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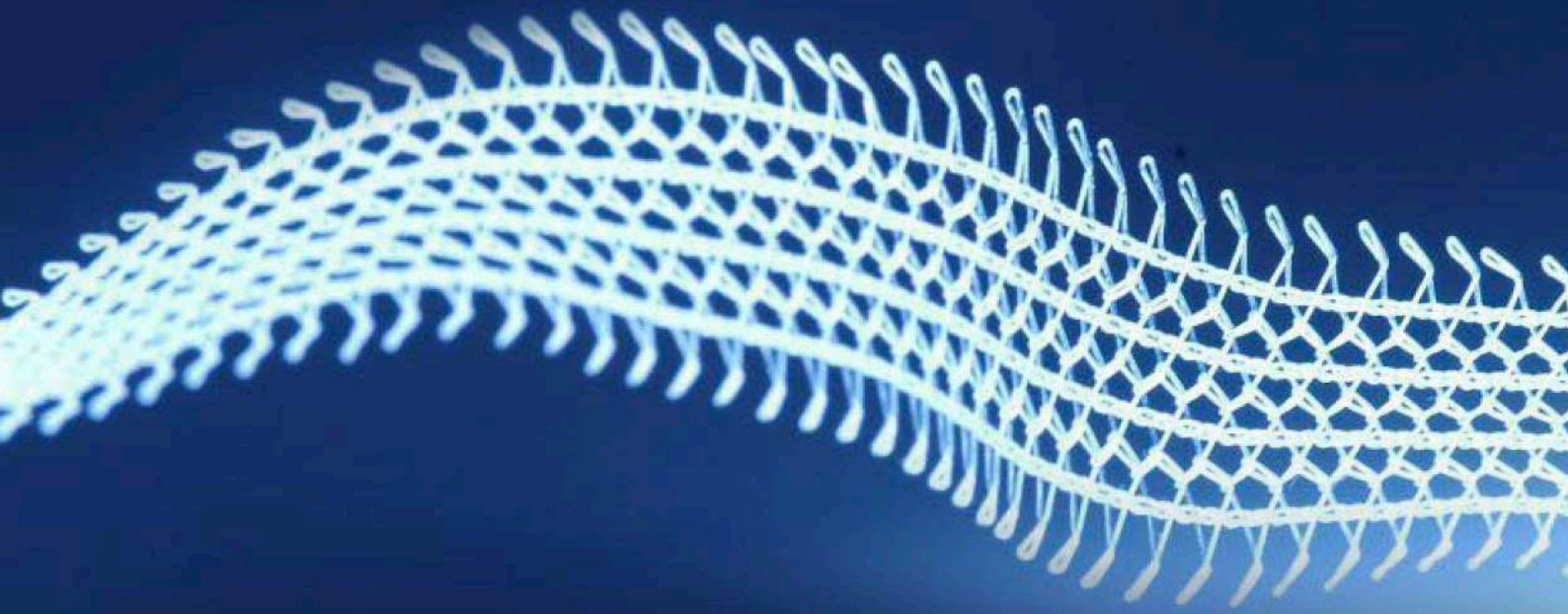

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Autumn has fast approached, and to my experience, most businesses take advantage of this period to finalize their marketing budgets. Marketing is a fast-growing and a fast-paced business. With new technological advancements happening every day - better customer segmentation abilities, automation tools, new social media platforms - we can share ideas more widely and expand our audiences, more than ever.

In the last decade or so, cross-channel marketing has become a particularly powerful tool for creating effective advertising campaigns. Perfect for promoting any type of product or service, cross-channel marketing is a customer-focused marketing technique that uses multiple channels. From traditional printed advertising to social media and web banners, emails, texts, content marketing, apps, and search engine optimization (SEO).

The range of advertising mediums available to business owners today is limitless. Of course, crafting the best marketing campaign takes time, and finding out which advertisements have not been effective is also part of the game.

Of course, choosing the right advertising technique is essential to the success of any marketing campaign. It is important to consider budget, target audience, and objectives. For example, if you want to reach a large audience quickly, online advertising might be a better option for you. Alternatively, if you want to create a more personal, long-lasting connection with your potential customers, then offline advertising might be a better option. It can really be difficult to know where to begin with so many options available, but it can be even more complicated to build an effective marketing campaign.

