About International Hospital Federation (IHF)

The International Hospital Federation (IHF) is an international not-for-profit, non-governmental membership organization. Our members are worldwide hospitals and healthcare organizations having a distinct relationship with the provision of healthcare. We provide them with a platform for the exchange of knowledge and strategic experience as well as opportunities for international collaborations with different actors in the health sector.

Established in 1929 after the first International Hospital Congress in Atlantic City, USA as the International Hospital Association, it was reamed after the Second World War in 1947. With its Headquarters in Geneva the IHF is constituted under the Civil Code of Switzerland. The IHF recognizes the essential role of hospitals and health care organizations in providing health care, supporting health services and offering education. Our role is to help international hospitals work towards improving the level of the services they deliver to the population with the primary goal of improving the health of society.

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About French Hospital Federation (FHF)

The French hospital Federation was created in 1924 and gathers more the 1 000 public health care establishments (hospitals) and more than 1 000 public retirement homes. The Federation represents almost 100% of public healthcare facilities.

This legitimacy and national dimension give to the French hospital Federation a leading role in the French healthcare system.

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Study Tour Summary

This Study Tour, entitled “Health Innovation and Neighbourhood: Towards New Health Service Models”, took the participants through the French health system and the various areas related to it, such as the current reform with the “Ma Santé 22” bill and the reconceptualization of health neighborhoods; the interaction between the public and the private sector; and of course, the role of innovation. This document presents a recap of the content learnt during those five days. Speakers’ presentations can be found here.

The French Health System

In France, the health system is a major element of the national cohesion to which the French are very attached. Very proud of the values carried by their system (solidarity of the healthy towards the sick people, universality of care, …), the French are also worried about its future. Thus, for 15 years, crises have multiplied, and health has been at the heart of the recent demands that have marked the country (movement of the “yellow vests”): medical desertification, sharp increase in health expenditures, health professionals’ malaise, etc. There are many sources of concern. It is in response to these challenges that President Macron has embarked on a health system transformation plan through the “Ma Santé 2022” bill, that is intended to be a comprehensive plan for both hospital reform and primary care.

The Potential of Health Neighborhoods

As part of the reorganisation of the provision of care at the local level, the Study Tour features the presentation of the Orsay Hospital Center as well as the merger project of the Longjumeau and Orsay hospitals, and the presentation of the organisation of the provision of health care into neighbourhoods. The French health system was historically built around hospitals. To respond to the development of chronic diseases, new expectations of patients, but also to control costs, the reform of the health system aims to strengthen primary care and especially to better organize it. New tools of cooperation between the city professionals are therefore being broadcast, and this is a real revolution in the French system.

Financing

In France, hospital acute care and hospitalization at home (HAD) are paid by a diagnosis-related group method under the medical activity-based payment system. Self-employed professionals are paid on a fee-for-service basis. Tariffs are set through negotiations between SHI and health care providers and approved by the Ministry in charge of Health. A session of the Study Tour will be dedicated to the presentation of the health system financing, its evolution, and the interaction between efficiency and quality of care.

Innovation

Focused on innovation, the French health system relies on a vast network of university hospitals and of world-class research teams, as well as on a very important industrial fabric. It is the interaction between these different actors that will be at the heart of the program with exchanges between innovators, start-uppers, researchers and institutions in charge of promoting these innovations in order to implement them in care.
Day 1: Monday, September 16

This introductory day gave an overview of the French healthcare system, from the main stakeholders to its governance. The emphasis was then placed on the Île-de-France (Paris) Region and the specific example of a private not-for-profit hospital.

Afternoon

13:30 – 17:30 Île-de-France Regional Council

Overview of the Study Tour – Eric de Roodenbeke

The French Healthcare System – Lise Rochaix

On Monday afternoon, we have had the opportunity to listen to Lise Rochaix, professor in health economics at the University of Paris 1 Panthéon-Sorbonne, who addressed the main features of the French healthcare system (health insurance, financing, drug prices) and assess its overall performance. She also emphasized the role of health economics within countries, and the various trade-offs between objectives pursued by each country’s social contract.

