governments should **spend enough** on health and **spend it well**
- Healthcare reforms should meet **patients' needs**
  - Provide **concrete improvements**
  - Develop best practice models to ensure **meaningful patients' involvement**
- "Silos" (organisation silos, funding silos) make it impossible for patients to access healthcare

14

"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

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"A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE"

PANEL 2 : THE OFFERS

Global Health as a booster of innovation, how to move from health technologies to new health service models ?

Topics: acceptance of technological progress and innovation: are Europeans technologically risk averse or simply critical/ demanding/questioning?; smart-compute to smart-compete in health prevention; smart health: e-health, m-health, s-health; e.g. virtual health advisers; health education and training – knowledge technologies

Introduction to the topic

Ole Qvist Pedersen
Senior Vice-President Falck

Thank you very much for the opportunity to participate in this conference as a keynote speaker for the debate about "Global Health as a booster of innovation, and how to move from health technologies to new health services models". An issue that is also closely connected to the new markets-discussion and the discussion on affordable business models. And "Global" should also be regarded both in the geographical sense and in the sense of combining health care resources into models.

First of all a short introduction. I come from a Danish company called Falck. A company with more than 100 years history in providing Emergency Medical Services, more popular mentioned ambulance services, and today engaged in a broad spectrum of both preventive healthcare services and treatment to the public.

Falck is providing EMS and healthcare services in 12 EU Member States and operating services also outside Europe – in 5 continents and in total in 45 countries – being fx the 2nd largest private provider of EMS-services in the US. We are 35.000 employees in Falck worldwide.

From introducing the first motorized ambulance in the Nordic countries in 1907, technological solutions have always been in forefront for our efforts.

The customers for our services in Europe are Business to Consumer, Business to Business – but the largest part is Business to Government, i.e. public customers. Therefore public procurement and the collaboration with public authorities mean a lot to our business. We see competition between providers and the collaboration with the public authorities and professionals as essential to develop innovative solutions. And innovative solutions are essential to develop your position in the global market.

My own background is 10 years with Central and Local Government in Denmark and 25 years with the private company, Falck, which has grown to be a global company. Therefore I feel very dedicated to the issues of public / private collaboration and international business opportunities.
But let me start with a citation from Michael Porter, the American Economist on the subject of competition:

In a normal market, competition drives relentless improvements in quality and cost. Rapid innovation leads to rapid diffusion of new technologies and better ways of doing things. Excellent competitors prosper and grow, while weaker rivals are restructured or go out of business. Quality-adjusted prices fall, value improves, and the market expands to meet the needs of more consumers.
Michael Porter and Elizabeth Teisberg, Redefining Competition in Health Care, Boston: Harvard Business School Press, 2006.

Besides competition also drives higher productivity, which means more efficient operations.

My company Falck is a service provider – not a provider of technical equipment. This means that we combine technology, organisation, training, procedures etc into models for service delivery.

Let me just mention that we together with Danish hospitals were the first in the world to introduce telemedicine communication for cardiac patient between hospitals and ambulances, securing a better treatment in the ambulances due to direct communication with cardiologic specialists at the hospital, and an information flow securing proper preparation at the hospital for receiving a patient. This program started up in late 90's and was after successful research results implemented nationwide in Denmark (see fx. Christian Juhl Therkelsen, Doctoral Thesis "Timely diagnosis, triage, reperfusion, and risk stratification in patients with ST-elevation myocardial infarction", Aarhus University, 2012).

And remember: Innovation is not just a question of new devices and communication opportunities. It is as much a question of how you organize these new opportunities in a setting that support better treatment. In this case fx. average time from the incident of a heart attack to the final treatment at the hospital was reduced from up to 3 hours to close to 1 hour. Reducing system delay by changing procedures and using telemedicine and communication technology increased survival rates considerably.

Result: Denmark is the country in EU (and probably the world) with the best record of survival from heart attack (OECD. Health at a Glance, 2014).

As former European Commissioner for Health and Consumer Policy John Dalli put it:

"Denmark is at the leading edge of e-health uptake in Europe. I believe other Member States have much to gain from taking inspiration from the Danish e-health model, rather than reinventing the wheel".

10 years after this has been implemented nationwide in Denmark and with results documented in scientific research, I can still read in magazines of local services in other countries starting up "experimenting" with solutions of the same kind.
And here we strike one of the primary problems of development in European health care. The famous "not invented here" - problem, which means that you do not systematically exchange solutions across borders.
Here we need to open up the Single Market for healthcare in Europe in order to achieve a market for innovative health solutions. And you need to have a market of a reasonable size to export European healthcare solutions to the rest of the world.
When competing in the rest of the world –fx Asia- you often meet fx. American competitors, which with a developed home market and proved healthcare concepts are very competitive on new markets. I just need to mention names like John Hopkins and Kaiser Permanente.
This is the European challenge. If we want a part of a fast expanding global health market in the future, we need to break down the present market barriers for innovative healthcare in Europe, and allow private providers to gain a market that will make it possible for them to act at the global scene.
This could certainly turn out to be a win-win case, as experience shows that in countries with competition in fx. the EMS-services which I know best you see lower comparable costs – a calculation in Sweden shows up to 30 % lower costs I areas with competition- going hand in hand with innovative solutions developed in a public-private collaboration, creating opportunities on a European and Global health market.
From my own backyard I could add other innovations: Electronic Ambulance Patient Records –creating data to improve both patient treatment and paramedic training, Video-surveillance / communication, Music in ambulances (has e healing / calming effect), all developed in a collaboration between public hospitals, IT / technological equipment companies and the private service provider- combined with training etc.
The ageing population is also pushing many new e-health projects for elderly forward. We are cooperating with Philips on a service solution model for elderly – competing for projects in Scandinavian capitals. And Philips is also active in other innovative service models in Scandinavia.

So European companies and authorities are often the first to invent and implements innovative models, but the coverage most often stops at the national border. And therefore countries like the US take over and become the spearhead of international implementation.
For a private European and international service provider in health, this is a critical issue. Europe does not lack the competences of inventing new solutions in health – in fact I think Europe has many creative environments for innovation – often supported by EU-programs- but Europe really has a problem in spreading these solutions across borders in Europe, creating the strengths of European companies to become heavy players in the Global market for health. Therefore opening the Single Market for health services is important to spread innovation and to support an important role for Europe and European Models in Health in Global Health.
We need more Europe in Health- as already stressed by Christoph Schwiertz from ECFIN in the first panel.

Moderator

John Higgins,
DG Digital Europe.

I have the privilege to be the moderator of this session this afternoon.
I pointed out the very high quality of the debate this morning.
Digital Europe is representing the digital supply industry in Europe : high tech companies and also national associations across Europe, involved in applications of digital in parts of the european economy or society. Including applications of digital in health.
I started my carreer, many years ago, in the British Health Service, by an Efficiency Study of the BHS.
Afterthat, in my background, I was, a few monthsago, the Chair of a DG Grow strategic policy Forum “Digital transformation across the european economy or society”. The impact of the digital on the health sector was one of them.
I want to point out 2 or 3 words in the title of the session :

- Global health
- From technologies to models : non only the technologies (like the Big Data) but also the skills and capacities

This symposium isvery important ,because of the discussions between the panelists and with the people attending the session. Ideas will stimulate the thoughts.
The conclusion of this session is that the digital , the innovation, the technologies have a big impact on the healthsector in Europe, but the digital must stay at the service of the strategy, on the basis of our values.

Panelists

Peteris Zilgalvis

Head of ICT unit for eHealth and Wellbeing DG Connect, European Commission

PowerPoint presentation

European Commission

One year after the mHealth consultation: where do we stand?

Pēteris Zilgalvis, J.D.,
Head of Unit, eHealth and Well-Being,
DG CONNECT

1

Table of Contents

1. **Context** - Green Paper on mHealth
2. **mHealth key challenges**
3. **Results of the consultation and actions:**
   - Legal framework
   - Quality and transparency
   - Privacy and security

2

Context: Green Paper on mHealth

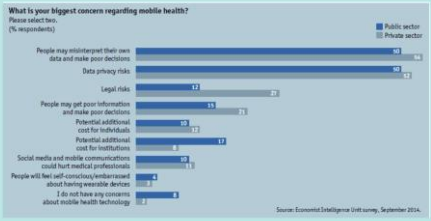
- The **Green Paper** asked stakeholders for their inputs on how to overcome the main challenges to mHealth deployment, e.g.:
  - data protection
  - the legal framework
  - patient safety
  - mHealth's role in healthcare systems
  - international cooperation and web entrepreneurs' market access

3

mHealth key challenges

4

mHealth main concerns



5

Results of the consultation – Legal framework

- **Safety and performance** requirements of lifestyle and wellbeing apps should be covered **by legislation, soft law** or **quality labelling/certification**
- Need to **clarify the borderline** between "medical" and "lifestyle and wellbeing" apps
- Need for **strengthened enforcement** of medical device and data protection legislation

6

Actions: Legal framework

- **Unclear application of EU rules on medical devices**
  - **Action:** Revision of manual on borderline and classification and MEDDEV guidance (*finalization after MD regulations adoption*)
- **Lack of protection in case of unsafe or defective digital products (e.g. lifestyle and wellbeing apps)**
  - **Action:** Making consumer protection and eCommerce legislation fit for new technologies

7

Results of the consultation – Quality and transparency

- Need for **certification schemes** to assess mHealth apps
- Sharing and transferring **best practices**
- Importance of **standards** for patient safety
- Setting-up of (national) **bodies to review** mHealth apps

8

Actions: Quality and transparency

- **Action:** Guidelines on criteria for assessing **validity and reliability** of mHealth app data to be sent to **electronic health records**
  - the criteria could be used by public authorities, health care providers, professional and patient associations and others
- **Action:** Facilitate the development of a **European standard** on **quality criteria** for health and wellness apps
  - providing guidance and principles for health and wellness app developers to follow throughout the app project life cycle (including development, testing, releasing and updating of an app.)

