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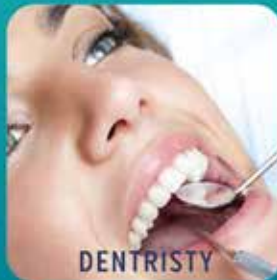
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# CGF in Regenerative Medicine

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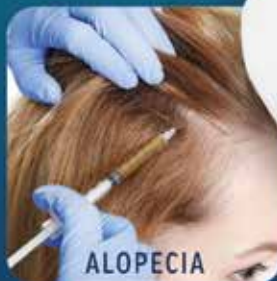
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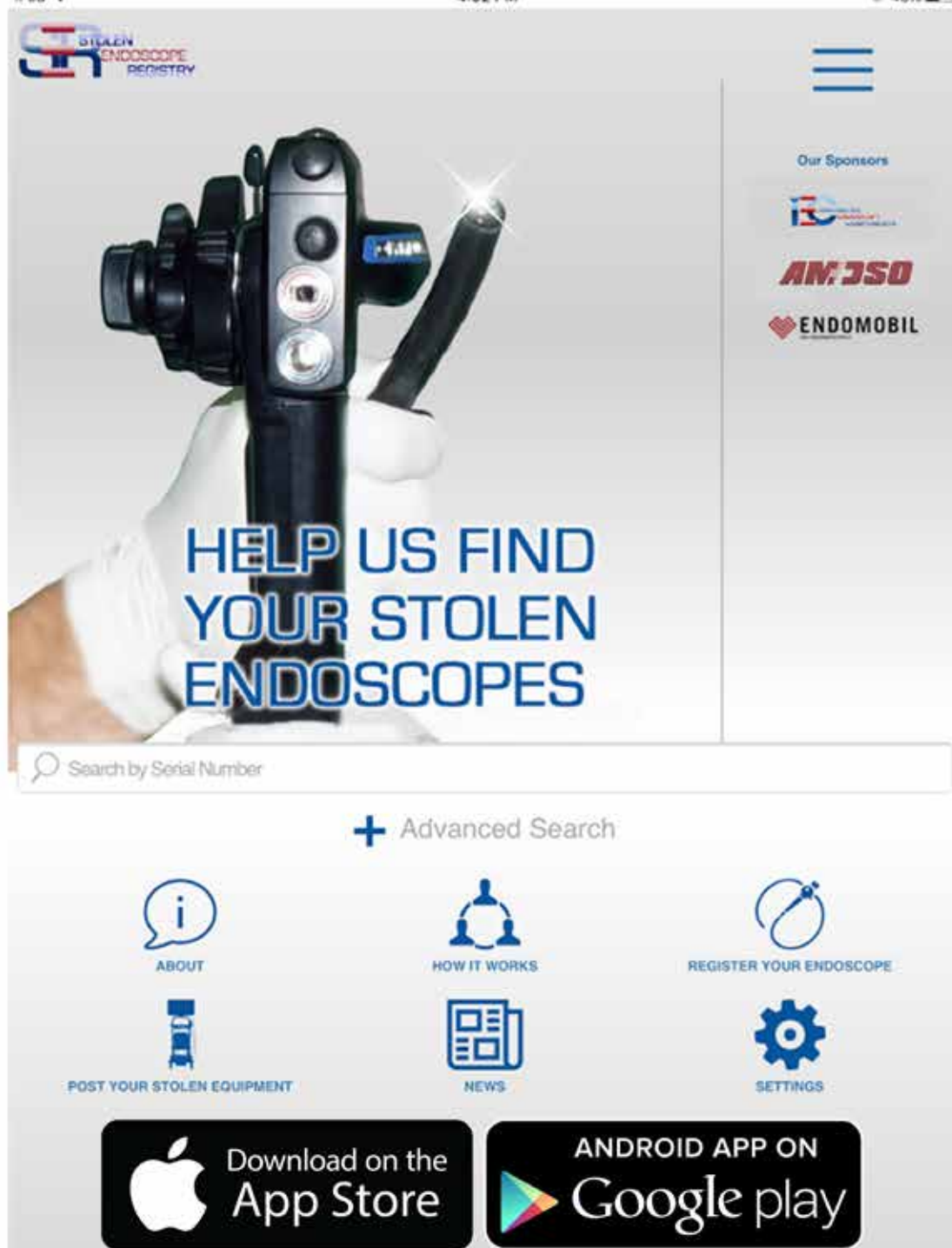
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In an effort to protect the international medical equipment trading community as well as hospitals, clinics, physicians, repair facilities, leasing, and insurance companies etc. IEC created the first open database and news platform for stolen endoscopes, ultrasound probes, cameras, light sources etc.

Medical Equipment theft has reached millions in financial damages with an ever-increasing number of products missing from facilities all around the world. This FREE APP is brought to you by IEC, LLC and made possible by our generous sponsors.







## 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 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
- Accommodates pressure cuffs  
2 x 500, 2 x 1000 or 2 x 3000 cc
- Small and lightweight
- Mains operated
- Pressure cuffs can be emptied rapidly and easily
- Significant reduction of set up time

**Biegler GmbH**  
Allhangstrasse 18a  
3001 Mauerbach  
Austria

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2019 marks Infodent's 25th anniversary... of consolidated reality in the healthcare industry. Since 1994 we have been providing services to all those companies wanting to internationalize and increase their visibility in the world healthcare market, dedicating twenty-five years of communication to the medical and dental industry. Infodent S.r.l., owner of the Infodent brand at international level, started 25 years ago with its first worldwide

publication to the dental sector, *Infodent International*. Over the years we have witnessed, acquired, learned and gained experience working with international associations, schools, institutions, the media, trade fairs, congresses and enterprises, adding over time new publications both internationally and within the Italian market. *Infomedix International*, our landmark in the medical sector, was created in 2002 – a B2B magazine especially designed for the medical trade and industry, distributed today in over 162 countries. Thanks to its wide circulation, *Infomedix International* gives medical companies worldwide visibility, with the goal to create new business links by putting manufacturers in touch with distributors and expand their distribution network to enter new markets.

Through our press office and travelling personnel we have created long-standing connections and content-based synergies with scientific and trade associations, trade show organizers, chambers of commerce and health ministries in most countries around the world. We collect reliable and quality information, we search, double check and compare data from our sources and we travel the world to participate at congresses and trade exhibitions, round tables, press conferences and all sorts of industrial and scientific gatherings to get as much knowledge and know-how as possible, building a network of meaningful connections.

Our contents focus on news, regulations and novelties in the international medical market with the intent to enhance awareness among our readers on the social and political aspects of the different markets to better approach the different business environments; we make deep research, using many different sources, to give our readers accurate and in-depth outlooks on world markets for the import and export of products; previews and post-show reports on international exhibitions as well as latest products highlights; company profiles of medical companies and much more...

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In a world where consumers are more savvy, more demanding and more empowered than ever, we have tried to engage and inspire customers through quality content that is informative, innovative, entertaining and valuable to attract, retain and inspire a clearly-defined target audience, creating a highly targeted publication, free and unbiased.

We've been hearing for decades now that print is dead. And the debate over whether this is true will probably continue however, in these days of 140-character tweets, instant messages and texts, we believe print gives customers something to sink their teeth into. You can discuss topics at greater length and give readers something to hold onto for more than a few fleeting seconds. The reader can sit back and enjoy the reading in privacy, without being invaded by targeted digital ads being served up in real-time based on your browsing history or digital footprint. Since print is now considered "non-traditional," it's certainly the perfect medium to capture — and hold — attention! Mobile provides consumers on the go with short snippets of relevant news (content snacking) whilst tablets allow readers to manipulate the content in beautiful ways by touch to scroll and swipe seamlessly. We believe it's safe to say that print and digital will always co-exist together and we, at *Infomedix International*, are working on this, to create a point of difference between our online and printed versions. Over the years we have chosen quality and hard work and we'd like our consolidated reality to be an opportunity of growth for us and our readers, sure to celebrate all together the next twenty-five years!

**Baldo Pipitone**  
CEO Infodent S.r.l.

[baldo.pipitone@infodent.com](mailto:baldo.pipitone@infodent.com)



## 300+ companies at the Tradex Pavilion at Arab Health 2019

Tradex specializes in bringing companies from Austria, Germany and Switzerland to trade shows worldwide.

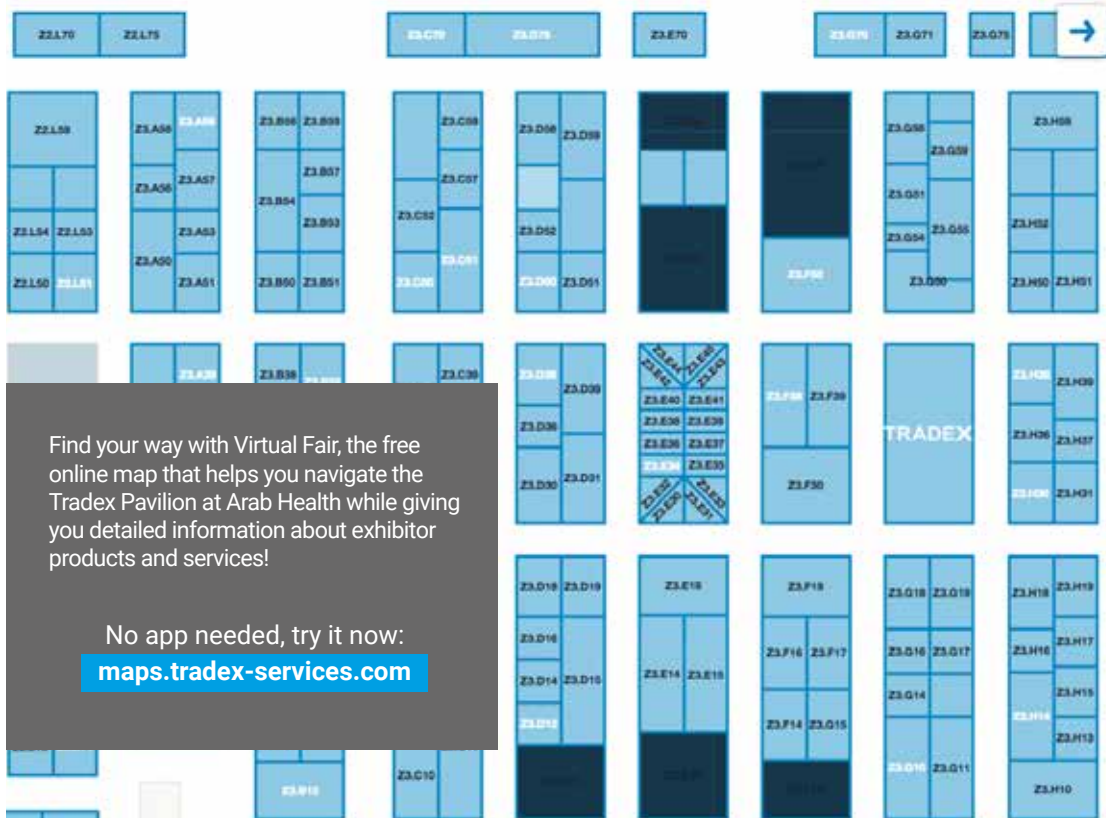
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## IAE - High Quality X-Ray Tubes



IAE history started in 1955 as manufacturer of electronic valves but very soon this production was abandoned and the Company focussed all production efforts on rotating anode tubes. Nowadays IAE is a major role player in the International X-Ray market as the only independent manufacturer in Europe of rotating anode tubes. With its wide product line of more than 100 insert/housing combination, IAE is a strategic and reliable partner to the most important equipment manufacturer globally.

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A low weight, less than 8.5 kg, combined with compact dimensions, 116 mm diameter and 342 mm length, allows significant reductions in the equipment supporting structures.

High voltage sockets are the compact and reliable Mini Claymount, who allow a significant reduction in the size of the unit.

Low voltage connections to the stator and pressure safety switch are obtained by fast connection sockets, to ease quick and error proof tube installation and replacement.

A range of tube inserts up to 54 kW peak radiographic power at high rotation speed is available for this unit.



### XK1016 T

IAE has recently developed a compact light weight rotating anode mammography x-ray tube unit, with special double angle target, for optimal performances with all techniques.

A non traditional, metal ceramic structure consented to divide by a factor two both the dimensions and the weight, compared to a standard mammographic unit, down to a lightweight 5.5 kg, and at the same time to increase the heat dissipation by a factor 4, obtained by an efficient air cooling.

This high dissipation, combined with the light weight, makes it the ideal tube for high energy imaging techniques with moving X-ray source like tomosynthesis.

Two separate focal tracks, small focus on 10° and large focus on 16°, complete the features of this device.



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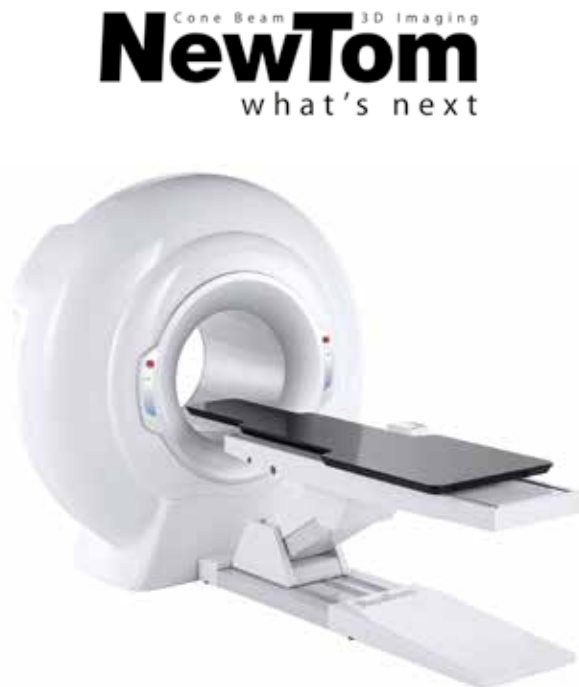
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## Multidisciplinary diagnostics using CBCT technology takes a huge step forward with NewTom 5G XL



A pioneer in the field of CBCT imaging, NewTom has introduced the only CBCT system with an open gantry and supine positioning. Exceeding the limits posed by CT systems, the NewTom 5G XL combines high diagnostic resolution with minimum patient exposure.

Unlike its MSCT counterpart, CBCT technology can generate ultra-high definition volumetric images of bone tissues, with "native" isotropic voxel resolution, non-overlapping sections and fewer artefacts. The 5G XL opens the door to radiologists and specialist physicians who require the best possible diagnostic capabilities in ultimate quality 2D and 3D. In addition to examination of dental-maxillofacial pathologies, it is also possible to examine the internal ear, fully analyse airways and maxillary sinuses and diagnose chronic or traumatic pathologies involving bones, joints and the spinal column for more in-depth orthopaedic investigation, also in emergency rooms.

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## Villa Sistemi Medicali presents the new Apollo DR-Wi

The innovative DR-Wi version of Apollo and Apollo EZ is designed to get the most out of the combined use of the wireless Flat Panel and the analogue remote controlled table with appropriately optimised functions. The focus-detector distance variable up to 180 cm and the flexible positioning of the X-ray source allow to do chest projections on the table, direct contact and off-table exposures with the Wi-Fi detector. The workflow is simplified even more by the *Multi-Grid* system, which automatically selects the most suitable anti-scatter grid based on the focus-detector distance set or leaves it parked when it's not required.

Particular importance has been given to the integration of the *automatic Stitching procedure* to allow the full-leg and full-spine examinations. All this makes the Apollo DR-Wi a *truly multifunctional system*, as it

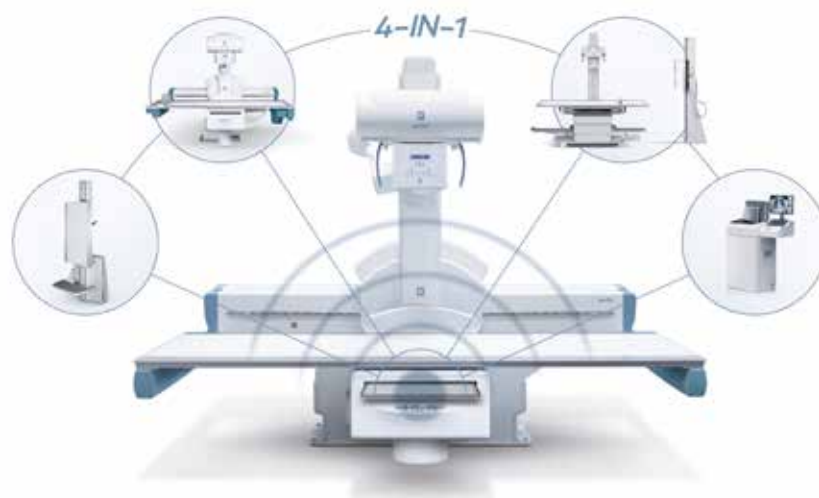
combines in a single device all of the applications usually performed with analogue remote controlled tables, conventional radiographic rooms, large format chest stands and CR systems.

