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B2BVS. **B2C**



We are all quite familiar with B2B and B2C. But, although there are many similarities between these types of marketing, how they communicate to their audiences, to capture attention, is actually quite different.

First, let's clarify what B2B and B2C is. B2B stands for *business-to-business*. It describes businesses whose customers are other businesses, and therefore all of their marketing is dedicated to the needs, interests, and challenges of customers who are making purchases on behalf of their organization -- rather for themselves. B2C stands for *business-to-consumers*. It describes businesses whose customers are individual consumers, rather than professional buyers. Therefore, all of the businesses' marketing is dedicated to the needs, interests, and challenges of people in their everyday lives. Of course, the lines between B2B and B2C can intersect at times. In fact, the same company might have both B2B and B2C initiatives happening at once, nonetheless their

respective marketing strategies can differ in many ways.

ROI matters in B2B marketing. B2B audiences are seeking efficiency and expertise, while the consumer audience is more likely to be seeking deals and entertainment. Accordingly, the B2B purchase process tends to be driven more by logic and financial incentive. In other words, what's the product's return on investment (ROI)? How will the business profit as a result of this purchase? While B2B marketing is more concerned with building relationships and business customers have to think in terms of business impact - there's only so much emotion they can let influence their actions, on the other hand, B2C customers are more emotionally driven and B2C marketing focuses on quick solutions and enjoyable content.

The B2B buying cycle is also often much longer and more complex than the B2C decision process. B2B marketers have a much longer chain of command to deal with: procurement, accounting, and department heads often need to approve purchases in B2B situations as these decisions are meant to complete long-term goals for a company. Research from CSO Insights shared in 2019 found that three-quarters (74.6%) of B2B sales to new customers take at least four months to close, with almost half (46.4%) taking seven months or more. According to the LinkedIn States of Sales Report

2020, 44% of B2B organizations have seen their sales cycles increase in the past year, further heightened by the onset of the global pandemic. Despite this, marketers are most of the time under serious pressure to deliver results fast and often require concrete proof of ROI to secure continued investment in their campaigns and strategies. Taking a longer-term view of ROI measurement is about getting a more accurate, reliable picture of marketing's true impact. Research by LinkedIn found that 77% of marketers measure the ROI of their campaigns after one month—

despite having a typical sales cycle that is longer than that. LinkedIn thinks it's time for B2B marketers to think seriously about slowing down the way they calculate the ROI of their campaigns. While more intensive and diligent research might mean longer sales cycles, the flipside of this is that more time provides more potential opportunities to reach buyers.

And we couldn't agree more. If you insist on measuring the ROI of your campaigns too soon you base your future decisions on incomplete data that could lead your marketing strategy down the wrong path. That doesn't mean you can't measure anything! Key Performance Indicators (KPIs) can be established to track the journey, show progress, adjust some issues, and validate milestones. These KPIs act as checkpoints on the way to your eventual destination: strong ROI.

But, key point is quality of contacts. Many businesses mistake B2B communication with B2C mass advertising, expecting to receive hundreds of leads and purchase inquiries. B2B marketing is quality of contacts where even just one order from a new customer could pay back hundred times the initial investment.

Infomedix International's core business is the quality of its B2B contacts, with a world medical industry database constantly updated by dedicated staff. Our mantra? Even only one B2B contract signed with a new customer can help you multiply your ROI. Quality not quantity!

Baldo Pipitone

CEO Infodent S.r.l. baldo.pipitone@infodent.com

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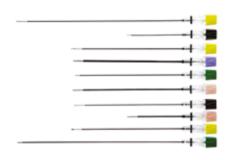
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3D Prime configuration with a 10 x 8 FOV is ideal for applications in general dentistry, implantology, endodontics, gnathology and general orthodontics.

3D Advanced configuration, thanks to a 13 x 16 FOV, extends the potential to the fields of dentistry and otorhinolaryngology (ENT), including examination of upper airways.

3D Professional configuration boasts an exceptional 16 x 18 FOV thereby giving access to a new dimension that includes applications for the entire dental-maxillofacial area and cervical spine.