9

Results of the consultation - Privacy and security

- **Strong privacy and security tools** are needed to build users' trust
- **Data encryption** both "in transit" and "at rest"
- **Authentication mechanisms**, e.g. digital certificates, biometric parameters, tokens etc.
- User's **consent** and **access controls** are crucial
- Importance of **secured networks settings** to prevent data interception

10

Actions: Privacy and security

- **Action: Code of conduct on mobile health apps**
  covering data protection and security principles;
  to be signed by main parties involved in the processing of data in the apps environment and possibly to be approved by the Article 29 Working Party;
  Legal basis: Article 27 of the Data Protection Directive;
  Objectives: Increased trust; Raising awareness and facilitating compliance with data protection rules at EU level; Competitive advantage.
  Process: industry code of conduct working group with the EC as facilitator.
- **Security Actions:**
  - ENISA project on security and resilience for eHealth networks and infrastructures
  - R&I action under WP 2016/17 on digital security of health related data

11

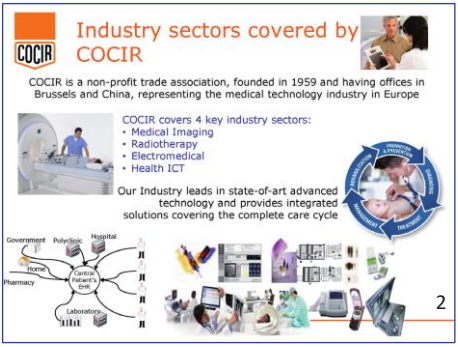
Thank you for your attention!

Peteris.Zilgalvis@ec.europa.eu
@PZilgalvis

12

Nicole Denjoy
General Secretary,COCIR

PowerPoint presentation



Challenges

1. High level of regulations that often hinder innovation
2. Lack of international harmonization of regulatory frameworks and insufficient use of international standards
3. Varieties in reimbursement systems across countries are not incentivizing innovation, And
4. Insufficient research funding in health and ICT technologies

7

3 types of innovation can change the landscape

- Innovative **healthcare** services—including telemedicine, personalized medicine, and biomarkers—will enhance access to healthcare, reduce inequalities and will contribute to better treatment, especially in rural areas and for the benefit of the elderly population.
- **Cultural innovation** to move from "sick" care to a "health" care with better prevention policies that empower populations to reduce incidence of chronic diseases.
- Innovative **financial** mechanisms will optimize the efficiency of public hospitals, working on long term sustainability and sharing the risks between the public and the private sector.

8

What we need….

1. To boost the countries' economy through investments in healthcare
2. To better use technology to improve access and efficiency
3. To adopt and deploy eHealth solutions
4. To use data smartly
5. To tackle chronic diseases and re-balance healthcare
6. To drive better regulations to ease market access

9

Sustainable Competence in Advancing Healthcare

Thank You!

www.cocir.org

denjoy@cocir.org

10

Marc Lange

Secretary General, European Health Telematic Association

The organization I represent: EHTEL (European Health Telematics Association) is a multi-stakeholder forum dedicated to the e-health issues. In observing that the word Telematics has been used in the name of our association, you can conclude our association has been created before the word e-health was invented.

On a personal ground, I can report that I am active at EU level in the modernisation of the public services since more 20 years having started in 1992 with eGovernment issues in the domain of social security and active in eHealth since 2003.

Instead of spending time in defining e-Health let me simply explain that when using the terms e-Health or tele-care I refer to the use of information technology to help making the care more accessible, with a better quality and better sustainable. It is therefore the information technology applied to healthcare, but actually the terms health and care are the most important ones.

I am very happy with the title of this second panel and I wish to emphasize this, because it includes the question: How do we move from a focus health technologies to a focus on health services models ? The EHTEL long-lasting experience demonstrates indeed that.

A technology-oriented approach of the discussions works to a certain point, but afterwards, it is important to put healthcare in first place and consider information and technology as ways that supports healthcare.

The focus of today's discussion is therefore: how can we innovate in re-designing healthcare services with the support of the technology or how can we create new healthcare services thanks to this support in order to transform our health systems and make them future-proof. To illustrate this, I would refer to the fact that with the support of the technology, our healthcare system could significantly broaden prevention processes, hence enabling healtcare to move from reactivity to pro-activity.

Jean-Pierre Kempeneers

Senior Director, Government Relations and European Affairs, Philips

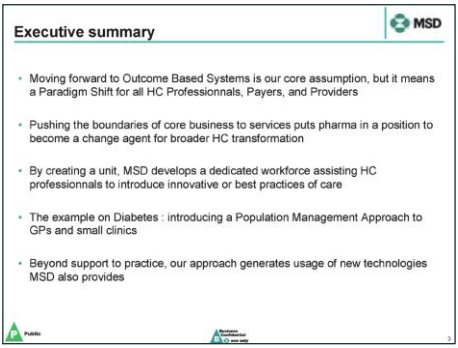
I very much believe in cooperation between the public and the private sector and civil society, and appreciate working at the cross-roads. Royal Philips has transformed into a highly innovative health and well-being company and is a global leader in, e.g. patient monitoring, therapeutic care, sleep and respiratory care, and electric oral care. The individual consumer, the patient, is at the very centre of our focus. Our mission statement is to improve the lives of 3bln people by 2025 through meaningful innovation. Last year, we already improved the lives of 1.8bln. At Royal Philips, we appreciate being a constructive reliable pro-active partner that wants to work with the EC, EP, Member States, and civil society on sustainable health and healthcare. On September 21, VP Ansip, officially opened our "Health Suite Labs" in Eindhoven. The "Health Suite Labs" is a co-create and co-innovate environment that uses design thinking and agile methodologies combined with the latest digital technologies and clinical reasoning to solve fundamental issues in healthcare. By bringing together relevant stakeholders in an innovation environment, allows them to jointly initiate new collaborations, business and care models while increasing the innovation speed and drive for concrete results. As an outcome we launched a new app for diabetes patients last week. The title of this panel is: global health as booster of innovation, how to move from technologies to new health services models? I agree, health and healthcare can be a booster to innovation. I don't see the alleged division between technologies and new health services models, we should aim for new health service models with technologies. Royal Philips is the only health technology company with a range of professional and consumer offerings that can combine clinical and personal health data across the continuum to encourage prevention and healthy living, to speed diagnosis and treatment, and to enable better recovery and home care. With our understanding of many of the longer-term challenges that our world faces, we see major opportunities to apply our innovative competencies and create value for our stakeholders. We see a growing need for healthcare. In addition, we see an increased focus on personal well-being. In the age of the quantified self,

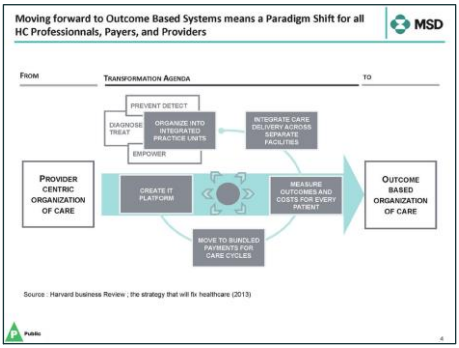
consumers are more actively engaged in their health and health is an engine for today's economy. We deliver innovative solutions across the health continuum, empowering people to live life to their fullest potential. At Royal Philips, we will improve population health outcomes and efficiency through integrated care, real-time analytics and value-added services.

Romain Finas

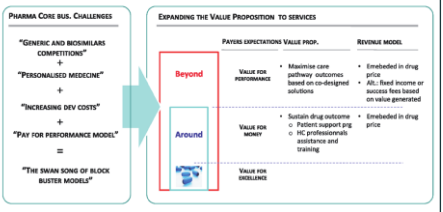
Healthcare solutions development Director, MSD

PowerPoint presentation

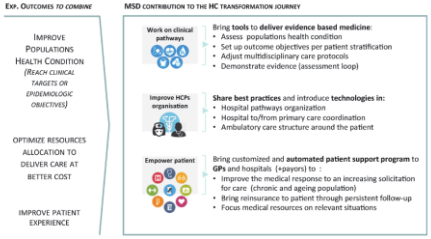




Pushing the boundaries of core business to services put pharma in a position to become a change agent for broader HC transformation



By creating a unit, MSD develops a dedicated workforce assisting HC professionnals to introduce innovative or best practices of care



The example on Diabetes : introducing a population management approach to GPs and small clinics

Beyond support to practice, our approach generates usage of new technologies MSD also provides

Major challenges

DEVELOP SKILLS AND A NEW CAREER PATHS

HC DATA ACCESSIBILITY

Contact within MSD France

- Romain Finas : Director of Healthcare Solutions Development
- Mail : romain.finas@merck.com
- Phone :+33 6 21 73 08 68

PANEL 3: ACCESSIBILITY AND FUNDING :

How to translate growth opportunities into business and operating models “affordable” for payers, patients, carers, and consumers ?

Topics: short-term return for long term investments, responsible citizens: sharing personal health information, access to data, what can new technologies bring ?; participative decision making: involve citizens to shape a healthier future; towards a ‘healthy living culture’; harm reduction; awareness as a low cost action; adapting life style for better health prevention, why is it so difficult ? it can be integrated in a broader social consciousness (preserve nature, my health, my durability...)

Introduction to the topic

Andrzej Rys
Director,DG Sanco Directorate D, European Commission

I am grateful to the European Institute for Health for promoting this discussion on health as an opportunity for sustainable growth.

In recent years health has mostly been associated with concepts as “fiscal pressure”, “burden to public accounts” or “sustainability issues”.

It is a fact that healthcare accounts for 15 % of EU governments’ expenditure.

However, it should not be forgotten that better health leads to stronger economic growth and to the creation of more qualified jobs.

The links between the health of the population and the economy are strong and often forgotten: better health leads to higher productivity and lower levels of early retirement and absenteeism at work; and a healthier population with longer life expectancy is more prone to invest, including in education.

Investments in health do not always provide the biggest returns in the short term, and they are not, consequently, always compatible with short political cycles.

Policy making should, however, bear in mind that:

- Investing in sustainable health systems allows to reconcile fiscal consolidation with the continued provision of sufficient levels of public services.
- Investing in people's health as human capital reinforces employability, contributing to growth.
- Investing in reducing health inequalities contributes to social cohesion.

The economic and financial crisis that started in 2008 has put health systems around the world and in the EU under severe stress.

It was in that context that the European Commission took a deeper look into different aspects of health systems and translated them into an EU agenda for effective, accessible and resilient health systems.

