

In Europe we have a social insurance
system for health care.

Mandatory.

European laws.

The social insurances differ per state. It is completely owned and done by the state (NHS in the UK); it is partly done by the state and partly done by private parties (France and Spain) and it is done by private parties with public regulations (Germany and The Netherlands).

Each citizen is entitled for health care.

The definition of health care differs
per country.

Doctors are key to decide what
“healthcare” is.

In some countries we see
co-payments, in some not at all.

Market access means:
no reimbursement, no market.

Health care is expensive.

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Governments want cost control.

Cost control starts with the regulatory and reimbursement processes.

Regulatory is European law
(EMEA and CE)

Reimbursement is local law and habits.

European law is free trade and free movement of people.

Local habits are for protection of local industry and local health care system.

We want the big five!



But bear in mind: local habits!

After the big five is number 6.

The Netherlands:



17,5 million people market without a health care industry policy and to be seen as neutral.

An ideal start and local habits could be in favor.

Key-message:

Ample opportunities for profitable access, perform a product-specific feasibility analysis needed for insight into an individual product's chances of reimbursement and price level.