In order to work, advertising must be credible, unique, and memorable. Like all effective marketing support, it must be built upon a solid positioning strategy. It must be based on cognitive psychology, social psychology, marketing, and behavioral science, which can influence consumers' perceptions and behaviors. It must be creative and capture the eyes, hearts, and minds of your customers. Finally, for any advertising campaign, enough money must be spent to provide a media schedule for ad frequency, the most crucial element for ad memorability.

No matter what tools you will be using to optimize your approach, it is important to understand what advertisements are able, and unable, to accomplish. Several are the strategic questions you should be asking, and answering, yourself. Will it stand out and catch attention? Attention is an important criterion, and sometimes even the most innovative ideas just do not break through. Does the brand benefit come through? Effective adverts should clarify why people should trust the product that will deliver the benefit. Will people remember the brand and its benefit? If the focal message of the ad is not really about your brand, then consumers may fail to remember you at all. What will people take away from the message? People must be left with positive thoughts and connected to your business. Positive amplification is powerful. It can mean people like the ad, like the message, and like your brand.

Great advertising is more than exceptional creativity; it requires strategic foresight to understand how to communicate your message in a way that blends strategic with creative thinking. Creativity follows only after the strategy is clear. You need to understand what your customers really want from you and how your ad can speak to them in a distinct and memorable way.

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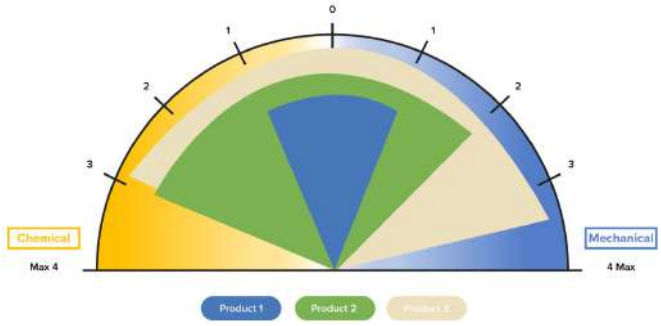

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The THAITI Project Wins The Shark Tank Competition At The Global Congress On Cardiac Magnetic Resonance

Dr. Daniele M. Papetti and Prof. Daniela Besozzi – together with Dr. Camilla Torlasco (IRCCS Istituto Auxologico Italiano) and Prof. Marco S. Nobile (University Ca' Foscari of Venice) – won the "Shark Tank" competition organized by the global conference on cardiac magnetic resonance (CMR 2024) with their project "THAITI – AI-powered precision CMR". THAITI, a software based on artificial intelligence that supports the operator during cardiac magnetic resonance exams, has been judged innovative, clinically impactful, with a translational value and commercially viable by a multidisciplinary team of experts.

Just as the ability to "seize the moment" counts in art photography, in the same way, up to now, the experience of an operator in radiology has made the difference in the visualization of scarred areas in the heart during the execution of cardiac magnetic resonance imaging tests. An invention, by Italian scientists, promises to innovate this fundamental diagnostic practice, making it accurate at the first "shot" thanks to artificial intelligence. It is called "THAITI", and is a software developed and patented by an interdisciplinary team made up of Daniela Besozzi and Daniele M. Papetti, University of Milan-Bicocca, Marco S. Nobile, Ca' Foscari University of Venice, and Camilla Torlasco, IRCCS Italian Auxological Institute of Milan.

The global conference on Cardiovascular Magnetic Resonance Imaging (CMR 2024) confirmed its value by awarding the first prize of the Shark Tank Competition to the Italian invention, judging THAITI "innovative, of clinical impact, with translational value and ready for commercialization ". Patented at an Italian and international level, the model now aims to find investments thanks, also, to the collaboration of the technology transfer offices of the Milan-Bicocca University, the Ca' Foscari University and the Italian Auxological Institute.

The software can calculate the optimal value of the so-called "inversion time", a parameter necessary for the acquisition of images aimed at identifying the possible presence of scar tissue in the heart, following the administration of a contrast medium. Being strictly related to the amount of contrast medium present in the heart, the inversion time is different for each patient and its optimal value varies repeatedly during the same examination. Normally, the operator selects and modifies the inversion time in a process guided by experience and based on a previous image and the patient's characteristics. THAITI, starting from the patient's physiological and anthropometric information and technical information on the exam, uses an artificial intelligence model to determine the optimal, personalized, and dynamic inversion time, with which to obtain a series of cardiac tissue high-quality images during the entire execution of the MRI examination.

"Our invention - explains Camilla Torlasco, cardiologist and coordinator of Auxologico's Cardiac Magnetic Resonance Service - optimizes the quality of the images acquired, thus representing a precious diagnostic support tool. Furthermore, THAITI streamlines the workflow, reduces the operator's fatigue and improves patient experience."

