



SUMMARY REPORT

BIAC Workshop on Future Directions of Economic Intelligence in Health Care *OECD Headquarters, Paris, 2 June 1999, 9:30 am – 6:00 p.m.*

Introduction and Executive Summary:

When people think about statistics, they generally think of them as the means to record past experience or to obtain a “snap-shot” picture of a current situation. But the real value of statistics is in their capacity to assist governments and industry evaluate past performance and predict and appraise future trends in order to improve existing policies and implement appropriate responses to emerging economic challenges. Certainly one of the most important sectors in our economies for this type of analysis and policy development is health care, which is subject to a continually evolving political, social and clinical environment. The health care sector accounts for some 8.5 percent of OECD GDP, and few if any sectors influence our lives to the same extent. The importance of effective health care systems, and sound policy frameworks to guide them, prompted the Business and Industry Advisory Committee to the OECD to organise a workshop on 2 June, bringing together top experts from academia, the World Health Organisation (WHO), the World Bank and the international patients rights movement, the Organisation for Economic Co-operation and Development (OECD), and qualified business representatives to discuss information needs and resources in health care.

The objective of the meeting was to identify priorities for the type of data to be gathered and developed, giving full regard to the current plans and new capabilities of the main organisations active in the field. Given the budgetary concerns within many governments and the need to avoid duplication (e.g., multiple surveys and administrative questionnaires), the workshop sought to promote greater co-operation between the primary international/regional agencies active in the field.

The context for a discussion on this issue was made clear from the beginning. The opening session chairman, Dr. Peter Berman (Director, International Health Systems Group, Harvard School of Public Health) noted that new information technologies, including for example introduction of the Internet and more powerful data base tools, are revolutionising our ability to collect and analyse data. Moreover, there is now considerable interest among all stakeholders in re-inventing health care to provide for better financing and provision of services. Indeed, whether the meeting was considering the important work done by the OECD to improve health care in its 29 Member countries or the World Bank’s emphasis on health as a critical factor in its mandate to alleviate poverty around the world, it was very clear that policy-makers are using new information resources to design and implement health systems which will have a dramatic effect on the welfare of the global population in the very near future. For this reason, it is crucial to ensure that the data and its interpretation are as accurate and meaningful as possible.

If there are different approaches being used for the collection and analysis of health statistics, it was evident from the discussion that all of the participating organisations share a common objective in assisting policy-makers to improve health care systems by balancing three factors:

- access and equity, to ensure that all those who require medical help can get it without difficulty;
- cost-effectiveness, to ensure that such systems provide the best quality services available at the best possible prices; and
- patient satisfaction, to ensure that patients maintain a high level of confidence that the system is capable of continuing to meet their individual needs.

However, despite the fact that both institutions and stakeholders share this overall objective, the meeting confirmed that there are different views on the best policy approaches to be pursued. In particular, policy-makers are frequently caught between two conflicting sets of pressures, those of the general public, which militates for better health care at lower costs, and the private sector, which requires market incentives (i.e., return on capital) to invest in the type of high-risk research and development programmes which reap the best new medical technologies and drugs. These pressures are reflected in the nuanced data needs of the different users: governments, industry and patients. The data requirements are further complicated by the ever-evolving public-private sector mix in health care and a change in analytical paradigms for health data which have generally led to a greater emphasis on and importance of micro-level analysis.

The discussion revealed that although a considerable amount of resources has been spent on the collection and analysis of health data by governments and international institutions, and that important improvements have been made as a result of new information technologies, there are still significant gaps in its collection and use. These problems suggest that much more needs to be done if policy-makers are to rely on available data as a basis for health care reform. The meeting demonstrated that much progress can be made with a concerted effort among institutions, business groups and other stakeholders to engage in more frequent exchanges of experience and co-operative efforts towards developing appropriate responses to each group's data needs.

