



# #HealthforAll

Health in  
**Emerging Markets**  
**Conference**





# Tackling the Pain Points of the Healthcare Journey

Morning



# Welcome Conversation

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**Niti Pall**  
**Benoît Claveranne**



# Funding Healthcare in Emerging Markets: The Challenges at Hand

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**Dr. Kai-Uwe Schanz**

#HealthforAll

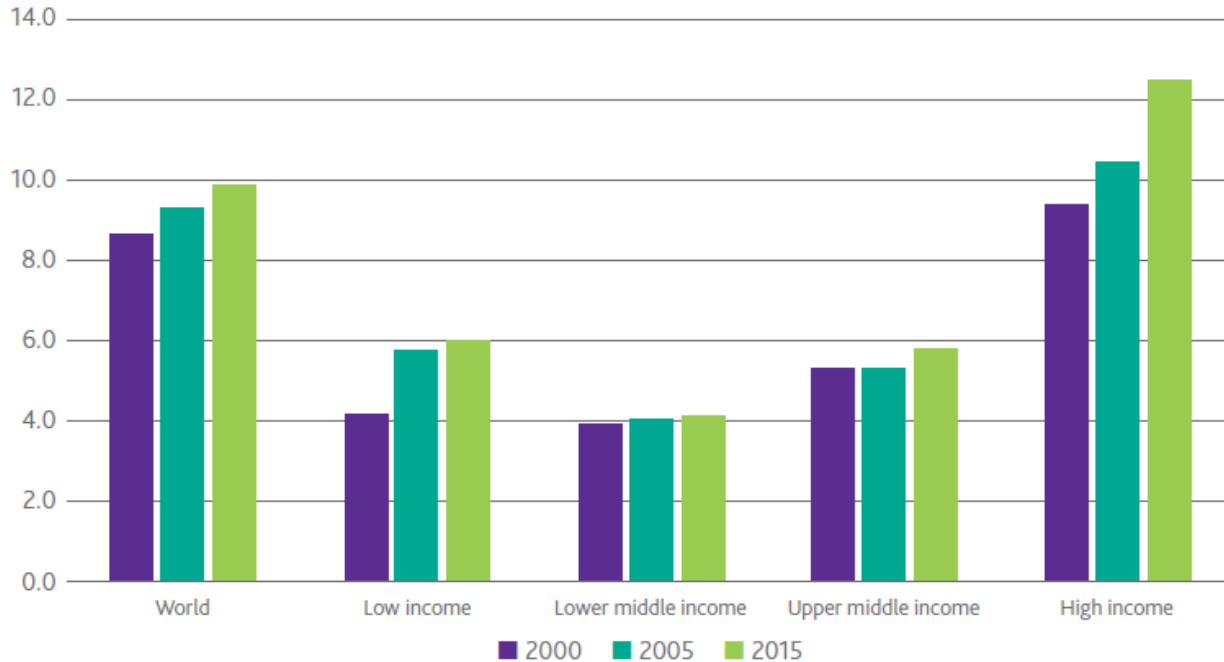


# Agenda

- ⊙ Expenditure trends
- ⊙ Cost drivers
- ⊙ The funding mix
- ⊙ Health protection gaps

# Healthcare spending outgrows economies

## Healthcare spending in percent of GDP



Source: WHO

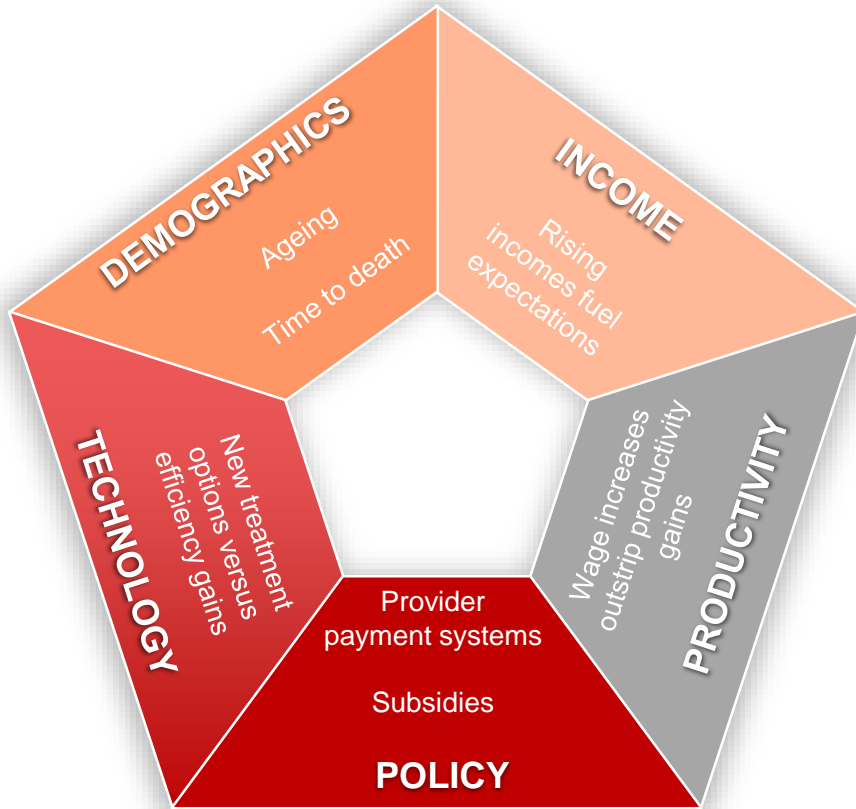
### Key drivers

- Medical inflation
- Expanding treatment options
- Higher customer expectations

○ Highest relative increase in low-income countries, followed by high-income countries

○ More stable pattern elsewhere

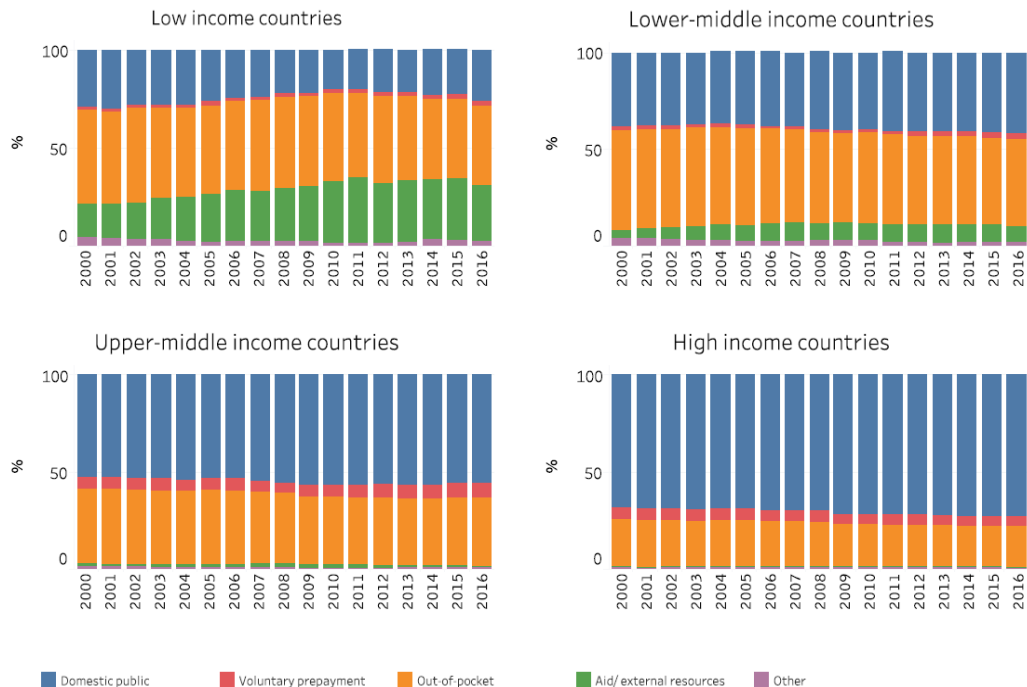
# Five key cost drivers in healthcare



- ⊙ Not all increases in spending are inherently unwanted, e.g. those reflecting technological advancements and increases in national wealth, translating into gains in quality and access

# The funding mix

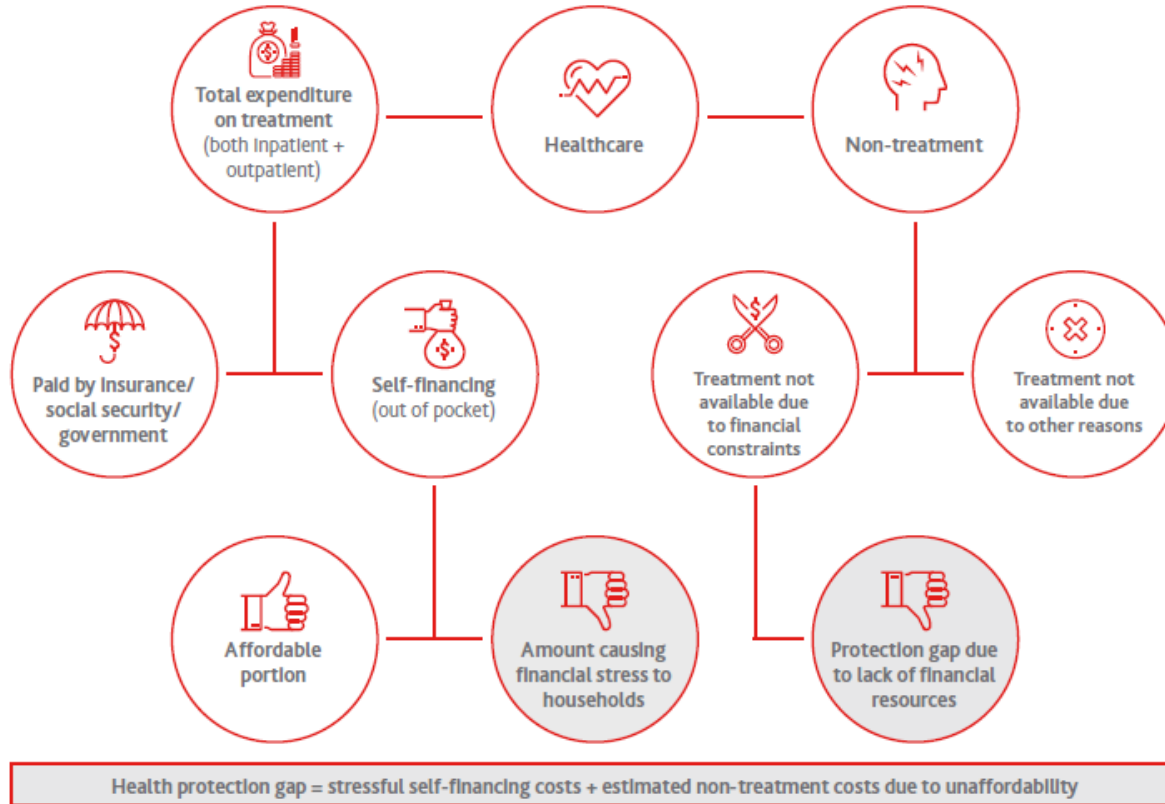
## Sources of health expenditure



Source: WHO

- The share of compulsory pre-paid sources increases with rising income
- In low-income countries the share of compulsory pre-paid funding has been declining, more than offset by increased reliance on foreign aid
- The role of voluntary health insurance is marginal
- The best news: Out-of-pocket spending is losing in importance

# Illustrating the health protection gap

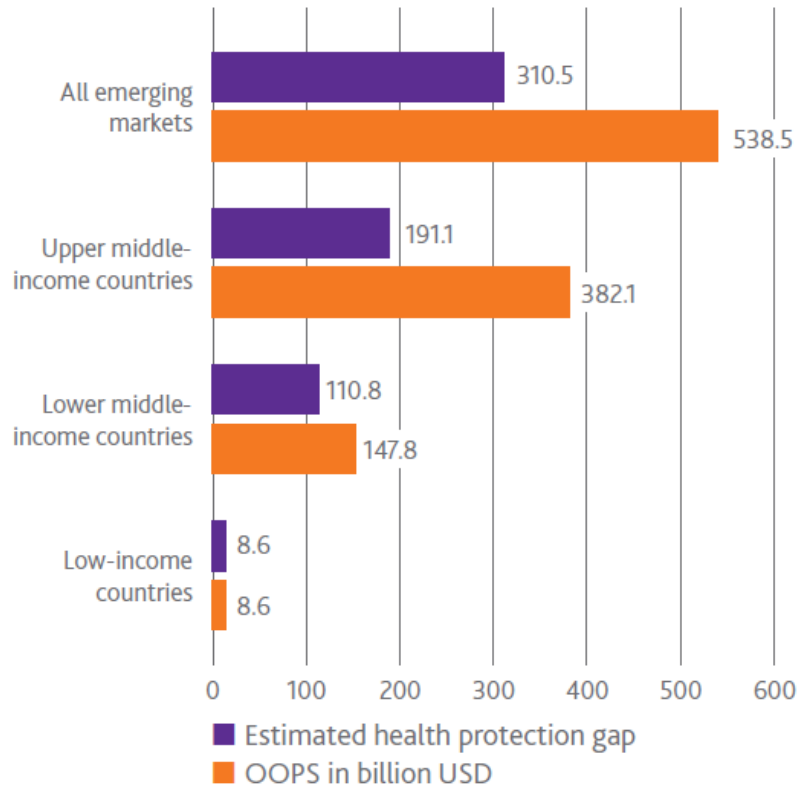


- Financial stress due to out-of-pocket expenditure

**PLUS**

- Non-treatment / foregone care due to unaffordability

# Quantifying the health protection gap



Source: WHO, The Geneva Association

- ⊙ Financially stressful health spending in emerging markets is estimated at more than USD 300 billion p.a., based on 2016 data
- ⊙ The funding gap is equal to 1% of emerging markets' GDP



*INSURANCE FOR A BETTER WORLD*

[www.genevaassociation.org](http://www.genevaassociation.org)





