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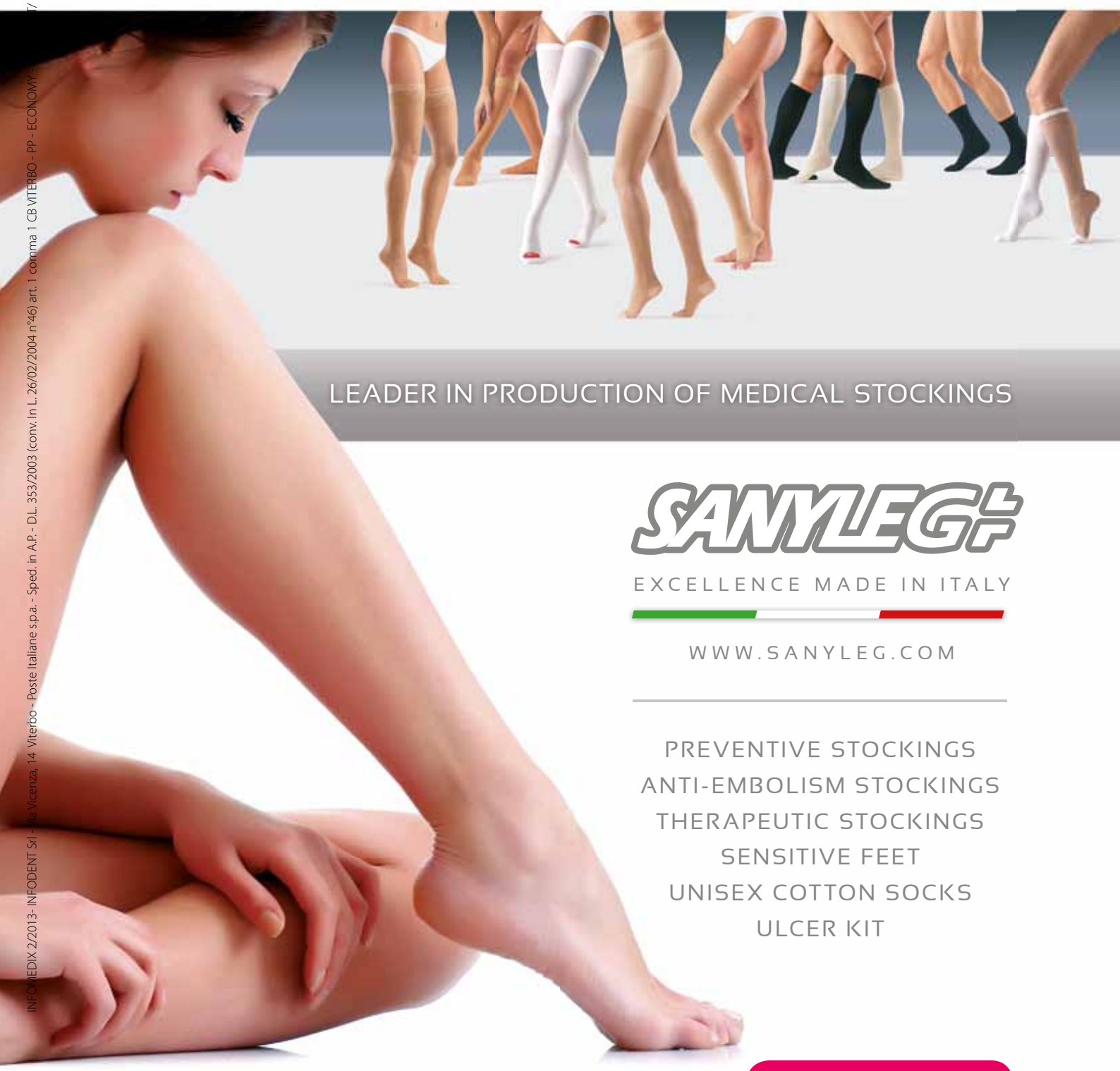

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10-19

Growth in Latin America

"With world interest rates expected to remain at very low levels for a prolonged period and commodity prices not far from historic highs, the double tailwinds of easy external financing and favorable commodity prices are likely to persist for many countries in the region..."

28-31

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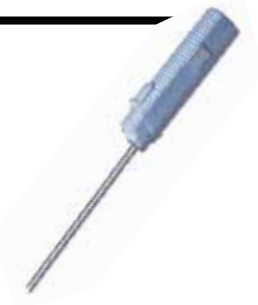

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Beauty Uzbekistan
7th Uzbekistan International Beauty & AestheticMed
10 – 12 April 2013 • Tashkent, Uzbekistan

Stomatology Uzbekistan
9th Uzbekistan International Dental Exhibition & Conference
10 – 12 April 2013 • Tashkent, Uzbekistan

Apteka Expo Central Asia
8th Central Asian International Exhibition for Medicines, Pharmaceuticals and Pharmaceutical Technology
10 – 12 April 2013 • Tashkent, Uzbekistan

Analitika Expo
11th International Exhibition for Scientific and Laboratory Equipment, Technologies & Innovations
16 – 19 April 2013 • Moscow, Russia

Stomatology
16th International Dental Exhibition & Conference
14 – 16 May 2013 • St. Petersburg, Russia

KIHE
20th KIHE Kazakhstan International Healthcare Exhibition
15 – 17 May 2013 • Almaty, Kazakhstan

Medsib. SibDent
24th International Specialised Medical Exhibition
22 – 24 May 2013 • Novosibirsk, Russia

Medima
12th International Specialized Medical Exhibition
29 – 31 May 2013 • Krasnodar, Russia

Dentima
13th International Dental Forum
29 – 31 May 2013 • Krasnodar, Russia

BIHE
19th International Healthcare Exhibition
17 – 19 September 2013 • Baku, Azerbaijan

Stomatology Azerbaijan
8th International Stomatology Exhibition
17 – 19 September 2013 • Baku, Azerbaijan

Beauty Azerbaijan
7th International Beauty and Aesthetic Medicine Exhibition
17 – 19 September 2013 • Baku, Azerbaijan

WIHE
1st Warsaw International Healthcare Exhibition
1 – 3 October 2013 • Warsaw, Poland

International Health Forum
1st International Healthcare Forum
16 – 18 October 2013 • St. Petersburg, Russia

AstanaZdorovie
10th International Kazakhstan Exhibition on Healthcare
22 – 24 October 2013 • Astana, Kazakhstan

Public Health
International Healthcare Exhibition
22 – 25 October 2013 • Kyiv, Ukraine

Dental-Expo St.Petersburg
International Dental Exhibition
29 October – 31 October • St. Petersburg, Russia

Pharmtech
15th International Specialized Exhibition of Technologies for the pharmaceutical industry
25 – 28 November 2013 • Moscow, Russia

Pharmingredients+
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25 – 28 November 2013 • Moscow, Russia

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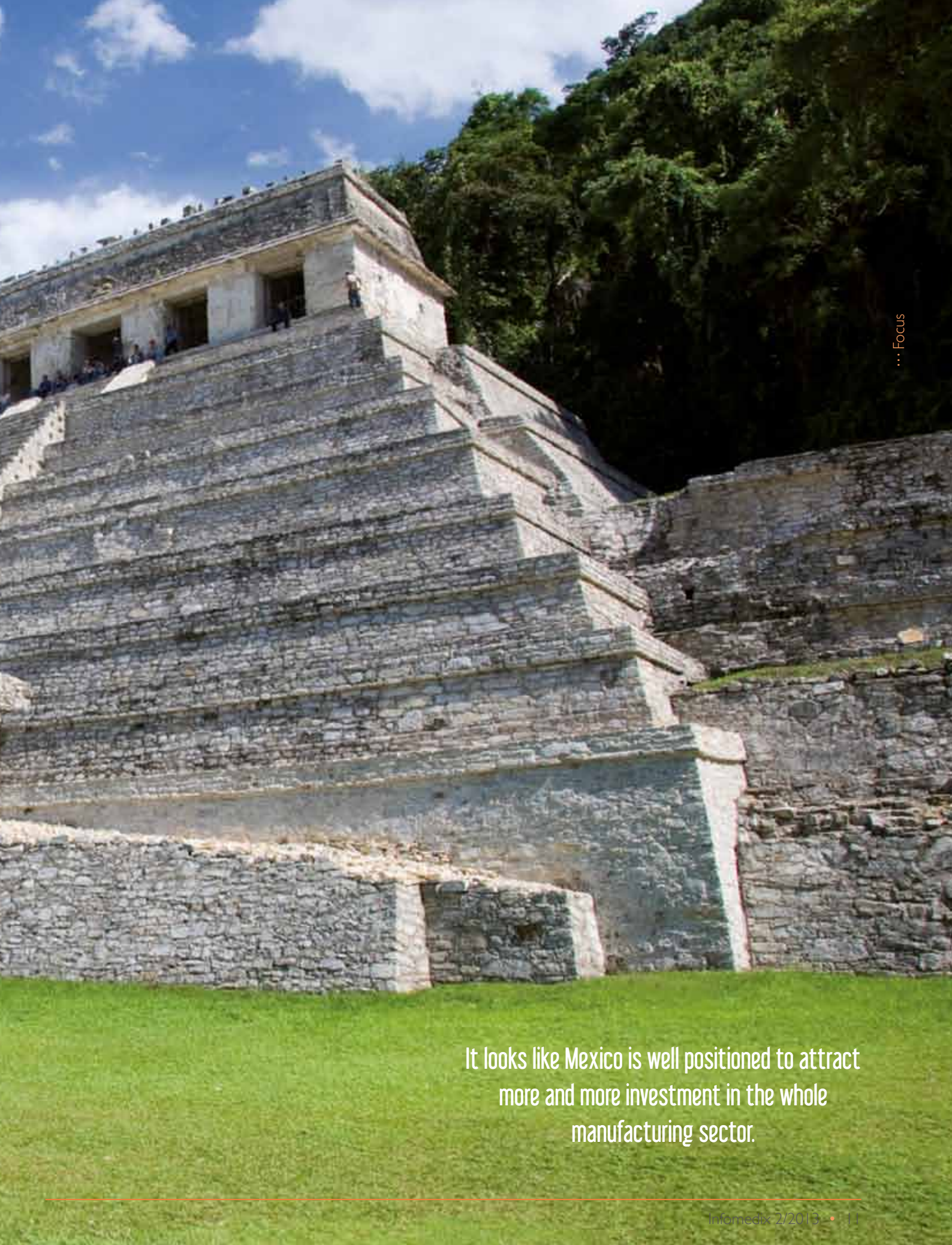
Focus on Mexico



It looks like Mexico is well positioned to attract more and more investment in the whole manufacturing sector.

Economy Outlook

Mexico is the second largest economy in Latin America, and the 13th largest in the world. After over a decade of macroeconomic stability and an export-led recovery from the peak of the financial crisis in 2009, Mexico is currently enjoying positive growth rates around 4% and its attractiveness as investment destination has been increasing constantly especially as the economy of Brazil, the other largest player in Latin America, slowed to around 2% growth in 2012. The demographic trend confirms the perspectives of economic growth as the proportion of not-working age on the working age population decreases.

