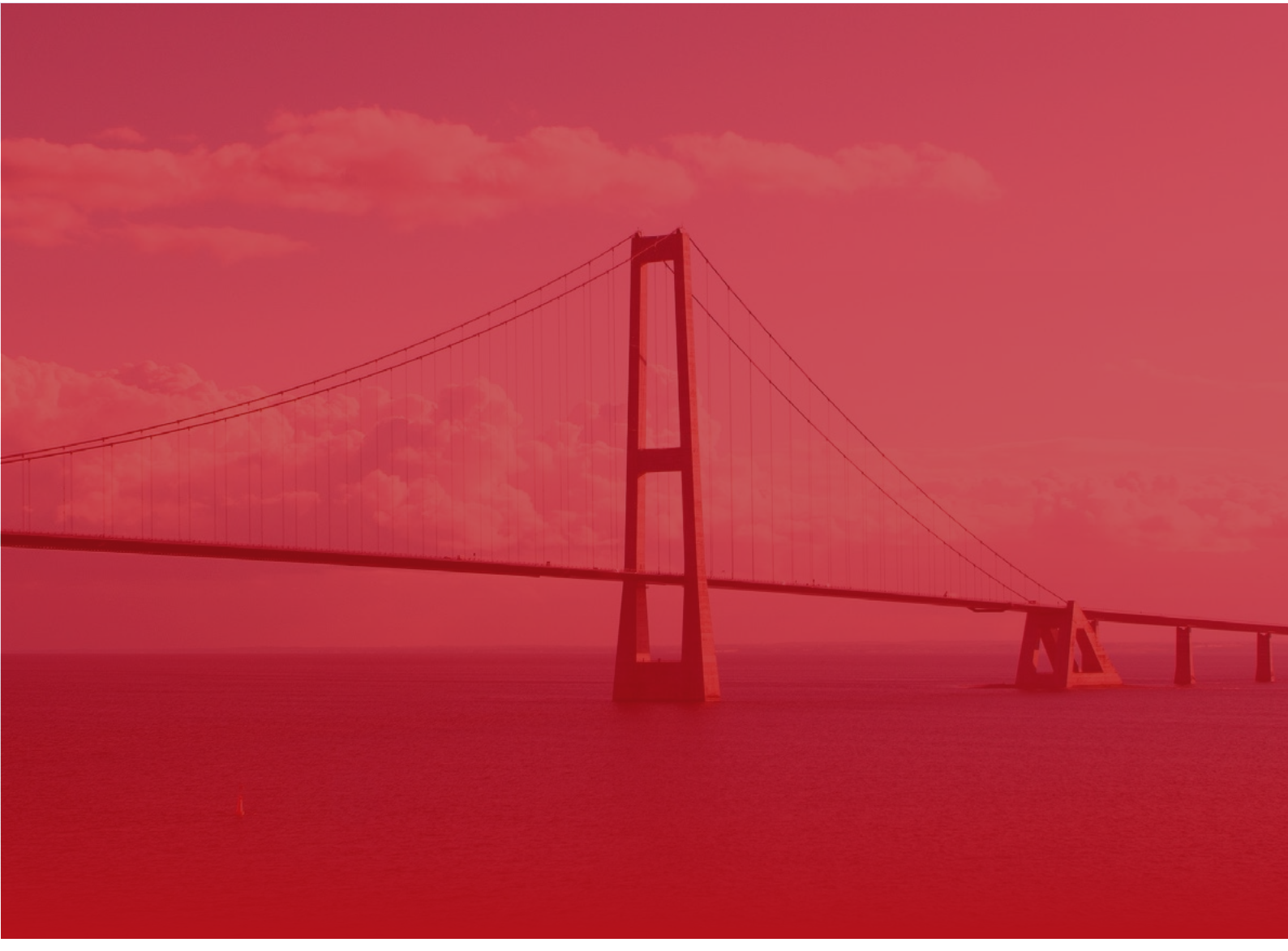
INNOVATING BETTER LIFE

POST EVENT-REPORT

Tour de Health 2022
Copenhagen, Denmark

29th June - 1st July



Healthcare DENMARK

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Executive Summary

On the basis on the many substantial 'key take aways' highlighted in this report, Healthcare Denmark in cooperation with the Danish embassies invites for bilateral dialogues to strengthen and deepen international co-operation

Health data and technology

The technical and legal challenges in managing healthcare data remain an obstacle for data sharing between sectors and across borders. The current GDPR can be a barrier for secondary use of health data, increase workload and be problematic because of differences with local legal legislation. It is however expected that the digital transformation of healthcare, with for example virtual care, remote monitoring, artificial intelligence, big data analytics, and smart wearables, have the potential to save resources in the healthcare systems while improving health outcomes overall.

Pandemic resilience

People with low socio-economic status have been less likely to get tested and vaccinated and have been disproportionately affected by the disease. This issue requires special focus in future national pandemic response. It was also emphasized, that there is a need for strengthening global cooperation and capacity for virus sequencing.

Chronic disease

Social and economic deprivation is the foundation of multimorbidity and needs to be in focus, when working with prevention of chronic diseases.

