

*Building bridges with Africa and the Middle East:
the role of Gruppo San Donato and GK Investment Holding Group in the future of healthcare*

**Thinking beyond the pandemic:
towards a new private – public cooperation
to foster healthcare investment**

Business intelligence report



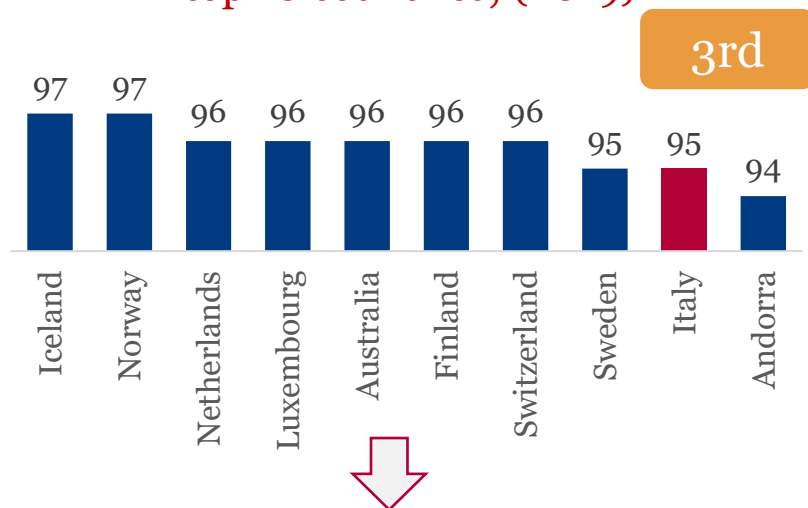
**Gruppo
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Italy consistently ranks among the world's best healthcare systems

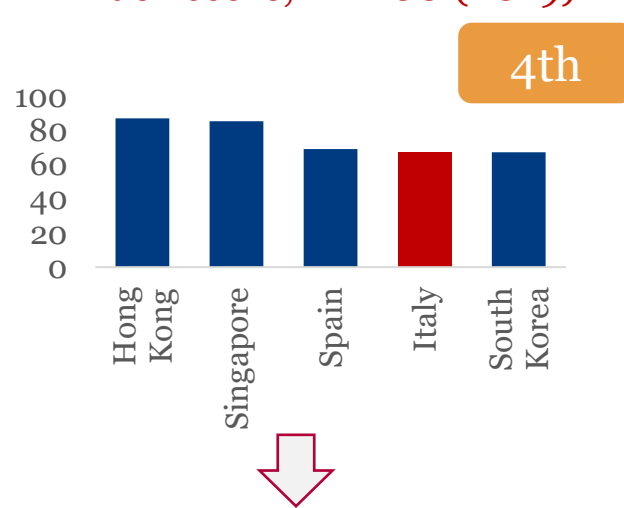
Healthcare access and quality index, top 10 countries, (2019)



METHODOLOGY

Composite index consisting of 32 KPIs covering healthcare performance, access, disease prevalence, etc.

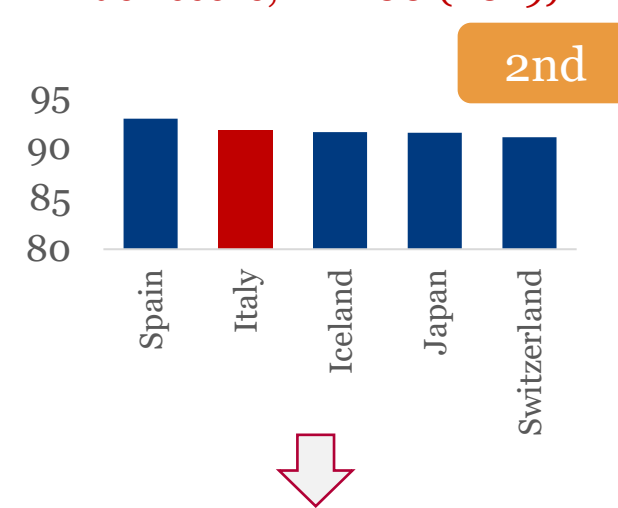
Bloomberg healthcare efficiency index, top 5 countries, index score, 1 – 100 (2019)



METHODOLOGY

Life expectancy and healthcare expenditure relative to GDP

Bloomberg healthiest country index, top 5 countries index score, 1 – 100 (2019)



