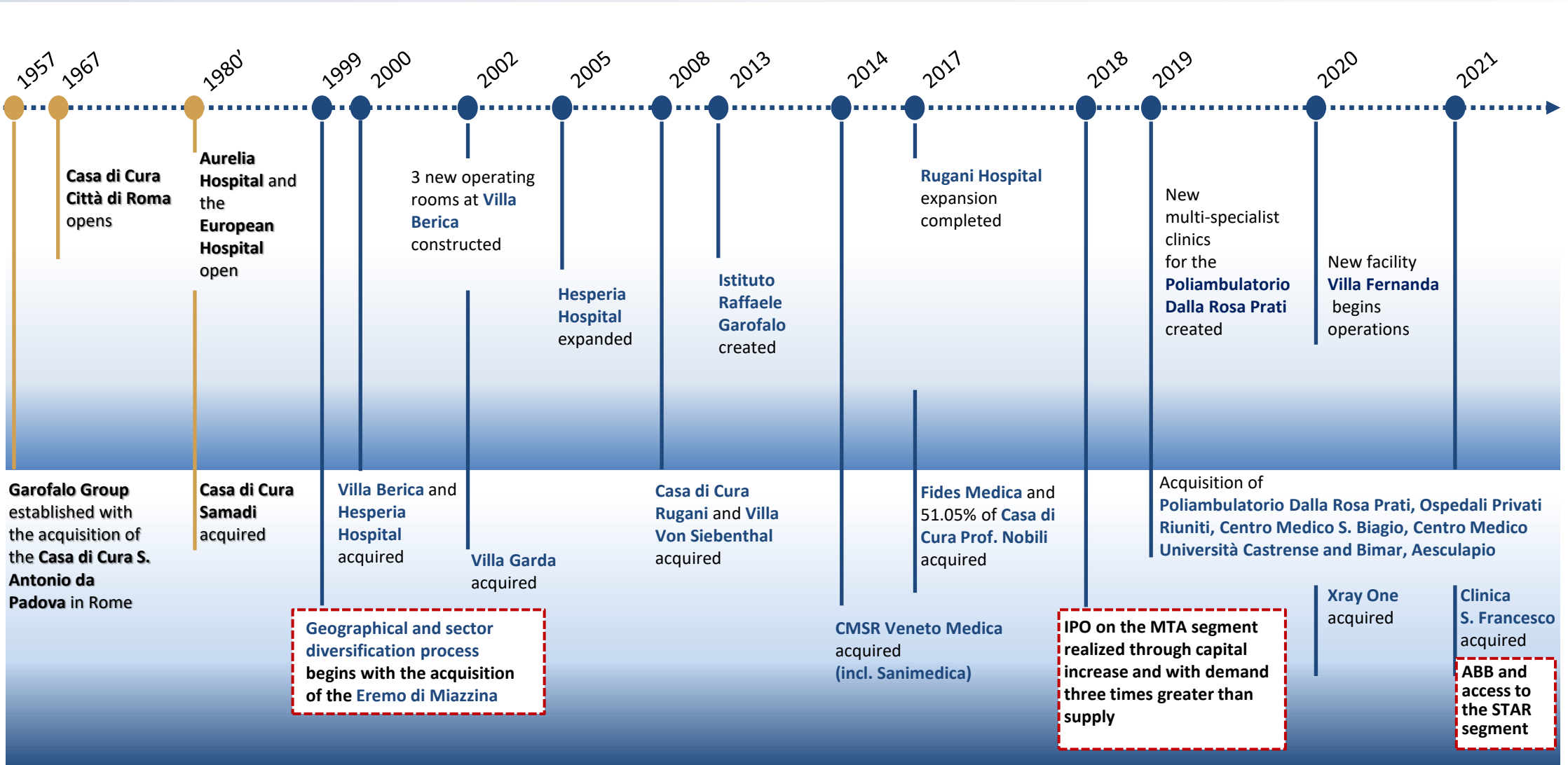


# GHC – Highlights June 2021

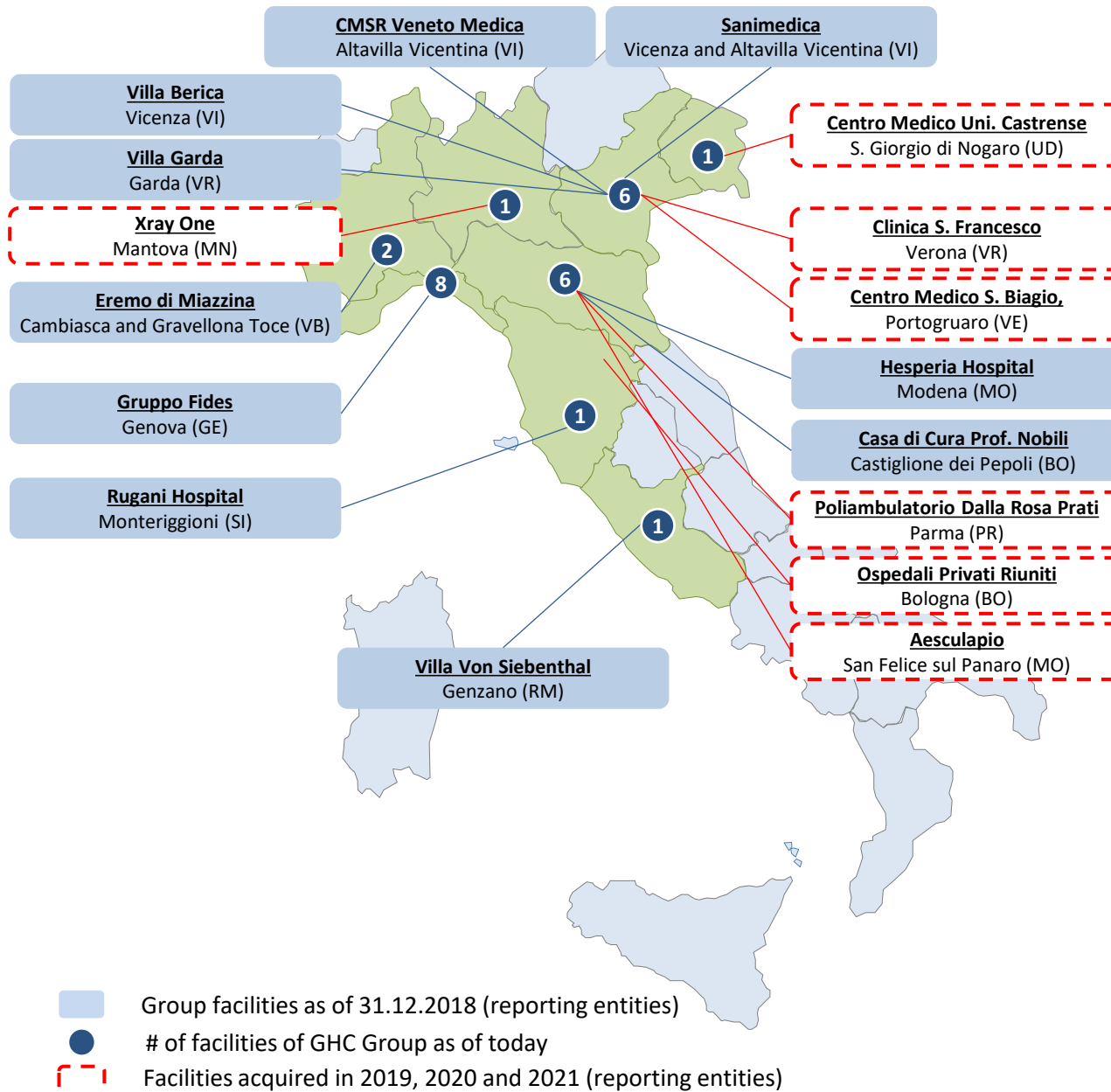


# An entrepreneurial history that began over 60 years ago developed through organic and M&A growth projects



The 5 healthcare facilities in Rome (Casa di Cura S. Antonio da Padova, Casa di Cura Città di Roma, Aurelia Hospital, European Hospital and Samadi) are excluded from GHC perimeter

# GHC Group today: a leading operator in the private accredited healthcare thanks to its business model based on geographical and sectoral diversification



Note: figures refer to 2020 including the contribution of Clinica S. Francesco acquired in April 2021

