

Middle East & Asia Issue

Inside:



- Focus on **India**



- Outlook on **Taiwan**



- The **medical market** in **Central Asia**



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16-26

Focus on India

"India is the world's second most populous country, the seventh-largest by area, and the third-largest economy by purchasing power parity. It is an astonishing mosaic of different geographic environments, climates, cultures, religions, languages and ethnical groups..."



28-32

Outlook on Taiwan

"Thanks to an official invitation from TAITRA, the Taiwan External Trade Development Council, Infomedix srl participated to Medicare Taiwan for the first time last June 2013. Medicare Taiwan is the biggest medical exhibition in Taiwan..."



40-50

The Medical Market in Central Asia

"In this article on Central Asia we will focus on Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Geographically, this region consists of a wide land mass, characterized by deserts and steppes and circled by mountain ranges..."

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+ SWISS INNOVATION

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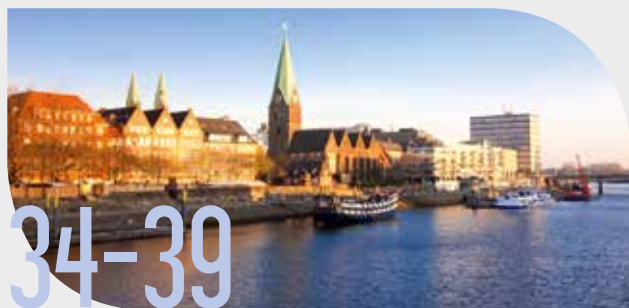
FDA

Medical Device:
CLASS I



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34-39

Infomedix introduces TRADEX-Pavilion

"Find out more about companies exhibiting with Tradex and come see them in Dubai, 27 - 30 January 2014, Hall Saeed I..."

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Flap

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The image shows a Biegler Autopress device, a white rectangular unit with a digital display and control buttons, mounted on a stand. Two white fluid bags are connected to the device via tubes. The device is labeled 'autopress' and 'BIEGLER MEDIZIN ELEKTRONIK'. The fluid bags have 'BIEGLER' and 'LAPAR' printed on them.

autopress

AUTOMATIC PRESSURE INFUSOR

**Delivers fluids
under constant pressure
with electronic control**

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MEDIZIN ELEKTRONIK

Automatic Pressure Infusor

BIEGLER GmbH develops and manufactures medical devices and disposables for over 40 years. Biegler serves their customers by offering them not only high quality products and services but comprehensive and personal support as well.

The company based in Austria/Europe recently introduced the AUTOPRESS device as an important part of its fluid warming philosophy. Autopress works directly with Biegler blood and infusion warmers to deliver blood and fluids at high flow rates or as a stand-alone unit to deliver fluids at constant pressure up to 300 mmHg wherever needed.

Pressure infusing bags are mainly used for irrigation purposes during arthroscopy, laparoscopy and hysteroscopy. The adjusted pressure is constantly maintained and therefore does not require manual compensation.

When connected to an electrical outlet, Biegler Pressure Infusor automatically maintains pressure on blood and IV fluid bags. Pressure range is zero to 300 mmHg.

Features at a glance:

- Pressure is adjustable and always maintained
- Precise pressure setting from zero to 300 mmHg with electronic control
- Accomodated pressure cuffs
2 x 500 or 2 x 1000 cc
- Small and lightweight
- Mains operated
- Pressure cuffs can be emptied rapidly and easily
- Significant reduction of set up time

**Biegler GmbH
Allhangstrasse 18a
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Austria**

**Tel.: +43 1 979 21 05
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For over 25 years Mocom's business has been sterilization. Now, thanks to a new approach to increasingly challenging hygiene requisites, we are able to offer a wide range of products, covering all necessary steps for the re-processing of contaminated instruments and materials. Our goal is to make the sterilization process more and more lean, easy and efficient. This is why Mocom focuses exclusively on the design and production of user-friendly systems that

provide consistently outstanding performance. Our unique experience and passion have brought about the development of B Futura and B Classic: safe, high-performance sterilizers ensuring ease of use, low consumption and faster cycle execution. The new B Futura sterilizer has a smart interface and allows full traceability of each sterilization cycle. Three versions, 17, 22 and the innovative 28 litres, are available, each featuring a brilliant touchscreen LCD colour display, offering immediate cycle selection and execution. The 28-litre model features a wide chamber; housed in the same compact frame of the 17 and 22-litre models. In this way, the B Futura 28 is particularly suited to the medical sector; allowing the accommodation of larger devices, in an environment with minimal space requirements. The B Classic sterilizer, sharing the same up-to date solutions as those of B Futura, has been designed to make work easier by optimizing times and costs. Unmatched quality and technology ensure safety and reliability. Both B Futura and B Classic provide full traceability of every single sterilization cycle and can be equipped with several devices for automatic water supply. **Link VIDEO:** <http://youtu.be/sVqBqj4jV9E>

infomocom@mocom.it / www.mocom.it



• EXIPER



EXIPER is a system for Hyperthermic Chemoperfusion for the treatment of abdominal or thoracic cancers after cytoreduction. The rationale of the procedure has been established by Prof Sugarbaker and others since the early 90s. Now the procedure, known also as HIPEC is carried out in hundreds of hospitals all over the world. The procedure consists in the removal of the primary cancer and seeded peritoneum (cytoreduction). Then the abdomen is washed for one hour by a heated solution containing the chemotherapy. The heated

solution increases the penetration of the chemotherapy drug inside the remaining tumor cells and enhances its activity. The system offered BY MEDICA S.p.A adopts a unique technology to heat up the chemosolution very close to the patient thus reaching an unprecedented control of the temperature. It consists in an external disposable heat exchanger connected to the infusion line patented by MEDICA (Patent no EP 1951339B1)

www.menfis.it / sales@menfis.it



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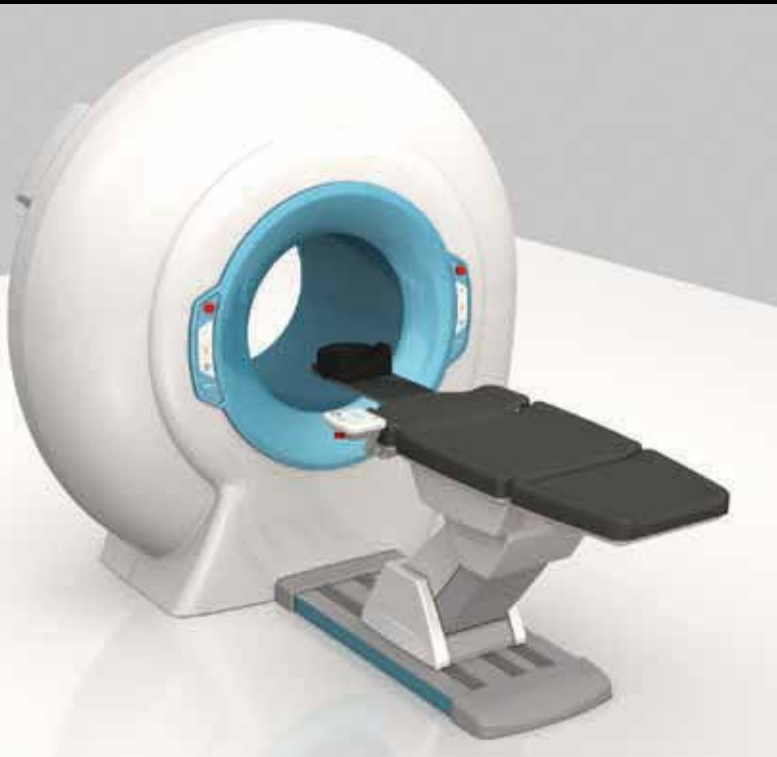
MULTICORE® provides an optimised needle visualization under ultrasound guided biopsy procedures. By the natural of its constituent material it functions at any angle of entry into the body in relationship to the generation of sound waves by the ultrasound transducer. Thanks to its perfect smoothness, avoids

any risk of seeding of malignant cells along the needle's path from the patient's body out. Specimens provided through MULTICORE® are particularly abundant and allow a quick, safe and easy biopsy procedure, either performed manually or through the most common imaging guiding systems, such as CT, US, MRI.

www.sterylalab.it / info@sterylalab.it

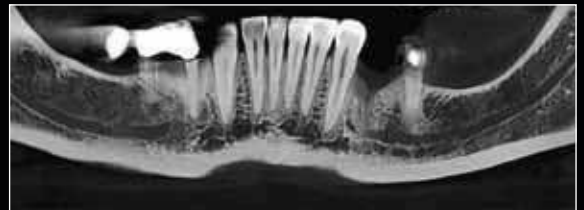


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www.dubaiderma.com

• Relaxsan socks for diabetics and sensitive feet



Thanks to their manufacturing characteristics and the properties of the yarns are recommended for diabetics' feet and for those people who suffer from sensitive and delicate feet, arthritis and athlete's foot. RelaxSan Diabetic Socks are manufactured with special yarn as Cotton & Crabyon and Cotton & X-Static. Besides it is available a TOE SOCKS model that main characteristics are 100% seam-free interiors to avoid abrasion or irritation to skin and toes, prevents friction between toes and help to prevent toe conflicts, made with natural cotton fiber that ensures an-allergic effects and silver thread that have many therapeutic and anti-bacterial properties (especially maintain bacteria free zone between toes). Socks are knitted without elastic, so it will not bind or hinder circulation. Diabetic Toe Socks is recognized by the "Italian Ministry of Health."

www.relaxsan.it / info@relaxsan.it



... Highlights

• High power water cooled mammography tube unit



A high power water cooled mammography tube unit was recently developed by IAE, within its role in the international x-ray market as the only independent manufacturer in Europe of rotating anode tubes. This product is aimed at high power demanding applications such as high patients throughput screening applications, beam scanning mammography and tomosynthesis.

iaexray@iae.it



• Villa Sistemi Medicali



Since 1958, Villa Sistemi Medicali designs, manufactures and markets radiological systems organized in the following product families:

- Analog and digital R/F systems
- Analog and digital general radiographic rooms
- Mobile Units • Surgical X-ray units
- Mammography • Dental panoramic, intraoral and 3D

The grouping of these product families in dental and medical lines is a key feature that has allowed Villa Sistemi Medicali to assert itself in the international market of diagnostic radiology devices.

