- # GS1 HUG Meeting
- # Rome March 23rd

Claes-H.Wallér
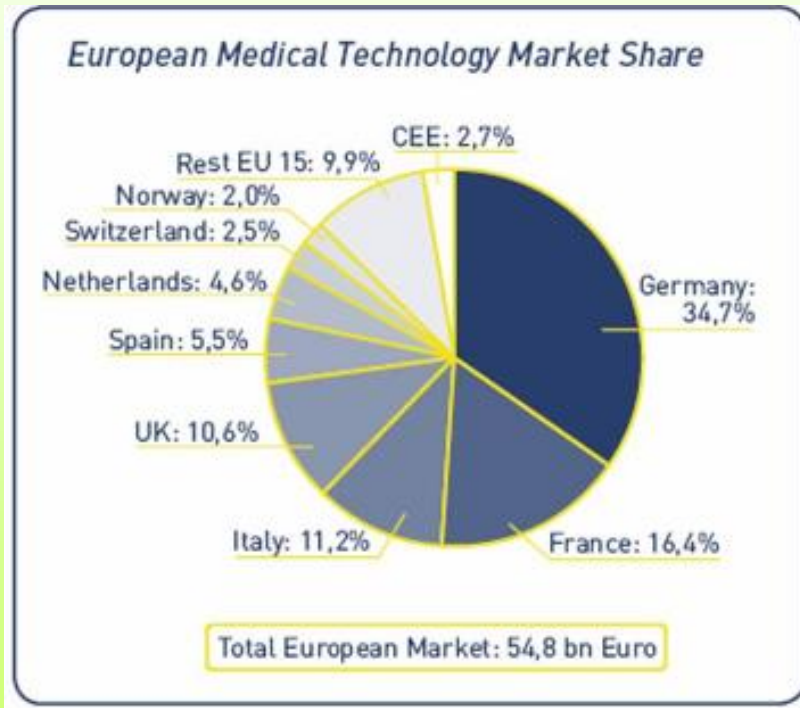
Medical Technology in Europe

European Medical Technology Market Share

- CEE: 2,7%
- Rest EU 15: 9,9%
- Norway: 2,0%
- Switzerland: 2,5%
- Netherlands: 4,6%
- Spain: 5,5%
- UK: 10,6%
- Italy: 11,2%
- France: 16,4%
- Germany: 34,7%

Total European Market: 54,8 bn Euro

Number of Employment as % of European total

- EU Accession Countries: 5,3%
- Rest of EU + Norway: 19%
- Germany: 25,9%
- Italy: 5,2%
- Finland 5,2%
- Ireland: 5,7%
- France: 10,4%
- UK: 13,0%
- Switzerland: 10,4%

Over 4500 companies
> 80% SMEs

400.000 workers

*Source: Eucomed Industry Profile 2003*
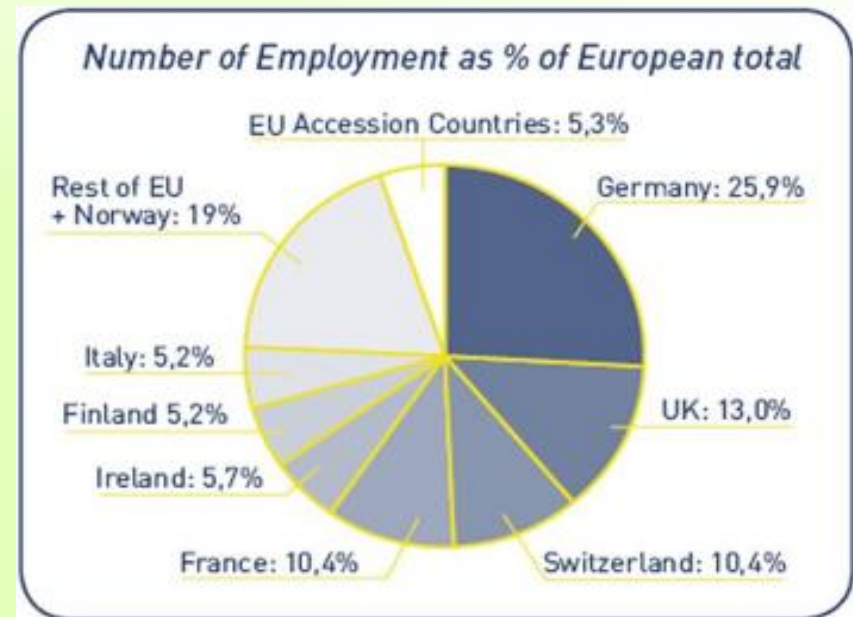
- Since 1979

- Headquarters: Brussels

- Team of 16

- Members: 60 companies and 26 Associations

--→ represents about. 80% of the industry in Europe (turnover)

- Board: - 6 representatives of Companies
         - 6 representatives of Associations

- Budget: - 2,58 million € (2005)
          - 90% from companies and 10% from associations