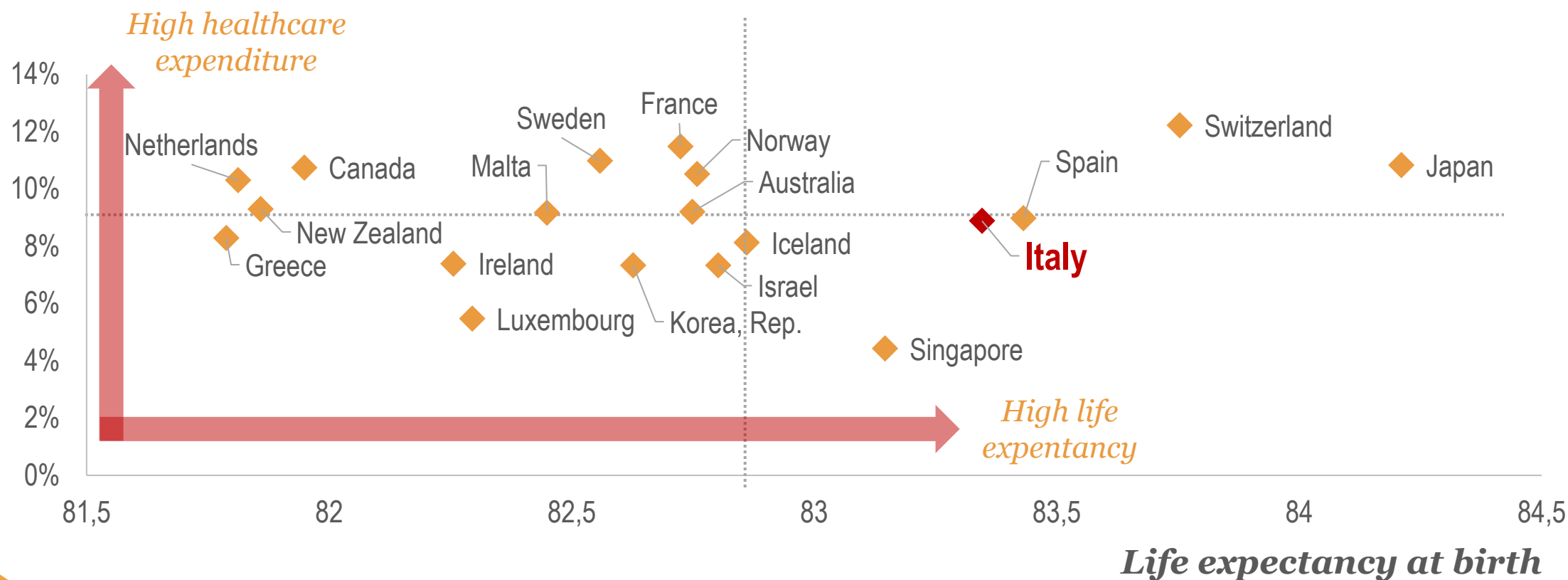
METHODOLOGY

Composite index consisting of life expectancy, life-style indicators (obesity, use of tobacco), healthcare indicators

The Italian healthcare system is one of the world's most efficient in terms of inputs (expenditure) and outputs (life expectancy)

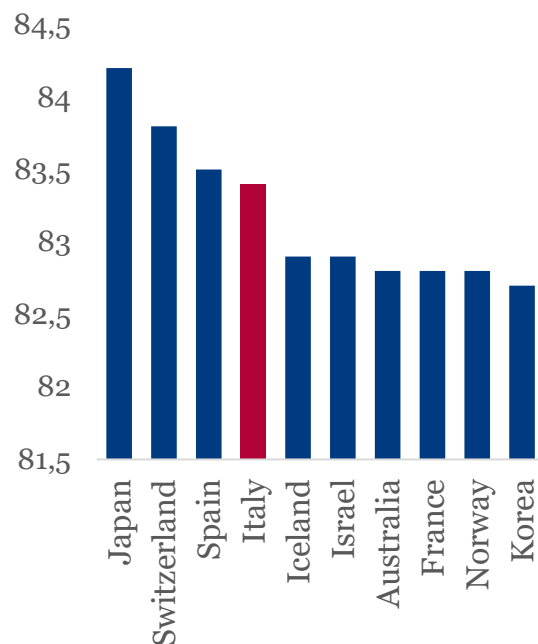
Top 20 countries by life expectancy and healthcare expenditure as % of GDP (2018)

