RECIPES FOR SUSTAINABLE HEALTHCARE

A multi-stakeholder public debate
at the Bibliotheque Solvay Brussels
28th May 2013

CONFERENCE REPORT

abbvie EUPHA PHILIPS

media partner

FT
FINANCIAL TIMES

RECIPES FOR SUSTAINABLE HEALTHCARE

A multi-stakeholder public debate
at the Bibliotheque Solvay Brussels
28th May 2013

CONFERENCE REPORT

We were delighted to welcome healthcare stakeholders from across Europe and beyond for our Recipes for Sustainable Healthcare conference, which was hosted by AbbVie together with our partners, the European Public Health Association and Philips.

Around the world, and in Europe in particular, people are living longer. By 2050 the average European will expect to live for 82 years, compared with 75 today. It's good news, of course. But there is a darker side — not all those extra years will be healthy. Many Europeans will spend the later parts of their lives coping with one or more chronic conditions, the incidence of which is already rising alarmingly.

So how do we face this challenge? All three partners involved in this event understand the need for a multi-stakeholder, transnational approach. The European Union has already carried out impressive work in this area, and this conference is our contribution. But why did we think it is necessary to hold another discussion?

Healthcare sustainability and healthy ageing are close to AbbVie's heart. Last year, when we were still part of Abbott, we commissioned a research report from the Economist Intelligence Unit on how to extend healthy life years.

Its conclusions were clear: lifelong prevention, early diagnosis and intervention will have a key role to play.

We also concluded that if we as a society want to achieve healthy ageing and healthcare sustainability, then governments, patients, stakeholders, and companies like ours need to work in close partnership together.

That is why we believe in the importance of pan-European strategies on healthy ageing, combined with more effective management of public resources at the national level. Together, we can benefit patients, public accounts, and the economy as a whole.

The next stage of our long-term commitment is the compilation and publication of a pan-European white paper. It will look at concrete and practical solutions to the challenges facing us, and explain how we intend to work with key stakeholders of every kind to rethink how healthcare should work, and how we can deliver it — together.

I hope you enjoy reading this summary of discussion from the conference, and that it helps all of us work towards our goals as we build a sustainable model for future healthcare.

Pascale Richetta,
Vice-President AbbVie, Western Europe & Canada Operations

(more to know at :
http://digitalresearch.eiu.com/extending-healthy-life-years)

First Plenary Session – Setting the Scene

Summary of plenary discussion

Moderator: **Sarah Neville,** Public Policy Editor, Financial Times

- **Heinz Becker,** Member of the European Parliament
- **Nicola Bedlington,** Executive Director, European Patients' Forum
- Prof **Walter Ricciardi,** President, European Public Health Association
- **Pascale Richetta,** Vice-President AbbVie, Western Europe & Canada
- **Jeroen Wals,** Chief Technology Officer, Philips Home Healthcare Solutions
- **Ana Xavier,** Policy Co-ordinator and Economist, Sustainability of Public Finances Unit, European Commission

"My chemotheraphy means I've had to put off having children."

Sarah Enell

Across the world – and especially in Europe – people are living longer. According to the UN, life expectancy in Europe has risen by 10 years since 1960. By 2050 the average European could be living for 82 years. It's good news. But there is a darker side. Many Europeans will spend the later years of their lives coping with one or more chronic conditions, the incidence of which is already rising alarmingly.

The opening session of the conference brought together experts from the patient, industry, policy and decision making perspectives which enabled a rich exchange of views and experience, moderated by Sarah Neville, whose insights from reporting and editing the Financial Times public policy pages led to some concrete conclusions. The driving themes of this session were the current state of the European healthcare environment, the long-term challenges governments, policymakers and other stakeholders face to make their systems sustainable, and how the financial crisis will affect that drive for a better, future-proof way of managing healthcare that is both affordable and effective.

A turning point in the discussion was the joint realisation that the crisis can in fact be an opportunity and that austerity programmes which have led to some adverse effects on healthcare provision also leave room for innovation.

"Austerity can also be the mother of invention. We mustn't waste a good crisis. The implications if we fail to get on top of spiralling healthcare costs are potentially devastating."

Sarah Neville, Public Policy Editor, Financial Times

Though the sheer expense of healthcare is seen as a major threat to the creditworthiness of nations, the cost is not purely financial: it can also be measured in shortened and compromised lives. Policymakers need to take a more encompassing view and approach healthcare costs as an investment in the wellbeing, quality of life and, ultimately, in the productivity of the active population.

Putting patients at the centre of the decision making process

It is crucial that decision makers take a holistic approach to addressing chronic disease management and treatment to ensure that solutions are available across all segments of the population to mitigate health inequalities within and across countries. Patients are first and foremost integrated members of the population and electorate, and solutions should focus on wider benefits to society, including continued employment and participation. Chronic diseases currently affect a growing number of people across the continent, and policy makers should integrate patients into the solution building process. This approach is advocated by organisations such as the European Patients' Forum, who strongly believe patients should be involved in all aspects of health policy.

"Patients can offer their unique insights to inform better, more effective care. An empowered patient is an asset to society, as they are more able to contribute in a work environment and society as a whole, and better able to communicate with their healthcare provider to create more quality-oriented healthcare for everyone."

Nicola Bedlington, Executive Director, European Patients' Forum

Challenging times, but an opportunity for change

We realise today that the increases in life expectancy seen across Europe, and indeed much of the world, over the last few decades have not been accompanied by sufficient measures to address an ageing population, such as investment in preventative medicine. This has resulted in a steep, yet foreseeable, rise in the incidence of chronic disease.

Furthermore, the financial crisis has led to unprecedented budget cuts, which are hitting preventative medicine hard across Europe – even while there are increases in demand for many services. Policy and decision makers definitely need to adopt a longer term view of state healthcare systems to ensure that immediate austerity measures do not pass a point of no return.

"Investment in preventative medicine is not just a matter for the health ministers. It's an issue that involves entire governments."

Prof Walter Ricciardi, President, European Public Health Association

There is no doubt technology has a major role to play, but the response to the global healthcare challenge must be truly systemic. Technology – whether new developments or new uses for existing ones – can boost patient empowerment in areas such as lifestyle management, results delivery and compliance optimisation but it can only ever be part of the overall solution. We will only achieve a concrete, workable and future-proof solution adapted to all patients through the contribution of every stakeholder.

"We cannot wait another ten years for the science; we have to move to evidence based healthcare"

Jeroen Wals, Chief Technology Officer, Philips Home Healthcare Solutions

The development of new healthcare systems that address the needs of a changing population within a new economic environment requires a step-wise approach towards long term objectives.

Input from the rich pool of stakeholders and experts is therefore crucial to policy and decision makers as they look to identify and test pilots and innovative solutions that have not been thought of before.

While it is true that primary prevention often only yields results in the medium-run, secondary and tertiary prevention, specifically screening programmes, early intervention and effective disease management systems can bear fruit sooner, thus supporting the efforts of policy and decision makers.

"When it comes to healthy ageing and prevention, I know there is nothing more difficult than changing behaviours. It takes effort, money and time."

Heinz Becker, Member of the European Parliament

Politicians should have the courage to enter into honest conversations with the electorate, focusing on realistic and achievable goals that fit the new world economic context and address the demographic 'time bomb'. This can only happen by supplying citizens with better information so they can become fully engaged and supportive of the solutions on the table, thus bringing them closer to the decision making process.

Working together to find bold solutions

Rather than looking for rapid cost cutting solutions through drug policy, policy makers could consider what can be done structurally to offer different models of care, such as treatment at home or in the community. The first beneficiaries of this approach will be patients, whose wellbeing and comfort will be put first. The role of hospitals should evolve towards much more targeted, highly specialised treatment while prevention, either secondary or tertiary, will move closer to the patients in their own environment.