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## 20th Anniversary of Tradex Services GmbH at Arab Health in 2019

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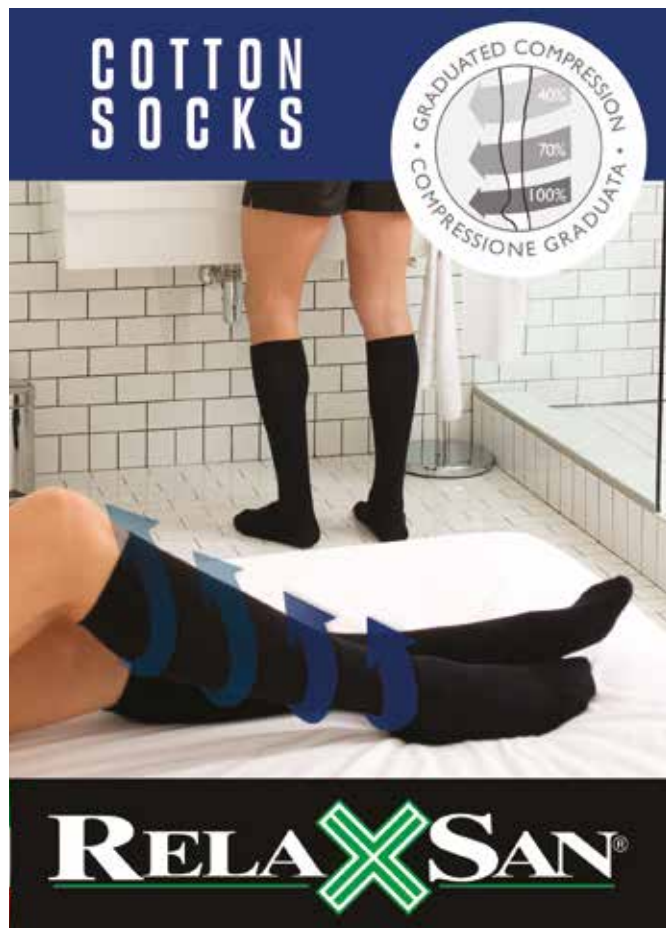
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The advertisement for Relaxsan Medical Socks features a mannequin wearing black knee-high socks in a clinical setting. A circular seal on the right indicates 'GRADUATED COMPRESSION' with levels of 40%, 70%, and 100%, and the text 'COMPRESSIONE GRADUATA' at the bottom. The top left corner has the text 'COTTON SOCKS' in white on a dark blue background. The bottom of the image features the 'RELAXSAN' logo in white and green on a black background.

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## Biegler Medizinelektronik - more than 40 years of experience in the medical field

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Biegler Medizinelektronik, based in Austria/Europe, has to its credit more than 40 years of research, development and production in the service of medicine. Customers are served by offering them not only high quality products and services but comprehensive and personal support as well. The quality management system was introduced in 1994 with EN ISO 9001 / EN 46001 and developed further in accordance with EN ISO 13485:2016. It covers all processes from



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## Qioptiq Introduces SlimLine for X-ray Diagnostics Featuring Spine Mode



SlimLine for X-ray Diagnostics featuring Spine Mode automatically optimizes exposure, iris and gain for maximum contrast and visibility, resulting in improved imaging of spine details without the need for manual adjustment. X-ray images of spines and extremities normally suffer from low contrast because traditional automatic settings are not advanced enough for proper exposure of this specialized case.

Designed and optimized especially for X-ray diagnostics, the complete lens and camera OEM solution consists of the SlimLine lens assembly and QioCam X-ray camera. SlimLine lens assembly offers a high-performance combination of optics (lens elements), mechanics (housing, flange) and

electronics (motor control board for Iris communication).

The QioCam X-ray camera is based on the high resolution and sensitivity of the latest CMOS technology.

SlimLine is offered as a standard product that can also be customized by OEMs to meet specific application requirements.

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## Giotto Class, the new dimension in tomosynthesis and prone biopsy

Giotto Class is an advanced breast tomosynthesis (DBT) system including an integrated capability to generate full-field digital mammography (FFDM) images. It features a unique, particularly ergonomic design which ensures patient comfort and user-friendliness for the operator. The C-arm stand enables a wide freedom of inclination: it can be tilted downwards and upwards to maximize patient comfort and breast positioning.

The gantry is also able to reach the horizontal position (+90°) for interventional procedures with patient in the prone position. A high-precision tomo-guided biopsy kit allows the operator to reduce the procedure time minimizing patient's anxiety level by choosing the best lesion's approach.

The Giotto Class mammography system is also featuring the Dual-Energy Contrast-Enhanced Spectral Imaging. IMS Giotto is a company of GMM Group.

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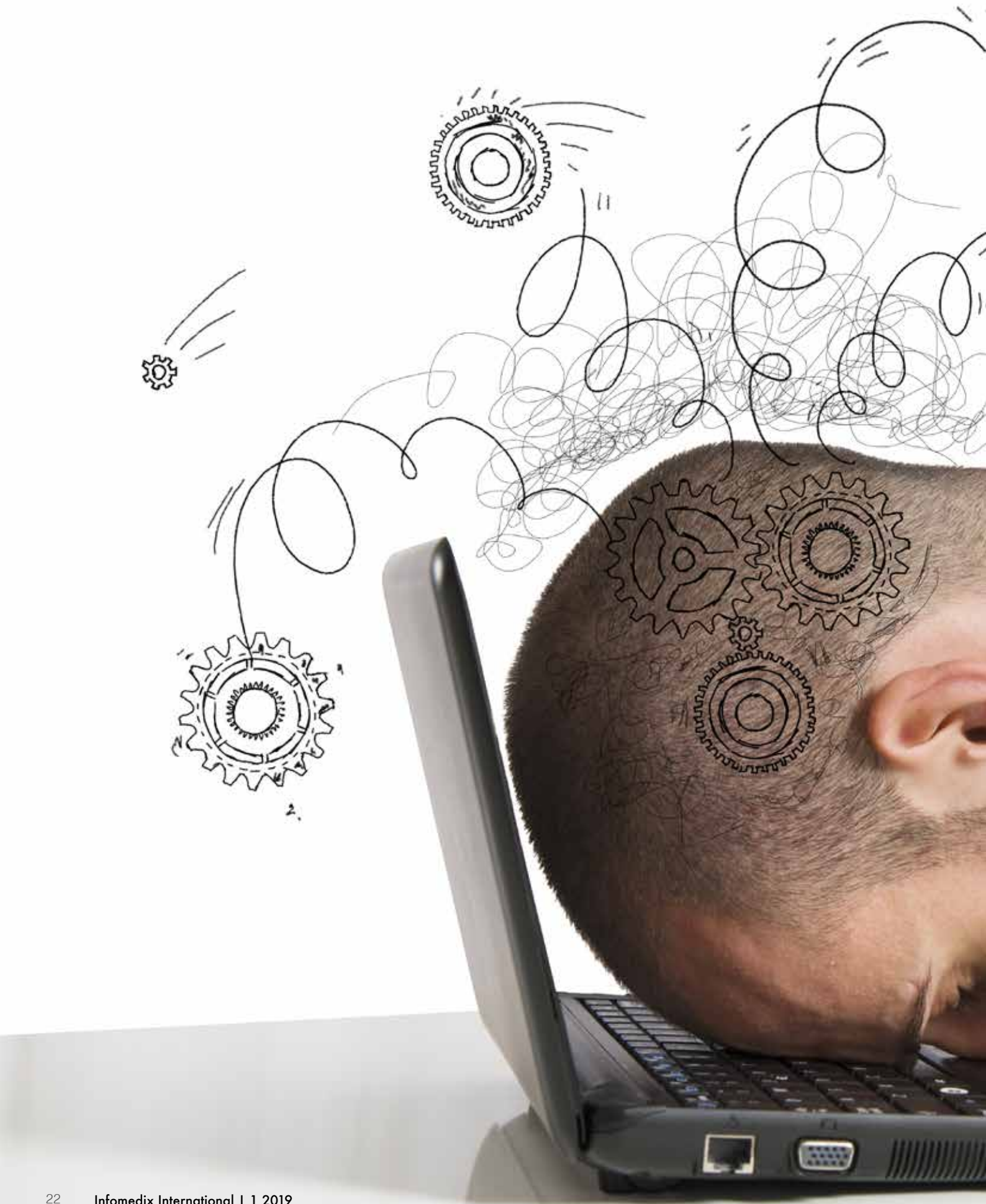
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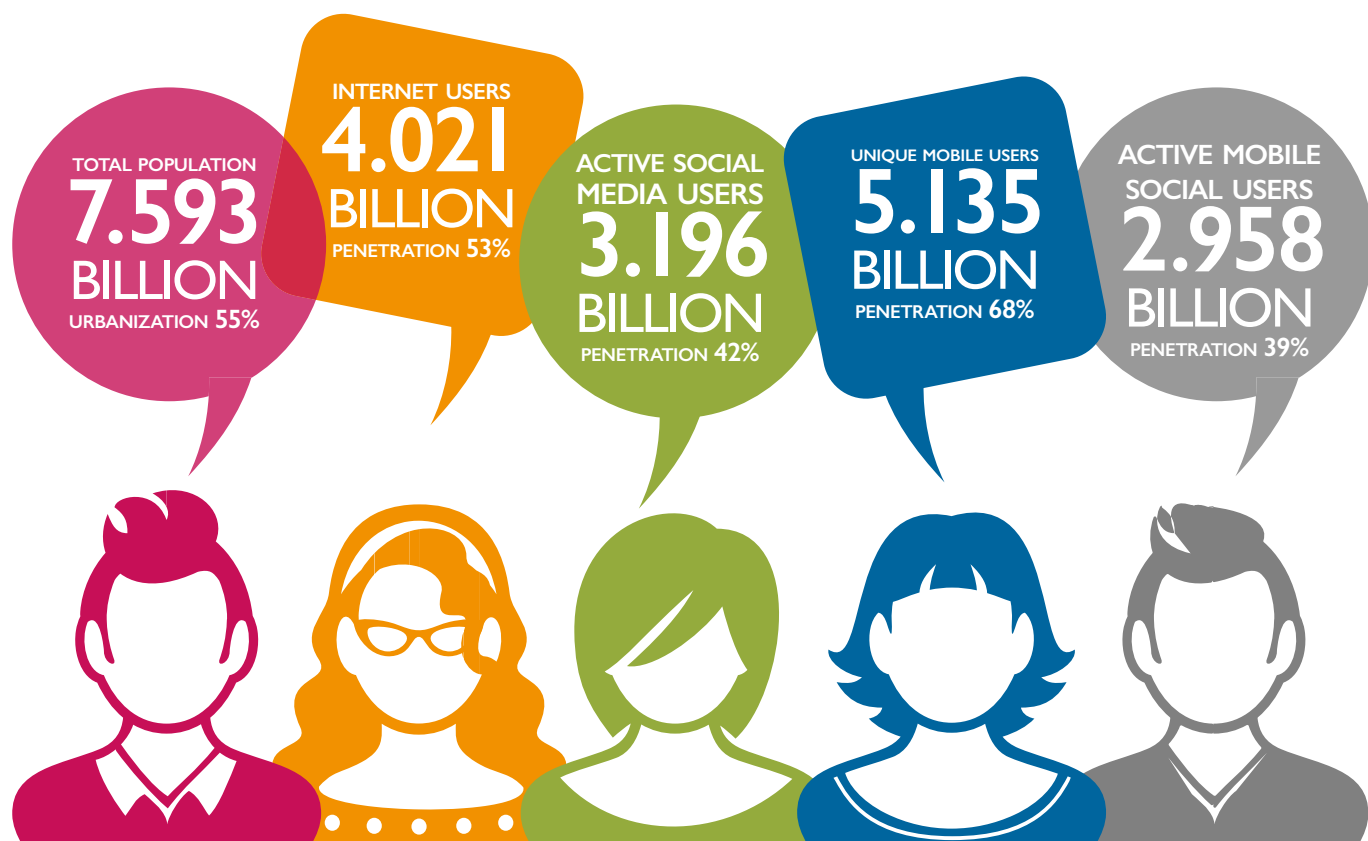
# It's About Time to Log Off

**Author:** Silvia Borriello  
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WhatsApp, Social Networks, No Connection or no Gigas are the main causes of stress in the era of Facebook and Instagram. If once the sources of anxiety and worry were mostly caused by children, complicated romantic relationships, frustration at work and fear of not having enough money, the new frontiers of stress are now all digital.



## DIGITAL AROUND THE WORLD, JAN. 2018



Source: [www.wearesocial.com/uk/blog/2018/01/global-digital-report-2018](http://www.wearesocial.com/uk/blog/2018/01/global-digital-report-2018)

For some time now, we've been living in a state of perennial connection, which leads us to think of always having to be attentive and ready for an immediate response. But between chats, social networks, e-mails and various applications we never take our eyes off the phone, nor our head from commitments. **Chats have gone from being an epochal revolution in the way of communicating, giving everyone the unique opportunity to communicate quickly and with a variety that did not exist before, into becoming a nightmare always forcing us to feel available, to shorten response times, forcing us to a constant speed that generates anxiety.**

Technology is everywhere and mobile phones have become an essential part of everyday life. According to a 2018 comprehensive study, made by UK's communications regulator, Ofcom, 94% of adults in the UK own a mobile phone; and over three quarters of those are smartphones. And while mobile phones were originally designed to facilitate phone calls on the go, a third of smartphone users don't make traditional voice calls at all. Instead, our phones are used

**According to a 2018 comprehensive study, made by UK's communications regulator, Ofcom, 94% of adults in the UK own a mobile phone; and over three quarters of those are smartphones.**

as mobile computers, for checking e-mail, shopping online, accessing news, downloading music and videos, engaging in social media, ordering food, looking at maps... and so forth. We literally always have the internet in our pocket and can seemingly find out the answer to almost any question at the touch of a button. **But while these advancements in technological functionality and access are amazing; they come at a cost. There**

**is evidence that we are becoming over dependent, or even possibly addicted, to our phones.** Think about how we feel when we realize we have forgotten our phone or left it behind somewhere! Recent research has shown that some people experience significant stress and anxiety when they are separated from their phones and can even exhibit withdrawal like symptoms, comparable to those usually seen when someone has an addiction. Some research has even shown that high levels of engagement with smartphones and multimedia technology may be physically changing our brain structure and function. Internet addiction is not officially listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), the mental health profession's guide to classifying psychological disorders. **However, in the recently revised DSM-5, "Internet Gaming Disorder" is mentioned as "a condition warranting more clinical research and experience" for possible inclusion as a "formal disorder."** Lack of formal recognition hasn't stopped people from referring to compulsive internet use—for gaming or any other reason—as an "ad-

diction." **Several recent studies seem to support this conclusion, including brain imaging studies of compulsive internet users that have shown structural and functional brain abnormalities similar to those found in people with substance abuse problems.** While it remains to be seen when and if internet addiction will make it into the DSM, the characteristics of pathological internet use are very similar to the ones listed for "Substance-Related and Addictive Disorders":

- preoccupation with substance/activity
- use to improve one's mood
- increasing tolerance (need to spend more time or take larger quantities to achieve same "high")
- loss of other interests
- continued use despite awareness of the harm it's causing
- withdrawal symptoms when the object of the addiction is no longer available
- unsuccessful attempts to quit

The Ofcom study further shows how a decade of technological revolution has transformed our behavior: 2008 was the year the smartphone took off in the UK. While 17% of people owned a smartphone a decade ago, that has now reached 78%, in Ofcom's latest figures, and 95% among 16-24-year-olds. **The smartphone is now the device people say they would miss the most, dominating many people's lives in both positive and negative ways. People in the UK now check their smartphones, on average, every 12 minutes of the waking day.** Two in five adults (40%) first look at their phone within five minutes of waking up, climbing to 65% of those aged under 35. Similarly, 37% of adults check their phones five minutes before lights out, again rising to 60% of under-35s. Over the last decade, better access to the internet has transformed how we interact with each other and most people now say they need and expect a constant internet connection, wherever they go. Two thirds of adults (64%) say the internet is an essential part of their life. Two fifths of people (41%) say being online enables them to work more flexibly, and three quarters (74%) say it keeps them close to friends and family. Half of all UK adults (50%) say their life would be boring if they could not access the internet. The proportion of people accessing the internet on their mobile has increased from

**Two in five adults (40%) first look at their phone within five minutes of waking up, climbing to 65% of those aged under 35.**

20% almost a decade ago, to 72% in 2018. The average amount of time spent online on a smartphone is 2 hours 28 minutes a day. This rises to 3 hours 14 minutes among 18-24-year-olds. Lastly, 72% of adults say their smartphone is their most important device for accessing the internet, 71% say they never turn off their phone and 78% say they could not live without it.