"THAITI is a precision medicine approach tool- specifies Daniele M.

Papetti, University of Milan-Bicocca research fellow - because the inversion time is calculated by exploiting specific characteristics of each patient. Furthermore, THAITI ensures the possibility of consistently acquiring standardized quality images, which facilitates the reproducibility of tests and their results."
The prototype is in an advanced development stage. "THAITI's fundamental functions have been developed - says Marco S. Nobile, Computer Science professor at Ca' Foscari University - the user interface remains to be perfectioned and the scalability of the system ensured, to respond, in real time, to the large amount of requests potentially coming from all over the world."
The software does not require investments in equipment for its use, the user license is sufficient. "This aspect - adds Daniela Besozzi, Computer Science professor at the University of Milan-Bicocca – not only facilitates the adoption of THAITI, but it makes it a solution of particular impact both for low or medium-low income countries, where the use of cardiac MRI is also limited by the difficulty of providing adequate training to radiology operators, both in low-volume or newly opened cardiac MRI centers."
Cardiac MRI is a fundamental test for the evaluation of ischemic heart disease and cardiomyopathies, where the presence and characteristics of any scar tissue are essential for diagnostic and prognostic purposes, and to guide the clinical management of patients.
Furthermore, with cardiac magnetic resonance it is possible to accurately study congenital heart defects, pericardium and aorta diseases and, to a lesser extent, the cardiac valvular system. THAITI has been trained on a variety of cardiovascular pathologies, ensuring maximum generalizability.

For more info
Università Ca' Foscari Venezia
University Communications
and Promotion Office
Media Relations Sector
Enrico Costa: Tel +39 337 1050858
Federica Ferrarin (Sector Referent)
Tel +39 366 6297904 - 335 5472229
Paola Vescovi (Director): Tel +39 366 6279602 – 339 1744126
E-mail: comunica@unive.it

Università di Milano - Bicocca Press Office
Maria Antonietta Izzinosa tel. +39 02 6448 6076 cell +39 338 694 0206
Veronica D'Uva tel. +39 02 6448 6373 cell +39 335 168 5364
E-mail: ufficio.stampa@unimib.it

Auxologico IRCCS
Pierangelo Garzia, Head of the Auxologico IRCCS Press Office
tel. +39 0261911.2896
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Source: Press release, Università Ca' Foscari Venezia - Ufficio Comunicazione e Promozione di Ateneo
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Investigate Cancers With A Revolutionary Method Based On Magnetic Resonance Imaging And On the Study Of Water Movement

The results of the work, carried out by researchers at the University of Turin and published in Angewandte Chemie Int. Ed., give rise to hope for a rapid clinical application of this new method which, by going so far as to visualize functional details of tumor cells, represents a turning point in understanding and treating tumors.

A team of researchers from the University of Turin, led by Profs. Giuseppe Ferrauto and Silvio Aime, has developed a method based on magnetic resonance imaging (MRI) that goes beyond traditional imaging techniques, allowing a more accurate assessment of the malignancy of tumors and the effectiveness of treatments. This is an innovative approach that promises to change the way we observe tumors to understand their aggressiveness, demonstrating the fact that science advances hand in hand with technology.

Understanding the complexity of tumors is critical, as each type of tumor may respond differently to treatments. The key to targeted and effective treatment is to precisely locate the tumor and determine the degree of malignancy. Magnetic resonance imaging (MRI) is a powerful tool that provides highly detailed images of the internal tissues of the human body, with high accuracy and without risk to the patient. However, the new method developed in Turin goes much further, going far beyond visualizing functional details of tumor cells.

The innovations of the new CEST-MRI method

During an MRI session, the patient is inside a "tube" where a strong magnetic field is present. Through irradiation with radio waves, which are not harmful to the human body, the hydrogen atoms of the water present in the tissues of the body are "magnetized". This process provides three-dimensional images of tissues, with extreme spatial resolution. Often, to improve the diagnostic capacity of the technique, patients are injected with gadolinium-based contrast agents into the blood vessels. These molecules exit the tumor vessels and concentrate in the extracellular space, improving the definition of the images and facilitating the localization of the tumor.

The Italian team is world leader in a particular MRI technique called CEST (*Chemical Exchange Saturation Transfer*), a sort of "trick" that exploits the exchange of protons between water and other molecules to increase the sensitivity of the MRI and to obtain valuable information on the chemical environment.