"It is about empowering patients and making them understand that it is not second best to be treated in the community or at home."

Ana Xavier, Policy Coordinator and Economist, European Commission

Coherence and consistency are imperative. This includes the way we look at care and what we refer to as primary, secondary and tertiary prevention. The different types of prevention and treatment should not be treated in isolation; rather they are a continuum of patient-centred quality care, which may be delivered within a traditional hospital setting or in innovative care centres. This is an important shift that will need to be carefully managed to be successful. Changes cannot happen overnight, but they must come.

"The magnitude of the shift we need to operate is the biggest challenge and we need to be brave to tackle the challenge."

Pascale Richetta, Vice President Western Europe & Canada, AbbVie

In an era where governments cannot necessarily afford every advance, it is the responsibility of every stakeholder, including industry, not to try to change the system alone, but to work in collaboration with each other, with the objective of driving value and achieving new, unique and quality outcomes.

"My doctor never considered my symptoms could be Hepatitis C, as I wasn't in a high-risk group"

Lesley Jenkins

Second Plenary Session – Best practice case studies from across Europe and beyond

Moderator: **Carrie Grant**, British Television Presenter

- **Patient empowerment:** Coping with cystic fibrosis, John Pritchard, Philips
- **Healthcare delivery:** Maccabi healthcare call centre, Galit Kaufman and Dr. Hadas Lewy Maccabi, Israël
- **Healthcare delivery:** Appointment Angels for healthcare efficiencies, Professor Cunnane, St. James Hospital and Ryan Quigley, AbbVie Ireland
- **Early intervention:** Return to work strategies for employees affected by cancer – policies and interventions, Dr. Tyna Taskila, Senior Researcher at the Work Foundation, part of Lancaster University

Printed with the consent of participants;
AbbVie had editorial control over these stories.

1 Philips Healthcare

Putting Cystic Fibrosis treatment into the hands of patients.

Living with Cystic Fibrosis (CF) isn't easy. The thick mucus produced as a symptom of the condition makes patients extremely susceptible to both respiratory infections and malnutrition. To stay healthy and maintain a good quality of life, they need constant medication and a carefully managed diet, plus regular physiotherapy or exercise to prevent mucus buildup.

The good news is that modern CF management – including taking antibiotics via a nebuliser – has more than doubled life expectancy in the last 20 years. But as with all chronic conditions, adherence to treatment is not good for CF and the amount of medication a typical CF patient takes is around 50% of the prescribed doses.

Using a standard CF nebuliser typically takes around 10 minutes, up to six times a day. That can add up to a whole hour, every single day. Perhaps unsurprisingly, patients often skip doses – and if they aren't properly medicated they end up in hospital – which is distressing, even more time-consuming... and expensive.

Philips has developed a simple, effective solution that is helping alleviate this problem: a small, pocket-sized device that can deliver the right dose in just three minutes. It greatly reduces the impact on daily routine and creates a habit that is easier to maintain.

The device is smart, compiling downloadable reports for patients and healthcare practitioners. As well as making it easy for everyone to see whether the patient is taking the right medication, it can help identify problem areas that previously could have gone unnoticed.

One example was a school child who was not taking their dose in the middle of the day. Once this had been noticed, the doctor established that the child found it embarrassing to use the device in front of their friends. The physician was able to start a conversation with the school to find a solution: setting aside a room the child could use to take their medication in private.

Trials have shown that patients with this device take 20% more of their prescribed medication than the control group. Furthermore, these good habits have been shown to persist after the end of the trial.

Other lifestyle devices can monitor weight and physical activity, further providing better results for CF patients. By creating simple, manageable habits, these devices make it less likely CF patients will end up in hospital, which improves their quality of life dramatically and reduces the burden on hospitals and healthcare systems.

Of course this tool is only part of the solution, and there also needs to be a lot of work concerning motivational and behavioural issues tailored to individual patient needs. **But it's a real change for the better.**

2 Appointment Angels

St James Hospital - Ireland, AbbVie Ireland

Improving communications with patients improves rheumatology care for everyone

A report presented to Ireland's HSE management in 2009 revealed that some patients were waiting up to six years for a routine consultation. At the root of the problem was the fact the Republic had just 23 consultant rheumatologists to serve a population over 4 million – 714,000 of whom are arthritis sufferers. As most rheumatologists spent up to or more than 50% of their time doing non-Rheumatology work, such as General Internal Medicine, the ratio of one consultant per 400,000 patients contrasted unfavourably with a WHO recommendation of 1:80,000.

In short, rheumatology in Ireland was facing serious challenges. And with the country facing the same challenges as healthcare systems across Europe in terms of an ageing population, the strains on the system were only going to get worse. The National Clinical Programme in Rheumatology has given priority to out-patient waiting lists and set targets to help reduce them significantly.

AbbVie, worked in a supportive role with St James Hospital in Dublin to launch, an Innovation Project aimed at creating an environment where arthritis patients attained the requisite care quickly and efficiently. This was done without cost to the hospital.

The project focused on four key phases in the patient journey:

- GP consultations
- Referrals by GPs to consultants
- First hospital appointment
- Ongoing treatment and support.

Missing data in referral letters lead to less-effective processes

Lack of information in referral letters was found to be a significant problem. A comprehensive, informative referral letter enables a consultant to understand the patient case more fully before meeting the patient, and assists in the allocation of appointments.

An analysis of every referral letter sent to the rheumatology department at St James's Hospital in Dublin over a 30 day period compared those letters against a model containing all the useful information a medical practitioner could provide to a consultant, and found several deficiencies. In fact the mean score for letters was just 5.1 (where a score of 10 means all information was provided). There was not a single letter containing all the desired information.

Better informed patients mean better outcomes

It appears that patients, too, were not properly prepared for their first consultation – a meeting into which they invest a great deal of emotional energy. This lack of preparation can mean the consultant is unable to give a diagnosis, which can lead to disappointment and disillusionment with the process.

The study found that in 90% of cases patients were not fully prepared for their first consultation, which means this meeting, which ideally is an opportunity for diagnosis and initiating treatment, is often relegated to a data-gathering exercise. Furthermore, DNA (Did Not Attend) rates can be as high as 30%.

These inefficiencies at the first appointment stage can result in patients having to have more meetings with consultants than necessary, further adding to the waiting lists problem, and wasting millions of euro every year.

Appointment Angels: a practical solution

It became clear that improving the quality of referrals would help to clear a significant logjam in the system, and could be a quick, simple way to make real improvements. The concept of Appointment Angels was born. Here's how it works:

1. The consultant receives the referral from the patient's GP or another medical colleague
2. The consultant determines the level of urgency, and specifies the routine tests and X-rays to be completed before the consultation
3. The Appointment Angel contacts the patient with full details of the appointment and the tests they need to have beforehand
4. The Appointment Angel follows up with the patient to ensure they are ready for their first appointment.

Results so far: DNA down 19%, Discharges up 17%

When compared with patients who are not offered the Appointment Angels service before their first consultation, Appointment Angels patients are far more likely to attend: just 5% DNA against 34% in the control group. And 58% of Appointment Angels patients are discharged after their first meeting, compared with 31% in the first group.

To translate this into real terms, for every 100 patients that are entered into the Appointment Angels programme, approximately €2500 is saved though reduced DNAs – and 27 new patient appointments are generated.

Though Appointment Angels has been developed in response to a specific issue around rheumatology in Ireland, there is little reason why it could not be extended and scaled to cover all national and international referrals in almost any area of chronic care. After all, the study has shown that better-informed patients and better-informed consultants make for a more fluid experience, better outcomes... and real savings that make healthcare more sustainable for the future.