There's no question that in the relatively short time they've been in existence, social media has had some very positive effects in terms of empowering and connecting people. At the same time, they have provided new platforms for some decidedly unhealthy and destructive behaviors. **There have been numerous debates linking social media to poor mental health citing the rise in depression, anxiety and addiction among the harmful effects of social media.** Spending an afternoon on Facebook or Twitter seems like a harmless activity, but it could actually be the reason stress levels have recently increased all over the world. Stress can create mental illnesses, which result in health problems and even premature death.

Among the most common causes of digital stress in the 2.0 era:



**WhatsApp** - certainly one of the main reasons for stress and tension, due to quarrels between couples and friends. To cite examples of anxiety: when it crashes you seem to be isolated from the world; when they add you in groups, animated by people who are often too 'active'; when the other person does not answer despite the double blue ticks; when they send you vocal messages, there are those that can be even 5 minutes long! When customers or suppliers write to you at any time and on any day of the week, even during the weekend!



**Absence of a wi-fi network** - the feeling is that of not being able to communicate with the rest of the world, we feel lost, even if the isolation lasts only a few hours (or minutes). We are convinced that hyper-connectivity, understood as the need to always be on the piece, is a necessary evil, which cannot be renounced in any way.



**Social networks** - undeniably constitute another great cause of stress: particularly, posting a photo or a post on Instagram or Facebook and receiving few comments or likes can throw us into despair.



**E-mails** - The most common question is "shall I read or not read e-mails once the working hours have been completed?". The temptation is strong, especially when we have sent an email that requires a quick response, but the answer is slow to arrive.

## WORLD INTERNET

- Well over half of the world's population is now online
- Nearly a quarter of a billion new users came online for the first time in 2017
- The average internet user now spends around 6 hours each day using internet-powered devices and services – that's roughly one-third of their waking lives
- Africa has seen the fastest growth rates, with the number of internet users across the continent increasing by more than 20% year-on-year
- More than 200 million people got their first mobile device in 2017
- Two-thirds of the world's 7.6 billion inhabitants now have a mobile phone.



**We are not only connected, but we depend upon our internet addictions to function as a society.** Our smart devices have become an essential part of modern life and checking them regularly is second nature for always more users. Our addiction to mindless smartphone scrolling is much higher than we can imagine, showing our phones are as much a habit as they are an aide to our busy lifestyles and an immediate source of entertainment, from wherever we are. **As many as a third of smartphone users would confess to having a smartphone addiction, although it's likely many more do without realizing it. But, a lot of the repetitive and compulsive phone-checking we do isn't in fact adding any value to our lives!** So, what is it about technology that is making many of us anxious and stressed? Here are six ways that social media could be negatively affecting our mental health without us even realizing.

### Memory and Perpetual Distraction

The persistent beeping, vibrating and flashing of notifications mean that we are constantly distracted and driven to interrupt what we are doing to check our phones. Indeed, a UK study found that smartphone users unlock their phones on average 85 times a day. This means we are unable to focus our attention and consolidate things properly into our memory. **This is backed up by research which is beginning to show correlations between high smartphone and internet use and poor cognitive skills such as attention, memory and learning.**

For example, if we direct all our attention trying to take the perfect photo for our social media followers to admire, we will not be absorbing the firsthand experience of witnessing it with our own two eyes and less will be available to enjoy other aspects of the experience in real time, undermining the happiness we could be getting from it.

### Work-Life Balance

While in the past there was often a clear boundary between where work life ended, and home life began... this area is now very much grey. Most of us have our work e-mails on our phones, making us constantly available and contactable. This makes it very difficult for us to ever truly disengage from work and relax.

### F.O.M.O.

Social media users feel extra pressure to participate and keep up on social media, to avoid the 'Fear Of Missing Out' on something, in activities that others share, whether it's an event, a work or social opportunity, a communication, or a potential connection, or just something cool and ethereal that you might like to see or be part of. So, we want to be connected... 'just in case'. **Ironically, the more connected we are, the more likely we may be to experience FOMO, because it is often caused by the posts, we see on social media sites like Facebook, leading us to believe our friends and acquaintances are having exciting and/or interesting experiences in our absence.** This can make us feel quite lonely and anxious.

### Human Connection

As human beings, it's so important for us to be able to communicate and forge personal connections with one another but, it can be hard to do so when we're glued to rectangular screens, becoming more acquainted with our friends' digital facades than their real-life personas. Face-to-face social interactions enhance wellbeing. A 2016 study published in the *American Journal of Epidemiology* that assessed 5,208 subjects found that overall, regular use of Facebook had a negative impact on an individual's wellbeing.

### Social Comparison and Self-Esteem

We can't help but compare ourselves to others and social comparison theory suggests that we use these types of comparisons to evaluate how we think and feel about ourselves (self-esteem). However, comparing ourselves to others on social media by stalking their aesthetically perfect Instagram photos or staying up to date with their relationship status on Facebook could do little to assuage our feelings of self-doubt and insecurity. **Media, by its nature, actively encourages social comparison, as it is littered with information that can easily be used as metrics of apparent social success (e.g. friends, likes, shares, followers and so forth), creating a feeling of anxiety.** These metrics are problematic in themselves, because if we don't get enough likes to a comment or picture we have posted, or if someone has more likes or friends than us, it can make us feel inferior. Furthermore, the disparity between real life and what people

actually post on social media gives the false impression that others lead a more exciting/perfect/interesting life than our own, creating discontent of one's own life... increasing the likelihood of negative social comparisons being made, which can have serious consequences on our wellbeing. **Research has found that Facebook users who use the site for comparisons, experiencing envy of the activities and lifestyles of their friends, are much more likely to suffer symptoms of depression compared to users who only use the site to stay connected.** Facebook can be a very positive resource for many people, but if used to size up one's own accomplishments against others, it can have a negative effect. A study, conducted by the University of Copenhagen found that many people suffer from "Facebook envy", with those who abstained from using the popular site reporting that they felt more satisfied with their lives.

### Sleep Dysregulation

Having enough sleep is of paramount importance. Aside from anxiety and self-esteem issues, excessive social media usage can also disrupt sleeping habits. Many of us use our phone at bedtime. You get into bed intending to go to sleep, but you just want to check your phone (just for 'a second') to find out something innocuous like tomorrow's weather... and then an hour later, there you are watching a totally random video. **Looking at our phones when we should be going to sleep has the double whammy effect of over-stimulating our brains, making it hard to wind down and switch off and exposing us to blue light from the screen. Research suggests that blue screen exposure can reduce melatonin production, which interrupts our circadian rhythm (i.e. sleep-waking cycles), making it harder for us to fall and stay, asleep.** Unfortunately, poor sleep tends to mean poorer resilience and higher levels of anxiety and stress. Research has demonstrated that most frequent users of social media are three times more likely to have difficulty falling asleep. Try setting yourself a strict rule of not going on your phone for at least 40 minutes to an hour before going to bed and see if that makes a difference to the quality of your sleep.

## SOCIAL MEDIA AROUND WORLD

Almost 1 million people started using social media for the first time every day over the past year, equivalent to more than 11 new users every second

9 in 10 of social media users access their chosen platforms via mobile devices

Saudi Arabia, among the fastest individual country growth rate at 32%, India is only just behind, with 31% annual growth in social media users

More than 3 billion people around the world now use social media each month

The Brazilians are catching up though, and the Indonesians and the Thais have overtaken the Argentinians to take the third and fourth spots in this year's rankings

For the third year in a row, Filipinos spend the greatest amount of time on social media, with the average user in the country spending almost 4 hours every day

## Managing Social Media-Induced Stress

Not only has social media been proven to cause unhappiness and anxiety, but it can also lead to the development of several mental and physical health issues, including chronic depression and heart disease, when used too much or without caution. So, what can we do to avoid digital-related stress? While you don't necessarily have to quit social media for good, here are some proven ways to reduce stress levels and for managing wellbeing in the digital age:

### Go on a Digital Detox

If you're starting to feel as though your smartphone is draining your energy and concentration, a digital detox may be just what you need to feel revitalized. Being temporarily without screens can improve the quality of your sleep, your focus and

**A recent study found that restricting smartphone use in the bedroom improved sleep quality and increased happiness and quality of life.**

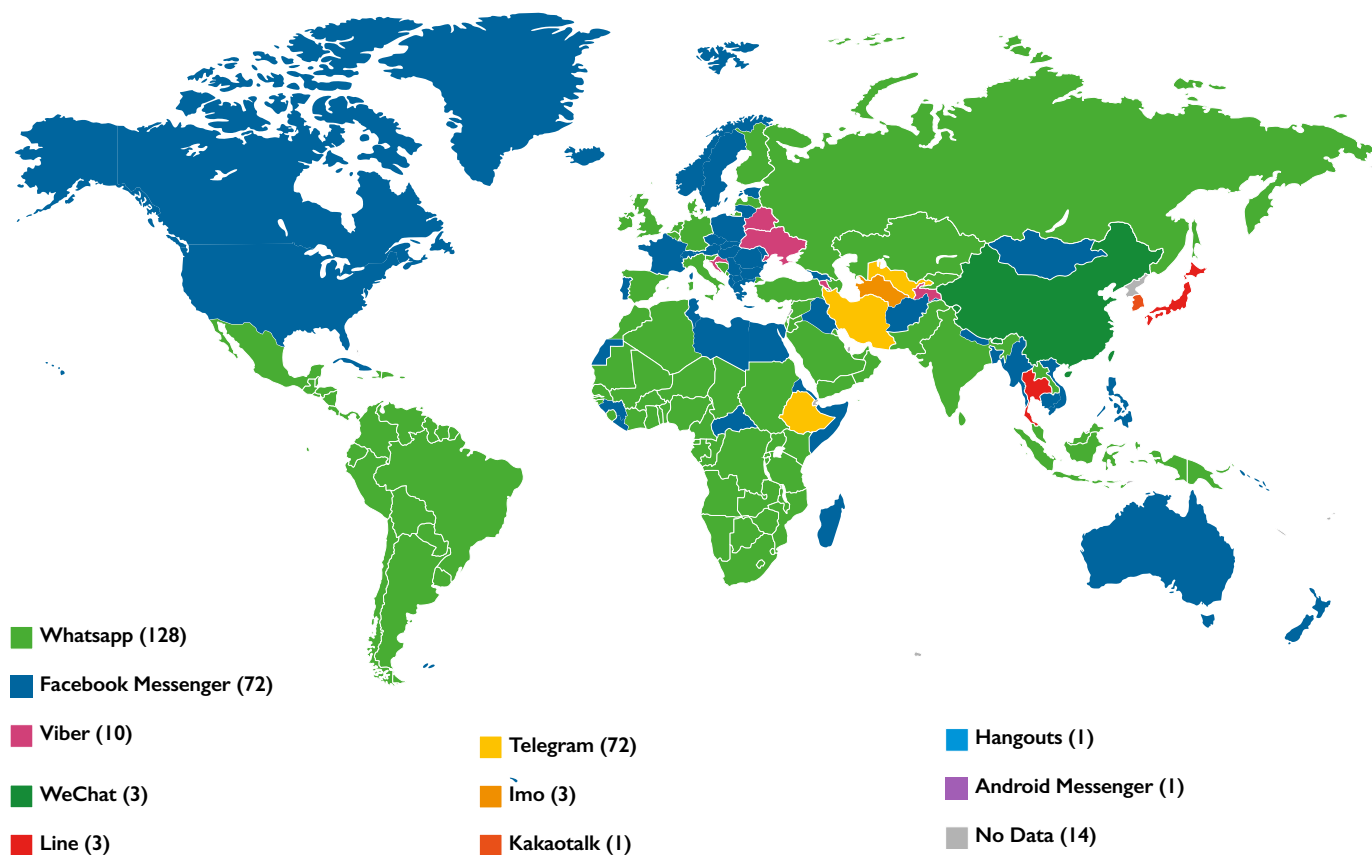
concentration and reduce stress. Whether this means for an hour, a day, a week or longer... try to find time to switch off from your devices and disengage from social media. At the very least, turning off your notifications and sleeping with your phone in another room, or on airplane

mode, might be enough to see a positive change. A recent study found that restricting smartphone use in the bedroom improved sleep quality and increased happiness and quality of life. If you are up for more of a challenge, try taking a significant break from social media. The British Psychology Society recently posted an article on how taking a five day break from Facebook can reduce cortisol levels (a physiological marker of stress); and other studies have found a similar positive effect on more psychological measures of wellbeing.

Authorities and different organizations have and are trying to curb social media addiction with several 'digital detox' initiatives such as The Royal Public Health Society's Scroll Free September program in the U.K., a mental health campaign which aims for users of social media sites such as Facebook, Instagram, Snapchat, Twitter,

## TOP MESSENGER APPS BY COUNTRY (Jan 2018)

Regional Penetration Figures, Comparing Internet Users to total Population

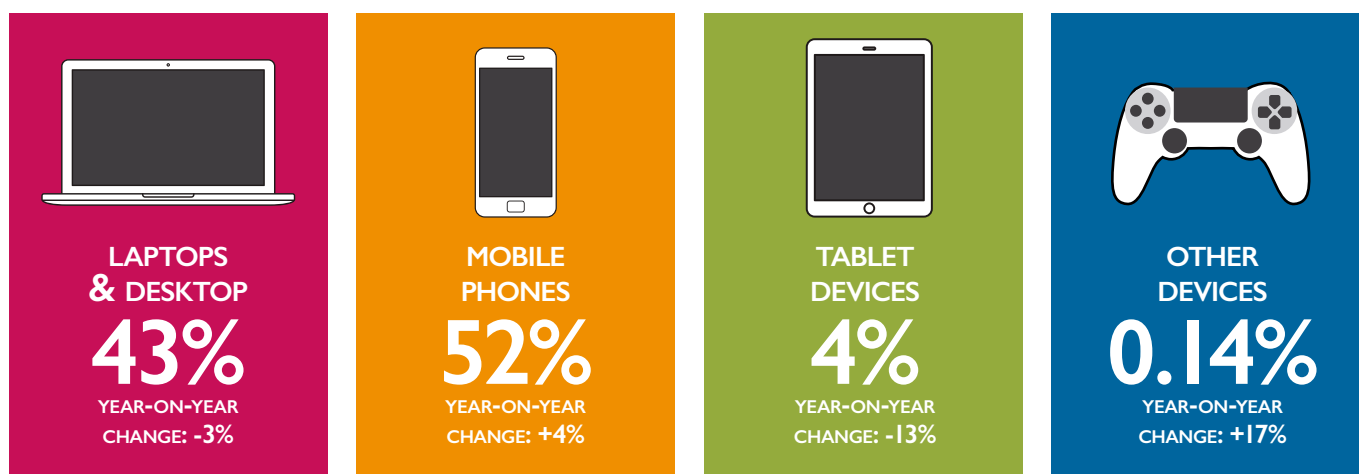


Taken from: <https://wearesocial.com/uk/blog/2018/01/global-digital-report-2018>



## SHARE OF WEB TRAFFIC BY DEVICE

Based on each device's share of all web pages served to web browsers



Source: Statcounter, January 2018 and January 2017, taken from: <https://wearesocial.com/uk/blog/2018/01/global-digital-report-2018>

etc., to log off for 30 days. The US has also opened its first inpatient treatment program for internet addiction at the Bradford Regional Medical Center in Pennsylvania, where a 72-hour digital detox that lasts for a total of 10 days is given to patients.