NNT software

The powerful NNT software provides specific instruments and interfaces for different diagnostic applications: data acquired during scanning can be processed in just a few simple steps to produce 3D images with a resolution among the highest available on the market. Low-dose protocols, SafeBeam-™ technology and servo-assisted alignment always ensure low radiation doses for patient protection. A choice of three different emission levels lets users adjust patient exposure by taking into account the actual diagnostic needs, while the new 10" touch



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Exclusive features include advanced ApT technology which improve every 2D image to ensure the best result for every projection. Patented algorithms for 3D reconstruction always lead to an optimal outcome. Low-dose protocols, using Safe-Beam™ technology and servo-assisted alignment protect patient health, and the 10" on-board touch screen control panel featuring NewTom's powerful imaging software suite with specialist interfaces and tools, allows for user-friendly workflow and provides professionals with access to online assistance.

Unlike traditional sensors, the Cadmium Telloride (Cd-Te) Direct Conversion Detector, now available on NewTom GiANO HR, does not require the conversion of X-rays into visible light - as it is capable of sensing it directly and converting it into precise, accurate digital signals. This enables extremely high resolution diagnostic images obtained at low X-rays doses.

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Amoul CEO, Mr. Tom Wana

Amoul® 20th anniversary isn't just a celebration of our success. It's a celebration of the trust-based relationships we've built with our valued clients, dedicated staff, and the communities we serve—a long history of innovations and development in the field of emergency care especially in respiratory and resuscitation. Our two decades journey of struggles through which we were able to achieve what we had hoped to lead in the field of modern medical technology innovations as a No. 1 company specializing in the research and development of emergency devices in China. A series of breakthroughs mark our path of 20 years. From single products to life support total solutions.

We have served over 18,000 valued customers worldwide, covering hospitals, MOH, health institutions, emergency services, etc. Amoul® is exporting to over 100 countries in Europe, America, South America, the Middle East, and Africa. There are also 30 regional branch offices across mainland China.

Recently Amoul® launched an innovative transport ventilator, Amoul® T6. This transport and ICU turbine ventilator T6 provides safe and effective protective ventilation support. It can deliver a minimum tidal volume of 2ml, making it suitable for a wide range of patients, including adults, children, and neonates. Amoul® T6 is equipped with extensive ventilation modes and unique features such as inspiratory and expiratory hold, sigh, medication nebulization, suction maneuver, auto tube resistance compensation, automatic barometric pressure compensation, HFNC, CPR, waveform freezing, PEEPi, P0.1, RSBI. RCexp. RCinsp. lung recruitment. and dynamic lung for great adaptability to all kinds of demanding clinical scenarios. T6 provides multiple views for patient monitoring, an intuitive touch screen with waveforms, loops, monitoring parameters, trends, big font. This compact device can be easily carried and can even support the patient while on transport.

The mechanical ventilator **Amoul® T7** can work simultaneously with electric CPR E6 to improve resuscitation quality. The synchronized mechanical breath prevents



Amoul® T6 Transport & ICU Ventilator

air from escaping from the thorax. This method increases intrathoracic pressure in the compression phase, increasing cardiac output. Blood circulation can thus be enhanced, and gas exchange improved at the same time. CPR mode demonstrably improves arterial blood pressure, arterial and cerebral oxygenation. Automated CPR E6 is designed to deliver uninterrupted compressions at a consistent rate and depth to facilitate the return of spontaneous circulation ROSC. There are several advantages to automated CPR E6; for example, it allows rescuers to focus on performing other interventions; it do not fatigue and begin to perform less effective compressions, as humans do; E6 can perform effective compressions in

limited-space environments such as air ambulances, where manual compressions are difficult, and it allow ambulance workers to be strapped in safely rather than standing over a patient in a speedy vehicle. Amoul® T7 emergency ventilator is RTCA DO- 160G certified for airborne. The first and only in China to RTCA/DO-160G approved for use in helicopters and aircraft. "We will keep working diligently and continually adapting and transforming advanced medical technologies to develop comprehensive solutions that support healthcare workers and patients worldwide to save lives." said the CEO Mr. Tom Wang on this significant occasion.

Clinical trials on Amoul® E6 CPR, T7 and T5 ventilators are also undergoing by leading medical institutions and clinical research labs in China and other countries. The research goal is to examine functionality of devices based on patient's demands. The KOL researches are finding range of the clinical applications to support lives of patients. Amoul® welcomes clinical researchers to jointly perform clinical trials and join our mission to save lives.