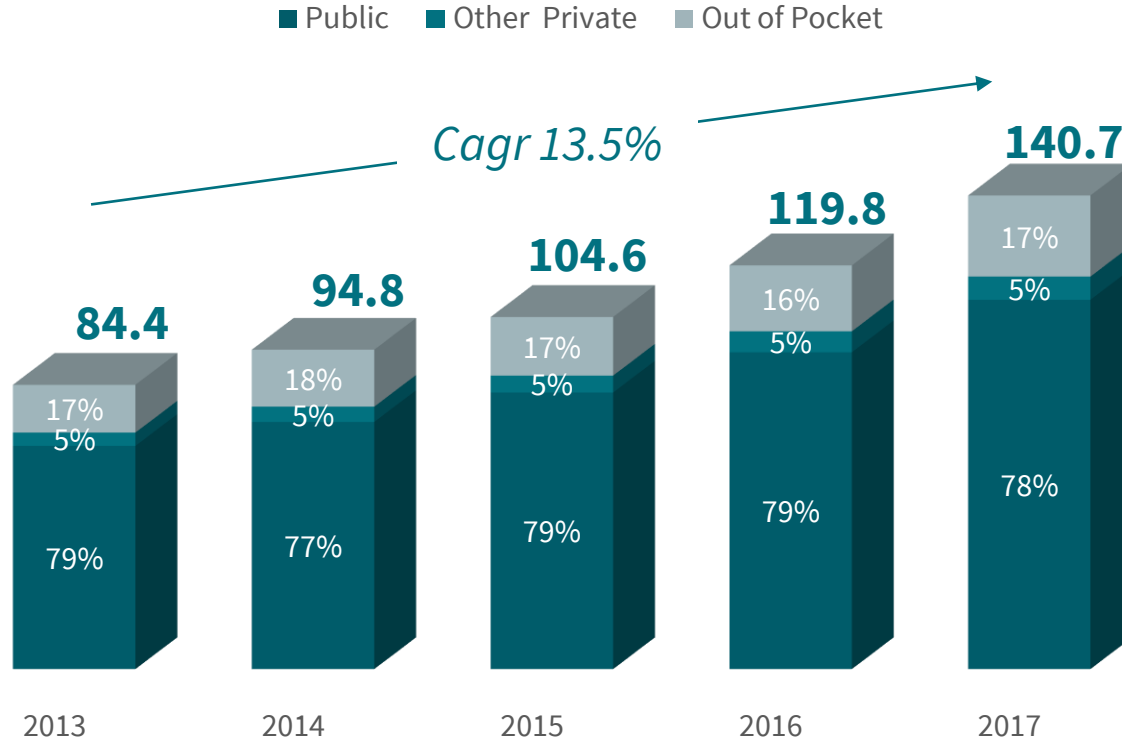


# Sustainable and Smart Solutions for Healthcare in Turkey

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**Pr. Evrim Didem Günes**  
**Yavuz Ölken**  
**Berke Uygun**  
**Emrah Yiğit**

































































Healthcare landscape has been **stable** since 2013, with consistent growth rates and payer profiles. However...



*Healthcare expenditures by payer type in TRY billions*

Public payor offers a **comprehensive coverage** for both in private and public institutions.

 Not covered except for special case  
  Partially covered  
  Fully covered

	Eye check	Health check	Influenza	Maternity (regular delivery)	Dental care	Optical glasses	Prescription drugs
 Turkey							 <sup>1</sup>
 Japan			 <sup>2</sup>				
 Switzerland							
 Germany							
 Canada					 <sup>3</sup>		
 Denmark					 <sup>3</sup>		
 Sweden							
 U.K.							

<sup>1</sup> Chronic diseases (e.g., diabetes) patients are fully covered

<sup>2</sup> Influenza fully covered, vaccination is partially covered

<sup>3</sup> Dental care covered for children/youth and adults with special needs; specialized dental surgery covered by the healthcare system

Even more than expected from an emerging country. However ...

~42.3 million citizens are under protection of public health system.  
A need for change. Ongoing health system was suffering from...

**Unaffordable prices for  
private care when  
necessary**

**Lack of quality**

**Waiting in the long lines**

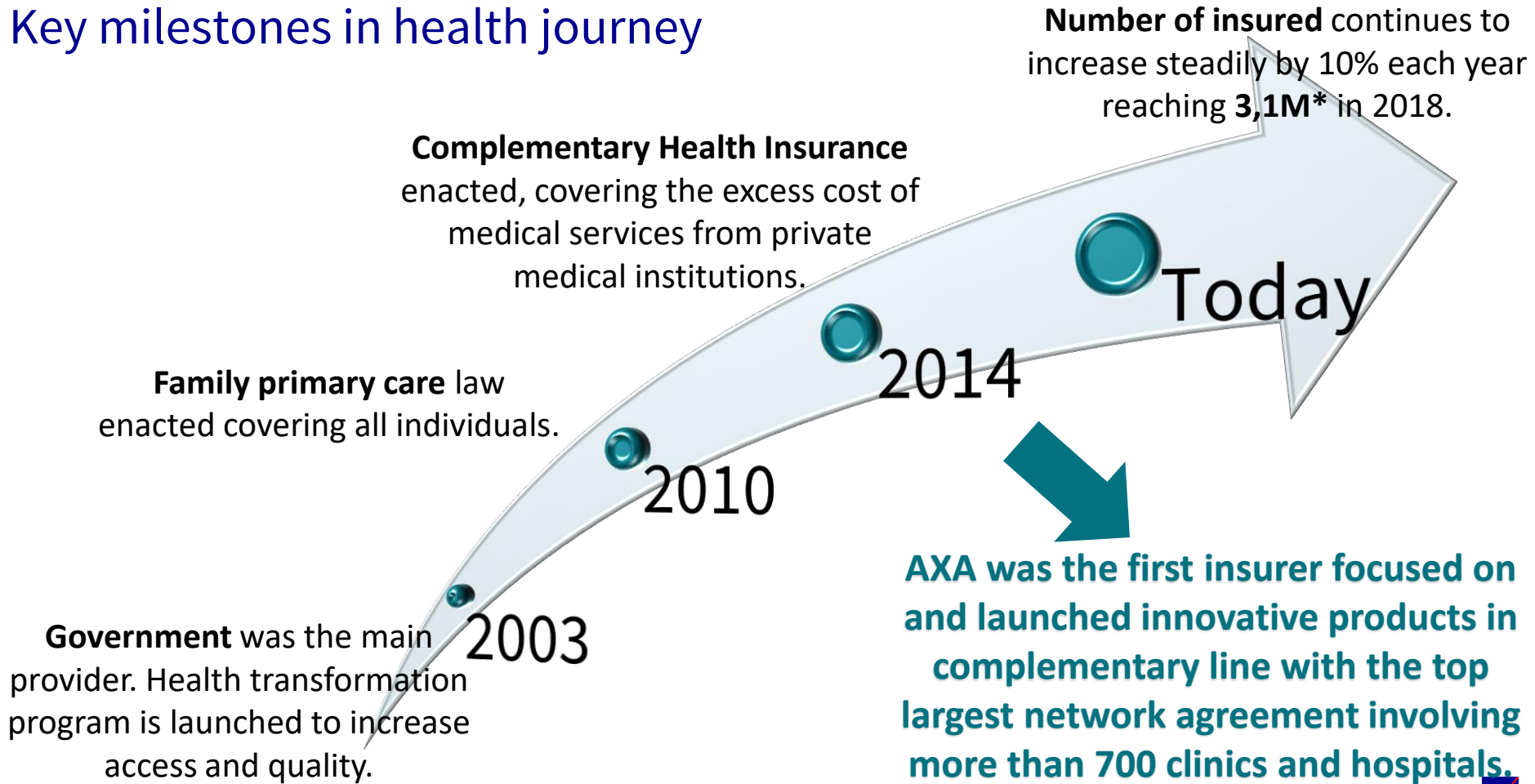
**Lack of accessibility**

**Limited resources for  
new investments**

**Insufficient care  
coordination**

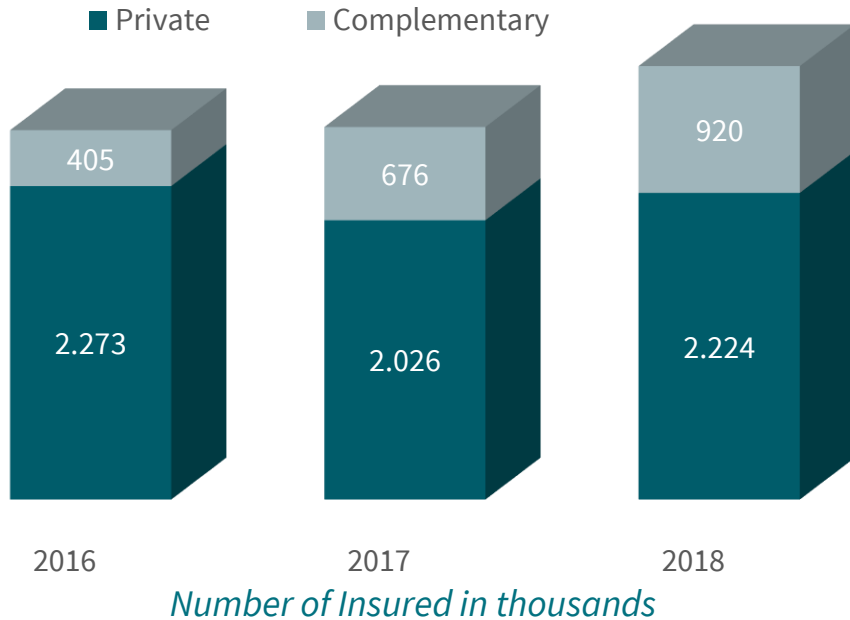
**Non-digitalized solutions**

# Key milestones in health journey



# Complementary Health is a growth engine for Turkish Health Insurance Market

**~1 million Insured in 4 years**



**Supported by Social Security**

**Ability to access private  
healthcare network**

**Real-time and well-integrated  
systems @ stakeholders  
ecosystem**

**3 times cheaper than private  
health products**

**Continuous increase in private  
health costs**

# There are Opportunities

Share of health expenditures in GDP of Turkey is **still lower** than average of OECD countries  
**4.2% vs 8.8%**

**3/4** of non-public expenditures are out of pocket

Country-wide **family care** implementation works as a gate-keeper for more complicated consultations in private care

**Superior customer service and care coordination through technology and innovation are leverages to grasp opportunities.**

**AXA has a market share of 20% in complementary line and continues its focus by providing innovative products and service differentiation within payer to partner framework.**





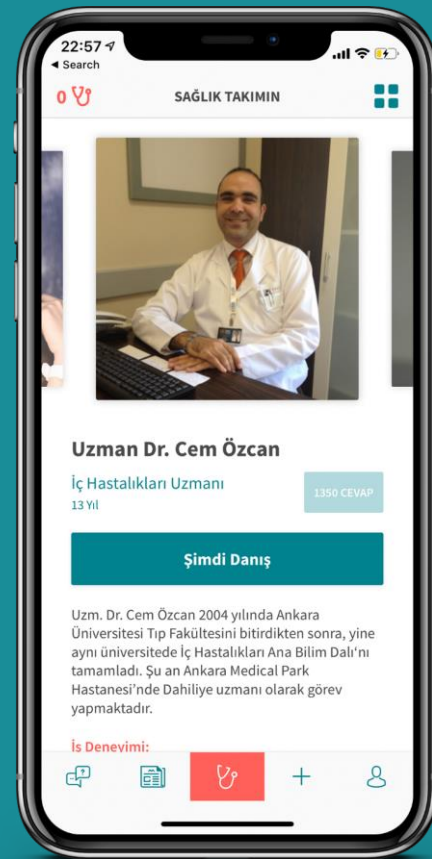
Doktorderki

**Doc Says ...**

# Doktorderki

The fastest way to talk with a doctor!

- Choose the specialist
- Talk individually and confidentially
- Share medical reports
- Keep your health record



# Problem

Going to doctor;

- Difficult
- Time taking

Patients & Personas ;

- Fear and anxiety
- Embarrassment

# Solution

Doktorderki offers;

- Consult easily in 2 steps
- Photo and reports sharing
- Anonymity

And most importantly;

- Referenced information



# Market



- 700 million yearly hospital/clinic visits
- 70% non urgent visits

# Key Metrics

- Download: 110.000
- Monthly Active User : 7.000
- End consult: 26.000



# Global Players



\$172,9M



\$100,1M



\$88,3M

“

*I don't need to go to a hospital  
after this consult.*

”

Overall Advisee;

