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Sistema de Shaver Eberle y las Cuchilla, Fabricado en Almania

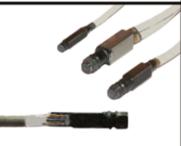
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BIOSYNCHRON* company invents and manufactures unique medical and rehabilitation devices that utilize the best knowledge of scientific progress in physical therapy and rehabilitation. Recently, we have invented and patented a new unique medical device built into a mattress. Non-invasive solution for:

Epidermolysis bullosa – average of 50% improvement in overall patient condition even of the dystrophic form

Decubitus – 100% success in prevention and treatment of already arisen

Foot amputations – stop amputations due to non-healing skin defects like Diabetia leg, Buerger's disease, Venous ulcers, Peripheral arterial disease, etc.

Psoriasis – contact us for details

And other problems like Pain treatment, Open wounds treatment, Ischaemia of limbs, Dermatological problems, Varicose veins, Insomnia, Parkinson, Bechterew, Musculoskeletal system injuries etc. User & Clinical studies with great outcomes done and other in progress.

We are looking for partners worldwide who might be interested in distribution, license, clinic studies or other partnerships. We are starting building a global distribution/partner chains. Please contact me directly for details at mateju@ biosynchron.eu. Our web pages are under construction. All information are available upon request by email.

We work with leading specialized commercial and nonprofit health care organizations on medical and user studies, clinical assessments and development of new versions for solving other health problems. These partnerships and our own scientific and technical background enables us to develop products for the segments of hospitals, spas, rehabilitation, professional sports, esthetic clinics, home, etc.



























MEDICA 2011

About 4,500 exhibitors have booked 116,000 square metres of space for the world's largest medical trade fair, representing a further year-on-year increase...

22-23



Focus on Sub-Saharan African Medical Market

Although it is still the world's poorest continent, Africa is recording the highest growth rate after Asia, even higher than the emerging economies of Brazil, Mexico and Eastern Europe...

28-36



World Economic Outlook:

Weak and Bumpy Global Recovery Ahead

"Strong policies are urgently needed to improve the outlook and to reduce the risks," said IMF Chief Economist Olivier Blanchard...

42-45



Contents

TECHNOLOGY UPDATE

Learn more about our Advertiser's **Products**

EXHIBITION PRE & POST SHOW

REPORTS

- MFDICA 2011 22
- 24 Arab Health 2012
- Africa Health 2012 24
- 27 FCR 2012
- Medical Fair Thailand 2011 27

INTERNATIONAL MARKET & TRENDS

- 28 Focus on Sub-Saharan African Medical Market
- 38 The Swiss Medical Technology Industry
- 42 World Economic Outlook: Weak and Bumpy Global Recovery Ahead

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CERTIFICATES & REGULATIONS

- 46 Certification of medical software: the EU regulatory framework
- South Africa: Health Sector andMedical Industry Updates
- Patients better protected againstfaulty or poor quality medicaldevices thanks to new ISO standard

52 BUSINESS ANNOUNCEMENTS

RESEARCH & DEVELOPMENT

- Patients prescibe ease of use for the medical device industry
- 61 Silfradent: From Blood to tissue regeneration
- Fast Improvement of Quality of life in patients suffering from skin disorders using targeted UV Phototherapy.
- Telemedicine in European hospitals
- 66 Innovative network for personalised health care, the EU way



WHO maps noncommunicable disease trends in all countries

A new WHO report features information about the noncommunicable diseases (NCDs) situation in 193 countries...

77



The EU Medical device industry fights competition and price pressure

The EU market for medical technology products is and will continue to be a key place for the industry...

70

HOT TOPIC

70 The EU Medical device industry fights competition and price pressure

AT A GLANCE

- 76 12,000 fewer children perish daily in 2010 than in 1990
- 76 A study on North African MigrantsHealth
- 77 WHO maps noncommunicable disease trends in all countries

78 EXHIBITION & CONGRESS CALENDAR

Cover page

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3B Scientific GmbHPostco	ard
A. Algeo Ltd. (UK)	.75
Altera A.S	.45
Amedo Smart Tracking Solutions GmbH	.65
AmicoX-rayTechnologies	.56
Applied Optical Technologies P. Ltd	.55
Awareness Technology, Inc	.49
Biosynchron a.s	1
Blue X Imaging S.r.IBack Co	ver
BMI Biomedical International Srl	.47
Bosung Meditech Co. Ltd	.75
CalzeG.T.S.r.l.	.44
Cleankeys Inc	3
CroftHawkPostcard,	67
DURICO C&T. Inc	.72

Ekom Spol s r.o	39
Esacrom S.r.l	Flap I COVEF
European Aesthetic Care Ltd	54
Global Products Corp. / GPC Medical Ltd	53
Hironic	57
Hogies Australia Pty Ltd	37
IAE Spa	51
Innovative Endoscopy Components, LLC	
	Inside Front Cove
IntegrityLifeSciences	31
LM Medical Division Srl	52
Machan International Co. Ltd	69
Malaysian Rubber Export Promotion Cou	ncil
	Inside Back Cover
Madisaallas	10

Menfis Biomedica Srl	58
Metaltronica Srl	41
Mides GmbH	71
Multi Radiance Medical Inc	25
Phoenix Diagnostics Inc	73
Psoria-Shield Inc	63
Rexmed Industries Co. Ltd	46
Schulz S.A	26
Silfradent S.n.c	6
Sterylab Srl	55
Tinget - Pujiang Optoelectronic Technology Co., Ltd	66
TTIMedical	57
VSVMadical	

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For more information, contact: iae spa-italy Tel: +39 02 6630 3255 Fax: +39 02 6152 544 E-mail: iaexray@jae.it Website: www.iae.it

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You may find more information from www.altera.com.tr



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amedo STS GmbH is a German-headquartered medical device company with its core business focusing on innovative tracking and navigation technology mainly for image guided interventions and surgical procedures.

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Furthermore we have developed a new radio-frequency based tracking technology for wireless, millimetre precise positioning and location of passive RFID transponders. These transponders are very small and able to embed on and into medical devices e.g. surgical instruments, for precise positioning and navigation inside and outside the human body.

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Psoriasis - contact us for details

And other problems like Pain treatment, Open wounds treatment, Ischaemia of limbs, Dermatological problems, Varicose veins, Insomnia, Parkinson, Bechterew, Musculoskeletal system injuries etc. User & Clinical studies with great outcomes done and other in progress.

We are looking for partners worldwide who might be interested in distribution, license, clinic studies or other partnerships. We are starting building a global distribution/partner chains. Our web pages are under construction. Please contact us directly for details at mateju@biosynchron.eu.

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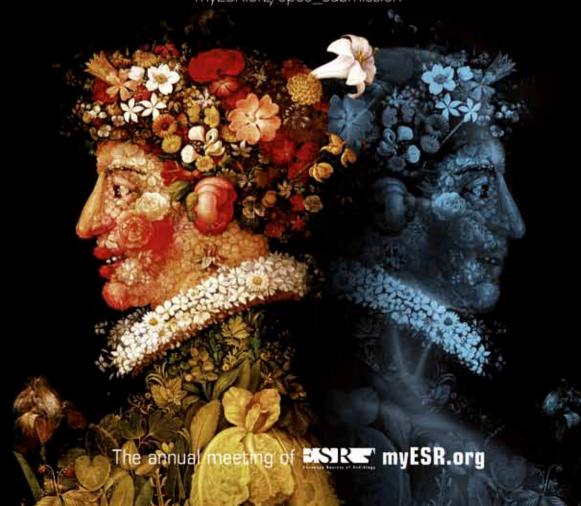


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> pared to both regular and other hygienic keyboards (University of Alberta, 2007).

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EKOM: AIR FOR LIFE

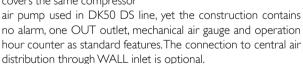
The basis of Ekom s.r.o. production is formed by oil-less dental compressors, dental suction units and relevant accessories for application in dental surgeries, laboratories and central compressed air systems, along with medical compressors for supplying lung ventilation equipment with medical compressed air.

Recently, in the field of medical compressors, EKOM has extended the range of well known compressors DK50 D and DK50 DM by new products – DK50 DS and DK50 DE. The compressors belonging to DK 50 DS line differ from the previous ones not only by the new colour and the change in design, but in particular by new microprocessor-controlled unit. In this way we managed to create many new useful functions, such as gradual start up and switching off (soft start/stop), having the impact on compressor vibration reduction, digital display showing the output pressure and operation hours, the indication of air drying, alarms at low output pressure, high operation temperature and the loss of powering voltage, etc. Thanks to the construction design change we achieved smaller product dimensions and weight, competitive noise level, prolongation

of the movable part lifetime and better comfort at service acti-

vities.

Along with high-end level medical compressors Ekom s r.o. introduces simplified versions of DK50 DS compressor range under the designation DK50 DE. "EASY" medical compressor line is equipped with all necessary features to provide lung ventilation devices with requested compressed medical grade air. Simple metal case covers the same compressor



The quantity of compressor accessories has extended – it is possible to connect dryer to the product (it shall improve the level of outgoing air drying) or to make customer-required design for assembling the lung ventilation equipment (ventilator) to SD30 rack. The modern contemporary trends in the design of ICU interior room furnishing were considered in the new compressor housing design.

Obviously the mentioned products meet the quality and safety standard in accordance with the international European directive MDD93/42 EEC, the American k510 (FDA) as well as the Canadian CMDCAS system.

www.ekom.sk

Visit us at Medica: Hall 13-F29



SURGYSONIC MOTO G, SURGYSONIC II DUO G, SUSRGYSONIC II G

Esacrom, is leader in the design and production of electronic and medical devices and is continuously working on the evolution in the field of hard tissue surgery.

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The whole range of our "tips" are made by our own production facility and represents the largest number of models present in the market. Esacrom pays very much attention to details. In fact the new concept is the result of a long and continuous research of Esacrom, leader in the Innovation business.

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Model: BD-375

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The simple everyday habit of wearing a pair of MODinsù stockings will be the fastest and easiest way for supporting your glutei. The panty has three different compressions: strong and sustaining under the glutei, where control is mostly needed; light on the lower abdomen where compression is not required; strong and sustaining in the hips and around the waist, where cellulites and fats accumulation can easily form.



This products quality is self-explained by six features: graduated compression, double layer Lycra® weaving, reinforced and well-shaped heel and toes, elastic band knitted around the waist, anatomic wedge and extra flat seams.

For more information visit www.farmasystemsrl.com

Visit us at MEDICA 2011 Halle 04 -D31

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GPC Medical Limited, the best name in India in its field, is ISO 9001 & ISO 13485 certified, WHO-GMP compliant with a large number of CE Marked products. Orthopaedic Implants/Instruments and Hospital Furniture are the two most specialized product ranges. GPC is perhaps the first and the only Indian company whose bone plates and bone screws are US FDA 510(k) approved.

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"Basic Billy", a basic life support simulator

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For more information please go www.3bscientific.com

We look forward to welcoming you at Medica 2011: Hall 4 -F58



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Lombare

The newest and most advanced spinal decompression system in the world



Integrity Life Sciences delivers an advanced solution to address one of the mostly costly systemic ailments in the world, low back and neck pain. The Lombare System is a non-surgical spinal

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2011 Exhibitions

* 16-19 Nov., 2011 - Medica Dusseldorf, Germany Hall 14 F45B

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At MEDICA 2011, Medicool will feature 9 types of Diabetic Travel Case for keeping temperature sensitive injectable medication like Insulin refrigerated as well as carrying all other supplies di-



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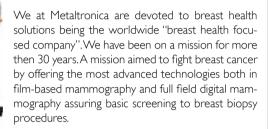
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Mimosa- graduated compression hosiery

Innovation, the engine of our success

Mimosa S.r.l. is a manufacturer of graduated compression hosiery. Sanyleg is the registered trademark by Mimosa to market its own products. Sanyleg is synonymous of elegance, comfort and above all - well-being. This 100% Italian brand offers a full line of products designed for those who care about their leg health but who don't want to have to sacrifice beauty.

Products are scrutinised in almost craftsmanship-like detail, starting with the selection of prime raw materials. Sanyleg brings you a full range of hosiery: pantyhose, knee highs and therapeutic products that offer various degrees of compression.



Garments that guarantee the perfect fit that expert engineers and the right machinery can achieve.

Over 50 years of family experience in hosiery manufacturing has provided Sanyleg with the required experience to deliver the consistent and uncompromising quality for which its entire range is known. Each stage of the production process is performed in Italy. Sanyleg offers a wide range of products, from everyday-wear to medical items, not just dedicated to women: the unisex cotton line comprises hosiery and knee highs that are made with the same care and thoroughness that makes Sanyleg stand out above the rest.

Mimosa exclusively uses cotton from qualified Italian suppliers who provide only the best primary materials in order to maintain a perfect balance of comfort and well-being. Mimosa has been producing stockings with heels in partnership with the most prestigious brands for several years.

The company currently exports around 80% of its production to various countries all over the world: Germany, Japan, France, Switzerland, Austria, United Kingdom, Sweden, Turkey, Greece, Spain, Saudi Arabia, Iran, Sudan, Brazil, Argentina, USA and Australia.

Private Label's world market

Mimosa manufactures for major brands worldwide. Production capacity and value for money are the winning qualities behind "Private Label". Mimosa has always made considerable room for



its "Private Label" production, marketed throughout the world. This corporate decision has provided - and continues to provide - the opportunity to learn how to respond to the various and important customer needs by looking at the specific challenges and the different markets, cultures and particular requirements that involve on-the-spot assessment and production strategies.

Mimosa's strength lies in fact that it strives to consider and satisfy every customer requirement, customising products and producing "tailor-made" garments. Through direct consultation with clients, engineers and doctors, Mimosa is able to simultaneously address various issues and quickly come up with a solution. It is for this reason that most of the Mimosa production is developed under "Private Label" while the rest is marketed worldwide under the Sanyleg brand.

For more information visit www.sanyleg.com

TTI Medical - Made in USA

TTI Medical has released a new single chip High Definition video camera system for use with surgical microscopes and ophthalmic slit lamps. The TTI-HD $^{\rm TM}$ package includes HD camera, microscope video adaptor and TTI-Imaging $^{\rm TM}$ recording /editing software. TTI-HD $^{\rm TM}$ is adaptable to most microscopes and slit lamps. TTI Medical has been a leading innovator in developing "affordable solutions" for video and digital camera adaptations for over 20 years.



For further information on TTI-HD™ contact TTI Medical at (T) 925-355-0750 info@ttimedical.com www.ttimedical.com

PantOs Art Plus

Diagnostic imaging aiming the future

PantOs Art Plus is a digital panoramic system combining the best digital imaging technologies patented existing today.

PantOs Art Plus always offers crisper and sharper radiographic images for best diagnosis, due to its digital sensor featuring High resolution, CdTe (Cadmium telluride) CMOS technology, unique and peculiar with direct conversion from X-rays to electrical signals.



Simple and compact the PantOs Art Plus allows for 7 diagnostic programs: Adult standard — with constant vertical magnification on standard dental profile - Child panoramic, Left-side dentition, Right-side dentition, Anterior dentition, TMJ in normal occlusion and fully open, Frontal view of maxillary sinuses. Furthermore, the system has 3 laser beams for patient positioning and motorized horizontal displacement .

The high acquisition speed of the sensor, up to 300 frames/s, allows for the reconstruction of a panoramic layer into a 30 mm thick volume all around the dental arch.

