FORUM HIGHLIGHTS

27 OCTOBER 2017—PARIS, FRANCE—OECD HEADQUARTERS

Business at OECD (BIAC) Forum on Health, Growth and Productivity
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PANEL 1 - INTEGRATING CARE</td>
<td>4</td>
</tr>
<tr>
<td>PANEL 2 - VALUING INNOVATION</td>
<td>6</td>
</tr>
<tr>
<td>LUNCHEON INTERVENTION</td>
<td>8</td>
</tr>
<tr>
<td>PANEL 3 - INVESTING IN A HEALTHIER FUTURE</td>
<td>10</td>
</tr>
<tr>
<td>CEO ROUNDTABLE WITH THE OECD SECRETARY GENERAL</td>
<td>12</td>
</tr>
<tr>
<td>PANEL 4 - PROMOTING BALANCED CHOICES AND ACTIVE LIFESTYLES</td>
<td>14</td>
</tr>
<tr>
<td>CLOSING REMARKS</td>
<td>16</td>
</tr>
<tr>
<td>FORUM IMPRESSIONS</td>
<td>18</td>
</tr>
</tbody>
</table>
Well-designed health policies that are put into practice are essential for the growth and productivity of our economies and the well-being of our societies.

This was the main message from over 20 speakers from the private sector, government, and the OECD gathered for the Business at OECD (BIAC) Forum on Health, Growth and Productivity on 27 October 2017.

Over 200 participants discussed Business at OECD’s (BIAC) Vision and Priorities for the Future of Health, and recommended ways forward for OECD action.

1. Future health policies will need to blur the boundaries between hospital, primary, community and social care, and other settings for health.

2. Healthcare systems will need to better measure, monitor, and incentivize research and development activities.

3. Investments in healthcare provide the necessary foundation for healthy populations, enabling sustainable, inclusive and knowledge-based economic growth.

4. Health policies must encourage consumers to adopt balanced diets and live active lifestyles.
W
d
e

ile health systems are increasingly struggling to meet demographic, epidemiological and budgetary challenges, an increasing fragmentation of health care systems leads to information not being shared efficiently across service providers. This causes waste in health spending, poor health outcomes, and losses in economic productivity. The transformation of care delivery mechanisms, enabled by digital health, will allow health and social care systems to adopt a more person-centered approach, and lead to better health delivery. This transformation is critical if health and care systems are to foster a productive workforce and hence contribute to countries’ economic growth. Panelists discussed best practices and identify ways how health policies, enabled by digital technologies, can blur the boundaries between health and social settings.

- Better use of health system data has a high potential to improve the governance of our health systems. It can increase speed and precision of clinical decision-making, help us better measure the quality of care and identify waste of resources, better monitor technology and improve epidemiological surveillance, and bring new research opportunities.

- However, health data – especially individual-level data that are both personal and sensitive – is underused to achieve its full potential, particularly considering potential gains from better health data linkages and electronic medical records. A lack of infrastructure, fragmented regulatory and governance frameworks, or insufficient technical capabilities may prevent full exploitation. Public trust, privacy considerations and communications are important factors to consider.

- The OECD Recommendation on Health Data Governance as a set of high-level principles lays out the framework conditions to encourage greater availability and processing of health data within countries and across borders for health-related public policy objectives. Its implementation will help government break silos across care sectors, and thereby provide better, safer and more efficient care.

- Canada is making progress in integrating the delivery of health care through new funding and reimbursement models, digital health platforms that connect providers and patients, and a changing system culture that promotes performance measurement, provider collaboration and patient engagement.

- While progress is slow, lower economic growth and constraints on health spending are accelerating the pace of change as governments and health system leaders strive to deliver better value for current levels of spending.

- The more patients and their families are involved, the more we are likely to see integrated care; that means giving patients direct access to their health records, engaging them directly as part of the health care team, asking them to provide feedback on their experience, and involving them in designing a better system.

- The private sector also has an important role to play in supporting integrated health care: as a supplier of health products and services that deliver increased value, as employers that promote a healthy and productive workforce, and more generally as
TRANSFORMING DELIVERY SYSTEMS AROUND PEOPLE

• Health care systems need to move more decisively towards patient centered care. For this, digital health and value-based health care will be critical to meet population health goals, reduce system waste and increase quality of care of citizens.

• Digital transformation of health and care is happening already in a ever changing eco-system transformation and will require clinical leadership, organizational change management, outcome-based reimbursement mechanisms, better health system performance measurements and sustained political will to reform existing healthcare systems still too much focused on sick care.