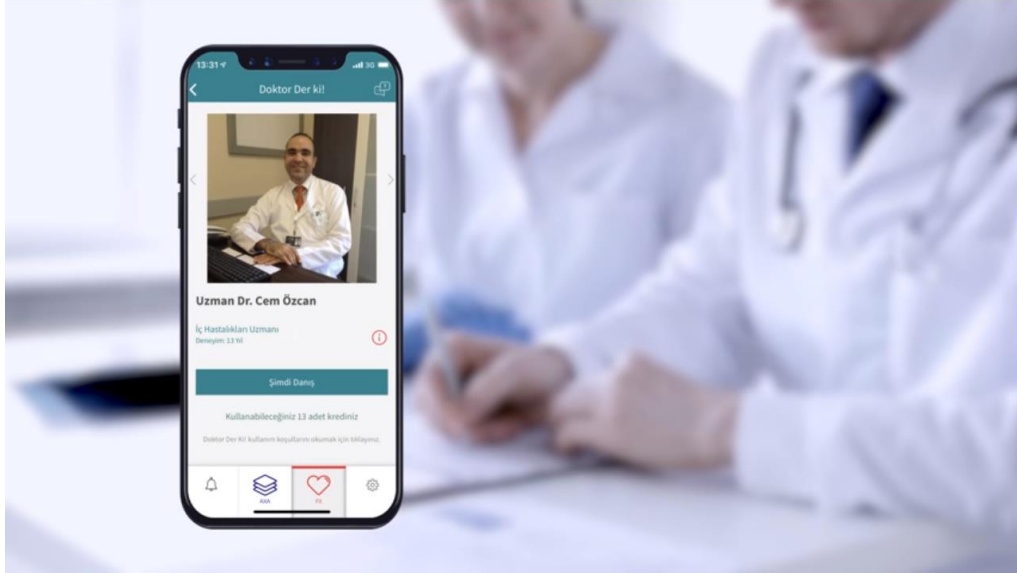
**%78**



# Key Partner



## AXA SİGORTA



# AXAFit Metrics

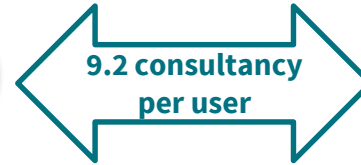


**Download**  
**97.500**



**Active  
User**  
**20.200**

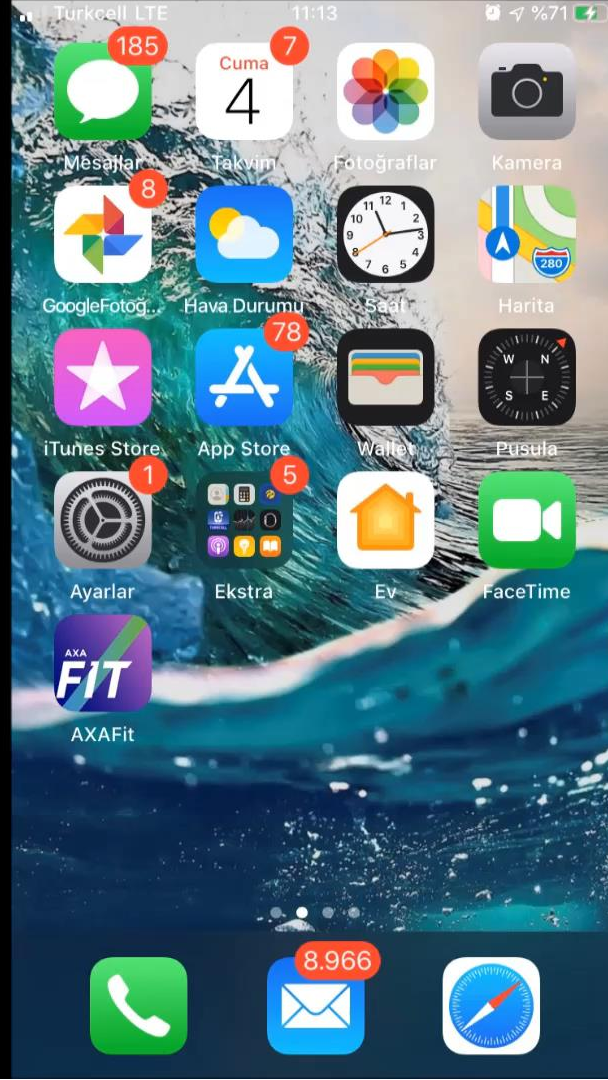
**Unique  
User**  
**24.000**



**# of  
Consult**  
**2.600**

**Response  
time:  
max 2 hours**





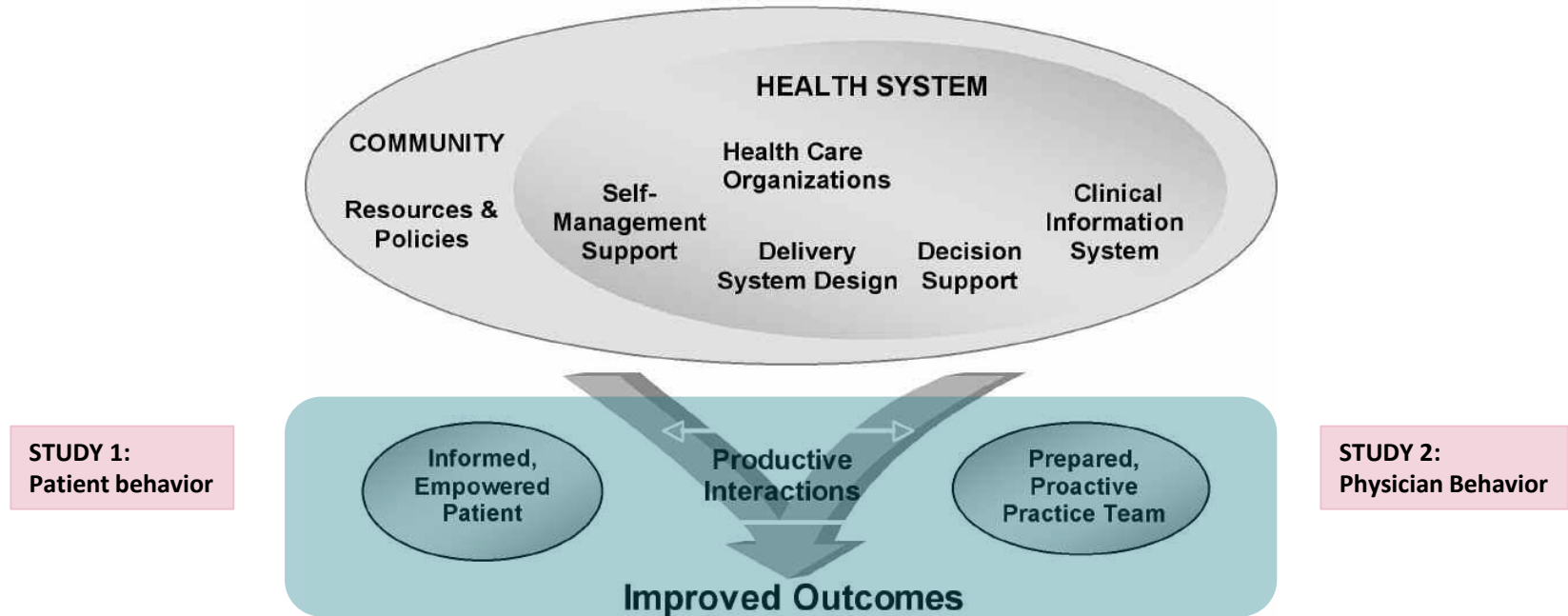
# Understanding Patient and Physician Behaviors to Improve Chronic Care Management

Evrin Didem Güneş  
Koç University  
[egunes@ku.edu.tr](mailto:egunes@ku.edu.tr)



# What Will It Take to Improve Care for Chronic Diseases?

## The Chronic Care Model:



# Study 1:

## Understanding Patients' Health Risks and Health Related Behavior\*

**431** adults with **diabetes and/or hypertension** who visited a Primary Health Center in one region in Istanbul

Main interest: **Patient activation**

“an individual’s knowledge, skill, and confidence for managing their health and health care”(Hibbard et al. 2005)

**63.6** mean age

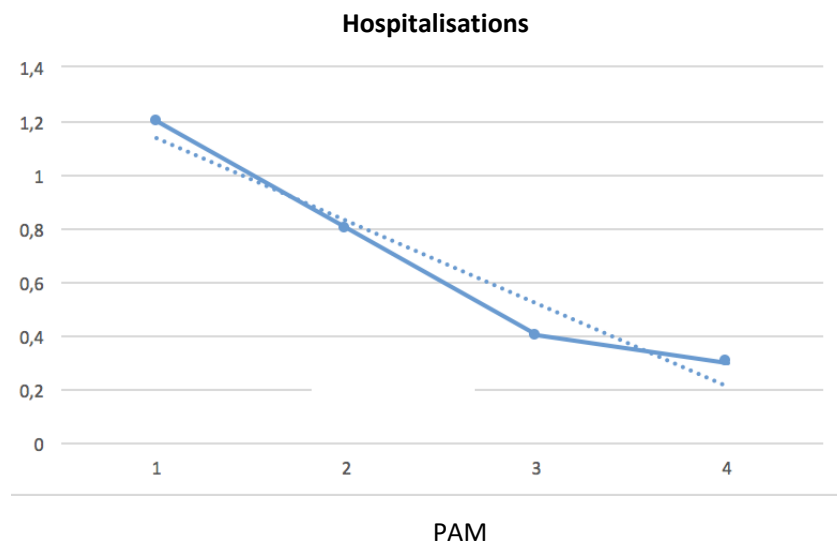
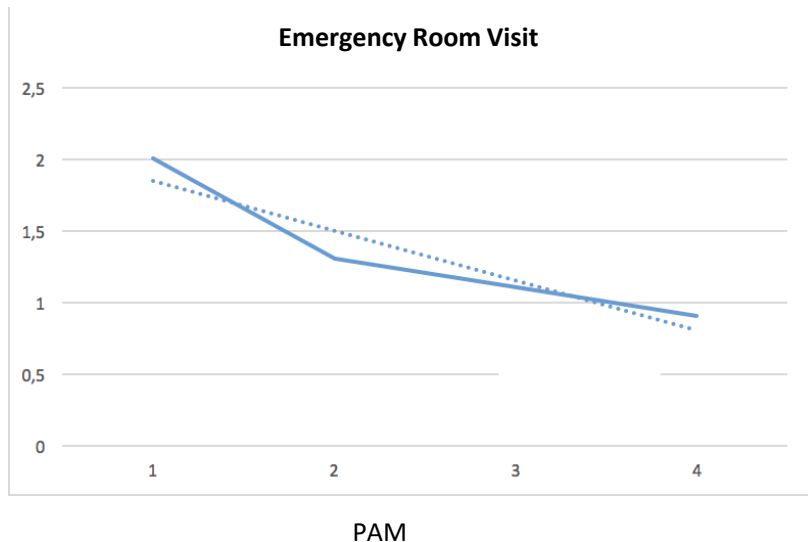
**65%** women

**45%** poor activation level (PAM level 1 and 2)

**How can we identify patients with poor activation?**

# Why are we interested in Patient Activation?

Patient Activation Measure (PAM) and healthcare costs are related

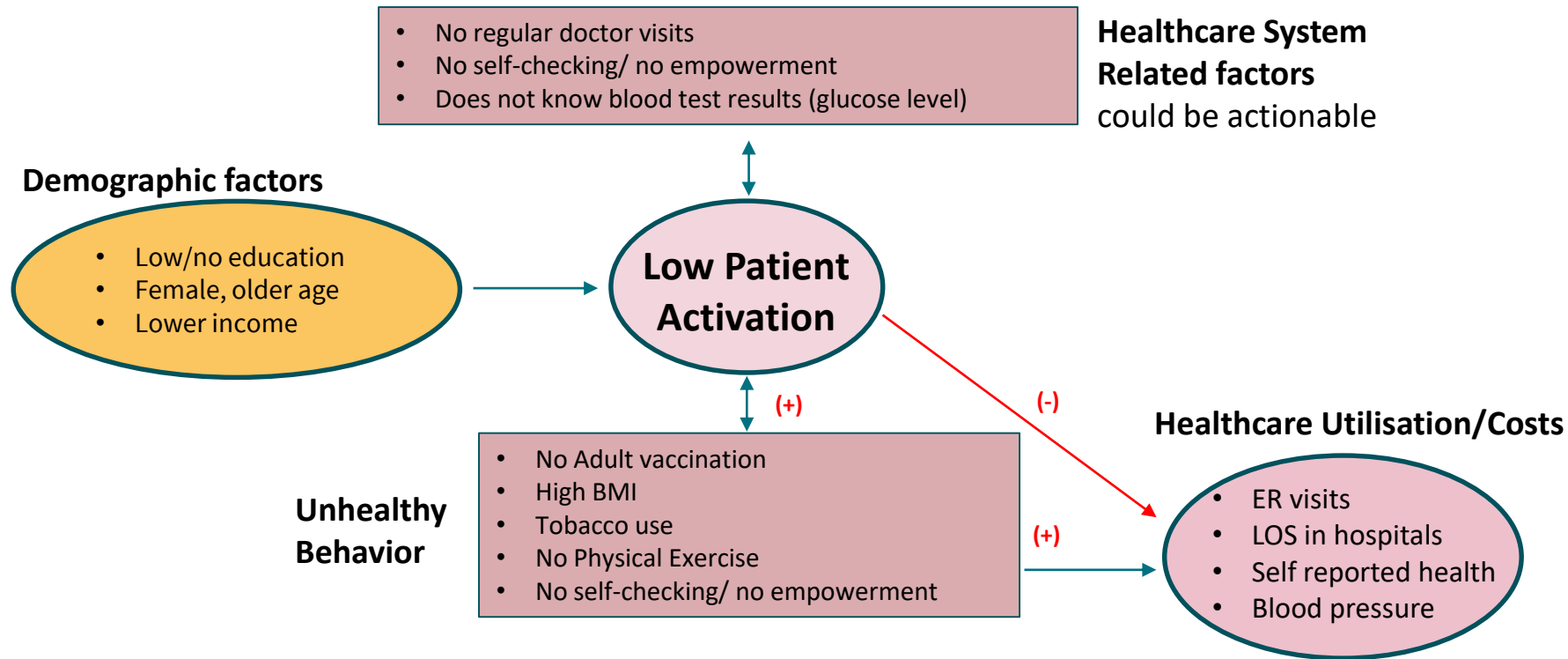


Source: Hibbard et al. (2016): Improving Population Health Management Strategies: Identifying Patients Who Are More Likely to Be Users of Avoidable Costly Care and Those More Likely to Develop a New Chronic Disease , HSR 2016  
N=98142 adult patients



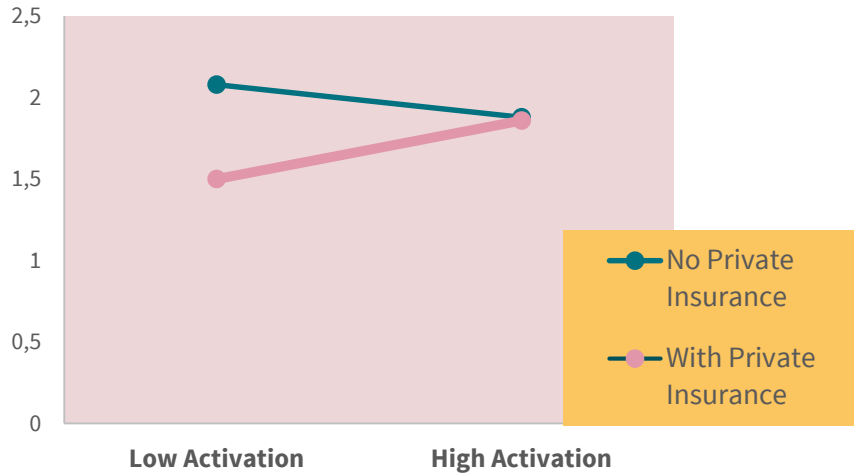
# Preliminary Results on Factors Associated with Low Patient Activation

74% accuracy for PAM level in preliminary use of machine learning methods



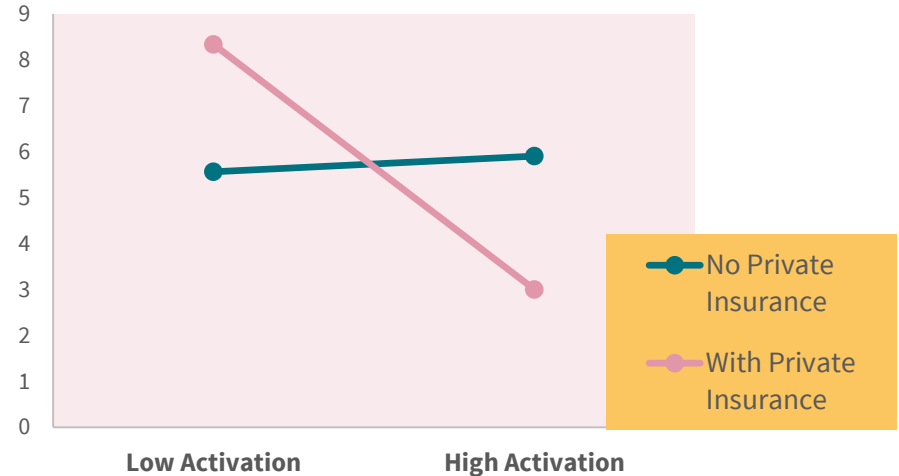
# Comparison of Patients with Private Insurance vs No Private Insurance

## Average Number of ER Visits per Year



➤ High activated patients use the ER more than low activated patients.