Some uncertainties on the immediate growth prospects for Mexico arise from its strong ties with the US fluctuating economic situation, as Mexico still exports 80% of its goods to the United States. Nevertheless, a long-term even if slower growth is expected as the country's macroeconomic fundamentals including account deficit, public debt management and international reserves are all at healthy levels.

A long-term even if slower growth is expected as the country's macroeconomic fundamentals including account deficit, public debt management and international reserves are all at healthy levels.

On general terms, the political environment is also quite stable, although social issues such as drug-cartel wars, criminality and corruption scandals tied to large monopolies and oligopolies often trouble the picture. President Enrique Pena Nieto won the 2012 election without significant turmoils, and a further step onto the international political stage was the assumption of the 2012 presidency of the G20 that confirmed the country's role as regional and global actor.

Thanks to several factors, including average wage at only 12% more than in competing manufacturing bases such as China and the slowdown of Brazil's economy, the country is being increasingly targeted as a favoured investment destination. In 2012 Mexico's Stock Exchange, the Bolsa Mexicana de Valores, has been the second-best performing stock market in the world. The local currency (peso) remains weak against the dollar and Mexico has 43 free trade agreements with other nations, the highest number in the world.

These conditions attract foreign companies to invest in Mexican manufacturing facilities.

As the world 7th largest oil producer, Mexico is also potentially attractive for the energy sector, but the national energy industry is state-owned. The new leadership has tried to implement a wide reform to allow private investment, with a special eye on the giant public oil company Pemex, that recently announced deep-water oil discoveries in the Gulf of Mexico.

General figures

GDP at current prices:
US$1,231.6 billion

Urbanization rate:
77.8%

Population:
12.3 million

GDP per capita, current prices:
US$11,114

Total spending on health:
US$ 35.2 million

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President Nieto is pushing to accelerate the reform that may introduce public-private partnerships as well as pressing on other key issues in transparency and competition legislation, but the path is mined by strong political controversies and uncertainty about the constitutional changes required to allow such developments.

It looks like Mexico is well positioned to attract more and more investment not only in established sector such as automotive (accounting for about a quarter of exports), televisions and other electronic goods, but in the whole manufacturing sector as well. It is also worth noticing that the long history of immigration flows towards the bordering US, that led the number of Mexicans to account for over 30% of US immigrants, is now being inverted. In fact, according to the Pew Research Hispanic Center (http://www.pewhispanic.org), after a peak of 770,000 unauthorized annual immigrants about a decade ago the figure began to decrease for the first time in two decades, dropping to 140,000 in 2010. At the same time, 1.4 million Mexicans living in the U.S. returned to Mexico between 2005 and 2010. In 2011, the Center estimated that some 6.1 million unauthorized Mexican immigrants were living in the U.S., down from nearly 7 million in 2007. Over the same period, authorized immigrants from Mexico rose from 5.6 million in 2007 to 5.8 million in 2011. The downward trend in migration rates accounts for both the difficult times in US with employment crisis and financial contraints and the attractiveness of Mexican expanding economy.

Despite these positive achievements, however, the picture is not entirely rosy. According to some economists, in 2012 the number of Mexican citizens living below the poverty line reached about 60 million. Despite the implementation of social welfare programs such as the Oportunidades, providing monetary educational grants to children from poor families in urban and rural communities, and the Seguro Popular universal health insurance aimed to provide medical insurance coverage to uninsured people, the spillover effects of Mexico's growth haven't been equally distributed among the population.
Combined with underemployment or precarious job conditions and inflation, this resulted in the highest rates of inequality and poverty among the OECD countries, as stated by the organization itself. It is estimated that almost 47% of Mexico's total population lives in poverty, mainly in urban areas.

These figures highlight the great priority of strengthening the resources to lift social disadvantaged groups' conditions so that they can participate and actively contribute to the country's growth. According to the World Bank, the Oportunidades program is an example of attacking poverty in both the short and long terms. The original beneficiaries were rural villagers, but by 2002 the program had already been extended to small urban centers and city inhabitants. A crucial element is the careful selection process and the cash payment of benefits directly to female household heads, who are considered as more responsible in spending the additional funds on the family. The continuity of benefits isn't tied to income or family size change, but rather to complying with the program's conditions.

As additional benefit, a fund for school-aged children from the third to the twelfth grade is provided if they attend at least 85% and passes each grade by the second try. Moreover, families receive 13% more funds if they keep a girl in middle and high school, since traditionally fewer girls than boys are allowed to remain in school beyond elementary grades. Education benefits also grow with grades.

Availability of medical equipment

Equipment	Ratio per 1 mn population, non insured	Ratio per 1 mn population, total	Ratio per 1 mn population, insured
Tomographs	2.3	1.6	3
Radiotherapy equipment	0.5	0.6	0.5
Mammography units	3.7	2.9	4.7
Surgical microscopes	6.3	4.3	8.7
Ultrasound devices	17.3	12.3	23.2
X-ray devices (including mobile)	28.1	17.4	41
Dental units	56.8	72	38.6
Dental x-ray equipment	28.6	37.6	17.8
Electrocardiographs	39.8	33.4	47.5
Electroencephalographs	2.4	1.3	3.7
Ecocardiographs	1.4	1.1	1.7
Endoscopes	2	2.6	1.4
Equipment for hemodyalisis	15.4	3.7	29.4

Source: http://www.sinais.salud.gob.mx

The evaluation of a decade of implementation showed that the program also brought significant improvement in health conditions, as evidence indicates that families use about 70% of their payments on improved diets and also invest in farm animals and cleaning supplies. Moreover, mandatory health checks not only work for the early detection of problems early but they also raise awareness about healthy lifestyle and habits.

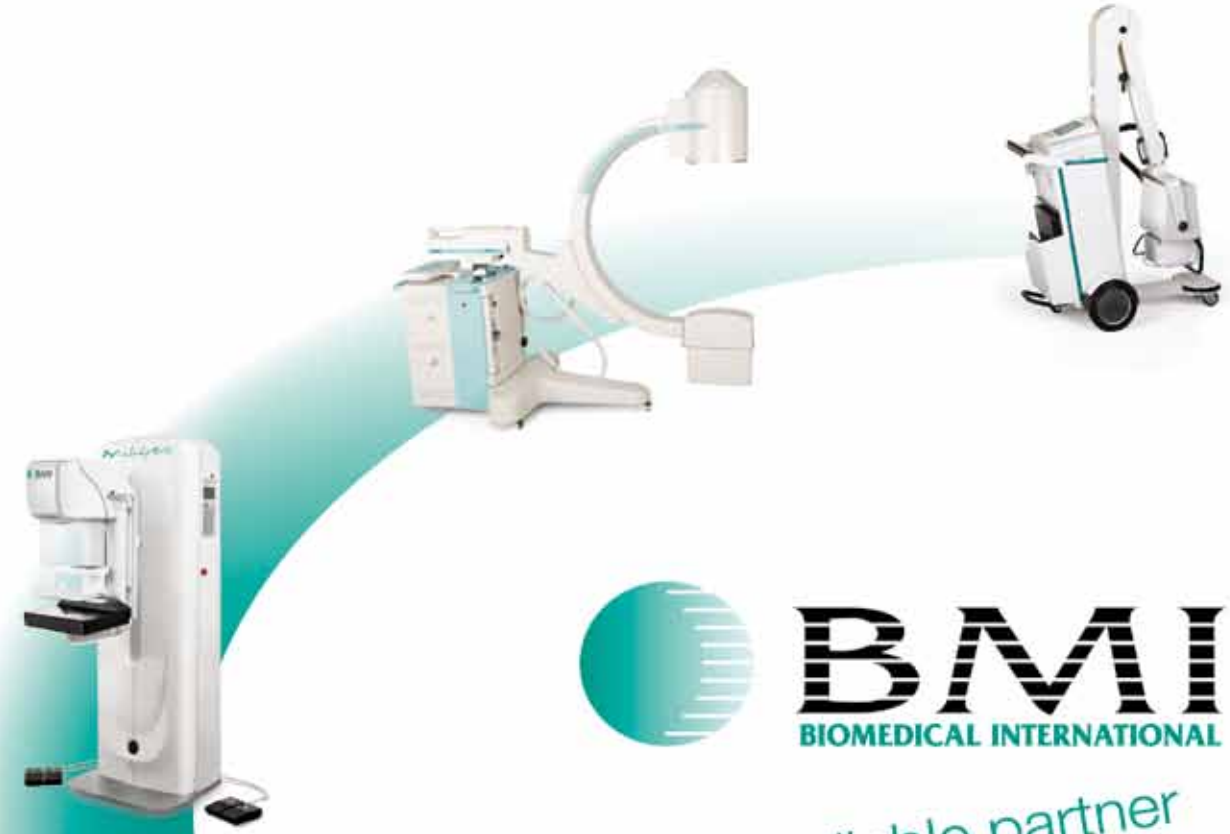
Healthcare

According to OECD data, health spending in Mexico is among the lowest at 6.9%, three percentage points below the OECD average of 9.5%. Per capita health spending in 2010 was US$916 (adjusted for purchasing power parity), compared with an OECD average of US$3,268. Despite the growth in public expenditure by average 4% a year in the last decade, the share of public funds for the total health spending in Mexico remains as low as 47.3%, compared to an OECD average of 72.2%.

It is important to notice that the number of doctors per capita has doubled over the past two decades, from 1 every 1000 population in 1990 to 2 in 2010, but the doctor per inhabitants ratio remained once again far below the OECD average of 3.1 in 2010. The same happens for nurses, whose ratio was 2.5 per 1,000 population in 2010, against the OECD average at 8.7, and hospital beds that were at half the OECD average figure (1.6 beds per 1,000 population against 3.4).

While the availability of diagnostic equipment has risen in most OECD countries, it has remained at 2.0 per million population in 2010 for MRI, compared to the OECD average of 12.5. CT scanners followed the same trend at 4.8 per million population in 2010, with OECD average at 22.6.

These figures provide evidence that the Mexican public health system too often lacks adequate equipment and resources, although the private sector, providing care for about 3 million Mexicans, is well organized and equipped. Private hospitals in main urban areas offer advanced tertiary care and services. About 25% of patients with Social Security benefits or having no coverage pay out of pocket for private care. In smaller cities are common private hospitals or clinics owned by local physicians.



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About half of Mexican population is covered by a public insurance scheme called Seguro Popular, providing coverage for individuals that are not affiliated to any social security institutions. Members of households covered by the Seguro Popular can access medical, surgical, pharmaceutical and hospital services for a total list of 275 medical operations. The public insurance scheme was launched in 2003 by the Mexican government with the aim to remove great inequalities in access to health services guarantee that all citizens, even in the poorest income groups, may receive adequate healthcare. Since 2004, over 52 million Mexicans, who previously lacked any other insurance, enrolled in the scheme, which was a big improvement since before the reform, medical insurance was available only through employment-based pr private schemes. Despite the milestone achieved by the program, some critics to the Seguro Popular include the poor quality of services often offered in rural areas and lack of coverage for relevant long-term diseases.