Customers' expectations and needs are the inspiring concepts for the design of radiological systems, while is a commitment towards Patients the transmission

of values such as experience, diagnostic quality and reliability, deeply rooted in all Villa's products.

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www.villasm.com / vsminfo@villasm.com



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Since 1961 Our company produces trolleys and containers in light alloy, steel, stainless steel and polypropylene, for the most varied demands in the industrial transport. The staff of our R&D department in Travagliato work according to a strict-defined design philosophy aimed at restoring the balance between design concept and functionality. In our manufacturing plant highly skilled workers manufacture steel and aluminum using ultra-precise processes that have been the company trademark for 50 years

The elasticity productivity and the entirely planning effected, allow us to satisfy particular applications, coming from different sectors, what furnishing and agriculture, naval yard, harvest refusals and others.

In the specific field of our MEDICAL DIVISION we do manufacture:

- Sterile instrument packaging furnitures
- CSSD Logistic
- Baskets, containers and shelves
- Mobile Instrument cabinets
- Shelving for storage
- Surgical theatre technical furnitures
- Surgical theatre logistic
- Stools and saddles
- Pharmacy transport trolleys
- Medical waste transport trolleys



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• Euroclinic



EUROCLINIC SpA is an industrial Group that has been growing considerably in the last years in the production and distribution of high-tech Medical Equipments for outpatient rooms. The company has always invested all their resources in innovation and design for the production unit and patient chairs of Otolaryngology and Podiatry, couches for Gynaecology / Urology, Dialysis

and Oncology and modular furniture. The teamwork between Management, Research & Development and the Production Dpt is undoubtedly the power leverage of the Group's industrial project with the objective of maintaining high production standards and of making Euroclinic products appreciated in a growing number of markets around the world for the integrated technology, the design and the reliability. The constant "Branding"

activity with periodical attendance at events and conferences nationally and internationally and the growing visibility in their respective sectors has led Euroclinic SpA to get organized with new Subsidiaries abroad and in Italy to meet directly the needs of doctors and beauty salons. Research on quality and service in every aspect of production and trade along with a strong 'Customer Oriented Philosophy' of all employees of the Euroclinic Group guarantee today positive results and great satisfaction of all customers and distributors.



www.euroclinic.it / info@euroclinic.it Visit us at: Arab Health 2014 : Sheikh Saeed Hall – Booth n° SAG19

• BIEGLER GmbH develops and manufactures medical devices and disposables for over 40 years.



The company based in Austria/Europe recently introduced the AUTOPRESS device as an important part of its fluid warming philosophy. Autopress works directly with Biegler blood and infusion warmers to deliver blood and fluids at high flow rates or as a stand-alone unit to deliver fluids at constant pressure up to 300 mmHg wherever needed. Pressure infusing bags are mainly used for irrigation purposes during arthroscopy, laparoscopy and hysteroscopy. The adjusted pressure is constantly maintained and therefore does not require manual compensation. When connected

to an electrical outlet, Biegler Pressure Infusor automatically maintains pressure on blood and IV fluid bags. Pressure range is zero to 300 mmHg.

Features at a glance:

- Pressure is adjustable and always maintained
- Precise pressure setting from zero to 300 mmHg with electronic control
- Accomodated pressure cuffs 2 x 500 or 2 x 1000 cc
- CE marked
- Fits on any IV pole and rail
- Small and lightweight
- Mains operated
- Pressure cuffs can be emptied rapidly and easily
- Significant reduction of set up time



www.biegler.com / office@biegler.com



HEALTHCARE & MEDICAL EVENTS CALENDAR 2013/14

www.healthcare-events.com



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



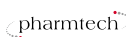
BIHE
19th International Healthcare Exhibition
31 October – 2 November 2013 • Baku, Azerbaijan



Stomatology Azerbaijan
8th International Stomatology Exhibition
31 October – 2 November 2013 • Baku, Azerbaijan



Beauty Azerbaijan
7th International Beauty and Aesthetic Medicine Exhibition
31 October – 2 November 2013 • Baku, Azerbaijan



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



Pharmingredients+
A specialised exhibition for producers and suppliers of raw materials and active pharmaceutical ingredients
25 – 28 November 2013 • Moscow, Russia



TIHE
19th Uzbekistan International Healthcare Exhibition
9 – 11 April 2014 • Tashkent, Uzbekistan



Beauty Uzbekistan
8th Uzbekistan International Beauty & AestheticMed
9 – 11 April 2014 • Tashkent, Uzbekistan



Stomatology Uzbekistan
10th Uzbekistan International Dental Exhibition & Conference
9 – 11 April 2014 • Tashkent, Uzbekistan



Apteka Expo Central Asia
9th Central Asian International Exhibition for Medicines, Pharmaceuticals and Pharmaceutical Technology
9 – 11 April 2014 • Tashkent, Uzbekistan



Analitika Expo
12th International Exhibition for Laboratory Technology, Chemical Analysis, Biotechnology and Diagnostics
15 – 18 April 2014 • Moscow, Russia



KIHE
21st KIHE Kazakhstan International Healthcare Exhibition
14 – 16 May 2014 • Almaty, Kazakhstan



Stomatology
17th International Dental Exhibition & Conference
20 – 22 May 2014 • St. Petersburg, Russia



Medsib. SibDent
25th International Specialised Medical Exhibition
20 – 22 May 2014 • Novosibirsk, Russia



Medima
13th International Specialized Medical Exhibition
28 – 30 May 2014 • Krasnodar, Russia



Dentima
14th International Dental Forum
28 – 30 May 2014 • Krasnodar, Russia



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- Our products are well known and popular among consumers, doctors, dealers/distributors all over the world.



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www.IECendoscopy.com

• Formed - New company on the medical equipment market



Formed is a new Polish manufacturer specialized in production of hospital beds, bedside cabinets, treatment and examination tables, stainless steel furniture, trolleys for patient transport and complementary equipment and furniture. Our company was established in 2009 but thanks to extensive experience of our employees gained over the years of working in the medical industry and very good quality of our products we reached very quickly a good position on the Polish market.

Since 2009, we have sold over 20 000 products to medical facilities.

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• Sanyleg - The quality policy



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Thanks to our advanced technology, to a constant research of new yarns, and our know-how, working in areas where our expertise and our human resources allow us to excel, our first objective is to provide the best products at competitive prices.

We promote the development of skills and expertise of our staff, through innovation, training and involving individuals, in a spirit of mutual growth and interest. In this growth we also involve our suppliers.

We comply to the highest standards in terms of individual safety, as well as for our protection, as example of warranty and reliability for our customers. The continuous development of our skills, the steady improvement of our organization, the satisfaction of our customers are the main features that distinguish our daily work." Alberto Ghelfi



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Website: www.duphat.ae | www.index.ae | E-mail: index@emirates.net.ae | info@duphat.ae



Focus on India

.....
Author: Michela Adinolfi

Girl collects dung at Pushkar fair, Rajasthan, India.
Pilgrims and camel traders flock to the holy town for the annual fair.
Neale Cousland / shutterstock



Figures

GDP

**\$1.842
trillion**

GDP growth

3.2%

Population

**1.237
billion**

Inflation

9.3%

Life
expectancy

66

Urbanization
rate

30%

Major cities

(million inhabitants):

Mumbai (11.9), Delhi (9.8),
Kolkata (4.5), Bangalore (4.2),
Chennai (4.2), Ahmedabad (3.5),
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India. Taj Mahal sunset silhouette. Tajmahal palace in sunset sky

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General profile

India is the world's second most populous country, the seventh-largest by area, and the third-largest economy by purchasing power parity. It is an astonishing mosaic of different geographic environments, climates, cultures, religions, languages and ethnical groups. India is also home to some of the oldest civilizations in the human history, whose literary, religious and cultural influence expanded across all Asia. It is a country of sharp contrasts and a mixture of fascinating and controversial traditions.

Often defined as a sub-continent, the Indian peninsula extends for 3,200 km from the northernmost point on the Chinese border, southward into the Indian Ocean with the Arabian Sea to the southwest and the Bay of Bengal to the southeast. On the northern side, the massive Himalayan mountain chain, home to the highest peaks on Earth, defines both a political and climatic boundary with the rest of Asia.

The impressive diversity across the 26 Indian states includes steep mountains as well as fertile plains along Gange and Brahmaputra river valleys, the Thar desert on the western side, semi-arid central highlands and humid coastal regions. The climate is heavily influenced by ocean winds known as monsoons that bring heavy rains, from southwest to the west coast in June, and from the north-eastern Bay of Bengal to the eastern coast in winter.

Once part of the English empire, India acquired independence in 1947 and became a federal democratic republic. Starting from the 1990s the economic liberalization has turned India into a major economy powerhouse in Asia, despite the widespread poverty that still remains the principal stain in the country's development history. The outstanding results achieved in the last three decades are apparent not only in economic growth, but also in the two-digit increase rates of life expectancy, literacy rates and middle class size. The importance of India in the political, scientific and technological domains has also grown parallelly to its economy.

India has a very young workforce and about 380 million urban inhabitants, about two-thirds of which concentrate in large cities with above 100,000 population. In order to meet the needs and aspirations of such a large number of people, investment in education, health, housing and infrastructure are the key drivers for the future growth prospects. On the other hand, such growth must necessarily be inclusive and eventually lift disadvantaged people out of poverty, if it wants to be really sustainable over a longer-term perspective. Still over 400 million Indian people, about one-third of the world's poor, fall under this category. Moreover, a significant share of those who managed to improve their status in the last decade remains at risk of falling back into poverty again.