### Train the Algorithm

Most social media sites, Facebook in particular, have an algorithm to choose content that you like. If a topic you want to avoid comes up in your feed, you can ask the social site to hide it. If someone's photos, comments or tweets are making you feel bad, hide or unfollow them. On the flipside, actively seek out things that make you feel good about yourself... and follow them, whether that's wholesome good news stories, educational posts, inspirational quotes, your favorite comedian or funny cat videos. **It is important to minimize the negative while also maximizing the positive, as a recent study found that while negative interactions and experiences on social media were related to higher levels of depression and anxiety; more positive interactions and experiences on social media were consistently related to lower levels of depression and anxiety.** Over time, the algorithm will pick up that you prefer more uplifting stories and that will make up more of

your newsfeed.

### Control Your Social Posts

Be careful about your own posting, as you could be a big part of the problem. Sometimes, typing out a negative experience can be therapeutic, but sharing it with the world often deepens the wound.

### Take a Vacation

Vacations are scientifically proven to be some of the best stress relievers out there. Leave your phone at home and head to your vacation home or an all-inclusive resort where you can enjoy some rest and relaxation and get stress to a healthier level.

### Limit Your Time Online

Many of us use our phones when we're with our friends and family, watching television, and eating; dividing our attention between our phones and our real life experiences. **However, research has shown that being more mindful and generally being more present is good for our wellbeing. So, set yourself some ground rules that will allow you to better live in the moment.** For example, rules such as no phones at the dinner table, putting on airplane mode when you're out catching up with friends, or no texting between set times (like 10pm-8am) can help encourage you to

switch off and live in the now. **The less time you spend on social media, the more time you'll spend in the realities of life. You'll be able to focus on more positives and less negatives that social media often shows.** If it's hard to say goodbye, consider deleting social apps from your phone or giving your passwords to someone else so you can only access the sites occasionally.

### Get Outdoors

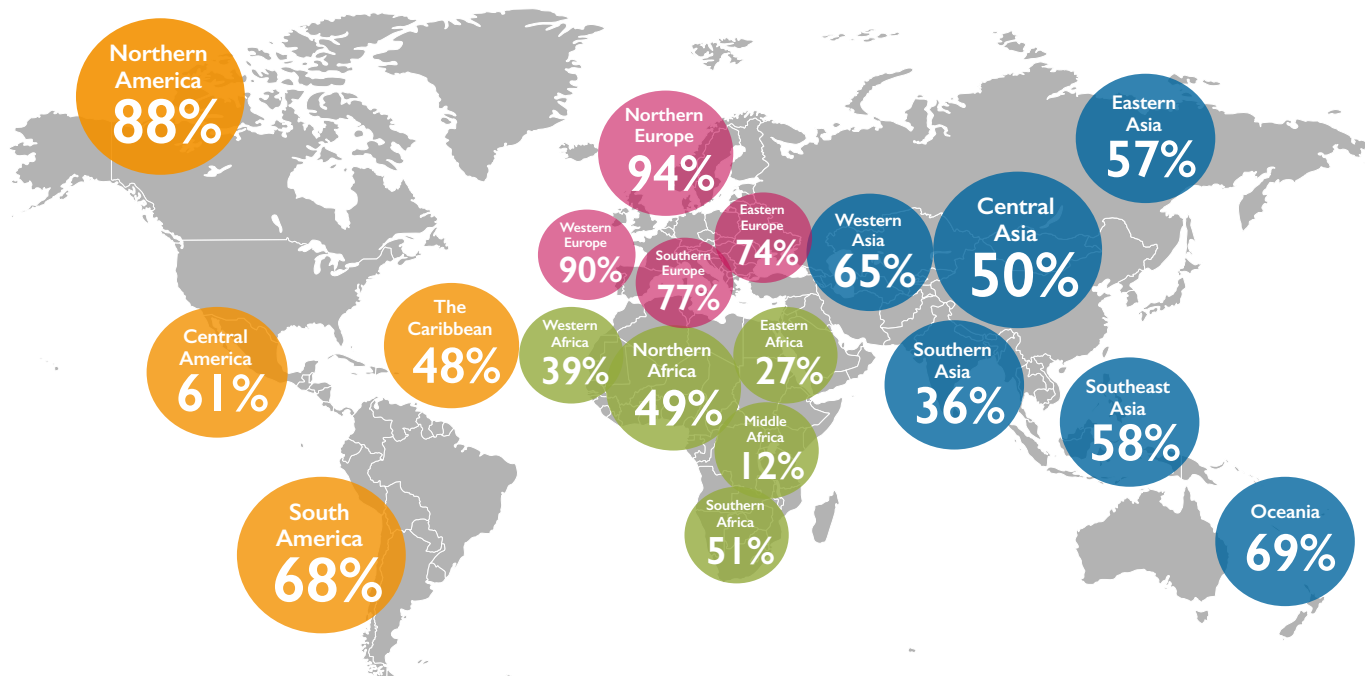
Social media is usually consumed indoors, which can contribute to stress levels. Humans need sunshine, fresh air and nature to lessen stress. It's easier to develop a more positive outlook when the birds are singing and the sun is shining!

### Re-Balance Your Work and Home Life

With e-mail in our pocket it's important to set boundaries in terms of when our working day begins and ends. Try to turn off your e-mail notifications and only check your e-mails at certain times of the day. Decide on the last time you will allow yourself to check your e-mail and send out any last-minute replies... and then let everything else wait until morning. If you are worried what people might think, you could try setting up an auto-reply explaining when you will be checking your emails. This is becoming an increasingly

## INTERNET PENETRATION BY REGION (Jan 2018)

Regional Penetration Figures, Comparing Internet Users to total Population



Taken from: <https://wearesocial.com/uk/blog/2018/01/global-digital-report-2018>

common practice that people are using to manage their wellbeing.

As a matter of fact, it's not all doom and gloom in the land of social media! **Internet support groups, discussion boards, blogs and other social media platforms have significantly enhanced the resources for individuals wrestling with mental health, behavioral and/or addiction issues to reach out and find support online.** The breach is now being filled with "digeuticals," part of a new field of mental-health technology that includes smartphone chatbots that text self-help advice for those dealing with depression as well as virtual-reality-exposure therapy for individuals battling anxiety disorders. Marginalized individuals have also found an accepting community online in which they would otherwise not find in real life. **Research shows that people who get support from peers (those struggling with the same problems) have better health outcomes, whether they**

**Teens and young adults are considered particularly at risk to negative effects. They're a generation raised on the internet, social media and digital technology so these things are integral, indispensable parts of their lives.**

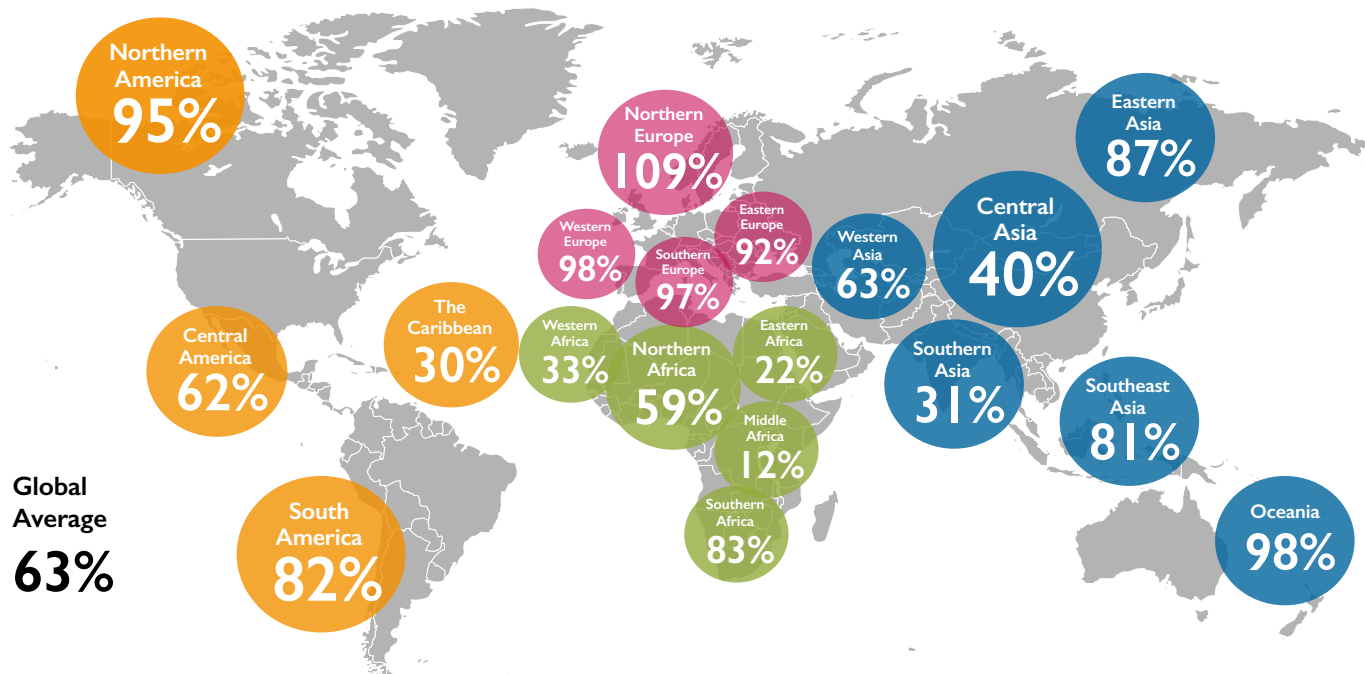
**have a physical condition like diabetes or a psychological one like depression.** Social media has also helped foster relationships and connections which people with anxiety could have difficulty making in real life, as well as bridge the communication gap

between loved ones and friends who live far away. The internet and social media boost productivity. These tools offer more information—including real-time news—than a library full of encyclopedias and the information's accessible at any time of day or night. Studies have linked internet/social media use with greater success in academics as well as improved job performance and employment prospects. Social media gives business owners the power to be more competitive worldwide... and the list goes on.

Nonetheless, while research into the effects of social media is still in its infancy and scientific data are relatively scarce, what is clear is that the internet, social media sites and the digital devices on which we operate are here to stay. **Therefore, it is incumbent on each of us to understand, and help others to understand, how to use them productively and responsibly. Keeping lines of communication open and educating the youth of the harmful**

## BROADBAND MOBILE CONNECTIVITY (Jan 2018)

The number of broadband mobile connections compared to population



Taken from: <https://wearesocial.com/uk/blog/2018/01/global-digital-report-2018>

## E-COMMERCE DETAIL: CONSUMER GOODS

An overview of the e-commerce market for consumer goods, with values in United States Dollars, Jan. 2018



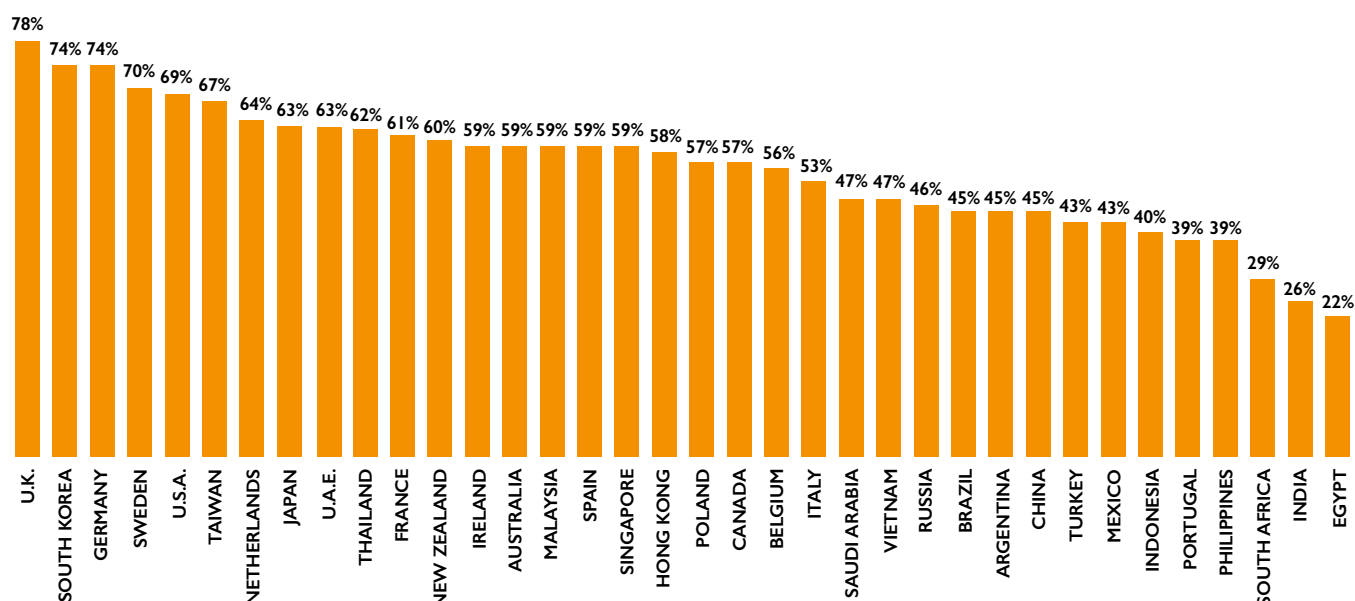


There are significant differences in mobile connection speeds between countries.

Mobile users in Norway enjoy average download speeds of more than 60 Mbps; almost three times the global average. Mobile users in 6 countries – including the Netherlands, Singapore, and the UAE – now enjoy average connection speeds of more than 50 Mbps. At the other end of the spectrum, mobile users in 18 countries – including India and Indonesia – still suffer from average connection speeds of less than 10 Mbps. Faster connections may also help to reduce stress. Research has shown that delays of just a few seconds while buffering video content can trigger the same increase in anxiety levels as watching a horror movie on your own or trying to solve a complex maths problem. Partly thanks to these faster download speeds, the average smartphone user around the world now consumes almost 3GB of data every month – an increase more than 50% since this time last year.

## E-COMMERCE PENETRATION (Jan 2018)

Percentage of the population who bought something online via any device in the past month (survey-based)



Taken from: <https://wearesocial.com/uk/blog/2018/01/global-digital-report-2018>

### effects of social media addiction are just some of the effective ways of alleviating addiction.

Teens and young adults are considered particularly at risk to negative effects. They're a generation raised on the internet, social media and digital technology so these things are integral, indispensable parts of their lives. Young people also are impressionable, eager for acceptance and relatively inexperienced, which can cloud judgment. Most adults today remember what life was like before the internet, social media

and mobile devices so it's easier to step away from them. But it has still proved problematic, especially for adults who are prone to addictive behavior or have pre-existing mental health issues. Encouraging children to spend more time engaging in offline activities and create nurturing relationships beyond Facebook and Twitter will help them into limiting the amount of time invested in scrolling through their phones. Whether social media is "good" or "bad", "healthy" or "unhealthy" for a per-

son's mental health and wellbeing is directly related to how they are used (or abused), by whom, and to some degree by who is passing judgment. **Key to enjoying the benefits while avoiding the problems is to use these powerful tools sensibly, constructively and in moderation.** Like food, which we truly can't live without, the right choices in the right amounts keep people healthy and satisfied, while poor choices and excess consumption can lead to significant, potentially life-threatening health conditions.

## DID YOU KNOW THAT.... WE ARE IN THE EARLY STAGE OF THE FOURTH INDUSTRIAL REVOLUTION

Now smartphones are everywhere and they're getting smarter all the time. Imagine when your phone will be able to diagnose most of your medical problems for you based on artificial intelligence (AI) in the cloud, saving you a trip to the doctor. The app could issue a diagnosis and a prescription and your local pharmacy could 3D-print your medicine. That isn't a far-fetched fantasy – it's part of the not-too-distant future. This exciting new frontier is part of the Fourth Industrial Revolution (4IR), a period of rapid change driven by progress in science and technology. We are now in the early stage of the 4IR. It's merging digital, physical and biological systems and will raise our standard of living. The original Industrial Revolution was powered by the discovery of the steam engine. The second and third industrial revolutions saw electricity give rise to mass production and computers and communication technologies unleashing the digital age. Now the Fourth Industrial Revolution's main drivers are AI, big data and the Internet of Things (IoT), powerful technologies that are often the subject of controversy and fear. It's clear that we must take a proactive role and shape the revolution so that it results in the kind of society we want to live in.