In the framework of our discussion of today I would like to focus on the dimension of resilience: the ability to adapt effectively to changing environments, tackling significant challenges with limited resources.

The Commission identified several resilience factors that help safeguarding accessible and effective healthcare systems: stable funding mechanisms, sound risk adjustment methods, good governance, information flows in the system, adequate costing of health services and adequate and skilled workforce.

Given the time limitations of my intervention, I will focus on one topic that, given the constitution of this panel, would be interesting to discuss today.

We all discuss personalized medicine as a future feature of health systems. But it is unclear how risk pooling in the different EU health systems would look like in a scenario of widespread genetic testing and personalized medicine. This is a discussion that cannot be avoided if we are to maintain health systems accessible for all.

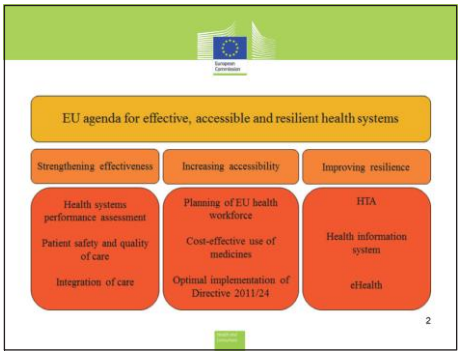
Health certainly represents an opportunity for growth. Not only because of the importance of health as an economic sector that uses intensively technology, research and high-qualified workforce. It has also an indirect effect on the economy, through productivity gains associated with better health.

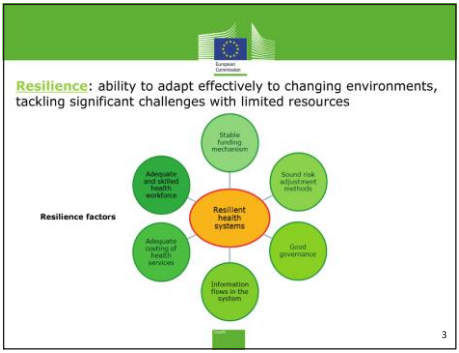
The economic value of health, or its importance in view of fiscal issues, cannot be disregarded. However, there is a need to focus on how much maintaining and improving high levels of access to good quality healthcare in the EU would contribute to a European Union of socio-economic convergence.

While health should be seen as an opportunity for growth, we must not forget that sustainable growth is only possible if this social dimension is not forgotten.

I look forward to hear and participate in your discussion.

PowerPoint presentation





Moderator

François Passant

Directeur Général Eurosif, BBMA Partner

The round table n° 3 has pointed out the need of a new approach to health challenges. The Financial, social and current industrial approach, which will not be without consequences on the business models of different actors and stakeholders in the sector, while contributing to the emergence of new economic growth.

On the one hand, health should be seen as more “holistic”, long-term, with a refocusing of prevention and Lifestyle habits, and on the other, it must give rise to new forms of partnerships, such as between the public and private sectors, and within the latter between the traditional players in the sector or not.

Several speakers have clearly emphasized the vital role of prevention, that is a crucial point to design some new public health policies.

All the stakeholders in the industry, especially insurers and employers have an important role to play in education and awareness. New technologies can also play a major role as illustrated by the proliferation of applications related to wellness and health. Finally, the prevention must also be taken into account in its different aspects including safety and security at work (eg. Stress) but also in terms of self-esteem.

This emphasis on prevention, on welfare and the "healthy life style" will open the door to unprecedented partnerships between the public and the private sector that could enhance the cost / effectiveness of health systems. Similarly, alliances and innovative partnerships are emerging in the private, the fact of start-ups or established companies, and combine different expertise (food & drink, cosmetics, telecommunications, new NBIC technologies, insurers, etc..) to respond to these developments. Several speakers described the success of their experiences in this field.
Nevertheless, the authorities have a vital role to play in creating an enabling and controlled framework to support these developments.

———·———

La table-ronde n° 3 a mis l'action sur le besoin d'une nouvelle approche de la santé face aux défis financiers, sociaux et industriels actuels, approche qui ne sera pas sans conséquence sur les modèles d'affaires des différents acteurs et parties prenantes du secteur tout en contribuant à l'émergence de nouveau relais de croissance économique.

D'une part, la santé doit être envisagée de manière plus globale, plus "holistique", au long cours, avec un recentrage autour de la prévention et des habitudes comportementales, et d'autre part, ou corollaire de ce qui précède, elle doit donner naissance à de nouvelles formes de partenariats, par exemple entre les secteurs public et privé, et au sein de ce dernier entre des acteurs traditionnels ou non du secteur.

Plusieurs intervenants ont clairement mis l'accent sur le rôle primordial à accorder à la prévention, souvent parent pauvre des politiques de santé publiques. L'ensemble des parties prenantes du secteur, en particulier les assureurs et les employeurs, a ici un rôle important à jouer en matière de pédagogie et de sensibilisation de la population. Les nouvelles technologies peuvent être d'une grande aide dans ce domaine à condition de savoir faire preuve de discernement, comme l'illustre la prolifération d'applications liées au bien-être et la santé. Enfin, la prévention "psychologique" doit être aussi prise en compte dans ses différents aspects notamment sur le lieu de travail (ex. stress) mais également en terme d'estime de soi.

Cet accent mis sur la prévention, sur le bien-être et le "vivre sain" (healthy living) ouvrira la porte à des partenariats inédits entre le secteur public et le privé qui pourraient renforcer le ratio coût / efficacité des systèmes de santé. De la même manière, des alliances ou partenariats novateurs voient le jour dans le privé, par le fait de starts-up ou de sociétés plus établies, et associent différentes expertises (food & drink, cosmétique, télécoms, nouvelles technologies NBIC[1], assureurs, etc.) pour répondre à ces évolutions. Plusieurs intervenants ont pu rendre ainsi compte du succès de leurs expériences en la matière. Il reste que les pouvoirs publics ont un rôle essentiel à jouer en créant un cadre porteur (et maîtrisé) pour soutenir ces évolutions.

Panelists

Marc Tarabella

Member of the European Parliament, Co-Chair of sport Intergroup EP

Today, I will try to respond to your challenging questions in two ways:

- **As the co-president of the Sport Intergroup,** I believe that practising a physical activity has considerable advantages at any age.

The creation of the sport Intergroup has multiple objectives, and one of them **is to promote the benefits of sport as a daily practice at any age.**

A Eurobarometer survey on sport and physical activity reveals **that almost 60 % of citizens of the European Union practice only rarely, or never, physical activity or sport.**

Physical inactivity is responsible, according to scientists, for 10 % of deaths worldwide. The World Health Organization points out that approximately 3.2 million deaths each year are attributable to the lack of physical activity.

I believe that mentalities must change and the multiplication of European initiatives in favour of sport (European week of sport, 2016 European year of sport etc.) show that physical activity is essential to a healthy life.

I would like to give one example: **I have met the Association "Siel bleu" that proposes physical activities to seniors. It has been proven that after a while, they feel better, take less medicines etc.** And when I have met them, I remind the quote: **"In the end, it's not the years in your life that count. It's the life in your years."** (Abraham Lincoln)

[1] NBIC : Nano-, Bio-, Information- technologies and Cognitive science.

As a member of the AGRI committee, I was given the opportunity to be rapporteur on the distribution of fruits, vegetables and milk in school establishments for the European Parliament.

Very shortly, please allow me to say a few words about the philosophy of my report. The situation is alarming:

- the consumption of fruit, vegetables and milk is still falling across Europe;
- over **20 million EU children are overweight** and adolescents on average eat only 30 % to 50 % of the recommended daily intake of fruit and vegetables.
- At the same time, **fruits and vegetables compete with highly processed products which are promoted intensively by the food industry.**

Taking into account these statistics, I believe is fundamental to encourage healthy eating habits from the earliest age.

The main objectives of my report are the following: children's health, food education, and support to agricultural products.

Healthy eating habits, physical activity... but we are often likely to forget that hydration plays an essential role in our lives. Furthermore, **I believe that the triangle "healthy alimentation / physical activity/ sports" should become part of our daily lives.**

As member of the Protection Consumer committee, I do not believe that we have to introduce a surcharge on soft drinks or a **surcharge** on **foods** that contain more that x % saturated fat, including products such as butter, milk, cheese, pizza etc. In my view, this is not the right way to act because it can lead to a surcharge on traditional products such as cheese, ham etc. that are good for health if you consume them in small quantities.

For the past 30 years, saturated fat - found in meats, eggs, cheese, butter, whole milk, lard and some oils - was considered a primary cause of heart disease. **New research, however, is showing that saturated fat has a minimal impact on heart disease risk, which is changing the "saturated fat is bad" paradigm and allowing people to enjoy more cheese and other favourite foods.**

My idea is that we should tax less drinking water in order to encourage consumers to drink more water.

Having said that, I strongly believe that the phrase **"Mens sana in corpore sana"** summarizes the previous points of views that I have just described: physical exercise, but also healthy eating habits from the earliest age, and a heathy hydration are an essential part of mental and psychological well-being.

In other words, if we are healthy, we have more chances to perform all our duties and therefore be productive.

Version Française

Aujourd'hui, je tenterai de répondre à vos questions dans le cadre des compétences qui me sont attribuées, en intervenant particulièrement sur **deux axes**

- **Premièrement, en tant que co-président de l'Intergroupe Sport, j'estime que la pratique d'une activité physique régulière a un avantage considérable et ce à tout âge.**

La création de l'Intergroupe Sport vise à ce sujet la réalisation de multiples objectifs.

Tout d'abord, l'Intergroupe entend mettre l'accent sur l'importance de promouvoir le sport comme pratique quotidienne accessible à tous. En effet, une enquête effectuée par l'Eurobaromètre sur le sport révèle que **près de 60 % des citoyens de l'Union Européenne ne pratiquent que très rarement, ou jamais d'activité physique ou sportive.**

Selon les scientifiques, le sport serait en effet tenu responsable de 10 % des décès à l'échelle mondiale.

L'organisation mondiale de la santé (OMS) révèle que **près de 3.2 millions de décès chaque année sont attribuables au manque d'exercice quotidien.**

Cela étant dit, **je crois que les mentalités doivent évoluer.** La multiplication des initiatives Européennes en faveur du Sport (Semaine Européenne du Sport, 2016 année Européenne du sport etc.) sont d'autant d'opportunités qui montrent à tous que le sport est essentiel à un mode de vie sain.