Healthcare system challenges

Strategies to avoid labour shortages and exponential growth of expenses to national healthcare includes prevention of chronic disease, extended use of data and smart technologies, and a shift from treatment in hospitals to treatment in the patient's own home. It is also important to secure education, employment, and retention of the workforce. Privat-Public Partnerships could foster faster development of healthcare innovations if politicians are willing to change the structure and support innovation.

Mental health

Digital health tools are indispensable and provides an effective and scalable method for extending the reach of sustainable effective mental healthcare.

Eldercare

The Danish strategy in healthcare is keep the elder in their own home for as long as possible. Promoting a healthy lifestyle in the elder population, homecare and empowering the elders to live in their own home is thought to mitigate the effect of an aging population on eldercare and the healthcare system.

Contents

Foreword

With the world's largest annual sport event Tour de France as a backdrop in Copenhagen, Healthcare DENMARK, in cooperation with the Ministry of Foreign Affairs of Denmark, invited 40 international healthcare stakeholders within policy, administration, management and regulation to Denmark for Tour de Health *(June 29 – 1 July 2022)*.

The representatives from Germany, France, United Kingdom, Norway, Sweden, Finland, Canada, United States, Japan, and Korea had during their stay the opportunity to network, share experiences and exchange ideas with international peers on key healthcare topics such as healthcare systems of the future, pandemic resilience, innovative hospitals, digitalization in healthcare, chronic diseases, and elderly care.

This post event report provides a summary up the dialogues and insights shared and discussed on key healthcare topics during Tour de Health. To encourage the fullest discussion and participation, Chatham House rules have been applied. Consequently, only presenters have been quoted by name.

In addition to providing a sum up of key take aways from Tour de Health, this report is intended as an instrument to further develop the good cooperation that was initiated during the event – in both future collaborations between peers, the embassies, and Healthcare DENMARK.

Thank you to the delegates for their valuable contributions this report. I hope it will spark the interest for future international collaborations in the field of healthcare.

Jakob Skaarup Nielsen
CEO, Healthcare DENMARK

Introduction

Wednesday, June 29th at The Old Stock Exchange *"Børsen"*

"Chronic diseases, an ageing population, health inequality, mental health issues and not least the threat of new pandemics. All industrialized countries struggle with the same healthcare challenges and must work together, both across sectors and boarders, to succeed in securing quality healthcare in the future".

Magnus Heunicke

Danish Minister for Health

This was the message from The Danish Minister for Health, Magnus Heunicke, in his address to the participants of Healthcare Denmark's three-day programme in Copenhagen, Tour de Health.

Present at the historical building, Børsen, the old Danish stock exchange from the 17'th century, were decisionmakers from ten different countries, along with representatives from the Danish Ministry of Health, Danish Regions, the Life Science industry, and health diplomates from Danish embassies.

Both the Danish Minister for Health, Magnus Heunicke, and his fellow speakers of the evening, Lina Gandløse, from the Danish Ministry of Foreign affairs, and Brian Mikkelsen, CEO, Danish Chamber of Commerce, noted that Denmark has a longstanding tradition, not only in international trade, but also in public-private partnerships, research, and innovation within the life science field.

Today the Danish export of life science products and know-how make up 20 percent of the total export of the country, and the country's healthcare

system is among the most digitalized in the world, which are some of the reasons the Danish healthcare system sparks international interest. But no one country has found the solution for the demographic challenges ahead, and the main goal for the programme – Tour de Health – was to enable the participants to find inspiration to new healthcare solutions, share knowledge and create professional network for future cooperation across borders. All this, while getting a tour through some of the Danish solutions within pandemic resilience, innovative hospitals, digitalization in healthcare, chronic diseases, and elderly care.

Danish Healthcare

- Population 5.8 m
- 20% of total Danish exports is in health and life science
- 2.5 hospital beds per 1,000 people
- 37 long-term care beds in institutions and hospitals per person aged 65 or over
- 754,000 hospitalisations per year
- 15 million outpatients per year
- 21 emergency hospitals

Speaker: Brian Mikkelsen, CEO, Danish Chamber of Commerce

Main challenges of the Danish healthcare system

Thursday, June 30th at the Confederation of Danish Industrie

Keynote speaker, Svend Særkjær, the Permanent Secretary of the Danish Ministry of Health, and speaker, Erik Jylling, Executive Vice President, Health Politics, Danish Regions, presented the main challenges facing the Danish healthcare system today. Denmark has the same challenges as most other countries. Longer life expectancy, an increase in chronic diseases and more expensive treatments are increasing the demand for healthcare services.

The primary goal for the next many years will be to move healthcare out into society. Only high-risk patients – an estimated 5% of all Danish patients, in need of intense, comprehensive and personalised care – will receive regular consultations at hospitals. The increasing number of risk patients, with conditions not yet under control, will be offered a mix of self-service in the municipalities and access to more critical care at hospitals.

The remaining low-risk patients will be offered convenient, transactional access to the healthcare system, which in turn will enable the patients to self-manage most of their health issues, freeing up time and resources in the system.