Economic Intelligence for Health Policy

Setting and Assessing Health Policy and Reforms

The OECD presented its extensive work programme related to health care, including its efforts to identify effective health system reforms, and to maintain and develop its vast database on health. The Health Policy Unit seeks also to support its Members in improving the health status of their Members' populations, and in promoting better access and equity, while ensuring both macro- and micro-economic efficiency in health care systems. Acknowledging that there are also non-medical determinants which influence populations' health status, Mr. Jeremy Hurst (Head of the Health Policy Unit, Social Policy Division) said that the Organisation's Health Unit aimed to shed light on the relative performance of Members' health care systems in producing two outputs: health outcome and consumer satisfaction. It aimed also to compare the value for money of different systems by comparing the level of outputs with the size of the flows of public and private health expenditure used to pay for health care.

The OECD recognises the frequently conflicting pressures in health care reform between the interests of the public sector, which desires better health care at lower cost, and those of the private sector which needs market potential and profit potential to justify its investment in innovation, or the high-risk research and development of new technologies critical to the improved effectiveness and productivity of health care systems. Noting that public expenditure had stabilised as a percentage of GDP, on average, across OECD countries in recent years and had fallen in some, the OECD still saw underlying

tensions and political sensitivity in the weight of health care spending in government budgets. The search continued in most countries to find the best public/private mix of health care expenditure to ensure optimal productivity, access and equity in the provision of health care.

Measuring Health Expenditure and its Structure

When it comes to its database, the OECD has been working for fifteen years with two objectives:

- developing a common basis of collection and definition among its 29 member countries;
- harmonising the understanding of data so it can be used for comparison and policy-making.

The OECD's statistics cover some ten different areas including financing and expenditure, the weight of health care in overall social budgets, demographic and socio-economic trends in utilisation, pharmaceutical markets and non-medical determinants of health. To assist its members in their own collection and analysis, the OECD is developing a manual for health care accounting. Despite being among the most prominent statistical bases for health care analysis today, the Organisation's health statistics expert, Mr. Manfred Huber (Administrator, Health Policy Unit) outlined a number of problems including continuing limits of data availability and integration of data in national information systems, and conflicting quality of health data in terms of comparability, comprehensiveness, consistency, timeliness, accuracy and policy relevance. The OECD is working to resolve these issues in co-operation with other international and regional organisations.

A number of other interesting gaps were identified during the discussion, including the need for governments to receive guidance on the policy relevance and uses of OECD data, and the need for further work on the economics of prevention, or influencing social behaviour to reduce the incidence of health problems.

Evidence-based Policymaking

The World Bank's expert, Dr. Alexander Preker (Lead Economist, Human Development Network) followed on these latter points with a presentation on that institution's focus on health care statistics as part of its mandate to alleviate poverty around the world. The World Bank sees an important causal link between better health, higher living standards, improved productivity and better economic performance. However, the World Bank's analysis shows that simply looking at aggregate figures such as income and education levels in the health context does not always give policy relevant information. By way of example, Dr. Preker pointed out that there were significantly different rates of malnutrition, infant and adult mortality among countries at similar per capita income levels.

In its efforts to make its analysis relevant for policymaking, and particularly for organisational reform, the World Bank looks carefully at variables between intervention and impact, those that illustrate the effectiveness of health inputs, processes and outcomes. In terms of impact, Dr. Preker suggested that the objectives of health care systems should not simply include better health status *per se* but also technical efficiency, allocative efficiency, better quality and greater equity. To adapt this analysis to where it is best implemented, it is necessary to study the flow of funds through the system, from various revenue sources to management agencies to providers. Dr. Preker maintained that the policy emphasis should be placed on the management or intermediate agencies (e.g., government, social insurance, private organisations/insurers, etc.) rather than on health care providers which has been the case in the past. Turning to the appropriate role of government intervention in health care, he used Gaebler's analogy of public sector "steering" (i.e., making policy decisions and setting rules/creating incentives) versus "rowing" (i.e., enforcing rules and delivering services). Although there should be an appropriate

balance struck between the two approaches, the evidence shows that some governments, especially in developing countries, are overly prone to “rowing” rather than relying on policy levers and regulation to manage their health care systems.

Dr. Preker concluded his presentation by considering health care goods and services according to a neo-institutional economic model which looks at contestability (barriers to entry) and measurability (information asymmetries) in the context of both public and private systems. Market distortions happen in situations where there is low measurability and/or low contestability. He suggested that *conglomerates could foster low contestability, for example, by using strong patent protection for new products*. Health care systems would benefit from both fewer barriers to entry and more information available to all concerned parties.