Miruthangam

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India has a very young workforce and about 380 million urban inhabitants, about two-thirds of which concentrate in large cities with above 100,000 population.

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The problem of poverty in India is a long-standing one, and it is closely related to the widespread inequity that is partly a constituent of the traditional culture, based on the caste system. Although the country is classified as middle-income, per-capita annual income varies greatly, with over ten-fold difference between the poorest and richest states. Disadvantaged groups and women especially need targeted support to overcome a traditional neglecting attitude. In recent times, the Indian public opinion was shocked by severe cases of women abuse and murders, that forced the society to face the problem of a persistent lack of protection against gender violence, in a more general context of widespread gender inequity. It is worth mentioning, however, that discrimination based on the hierarchical caste division is now prohibited by law and that efforts are being made to make education and working opportunities more accessible to lower income population groups.

The economy is currently experiencing a phase of reduced GDP growth, which is expected to be slightly below 4% in 2013-14.

Education and healthcare remain two critical issues. According to the latest figures, less than 10% of the working-age population has completed a secondary education, although primary school completion rate is quite satisfactory at 95%. As regards healthcare, although general health indicators have improved, maternal and child mortality rates in the poorest states remain at levels comparable to the world's poorest countries. Children malnutrition is one of the greatest problems as a striking 40% of the world's malnourished children are in India (217 million). According to the World Bank, the infrastructure needs are massive. To provide only some figures, one-third of rural people lack access to an all-weather road, and only one in five national highways is four-lane.

The total road network is the second largest in the world with 3.34 million km, but only about 2% consists of highways. The rail route, 63,028 km long, is the largest in Asia. Air and sea transportation include 13 major ports and 187 minor ports along the coast, handling over 90% of India's international trade, and 125 airports, of which 11 international. On general terms, the transportation network is extended in coverage but inadequate in capacity and low performing.

Economy

According to the World Bank's "India Development Update of October 2013", between 2005 and 2012, 137 million people were lifted out of poverty and poverty rate decreased to 22%, with a good share of the decline taking place in low-income states. The expansion of the urban middle class is the main driver of Indian growth and represents an attracting factor for foreign companies. If the current growth rates are maintained, average household incomes are expected to triple over the next two decades, making India the fifth largest consumer economy by 2025. Per capita annual income grew on average by 3% a year in the period 2005-06 to 2012-13, reaching US\$1,488 in 2013, but in big cities rates are significantly higher, up to three times the national average. Although the recent turmoil in global markets has amplified India's macroeconomic vulnerabilities such as elevated current account deficit and depreciation of the rupee, it also constitutes an opportunity to introduce reforms to improve the business environment and financial accounts. Ernst & Young has recently ranked India as the world's most

attractive investment destination, surpassing both China and the US. The main reason for this upgrade is the opening up of FDI in several sectors such as automotive, technology, life sciences and consumer products. The 133 special economic zones offering incentives to foreign investors and the availability of skilled workers in several high-tech sectors such as engineering and IT makes India an eligible choice for many international companies.

The economy is currently experiencing a phase of reduced GDP growth, which is expected to be slightly below 4% in 2013-14. However, according to The Economist, in the last quarter the single largest contributor to GDP were finance, insurance, real estate and business services, an index of recovering economic climate. Moreover, rising exports suggest that the current account deficit might be reduced in a sustainable way. Government efforts to attract foreign currency by designing a scheme to subsidise bank's collection of foreign currency deposits are resulting in higher foreign debt (\$32 billion) which also contributes to stabilise the country's current account deficit. On the other hand, rising inflation and interest rates combined with public debt continue to be a main concern for the economic outlook over 2014. Despite the persisting drawbacks, the amendments made in Indian FDI policy as well as the improving global economic outlook, especially for the Asian region, contribute to maintain investors confident about the long-term prospects for the country.

Healthcare

The improvement of social and economic conditions led to a 10-year increase of life expectancy over past decade, to 67 years. However, new lifestyles and habits have also started impacting on the disease profile of the country. The booming population, and particularly the burgeoning middle class, as well as the increasing purchasing power also resulted in rising awareness of personal healthcare and interest towards high-quality medical treatments and preventive care. Moreover, although the share of elderly population is quite low, it still represents a huge number with 98 million people aged over 60 years, and it is expected to reach over 190 million by 2030.

The States have the main responsibility for the provision of social services, but since tax administration (except the general sales tax) is managed by the central government, there is a high degree of imbalance between the two levels. Furthermore, there are also wide disparities in states' revenue capacity, which make it difficult to ensure comparable levels of public services in different states at comparable tax rates across the different states.

Health services are delivered on three levels:

1. The lowest comprises sub-centers staffed with paramedical personnel, covering between 3-5,000 people according to the territory, and primary health centers, the first point of contact with doctors, covering about 20-30,000 people.
 2. Community health centers provide secondary care and are organized at the block levels.
 3. The sub divisional hospitals and district level hospitals constitute the higher tiers.
- Nominally, first- and second-level health centers should take care of preventative services and treat minor diseases, referring major cases to sub-division and district-level hospitals, but in practice, the referral system isn't well developed and hospitals are the main provider of all healthcare services.



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Taj Mahal in India
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In terms of size, the healthcare sector is estimated at US\$65 billion and it is expected to reach US\$100 billion by 2015. The growth of the healthcare services sector and the increased adoption of both public and private healthcare insurance are contributing to such expansion, which is expected to maintain average 15% growth rate through the next three years. Rural areas have also witnessed an increase of 15,000 health sub-centres in the last five years and primary health centres in the country grew by 84%.

The growing demand for quality healthcare has constantly outpaced the availability of services offered by the public sector, with public spending among the lowest in the world, resulting in the private sector contributing to 75% of the total provision.

Hospitals account for 71% of the healthcare market revenues, while pharmaceuticals and medical equipment account for 13% and 9% respectively while diagnostics, although the least contributor (3%), is growing by 20% annually. The hospital market is prevalently private (76%); with continuously rising demand, the hospital services sector generated revenue of over US\$45 billion in 2012 and is expected to be worth US\$81.2 billion by 2015.

Main factors driving healthcare sector growth:

- Increasing population and disposable income
- Growing lifestyle-related health issues
- Cheaper treatment costs
- Health insurance penetration,
- Public (government) and private investment, especially through Public Private Partnerships

Health financing and medical insurance

The growing demand for quality healthcare has constantly outpaced the availability of services offered by the public sector, with public spending among the lowest in the world, resulting in the private sector contributing to 75% of the total provision. Distribution of public funding for health is also uneven due to the different income levels among states, where the poorest ones can spend less while needing to spend more to meet the healthcare needs of the population.

Another consequence of the low levels of public spending is the high share of out-of-pocket payments, but this implies wide inequalities in the ability of different income groups to access healthcare services. The government has taken initiatives to target such inequalities through the National Rural Health Mission and the national health insurance scheme known as Rashtriya Swasthya Bima Yojana (RSBY) especially designed for people below the poverty line, covering approximately 32 million households. Moreover, several state governments have established their own insurance schemes.

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Medical insurance penetration is still low, covering 15% of the population and accounting for around 4% of the healthcare revenues. The share of private health insurance is still around just 5% of private health spending and 3.2% of total health spending. However the sector is rapidly increasing and its premiums registered average 32% growth over the past 8 years. Sector reports claim the health insurance market to be the second largest non-life insurance segment in the country.

Facts & Figures: Government health investments and initiatives

- Increasing health expenditure to 2.5% of GDP by 2017
- 100% FDI permitted for health and medical services under the automatic route
- 348 essential medicines to come under price control
- US\$5.87 billion for the Ministry of Health & Family Welfare. Of this, US\$3.35 billion are for the new National Health Mission that combines the rural mission and the proposed urban mission
- US\$744.41 million for medical education, training and research
- Customs duty reduced from 16% to 8% for medical and veterinary furniture. The sector is expected to reach US\$4.9 billion by 2016.
- Improve the quality manpower through courses with an industrial perspective in clinical engineering and programs blending medical and engineering streams

Medical devices market

Market size

The Indian market for medical devices is the fourth largest in Asia, with an estimated total size of US\$4.4 billion. According to industry forecasts, it is projected to grow to US\$5.8 billion by 2014 and US\$7.8 billion by 2016. About two-thirds of medical devices are imported and the demand keeps growing especially in the private sector. High quality equipment is mainly supplied by foreign companies and multinationals, while medical supplies and disposables are provided by domestic manufacturers.

The private sector market, especially in urban areas, accounts for the greatest share of high-tech medical equipment demand, while rural areas are mainly served by public services. Corporate-run facilities such as Fortis Healthcare and Apollo Hospitals are the main buyers in this segment. In fact, about 95% of all new hospital beds added in recent years have been created in the private sector and it will likely remain the key driver of the healthcare demand over the next years.

Telemedicine and mobile-based healthcare are growing fast, supported the developed staged reached by the Indian ICT sector; the reduction of import tariffs on infrastructure equipment and public investment. In rural areas, where over three-fourth of the population live, specialist doctors are rare to find and telemedicine and mobile applications for remote diagnosis, monitoring and treatment are particularly favoured. In 2012, the revenues from health IT products and services reached US\$834.65 million.

The domestic industry dominates the low tech end of the market with disposable equipment and supplies. High-tech equipment is usually imported and the share that is manufactured locally is produced by branches of large multinationals or local companies operating in joint ventures or under licensing agreements with overseas companies.

Opportunities for the medical device manufacturers

- Upgrade and construction of new specialty hospitals in major cities: demand for x-ray machines, CT scanners and electrocardiographs, dialysis equipment
- Set up of diagnostic and pathology centres
- Telemedicine, health IT and eHealth, patient monitoring systems and home care equipment and services are especially suitable for rural healthcare
- Research and training centres, specialised medical training and education
- Healthcare infrastructure developments
- Demand for wellness products and services increases as "lifestyle disease" grow.
- Medical tourism patients coming from Africa, CIS countries, Gulf and SAARC nations, Pakistan, Bangladesh and Myanmar, mainly for cardiology, orthopedics, neurology, oncology and organ transplants. The market is estimated around US\$2.5 billion and is growing at over 25% annually, pushing hospitals to establish synergies with hotels and leisure facilities.
- With 860 beds per million people, India needs approximately 450,000 additional hospital beds to catch up with developed countries' standards, only 20% of which can be provided by government.

