Serena, Egypt, Morocco, Algeria and Tunisia) are contributing 80% of the pharma market in Africa. Despite maintaining regional offices within Africa, many major Pharma and device manufacturers frequently overlook the continent when sponsoring clinical studies. Cultural barriers, political upheaval and uneven infrastructure are certainly causes for the lack of interest. But Africa offers tremendous expertise and capacity in the healthcare and device companies have identified appropriate patient drug market populations. Currently more than 45% of the whole continent’s clinical trials are being conducted in South Africa and hence the need for the next generation clinical trial destination differentiation and device manufacturers. These companies can also consider technology transfer by partnering with local drug manufacturers and research centers to diversify their business portfolio.

**CONCLUSIONS:** Africa presents real opportunities that should encourage partnerships with local companies to really engage in innovative clinical research programs in a win-win approach.

**PHP106**

**MARKET ANALYSIS IN REGARD TO BIOLOGICALLY ACTIVE SUPPLEMENTS AND MEDICINES IN ARMENIA**

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**OBJECTIVES:** Although, whether biologically active supplements (BAS) are medicines or not is still debatable, BAS keep making their way to the customer basically through pharmacies. A worldwide tendency toward "greener" choices when purchasing health status modifiers (HSM) is well documented. Current endeavor studies the pharmaceutical market situation (PMS) in Armenia (2009 to 2013) in regard to growth trends both in US dollars turnover (USDT) and number of packs sold (NPS) of BAS versus medicines, stratified by five leading diseases (LD). **METHODS:** Statistical data on morbidity and mortality from the MoH RA were used to identify the leading five disease groups in newly identified cases. Further, statistical data on pharmaceuti- cal sales values (per the retail drug stores) were investigated to identify growth rate (GR) trends of interest. **RESULTS:** A PMS analysis has shown 11.92% and 6.65% of GR (medicines and BAS combined) in USDT and NPS respectively. For medicines alone the results were: 11.56% and 6.23% GR in USDT and NPS respectively. As for BAS, USDT and NPS, the figures were 21.48% and 15.36% of GR respectively. A further stratification by five LM has showed the highest GR in medicines used for treatment of the Urticaria (9.28%) and 10.01% for USDT and NPS respectively, whereas, in BAS the highest GR was in the Cardio-Vascular group (63.84% and 92.82% for USDT and NPS respectively).

**CONCLUSIONS:** The results of the study go in line with the worldwide trends in shifting whenever possible, from medicines to HSM of natural origin, of which BAS are a major part. The study does not claim to identify the underlying compound factors influencing such a tendency. However, the reality at hand compels for studying the levels of BAS administration and use literature among both HSM prescribers and consumers.

**PHP107**

**IMPACT OF 2011 GERMAN HEALTH CARE REFORM ON PRICES**

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**OBJECTIVES:** This study seeks to evaluate the incremental benefit scores granted to new, cost-increasing technologies under the 2011 AMNOG reform in Germany, and if there is a correlation between that score and the extent of price reduction after negotiation with the statutory health insurance fund. **METHODS:** Resolutions issued by the G-BA to Goods under the 2011 AMNOG (i.e. the years 2012 to 2015) which achieved a new price (P), were identified. The study period between January 2011 and June 2016 were reviewed to determine whether the drugs were deemed to bring an added benefit. Under AMNOG, an added therapeutic benefit score is granted to medicines according to 6 categories (major, consider- able, minor, not desirable and no or less added benefit versus the comparator). As part of the study, IHS created an overall quantitative innovation score for each drugs assessed in the study, a total of 44 were deemed to bring an added benefit. Under AMNOG, an added therapeu- tic benefit score is granted to medicines according to 6 categories (major, consid- erable, minor, not desirable and no or less added benefit versus the comparator). Our objective was to identify the integrated health care market place and understand the fund- ing process. **METHODS:** IHS provided in Europe, North America and Asia were identified through a literature review. Future perspectives were based on country policy and observed trends. **RESULTS:** All study countries developed IHS such as the USA, the UK, and all countries and to a much lower extent in the United Kingdom (UK) and Germany. Multiple IHS exists in France, though inappropriate incentives hinder their development. In the UK, under the Affordable Care Act, Accountable Care Organisations (ACOs) are testing a range of payment models (capitation, one-sided/two-sided shared saving fee-for-service, bundled/episode payments and P4P). **CONCLUSIONS:** IHS have become ubiquitous in all health organisations. All countries studied are expected to develop more IHS based on P4P schemes. The P4P of ACOs represents the ultimate gold mine for the development of health care services. Even if this concept is still in progress it will be leading this market. This will also change dramatically the way pharmaceutical companies will do business. Drugs will have to be integrated in a more complex selling process driven by median to long term outcome impact. The management of confounding factors on outcomes is critical and represents the challenge for ACOs.

**PHP110**

**EVALUATING INTEGRATED HEALTH CARE SERVICES**

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**OBJECTIVES:** Western countries health care systems face growing challenges dealing with disability and death due to chronic diseases. Coordination of health care services has become unavoidable. Our objective was to identify the integrated health care market place and understand the funding process. **METHODS:** IHS provided in Europe, North America and Asia were identified through a literature review. Future perspectives were based on country policy and observed trends. **RESULTS:** All study countries developed IHS such as the USA, the UK, and all countries and to a much lower extent in the United Kingdom (UK) and Germany. Multiple IHS exists in France, though inappropriate incentives hinder their development. In the UK, under the Affordable Care Act, Accountable Care Organisations (ACOs) are testing a range of payment models (capitation, one-sided/two-sided shared saving fee-for-service, bundled/episode payments and P4P). **CONCLUSIONS:** IHS have become ubiquitous in all health organisations. All countries studied are expected to develop more IHS based on P4P schemes. The P4P of ACOs represents the ultimate gold mine for the development of health care services. Even if this concept is still in progress it will be leading this market. This will also change dramatically the way pharmaceutical companies will do business. Drugs will have to be integrated in a more complex selling process driven by median to long term outcome impact. The management of confounding factors on outcomes is critical and represents the challenge for ACOs.

**PHP111**

**ACCEPTANCE OF TELEMONITORING BY HEALTH CARE PROFESSIONALS IN GERMANY: A QUESTION OF FINANCIAL CONDITIONS**

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**OBJECTIVES:** The comprehensive implementation of telemedical applications still lags behind expectations in Germany. One of the main barriers to innovation is a lack of both willingness to adapt and user’s acceptance. Processes of adoption and acceptance are characterized by a network of different factors which influence attitude and behavior which differ in severity depending on each user group. One key factor for accepting and adopting innovation is the economic framework. We therefore examined the influence of economic factors influencing the