Healthcare expenditure on GDP

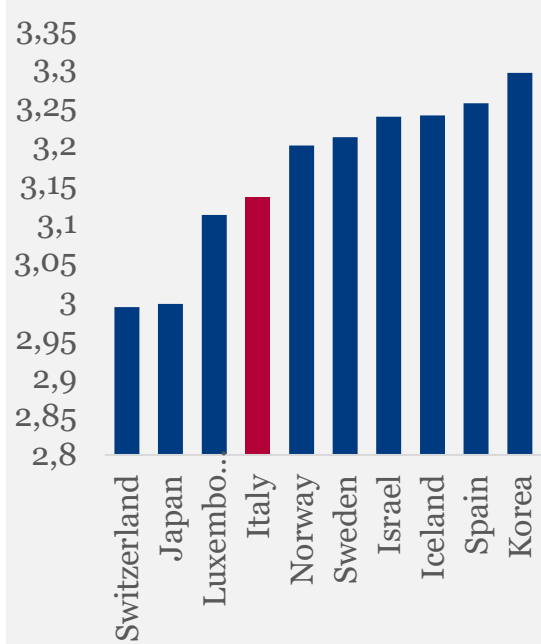


A wide array of indicators, and not only diet and lifestyle, are behind Italy's healthcare excellence

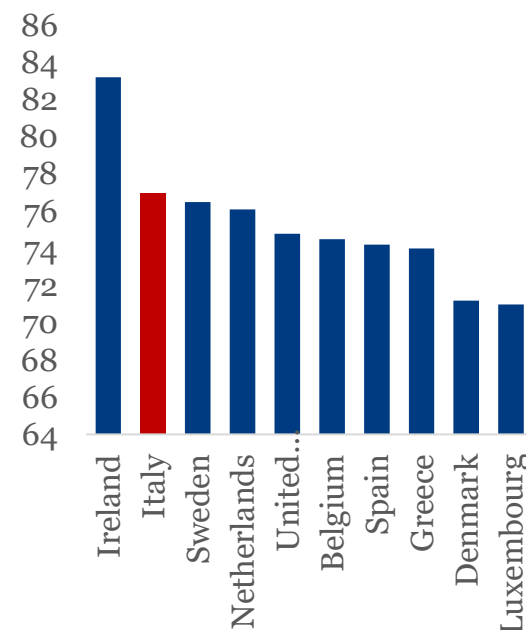
Life expectancy at birth, total population top 10 OECD countries (2019 or latest available)



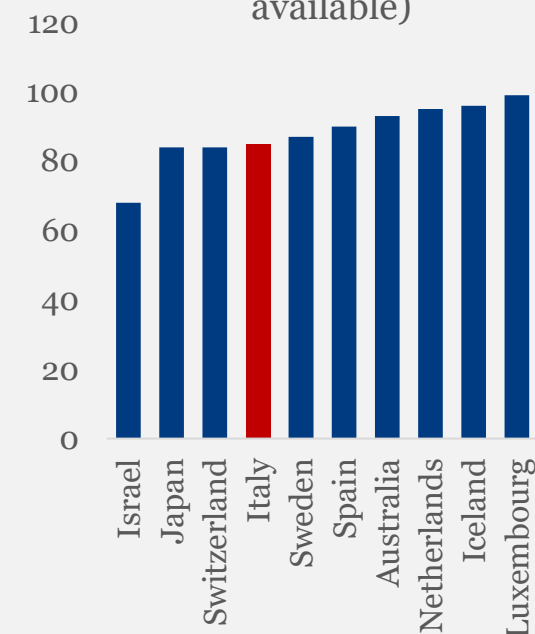
Years lost/100,000 population, aged 75, top 10 OECD countries (2018 or latest available)



Morbidity, % of population reporting to be in good health, top 10 EU countries (2018)



Preventable mortality, deaths per 100,000 population, top 10 OECD countries (2018 or latest available)