Another issue is the low salary of Mexican doctors, that lies at about one-quarter of their US counterparts. This requires many doctors and health professionals to work both for the public and private system, affecting the quality of their service due to the excessive workload.

Although in the last few years about 1,200 new hospitals and clinics were built and another 2,500 were renewed, there is still much to be done in providing a sufficient number of facilities in rural and more isolated areas. Moreover, still about 36 million Mexicans have poor access to medicines and quality health services. The low public spending and the concurrent needs to keep public finances under control to maintain the macroeconomic stability lead many to indicate public-private partnerships as a model for pouring more resources into the country's health system, at the same time improving practices and standards and eliminating wastes, making healthcare affordable to more people while at the same time increasing the quality of services.

Mexico in figures - Healthcare

Fast facts: Health resources

- **Percentage of public facilities:** 86.8%
- **Percentage of private facilities:** 13.2%
- **Public medical units increased by average:** 8.2% between 2000-2007, from 19,099 to 20,664. Hospitals grew by 17.3%, outpatient units by 7.7%.
- **Private medical units increased by average** 6.1% between 2001-2007.
- **The number of beds increased** by 6.3% in the public sector and 11.2% in the private sector.
- **The number of public medical offices grew by** 11.6% from 51,384 to 57,338.

Fast facts: Health workforce

- 70.2% of doctors work for the public sector, 29.8% in private facilities. 84.2% of nurses work for the public system as well.
- Public medical workforce grew by 27.7% between 2000-2007, with total 30,054 doctors added and growth concentrated in 2004-2005.
- Private doctors grew by 59.8% between 2001-2007, with total 24,239 doctors added.
- Public nursing workforce grew by 9.6% while private nurses grew by 25.4%.

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Outlook on Chile & Peru

Stratovolcano Cerro Colorado near Rio Putana in Atacama region, Chile
Nataliya Hora / Shutterstock.com

Chile

The healthcare system in Chile is based on both public and private services. 76.2% of population is covered by the public system, mainly through the public insurance plan known as FONASA, funded by a 7% tax on annual income, that currently counts about 13 million insured. 16.9%, instead, seek private healthcare with the ISAPRES system (the network of private providers, delivering health services to their affiliated). The remaining 6.9% is covered by other special plans (such as for armed forces) or aren't insured at all.

The share of people served by the public healthcare system has increased by over ten percentage points in the last decade, while the share of ISAPRES insured has declined by 3%. The increase of the public insured share is attributed to the improvement of public services and the expansion of the range of diseases covered by the basic guarantees.

However, despite the will to reach universal health coverage, the main issue faced by the Chilean health system is the low rate of investment in healthcare, with public expenditure on health standing at only 4% of GDP and accounting for about 47% of total health expenditure. There is also a gap between the potential offered by the number of workforce and facilities and the real availability of services to all population groups, with a special eye on the uneven distribution of resources in coastal and urban areas compared to the interior regions.

The government has introduced a plan to be deployed in four years (2010-2014) to strengthen the hospital infrastructure and the related demand for new equipment.

There are three levels of care:

- the primary level provides ambulatory services including basic diagnostics, health check-ups, vaccination, health education and prevention activities
- the secondary level has more complex equipment and specialized health professionals, and acts on a referral basis from the primary level as well as referring most difficult cases to hospitals
- the tertiary level acts as provider of health services not only to patients in its own area of activity, but also to patients referred by other provinces or even regions of the country. The tertiary network is composed of clinics and hospital of different levels. The public sector counts 226 hospitals and clinics, the private sector 192.

The government has introduced a plan to be deployed in four years (2010-2014) to strengthen the hospital infrastructure and the related demand for new equipment. The plan includes the construction of 9 new hospitals by 2014.

Public purchase of medical equipment goes through the CENABAST, the Centre in charge of supplying medical devices to the public sector, while private sector facilities freely choose their suppliers.

The market depends almost entirely on imports, as the local production of medical devices and equipment is extremely limited. There is, however, a strong presence of subsidiaries of foreign companies, especially well known brands and multinationals as well as a relevant number of independent distributors, creating a very competitive environment where price plays an important role. **The US are by far the most important supplier, followed by Japan.**

Health workforce

Total: 49,195
Surgeons: 4,098
Paramedic professionals: 7,231
Source: ICEX

According to government official figures, about 30,000 phyisicians operate in Chile, 43% contracted by the public system and 57% working privatey. 73% are located in the central region of the country and about 58% in the metropolitan area around the capital, Santiago. The density of phyisicians, with a national average of 179 per 100,000 inhabitants, varies greatly from 119 in the northern and southern regions to 212 in the central one.

From **24 to 26 July 2013, Expo Hospital Chile** will provide a platform to showcase in the Chilean market. The 2012 edition closed up with 165 exhibiting companies and about 4,000 health and trade visitors. For further information: www.expohospital.cl.

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Import of medical devices, US$

Product	2010	2011
Ultrasound diagnostic equipment	11,540,791	13,264,108
Magnetic resonance equipment	10,176,350	12,148,433
Medical/surgical x-ray equipment	10,169,263	17,652,344
Mechanotherapy, massage equipment	9,389,634	11,770,922
Tomography equipment with automatic data processing	6,982,396	13,132,587
Dyalisis equipment	6,828,563	9,022,614
X-ray tubes	3,820,415	4,680,992
Anaesthesia equipment	3,705,454	3,148,862
Autonomous breathing equipment	1,831,385	4,606,245
Defibrillators	1,688,732	1,973,603

Source: ICEX

Peru

Peru has a population of over 30 million, one third of which resides in the district of its capital, Lima. Coastal provinces are more populated while density decreases by going towards the interior. Economic growth was slowed by the 2009-2010 crisis but according to the World Bank, thanks to the reforms started in the early 90s to open up the Peruvian economy and establish prudent fiscal policies the country maintained a stable macroeconomic condition. It is worth mentioning that during the last decade (2002-2011) the country achieved 6.5% GDP growth, 50% growth of per capita income and maintained public debt as low as 21.2% of GDP in 2011. Furthermore, in the period 2004-2011 the national poverty rate fell from 48.5% 27.8%, but the percentage varied greatly from urban areas, where it fell to 18%, to rural areas, where it stood at 56%.

The Peruvian health system is largely based on primary and secondary care facilities that are ruled by a number of bodies, making up a composite picture of healthcare providers. The primary level centre, known as Puesto de Salud, is staffed with doctor and nurse and provides consulting, prevention and basic care and diagnostic services. At the secondary level there is the Centro de Salud that receives patients by referral from the Puestos de Salud, who can either be with or without beds and provide consulting, diagnostic, obstetric and surgical services. The tertiary level and the hospital network has been expanded both at public and private level in recent years.

Several institutions are in charge of providing healthcare insurance, including EsSalud (for employees), Ministry of Health, regional and local administrations, special providers for army and police and of course there is also a private sector. The system is fragmented, with many entities overlapping their range of activity with others.

The publicly-subsidized Seguro Integral de Salud (SIS) provides health services to about 12 million people, two-thirds of which belong to the two lowest income quintiles. Although the government has taken steps to expand healthcare coverage for the population, increasing expenditure on health from 4.3% to 4.6% of GDP in 2006-2009, the sector needs further modernization and investment.

Medical industry

According to the web journal "SurNoticias.com", imports of high-end medical devices such as magnetic resonance, x-ray, ecography, laparoscopy, diagnostics and laboratory equipment in the private sector grew by 15% in 2010 as reported by Comsalud, the Peruvian body overseeing health products. This reflects the higher propension of the private sector to buy specialized, high-tech equipment compared to the public sector that buys rather standardized products, although in much bigger quantity.

Imports of medical imaging, nuclear medicine and radiotherapy equipment reached US$55 million in 2010, with a predominance of x-ray equipment and accessories (38.3%), magnetic resonance (21.5%), ultrasound (21.2%) and computed tomography (16.6%) over the other products.

An interesting trend was also reported for provinces, that increased their purchases of medical equipment, which is mainly a consequence of the increase in the number of health providers serving mining companies that contracted medical insurances for their employees.
About half of medical equipment comes from United States and Europe, especially Germany. Other countries supplying medical products to Peru are Japan, China, Norway, Finland, Denmark, Australia and Canada.
The pharmaceutical market is valued about US$ 1billion a year, while the medical equipment market is estimated to reach US$1.2 billion. As a whole, the Peruvian health sector moves over US$8 billion a year, and the figure rises as population keeps growing.
The exhibition **TECNOSALUD,** to be held from **11 to 13 September 2013,** is a biannual event that presents about 350 companies from the Peruvian and international medical industry, with visiting distributors, medical professionals and students as well as executives and managers from the country's health facilities and hospitals.
For further information visit www.tecnosalud.com.pe.

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Derma 2013

Dubai Derma 2013 Reflected a Rich Global Skin Care Market

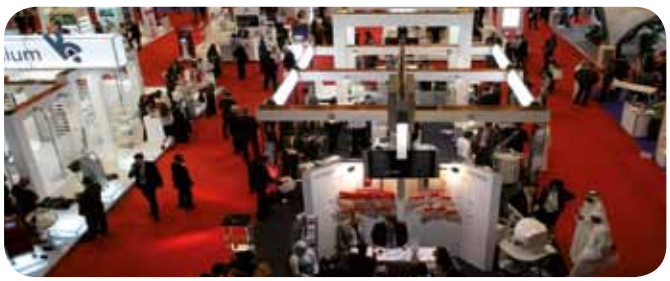
When you talk about an industry that is valued at $65,991 million during 2009, then it is not surprising that the global skin care market and cosmetic industry is wealthy when compared to other industries. According to Skincare: Global Industry Guide; the global skin care market grew by 4.2% in 2009, and it is expected to increase by 21.4% in 2014 reaching $80,128 million. The skincare market is not limited to facial and body care it also includes nails and hair care. The market is valued according to retail selling price (RSP) and includes any applicable taxes.

This industry has achieved the fascinating attention that it deserves from both genders and from all parts of the world. Many countries have given the dermatology sector a special interest and many conferences and exhibitions were held in all parts of the world to discuss the latest treatments and methods practiced by experts around the globe. Dubai however took the lead in organising the largest and premier event that is specialised in dermatology and skin care in the Middle East and North Africa; The Dubai World Dermatology and Laser Conference and Exhibition (DUBAI DERMA) now on its thirteenth year.

Dubai DERMA is held under the patronage of His Highness Sheikh Hamdan Bin Rashid Al Maktoum, Deputy Ruler of Dubai, Minister of Finance, and President of the Dubai Health Authority. It is organised by Index Conferences and Exhibitions Organisation Est. – a member of INDEX Holding in collaboration with the Government of Dubai, Dubai Health Authority and the International Academy of Medical Specialization.