3 Maccabi

Putting healthcare in the hands of patients

Maccabi is one of Israel's leading community healthcare operation, and operator of the largest private chain of hospitals in the country. A non-profit mutual, it has over 2 million members, 10,000 employees and links with 5,000 physicians.

Like many developed countries, Israel's healthcare system is struggling to cope with a shortage of physicians and nurses, and an ageing population. Large numbers of Israelis are coping with chronic conditions, and a shift from caring for patients in hospitals to looking after them in the community is hampered by a large number of expensive and unnecessary admissions to the emergency room of patients whose care regime or compliance is less than optimal.

On the plus side, Israel's healthcare system has been fully computerised for more than two decades, meaning every health transaction is recorded, and patient records are both fully available and transferable between providers.

It is this quality of record keeping that forms the basis for MOMA, Maccabi's new multidisciplinary chronic care system. Moma is a healthcare delivery centre that allows chronic patients to become partners in their health management together with physicians, nurses and other healthcare professionals without leaving their home. Designed to offer powerful benefits for both providers and patients, it includes a web portal that enables remote monitoring and management. Integrated, embedded clinical protocols serve as the basis for the interaction between care providers and patients, while dedicated tools help care providers to know what to do when. Everything is registered on the system, which is important for risk management and is the basis for long-term patient interaction and care.

Healthcare professionals have access to a system of alerts based on data gathered from devices measuring levels such as blood pressure, or from questionnaires completed by patients on the web, using voice recognition or with nurses. If a score is out of the ordinary it raises an alert.

But the system is not designed simply to be reactive: it offers the chance to examine a patient's entire medical history, including hospital and consultant visits, test results, allergies and so on. Goals, history and records are always available, allowing the identification of trends to inform better care. The program offers a treatment plan and goals and includes proactive treatment.

Moma is a multidisciplinary call centre, which can treat a range of chronic conditions in conjunction with primary care providers and community health resources. Currently running as a large-scale trial to 10,000 patients, it's a new approach to dealing with large numbers of patients with chronic conditions, offering better accessibility to medical advice. It empowers patients to make decisions that improve their outcomes, as well as better coordinating health services.

The largest target is divided into two categories: firstly, people living with complaints like chronic heart failure and chronic lung disease and chronic stable patients with diabetes, stoma and chronic wounds. Oncology is due to follow shortly, and Maccabi sees excellent opportunities to help these patients.

By providing a support network for primary care physicians, Moma allows them to coordinate care, thus reducing pressure on hospitals and emergency services. Patients get care and support day and night, offering them a higher quality of life, achieving higher compliance and satisfaction rates and preventing both complications and hospitalisations.

The call centre is manned by doctors, nurses, specialist nurses, pharmacists and social workers, using both phone and video. It's still early days, but initial results are promising. For example, flu vaccination compliance is up to 80%, compared with just 60% for Maccabi patients as a whole. If this trend continues throughout the trial it is clear that Moma offers a real opportunity to cut costs, reduce pressure on overstretched resources... and improve patient care.

4 The Work Foundation

Getting recovered cancer patients back to work

Cancer is a serious illness. But as well as its effects on health, it can also have a devastating effect on other aspects of life, including employment, relationships and income.

With recent advances in cancer treatment, more and more people are recovering from cancer – and many of them are able to return to work. As the Work Foundation has discovered however, the return to work is often not as easy as we might imagine.

"It scares me to return to work, because I've been absent for over a year. What frightens me most is how my colleagues are going to take my return. I guess they never expected me to come back."

53 year-old breast cancer survivor

Getting cancer survivors back to work is a complex phenomenon involving multiple stakeholders, all with their own motives – and the longer a person is on sick-leave, the more difficult it is for them to return. But how do we improve this situation?

Every stakeholder has a role to play. Employers can facilitate a gradual return to work, making allowances for the employee such as adjusting work hours, tasks and responsibilities to fit the needs of people who are working their way back to full health and effectiveness.

But the employer is only part of the equation. Colleagues and others who deal with the returning employee also need to understand and support them.

Employers must work to create a positive, understanding work atmosphere – and they can be aided in this by healthcare providers, who can produce guidelines and information leaflets for employers, occupational physicians and other interested parties. Campaigns are working in many EU member states to educate both stakeholders and the public of the needs of cancer patients re-starting their employment.

On a policy-making level, there are several initiatives around Europe that have a measurable benefit in returning cancer survivors to work, lessening the burden on healthcare systems.

Sickness absence management

- In the UK, primary care doctors will, from 2014, refer patients to a specialist support service when their sick leave lasts more than a month. This service aims to prepare and help patients to return to work.
- In Finland, partial sick leave allows people to fulfil both care and work commitments, or return to work gradually after a period of illness.
- In several European countries work is now incorporated into rehabilitation programmes.

In a world where people will be working longer, it is likely that more and more employees will be dealing with – and recovering from – a chronic condition. It is in their interest, and that of society as a whole – that their return to work is as smooth, rewarding and enduring as possible.

Third Plenary Session – Looking forward to a sustainable future

What can be done in the near future to increase the sustainability of healthcare in Europe?

Summary of plenary discussion

Moderator: **Carrie Grant**, British Television Presenter

- **Alberto Colzi,** Vice-President Eastern Europe, Middle East & Africa Operations, AbbVie
- **Dimitris Florinis,** Greek Counsellor for Health Affairs
- **Antonio Gaudioso,** President of Cittadinanzattiva
- **Maria Iglesia Gomez,** Head of the Innovation for Health and Consumers Unit, European Commission
- **Josep M. Piqué,** CEO, Hospital Clinic of Barcelona

"Now I've found the right treatments, I live a more or less normal life."

Marc Dudley

The panel agreed that the sustainability of healthcare is taking its place high on the political agenda.

But from a European perspective, there has to be a better vision of what needs to change, one that integrates rather than splinters. The responses of governments to the financial crisis have often been fragmented, but these measures are no match for the demands of an ageing and changing population or the fundamental shifts in healthcare that will need to occur. This vision for the future of the sector needs to be holistic and consensual.

"We should not forget that we have different healthcare policies in different member states, and even at regional and municipal levels in some countries. This is a factor that increases complexity, and there is no single recipe. We must cooperate, not dictate."

Maria Iglesia Gomez
Head of the Innovation for Health and Consumers Unit, European Commission

Hospitals will need to change, too. They will always be a home for the high-tech, cutting-edge large machinery of medicine, but as many procedures and interactions as possible should be moved out into the community by accountable healthcare organisations dedicated to achieving long term results.

We have to drive out inefficiencies, and here we will have to trust and seek assistance from healthcare professionals at all levels. The EU has a role to play here, developing a system of benchmarking for healthcare systems and professionals across the continent and promoting transparency. This is a fundamental initiative that is of great importance.

Citizens will have to become active participants

Much of the focus on Europe over the last few years has centred around the pressures – especially economic pressures – on governments. But we have to remember that there are pressures of all kinds on the people of Europe, not least the fact the population is getting older and will become more dependent on healthcare. States have to remember that patients and citizens can and must become active participants in healthcare.

"In times of crisis, as well as the financial pressure on healthcare systems, we face the extra pressure of more people getting sick."

Josep M. Piqué
CEO, Hospital Clinic of Barcelona

This raises an interesting challenge: how to reconcile a pan-European, increasingly homogeneous approach with the very different pressures felt at the national level. And how do we ensure transparency and accountability throughout these less centralised, more disparate systems?

Healthcare systems in Central and Eastern Europe are under pressure. Though there is much variation between countries, health expenditure is generally low (as low as 5.5% in Romania) – and a large migration of young people means there is a disproportionately large elderly population.

"There is an urgent need to connect stakeholders. This is an issue we can solve, but only by working together."