## Average Inpatient Length of Stay



➤ High activated patients use inpatient services less than low activated patients.

## Study 2:

# Diagnostic Test Orders of Physicians: The Effect of Workload

How does workload affect test ordering behavior of physicians?  
Empirical Analysis of an Outpatient Clinic

### Workload Definitions

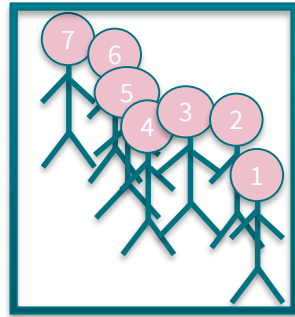
(Unfinished) Workload  
 $\#waiting$

(1) Speed up to finish  
Leads to more orders

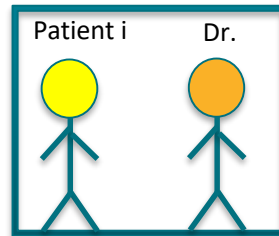
Finished Workload  
 $\#examined$

(2) Fatigue leads to  
fewer orders

waiting patients for the physician

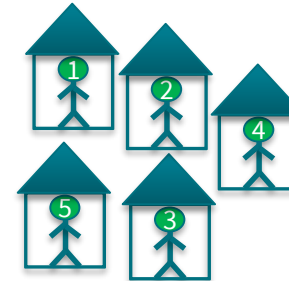


examination room



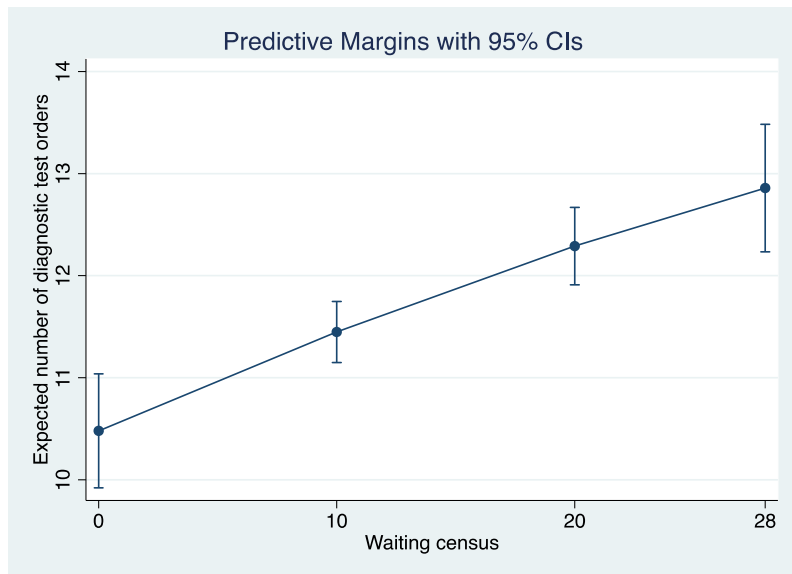
$waiting_i = 7$   
 $Finished\ load_i = 5$

Patients examined until the patient<sub>i</sub>



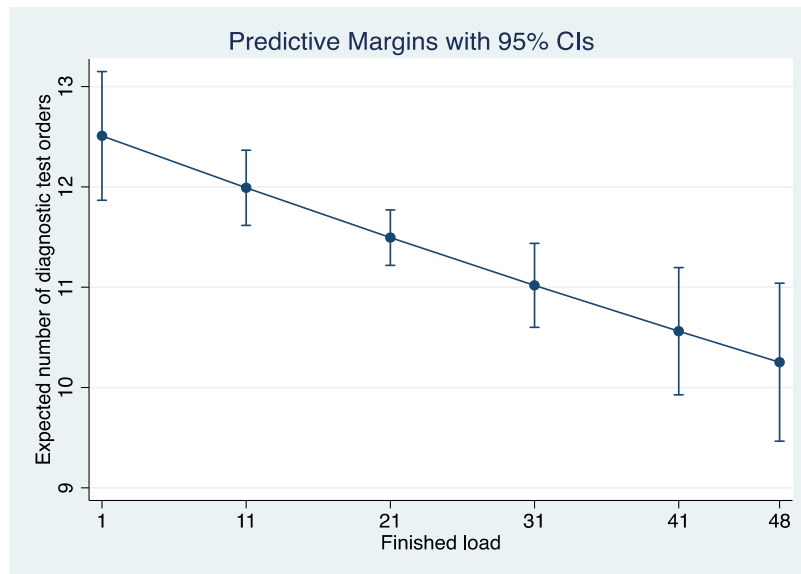
# Results: Predicted Number of Diagnostic Test Orders per patient

As number waiting increases,  
physicians order more tests,  
due to rushing to complete examination.



from 10.5 to 12.9

As finished load increases,  
physicians order fewer tests.



from 12.5 to 10.3

## Next Steps: Further collaboration with AXA Turkey

Data analytical methods to predict patients' risk and health behaviours

Find new measures to predict behavior

- Collect data on patience and delay discounting
- Design controlled field experiments

Objective will be to improve

- Customer segmentation
- Pricing engine





**Q&A**



**Thank you for your time...**



# Building Partnerships to Increase Quality, Access & Affordability in Nigeria

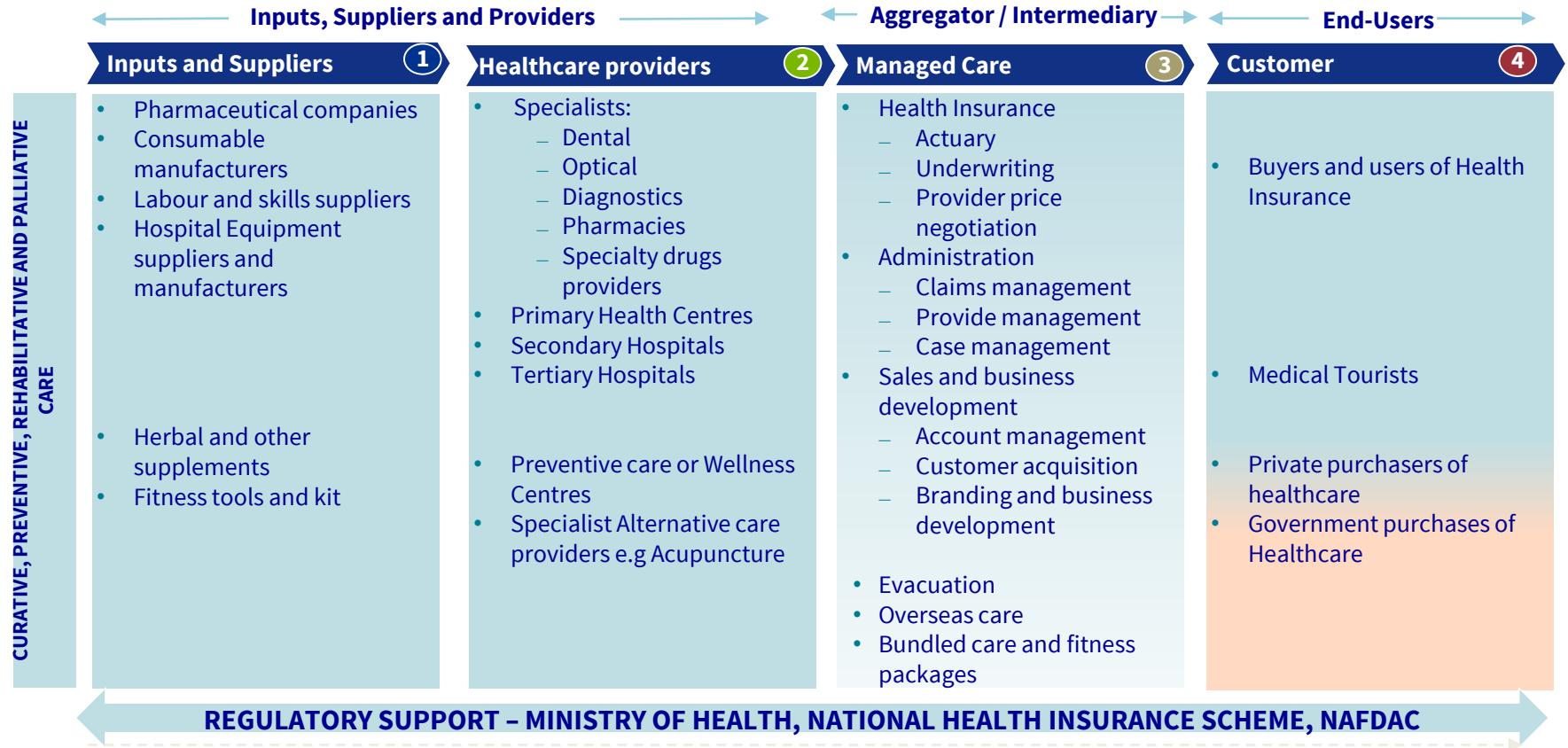
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**Tope Adeniyi**  
**Vivian Nwakah**



# Overview of Players Across the Healthcare Value Chain in Nigeria

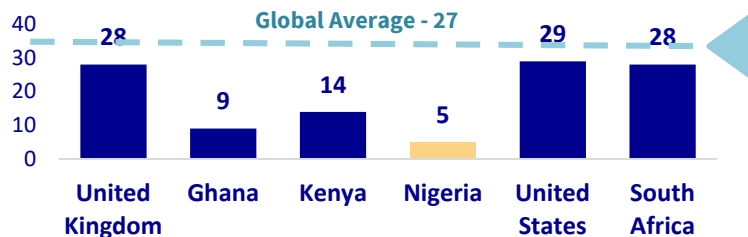
The industry is still at infancy with numerous growth opportunities for all players to collaborate and drive development



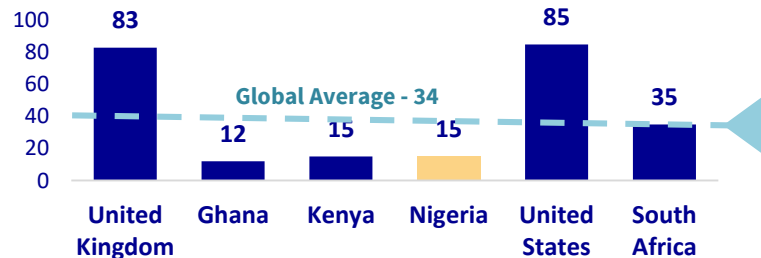
# Nigeria Healthcare Index Lag Behind Global Averages

The poor state of healthcare has resulted in very low life expectancy rate in Nigeria compared to other countries

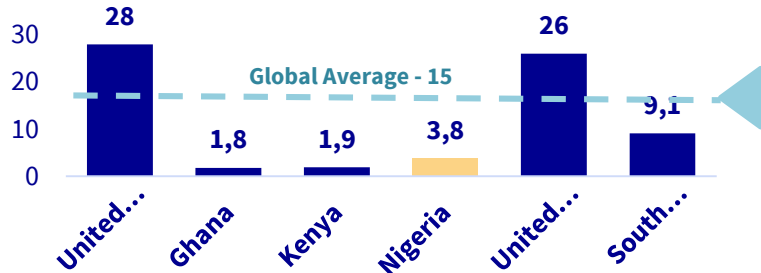
## Beds per 10,000 Population



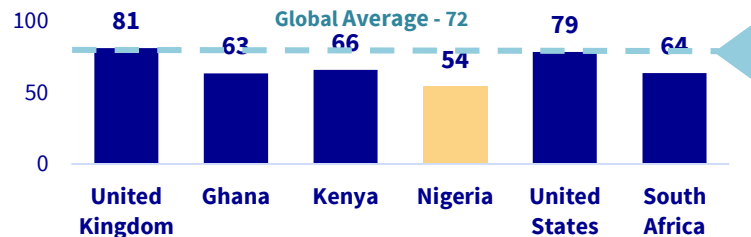
## Nurses per 10,000 Population



## Doctors per 10,000 Population



## Life Expectancy



# The Challenges of Nigeria Healthcare Landscape

Despite the huge population, Nigeria healthcare sector has suffered from chronic human and infrastructure under-investment presenting huge humanitarian and infrastructure gaps as well as opportunities for coordinated private sector investments