• To capture the full potential from processing and combining data, we need an enabling health data ecosystem that addresses five critical aspects: (1) technical considerations with the critical importance of interoperability, (2) data quality and reliability of health data, (3) better workforce skills, (4) the right data protection regulatory framework that should reduce uncertainty, and (5) increase of public acceptability and trust of citizens, professionals and health care providers.

• Considering the global disruptive forces (aging, technology etc.) the classical activity based Health Care System can’t produce cure in the same speed society produces illness.

• We need a shift of paradigm and one of the answers is digitalization of the care stream. In the future Health Care system, diagnostics, treatment and rehabilitation will take place in people’s own home as a default.

• Future Health Care must focus on “health” instead of “cure”. It is based on precision medicine and outcome based value in a triple aim perspective. Keywords are: Integrated care, stratification, productive healthy aging and coproductive empowered patients. It calls for safe data sharing from multiple data sources.

• Any transformation towards integrated care enabled by digital health is a long journey. It requires a shift from current siloed based departmental systems focused in treating a disease towards a holistic approach across the care continuum providing a longitudinal and patient centric view.

• Digital Health is an enabler, not an end in itself. Better care coordination or “integrated care” does not evolve naturally and still requires a fundamental transformation of care delivery mechanisms; a shift in focus from acute, hospital based care to early prevention and to population management; a much stronger participation of citizens in their own care process; new governance models between payers, providers and consumers of care; incentivizing results (outcomes-based payment model).

• Digital health will not happen overnight. This transformation requires the allocation of multi-year funding, transitional funding and incentives to support innovation and change. Today political will is timid as most healthcare systems are focusing on coping with the challenges of regular health and its increased costs in front line delivery.

• Digital Health requires OECD countries to address in sync the “health” and “digital” challenges. Digital health should be supported by a tangible action plan. A digital health plan must include a coherent set of measures covering innovation, economic and industrial policies, health and social care policies.
Growing knowledge of the human genome, the advent of biological medicines, the digitization of healthcare, advancement in material sciences, big data analytics – health systems are in the middle of a new golden age of innovation that brings ground-breaking opportunities for patients worldwide. But sustainable innovation requires a climate that promotes knowledge exchange through collaboration across sectors, along with investment in educational infrastructure and public-private research programs. How can we continue to leverage global networks and share a wide range of expertise and experience to achieve ground-breaking progress? What kind of environment nurtures and enables innovation ecosystems to grow and thrive? This panel discussed how innovation is working today and explained how health systems can better absorb new technologies for the benefit of all.

• Innovation is crossing the economy horizontally, and I would highlight five factors that can nurture and enable innovation ecosystems to grow and thrive: First is a high-level policy focus. Successful innovation economies strongly focus their attention on innovation as a policy goal right from the top.
• Second is incentivizing risk-taking. Intellectual property is extremely important to this end, and a variety of additional factors including R&D fiscal incentives, and good insolvency laws play a further critical role.
• Third are strong science-industry linkages. Connections between research institutions, universities and businesses are crucial, particularly for innovation in the biomedical field. As this sector is characterized by one of the longest and riskiest R&D cycles, it is important to support public funding of basic research in universities and research institutes.
• Fourth is co-location. Studies within the context of our Global Innovation Index based on patent data show that of 100 leading clusters for innovation in the world, 32 had medical technology and pharmaceuticals as their leading field of technology. The reinforced linkages in these clusters among research institutes, universities and industry are extremely important.
• Fifth, is striking a balance that maintains, on the one hand, an open pre-competitive environment in which the linkages can be nurtured for the purposes of innovation, and on the other hand, also recognizing the benefits of the competitive economy.

• Achieving long-term sustainability of health systems is critical for the productivity and growth of our economies and OECD has a key role to play in creating a platform for long-term joined-up dialogue and thinking on health through cross-government engagement that includes finance, economic and trade ministries in addition to health ministries.
• OECD has a long history of leadership in collecting robust empirical evidence and expertise to inform the public policy debate – this must be preserved.
• Industry is open to discussing and exploring measuring the value of medicines as part of a whole systems approach for health and social care. However, we must be wary of one-size-fits-all approaches as these are largely inadequate and unworkable given the divergence in health system design and operation.
Better Measuring, Monitoring, and Incentivizing R&D Activities