The Île-de-France region and its actions in favour of public health – Axel Topçu

Axel Topçu, representing the Île-de-France (Paris) Regional Council introduced the participants to the distribution of responsibilities from the State to the Regions (14), the Departments (95) and the Cities (35 000). He then focused on the Île-de-France Region to highlight the main health issues, its successes in the field of health (for instance, it is among the most advanced in Europe in the sector of health and life sciences), as well as the challenge of social and health inequalities faced by the Region.

The “French Healthcare” Initiative – Jean-Patrick Lajonchère

To conclude this first afternoon, Jean-Patrick Lajonchère gave an experience feedback regarding his current position as CEO of the Paris Saint-Joseph hospital, founded in 1878. With a capacity of 677 beds and 73 300 hospital stays in 2018, it is currently one of the most important non-profit private hospitals (ESPIC) in France. Mr Lajonchère highlighted the dimension of adaptive management for non-profit private hospitals. Being not for profit and not publicly funded, they must be very careful about their expenditures and must remain excellent by always adapting to the patient’s needs, whether in terms of values, infrastructure, communication or teaching. Afterwards, he presented the “French Healthcare” initiative, launched by the French Ministry of Foreign Affairs in 2017 in the setting of increasing global health issues. “French Healthcare” acts as a “made in France” label, in order to promote the French expertise and vision in healthcare. The final goal is to bring all French healthcare enterprises internationally below the same umbrella to guarantee better knowledge sharing, coordination and quality.
THE FRENCH HEALTHCARE SYSTEM

**LEGAL POWER**

**NATIONAL LEVEL**

FRENCH PARLIAMENT

VOTES FOR THE BUDGET OF

ASSURANCE MALADIE

HAS ADMINISTRATIVE CONTROL OVER

SOCIAL SECURITY BODIES

NATIONAL INSURANCE FUND (CNAM)

MINISTRY OF HEALTH

**REGIONAL LEVEL**

REGIONAL HEALTH AGENCIES

HAS ADMINISTRATIVE CONTROL OVER

HAS REGIONAL BODIES INCLUDED IN

**LOCAL LEVEL**

LOCAL INSURANCE FUND (CPAM)

COMMUNITY-BASED HEALTH WORKERS

FINDS AND TRIES TO REGULATE

HOSPITALS

FINDS AND TRIES TO REGULATE

TRY TO REGULATE

HAVE ADMINISTRATIVE CONTROL OVER

Day 2: Tuesday, September 17

On the second day, we explored the geographical and structural reorganization of the health providing services. With the big challenge of underserved areas, a better coordination between urban and rural areas, between hospitals, teaching and research environments, as well as between all health professions, is needed.

Morning

9:00 – 12:00  
*Orsay Hospital Center*

**The New Hospital Organization and the Future Saclay Hospital** – Cédric Lussiez

On Thursday morning, we have been welcomed by Cédric Lussiez, CEO of the Nord-Essone Hospital Group (GHNE), at the Orsay Hospital Center. He then presented the project to group 3 hospitals (Longjumeau, Orsay and Juvisy hospitals) into a network serving up to one million people. Two of these hospitals will be kept as community hospitals, while a new one is to be built on the Saclay Plateau (the French "Silicon Valley", representing 15% of French scientific research) as a flagship hospital embedded into a teaching and innovative environment. As explained by Mr Lussiez, it will represent a “third way” between general and university hospitals. This merger project should allow to face the main current challenges by reinforcing outpatient care within the hospital and developing closer ties with other healthcare providers in its territory.

**Connecting GHNE Hospital and the Research Ecosystem** – Vincent Lebon

Prof. Vincent Lebon is the Director of the Frédéric Joliot Hospital Service located inside the Orsay Hospital. This service was created by Frédéric Joliot, a pioneer chemist who strongly promoted the medical application of radioactivity and who created the French Atomic Energy Commission in 1945. Thank to this service, the Orsay Hospital can practice nuclear medicine and is a unique center for teaching and research in medical imaging. Prof. Lebon then detailed the new role and opportunities of the GHNE once settled in Saclay. Both academic and industrial partnerships will provide an ideal ecosystem for advancements regarding health technologies.