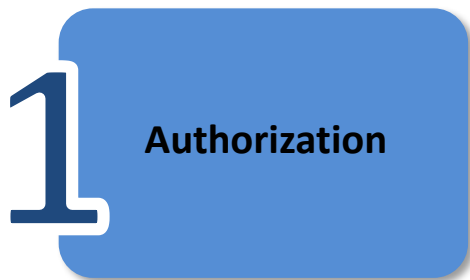
## GHC Group - Highlights

<b>26</b> Facilities (+8 vs. IPO)	<b>8</b> Regions (+2 vs. IPO)
<b>~1,500</b> Beds (+250 vs. IPO)	<b>~28.7k</b> Admissions (+8.7k vs. IPO)
<b>~1.6M</b> Outpatient treatments (+0.6M vs. IPO)	<b>~3,250</b> Employees and self-employed professionals (+1,500 vs. IPO)
<b>EE-</b> Rating ESG Standard Ethics Investment Grade	<b>78%</b> Female employees

# The healthcare sector in Italy: the “3As”

High entry barriers make the healthcare sector hardly penetrable from new competitors

3As



- Authorization to operate



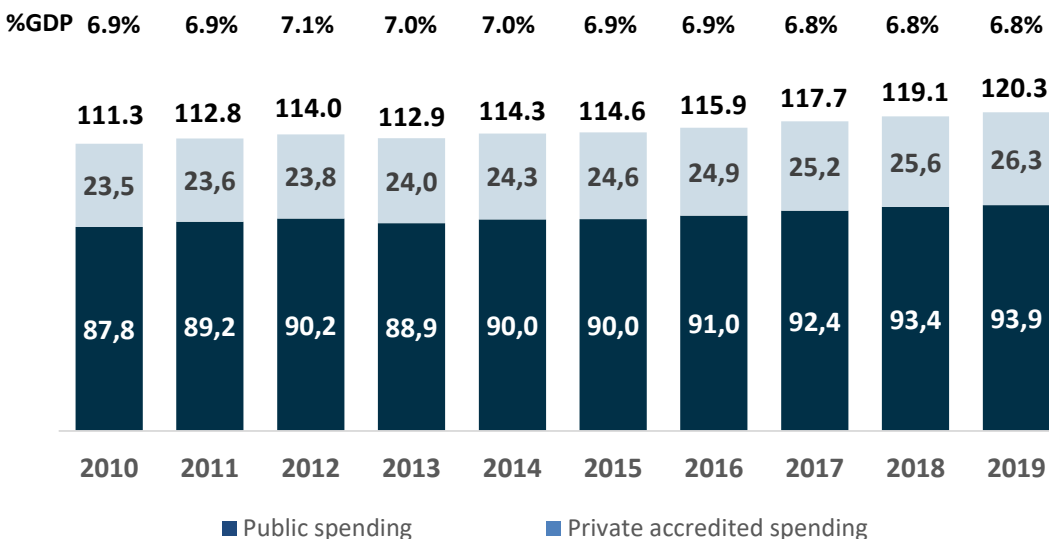
- Possession of the structural, organisational and technological requirements to provide services remunerated by the National Healthcare System



- Agreement which assigns to the private accredited facility a production budget ('cap')

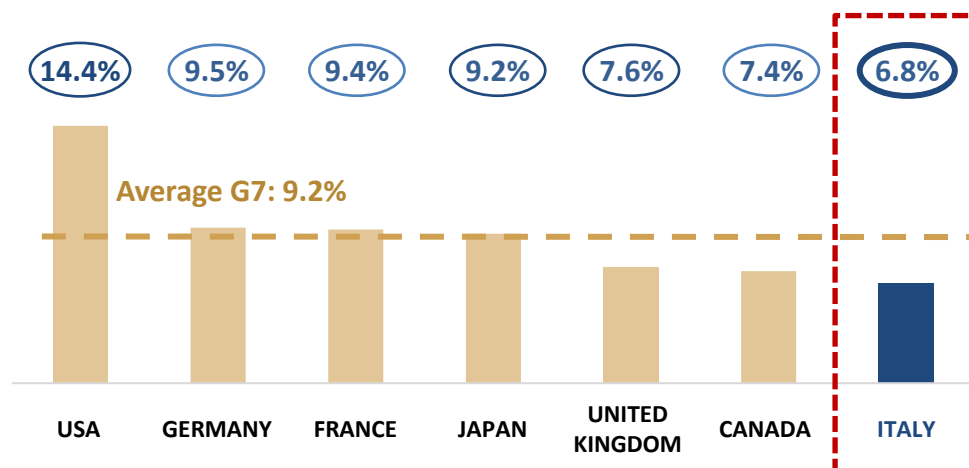
# Public healthcare spending not sufficient and among the lowest based on international comparison