Not surprisingly, it was this latter point that elicited the greatest reaction during the ensuing discussion. Several business participants provided evidence that effective patent protection is a catalyst for important innovation in health care (e.g., in the biotechnology field), and that those countries with insufficient protection have generally suffered from a dearth of new product development despite strong indigenous research capabilities. An OECD expert suggested that the debate on whether patents acted as barriers to entry should be far more nuanced. *While patents could prove to be a barrier to entry if protection extended beyond a reasonable period, they can and do have an important impact on the development of new medical products and services.*

There were a number of points raised about the level and type of data necessary for policymaking. Some participants argued that there should be analysis of trends in the organisation of health care delivery or better micro-economic analysis of disease-specific experience, while others suggested that efforts should continue on resolving existing information gaps in fundamental areas such as the economics of financing and delivering health care.

An interesting question related to the “steering” versus “rowing” analogy involved the resistance to change within some governments, even after there is general agreement among their constituents that reform is necessary. It was suggested that the institutional capacity to manage the reform process in some countries is a function of accountability breaking down in the political process. In this context, the work of the OECD Public Management Service to promote regulatory reform in member countries was cited as a very useful effort to improve efficiency of government regulation and create a better climate for private competition and innovation.

Outcome Measurement

The WHO expert, Mr. David Evans (Team Co-ordinator, Choosing Interventions: Effectiveness, Costs and Ethics) began by saying that it is very important when measuring the outcome of medical treatments to know why the data is needed. In compiling its health system indicators, the WHO is not simply analysing macro- or micro-level policies, but is looking at major problems and the performance of related treatments in an effort to improve intervention at both the policy and institutional levels. The Organisation is working closely with the World Bank in the context of its poverty alleviation mandate to develop benchmarks for use in promoting successful health sector reform. However, Mr. Evans pointed out that poverty alleviation is not the only factor that makes a difference in health status. The WHO is thus seeking to identify conceptual frameworks so that policy-makers can have a better basis for evaluating why some systems work better than others with the ultimate goals of improving the health of populations, making health care more responsive to the needs of people, reducing the financial risk of health problems and introducing greater procedural fairness and equity into health care systems. Mr. Evans suggested that efficiency and quality should not be considered goals in themselves, but

rather means of achieving best outcomes. For its indicators, the WHO seeks what it considers to be the ideal measures of goal attainment, including efficiency measures, proxy indicators, as well as measures of and proxies for determinants.

During the discussion one participant remarked that it was clear that the three organisations were collecting similar data and that there was a common basis of understanding for basic information, but that the ability to collect new, more complex data is limited because of the need for more information from poorer countries. She suggested that organisations limit their data requests to the most fundamental information.

Industrial Policy: What data requirements?

Addressing Data Needs: Status and Potentials

Two experts from the OECD's Science, Technology and Industry Directorate spoke about data trends and needs as a result of new developments in the health care sector. Ms. Elettra Ronchi (Administrator, Biotechnology Unit) noted the increasing importance of biotechnology, both as a source of new medical treatments and as an economic sector. She noted that biotechnology was responsible for over half of all new drugs introduced in the United States last year, and that revenues from the sector totalled \$18 billion, well on the way to surpassing earlier revenue estimates of \$30 billion by the year 2006. Because of biotechnology's growing impact on health and economies, there is considerable new interest in collecting and evaluating data in this field. However, there are important problems in obtaining relevant and comparable data. Specifically, Ms. Ronchi identified several areas where more information is needed, including intellectual property, fiscal incentives, national regulations, human resource costs and public/private spending on research and development in the biotechnology field. She suggested that harmonised definitions would provide a much better basis for collection and comparison.