Source: Connecting GHNE Hospital and Research Ecosystem: from the SHFJ experience to the PASREL project. Vincent Lebon.
Afternoon

14:00 – 17:00 – Health House “Les Allées »

Different models of exercise – Damien Nicolini

Multi-professional health houses are at the heart of current evolutions concerning primary healthcare. The inception of health houses is embedded in two main projects: a health project, which is to respond to the community’s need with coordinated and multiprofessional care, and a professional project, which is to define the organization of coordinate care. In 2012, Damien Nicolini, nurse by training, has created a multi-professional health house located in Corbeil-Essonnes (a suburb city located 40 km from Paris), where he welcomed us to present his different projects. Besides the Health House “les Allées”, Mr Nicolini introduced us to Healthcare Regional Professional Communities, which are to ensure better coordination between regional health actors (including health houses) and structure health pathways. Finally, he presented the innovative digital platform “Entr’Actes”, which is a concrete tool allowing for better coordination between health professionals.

Source: The Different Models of Care. Damien Nicolini

The Potential of Health Neighborhoods – Philippe Soulié

As the Île-de-France Regional Delegate of the French Hospital Federation (FHF), Philippe Soulié emphasized the importance of integrated care in France, to respond to the challenges of aging population and rising prevalence of chronic diseases. In that setting, the FHF advocates for a more effective and efficient regional health policies by promoting more cooperation between all regional health actors (within and outside the hospital) and health structures (public and private hospitals, Regional Hospital Groups and Healthcare Regional Professional Communities).
Day 3: Wednesday, September 18

On the third day, the theme of neighborhood was further addressed with the presentation of main stakeholders: the Île-de-France Regional Health Agency, the French Private Hospital Federation, the Confederation of French Medical syndicates, and Hospitalization at Home. Two crucial and transversal other topics were presented, namely the reforms of the French Healthcare system and healthcare financing.

Morning

9:00 – 12:00 National Assembly

Medical demography and community-based practice – Jean-Paul Ortiz

Dr. Jean-Paul Ortiz is the president of the Confederation of French Medical Syndicates (CMSF). He presented an overview of the current situation and future trends regarding the national distribution of employed general practitioners, specialists, and stand-alone practitioners. Though this lens, we can understand the geographical challenges, as well as the evolution of the societal and professional expectations.

The Regional Health Agency in the French Health System – Didier Jaffre

Didier Jaffre is the director of healthcare services at the Île-de-France Regional Health Agency (ARS). The Regional Agencies coordinate the activities and allocate the operating budget of hospitals, private facilities, care centers and structures for the elderly, disabled and dependent persons. As regulators, their tasks include a territorial dimension (for a better distribution of doctors and the provision of care on the territory) and an economic dimension (for better use of resources and control of health expenditure).
Reforms of the French Health System – Alexis Thomas

As the chief of staff of the French Hospital Federation (FHF), Alexis Thomas presented the topic of recent reforms of the health system and their impact on public hospitals. In July 2018, the National Assembly adopted the "Ma Santé 2022" bill, a major health reform that aims at improving access to care in France. Mr. Thomas emphasized the holistic dimension of the reform. Indeed, the great ambition of the project is to have a collective engagement: it is not only a hospital reform, but a reconsideration of the whole pathway. To do so, six main actions have been taken and are still in process:

1. Promote the presence of healthcare professionals in underserved areas
2. Increase the number of interns in outpatient facilities to encourage the interest to work in underserved and fragile areas
3. Encourage the coordinate exercise of healthcare professionals and reinforce the appeal of outpatient facilities
4. Support new models of exercise to reinforce the medical presence in underserved areas
5. Develop task delegations and cooperation between health professionals to avoid time waste
6. Fight distances through telemedicine