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PantOs Art Plus comes with the OrisWin DG Suite, the user friendly imaging software for high image quality. Optimize your workflow by realizing the management of patient data, visuali-

zation of images and implant planning all in one software. The available filters lead to high image quality and the bridging module and DICOM upgrade grant for being able to easily insert the software within your studio network.

For more information visit www.bluex.it



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MEDICA-COMPAMED 2011

Statement by Joachim Schäfer on MEDICA 2011 Düsseldorf, the World Forum for Medicine



The global market for medical technology and medical devices has weathered the storm of the economic and financial crisis well and is now enjoying steady growth, with a current volume of about □300 billion. Although the supply structures and the financing situation of users of medical technology can vary a lot from one country to another, the market as a whole

is characterised by a lively exchange of goods. More than half of the medical devices, products and instruments produced worldwide are made for export.

The manufacturers adapt flexibly to the different needs of the various continental and regional markets. Whereas complex systems with a relatively high degree of innovation are called for in the European and North American market, there is a demand for more robust and easy to use devices in the emerging countries of Asia and Eastern Europe in order to promote the rapid and widespread modernisation of the medical care units. Rising incomes and a growing willingness by the general population to spend more money on health will also lead to further market growth.

In this market, which is characterised worldwide by being very dynamic, medical technology "Made in Germany" enjoys an excellent reputation, as proven by the high export quota of over 60% and the inventiveness of German industry. The number of patents applications submitted for medical technology in Germany is significantly higher than in other industries such as the automobile industry

or IT. German "Medtech" manufacturers are global market leaders in many areas. Just how intense the competition with manufacturers from other countries is, in spite of all their strengths, will once again be in evidence in November at the world's largest medical trade fair, MEDICA, in Düsseldorf (16 - 19 November), where two thirds of the exhibitors present will be from abroad.

At COMPAMED 2011, which takes place in parallel to MEDICA (16 – 18 November), the leading international trade fair for the suppliers' market in medical manufacturing, the participation is similarly international in scope. These positive market conditions and the global position as the No. I event are reflected in the excellent response and registrations for MEDICA 2011, for which about 4,500 exhibitors have booked about 116,000 square metres of space for the world's largest medical trade fair, representing a further year-on-year increase.

MEDICA and COMPAMED, showcasing about 600 exhibitors, will once again fill all 19 halls of the Düsseldorf trade fair centre. This unique combination reflects the entire process chain and the full range of medical products, devices and instruments.

Key topics at MEDICA 2011 will include electromedicine/medical technology, laboratory technology/diagnostics, physiotherapy/

orthopaedic technology, medical products (devices and consumables), information and communication technology, medical furniture and furnishings.

The link between technical applications, instruments and products and their application in the field of diagnosis and therapy of specific disease patterns is made at MEDICA by the cooperation between the trade fair, with its integrated themed areas and forums such as MEDICA MEDIA (telemedicine/medical IT in Hall 16), MEDICAVISION (the innovation forum for the research institutes in Hall 3) and MEDICA PHYSIO (a presentation of physiotherapeutic applications in Hall 4).

New programme highlights:

A new highlight amongst the topics covered at MEDICA this year is the MEDICA WOUND CARE FORUM in Hall 6, which is being organised in cooperation with the German Institute for Wound Healing (DIW) and will provide information about current trends and new approaches to treating chronic wounds and will take place slap bang in the middle of the action, each day during the fair.

The MEDICA TECH FORUM, which was launched in 2010, is continued this year, taking place in Hall II. This forum focuses on innovations in medical technology and initial experiences with them in medical use. The topics covered by the seminars at MEDICA 2011 include new products and current trends in the areas of intensive care, disaster and emergency medicine and computer assisted surgery. The partners for this forum, working in close cooperation with the MEDICA Congress, include the German Army and the German Society for Computer and Robotic Assisted Surgery (CURAC e.V.) as well as the industrial associations SPECTARIS and ZVEI.

The MEDICA Congress, with several thousand visitors, 600 renowned speakers and some 200 seminars and courses in total each year, is Germany's largest interdisciplinary advanced training forum. Key areas that it focuses on include topics such as oncology, cardiology and age-related diseases as well as practical and advanced training courses on subjects such as sonography, emergency medicine and endoscopy. MEDICA 2011 will also host the 34th German Hospital Conference, the largest communication platform for German hospital managers. In keeping with tradition, the German Hospital Conference is dedicated to various political, medical and economic issues in hospital care, ranging from the problems of the new billing systems and the optimisation of patient care to various organisational and entrepreneurial questions.

This year will see the debut of the EUROPEAN HOSPITAL CONFERENCE, under the umbrella of the German Hospital Conference. This event is intended for key decision-makers from hospitals throughout Europe and will be organised in close cooperation with the European Hospital and Healthcare Federation (HOPE), the European Association of Hospital Managers (EAHM) and the European Association of Senior Hospital Physicians (AEMH). The topics covered at the 1st EUROPEAN HOSPITAL CONFERENCE will include current aspects of European hospital policy as well as the impact of the European Patients' Rights Directive on hospitals in the EU.

In addition to the regular features on the MEDICA programme, there are also innovative projects presented by our cooperation partners to ensure close integration of knowledge transfer, technical discussion and practical demonstration of the benefits of innovative medical solutions in use.

Among those worth highlighting are the special show Wearable Technologies by Navispace AG (Hall 15) of comfortable wearable medical devices for remote patient monitoring, or the joint booth hosted by CTIA - The Wireless Association (USA) featuring mobile products, applications and network management solutions for the health care market (also in Hall 15).

Another special event on the programme is "Live View", a joint event organised by Messe Düsseldorf and the "decision-maker factory" (Entscheiderfabrik), which focuses on the key topics of medical IT. Here, hospitals and their software partners will present transparent and easily comprehensible ways of overcoming specific hurdles using IT in everyday hospital life to decision-makers from other hospitals.

MEDICA: The central platform for an innovative industry

A key factor for success is the short innovation cycle in this industry. Every November, an exciting array of product innovations to optimise medical care that are proven to cut costs, is presented in Düsseldorf. But one of the key strengths of MEDICA is that it doesn't limit itself to solutions for individual medical disciplines, but gives its visitors from doctors' surgeries and hospitals a complete overview of new methods and solutions for quick, reliable diagnostics and effective therapy, in one place and at the same time, clearly divided by segment.

Innovations in the field of integrated OR workstations, which many of the medical technology manufacturers at MEDICA 2011 focus on, are a prime example of a more interdisciplinary mindset in medical care.

Handy and straightforward – the new eTicket system

This is the first year that visitors to MEDICA and COMPAMED can all benefit from Messe Düsseldorf's new visitor management system. Although they could already buy tickets online for the last few years, the new system offers visitors several additional benefits.

eTickets are available at a reduced price, can be printed out immediately after purchase, are available online throughout the fair, and provide free travel to and from the DüsseldorfTrade Fair Centre on the Rhein-Ruhr (VRR) and Rhein-Sieg (VRS) public transport networks, allowing you to have a stress free visit to the fair with more time to enjoy the fascinating variety of new innovations at MEDICA (16 – 19 Nov. 2011) and COMPAMED (16 – 18 Nov. 2011). The new visitor management system also heralds new opportunities for exhibitors, who can now manage the handling of the ticket vouchers for their customers online, for example.

The ticket is valid for both events and also grants you free entry to most of the events at the MEDICA Congress.

Source: www.medica.de



ARAB HEALTH 2012

The largest healthcare exhibition & congress in the Middle East

In a report released by KFH Research Limited about the future status of the healthcare sector in the GCC, experts expect the healthcare market to triple within the coming years to reach USD \$55 billion in 2020, a year-on-year growth of 9%.

This offers proof of the immense potential for all aspects of medical provisioning in the region, namely in the transfer of know-how, training, the building of clinics and hospitals and in the import and export of pharmaceutical products and medical supplies. The report also indicates that the estimated value of forthcoming GCC healthcare projects will reach USD \$10 billion alone. Arab Health exists to facilitate this need by bringing healthcare manufacturers, wholesalers, dealers and distributors together with some of the most important and influential decision-makers in the Arab world.

Arab Health began 37 years ago as a small trade show under canvas next to the old Intercontinental Hotel in Dubai. In that time, it has evolved into the region's largest and most important healthcare and medical events. As the event increased in importance for the region, so did its profile on the international scale. In 1979 during her famous visit to the UAE, Britain's HRH Queen Elizabeth II visited the Middle East Healthcare exhibition. Escorted by HRH Sheikh Rashid bin Saeed al Maktoum, The Queen toured the exhibition and paid particular attention to the impressive plans for new hospitals in Dubai and Abu Dhabi!

Now in its 37th year, the event has a unique offering of combining an 86,0000Sqm exhibition, an awards night and the world's largest multi-track medical CME accredited conference. We also run the successful MEDLAB event alongside Arab Health, providing an avenue for the world's leading manufacturers, traders, service providers and researchers to meet and develop business contacts with the medical and scientific community in the Middle East and beyond. Arab Health 2012 is supported by The Ministry of Health UAE, the Abu Dhabi Health Authority and the Dubai Health Authority providing us with full government support.



The figures:

- 2,800 exhibitors
- In excess of 70,000 visitors from 137 countries
- 32 country pavilions from 61 exhibiting countries
- Arab Health Congress has 18 CME accredited conferences running across four days
- Arab Health Awards saw 10 different awards categories, celebrating the achievements of over 800 industry professionals

www.arabhealthonline.com

SA healthcare sector's lack of medical equipment

There is a great shortage of basic diagnostic equipment in South Africa's rural and other small hospitals. Coupled with a lack of human resources, the result is insufficient and often ineffective medical care.

This is according to Dr Norman Mabasa, Chairman of the South African Medical Association (SAMA), who comments, "Having attended the inaugural Africa Health Exhibition & Congress in May, I was excited to see all of the new healthcare equipment that is available in the rest of the world. However, seeing this new equipment greatly emphasised the severe lack of basic diagnostic equipment in most South African government hospitals. On the other hand, it brought home the fact that it is possible to capacitate those hospitals with these new, small, portable machines."

AFRICA HEALTH 2012

He adds, "The South African healthcare sector in general is largely using out-of-date equipment and technology, which ultimately costs more in terms of time and resources wasted than the cost of investing in up-to-date equipment. The latest equipment takes up less space and

requires fewer resources. The technology is up-to-the-minute, ensuring better outcomes, much faster. It is also far simpler to use, making it more efficient and effective than much of the old equipment that hospitals are using. Investing in new technology will therefore pay for itself, providing hospitals with better ways of reporting, reducing waiting periods for results, and even helping to reduce queues."

The next Africa Health Exhibition & Congress will be held at the Johannesburg Expo Centre, Nasrec, South Africa from 9-11 May, 2012. Organised by Informa Exhibitions, Africa Health is a sister event to the well-established and successful Arab Health, the second largest healthcare exhibition and congress in the world.

The show profile for the 2012 edition will see the floor space increase by 50% from 2011 to 7,500 sqm with more than 400 exhibitors including key players in the healthcare industry such as Siemens, Fujifilm, Karl Storz, Terumo, Maquet and many more. The number of country pavilions represented at the 2012 show will double from the previous year with new pavilions from the likes of Malaysia, Brazil, Turkey and the UK, amongst others.

Feedback from exhibitors and delegates alike indicates that the Africa Health Exhibition & Congress is set for a successful future. This year's show had a well-targeted audience, as 70% of exhibitors have arranged to do business with a new or existing client whilst at Africa Health. Pleasingly, over 35% of exhibition space was re-booked onsite and 80% of exhibitors have indicated their willingness to rebook their stand for Africa Health 2012.

This growth has opened the door to the need for exhibitions and educational forums such as Africa Health. The inaugural Africa Health Congress was seen by delegates as a successful networking opportunity, with delegates making lots of new contacts.

www.africahealthexhibition.com.





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Science, Education and Technology in Full Bloom at ECR 2012

Although it might be hard to face it, the early hints of autumn are already upon us in central Europe. The days are getting shorter, the sky is getting greyer, and the holiday tans are fading, but while memories of the recently departed summer still linger for many, there is one particular building in Vienna where next spring is very much at the forefront of everybody's thoughts.

That building is home to the European Society of Radiology (ESR), where in the first floor lobby a huge floor-to-ceiling picture hangs depicting a stylised version of Giuseppe Arcimboldo's classic anthropomorphic artwork, Spring. This is the official poster of the society's forthcoming annual meeting, the European Congress of Radiology (ECR), taking place from March 1 to March 5, 2012, which, as the first major radiological event of the year, has been providing participants with a seasonal light at the end of the tunnel since its permanent establishment in Vienna in 1991. With a new crop of innovative educational sessions, cutting edge technology, and state-of-the-art science on offer each year, participants have been flocking to the ECR

in increasing numbers to sample the fresh fruits of their community's labours and discover what's new in the imaging industry.

Along with many other highlights of a packed ECR 2012 programme will be a pair of brand new categorical courses on urogenital imaging and emergencies in neuroradiology, as well as a repeat of one of last year's; the extremely popular 'CLICK (Clinical Lessons for Imaging Core Knowledge)'. Among the mini courses, the relatively recent organ-specific A-to-Z series moves on to the lungs, as others take in molecular imaging, controversies in abdominal imaging and chest radiography, and the RSNA return to co-host 'essentials in oncologic imaging' for a second time.

In recent years the ECR has crossed the 20,000 mark in terms of attendance, and this is in no small way due to the wide range of opportunities at the meeting beyond traditional lecture room education. As well as a host of electronic learning facilities, a comprehensive electronic poster exhibition, discussions, workshops and interactive sessions, ECR 2012 will of course also boast another huge technical exhibition, with more than 300 exhibitors in the field of medical imaging coming from all over the globe to present their most recent developments. Companies from the smallest publishers to household names like Siemens, GE Healthcare and Philips, will occupy 26,000m2 of exhibition space for the duration of the congress, giving delegates a superb chance to catch up with the industry that drives radiology forward.



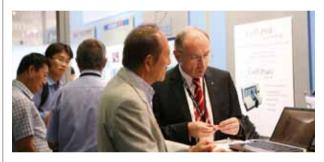
www.myESR.org

Thailand's No. I medical and Health Care exhibition

MEDICAL FAIR THAILAND 201

MEDICAL FAIR THAILAND 2011 closed amidst an exceptional atmosphere in the sold-out halls at QSNCC (Queen Sirikit National Convention Centre), Bangkok, from both exhibitors and visitors who were extremely satisfied with the exhibition's turn out.

MEDICAL FAIR THAILAND 2011 was a source of strong business opportunities for the 328 exhibiting companies, an increase of more than 30% from 2009. A total of about 5,500 visitors, up by an impressive 50%, received the latest innovations and technologies from the medical and health care sectors between 14 to 16 September. The exhibitors at the largest edition of MEDICAL FAIR THAILAND to date were in a very positive mood and the underlying sentiment unanimous throughout the exhibition was the internationality of visitors and busy show floor. With 30% of visitors attending from outside Thailand from over 50 countries, foreign visitorship represented an increase of some 75% in comparison to 2009. Visitors from Australia and the Middle East, for example, similarly made their presence strongly felt at the exhibition.



Gernot Ringling, Managing Director, Messe Düsseldorf Asia, pointed out the significant growth in interest in medical and health care technology in the region and the first time inclusion of a Japan pavilion that was well received by trade visitors. "With its strategic location, appealing tourist attractions and excellent exhibition facilities, Thailand is a destination of choice for MICE (Meeting, Incentive, Convention and Exhibition) events in Southeast Asia," said Ringling. He added that coupled with an increasing demand for improved medical and health care and greater access to new medical technologies, the wide range of offerings on show at MEDICAL FAIRTHAILAND and the internationality of visitors are testament to the relevance and dynamism of Thailand and Southeast Asia. "Throughout the exhibition, we have heard positive reports from exhibitors and visitors, in particular, the business opportunities generated," he said.