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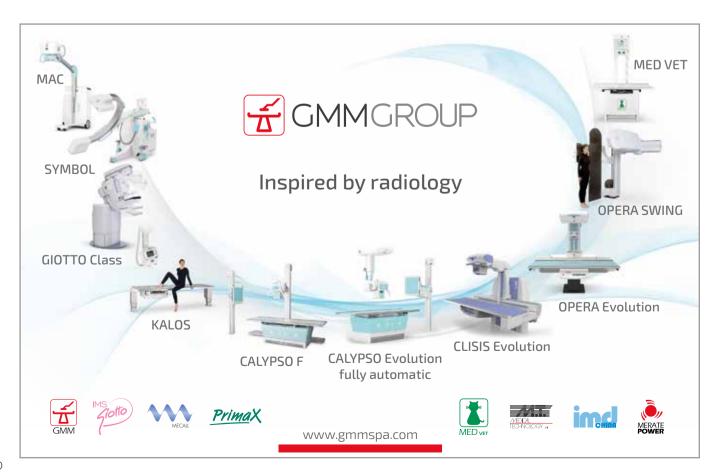
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Author: Silvia Borriello
Editorial Director
silvia.borriello@infodent.com

Poland An Healthcare System Under Pressure



Poland's healthcare system is keeping most citizens healthy, but there are further improvements necessary for the current system to increase efficiency and reach beyond-average higher standards of health. Its healthcare may not currently live up to the standards of other western European countries, but it has the potential to improve its healthcare structure to compete with and possibly surpass them in the future, considering its relative economic stability. In pursuit of this goal, Poland is taking steps.

* Purchasing power parity (PPP)
is defined as the rate of currency
conversion that equalizes the
purchasing power of different currencies
by eliminating the differences in price
levels between countries.

^{**} Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

Year 2017	Poland	EU
share of population over age 65 (%)	16.5	19.4
Fertility rate	1.5	1.6
GDP per capita (EUR PPP*)	20 900	30 000
Relative poverty rate** (%)	15.0	16.9
Unemployment rate	4.9	7.6

In Brief

Poland is a European Union (EU) Member State located in Central Europe. With a population of nearly 38.5 million people is the sixth largest population in the EU. As with other countries in Europe, its population is ageing and decreasing. Although the level of GDP has increased over the years, it is still significantly lower than the EU average. In spite of this, Poland's economic ascent has been remarkable. After transitioning from communism, the country's per capita GDP growth was fast and stable, averaging about 4% per year. It moved from middle to high-income status in less than 15 years, providing high standards of living, safety, and economic freedom, as well as free university education and a universal healthcare system. Poland was the only European country to record positive growth in 2008 —the year of the global crisis— and to completely avoid a banking sector crisis. Concurrently, the country successfully connected to global and regional markets, while ensuring competition at home.

The well-diversified Polish economy is now among Europe's least affected by the COVID-19 pandemic. Nevertheless, GDP declined by 2.7% in 2020, the first output contraction in over 20 years. Before the pandemic, prudent macroeconomic policies, effective absorption of European Union investment funds, a sound financial sector, and better access to long-term credit fed

into inclusive growth and poverty reduction. Real wage growth and a range of demographically targeted social programs led to robust consumption growth until early 2020. According to forecasts, GDP should rebound for 2022, also supported by the EU's recovery spending, to return at a similar pre-covid level, bolstered by improving public spending. That said, uncertainty surrounding the pandemic, as well as the country's fragile coalition government, might cloud the outlook.

Healthcare System Overview

The healthcare system that Poland inherited in 1990 from the communist era (the Semashko model) offered universal coverage with a comprehensive program of healthcare benefits distributed through facilities owned and run by the state. Although the system, funded from the central budget (i.e. general tax revenues), provided universal healthcare coverage, it was overcentralized, over-specialized and did nothing to nurture cost awareness. Regional inequalities, rationing and misallocation of resources emerged, with growing unofficial payments to public healthcare providers. Increasingly, patients perceived the quality of healthcare offered by the system to be poor and a general public dissatisfaction grew.