Following the presentation on biotechnology, Mr. Andrew Wyckoff (Head of Economic Analysis and Statistics Division) discussed the OECD's analysis of health and services and an industry in OECD member countries. The Organisation's current efforts are focused on research and development data, from the perspectives of both funding and performance. The business community is responsible for some ten percent of total research and development, of which drugs and medicines account for a growing share. Mr. Wyckoff identified several problems associated with the data in this area, specifically that it is collected primarily from the pharmaceutical sector, that only fifteen countries report government performance, and that there is weak data on the performance of research done by academic and non-profit institutions. He suggested that the data on funding was better. Recent statistics show that the U.S. government spends some 40 percent of its total research and development expenditures on health while the United Kingdom spends some 25 percent. A comparison of the data on growth of research and development spending over the last decade is also interesting, showing, for example, that Sweden's spending has grown some 41 percent while Belgium's has declined over the same period by 2.3 percent. Work in progress at the OECD includes development of statistics on innovation, including collection and analysis of patents for which good data is available at low cost. Future efforts will involve improving the data on biotechnology and further improvements to statistics on research and development related to health. Although the OECD minimises the expense of this work by co-operating with other organisations, far more could be done with more resources.

During the discussion, a number of points were raised including the fact that availability of data on biotechnology research and development varied greatly between countries which made comparisons very difficult. It was also noted that much of the information in the private sector is very proprietary, especially because it reveals the very limited success rate of new products from research initiatives. In

this regard, it was suggested that it would be useful to look at disease-specific outputs, for example related to tuberculosis over the last 25 years.

Patients' Perspective

According to Mr. Daniel Shostak (Chief Executive Officer, International Association of Patients' Organisations - IAPO), as a primary consumer of health care services and products patients and their representatives can help develop better data for policy-makers and business. Although patients are a primary stakeholder in the effective functioning of health care systems, they have been missing from the policy dialogue. Mr. Shostak's organisation, IAPO, represents some 38 voluntary health organisations around the world in an effort to represent patients' interests in analysis and advocacy, skill and capacity building for organisations, partnership and collaboration. In the context of the discussion on health care data, Mr. Shostak suggested that it is necessary to shift from an "economic" to an "intelligence community" approach. Such an approach would not discount potential new sources of information, would focus on principal interests, and would be operationally and organisationally more flexible.

Mr. Shostak noted that a more systematic process would understand the interests at stake, specify the data needs, establish benchmarks, collect and analyse relevant statistics, identify patterns and changes, and disseminate the results widely. This approach would lead to greater understanding and far better informed action. He proposed that, because of their unique interests in access and equity, knowledge, and impacts, patients should be engaged in such a process. He added that it is necessary to incorporate a number of important trends in health care analysis including changing demographics, growing respect for human rights, new technologies in both the health care and communications sectors, more sophisticated markets, changing roles and objectives of governments and transitions in leadership and power, increasing public-private partnerships, and continuing changes within the health care profession.

Following the presentation, there was some discussion about how such a seemingly disparate group as patients can provide a coherent policy message. Mr. Shostak noted that patients had indeed suffered from a lack of cohesiveness in the past, and that there had been efforts at both the national and disease-specific levels to address the situation. IAPO was now in a position to help co-ordinate these views at the international level.

Price-Volume Measurement

There are still many problems with data collection on health care prices and volumes according to Mr. Jean-Pierre Poullier (former Head of the OECD Health Care Unit and now consultant to the Global Programme on Evidence for Health Policy, WHO). As an example, he noted that recent studies have collected and analysed information on less than 400 pharmaceutical products worldwide, and only one earlier study had analysed as many as 600 products. Despite the fact that approximately 1500 products account for half of most markets, these figures are far too low when one considers a national market such as Germany's with some 70,000 products on the market. On the other hand, Mr. Poullier pointed out that data quantity does not always translate into good quality information. More importantly, echoing a concern expressed earlier in the meeting, good quality data does not always guarantee good policy if governments use it in different ways. He suggested that, in today's complex world, it is better to have economic intelligence in health care rather than simply "bookkeeping" accounts. Therefore, it is necessary to be discriminating in terms of both volume and analysis in health care data.

Mr. Poullier added that there is an ample supply of proprietary data, which --if released to the public domain -- would considerably enrich the economic intelligence of both the policy makers, the consumers and the business community. While it is natural for economic agents to use discretionarily data that are expensive to obtain and collate, it turns out that such information becomes progressively less proprietary with the passage of time and at higher levels of aggregation, and the economic intelligence of consumers and the payers/regulators would benefit most from access to such “structural” data (quarterly or even annual, and at broad therapeutic class level. He suggested that the parties should consider a greater exchange of information than has hitherto been the case, without undermining the marketability, and thus the continuity of the data collection and analytic capability of the private enterprises concerned. Even if this additional information were provided at a broader level of aggregation and with some time lag, it would still be policy relevant and probably enhance the quality of interface between purchasers and providers in the medium term.