Many participating companies have already indicated their intention to exhibit at the next MEDICAL FAIR THAILAND in two year's time. Michelle Leong, Project Manager for MEDICAL FAIR THAILAND said the increased attendance on the show floor will certainly create a strong foundation for 2013. "We are so pleased to hear all the positive feedback from exhibitors and visitors, and it goes to show that the exhibition is the ideal platform for the market and for exhibitors keen to penetrate Thailand and its neighbouring countries," she said.

http://www.medicalfair-thailand.com/A Must.html

Focus on Sub-Saharan African medical market

37% (2009)

group:

67% (2010)

Basic Indicators

861,630,916 (2010)

53 (2009)

GDP, current US\$:

1,097,898,685,450

(2010)

\$1.165 2010

Source: The World Bank

Note: The critical situation in the Horn of Africa region, impacting on Somalia, Kenya, Ethiopia and Djibouti, is not taken into account by reporting Sub-Saharan Africa's social and economic developments. As the severe drought and the conflict in Somalia are currently affecting over 13 million people, the consequences on the regional perspectives are yet to be fully measured.



Quick Facts on Sub-Saharan Africa Development

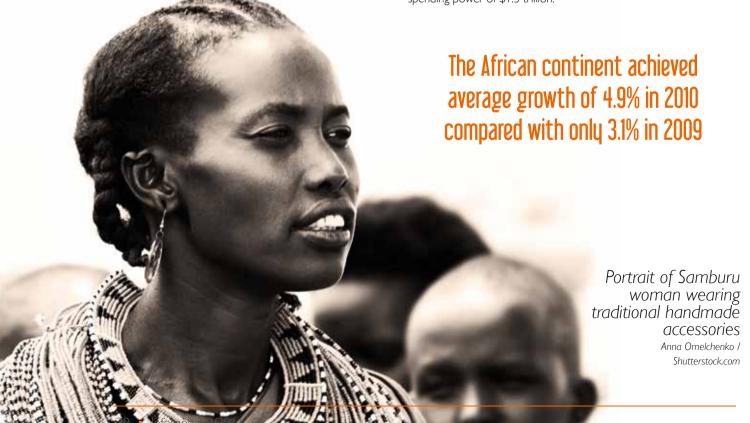
- Urban population increased by 114% between 1990 and 2009, reaching 310.1 million (world's urban population increased by 51% during the same period).
- Nigeria has the largest population in Sub-Saharan Africa (154.7 million) and accounts for 18% of the continent's total population. Liberia has the highest population growth rate at 4%, while Mauritius and Zimbabwe have the lowest at 0.5%.
- The average life expectancy at birth for Sub-Saharan Africa is 52.5 years (compared with 71.5 years for North Africa and 69.2 for the world). Life expectancy, however, increased by 5% between 2000 and 2009 (world: 3%).
- In the last two decades, Sub-Saharan Africa has reduced child mortality by 28% (world: 33%). The average number of children per woman decreased from 7 in 1980 to 5 in 2009, still two more than the world average (2.5).
- Economically active population increased by about 32.6% between 2000 and 2010, from 311.8 million to 413.5 million. The share of women in this group went up from 40.3% to 41% over the same period. However, figures do not account for internal structure of the workforce (whether women are still mainly concentrated in low level jobs).
- The ratio between working-age population and dependent population for Sub-Saharan Africa is 85%, nearly 1.6 times higher than the world average (54%).
- The proportion of children completing primary school in Sub-Saharan Africa rose from 51% in 1991 to 64% in 2008. The primary school completion rate for eight Sub-Saharan countries (Benin, Burkina Faso, Chad, Guinea, Madagascar, Malawi, Mozambique and Niger) more than doubled between 1990 and 2009.

- Access to improved sanitation in Sub-Saharan Africa increased by 15% between 1990 and 2008 (world: 16%). Access rate is above the continent's average in 23 of the 48 Sub-Saharan countries in Sub-Saharan countries, but it is unevenly distributed (only 24% of the rural population compared to 42% of the urban population).
- Access to safe water improved by about 22% between 1990 and 2008 (world: 13%)

Economy

The African continent achieved average growth of 4.9% in 2010 compared with only 3.1% in 2009. The recovery from the global crisis strengthened during 2010, and while nine countries registered a contraction in 2009, no one did in the course of the last year. However, regional differences marked the upturn: Southern Africa had been most affected by the global recession with 0.5% contraction in 2009, but it registered 3.3% growth in 2010 led by South Africa's recovery (2.8%). West Africa and East Africa regions relied on stable growth in countries such as Ghana (5.9%), Burkina-Faso (5.7%) and Kenya (5.0%). Compared to the previous years, growth looks more balanced, GDP real growth rates are less dispersed and the continent's deficit declined to 3.3% of GDP in 2010 from 5,2% in 2009, while the current account balance goes positive at 0.4% of GDP after having recorded -1.6% in 2009. Inflation remained quite moderate, as only 19 African countries recorded a higher inflation rate in 2010 than in 2009, while the aggregate rate declined to 7.7% from 10% in 2009, allowing monetary policies to keep supporting economic activity.

Besides the recovery of investments accounting for 25% of GDP, with \$55 billion private capital inflows in 2010, the main factor supporting growth is the strong domestic demand boosted by higher consumption in a market that is the third largest after India and China. In fact, private consumption of goods and services has accounted for two thirds of Africa's GDP growth in the last four years, and the World Bank estimates that by 2020 the top 18 African countries will have a spending power of \$1.3 trillion.





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On the trade side, after a contraction of 5.6% in 2009, exports increased again by 1.6% with a relevant share directed towards the greatest Asian economies. Already in 2008, Chinese-African trade volume exceeded 100 billion US\$. Asia is very important to African economy not only as an export destination, but also as source of consistent direct investment. Investments from China alone have reached US\$7.8 billion, with over 1,600 Chinese enterprises setting up businesses in different sectors such as manufacturing, construction, agricultural processing and resources development.

Outlining an interesting perspective for future developments, the Frankfurt School of Finance & Management in its report "Africa Business" highlights how growing investments and the rise of a modern, innovative entrepreneurship is shaping a new business profile of Africa. Although it is still the world's poorest continent, Africa is recording the highest growth rate after Asia, even higher than the

emerging economies of Brazil, Mexico and Eastern Europe. Urban population currently accounts for about 40% of the total population and 80% of total GDP. The rapid urbanization and the spreading of mobile phones even in rural areas, offering services such as money transfers from relatives living in the cities, is changing the way Africans work and communicate. A figure worth mentioning is the ratio of mobile-phones to population: while Africa's fixed line use rate is extremely low (15 fixed lines per 1,000 people), there are 373 mobile phones per 1,000 people, which means 400 million users.

Furthermore, many skilled workers are returning to Africa, even though the trend is not uniform across the continent. Brain drain is, for instance, a chronic problem in Burundi and Malawi that rank among the lowest per capita income countries in the world. But in other countries with stronger economies, such as Ghana, Botswana, Nigeria or South Africa, expatriates are returning and reshaping businesses. Young, educated Africans are giving up well-paid job positions or important roles in academy institutions to return to their home countries where they undertake management of innovative projects in many fields including high-tech, rebuilding, infrastructure, ICT, social development and assistance, that may contribute to move their countries forward and improve life standards

Although it is still the world's poorest continent, Africa is recording the highest growth rate after Asia, even higher than the emerging economies of Brazil, Mexico and Eastern Europe.

for populations as well as local productivity and growth.

It is also important to notice that the composition of African economy is changing. According to some estimates, the service sector alone contributes to 40% of GDP in Africa's 10 largest economies, thus accounting for the diversification reached by this continent once exclusively sourcing raw materials and resources.

However, despite a growing middle class estimated at about 300 million people, the population is still focused on basic services for everyday life. Foreign companies investing in Africa experience the main barriers in credit access, bureaucracy, fragmentation and lack of supporting infrastructure. Nevertheless, incentives to invest in the African markets make it worth to face the challenging entrepreneurial environment. As reported by the economist Paul Collier, between 2000 and 2007 annual return on capital for 954 publicly traded African companies was on average 65% higher than similar firms in China, India and Vietnam where labour costs are rising.





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The role of international investors is crucial for the development of Africa's expansion programs for fiber-optic lines, telecommunications, electricity networks and transport infrastructure. Foreign investors are now lining up to enter the most promising markets also because they find more favourable political conditions, due to the fact that governments of the faster advancing countries have introduced reforms and liberalization.

The change occurring in African political systems and economies roots in important progresses started in the mid '90s. As stated by Steven Radelet in its essay "Emerging Africa: How 17 Countries Are Leading the Way", in that period the economic crisis and pressure from international community forced African governments to deal with their huge budget deficits and borrowing, by starting reform programs to shift from state-owned economies to a more liberalised market. After extensive reliefs of debt, the negotiations and programs for debt structuring have left room to country-led poverty reduction strategies. Newly elected governments introduced forms of democracy, even as imperfect as they might be, unprecedented in a region that has been

subject for decades to corrupted dictatorships or endless civil wars. The evolution is still on progress in many countries but it is significant that 14 out of the 17 countries where the greatest economic progress has occurred are qualified as democracies.

The group of these seventeen Sub-Saharan countries that have undergone dramatic economic and political changes includes: Botswana, Burkina-Faso, Cape Verde, Ethiopia, Ghana, Lesotho, Mali, Mauritius, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Seychelles, South Africa, Tanzania, Uganda and Zambia. These countries registered 3.2% growth of per capita income and 5.5% average annual GDP growth since 1995. All

together they have a population of 300 million, whose average income increased by 50% while poverty rates dropped from 59% to 48% in 12 years. Six other countries had similar positive but slower or less impacting changes: Benin, Malawi, Senegal, Liberia, Kenya and Sierra Leone.

A profile of the Medical Market

Production of medical devices is almost inexistent in Africa, as the whole continent depends on imports. Manufacturers selling products in Africa usually have their offices established in neighbouring regions, mostly in Dubai, although companies operating in the South African region usually have an operational office in South Africa. In view of an increased demand for medical devices driven by economic growth, many governments in the most developed economies are attempting to modernize their healthcare systems and they are allocating more funds to reach the aim, as they need to cope with high incidence of diseases such as malaria and HIV/AIDS. In many Sub-Saharan countries, in fact, healthcare systems are improving in terms of availability of qualified doctors and quality of services and facilities. The legal framework is also being improved as far as public procurement practices and medical devices control is concerned. However, there is a clear separation between public and private healthcare, as public facilities are often subject to budgetary constraints and still have a predominance of sub-standard,

low-cost medical medical devices and products.

As efforts are being made by governments to increase regulations and allocate resources to equip medical facilities with higher quality products, medical device suppliers need to tackle market penetration at an early stage. They are generally advised to ensure a local presence in order to gain a close insight of the regional healthcare industry conditions and to get confident with a market holding a great potential but often difficult to understand. Moreover, training of healthcare professionals and long-standing support for new technologies, as well as the provision of post-sales and maintaining services, are other advantaging factors that require a local presence.

It is important to consider that the African market is highly price-sensitive, but attention to quality is increasing, although competition with many low-priced and low-specification products makes public procurements more challenging to manufacturers of high-quality products. The market enjoys particularly good opportunities for the supply of hospital equipment, instrumentation, machinery and medical products in countries such as Kenya, Nigeria, Tanzania and Zambia, whose market is estimated to reach \$1.53 billion by 2012.

It is important to consider that the African market is highly pricesensitive, but attention to quality is increasing, although competition with many low-priced and low-specification products makes public procurements more challenging to manufacturers of high-quality products.

There are also interesting opportunities in the private sector, with a rising demand for dedicate medical facilities and services, such as clinics serving large expatriates communities or higher income groups. Usually private clinics offer a broad range of services including ICU, emergency care, surgery, digital radiology and ultrasound diagnostics, occupational health services, vaccination and internal pharmacies. A series of industry reports published in the course of the last two years by Frost & Sullivan highlight some of the most interesting opportunities in the Sub-Saharan countries.

Medical imaging in Tanzania: the medical imaging market has been boo-

sted by the growth of the private sector, seeking advanced diagnostic technologies such as 3D/4D ultrasounds and computed radiography x-ray systems; the public sector, however, is catching up, as the government has equipped regional and district hospitals with basic medical imaging systems such as x-ray and ultrasound units. As this program was started in 2003, many of these devices are now in need of replacement.

Clinical diagnostics in East Africa: Countries in this region are on WHO's list of 22 high-burden infectious disease-affected countries. They need to focus on disease prevention rather than treatment, namely, they need to early identify, map and control diseases through accurate testing. The clinical diagnostics sector earned \$80.7 million in 2009 and is expected to reach \$182.6 million in 2016. The region lacks skilled and trained laboratory personnel due to the low quality of education and training available, and the few well trained staff tend to move to countries where they can earn higher salaries. Even companies donating equipment do not often provide the necessary training and this contributes to keep the problem unsolved. Automated, cost-effective products are therefore privileged, but the forecasted economic improvements are expected to allow the countries in the region to build and improve their health infrastructure and to invest more money in healthcare personnel formation, thus increasing the uptake of diagnostic tools.

Orthopedic implants in Nigeria and Ghana: Nigeria and Ghana are recording a growing number of operations performed on younger patient, rising the need for hip replacement surgery. The market for orthopaedic implants totalled a turnover of \$602 million in 2008, which is estimated to exceed \$2,300 million in 2015. As better implants and improved techniques result in higher success rates and better functionality, surgeons and patients are getting ever more confident and they are increasingly opting for surgery. However, since costs of joint replacement surgeries are still out of reach for the majority of patients in these countries, governments have increased the budget allocation for state patients as well as investments in construction and equipping of new orthopaedic hospitals. Moreover the expansion of insurance reimbursement schemes to cover more specialised surgical procedures is expected to rise the demand for orthopaedic implants. Shortage of adequately trained surgeons is a problem in West African region too, limiting the adoption of innovative orthopaedic technologies and products, as well as the actual number of operations that can be performed. Training of local surgeons to use new technologies is a task that manufacturers need to fulfill in order to equip them with the necessary skills and expertise.

The pharmaceutical market in Zimbabwe: Economic recovery, rising incomes and the stabilized political environment have positively influenced the country's healthcare market. In particular, after a significant drop in 2008, the pharmaceutical market earned \$200 million in 2009 and the turnover is forecasted at \$370.6 million in 2016. Residual challenges for local manufacturers are limited access to capital that has resulted in low production levels and shortages of affordable medicines, but the availability of affordable generic drugs is improving and long-term policy in Zimbabwe, as well as in many other Sub-Saharan countries, aims at promoting local manufacturing of generic drugs. Frost & Sullivan analysis focuses on the role of foreign investors who can provide capital to local firms that would enable upgrade of facilities, and open the way to donor-financed tenders and regional export markets. Healthcare programs in Angola: After

Healthcare programs in Angola: After years of sustained growth, the crisis and the contraction of the economy made Angola's government redefine its investment priorities, by focusing on redevelopment and rehabilitation of the country's infrastructure. \$33 billion of 2009-2010 budget were allocated for social programmes, including healthcare. Of these funds, \$72.8 million

were assigned to the Municipal Health Service Strengthening Project. The healthcare market revenues were \$274 million in 2009, estimated to reach \$573.4 million in 2016. Government's focus on the country's fragile healthcare system has resulted in major investments in health workforce training: over 200 students were sent to study medicine in Cuba, while 5 universities and 45 specialised training schools were built in order to increase the number of health workers in the country. Doctors also came from Cuba to work in clinics in both urban and rural areas for a limited period. As healthcare facilities are heavily damaged and even access to essential medicines is limited, restructuring of the country's infrastructure is the top priority, together with the revision of the primary health care programme. New hospitals and clinics are being built and equipped, so the access to healthcare services has increased, especially in the rural areas.