Regulatory environment

Detailed regulation of medical devices is still unavailable, although several sterile medical devices and implants fall under the provisions of the Drugs and Cosmetic Act and must be certified by the DCGI before they can be sold on the market. The revised Drugs, Cosmetics and Medical Device bill that was drafted in 2012 left a regulatory gap that the industry is still asking the government to fill.

Among the 33 classes of medical devices that are currently regulated there are cardiac stents, drug eluting stents, intraocular lenses, catheters and bone cement. The Drugs and Cosmetics Amendment Bill calls for the creation of a separate category for medical devices, to be regulated under a risk-based classification system. However, since the approval of the new regulation seems still far, foreign medical device suppliers should take due time to get acquainted with local regulation for their specific type of device and in particular they should make sure if it does (or does not) require local clinical trials in addition to already provided clinical data, as the matter is subject to new rules approved last year.

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Taiwan

Author: Riccardo Bonati





Report: Medicare Taiwan and Taipei City

A visit to Medicare Taiwan is the biggest medical exhibition in Taiwan

Thanks to an official invitation from TAITRA, the Taiwan External Trade Development Council, Infodent srl participated to Medicare Taiwan for the first time last June 2013.

Medicare Taiwan is the biggest medical exhibition in Taiwan and take place every June in the Taipei World Trade Center; a huge building also headquarter of TAITRA, located in front of the amazing Taipei 101 skyscraper in Taipei City. This year the show was held from June 20 to 23.

Thanks to TAITRA, I had a personal guide from the first day until my leave, Ms. Fei Fen Hsu, a very professional employee of TAITRA that take care of my visit during the four days of Medicare Taiwan exhibition, and of Taipei City, introducing me in the Taiwanese culture with interesting visits in the most relevant site of Taipei.

My job schedule started on June 20th, when I went to the Taipei World Trade Center to participate to the Opening Ceremony and New Product Presentation during the first day of the exhibition. It was presented by the President of TAITRA and followed by a short introduction to the most relevant novelties launched during the meeting by few Taiwanese companies. After the opening ceremony, Ms. Fei Fen Hsu organized some visits to some Taiwanese exhibitor of Medicare Taiwan.

The exhibition was divided into three section: Medicare, Sencare and Taiherbs, where the first is the one with the higher number of exhibitors, while Sencare is the section of the show dedicated to the Senior healthcare and Taiherbs is dedicated to the companies involved in the traditional Chinese medicine equipment production.

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Participating to this show was important for Infodent srl to have a confirmation regarding the fact that Taiwan is one of the world leaders of innovation and technology, especially in the areas of ICT, medtech and biotech. Furthermore is important to highlight that the Taiwanese government helped a lot local manufacturers with a series of initiatives that have driven the growth expansion of these sectors, as well as unifying them into one prosperous sector that drives Taiwan's economy and also solidifies its status in health care.

As listed in the most recent economical reports, in order to accelerate and ensure a constant transformation and improvement of the domestic medical industry, Taiwanese government has rolled out plans and grants, that encourage local manufacturers to develop high-end medical equipment, including high-level imaging, diagnostic and implantable medical devices.

Thanks to these improvements, an excellent and huge production, a comprehensive R&D capability, and the full support from the Government, Taiwan is becoming more and more appealing to major international brands and buyers for collaborations and that was shown especially from the great outcome in terms of visitors of Medicare Taiwan. As regards the touristy aspect, Taiwan is a very welcoming country, this also due to the kindness of locals and to the good English speaking level of Taipei City citizens.

Taipei city is, as a matter of fact, the pulsing heart of this richness as well as unique and very different from the rest of the country. For a foreign visitor is not so difficult to get into the Taiwanese culture, especially if decide to start the visit from Taipei city.

Just beware of the subtropical climate, as it influences a lot every single day of Taipei, changing suddenly a hot sunny day in a wet thunderstorm. It is though warmly suggested to bring an umbrella and eventually a raincoat at every time, especially in June. Although the tourists are worried about the weather; you will find at any time intrepid motorcycle drivers that crowd the city, and are part of the local folklore and uniqueness, together with the many night market open till late every day of the week, where it's easy to find local products together with arts and crafts.

The city proper, Taipei, is home to an estimated more than 2,5 million of people while Taipei, New Taipei, and Keelung together form the Taipei-Keelung metropolitan area with a population of more than 6,5 million people. Thanks to my guide of TAITRA, Ms. Fei Fen Hsu, I have the occasion to visit the huge National Chiang Kai-shek Memorial Hall a famous monument, landmark and tourist attraction that was erected in memory of General Chiang Kai-shek, the former President of the Republic of China and the Memorial Hall Square, site of the National Concert Hall and National Theatre. This is, as a matter of fact one of the biggest park in the world dedicated to the memory of a recent former president and it's surely worth a visit to know better the recent Taiwanese history.

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While, to know better the ancient history of Taiwan and different cultural and religious aspect of the country, it's worth to visit the Wanhua District and the Xinsheng South Road, also known as the "Road to Heaven", due to its high concentration of temples, shrines, churches, and mosques.

In this district is located the Longshan Temple, built in 1738, which demonstrates an example of architecture with southern Chinese influences and commonly seen on the older buildings in Taipei and Taiwan in general.

Other famous temples include the Baoan Temple located in historic Dalongdong, a national historical site, and Xiahai City God Temple, located in the old Dadaocheng community, constructed with architecture similar to temples in southern Fujian. The Taipei Confucius Temple traces its history back to 1879 during the Qing Dynasty and incorporates southern Fujian-style architecture.

As regards the contemporary architecture, what definitely worth a couple of hours of visit in Taipei City, is the Taipei 101 skyscraper, one of the tallest building on earth with its 509 mt. from ground to top, and that was the first skyscraper in the world to break the half-kilometer mark in height.

A state of the art building, its design incorporates many engineering innovations to withstand typhoon winds and earthquake tremors and has won numerous international awards.

Since Medicare Taiwan is an important exhibition, and mandatory to be present in the fast growing Taiwanese market, and Taipei City are surprising places where to spend an amusing vacation, I strongly suggest to visit this country. Even though, I warmly remind to be always prepared to the unstable weather!



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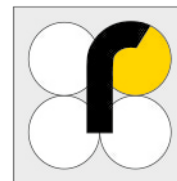
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Market Trends Central Asia

Author: Michela Adinolfi

In this article on Central Asia we will focus on Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

View of kyrgyz yurt in mountains
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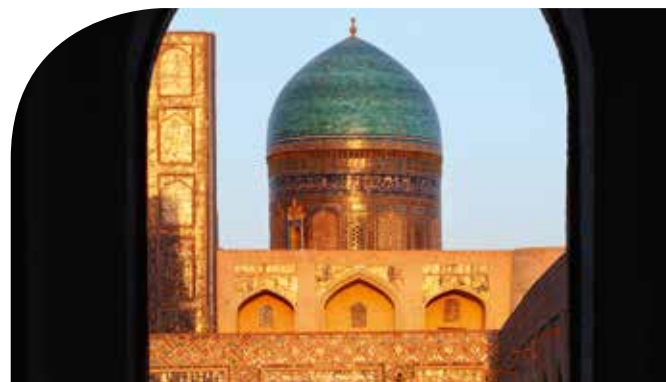
Except for Turkmenistan, which is only associate member, these countries belong to the Commonwealth of Independent States (CIS), an organization founded in 1991 after the dissolution of the Soviet Union, including also Armenia, Azerbaijan, Belarus, Moldova and Russia.

Geographically, the Central Asian region consists of a wide land mass, largely characterized by deserts and steppes and circled by mountain ranges on the south-eastern border. This area represents an historical crossroad between Asia and Europe, located at the heart of a network of trade routes that have been connecting the two continents for centuries. The most famous is of course the **Silk Route**, where not only silk and other goods were transported, but also philosophies, religions and technologies found their way towards the East or the West.

A common feature for most Central Asian countries is the abundance of natural resources, especially oil and natural gas, followed by coal, precious and non-precious metals, uranium, rare earths and other elements of great importance for industrial production. If, on one side, the abundance of natural resources is a secure factor of growth for Central Asian economies, on the other hand it also poses significant challenges in terms of allowing them to develop in a sustainable way. Environmental issues related to the exploitation of mineral resources and the massive utilization of hydropower plants are a key priority within this perspective, but the political situation in some of these countries isn't currently favourable to the adoption of long-term policies for sustainable growth.

Oil, gas and mineral product exports represent the main source of income for the region, a relevant part of which is directed towards China and the booming Asian economies to supply the massive

amounts of resources needed to feed their industries. For instance, a new gas pipeline connecting Turkmenistan and China became operational in 2009, and exports to China rose to 67% of total Turkmen exports in 2012, from below 1% in 2005, while Turkmen imports from China increased from 5% to 20% over the same period.



Despite many differences exist in the degree of openness and sophistication of economic, financial and political infrastructure, all the above mentioned countries share a recently attained independence, a Soviet Communist heritage, Russian as first or second national language and a mixture of ethnical groups and culture. From an economic point of view, low national debt and recent high GDP growth are posing solid fundamentals for future development. Moreover, the close cultural and economic ties among the Central Asian countries have contributed to establish strong intraregional business relationships, with several bilateral trade agreements and investment and double tax treaties signed during the 1990s.