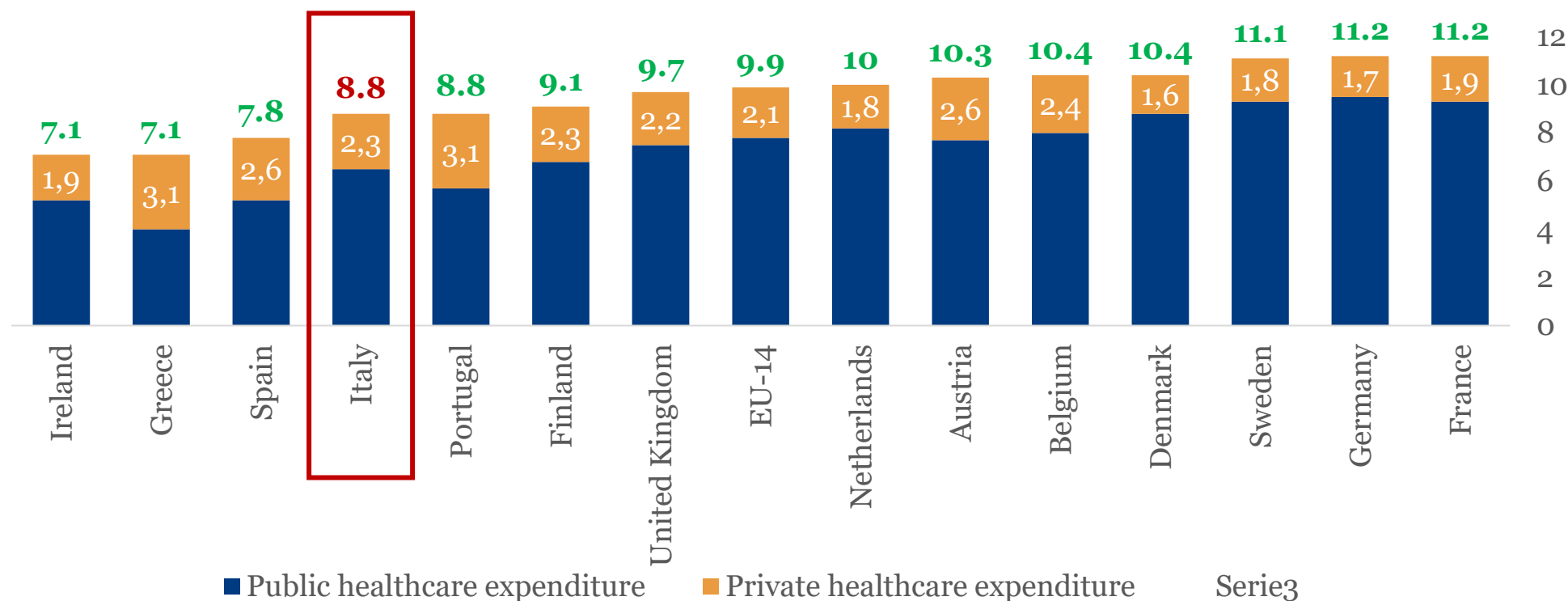


For more analysis and insights on the Italian and European Healthcare systems, please visit The European House – Ambrosetti platform, Meridiano Sanità

These results are achieved with a lower level of healthcare expenditure than other European competitors