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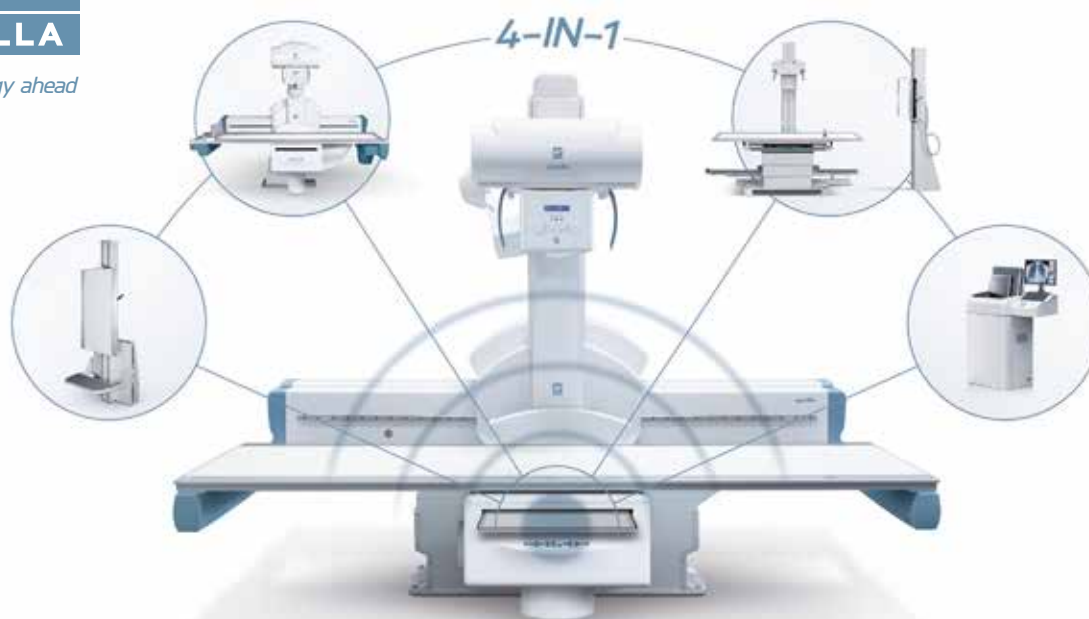
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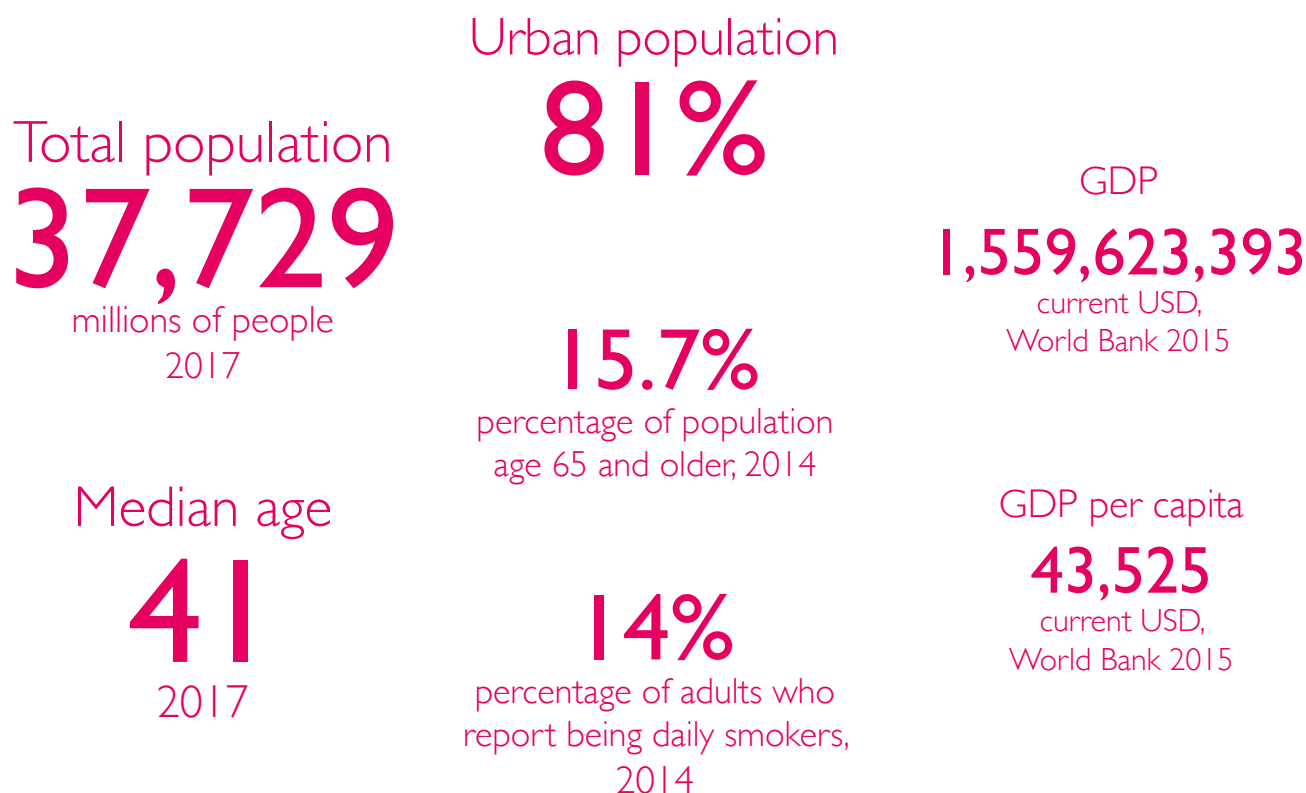


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#### DO YOU KNOW THAT

Canada is a Constitutional Monarchy - Queen Elizabeth II is still the Head of State of Canada, a former British colony. Below a list of roles still served by “Elizabeth the Second, by the Grace of God, of the United Kingdom, Canada and Her other Realms and Territories, Queen, Head of the Commonwealth, Defender of the Faith” (her official full Canadian title).



- **She's the Head of State.** Technically speaking, Queen Elizabeth is the Sovereign of the parliamentary democracy and constitutional monarchy of Canada.
- **Government Officials and New Citizens Swear an Oath to Her.**
- **The Governor General is Appointed by Her.**
- **She Stays Neutral.** Because she is considered to be the personification of the state of Canada, she is meant to remain neutral on all matters of politics.

- **She Supports Many National Organizations.** The Queen is a patron of a number of Canadian organizations, including the Canadian Cancer Society, the Canadian Red Cross Society and the Royal Canadian Humane Association.
- **The Entire Royal Family Upholds Canadian Traditions and Ceremonies.** Most important anniversaries or celebrations are attended by the monarch herself, while other members of the royal family may attend lesser events in her place.
- **She Plays a (symbolic) Role in Canada's Armed Forces.** The Queen acts as Colonel-in-Chief of numerous Armed Forces regiments, such as the King's Own Calgary Regiment and The Canadian Grenadier Guards.
- **She Stays Informed on Political Matters.** The prime minister and the ministers in his cabinet are all appointed by the governor general on behalf of Queen Elizabeth.
- **Her Signature is Necessary for Certain Government Approvals.** The Queen must apply her royal sign-manual, or signature, as well as the Great Seal of Canada to patent letters, specific appointment papers of the governor general, the creation of additional Senate seats and any change in her Canadian style and title.
- **She can Grant Immunity from Prosecution.**



# The Privilege of Equal Access Within Canadian Healthcare

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In spite of Canada's solid economic performance and internationally lauded history of high-quality healthcare system grounded in values of equity in access and solidarity, healthcare costs continue to grow at rates that exceed government revenue growth, raising concerns about the future fiscal sustainability of health expenditure financed through the public sector.



## COMPARATIVE HEALTH INDICATORS, 2016

	CANADA	U.S.A.
Prevalence of obesity (BMI>30)	26 % (2014)	38 % (2014)
Life expectancy at birth (years)	82.8	78.5
Healthy life expectancy at birth (years)	73.2	68.5
Chronic bronchitis	6.3	4.0
Probability of dying from any of cardiovascular disease, cancer, diabetes or chronic respiratory disease between age 30 and exact age 70 (%)	9.8%	14.6%

Sources: <https://international.commonwealthfund.org/countries/canada/> and WHO 2018

Healthcare in Canada is delivered through thirteen provincial and territorial systems of predominantly publicly funded healthcare, informally called Medicare, guided by the provisions of the Canada Health Act of 1984 which sets standards for “medically necessary” hospital, diagnostic and physician services. **The system is highly decentralized with provinces (10) and territories (3) having primary jurisdiction in terms of governance, organization and service delivery with medically necessary hospital, diagnostic and physician services free at the point of service for all residents.** The federal government, from its side, co-finances provincial and territorial programs which must adhere to the Canada Health Act, which states that to be eligible to receive full federal cash contributions for

healthcare, each provincial and territorial healthcare insurance plan needs to be: publicly administered, comprehensive in coverage, universal, portable across provinces and accessible (for example, without user fees). Furthermore, the federal ministry of health, Health Canada, plays a role in promoting overall health; food and drug safety; medical device and technology review and funding and delivery of certain health services to certain groups of people (aboriginal groups, members of the Canadian Forces, veterans, inmates in federal penitentiaries and eligible refugee claimants).

**There is no nationally defined statutory benefit package; most public coverage decisions are made by provincial and territorial governments in conjunction with the medical profes-**

**sion and each province and territory has some reasons to determine what is considered essential and where, how and who should provide the services, resulting in a wide variance in what is covered across the country by the public health system, particularly in more controversial areas, such as midwifery or autism treatments.** An expansion of the publicly funded basket of services and coordinated effort to reduce variation in outcomes between provinces and territories would hinge on more engaged roles for the federal government and the physician community than have existed.

Most publicly funded healthcare services are delivered privately through private for-profit, private non-profit as well as public organizations and by physicians who re-

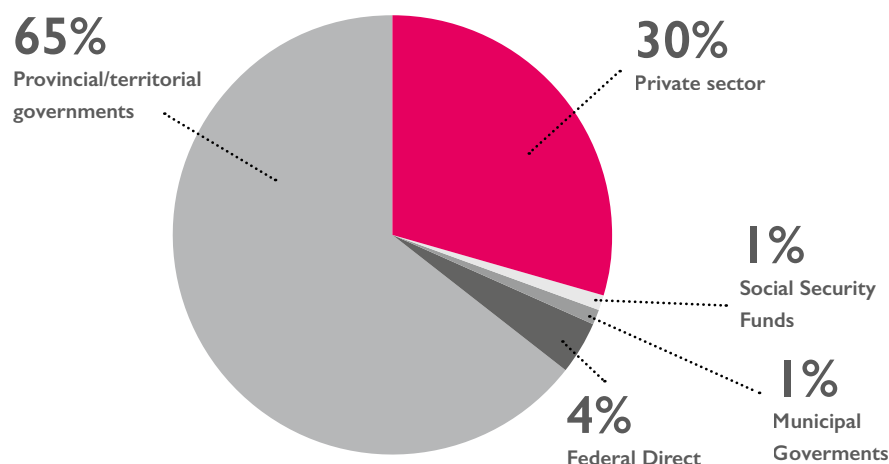
**Nonetheless, in the setting of geographical and population diversity, long waits for elective care demand the capacity and commitment to scale up effective and sustainable models of care delivery across the country**

## DO YOU KNOW THAT

**The provinces and territories of Canada are sub-national governments within the geographical areas of Canada under the authority of the Canadian Constitution. Together, the 10 provinces and 3 territories make up the world's second-largest country by area.** Provinces receive their power and authority from the Constitution Act, 1867, whereas territorial governments have powers delegated to them by the Parliament of Canada. In modern Canadian

constitutional theory, the provinces are considered to be sovereign within certain areas based on the divisions of responsibility between the provincial and federal government within the Constitution Act 1867, and each province thus has its own representative of the Canadian “Crown”, the lieutenant governor. Unlike the provinces, the territories of Canada have no inherent sovereignty and have only those powers delegated to them by the federal government and as a result, have a commissioner instead of a lieutenant governor.

## TOTAL HEALTH EXPENDITURES BY SOURCE OF FINANCE, 2010 FORECAST



**Note:** Although the graph notes that provincial/territorial governments pay for 65% of health expenditures in Canada, the federal government supports provincial/territorial expenditures through fiscal transfers.

**Source:** Canadian Institute for Health Information. National Health Expenditure Trends, 1975 - 2010. <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html>

ceive remuneration from provincial ministries of health. **Despite the reforms made over the past four decades in response to changes within medicine and throughout society the basics within Canada's healthcare system remain the same: universal coverage for medically necessary healthcare services are provided based on need, rather than ability to pay.** Nonetheless, in the setting of geographical and population diversity, long waits for elective care demand the capacity and commitment to scale up effective and sustainable models of care delivery across the country; furthermore, profound health inequities experienced by Indigenous populations and some vulnerable groups also require coordinated action and a need to be more effectively addressed.

**Universal health coverage: Financial Protection.**  
Proportion of population with total household expenditures on health > 10% and > 25% of total household expenditure or income, latest available data, 2007–2015

	> 10%	> 25%
CANADA	2.6%	0.5%
U.S.A.	4.8%	0.8%

**Proportion of total government spending on essential services (education, health and social protection) as a % of general government expenditure, 2015**

CANADA	19.1%
U.S.A.	22.6%

**Source:** World Health Statistics (WHO), 2018

## HEALTHCARE EXPENDITURE AND SOURCES OF FINANCING

Total healthcare expenditures (THCE), 2015 est.	US\$ 219.2 Billion
Private-sector healthcare expenditures, 2015 est.	US\$ 64.2 Billion
Total health expenditure per capita (2015)	US\$ 4,508
Total per capita spending on drugs, 2015, est.	US\$ 959
Total per capita spending on physician services, 2015, est.	US\$ 946
Total per capita spending on oral healthcare, 2015, est.	US\$ 378.60
Total out-of-pocket healthcare spending per capita, 2014 est.	USD 644
Total public healthcare expenditure, 2016 est.	69.8%
Private health insurance as % of THCE, 2014, est.	12%
Out-of-pocket payments as % of THCE, 2014, est.	14%

**Source:** The Commonwealth Fund / WHO, 2018 / Canadian Dental Association

## IN BRIEF

**GOVERNMENT ROLE** - Regionally administered universal public insurance program that plans and funds (mainly private) provision

**PUBLIC SYSTEM FINANCING** - Provincial/federal general tax revenue

**PRIVATE INSURANCE ROLE** - 67% buy complementary coverage for noncovered benefits (e.g. private rooms in hospitals, pharmaceuticals, dental care, optometry)

More than 70% of healthcare in Canada is financed through general tax revenues. In 2016, total and publicly funded health expenditures were forecast to account for an estimated 11.1% and 8.0% of GDP, respectively; by that measure, 69.8% of total health spending came from public sources. The provinces and territories are most directly responsible for raising most of the financing, but the federal government contributes with an annual cash transfer on a per capita basis through the Canada Health Transfer. The provinces and territories administer their own universal health insurance programs, covering all provincial and territorial residents in accordance with their own residency requirements.

Hospitals account for the largest share of healthcare spending. Spending on drugs has accounted for the second-largest share since 1997, making up 16% of spending in 2010. The third-largest share of healthcare expenditures is accounted for by spending on physicians, which made up 14% of spending in 2010.

Almost all essential basic care is publicly covered, including primary care physicians, specialists and hospital services. The coverage includes prevention and treatment of common diseases and injuries; basic emergency services; referrals to and coordination with other levels of care, such as hospital and specialist care; primary mental healthcare; palliative and end-of-life care; health promotion; healthy child development; primary maternity care and rehabilitation services. **Health services not covered by Medicare are largely privately financed and they vary depending on the province and territory but dental or vision care, cosmetic surgery and some forms of elec-**

**PROVIDER OWNERSHIP**

**PRIMARY CARE** - Private sector

**HOSPITALS** - Public/private mix (proportions vary by region), mostly not-for-profit

**PROVIDER PAYMENT**

**PRIMARY CARE PAYMENT** - Mostly fee-for-service (45% to 85%, depending on province), but some alternatives (e.g., capitation) for group practices

**HOSPITAL PAYMENT** - Mostly global budgets, case-based payment in some provinces (does not include physician costs)

**DELIVERY SYSTEM FOR PRIMARY CARE**

**REGISTRATION WITH GP REQUIRED** - Not generally, but yes for some capitation models

**GATEKEEPING** - Yes, mainly through financial incentives varying across provinces (e.g., in most provinces, specialists receive lower fees for patients not referred)

**BENEFIT DESIGN**

**CAPS ON COST-SHARING** - No

**EXEMPTIONS & LOW-INCOME PROTECTION** - There is no cost-sharing for publicly covered services; protection for low-income people from cost of prescription drugs varies by region

Source: <https://international.commonwealthfund.org/countries/canada/>

### tive surgery are not considered essential.

User fees for ambulance services vary considerably across provinces, private rooms in hospitals are also usually not covered. Individuals and families who do not qualify for publicly funded coverage may pay these costs directly, be covered under an employment-based group insurance plan or buy private insurance (although provinces and regions provide partial coverage for children, those living in poverty and seniors). Private insurance in Canada is therefore complementary and both the federal and provincial governments are involved in regulating the private health insurance market, but Canadian regulation of the design of insurance products, their pricing and their sale, are relatively weak by international standards.