Medical insurance schemes: South Africa remains the country where opportunities for the medical market are most promising, also due to the introduction of the national health insurance scheme and clearer, comprehensive medical device regulations. The country is already serving as a starting base for many companies interested in expanding into the Sub-Saharan region.

The medical insurance industry is also targeting countries such as Kenya, Tanzania, Ghana, Zambia and Malawi, supported by government efforts to expand national health insurance schemes and by the rising number of middle-income people who can afford private insurances. However, high poverty rates and insufficient guarantees on the ability to pay premiums leave large sectors of population uncovered, creating opportunities to establish low-cost medical insurance schemes subsidised by government and non-governmental organisations for low-income earners. Other potentially profitable developments include foreign-based medical services as well as the construction of private rural health facilities.

Medical tourism: Another niche sector that is expected to grow is medical tourism, aimed at providing services to the expanding African middle class and expatriates who live in areas lacking adequate facilities and who prefer to seek quality treatment elsewhere but remaining in Africa rather than travelling to Europe or Asia.

Sources:

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Frost & Sullivan - www.frost.com

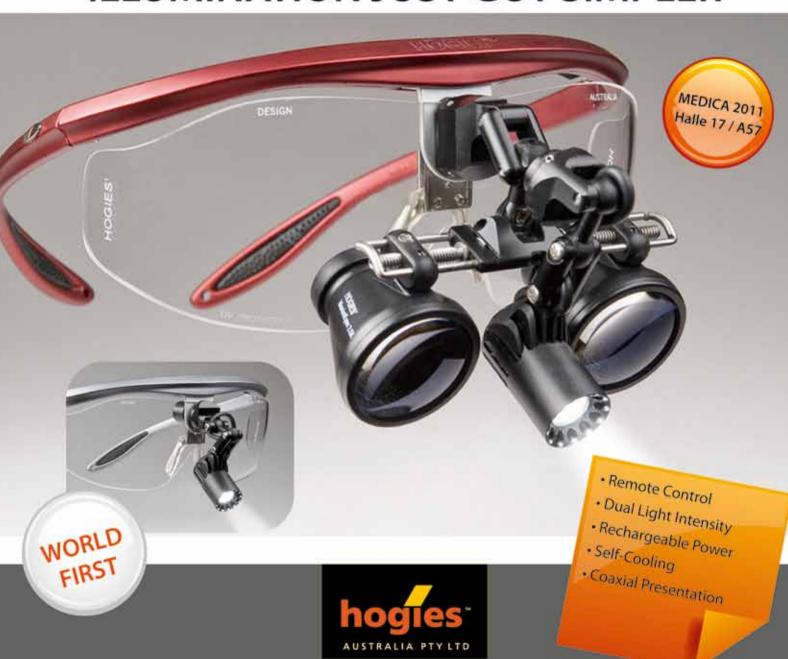
Rhinoceros in the wild

Anna Omelchenko / Shutterstock.com



SPECIALIST OPTICIANS TO THE SURGICAL AND DENTAL PROFESSIONS

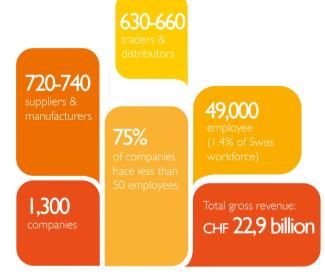
THE INNOVATORS ILLUMINATION JUST GOT SIMPLER



The Swiss Medical Technology Industry



Facts & Figures 10.6% of turnover invested in R&D Net Sales: CHF 11,1 billion 12% expected 2011 growth rate



Source: Swiss Medical Technology Industry 2010 Report

Profile of the industry

Manufacturers and suppliers employ about 92% of the total medical industry workforce, while traders and distributors only employ 5% and the rest (3%) works in the services sector. Most of the workforce is employed in small companies and their number is expected to rise from 49,000 to 55,000 by 2013.

Over 80% of medical manufacturers' revenues come from medical devices, with a great diversification across 16 main product categories. The turnover share ranges from 16% for hospital hardware to 1% for biological products, with a relevant number of high-tech products including active- and nonactive implants, anaesthetic and respiratory devices, dental and electromechanical equipment, hospital hardware, diagnostics, ophthalmology, reusable and single-use instruments and technical aids for disabled.

Swiss medical manufacturing sector is favoured by an efficient system of registration and certification, supporting new products launch on the market. Furthermore, the industry is highly engaged in R&D and academy networking. Manufacturers and sales companies of MedTech products invest on average 12% of their turnover in innovation and research; approximately 25% of the overall product portfolio was developed in the last four years.

Manufacturers and sales companies of MedTech products invest on average 12% of their turnover in innovation and research

According to the 2010 survey conducted by the association "Medtech Switzerland", over half of Swiss medical manufacturers experience stronger growth outside the domestic and European markets, especially in emerging economies in Asia and South America with a growing middle-class and rising public and private health expenditures.

On the suppliers' side, although together with manufacturers they achieve on average 63% of their revenues abroad, the main market for this category remains the domestic one, which absorbs 47% of suppliers' sales. This trend applies to traders and distributors as well, considering that changing economic scenario, declining demand and stronger competition lowered export shares for both suppliers and distributors considerably compared to 2007.



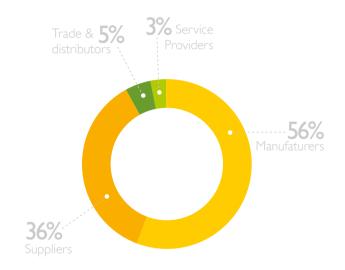
Average company turnover in 2009*

* Only with medical devices or components for medical devices



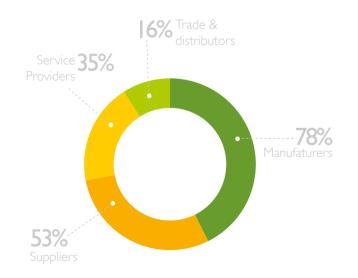
Source: Swiss Medical Technology Industry 2010 Report

Distribution of employees (2009)



Source: Swiss Medical Technology Industry 2010 Report

Average share of exports (% of turnover)



Source: Swiss Medical Technology Industry 2010 Report

R&D and innovation

10.6% of the annual medical industry turnover is invested in research & development, one of the highest rates after biotech and pharmaceutical industry. Nevertheless, new products launch was affected by the global crisis and contribute only to 30% of companies turnover. Relative R&D expenditures have on average declined from 15% in 2007 to 10.6% in 2009. Pressed by cost constraining measures and compliance requirements, larger companies tend to have a mature product portfolio and to focus less on innovation and more on product profitability. On the other hand, small companies drive product innovation and have the highest relative R&D expenditure. Especially micro and start-up companies find it less difficult to shorten innovation life cycles.

Medical manufacturers are the main R&D investors, following two major trends, known as "network" and "incremental" innovation. Companies defined as network innovators introduce radical innovations through collaboration with other industries such as pharma and biotech and institutions including universities and hospitals. They account for 25% of the total Swiss MedTech products on the market, 20% of which come from start-ups and micro- or small-sized companies.

Today Switzerland has the fourth highest GDP share of healthcare expenditures

Incremental innovation, instead, focuses on extending product lines and lifecycles in well established sectors, improving the already existing portfolio in order to maintain companies' turnover and market share.

Network innovators expect positive growth rates (estimated at 3% in 2011) and profit from the integration with other industries such as electronics, mechanical and software engineering, whose technological developments are combined with ICT, pharma and biotech industries to create innovative products and services. Yet, investing in radical innovation is becoming more difficult in a scenario of increasing competition and tightening public healthcare budgets.

Challenges to the Swiss medical industry

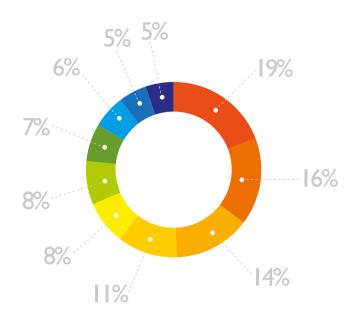
Today Switzerland has the fourth highest GDP share of healthcare expenditures (estimated at 11.6% in 2010) after the USA (17.4%) Netherlands (12%) and France (11.8%), according to OECD figures. However, the global economic crisis has put pressure on governments to cut public healthcare spending. Companies are therefore faced with increased competition and the need to implement cost-reduction measures. In the past few years the downturn has strongly affected manufacturers of non-reimbursed products and suppliers with a high proportion of non-healthcare clients. However, current policies are focusing on comparison of treatments based on cost-benefit analyses in order to reduce healthcare costs, requiring companies to provide clinical based evidence and to focus on product efficacy and communication.

Furthermore, as regulatory requirements are increasing both in mature and in emerging export markets, higher costs and broader know-how are necessary to comply with them. The rising synergy of medical technology with other industries is also facing companies with additional regulatory measures.

Manufacturers by Category (2010)



While the greatest part of the medical industry in Switzerland is dealing with the aftermath of the recent crisis, it is also crucial for decision makers to keep an eye on future. This means, among the other things, to put strategic actions in place directed towards strengthening R&D and adapting innovation behaviours to the shifting, ever more patient centric and technologically integrated business model that holds the best potential for growth.

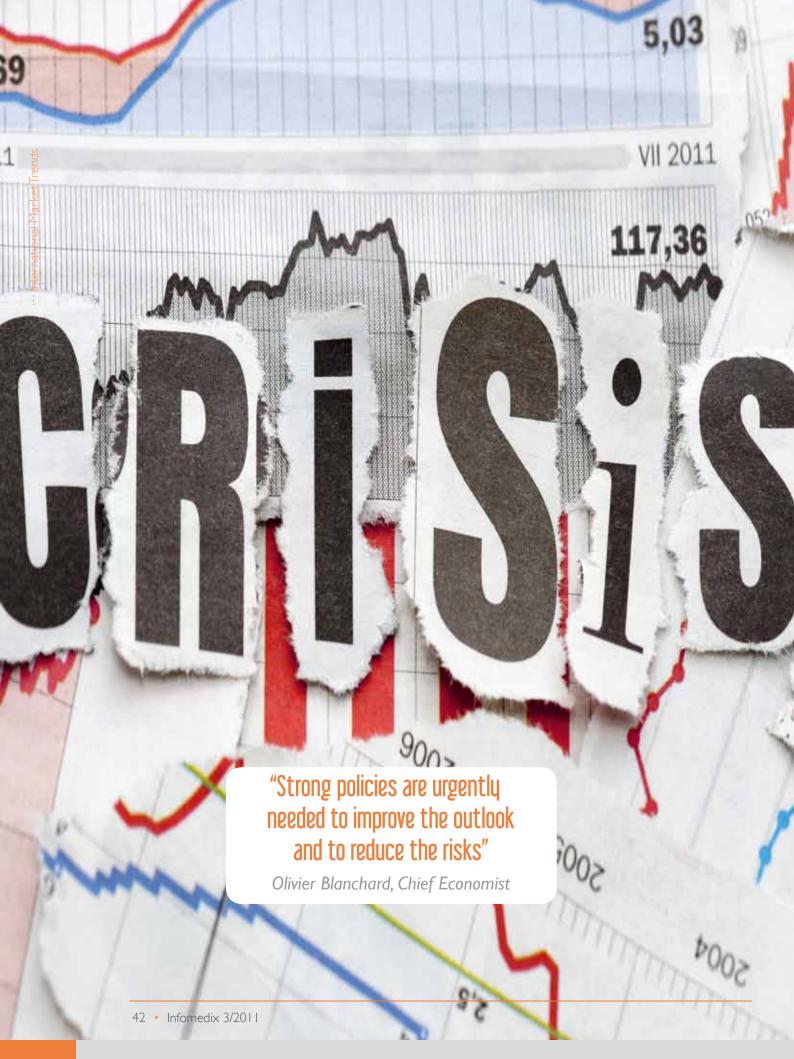


Source:

Medtech Switzerland Wankdorffeldstrasse 102 P.O. Box 261 3000 Bern 22 Switzerland Phone: +41 31 335 62 41 Fax: +41 31 335 62 63 Web: medtech-switzerland.com

Medtech Switzerland is the export platform for the medical technology industry in Switzerland. The association was initiated by the Swiss Federal Government and incorporated by Osec and the Medical Cluster in 2010. The mission of Medtech Switzerland is to serve the industry, especially Swiss SMEs, by facilitating export activities to new and existing foreign markets.





World Economic Outlook: Weak and Bumpy Global Recovery Ahead

- Global growth forecast to moderate to 4 percent in 2011 and 2012
- Advanced economies facing anemic growth of only 1.6 percent in 2011
- Multiple shocks combined with insufficient rebalancing stalling recovery

The global economic recovery is slowing, with world growth projected at 4 percent in both 2011 and 2012, down from over 5 percent in 2010, the IMF said in its latest forecast. And even this lowered projection counts on a lot going well. The IMF foresaw a slowdown this year after strong growth in 2010 as fiscal stimulus packages in response to the crisis wound down. But a barrage of economic shocks in 2011 combined with other factors for a worse than anticipated outcome.

"The global economy is in a dangerous new phase. Global activity has weakened and become more uneven, confidence has fallen sharply recently, and downside risks are growing," the IMF said in its September 2011 World Economic Outlook (WEO).

The report, released in Washington on September 20, says strong and coordinated action is necessary to avert a decade of lost growth in the advanced economies. "Strong policies are urgently needed to improve the outlook and to reduce the risks," said IMF Chief Economist Olivier Blanchard. "Only if governments move decisively on fiscal policy, financial repairs, and external rebalancing, can we hope for stronger and more robust recovery."

Uneven growth

Real GDP is expected to grow by a fairly robust 6.4 percent in emerging and developing economies but by only 1.6 percent in advanced economies in 2011(see table below).

These WEO projections rest on a number of assumptions: that European policymakers will be able to contain the euro area crisis to the so-called periphery countries, that U.S. policymakers strike a judicious balance between support for the economy and medium-term fiscal consolidation, and that ups and downs in global financial markets don't get worse. If the assumptions are not met, global growth will be much lower

One-off shocks including the earthquake and tsunami in Japan and social unrest in some oil-producing countries, stalling of the handover from public to private demand in the U.S. economy, major financial turbulence in the euro area, and sell-off of risky assets in global markets hit advanced country growth hard. And market concerns about the ability of many countries to stabilize their public debt are stifling/putting a damper on financial flows.

Twin rebalancing act stalling

The WEO repeated its mantra that both domestic and external rebalancing are essential to a revitalized global economy.

First, to achieve internal rebalancing, private demand has to take over from government stimulus. Despite considerable progress on this front in many countries, the major advanced economies lag behind. Reasons vary by country but tight bank lending, repercussions from the housing boom, and high household indebtedness are all putting stronger brakes on the recovery than expected.

Fiscal consolidation cannot be so fast that it kills growth, nor so slow that it kills recovery, said Blanchard. The key is credible medium-term consolidation. Other measures to prop up domestic demand, including continued low interest rates, increased bank lending, and housing loan resolution programs, are also essential, he stressed.