Laissez-moi vous donner un exemple. Au cours de ma rencontre avec l'association *"Siel bleu"* j'ai pu constater qu'après avoir pratiqué du sport la plupart des personnes âgées se sentaient mieux et prenaient moins de médicaments. Cette rencontre m'a permis de me rappeler cette belle citation d'Oscar Wilde : "Il ne faut pas chercher à rajouter des années à sa vie, mais plutôt essayer de rajouter de la vie à ses années".

- Deuxièmement, **en tant que membre de la Commission agriculture, je suis rapporteur auprès du Parlement Européen en matière de distribution de fruits et de légumes mais aussi de lait dans les écoles.**

Très brièvement quelques mots au sujet de la philosophie de mon rapport.

La situation est alarmante :

- La consommation de fruits, de légumes et de lait est en décroissance dans toute l'Europe.
- 22 millions d'enfants souffrent de surcharge pondérale, tandis que les adolescents consomment en moyenne seulement 30 à 50 % de la portion journalière recommandée de fruits et légumes.

De par la nature catastrophique de ces statistiques, **j'estime qu'il est fondamental de promouvoir une alimentation saine et équilibrée dès le plus jeune âge** tout en réapprenant aux jeunes citoyens à connaître les aliments et leur provenance, à se familiariser avec leur goût et leur texture et à rapprocher les jeunes consommateurs des producteurs locaux.

C'est pourquoi, les principaux objectifs de mon rapport sont les suivants : **la santé des enfants, l'éducation alimentaire et le soutien aux produits agricoles.**

Une alimentation saine et équilibrée est le complément indispensable de l'activité physique mais n'oublions pas que l'hydratation joue, aussi, un rôle essentiel dans nos vies.

En somme, je crois que le triangle : "alimentation saine/ activité physique/ hydratation" devrait faire partie intégrante de notre quotidien.

En tant que membre de la commission IMCO, je ne pense pas que l'introduction d'une surtaxe sur les *softs drinks* (boissons non-alcoolisées) ou sur la nourriture qui contient plus de x % de graisse saturée, comme le beurre, le lait, le fromage, la pizza soit indispensable.

Au contraire, cela nous conduirait vers une surtaxe des produits traditionnels comme le fromage et le jambon - qui sont bons pour la santé quand ils sont consommés avec modération.

Au cours des 30 dernières années, la graisse saturée - (contenue dans les viandes, œufs, fromage, beurre, lait entier, lard et quelques huiles) - était considérée comme la première cause des maladies cardiaques.

De nouvelles recherches ont toutefois démontré que la graisse saturée a un impact minime en termes de risque de maladie cardiaque.

Ainsi, mon idée serait plutôt de moins taxer l'eau courante de façon à encourager les consommateurs à boire plus d'eau.

Pour terminer, je crois foncièrement que la phrase: **"*Mens sana in corpore sana*" résume parfaitement bien les points de vues que je viens d'énoncer.**

Gardons à l'esprit, que l'exercice physique, des habitudes alimentaires saines depuis le plus jeune âge, mais aussi une hydratation quotidienne font partie essentielle de notre bien- être psychologique.

En d'autres termes, en étant en bonne santé nous augmentons les champs de notre performance ainsi que toutes les autres tâches auxquelles nous devons nous attabler tous les jours et par conséquent notre productivité.

Anne-Sophie Godon
Director of Innovation, Malakoff Médéric

"Un nouveau rôle pour les assureurs complémentaires français"

En France, la protection sociale est fondée sur deux grands principes d'actions : la **solidarité professionnelle** (Financement assuré par le versement préalable de cotisations et contributions sur les salaires par les assurés et les employeurs ou des impôts et taxes "affectés" et la **solidarité nationale** (Financement assuré par l'impôt pour permettre l'accès à des prestations non contributives).
De par son niveau d'intervention, la Sécurité sociale est le cœur de la protection sociale française. Elle offre la couverture de premier niveau face aux risques sociaux pour l'ensemble des français. C'est la "garantie donnée à chacun qu'en toutes circonstances il disposera des moyens nécessaires pour assurer sa subsistance et celle de sa famille dans des conditions décentes". *

La Sécurité sociale protège les français face aux risques suivants : Maladie, Vieillesse (retraite / veuvage / perte d'autonomie), Famille (Maternité / enfance et jeunesse) et Maladies professionnelles / Accidents du travail.

Les prestations de protection sociale servies par les régimes complémentaires et supplémentaires complètent celles versées par les régimes de base. Le montant versé au titre des couvertures complémentaire et supplémentaire représente en moyenne un peu moins de 20 % de l'ensemble des prestations de protection sociale. 3 grands types d'acteurs se partagent le marché : les compagnies d'assurance, les mutuelles et les institutions de prévoyance.

Malakoff Médéric est un des acteurs majeurs de la protection sociale complémentaire.

Le groupe exerce deux métiers : la gestion de la retraite complémentaire et la protection des personnes en santé, prévoyance et épargne.

Malakoff Médéric est un groupe paritaire, mutualiste à but non lucratif.

Paritaire : Malakoff Médéric est administré à parts égales par des représentants des employeurs et des 5 grandes confédérations syndicales de salariés.

Mutualiste : La mutuelle du groupe, MALAKOFF MEDERIC MUTUELLE, est gérée directement par des représentants des assurés.

A but non lucratif : Malakoff Médéric n'a pas de capital social et n'a donc pas d'actionnaires à rémunérer. Ses excédents sont intégralement consacrés au développement de ses produits et services, au déploiement de ses actions sociales et à son engagement en faveur du handicap.

* Exposé des motifs de l'ordonnance du 4 octobre 1945 portant création de la Sécurité sociale

En assurance de personnes, le groupe occupe la première place en prévoyance collective, la seconde place en santé collective. Il couvre 199 000 entreprises clientes, 4,7 millions d'assurés à titre collectif et 1,8 millions d'assurés à titre individuel.

Le constat français : les coûts de la santé ou plutôt de la non santé vont continuer à augmenter pour tout le monde et en particulier pour les entreprises.

Notre système est confronté à de nombreux défis :

- Des défis **sociétaux** : déficit de la sécurité sociale (6 milliards d'euros), vieillissement de la population, déserts médicaux, baisse du temps médical disponible, renonciation aux soins et inégalités...
- Des défis pour les **entreprises** et les branches professionnelles : coûts directs et indirects liés à l'absentéisme maladie (1 salarié sur 3 est arrêté au moins une fois dans l'année pour une durée moyenne de 35 jours ...), des obligations réglementaires de plus en plus nombreuses (plus de 2000), allongement de la vie professionnelle, besoin d'adaptabilité permanente, digitalisation, enjeux personnels qui s'invitent dans l'entreprise et attentes des salariés plus fortes vis-a-vis de leur entreprise, ...
- Des défis pour les **salariés et les particuliers** : employabilité (taux d'emploi des 55-64 ans parmi les plus bas d'Europe avec 41.5 %), risques de rupture de droits, conciliation vie professionnelle - vie personnelle plus difficile d'année en année, augmentation des salariés aidants (16 % en 2015), ...

Nous sommes convaincus que le système doit évoluer d'un modèle curatif à un modèle préventif efficace, c'est à dire qui permettra une amélioration de l'état de santé et de l'espérance de vie en bonne santé, une réduction des coûts et une réduction des inégalités sociales. Cela impose un continuum de prise en charge, une action globale (sur tous les facteurs de risque), des actions ciblées et personnalisées (adaptées aux besoins des différentes populations), à des coûts accessibles et enfin éthique respectant les principes du volontariat, de l'anonymat et la protection des données.

Cela sera sans doute rendu possible grâce aux opportunités de changements majeures qui s'offrent à nous. Les objets connectés permettent une prise en charge individuelle et nous laissent espérer une meilleure observance. Le big data va nous permettre de repousser les frontières de la connaissance et permettre une vision prédictive des risques. Le patient devient acteur de sa santé. Le progrès médical - si il a un coût - porte les promesses d'une prise en charge de plus en plus précoce des facteurs de risque et des maladies et d'une guérison des maladies les plus graves et invalidantes...

L'entreprise un territoire à explorer

Nous passons la moitié de notre vie au travail. Ce qui fait de l'entreprise un territoire de prévention rempli de promesses par son unité de temps et de lieu. Les premières études menées par Malakoff Médéric montrent d'ailleurs une efficacité accrue des programmes de dépistage des cancers proposés en entreprise.

Le travail est un des déterminants de santé majeur. Au delà des enjeux de réduction des risques professionnels, il doit être considéré plus largement comme un lieu de bien-être, d'épanouissement et de reconnaissance de la personne.

Nous avons la conviction, et nous appliquons à le démontrer, que des actions de prévention santé, bien construites et déployées, peuvent trouver leur retour à investissement à court terme. Tout le monde a à y gagner à commencer par l'entreprise : réduction des coûts directs et indirects liés à l'absentéisme maladie, attraction et fidélisation, engagement des collaborateurs, ...

Un nouveau rôle pour Malakoff Médéric : Agir de manière globale en matière de prévention

Pour ne plus être un simple "payeur aveugle", le Groupe développe une stratégie ambitieuse qui passe notamment par une politique de Recherche et Développement pour mieux comprendre sur quelles problématiques agir en matière de gestion du risque.

En proposant à ses clients des services et des dispositifs adaptés, le Groupe veut donner à chacun les moyens d'agir sur sa santé tout en maîtrisant le poids de sa protection sociale.

Pour les entreprises, les branches professionnelles et les salariés, Malakoff Médéric déploie **Entreprise territoire de santé**, une nouvelle démarche responsable qui contribue à la performance des entreprises et au bien-être des salariés. Inédite, elle intègre des services innovants aux garanties d'assurance de santé pour comprendre, diagnostiquer, agir et mesurer les résultats des actions menées. Articulée autour de 4 programmes, elle permet de répondre aux enjeux d'optimisation des contrats et de prévention santé, d'absentéisme, d'obligations réglementaires ou de bien-être des salariés en difficulté.