"DUBAI DERMA provided immense opportunities to meet industry leaders, experts and dermatologists around the world. The conference provided the participants with an update on the latest advances and practices in dermatology, laser treatments, anti-aging, skin and hair care, amongst others in this broad field." Added Dr. Galadari

The Dubai Derma scientific program discussed; Aesthetic Medicine, Anti-Aging, Best Practices for 2013, Body Contouring, Cosmetic Dermatology, Dermatological Therapies & Surgeries, Dermatology Science, Dermatopathology, Educational Session, Facial Rejuvenation Techniques, Hair and Nail Disorders, Latest in Dermatopharmacotherapy, Latest in Medical Dermatology and Research, Lasers, Liposuction, Pediatric Dermatology, Plastic Surgery for the Dermatologist and Psychodermatology. With more than 250 companies on board coming from 55 countries, the organisers guaranteed the trade visitors and specialists to be introduced to over 550 Regional and international brands and the most modern equipment and skin care solutions.



www.dubaiderma.com

Africa Health 2013 to focus on antibiotic resistant strains of deadly diseases in Africa

Africa Health 2013

3-day Johannesburg-based symposium to host wold's experts in infectious diseases

Johannesburg, South Africa: Infectious diseases remain one of the largest causes of preventable death around the world, with Africa as the focus of many of the most pernicious of them. As these diseases are further researched, it is vital for doctors and medical professionals to be on the cutting edge of medicines and practice. The looming threat of antibiotic resistant strains of deadly diseases such as TB and Malaria is a pivotal issue which will be discussed at the upcoming Africa Health Congress and Exhibition taking place at the Gallagher Convention Centre in Midrand from 7- 9 May 2013.

Now in its third year, Africa Health is a major three-day conference and exhibition that brings together healthcare practitioners from around world to discuss issues pertaining to healthcare within the African continent and features medical innovations from international manufacturers.

While many parts of Africa are coming to terms with the possibility of TB, which is immune to the effects of the current generation of antibiotics, many in Europe are dealing with the continuing growth of hospital borne pathogens which resist many conventional treatments. Additionally, there is growing research into human immunity and vital work is being done with those who have natural immunity or resistance to emerging illnesses.

The Africa Health panel of experts will offer delegates a two-day CPD accredited review designed to provide up-to-date information on diagnosing, treating and preventing a wide range of infectious diseases throughout the African continent at the 3rd Pan-African Infectious Diseases Conference.

"One of the most promising fields of scientific research is the focus on people who show immunity and resistance to emerging illnesses. The challenge we're facing is that some infectious diseases like TB are becoming more difficult to treat. During the 1930s, dedicated sanitaria and invasive surgery were commonly prescribed for those with the infection - usually caused by Mycobacterium tuberculosis- which is the most successful human pathogen of all time," says Gavin Churchyard, Founder and Chief Executive Officer, Aurum Institute for Health Research, Member of the Executive Committee, International Consortium to Respond, Effectively to the AIDS / TB Epidemic (CREATE), Johannesburg, South Africa.

Churchyard continues, "TB infection is developing increasing resistance around the world and diseases such as HIV have increased the risk of getting TB 20 fold. Whatever we may have once optimistically thought, TB remains inevitable, unavoidable and deeply unpleasant."

To effectively address the MDR problem countries need to scale up diagnostic services and similarly scale up treatment services. This should be implemented in combination with other strategies such as initiating anti-retroviral therapy in HIV infected individuals and isoniazid preventive therapy among HIV infected individual who do not have TB.

Africa Health will also host 12 other CPD accredited healthcare conferences and new for this year are the Decontamination & Sterilization Conference, the Nursing Conference, the Obstetrics & Gynaecology Conference, the Biomedical Engineering Conference as well as the Sports Medicine Conference.

www.africahealthexhibition.com

Growth in Latin America Moderating but Resilient

Author: IMF - International Monetary Fund
Publication: IMF Survey
Website: www.imf.org

- **Latin America expected to grow by 3.2 percent in 2012 and 4 percent in 2013**
- **Euro debt crisis and U.S. fiscal cliff are biggest near-term risks**
- **Region should continue rebuilding fiscal buffers, safeguard financial stability**

Growth in Latin America and the Caribbean is projected to pick up in 2013, after slowing this year, with risks continuing to dominate the outlook, the IMF said.

Output growth in the region is expected to moderate to 3.2 percent in 2012, from 4.5 percent in 2011, reflecting the impact of earlier policy tightening and ebbing external demand. Going forward, output is projected to expand by around 4 percent in 2013, assisted by the global recovery and underlying favorable external conditions, the IMF said in its Regional Economic Outlook Update for the Western Hemisphere, released October 12 in Tokyo, Japan.

Global risks have shifted further to the downside. The two key near-term risks are an intensification of the debt crisis in Europe and a larger-than-desirable fiscal adjustment in the United States. Over the medium term, the main risk remains the possibility of a sharp slowdown in China—an important market for the region's commodity exports.
"Latin America continues to face a global outlook with important tailwinds but significant downside risks," said Saúl Lizondo, Associate Director of the IMF's Western Hemisphere Department, at a press briefing held as part of the IMF-World Bank Annual Meetings.

With world interest rates expected to remain at very low levels for a prolonged period and commodity prices not far from historic highs, the double tailwinds of easy external financing and favorable commodity prices are likely to persist for many countries in the region. Against this backdrop, Lizondo emphasized that most countries should use the current juncture "to strengthen their resilience by continuing to rebuild fiscal buffers and safeguarding financial stability."

Varied performance and policy challenges

The growth slowdown in 2012 has been particularly pronounced in Brazil, where global uncertainties and previous policy tightening had a larger-than-expected impact, particularly on private investment. In other financially integrated economies (Chile, Colombia, Mexico, and Peru) growth remains robust, slowing only moderately. With output near or above potential levels in these economies, the report recommends these countries to persist in their fiscal consolidation efforts. The report also notes that macroprudential policies could be useful to keep borrowing and lending under control, and that exchange rate flexibility should continue to help buffer shocks and discourage speculative capital flows.

Policy challenges are more pressing for a group of commodity exporting countries with weaker policy frameworks. These countries generally lack the fiscal buffers to effectively deal with external shocks, as they have largely consumed the bulk of windfall commodity revenues.

Growth has been generally resilient in much of Central America. The report projects that most countries in this subregion will grow in line with potential (about 3 percent), consistent with a gradual recovery in exports to and remittances from the United States. However, external imbalances remain high and fiscal consolidation efforts have waned, with public debt ratios well above the levels before the global financial crisis of 2008-09. To reduce vulnerabilities and increase buffers against risks, these countries should give high priority to regaining fiscal space. Growth prospects are weakest in the tourism-dependent economies of the Caribbean, which continue to navigate in a sea of elevated debt, weak external demand, and unfavorable terms of trade, the analysis said. These economies are expected to grow by only 1 percent in 2012, after a deep and protracted recession. In these countries, greater resolve is required in reducing public debt, while adopting structural reforms that can boost growth and competitiveness.

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Growth in Latin America moderating (real GDP growth, percent change)

	2010	2011 Est.	2012 Proj.	2013 Proj.
North America				
Canada	3.2	2.4	1.9	2.0
Mexico	5.6.	3.9	3.8	3.5
United States	2.4	1.8	2.2	2.1
South America				
Argentina	9.2	8.9	1.9	2.0
Bolivia	4.1	5.2	5.0	5.0
Brazil	7.5	2.7	1.5	4.0
Chile	6.1	5.9	4.3	4.4
Colombia	4.0	5.9	4.3	4.4
Ecuador	3.6	7.8	4.0	4.1
Guyana	4.4	5.4	3.7	5.5
Paraguay	13.1	4.3	-1.5	11.0
Peru	8.8	6.9	6.0	5.8
Suriname	4.1	4.2	4.0	3.3
Urugay	8.9	5.7	3.5	4.0
Venezuela	-1.5	4.2	5.7	3.3
Central America				
Belize	2.7	2.0	2.3	2.5
Costa Rica	4.7	4.2	4.8	4.3
El Salvador	1.4	1.4	1.5	2.0
Guatemala	2.9	3.9	3.1	3.2
Honduras	2.8	3.6	3.8	3.6
Nicaragua	4.5	4,7	3.7	4.0
Panama	7.6	10.6	8.5	7.5
The Caribbean				
Antigua and Barbuda	-8.5	-5.5	1.0	1.5
The Bahamas	0.2	1.6	2.5	2.7
Barbados	0.2	0.6	0.7	1.0
Dominica	1.2	1.0	0.4	1.3
Dominican Republic	7.8	4.5	4.0	4.5
Grenada	-1.3	0.4	0.5	0.5
Haiti	-5.4	5.6	4.5	6.5
Jamaica	-1.5	1.3	0.9	1.0
St. Kitts and Nevis	-2.7	-2.0	0.0	1.8
St. Lucia	0.4	1.3	0.7	1.3
St.Vincent and the Grenadines	-1.8	0.0	1.2	1.5
Trinidad and Tobago	0.0	-1.5	0.7	2.2
Latin America and the Caribbean	6.2	4.5	3.2	3.9

Source: IMF staff calculations

Health Care Reform: Center Stage 2012

Mountain landscape
Pichugin Dmitry / Shutterstock.com

THE Affordable Care Act (ACA), passed in March 2010, set in motion changes to the U.S. health care system that are intended to improve access for those lacking insurance coverage while also reducing costs. Arguably, cost containment is the industry's most perplexing problem. Those lacking coverage still receive services; their costs are embedded in premiums paid by others and direct payments by the government.

For the past 30 years, health care costs have exceeded U.S. economic growth by 2.25 percent annually. According to the Congressional Budget Office, average annual health care spending will increase 5.8 percent per year through 2020, well above gross domestic product, average wages, and productivity gains[1].

What the ACA appears to do well is improve access to health care for up to 32 million Americans currently lacking coverage. What it might not do as well is bend the cost curve. Clinical innovation, increased demand, improved accessibility, engaged consumers, performance transparency, cost pressures, better service, replacing fee-for-service incentives, leveraging information technologies, and changing the system's focus from sick care to prevention all began before ACA was conceived and will accelerate regardless of its fate.

The health care industry will no doubt adapt to the "new normal," but there will be winners and losers in each sector. Health plans, hospitals, physicians, and drug and device manufacturers are accustomed to change. But the new normal provides a sobering set of pre-conditions for survival: cost reduction is essential, proof of value necessary.

Conventional "turf " delineations no longer apply. Information technologies and consumerism will be foundational replacements for business as usual, requiring new structures, incentives, requirements, and strategies.

For policy makers, health care is a vexing industry: It impacts every citizen, many of whom have strong opinions about its failings as well as proposed solutions. It is an industry that produces job growth, but its costs force curtailed funding for other public programs.