Second, countries with large external surpluses must achieve more domestically driven growth, while those with large deficits, most notably the United States, must do the opposite. This is not happening. While imbalances did fall during the crisis, that was due to the large decrease in demand for imports in advanced economies relative to precrisis trends, rather than an increase in imports by emerging economies with external surpluses. Now the forecast is for an increase rather than a decrease in imbalances.



Global growht will weaken despite emerging and developing countries strong performances. (Percent Change)

			Projections		Difference from June 2011 WEO Projections	
	2009	2010	2011	2012	2011	2012
World Output	-0.7	5.1	4.0	4.0	-0.3	-0.5
Advanced Economies	-3.7	3.1	1.6	1.9	-0.6	-0.7
United States	-3.5	3.0	1.5	1.8	-1.0	-0.9
Euro Area	-4.3	1.8	1.6	1.1	-0.4	-0.6
Germany	-5, I	3.6	2.7	1.3	-0.5	-0.7
France	-2.6	1.4	1.7	1.4	-0.4	-0.5
Italy	-5.2	1.3	0.6	0.3	-0.4	-1.0
Spain	-3.7	-O. I	0,8	1.1	0.0	-0.5
Japan	-6.3	4.0	-0.5	2.3	0.2	-0.6
United Kingdom	-4.9	1.4	1.1	1.6	-0.4	-0.7
Canada	-2.8	3.2	2.1	1.9	-0.8	-0.7
Other Advanced Economies	- ,	5.8	3.6	3.7	-0.4	-O. I
Newly Industrialised Asia Economies	-0.7	8.4	4.7	4.5	-0.4	-0.0
Emerging and Developing Economies	2.8	7.3	6.4	6.1	-0.2	-0.3
Central and Eastern Europe	-3.6	4.5	4.3	2.7	-1.0	-0.5
Commonwealth and Indipendent States	-6.4	4.6	4.6	4.4	-0.5	-0.3
Russia	-7.8	4.0	4.3	4.1	-0.5	-0.4
Excluding Russia	-3.0	6.0	5.3	5.1	-0.3	-0.0
Developing Asia	7.2	9.5	8.2	8.0	-0.2	-0.4
China	9.2	10.3	9.5	9.0	-O. I	-0.5
India	6.8	10.1	7.8	7.5	-0.4	-0.3
ASEAN -5*	1.7	6.9	5.3	5.6	-O. I	-O. I
Latin American and the Caribbean	-1.7	6.1	4.5	4.0	-0.1	-0.1
Brazil	-0.6	7.5	3.8	3.6	-0.3	0.0
Mexico	-6.2	5.4	3.8	3.6	-0.9	-0.4
Middle East & North Africa	2.6	4.4	4.0	3.6	-0.2	-0.8
Sub-Saharan Africa	2.8	5.4	5.2	5.8	-0.3	-0.1

^{*}Indonesia, Malaysia, Philippines, Thailand and Vietnam



Fiscal and financial uncertainty

Market worries about the ability of countries to stabilize their public debt have spread from a few small countries on the periphery of Europe to more counties in Europe and beyond to the United States and Japan. And concerns about sovereign debt and by extension that of the banks holding sovereign bonds have lead to a freeze of financial flows as the banks maintain high liquidity and tighten lending. There is a real risk of a feedback loop between low growth, nonperforming loans, weakened banks, and cuts in lending.

Until now emerging markets have enjoyed immunity from adverse global economic developments. They now face even more volatile capital flows and, along with low-income countries, diverse export conditions.

Forceful action

The risks to the global economy are many, but three in particular demand strong action by policymakers:

- In *the euro area*, banks must be made stronger, not only to avoid deleveraging and maintain growth, but also, and more importantly, to reduce risks of vicious feedback loops between low growth, weak sovereigns, and weak banks. This requires additional capital buffers, from either private or public sources.
- The top priorities in the *United States* include devising a medium-term fiscal consolidation plan to put public debt on a sustainable path and to implement policies to sustain the recovery, including by easing the adjustment in the housing and labor markets. The new American Jobs Act would provide needed short-term support to the economy, but it must be flanked with a strong medium-term fiscal plan that raises revenues and contains the growth of entitlement spending.

• In *Japan*, the government should pursue more ambitious measures to deal with the very high level of public debt while attending to the immediate need for reconstruction and development in the areas hit by the earthquake and tsunami.

Building on success

The situations of *emerging and developing economies* vary widely, but after strong growth in recent years and on the horizon, most are in the enviable position of being able to invest in growth and employment and to brace against future global economic volatility. In a number of economies, signs of overheating continue to warrant close attention. In others, monetary tightening can pause while uncertainty is very high. Most economies should continue to lower fiscal deficits.

Large capital inflows in some emerging economies are a signal to those countries to further strengthen their macroeconomic and financial policy frameworks and reform their economies so that these inflows have productive outlets. And high food prices underscore the need for developing well-targeted social safety nets that protect the most vulnerable from hunger.

September 20, 2011

Source:

Author: IMF- International Monetary Fund **Publication:** IMFSurvey Magazine **Website:** www.imf.org



IMF- International Monetary Fund

The International Monetary Fund (IMF) is an organization of 187 countries, working to foster global monetary cooperation, secure financial stability, facilitate international trade, promote high employment and sustainable economic growth, and reduce poverty around the world.



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Certification of medical software: the EU regulatory framework

he increasing dependence of electronic products from embedded software requires to verify the reliability of software systems installed within the medical devices as well as the associated risks at all levels of usage. Software failures in medical devices could have extremely serious consequences, or even result in death.

According to Directive 2007/47/EC a software, either or not incorporated into medical devices, whose utilization and intended purpose meets the definition of medical device, will be subject to the related regulations. This includes many software products that are currently not regulated. Furthermore, for any devices incorporating software or which are medical software in themselves, the software must be validated according to the state of the art, taking into account the principles of development lifecycle, risk management, validation and verification.

Stand alone software is therefore considered as an active medical device (Annex IX, rule 1.4), classified as class I, IIa, IIb or III. For instance, software packages that allow to perform implant simulation on PC are now considered active therapeutic medical devices. Stand alone software must bear CE mark to move freely within the Community and to be put into service for its intended purpose.

Related standards

The following European, International, and National standards introduce specific requirements for software:

- ISO TS 25238:2007, Health informatics Classification of safety risks from health software (as a TS not MDD harmonized)
- ISO TR 27809:2007, Health informatics- Measures for ensuring patient safety of health software (as a TR not MDD harmonized)
- ISO/IEC 80001-1, Application of risk management for IT-networks incorporating medical devices (work in progress)
- IEC TR 80002-1 Medical device software Guidance on the application of ISO 14971 to medical device software (Approved, at IEC waiting for publication, as a TR no candidate for MDD harmonization)
- EN ISO 14971:2007, Medical devices Application of risk management to medical devices (MDD harmonized)
- EN IEC 62304:2006, Medical device software Software life cycle processes (MDD harmonized)
- EN IEC 60601-1-4:1996 + A1:1999, Medical electrical equipment General requirements for safety Collateral standard: Programmable electrical medical systems (MDD harmonized)
- EN IEC 60601-1-6, Medical electrical equipment General requirements for safety Collateral standard: Usability (MDD harmonized)

- EN IEC 62366:2007, Medical devices Application of usability engineering to medical devices (MDD harmonized)
- EN IEC 62274, Medical electrical equipment Safety of radiotherapy record and verify systems (not MDD harmonized)
- **IEC 62083**, Medical electrical equipment Requirements for the safety of radiotherapy treatment planning systems (MDD harmonized) The basic assumption is that both development and maintenance of the medical device software takes place within a quality management system and a risk management system, whose standards of reference are respectively the ISO 13485 and the ISO 14971.

Quality management system

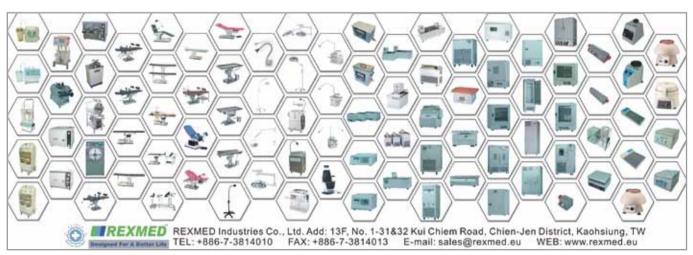
According to ISO 13485, the organization (medical device manufacturer) must validate any processes of production or service provision, in order to address any deficiencies emerging only after product usage or delivery of the service.

Validation should prove the ability of these processes to achieve planned results. It requires specific methods and procedures which define criteria for processes and equipment approval, personnel qualification, and for revalidation. In particular, procedures for software validation must be in place before initial use, from production and to service provision, to guarantee product conformity to the specified requirements.

Risk management system

Recently the technical report IEC 80002-1 has been prepared as a guidance on the application of ISO 14971 to medical device software. The author was a joint working group of several committees (subcommittee 62A: Common aspects of electrical equipment used in medical practice; IEC technical committee 62: Electrical equipment in medical practice; ISO technical committee 210: Quality management and corresponding general aspects for medical devices).

Establishing the safety and effectiveness of a medical device containing software requires knowledge of software's intended purpose, and demonstration that it can be fulfilled without any unacceptable risks. In addition, as software should always be considered in a system perspective, software risk management cannot be performed apart from the system.





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- Radiographic systems, for routine and specialized radiography;
- R/F systems, for all radiographic and fluoroscopic examinations with advanced Digital Imaging Systems;
- Mammographic Units
- Endoral and Panoramic dental units

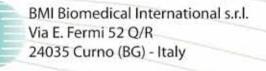
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The system risk analysis should identify software items that could contribute to a hazardous situation. Software risk management therefore means identifying those sequences of events that can lead to a danger, and spotting those points where the sequence can be interrupted, preventing harm or reducing its probability.

Such sequences of events may depend from two main reasons:

- a) unforeseen software responses to inputs (errors in specification of the software):
- b) incorrect coding (errors in implementation of the software).

These categories are specific to software, arising from the difficulty of correctly specifying and implementing such a complex system, and of fully verifying it.

Potential causes of software anomalies are: incorrect or incomplete specification of functionality, defects in software functionality, hardware or software failures that could result in unpredictable software operations, misuse. It is very difficult to estimate the probability of anomalies that could contribute to hazardous situations, and software does not fail randomly in use. Therefore, risk analysis of software aspects should focus on identifying potential software functionality and anomalies that could create such situations, rather than on estimating probability. Risks arising from these anomalies need most often to be evaluated on the severity of the harm alone.

EN62304. Medical device software – Software life cycle processes

EN62304 is a harmonized standard for software design in medical products adopted by the EU. Even though application of this standard is not mandatory, it ensures conformity with the essential requirements of the Medical Devices Directive 93/42/EEC (MDD), 90/385/EEC (AIMD) with amendment M5 (2007/47/EC), as related to software development. Another advantage is that EN 62304 is identical in all essential details to ANSI/ AAMI/IEC 62304:2006. Compliance with it is accepted by US FDA as evidence that medical device software has been designed to an acceptable standard.

The purpose of EN 62304 is to provide a development process to produce a high quality medical device software, by identifying the minimum tasks and activities needed. The standard acknowledges that there is no method to guarantee 100% safety for any kind of software, but it also identifies three major principles which promote safety for medical device software:

- risk management
- · quality management
- software engineering

Software safety classification

Software safety is classified on the basis of the associated risk. For medical devices, risk is estimated as the combination of the severity of an injury and the probability of its occurrence. However, there is no consensus on how to determine the probability of occurrence of software failures through traditional statistical methods. When risk is estimated for medical software, only the severity has to be accounted for, in other words, I 00% probability is assumed for any failure.

The software is classified into three risk classes:

Class A: No injury or damage to health is possible

Class B: Nonserious injury is possible

Class C: Death or serious injury is possible

Defining "serious injury," "nonserious injury," "injury" and "damage to health" is important to apply this classification. The standard only defines "serious injury," as an injury or illness that directly or indirectly:

- a) is life threatening,
- b) results in permanent harm of a body function or damage to a body structure, or
- c) necessitates medical or surgical intervention to prevent the above mentioned permanent damages.

The lack of definition of injury or damage to health may result in a grey area involving the normal side effects of treatment of a condition as opposed to the device itself causing injury.



There are significant differences in the development process in terms of cost and time between a Class A and Class B or C code. A summary of the activity to be carried out for each class is reported in the (informative) Annex A of the standard. Any company developing medical device software will carry out verification, integration and system testing on all software classes. However, the difference is that Class A code does not need formal detailed documentation, saving much time and money in software development.

Software items and units

This standard describes the composition of a software in the following terms: the software system (top level) can either be a medical device itself or subsystem of a medical device, while the lowest level (not further decomposed for the purpose of testing or management) is the software unit. All levels of composition are called software items, meaning that a safety-critical software system can be split into items, each with a different safety classification.

Software development process

The software development process includes activities such as development planning (planning and developing tasks to reduce risks caused by software, at level of detail proportional to the risk), requirements analysis, architectural and detailed design, implementation and verification, testing and release. The software development process is then completed by a software maintenance process, to implement corrective actions or release revised version.

SOUP

Software of unknown provenance, or SOUP, is any code (tools or source code) lacking formal documentation, or developed by a third party with no evidence of controls on the development process. This code is deemed by definition as subject to faults. It is important to carry out a risk analysis on any SOUP code being proposed for the software under development, and to produce a rationale as to why this code should be used. The use of SOUP is affected by the safety classification of the code. If it is Class A, then SOUP code can be used without further justification. As the class increases, the risks increase as well, and the rationale becomes harder to justify.



Source:

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South Africa: Health Sector and Medical Industry Updates

Health Sector

On 12th August 2011, a Green Paper on a National Health Insurance system was released, which summarizes a number of current health sector system reforms, including:

- The reconfiguration of the Primary Healthcare System and the deployment of specialist teams to districts
- The designation of hospitals in district, regional, tertiary and central health facilities
- The implementation of the Office of Health Standards Compliance (whose staff should be appointment early 2012)
- Centralised procurement of supplies

New aspects include some details on contracting with private providers (via District Health Authorities), rules on remuneration that will be based on per patient annual fees worked out on a risk-assessed base, considering international fee benchmarks. The document also states that "health technology" will remain a function of the National Department of Health and envisages the institution of a new Coding system. However, no details are provided as to the contributions that employers, individuals and the general taxation will make. Even the exact nature of the package of care to be provided at facility level is not disclosed. The Ministry of Health has actually outlined some exclusions from the package, such as cosmetic surgery and dentistry done as a matter of choice, expensive eye-care devices like trendy spectacle frames, as well as medicines not included in the National Essential Drug List (except for complementary lists approved by the Ministry after consultation with expert groups). Comments can be made on the paper until 11th October 2011, by writing to the office of the DG.

The National Consumer Commission has issued draft Recall guidelines. In the absence of medical device regulations or guidelines on this matter, complaints received at the Commission may lead to it instituting recall procedures, unless recall is undertaken voluntarily by the company concerned. Section 60 in the Consumer Protection Act envisages the development of "industry-wide" codes on recalls that may result from reports on failures, defects or hazards. The Consumer Commissioner is also said to be is investigating medical schemes' compliance with the Consumer Protection Act. Controversial areas include limitation of choice by using designated service providers, scheme communications and rules, waiting periods and late joiner penalties.