## Underfunded Public System

- **Lack of capacity** for growing population
- **Limited availability** and counterfeit **medications** due to lack of funding, corruption or theft
- **Limited availability of equipment**, non-maintenance
- **Lack of trained healthcare workers**, often switching to better paid private sector jobs



## Low quality of care in private sector

- **Better client experience**, faster, but often **lower quality of care**
- **Incentives for unnecessary tests and treatment; worse outcomes & poor adherence to medical standards**
- **Higher drug costs** due to low quality drugs, delayed diagnosis and incorrect disease management
- Problems with **unlicensed providers**



## Human resource shortage

- **Number, quality, and capability of health care workers is low**
- **Insufficient pipeline** and wrong type of future professionals
- Underfunded training & research and low wages lead to **brain drain** (not only)
- Inequalities in **workforce distribution**



## Poor Infrastructure and Frameworks

- **Inconsistent** and incomplete **regulatory framework** and lack of enforcement
- **Low levels of technological maturity**
- **Absence of consistent, transparent information** on the quality and cost
- **Poor patient engagement** and education

# AXA Mansard Health

We are the No 1 health insurance company in Nigeria servicing over 185,000 lives across 1,700 hospital network and growing at a 5-year CAGR of 114%, 10% market share and fastest growing

**N11.1B**

N

Revenues

**N9.4BN**

Net Premium  
Income

**N700MN**

Capitalization

**N1.2BN**

Net Income

**N7.7BN**

Gross Claims

**185K**

Enrollees

## Opportunities



Population



Demographic trends, rising  
income levels and urbanization



Enforcement of health insurance  
by state government



Rapidly growing middle income  
consumers

## Challenges



Poor quality of healthcare  
facilities



Fraud, waste and abuse of care



Poor insurance understanding



Poor regulatory support

# AXA Mansard Health – Medsaf Partnership

We have partnered to ensure quality of drugs, reduce drug cost, ensure consistent distribution to improve accessibility and increase customer value

## Background

- Due to the peculiar nature of the Nigeria market, AXA Mansard health adopted the fee for service model of insurance, hence it is exposed to enormous cases of care abuse
- One of the most abused care is Drug! – This includes both the quality and cost of drugs issued to enrolees

## Challenges

- The market is flooded with fake and substandard drugs
- The existing drug distribution model is complex, slow and very expensive, which has contributed to scarcity of genuine drugs
- Use of fake drugs results in worsen of ailment which give rise to higher cost of care
- Unlike other countries, drug price is not regulated in Nigeria. Hence most hospitals place very high margins on price of drugs – 30% - 100%
- AXA Mansard couldn't guarantee the quality of care received across it's 1,700 hospital network

## The Medsaf Solution

- Medsaf is a group purchasing organization for pharma distribution
- The relationship between manufacturers and Medsaf offers:
  - Increased accessibility
  - Increased affordability, and
  - Increased quality
- The distribution model is tech based with an ***automated supply chain inventory management***
- Ultimately, this will result in increase in safe and cost effective medication for all end users – ***The Insurers , Hospitals and ultimately the Patients***



# Health in Emerging Markets Conference

Building Solutions Together



**MEDSAF**

"QUALITY  
MEDICATION  
IS A  
FUNDAMENTAL  
HUMAN RIGHT"



• INVE  
• HEAL  
• INSP



• MEDICAL CARE  
• SOLUTION  
• IDEA



• INVENTORS  
• CREATIVITY  
• DISCOVERY



# MEET THE TEAM



**OKAEY  
UKACHUKWU**

**CHIEF TECHNOLOGY  
OFFICER**

- Masters in Information Technology from Northwestern University and BS in Computer Science
- 20 years experience building healthcare technology for companies such as GE Healthcare
- 5 years experience integrating Artificial Intelligence in health care applications



**VIVIAN NWAKAH**

**CHIEF EXECUTIVE  
OFFICER & FOUNDER**

- Serial entrepreneur with experience in finance, politics, solar, and health care companies
- Founded Medsaf in 2016
- Attended business school at IAE Sorbonne in Paris, Federal University of Rio de Janeiro in Brazil, and J.Mack Robinson Georgia State



**GAVIN PETER  
BROWN**

**INTERIM CHIEF  
OPERATIONS OFFICER**

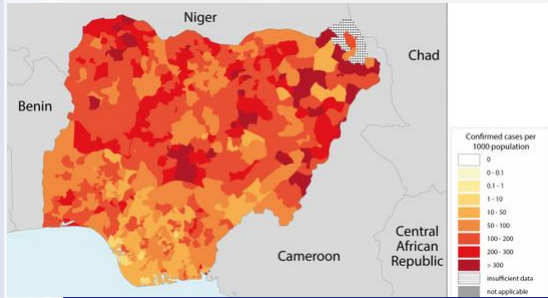
- 40 years of experience running companies in FMCG, logistics, manufacturing, and distribution.
- His work in turnarounds has primarily been business units for multi national corps.
- Vast experience with businesses across Africa.



# HEALTHCARE IN EMERGING MARKETS

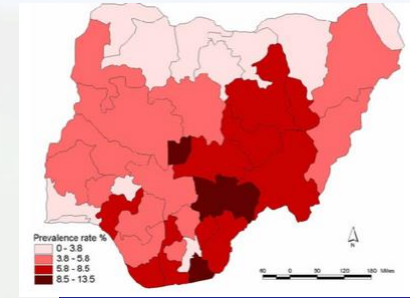
## A FOCUS ON NIGERIA:

MALARIA PREVALENCE  
(2018)



Source: W.H.O Nigeria Malaria Country Report (2018)

HIV/AIDS Prevalence Rates  
(2001)



Source: Djukpen, Richard. (2012). Mapping the HIV/AIDS epidemic in Nigeria using exploratory spatial data analysis. Geojournal. 75. 1-15

*NIGERIA IS ONE OF THE  
WEALTHIEST AFRICAN  
COUNTRIES YET...*

Nigeria's Health System  
is rated

**187th  
out of  
191**

Total population (2016)	185,990,000
Gross national income per capita (PPP international \$, 2013)	5,360
Life expectancy at birth m/f (years, 2016)	55/56
Probability of dying under five (per 1,000 live births, 2017)	100
Probability of dying between 15 and 60 years m/f (per 1,000 population, 2016)	372/333
Total expenditure on health per capita (Intl \$, 2014)	217
Total expenditure on health as % of GDP (2014)	3.7

Source: W.H.O Global Health Observatory Data Repository Report (2017)



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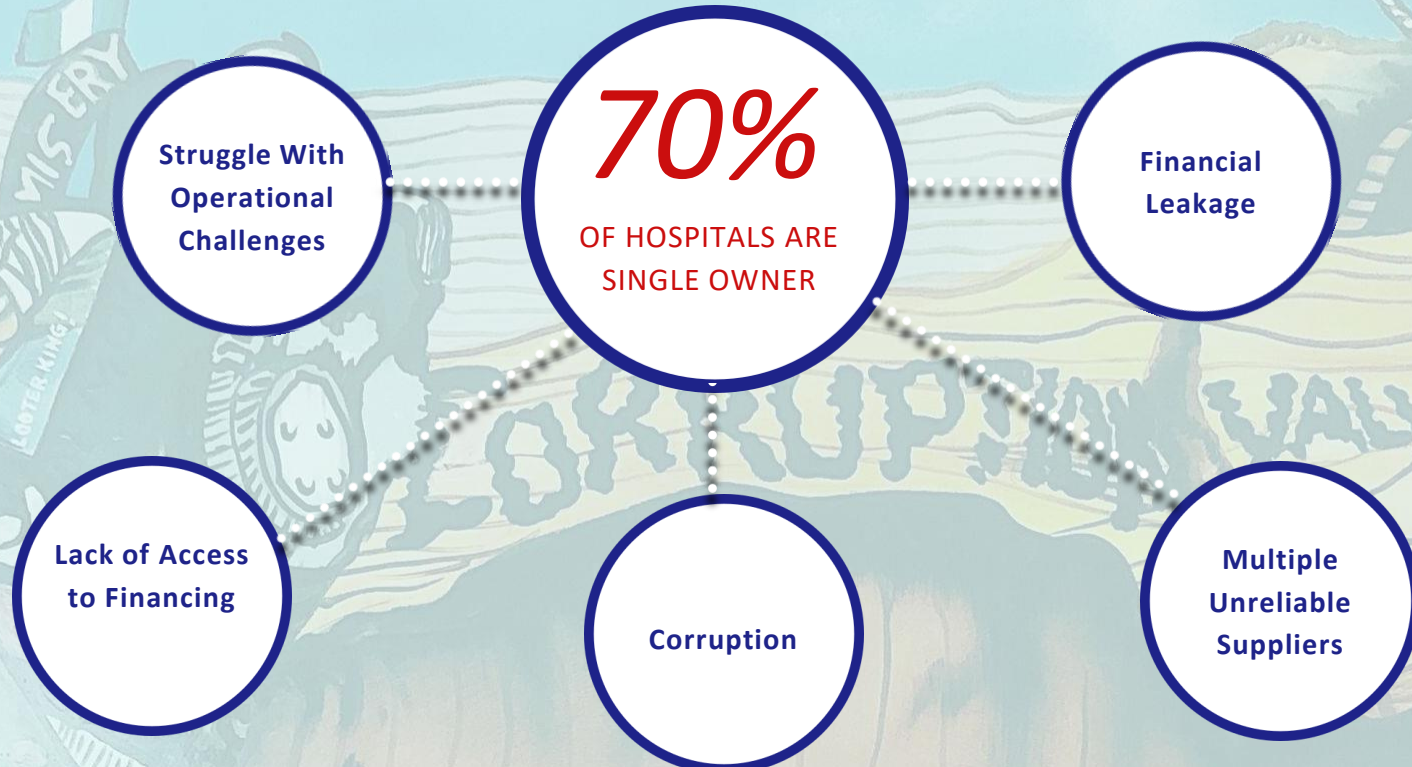
1 IN 10 DRUGS SOLD IN AFRICA  
ARE FAKE OR SUBSTANDARD

W.H.O, 2017



# OBSTACLES TO QUALITY HEALTHCARE

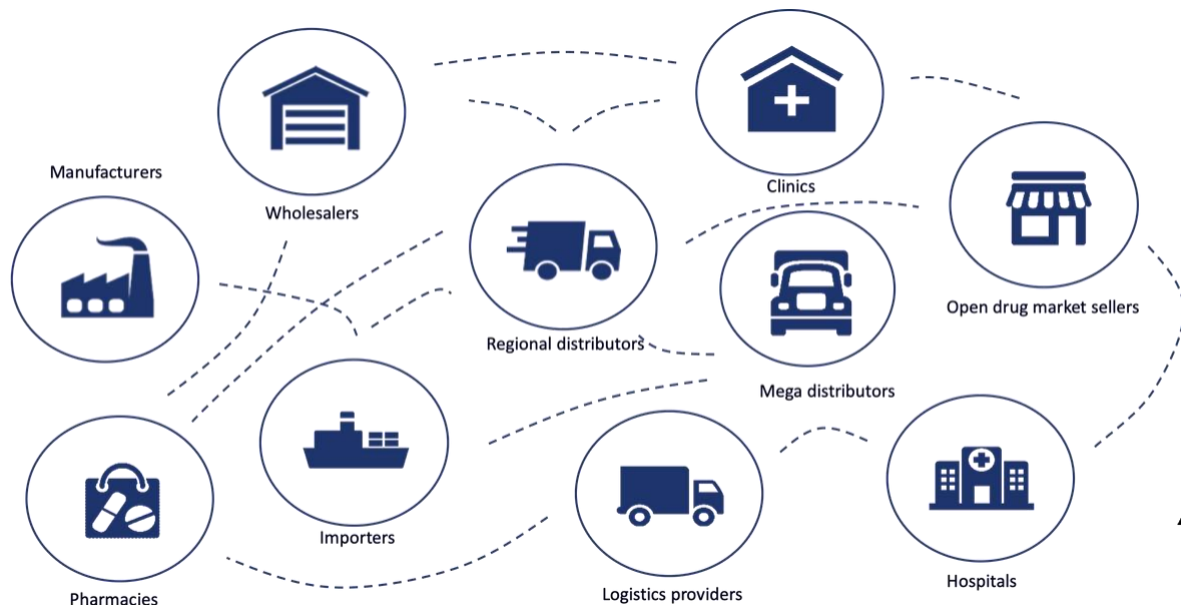
In countries like Nigeria...



The Medsaf model was designed to overcome these challenges for hospitals and pharmacies

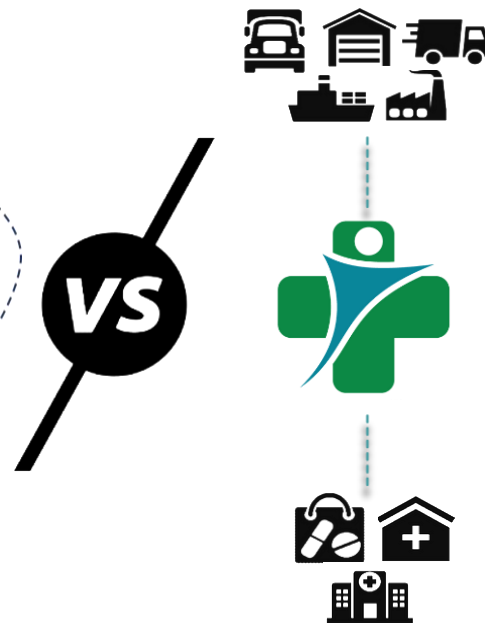
# THE MEDICATION SUPPLY CHAIN

## OUTDATED



\$ ————— Increasing cost ————— \$

## UPDATED



**ENTERPRISE PHARMA SUPPLY  
CHAIN SOLUTION FOR HOSPITALS AND  
PHARMACIES**

# PHARMA SUPPLY CHAIN SOFTWARE



## MANUFACTURERS

- Sell direct to Medsaf medication purchases at deep discount
- Sell direct to Medsaf approved suppliers at deep discount



Medsaf sells data to health care stakeholders on purchasing trends, needs, and treatment outcomes.