It is complicated, fragmented, and expensive, so legislative and regulatory efforts to elicit change can be difficult to institute. Because of the health care industry's dynamic and complex nature, the opinions of key constituents – including physicians, employers, and consumers –upon which policy is built should be regularly monitored.

Deloitte's survey illustrate the enormous, yet necessary, challenges of changing expectations to support health care system transformation.

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Deloitte Center for Health Solutions

Overview

Health care reform is center stage in 2012—prominent in the public consciousness, thanks to constant political and legislative skirmishes over the future of the Affordable Care Act (ACA). With respect to the ACA, 2012 through 2014 are seminal, "make or break" years for the health care industry.

Many factors are in play, including the Supreme Court decision regarding the ACA's future and other big-picture, "battleground" issues such as the expiration of the Bush-era tax cuts, sluggish economic recovery, wavering unemployment, and deficit reduction. All of these are occurring within the context of a Presidential election year and lame-duck session of Congress, and potential shifts in the membership and balance of influence in both houses. Irrespective of what happens as these factors and their ensuing ripple effects play out on the national stage, the basic drivers of health care reform (which predate the ACA) remain: an unsustainable cost structure and relentless increase in costs; the need for basic minimum access to affordable health care for those currently without it; and the need for a quantum leap in quality and comprehensive systemic reform.

In addition to government, which serves as regulator, provider, and payer, three key players in the health care sector are those who use the system, those who provide the services, and those who pay for them: of interest in this monograph are consumers, physicians, and employers. All three parties approach health care from unique perspectives – seeing value, quality, costs, and system organization through very different lenses. Their views of the health care system and health care reform are critically important to guide and inform the policy makers who oversee its functions.

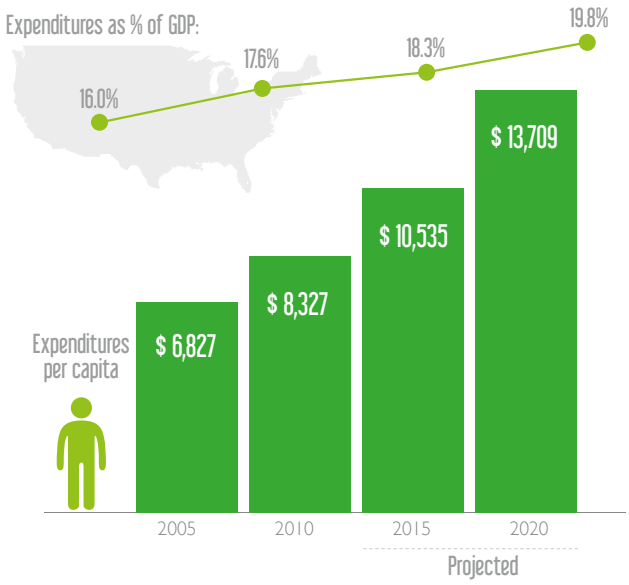
Over the course of the last year, Deloitte has surveyed thousands of Americans – consumers, physicians, and employers – about their opinions of health care reform. This monograph brings together unique, data- driven insights on these stakeholders' perspectives, gathered through three research studies conducted by the Deloitte Center for Health Solutions: the 2012 Survey of Health Care Consumers in the United States; Physician Perspectives about Health Care Reform and the Future of Medicine (2011) and the Deloitte Employer Survey (2012). Occasional data are also drawn from the 2011 Survey of Health Care Consumers in the United States.

Background

Much has been written and more said about modernizing and recalibrating the U.S. health care system, making it more efficient and effective through health care reform. At the end of the day, success will be judged on whether reform has achieved its broad aims of enhancing the patient experience, improving population health, and reducing per capita costs.[2] Managing costs is, perhaps, the biggest challenge; a less expensive system with a more measured and sustainable cost structure may be the true barometer of success. **In 2010, health care consumed 17.6 percent of the U.S. gross domestic product (GDP), or $2.6 trillion in health care expenditures[3];** as widely noted, the United States consistently spends more on health care per capita than do all other developed countries.[4]

Health care costs hover just under $8,500 per capita[5] and are expected to increase at an average annual growth rate of 5.8 percent for the next decade.[6] This annual growth is anticipated to exceed that of the economy by 1.1 percentage points; by 2020, national health spending is expected to reach 19.8 percent of GDP, at $4.6 trillion in health care expenditures.[7]

Figure 1: National health expenditures



Consumption of health care goods and services has slowed in recent years, with historically low and slower spending growth during 2009 and 2010 attributed to the impact of the 2007–2009 recession on the health care industry and consumer wariness in the face of financial uncertainty. The federal government's share of financing the health care system grew during this period as household, employer, state, and local government shares decreased. Adding complexity to the situation, an estimated 32 million individuals will be required to hold a minimum level of health insurance beginning January 1, 2014, as a direct outcome of the ACA. The Deloitte model, The Impact of Health Reform on Health Insurance Coverage: Projection Scenarios Over 10 Years,8 assesses the effects of key economic, behavioral, political, and strategic variables on insurance coverage under the ACA, and produces a ten-year annual projection of market configuration in terms of the number of insured and uninsured.

Health expenditures

- 23% of the current federal budget and 21% of the average state budget

ohttp://www.usgovernmentspending.com/health_care_budget_2012_1.html, accessed April 2012

- 19% of discretionary spending in the average household

o Bureau of Economic Analysis http://www.bea.gov, accessed April 2012

- Health costs increased 3.9% in 2010; 3.8% in 2009

o Martin et al. Health Affairs, 31, no.1 (2012):208-219

- Over the past 30 years, health care costs (national health expenditures per capita) have exceeded the GDP per capita by an average 2.25% year on year

o Kaiser Family Foundation, http://facts.kff.org/chart.aspx?ch=855, accessed April 2012

Long-term sustainability government finances

The long-term sustainability of government finances is expected to be considerably impacted unless efforts are made to tackle spending for health care and social entitlement programs[9]. **Standard and Poor's estimate that age-related government spending (health care, pensions, long-term care and unemployment benefits) will rise from 10.8 percent of GDP in 2010 to 18.5 percent of GDP in 2050.** [10]
Furthermore, S&P projects age-related health care expenditures to rise from 4.5 percent of GDP in 2010 to 5.7 percent in 2020, and for long-term care expenditures to rise from 1.0 percent to 1.2 percent of GDP over the same time period.[11]

The Congressional Budget Office (CBO) estimates that the federal budget will be increasingly strained by spending on the government's health care and entitlement programs, with outlays expected to increase more rapidly than nominal GDP, at around 7 percent a year between 2012 and 2021.[12]

An aging population and rising health care costs are expected to continue to significantly impact the federal budget, particularly if revenues follow the historical pattern, forcing federal debt to reach "unsupportable levels.[13]

Federal outlays for Medicare, Medicaid, and other mandatory health programs are estimated to equal 5.5 percent of GDP in 2012. The CBO's baseline projection for these programs estimates more than doubling in spending, rising by an average 8 percent per year to 2022 and reaching 7.3 percent of GDP in 2022. Half of this growth is attributed to Medicare, one-third to Medicaid, and the remainder to subsidies for forthcoming health insurance exchanges.[14]

Hidden costs of health care

In 2011, Deloitte estimated that spending on health care outside of the National Health Expenditure Accounts (NHEA) for such items as supervisory care for others, complementary and alternative medicine, vitamins, supplements, nutritional products, and so on, would account for an additional $363 billion, or 14.7 percent more than that reported in the NHEA accounts.[15]

Consumers' personal consumption expenditure for health care is estimated to be the second-highest household expense, after housing/utilities. Health care expenses are of concern to consumers: In Deloitte's most recent health care consumer survey (2012), only 17 percent of consumers feel that their household is sufficiently prepared to handle future health care costs, and nearly one-third (31 percent) report that, compared to the previous year, their household's health care spending increased as a proportion of their household's total consumption.

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Health care sector employment continues to grow

Reflecting increased spending, the U.S. health care sector has been a source of consistent and continuous job growth. One-third of the 30 fastest-growing occupations are in health care16, post-recession, health care continues to add jobs. In April 2012, 19,000 new health care jobs were added, reflecting the upward employment trend in the industry, which gained 316,000 jobs between April 2011 and April 2012.[17] **Health care industry employment rose from 8.7 percent of the total U.S. civilian workforce in 1998 to 10.5 percent in 2008, and is projected to increase to 11.9 percent, or 19.8 million, by 2018.**[18]

Figure 2: Health care employment, April 2011 to April 2012

Category	2011	2012	Change from 2011 to 2012
Health Care (total)	13,985,400	14,301,700	+316,300
Ambulatory care	6,104,300	6,298,700	+194,400
Hospitals	4,171,600	4,812,700	+95,100
Nursing and residential care facilities	3,163,500	3,190,300	+26,800

Health care is intensely personal

Consistent with other studies on consumer engagement in health care[19], **Deloitte's annual health care consumer survey, conducted 2008–2012, has found that consumers are satisfied with the care that they personally receive but unhappy with the health care system as a whole.** Consumers are connected with the traditional health care system, with most having a primary care provider and at least one interaction with the system in the last 12 months. Over half of consumers currently use prescription medications, and nearly one-third are using over-the-counter medications.[20] From physicians' perspective, the health care system is performing solidly rather than well. Many express disappointment with a perceived lack of inclusion in the health care reform process. Many physicians believe reform to be detrimental to the future of medicine, and expect that it will spur an exodus from clinical practice and be a deterrent to those considering medicine as a career.[21] Employers, concerned about their bottom line, are particularly critical of the cost of the health care system but overwhelmingly supportive of the value of employer-sponsored health insurance, with over eight in 10 employers offering health benefits to attract and retain good employees and to improve employee morale and satisfaction.

Personal and cultural values serve as filters through which individuals perceive and value health care. A broad spectrum of such things as core beliefs about health care,[22,23] and the degree of trust in institutions, government, and "science"[24] may well color how the public views efforts to realign the structure, conduct, and performance of the U.S. health care system. Do Americans have the health care system that they want, as some suggest?[25] How well is health care reform understood, and to what extent is there underlying support for the ACA?

Many of the ACA's proposed changes and implementation dates will take place in 2013 and 2014. What do consumers, physicians, and employers think about health care reform? To what extent do these groups feel included or engaged in the reform conversation? How do they view the performance of the U.S. health care system?

Health care reform shifts the goal posts for many stakeholders; its success depends, to a large degree, upon convincing system participants to play ball. It is, therefore, appropriate that this article, bringing together data from Deloitte's three surveys, explores how participants view and respond to various aspects of reform.