Private health expenditure accounts for around 30% of healthcare financing with out-of-pocket payments making up more than 50% of expenditures. At the same time, private health insurance is responsible for roughly 12-13% of total health expenditures. In 2014, out-of-pocket payments represented about 14% of total health spending, going mainly toward prescription drugs (21%), nonhospital institutions, mainly long-term care homes (22%), dental care (16%), vision care (9%) and over-the-counter medications (10%).

**Canada's universal healthcare system is known as a single payer system, where basic services are provided by private doctors (they have been allowed to incorporate since 2002), with the entire fee paid for by the government.** They are generally paid through fee-for-service schedules that itemize each service and pay a fee to the doctor for each service rendered. These are negotiated between each provincial and territorial ministry of health (for primary and specialist care) and the provincial and territorial medical associations in their respective jurisdictions. In some provinces, such as British Columbia and Ontario, payment incentives have been linked to performance. Physicians are not allowed to charge patients prices above the negotiated fee schedule. Those in other practice settings such as clinics, community health centers and group practices are more likely to be paid through an alternative payment scheme, such as salaries or a blended payment (e.g., fee-for-service payments plus incentives for providing certain services such as the enhanced management of chronic diseases etc.). Nurses and other health professionals are generally paid salaries that are negotiated between their unions and their employers.

**Primary care** - The traditional model of primary care in Canada has been based on individual, self-employed family physicians (often known as general practitioners or GPs), provid-

	CANADA	U.S.A.
Average Annual number of physician visits per capita, 2014	7.6	4.0
Density of nursing and midwifery personnel (per 1000 population), 2016	9.8	/

Source: World Health Statistics (WHO), 2018 / <https://international.commonwealthfund.org/countries/canada/>

### Number of Family Medicine and Specialist Physicians, by Jurisdiction, Canada 2016

JURISDICTION	FAMILY MEDICINE	SPECIALISTS	TOTAL PHYSICIANS
Newfoundland and Labrador	682	633	1,315
Prince Edward Island	152	127	279
Nova Scotia	1,215	1,242	2,457
New Brunswick	960	775	1,735
Quebec	9,823	10,447	20,270
Ontario	15,417	15,600	31,017
Manitoba	1,423	1,325	2,748
Saskatchewan	1,241	1,041	2,282
Alberta	5,320	4,974	10,294
British Columbia	6,189	5,358	11,547
Yukon Territory	68	10	78
Northwest Territories	25	8	33
Nunavut	7	1	8
<b>Canada</b>	<b>42,522</b>	<b>41,541</b>	<b>84,063</b>

#### Notes:

-includes active physicians in clinical and non-clinical practice (e.g., research and academia) who have an MD degree and a valid mailing address.

-excludes residents, physicians in the military, and semi-retired physicians

-excludes non-registered physicians who requested that their information not be published as of December 31

Source: Scott's Medical Database, 2016, Canadian Institute for Health Information <https://www.cihi.ca/en/physicians-in-canada>

ing primary medical services in private practices remunerated on a fee-for-service basis, although there has been a movement toward alternative forms of payment such as capitation. In 2014–2015, fee-for-service payments made up 45% of payments to GPs in Ontario, compared with 68% in Quebec and 84% in British Columbia. **In the last decade, provincial and regional ministries of health have renewed efforts to reform primary care focusing on moving from the traditional physician-only practice to group practice, interprofessional primary care teams that provide a broader range of primary healthcare services on a 24-hour, 7-day-a week basis.** The networks of GPs working together and sharing resources varies across provinces in the composition and size of teams. In 2014, 46% of GPs reported to work in a group practice, 19% in an interprofessional practice and 15% in a solo practice. Pa-

tients are free to choose and change their family physicians, they can access specialists directly, but it is common for family physicians to act as gatekeepers and refer patients to specialty care. Many provinces pay lower fees to specialists for non-referred consultations.

Preventive care and early detection are considered critical in Canada and yearly checkups are recommended by public campaigns. Several are the programs, for seniors, those with disabilities, awareness campaigns for back injuries and many others, funded by the government to create public health awareness and to reduce health-care costs.

In 2016, there were 230 practicing physicians per 100,000 population, about half of whom were general practitioners and the rest specialists, totaling 84,063 doctors, 92% of which working in urban areas. Total gross clinical payments



## 2016 Commonwealth Fund International Health Policy Survey, Comparative Figures

### Access to care:

-able to get same-day/next-day appointment when sick: Canada: 43% / U.S.A. 51%

-very/somewhat easy to get care after hours: Canada 63% / U.S.A. 51%

-Waited two months or more for specialist appointment: Canada 30% / U.S.A. 6%

-Waited four months or more for elective surgery: Canada 18% / U.S.A. 4%

-Experiences access barrier because of cost\* in past year: Canada: 16% / U.S.A. 33%

(\*Access barrier because of cost defined as at least one of the following: Did not fill/skipped prescription, did not visit doctor with medical problem, and/or did not get recommended care)

### Overall views of healthcare system:

Which of the following statements comes closest to expressing your overall view of the health care system in your country?

**A.** "the system works pretty well and only minor changes are necessary to make it work better": Canada: 35% / U.S.A. 19%

**B.** "there are some good things in our health care system, but fundamental changes are needed to make it work better": Canada: 55% / U.S.A. 53%

**C.** "Our health care system has so much wrong with it that we need to completely rebuild it": Canada: 9% / U.S.A. 23%

Source: <https://international.commonwealthfund.org/countries/canada/>

to physicians in 2015–2016 increased 3.4% over the previous year to \$25.7 billion. Fee-for-service payments accounted for 72% of gross clinical payments and alternative payments accounted for 28%. Recent reports indicate that Canada may be heading toward an excess of doctors, though communities in rural, remote and northern regions, and some specialties, may still experience a shortage. The gross average salary in 2016 was \$339,000 per physician. Out of the gross amount, doctors pay for taxes, rent, staff salaries and equipment.

**Outpatient specialist care - Most outpatient specialist care is provided in hospitals, but there is a trend toward providing services in private non-hospital facilities, although this has not yet become the dominant mode of delivery.** In 2014, 65% of specialists reported to work in a hospital, compared with 24% in a private office or clinic. Specialists are mostly self-employed and paid fee-for-service, with a variation across provinces and territories. Those working in the public system are not permitted to receive payment from private patients for publicly insured services. There are few formal multispecialty clinics. Canada's provincially and territorially based Medicare systems are cost-effective because of administrative simplicity. In each province and territory, physicians and specialists bill provincial/territorial governments directly, although some doctors are paid a salary by a hospital or facility. **There are no direct payments from patients to physicians so there is no need for patients who access healthcare to be involved in billing and reclaim.** There are no deductibles on basic healthcare and no cost-sharing for publicly covered services (insured physician, diagnostic, and hospital service).

User fees are extremely low or non-existent. In general, user fees are not permitted by the Canada Health Act, but physicians may charge a small fee to the patient for reasons such as missed appointments, doctor's notes and for prescription refills done over the phone. Some physicians charge "annual fees" as part of a comprehensive package of services they offer their patients and their families. Such charges are completely optional and can only be for non-essential health options.

**Hospitals - Hospital care is delivered by publicly funded hospitals, most of which are independent institutions incorporated under provincial Corporations Acts and are required by law to operate within their annual global budgets, negotiated with the provincial or territorial ministry of health or regional health authority.** However, several provinces, including Ontario, Alberta and British Columbia, have considered introducing activity-based funding for hospitals. Hospital-based physicians generally are not hospital employees and are paid fee-for-service directly. Hospitals are a mix of public and private, predominantly not-for-profit, organizations, often managed locally by regional authorities or hospital boards representing the community. In provinces with regional health authorities, many hospitals are publicly owned, whereas in other provinces, such as Ontario, they are predominantly private nonprofit corporations. There are no data on the number of private for-profit clinics (which are mostly diagnostic and surgical).

Canada (except for the province of Quebec) is one of the few countries with a universal healthcare system that does not include coverage of prescription drugs. Every provincial

government has a prescription drug plan that covers outpatient prescription drugs only for designated populations (elderly or indigent), with the federal government providing drug coverage for eligible aboriginal groups. **More than 60% of prescription medications are paid for privately in Canada, through employment-based private insurance or paid for out-of-pocket. Pharmaceutical costs are set at a global median by government price controls.**

Ultimately, there is a clear trend in Canada for the consolidation of tertiary care in fewer and more specialized hospitals, as well as the spinning off of some types of elective surgery and advanced diagnostics to specialized clinics.

### Among main sources:

-Extracts from "The Canadian Health Care System", The Commonwealth Fund - <https://international.commonwealthfund.org/countries/canada/>

-The Government of Canada, for details on health-care: <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html>

- Extracts from "A Comparative Analysis of Oral Healthcare Systems in the United States, United Kingdom, France, Canada, and Brazil" By Daniela Garbin Neumann and Carlos Quinonez, <http://ncohr-rcrsb.ca/knowledge-sharing/working-paper-series/content/garbinneumann.pdf>

- The Canadian Dental Hygienists Association, [https://www.cdha.ca/cdha/The\\_Profession\\_folder/Resources\\_folder/The\\_Canadian\\_Institute\\_for\\_Health\\_Information\\_CIHI\\_folder/CDHA/The\\_Profession/Resources/CIHI.aspx](https://www.cdha.ca/cdha/The_Profession_folder/Resources_folder/The_Canadian_Institute_for_Health_Information_CIHI_folder/CDHA/The_Profession/Resources/CIHI.aspx)

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# Profiling Cell Membranes

Biotechnology company Lipinutragen has the only service dedicated to cell membrane lipidomics, matching the membrane status with dietary and health conditions in a personalised manner.

Lipinutragen's aim is to help with disease and healthy living by interpretation of the molecular composition of the cell membrane.

The rise of diseases such as cancer and metabolic problems caused by lifestyle and genetics means the mass treatment medicine of the 20th century are no longer as effective. The 21st century marks the dawn of personalised medicine. An increasing capacity to collect and process large amounts of data has meant we are uncovering even more information about how disease presents itself, both across populations and within an individual. Instead of prescribing general treatments, the trend will be for a full analysis of the individual at a genetic and physiological level and tailored treatments devised. Genomic analysis, formerly used for personalised nutrition, has been revolutionised thanks to epigenetics discoveries, therefore new research will clarify nutrition influences on DNA profiles.

## UNIQUE ANALYSIS SERVICE

At the forefront of the personalised medicine revolution is Lipinutragen, a biotechnology company providing a unique analysis service based on membrane lipidomics. Lipinutragen began with the lipid composition of cell membranes to develop the lipidomic phenotype. Knowledge of cell membranes as fundamental components of cells and life organisation, is well assessed. They are made of lipid molecules that create a bilayer, mediating the cell's interaction and response within itself and with the rest of the body. The exact composition of the bilayer is tissue specific and can vary within typical ranges or eventually

lose the natural balance among fatty acid moieties. The variability of membrane lipidome is attributed to a host of reasons, among them two key factors stand out: the capability to adapt to the on-going context of the body (physiological or pathological) and the nutrients available. It is the variability and adaptability of cell membranes that makes them a crucial site for evaluating the living balance, and finally an excellent candidate for molecular medical analysis.

Formed in Italy in 2006 by Dr Chrysostomos Chatgililoglu and Dr Carla Ferreri, Lipinutragen is a spin-off from their academic research. They both have a background in free radicals and organic chemistry. However, both have also spent decades applying their expertise to biochemistry and the field of lipidomics. They have been particularly motivated by a desire to understand what effects the composition of the cell membrane, and how that information can be used to improve people's health and wellbeing as Chatgililoglu explains: 'The principles that have been developed in Lipinutragen were derived from our own research

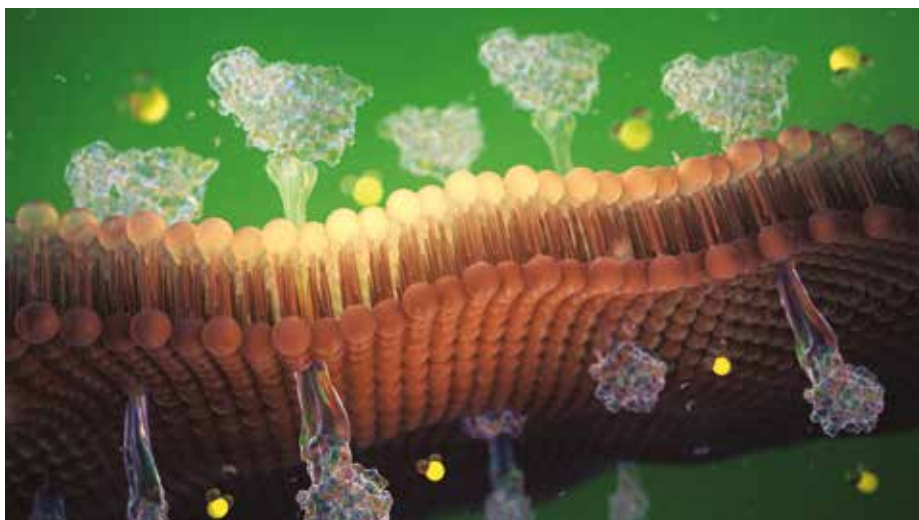
**"It is evident from basic studies in biochemistry, that membranes bring important information related to metabolism and nutrition".**

on free radical stress, combined with the scientific publications on the great importance of membranes and lipids in the whole cell metabolism and fate, which is then reflected in the functioning of the tissues and the organism.' To this end, they have gathered an experienced team of experts at Lipinutragen to provide analyses and conduct research that will allow for ever more comprehensive results.

## STUDYING CELL MEMBRANES

Chatgililoglu and Ferreri identified erythrocyte (red blood cell) cell membranes as highly indicative of the overall health of an individual. Cells and their membranes are formed in each moment of life, and are not regenerated at the same rate; some are replaced very rapidly whilst others are more gradual. Erythrocytes are fully replaced roughly every four months. This makes them a good model for which to study the turnover of cell membranes. Erythrocytes display all the important lipid families, including those that act as biomarkers of free radical stress. They therefore offer a very detailed picture of the overall health of the cell and the stress it may be under. 'It is evident from basic studies in biochemistry, that membranes bring important information related to metabolism and nutrition, with four types of fatty acids (saturated, monounsaturated, polyunsaturated - PUFA - omega-6 and omega-3), not forgetting omega-6 and omega-3 precursors do not form endogenously, but we have to take them from the diet,' explains Ferreri.

Based on this, together with the need to distinguish the lipidomic information which is sometimes overwhelming, Chatgililoglu and Ferreri developed a method to analyse the lipid composition of erythrocyte cell membranes, isolating the mature cell from the



## PROJECT INSIGHTS

### AIMS

- Better understand the turnover of cell membrane
- Expand the FatProfile® service and complementing treatment strategy FatPharmacy®, as a prevention tool for personalised wellbeing
- Provide nuanced responses to individual health issues

rest of the blood sample and selecting the lipidome cluster representative of the membrane organisation and properties.

The invention of robotics for cell selection and membrane work-up has added precision to the process and has made the method highly repeatable. They have now processed over 25,000 samples and use the profile database to increase the information and predictive value for the lipidome cluster of the future analyses. The company currently offers a fast, low-cost and non-invasive service with two analytical tools: FatProfile® through doctors and nutritionists, and FatPharmacy® through pharmacists.