Svend Særkjær, Permanent Secretary of the Danish Ministry of Health

Erik Jylling, Executive Vice President, Health Politics

Fact

- Diagnostics and treatments will move from hospitals and out into society.
- GPs will be responsible for both diagnostics and treatment of the major chronic diseases.
- Prevention of chronic illness, both physically and mentally, will be incorporated into every corner of society.
- Patients will be empowered to take responsibility for their own health.

The following panel discussion with delegates from the participating countries touched on the strong trend towards the rising cost of healthcare. The overall concern of the panel was that healthcare costs will continue to rise and take up a larger and larger percentage of the countries' BNPs, at the expense of other necessary investments in education and infrastructure. The Ukrainian refugee crisis is adding to the pressure on European healthcare systems, and global warming will further stress global health.

All participants were optimistic that technology can improve the quality of healthcare and have the potential to save labour and costs, but they also stated that new healthcare technologies have not yet freed up labour to any significant extent, and that the potential is still uncertain.

The lack of qualified healthcare professionals is a problem in all participating countries. It is increasingly difficult to attract people to work in healthcare, and the conclusion was that better salaries will not suffice to solve the problem. An overwhelming workload and poor working conditions are driving healthcare workers away from the sector. To secure quality healthcare in the future, countries must make the healthcare sector an attractive place to work.

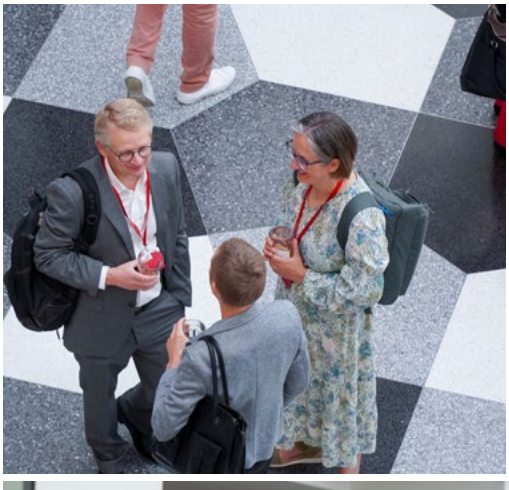
"In many ways, Denmark is living the vison we have back home. We have not come as far, but we are on the same track, and we are actually positively surprised that we may not be as far from our goal as we thought. It is very encouraging." - delegate attending Tour de Health

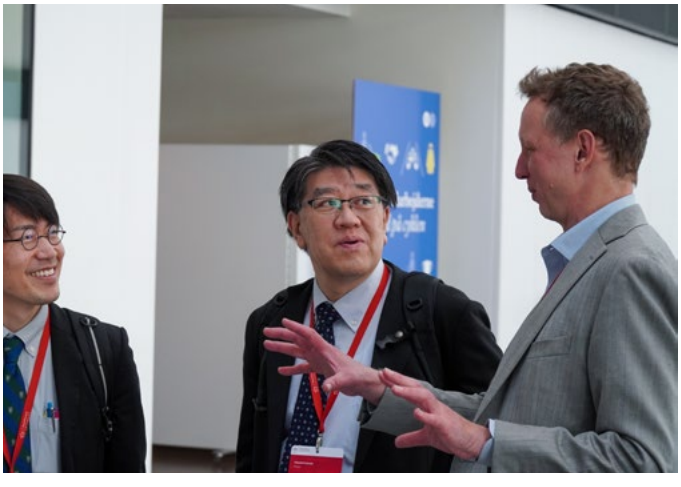
The use and management of health data posed different obstacles for the participating countries. Their common experience was that the legal framework, both national and international, is inefficient. The GDPR, for example, was mentioned as a barrier to the secondary use of health data in Europe. It can be problematic because of differences from one local legislation to another and increased workload. It was a common understanding that, when working with health data, it is important to build and maintain trust in society, ensuring that data is secured, and that patients are listened to and have access to their own health data. To succeed with digitalisation and data sharing across borders, both nations and the EU need to establish common ethical principles for the handling of healthcare data.

For all the countries represented on the panel, the COVID-19 pandemic had broken new ground in their healthcare systems. New solutions included expansions of the number of professions being able to vaccinate, new public-private partnerships, and a steep increase in the use of tele-health and remote monitoring.

Key takeaway

- The technical and legal challenges in managing healthcare data remain an obstacle for data sharing between sectors and across borders. The current GDPR can be a barrier for the secondary use of health data, increase workload and be problematic because of differences from one local legislation to another.





Henrik Ullum, Director General, Statens Serum Institut (*SSI*)

Pandemic Resilience

Thursday, June 30th at the Confederation of Danish Industries

Henrik Ullum, Director General, Statens Serum Institut *(SSI)*, stated that Denmark had done well during the pandemic, recording only a small excess mortality, while maintaining a strong economy and a well-functioning society throughout.

During the COVID-19 pandemic, SSI monitored the tracking and sequencing of virus, thereby providing vital information for Danish decision makers. However, at the beginning of the pandemic, Ullum explained, it felt like driving a car at night with no lights on. Politicians and health authorities quickly realised that they needed to develop new tools, which would make it possible to see at least part of the road ahead.