## MEDICAL FACILITIES

- Use Medsaf Inventory management app to scan in and out medications
- Use Medsaf or Medsaf approved suppliers for all medication needs



Medsaf makes a profit from all medications transactions through the platform



↑ **INCREASED  
ACCESSIBILITY**



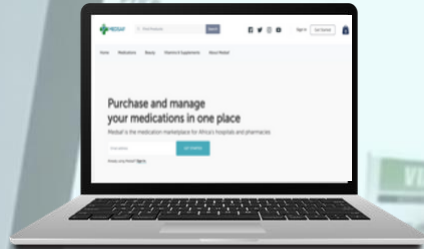
↑ **INCREASED  
AFFORDABILITY**



↑ **INCREASED  
QUALITY**



# ONE TECH PLATFORM FOR ALL HEALTHCARE STAKEHOLDERS



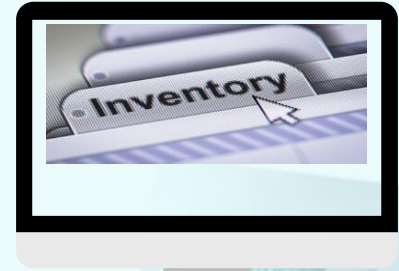
SEE  
DATA



BUY/SELL  
MEDICATION



SCAN CODE



MANAGE INVENTORY

# *MEDSAF IS THE MOST TRUSTED BRAND FOR DRUG DISTRIBUTION*





AXA MANSARD



## THE AXA MANSARD PROBLEM

- AXA Mansard has inadequate visibility on the validity of drug claims that they pay for over 1500 hospitals.
- They are constantly at odds with their hospitals because of a set drug price list that doesn't capture the realities of day to day drug fluctuations.



## STREAMLINED DRUG PROCUREMENT

- Medsaf works with their hospitals and offers a set drug list and price list that AXA Mansard immediately approves.
- AXA Mansard makes concessions to make it a win win situation for hospitals to purchase from Medsaf.
- Medsaf could potentially save AXA-Mansard 15% on every drug claim.

Medsaf Is Nigeria's First Group Purchasing  
Organization for Pharma Distribution



# ***HOSPITAL BENEFITS***

## **Hospital will have access to:**

- Medsaf credit
- Bank financing resulting from Good credit history
- All Medsaf trainings...etc
- Increased Transparency

- Hospitals are No more subjected to HMO drug pricing lock down
- HMO agrees to all price changes from Medsaf

## **Automated Supply Chain Inventory Software**

- Medsaf will automatically see when their stock level depletes and proactively call them for supply

- AXA Mansard will attempt to increase the patronage of their patients of hospital who subscribes to this best practice of disciplined drug management system





*AN INCREASE IN SAFE AND COST EFFECTIVE  
MEDICATION FOR ALL END USERS*



*Quality Medication Is A  
Fundamental Human Right*

# Contact Us

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## WEBSITE

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INSTAGRAM

@MedsafCom



YOUTUBE

@MedsafTeam



TWITTER

@MedsafCom



FACEBOOK

@MedsafCom

AS SEEN ON



REUTERS



[REUTERS: Nigerian Start-Up Tackles Spread of Fake Drugs in West Africa](#)



[BBC NEWS: Solving The Problem of Fake Drugs in Nigeria](#)



# Coffee break

**Let's meet back at 11h23!**

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**Foyer area (Floor -1)**

**#HealthforAll**



# A Journey to the 21st Century: Building a Technology-enabled Sustainable Healthcare Delivery System

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**Dr. Shaden Marzouk**  
**Dr. Martin Shen**



**Dr. Shaden Marzouk, MD MBA**  
Managing Director, Asia Health

**Dr. Martin Shen, MBBS**  
President, TTD Trusted Doctors



# China Market Highlights



# Snapshot of the China Market



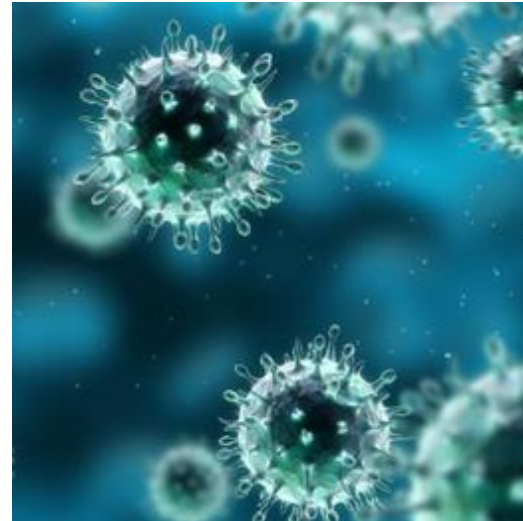
## Population 1.4+ billion people

- Over 100 million middle class
- 330 million over age 65 by 2050



## 6% of GDP spent on healthcare, but growing

- Healthcare expenditure 17% CAGR 2000-2015
- Expected to be 9 trillion RMB by 2025 (64.9 trillion)



## Prevalent morbidities

- 11.6% prevalence diabetes
- Stroke, heart disease and cancer are leading causes of death
- Lung and breast cancers

# Brief Overview of Coverage



## Public health coverage – “Basic Medical Insurance”

- Urban and rural coverage in public hospitals
- Now an average of 54% out-of-pocket costs



## About 10% of the population has private health insurance

- Growing (41% between 2013-2017)
- Middle class and upwards more health savvy, focusing on health of children and family
- Increasing government support of private health insurance (manage own coffers)



## Increasing government support of digital health





## Cities classified as Tiers (1-3)

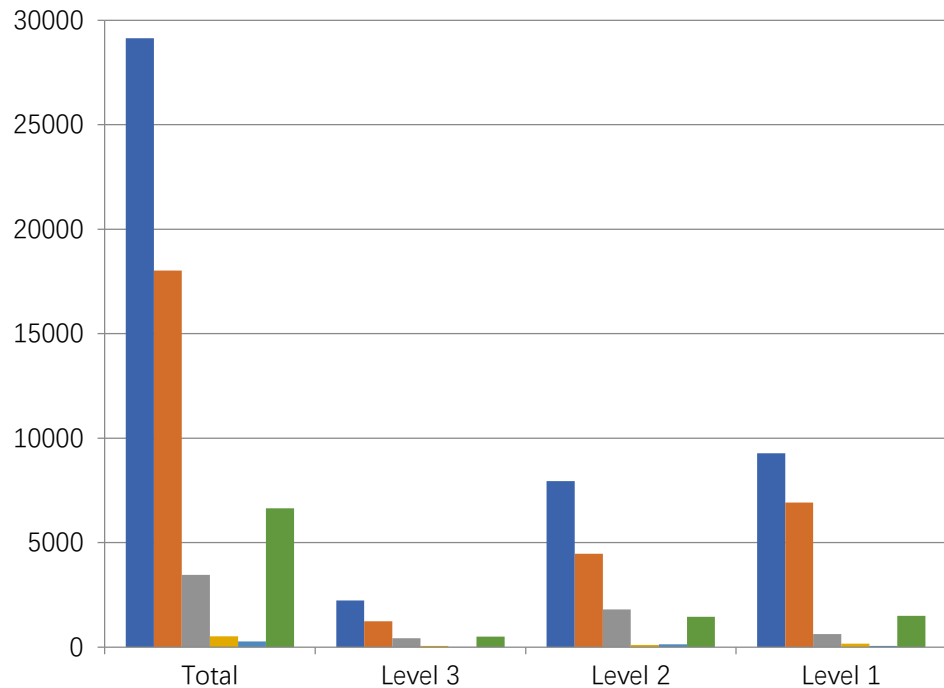
- Tier 1 cities include Beijing, Shanghai, Guangzhou, Shenzhen, etc.
- Tier 3 cities are the most rural
- Class III hospitals are the most sophisticated and the top ones are found in Tier 1 cities



## Surge of private options

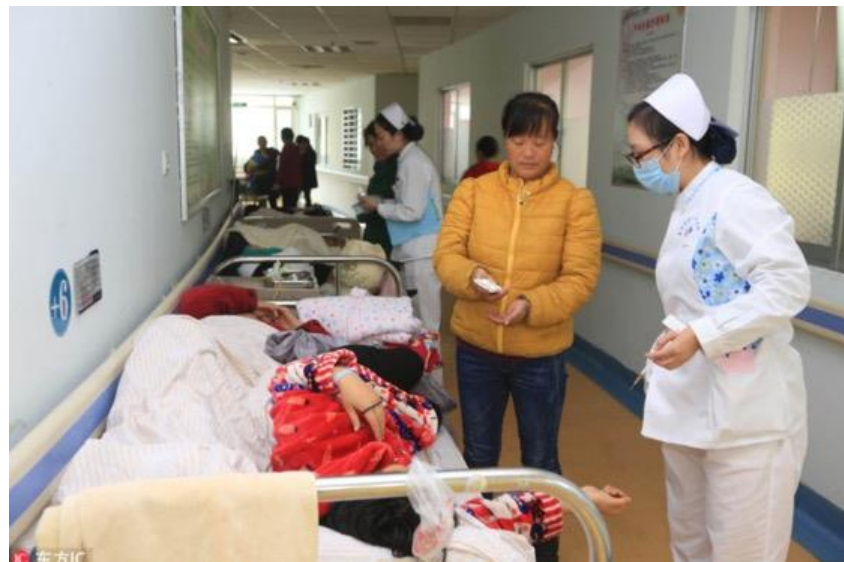
- Public hospitals are seen as the bastion of “best care”
- Recent regulations have relaxed, allowing public hospital doctors to work also in private hospitals, increasing consumer confidence about the quality of care in private hospitals and clinics
- Public hospital physicians supplement income
- Private healthcare is seen as more efficient and aesthetic

# Hospitals Illustrated

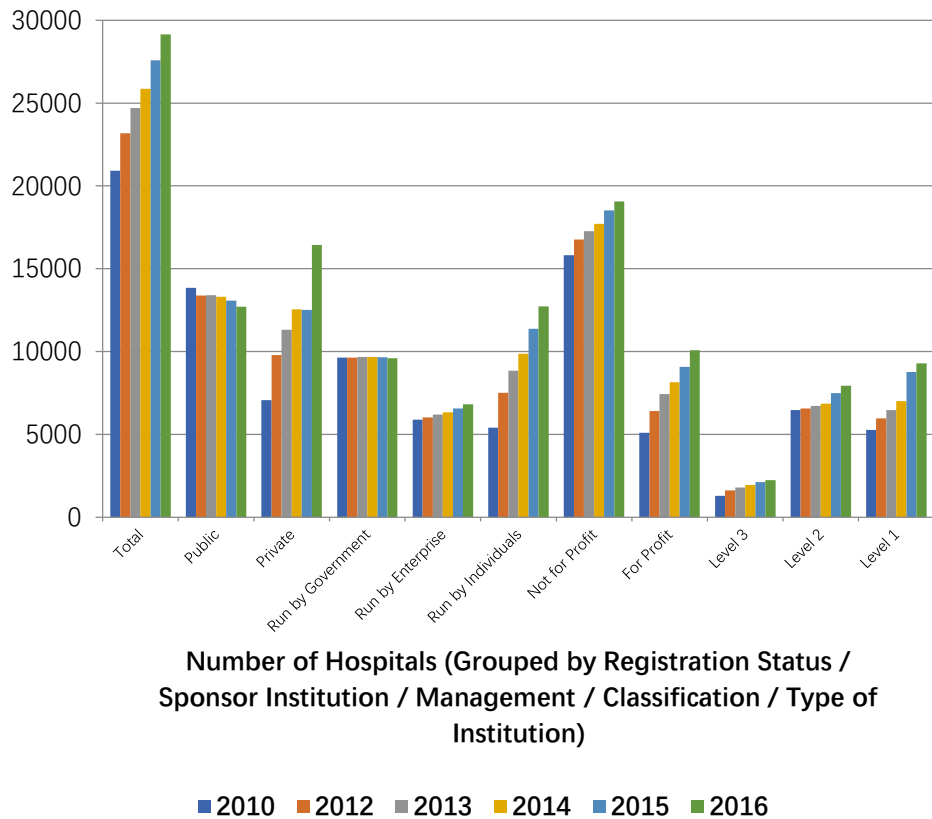


Classification of Hospitals 2016

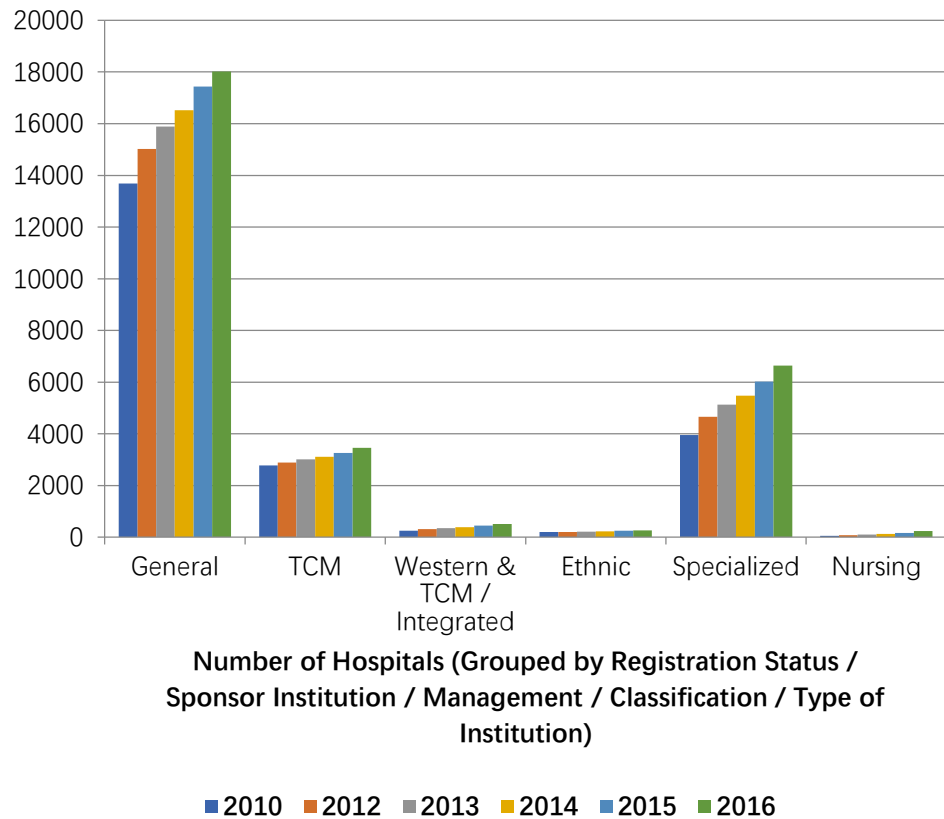
■ Hospital ■ General ■ TCM ■ Integrated ■ Ethnic ■ Specialized