Alberto Colzi
Vice-President Eastern Europe, Middle East & Africa Operations, AbbVie

Although the need for a multi-stakeholder approach is obvious, it is still something that has yet to be adopted in practice – even within companies and institutions. People have a silo mentality that is not serving society. Paradoxically, this is happening at a time when people in society as a whole are becoming more and more networked and interconnected via the Internet.

During the conference we saw some great examples of how the power of the Internet is being harnessed to offer benefits to both patients and providers, and initiatives such as that presented by Maccabi are worth watching to see how they evolve.

"Under the European Union we have tremendous opportunities to gather stakeholders and have intelligent discussions that can produce tangible results. It's important to preserve the European idea alive to ensure the sustainability of our society."

Dimitris Florinis
Greek Counsellor for Health Affairs

The European Level is critical for the future of healthcare

Gatherings of ministers with stakeholders can and do take place at the European level. But though these meetings produce results to meet very specific and urgent needs, at the moment more could be done in terms of driving healthcare policy forward. We must design the frameworks around which systems fit for the future and can be built in a world of limited resources, where hard evidence must measure up against careful cost/benefit analysis.

This is especially the case in the countries of Eastern Europe, where economies are smaller and healthcare systems are more centralized. These nations are playing a game of catch-up to reach the healthcare standards of the west, but at the same time facing the same demographic changes. More open dialogue between stakeholders in these countries is needed if these nations are to invest wisely for the future.

One country that has faced particular challenges is Greece, where the financial crisis has taken an extremely heavy toll on public spending. Healthcare reforms in Greece have, however, delivered economies of scale and cost containment by consolidating care under a single health insurance fund within the Ministry of Health. And there are other examples from around Europe that can be examined and possibly implemented by member states.

In the coming months, EU citizens will have greater rights of access to the health systems of all member states, and this will require careful management at EU-level as patients start to seek the best healthcare for their needs. It is possible, of course, that countries will be able to improve efficiencies by employing comparative advantage, improving overall healthcare provision in the region as a whole. But doing so will require inter-state cooperation.

We need good chefs to create the recipes for sustainable healthcare we'll be using by the middle of the century. There is an article in the Maastricht Treaty signed more than two decades ago that specifies that policies should take account of their impact on health. But even now, this is not the case.

Comprehensive cost-benefit analyses are urgently required to determine both the healthcare infrastructure and payment models we will use going forward, and they will require all stakeholders to get involved.

"Reforming healthcare and investing in health are key elements in achieving a sustainable future for our economies and our societies."

Dimitris Florinis
Greek Counsellor for Health Affairs

Summing up, Pascale Richetta outlined the key points raised during a day of interesting, relevant discussion, setting out what she identifies as the key ingredients for sustainable healthcare:

- There is a huge shift happening in healthcare across the continent: older patients, more chronic diseases, fewer physicians. The systems we have created since the middle of the last century are ill-equipped to deal with these changes. There is a broad consensus around the following points:
- Patient empowerment is a key element. Transparent access to healthcare is essential, as is keeping patients fully informed about their condition, treatment and choices.
- We must act now and act together, both as stakeholders and as countries, to ensure our systems are fit for the future.
- Technology and innovation will play a big role, allowing treatment to happen in new ways and with new levels of efficiency.
- We must act in a step-wise, realistic manner. Pilots are a great way to build on the common appetite for change and reform. They give professionals experience and information they can use to scale the activity up, and they allow politicians to gather the hard evidence they need to make the radical, long-term changes we need in order to create a recipe for sustainable healthcare policy that will last well into the century.
- We need cost-effectiveness, full transparency and full accountability as the network assumes its role at the heart of healthcare. This is a social challenge as much as it is about technology.

Pascale Richetta
Vice-President AbbVie, Western Europe & Canada Operations

"I run a rheumatoid arthritis walking group. As well as getting the exercise, it's good to be with people who understand."

Deirdre Hegarty

Dick Fosbury: the legend who dared to be different.

The 1968 Olympic games were remarkable for many things. But one athlete changed his event forever. For Richard "Dick" Fosbury, it was the culmination of a decade of preparation, focus and a truly radical approach to finding a better way to get over the bar.

High jumpers had been using the same techniques for almost a century, and many thought there was no other way of clearing the bar. Fosbury described himself as a decent jumper in high school – but he felt he was never going to excel with the classic 'Western Roll' jump used by the top athletes of the day. But by developing and refining his own technique he soon started winning meets.

The technique worked so well that Fosbury improved his performance by one foot in high school – from 1.63 m to 1.97 m - after he first tried it.

What became known as the "Fosbury flop" involved him going over the bar head first and backwards with his body horizontal to the ground.

He was told he couldn't do it. They said his new jump style wouldn't work, or that he wouldn't win. But for Dick Fosbury, the Fosbury Flop was all he had. He knew it was his only chance of winning, and he used his innate determination to constantly refine his technique, to train unbelievably hard and to jump ever higher – all the way to the Olympic Games and a place in athletics history.

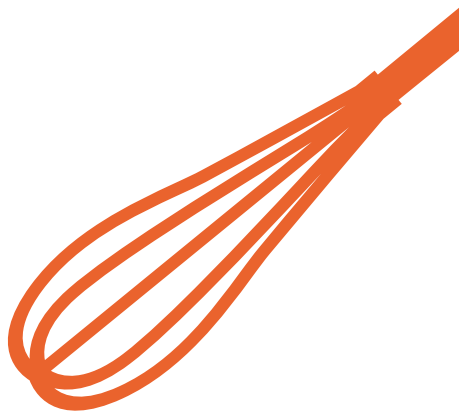
The Fosbury Flop is a classic example of innovative thinking that led to the development of a completely new solution to an old problem: a solution that didn't just match the best, but became the best. The Fosbury Flop is the standard for today's international high jumpers.

Today, Dick is a proponent of what he calls 'Olympian Thinking', which he describes as a combination of the three things you need to succeed. First, you need **passion** – a determination to do the thing you love. Next, you need a clear **vision** of what you want to do, where you want to be and how you will get there. And last, but not least, you need to **act** – to be determined to reach your goals no matter the challenges that get in your way.

What is true of an Olympian is true of anyone with an idea they want to make happen. And it's true of all of us working towards healthcare sustainability. The Recipes for Sustainable Healthcare conference showed all of us what needs to be done, and identified some clear, well-defined goals.

We have the passion, we have the vision.

Now we need the action.



Story replicated with the kind permission of Dick Fosbury.
AbbVie had editorial control over the story.

Health 2020 – working towards health equality in Europe

Prof Roberto Bertollini, Chief Scientist and WHO Representative to the European Union

Though average levels of health and life expectancy have greatly improved in Europe over the past few decades, the headline figures mask a glaring difference in health status among countries. The WHO regards this inequality as unacceptable, and has launched the Health 2020 policy initiative in response.

We are living in an age of transition in healthcare, and there has been a fundamental shift in the ways general healthcare is regarded, measured, provided and delivered.

Technology and innovation, urbanisation, and increased health literacy mean it is now possible for services to be delivered in new ways, while threats such as increasing resistance to antibiotics, declining fertility levels and, of course, the shift from acute to chronic diseases, constitute a tremendous challenge for health systems and health authorities.

Health 2020 offers a common purpose and a shared responsibility. It envisages a Europe in which all people are enabled and supported in achieving their full health potential, and in which countries work both individually and together to reduce health inequalities. It aims to significantly improve health and well-being of populations and ensure sustainable, people-centric health systems.

To do this, we must address the social determinants of health. We must tackle the bare fact that life expectancy is directly linked to where people were born, their achieved level of education, and their family's income level.

Next, we need to improve leadership and participatory governance for health and actively promote "health in all policies": putting potential impacts on health and well-being at the heart of policymaking.