With respect to problems with international price comparisons, Mr. Poullier raised the problem of finding appropriate purchasing power parities (PPPs). Although PPPs based on gross domestic product are acceptable, they are far from perfect. However, they are better than health PPPs, which are based on insufficient inputs.

During the discussion, one business speaker noted that the OECD was working on developing quality-adjusted price indices, but that there was not enough data available for an adequate international comparison of prices. To take this work forward, it is necessary to have far more disaggregated data. He called for greater co-operation with industry in this area. An OECD speaker agreed with the need for more co-operation, especially regarding the issue of PPPs. He cited the example of international classification of procedures in primary care, which was being done primarily by non-governmental, private organisations, and suggested that international governmental organisations could make much better progress in data collection and analysis in partnership with others.

The concluding session Chairman, Dr. Harvey Bale (Secretary General, IFPMA) stated that the meeting had revealed the necessity of renewing basic concepts with a greater emphasis on global issues. There was general agreement among participants that there should be a far more open and co-operative exchange of data needs and information. Participants acknowledged that the dialogue process was only just beginning and the discussion had served as an important catalyst for further co-operation.

**BIAC WORKSHOP ON FUTURE DIRECTIONS OF
ECONOMIC INTELLIGENCE IN HEALTH CARE**

Wednesday, 2 June 1999

(9:30-18:00)

OECD Headquarters

List of Participants

**Opening Remarks by the Co-Chairs of the BIAC Expert Group on Health Care Policy,
Ms. Helena Brus and Dr. Alain Sommer**

MORNING SESSION: ECONOMIC INTELLIGENCE FOR HEALTH POLICY

Introduction by the Chairman

Dr. Peter A. BERMAN

Associate Professor of International Health Economics, Center for Population and Development
Studies, Harvard University

Setting and Assessing Health Policy and Reforms

Mr. Jeremy HURST

Head of the Health Policy Unit

Social Policy Division

Directorate for Education, Employment, Labour and Social Affairs

OECD

Tel 01 45 24 92 55

Fax 01 45 24 90 98

E-Mail jeremy.hurst@oecd.org

Measuring Health Expenditure and Its Structure

Dr. Manfred HUBER

Administrator

Health Policy Unit

Social Policy Division

Directorate for Education, Employment, Labour and Social Affairs

OECD

Tel 01 45 24 76 33

Fax 01 45 24 90 98

E-Mail manfred.huber@oecd.org

Evidence-Based Policymaking

Dr. Alexander S. PREKER
 Lead Economist
 Human Development Network
 World Bank
 1818 H. Street N.W.
 Washington, D.C. 20433
 Tel 1 202 473 23 27
 Fax 1 202 522 32 34
 E-Mail apreker@worldbank.org

Outcome Measurement

Dr. David EVANS
 Team Coordinator, Choosing Interventions: Effectiveness
 Costs and Ethics
 World Health Organisation (WHO)
 GPE/EQC, World Health Organisation
 Avenue Appia 20
 CH-1211 Geneva 27
 Tel 41 22 791 37 68
 Fax 41 22 791 43 28/48 13
 E-Mail evansd@who.ch

AFTERNOON SESSION: INDUSTRIAL POLICY: WHAT DATA REQUIREMENT?***Introduction by the Chairman***

Dr. Harvey BALE
 Director General
 The International Federation of Pharmaceutical Manufacturers Associations (IFPMA)
 30, rue de St-Jean
 B-1211 Geneva 18
 Tel 41 22 340 12 00
 Fax 41 22 340 13 80
 E-Mail h.bale@ifpma.org

Addressing Data Needs: Status and Potentials

Mr. Andrew WYCKOFF
 Head of the Economic Analysis and Statistics Division
 Directorate for Science, Technology and Industry
 OECD
 Tel 33 01 45 24 93 54
 Fax 33 01 45 24 18 48
 E-Mail andrew.wyckoff@oecd.org