## Stable and not cyclical public healthcare spending...

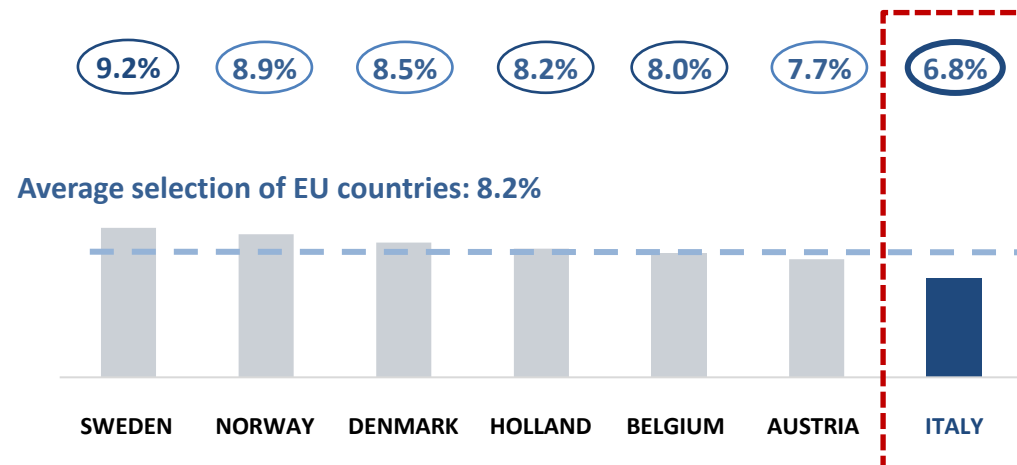


## ...and among the lowest vs. other countries

### Public healthcare spending vs. GDP (comparison with G7)



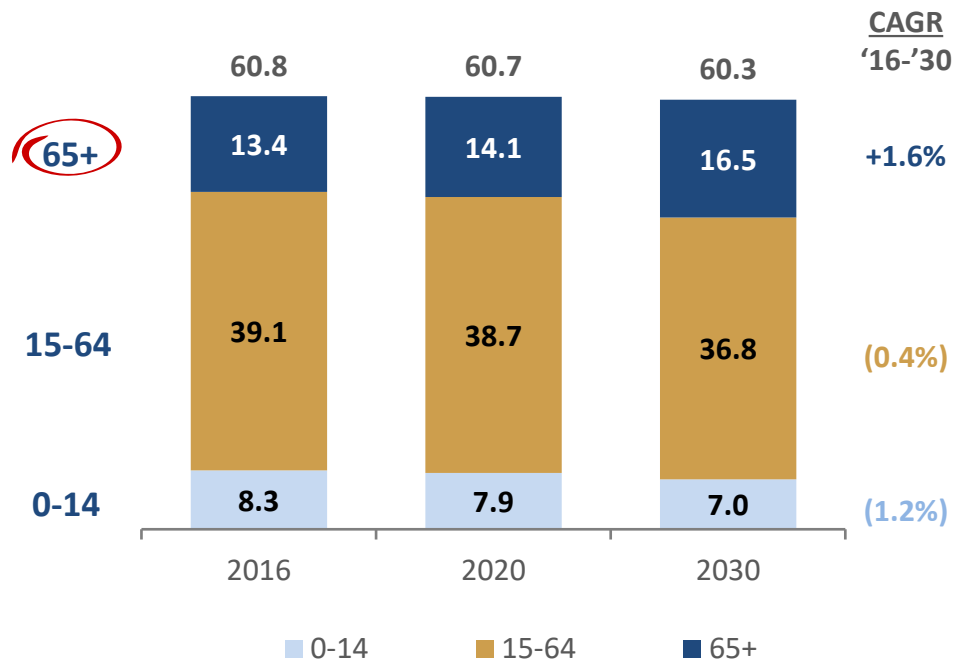
### Public healthcare spending vs. GDP (comparison with EU countries)