# Private Hospitals Are Growing



# Traditional Chinese Medicine: Important Segment





# The Customer Journey (General, Mass Market)



# Challenges AXA is Solving for Chinese Customers



## Cost

Too much out-of-pocket



## Quality

How to ensure quality doctors and care, with a quality experience



## Access

Need efficient and convenient access, mirror other consumer experience



Cost



Quality



Access

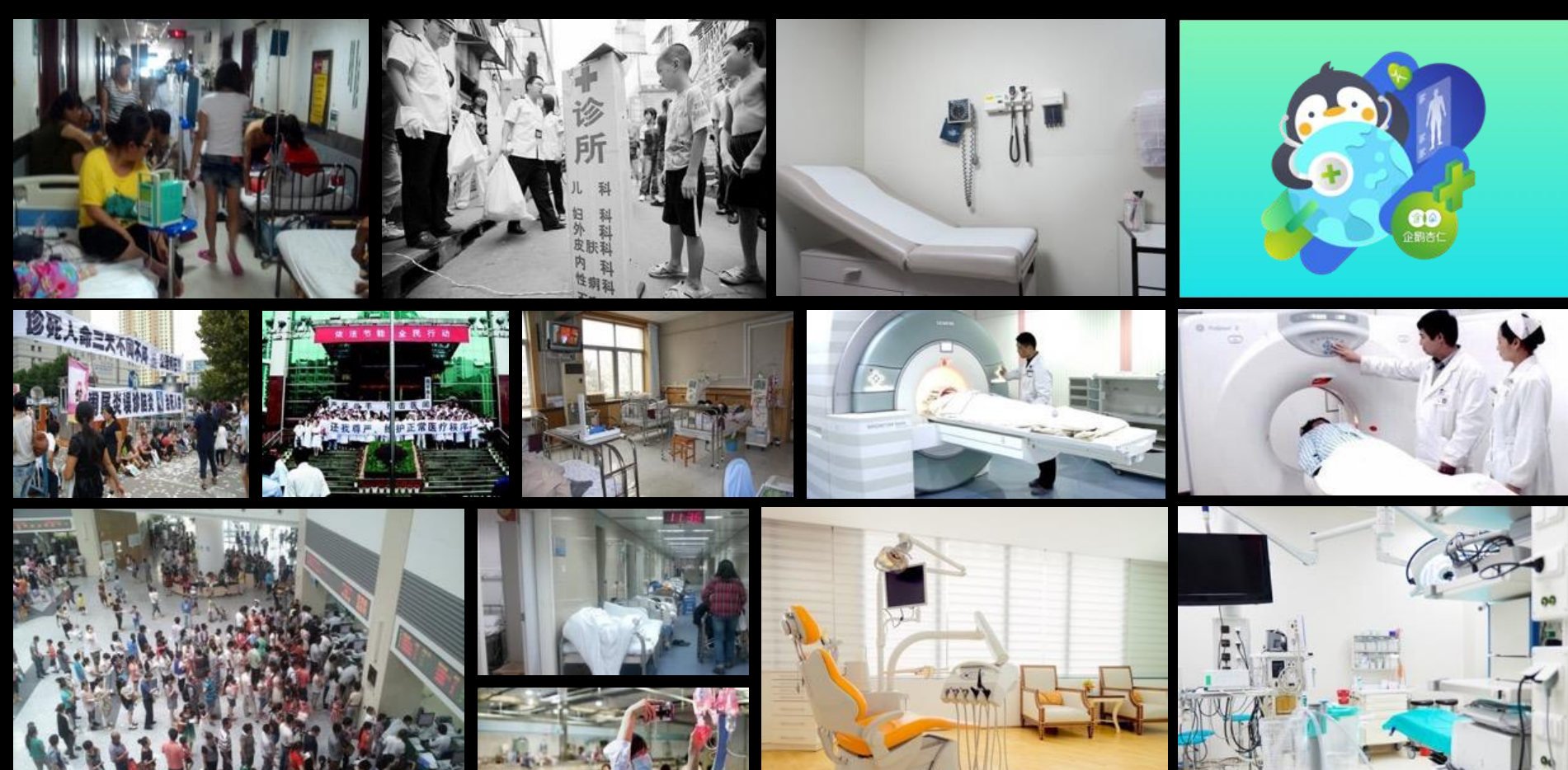
- AXA Insurance and TTD Trusted Doctors
- Building a technology-enabled sustainable healthcare delivery system
- Bring together the healthcare journey in one **affordable cost**
- Provide high **quality healthcare** with prominent doctors
- Put healthcare **conveniently** where the customer is, whether in the neighborhood or on their mobile device
- Co-design products and services, serve customers
- 21st Century solutions



# Tencent Trusted Doctors







# *The Journey Ahead of Us*



*Journey 1:*  
***China's Journey***

*Where are we going?*







# ***Greatest Transformational Shift in Healthcare Worldwide***

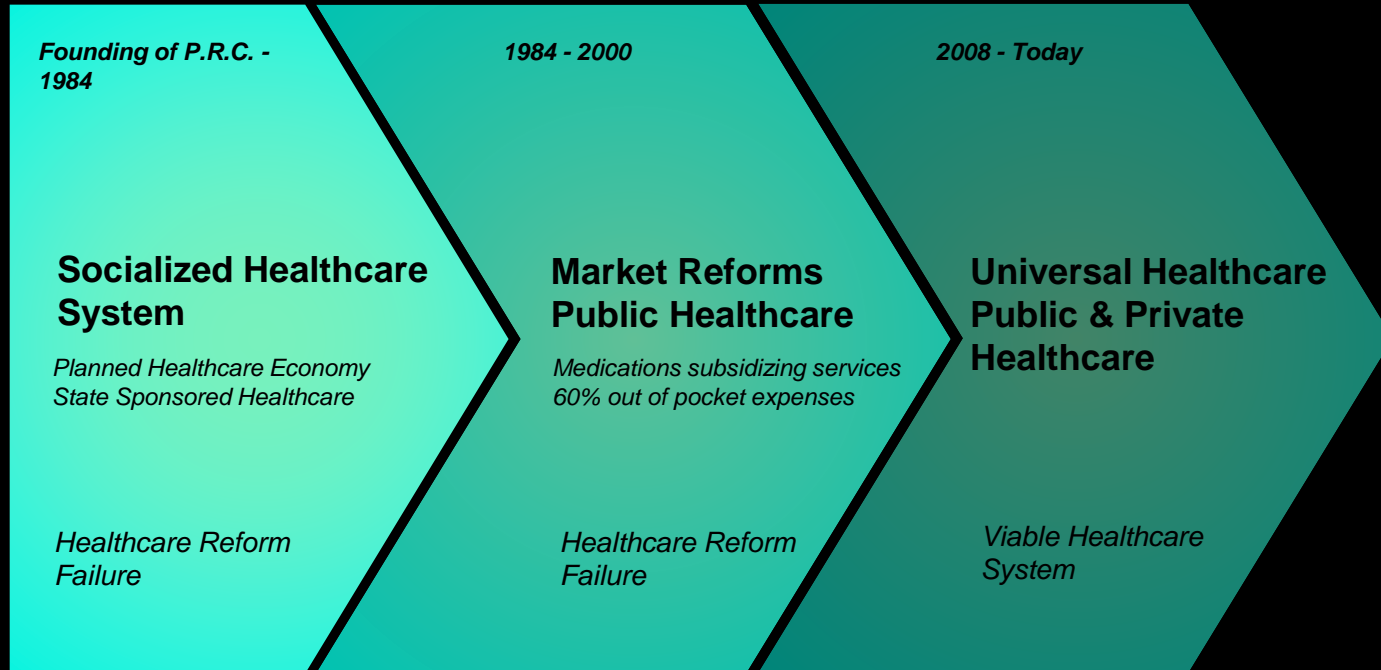


# *Transition to **Universal Healthcare***



# Where have we come from?

Healthcare Reform in China -> 3<sup>rd</sup> Round of Healthcare Reform



*Is this a Model for a Viable Healthcare System?*



# A Viable Healthcare System for the Future?

## A Universal Healthcare System with Chinese Characteristics!

**2008 - Today**

**Universal  
Healthcare**  
**Balanced  
Public ↔ Private  
Healthcare**

*Viable Healthcare  
System*

### Universal Healthcare across 1.4 billion people



#### 1. Infrastructure

2008: 2000 County Level Hospitals + Health Clinics in every suburb/village across China



#### 2. Payer System

2008: Rural Healthcare Insurance (800m+ covered in 3yrs)  
Three (3) Social Insurance schemes currently being merged into Single Payer



#### 3. Software and Systems

GP – Patient relationship and a tiered decentralized healthcare system.  
Reforms in Case based billing, RVS, Pharma Reforms...

### Sustainable Universal Healthcare

*Patient Expectations will drive a new model*

- Expect to pay for healthcare
- Willing to pay for advanced healthcare
- Do not expect government to pay for everything



### Balanced Healthcare System



*Government Funded : Basic Healthcare (Safety Net)*



*Self-Pay / Self-Insured : Advanced Healthcare / High-level Service*





## *China may represent one of the Greatest Challenges & Opportunity for Global Health*





## *Journey 2:* ***My Journey***

*Who is going to get us there?*



*It always seems impossible  
until it's done.*



Nelson Mandela

## 看处方



我爸有胰腺  
癌怎么办？

我女儿有  
婴儿期动  
脉钙化？

又是输液  
了？

我爸  
怎

**My passion was to help patients find Trusted Healthcare Answers.  
Change Healthcare, and Cure Illness.**









*Do not judge me  
by my successes, judge  
me by how many times I  
fell down and got back up  
again.*



Nelson Mandela



安盛



企鵝杏仁





## *Journey 3:* ***Our Journey***

*How are we going to get there?*



# China's Largest Integrated Healthcare Service Provider and Network



**Tencent 腾讯**

User base of over 1 billion

- Building a new Healthcare Ecosystem for China -



企鹅杏仁

Doctorwork + Trusted Doctors

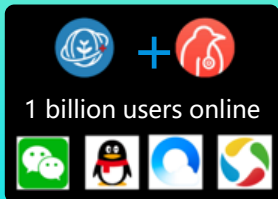
## #1 Integrated Healthcare System

Today: **10** Day Surgery ASC **5** Specialist **39** Clinic

2-3 Years: **45** Day Surgery ASC **500** Specialist / General Clinics

Internet Healthcare Platform

Online Services



Healthcare Management

Telemedicine Services



Primary Care Clinics

39 Clinics



Specialist and Day Surgery ASCs

15 Centers





# China's Largest Non-Public Ambulatory Care Network



*China's Largest High Quality  
Ambulatory Care Network*



诊所卫星店 Community Clinics: 26

手术中心 Day Surgery Centers: 10

# 12

城市 Cities

# 54

门店 Facilities





# Rich integrated internet healthcare services, delivering

## Online Platform



# Highlights of our Healthcare System



全国  
连锁网络

National Wide  
Network



国际  
标准

International  
Class Standard



全国性优质  
医生资源

Exceptional  
Physicians



综合性  
诊所服务

Comprehensive  
Clinical Care



科技  
诊疗

Health  
Kiosks



卓越  
价值

Exceptional  
Value

# Highlights of our Healthcare System—Nationwide Network

整合式的医疗健康服务亮点——全国网络

Nationwide  
Network

Today:

**10** Day Surgery Centers, **5** Specialist Centers, **29** Clinics **10** Corporate Clinics

International  
Class  
Standard

2-3 Years:

**45** Day Surgery Centers, **500** Clinics, **100** Corporate Clinics

Exceptional  
Physicians

Integrated  
Clinical Care

Health  
Technology

Exceptional  
Value

2-3 years cover all major 1<sup>st</sup> and 2<sup>nd</sup> Tier Cities





# 2

## Highlights of our Healthcare System—International Class Standard

整合式的医疗健康服务高占——国际标准

Nationwide  
Network

International  
I Class  
Standard

Exceptional  
Physicians

Integrated  
Clinical Care

Health  
Technology

Exceptional  
Value



商业机密 | 企鹅杏仁所有 | 未经授权不得外传



# 2

## Highlights of our Healthcare System—International Class Standard

整合式的医疗健康服务高占——国际标准

Nationwide  
Network

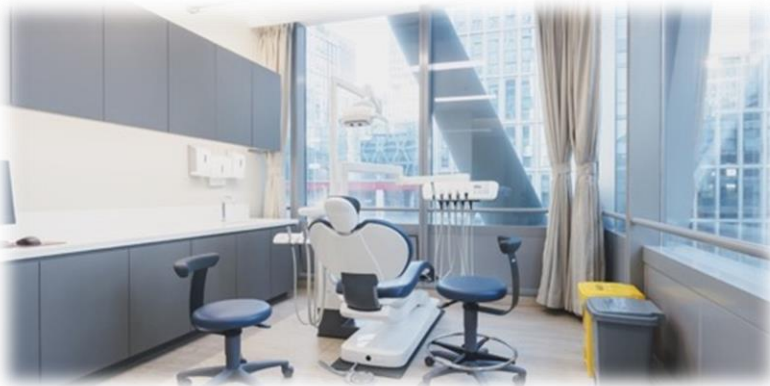
International  
I Class  
Standard

Exceptional  
Physicians

Integrated  
Clinical Care

Health  
Technology

Exceptional  
Value



# Highlights of our Healthcare System—Exceptional Physicians

整合式的医疗健康服务高占——全国性医生资源

Nationwide  
Network

International  
I Class  
Standard

Exceptional  
Physicians

Integrated  
Clinical Care

Health  
Technology

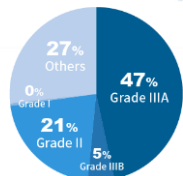
Exceptional  
Value

Physicians **450,000** Credential Physicians

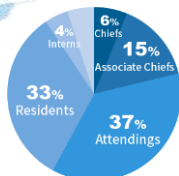
Hospitals Covering over **32,000** Hospitals