Pour les assurés à titre individuel, le Groupe propose des garanties évolutives et adaptées aux besoins de chacun ainsi que des solutions pour les aider à prendre soin de leur santé : des partenariats avec des établissements de santé, les guides ComparHospit et ComparEhpad… pour mieux s'orienter dans l'offre de soin, les réseaux Kalivia de professionnels de santé partenaires Malakoff Médéric, Devis conseil, Tableau de bord santé... pour accéder à des soins de qualité tout en maîtrisant au mieux son reste à charge.

Dr Philippe Aillères
Directeur Médical, Inter Mutuelles Assistance

Les modèles d'affaires nouveaux, accessibles grâce à la "e-santé", bousculent nos structures jacobines, nos libertés individuelles, et challengent les modèles économiques de courte vue.

La "e-santé" regroupe les applications, les objets et les organisations qui par leur fonction informative et communicante permettent de mesurer, de quantifier, d'évaluer et de partager des mesures de santé individuellement (small data : donnée personnelle) ou collectivement (big data : donnée de santé publique).

Nombreux sont ceux qui voient dans la "e-santé" une opportunité historique pour trouver grâce aux technologies numériques une réponse aux défis du vieillissement et améliorer la qualité de vie, ce d'autant que la durée de vie s'allonge plus vite que la durée de vie en bonne santé dans les pays de l'OCDE.

La santé connectée ouvre un univers vertueux, de mesure et de partage d'informations de santé qui peuvent assurément permettre d'améliorer la prévention, le "bien vivre", et la coordination des soins, sanitaires et sociaux. Une meilleure coordination des parcours de santé et des parcours de soins devient possible grâce au "Small data". Surtout, c'est l'intégration des différents financements (sanitaire, action sociale…) qui devient possible pour un retour sur investissement global.

La santé connectée est une formidable opportunité de faire de notre santé, un moteur économique plutôt qu'un centre de coût. C'est le concept de "silver economie", et nous savons bien qu'il y a des enjeux bien plus vastes que ceux circonscrits habituellement au domaine sanitaire, social ou de la vieillesse : il s'agit de croissance d'activité dans de nombreux secteurs, de financement des retraites, d'éducation, de sécurité, de culture, de lien social, de handicap, de maladies chroniques, de mobilité, d'urbanisation...

Certains y voient de nouveaux marchés. La data, pétrole de la "e-économie" ! Des acteurs, aujourd'hui majeurs, ont bâti en moins de 20 ans des empires numériques sur la base des data. Google a investit tous les domaines des activités humaines et promet l'immortalité, en ayant bâtit sa puissance sur le désir (la publicité), socle de tous les concepts de marketing. Facebook, You Tube, Instagram, Twitter... offrent un miroir ou chacun peut s'exposer et se "mesurer", en comptant ses "Like" ou ses "followers". Sommes-nous pleinement conscients et consentants pour nous mesurer, pour communiquer sur la mesure de nos vies intimes et les confier à nos assureurs, maintenant que Google, Amazon, FaceBook, Apple (GAFA) les connaissent et les exploitent déjà ? Les conditions générales applicables, sont en règle, comme celles des assureurs, peu lisibles...

L'humain connecté est le nouveau concept branché des technos-gourous et pourtant connecter un patient est une technique que l'essor de la réanimation

dans les années 60 a contribué à populariser. Ainsi l'expérience et l'histoire nous permettent d'apprécier les bénéfices du patient connecté lorsque le soignant en est le prescripteur. Jusque-là, il s'agit de recueillir des données d'un patient, à un moment critique de sa vie, de sa maladie, au bloc opératoire, en réanimation, ou pendant une épreuve d'effort... Les données recueillies sont des éléments du dossier médical... Elles sont confidentielles !

Mais quels sont les mécanismes en jeu, lorsque c'est le patient qui prend l'initiative de se connecter et de se "mesurer". Au-delà des questions de principe sur le stockage ou la propriété de la donnée, il faut se demander, dans ce cas, que devient cette mesure personnelle ? Quel en est son usage et surtout son utilité ? Ces questions sont fondamentales car elles expliquent en partie les taux d'abandon élevés de ces objets de désir, souvent dispendieux, qui finissent dans un tiroir ou sur les pages de revente du e-commerce.
Le bénéfice alors n'est-il que celui économique des fabricants et des sites marchands ? La santé connectée individuelle ne serait-elle seulement qu'un concept marketing fondé sur notre désir narcissique ?

Alors l'assureur, les financeurs de la santé peuvent-ils et doivent-ils prescrire et investir la e-santé ?

La réponse est évidemment Oui ! Mais !

Mais la santé connectée permet d'objectiver et d'individualiser les risques comportementaux (activité physique adaptée ou sédentarité, addictions, nutrition, prises de risques, mesure continue de paramètres). La connaissance du risque génétique est par ailleurs accessible. Ne risque-t-on pas de voir les principes fondamentaux de l'assurance maladie (mutualisation des cotisations pour réparer un aléa individuel) s'effondrer puisque l'aléatoire devient extrêmement réduit aux circonstances accidentelles externes du fait de la prédiction individuelle des maladies ? Ainsi, la solidarité, le partage des risques ou au contraire la sélection du risque allant jusqu'à l'exclusion deviendront ils les vrais enjeux de la e-santé ? C'est là que sont les retours sur investissement potentiels à court terme. Saurons-nous y résister alors que cela menace le propre modèle de l'assurance ?

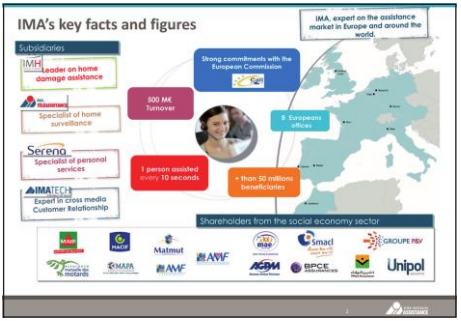
Pour autant, l'incitation financière personnalisée à avoir de bons comportements, ce que la "e-santé" permet, serait un levier éthiquement acceptable de promotion de la santé. Le métier de l'assureur santé consiste à faire porter le risque de réalisation d'un aléa de façon solidaire à l'ensemble de son portefeuille. Et demain ? S'agit-il, pour l'assureur, d'écarter les "mauvais risques" en alléguant sa bonne volonté de devenir un acteur de santé et non de rester un payeur aveugle ?

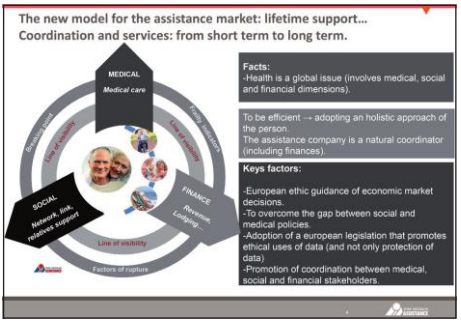
Il est donc de l'intérêt des citoyens européens que le législateur se penche sur ces questions et encadre de façon éthique, par la loi et le règlement, le marché de la santé digitale qui est en train d'émerger. D'autant plus que nous sommes ce que nous faisons, ce que nous mangeons, ce que nous buvons, ce que nous habitons, ceux et celles que nous fréquentons... La santé est un concept transversal qui ne peut être réduit à la seule dimension sanitaire. La santé renvoie à l'intime et aux libertés individuelles.

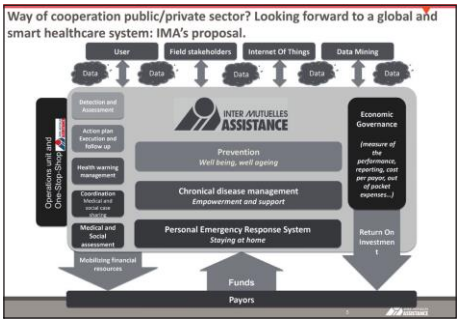
La “e-santé” c’est aussi l’opportunité que nous, en tant que compagnie d’assistance aux personnes, attendions pour garantir l’efficience du système par la coordination des acteurs et des moyens. Au-delà du levier sur la maitrise du risque pour nos clients ou actionnaires que nos services apportent, nous pouvons intégrer, grâce au numérique et au digital, les financements des sphères sanitaires et sociales piliers équivalents de la santé individuelle.

Il faudra pour cela renoncer à la recherche de retour sur investissement à court terme, investir, avoir une vision économique globale et coordonnée pour finalement mettre la santé numérique au service de l’humain et non l’inverse.

PowerPoint presentation







Michael Danon
Directeur Général Adjoint, groupe Pierre Fabre

PowerPoint presentation

EIH High-Level Conférence 2015

PHARMA
From an old business model to a new one :
What opportunities ?

Pierre Fabre

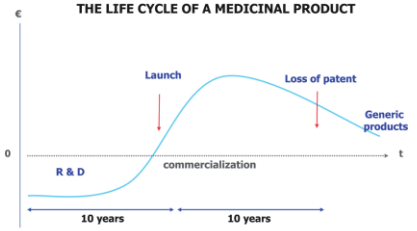
Bruxelles - Sept 22nd 2015

The traditional pharma business model

- Significant R & D costings
- Low manufacturing costings
- The « Battle» of resp's army
- High prices
- Blockbusters
- Significant risks
- Significant margins

Pierre Fabre 2

THE LIFE CYCLE OF A MEDICINAL PRODUCT



Pierre Fabre 3

The business model under scrutiny

- Difficult to bring out new molecules
- Stricter registration conditions
- Evaluation of more restrictive innovation
- Price control
- Great influence of generic products, since the loss of the patent
- Therapeutic class saturation

Pierre Fabre 4

To expand and develop innovative products and services for patients and HCP

- Targeted therapies
- Increasing compliance

- Bringing help to patients to cope with side effects of treatments
- Oral treatment instead of in-hospital treatments
- Services for HCP

ONE SMILE.

Club dermaweb

Pierre Fabre 5

Financial issues : to conciliate budget pressure and need for innovation

Gap between needs and resources

Cost of innovative treatments

Some solutions :

- Generics
- Reduce hospital budget in accordance with new therapeutic strategies
- Patient financial contribution : OTC / self medication
- « *satisfied or reimbursed* »

Pierre Fabre 6

Frederic Arnaud
Emulsar founder (Start-up)

Comment transformer un lourd fardeau en cercle vertueux pour les patients et les systèmes de santé et en opportunités business pour une jeune PME innovante ?