Ms. Elettra RONCHI
 Administrator
 Biotechnology Unit
 Directorate for Science, Technology and Industry
 OECD
 Tel 33 01 45 24 18 28
 Fax 33 01 45 24 18 25
 E-Mail elettra.ronchi@oecd.org

Observatory on Health Care Systems

Dr. Panos KANAVOS
 The WHO European Observatory for Health Systems
 E-Mail P.G. Kanavos@LSE.AC.UK

Patients' Perspective

Mr. Daniel SHOSTAK
 International Association of Patients' Organisations (IAPO)
 E-Mail dshostak@altfutures.com

Price-Volume Measurement

Dr. Jean-Pierre POULLIER
 Organizing Health Systems, Global Programme on Evidence for Health Policy
 World Health Organisation (WHO)
 20 Avenue Appia
 CH-1211 Geneva 27
 Tel 41 22 791 25 03
 Fax 41 22 791 43 28
 E-Mail poullierj@who.ch

Rapporteur

Mr. Steven L. BATE
 Former Executive Director of BIAC
 c/o BIAC Secretariat
 13/15, Chaussée de la Muette
 75016 Paris
 Tel 33 01 42 30 09 60
 Fax 33 01 42 88 78 38
 E-Mail biac@biac.org

OTHER EXPERTS

M. Agustin AURIA
 Banque Européenne d'Investissement
 100, Boulevard Konrad Adenauer
 L-2950 Luxembourg
 Tel 352 4379 8540
 Fax 352 4379 8827
 E-Mail a.auria@bei.org

M. Jean DE KERVASDOUÉ
 Président de la Formation "Santé-Protection Sociale"
 du Conseil National de l'Information Statistique (CNIS)
 Professeur, Titulaire d'une Chaire en
 Economie et Gestion des Services de Santé
 Conservatoire National des Arts et Métiers
 292, rue Saint-Martin
 75003 Paris
 Tel 01 40 27 28 49
 Fax 01 40 27 23 49
 E-Mail dekervas@cnam.fr

Prof. François EWALD
 Professeur au Conservatoire National des Arts et Métiers
 Directeur de la Recherche et Stratégie
 Fédération Française des Sociétés d'Assurances (FFSA)
 26, Boulevard Haussmann
 75311 Paris Cedex 09
 Tel 01 42 47 93 21
 Fax 01 42 47 93 11
 E-Mail ewald@cnam.fr

Dr. Françoise FORISSIER
 Vice President, Public Affairs Europe
 IMS Health
 345 Avenue Georges Clemenceau
 92882 Nanterre Cedex 9
 Tel 01 41 35 10 91
 Fax 01 41 35 11 80
 E-Mail FForissier@fr.imshealth.com

Ms. Patricia GOLDSCHMID
 Research Coordinator on Health
 The Geneva Association
 (International Association for the Study of Insurance Economics)
 18 Chemin Rieu
 B-1208 Geneva
 Tel 41 22 347 09 38

Fax 41 22 347 20 78
E-Mail geneva.association@vtx.ch

Dr. Wanda R. LOPUCH, Ph.D.
President, Medical Data Management sp.zoo (Poland)
Chief Executive Officer, Medical Data Management Corp. (USA)
Tel 1 516 246 81 00
Fax 1 516 246 81 21
E-Mail wrlopuch@compuserve.com

Mr. Clive PRITCHARD
Office of Health Economics
12 Whitehall
London SW1A 2DY
Tel 44 171 930 92 03 Ext. 1458
Fax 44 171 747 14 19
E-Mail CPritchard@abpi.org.uk

BIAC MEMBERS

Ms. Helena R. BRUS
Co-Chair of the BIAC Expert Group on Health Care Policy
Associate Director, Economic and Health Care Policy
Merck & Co. Inc., Human Health Division
One Merck Drive, WS 2A-65
Whitehouse Station, New Jersey 08889-0100
UNITED STATES
Tel 1 908 423 42 17
Fax 1 908 735 12 58
E-Mail helena_brus@merck.com