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According to the Deutsche Bank, during the last decade Central Asian economies have grown around 8% on average every year and 5% growth is expected in the next year for the region as a whole, while Turkmenistan and Kyrgyzstan in particular are expected to accelerate at above 7% annual growth over the next two years. Such continued growth contributed to reduce poverty, though at different levels among the single countries, with inequality in income distribution showing a parallel decreasing trend. However, almost half of Tajikis and one-third of Kyrgyzis are still living below the poverty line.

Some of the countries have been implementing structural and market reforms aimed to improve the business climate and policy frameworks, as well as diversifying the economy, but the outcomes haven't been homogeneous so far: **For instance, trade in Kyrgyzstan accounts for over 150% of GDP, but only around 53% in Uzbekistan.** On general terms, however, all countries apart from Kyrgyzstan have improved their score in the 2013 World Bank Doing Business (DB) ranking compared with 2012, with Uzbekistan gaining 14 positions thanks to reforms in areas such as export bureaucracy, procedures to start a new business, access to credit and insolvency regulations.

The negative perception of a risky investment environment, also influenced in some cases by the lack of politic and economic stability, has long affected attractiveness of ex CIS countries as destination for foreign capitals. The local capital markets are still at an early stage and investments can be difficult due to heavy bureaucracy issues. Nevertheless, big foreign oil, gas and mining companies have already gained a consolidated position as leading investors in the area, and there is an increasing interest in the opportunities offered by other sectors such as banking and financial services, construction, transportation, tourism, agriculture and food processing and textiles.

It is undoubtedly necessary, of course, to conduct deep research and gain detailed information on the peculiarities of each of the Central Asian countries before planning any type of investment, including bureaucratic requirements and logistics and transportation issues. On this purpose it is important to mention that the Central Asia Regional Economic Cooperation agency, part of the Asian Development Bank, has launched a program named "Transport and Trade Facilitation Strategy"; the strategy aims to carry out coordinated interventions on transport infrastructure along six priority transport corridors and logistics and trade facilitation, including harmonization of customs and standards.



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Kazakhstan

General profile – Kazakhstan is the ninth largest country in the world, covering an area of more than 2.7 million square kilometres, about the same size of Western Europe and more than twice the combined size of the other four nations of Central Asia. **Categorized as upper middle income country, Kazakhstan plays a leading role in the region in terms of economic development, investment attraction and degree of financial sophistication, but it still presents several unsolved issues that delayed its accession to the World Trade Organization, for which negotiations have been underway in recent years.**

Population – It is said that Kazakhstan hosts over 100 different nationalities. Despite this figure is likely exaggerated, the ethnic composition of the population is quite heterogeneous: besides the 53% Kazakh inhabitants, 30% are of Russian origin, followed by Ukrainian, Uzbek, German, Tatar, and Uyghur groups, as well as Azerbaijan and Belarusian minorities. Most of the population lives in the eastern part of the country, with Kazakhs predominantly concentrated in the south, and Russians in urban areas close to the Russian Federation in the north. With six people per square kilometre, population density is one of the lowest in the world. 56% of the population live in urban areas, the highest percentage in the Central Asian region. Kazakh is the official state language, while Russian is used as official language of interethnic communication.

Economy – Kazakhstan is well known for its vast hydrocarbon and mineral resources, as well as for intense agricultural production. Driven by increasing domestic consumption and high oil and gas prices, the economy grew by 5% in 2012, slowing from 7.5% registered in 2011, but the new oil production from a recently discovered field and the

spillover effects on the economy is expected to lead to average 6-7% percent annual growth over the next four years. **Projected GDP for 2013 will reach \$226 billion, and per capita GDP is forecast to rise from \$13,900 in 2012 to \$24,000 by 2018.**

Despite the dominating role played by oil and gas sector, there are positive signals that Kazakhstan is diversifying its economy. Since 2005, non-oil economy has contributed to the largest share of the country's growth, and it accounts for more than half of GDP. The high urbanization rate accounts for increased occupation in non-oil economy which now employs more people than the oil economy, particularly in construction and services.

However, the positive prospects for the country's general wealth cannot hide that there is a considerable income gap between rural and urban population and that much work is still needed to deliver healthcare and education services more evenly throughout the country.

Investment climate – In 2010, Kazakhstan created a customs union with Russia and Belarus, which from 1 January 2012 has created a common economic space, enabling the free flow of goods, services, and financial and human capital between the borders of the three countries. Kazakhstan has signed bilateral investment treaties with 45 countries (18 of which are with OECD member countries) and one with the Eurasian Economic Community (including Russia, Belarus, Kyrgyzstan and Tajikistan), all of which guarantee most-favoured-nation treatment and stipulate party obligations, most notably in the event of expropriation. According to a study by Deloitte, Kazakhstan law does not close any sector of the economy to investors, but does establish restrictions in certain areas. Foreign investors may invest in any sector; with equity limits in only a handful of sectors, including strategic oil and gas reserves, telecommunication, media and agricultural/forestry services.



Healthcare system and market – According to the most recent statistics there are over 64,400 physicians in Kazakhstan. **The public expenditure on healthcare is projected to grow by 16% from US\$10.3 billion in 2013 to US\$11.8 billion in 2014.** Currently 1,054 hospitals and 3,720 short-stay clinics operate in Kazakhstan. As regards oral health-care, there are 570 state and 1,165 private dental clinics operating in Kazakhstan, with a total of 5,875 dentists.

The state runs about 80% of healthcare facilities and purchases drugs, medical devices, equipment and services, providing them free of charge in specific areas of treatment such as HIV, respiratory illnesses, newborn and maternal health, prevention and treatment of hepatitis B and C, oncology, tuberculosis, cardiology and gastroenterology.

Until early 1990s, the health infrastructure was outdated and lacked qualified personnel. **After extensive reforms and investment, particularly in the framework of the new State healthcare programme known as “Salamatty Kazakhstan” set for implementation over the period 2011-2015 with a budget of US\$2.5 billion, significant improvements were seen in the health system.** Among the goals of the program, there was the construction of 100 hospital complexes within a 5-year period, sending healthcare professionals abroad to upgrade their qualifications, upgrade of hospitals and clinics, and heavy investment in medical equipment and devices. Besides this, a National Screening Program and an oncology program with a budget of US\$1.4 billion have both been launched in 2012. 49 mobile medical complexes and 186 telemedicine centres add to the range of interventions carried on by the government in the last two years.

The medical equipment market in Kazakhstan depends for 90% from imports, that were valued at US\$436 million in 2012. The government invests 25-30 billion tenge (about US\$190 million) for purchase of medical equipment. According to **Germany Trade and Invest the high-priority sectors for such investments are diagnostic equipment, medical lasers, endoscope and dental equipment.** Kazakhstan is currently the most attractive medical market in Central Asia, both for the general regulatory environment and ease of doing business. However, the market is limited due to the relatively small size of the population and infrastructure challenges. Harmonization of trade regulations is expected in the middle-long term as the country will likely access the WTO provided some pending issues are solved.

Kyrgyz Republic

General profile – The Kyrgyz Republic is Central Asia's second smallest country, located in the southeast corner of the region. It borders with Kazakhstan, China, Tajikistan and Uzbekistan, without access to the sea. Mountains cover 90% of the country, including sections of important chains such as the Pamir, Alatau and Tien Shan, and more than half territory rises at over 2,500 meters above sea level. Less than 10% of total land area allows agricultural activity and permanent settlement, limiting land use and population distribution.

After two decades of political turmoil followed to the dissolution of the Soviet Union, that were marked by several contested elections and civil unrest culminated in a coup d'état in 2010, Kyrgyzstan is now experiencing a certain degree of stability, although tensions remain in the southern districts where protests and clashes concentrated in recent years.





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Population – Most inhabitants live in the Chui Valley along the Kazakhstan border in the north, and Fergana Valley in the south. The ethnic composition is quite fragmented with two-thirds Kyrgyz, 14% Uzbek, 9% Russian, and smaller groups including Dungan (ethnic Chinese Muslim), Ukrainian and Uyghur to name only the most numerous ones. Kyrgyz is the official language, however Russian is not only the second official language, but also the main business language. Roughly two-thirds of the population live in rural areas, but there are also some 800,000 Kyrgyz migrants in Russia, who contribute to about 40% of the country's economy with their remittances.

Economy – Despite the political instability, during the last twenty years Kyrgyzstan has undertaken a series of reforms to achieve a faster transition to a market economy. It is also because of such commitment that the Kyrgyz Republic managed to access the WTO in 1997. However, the economy hasn't yet been able to fully develop in a more sophisticated market, maintaining wide gaps between urban and rural areas. Still over a third of Kyrgyzis live below the poverty line and the country ranks as the second poorest in Central Asia.

Livestock and agricultural activities are an important part of the economy contributing to approximately one third of GDP and employs most of the rural population, but for the largest part both sectors are still based on traditional methods and haven't been modernized, preventing the sector from increasing productivity. As for the industry, although scarce oil and gas reserves, Kyrgyzstan has considerable gold, coal, uranium and other mineral deposits fueling both exports and the metallurgy industry, a sector targeted by government efforts to attract foreign investment. Another important sector both for domestic energy supply and exports is hydroelectric energy, considering the wide water resources available from 25,000 rivers and streams, but it is currently under-exploited and holds significant potential for the future.

In recent months, positive signals for the Kyrgyz economy are GDP growth of 7.9% in the first half of 2013, led by a recovery in gold production and a continuation of positive trends in the non-gold economy, and the increase of 15% and 12.3% in construction and trade in response to sustained credit to the private sector. Moreover, the visa liberalization process is helping tourism that registered 9.8% growth in catering and accommodation services. The main trade partners are Russia, Germany, China and the neighbouring Kazakhstan and Uzbekistan.

Investment climate – According to the Kyrgyz government, some of the main factors in favour of foreign investors interested in the local market are a liberal trade regime, full protection of investments and unlimited repatriation of profits, currency exchange freedom and low business costs.