Thus, the Danish strategy involved limited restrictions combined with contact tracing, sequencing, vaccinations and extensive testing. As every Dane has a personal identification number that facilitates an accurate linkage between all Danish national registers, it was possible to accurately track the disease by age, sex, occupation, geography, family relations and ethnicity. This in turn provided data for mathematical models, which could predict the spread of the virus and support the political decision-making process.

The Danish strategy included new digital tools: an app for close contact-tracking; digital "corona-passports" with information about a citizen's vaccination status and previous COVID-19 infections; and electronic invitations to vaccination. Danish citizens could book an appointment for tests and vaccinations both online and via an app, while having access to all their own health information. Another reason for Denmark's relative success is the fact that the Danish government and health authorities enjoy a great level of trust among the population. Ullum noted that countries with a strong component of trust and cohesion have shown an overall strong pandemic resilience.

The following panel discussion on pandemic resilience demonstrated many similarities in the response of the participating countries to the pandemic. They all implemented extensive testing, contact-tracing, restrictions and vaccinations, using real-time data to predict the spread of the virus. But there was scope for learning from each other, and the discussion turned to how the global capacity for virus sequencing is too small. Many countries relied on Denmark, UK and a few other countries to keep track of new COVID-19 variants.

Since the pandemic, participating countries have strengthened their life science industry and their ability to produce personal, protective equipment and vaccines at the national level.

The approach toward the less privileged groups in society during the pandemic were also discussed. In all countries represented, people with low socio-economic status have been less likely to get tested and vaccinated and have been disproportionately affected by the disease. Communication with these vulnerable groups need to be more effective, and national health authorities should look to each other for inspiration and new ways to overcome this substantial challenge in the future.

Key takeaway

- People with low socio-economic status have been less likely to get tested and vaccinated and have been disproportionately affected by the disease. This issue requires special focus in future national pandemic response. There is a strong need for improving global cooperation and the capacity for virus sequencing.

Bottom left: Peder Søgaard-Pedersen, Deputy Director, DI - Top Right: Claudia Küng, CEO, WISO S.E. Consulting GmbH

Innovative Hospitals

Site Visit 1 at Herlev and Gentofte Hospital

On the visit to Herlev and Gentofte Hospital, the CEO, Anne Jastrup Okkels presented the hospital's work in the field of innovation.

In Anne Jastrup Okkels' experience, nurses, doctors and other staff are innovative by default, but the constant time pressure in healthcare can be an obstacle to the process. It is difficult to find the necessary time to test new ideas and work models, but management is actively encouraging cooperation between specialities, researchers and administrative staff in order to break new ground.

The hospital's goal is to enhance the efficiency of the patient's pathway through the healthcare system by developing new diagnostic approaches, new technology, cross-sectoral collaborations and new workflows.

Speeding up the process of diagnosis has been a priority. A quick, precise diagnosis saves time and resources, so getting it right from the beginning is paramount.

Case

- Herlev and Gentofte Hospital has adopted artificial intelligence to assist radiologists in the breast cancer screening programme, saving up to 30% of their time.

About Herlev and Gentofte Hospital

- 140,000 acute arrivals per year
- 26 medical specialities
- 860 beds
- 78,000 inpatients and 940,000 outpatients per year

Top: Anne Jastrup Okkels, CEO, Herlev & Gentofte Hospital - Bottom: Alan Flyvbjerg, CEO, Steno Diabetes Center Copenhagen

Maria Gaden, Head of Department, Center for Sustainable Hosptials, CDR

Sustainability and green transition

Site Visit 1 at Herlev and Gentofte Hospital

Maria Gaden, Head of Center, Sustainable Hospitals, Central Denmark Region and Heine Knudsen, Head of Division, Energy & Sustainability, Center for Real Estate in the Capital Region of Denmark, presented some of the new ways in which the regions are deploying environmental sustainability in hospitals. The regions are obligated to reduce their CO_2 footprint by 70% by 2025 *(baseline 2015)*. To do so, it is necessary to assess all operation procedures in the region's hospitals – building maintenance, transport, medical equipment, pharmaceuticals, and the food served to the patients – to find the most energy-efficient solutions. The hospital also has fixed goals for waste reduction and recycling, and wastewater.

Case in Central Region Denmark

- Since standardising the use of equipment in all hospitals in the region, waste from hip surgeries has been cut by 30%

Energy - Herlev hospital case

- The largest heat-recovery installation Denmark
- 1,2 million air m^3/h
- Saving 15.000 MWh/year *(€1 million)*
- Investment €8 million

Transport

- Introduction of electric vehicles
- Replacing cars with scooters and bicycles
- Extended use of online facilities and reduced transportation

Results: CO_2 reduced by 46% in 2021 *(baseline 2015)*

Case in Central Region Denmark:

- A project comparing the carbon footprint from single-use surgical instruments to multiple-use instruments concluded that the CO_2 emissions from single use were 90% higher than for reusables. There is now a renewed focus on shifting from single- to multiple-use instruments and equipment.

Torben Hedegaard Jensen, CEO, Odense Univeristy Hospital

Hospitals of the Future

Site Visit 1 at Herlev and Gentofte Hospital

In his presentation, Torben Hedegaard Jensen, Director of Odense University Hospital, explained some of the ideas behind the strategy and choices made when building the new Odense University Hospital.