Reforms since 1990 included the abolishment of state monopoly in the healthcare sector, the decentralization of ownership and financial

and management responsibility to municipalities and regions, the development of a family-doctors model, and the creation of new payment and contracting methods. These lead to a new general obligatory social health insurance system which entered into force on I January 1999, marking a radical change from a centrally controlled, budget-based system to a decentralized insurance-based system.

The National Health Fund (NFZ -Narodowy Fundusz Zdrowia), along with its regional branches, administers the social health insurance scheme, following the demise in 2003 of a decentralized system of 17 sickness funds, after just four years of existence. The NFZ has responsibility for planning and purchasing public financed health services. Although the wording of the 2003 Act on Universal Health Insurance in the National Health Fund and the 2004 Act on Health Care Services Financed from Public Sources suggests that the NFZ is an insurance institution, health insurance contributions are in reality an earmarked income tax, i.e. compulsory incomebased health insurance premiums deductible from individual income. Approximately 91% of Polish receive health benefits financed by the NFZ. Insurance in the NFZ is in fact obligatory for the vast majority of the (resident) population and it is not possible to opt-out. Citizens are granted equal access to the publicly funded healthcare sys-

Warszawa (Warsaw)

Capital of Poland with over 1.7 million inhabitants. It is a business city, to which many Poles migrate searching for education and job opportunities. Thanks to its 50 plus higher education institutions, it has a vibrant spirit and constitutes an important scientific and cultural center. The city was almost completely destroyed during World War II. Its present architectural landscape has largely been shaped by the years of communism (symbolized by the Palace of Science and Culture) and its entrepreneurial character (skyscrapers).

tem. In particular, the government is obliged to provide free healthcare to young children, pregnant women, disabled people, and the elderly.

With Social health insurance contributions representing the major public source, Poland has a mixed system for public and private healthcare financing. Healthcare services for populations exempted from paying insurance contributions (such as children) as well as emergency medical services and certain highly specialized services, are financed from the state budget (i.e. from general tax revenues). Complementary sources of financing include both formal and informal out-of-pocket payments, and to a lesser extent pre-payment schemes.

Although the level and structure of healthcare financing have under-

gone substantial changes in the last 15 years, the share of GDP devoted to health has changed only modestly. At 6.5% in 2017 is seeing a decreasing trend in recent years, in contrast with EU countries which have seen, on average, an increasing trend (9.8 % average across the EU). Almost 70% of this spending comes from public sources, a lower share than the EU-28 average (79%). The rest is predominantly paid out-of-pocket by households, primarily for outpatient medicines. At EUR 1,507 per person (PPP), Poland is also among the EU countries with the lowest per capita health expenditure with only Latvia, Romania, Bulgaria, and Croatia ranking lower among EU countries, and this gap does not appear to be closing.

Private healthcare use is very extensive in Poland and plays a much larger role than in most other EU Member States, accounting for approximately 30.8% of current spending on health. Out-of-pocket payments account for the majority of private spending on health and the share of private voluntary health insurance is very small, albeit rapidly growing. According to a study conducted by CBOS in 2016, out of 84% patients taking part in the survey, 40% declared use of both private and public health services, 37% use only public healthcare, and 7% use only private health services. 77% of all responders declared using private healthcare is caused by long waiting for public healthcare services.



	2005	2017
Current health expenditure as % of GDP	5.8	6.5%
Public ^a expenditure on health as % of GDP	4.0	4.6
Public ^a expenditure on health as % of current expenditure on health	68.7	69.2
Private expenditure on health as % of current expenditure on health	31.3	30.8
Out-of-Pocket payments as % of current expenditure on health	27.7	22.6
Out-of-Pocket payments as % of private expenditure on health	88.5	73.4
Private insurance as % of private expenditure on health	1.9	n/a

Sources: OECD (2018a); GUS (2019). Notes: n/a: not available. a General government schemes and compulsory contributory healthcare financing schemes

Number of Hospitals and Beds by Type of Hospital and Ownership Form

TYPE AND OWNERSHIP	NUMBER*	BEDS (NUMBER)	BEDS (%)
SPZOZs: -Territorial self-governments -Medical universities -Ministries	389 36 37	123,369 19,514 7,497	58.1 9.2 3.5
Total SPZOZs	462	150,380	70.8
Medical institutes	15	6,290	3.0
Commercialized public**	123	30,017	14.1
Total public	600	186,687	87.9
Private	326	25,687	12.1
Total	926	212,374	100.0

Source: Based on Dubas-Jakóbczyk (2017).
Notes: *Only includes entities with more than
10 beds. This may not be consistent with other
statistics as there is no official definition of "hospital"
in Poland. For example, hospitals with fewer than
10 beds and/or having only day care beds are also
included in the official register of hospitals.
**Until 2017, official data did not include
information on the percentage of shares
owned by a public body (usually territorial
self-governments). Here we assume that
commercialized hospitals with public ownership
are public, i.e. they have majority or full public
ownership.