In 2009 a new Tax Code has been approved, fixing income and profit tax at 10%, VAT at 12% and sales tax from 0,1 % to 2,5 %. The Kyrgyz Republic ranks 70th in World Bank's "Ease of Doing Business 2013", with 10 days and 2.8% cost of per capita income required to start a business, both below OECD average.

Healthcare system and market – The Soviet hospital-centered healthcare model soon became unaffordable during the economic crisis that followed independence. In the 1990s, informal out-of-pocket payments became a usual practice as most of government resources were drained by the oversized hospital delivery network. The reform of the healthcare sector came through three different phases.

In 2001–05, the Manas program addressed the inefficiencies by reducing hospital capacity by 40%. From 2006 to 2010, the subsequent Manas Taałimi program focused on reducing the financial burden on patients, improving access and coverage of basic health services, and significantly reducing the utilization gap between the poor and the rich in either primary health care or hospital services. **Over the last decade, positive outcomes were registered such as the decrease in out-of-pocket health payments exceeding 15- 20% of total household expenditure.** However, still in 2009 about 38% of households reported that it was "difficult" or "very difficult" to afford health care costs. Despite positive achievements, adult mortality is still high and quality of care remains unsatisfactory for many.

The third phase of the reform program known as Den Sooluk, covering 2012–16, is focusing on four priority areas: cardio vascular diseases, mother and child health, tuberculosis and HIV infection. The implementation of the program also included the introduction of a Mandatory Health Insurance Fund (MHIF), financed through payroll tax to complement budget funds, which also assumed purchasing function, and the restructuring of copayments entitlements and obligations through the introduction of the State Guaranteed Benefits Package.

Moreover, the health delivery system was centered on primary care and family medicine with the institution of two types of primary healthcare facilities, one offering basic services and the other adding specialized outpatient services, diagnostics and minor surgeries. Secondary care is provided by 41 territorial hospitals and 7 "oblast" hospitals equipped with many medical departments and able to treat more complex cases. In addition, there are 27 General Practice Centers created by merging territorial hospitals and PHC facilities in remote areas with populations of less than 25,000, which provide both primary and secondary care. Tertiary level facilities consist of national hospitals and scientific research institutes and centers providing specialized inpatient and outpatient services for specific diseases or conditions (cardiology, tuberculosis, traumatology and orthopedics, oncology and radiology, obstetrics, pediatrics, rehabilitation, treatment of infectious diseases and treatment of mental illnesses).

According to data collected by the World Bank from local authorities, between 2000 and 2010, with the exception of 2009, the share of private funds has exceeded the share of public funds in total health expenditures. **In 2010, the latest reported year, private funds represented 43.3% of total health expenditures, and 86% of this share came from out-of-pocket payments. Public funds represented 43.9%, and external financing represented 12.8%.** On the public side, around 70% of funds are managed by the MHIF. The healthcare workforce in 2012 comprised 13,392 doctors, of which 1,020 were dentists, and 29,311 nursing personnel.

As regards the private sector, unofficial estimates report that it includes approximately 2,500 pharmacies, 600 independent medical doctors and about 230 private health facilities, as well as about 350 secondary level hospital beds, more than half of which are located in Bishkek. Dental care and cosmetic services are mainly provided by private providers and target the middle- and high-income groups. The private health insurance market is small and limited to a few companies targeting travellers and expatriates.



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Tajikistan

General profile – Tajikistan is Central Asia's smallest country, with 93% of its territory covered by mountains including Pamir, Alay and Kurama ranges, and approximately half lying 3,000 meters or more above sea level. These chains separate the country into various regions made up of a network of small valleys. In the south- and south western areas the land is desert or semi desert. In the period 1992 – 1997 a civil war broke out, from which an uninterrupted one-party system came into power and maintained it until nowadays through repeated elections deemed as irregular by several international institutions, although the country is officially a democratic republic.

Population – About 80% of population is Tajik, followed by 15.3% Uzbeks, with minor presence of Russians, Kyrgyzis and other groups. Tajik is the official language, but as in the other CIS states, Russian widely used in government and business. The largest part of the population is Muslim.

Economy – Despite considerable GDP growth averaging roughly 8.6% over the last 5 years and 7.5% increase in the first part of 2013, with poverty rate declined from 81% to 46% in the decade 1999- 2009, **Tajikistan remains the poorest nation in Central Asia and one of the poorest in the world, with almost non-existent infrastructure outside the capital city of Dushanbe.** The aluminium and cotton industries that have long been the core sectors for the country's economy and exports have been accompanied in recent years by expansion in construction, finance and trade, accounting for the formation of a more diversified market environment. Remittances from Tajik workers in Kazakhstan and Russia also contributed to bring new capital to the Tajik economy.

Like its neighbours, Tajikistan is rich in mineral resources, including gold, silver, and uranium, but even more in water resources. The hydropower potential is largely underexploited and the government is targeting the sector with new projects aimed also at electricity exports.

Traditionally the main export market has been Russia, but its role decreased in the last decade to account only around 4% in 2012, while Turkey has emerged as the main exports market (30.6% in 2012 compared with 7.6% in 2000). China's share has also grown from 0.4% to 9.6% in the same period. Tajikistan has also recently joined the World Trade Organization.

Investment climate – According to the World Bank's reports, Tajikistan favours state-led investment and loans from supporting countries rather than making conditions favourable for private investors from abroad. Corruption and barriers to competition represent a risk for the private sector. Despite this, active investors in the country include China, Russia, Iran, the United Kingdom, Pakistan and India. **In the third quarter of 2012 US\$515.7 million investments were estimated to have reached Tajikistan, particularly in energy and transport infrastructure.** Further opportunities exist in energy, telecommunications, construction, food processing, textiles, consumer goods, healthcare, natural resource extraction and tourism. Theoretically, foreign and local investors are guaranteed equal rights, but practically all of Tajikistan's international agreements have a provision for most-favoured-nation status.

The judicial system is also burdened by limited independence, although some improvements are expected from the ratification of the New York Convention of 1958 on Recognition and Enforcement of Foreign Arbitral Awards. Despite these negative aspects, Tajikistan has made a number of changes that raised its "Doing Business" rankings from 152 in 2011 to 141 in 2013 (still a low ranking in a list of 185 countries). Besides the adhesion to the New York Convention, some of these steps were the adoption of a "single-window" business registration system for both foreign and domestic applicants, requiring a fixed fee allowing permission within five working days, and legislative improvements for the protection of the rights of minority shareholders, investors and registering property.

Healthcare system and market – The Soviet heritage is still evident in the role of the state as main healthcare funder and provider; although unofficial estimates claim that private out-of-pocket payments overcame public expenditure as means of health financing, accounting for



about two-third of the total health expenditure. The Ministry of Health, however, directly manages most health facilities at the national level, while the other health facilities are run by three levels of providers (at regional, district and city level).

Health indicators in Tajikistan are among the lowest in Central Asia, but some key indicators such as the infant mortality rate showed improvements in 2012. Over the last decade health expenditure has ranged from 4.6 to 5.3% of GDP, but public health financing is lower and out-of-pocket health spending is higher compared to the other countries in the region. Besides the negative implications of such disproportion for an equitable access to healthcare, there is also a marked urban-rural gap in the distribution of healthcare services. Another issue is the inefficient allocation of resources and staff and a payment system based on the number of hospital beds which worsen the hospital overcapacity. Several projects led by international institutions have addressed the need to create a primary healthcare network, and the outcome has been positive. For instance, public health facilities previously depending on the state budget began seeking alternative sources of financing, including operation as independent enterprises. Moreover, the introduction of the basic benefit package and co-payments is also causing a shift from budget-based to case-based financing.

As regards the private sector, although growing, the number of private health care providers is still low. In particular dental services, like other services not included in the basic benefit package except for emergency services, are provided by private practitioners, mostly in major cities and regional or district centres, and is paid for directly by patients.

Turkmenistan

General profile – Turkmenistan is the second largest Central Asian country. Four-fifths of the territory is desert and most of the remaining land is occupied by steep mountains. The country also has the smallest population of the five former Soviet republics in Central Asia. Turkmenistan is a one-party autocratic state dominated by the Democratic Party, subject to strict isolation imposed by the dictator Saparmurat Niyazov, which has been softened to some extent since President Berdimukhamedov took power in 2007.

Population – Turkmen are still largely pastoral nomads, as they used to be over the past centuries. They are the main ethnic group, followed by minorities including Russians (10%), Uzbeks (9%), Kazakhs (3%) and several other smaller groups. Being quite homogeneous as for ethnical composition, Turkmenistan hasn't experienced the same interethnic conflicts and civil unrests occurred in other former Soviet republics. Turkmen is the official language.

Economy – Turkmenistan holds world's fifth largest natural gas reserves, and significant oil reserves as well. Therefore Turkmenistan is a major exporter of natural gas, oil, and electricity, mostly to the Russian Federation and Ukraine, although in recent years Turkmenistan has started expanding its network of export partners especially towards China and Iran. Although only about 4% of the land is arable, agriculture accounts for 11% of GDP and employs half the population. The economy is estimated to be growing at 9% this year, after an annual average growth of 13.6% from 2000 to 2012, led by the gas and oil industries as well as state investments in textiles, food processing, transport, and construction projects.



Investment climate - The isolation from the global economy prevented the same slowdown occurred in other countries, but it also determines lack of local capital markets and state monopolies dominating the market. Despite a privatization programme has been devised over the next three years, foreign investor aren't yet confident enough to significantly step into the country's economy.

Healthcare system and market - With healthcare expenditure as low as 2.7%, or US\$251 per capita (according to WHO data for 2011) and a critical shortage of qualified medical personnel, resulting in serious cases of incorrect diagnosis and medical procedures, the Turkmen population has severe difficulties in accessing proper health services. Health facilities are present but the lack of a clear and functioning health insurance system, coupled with the low public funding, cause many patients who cannot afford to pay out-of-pocket to be unable to receive treatment. Due to the fact that many preferred to travel to neighboring countries, especially Uzbekistan, to seek medical care, the authorities have prohibited such travels. The WHO reports that a state programme on the development of the health sector has been launched for the period 2012 – 2016. Focus points of the action plan are the improvement of healthcare legislation and infrastructure, increasing the supply of medicines and other services, introducing WHO standards for prevention, diagnosis and treatment and address public health awareness as well as medical education and training.