In planning the new hospital, one focus was to create an efficient workflow, which is reflected in the infrastructure surrounding the hospital. A new railway line will go directly through the building complex, and there are three planned stations on the hospital's premises. At one end, the hospital is built into the University of Southern Denmark's Department of Medicine, literally connecting the hospital to research and education.

Inside, the hospital's architecture facilitates the use of automation in transport, ranging from robots to pneumatic tube systems. The 52 new operating theatres are placed on the same floor, containing the same standard equipment, and making it possible for all 11 surgical specialities to use them. With this flexibility the hospital will be able to adapt activity continuously, making optimal use of the capacity.

The large outpatient unit is another important feature. While the number of hospital beds will be reduced by 20% compared to the old hospital, the number of outpatient visits is expected to rise by 50%. Changing modalities of treatment is already happening for example, with telemedicine and chemotherapy for cancer patients in their own homes: initiatives that are positively received by patients.

New hospitals in Denmark

- 20% of current hospital buildings (in m^2) are being replaced by new 'Super Hospitals'
- The number of acute hospitals is being reduced from 78 to 21
- The number of hospital beds will be reduced by 20%

Steno Diabetes Center Copenhagen - a holistic approach to diabetes

Site Visit 1 at Steno Diabetes Center Copenhagen

The delegates visited Steno Diabetes Center Copenhagen (*SDCC*), where CEO, Allan Flyvbjerg, gave them a tour of the site.

SDCC has a holistic approach to diabetes treatment and is actively trying to take the 'hospital' out of the facility. That means lots of light, organic shapes, wooden floors, and a roof-top garden, where the patients can take a break between appointments. The patients check in electronically, and they can book new appointments online, making it fit with their personal and professional life.

To create close cooperation between the patient and doctors, nurses, dieticians and podiatrists, the patient can choose to be treated by the same team when they come in. An important element in achieving one of the centre's main goals is to turn patients into partners, supporting and enhancing their opportunities to manage a life with diabetes.

"We have the same main challenges, but different approaches. Right now, I am especially interested in the Danish transition from treatment and rehabilitation in hospitals to treatment in the citizens' own homes". - delegate attending Tour de Health

Steno Diabetes Centre Copenhagen

- Offers tailored treatment for type 1 and type 2 diabetes, and other rare types of diabetes
- Is the largest diabetes centre in Scandinavia with approx. 10,000 outpatients per year
- Is a public-private partnership between the Capital Region of Denmark and the Novo Nordisk Foundation
- Was named as an international role model in 2021 by the Global Coalition for Value in Healthcare of the World Economic Forum.

Innovation at Steno Diabetes Center Copenhagen

- SDCC has developed a shared digital platform, *'Stenopool'*, where patients can upload data from their diabetes equipment, no matter from which supplier. This makes the data easily available for both patient and the treating physician and – as an extra plus – the data does not have to be shared with the equipment suppliers.

Digitalization in healthcare

Site Visit 2 at The Danish Health Data Authority

During the visit to the Danish Health Data Authority, the director of the Center of Digital Psychiatry, Marie Paldam Folker, demonstrated digital health solutions for mental health issues with video consultations, web information sites and a free 12-week internet-based cognitive therapy programme for patients suffering from mild to moderate anxiety and depression. The results are promising. Digital health tools are indispensable, providing an effective, scalable method for extending the reach of sustainable, effective mental healthcare. Scaling and implementation are key challenges, and Folker pointed out that we need a guiding, responsible framework for virtual care innovations.

A central topic of the discussion in the following panel on digital solutions for mental health was whether digital health technologies will reduce the workforce required. After touching on the regulatory environment, apps for prescription and reimbursement issues, the panellists agreed that there is no doubt that digital health technologies can save healthcare professionals' time.

Vibeke van der Sprong, Deputy Director of the Danish Health Data Authority, introduced the work of the organisation and explained how the different Danish health data is integrated: for example, the Shared Medication Record – a database that allows the patient's medications to be shared with all involved stakeholders (healthcare professionals from all sectors, pharmacies and, of course, the patients themselves).

The end of the afternoon was dedicated to the role of public-private partnerships (*PPPs*) in developing new