The place and role of the private French hospitalization today – Béatrice Noëllec

Béatrice Noëllec is the head of institutional relations and societal watch at the French Private Hospitals Federation (FHP). In France, the private sector gathers more than a thousand health facilities, 18% of the French medical doctors and 9 million patients taken care of each year. Two types of private facilities exist: market-driven and not-for-profit. The private hospitals are submitted to the same rules than public ones, and therefore have the duty and responsibility to offer the best service to the public at the best cost. The operating rules are based on a partnership logic with the public, and this trend is increasing. Indeed, there is a will to consolidate and restructure to better respond to the need of the population and to better fight the challenge of geographical barriers to care. For the FHP, the future of the private sector is to more consider the social issues by improving their approach to care (in opposition to cure) and the public sector's concerns. For instance, an alert system for conjugal violence has been implemented within private hospitals, and effort is made to enhance health promotion.
Afternoon
14:00 – 17:00  Ile-de-France Regional Council

Funding of the health system and healthcare providers - Philippe Naty-Daufin

Philippe Naty-Daufin is the advisor to the President of the National Health Insurance Fund (CNAM), the compulsory social security scheme. He introduced us to key economics figures to present the current financial situation of the French health system: health expenditures, sources of funding, and the general characteristics of the payment system in France. He also detailed the current reform of payment models by presenting the expected changes and challenges that it will bring.

Health system financing and its evolution – Marion Lelouvier

Marion Lelouvier is the chief of staff at the National Federation of French Mutuality (FNMF). She presented the health and social security system through a historical approach, in order to address the relationship between compulsory and complementary insurance, and the increasing role of the later. Through a well-defined legal framework, the French Mutuality can be considered a major not-for-profit health and social network in France.

Overview and evolution of home care in France – Michel Calmon

Michel Calmon is the Regional Delegate of the National Federation of Home Hospital Care Facilities (FNEHAD) and of Home Hospital Care (HAD France). He presented a general overview of the “hospital at home” activities as well as the recent challenges in France. Over the past 10 years, home care activity in France has almost doubled, reaching 4.9 million days of hospitalization in 2016. This approach will keep increasing as it matches more and more the population’s expectation. Indeed, the customization of the service provided, the general wellbeing and global care dimension are highly appreciated.
Day 4: Thursday, September 19

The last two days focused on innovation, through the presentation of various organizations and actors. On Thursday, we visited both the Gustave Roussy Institute, leading patient care, research and teaching for all types of cancer, and the Lab Santé, which supports innovative start-ups in the field of health.

Morning

9:00 – 12:00 Institut Gustave Roussy

The Gustave Roussy Institute – Prof Axel Le Cesne, Dr Sarah Dauchy

Gustave Roussy Institute (IGR) is a leading Comprehensive Cancer Center (CCC), dedicated to patient care, research and training. IGR is a member of Unicancer. As an introduction, Prof. Axel Le Cesne gave us a general presentation of the IGR and their involvement on the international stage. As the leading CCC in Europe in terms of clinical activity, the IGR has the ambition to promote its expertise and enhance knowledge sharing internationally. The Institute is a founding member of the Cancer Core Europe consortium, leading six European CCCs. Dr Sarah Dauchy then presented the future Wellness Center at IGR, which would be the first wellness center only dedicated to cancer patients. According to Dr Dauchy, it is also IGR’s mission to accompany the patients beyond treatment and enhance their quality of life by contributing to improve their self-confidence and stress management capacity.

The Role of Unicancer – Sandrine Boucher

Sandrine Boucher is the Medical Strategy and Performance Director of Unicancer, which is a network of 18 Comprehensive Cancer Centers (CCC), 20 hospitals, and other non-profit private healthcare institutions in France, all dedicated to fighting cancer. To reach its mission, Unicancer counts six departments: medical strategy and performance; human resources; purchasing; development, communication and international relations; IT; and research & development.