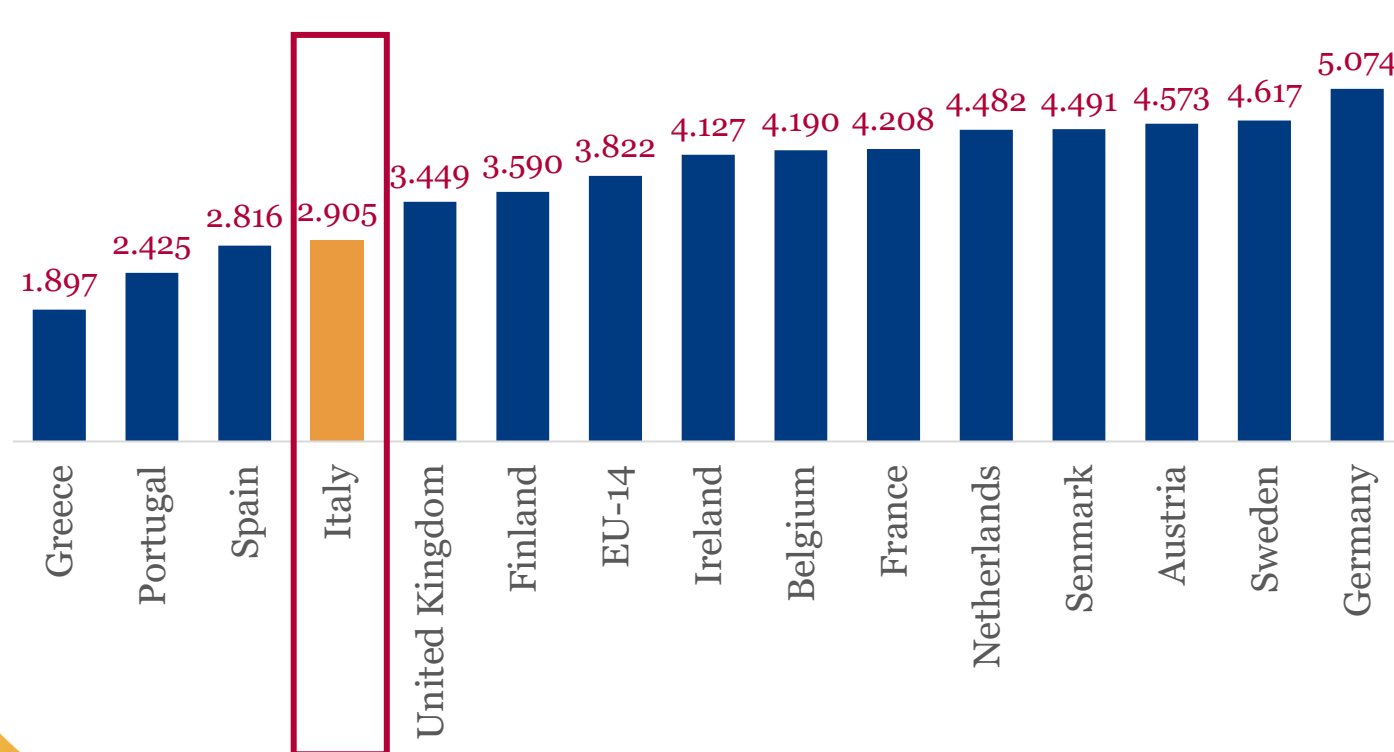
**Private and public healthcare expenditure,
EU-14, % of GDP (2018)**