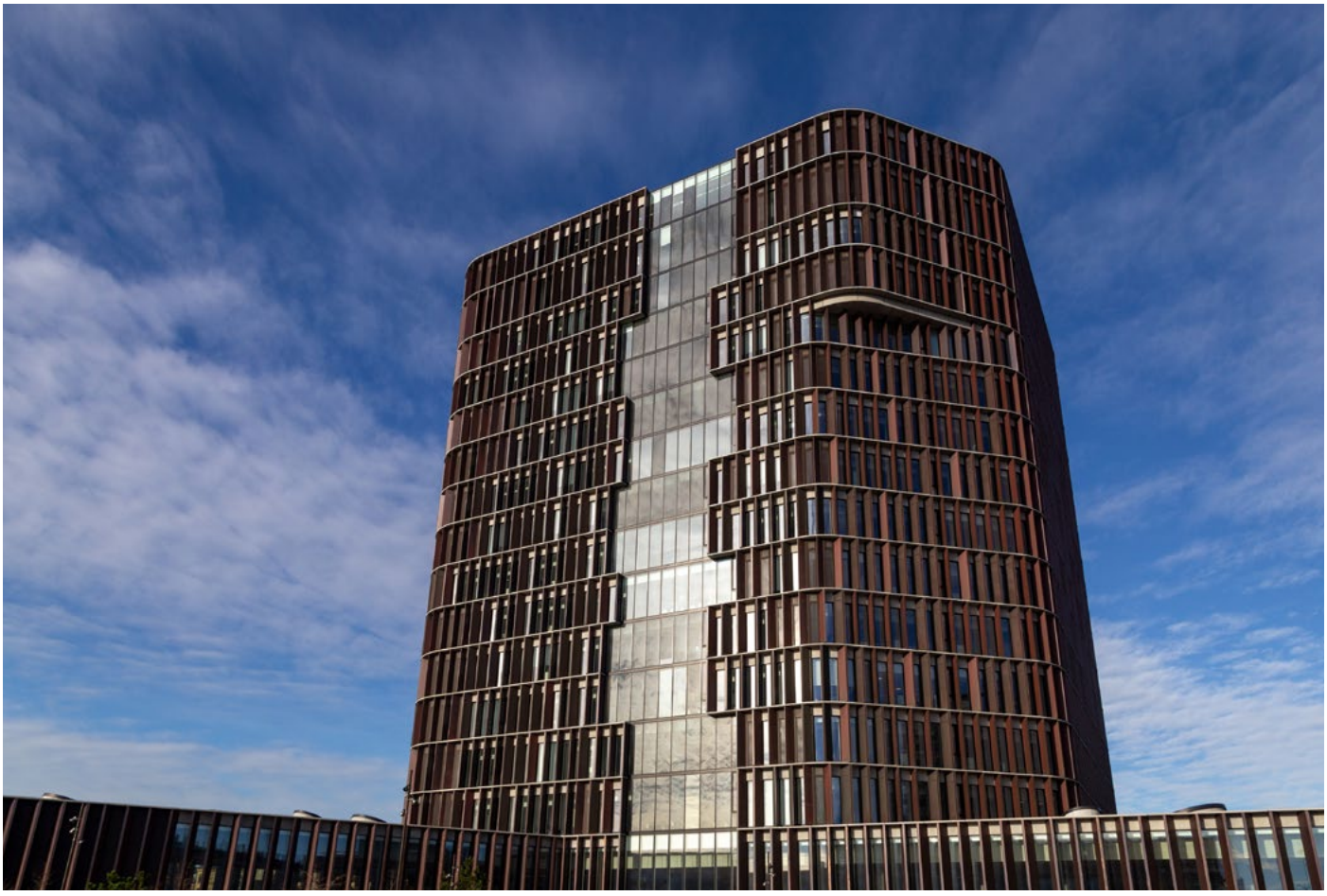
digital solutions. The great PPP efforts for the COVID-19 contact-tracing approach ranged from calling every infected patient to patient self-service in an agile and innovative partnership.

A panel discussed how PPPs could foster faster development of healthcare innovations if politicians were willing to change the structure, support innovation even further – and perhaps even 'dare to fail'. The great Danish skill of getting data into - but not out of - databases was also discussed. Learnings from COVID-19 gave a great desire not to go back to pre-pandemic times with slow innovation and regulation.

The day ended with a presentation by physician and AI professor Ivan Brandslund on state-of-the art projects for AI in healthcare. He presented an AI decision-support system, early detection of cancer with AI and how his team had used AI to predict hospitalisations for patients suffering from COVID-19 etc.

Key takeaway

- Digital health tools are indispensable, providing an effective, scalable method for extending the reach of sustainable effective mental healthcare. Panellists were optimistic that digital health technologies will save time and resources in mental healthcare, but that there are still regulatory challenges to be overcome.



Chronic diseases and public-private partnerships

Site Visit 3 at Maersk Tower

Dermatologist and executive director of Skin Immunology Research Center, Liv Eidsmo, introduced the research unit she is heading and her work in the field of psoriasis and skin diseases in general. The LEO Foundation Skin Immunology Research Center in Copenhagen is a public-private partnership between the University of Copenhagen and the LEO Foundation, providing a hub for the best international research into skin diseases and immunology.

Neurologist and Regional Chief Operations Officer of Region Zealand, Jesper Gyllenborg, gave a talk about the regional work on the prevention of chronic diseases, focusing on health inequalities, supporting self-care and how to push for the paradigm shift towards more personalised medicine. One example is the National Genome Center which conducts whole-genome sequencing of 60,000 patients to develop better diagnostics and more targeted treatment for patients. Established in 2019, the National Genome Center is another public-private collaboration.

Dermatologist and professor, Lars Iversen, demonstrated the holistic approach to patients at the Danish National Center for Autoimmune Diseases, and how they organise healthcare solutions with the patient in the centre, focusing on adherence

issues and battling the previous siloed approach in healthcare by empowering patients with an interdisciplinary guardrail.

The following panel discussion was about the prevention of chronic diseases. The discussion was sparked by a provocative statement: that we cannot prevent chronic diseases and that we should focus on disease management instead. The discussion moved on to the benefits of public-private partnerships, and how social economic deprivation is the root of multimorbidity and needs attention.