Aristote nous a enseigné il y a plus de 2000 ans que notre nourriture devait être notre 1ère médecine.

Les systèmes de santé européens sont orientés sur les "soins aux malades", c'est-à-dire qu'ils sont davantage axés sur le traitement des maladies plutôt que sur leur prévention.

Les dépenses en soins curatifs et les médicaments représentent plus de 90 % du budget total de la santé des pays de l'Union européenne.

Seulement 3 % des dépenses de santé de l'Union européenne sont consacrées à des actions liées à la prévention.

Une tendance de fond nous pousse à passer de la médecine curative à la médecine préventive : la nutrition médicale est un point d'entrée pour la médecine personnalisée.

La combinaison du vieillissement des populations, les modes de vie plus sédentaires et mauvaises habitudes alimentaires a créé une énorme augmentation dans les questions de santé publique telles que le diabète, les maladies cardiovasculaires, l'obésité, la maladie d'Alzheimer, de l'ostéoporose, la malnutrition, le cancer...

L'une des principales tendances de la Santé est la médecine personnalisée. La personnalisation de la médecine conduit à une médecine plus préventive et ciblée.

Développer des alternatives nutritionnelles aux médicaments afin de traiter les causes sous-jacentes est un moyen de mieux cibler et de prévenir.

La nutrition médicale est devenue un élément clé de la médecine personnalisée pour résoudre les problèmes de santé de notre temps :

- Dénutrition aujourd'hui.
- Diabètes, obésité, Alzheimer, cancer... demain

Dénutrition est une déficience nutritionnelle liée à l'âge, une intervention chirurgicale ou la maladie.

Les causes de la dénutrition :

- Besoins nutritionnels accrus (chirurgie, infection, âge...).
- L'apport nutritionnel réduit (perte d'appétit liée à la prise de médicament ou à la souffrance, anorexie liée à l'âge...).
- Augmentation des pertes nutritionnelles (état digestif perturbé, chimiothérapie...).

La dénutrition touche :

- **40 %** des patients adultes hospitalisés.
- **70 %** des personnes âgées en maison de retraite.

Les conséquences de la dénutrition :

Un lourd fardeau social et économique pour l'Europe :

- 33 millions d'Européens sont dénutris ou présentent un risque de dénutrition.
- La dénutrition coûte chaque année en Europe entre 120 et 170 milliards d'€ (plus du double du montant dépensé contre l'obésité).

La malnutrition peut être traitée avec les produits de la nutrition médicale comme les compléments nutritionnels oraux (CNO).

Les CNO sont des aliments à des fins médicales spéciales prescris par des professionnels de santé, qui sont spécialement formulés avec macro et micro-nutriments pour répondre aux carences nutritionnelles sous-jacentes d'une maladie spécifique ou liées à l'âge.

Les fabricants de CNO sont confrontés à une barrière technologique pour lutter contre le faible niveau de l'observance du traitement (50 % seulement) qui réduit considérablement la consommation de nutriments et en limite dramatiquement l'efficacité.

- Ce manque d'efficacité limite la récupération des patients et leur "croyance" (préfère finalement médicaments).
- Ce manque d'efficacité limite la prescription préventive par les professionnels de santé (seulement curatives) et leur "croyance" (préfère finalement médicaments).
- Ce manque d'efficacité limite la promotion des CNO par les systèmes de santé publique et un remboursement plus généralisé et généreux.

Il y a donc une barrière technologique à surmonter : concentrer un maximum de micro et macro-nutriments (en priorité les protéines) dans un minimum de volume pour augmenter l'observance du patient et de l'apport nutritionnel.

La percée technologique d'Emulsar permet de surmonter ce fossé technologique.

Créer en 2004, **EMULSAR** a mis au point et breveté la plateforme technologique Smart'Emulsion Nano Technology. Cette plateforme technologique offre la possibilité de développer des ingrédients innovants pour :

- La santé, **EMULSAR** optimise l'efficacité des médicaments et traitements clinique.
- La nutrition, **EMULSAR** améliore l'impact nutritionnel des produits alimentaires.

Transformer un lourd fardeau en opportunités :

Pour l'Europe : une opportunité de retour sur investissement conséquent sur le plan économique et social .

- Améliorer la qualité de vie des personnes âgées et des personnes hospitalisées.
- Accroitre "le capital santé" de l'Europe.
- Diminuer significativement les dépenses de santé liées à la dénutrition.

Plusieurs études ont démontré que chaque euro dépensé sur la nutrition clinique permet de réaliser 53 € d'économies sur les dépenses de santé liée à la dénutrition. (durée d'hospitalisation plus courte, moins de réadmission à la suite d'une opération, moins de dépendance des personnes âgées...)

Pour Emulsar : accélérer le déploiement de notre nanotechnologie et investir un marché qui a le plus grand potentiel de création de valeur pour notre nanotechnologie.

Passer d'un marché (agroalimentaire de masse) où notre technologie est un nice-to-have (low-techmarket) à un marché (nutrition médicale) où notre technologie sera un must-have (high-tech market).

Notre valeur ajoutée technologique sera considérablement plus élevée sur un marché où la preuve scientifique de l'impact nutritionnel est nécessaire.

Ce projet est soutenu par la Commission Européenne par l'intermédiaire de l'instrument PME du programme cadre Horizon 2020. Un soutien financier et une reconnaissance remarquable et indispensable pour Emulsar.

Par rapport à cet enjeu de lutte contre la dénutrition et plus largement sur l'importance de la nutrition comme médecine préventive, l'Union Européenne a des atouts majeurs et quelques points de vigilance :

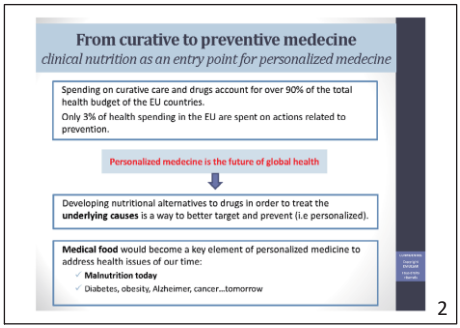
Les points de vigilance :

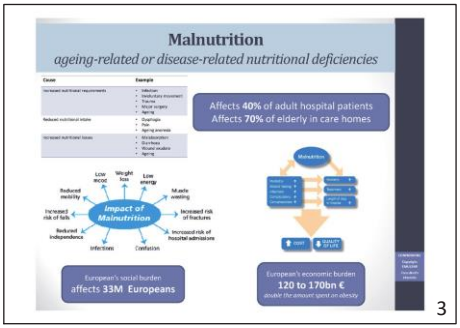
- Un manque d'harmonisation Européenne des systèmes de santé et des politiques de remboursement.
- Il faut prendre soin de joindre l'acte à la parole, en particulier pour les PME ...et de les aider à discuter plus facilement avec les autorités Européennes.
  - o réduction de la consommation de matières grasses est une préoccupation européenne ; le plan Européen de 2010 sur la nutrition, notamment la surcharge pondérale et l'obésité précise que les initiatives visant à accroître le développement d'aliments transformés avec une teneur réduite en matières grasses totales doivent être prises ;
  - o dans les faits : difficultés pour les PME de discuter avec les autorités compétentes... par exemple sur les demandes d'extension d'utilisation d'un additif pour un nouvel aliment : l'UE autorise un additif pour rendre le chocolat plus fondant mais ne l'autorise pas encore pour le rendre moins gras.

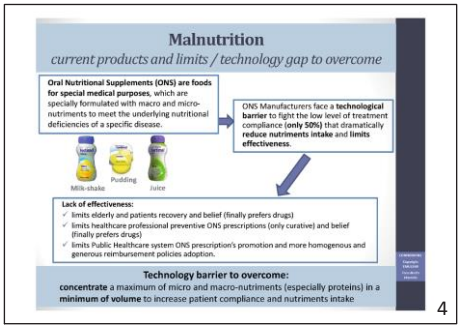
Les forces de l'Europe :

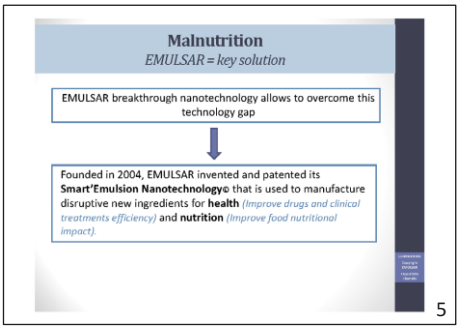
- La dénutrition liée à la maladie ou à l'âge est un problème social et économique clé, largement reconnu au niveau de l'UE.
- La malnutrition est reconnue l'un des facteurs clés dans la politique **"Active and Healthy Ageing"** de l'Europe.
- Afin de mieux promouvoir l'utilisation des aliments médicaux spécialisés pour lutter contre la dénutrition, en 2013 l'UE a révisé la législation qui réglemente "les aliments à des fins médicales spécialisées" (609/2013) pour donner à l'échelle de l'UE une définition plus claire de ces produits, ce qui permet au secteur de mieux se structurer et de faciliter la participation des PME.
- L'UE reconnaît la nanotechnologie comme une solution clé pour l'amélioration des produits et services médicaux et pour la compétitivité de l'industrie.

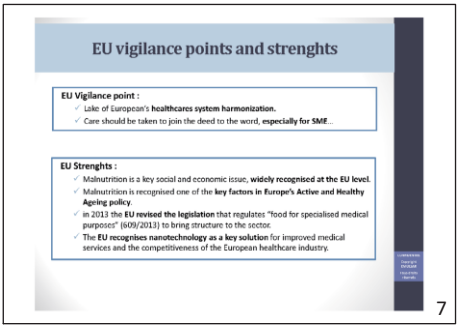
PowerPoint presentation











Josef Montag
PhD, University Mendel, Brno

Preventing Road Traffic Accidents

First of all, I would like to thank the EIH Chairman Bernard Mesuré and my friend Nicolas Bouzou for the invitation and the opportunity to speak in front of you.

In my brief speech, I would first like to bring your attention to road traffic accidents, as a major public policy issue. Then, I will summarize my research on the effects of sanctions on road fatalities.