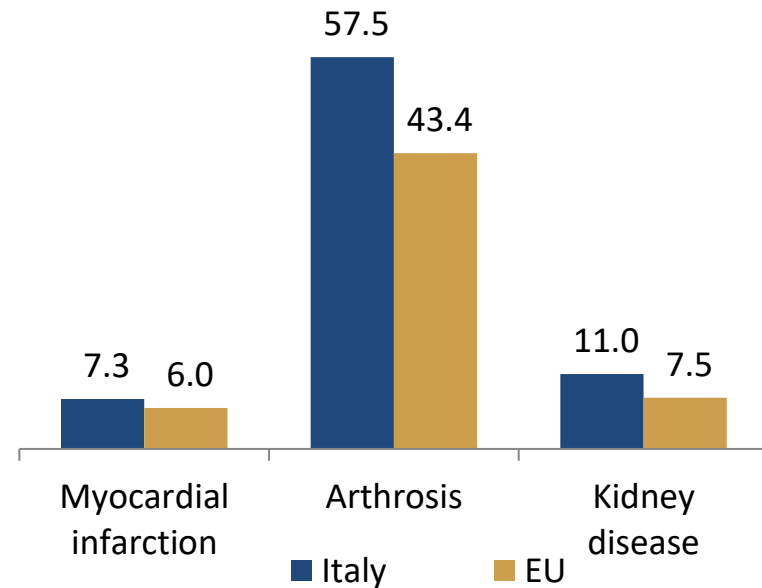
- National Healthcare Service spending (“NHS”) was €120.3bn in 2019 (6.8% of the GDP), with a moderate growth over the 2010-2019 period (**CAGR 2010-2019: 0.9%**)
- Italy is characterized for being a parsimonious system, with a per capita public healthcare spending and spending as % of GDP among the lowest in Europe

# Secular trends of ageing population and greater incidence of chronic diseases

Italian population by age groups (€m)



Chronic disease incidence (per 100 persons aged 75+ in 2015)