- Innovation is useless if patients don’t have access to medicines. Medicines and vaccines continue to be some of the most powerful tools in addressing the many challenges faced by healthcare systems and must be supported over both the short and long term as part of a whole systems approach for health. The lion’s share of the value medicines and vaccines produce has accrued to society, not the manufacturers. Examples:
  - The cancer death rate has fallen by 20% and the 5-year survival rate climbed to 68% since the 1990s. Ten million more people in the US are cancer survivors in 2011 than were in 1971.
  - With gene therapy we are moving forward promising therapies for rare diseases while exploring opportunities to address other areas such as metabolic diseases which impact larger patient populations. Again, these advances will build upon the progress already made: Over the last 30 years, more than 400 medicines representing 447 separate indications have been approved to treat rare diseases. Despite emerging therapies, the burden of rare diseases, chronically debilitating, life-threatening conditions, many of which strike in early childhood, continues to persist, with over 350 million people living with rare diseases worldwide.
  - However, roughly 95% of rare diseases have no approved treatment options.
  - We need a paradigm shift; let’s focus on the value that medicines bring to society. Achieving long-term sustainability of health systems is critical for the productivity and growth of our economies and our industry is keen to play an active role.
  - Industry is open to discussing and exploring measuring the value of medicines as part of a whole systems approach for health and social systems. One-size-fits-all approaches are largely inadequate and unworkable given the divergence in health system design and operation.
  - We need to be ready to integrate the unprecedented wave of innovation before us. We believe OECD has a key role to play in creating a platform for long-term multi-sector dialogue and thinking on health through cross-government engagement that includes finance, economic and trade ministries in addition to health ministries. There is an exciting wave of innovation on our doorstep like gene therapy and the promise it has to transform the treatment of many rare diseases. However, these solutions of the future don’t fit well with the siloed approach to issues so prevalent in healthcare systems today. OECD’s long history of leadership in collecting robust empirical evidence and expertise to inform such public policy debates must be preserved.
  - We strongly believe in the importance of innovation and of dedicated investments in R&D; in collaboration as gateway to successful innovation and in the importance of access and sharing of big data.
“Innovation is vital for addressing the health challenges of today and tomorrow. But the innovation we need is more complex than ever before and requires greater collaboration, benefiting from a wide range of knowledge and expertise. We must provide a framework for bringing new medicines and technologies from concept and creation to production and patients. Intellectual property, in particular patents, are a necessary encouragement to this innovation.”
Investments in health literacy and healthy lifestyles can promote informed consumer choices, yield positive returns on citizens’ health and reduce public health spending. Different business sectors have effectively partnered with citizens and governments, and invested in prevention and communication activities that empower consumers and promote healthy choices. Business can go the extra mile beyond its regular economic activity to further that goal. Panelists drew from their experiences in driving initiatives that invest in empowering populations, and in building a case for healthier habits.

- Well-designed health policies focused on health, growth, and productivity and the fight against non-communicable disease must include measures to remove the barriers and create incentives to get the world’s population more physically active. The pandemic of physical inactivity has resulted in physical inactivity becoming the 4th leading cause of death with the number of fatalities equal to those from tobacco. Clearly, this moves physical activity from “nice to have” to a “need to have” status.

- Health has been one of the most siloed policy areas and siloed action will not deliver radical transformative change sought in the field. The Business at OECD (BIAC) Forum on Health, Growth and Productivity elevated the importance of physical education, physical activity, and sport for all people of all ages in discussions on the future of health. Movement is a catalyst for change. Change that has a positive impact on wages, improved workplace productivity, decreased health care costs, as well as improved quality of life. Moving physical activity from the category of personal responsibility towards inclusion in traditional health narratives and discussions is a welcome development.

- The economic burden and decline of quality of life attributable to physical inactivity are significant and pervasive in all stages of life. With the absence of a magic bullet, the only solution is for all stakeholders – employers, businesses, disability advocates, the health industry, the government, the education system, and the fitness and sports industry – to come out of their silos and work together. Examples of these partnerships already exist – e.g., Global Active Cities, CEO Pledge, Exercise is Medicine, Universal Fitness Innovation & Transformation (UFIT), Prescription for Activity Task Force, etc. The Fitness and Sports Industry represented by IHRSA the global trade association body encourages new and innovative partnerships, and a continuation of the cross-stakeholder discussions begun at this Forum.

- Companies have started to build business cases around investing in health and wellbeing programs, and for my organization this has reduced numbers of absenteeism, presenteeism and had a direct impact on business results.