Some tips for better innovation: FHF Fund for Innovation – Enguerrand Habran

Enguerrand Habran is the director of the French Hospital Federation (FHF) Research & Innovation Fund. This fund was created by the FHF to promote, drive and support innovation in health. Mr Habran started his presentation by emphasizing the definition of innovation, which can be misunderstood. In France, there used to be no proper methodology to trigger and create innovation in health. Therefore, they looked outside of the health sector and figured out what could be implemented in the context of a hospital. They now have a methodology based on four main principles (bottom-up; benchmarking; collaborative; incremental & iterative) and three stakeholders (the facilitators; the sponsors; the innovators), to innovate in the health sector.
Innovation and hospital purchases – Pierre Lebon

Pierre Lebon is director of the consulting, innovation and international department of the French Hospital Purchasing Network (Resah). Resah is a national public organization counting 589 members. They adopt a transversal approach by focusing on global purchasing, consulting, information system, formation, publishing and innovation. Their innovation center was created in 2019 and is in charge of four main activities: innovation by offer; innovation by demand; training; and new economic patterns.

Afternoon

14:00 – 16:30 Lab Santé

Facilitating Innovations in Health – Maud Saporta

The Lab Santé supports all innovative project leaders in health, mainly by bringing together public and private actors. Its relationships with the health ecosystem make Lab Santé a key player in the health innovation sector. The Director General Jean-François Dhainaut welcomed us with his team to their office, located in the heart of Paris. As presented by Maud Saporta, director of medical affairs, the Lab Santé was created in 2016 as a non-profit foundation by the Regional Health Agency and has since then gained its independence. Their mission is to facilitate and manage collaborations through their network (Lab Santé counts more than 60 members), to provide individual support to project leaders, and to conduct experiments. Since 2016, they have worked with 414 innovative project leaders. As an illustration of their work, two start-ups supported by the Lab Santé presented their projects: medGo and Arkhn.

medGo – Adrien Béata & Antoine Lemaire

Knowing that short-term staffing is one of the main concerns of healthcare facility executives in France, this digital platform suggests optimizing short term staffing by retaining and connecting with their staff network. Permanent staff and regular contract workers are invited to create an account and are notified when a shift must be assigned. The nurse manager who created the shift selects the best candidate, and medGo integrates the shift in the planning and generates the contract to be signed electronically. Within two years and a half, medGo was welcomed by over a thousand clients.

Arkhn - Alexis Thual & Emeric Lemaire

Arkhn standardises healthcare data coming from hospitals into Fast Healthcare Interoperability Resources, in order to restore the sovereignty of health centres over the health data they collect and use. The lack of interoperability between medical software hinders patient care, slows down the work of medical teams and complicates the tasks related to the management of health facilities. By standardizing health data, Arkhn is addressing these resource losses, and enables health centres to offer a better service.
Day 5: Friday, September 20

On this last day, we were welcomed at the French Association of Pharmaceutical Companies (Leem) to gain further insights on the topic of innovation. And so, closed the loop on the French new health service models through neighborhoods and health innovation.

Morning

09:00 – 12:00 The French Association of Pharmaceutical Companies (Leem)

The Leem, current challenges and innovation – Philippe Lamoureux

As the Director General of the French Association of Pharmaceutical Companies (LEEM), Philippe Lamoureux detailed three ongoing revolutions regarding the pharmaceutical sector. The first revolution is scientific: with breakthrough innovations, diseases will be cured through various therapies (genes, drugs, nuclear medicine, etc.); fatal diseases become chronic diseases, and people with chronic diseases have a longer life expectancy. The second revolution is regarding patients, who are increasingly empowered and want to participate in the decisions concerning their health. The third revolution is organizational, due to the acceleration of innovation and the evolution of societal demand: the systems have to adapt at a good speed to remain sustainable, and progress is becoming the main indicator of adaptation and efficiency. The Health2030 book (also available here) published by the Leem is the illustrating how and which innovations are going to respond to these challenges.