### FAT PROFILE®

FatProfile® is the core service for medical doctors and nutritionists provided by Lipinutragen. The patient makes an appointment with their doctor for analysis. This is a swift process, well organised to answer background questions and take a small blood sample (0.5 ml). The sample is sent to the Lipinutragen lab where it is processed and results - including the calculation of the Membrane Unbalance Index- prepared within seven working days. The information is then relayed to the doctor who is trained by Lipinutragen to understand and explain the results to the patient and offer advice going forward. This advice includes personalised nutra-therapy and a nutritional strategy for the patient to follow. This nutra-strategy is aimed at re-balancing their lipidomics profile over four months through the natural turnover of cells and remodelling of cell membranes. In pharmacies, the analysis service is also offered, the idea being that membrane profiles can be unbalanced also in the absence of a real pathological conditions.

**“When a person changes their dietary habits, membrane fatty acid composition changes and finds its optimal equilibrium”.**

Therefore, the FatPharmacy® service is used by pharmacists to address personalised prevention through nutraceutical and nutritional advices, ameliorating life quality and dietary habits. Chatgililoglu expands on the process: 'By defining the lipidomic profile of the individual, a customised nutraceutical/ nutrition strategy can be suggested. This can either support pharmacological therapy and clinical treatments or create a healthy balance for disease prevention under physiological conditions.'

Some of the nutra-strategies arising from the FatProfile® and FatPharmacy® are also supplied by Lipinutragen. In fact, the nutritional requirements established by the analysis have offered an opportunity for the company to start its own nutraceutical development arm. Lipinutragen has developed several key products of the nutra-strategy targeted to reach the cell membranes. These take the form of the nutrient-based Nutragenika (for redox and fatty acid balance) and a line of food products, Nutraomic. Designed through the examination of the company's lipidomic da-

tabase, these products aim to redress the equilibrium of the cell membrane. However, the long-term aim is always to get patients to positively alter their lifestyle themselves as Ferreri says: 'It is easily demonstrated that, when a person changes their dietary habits, membrane fatty acid composition changes and finds its optimal equilibrium.'

### NEW GENERATION OF HEALTH PROFESSIONALS

Currently, Lipinutragen is based primarily in its home country of Italy. However, the business is expanding rapidly and they have already established a new partnership in Spain, deriving from a technological transfer through the Technological Park of Bilbao, under the brand Lipigenia. The potential market for the molecular diagnostics is huge - an overall estimate puts it at 5.5 billion euros - so there is plenty of room for expansion. Additionally, Chatgililoglu and Ferreri anticipate the market will create a new job role in healthcare- that of the molecular consultant. Ferreri explains how she envisages the role: 'We want to create a new generation of health professionals that are specialists in connecting the molecular status of a person with their own health and nutritional conditions, thereby customising clinical and therapeutic strategies.'

Lipinutragen also aims to continue to make a useful research contribution to the academic world. As more people sign up to use the service, the company will be able to collect large amounts of data on cell membranes under different pathologies and physiologies. Overall, Lipinutragen will provide multiple benefits both directly, to patients and academics, and indirectly, by being at the forefront of the molecular diagnostics industry.



# Biotech and molecular medicine

Founders of Lipinutragen, a biotechnology company utilising the latest molecular diagnostics, Dr Chrysostomos Chatgililoglu and Dr Carla Ferreri explain the history of the company and the future of the market.

## How have your research careers developed?

**CC:** After 20 years of foundational research in free radical chemistry, I began to work on the biomimetic chemistry of radical stress and related biomarkers. The discovery of the endogenous formation of trans-lipids was my entrance into the lipid world. We discovered the role of nutrition and the follow-up to the stress response by cell membrane lipidomics, and elucidated the connection with personalised health.

**CF:** For 18 years I taught organic chem-

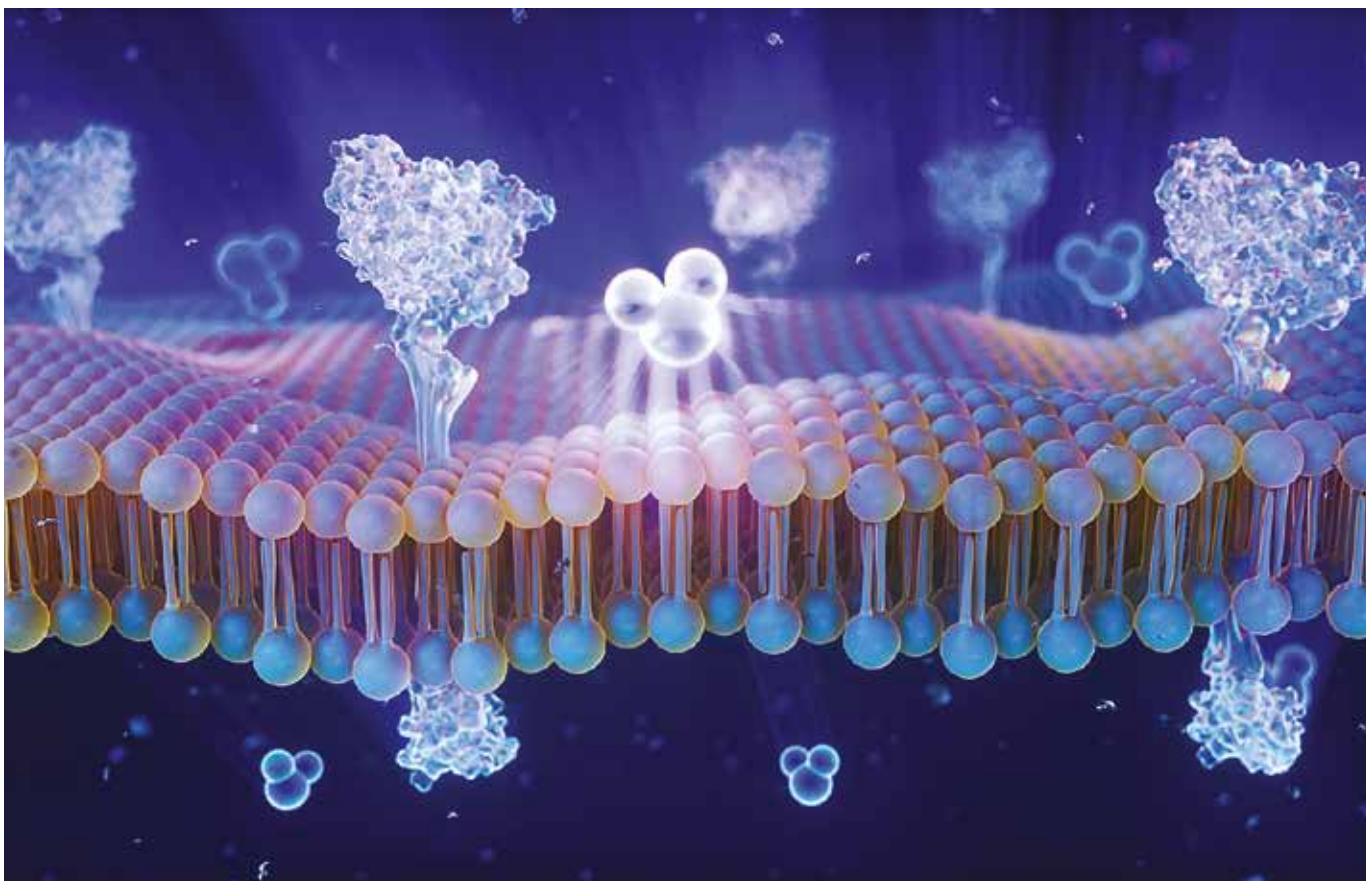
istry to university students and then for 15 years I have been involved in researching free radical reactivity. Free radical effects on health and ageing have developed faster and faster over the last few decades, and I was able to connect my experience in chemistry with the knowledge in molecular interactions and biological pathways. Thereby, I built up the interdisciplinary environment needed for developing membrane lipidomics, a tool for understanding cellular stress and responses. Such stressors include lifestyle and nutritional

habits. This research provided the expertise needed for starting a business based around personalised health and nutrition.

## How has Lipinutragen developed out of your academic background?

**CC and CF:** Cell membrane lipidomics is at the crossroads of chemistry-biochemistry-biology-pharmacology-nutrition-medicine.

The idea was to develop a company that focused on the membrane lipid profile as a global health biomarker. This comprehen-



## IMPACT OBJECTIVES

- **Gain greater understanding of the turnover of cell membrane using the lipidome profile (membrane fatty acid cluster) as a global health biomarker to individuate a molecular signature - connected to nutrition and metabolism - representing the person's overall health and wellbeing**
- **Devise personalised diagnostics so as to better understand an individual's balance reached in the specific health status by the cell membranes, and individuate the appropriated membrane therapy**
- **Further develop the customised FatProfile® - FatPharmacy® service, which reads the lipidomic profile of the mature erythrocyte, before making nutraceutical/nutrition strategy recommendations which allow the patient to make positive lifestyle changes**

sive biomarker is directly connected to the nutrition and metabolism of each individual.

Using our expertise in synthetic and analytical chemistry, we developed a unique lipidomic laboratory that performs the isolation of the mature red blood cells (erythrocytes) and identifies the membrane fatty acid profile of each subject. This includes trans-lipids as biomarkers of radical stress (several patents & publications). All the important fatty acid families are represented in mature erythrocytes and a cluster of them (the lipidomic profile) provide a resource for personalised diagnostics. Lipinutragen was a spin-off company of the Italian National Research Council (CNR) from 2006 to 2012.

### How do you see Lipinutragen's future developing?

**CC:** We are in a post-launch period. Consolidating our client portfolio is one of our main objectives, along with looking into further expansion both in Italy and abroad. Cell membrane lipidomic profiling is expected to play a crucial role in health fields such as dietetics, nutrition, ageing, sportive activity, pregnancy and lactation, as well as in pathological situations such as dermatology, the immune system, cardiovascular, dislipidemia, metabolic disorders and obesity amongst others. These

directions must also be reinforced with scientific publications. Therefore we are working very hard to publish our studies of unhealthy persons with explanations of the role of membranes in the diseases.

**CF:** We successfully transferred to the Technological Park of Bilbao, Spain and a new brand was born, Lipigenia. We are trying to get Horizon 2020 small and medium-sized enterprise target funds in order to finance this on larger scale. So far, we have secured H2020 funds for research (Eurostar-Eureka and Marie Skłodowska-Curie European Training Network). However, we do not expect to develop through grants, but rather through the market attractiveness and capabilities of the company.

### How does Horizon 2020 tie-in to the company's knowledge and expertise?

**CC:** From its inception, Lipinutragen built up its own laboratory. I was the Chairman of two European Co-operation in Science and Technology (COST) actions. One was on Free Radicals in Chemical Biology (2007-2011) and the other on Biomimetic Radical Chemistry (2013-2016).

Lipinutragen participated actively in this networking. The company collaborates with academic groups from several countries including Austria, Croatia, France, Greece, Ireland, Poland, Spain, Turkey and

the UK. These collaborations, together with the EUROSTAR and Horizon2020 research projects, point to spreading the 'membrane lipidomic approach' as a molecular tool for personalised health.

### Project Coordinator BIOS

• **Dr Chrysostomos Chatgililoglu** is research Director at the Italian National Research Council (CNR) in Bologna, Italy. He is also co-founder and President of the spin-off company Lipinutragen. He is author of more than 250 publications in peer-reviewed journals, 34 book chapters and 6 patents. He is the author or editor of several books, including *Membrane Lipidomics for Personalized Health* (Wiley 2015).

• **Dr Carla Ferreri** is Senior Researcher at the Italian National Research Council (CNR) in Bologna, Italy. She is also co-founder and R&D director of the spin-off company Lipinutragen. She is author of more than 160 publications in peer-reviewed journals and various patents and co-author of the book *Membrane Lipidomics for Personalized Health* (Wiley 2015).

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# Can AI Play A Useful Role In Nursing Care? This Tokyo Startup Is Leading The Way

Faced with a rapidly aging population, Japan is turning to new solutions for a many-faceted problem. Amid a low birthrate, more than one-fifth of Japanese are now 70 or older, according to government data. Meanwhile, there are not enough people to care for this cohort. By 2025, there will be a shortfall of 340,000 nursing care workers.

Under the Abe administration, Japan has actively welcomed foreign professionals as one measure to address this issue. Japan is also embracing a high-tech approach to social problems. In transitioning to Society 5.0, in which ubiquitous sensors will gather information about the world for computer analysis, the government is working with stakeholders to ensure that the Fourth Industrial Revolution produces a high-tech, human-centered society.

Meanwhile, Japanese companies are also taking up the challenge with innovative solutions. Panasonic sells robotic beds that convert into wheelchairs. Fujitsu has created a remote monitoring system to track temperature and humidity as well as movement and sound in the homes of elderly people living alone. Reif, a startup in Fukuoka Prefecture, has developed robots that can help stroke victims with their gait and balance. There are many more examples, but one Tokyo startup is combining artificial intelligence technologies with a unique approach to caregiving.

## Applying AI to elder care

Founded in 2016 as ExaIntelligence, Exawizards is involved in everything from robotics to drug discovery and financial technology, or fintech. But its focus on creating a social impact with AI is beginning to



*Exawizards President Ko Ishiyama sees growing demand for AI solutions in nursing care as populations age in Japan and other countries.*

resonate in Japan's super-aged society.

**"We've heard a lot about evidence-based medicine, but not so much about evidence-based care," says Exawizards President Ko Ishiyama**

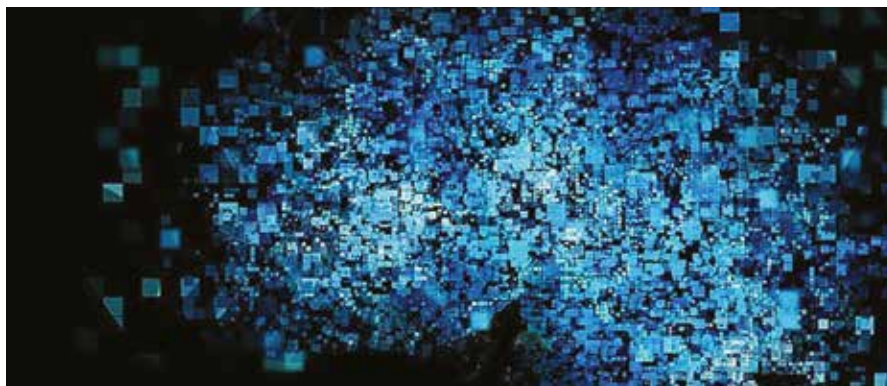
Exawizards is using deep learning to analyze unstructured data related to nursing care. This data is in form of sound recordings, videos, texts, and other materials. One of its main services is Coaching AI, which it describes as "AI-enabled care." It's an approach to caregiving training that blends algorithms with a human touch. The goal is to improve the quality of care for dementia patients as well as to help new caregivers deliver effective care.

In the Coaching AI system, a camera is placed above the patient's bed, while caregivers wear camera-equipped smart glasses and microphones; cameras in tablets can also be used. The sound and video are uploaded to a server where Exawizards algorithms analyze the interactions between caregiver and patient. It can then give suggestions about how the caregiving can be improved.

"We've heard a lot about evidence-based medicine, but not so much about evidence-based care," says Exawizards President Ko Ishiyama, a former director of Recruit Holdings' AI lab. "We're exploring how AI can be used in this field. Originally, we relied upon veterans to teach newer caregivers how to improve, but AI can now do this."



The many women who work at ExaWizards help ensure the company has a balanced approach to nursing care.



Tokyo AI company Exawizards is using deep learning to analyze unstructured nursing care data such as audio and video recordings.

### Making a difference with Humanitude

Exawizards' approach is based on Humanitude, a care method developed over 30 years ago by Yves Gineste and Rosette Marescotti. The method emphasizes techniques such as speaking quietly to maintain trust and respect. Gentleness is key, and grasping patients' arms and legs is frowned upon.

"The four pillars of Humanitude are eye contact, verbal communication, touching and standing up," says Ishiyama. "It's a form of multi-modal comprehensive care based on the five senses. In one case study, a bedridden patient who had received Humanitude care became able to get out of bed, put on her makeup and eat by herself."

Humanitude has proven benefits. In a study led by Miwako Honda of the Tokyo Medical Center, 148 people in Fukuoka caring for patients with dementia were trained in Humanitude methods. When analyzing their experiences, the study found that caregivers reported less stress, while patients were less prone to wander around or engage in violent behavior or verbal outbursts.

**"We believe that AI  
can be used to create  
a society in which everyone  
can enjoy their lives."**

### A 'Force' for change

Exawizards is also applying AI techniques to other areas. Its Choju-kun platform is designed for local healthcare providers and administrators. It can analyze what level of care a given patient is receiving, whether it is having any effect, and the probability of that patient advancing to a stage at which greater care is required. Visualizing the predicted care trends can help administrators better manage nursing care as local populations age.