The WHO has identified four common policy priorities for health that are interlinked, interdependent and mutually supportive:

1. **Investing in health through a life course approach and empowering people** Supporting good health throughout life leads to longer lives – and healthier lives for longer. That makes people more productive, less reliant on the social support from the state – and less likely to develop chronic conditions. Health promotion programmes based on principles of engagement and empowerment offer real benefits.

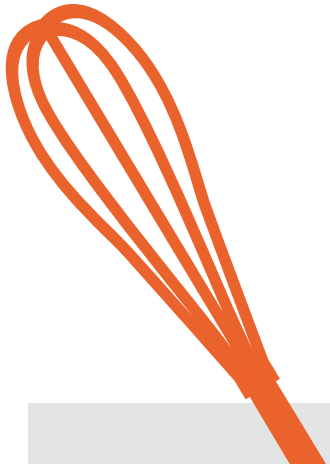
2. **Tackling Europe's major health challenges of both non-communicable and communicable diseases** Through implementing global and regional mandates on matters such as tobacco use, diet, physical activity, HIV/AIDS, TB and so on, we can promote healthy choices, strengthen health systems and health care, reach and maintain recommended immunization levels and divert attention and resources to special needs and disadvantaged populations. For example, evidence* clearly shows that substantial reductions in mortality can occur within months of decreases in smoking, and within one and three years of dietary changes. What's more, these initiatives are extremely cost-effective.

3. **Strengthening people-centred health systems and public health capacities, and emergency preparedness** Strengthening primary healthcare can make it a hub for people-centred health systems and ensure appropriate integration and continuum of care. Access must be improved to essential medicines, and there must be investment in technology assessment.

4. **Creating supportive environments and resilient communities** Implementing multilateral environmental agreements and health policies that contribute to sustainable development and making health services resilient to the changing environment will lead to a more sustainable model of health delivery.

Health 2020 is built on strong values: solidarity, fairness, sustainability and the belief that health is a fundamental human right. It calls for integrated policy frameworks that will, with help from all stakeholders, have inspirational results for everyone in Europe for the years to come.

Printed with the consent of Prof Roberto Bertollini of the World Health Organisation. AbbVie had editorial control over these stories.



* — **Capewell S,** O'Flaherty M. Rapid mortality falls after risk-factor changes in populations. The Lanced Published Online March 16, 2011 DOI: 10.1016/S0140-6736(10)62302-1

Patient stories

Stories replicated with the kind permission of the affected patients. AbbVie had editorial control over the stories.

Sara Enell

Psoriasisförbundet, Sweden

The first Sara knew about her psoriasis was when a sharp-eyed hairdresser spotted the symptoms when she was just 10 years old.

But what started as isolated patches soon spread to cover her whole body, and she spent her teenage years in Sweden dealing with a serious skin condition. "I didn't want to do gym class, go to the beach or even wear short sleeves," she says, "which is ironic, since my skin gets better in the sun."

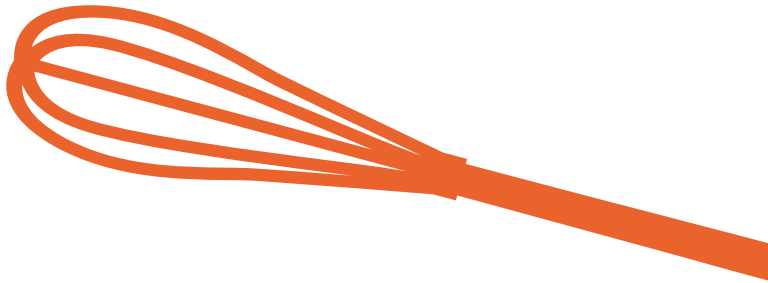
"I was lucky that I had good friends who never bullied me, and my family has always been great. But I know from talking to teenagers with psoriasis today that it can be a very tough time of your life."

Now almost 30 years after her diagnosis, Sara is working hard to raise awareness of a disease whose impact goes far beyond rough skin. "Doctors are starting to understand that psoriasis is about more than the knees and the elbows. It affects the joints, even the heart. But you still have to fight for the right treatments."

Sara's work to raise awareness of psoriasis took her to Tanzania last year – where she had an experience that made her all too aware of the potential seriousness of her condition. She had an extreme reaction to the yellow fever vaccine she needed to enter the country. She ended up in hospital and was off work for a month.

"I'm still having chemotherapy," she said, "which means I've had to put off having children, and every time I'm in hospital I'm exhausted for days afterwards."

Sara works for her local town council in Nyköping, Sweden – and she praises the support she's had from her employers. But she knows not everyone is so lucky. "People find it hard to understand how serious psioriasis can be. But the more we talk about it, the more people will know."



Marc Dudley

Landsforeningen mot fordøyelsessykdommer, Norway

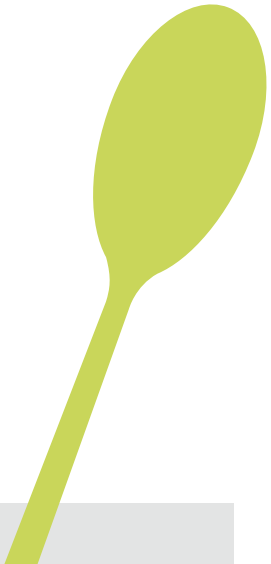
Like many sufferers from chronic conditions, Marc was diagnosed with Crohn's disease when he was a young adult – and he spent a large portion of his young adult years, which should have been one of the best times of his life, battling severe illness.

"It was five or six years of complete misery," he says. "I'd moved over to England to try and become a professional football player, but I was so sick I had to retire. At one stage I was down to just 45kg, and things were just miserable. I was just sitting there, not knowing what to do." He enrolled at university, but felt his life was going nowhere.

Marc's condition was taking its toll on his family and those around him, too. His father also suffered from Crohn's disease, so his mother and brothers had two people to worry about – especially when Marc had an emergency operation that literally saved his life.

Eventually, though, things got better. **"There's no single treatment that works for everyone," Marc explains, "and it's a question of keeping on trying different things until you find the one that works for you." Finding the right treatment, plus surgery to remove part of his intestines has meant Marc can live an almost normal life, and was able to start being more positive about taking control of his condition and his life. He's now working on the front desk of a large hotel, where his employers have been very understanding of his needs.**

"I have to go to the toilet five or six times a day", Marc says, "but I can live with that. But I still suffer from frequent fatigue and pain. The problem is it's invisible, and people have difficulty understanding that a normal-looking guy like me can be as ill as I sometimes am."



Kate Betteridge

National Rheumatoid Arthritis Society, UK

Like many people living with a chronic condition, Kate shows few outward signs of her rheumatoid arthritis. And though she needs to use parking spaces designated for disabled people, she has encountered hostility from members of the public who think she is acting fraudulently.

"Someone left a wheelchair across my car door so I couldn't get in and once I had a man shout at me that I was a fraud," says Kate. "He threatened to call the police, and I think he was a bit surprised when I told him to go ahead!"

On one occasion Kate says someone even deliberately scratched her car, causing thousands of euros of damage. "It was a disability hate crime: I don't necessarily look like someone that is disabled, so perhaps that person thought I needed to be punished."

But the disabled spaces are an essential part of life for Kate and others dealing with the debilitating pain of RA. "I have to plan everything; I can never be spontaneous. If I have to park too far away, for example, I simply won't be able to do whatever it is I'm there to do. I would have no choice but to go home."

This need to plan pervades every part of Kate's life, and can prevent her from expressing herself in ways most European women are lucky enough to take for granted. "I can't wear high heel shoes," says Kate. "So I'm basically stuck in trainers which limits the type of outfit I am able to wear. I always have to compromise but you do find solutions to manage things differently."