Doctor Groups

**56+** Leading Groups



Hospital Grade



Active doctor title



张强医生集团



沃医健康医生集团



佑道医生集团



川派医生集团



贝斯骨脊  
贝斯骨脊医生集团



前海泌尿  
前海泌尿医生集团



天腋方谭医生集团



凤呈医生集团

# 4

## Highlights of our Healthcare System—Comprehensive Coverage

整合式的医疗健康服务高占——体系化生态服务



Nationwide  
Network

International  
I Class  
Standard

Exceptional  
Physicians

Integrated  
Clinical Care

Health  
Technology

Exceptional  
Value

Primary Care >> Specialist Care >> Surgical Care >> Tertiary Care



# Trusted Doctors: Clinic Consultation

## Physician practice platform managing the entire patient treatment journey

1

Doctor Mx

2

Apointment

3

Clinical Consultation

4

Post-Consult F/U

5

Repeat Prescription

4G 下午3:14 54%

< 返回 新建门诊时间

杏仁门诊 | 深圳中心

2017年10月

< 前一天 2017-10-24 (周二) 后一天 >

	上午	下午	晚上
诊室1	✓	✓	时间紧张
诊室2	✓	时间紧张	✓
诊室3	✓	✓	✓
诊室5	✓	✓	✓
诊室6	✓	✓	✓
诊室7	✓	✓	✓
诊室8	✓	✓	✓

下午3:56





# 5

## Highlights of our Healthcare System——Scientific diagnosis

整合式的医疗健康服务高占——科技化诊疗

Nationwide  
Network

International  
I Class  
Standard

Exceptional  
Physicians

Integrated  
Clinical Care

Health  
Technology

Exceptional  
Value



智能终端

健康微体测度仪

健康小站

未来专家诊室

Nationwide  
Network

International  
I Class  
Standard

Exceptional  
Physicians

Integrated  
Clinical Care

Health  
Technology

Exceptional  
Value



## Leading International Private Clinical Care at an equivalent cost of a Local Hospital

Insurance



Social Insurance

Clinic

### 企鵝醫生價格公示

公立的价格·私立的服务

企鵝醫生集團是開通國際中國領先的互聯網醫療服務集團  
已擁有企鵝醫生、杏仁醫生、正鵝醫生門診、杏仁門診及日間手術中心等多個醫療機構。

項目名稱	原價	新店活動價
兒科診費	¥300.00	¥80.00
全科診費	¥160.00	¥80.00
血常規	¥40.00	¥20.00
尿常規	¥7.00	¥3.50



杏仁門診 (廣州·越秀)

Xingren Clinic

Guangzhou, Yuexiu District

多點執業中心·日間手術中心

杏仁門診價目表

檢查項目	Project	原價/Original Price	活動價/Price
血常规	CBC	27	15
尿常规	Urine Analysis	6	3
人绒毛膜促性腺激素(HCG)	β-HCG	88	45
血清总蛋白测定	Protein	18	10

Affordable Care for Everyone

Surgical



Prolapsed Disc



Removal of Internal Fixation



企鹅医生

企鹅医生 Clinics

建筑面积1000平米，外加500平米阳  
台

配备10间诊室，2个日间手术室

DR室 化验室及医生休息区





企鹅杏仁 ASCs

建筑面积1000平米，外加500平米阳台

配备10间诊室，2个日间手术室

DR室、化验室及医生休息区





企鹅医生

企鹅医生Specialist

建筑面积平均300平米  
包含医生诊室、检查室、验光室  
配镜室及儿童休闲区  
包含德国蔡司IOLMaster人工晶体生物测量仪



使命 *Our Mission*



用科技  
使高品质的健康与医疗服务  
变得人人可及

*Leveraging **Technology**, Provide **High-quality Healthcare** that is  
**Accessible And Affordable to Everyone***



# Three Summary Points

# You Can Do This in Your Country

- Don't be afraid to try something **new** and look for a better way to provide healthcare; we can **change** the way we deliver healthcare through innovation and technology
- Build a close relationship with your providers to solve cost, quality and access for your customers
- Digital access to healthcare is not "the future" – it's now



# Providing quality primary healthcare for all in Mexico

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**Daniel Bandle**  
**Sergio Martínez**







# Providing quality primary healthcare for all in Mexico

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**Daniel Bandle**  
**Sergio Martínez**

# Building health vertical integration models in Colombia & Egypt

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**Hassan El-Shabrawishi**  
**Bernardo Serrano**







# Building health vertical integration models in Colombia & Egypt

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**Hassan El-Shabrawishi**  
**Bernardo Serrano**





# Lunch

**Let's meet back at 13h55!**

---

**Hôtel de la Vaupalière  
(Ground Floor)**

**#HealthforAll**



# Building Scalable & Sustainable Healthcare Solutions Together

Afternoon





# The Role of Private Health Insurance in a Multi-pillar Health System

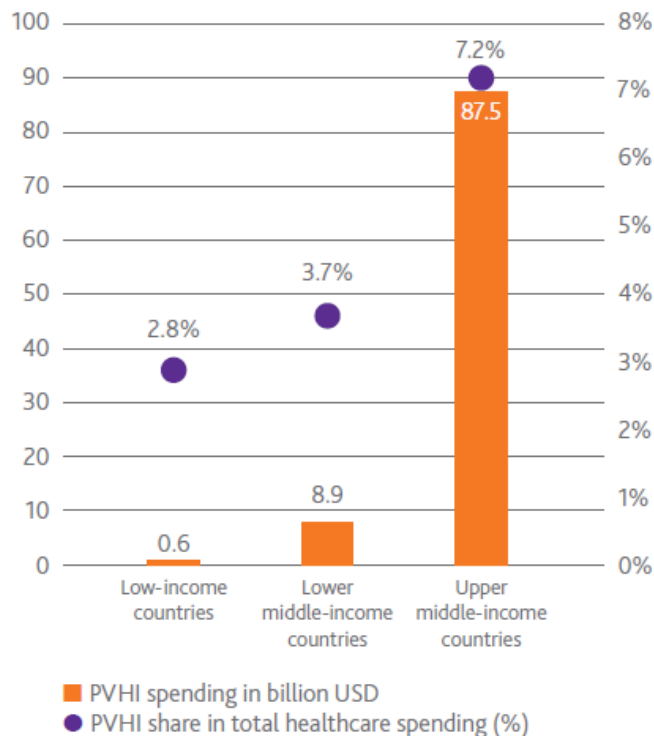
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**Dr. Kai-Uwe Schanz**  
**Garance Wattez-Richard**

- ① Why private health insurance in emerging markets is still of marginal importance
- ① How private health insurance could complement other elements of a sustainable multi-pillar system
- ① What it would take to build a more meaningful role of private health insurance
- ① New technologies and advanced analytics: A game changer

# Private health insurance does not move the needle

## Healthcare expenses covered by private health insurance (2016)

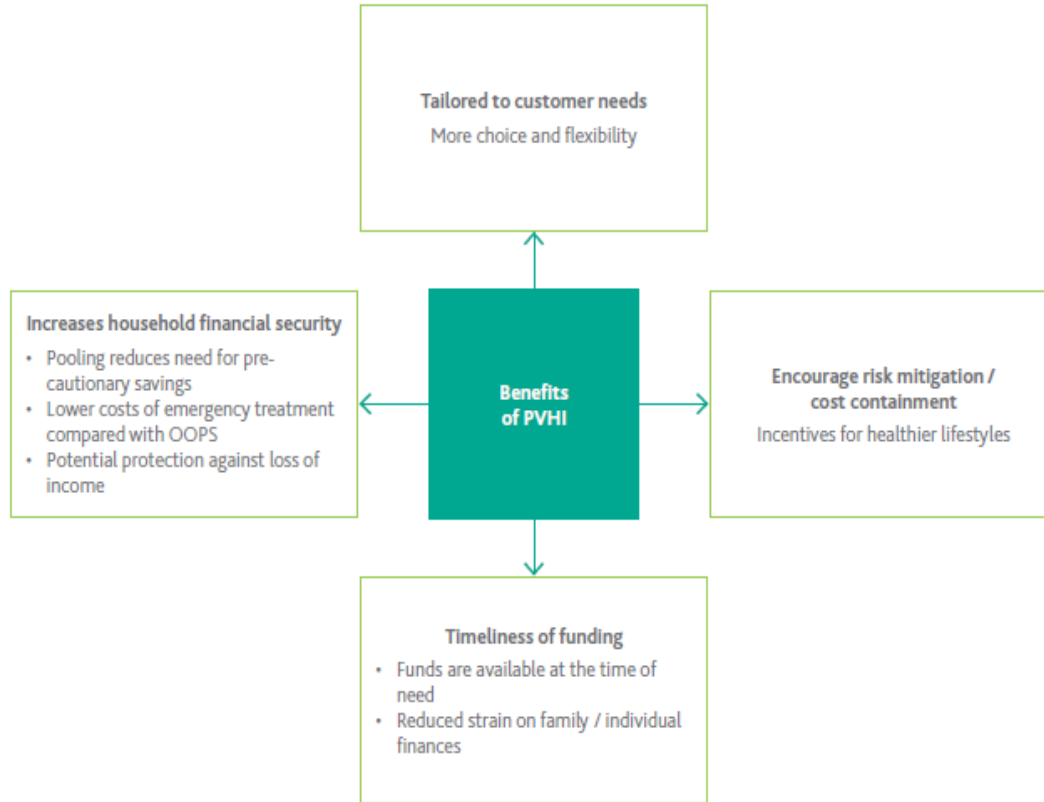


Source: WHO

- ⊙ Small risk pools make cross-subsidization more challenging than for social insurance  
➔ EQUITY
- ⊙ Selective underwriting  
➔ DISCRIMINATION
- ⊙ Potentially prohibitive cost of distributing and servicing policies  
➔ COMMERCIAL VIABILITY



# Complimentary benefits of private health insurance











- Provision of coverage beyond formal sector employees
- Mitigation of weaknesses in tax-collection capabilities
- Mitigation of trust deficits affecting the public sector

# How to promote the relevance of private health insurance

- ⊙ Highlight the inefficiency and inequity of stressful (or even catastrophic) out-of-pocket spending
- ⊙ Segment customers and offer premiums which are close to expected out-of-pocket expenditure
- ⊙ Keep expense loadings below the risk premiums individuals are willing to pay
- ⊙ Tax incentives
- ⊙ Premium subsidies for the poor

# New technologies and analytics: A game changer

	<b>Patients</b>	<b>Providers</b>	<b>Payers</b>
 EMR	Easier to read and understand	Easy storage and retrieval; improved efficiency and productivity	
 EHR	Better diagnosis and treatment	Coordination and informed decision-making	Faster reimbursements
 Personal Health Records	Personal wellness management	Consistency of information	Links to healthcare plans and lower claims
 Remote Diagnostics	Reduces duplicated tests and referrals	Easy access	Lower cost
 Remote Monitoring	Patient-centric integrated care	Reduce emergency and re-admissions	Lower cost
 Telecare	Access to specialist care	Improves productivity and reduces burden of healthcare resources	Lower cost
 mHealth Applications	Greater patient engagement and saves time	Proactive and targeted care	
 Big Data / Analytics	Accurate diagnosis, better treatment	Improves diagnostics and accuracy of treatment	Lower cost

- Technology enables improved affordability, access and appeal
- Health insurers evolve from Single P (Payer) to Triple P (Payer, Partner, and Preventer), enabling better health outcomes

Source: PwC, The Geneva Association



*INSURANCE FOR A BETTER WORLD*

[www.genevaassociation.org](http://www.genevaassociation.org)





# The Role of Private Health Insurance in a Multi-pillar Health System

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**Dr. Kai-Uwe Schanz**  
**Garance Wattez-Richard**



# Building Private-Public Partnerships for Cancer Prevention in the Gulf

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**Laura Gerstain**  
**Mazen Gamal El-Din Saleh**  
**Dr. Mohamed Naser Farghaly**





# Enhancing Health Protocols through International Medical Cooperation

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**Prof. Jean-Daniel Chiche**



# Leveraging Data & Artificial Intelligence for Health

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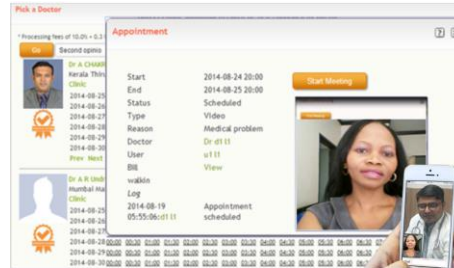
**Shelley Saxena**  
**Pascale Witz**

# Artificial intelligence enabled platform that reduces cost of primary healthcare by up to 50%

## SEVAMOB™



AI based triage and point-of-care screening



Tele-health



Popup clinics



Shelley Saxena

<http://sevamob.com>

[saxenas@sevamob.com](mailto:saxenas@sevamob.com)

+1-607-592-9786



# Coffee break

**Let's meet back at 16h38!**

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**Foyer area (Floor -1)**

**#HealthforAll**



# Beyond Healthcare: New Business Models & Players

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**Guillaume Borie**  
**Dr. Sanjeev Ganguly**  
**Patrick Razavet**





# Building Scalable & Sustainable Solutions together for better Healthcare

---

**Johanna Benesty**  
**Thomas Buberl**  
**Martin Hirsch**





# AXA One Health & European Space Agency together for Healthcare

---

**Nick Appleyard**  
**Hassan El-Shabrawishi**





Health in  
**Emerging Markets**  
Conference



# Health for Emerging Power

#HealthforAll



# Dinner

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**Atrium (Ground Floor)**

**#HealthforAll**

# Health in Emerging Markets Conference