More on www.eucomed.org

About Eucomed

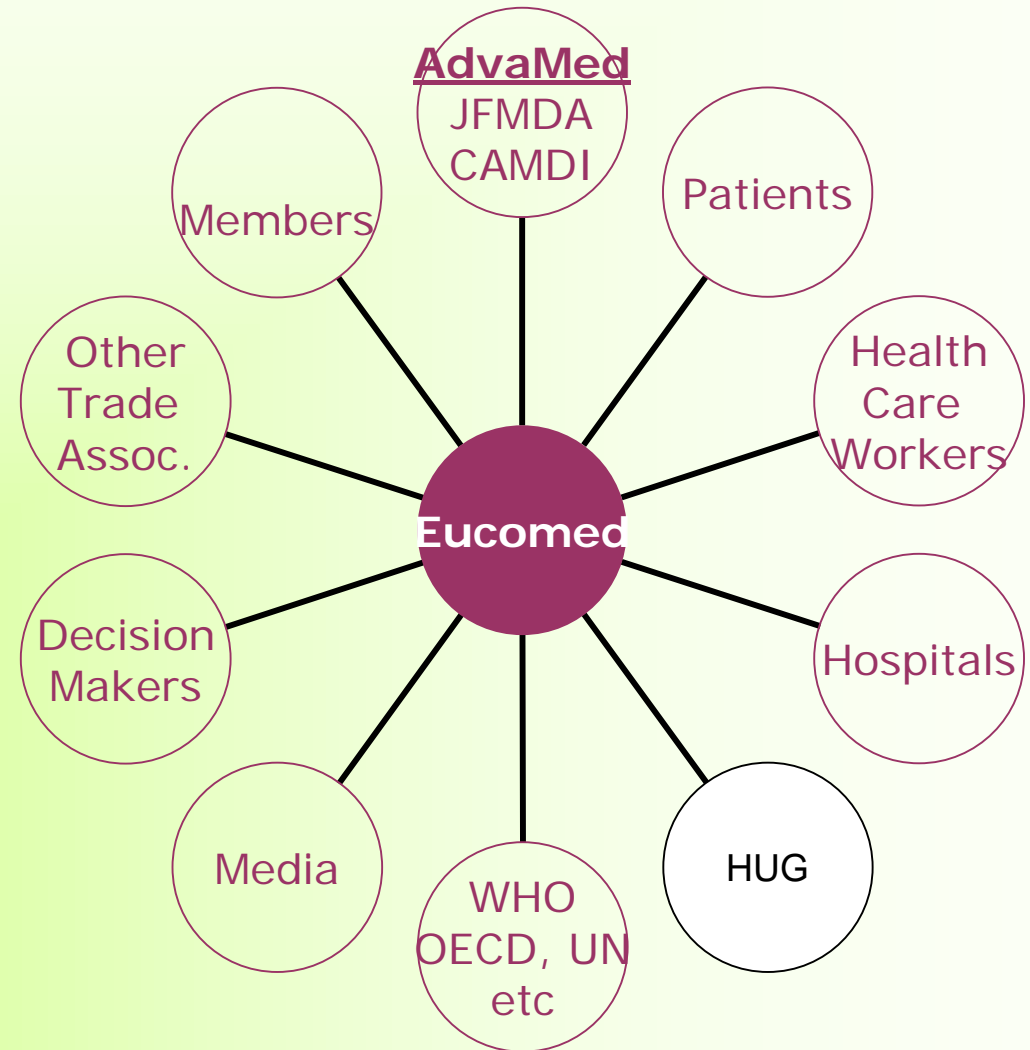**Eucomed Organigram (October 2005)**

FP/MW 27/10/05
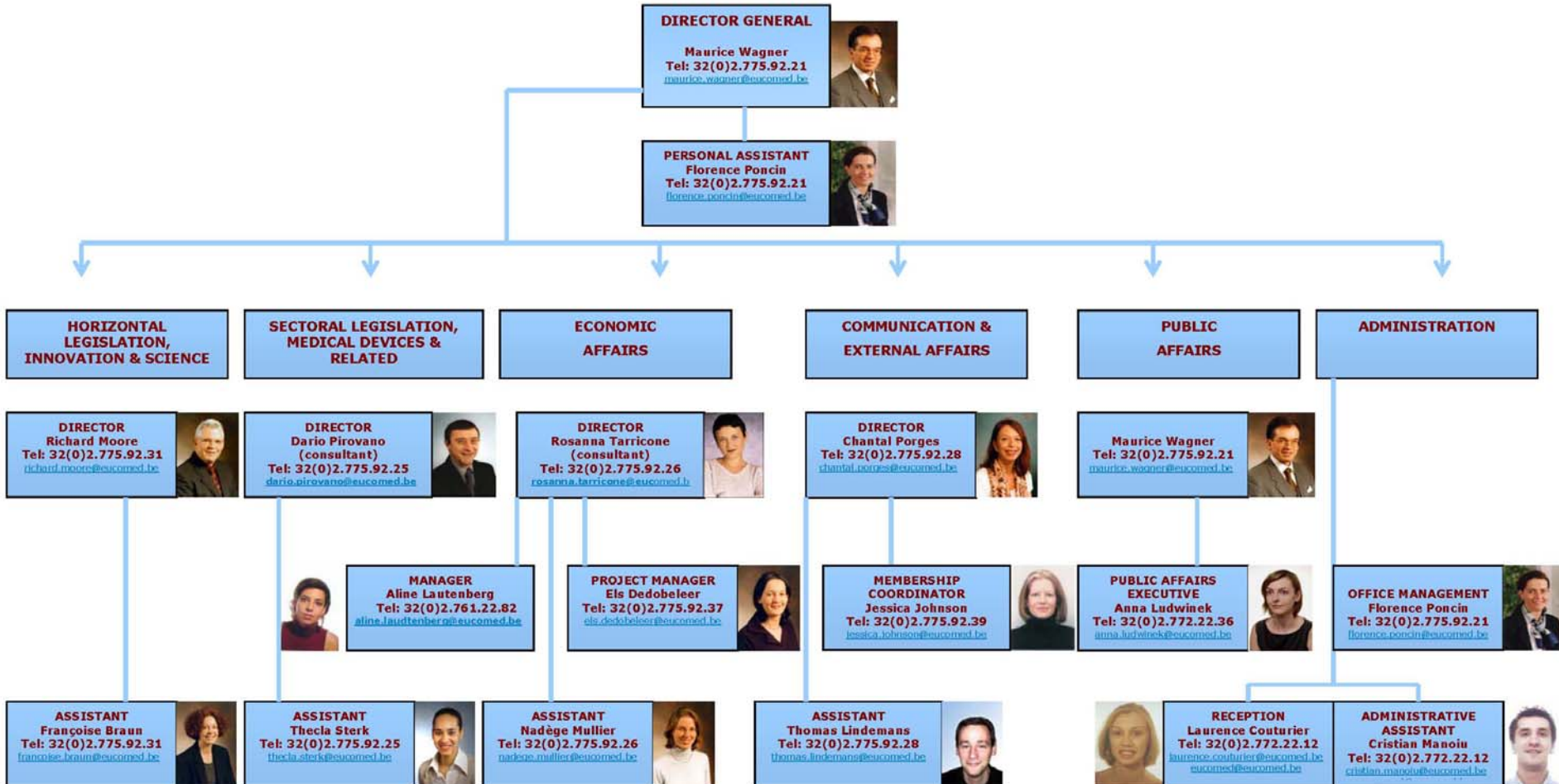
Key stakeholders

- **Important that AdvaMed and Eucomed work hand in hand**

- **We are not competing but <u>complementary</u> organizations**

- **Eucomed and AdvaMed can exploit better their potential synergies in the world**

- **HUG and Eucomed**

Eucomed key objectives

- **Regulatory & Legislative:** secure a balanced and predictable regulatory framework

- **Position & Reputation:** Secure medical device sector's reputation / leadership status of the association

- **Policy & Economics:** Secure competitive and coherent health policy

Health is Wealth!

Conceived by former EU
Health Commissioner
David Byrne,
Now used by Romano
Prodi in Italy.

Health equals wealth. Health is a productive economic factor in terms of employment, innovation and economic growth.

Working groups

- Eucomed has a large number, one is the ETF (E business Task force). This was formed as an amalgamation of two working groups in 2000 – one of these was focussed on distribution and the other on bar coding.

The ETF and how it evolved

- Since the formation of the ETF it has largely concentrated on issues, which flowed from the involvement with bar coding.

- At first this was largely related to logistics activities in that part of the supply chain from manufacture to hospital door.

- A problem encountered early on was that the 'customer' was either not interested in bar coding or used systems incompatible with those favoured by industry

- It became increasingly clear that identification, tracking and traceability of medical devices were key issues in the hospital not least because of patient safety considerations

- As a result the group mounted its first workshop in January 2003, which involved not only industry and Healthcare professionals but also a range of contributors from National Authorities.

- This demonstrated conclusively that the healthcare community around Europe was becoming interested in the subject.

- A further event was organised in June 2004. This was a two day mini conference which was also a great success with speakers who are today acknowledged as leaders in their field.

The issues facing the medical technology industry

- In spite of the increasing interest shown by HCPs in this subject we continue to be faced with the question: 'what does the customer want?

- This is well demonstrated by the situation in the UK which has the closest thing to a centralised healthcare system. There is long promised over arching IT system being developed for the NHS. However there is still no clear direction about what is needed in regards to traceability and identification of medical devices.

Questions also remain on industry's side.

- EAN and HIBCC present a possible conflict

- RFID has great promise but practical application seems to be a long way off.

- Do all devices need to be traceable particularly as this could prove to be very costly.

- How will Gamma sterilisation affect Tags

- Devices that do need to be traceable for safety reasons (e.g. reusable surgical instruments which could have come into contact with Prions) often are not easy to mark in an effective manner

- It should therefore be clear that much of our programme is similar to that of HUG and that it is essential that the two groups work closely together.

Thank you

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