"We need to think about investing in technology instead of using the money on bricks and mortar. In the future, patients will be treated at home and not in a hospital". - delegate attending Tour de Health

• Bottom left: Lars Iversen, Danish National Center for Autoimmune Diseases, Chair Professor in Dermatology, University of Aarhus

Key takeaway

- Privat-Public Partnerships could foster faster development of healthcare innovations, if politicians are willing to change the structure and support innovation

Elderly Care

Site Visit 4 at City of Copenhagen and Louse Marie Nursing Home

The visit to a Copenhagen nursing home, Louise Marie Plejehjem, was an opportunity for the delegates to gain insight into Danish elderly care on a practical level.

The City of Copenhagen is responsible for both homecare and nursing homes, and Sisse Marie Welling, the City of Copenhagen's Mayor of Health and Care, presented some of the work being done not only in nursing homes and homecare, but also in supporting healthy aging, especially in the transition period between job and retirement. Many elderly people have trouble adjusting to a new everyday life and need encouragement to stay physically active.

When the elderly need support and care in their everyday life, the municipality makes an individual assessment of which assistance is needed. The aim is to keep empowering the elderly people to live in their own homes for as long as possible with homecare assistance for cleaning, cooking, showering or shopping.

In recent years, municipalities have taken over many of the tasks previously handled by hospitals. One long-term goal is to shorten hospitalisations and instead facilitate treatment and rehabilitation both locally and in citizens' own homes. This strategy has not been without challenges. For example, it is still not possible to share all relevant data between the regions and the municipalities.

Afterwards the manager of Louise Marie Nursing home, Sussie Lysholm,




introduced the nursing home facilities. The residents are, like most nursing home residents in Denmark, cognitively and/or physically impaired and in need of 24-hour-care. The Louise Marie Nursing home is experiencing labour shortages and has been using smart technology to free up staff. There are touchscreens in every apartment unit where the staff can register everything from the resident's medication to time for cleaning, baths, and any special needs the resident might have. The system makes it easy for the staff to manage care and cooperate with residents' relatives. Overall, the system has reduced office time by an estimated 30% and has reduced errors in medication, which in turn has reduced illness and hospitalisation among the residents. Another important benefit is a workday with less stress and fewer interruptions for the staff.

After the short tour, speaker Mads Biering la Cour, Director for Elderly and Dementia at the Danish Health Authority, explained how, despite a growing elderly population, the Danish strategy of caring for the elderly in their own homes has limited the need for new nursing homes to almost zero in the past twenty years.

The following panel discussion on the elderly care of the future addressed the above-mentioned challenges, and what solutions and approaches could be used in the future to provide the best care for the elderly.

Key takeaway

- The Danish strategy in healthcare is keep the elder in their own home for as long as possible. Promoting a healthy lifestyle in the elder population, homecare and empowering the elders to live in their own home is thought to mitigate the effect of an aging population on eldercare and the healthcare system.




Top left, first person: Magnus Heunicke, Danish Minister for Health - Foto to the right: Jeppe Kofoed, Minister for Foreign Affairs - Foto to the right: Simon Kollerup, Danish Minister for Industry, Businessand Financial Affairs - Foto below top left: Jørgen Falkebo, COB, Healthcare DENMARK

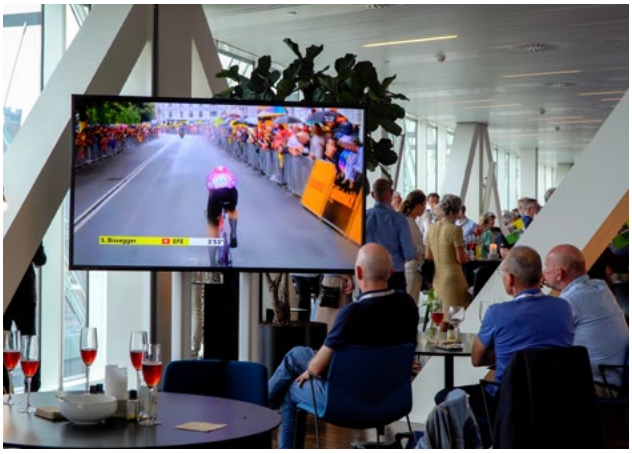
Grand départ

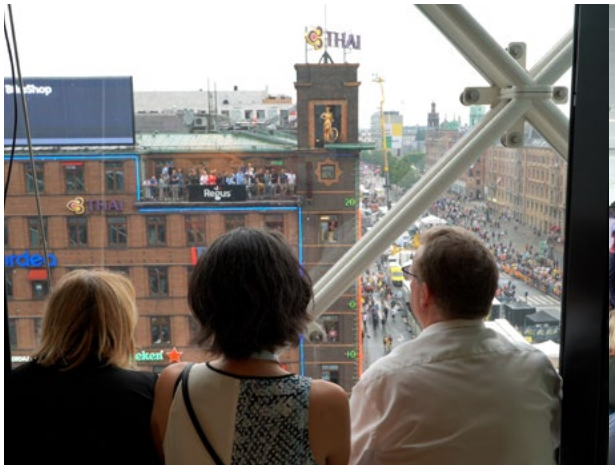
Friday, July 1st at the VIP lounge in the Confederation of Danish Industries

The Tour de Health conference ended on a festive note with a roof top view to the Tour de France Grand Départ at Copenhagen City Hall Square.