Major Influences on Health Care Cost

	Consumers	Physicians	Employers
1	Consumer behavior* 70%	Hospitals cost 59%	Hospital costs 80%
2	Defensive medicine* 59%	Fraud in the system 55%	Consumer behavior * 67%
3	Insurance administrative cost * 57%	Insurance administrative cost * 52%	Prescription drugs 66%
4	Hospital cost 48%	Prescription drugs 48%	Insurance administrative cost* 62%
5	End-of-life-care* 48%	Consumer behavior * 46%	Government Regulation 60%
6	Prescription drugs 41%	Defensive Medicine* 43%	New Technologies & Equip.* 59%
7	Government Regulation 40%	Government Regulation 41%	Fraud in the system 50%
8	New Technologies & Equip.* 38%	Payment incentives 37%	Overuse of surgery** 50%
9	Payment incentives 29%	New Technologies & Equip.* 36%	Payment incentives 45%
10	Fraud in the system 15%	Overuse of surgery** 31%	Defensive medicine* 34%
11	Overuse of surgery 11%	End-of-life-care* 31%	End-of-life-care* 31%

* Denotes items with minor wording variations between consumers, physicians and employers surveys
** Employer survey asked "over-utilization of testing and surgical procedures

Views on health reform

A "good start" or a "step in the wrong direction"?

Two years into the implementation of the ACA, opinion remains divided on the merits of health care reform. As a whole, consumers are mildly positive to somewhat ambivalent, physicians neutral, and employers negative about the ACA. Consumers hold a less favorable view about health care reform in 2012 than they did in 2011 and evidence stronger feelings of uncertainty. Half of consumers felt positively about health reform in 2011 (50 percent) whereas only 38 percent feel this way in 2012. Many more consumers are uncertain about reform in 2012, either not knowing or expressing no opinion (34 percent in 2012 versus 21 percent in 2011). Overall, physicians are split as to whether health care reform is a "good start" (44 percent) or a "step in the wrong direction" (44 percent), and compared with consumers and physicians, employers are much more inclined to view reform in a negative light, with almost six in 10 seeing it as a "step in the wrong direction" as compared with three in 10 employers viewing health reform as a "good start" (see figure 5).

Greater consumer uncertainty about health care reform is apparent, irrespective of age, gender, insurance status, income, or location. In both 2011 and 2012, seniors (born 1900–1945) have tended to have

a more negative view of the reform law than younger generations. The percentage of consumers of all generations with feelings that health care reform is a "step in the wrong direction" has remained relatively constant; however, what has changed is that positive views of reform have declined substantially in all generational groups, shifting towards "don't know/no opinion." Women are more uncertain about health care reform than men (38 percent versus 29 percent) but less likely than men to feel negatively about reform **(26 percent versus 32 percent).**

Greater consumer uncertainty about health care reform is apparent, irrespective of age, gender, insurance status, income, or location.

Positive feelings about the reform law held by uninsured persons, a group that stands to benefit from provisions of the ACA, has dropped from 55 percent in 2011 to 37 percent in 2012. Favorable views held by those with insurance also have declined, from 49 percent in 2011 to 38 percent in 2012. In 2012, significantly more consumers with insurance (30 percent) see health reform as a "step in the wrong" direction as compared with those without insurance (23 percent). Again, ambivalence about health care reform is marked, with 32 percent of people with insurance and 40 percent of the uninsured being uncertain or expressing no opinion.

Figure 5: Consumer views on the merits of health care reform

	A "good start"			A "step in the wrong direction"			Don't know-No opinion		
Total	50%	38%	▼	30%	29%	▼	21%	34%	▼
Male	50%	39%	▼	33%	32%	▼	18%	29%	▼
Female	50%	36%	▼	26%	26%	–	24%	38%	▼
Generation Y (1982-1994)	55%	41%	▼	22%	20%	▼	24%	39%	▼
Generation X (1965-1981)	49%	37%	▼	28%	27%	▼	23%	36%	▼
Baby Boomers (1946-1964)	49%	36%	▼	34%	32%	▼	17%	32%	▼
Seniors (1900-1945)	46%	36%	▼	35%	38%	▲	20%	26%	▼
Insured	49%	38%	▼	31%	30%	▼	21%	32%	▼
Uninsured	55%	37%	▼	24%	23%	▼	22%	40%	▼

* Note: Figures are rounded and may not total to 100% = 2012 majority view

Physicians appear to be "hedging their bets" about health care reform. While many physicians (59 percent) expect an exodus from the profession due to reform, over half (55 percent) are adopting a "wait and see" approach, thinking that reform might fall apart, and don't plan to make changes to the way they practice medicine. Most physicians (82 percent) are pessimistic about the future of medicine as a result of reform, and many think that would-be physicians will consider other options rather than choosing medicine as a career (69 percent). Fifty-four percent of all physicians (63 percent of surgeons) hope to retire before making any reform-driven changes to the way they practice medicine today, particularly physicians aged 50 years and older.

Most physicians (82 percent) are pessimistic about the future of medicine as a result of reform, and many think that would-be physicians will consider other options rather than choosing medicine as a career (69 percent).

As with consumers, more male physicians consider health care reform in a negative light (47 percent versus 37 percent females) and females tend to be more undecided than males (17 percent versus 10 percent). Opinion is sharply divided among the broader categories of medical practice, with more primary care practitioners (PCPs) (45 percent) and non-surgical specialists (53 percent) holding positive views about reform than their surgical specialist colleagues (28 percent). Surgical specialists (60 percent) are very negative about reform as compared with PCPs (39 percent) and non-surgical specialists (36 percent).

Employer views varied; larger companies are more likely to define the law as a "good start" than smaller ones—for example, in Deloitte's employer survey, 39 percent of mid-sized firms with 1,000 to 2,499 employees say it is a "good start," compared with 25 percent of the smallest firms (50–100 employees). Nevertheless, over half (57 percent) of very large employers (2,500+ employees) view health care reform as a "step in the wrong direction." In addition, company decision makers feel negatively towards health care reform (65 percent) rather than positively (28 percent). Those managing companies' health care benefits tend to view reform more positively; four in 10 (41 percent) of executives responsible for health programs and 38 percent of CHROs see it as a "good start," whereas 72 percent of owner/CEO/presidents and 64 percent of CFOs say that health reform is a "step in the wrong direction."

What might be achieved by health care reform?

Consumers, physicians, and employers agree: Reducing health care costs will not result from the current reform effort.

Views of health care reform's likely success in achieving certain goals are muted. Around one-fourth of consumers feel that health care reform will successfully increase access to health insurance coverage, and around one-fifth believe that reform is likely to be successful in increasing the quality of care, motivating individuals to improve their health, better coordinating care, and ensuring access to the latest technologies. Only 16 percent feel that health reform will successfully decrease health care costs overall, with 32 percent believing the contrary.

Physicians are not particularly optimistic about health care reform achieving key objectives such as increased access to care and more efficient care. Almost three-fourths of physicians (73 percent) anticipate a shift in demand towards the emergency room if PCP visit slots are full due to ACA-related changes; they also expect longer ER "wait times" (68 percent). Half of physicians believe that there will be decreased access to health care due to hospital closures resulting from reform, and over half (53 percent) believe that reform is unlikely to encourage patients to live healthier lifestyles.

Over half (55 percent) feel that payment and efficiency reforms are likely to be implemented, believing that the system will shift physician incentives from volume- to performance-based payments; in addition, around six in 10 physicians believe that efficiency measures such as the implementation of evidence-based medicine (62 percent) will eventuate. **Physicians feel that the ACA is unlikely to reduce health care costs by increasing the efficiency of doctors and hospitals (72 percent); unlikely to reduce costs of prescription drugs (63 percent); unlikely to achieve a better balance in the system between utilization of primary care and specialist care (58 percent); or to encourage consumers to adopt healthier lifestyles (53 percent)**

With respect to health insurance, most physicians believe that reform will increase access to government insurance programs but not reduce costs. Anticipated long-term impacts of reform on the system include fewer uninsured, increased wait times for primary care appointments, and decreased quality of care due to increased use of mid-level providers to manage access. Physicians expect that the ACA will lead to increased Medicaid and Medicare managed care programs (85 percent) and increased "wait times" (83 percent). The most unlikely outcomes due to health insurance reforms include reduced administrative paperwork required by insurance plans (73 percent) and reduced health insurance costs for consumers (68 percent). Nearly all physicians anticipate that in response to the ACA, insurance plans will seek higher premiums from employers (91 percent) and make lower payments to providers (90 percent), and nearly eight out of 10 physicians believe that the insurance industry will become more tightly regulated as a result of reform.

Each group envisions a different set of health care reform solutions. Employers and consumers respond favorably to improved coordination and incentives for performance; physicians prefer solutions that empower them to care for patients without outside intrusion.

Physicians are particularly concerned about the personal financial implications of the health care reform law; most physicians think their income will decrease or be flat as a result. **Only 4 percent of all physicians surveyed believe that their income will increase next year; nearly half believe that their income will decrease.** This is particularly the case for surgical specialists, who believe that their net income will decrease as a result of health care reform (64 percent versus 38 percent of PCPs and 46 percent of non-surgical specialists). This concern about deteriorating personal income appears to be at odds with physician views that the ACA will not reduce the overall costs of health care. Physicians are unhappy about payment system reforms, believing that the shift from fee-for-service to performance-based compensation exposes physicians to higher risk and lower income. Nine out of 10 physicians fear the new payment systems mean they will receive inadequate payments for new services or bundled payments, and they will have to pay higher administrative costs to implement and comply with the systems. Other key financial risks noted by physicians include being penalized for focusing efforts on aspects of quality that are not measured or rewarded; having insufficient capital to invest in new infrastructure; and having payment based on problematic measures of quality or cost and unreasonable performance standards. Surgical specialists are significantly more fearful of experiencing a reduction in revenues through fewer referrals or lower utilization of services compared to PCPs and non-surgical specialists (88 percent versus 66 percent and 63 percent, respectively).

Employers do not appear to be contemplating moving away from providing health care benefits in response to provisions in the ACA: Only 9 percent of survey respondents work in companies (representing 3 percent of the workforce) said that they anticipate dropping coverage sometime in the next one to three years, versus 81 percent of companies (representing 84 percent of the workforce) that said they would not drop coverage in the near term, and 10 percent of companies (representing 13 percent of the workforce) said they did not know. Factors other than the ACA also influence executives' views, with executives being about as likely to consider dropping coverage due to independent events such as high premium increases as they are in response to a variety of ACA-related scenarios, such as the availability of subsidies for lower-income individuals.

Employers show interest in moving towards different ways of providing and purchasing employee health benefits. When a scenario of a defined contribution option for products offered through an exchange was presented, interest was strong, especially among companies with fewer than 1,000 employees: 53 percent of employers representing 38 percent of the workforce say they would be very orsomewhat likely to use an exchange as a channel for a defined contribution program, versus 30 percent of employers with more than 1,000 employees.

The ACA introduces a range of systemic reforms intended to reshape the practice of medicine. Innovations such as changing service delivery models and new payment systems find positive support with consumers but are challenging to physicians, posing considerable re-alignment and implementation issues. Many physicians are not convinced about certain elements of reform, particularly those that require physicians to redefine their roles and rethink service delivery models.