And there's an even deeper effect Kate's condition has had on her life choices. Together with her husband, she has taken the decision not to have children. "I can't even pick up our cats," she says. "How would I manage looking after a baby?"

By participating in the Recipes for Sustainable Healthcare event, Kate was hoping to meet and discuss her experiences of living with RA with as many people as possible. "It's a chance to increase awareness about the impact of the disease and other chronic conditions on people's lives and hopefully improve the lives of people who are just starting to deal with their condition. It's so important to get early diagnosis and treatment, and to take control of your condition – finding out what you can do outside the doctor's surgery."

"I know I'll be so exhausted after today that I won't even be able to manage the cooking tomorrow. But it's worth it if more people now understand the impact of RA!"

Deirdre Hegarty

Arthritis Ireland

Deirdre was first diagnosed with rheumatoid arthritis four years ago, but she knows from her diaries that she had been showing the symptoms of the condition for several years before that.

"When I got my diagnosis I was worried about what was going to happen," Deirdre recalls. "I was concerned about medication, I was worried about what I was going to do, and though I have always been a very keen walker I stopped exercising as it was making me tired."

But all that changed when she picked up the phone and talked to the Arthritis Ireland Helpline. "It was great: they recommended a six-week course called 'Living Well With Arthritis', which was originally devised at Stanford University and is used all over the world. It was sometimes hard to summon the energy to get there in the evenings, but it's one of the best things I've ever done."

The course is based on problem solving, goal setting and making the positive decisions that allow people living with RA to take control of their condition and move their lives forward.

"It changed my outlook completely," says Deirdre. "I'd been feeling quite beaten down and negative, but it gave me the momentum I needed to change."

Now Deirdre is a facilitator on the course, and has joined the ranks of Arthritis Ireland volunteers as the leader of a walking group.

"We're a real mix of people, aged from their 40s to their 80s. It's great to be with all these people who are dealing with the same challenges, not least because nobody needs to explain how they feel and everyone understands if one of us is having problems."

Deirdre used to be a keen gardener and cook, but her arthritis means she has had to give up these hobbies. But thanks to her experiences with Arthritis Ireland, she's not negative. "There are always new things to do!"

Lesley Jenkins

Hepatitis C Trust UK

Lesley contracted hepatitis C from a routine blood transfusion during the birth of her son. But just like many people living with the virus, she was only finally diagnosed in 2007 – 22 years later.

"I'd been suffering from some quite severe but vague symptoms," she recalls. "High blood pressure, joint pain, fatigue, headaches, things like that. I knew something was wrong, and I had lots of tests. But they all came back clear. Meanwhile I was finding it harder and harder to get through a day's work. I'd sleep for 10 or 12 hours and still wake up exhausted."

Lesley had forgotten about the transfusion she'd had more than two decades earlier, and because it was only recorded on paper, her GP wasn't aware. What's more, she wasn't in one of the groups traditionally seen as at high risk of contracting HCV, so she wasn't tested.

"My eureka moment came when I was listening to the radio one day. It was an interview with Body Shop founder Anita Roddick, who was talking about the fact she'd contracted hepatitis C from a transfusion when she gave birth to her daughter. Everything fell into place."

At the time, the treatment for hepatitis C was a year-long course of chemotherapy, which left Lesley unable to work and put a severe emotional and financial strain on her family. The stress only increased when she was told the treatment had failed, and that she was likely to be dead in five years.

Lesley wasn't going to give up. She spoke to the Hepatitis C Trust, who told her about a drug trial that was happening in London, 300 km from her home. She signed up, despite the fact she would have to travel down to the capital for every single test, therapy session and result.

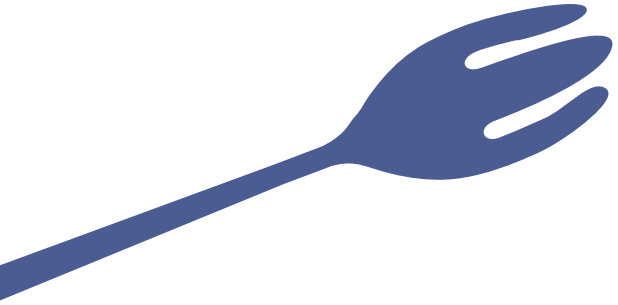
"Sometimes I'd have an eight-hour round trip for a 10 minute appointment, so I got quite good at spotting the cheap train fares," she recalls. "People from the Trust often let me sleep on their sofas because I couldn't afford hotels. It's not what you want after a chemo session, but I'm really grateful to them for making it possible."

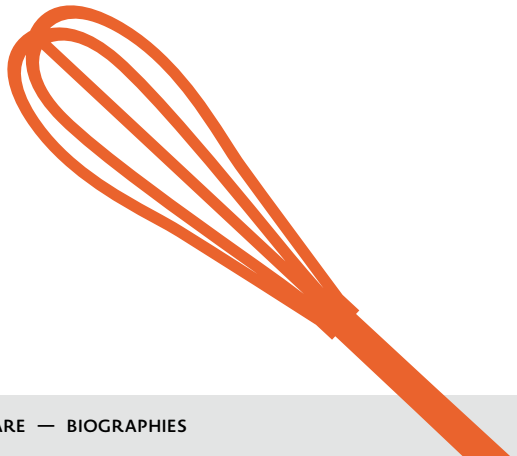
The trial was double blind, so Lesley only had a 66% chance of getting the new drug. "I figured it was worth the odds given the alternative. And in any case I'd get another year of chemotherapy."

A year later she discovered she had been in a group receiving the new treatment, and that it had worked. She got the all clear in July 2010, and now lives a normal life, albeit with some joint pain and other symptoms that are a result of the treatments she'd endured. "It's a small price to pay," Lesley says. "And let's face it: if it wasn't for that time I was listening to the radio, I might not be here at all."

Stories replicated with the kind permission of the affected patients. AbbVie had editorial control over the story.

Biographies





Pascale Richetta

Vice-President AbbVie, Western Europe & Canada Operations

Pascale joined Abbott in 2004 as General Manager, Belgium, before being appointed Divisional Vice President, Europe North in 2006. She became Vice President of Abbott Western Europe and Canada in 2009.

She holds a Doctorate in Medicine from Poitiers University, and has been elected Vice Chair of the EFPIA Executive Committee.

AbbVie separated from Abbott on January 1st, 2013.

Nicola Bedlington

Executive Director, European Patients' Forum

Nicola joined the EPF as its first Executive Director in June 2006. She was the founding Director of the European Disability Forum, an umbrella organisation for more than 70 European Disability NGOs and National Councils of Disabled People to advocate for the human rights and inclusion of disabled people in Europe.

Alberto Colzi

Vice-President AbbVie Eastern Europe, Middle East & Africa Operations

Alberto joined Abbott in his native country of Italy in 1991, and was promoted to Commercial Director, Lain America, becoming General Manager, Abbott Chile in 1999. He returned to Europe in 2004, becoming Vice President, Central and Eastern Europe, the Middle East and Africa in 2010. In 2013 he became responsible for AbbVie operations in the same area.

Josep M. Piqué

MD, PhD

Josep has been Chief of the Gastroenterology Service at Hospital Clínic Bercelona for over 10 years. Since 2005 he has been involved in healthcare management as Medical Director and Deputy Managing Director at the same institution, and was appointed CEO in March 2011. He is also president of the MIHealth Forum of Fira in Barcelona.

Prof Roberto Bertollini

Chief Scientist and WHO Representative to the European Union

Roberto has been the WHO Representative to the EU in Brussels and Chief Scientist of the WHO Regional Office for Europe since 2011, and has worked for many years as a senior officer of the WHO, including developing the global policy and response to the health impacts of climate change. He holds a degree in medicine and a postgraduate degree in paediatrics, as well as a masters in Public Health from Johns Hopkins University.