The delegates were joined by Danish Minister for Health, Magnus Heunicke. And the Danish Minister for Industry, Business and Financial Affairs, Simon Kollerup, who pressed on both the need for international cooperation and innovation to secure quality healthcare in the future.

The same message was highlighted in a special address by Minister of Foreign Affairs, Jeppe Kofod, in alignment with the main points discussed during Tour De Health 2022.

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Healthcare DENMARK, Lene Qvist Larsen, lql@hcd.dk

Associate Editor

Healthcare DENMARK, Ari Vigur hansen, avh@hcd.dk

Journalistic Authors

Agnete Friis, agnete.friis@gmail.com

Dr. Andreas Pihl, afpihl@gmail.com

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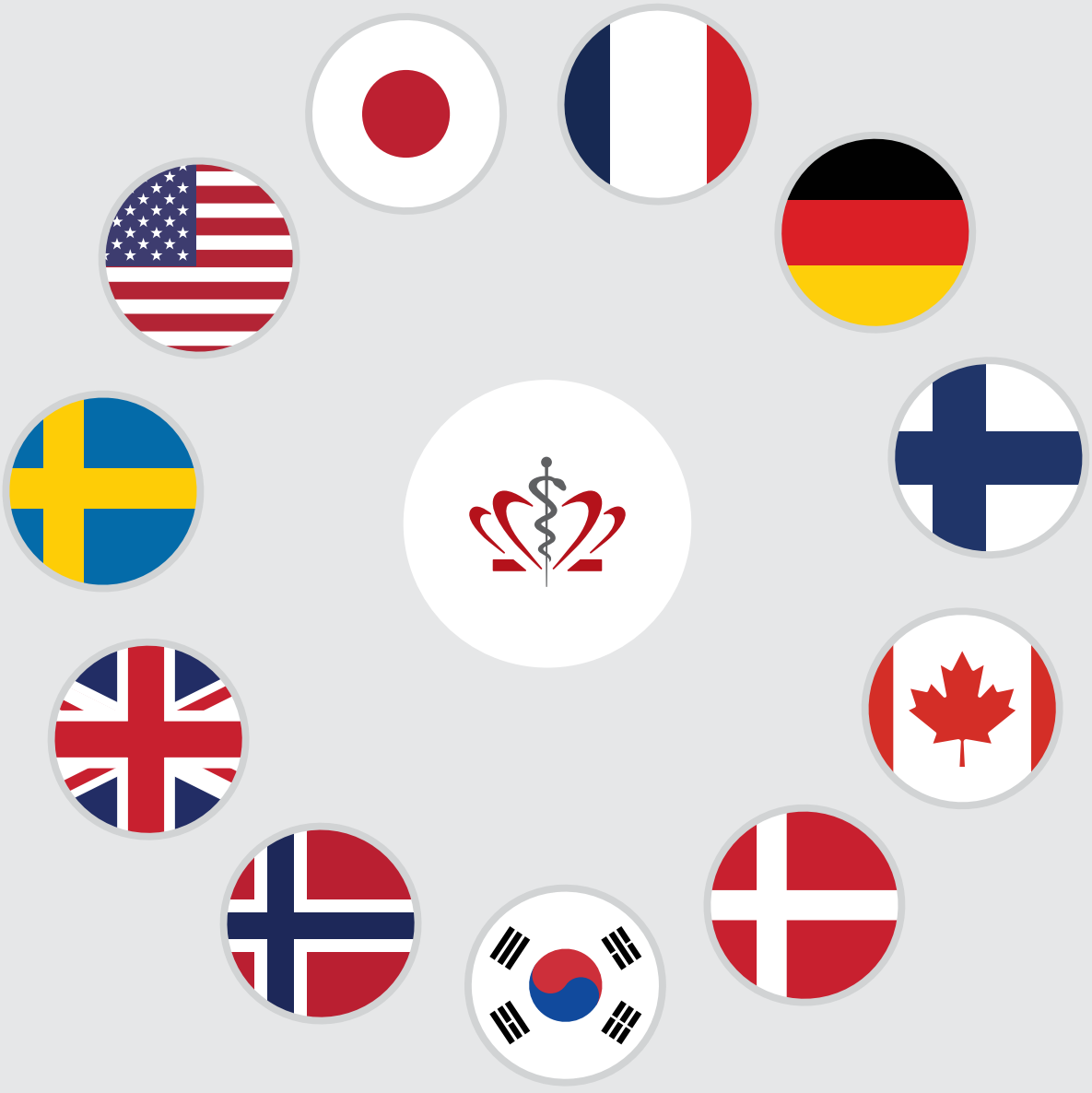

Healthcare DENMARK
INNOVATING BETTER LIFE

Forskerparken 10Y
DK - 5230 Odense M

Vesterbrogade 1L, 2.
DK - 1620 Copenhagen

Phone: +45 23 84 00 56
info@healthcaredenmark.dk