Number of Equipment per 100 000 Inhabitants and Share of Equipment in Hospital Settings (%) in Poland (2017) and Selected EU Countries (2016)

	Poland*	Hungary	Lithuania	Germany	France
CT	1.6	0.9	2.3	3.5	1.7
% in hospitals	79	n/a	79	54	75
MRI	0.8	0.4	1.2	3.5	1.4
% in hospitals	67	n/a	49	35	66
PET-CT	0.1	n/a	n/a	n/a	n/a
% in hospitals	71	-	-	-	-
Gamma camera	0.4	1.2	0.3	0.7**	0.7
% in hospitals	85	n/a	100	n/a	78

Sources: CSIOZ (2018b); EC (2019a). Notes: n/a: not applicable; * For Poland 2017; ** Only in hospitals.

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Currents decontaminator in the treatment of infected peri-implant and periodontal sites

The X IMPLANT attacks the biofilm that forms around dental implants, its purpose is to descalate the onset of "implant disease" which is also known as peri-implantitis. Peri-implantitis manifests itself with an initial phase, called mucositis as well as a more advanced phase called frank peri-implantitis. The current treatment technique provides precise protocols, in terms of timing and intensity of automated currents, for each type of application, such as to carry out a non-invasive and non-traumatic treatment for healthy tissues. The concept of the treatment is based on the physical action of destruction of the bacterial biofilm. The "electrode" effect of the system is exploited, thus developing a current around its surface which decontaminates it. These treatments are performed "closed" without local anesthesia.



Four pre-set programs

- •Prevention of mucositis periimplantitis to be applied at the end of professional dental hygienist maintenance
- •Treatment of mucositis.
- •Treatment of peri-implantitis.
- •Treatment of rehabilitations with the Toronto bridge technique.









Author: Luca Maria Pipitone luca.pipitone@infodent.com

Artificial Intelligence: A Tool At The Service

Of Big Data



From the high tech to the medical sector, Al is showing all its resources, opening the doors to many global innovations.

In a rapidly changing world, modern society is undergoing many changes. The development of always new technologies has now reached such a fast and intense step that it is difficult to follow its progression. From personal devices, that are no longer considered new, such as smartphones, tablets, smartwatches, PCs, to social networks, technology goes on, so far that it often surpasses itself.

In this race for innovation, it is not enough to adapt to the new, we must always question what we have, and go further. In fact, if in recent decades software development has been, and still is, at the center of technological revolution, today we are trying to go even further. For large tech industries, normal programming is no longer enough. It's not smart enough to achieve the increasingly ambitious goals that are set. It's therefore necessary to resort to something smarter!

So, if programming a software to tell it what to do in details is not enough, what could we do to equip hardware, such as PCs or smartphones, with greater intelligence?

We can do what has always been done when looking for new ideas: ob-

serve nature. In this case, human nature, capable of providing man with a complex and surprising structure like the brain. An organ suitable for abstract thinking, able to adapt to the surrounding environment and make decisions based on inputs received from the world. In short, an organ capable of learning from experience. In recent decades, this animal feature has been transferred to some hardware, giving them the ability to learn from experience and, consequently, making them intelligent.

In any case, we are talking about a clumsy intelligence limited to a rational sphere, made up of logical connections, rather than emotional like that of humans. Human cognitive abilities are largely driven by emotions and this, in computers.