Dr. Alain SOMMER
Co-Chair of the BIAC Expert Group on Health Care Policy
27, rue Jean-Jacques Rousseau
75001 Paris
FRANCE
Tel 33 - 01 53 23 58 35/06 07 64 09 26 (mobile)
Fax 33 - 01 47 11 77 97
E-Mail alain.sommer@ac.com

Dr. Faye S. BAGGIANO
Director, Global Health
Office of Government Affairs
EDS
1331 Pennsylvania Avenue, N.W.
Suite 1300 North
Washington, D.C. 20004
UNITED STATES
Tel 1 202 637 67 06

Fax 1 202 637 49 77
E-Mail faye.baggiano@eds.com

Mr. Charles BOUCHARD
Executive Director, External Affairs
Merck Sharp & Dohme (Europe), Inc.
Clos du Lynx 5
B-1200 Brussels
UNITED STATES
Tel 32 2 776 64 52
Fax 32 2 776 64 82
E-Mail charles_bouchard@merck.com

Dr. Eric JANNERFELDT
Swedish Employers' Confederation
S-103 30 Stockholm
SWEDEN
Tel 46 8 762 66 52
Fax 46 8 762 65 66
E-Mail eric.jannerfeldt@saf.se

Dr. Roland LEMYE
Secrétaire Général
Association Belge des Syndicats Médicaux
Chargé des Affaires Internationales
Tel 32 71 45 84 10
Fax 32 71 46 13 25
E-Mail roland.lemye@skynet.be

Dr. Helge LUND
Director General
Norwegian Association of Pharmaceutical Manufacturers (LMI)
P.O. Box 734 Sentrum
N-0105 Oslo
NORWAY
Tel 47 23 16 15 00
Fax 47 23 16 15 01
E-Mail helge.lund@lmi.no

Mr. Michael OWEN
Director, Economic Affairs
Glaxo Wellcome plc
Glaxo Wellcome House
Berkeley Avenue
Greenford
Middx. UB6 ONN
UNITED KINGDOM
Tel 44 181 966 82 08
Fax 44 181 966 59 81

E-Mail MSO17973@glaxowellcome.co.uk

Dott. Alberta SCIACHI
Assistant to the National President
Italian Association of Private Hospitals (A.I.O.P.)
Via Lucrezio Caro, 67
00193 Rome
ITALY
Tel 39 06 321 56 53
Fax 39 06 321 57 03
E-Mail sciachi@aiop.it
Representing CONFINDUSTRIA and
UEHP (European Union of Private Hospitals) as President of the Council

Mr. Stefan VRANCKX
Director Public Affairs, Europe
Smithkline Beecham
"Park Leopold"
Rue Wiertz 50
B-1050 Brussels
BELGIUM
Tel 32 2 280 41 61
Fax 32 2 230 99 35
E-Mail Stefan.R.VRANCKX@sb.com

Mr. André WYNEN
Président de l'Assemblée
Union Européenne de l'Hospitalisation Privée (UEHP)
5, avenue Alfred Solvay
B-1130 Bruxelles
Tel 32 - 2 - 672 76 76
Fax 32 - 2 - 672 76 14

OBSERVER

Mr. Yann LE CAM
International Patient Organization
E-Mail Azylecam@mac19.afm.genethon.fr

OECD SECRETARIAT

2, rue André-Pascal
75016 Paris

Mr. Stephane JACOBZONE
Administrator (Ageing Populations and Health)

Social Policy Division
Directorate for Education, Employment, Labour and Social Affairs
Tel 33 01 45 24 85 56
Fax 33 01 45 24 90 98
E-Mail stephane.jacobzone@oecd.org

BIAC SECRETARIAT

Mr. Douglas C. WORTH
Secretary General
Business and Industry Advisory Committee to the OECD
13-15 Chaussée de la Muette
75016 Paris
Tel 33 01 42 30 09 60
Fax 33 01 42 88 78 38
E-Mail worth@biac.org

Ms. Hanni ROSENBAUM
Manager
Tel 33 01 42 30 09 66
Fax 33 01 42 88 78 38
E-Mail rosenbaum@biac.org

Ms. Salette BELLAVOINE
Administrative Staff
Tel 33 01 42 30 09 61
Fax 33 01 42 88 78 38
E-Mail bellavoine@biac.org