Uzbekistan

General profile - Uzbekistan shares boundaries with each other nation in Central Asia. It is a dry, landlocked country, with 80% of its territory desert or semi desert and 11% of cultivated land hosting more than 60% of the population. The country is politically and socially more advanced than any of its neighbours, having maintained a social service protection model from the Soviet era and slowly introduced liberal economic reforms, factors that helped a softer transition compared to other countries. Although literacy rates and gender equality are at a good stage, there is apprehension for the low quality of education and healthcare and for reported violations of human rights during the repression of civil protests, as well as in general for the limitation of religious, political and press freedom.

Population – Uzbekistan is the most populated country in the Central Asian region. 76% of the population are Uzbek, 6% Russian, 5% Tajik, 4% Kazakh, 2% Tatar, and 1% Kyrgyz. Other ethnic groups are spread across the Republic of Uzbekistan and Autonomous Republic of Karakalpakstan. Uzbek, the official language, is written in Latin alphabet.

Economy – The government invests heavily in infrastructure and energy, as a result of a policy of state-led development focused on import substitution. Uzbekistan is the second world largest cotton producer and exporter, but other core sectors are textiles and metals as well as hydrocarbon and natural gas exports, since Uzbekistan is the third largest gas producer in the CIS and the 16th in the world. However, close to 80% of the produced gas is consumed in the internal market. **The largest share of trade is with the other CIS countries, while several barriers on imports and currency conversion make private investment, not in government-backed projects, difficult.** Only limited steps towards privatization of arable land and industry have been made, although the presence of a local stock market, and there are still widespread forms of swap of animal or agricultural products in the majority of rural communities. Tashkent is an important export centre and trade hub, connected to many international destinations and it has the only metro subway system in Central Asia.

Over the last decade the economy has grown on average by 8% year-on-year, and the isolation from financial markets helped it maintain the trend through the global crisis, although it diminished in 2012 due to lower export prices. The government fuelled domestic consumption by increasing wages, pensions and investments.



Investment climate - Uzbekistan is gradually shifting to a market-based economy, but progress in reforms is mixed. The government proclaimed the intention to liberalize the economy but it still controls the largest part of it. Despite the great potential of the market in terms of consumer base and infrastructure, the uncertainties tied to the ongoing reforms and risks posed by the overregulated system still prevent many investors from stepping into the Uzbek market.

Healthcare system and market – The public healthcare system comprises a primary level with facilities providing outpatient care in polyclinics, a secondary level made of regional multi-profile hospitals and a national level with higher medical education institution and specialized centers. **In 2010 the investments in the health sector totalled US\$1.200 billion for infrastructure and US\$750 million for medical and hospital equipment.**

The health budget has been increasing by 7.4% between 1999 and 2010, accompanied by a series of reforms including:

- the adoption of a salary system tied to working and quality evidence
- the establishment of four Republican specialized centers focusing on high-tech surgery, cardiology, microsurgery, urology and diagnostic procedures
- the creation of 3,000 countryside medical stations (CMS) providing care to rural villages

The public investment program for 2013 includes US\$ 152 million to construct and equip 43 new facilities and modernize 101, with US\$1.5 billion planned for further investment up to 2015. Moreover, US\$ 40.5 million are destined to procurement of medical equipment for five major projects. Foreign investments in healthcare are being sought by the Ministry of Health in selected projects aimed at equipping the newly created hospitals and centers, with particular interest for diagnostic and x-ray equipment, and it is important to mention that medical technology and equipment is almost entirely imported. Private providers, though still limited, are growing.

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Statistics (previous show):

Exhibitors: 160

Visitors: 10,917 (Trade visitors: 9,498)

• 14-16 May 2014

KIHE - 21st International healthcare exhibition

City: Almaty, Kazakhstan

Venue: Atakent - International Exhibition Centre

Statistics (previous show):

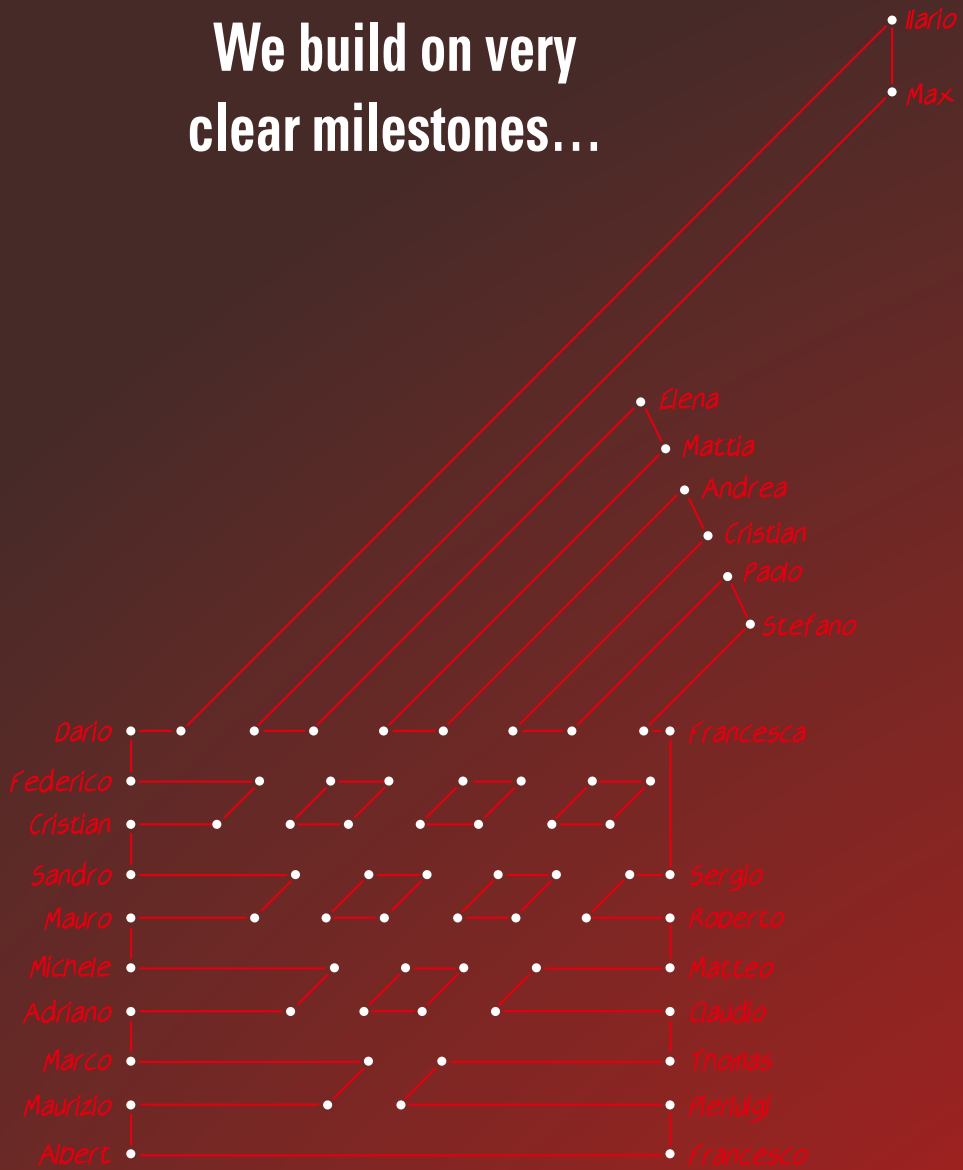
Exhibitors: 250

Visitors: 5,296

Sources:

- <http://www.emergingmarketinsider.com/an-introduction-to-the-frontier-markets-of-the-new-silk-way-part-1/>
- <http://www.adb.org/sites/default/files/pub/2010/central-asia-atlas.pdf>
- <http://www.ucentralasia.org/downloads/UCA-IPPA-WPI4-Kazakhstan-InvestmentCA-Eng.pdf>
- <http://www.carecprogram.org>
- www.dbresearch.com CIS frontier countries , Economic and political prospects
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- <https://openknowledge.worldbank.org/bitstream/handle/10986/13311/75006.pdf?sequence=1>
- <http://www.worldbank.org/content/dam/Worldbank/document/Kyrgyzrepublic-Snapshot.pdf>
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- <http://www.gov.uz/en/helpinfo/healthcare>
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- <http://www.bbc.co.uk/news/world-asia-16094646>
- <http://www.chrono-tm.org/en/2012/09/on-the-state-of-the-turkmen-healthcare-system/>
- <http://www.euro.who.int/en/countries/turkmenistan/sections/news/2012/05/green-light-for-new-development-programme-for-health-sector-in-turkmenistan>

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Packaging labelling and preparation process documentation

In general, information should be added to medical devices that ensures safe handling. In this regard, the following information should also be recognisable to the user at all times:

- LOT number
- Sterilisation date and type of sterilisation
- Expiry date and/or sterile product storage period (if this is shorter than the expiry date)
- Designation of the medical device

In addition, the approval decision for storage after sterilisation should also be visible on the packaging.

The new hawo VeriDoc® labelling and documentation system (see *advertisement*) enables you to meet labelling requirements, document the approval decision on the packaging as well as document the instruments used in the patient file. Regardless of whether it's sealable pouches and reels, wrappable sterilization sheets or reusable containers, the new system enables the labelling and integration of all available ready-made sterile barrier systems.

Using the included software, so-called 'scan lists' are first generated on a PC. First and foremost, these lists contain the names or personnel numbers of the authorised packagers. In addition, all available instruments, sets or containers are also included with their names or designations. A barcode is automatically assigned to each item or set on the list. The lists are then printed on any commercially available printer and made available to the user in the CSSD at the packaging location (see *picture 1*). Additional information such as the size of the pouch, sterilisation sheet or container can also be directly added so that a suitable sterile barrier system is always used. This process only has to be performed once for the initial installation. For daily use, an additional computer is no longer required.