The Council for Medical Schemes (CMS) issued the annual guideline for medical schemes to plan and submit benefits and premiums for 2012. Scheme estimations are due to reach the CMS by I October 2012. The guideline estimates various expenditure components and their expected increase. The stability in the exchange rate is said to reduce input costs for local manufacturers and imported medical devices. Only minimal changes in demographic profiles and diagnostic technologies are expected, however, medical insurances should keep them in check. According to latest CMS releases, diagnostic tests (e.g. ECG's, CT scans, MRI scans, blood tests and chest x-rays), medical treatment, surgical procedures, rehabilitation, assistive devices such as wheelchairs and walking rings, are included in the benefits that should be covered by schemes.

The DoH has released a series of document on its website www.doh. gov.za, including:

- \bullet Draft HR Strategy for the Health Sector: 2012/13 2016/17 Consultation Document
- Useful HR statistics
- An HR planning methodology
- Policy on the management of public hospitals (comments due by 11 October 2011)
- Draft regulations on health facility categorisation (up for comment by II October 2011)

The Hospital Association of South Africa (HASA), the Council for Medical Schemes (CMS), the Board of Healthcare Funders (BHF) and the Department of Health (DoH) made presentations to Parliament on private sector health pricing, Both the DoH and CMS emphasised that technology drives pricing, and encourages close relationships between healthcare professionals and hospitals, leading to cost increases. The price negotiation model presented by the CMS incorporates the Medicines Pricing Committee and REF processes into the central pricing authority. The DoH also indicated a preference for a price negotiation model, based on experiences in the UK, Netherlands, Belgium, Portugal and Switzerland. It is not clear where devices, and procedures using devices, will stand within such pricing frameworks.

on the 2010 Employment Equity Reports received from employers in South Africa. The economically active population (EAP) of 17,370 million people, which is also used in the BEE scorecard for bonus points, looked as follows for 2010 in terms of ethnic group and gender: Of the more than 17 million persons making up the EAP, 18,534 reports were received by the Department of Labour covering 5 280 037 employees. The Report covers the collated performance per the top 4 job levels for just over 1.8 million employees. The greatest strides have been made in the junior management / skilled level of employment,

with the report noting that "progress over the years has been gradual

and slow with whites continuing to dominate in the three uppermost

occupational levels". A copy of the report can be downloaded at the

South African Department of Labour website (www.labour.gov.za)

The Employment Equity Commission (EEC) issued its Annual Report

The World Bank in July issued a Report on South Africa entitled South Africa: Economic Update – Savings, Investment and Inclusive Growth. Key findings include, amongst others:

- GDP growth is projected to be 3.5% in 2011, 4.1% in 2012, and 4.4% in 2013. With strengthened recovery the focus shifts back to the challenge of raising growth to 6-7% and making it more inclusive to cut down the high unemployment rate.
- Relatively low private investment despite high rates of return implies that the real problem might lie in structural impediments, in particular: high industrial concentration; issues with skills development; uncertainty generated by industrial relations.
- Inclusive growth is made difficult by low rates of savings and investment, low employment intensity of production and slow productivity growth. A stimulus to any one of three elements can generate a virtuous cycle of faster capital accumulation, more job creation and greater technological advancement.

Medical Devices Industry

The healthcare industry in South Africa is largely based on the public sector, with 300 hospitals and clinics, but the private hospital market is

growing rapidly. The annual market turnover of the medical devices industry is over US\$1 billion, growing at an estimated rate of 7% per annum. While the public sector, accounting for the majority of the market, is tender-based and highly price sensitive, the private market is more diversified. 90% of medical devices in South Africa are imported, main countries of origin are Europe and USA, and for a reduced share also Japan and Mexico. There are roughly 350 distributors in the market.

South Africa does not have a comprehensive system of medical device regulation. Usually, products bearing CE mark or approved by FDA find no difficulties in entering the market. An exception is for electromagnetic medical devices (or radiation emitting devices), which must be registered with the Department of Health through the Directorate of Radiation Control and bear the CE mark. FDA approved electro-medical products without the CE mark will not be accepted. Any distributor wishing to sell an electro-medical product in South Africa must obtain the license from the Directorate of Radiation Control. There are no special tariffs or restrictions reserved for used/refurbished equipment, as there is no distinction made between new and refurbished/used medical devices.

The South African Department of Health has recently published the Draft Medical Device Regulations for public comment, an important policy document for the implementation of a comprehensive regulatory system. A conference led by Deputy Minister of Health, Dr Gwen Ramokgopa, was held on September 7th and 8th in Boksburg, near Johannesburg, addressing the subject of quality and use of medical devices at public and private health facilities. The seminar served as a discussion platform among 400 international and local health technology experts, including researchers, academics and manufactures and distributors of medical devices. Speakers from international organisations

such as World Health Organization, Global Harmonization Task Force, the Asian Harmonization Working Party and some from established and emerging regulatory authorities like the United Kingdom, Australia and Saudi Arabia shared their country experience. Commenting on the regulations, Dr Ramokgopa said: "For the first time, South Africa will have comprehensive regulations that are meant to improve safety, quality and performance of all medical devices used at health facilities". She added that the sale of unsafe and unregistered medical devices will be prohibited.

Source:

SAMED - South African Medical Device Industry Association

ESTABLISHED in 1985, SAMED is recognised as an important player in the South African healthcare industry. The association, which promotes, represents and safeguards the interests of the South African Medical Device and In-Vitro Diagnostics (IVD) industry, focuses on healthcare matters including providing proactive representation to relevant and appropriate stakeholders as well as encouraging ethical principles and practices within the sector.

Contact SAMED:

PO Box 651761 Benmore 2010, South Africa Phone: +27 11 777 7500 Fax: +27 11 777 7501 E-mail: info@samed.org.za Website: www.samed.org.za

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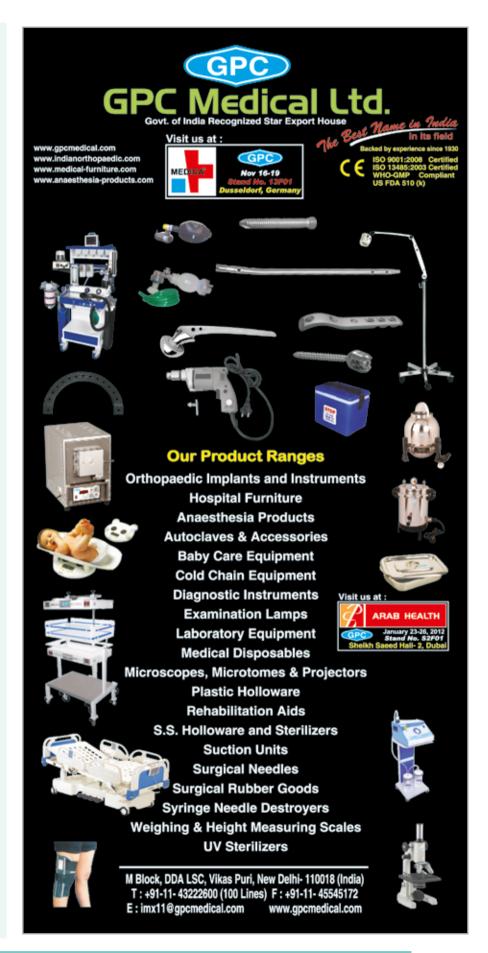
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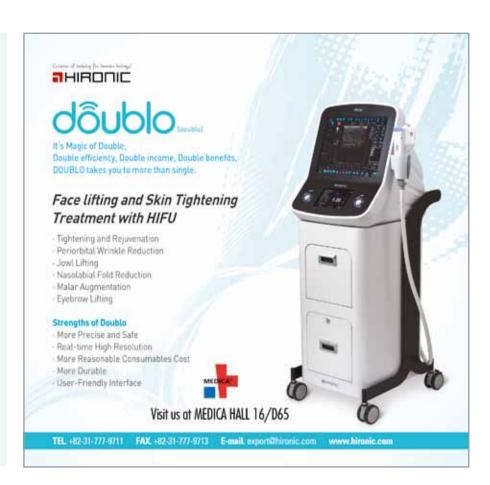
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Patients better protected against faulty or poor quality medical devices thanks to new ISO standard

Thousands of new medical devices enter the market every year. Are they safe? A new ISO International Standard will help to assess better the safety and performance of medical devices and so improve the protection of patients, provide a technical basis for regulation and minimize technical barriers to trade.







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Visit us at Medica 11 Dusseldorf November 16-19 Booth 6E 25 ISO 14155:2011, Clinical investigation of medical devices for human subjects – Good clinical practice, will help to improve the quality of medical devices and encourage manufacturers to guarantee that their products do not compromise patient safety. In 2007, the World Health Organization (WHO) reported that in the United States, more than one million accidents attributable to medical devices occur annually and that, in some developing countries, as much as half of medical equipment is unusable or only partly usable.

ISO 14155:2011 addresses good clinical practice for the design, conduct, recording and reporting of clinical investigations carried out on human subjects to assess the safety or performance of medical devices for regulatory and other purposes.

This International Standard specifies general requirements intended to:

- Protect the rights, safety and well-being of human subjects
- Ensure the scientific conduct of the clinical investigation and the credibility of the clinical investigation results
- Define the responsibilities of the sponsor and principal investigator
- Assist sponsors, investigators, ethics committees, regulatory authorities and other bodies involved in the conformity assessment of medical devices.

There are an estimated 1.5 million different medical devices available worldwide and thousands of new and innovative medical devices are introduced in the market every year. At the national level, different tests

including clinical investigations on human subjects, are required before a medical device is granted marketing authorization. This process can be very costly if not carried out with the right methodology and constitute a barrier to international trade if not performed at a global acceptable level.

ISO 14155 will help to overcome these barriers and to respond to the growing demand for standardized methods of assessment of medical devices available on the market. Danielle Giroud, Convenor of the Working Group that developed the standard, comment, "The requirements laid out in ISO 14155 are a major step towards global acceptance of clinical data, following these requirements will ensure increased cost effectiveness to reach the global market and help keeping medical devices safe on the market.

Applying the standard to any clinical investigation is just good business." ISO 14155:2011 was developed by ISO technical committee ISO/TC 194, Biological evaluation of medical devices, Working Group 4, Clinical investigations in humans, and is available from ISO national member institutes (see the complete list with contact details).

It may also be obtained directly from the ISO Central Secretariat, price 168 Swiss francs through the ISO Store or by contacting the Marketing, Communication & Information department.

Source:

www.iso.org



Patients prescribe ease-of-use for the medical device industry

ew patient study by Cambridge Consultants suggests user experience should be at the forefront of pharmaceutical product development

Cambridge Consultants, a leading technology design and development firm, has released the findings of a study which examines how device usability impacts patient acceptance, dosage compliance and ultimately health outcomes. Looking at the role lifestyle factors and device features play in patient compliance for drug and device combination products, the research supports the idea that pharmaceutical companies could improve the market share of their drugs if the emphasis was shifted to the broader patient user experience.

Participants in the survey included healthcare providers, which play critical roles in determining a drug's market success, and over 240 diabetes patients who used combination products daily, such as injection pens, auto-injectors or insulin pumps. Responses indicated that patient compliance directly influences patient health and drug efficacy, suggesting that delivery device design should be focussed on supporting compliance on multiple levels.

Specifically, the study shows that:

- Patients will pay more for ease-of-use. 77% of patients responded that they would be willing to pay a slight premium (around \$5) for more user-friendly devices.
- Patients have a greater choice of devices than ever, and are making informed decisions. 75% of patients reported that their doctor gave them a choice of which device to use. Of these, the largest percentage (28%) took their doctor's recommendation, however a close second at 21% stated they did their own research before selecting a device.
- Lifestyle factors the biggest reason for changing devices. Of the patients who had later requested a change in their drug delivery devices, lifestyle factors such as discretion (28%) and portability (21%) were by far the biggest catalysts for change.



• Doctors recognize that better devices mean better compliance. Notably, every healthcare provider surveyed believed that device usability impacts patient compliance.

"The findings challenge traditional medical device industry conceptions about compliance and the patient experience," said Melanie Turieo, Human Factors Team Leader at Cambridge Consultants. "The industry has been good at maximizing drug efficacy but patient experience factors have not really been a primary focus. Only now are we seeing the patient experience take center stage. Drug makers need to realize that if you consider the patient's broader needs throughout the development process—from conception, to design, development and commercialization—you are likely to have a more successful and effective product, resulting in improved compliance and therefore improved patient outcomes."

Patient experience is defined as encompassing all aspects of a patient's interaction and experience with a medical product. This is a holistic approach including elements like smarter packaging, instructions for use, starter kits, and developing online device or therapy communities. In a time of increased online collaboration, patients have become increasingly aware and proactive in defining their treatment regimens. Online community portals such as patientslikeme, Cure Together, and tudiabetes.org have become increasingly important tools for patients and providers alike to validate or discredit certain drugs or devices.

Source:

Cambridge Consultants - www.cambridgeconsultants.com

Cambridge Consultants is one of the leading technology design and development companies, with a long history of working on new products for many of the world's leading pharmaceutical and drug delivery companies. Cambridge Consultants applies its human factors engineering and industrial design expertise across disciplines and industries, from conception to commercialization.

For further information: Tim Masih, Press & Communications Manager Tim.Masih@CambridgeConsultants.com

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Silfradent: From blood to tissue regeneration

CGF stands out among new discoveries, it is a platelet concentrate isolated from blood samples through a process implemented by SILFRADENT-Forlì.

ver the last 10 years, the tissue engineering made enormous progress in identifying new strategies in tissue regeneration field, such as the use of "platelet concentrate" which constitutes a relevant and innovative clinical approach.

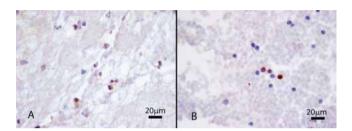
Several studies have highlighted the importance of platelets for tissue regeneration thanks to their ability to provide a large quantity of growth factors: Pdgf (Platelet derived growth factor), Tgf-B(Transforming growth factor-B), Fgf (Fibroblast growth factor), Vegf (Vascular endothelial growth factor) and lgf (Insulin-like growth factor) are involved in the induction of cell proliferation, in the remodeling of the extracellular matrix and in the angiogenic mechanisms, which are implemented during the different stages of regeneration.

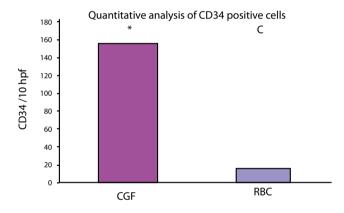
In light of these considerations, in recent years several methods to produce platelet concentrates that contain a high concentration of autologous growth factors have developed. Platelet concentrates are obtained from patient's venous blood through a standardized process of centrifugation, which (sometimes with the addition of exogenous substances) allows to isolate a fraction rich in platelets and growth factors, precisely known as "platelet concentrate" or "platelet gel". Concerning the clinical application, the regenerative effect of these preparations is widely demonstrated in different clinical fields such as Maxillofacial Surgery, Orthopedic Surgery, Aesthetic Surgery, Ophthalmology, Sports Medicine and Dermatology.

CGF (Concentrated Growth Factors) represents a new generation of platelet concentrates able to hold inside a higher concentration of autologous growth factors. Like other platelet concentrates, it is isolated from blood samples through a simple and standardized separation protocol, which is performed by means of a specific centrifuge (Medifuge MF200, Silfradent srl, Forli, Italy) without the addition of exogenous substances. Its main feature is in its consistency: it is an organic matrix more rich in fibrin and therefore more dense than

other platelet concentrates able to trap a greater quantity of platelets and growth factors. Furthermore, it has been found to contain CD34 positive cells, cellular elements which are normally recruited by blood to damaged tissues and which play a key role in maintaining vascular homeostasis and in angiogenesis and neovascularization.