Total private and public expenditure

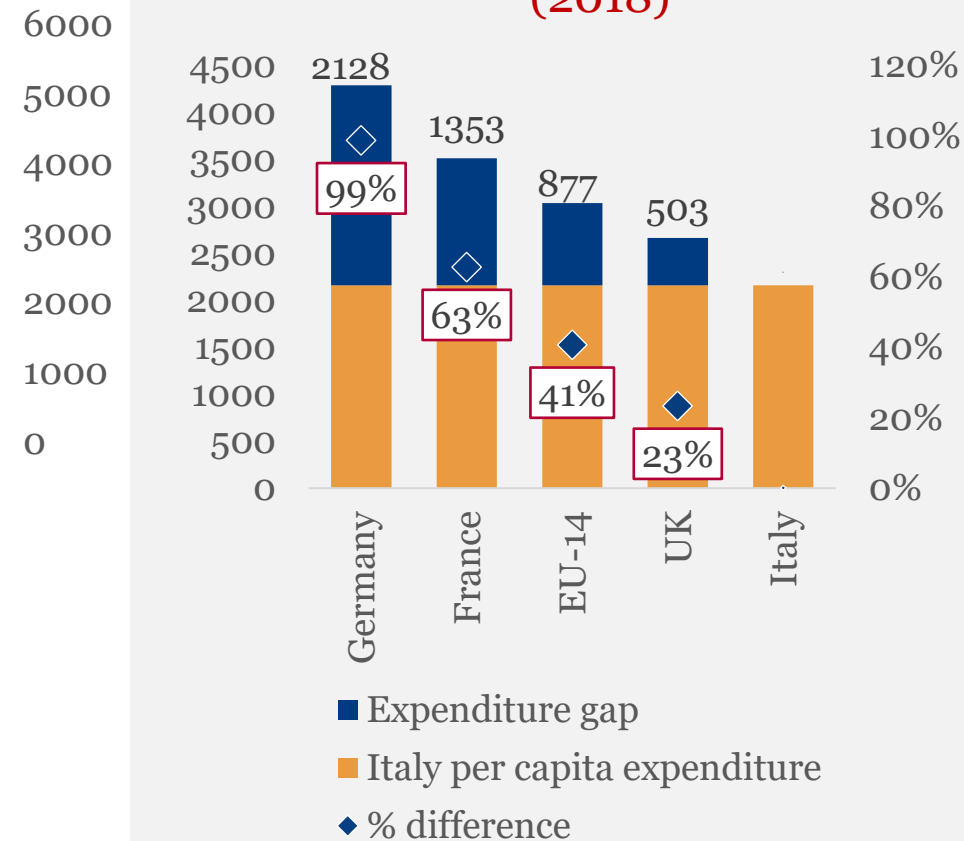


...and even lower in per capita terms

**Per capita healthcare expenditure,
EU-14, ppp euros (2018)**



**Per capita healthcare expenditure
GAP, selected countries, ppp euros and %
(2018)**



The Italian healthcare system provides universal, high-quality coverage through a regionalized **public/private** system

Italian healthcare governance

- **National level:** defines general principles and uniform essential levels of care; distributes tax revenues to regions
- **Regional level:** plans and organizes the resources of the local network of public and private accredited hospitals
- **Local level:** public and private accredited hospitals deliver healthcare services



Italy and its regions, the basic units of the national healthcare system

Guiding Principles of the Italian Healthcare system

Universality

Access to healthcare is universal, including citizens and foreign residents

Equality

Access to healthcare is granted to all, regardless of economic and social conditions

Equity

*Treatment of **the** individual is prioritized based on clinical needs*

Competition

Public and private hospitals compete for patients on a public-funding basis

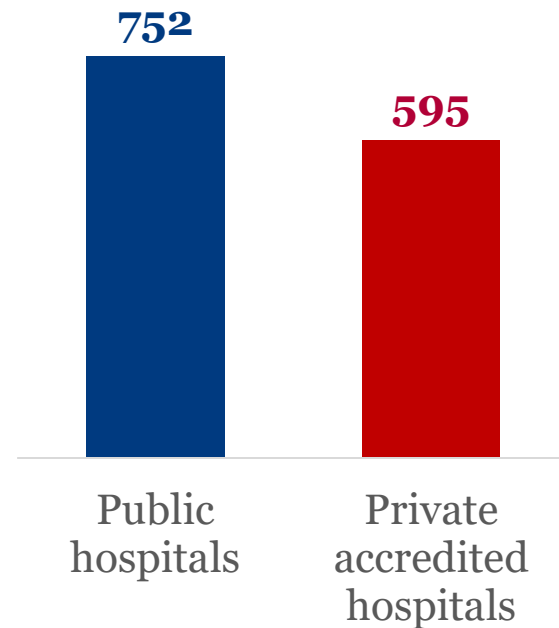
Market competition results into **public-private cooperation** to deliver cost-effective and high-quality care



Public and private providers are paid by DRG (*Diagnosis Related Groups*, see next slides):

- **Each region determines its own DRGs**, using the nationally determined ones as reference (maximum)
- Nationally determined DRGs are also used to balance accounts for **interregional mobility of patients** and for hospital internal management purposes
- Regions also determines the maximum number of patients treatable per hospital, number of beds, and other relevant metrics
- Regions are also in charge of verifying compliance with regulations

Number of public and accredited private hospitals in Italy (2017)



The origin of the Italian DRG system

The Italian DRG system is a case of policy transfer, introduced in the system since 1992 after the experience of the United States (Medicare), where it was implemented in the 80s.

Since then, the system has experienced recurrent reforms and it is now significantly different from the United States experiences

Adopting the Italian model allows to leverage private resources to achieve high-quality, universal care



- The system integrates elements of **accountability and competition**, without compromising the social mission of healthcare facilities
- Regionalization of the system ensures **comprehensive territorial coverage**, with medical research excellencies in main cities serving the rest of the country
- **Private healthcare** can be provided outside the NHS, **reducing the financial burden on tax payers**

Key pillars of the Italian system



High quality and **universality**



Public and private **competition and cooperation**



DRG payment system



Decentralization

The Covid-19 crisis has shown that no one is safe, unless everyone is safe.