- Business organisations can help promote and prioritise the wellbeing of employees and better standards. The KeepWell Mark, an evidence-based accreditation and award from our national business federation Ibec, recognises and celebrates the fantastic work that organisations all over Ireland are doing to look after the health and wellbeing of their employees.
The US Chamber of Commerce has studied the links between health and productivity, as we recognized that companies view health from an investment perspective, rather than from a perspective focusing on the expense of treatment or cost of intervention.

The economic impact of absenteeism, presenteeism, early withdrawal and pension draw-down across all 18 countries is significant and at about 6.5% per year lost in GDP in 2015. By 2030, this may increase to 7.4% of GDP.

We can build a stronger partnership between the work that’s being done in the private sector to understand the economic value of health and productivity, and to bridge that gap with policy makers.

Even though Erasmus is the most successful and popular programme of the EU, the reality is that the perception of the general public is not coincidental with the results the programme has on its participants. The party culture that many have created around and which is only a part of the stay abroad is partially responsible for a somewhat less positive perception. Understanding the problem and acknowledging that indeed during student life occasions of alcohol abuse may occur, in 2010 Pernod Ricard has partnered up with the Erasmus Student Network to implement the Responsible Party programme. The programme, which is non-branded (it uses only the Responsible Party logo), is the only of its kind and has two main aims: raise awareness among Erasmus and international students about the risks of excessive alcohol consumption, and propose harm-reduction tools to mitigate the negative consequences of alcohol over-consumption among young adults. This, based on a peer-to-peer approach, is done through many actions, including the distribution of information accompanied by water during students’ parties all over Europe.

After seven years of implementation, it became important to test the impact of the programme through independent scientific research. To achieve this goal, a team of independent researchers from the Université Catholique de Louvain la Neuve (Belgium) organised a study to assess and measure the drinking patterns of the students in Europe and the impacts of Responsible Party and the results are clear. 31800 students answered to a survey done before their abroad experience and 13000 came back to answer once they came back from the experience. Among these, 88.8% agreed or strongly agreed that the programme is useful and 52.6% strongly agreed that it is effective in raising awareness and reducing the harmful effects of over-alcohol consumption. During parties itself, when the programme is mostly implemented, 61.4% of the respondents changed their behaviour by drinking water and 41.4% decreased their alcohol consumption.

Responsible Party is, therefore, a programme related to short-term alcohol consumption decrease and long-term awareness on the impacts of alcohol abuse and it is positively perceived by the students. The collaboration between Pernod Ricard and ESN is essential for the success of the programme because it combines the expertise from the alcohol and health sectors with broad outreach and direct contact with the students and universities. Programmes like Responsible Party have to be stimulated across the world as they prove that prevention at younger ages can have permanent benefits in the life of individuals, making youth a sector that should not be regarded as a cost, but instead as a source of future savings in healthcare systems.
“Poor health harms people, lowers productivity, and ultimately undermines inclusive growth. The OECD supports the business community’s contribution to improving the future of our health systems and promoting good employee and customer health.”

• Good health is not only positive for individuals but also for economies. Poor health worsens productivity, job prospects and educational outcomes. In 2013, across 15 OECD countries, the average employed person lost 11 days of work due to ill health. The most vulnerable members of our societies — the poor and the unemployed — are more likely to be in bad health or die prematurely.

• We must think of health and healthcare differently, focusing not on what providers can do, but on what patients want and need. The OECD’s new PaRIS — Patient Reported Indicators Survey — Initiative will be critical in this respect, by helping: patients to have their say on what treatments work best for them; clinicians to understand how they can improve the quality of the care they provide; and policymakers to access better information on where to prioritise quality improvement efforts and health spending.

• The work environment is an important determinant of population health — across the OECD, people spend an average 5 hours a day at work. Businesses must cultivate work environments that are conducive to good physical and mental health, including through healthier meals, diverse indoor and outdoor activities, and investments in workplace stress prevention programmes.

• The influence of businesses extends beyond their own employee base. The products and services they provide impact the lives of numerous customers. However, ICT use in health is around 10-15 years behind the financial services sector. The possibilities to improve people’s health are immense, if we can address the barriers to more effective data use. In this respect, the business community’s support in disseminating the OECD Recommendation on the Use of Health Data will be critical.

“The focus of health systems should move from measuring input to measuring outcomes, if we want to address issues of variation in health outcomes and system sustainability around the world today.”
• With this, one of the tasks ahead is finding a common definition of what outcomes are desired. Depending on the stakeholder there are many different approaches, and this is why we need to create a forum for alignment with governments, payors, patients, and healthcare professionals.