Medicen: French & European Healthtech Innovation – Stéphane Roques

Stéphane Roques, the CEO of Medicen, presented his organization, which is a global hub for health innovative technologies. They count more than 430 members, that they connect to constitute a Paris Region health ecosystem. Their mission is to accelerate startups and SMEs development, foster individual and collaborative projects, and support R&D projects. Beyond the Paris Region, Medicen is involved in several European projects and international programs.

Fields merging for innovation – Jacques Lewiner

To conclude, Jacques Lewiner, a physicist and inventor with a strong experience in the creation of various technology-oriented start-up companies, gave us a motivational talk on current challenges and innovation based on his own experience. We are witnessing a broadening of possibilities to innovate because of an increasing involvement of and interaction between scientific disciplines, resulting in Biotech, Big Data, and so on. Therefore, health sciences’ traditional specializations are no longer fit for the current context, and there is a need to mix culture and fields. All this leads to new ways to treat, and Mr. Lewiner has three recommendations: first, regulations must allow for flexibility, and therefore the creation of local committees is advised; second, fiscal laws must remain stable and not change too often in order to facilitate the proper development of an innovation; and last but not least, innovators must accept risk and therefore accept failure. Over risk-adversity and fear of failure is an important barrier to disruptive innovations.
Organizers and Facilitators

Eric de Roodenbeke, CEO, International Hospital Federation, Geneva, Switzerland

Eric de Roodenbeke assumed the position of Director General of the International Hospital Federation in June 2008. Between July 2007 and May 2008, he was Senior Health Specialist at the World Health Organization (WHO) for the Global Health Workforce Alliance (GHWA) during which time he was involved in support country action programs to develop a response to the HRH crisis. He was Director of a hospital of the University Hospital (CHU) of Tours, and Senior Officer responsible for hospital and health financing interventions at the French Ministry of Foreign Affairs from 2001 to 2003 and 1999 to 2001, respectively. Between 1996 and 1998, he was Senior Officer on hospital policy expertise at the French Ministry of Cooperation. From 1994 to 1996, he was Deputy Director of the 870-bed University Hospital of NANTES. 1989 to 1994, Dr. de Roodenbeke was the Expert, task team leader for a project involving construction, equipment, management of a 500-bed hospital in Burkina Faso. He was Deputy Director of Epinal-Vosges (France) General Hospital from 1984 to 1989.

Dr. de Roodenbeke holds a Ph.D. in health economics - University of Paris 1, Sorbonne (France); a Hospital Administration Diploma from ENSP Rennes (France); and a Diploma in Public Health from the University of Nancy (France).

Cédric Arcos, Deputy Director General, Region Ile-de-France

Cédric Arcos is graduated from Sciences Po, from the French National School of Public Health and from the High Institute for Social Protection. He is currently the Deputy CEO of Paris Region, in charge of healthcare affairs, solidarity policies, sport and modernization. He occupied different high responsibilities in French hospitals, as Human Resources Director of Academic hospital of Lyon and as Chief of staff of this hospital. For 6 years, from 2011 to 2017, Cédric Arcos was deputy CEO and CEO of the French Hospital Federation, institution that, in France, represents all public hospitals. Cédric is in charge of teaching healthcare policies at Sciences Po Paris and the author of different books such as « ethics and management », published in Paris in 2010 and « Reforms of hospitals and Hospital reform » published in 2014. Very involved in international affairs, he was recently elected Governor of the International Hospital Federation and is also the Ambassador for healthcare relationships between France and Denmark.
Overview of the Speakers

Monday
- Lise Rochaix, Professor, University Paris 1 Panthéon-Sorbonne
- Axel Topçu, student in Hospital Director training
- Jean-Patrick Lajonchère, Director General, Paris-Saint-Joseph Hospital Group

Tuesday
- Cédric Lussiez, CEO, Hospital Group Nord-Essonne
- Vincent Lebon, Director, Frédéric Joliot Hospital Service
- Damien Nicolini, President, Espace Vie
- Philippe Soulié, Regional Delegate, French Hospital Federation