Ana Xavier

Policy Co-ordinator and Economist, Sustainability of Public Finances Unit, European Commission

Ana has worked for the European Commission since 2004, including stints at DG Employment and Social Affairs, and DG Economic and Financial Affairs. She analyses EU Member States' strategies in the field of healthcare and long-term care, and has actively contributed to the 2012 Ageing Report. She holds a PhD in Economics from the University of York.

Antonio Gaudioso

Secretary General of Cittadinanzattiva

Antonio graduated in Political Science and International Relations from the University of Macerata. He is currently General Secretary of Cittadinanzattiva, an active citizenship network. He is currently senior consultant for CSR and sustainability at the World Bank, member of the committee on biotechnology and bio safety of the Presidency of the Council of Europe and a member of several working groups on health in Italy and Europe.

Heinz K. Becker

MEP, Member of the Committee on Employment and Social Affairs

Heinz became a member of the European Parliament in 2011, following a successful political career in his native Austria. In 2001 he became secretary General of the Austrian Association for Senior Citizens, representing the interests of the elderly at both federal and regional levels. He joined the Executive Committee of the European Senior Citizens' Union in 2005, enabling him to continue to pursue a long-standing commitment to the elderly and to inter-generational solidarity in a swiftly ageing society.

Dimitris Florinis

Counsellor for Health Affairs, Permanent Representation of Greece to the EU

Holding a PhD in Health Policy from the University of Macedonia, Dimitris has worked in Brussels for the Greek Permanent Representation since 2009. He previously worked for the Greek Ministry of Health, participating in projects around Avoidable Mortality, Social Determinants and Health Inequalities. He actively follows EU legislative work, coordinating with the European Parliament and participating in meetings of EU Ministers of Health and EU Ambassadors. He is one of the two members of the Permanent Representation's Health Team, preparing for the 2014 Greek EU Presidency.

Prof Walter Ricciardi

President, European Public Health Association

Walter is Professor of Hygiene and Public Health at the Catholic University of the Sacred Heart in Rome, and also Director of the Department of Public Health and Dean of the Faculty of Medicine "A. Gemelli" in Rome.

He was appointed to his position as President of EUPHA in 2010, and elected for a second term in 2011. He is a Member of the External Advisory Board to the WHO European Regional Director for development of European Health Policy.

Jeroen Wals

Chief Technology Officer, Philips Home Healthcare Solutions

Upon completion of his PhD in experimental physics from the University of Amsterdam, Jeroen joined Philips Research in Eindhoven. After working in various roles across Philips over the next decade, he helped establish a new programme within Philips Research for Home Healthcare, Mother & Child Care and Ambient Healing. He was appointed to his current position in 2012.

Maria Iglesia Gomez

Head of the Innovation for Health and Consumers Unit, European Commission

Maria leads the European Commission's team responsible for developing strategies for Innovation for Health and Consumers and reports directly to the DG of Health and Consumers. She joined the Commission in 1993, having worked as a researcher in virology at the National Laboratory of Agricultural Research (INIA) and at the Public Health department of the Spanish Ministry of Health and Consumers.

James Martin

Chef

James Martin is a British Celebrity Chef. He is 40 years old, and was born in Yorkshire in the North of England. He trained in the culinary arts and was immediately offered jobs by chefs including Anthony Worrall Thompson and Brian Turner, and soon became head chef at Hotel du Vin in Winchester.

He is a regular on British television, appearing in numerous food-themed shows including hosting the BBC's weekly "Saturday Kitchen" show.

In September 2011, he was tasked with revamping the menu and catering facilities at the General Hospital in Scarborough, Yorkshire. The process was filmed and broadcast on BBC TV.

As well as cooking, James Martin has a passion for classic cars – and has competed in the famous Mille Miglia race in Italy. He has been a contestant on "Strictly Come Dancing" (known internationally as "Dancing with the Stars"). He also currently holds a world record, having peeled and chopped a whopping 515g of carrots in just 60 seconds!

Booths

A key part of a patient-centric approach to healthcare is understanding the patient journey. After all, if we can better understand the lives of our patients and how their lives – and the lives of those around them – are affected by their conditions, we can design better treatments and healthcare systems to support them.

Recipes for Sustainable Healthcare focused on four chronic conditions: Hepatitis C, Inflammatory Bowel Disease (IBD), Rheumatoid Arthritis (RA) and Psoriasis. Each one of them presents serious challenges to patients, but it is important for us to remember that people with these conditions also face exactly the same everyday challenges of work, family and other stresses as the rest of us.

At the Recipes for Sustainable Healthcare event, we invited people with each of the conditions to discuss their experiences of living with "their" disease, as well as giving attendees the opportunity to step into their shoes for a day.

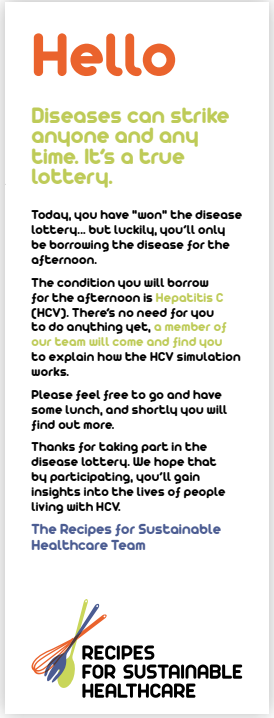
Each attendee was randomly assigned one of the four conditions, and encountered over the course of the day a number of activities designed to help them learn a little more about the patient journey – knowledge and understanding they can take with them into their everyday roles.

Hepatitis C

Though hepatitis C can develop into a serious and potentially life-threatening disease, it often displays no symptoms until the patient's liver has been seriously compromised. As a result, it is often known as 'the silent disease'.

Recipes for Sustainable Healthcare attendees who drew a hepatitis C card didn't have to do anything. There were no special activities, no notifications throughout the day and no clues as to what would happen.

Then, just before the end of the conference, they were handed this card:



RA

Rheumatoid arthritis RA can make your joints swell, feel stiff and leave you feeling generally unwell and tired. Symptoms usually vary over time, and range from mild to severe, restricting the movements of affected joints greatly.

The condition can sometimes be very painful, making movement and everyday tasks difficult. When symptoms become worse, this is known as a flare. A flare is impossible to predict, making rheumatoid arthritis difficult to live with.

Recipes for Sustainable Healthcare attendees who drew an RA card attended a demonstration by British TV chef James Martin, where, by wearing special gloves designed to mimic the symptoms of the condition, they realized how even the most mundane task, such as putting on an apron or breaking an egg, can become a serious obstacle.

IBD

Patients living with an Inflammatory Bowel Disease (IBD) condition such as Crohn's disease or Ulcerative Colitis can face severe challenges in their everyday life. One of the most surprising, perhaps, to a lay observer is that they face a relatively high risk of malnutrition, as their bodies cannot absorb food properly during a flare-up.

If left untreated, IBD can lead to loose and bloody stools, stomach cramps and the need to go to the toilet both frequently and extremely urgently.

Recipes for Sustainable Healthcare attendees receiving an IBD card were given a mobile phone. They received SMS messages throughout the day telling them when and how often they would have to visit the toilet, and also how they were likely to be feeling: usually pretty miserable.

Psoriasis

Psoriasis can impact severely upon the lives of those affected by it. The disorder is a chronic recurring condition that varies in severity from minor localised patches to complete body coverage. Psoriasis can also be related to inflammation of the joints, which is known as psoriatic arthritis. Between 10% and 30% of all people with psoriasis also have psoriatic arthritis.