When the work process is started, the user first scans his name. Then the designation of the item or set to be packaged is scanned. The system now knows what should be packaged and by whom. In addition, you also have the option of assigning an individual expiry date to the packaging. This is especially important when event-related expiry dates have been defined by the operator. After successful packaging (sealing, wrapping or closing of reusable containers), the sterile barrier system undergoes a visual inspection. This includes checking the quality properties listed in ISO 11607-2 such as making sure there are no punctures or tears, no open seals or that there is a continuous closure for containers.

After a successful visual inspection, an approval barcode is scanned. The system then automatically prints a label with the corresponding identification information as well as the ID of the packager. If during the visual inspection it is determined that something is not right, then the 'sterile barrier system not approved' barcode must be scanned. The packaging can now be labelled with a 'do not use' label and separated accordingly. Unapproved sterile barrier systems may not be put into circulation. The label also has a class I process indicator as well as a separate field for the approval decision after sterilisation.

The labels are now put onto the packaging (see *picture 2 and 3*).



After sterilisation is complete, the process indicator integrated on the label changes colour to indicate that the packaged instrument, set or container has undergone sterilisation. The corresponding LOT number of the sterilisation process carried out can be supplemented and the sterilised sterile barrier system can be approved for storage in the field assigned for this purpose. After treatment or operation, the so-called duplex labels can be easily removed from the sterile barrier systems (sealed pouch, wrapped set or container) and placed in the patient file as a corresponding appendix. Thus it is clear for each instrument, set or container used that it was packaged, underwent a sterilisation process, visually inspected and approved. When using medical instruments, a second check should also be made to ensure that the sterile barrier system is intact and/or has been sealed correctly. The written approval can also be performed in the appendix to the patient file.

The guidance document ISO/DTS 16775 requires that quality properties should be checked with an appropriate system and recommends commercially available dye penetration test kits or other seal indicators (e.g. Seal Check).

Before performing this test, the barcode on the Seal Check or dye test can be scanned. The system then automatically prints a label with the relevant test information such as test date, time, ID of test person as well as instrument identification. After comparing the seal check with a reference card (see *picture 8*), the test can be approved directly on the label with a signature, and this can either be placed directly in the test system or documented in a separate list.

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KIMES 2014

Discover your vision at Asia's Leading Medical Exhibition

The 30th Korea International Medical & Hospital Show will take place at COEX in Seoul from 13rd to 16th March in 2014.

The Asian's premier medical event has been growing as the hub of attraction for all those involved in the medical and health care industries. With excessive demands from the Korean consumers, the development of the medical industry in Korea is remarkably fast-growing. In the circumstances, KIMES's filling of the role of the platform where manufacturers and consumers can find their satisfactions.

Globalization in KIMES

Medical industry recognized as one of the future core industries in Korea has a strong commitment to be internationalizing by raising its competitiveness in the world market. The convergence technology that integrates IT technology with medical has been developing dramatically. The government appointed it the next generation engine and put a strong support to build a stable infrastructure.

Furthermore, Academic and research are doing great efforts to go into the overseas market and improve the market share.

KIMES representing the medical industry trend in Asia will provide you with the chances to see the future of medical environment even more upgraded as well as health care solutions to hospitals and to your own home.

KIMES Heading toward the Global Medical Market

KIMES that has been growing along with local medical equipment industry now raises itself as the world's prominent specialized medical exhibition.



In KIMES 2013 Exhibition, 1,015 companies from 37 countries including America, Germany, England, Japan, Italy, Taiwan, or China participate to introduce up to 30,000 or so items such as advanced medical equipment, hospital equipment, medical information, and medical products. We expect that up to 70,000 visitors will come to KIMES 2014 where the leading medical manufacturers of the world will join in the exhibition with the scale of 37,824m².

KIMES, the Platform of Asian Network

In order to activate domestic and overseas medical industry and maximize the effect of the exhibitions, KIMES has been building the global network with America, Europe, Southeast Asia, Central and South, or the Middle East with overseas associations, related organizations, or KIMES' overseas agents. And it provides vast information of the Korean market to the delegations in charge of overseas purchasing and opens the field of network for the actual consultation of purchasing.

KIMES Conference attracts thousands of professionals

Diverse educational conference and international forum for medical professionals, which coincides with the KIMES show. It represents the most comprehensive educational opportunity for the medical professional available this year.



Now in its 30th edition, the largest international medical event in Korea. Annually more than 70,000 professionals visit the KIMES show to see the extensive exhibit floor and view the latest in medical equipment, technology, services, products and supplies.

At KIMES, the commitment to education demands offering a wide range of opportunities for the medical professional. A large bonus for KIMES participants is that the comprehensive conferences draw a huge audience. Specifically, that translates into more customers, more business and higher results for KIMES exhibitors and visitors.



The unique Korean medical show is suggesting the direction for the future medical technology through projected 70,000 visitors who would be obtaining information on all the current and future trends at the North-East Asia's premier medical event.

The range of exhibits at KIMES includes consultation, diagnosis central supply, clinical examination, hospital accommodation, emergency equipment, radiology, medical information system, surgical apparatus, oriental medicine, cure apparatus, pharmaceutical, physiotherapy apparatus, obesity cure, healthcare, ophthalmic apparatus, medical device component, medical service, dental apparatus, disposable apparatus and others.

The 30th edition of KIMES will be held from 13-16 March 2014 in Seoul.

www.kimes.kr.

Korea E & EX Inc. (KIMES 2014 Secretariat)
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Contact : Mr. Sean Shin(sean@eandex.co.kr)

2014
KIMES

ECR 2014 to feature latest developments in radiology

In March 2014, the European Congress of Radiology (ECR) will take place in Vienna for the 20th time. As always, it will feature the latest scientific results and trends in radiology at the Austria Center Vienna.

The scientific programme will cover major issues in the rapidly developing discipline, with a New Horizons Session on theranostics, personalised medicine and radiogenomics.

"The explosion of 'omics' data is changing the face of medicine so considerably and rapidly that, if we don't pay enough attention, our specialty could be threatened. Personalised medicine is not a just a dream, but an actual reality, and we have to adapt our specialty to this new paradigm. The development of personalised imaging, which has already begun in oncology, should be taken further, and we have to appreciate its impact on education," said ESR President, Professor Guy Fria from Paris.



Other New Horizons Sessions will focus on oncology and the Human Connectome, a groundbreaking project that offers new mapping and new ways to navigate the brain. There will also be State of the Art Symposia on tumour response assessment, cardiac imaging and obesity. The Special Focus Sessions will deal with topics as varied as image-guided biopsy, elastography, paediatric abdominal emergencies, safety standards and structured reporting. The programme will also offer a Foundation Course on breast imaging, and the popular Mini Courses on the 'Beauty of Basic Knowledge' will focus on skeletal and interventional radiology.

The ECR is the annual meeting of the European Society of Radiology (ESR), which represents more than 58,000 radiologists worldwide. The ECR is one of the largest medical congresses in the world, attracting more than 20,000 congress participants. With 300 companies exhibiting across more than 26,000m², its technical exhibition is also the largest in Europe.

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•• 09-13/01/2014

Society of Critical Care Medicine 2014 - 43rd

(San Francisco, CA - USA)

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•• 27-30/01/2014

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February 14

•• 10-12/02/2014

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(Poznan - Poland)

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•• 14-16/02/2014

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March

14

•• 06-10/03/2014

ECR 2014 - European Congress of Radiology

(Vienna – Austria)



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•• 08-10/03/2014

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•• 10-12/03/2014

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•• 13-16/03/2014

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(Seoul - Korea, South)



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•• 14-16/03/2014

Medical Fair India 2014

(New Delhi – India)



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April 14

• • 09-11/04/2014

TIHE 2014 -

The 19th Tashkent International Exhibition

(Tashkent – Uzbekistan)

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May 14

• • 06-08/05/2014

Africa Health Exhibition 2014

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Bulmedica - Buldental 2014- 48th International Specialized Exhibition

(Sofia – Bulgaria)



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Venue: Inter Expo Center
147, Tsarigradsko Chaussee Blvd.
1784 Sofia, Bulgaria
www.bulmedica.bg

• • 20-23/05/2014

Hospitalar 2014- 21st International Fair of Products, Equipment, Services and Technology for Hospitals, Laboratories, Pharmacies, Health Clinics and Medical

(Sao Paulo – Brazil)



Hospitalar Fair and Congress
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01411-001 - Sao Paulo - Brazil
Tel: +55 11 3897 6100
Fax: +55 11 3897 6161
Email: international@hospitalar.com.br
Website: www.hospitalar.com
Venue: Expo Center Norte Exhibition Center
Sao Paulo - Brazil
Add: Rua José Bernardo Pinto, 333, Vila Guilherme
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www.hospitalar.com

June

14

•• 30/03-01/04/2014

Obs-Gyne Exhibition and Congress 2014

(Dubai - United Arab Emirates)

www.obs-gyne.com
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•• 04-07/04/2014

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(Bologna - Italy)

www.cosmoprof.com
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Email: sogecos@cosmoprof.it
exhibitors.secretariat@cosmoprof.it
Venue: Bologna Fair District

•• 17-20/04/2014

CMEF 2014 - The 71st China International Medical Equipment Fair

(Shenzhen - China)

www.cmf.com.cn/en/index.html
Reed Sinopharm Exhibitions Co., Ltd
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Website: www.reed-sinopharm.com
Contact person: Mr Gu Ying
Tel: +86 10 84556603
Fax: +86 10 82022922
Email: ying.gu@reed-sinopharm.com
Venue: Shenzhen Convention & Exhibition Center

•• 29/04-01/05/2014

Naidex 2014

(Birmingham - United Kingdom)

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