• This also applies to the meaning of value. The definition not only needs to include the intrinsic clinical value of products, but also the value to patients, healthcare system and society. As an industry, we are including patient-reported outcomes more and more in our clinical trials, and we engage patient associations to take their points of view into account.

• We believe that the OECD has a critical role to play in creating a forum in this debate, being the steward of this discussion by providing facts and technical standards. The more stakeholders can align, the better all work together towards improving healthcare, making sure that we get better health outcomes for people.

ELIE LOBEL
CEO
Orange Healthcare

“The question has less to do with how we improve healthcare services, or hospitals, etc, but how we can improve healthcare systems as a whole. We need to move beyond existing models based on acute care, and towards new ones that focus on prevention and long-term care coordination. Digital technologies are not the answer in and of themselves, but will support and enable long-term policies that have these objectives.”

• The transformative power of digitally enabled healthcare can only fully be realized if we have long-term, strategic public policies that support this evolution. Investment in IT in the healthcare sector significantly lags behind other sectors, yet we know that digital solutions can help to achieve efficiencies and improve quality. Digital healthcare solutions that are guided by forward-thinking policy frameworks and objectives, will enable significant improvements in the health and wellbeing of populations around the world while also creating new employment opportunities and industrial growth.

• Technologies that enable new healthcare services exist already, but the ability for these new services to scale is hampered by organizational, economic and legal ‘silos’. We need a coordinated, cross-functional engagement by all actors involved in the healthcare value chain in order to achieve new healthcare systems that will enable us to ensure healthy outcomes for all citizens.

• Our ability to move forward is constantly checked by ill-adapted regulatory frameworks, issues around interoperability, scalability, reimbursement models, training and education, new organizational models, budget constraints, and the list goes on and on. Data-driven healthcare is here to stay, but we are still at the beginning stages of this transformative process. Again, the need for a long-term visionary policy framework to foster industrial ingenuity and to protect patient safety will be vital as we move forward.
Improving what people eat and drink, and increasing physical activity are key elements that can reduce the economic burden and the incidence of obesity and associated non-communicable diseases. Effective policies that foster the supply of healthy products and services need to take into account a broad range of dietary consumption and lifestyle factors, and also align with priorities from other policy areas to avoid adverse effects. Panelists discussed multi-stakeholder approaches that can promote healthy lifestyles based on responsible business conduct whether product- or marketing-related, good regulatory practice and the right incentives. In particular, business can play a key role in this area within its core economic activity itself.

- Policy interventions in agriculture may not be an effective tool to change health and nutrition outcomes, as there is a great variety of other factors that determine obesity and associated health concerns – including changing lifestyles, work environment, urbanization, and others.

- In recent years, governments have been interfering less in how agriculture prices are determined, and thus they have also interfered less with production decisions – with some important exceptions.

- Sugar prices are an important example. In the past, interventionist policies increased the prices of sugar virtually around the world, and they were higher than they should have been under free market terms. However, this did not seem to have an important impact in terms of better nutrition or health outcomes.

GMA is the voice of the world’s leading food, beverage, and consumer product companies who make the safe, nutritious, convenient, affordable food, personal and household products consumers rely on every day. The grocery manufacturing industry is the single largest employer in U.S. manufacturing, employing 2.1 million Americans in 30,000 communities across the United States and representing an estimated 16 percent of all U.S. manufacturing employment.

- Consumers are at the forefront of everything we do, and at the heart of our commitment to consumers is innovation, so we are developing innovative communication tools to meet the growing desire of consumers for knowledge about the products they use and consume. SmartLabel™ is a modern, digital platform that will change in real time how people shop and get information about the products they buy (including nutritional information, ingredients, allergens, third-party certifications, social compliance programs, usage instructions, advisories and safe handling instructions).

- More than 30,000 products are estimated to be using SmartLabel™ by the end of 2017, and this is expected to grow to 40,000 products by mid-2018. An estimated 60,000 products will use SmartLabel™ in five years, more than 80% of food, beverage, pet care, personal care and household products that consumers buy.
• Coordination of policy decisions is a pre-requisite in order to manage complex issues. The food chain includes many interlinked policy areas. This is why Sweden has introduced a national food strategy as a platform, including all relevant aspects of food and food production.

• Even though this perspective is more complex it increases possibilities for information flow throughout the chain.

• Public meals can be used as a “tool” for combining health and food as can positive food labels help consumers make healthier choices.

MATHILDA ÅBERG
Deputy Head of Unit, Ministry for Enterprise and Innovation, Sweden

• The modern lifestyle – living in the “fast lane”, constant accessibility, little sleep, screens everywhere, lack of physical activity – must be treated with a very wide range of solutions to obtain a healthier lifestyle.