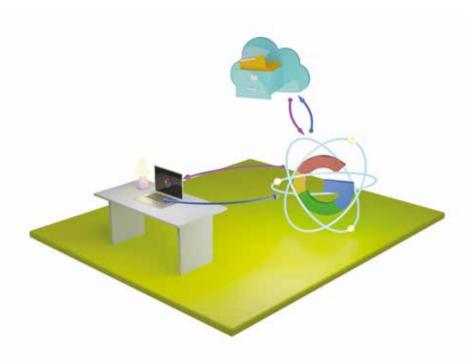
must be programmed in detail in order to reach the level of understanding that distinguishes the human being. It's clear that this goal is possible, however, computer science has not yet succeeded in the enterprise. It is sufficient to say that the most powerful computer in the world (Fujitsu-Built K) takes 40 minutes to simulate just one second of human neural activity!

In any case, reproducing human intelligence is undoubtedly a demanding and stimulating challenge for the future but, perhaps, for the present it still remains a bit premature. Today, what has entered into everyday life is an Artificial Intelligence defined as "Weak", but capable of performing very useful functions. Among the most popular are the Google search

99

In short, an organ capable of learning from experience. In recent decades, this animal feature has been transferred to some hardware, giving them the ability to learn from experience and, consequently, making them intelligent.

An example is the Microsoft-funded project, "Covid Moonshot", which sees the commitment of universities, pharmaceutical companies, and technology companies in the search for solutions to the pandemic, exploiting the resources offered by Artificial Intelligence.



engine, Alexa - Siri and Cortana, the autonomous driving of Tesla and some types of drones, the control of dangerous contents on social networks, the facial recognition of smartphones, personalized advertising contents and so on.

Most of the tools that integrate this type of intelligence are equipped with what is called "limited memory", i.e., a physical space where a database is located that the program constantly queries in order to return an answer based on "experience". This is the case of the Google search engine which, thanks to this communication, is able to provide a personalized browsing experience.

Alternatively, the software can take advantage of Al without relying on added data storage, thus responding to inputs in a reactive manner, relying exclusively on the data integrated into the program. This is the case of

chatbots, software designed to simulate conversations with a human being. The latter are more basic systems than the former, less powerful but still very useful in certain circumstances, such as customer sorting systems.

Medical application

Given the high amount of data that is generated every day by the medical sector, the AI systems have lent themselves very well to this commercial area, highlighting their ability to manage big data.

A very current example is represented by biotech companies engaged in the production of vaccines. The latter, thanks to AI, were able to analyze large data sets and discover new biochemical correlations, essential for developing drugs in a short time and with lower costs. An example is the Microsoft-funded project, "Covid Moonshot", which sees the commitment of universities, pharmaceutical

companies, and technology companies in the search for solutions to the pandemic, exploiting the resources offered by Artificial Intelligence.

A branch of the medical sector very interested in AI is radiology, or in general diagnostic imaging. In this field, AI is extremely useful for comparing thousands of images in a very short time in order to identify any anomalies and offer decision support to the radiologist, improving the diagnostic activity. Through the interpretation of data, AI systems can pick up the warning signs of some diseases, helping doctors to make more accurate diagnoses and thus allowing more effective and ad hoc treatments for the patient.

Always along the same lines and always thanks to the processing of large amounts of data, Al is finding more and more applications in the field of personalized medicine, allowing the construction of personalized predictive models for the patient, rather than resorting to a standard approach. Today this system is used to reduce hospital readmissions after surgery, to predict certain types of infections or to identify patients who have a high risk of missing appointments.

Another medical field that is attracting many investors is in automated rehabilitation. In this context, machines equipped with Artificial Intelligence are capable of learning exercises from the physiotherapist and then, subsequently, replicating them on patients.

In short, the list is very long and is growing fast, indicating that Al is now a resource that cannot be ignored.

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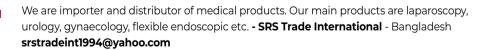
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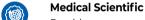
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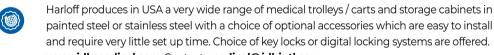


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MEDICA 2021 and COMPAMED

2021 Have Far Exceeded Expectations

Visitors and exhibitors were in good spirits throughout – personal encounters once again take centre stage