Wednesday
- Jean-Paul Ortiz, President, Confederation of French Medical Trade Unions
- Didier Jaffre, Director of Healthcare Provision, Regional Health Agency Ile-de-France
- Alexis Thomas, Chief of staff, French Hospital Federation
- Béatrice Noêlle, head of institutional relations and societal watch, French Private Hospital Federation
- Philippe Naty-Daufin, advisor to the President, National Health Insurance Fund
- Marion Lelouvier, Chief of Staff, Fédération Nationale de la Mutualité Française
- Michel Calmon, Regional Delegate of the National Federation of Home Hospital Care Facilities

Thursday
- Axel Le Cesne, Head of the International Department, Gustave Roussy Institute
- Sarah Dauchy, Head of the supportive care department and psycho-oncology unit, Gustave Roussy Institute
- Sandrine Boucher, Medical Strategy and Performance Director, Unicancer
- Enguerrand Habran, Research & Innovation Fund Director, FHF
- Pierre Lebon, Director of the consulting, innovation and international department, Resah (Hospital Purchasing Network)
- Maud Saporta, Director of Medical Affairs, Lab Santé
- Adrien Béata & Antoine Lemaire, medGo
- Alexis Thual & Emeric Lemaire, Arkhn

Friday
- Philippe Lamoureux, Director General, The French Association of Pharmaceutical Companies (Leem)
- Jacques Lewiner, Professor and Honorary Scientific Director, ESPCI ParisTech
- Stephane Roques, CEO, Medicen
### Overview of the participants

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<tr>
<th>Country</th>
<th>Name</th>
<th>Position &amp; Organization</th>
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<tbody>
<tr>
<td>Belgium</td>
<td>Yannick De Clercq</td>
<td>Board Member, University of Ghent and University Hospital of Ghent</td>
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<tr>
<td>Kenya</td>
<td>Christopher Abeid</td>
<td>CEO, Nairobi Hospital</td>
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<td>Lithuania</td>
<td>Laimutis Paškevičius</td>
<td>Director, JSC SK Impeks Medical Diagnostic Center, Vilnius</td>
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<td>Oman</td>
<td>Jehan Al Fannah</td>
<td>Head of Performance Improvement, Royal Hospital</td>
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<td>Oman</td>
<td>Harith Al-Harthy</td>
<td>Head of Hospital Administration, Royal Hospital</td>
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<td>Panama</td>
<td>Reynaldo Holder</td>
<td>Advisor, Hospital Del Niño, Panama</td>
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<td>Singapore</td>
<td>Philip Choo</td>
<td>Group CEO, National healthcare Group</td>
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<td>Singapore</td>
<td>Pek Wee Yang</td>
<td>Chairman of the Medical Board, Khoo Teck Puat Hospital</td>
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<td>Singapore</td>
<td>Loh Shu Ching</td>
<td>Division for Central Health Executive Director, Tan Tock Seng Hospital</td>
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<td>Spain</td>
<td>Anna Riera</td>
<td>International Affairs Director, Catalan Hospital, Health &amp; Social Services Association</td>
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<td>Spain</td>
<td>Maria Emilia Gil</td>
<td>Senior Consultant, Catalan Hospital, Health &amp; Social Services Association</td>
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<td>UAE</td>
<td>Muna AbdulRazzaq Tahlak</td>
<td>CEO, Latifa Hospital</td>
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<td>UAE</td>
<td>Maryam Mohd Abdulla AlRayssi</td>
<td>CEO, Dubai Hospital</td>
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<td>UAE</td>
<td>Fahad Omar Ahmed Baslaib</td>
<td>CEO, Rashid Hospital</td>
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<td>UAE</td>
<td>Saif Abdulla S. AlWali AlBaddwawi</td>
<td>CEO, Hatta Hospital</td>
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<td>USA</td>
<td>Mindy Matthews</td>
<td>Director of Care Management and Clinical Integration, Affinia Health Network</td>
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