Attendees drawing psoriasis tickets were sent to a team of professional medical makeup artists, who created lifelike representations of the symptoms of the disease on their skin. They spent the rest of the day becoming aware of the reactions of those around them to their condition.

abbvie

A NEW COMPANY A RICH HERITAGE

At AbbVie, we believe the world needs new approaches to addressing today's health issues – from life-threatening illness to chronic conditions.

We have the strength of more than 120 years of history and achievements as a diversified healthcare company at the forefront of medicine.

We are transforming the power of our past into new opportunities to advance science and improve lives.

We embrace the core strengths of our legacy as we create our new future.

A NEW BIOPHARMACEUTICAL COMPANY

AbbVie represents a new biopharmaceutical company – combining the expertise and stability of a long-standing pharmaceutical company with the focus and innovative spirit of biotech.

Our portfolio of biologics and other compounds addresses some of the world's most complex, unmet medical needs, making us disease-state leaders through our products.

Our expertise and spirit will advance discovery, and our commercial capabilities will allow us to harness these break-throughs to improve healthcare on a global basis.

In Europe, Abbvie has almost 7,000 dedicated employees committed to addressing the world's greatest health challenges. Multiple manufacturing and R&D sites are serving the world in Europe : in Ludwigshafen, Germany, with a high-tech site specialized in pharmaceutical research, development and manufacturing; in Campoverde, Italy, with a manufacturing site established in 1963; and in Sligo, Ballytivnan and Cork, Ireland. In addition, AbbVie has an important logistics platform in Zwolle, Netherlands.

REMARKABLE IMPACT

At AbbVie, we have a portfolio of compounds in clinical trials and hundreds of patents for new discoveries spanning Immunology, Virology, Neuroscience, Oncology and Women's Health.

We lead with patient-centered approaches that start with a deep understanding of disease-state needs. When it comes to health, we take a comprehensive point of view.

We collaborate every day with peers, academics and clinical experts, front- line practitioners, governments and advocacy groups – people like you – to deliver new solutions that truly make a difference for patients.

PEOPLE PASSION POSSIBILITIES

Our people take the possible and make it real. We have thousands of employees with diverse expertise and perspectives, all sharing a single purpose and commitment: we are passionate about creating greater access and outcomes for the health of the world.

ABBVIE'S COMMITMENT

Our commitment to creating impact for patients brings clarity to our work. We invite you to learn more about AbbVie and to partner with us as we build our future.

abbvie.com

EUPHA
EUROPEAN PUBLIC HEALTH ASSOCIATION

The European Public Health Association (EUPHA) is an umbrella organisation for public health associations and institutes in Europe.

EUPHA, founded in 1992, has 71 members from 40 countries; it is an international, multidisciplinary, scientific organisation, bringing together around 14,000 public health experts for professional exchange and collaboration throughout Europe. We encourage a multidisciplinary approach to public health.

- Our vision is of improved health and reduced health inequalities for all Europeans. We seek to support our members to increase the impact of public health in Europe, adding value to the efforts of regions and states, national and international organisations, and individual public health experts.
- Our mission is to build capacity and knowledge in the field of public health, and to support practice and policy decisions through scientific evidence and the production and exchange of knowledge with our members and partners in Europe.

STRATEGIC OBJECTIVES

1. CAPACITY BUILDING

Capacity building includes the enhancement of skills and knowledge through training, technical advice and the development of awareness, skills, knowledge, motivation, commitment and confidence. EUPHA's focus on capacity building includes:

- Human resource development, the process of equipping public health experts with the understanding, skills and access to international and comparative information, knowledge and training that enables them to perform more effectively.
- Organisational development, the elaboration of management structures, processes and procedures, not only within organisations but also between the different organisations and sectors (public, private and community).
- Institutional and legal framework development, making legal and regulatory changes to enable organisations, institutions and agencies at all levels and in all sectors to enhance their capacities.

2. KNOWLEDGE BUILDING

Knowledge building includes the synthesis, creation, dissemination and use of scientific knowledge and experience. EUPHA's focus on knowledge building includes:

- Developing international knowledge building by using all tools available to EUPHA.
- Promoting multidisciplinary work and sharing of knowledge.
- Supporting the development of strong public health research at national and European levels.
- Being proactive in the sharing of knowledge by taking initiatives, developing new tools and collaborating with partners.
- Focusing on transfer of research into policy and practice.

3. POLICY BUILDING

Policy building is based on the information gathered at the EUPHA office, allowing us to provide evidence-based information and support to European public health policy.

4. FOUR PILLARS

All EUPHA activities will be based on four pillars:

- **Research**
- **Policy**
- **Practice**
- **Training and education**

5. EUPHA

EUPHA is the bridge between public health research, policy, practice and training and education.

EUPHA.COM

PHILIPS

Royal Philips Electronics is a diversified health and well-being company, focused on improving people's lives through meaningful innovation in the areas of Healthcare, Consumer Lifestyle and Lighting. Headquartered in the Netherlands, Philips posted 2012 sales of EUR 24.8 billion and employs approximately 118,000 employees with sales and services in more than 100 countries. The company is a leader in cardiac care, acute care and home healthcare, energy efficient lighting solutions and new lighting applications, as well as male shaving and grooming, home and portable entertainment and oral healthcare.

Our Healthcare sector

Is dedicated to providing solutions designed around the needs of our customers and patients. We believe we can make a difference by removing boundaries in healthcare with our innovative and affordable technology solutions throughout the entire care cycle.

At Philips Healthcare, we combine our unique clinical expertise with human insights to develop solutions that deliver value throughout the care cycle: from disease prevention to screening and diagnosis, through to treatment, monitoring and health management – wherever care is given: in the hospital or at home.

People-focused healthcare means learning what it is like to be a patient, as well as understanding the complexities facing the care givers. Through these insights, we aim to develop more intuitive, affordable and better technology solutions, to help take some of the complexity out of healthcare. That is healthcare simplified.

With growing presence in cardiology, oncology, and women's health, we focus on the fundamental health problems with which people are confronted, such as congestive heart failure, lung and breast cancers, and coronary artery disease.

Our Lighting sector

Is dedicated to introducing innovative end-user-driven and energy-efficient solutions and applications for lighting, based on a thorough understanding of the customer's needs, both in public and private contexts.

Philips Lighting is a leading provider of solutions and applications for both professional and consumer markets.

We address lighting needs in a full range of environments – indoors (homes, shops, offices, schools, hotels, factories and hospitals) as well as outdoors (public places, residential areas and sports arenas). We also meet people's needs on the road, by providing safe lighting in traffic (car lighting and street lighting).

In addition, we deliver light-inspired experiences through architectural and city beautification projects. Our lighting is also used for specific applications, including horticulture, refrigeration lighting and signage, as well as heating, air and water purification, and healthcare.

With the new lighting technologies, such as LED technology, and the increasing demand for energy efficient solutions, Philips will continue shaping the future with groundbreaking new lighting applications.

Our Consumer Lifestyle sector

Is dedicated to responding to the consumer's aspirations all over the world with the aim of improving their health and well-being.

Today, Philips is one of the biggest global players in consumer lifestyle in terms of turnover.

Our unique competitive advantage is the combination of our powerful global brand, our insightful understanding of people, our extraordinary competence in technology and design, and the many synergies with our channels, partners and supply chain.

For us, technology is not produced for technology's sake. We are taking the consumer lifestyle much further, making home life more enjoyable and reflecting the consumer's holistic interest in better well-being.

Philips delivers deeper experiences in touch with the social and emotional needs of our customers in their homes: from a cup of coffee in the morning, to a relaxing evening with an Aurea TV. Whether it's using the best sonic technology to care for your teeth or the latest shaving skin care technology, Philips products are designed around their users and aim to improve people's lives – every day.

philips.com


www.recipes4 healthcare.eu

Design by Bug Agency

www.recipes4healthcare.eu