• The damages done to our productivity and our health should be treated by the government, NGO’S, the health system and the WHO. In addition, the measurement and the tools to deal with the damages should be very practical and with a modular approach. There is no “big red button” - awareness, taxation, incentives – all should be part of the puzzle with very careful attention not to put all the eggs in the same basket.

• Increasing taxes to change behavior is easy for decision makers to do, but it won’t work if you don’t add prevention and education.

• Ministry of Health wants Ministry of Finance to solve their problems for them, but tax is simply not the appropriate tool: You need surgical intervention to resolve health issues.

• Our experience in Israel also shows that you may have to lower alcohol taxes to actually improve revenue, by broadening the tax basis and reducing the incentive for illegal market.

BOAZ SOFFER
Former Deputy Director for Planning and Economy, Israeli Tax Authority

Among all governments’ development goals and more particularly among the United Nations’ 17 SDGs, well-being stands at the root of all efforts, as an enabler. It is through physical, mental and social well-being that society can grow in the most sustainable and inclusive way. The time has come for political and business leaders to recognise the urgency of investing in prevention and in the promotion of healthy lifestyles. The business case is solid to invest for a better physical, mental and social health of our communities – everyone just needs to think mid- to long-term in order to fight the worldwide pandemic of sedentarism (and its burgeoning financial and social costs!).

• The world is becoming increasingly urban, and sometimes at a frightening speed and in a chaotic manner. This brings additional challenges to ensure safe, accessible and healthy places for people to move, to breathe and to exercise. Cities have increasingly become key places where behavioural change can take place, because cities have facilities, resources, budgets and key players who can join forces to get more people to move. It is in cities that schools, parks, streets and workplaces can be transformed into spaces that are more conducive to active and healthy lifestyle choices.

• Solutions exist. They are not always expensive and they can even reap the benefits of new policies in the short to mid-term. Solutions imply new forms of collaboration between disciplines and organisations that rarely collaborate, from urban planners to doctors, or local sports clubs, schools, psychologists, corporate companies, community leaders, etc. The Active Well-being Initiative has launched an innovative solution which is supported by the International Olympic Committee and can be implemented in any city around the world.

YUHAN TAN
Double Olympian, Medical Doctor and Advocate for Global Active Cities
On behalf of Business at OECD (BIAC), Mr. Karami-Ruiz thanked participants, speakers, and the moderator for their engagement and the open exchange of ideas during the Forum. He gave special recognition to the event supporters, the Chair and the Vice Chair of the Health Committee. He emphasized that from prevention to treatment, collaboration among all stakeholders is essential to deliver better health outcomes, and called on participants to engage in future consultations that will seek to further integrate health, growth, and productivity policies. Finally, he emphasized the importance of health and well-being for the OECD and Business at OECD (BIAC) competitiveness agenda.

ABOUT THE MODERATOR

Riz Khan is an international journalist, author, and public speaker recognized across the globe for having had flagship TV shows on CNN International and Al Jazeera English – of which he was a Founding Director. Prior to that Riz had training at, and an extensive career with, the BBC as a correspondent and founding presenter of BBC World (he co-presented the launch show of BBC World Service TV News in November 1991).

Beyond fronting news and current affairs programming – as well as reporting of major, live global events while at CNN International – he launched the first, global, live interactive talk show, Q&A with Riz Khan, an award-winning, daily program giving viewers around the world the chance to directly question a wide range of high-profile newsmakers and celebrities. His guest list included a genuinely global who’s-who of leading figures, from then-UN Secretary General Ko Annan, former US Presidents Jimmy Carter and Bill Clinton, the Dalai Lama, and Nelson Mandela... to people in music, literature, and the arts such as, Peter Gabriel, Annie Lennox, Youssou N’Dour, Paulo Coelho, Anne Rice, and Margaret Atwood, among many others.
SPONSORS

PANELS 1 & 2 SPONSORED BY:

COCIR  IFPMA  MSD

Pfizer  PhRMA

PANELS 3 & 4 SPONSORED BY:

AßInBev  GMA  Heineken

iHRSA  Pernod Ricard

Success Bv Association®  Créateurs de convivialité
BIAC speaks for business at the OECD. Established in 1962, we stand for policies that enable businesses of all sizes to contribute to growth, economic development, and prosperity. Through BIAC, national business and employers federations and their members provide expertise to the OECD and governments for competitive economies, better business, and better lives.