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We had 2 hours debate on health governance. The least to say is that it was an animated debate, with various points of view and various contributions.

Therefore the duty to present the key takeaways is far from an easy one. I'd like also to add that, as an industry representative, my legitimacy to give this feedback can appear limited, but it is definitely not as I'll try to genuinely summarize the main outcomes.

1 - the health environment, from a governance point of view is very fragmented, lacking clarity and leadership, leading to frustration to a number of stakeholders. Some global actions, including the involvement of private foundations such as the Gates foundation and sell private like Gavi are noticeable as is the effort of the HC industry to facilitate access to medicines during the last decade or so. Examples were given around malaria. Some progresses have been done around the Millenium Goals of 2000.

2 - there was an agreement to consider that one should differentiate health and medical care, even if one have to recognize that they are not independent.

3 - health improvement, measured through the life expectancy, is a basic objective which has to be tackled together with food, sanitation (water and sewage), environment and education. In that respect there was a common wish expressed that the agenda of the G20 is reorientated towards these essential issues instead of coping with successive financial crisis with a very short term view. One of the participants insisted to underline that health is firstly linked with peace.

4 - the present situation makes health a sovereign issue, leading to short term financial decisions, inequity of treatment, lack of reliable statistics and comparisons on health standard, health care systems and productivity. The question of financing innovation so far mainly generated in the private sector and through public-private partnerships in the west and financed by healthcare Financing systems of developed countries is largely left unsolved for the future. Concerns were expressed that some newly developed Countries are looking for a free ride on research investment. In that respect the private industry is probably the only rational agent in the sector looking for performance, while other stakeholders are lacking short and even more long-term Key performance indicators. But if this industry doesn't get a stable framework to embark into risky long term investments it may lead to attrition of future research and innovation. Also the question of quality control of generics in particular the ones supplied to poor countries was raised as well as the integration of social responsibility as a criteria to be applied in tenders organized in the western world to put all generic providers on a level playing field.

5 - however, global governance if urgently necessary, is not enough. There is clearly a need for local empowerment, with the local development of education, healthcare systems, including nurses and physicians, development of vaccination.



6 - the workshop has suggested to retain the following suggestions, largely on the base of Petra Laux suggestions.

- more than simply a global governance, it has retained the notion of global health citizenship. This concept could be promoted at a coming G20.

- around this notion could be developed a set of responsibility standards of good practice and conduct. When achieved this could function like a code of good practice.

- the application of this set of good practices and objectives should be then implemented in a decentralized way.

- when there was some debate, there has been a common understanding that the healthcare industry should be a important player in this setting and the ability to contribute to take rational decisions and offer medicines and patient solutions of high quality and standards.