According to the World Health Organization, road traffic accidents (RTAs) result in as many as 50 million injuries and more than one million deaths each year, making it the eighth leading cause of death worldwide. For people between 15 and 29, it is the number one cause of death. The cost of road traffic crashes runs to billions of dollars. Enacting comprehensive laws with appropriate penalties and ensuring necessary resources for enforcement are acknowledged as top instruments to improve road safety. However, proper policy choice requires that

we understand how alternative measures perform when put in place and how they interact with other key variables. Exploiting past policy experiments is a natural way to improve our understanding of these phenomena.

My research evaluates the effects of a new road traffic law in the Czech Republic that became effective on July 1, 2006. It was aimed at improving road traffic safety through tougher sanctions for traffic offenses and the augmented authority of the police. Apart from a manifold increase in fines, the most important change introduced by the law was a demerit point system (DPS) under which an accumulation of points for traffic offenses leads to the suspension of driver's license. Figure 1 (a) illustrates the change in the actual fines for speeding that was induced by the reform.

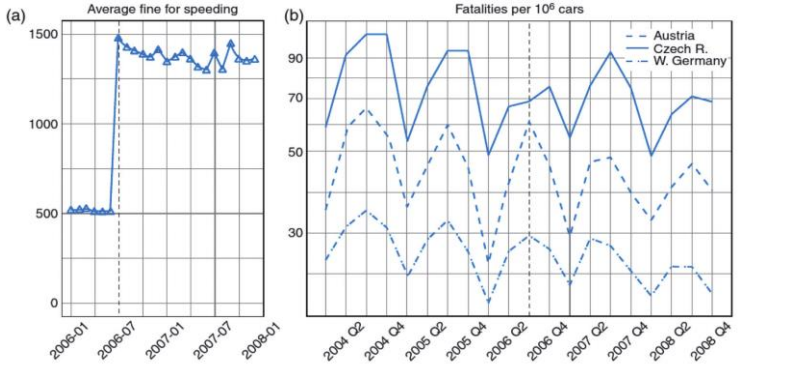


Fig. 1 (**a**) Empirical fines for speeding in the Czech Republic (2006–2007). (**b**) Fatalities per million cars (2004–2008) in Austria, the Czech Republic and Germany. The vertical line indicates the traffic law reform in the Czech Republic.

Evidence on the effects of similar reforms is mixed. There are over a dozen studies investigating the effects of similar changes in traffic laws that also included a DPS recently adopted in other countries. Brazil did so in 1998, Ireland in 2002, Italy in 2003, Spain in 2006, and the United Arab Emirates in 2008. The common pattern of their findings is that the introduction of stricter traffic laws is followed by substantial decreases in RTA-related fatalities and other casualties, usually in the realm of 20 to 30 percent. However, the effects going beyond the initial six months are ambiguous, as many of these studies are based on short-term data and there are contradictions among those that do look at long-run effects. For instance, one study for Ireland finds lasting effects, but two others do not. Similarly in the case of Italy, where one research group finds lasting effects and three others do not. Some of the inconsistency in previous findings may be related to research design, which is always based on, a within-country, before-after comparison. One should therefore be careful before drawing strong inferences, as such results may be influenced by trends in the data and are fragile with respect to additional shocks, such as seasonality, weather, change in fuel prices, or business cycle.

This study evaluates the effects of the Czech road traffic law reform using a standard difference-in-differences set-up. The basic idea is to imitate an experimental set up, whereas regions of neighboring countries (Austria and Germany) serve as a control group. This then allows estimating the causal effects of the reform. In short, I find a very sharp but very short-lived reduction in fatalities.

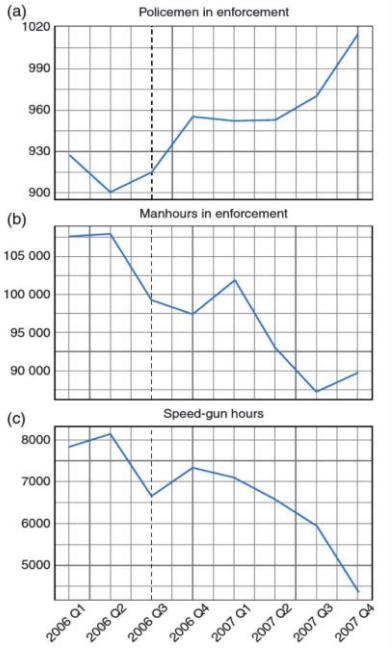


Fig. 2 Traffic police enforcement resources and activity in the Czech Republic (2006–2007).

I have collected monthly regional-level data on RTAs that occurred between January 2004 and December 2008 in the Czech Republic, Germany, and Austria and matched it with other socio-economic and transport-related statistics. Because data on accidents and injuries may suffer from reporting biases that are correlated with the new traffic law, I focus on fatalities. To the extent that the development of the variable of interest is similar across these countries, the control group allows estimating the counterfactual, i.e. the hypothetical scenario of what would have happened on Czech roads had the law not been enacted. Subtracting the observed values from the counterfactual then yields an estimate of the effect of the reform. Note here that there is strong positive correlation in RTA-related fatalities across the three countries, the three countries followed similar trends before the law was introduced, and there was no major change in Austrian or German traffic laws during the period under study.

The main result is summarized in Figure 1 (b) above, consistent with the experience from other countries I find a sharp --- 33 percent --- drop in fatalities during the first three months after the law became effective. This translates into 127 saved lives (95 percent confidence interval is 51 to 204). However, beyond the short-run impact, this paper extends the set of studies that do not find lasting effects of increased sanctions for traffic law violations. This result is robust to alternative specifications and controlling for GDP, car-population ratio, age of cars, and freight-transport vehicle-kilometers. Looking closer at the initial period, the effect was concentrated in July (the point estimate is -50 percent). An analysis of daily data corroborates these findings; moreover, there are no indices of pre-reform effects. The strongest effects are found in the weeks immediately following the enforceability of the reform.

So why were the effects short-lived ? A possible concern is that the intensity of enforcement decayed in the aftermath of an increase in punishment. Intuitively, traffic law enforcement is costly and resources spent on it have alternative uses, be it within law enforcement or within the public sector in general. As the situation on the roads improves, alternatives may become more attractive.

I find evidence consistent with this reasoning using a unique monthly-regional-level dataset with detailed information on traffic police activity during 2006 and 2007. The main patterns are depicted in Figure 2. Specifically, while the number of traffic policemen allocated to enforcement slightly increased, the total number of man-hours in enforcement decreased by some 22 percent across the two years. An even faster decay is seen in the number of hours of the use of speed guns by traffic police. On the other hand, the traffic police found more people at large, more stolen vehicles, as well as conducted more vehicle and person searches. The latter results, although rarely statistically significant, suggest that some reallocation of resources may also have taken place within traffic police itself. This may help explain the absence of longer-run effects.

However, continuous changes in police activity do not explain the initial sharp drop in fatalities or the bouncing back. It is plausible that people simply overestimated the effects of the change in the rules on the effective punishments they faced. The salience of the change and lasting controversies in politics and media may have contributed to this.

In summary, the efficacy of public policies is context-dependent. Harsher penalties and subsequent declines in the frequency of offenses may make resources used in traffic law enforcement more attractive elsewhere. If enforcement resources are diminished, this in turn lowers the effective sanctions that drivers face and may lead to rebound in offenses. If the goal was to have safer roads, rather than savings in traffic law enforcement, the levels of enforcement should have been kept or even fostered.

John Chave

Director General,Cosmetic Europe

Pharmaceuticals are certainly very important, but other products can improve the well being and the quality of life. We are also facing with the issue of aging: there will be more and more seniors and they would to continue to have fun and quality in their lives.

As we know, we went through, and we are still going through, a great period of austerity in Europe, and we are still in a period of economic challenges. In the cosmetics industry we found something very interesting: we have not really been affected by the economic crisis. Many industry sectors have been affected but the growth of the cosmetics industry continued: an example is, even in countries like Greece badly affected by the crisis, the cosmetic industry progresses.

Why do people continue to spend money on cosmetics even in the worst economic times? We have done research on consumers and especially women. It is noted that there is a need of some luxury in their lives, they want a bit of hedonism, they want also to be able to afford a perfume or a lipstick and to have some satisfaction in a difficult environment. This is true throughout Europe: it sells for about € 5 billions/ year for cosmetics. To make a kind of parallel, there is much talk of the recommendation regarding fruits and vegetables: it is recommended 5 a day, but on cosmetics products an average of 6 per day is used. Of course, one can not compare, but it tells us that every day, in every household in Europe, people, women, men, children, elderly persons placing products on the skin or hairs and this is related with health. Can we learn from the debate on health? Probably some ways: Of course there are areas "border line" with what might be called the cosmeto-pharmaceuticals. Pharmaceutical and cosmetics industry are pushing the boundaries of their own entity: as an example, 15 % of cosmetic products are sold through pharmacies and it is a growth vector. Sure there remains regulatory issues where cosmetics and pharmaceuticals are in different regimes.

As the usefulness of cosmetics, is to keep the "Youth", it is a concern all over the world and it is also a developing concept: people living longer so there is a larger percentage of people older and this percentage will not diminish. We must relate this proportion to the concern of quality of life and going further to self-esteem which is a very controversial area in cosmetics. However, the evidence is there: cosmetics contribute to self-esteem and self-confidence in a way that can not be separated from the great debate on the welfare and health regarding the "psychological" plan.

As an example I will mention, the program which exists since 1994 in 25 countries, so worldwide, and entitled "look good, feel better" in some way: be beautiful and feel better. Taking the impact that can have on your body

some cancers with chemotherapy, etc... In addition to the physical stress, there may be psychological stress, so you have to help people regain a more normal stateas possible. We have evidence that many women with cancer and having had to endure more disfigurement could benefit from a very significant contribution through this program. The results are often spectacular as these women learn to find “how they were before” and thus to respect and consider themselves better.

In terms of quality of life, one can not underestimate the importance of “self-esteem”, and we can not underestimate the health issues more related to psychology. The results of this program “look good, feel better” show that self-esteem contributes significantly to improving the quality of life of people.