Date of the next MEDICA in Düsseldorf: 14. to 17/11/2022

Date of the next COMPAMED in Düsseldorf: 14. to 17/11/2022 After their four-day run as an in-person event, MEDICA and COMPAMED have achieved extremely successful results in Düsseldorf. From 15 to 18 November 2021, the world's leading information and communication platforms for the medical technology industry and its supplier sector presented a wealth of convincing innovations as well as an accompanying programme that covered a wide range of topics (supplemented by digital offers) and did justice to their internationally prestigious position. "The atmosphere in the trade fair halls was relaxed and characterised by a sense of optimism throughout; conversations with our customers have shown that in many cases, we have exceeded expectations. People were finally able to establish new and intensify existing contacts in person," says Erhard Wienkamp, Managing Director of Messe Düsseldorf, visibly pleased as he takes stock of the past days. 46,000 visitors (with an international share of 73 percent) from 150 countries seized the opportunity to engage in person with the 3,033 MEDICA and 490 COM-PAMED exhibitors in Düsseldorf, obtaining information on the comprehensive range of innovations for outpatient and inpatient care, including every step of their development and manufacture, and trying out many innovative products live in the trade fair halls.

Growth despite challenges provides plenty to talk about

Despite continuing restrictions in international transport, Germany's Association for Electromedical Technology (ZVEI) has predicted a growth of eight percent for the global electromedical technology market in the current year. "As a hybrid in-person event, MEDICA has given exhibitors and visitors a vital platform to discuss innovative medical products and current trends in the field of medical technology, both face-to-face and online. In doing so, the fair supports exhibitors in their work on European and international markets," explains Hans-Peter Bursig, Managing Director of the Electromedical Technology Trade Association at ZVEI. Marcus Kuhlmann, Head of Medical Technology at German industry association SPECTARIS, also highlights the importance of MEDICA and COMPAMED when it comes to exports and close business ties to other countries. "In order to shape the health market of tomorrow together, with innovative ideas and concepts, we need a strong industry network within the medical technology sector. Personal dialogue re-



mains irreplaceable, even in this era of digital transformation, and our members had really looked forward to it after a pandemic that has now lasted more than one and a half years. We were therefore even more delighted than usual to attend MEDICA and COMPAMED in person in Düsseldorf this year, and obtain new stimuli for the medical technology industry."

Together with ZVEI, SPECTARIS organised the MEDI-CA TECH FORUM (in Hall 9 and as a livestream), which dealt with questions around international market access and regulatory requirements for medical technology. Here, the forum focused in particular on the national markets in Africa, the USA and the United Kingdom as well as the Russian healthcare system's specific digitisation needs, for example in the context of the coronavirus pandemic.

The industry furthermore currently faces one issue that is extremely challenging and was accordingly much discussed and showed a need for additional information, not just among forum participants but throughout the halls of MEDICA and COMPAMED: the application of the new EU Medical Device Regulation (MDR). "In principle, it is appropriate and essential to regulate medical technology, as this guarantees an extremely high level of patient and user safety across the board. But we need to critically question any regulations that do not sufficiently contribute to an increase in safety and retract them if necessary. If we don't, we weaken Europe's position as a research and innovation location," says Marcus Kuhlman of SPECTARIS.

Read the full article at the following QR-CODE:



Source: Press Material - https://www.medica-tradefair.com

Calendar

Here our trade shows selection.

Discover all worldwide medical exhibitions at www.infomedix.it/calendars/tradeshow





SMART MEDICAL FAIR 2022

01/01-31/12/2022

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JANUARY

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Tokyo - Japan

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24-26/02/2022



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Osaka - Japan

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Osaka Japan

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FEBRUARY / MARCH

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02-06/03/2022



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10-13/03/2022

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Marketing & Consulting:

Riccardo Bonati, riccardo.bonati@infodent.com Ilaria Ceccariglia, ilaria.ceccariglia@infodent.com Veronica Viti, veronica.viti@infodent.com

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Infodent s.r.l.

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- · Registered Office: C.ne Gianicolense, 68

00152 Rome - Italy VAT 01612570562

CEO - Publisher: Baldassare Pipitone, baldo.pipitone@infodent.com

General Manager: Paola Uvini, paola@infodent.com

Scientific Consultant: Luca Maria Pipitone, luca.pipitone@infodent.com Press Officer: Claudia Proietti Ragonesi, pressoffice@infodent.com Social Media Strategist: Ilaria Ceccariglia, ilaria.ceccariglia@infodent.com

Graphic Department:

Silvia Cruciani, silvia.cruciani@infodent.com

Antonio Maggini, artwork@infodent.com

Accounting Department: Fausta Riscaldati, fausta.riscaldati@infodent.com

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