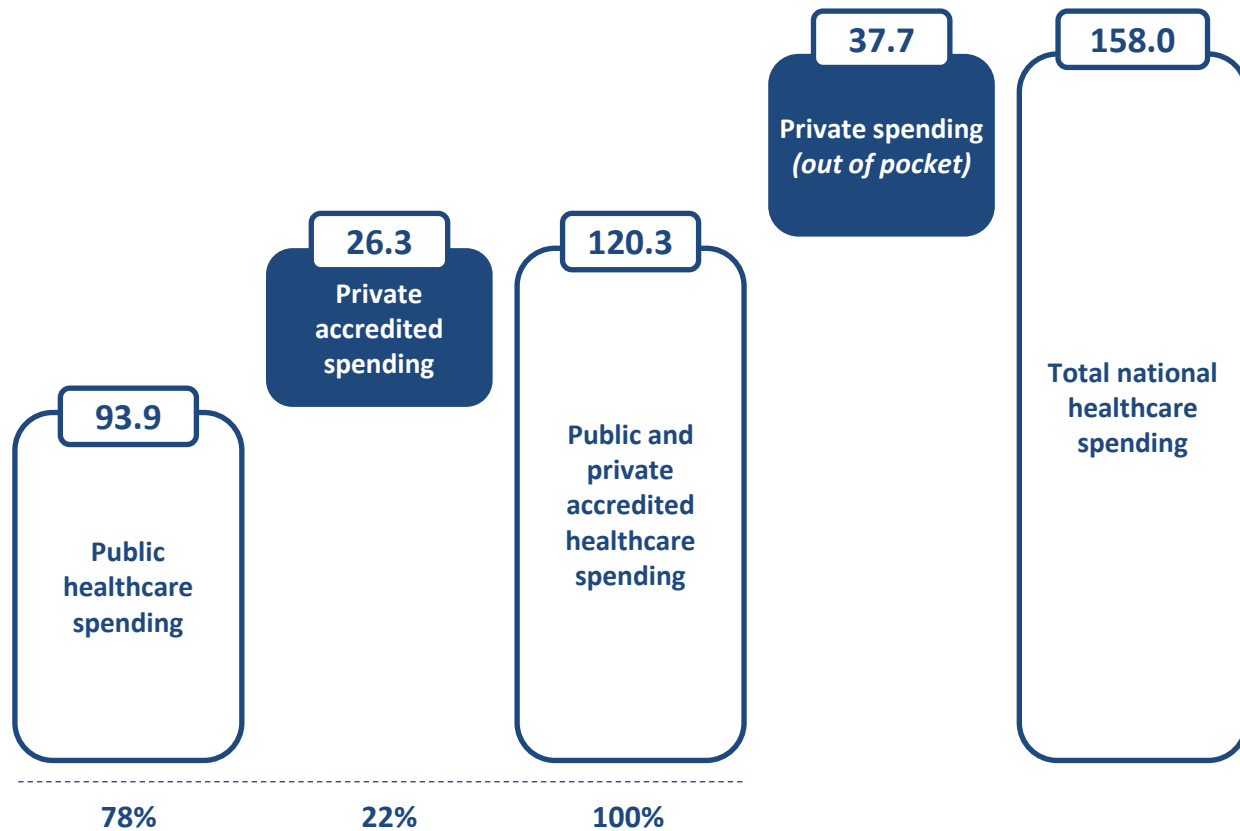


- Demographic trend shows a progressive ageing of the population. In 2030 population over 65 is estimated to be ca. 27% of the total (vs. 22% of 2016)
- Aged 65+ people represent the most demanding group in terms of healthcare services
- At the same time, Italian population aged 75+ will suffer greater incidence of chronic diseases compared to the EU average

# Composition of healthcare spending in Italy

## OASI Report 2020 – latest figures available

€ bn



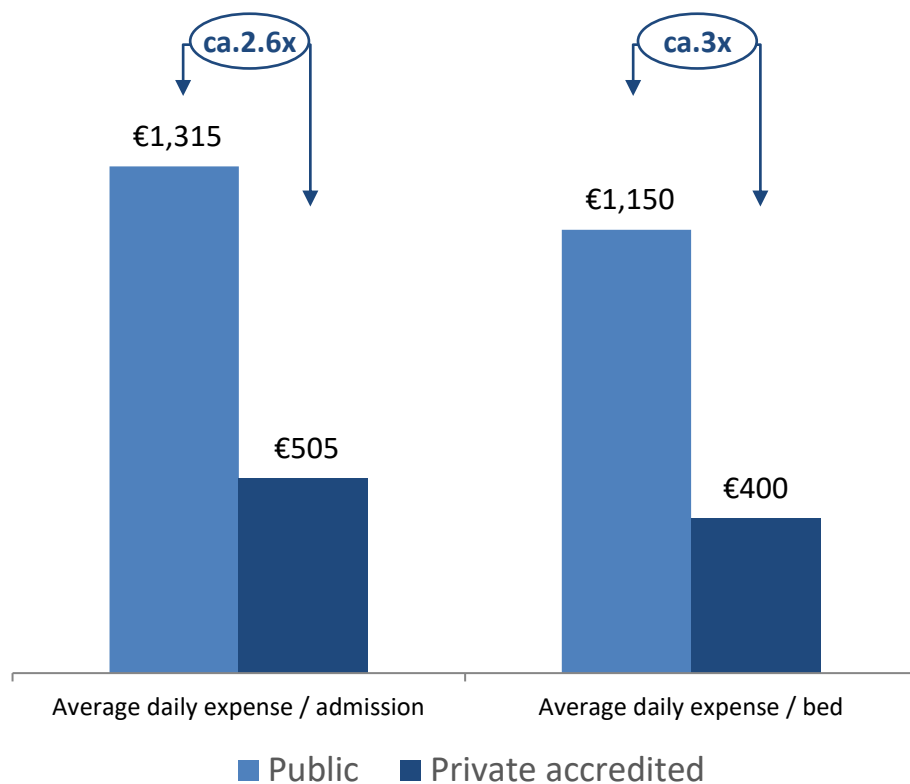
Key:

GHC's target market

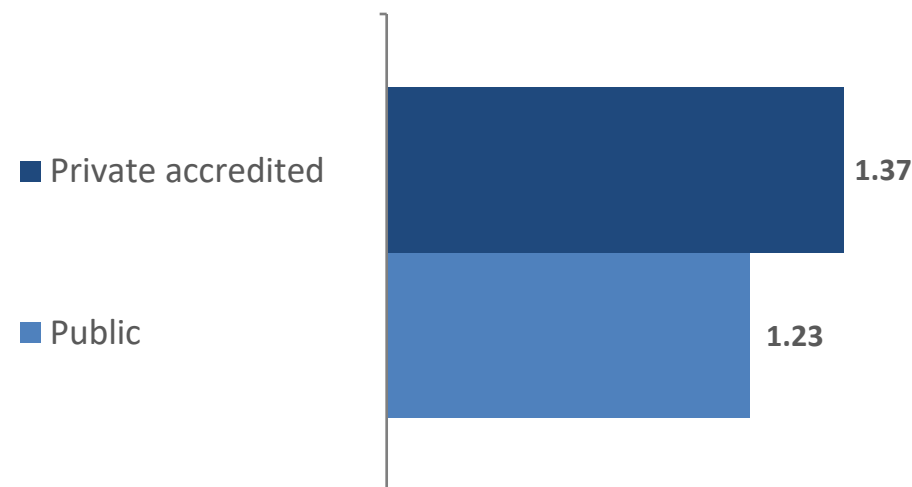
- In 2019 total healthcare spending in Italy equal to €158bn
- This figure includes public spending (ca. €120bn) and private spending (ca. €38bn)
- Public spending includes either public-to-public spending (ca. €94bn) and private accredited spending (ca. €26bn)

## Hospital sector acute care segment: expenditure vs. results

Average daily expense for admission and bed



Index of complexity (2018)<sup>(1)</sup>



- Efficiencies even more significant considering the higher level of complexity of the healthcare services provided by the private accredited operators, as highlighted by the Index of Complexity measure

Sources: AIOP Report 2020, Italian Ministry of Healthcare

Note: Figures refer to the acute care segment

(1) Index of complexity represents a synthetic indicator of the level of complexity of the healthcare services provided. It is calculated as the average of the weights attributed to each cluster of patients (through DRG's), over the total number of admissions



# M&A discipline followed by GHC Group since IPO

## M&A discipline - Highlights

Diagnostic centers: Revenues >5€M  
Acute care facilities: Revenues >10€M

Non dilutive Op. EBITDA Margin (also in perspective)

High “cash conversion”

Flexibility to evaluate “case by case” opportunities

- Facility accredited with National Healthcare System
- Significant portion of private revenues
- Relevant potential synergies
- Favorable ownership structure(e.g. generational transition, etc.)
- Excellent reputation
- Localization in virtuous regions and with favorable regulatory framework