Cosmetics have an important role to play and the cosmetics industry should be considered as an important element in helping to meet the challenges we face. The cosmetics industry, as a health services provider, has made sure to optimize the possibility for everyone to feel good and to move forward.

SUMMARY AND WAY AHEAD

Bernard Mesuré

I would like to thank all the speakers for the quality of their presentations and for making very interesting these three panels.

Our Symposium was held under the high patronage of Pierre Moscovici, Commissioner for Economic and Financial Affairs, Taxation and Customs: He gave it because he saw in the program the very important EIH mission which is a willingness to try to work together, to bring together diagnostics in a very open and diverse manner. I think we have achieved these goals through the contributions we have had.

I simply want to draw a reflexion on 3 points:

we have followed, reached and set up the issue of needs, of offer and of accessibility which were the guiding thread of our meeting. These 3 points will guide us in our future actions. I consider it is important to transform all the things that were said and exchanged during that meeting into “action plans”.

In this context, we want EIH remains a facilitator between stakeholders (MEP, decision makers, Commission, etc...) for the long term challenge.

The diagnostics we share among Member states, the begining of changes we have observed, should put in place without delay.

I would like to echo to 3 discussed issues:

1- Prevention:

It will become a very important word. As I had the opportunity to say it today, the elderly is not a illness.It is also very important to see that the concept of patient will go to the concept of consummer.

2- Technology:

We saw what technology could make. We have heard from professionals the incredible benefit of technology (nano technology, genome etc...). Technologies are often turned into gadget, it is therefore important to have an education and an explanation for their use.

3- Cost matters

It is very important that people understand and make progress regarding the approach of this issue in the context of Global health ? We have to make choices and to seek the balance between the short and long term.

A lot of things can be set up in order to reduce the financial constraints: As example, I learn in another colloquium that for very elderly still living in their home, for 45 € per month, we can provide a significant level of comfort and safety.

A last word to thank again the speakers and the studious audience and to tell you that, true to its tradition, the EIH, from the today works will continue their development through other studies and other meetings.

———.———

Version Française

Je tiens à remercier tous les intervenants pour la qualité de leurs présentations et pour leur contribution à ces trois très intéressants panels

Notre colloque a été organisé sous le haut patronage de Pierre Moscovici, Commissaire chargé des affaires économiques et financières, de la fiscalité et des douanes: la mission importante de l'EIH, avec sa volonté d'essayer de rassembler les diagnostics, de travailler ensemble d'une manière très ouverte et diversifiée dans les Etats membres, ainsi que le contenu du programme ont probablement influés dans l'obtention de cette reconnaissance.

Je pense que nous avons atteint les objectifs que je viens de citer à travers les contributions que nous avons eues.

Je voudrais simplement faire une réflexion :

Nous avons suivi, atteint et mis en place un contenu sur 3 points : les besoins, l'offre, et l'accessibilité qui ont été le fil conducteur de notre réunion. Ces 3 points vont bien entendu nous guider dans nos actions futures. Je considère du reste qu'il est important de transformer toutes les choses qui ont été évoquées et échangées au cours de cette réunion en “plans d'action” dans les Etats membres.

Dans ce contexte, nous voulons que l' EIH reste un facilitateur entre les parties prenantes (MEP, les décideurs, la Commission, etc ...) pour faire face aux défis à long terme. A partir des diagnostics que partagent les Etats membres, les débuts de changements que nous avons observés devraient se mettre en place sans délai. Nous souhaitons donc une aide des parties prenantes que je viens d'évoquer pour continuer cette mission.

Je voudrais également faire écho à 3 questions abordées:

1- La Prévention :

Cela va devenir un mot très important. Comme j'ai eu l'occasion de le dire aujourd'hui, le fait d'être une personne âgée n'est pas une maladie et il est donc important de voir que le concept de patient va évoluer vers celui de consommateur.

2- La Technologie :

Nous avons vu ce que la technologie peut faire. Nous avons entendu des professionnels parler de l'incroyable avantage de la technologie (nano-technologie, génome etc ...). Les technologies étant souvent transformées en gadget, il est donc important d'avoir une formation et une explication concernant leur utilisation.

3- La questions des coûts

Il est très important que les gens comprennent et fassent des progrès en ce qui concerne l'approche de cette question dans le contexte de la Global Health. Nous devons faire des choix et rechercher l'équilibre entre le court et le long terme.

Beaucoup de choses peuvent être mises en place dans les Etats Membres afin de réduire les contraintes financières : comme exemple, j'ai appris dans un autre colloque que concernant les personnes très âgées vivant encore dans leur maison, pour 45 € par mois, un niveau élevé de confort et de sécurité peut être fourni.

Un dernier mot enfin pour remercier à nouveau les intervenants et l'auditoire studieux et pour vous dire que, fidèle à sa tradition, l'EIH, à partir des thèmes abordés aujourd'hui, continuera à les développer et à les décliner à travers d'autres études et d'autres réunions.

How to contribute to EIH works?

1-Why the European Institute for Health (EIH)?

Europe is facing many Health challenges: by 2025 about one-third of Europe's population will be aged 60 years and over, and there will be a particularly fast increase in the number of people aged 80 years and older. EU Member states must develop strategies to meet this challenge. EU Member states have to promote good health and active societal participation among the older citizens, to fight the burden of chronic diseases and keep their health budgets under control. The opportunity to use technology to improve health challenges will be crucial.

To achieve this goal, Europe needs to build solid partnerships across borders and to address strong and efficient messages on health challenges.

Before proceeding with any forward-looking approach, we see the growing awareness of European citizens and the strong principle of the European Union: "The equality of all Europeans in access to quality health and safety of a high level."

The European Institute for Health was created to raise EU health challenges and is willing to provide recommendations to decision makers, NGOs and practitioners, on how to get into action to promote appropriated answers.
The EIH goal is exchange of knowledge and experience among the European Union Member States. The main aims have been to review and analyse existing data on health, to produce some reports with recommendations and to develop a comprehensive strategy for implementation of these recommendations.
Today, Europe needs medium/long term decisions on Health for the greater benefit of European citizens.

2-What is the EIH?

<u>EIH is an European body</u>

➤ Type : AISBL (Association Internationale Sans But Lucratif).
- An Independent and permanent structure, a think tank not a pressure group
- Foundation date : End 2008 (Kick-off : European Health Ministers Council) Location : Brussels.

<u>GOALS</u>
- To contribute to the improvement of health in Europe:
- By anticipating the changes on health at large.

- ➤ Science & technology.
- ➤ European consumers expectations, lifestyle and ageing.
- ➤ Medical practices and actors.
- ➤ Health governance.

• By developing guidelines for health in Europe:

- ➤ Through studies, seminars and various publications.
- ➤ Through work groups (task forces).

• By sharing effective and innovative solutions.

APPROACH

A prospective project

1- First study dealing with health in 2030

A multi-states, multidisciplinary approach

2- Gathering of all actors of "Global Health"

3- Establishing working links with all the EU bodies

An European initiative

4- Helping the European Community in its addressing of European consumers interests

5- Providing to European actors a new opportunity to contribute to policy development at an early formative stage

- Our First study In partnership with Accenture "Emerging Health Challenges for Europe over the next 20 years" was presented during a symposium at the European Parliament, June 7, 2010
- Allowed the attendance of a wide panel of experts and professionals of the "Global Health"
- Allowed the emerging of leads for our future works

A Facilitator:
In the sharing of diagnosis and in the implementation of actions to improve health decisions in social and economic terms

3-What has made by EIH?

After its founding Symposium June 2010 on the theme: "Emerging health challenges for Europe overthe next 20 years" at the European Parliament, and from a study by Accenture, EIH is entering a new phase of works (2011/2012). Following the recommendations made by various actors from the symposium and by many experts, always from our initial assumption and in a prospective way two working groups worked on a regular basis on the following themes:

"Prevention as a new paradigm" *(Should Prevention be integrated in European healthcare strategies?) (2012/2013).*

"Ubiquitous and cost effective technologies" *(Could technologies provide European citizen a better access to healthcare?). (2013)*

"Long Term Care: What Challenges for Europe": It was a symposium: devoted to dependence, given that it represents a major issue in European countries, taking into account the European cultural differences and the various meanings of dependence across Europe. We considered successively: definitions and various problematic, key facts figures, learning from international perspectives and experiences, and we concluded by recommendations to reinvent long term care in Europe. (2013)

Economy and housing: "Innovating for a sustainable city" in partnership with CILOGIS-ALLIANCE Territoires. (2014)

You can find documents related to the founding symposium and to these works by visiting our website: www.eih-eu.eu

4- What are the future activities of EIH?

In the coming years, EIH will continue to develop subjects from health challenges identified, in the broadest consensus of global health actors.

AGENDA 2015/2016

A symposium on an economic subject: "Among opportunities for sustainable growth in Europe: The Global Health". In most European countries, the health sector is considered as a constraint to the extent that it contributes greatly to budget deficits. The share of health expenditure in the budget deficits of European countries is significant and no improvement is expected: the European population ages, chronic diseases dominate the quality of care is improving with technologies more and more sophisticated but more expensive. In this context, the health sector is rarely seen as a contributor to economic growth and as a source of competitive advantage for Europe. The objective of the symposium is to better characterize this opportunity.This will be based on a study by Accenture which is a partner of EIH.
A Working Group and a colloquium on Insurance in the new perimeter of Global Health.

If you are interested in our approach and our works, you can contact us on our website www.eih-eu.eu
or by email: ceo@eih-eu.eu

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Already published :

- Emerging Health Challenges for Europe over the next 20 years (2010)

- Long Term Care: What Challenges for Europe (2013)

- Ubiquitous and cost effective technologies: How technologies can provide European citizens a better access to healthcare? (2012/2013)

- Prevention as a new health paradigm: Building an Effective European Response to Enable Health prevention to 2030 (2012/2013)

- Among opportunities for sustainable growth in Europe: The Global health (2015)

More information on our Website: www.eih–eu.eu
Or: ceo@eih–eu.eu

Contributing to better health
for the European citizens

EIH is an « Association Internationale Sans But Lucratif »
Siège social : rue Abbé Cuypers, 3 / B-1040 Bruxelles
Web site : www.eih-eu.eu Mail : ceo@eih-eu.eu