Healthcare policy exchange and cooperation with Italy can create a **sustainable win-win** for countries in the Middle East and Africa to improve their healthcare system resilience, benefiting not only from an effective policy environment, but also from Italian capital and managerial know-how.

Partnerships with Italian healthcare operators allow turn-key solutions to manage or set up world-class hospitals

Policy transfer of the Italian healthcare model could be accelerated by **partnerships with major Italian hospitals**, which could bring capital, medical and managerial know how, thereby:

- Achieving top-quality medical care
- Developing local skills and talents
- Promoting technology transfer and biotech value chain development

A step-by-step approach to achieve comprehensive healthcare policy cooperation with Italy:

1. Skills training and critical patient treatment
2. Assistance in developing complex units and medical research
3. Direct management of hospital facilities



Gruppo San Donato: building peace in the world



Gruppo San Donato has **for almost three decades cooperated with many countries in Africa and the Middle East** to improve local treatment capacity and to transfer patients for lifesaving operations

This cooperation can serve as a solid **basis to build more comprehensive partnerships** to improve wellbeing in Africa

Gruppo San Donato International medical cooperation, in partnership with *Bambini Cardiopatici nel Mondo*

Tunisia: 59 missions and 837 patients treated, including 403 in Gruppo San Donato Hospitals.

Morocco: Since 2010, 11 missions with 61 patients treated.

Senegal: Since 2009, 4 missions with 48 patients treated.

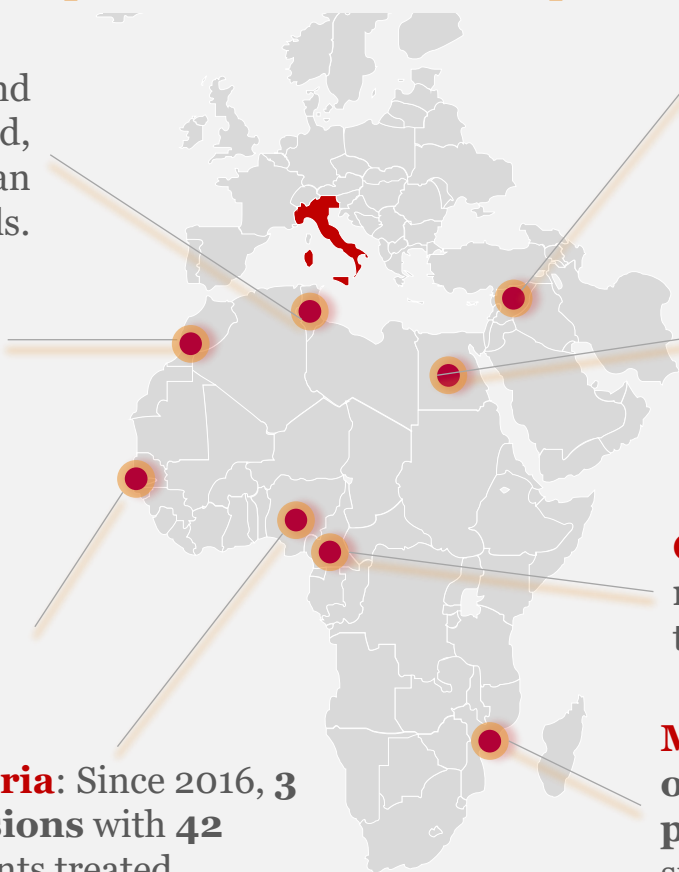
Nigeria: Since 2016, 3 missions with 42 patients treated.

Syria: Since 1993, 34 missions with 209 patients treated.

Egypt: 65 surgical missions, 900 patients operated on in; 300 patients transferred to IRCCS Polyclinic San Donato for lifesaving operations

Cameroon: Since 2000, 46 missions with 483 patients treated.

Mozambique: 1 operating mission, 9 patients operated on in situ, 2 scholarships



Adopt the **San Raffaele Model** to build a world leading university, medical, and research facility



The San Raffaele Model

San Raffaele hospital was built after the Italian IRCCS model (***University and research hospital***), a multispecialized facility, big in size (1,000+ beds), aimed at developing innovative diagnostic and therapeutic approaches by combining:

- Clinic
- Teaching
- Research



The University and Research Hospital model allows the development of medical and **scientific excellence** in specific areas, and its maintenance over time by **cultivating human capital** through integrated education facilities



Thank you!



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