Concerning CGF applications, its efficacy has been so far demonstrated in oral and maxillofacial surgery, in maxillary sinus lift procedure and profile ridge augmentation. However, its features make it suitable for its use (alone or with other biomaterials) in other fields where tissue regeneration is required.





Immunohistochemical starting of CD34 in CGF (A) and RBC (B) layers .The graphs showed the number of CD34 positive cells in 10 hpf for ten sections in CGF and in RBC layers (C). (Available on line www.wileyonlinelibrary.com)



Fast Improvement of Quality of Life in Patients Suffering From Skin Disorders Using Targeted UV Phototherapy

A

ostract

Psoriasis, eczema, and vitiligo are prevalent skin disorders associated with a high level of patient distress. High clearance rates can be obtained with two main approaches: biologic drugs and targeted ultraviolet (UV) phototherapy. Biologics are effective but are associated with potentially serious side effects and are not suitable for long-term use. Targeted UV phototherapy offers a device-based approach that can focus on the areas of greatest concern to the patient and has an excellent safety profile and good cost-effectiveness.

Introduction

Psoriasis, eczema and vitiligo are prevalent skin disorders associated with a high level of patient distress. Patients with psoriasis, eczema (atopic dermatitis), and vitiligo may suffer psychological unease, embarrassment and reduced quality of life derived from stigmatization, social isolation, low self-confidence, and depression, including suicidal ideation and anxiety. These effects are disproportionate to the clinical severity of their condition. Psoriasis patients that were evaluated on a health-related quality-of-life (QOL) questionnaire reported physical and mental conditions similar to those suffering from cancer, heart disease, diabetes, hypertension, and depression. In some parts of the world, especially in patients with darker skin, vitiligo (areas of skin without pigmentation) stress and social isolation is exacerbated.

Reduced QOL is typically associated with specific and limited aspects of the skin disorders. Pruritus ("itching") associated with some skin disorders in the scalp area can impair sleep. When the skin disorder is visible, particularly on the face, it can make patients self-conscious and even embarrassed. For example, a relatively "mild" case of eczema on the hands may make a business man feel awkward about the simple act of shaking hands. Scaly patches on the face can be extremely upsetting to a young woman. Perhaps more disruptive, many patients present with lesions on the face and genital areas and report diminished satisfaction with their romantic and sexual life.

Current Treatment Options

There is no cure for psoriasis, eczema, or vitiligo, a fact that may increase patients' despair. Most patients with skin disorders initially try to treat the disorder at home using over-the-counter products. However, the front-line medical approach is apt to treat only mild cases of skin disorders with topical products. For moderate to severe cases, or even refractory cases, there are two main approaches with good clearance rates: biologic drugs and targeted ultraviolet (UV) phototherapy.

Biological agents are an important advance in pharmacological therapy, but these powerful drugs are associated with troubling side effects, to the extent that long-term use of these drugs is not prudent. Among these agents there are substances associated with negative side effects such as nephrotoxicity, birth defects, hepatic and hematological toxicities, itchy skin, dry mucus membranes. Long-term safety data are limited for the newest biologics but potential adverse effects are concerning, including risks for respiratory tract infection and malignancy. Furthermore, biologic therapy can be expensive. On the other hand, these agents can be highly effective and many patients with skin disorders opt to use them despite safety concerns. Biologic drug therapy must be taken by the patients on a continual basis to maintain effectiveness.

Targeted UV phototherapy is a device-based treatment for skin disorders that is highly effective, not systemic, and has an excellent safety profile. With about a decade of experience, targeted UV phototherapy has been shown to be safe and effective in the highly localized treatment of lesions associated with psoriasis, eczema and vitiligo.

In many cases, the patient's distress with the skin disorder is focused on one or two specific body regions. Targeted UV phototherapy allows the physician to target the specific body areas that are most distressing to the patient, for example, an itching scalp, unsightly lesions in the genital area, or scale on the face or hands. By targeting the lesions of most concern—and only those lesions—clinicians can quickly obtain a high clearance rate with excellent safety. This, in turn, will rapidly improve the patient's QOL and sense of well-being. Rapid clearance without systemic (whole body) side effects increases the patient's satisfaction with the treatment. Targeted UV phototherapy may then be administered on an "as-needed" basis in the future.



Source:

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Society and Media Directorate-General, providing an overview of how Europe's acute hospitals use eHealth. The survey covers thirteen selected key indicators in 30 European countries, which were applied to four types of hospitals: large hospitals, public hospitals, university hospitals and those hospitals that belong to a dedicated national or regional eHealth network.

Great differences emerge on the level of eHealth in hospitals across the European countries, in several fields such as infrastructure, broadband connection, integration of eHealth applications in the system, exchange of medical electronic data with external healthcare providers and patients' access to eHealth services. However, a comparison of 2010 results with the previous similar surveys undertaken in 2004 and 2006 shows good progress of eHealth in European hospitals especially in broadband penetration and ePrescription.

Key ICT-related developments in Europe's acute hospitals

Specific indicators of eHealth progress in European acute hospitals considered in the survey are, among others: high-speed broadband connectivity, ePrescribing, availability of an integrated system for eReferral, exchange of radiology reports with external providers, and having an enterprise archive strategy in place for disaster recovery immediately or in less than 24 hours.

Currently about 92% of European hospitals surveyed by the study are connected to broadband. Yet, there are considerable differences among the countries regarding the quality of broadband speed provided,

for instance availability to hospitals of broadband speeds over 50Mbps range from 100% in Denmark to 20% in Greece. On average 52% of hospitals have a bandwidth of below 50Mbps, holding potential for improvement of next generation broadband (>100Mbps) as high bandwidth is important to advance digital imaging and telemonitoring. Moreover, investment in broadband and next generation networks is among the actions targeted by the Digital Agenda for Europe, the European Commission strategy on Information Society up to 2020.

xtract from the study: "Benchmarking deployment of eHealth services III" published by the EUROPEAN COMMISSION, Information

About 54% of the hospitals with broadband offer wireless communication systems, mainly from workstations (75%) and to inpatients (47%), while only 28% provide for wireless monitoring of inpatients. Videoconferencing facilities are available in nearly 40% of the European hospitals, mainly for consultation purposes between internal medical staff and external healthcare providers.

65% of hospitals have a common electronic patient record system and 61% have a picture archiving and communication system (PACS), while 43% uses electronic exchange of radiology reports. Although electronic patient record systems and PACSs can be accessed from a number of locations inside

the hospitals, they are less accessible from outside the hospitals by external healthcare providers or by patients. In fact, only 4% of hospitals grant patients online access to their electronic patient record. However, this figure is expected to rise in the next few years, as access and utilization of digital records in hospitals are important matters of discussion for the Digital Agenda for Europe (whose goals include "secure online access to medical data by 2015", interoperability, "widespread deployment of telemedicine services"). Currently hospitals are still under-utilizing relevant eHealth services and applications such as telemonitoring. On the other hand, eBooking is available in 71% of the European hospitals in the survey, followed by systems for electronic transmission of clinical test results (70%) and for electronic service order-placing (55%).

What is still to be done?

ePrescription is currently available in only 30% of the hospitals surveyed and it mostly connects only to internal pharmacies inside the hospital. Diffusion of outpatient telemonitoring is as low as 8%, although it is a priority on the European eHealth policy agenda.

Exchange of clinical care information outside the hospital with other providers is still not common: 54% of acute hospitals do not have

64 • Infomedix 3/2011 Imcsike/ Shutterstock.com

it at all, 57% do not exchange laboratory results and 57% do not exchange medication lists. Going further, cross-institution and cross-country electronic medical exchanges are even more unusual. For instance, only 5% of the hospitals in the survey have any kind of electronic exchange of clinical care information with healthcare providers in other EU countries.

Concerning security and privacy regulations for electronic patient medical data, 71% of Directors say that there is such a regulation in use at hospital level and 63% say that there are national regulations in place. The most commonly used security measure is the use of passwords to access workstations (93%), while more sophisticated systems such as encryption of transmitted data and digital signature for data entry are mainly used in large hospitals that belong to groups of hospitals or care institutions.

83% of hospitals also have an enterprise archive strategy in place, allowing to recover critical infrastructure in short time, but the diffusion rate of integrated adverse health events reporting systems is as low as 39%.

Part of the survey focuses on Medical Directors' perceptions and attitudes towards electronic patient record systems and telemonitoring. While the first remains a top concern, telemonitoring to outpatients has the lowest investment priority, although its already low diffusion (8%). A reason for such difference lies in the perceived efficiency of electronic patient record systems. Half of surveyed Medical Directors estimate that after introducing the system, the number of daily patient admissions has increased while waiting lists have been reduced. Nevertheless, only about a quarter of them perceives an improvement in quality of treatment, mainly as a consequence of interoperability problems between different departments' electronic patient record systems and of insufficient financial incentives for the staff to use these systems. The situation is different for telemonitoring which doesn't apparently pose any barriers , but whose impact on the quality of care is underestimated and leads to a low rate of implementation.

On general terms the main differences registered for eHealth among the European countries are both geographical and organizational. Nordic countries paved the way with Denmark and Belgium in the leading

positions, and the progress is also more evident for large hospitals, public hospitals and university hospitals in comparison with private and non-university hospitals. These larger institutions are advanced in implementing eHealth both within and outside the hospital site, and both with external healthcare providers and patients.

According to the study, comparisons made with USA hospitals show that although European hospitals are more advanced in external medical exchanges with providers outside the hospital own system, American hospitals have better results in implementing eHealth applications such as viewing of lab reports, radiology images and discharge summaries.

Important future policy actions highlighted by the European Commission include: further investigations on the need for more ultra-fast broardband in hospitals; more incentives for health professionals to use electronic patient record systems and improvement of patients' access to them; a focus on interoperability and investment in low telemedicine deployment such as telemonitoring; involving more hospitals in a pan-European approach to electronic patient data exchanges.

Source:

EUROPEAN COMMISSION, Information
Society and Media Directorate-General
"eHealth Benchmarking III" Final Report,
Deloitte & Ipsos Belgium 13th April 2011
(The report is available on-line at: http://
ec.europa.eu/information_society/eeurope/
i2010/docs/benchmarking/ehealth_benchmarking_3_final_report.pdf)



Innovative network for personalised health care, the EU way

uropeans continue to push the envelope when it comes to developing sophisticated technology that benefits various sectors across regions. A new project funded by the EU is continuing this effort by targeting the development of a massive network of computer programs that could revolutionise health care in Europe and beyond. Developed by the ITFOM ('IT [information technology] future of medicine') project, which is backed under the 'Information and communication technologies' (ICT) Theme of the Seventh Framework Programme (FP7) to the tune of EUR 1.48 million, this network could help save money - and lives.

The ITFOM consortium, headed by the Max Planck Society in Germany, comprises 25 research institutes and industry groups from Europe and abroad. The team will be expanded as work progresses. The ITFOM partners will create 'virtual patients' (computational models of individual people) that will help specialists create personalised health systems based on patients' genetic and physiological make-up.

This will give both doctors and patients significant support; doctors in particular will benefit from such a system because they will have instant and in-depth knowledge of their patients' health needs and medical history. Not only will this give patients fast diagnoses of what ails them, but it will protect them from life-threatening side effects of wrongly prescribed medication. Another upshot is that less money will be spent on drugs.

The project partners say a number of ICT developments must be performed so as to ensure the success of this medicine. Getting and evaluating patient data quickly is key, as are the dynamic storage and processing of real-time patient data into relevant mathematical models. Bringing to fruition novel systems that can learn, predict and inform is also part of the plan. Doing all this will ensure that health care professionals and patients are given the support they need for good health and treatment.

Under the plan, the ICT technology - computing, storage, networking and modelling technologies - will enable doctors to use a patient's individual genome to inform every state of disease management, including diagnosis, treatment and follow-up. The model could be adapted to meet individual patient health demands.

Commenting on how computers models will change the way health care is provided, Professor Hans Westerhoff of the United Kingdom's University of Manchester, an ITFOM partner, says: 'ITFOM will make general models of human pathways, tissues, diseases and ultimately of the human as a whole. These models will then be used to identify personalised prevention and therapy schedules, and the side effects of drugs. The models will be there to help diagnose a particular problem and provide solutions. Obviously this would need to be done in con-







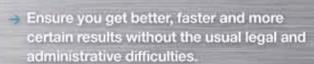
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junction with a person's general practitioner depending on the gravity of the situation. Making personalised medicine a reality will thus require fundamental advances in the computational sciences. It promises to be unique and groundbreaking because people could access their own health model. It is intended to be a large, straightforward system which can also inform treatment regimes. This is the first time that huge IT systems looking at individual care will be combined with genomics and medical needs.'

Professor Norman Paton, the head of Manchester's School of Computer Science, says ITFOM is making it possible for outcomes in medicine to get the boost they need. 'This is a fantastic opportunity to bring together advances from these three rapidly developing areas to bring about a paradigm shift in medical practice,' he comments.

The other ITFOM partners are from Austria, Belgium, France, Germany, Italy, Luxembourg, the Netherlands, New Zealand, Spain, Sweden, Switzerland and the United Kingdom.

For more information, please visit:

ITFOM: http://www.itfom.eu/

University of Manchester: http://www.manchester.ac.uk/







The EU Medical device industry fights competition and price pressure

The new industry survey MedTech Barometer 2011 by Simon-Kucher & Partners reveals that increasing competition and budgetary pressure on the provider side are the biggest challenges facing the medical technology industry in Europe.

Nobody would dispute that the medtech industry is a bastion of strength compared to other industry sectors in the current state of economic turmoil. Fueled by growth and an aging population which go hand in hand with an increasing prevalence of chronic and prosperity diseases, the EU market for medical technology products is and will continue to be a key place for the industry with growing demand for efficacious and efficient prevention, diagnosis and treatment methods. A second and deeper look at the EU markets, however, shows that the environment has become significantly more challenging in the recent years.

The EU market for medical technology products is and will continue to be a key place for the industry

Budgetary pressure on healthcare payers and providers is continuously increasing and the number of low-cost competitors in the industry has risen sharply. Although Europe is an important and growing market for medical technology products, managers of established and innovation-oriented companies need to tackle several commercial challenges and regulatory changes to secure profitable growth. These are the key findings of the MedTech Barometer 2011* conducted by global strategy and marketing consultancy Simon-Kucher & Partners.

The pricing experts asked 70 high-level decision makers from the world's leading medical technology companies in all key sub-sectors including equipment, supplies, devices, diagnostics, and dental products about the commercial trends and challenges they face.

Positive business outlook

Despite these challenges, the short-term business outlook for the medical technology sector in Europe remains positive. The respondents across the different sectors expect their operations to grow by +5 to

+10 percent in revenue, with device and diagnostics companies expecting the highest growth rates. The companies' average selling prices are expected to remain stable overall. Up to now, new product launches have been sufficiently offsetting the price erosion among established products.

Threat from low-cost competitors

50 to 60 percent of the respondents mentioned that they already face strong pressure from low-cost competitors. This pressure is expected to increase in the near future. Some medical technology sectors are confronted with low-price competitors that are on a par with the established players at least on a technological level. The diagnostics sector in particular has been heavily exposed to low-cost competition. While the equipment and supplies sectors expect pressure from low-cost competition to increase, the device side expects this pressure to persist but not worsen.