Consumers are supportive of system-of-care changes, with slightly over half of consumers (52 percent) believing that integrated health care delivery systems have greater potential to reduce overall costs and spending, provide greater value to consumers (49 percent), and deliver better quality of care (46 percent) than does a system of independent practitioners and hospitals. **Consumers are open to using different care providers, with 50 percent believing that a nurse practitioner or physician assistant can provide primary care that is comparable in quality to that provided by a doctor.** Close to half (47 percent) of consumers say they are willing to seek care from a nurse practitioner or physician assistant, and 25 percent will consider visiting a retail clinic if a physician is not available. Current utilization of such services is low, with just 10 percent of consumers indicating that they currently use either a nurse practitioner or physician assistant as a primary care provider. In 2012, 13 percent of consumers say they visited a pharmacist in lieu of a doctor, and 14 percent used a retail clinic for non-emergency care for either themselves or a family member or both.

Not surprisingly, physicians are skeptical about the use of mid-level service providers, with two-thirds of physicians (65 percent) believing that decreased quality of care due to increased use of mid-level service providers to manage access is a likely result of health care reform; significantly, more surgical specialists (76 percent) believe this to be the case compared to non-surgical specialists or PCPs. However, physicians feel that the health care system is likely to move in this direction, with the majority (55 percent) of physicians believing that over the next decade, primary care services will be delivered by other medical professionals – both independently and as an adjunct to physician services.

Physicians are not overly familiar with the range of pilot programs that are testing delivery system reforms, with around half of them being "very" or "somewhat" familiar with bundled payments (57 percent), accountable care organizations (55 percent), medical homes (53 percent), comparative effectiveness (52 percent), and value-based purchasing (42 percent). Physician-perceived barriers to adopting ACA elements such as electronic health records (EHR) are primarily the cost (66 percent) and the burden of implementation (54 percent).
Regulatory issues present great challenges to physicians, with only one in four considering themselves "on target" to meet meaningful use, while only 5 percent are ahead of plan. Of concern, 23 percent say they are unfamiliar with the requirements.

Employers show interest in system reforms including health insurance exchanges (HIX), with 45 percent of employers (representing 65 percent of the workforce) feeling highly familiar with HIXs. Many are interested

in using exchanges – particularly if a large choice of plans is offered. Anticipated changes to companies' benefits strategies in the next three to five years include increasing cost sharing with employees for deductibles and co-payments (69 percent), increasing employee premium contributions (68 percent), and increasing use of programs to improve employee health status (62 percent). Close to eight in 10 employers (79 percent) have no plans to terminate the company-provided subsidy for full-time employees or for dependents (69 percent).

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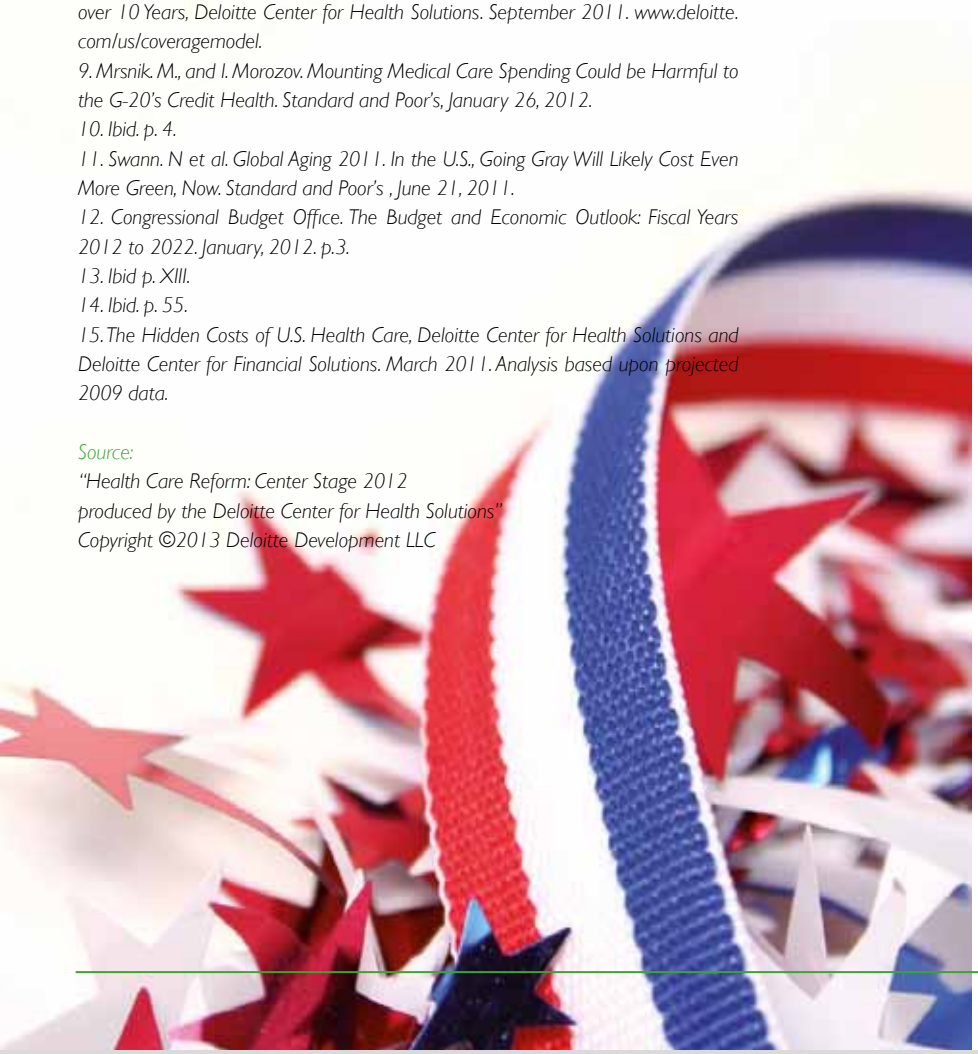
Source:

"Health Care Reform: Center Stage 2012
produced by the Deloitte Center for Health Solutions"



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Durbin PLC, 180 Northolt Road, South Harrow, Middlesex HA2 0LT, UK
Telephone: +44 (0)20 8869 6500
Fax: +44 (0)20 8869 6565
Email: marketing@durbin.co.uk

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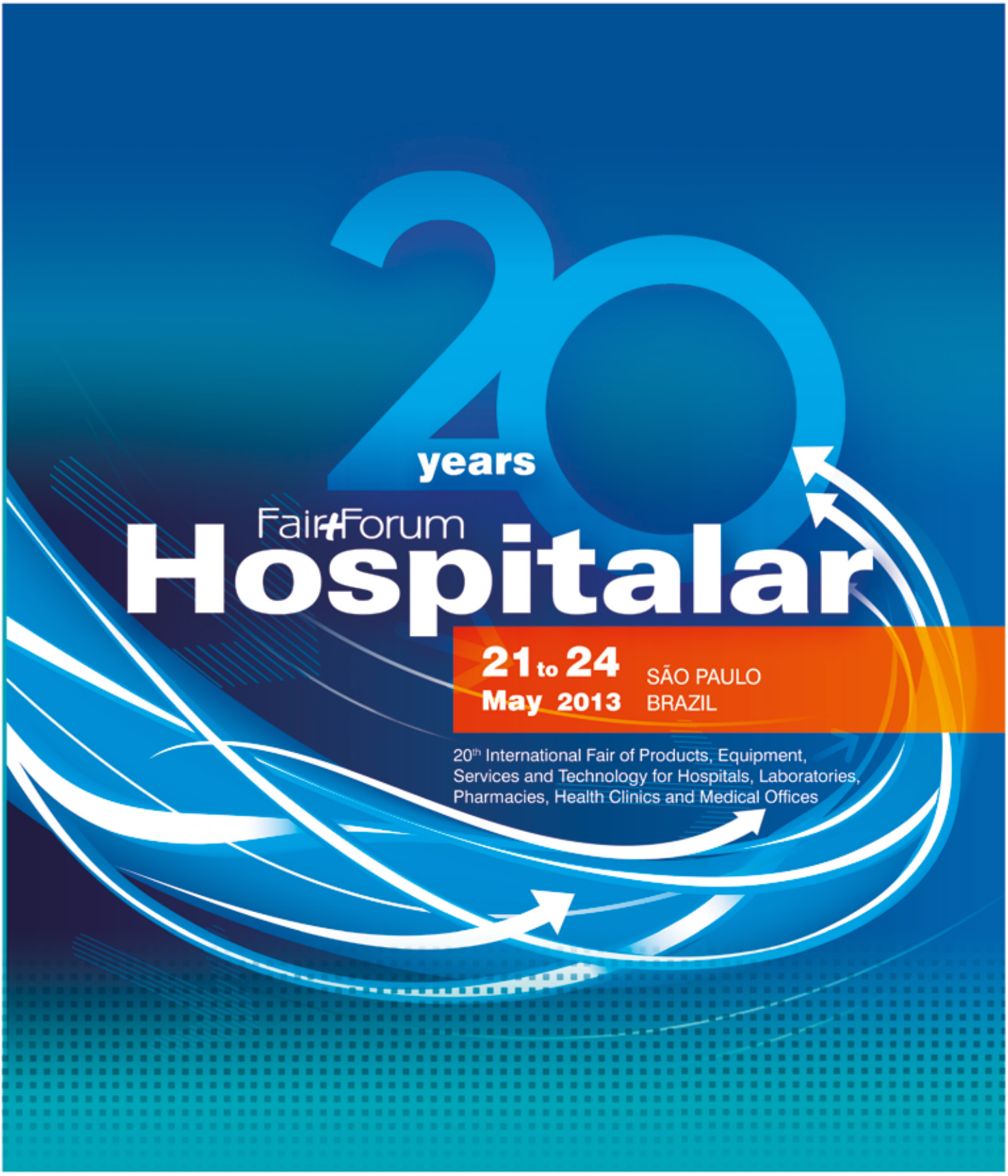
OTCH CHEM is an established importer looking for buyers and sellers of healthcare disposables worldwide. Contact Mr. Sachin Shah at timeotc@vsnl.net. Thanks!



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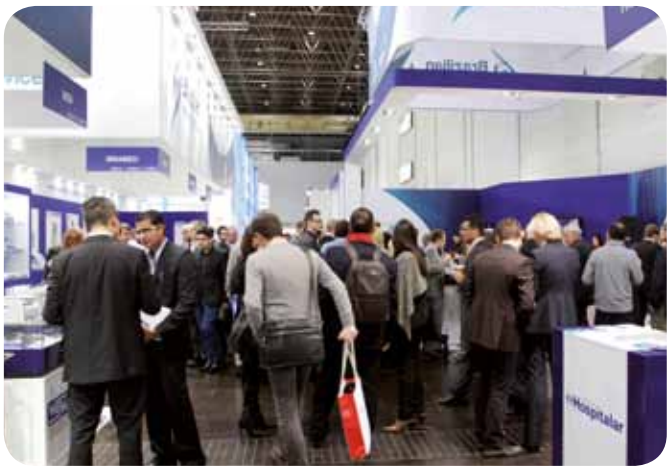
Taking business worldwide

The Brazilian Medical Devices Manufacturers Association (ABIMO) is an associative entity with over 50 years of experience in Brazil, and all these years it has been fighting for its members and working with the government for the growth of healthcare industry, as well as its constant updating and innovation. To achieve the objective of promoting the sector's exports and represent it internationally, our association, in partnership with ApexBrazil (Brazilian Trade and Investment Promotion Agency), created Brazilian Health Devices, a brand that brings together the sector's exporting companies and represents them internationally through a sector's project that promotes several activities worldwide, such as participation in international events and fairs, business networking meetings, trade missions, lectures and workshops that assist Brazilian manufacturers in adapting the structure and performance of products in different markets.