## GHC distinctive features



Direct involvement of  
GHC CEO



Experienced and skilled  
M&A team



Privileged access  
to key decision  
makers



Entrepreneurial  
“cultural fit”  
with the Target



Proven rapidity  
of execution

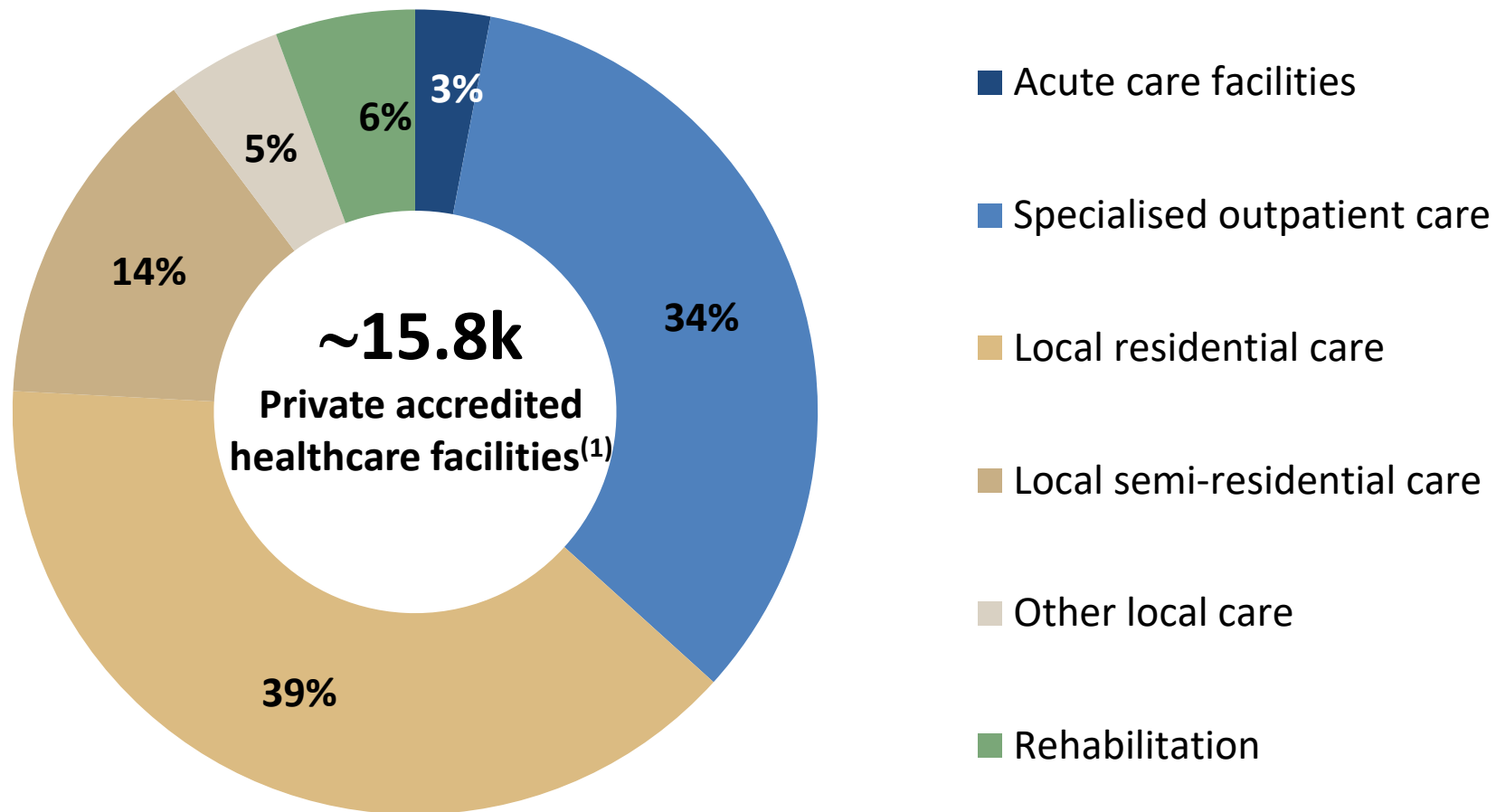


Lean  
“go / no go”  
decision process

- Due Diligence process as ‘cognitive moment’ of the Target
- Often the Target are family-owned businesses subject to generational turnover

# Highly fragmented market subject to consolidation trends

## Highly fragmented private accredited healthcare market



Source: Italian Ministry of Health 2020

(1) Annuario statistico 2020 (figures refer to 2018), Ministry of Health

# Constant delivery of the Build & Buy strategy continued in 2021 with the acquisition of Clinica S. Francesco of Verona

Revenues		TARGET	Normalized EBITDA <sup>(1)</sup>		EBITDA Margin (%)		EV / EBITDA (x)	
@ 2018	@ 2019		@ 2018	@ 2019	@ 2018	@ 2019	@ 2018	@ 2019
€15.0M	€15.5M	<b>Dalla Rosa Prati</b> February 2019 Enterprise Value: €27.8M	€3.3M	€3.9M	22.2%	25.4%	8.5x	7.2x
€26.2M	€26.5M	<b>Ospedali Privati Riuniti</b> May 2019 Enterprise Value: €50.0M	€4.0M	€5.1M	15.3%	19.4%	12.5x	9.8x
€19.0M	€22.0M	<b>CMSB + BIM + CMUC</b> July and September 2019 Enterprise Value: €51.2M	€5.2M	€7.1M	27.3%	32.4%	9.8x	7.2x
€2.3M	€2.3M	<b>Aesculapio</b> September 2019 Enterprise Value: €2.0M	€0.3M	€0.3M	14.1%	12.9%	6.5x	6.5x
-	€7.6M	<b>XRay One - 2020</b> Enterprise Value: €13.6M	-	€1.8M	-	23.7%	-	7.6x
-	€32.0M	<b>S. Francesco - 2021</b> Enterprise Value: €59.5M	-	€7.0M	-	22.0%	-	8.4x
	<b>€105.9M</b>	<b>TOTAL M&amp;A</b> Enterprise Value: €204.1M		<b>€25.3M</b>		<b>23.9%</b>		<b>8.1x</b>

Notes:

(1) Normalized EBITDA figures exclude one-off and non-recurring components and Holding costs. "CMSB + BIM + CMUC" means Centro Medico San Biagio, Bimar and Centro Medico Università Castrense (acquired between July and September 2019)