This new form of competition is threatening the market position of established players with its good quality and pre-dominantly me-too products at very attractive price points. These low-cost companies concentrate strongly on the trend of caregiver institutions that focus on cutting procurement costs.

Compared to established players that are driven strongly by innovation and have high research & development as well as sales & marketing expenditures, the new competitors follow different low-cost business models. Three forms of new low-cost competition can be observed in the EU marketplace:

- I) Asian "broad liners", who are still focused on R&D but benefit from lower personnel costs, scale on the procurement side, favorable currency fluctuations and lean sales and service models
- 2) "Copycats", who are copying established products by intelligently circumventing existing patents and who are comparably small in size and lean on the administration and sales side
- 3) "One-stop-shop" distributors, who benefit from procurement and sales scale and who offer their own private label products in addition to established brands



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Besides these new competitors, further low-price competition can be found among established players who offer basic and/or mature products at high discounts to protect the remaining part of their business or who offer a low-price product/brand alternative to their premium product by simply keeping an old generation product on the market.

50 to 60 percent of the respondents mentioned that they already face strong pressure from low-cost competitors

Most established companies are not considering the options of entering the race for lower prices and of slashing operating and R&D expenditures. Besides, this would likely exacerbate commoditization, slow down innovation and shake up the profitability of the entire sector. Instead of lowering prices, established players are focusing mainly on improving innovation, enhancing customer services and processes as well as on shifting their focus within their customer base.

Increasing price pressure

In addition to the low-cost challenge, 59 percent of the respondents expect overall market prices to be "worse or much worse" in the near future. This expected price deterioration can be primarily attributed to competitive dynamics and pressure from the customer side and, to a lesser extent, to unfavorable reimbursement developments. 60 percent of the respondents expect a "tighter to much tighter" reimbursement and funding environment in the future that is strongly driven by an uncertain fiscal climate and forecasted revisions of reimbursement prices and rates in the EU member states.

Maintaining the innovation level

The political framework and the demographic developments will continue to make Europe an important, growing and innovation-friendly market. However, the market climate for established industry players has and will continue to get tougher due to stricter reimbursement controls. Making the situation worse, the professionalism and power of buyers are strengthening. Coupled with consistently strong and escalating competitiveness in the sector, it won't be smooth sailing for established players.



Companies that launch true innovations with convincing clinical and/or economic benefits will continue to open up great market opportunities. Companies that only launch regular and gradual product improvements and/or companies with high exposure to very mature product categories better provide evidence of the clinical efficacy and cost-effectiveness — otherwise they won't survive. Without completely changing their business model, the long-term success of established players will largely depend on a strong innovation pipeline and how well they can control the price erosion of established products.

"Companies that launch true innovations with convincing clinical and/or economic benefits will continue to open up great market opportunities.

Companies that only launch regular and gradual product improvements and/or companies with high exposure to very mature product categories better provide evidence of the clinical efficacy and cost-effectiveness — otherwise they won't survive."

*About the MedTech Barometer 2011

The MedTech Barometer 2011 reveals commercial trends and challenges in the medical technology industry. The 70 survey respondents come from a pool of C-level executives, regional and BU heads, and senior functional executives representing all key sub-sectors including equipment, supplies, devices, diagnostics and dental.

The management summary is available upon request. Please contact Claudia Schulz at Simon-Kucher & Partners: claudia.schulz@simon-kucher.com, tel: +49 228 98 43 372.

Study authors



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He is specialized in strategic corporate development, mergers & acquisitions, marketing and pricing. Within multinational assignments he has supported several leading healthcare companies in improving their business performance. Joerg has published several articles on current management to-

pics. He is an external lecturer at the University of Basel and the European School of Business in Tuttlingen as well as a speaker at international conferences. He studied mechanical engineering and business administration at the Technical Universities of Munich and Karlsruhe, specializing in corporate development.

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Dr. Carlos Meca is a senior consultant at Simon-Kucher & Partners.

Carlos has been working as a consultant in healthcare-related projects for over five years. Among his areas of specialism are marketing plans, pricing excellence projects and international growth strategies for the healthcare sector. During multinational assignments Carlos has advised many leading healthcare companies and has worked onsite at various client locations in Europe.

He studied physics at the University of Lisbon and holds a PhD in medical imaging from the University of Paris as well as a Master's degree in management from the University Paris Dauphine.



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Interview to Mr Joerg Kruetten

How would you judge the overall expectations of European Medtech companies for 2011?

Despite the current economic turmoil, the short-term expectations are positive. Companies expect moderate growth at stable to slightly decreasing prices. The outlook for companies selling consumables is better than for capital equipment companies, as the latter have a stronger exposure to financing bottlenecks. The longer term picture is less positive.

Healthcare financing constraints will continue to put pressure on prices and drive demand towards less expensive products and/or suppliers. Business success will then largely depend on companies' abilities to launch true innovations with significant clinical and/or health-economic benefits.

2) What are the main challenges for European companies on international markets, while still dealing with the aftermath of the global crisis?

The biggest challenges for European companies in the context of internationalization are in dealing with different regulatory and reimbursement environments and in building up an effective sales and distribution platform. In many mature product categories, the local competitive set is already defined. In order to be successful in those markets and to break up existing supplier-customer relationships, you need to have a clear competitive advantage beyond just offering a lower price.

A big mistake European companies make in the context of internationalization is that they approach too many countries at the same time. Successfully entering a new market with a different regulatory and distribution environment requires resources, focus and full management attention. The best example for how challenging internationalization can be for European companies is the USA. Many have entered but only few have managed to build a profitably growing business.

3) Are European MedTech companies undertaking the right actions to counteract increased competition and price pressure?

European MedTech companies are generally still very R&D-oriented and successful innovations will be key to build competitive differentiation and to limit the exposure to increasing price pressure. I believe that European companies will have to improve in successfully interacting with economic purchasing decision makers. European companies are often extremely good at selling technical and clinical benefits to clinical users and technicians.

As healthcare product purchasing decisions are more and more influenced and/or driven by procurement managers and financial administrators, companies need to improve in selling clinical and economic benefits to non-clinical and commercially-driven stakeholders.

4) How can the European medical industry maintain its traditional leading role in innovation and research?

Continuing R&D success will largely depend on the available financing in Europe. As long as governments provide funding support, banks are able to give loans to companies to finance R&D projects and companies themselves are able to re-invest a significant proportion of their income into R&D, I would not be worried.

Looking at the ongoing financial crisis, one, however, has to be worried that R&D funding in Europe is likely to become tighter in the future. European companies will probably need to open themselves to alternative sources of financing such as financial investors. Another aspect to consider might be R&D and commercialization cooperations between European companies to put investments and risks on more than one shoulder. So far we are not seeing much of this in Europe.

In any case long-term business success in the European market place will require strategic and tactical adaption from established players, particularly in the area of R&D decisions and payer and provider relations. Topics such as:

- prioritizing and steering R&D projects early on according to reimbursement and price potential,
- producing better clinical and/or health economic evidence to support reimbursement and provider adoption,
- offering service support areas to payers and providers that measurably help to drive their organizational efficiency beyond pure price cuts, or
- offering new and intelligent contract models to providers that limit the upfront investment burden/that ensure budget compliance while securing customer commitment will be crucial in deciphering which companies will make the most out of the current situation and which will unfortunately fail.



More information:

More information about the international medtech competence center, please visit: www.simon-kucher.com/index.php/us/medical-technologies.html

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12,000 fewer children perish daily in 2010 than in 1990 –

UNICEF, WHO

he number of children under five years of age dying each year declined from more than 12 million in 1990 to 7.6 million in 2010, UNICEF and the World Health Organization said today, releasing the latest estimates on worldwide child mortality. These new figures show that compared to 1990, around 12,000 more children's lives are saved each day.

An annual report on child mortality found that in sub-Saharan Africa, the region with the highest number of under-five deaths in the world, the speed at which the under-five mortality rate is declining doubled from 1.2 per cent a year during 1990-2000 to 2.4 per cent a year during 2000-2010.

Between 1990 and 2010, the under-five mortality rate dropped by more than one-third, from 88 deaths per 1,000 live births to 57. Unfortunately, this rate of progress is still insufficient to meet Millennium Development Goal 4 (MDG4), which calls for a two-thirds reduction in the under-five mortality rate by 2015.

Some of the greatest improvements are in countries where children are most vulnerable. One example is Niger, where the 1990 under-five mortality rate was 311 per 1,000 live births. To address the often large distances between people and health centres, a strategy of deploying trained community health workers to deliver high-impact interventions at thousands of new health posts across the country was used. In 2010, Niger was one of the five countries with the greatest absolute reductions in overall under-five mortality rates, together with Malawi, Liberia, Timor-Leste and Sierra Leone.

The improvements and progress are encouraging – but stark disparities persist. Sub-Saharan Africa is still home to the highest rates of child mortality, with one in eight children dying before reaching five – more than 17 times the average for developed regions (1 in 143). Southern Asia has the second highest rates with 1 in 15 children dying before age five.

Under-five deaths are increasingly concentrated in sub-Saharan Africa and Southern Asia. The new estimates are published in the 2011 report Levels & Trends in Child Mortality, issued by the UN Inter-agency Group for Child Mortality Estimation (IGME), which is led by UNICEF and WHO and includes the World Bank and the UN Population Division.

Source: UNICEF- www.unicef.org

A study on North African Migrants Health

he European Union has launched a project named EU and North African Migrants: Health and Health Systems (EUNAM). Funded under the 7th FWP (Seventh Framework Programme), and coordinated by the German Cancer Research Center, the project aims to assess migrants' health, disease patterns and impact on health systems.

The coordinates of human health are complex even in a single population but they are even more complex in migrants whose life situation is always influenced by the host country and the country of origin. Some migrants may experience several host countries and some return to the country of origin. Thus it is important to survey well being, health status, disease panorama and use of health services of immigrants compared to the native population; such analyses would be incomplete without casting a view on the same indicators and parameters in the country of origin. Thus for this project we have collected a team of experts to cover health aspects of the full cycle of migration, viewing the health situation in Egypt, Tunisia and Algeria as representatives of the Mediterranean North African (NA) partner countries, the origins of vast numbers of immigrants in EU.

The EU partner countries from France, Italy, Germany (subcontracting Slovenia) and Sweden are not only receivers of the NA immigrants but they also have larger numbers of immigrants from others areas, allowing comparisons between immigrant groups. The team has experience on a variety of health and disease measures and it has an access to a variety of survey and register material relating to population health, disease patterns and function of health care systems.

Many of the surveys and diseases registers have been carried out/constructed by the present partners who thus possess unique sources of data. The team will be in the position to respond to the expectations of the call by reviewing health effects of migration from the country of origin to the host country and coming up with scientifically valid state-of-the-art evaluations and appropriate recommendations for scientific and health policy measures in improving the conditions for the EU immigrants.

Source: CORDIS (Community Research and Development Information Service for Science, Research and Development) - http://cordis.europa.eu



WHO maps noncommunicable disease trends in all countries

Country profiles on noncommunicable disease trends in 193 countries

14 September 2011 | Geneva - A new WHO report features information about the noncommunicable diseases (NCDs) situation in 193 countries, as global leaders prepare to meet at the United Nations high-level meeting on noncommunicable diseases in New York, 19-20 September 2011.

"This report indicates where each government needs to focus to prevent and treat the four major killers: cancer, heart disease and stroke, lung disease and diabetes," says Dr Ala Alwan, Assistant Director-General for Noncommunicable Diseases and Mental Health at WHO.

The report includes details of what proportion of each country's deaths are due to noncommunicable diseases. Using graphs in a page per country presentation format, the report provides information on prevalence, trends in metabolic risk factors (cholesterol, blood pressure, body mass index and blood sugar) alongside data on the country's capacity to tackle the diseases.

Noncommunicable diseases are the top cause of death worldwide, killing more than 36 million people in 2008. Cardiovascular diseases were responsible for 48% of these deaths, cancers 21%, chronic respiratory diseases 12%, and diabetes 3%.

"Premature" deaths

In 2008, more than nine million of all deaths attributed to NCDs occurred before the age of 60; 90% of these "premature" deaths occurred in low- and middle-income countries. One of the findings shows that men and women in low-income countries are around three times more likely to die of NCDs before the age of sixty than in high-income countries.

According to these estimates, the proportion of men dying under the age of 60 from NCDs can be as high as 67%. Among women under 60, the highest proportion was 58%.

The lowest rates of mortality from noncommunicable diseases for men under 60 were 8% and for women under 60 it was 6%.

Risk factors

The profiles report on the proportion of people who smoke and are physically inactive. They also indicate trends for four factors that increase people's risk of developing these diseases, blood pressure, cholesterol, body mass index and blood sugar over the past 30 years.

In the United States of America, for example, 87% of all deaths are due to noncommunicable diseases. 16% of the population smokes and 43% are physically inactive. On average, blood pressure has decreased since 1980; body mass index has increased; and glucose levels have risen.

Overall, the trends indicate that in many high income countries, action to reduce blood pressure and cholesterol is having an impact, but there is a need to do more on body mass index and managing diabetes.

Countries' capacity to prevent and treat noncommunicable diseases

The profiles show what countries are doing to tackle noncommunicable diseases in terms of institutional capacity, specified funding, and actions to address the four main diseases and their associated risk factors. The report also highlights what all countries need to do to reduce people's exposure to risk factors and improve services to prevent and treat noncommunicable diseases.

UN high-level meeting on noncommunicable diseases

The UN meeting will highlight the importance of setting targets for progress. This report provides all countries with a baseline for monitoring epidemiological trends and assessing the progress they are making to address noncommunicable diseases. The WHO plans to issue an updated report in 2013.

For more information, please contact:

Gregory Hartl Communications Officer WHO, Geneva Telephone: +41 22 791 4458 E-mail: hartlg@who.int

Source: World Health Organization - www.who.int





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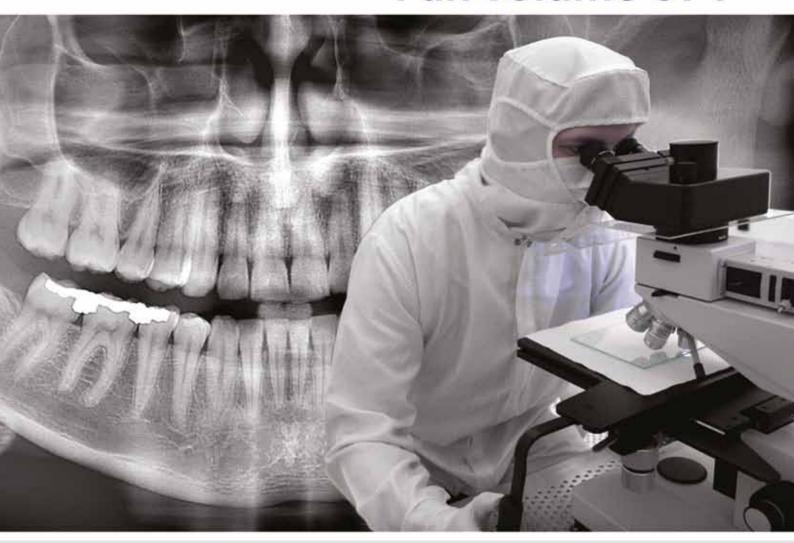


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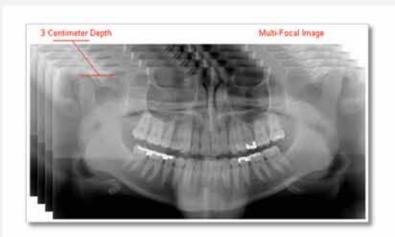


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