Begun in 2002, Brazilian Health Devices currently gathers over 160 exporting companies, which correspond to 45% of ABIMO's members. In these years of operation, our project has effectively contributed to an increase of over 260% in foreign sales of the sector. Moreover, it collaborated to form the current scenario, in which about 80% of exporters have set up appropriate structures dedicated to international customers.

The results of these actions have been satisfactory for participating companies. In November last year, for instance, at MEDICA fair-trade show in Germany, Brazilian exhibitors expected contracts in the amount of US$ 31 million for the 12 months following the event, a result almost 60% over the one achieved in the previous edition. During the fair, Brazilian exhibitors reached US$ 2 million in sales and made over 2,700 contacts with executives from the five continents. Another trade show that stood out, at which Brazil takes part in since 2003, is FIME (Florida International Medical Equipment Trade), held in Miami. During the three days of show, 1500 contacts were made from 52 countries and the turnover in 2013 reached about 550,000 dollars for countries such as Paraguay, Ecuador, Guatemala, Costa Rica, Mexico, Canada and Colombia. Regarding currency appreciation, our exports grew 6% per year on average from 2007 to 2012, and reached US$ 775 million last year. The data indicate that despite the inherent difficulties in such a specific industry, our exporting companies go to great lengths to remain in the international market. In the national market, the results of a study ordered by us to Getulio Vargas Foundation (FGV) show that Brazilian sectoral output reached R$ 4.8 billion in 2012, where R$ 2.23 billion are for medical equipment, R$ 97 million for implants, R$ 83 million for consumables and R$ 76 million for dental materials.

The curve is rising, especially in the area of medical equipment, as it reached R$ 1.07 billion in 2007. The study also shows that sector's GDP reached R$ 24 billion. The contribution of the two major segments was in the area of medical and dental instruments and optical items, which reached R$ 2.1 billion and electro-medical, electrotherapeutic, and irradiation devices, with R$ 3 million. All these results attest to the quality of our industry and we are proud to say that in recent years, Brazil has become a recognized and respected country worldwide, offering products of high technology, equalized with all other global manufacturers.



What is Infomedix Database?

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34,000 referents

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Advanced Search Options

The best solution

to find distributors worldwide

INFOMEDIX INTERNATIONAL

www.infomedix.it database@infomedix.it

May

·· 15-16/05/2013
Medtec France 2013
(Lyon – France)
MEDTEC France Helpdesk
Twitter: @medtecfrance
Tel: +33 (0)1 77 48 10 04
E-mail: medtecfrance-info@ubm.com
Contact person: Mrs Fabienne Valambras
Tel: +49 2247 7452 988
E-mail: fabienne.valambras@ubm.com
Venue: Eurexpo Lyon - Hall 10
Lyon - France
www.medtecfrance.com

·· 15-17/05/2013
Bulmedica - Buldental 2013
47th International Specialized Exhibition
(Sofia – Bulgaria)

BULGARREKLAMA AGENCY
Fax: +359 2 9655 231
Website: www.iec.bg // www.bulmedica.bg
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Tel: +359 2 9655 277
E-mail: mjeliazkova@iec.bg
Project Manager BULDENTAL: Gabriela Lubenova
Tel: +359 2 9655 279
E-mail: glubenova@iec.bg
Venue: Inter Expo Center
147,Tsarigradsko Chaussee Blvd.
1784 Sofia, Bulgaria
www.bulmedica.bg
Infomedix booth: No A6, Hall 4

·· 15-17/05/2013 KIHE 2013
(Almaty – Kazakhstan)
Organized by: Iteca LLP
Tel: +7 727 2583434
Fax: +7 727 2583444
E-mail: contact@iteca.kz
Website: www.iteca.kz
Project Manager: Ms Anastasia Balysheva
Tel : +7 727 2583 439
Fax : +7 727 2585 521
E-mail : Nastya.Balysheva@iteca.kz
Venue: Atakent Exhibition Centre
Almaty - Kazakhstan
www.kihe.kz

·· 21-24/05/2013 Hospitalar 2013 and Odontobrasil 2013
(Sao Paulo – Brazil)

Hospitalar Feiras e Congressos
Rua Padre Joao Manuel, 923 - 6° andar
01411-001 - Sao Paulo, Brasil
Tel: +55 11 3897 6199
Fax: +55 11 3897 6191
E-mail: hospitalar@hospitalar.com.br
Website: www.hospitalar.com
Venue: Expo Center Norte Exhibition Center - Sao Paulo - BRAZIL
(Rua Jose Bernardo Pinto, 333,Vila Guilherme, Sao Paulo)
www.hospitalar.com
Infomedix booth: Green Hall O44

·· 22-24/05/2013 MedSib. Public Health of Siberia 2013- The 24th International Medical Exhibition
(Novosibirsk – Russia)
ITE Siberian Fair
Novosibirsk Expo Centre, 104,
Stancionnaya Street, Novosibirsk, Russia zip 633102
Tel: +7 (383) 363 00 63
Fax: +7 (383) 363 79 01
Event director: Ms Elena Knyazkova
Tel: +7 (383) 363 00 63 ext. 355
E-mail: knyazkova.e@sibfair.ru
International Project Coordinator:
Ms Raisa Kondratieva
Tel: +7 (383) 363 00 63 ext. 300
kondrateva@sibfair.ru
Venue: IEC Novosibirsk Expocentre
Novosibirsk - Russia
www.medsib.sibfair.ru

·· 30/05-01/06/2013 Healthy Nation Ukraine 2013
(Kiev – Ukraine)
TreeExpoâLLC
4a, Krymskogo str., Kiev, 03680, Ukraine
Tel: +38 (044) 455 78 74
Fax: +38 (044) 455 78 74
E-mail: info@treex.com.ua
Website: www.treex.com.ua
Venue: Acco International
40-b, Pobedy ave., Kiev, 03680, Ukraine
Metro Station â Shulyavskayaâ, Pushkin Park
www.treex.com.ua

June

·· 06-08/06/2013 Medexpo Africa 2013 - 17th Annual Medical and Healthcare Exhibition
(Dar-es-Salaam – Tanzania)
Organized by:
Expo Group
East Africa Branch:
PO Box 6569,
Upanga, Dar-Es-Salaam, Tanzania
Tel: +255 767 246 267
Fax: 022-2850495
Email: east_africa@expogroup.net
Venue: Diamond Jubilee Hall
Dar-Es-Salaam - Tanzania
www.expogr.com/tanzania/medexpo/index.php

·· 18-20/06/2013 MD&M East 2013- Medical Design & Manufacturing
(Philadelphia PA - USA)
UBM Canon, 11444 W Olympic Blvd.
Los Angeles, CA 90064, United States
Tel: +1 310 445 4200
E-mail: TSSalesAdmin@ubm.com
Website: www.canontradeshows.com
Venue: Pennsylvania Convention Center
1101 Arch Street
Philadelphia, PA 19107
www.canontradeshows.com

·· 20-23/06/2013 Medicare Taiwan
(Taipei – Taiwan)

Taiwan External Trade Development Council
(TAITRA) c2004 Taiwan External
5-7 Fl., 333 Keelung Rd., Section 1
Taipei 11012, Taiwan ROC
Tel: +886(2)27255200 Fax: +886(2)2757 6245
Email: taitra@taitra.org.tw
Contact Person: Ms. Amy Liou
Exhibition Section 6, Exhibition Dept., TAITRA
P.O. Box 109-865
Taipei 11011, TAIWAN
Tel: +886 2 2725-5200 Ext. 2767
Fax: +886 2 2725-1337
Email: amyliou@taitra.org.tw
Venue: Taipei World Trade Center Exhibition Hall 1
5, Hsin-yi Road, Sec. 5, Taipei, TAIWAN
Website: www.taitra.org.tw

July

·· 04-06/07/2013 Medxpo 2013- International Medical Exhibition and Congress
(London - United Kingdom)
MEDXPO
1B, 55 St. John Street, London
EC1M 4AN
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Fax: +44 (0) 20 7022 1601
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E-mail: neil@medxpo.co.uk
Venue: Alexandra Palace
London - UK
www.medxpo.co.uk

·· 24-26/07/2013 e-Health 2013, Conference on Computer Science and Information Systems
(Prague - Czech Republic)
IADIS Association
Rua S. Sebastiao da Pedreira, 100
Lisbon - Portugal
Tel: +351 21 3151373
Fax: +351 21 3151244
E-mail: secretariat@ehealth-conf.org
Contact person: Vera Ameixeira
Venue: Faculty of Business Administration, University of Economics, in Prague - Czech Republic
www.ehealth-conf.org

·· 24-26/07/2013 The 3rd edition of ExpoHospital Chile 2013
(Santiago – Chile)
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Contact person: Mr Thomas Ziomek (US office)
Tel: +1 201 251 2600 x127
Fax: +1 201 251 2760
E-mail: thomasz@kallman.com
Venue: Espacio Riesco, Santiago, Chile
www.kallman.com/shows/expo_hospital_2013/main.php

August

•• **28/07-01/08/2013 AACC Annual Meeting - Clinical Lab Expo 2013** *(Los Angeles, CA – USA)*
Organizer: American Association for Clinical Chemistry (AACC)
1850 K Street, NW Suite 625
Washington, DC 20006
Toll free: 800 892 1400
Fax: +1 202 887 5093
Website: www.aacc.org
www.aacc.org/events

•• **02-04/08/2013 Medicall Chennai 2013**
(Chennai, TamilNadu – India)
Medexpert Business Consultants Pvt ltd
C-3, Shree Vidya Apartments, 14 Balakrishna Street, West Mambalam, Chennai - 600 033
Tamilnadu, India
Tel: +91 44 24718987
Venue: Chennai Trade Centre
Chennai - India
www.medicall.in/medicall/index.php

•• **07-09/08/2013 FIME 2013** *(Miami Beach FL – USA)*

FIME International Medical Exposition, Inc.
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Phone: +1 941 366 2554
Fax: +1 941 366 9861
E-mail: info@fimeshow.com
Website: www.fimeshow.com
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Infomedix booth: 571

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Infomedix International 3/2013- Special MEDICA issue

Publishing Date: October 2013

Circulates: October-November-December

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- *Global Wealth Distribution*
- *Special Insight on Worldwide Radiology Market*
- *Business Opportunities*

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