The startup is already working with a local care administrator in Fukuoka and is collaborating with insurer Sampo Holdings, which operates more than 400

nursing homes in Japan. By deploying its technology through such tie-ups, Ishiyama believes that care resources can be managed much better and the 20 trillion yen (\$176 billion) cost of nursing care predicted for 2025 can be cut by 20%.

Ishiyama likens the challenge to characters from *Star Wars*: social issues are Darth Vader, and caregivers are Jedi knights wielding the Force. But they can't overcome Vader alone, and need the help of entrepreneurs—thus, Exawizards is Han Solo, and AI is C-3PO. The three can unite to defeat the Dark Side.

"In *Star Wars*, it's said that everyone can use the Force, just as all humans have the potential to give good care," says Ishiyama. "We believe that AI can be used to create a society in which everyone can enjoy their lives."

For more information about ExaWizards visit <https://exawizards.com/en/>

Article taken from "Forbes"- <https://www.forbes.com/sites/japan/2018/12/19/can-ai-play-a-useful-role-in-nursing-care-this-tokyo-startup-is-leading-the-way/#4a080742697d>



# Megakaryon: Why Japan Is Betting Big On A Stem Cell Revolution Driven By Platelets

Due to a worldwide shortage in donations of blood and blood products, the lives of millions of people are at risk every year, according to the World Health Organization. In many developed countries, however, low birth rates and aging populations mean that the pool of potential donors is rapidly shrinking, posing a serious challenge to healthcare systems.

The problem is exacerbated in developing countries by a growing number of unsafe blood products that are obtained in unsanitary conditions and sold on black markets. One promising solution is transformative technology that has been successfully developed in Japan. It could solve the global need for a vital blood product: platelets.

Platelets, also known as thrombocytes, are an essential blood component because they stop bleeding by clotting injuries to blood vessels. They are desperately needed by people who have suffered traumatic injury or cancer. The suppliers have provided about 835,000 platelet bags every year, a market worth some ¥73 billion (\$684 million); according to the American Red Cross, in the United States someone needs platelets every 30 seconds. Concerns have been expressed about future shortages of blood donations, a situation that could affect many developed countries with low birth rates, aging populations and increasing transfusions.

This massive demand is compounded by the fact that once extracted from a donor, platelets must be used within four to five days, and so new donors are always needed. In addition, a platelet donation takes up to three hours and lines must be inserted in both arms of the donor for extraction and the return of blood once the platelets are removed. Platelet blood types must also be matched with recipients.

In 2012, Japanese research scientist Shinya Yamanaka won the Nobel Prize in Physiology or Medicine for discovering that mature cells can be reprogrammed into stem cells, which have the potential to



**In 2012, Japanese research scientist Shinya Yamanaka won the Nobel Prize in Physiology or Medicine for discovering that mature cells can be reprogrammed into stem cells, which have the potential to become any type of cell in the body.**

become any type of cell in the body. The breakthrough opened up a new field of regenerative medicine in Japan and other countries, and hopes are high that patients suffering chronic diseases will benefit from transplants based on so-called induced pluripotent stem cells, or iPS cells. One Japanese medical startup called Megakary-

on is using this technology to bring new blood products into the world.

Megakaryon is a unique company in that it's the brainchild of two universities with the government as the main shareholder. It's also symbolic of the new innovation-focused ecosystem taking root in Japan. It's set to revolutionize medicine by engineering platelets as well as red blood cells.

In 2017, Megakaryon announced it had developed the world's first method of platelet mass production based on iPS cells. This involves using stem cells created through iPS to make a master cell bank. Once this is established, it can be cryopreserved and grown to generate unlimited numbers of platelet cells. Only a few donors are needed, compared to the millions of donors necessary to maintain the current system of blood donations.

"Platelets are a kind of infrastructure for all medical treatments," says Genjiro Miwa, Co-founder and CEO of Megakaryon. "They're not for a single disease. You need platelets in case of severe injury or for the side effects of cancer treatments. They're as vital as electricity or water."

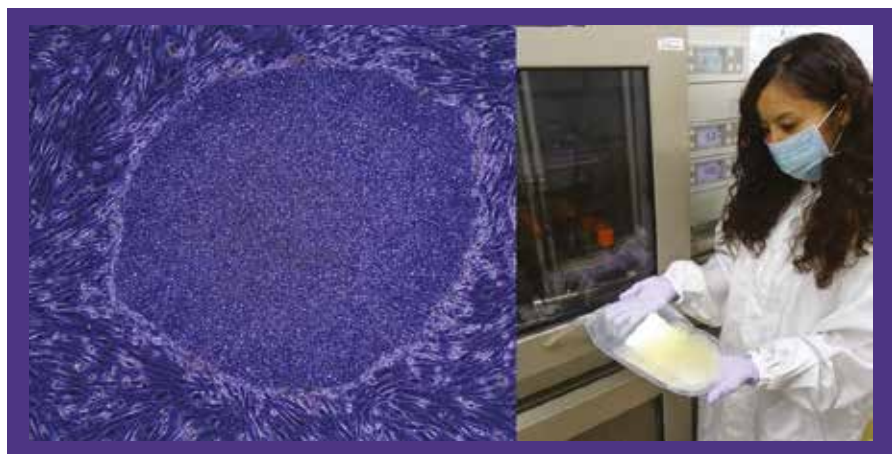
"The donor-dependent system is threatened by demographics and this gap is our first target. But the real opportunity is countries such as India, China and Russia as well as Southeast Asia. In India, half of the platelets come from legal supply sources and half from the black market. The iPS cells could be a fundamental solution to this problem."

There are several reasons why Japan is

where the world's first commercialization of blood products using iPS cell technology took place. For one, the enormous potential of Yamanaka's discovery was grasped early on. In addition, due in part to Yamanaka's charisma and public outreach efforts, regenerative medicine gained enormous public support in Japan, facilitating collaboration with industry and strong backing by the government. Megakaryon is a leading example of this new ecosystem, as it quickly received support from a government funding agency, Innovation Network Corporation of Japan, and formed a consortium of 15 companies to commercialize the technology. Secondly, the Japanese government designated research on iPS regenerative medicine as a priority development area. Its Medical Innovation Five-Year Strategy, which later became the Health and Medical Strategy, spells out the goal of achieving the world's most advanced regenerative medical care. To ensure Japan's global leadership in this field, the government revised the Pharmaceutical Affairs Law, and in 2013 introduced a conditional early approval system for regenerative medicine products even though the existing regime was said to be the shortest in the world.

"The introduction of the conditional approval system is a great benefit to accelerate commercialization of our blood products," says Miwa. "We will conduct clinical trials in the United States and Japan and aim for commercialization by 2020."

Stakeholders are backing the startup because Megakaryon's method is based on exclusive licenses for platelet-production techniques developed by Koji Eto, a professor at Kyoto University's Center for iPS Cell Research and Application, and Hiromitsu Nakauchi, Project Professor, Division of Stem Cell Therapy, The University



(left) iPS cells derived from adult human dermal fibroblasts, (right) iPS platelet pack for blood transfusions

of Tokyo. Along with George Daley, Dean of Harvard Medical School, Nakauchi and Eto are among Megakaryon's scientific advisors.

Megakaryon has benefitted from another form of governmental support. The Pharmaceuticals and Medical Devices Agency (PMDA), which was established in 2004, is responsible for ensuring the quality, efficacy and safety of pharmaceuticals and medical devices, from pre-clinical trials to approval. It plays a vital role in the creation of innovative medicine, medical equipment, and regenerative medical products originating in Japan, mainly from universities, research institutes and venture companies. While Megakaryon was trying something entirely new in terms of securing approval for regenerative medicine techniques, the PMDA gave the company guidance and advice, telling it what sorts of data were needed for various applications.

"I feel that the government is serious about pushing regenerative medicine forward," says Miwa. "The PMDA's mission is patient safety, but it has been active in a fair and cooperative manner with us." The PMDA has approved a large number

of pharmaceuticals and medical devices, including four regenerative medicine products, without distinguishing between domestic and foreign sources of capital among applicants. The agency, along with Megakaryon's stakeholders, has strong expectations for the future of its blood products.

Miwa says Megakaryon is open to collaborating with companies outside Japan when it comes to localizing its solution to the platelet supply problem. He also hopes that the company will be able to further innovate its techniques so that it could eventually produce universal platelets, which would be unrelated to blood type and compatible with any patient, anywhere in the world.

For more information about Megakaryon Corporation:

[www.megakaryon.com/en/](http://www.megakaryon.com/en/)

Article taken from "Forbes"

<https://www.forbes.com/sites/japan/2018/03/05/megakaryon-why-japan-is-betting-big-on-a-stem-cell-revolution-driven-by-platelets/#f3e751959395>



# Psychosocial Support for ISIL Survivors. 'Trauma and Deep Depression are all too Common.'

Cordaid recently started providing psychosocial support to displaced families in Northern Iraq. "Only now, after ISIL and after having found refuge, do psychological and psychiatric problems come to the surface", says Hala Saba Jameel, Cordaid's Health program manager in Northern Iraq.

**Iraq - 30 October 2018** - You escaped ISIL and its trail of atrocities. You, and your near ones who survived, found refuge in a place which is a 4-hour drive away from your hometown, Sinjar. The last couple of years, you tried to go back several times. Only to see that your home is still uninhabitable or gone. That the area is still insecure and nearly no one has returned. Income opportunities are non-existent. Your kids can't grow up here.

This is the typical situation of the thousands of Yazidi people that fled to Seje, a village in Kurdistan Iraq, not far from the city of Duhok. Many of them are squatting in unfinished buildings.

## Combining medical care and psychosocial support in one centre

A year and a half ago, Cordaid started providing essential health care services to the large community of displaced families and the host population. It is part of Cordaid's health program in Northern Iraq. We knew that on top of medical care, the displaced Yazidi population needed mental care and psychosocial support. We knew that all the displaced in Seje – women, children and men – had experienced or narrowly escaped a series



of deeply traumatic events. The ISIL siege of Sinjar in 2014. The Sinjar massacre of 2000 Yazidi people. Yazidi women and girls being forced into ISIL slavery. The exodus and hibernation on Mount Sinjar of thousands of refugees. The subsequent battle for the hometown of the Yazidi community.

This is why, since August, Cordaid added a component of psychosocial support in its primary health care center in Seje. Hala Saba Jameel, Cordaid's Health program manager in Northern Iraq, recruited a social worker who fits the job. "She is a Yazidi from Sinjar herself", Hala explains, "knows what the displaced went through and speaks the same language. For a social worker that is essential." Hala herself, an expert in matters of gender based violence, taught the social worker to have a keen eye – and ear – for

cases of abuse and harassment among the women and children that visit her.

## After the rush of crisis

The past months there have been weekly psychosocial support sessions on the premises of Cordaid's health center in Seje. About 20 displaced Yazidi persons attend these sessions, which are sometimes supervised by Hala.

"Trauma and deep depression are all too common among the people who visit us", she says. "They lost family members, they lost their homes, their jobs. Only now, after the rush of crisis and after having found refuge in Seje, do psychological and psychiatric problems come to the surface. We see kids that have become unmanageable. Some of them have epileptic fits because of what they went through. Some women have suicidal thoughts."

## Women carry a lot of extra weight

On top of loss, exclusion, displacement and poverty, Yazidi women carry a heavy extra burden. "We know that ISIL sexually abused many Yazidi women in horrific ways. It is a very delicate and painful topic. So far, none of the women who visit us shared stories of rape", Hala explains. Which doesn't mean it hasn't happened.



Or that they aren't confronted with other forms of abuse. On the contrary.

"Unfortunately, harassment, intimidation and sexual abuse are not only weapons of war", Hala continues. "Most often they are part of domestic abuse. I can say that nearly all if not all of the women who visit us are victims of abuse. Often, the perpetrators are their husbands. Because of the war men are jobless, frustrated and hurt that they cannot support their families. They project this frustration on their wives and become psychologically or sexually abusive. They do not allow their women to work and earn an income. And as women are not entitled to inherit, they do not have any form of property or resource. The majority of women married while still being a child. That makes it even more difficult for them to stand up to these forms of abuse."

### **The vicious circle of not going to school**

Most displaced Yazidi kids do not go to school. "It's too expensive", says Hala. "Men seek jobs as daily workers. With some luck they earn a few dollars as cleaners, or in construction works in nearby cities. It's a lottery. Their income doesn't allow them to pay the 20 dollars a month for the bus fare to school. So the girls stay at home and the boys are forced to work. And history repeats itself. Most mothers were forced to marry as a child because their parents were poor, school was too expensive and there were no alternatives."

### **Addressing needs and referring to specialized services**

As much as possible – and with limited means at hand – Cordaid tries to solve problems from A-Z. "Problems of the displaced Yazidi community abound and are interrelated", Hala says. "We listen to their stories and address their needs as much

as we can. In group sessions we discuss all sorts of things, from hygiene promotion, to abuse or the pitfall of early marriage. We provide individual psychosocial assistance to women and children that need more support. Basic medical needs can be dealt with at our centre." Severe cases, like displaced persons who need chemotherapy or dialyses, are referred to the hospital in Duhok. "In case women are victims of rape, we can refer them to Erbil, where – with support from Cordaid – the ministry of Health recently opened a centre for the clinical management of rape", Hala explains. "We also refer to legal service providers, for example if people need ID cards or certificates. In case psychiatric support is needed, we also refer them to the hospital in Duhok. But needs are overwhelming and Duhok – a city of 330,000 inhabitants – only has 5 psychiatrists. In Seje we have recruited a general practitioner who can provide basic mental healthcare services. But she is not a psychiatrist."

### **Providing psychosocial support inside peoples homes**

To meet more needs, Cordaid is in the process of recruiting a permanent social

worker in Seje. "At the moment our social worker comes once a week to Seje. This is not enough", explains Hala. "We now look at possibilities to offer fulltime employment. This would allow her to extend psychosocial support and visit people in their homes and shelters. Often, people feel a barrier to come to the centre and share their problems, whether they be psychological, sexual, financial or legal. By visiting them, we can diminish that barrier."

Cordaid is also in the process of recruiting a specialist in family medicine from Duhok, to visit Seje once or twice a week, to better address mental health needs.

### **No family, no home, no income**

15 young displaced Yazidi women – between the ages of 18 and 35 – haven't come to Cordaid's psychosocial support sessions yet. But they are very much on the radar of our team in Seje. Hala: "They are on their own, have no family whatsoever, no home and no income. They survive thanks to what people give them, clothes and food. They are reclusive, live on their own in cold, open, unfinished buildings. We don't know their stories. Some have come for medical care to our centre, but they are too reticent or afraid to ask for more help. Hopefully, soon, we will be able to give them the assistance they need. These are the kind of persons our social worker will definitely try to reach out to."

To find out more about what Cordaid does, you can visit Cordaid's Iraq page [www.cordaid.org/en/countries/iraq/](http://www.cordaid.org/en/countries/iraq/) or the Health care page: [www.cordaid.org/en/topic/health-care/](http://www.cordaid.org/en/topic/health-care/)

### **About Cordaid**

Cordaid is the Catholic Organization for Relief and Development Aid. Inspired by compassion, solidarity and subsidiarity, we see it as our mission to reduce fragility and the vulnerability of people where it is most needed and most difficult: in fragile and conflict-affected societies. Wherever we can we combine lifesaving humanitarian aid with the longer-term improvement of health care systems, economic opportunities and disaster resilience, and the promotion of security and justice. Cordaid is a proud and active member of Caritas Internationalis, a global confederation of over 160 catholic organizations, working at the grassroots in almost every country in the world. When a crisis hits, we are on the ground. Together we reach out to the poor and the excluded, regardless of race and religion.

[www.cordaid.org/en/](http://www.cordaid.org/en/)

Article taken from [www.cordaid.org/en/news/psychosocial-support-isil-survivors/](http://www.cordaid.org/en/news/psychosocial-support-isil-survivors/)



# Dermatology and aesthetic medicine will be the focus of DERMA & AESTHETICS - the new topics of the exhibition BULMEDICA.



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Details about DERMA & AESTHETICS will be found at: <https://bulmedica.bg/index.php/en/derma-estetika>





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


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**28-31 01 2019**  
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## January



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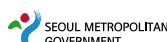
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