In the work recently published in *Angewandte Chemie Int. Ed.*, one of the most prestigious and historic journals in the chemical field, Dr. Enza Di Gregorio, a UniTo researcher, showed how to use this methodology to "observe" molecules present within tumor cells, such as creatine. But the real innovation and potential of the developed method was to use these molecules as "spies" inside the cell, to check what is happening in the tumor cell. In this way, it is possible to have more detailed information on tumor cells and a new method for studying the aggressive potential of the tumor, through magnetic resonance imaging, has been found.

Objectives and prospects

Cancer cells are metabolically more active than healthy cells and have different proteins and transport channels in their membrane. Through these channels and transporters, the tumor cell can recover the nutrients it needs (sugars, amino acids, etc.) and expel the products of cellular metabolism. Water also passes through this transport system. Water then flows massively across the cell membrane, in quantities that respond to cellular metabolism. The more active (and ag-

gressive) the tumor cell, the greater the amount of water that crosses the membrane.

Using the CEST method reported above, researchers observed changes in MRI images after the addition of gadolinium-based contrast medium. These changes reflect the permeability of the tumor cell membrane to water, providing crucial information about its aggressiveness. The team successfully tested the method in mouse models of breast cancer, and the results are promising. In addition to revealing details about the malignancy, the method has proven to be especially important in allowing the effectiveness of a drug therapy to be assessed. The researchers demonstrated how the chemotherapy drug Doxorubicin immediately reduced water permeability, indicating a positive response to treatment.

The greatest strength of the developed method, which bodes well for rapid clinical application, is the fact of using MRI instruments and gadolinium-based contrast agents already present and used in clinical diagnostic practice. The patient will therefore be asked, during the normal MRI diagnostic protocol, to "be patient" for another 3-4 minutes for a further analysis, which however will provide the doctor with important additional diagnostic information. Considering this, the IRCCS SDN Synlab in Naples, led by Prof. Marco Salvatore, has shown interest in proposing the method to its patients.

Cooperation and interdisciplinarity

As in many modern scientific approaches, interdisciplinarity is the turning point. This work was made possible thanks to the collaboration of biotechnologists, chemists specialized in molecular imaging and experimental oncology, medical radiologists, immunologists specialized in oncology and in mouse model development, and physicists specialized in image analysis. Only by bringing together different experiences and knowledge can science significantly contribute to the study of innovative approaches for the advanced diagnosis and treatment of complex diseases, such as tumors.

"*This innovative approach to MRI could represent a breakthrough in our understanding and treatment of tumors. We are excited to see how this technology will evolve and how it can be used to improve the lives of those battling cancer. Research continues, and with it the hope for a brighter future in the fight against this disease,*" explains the team that led the study.

Source: Press release, Ufficio Stampa – Università di Torino, ufficio.stampa@unito.it

American College of Radiology Names 1st-Ever Female CEO

She's Ready to Serve Patients, Profession in New Ways as ACR CEO

Dana Smetherman, MD, MPH, MBA

From secretary/treasurer of the Radiological Society of Louisiana to the same role with the American College of Radiology (ACR) (and many committee assignments in between), Dana Smetherman, MD, MPH, MBA, has been a consummate volunteer. Those many years were a warmup for her most important duty. Beginning in July (2024), the ACR will become part of her everyday life when she starts as the organization's CEO.

"*I have had the benefit of working in the college as a volunteer in many different capacities,*" said Dr. Smetherman, who is also on the ACR Board of Chancellors. "*I know a fair amount about the organization, which will be helpful. But I still have a lot to learn.*"

The ACR announced Dr. Smetherman's appointment in mid-January (2024), giving her time to start the transition. She has been working more closely with present CEO William T. Thorwarth Jr., MD, who retired June 30 after more than 10 years on the job.

It also allowed her to complete commitments as chair of the department of radiology and associate medical director for medical specialties at the Ochsner Medical Center in New Orleans. Having worked for Ochsner since 1996, she did not anticipate leaving. It's where she performed her residency after graduating from the Tulane School of Medicine.

"*The CEO position was not particularly on my radar, but the opportunity became available and Dr. Thorwarth, much to his credit, announced his retirement date long in advance,*" Dr. Smetherman said. "*I was at a stage in my career where I thought this would be a wonderful chance to serve patients and our profession in a different way.*"

She admits that moving from active practice to ACR administration will be an adjustment. A board-certified diagnostic radiologist specializing in breast imaging since 1996, Dr. Smetherman has enjoyed working with patients.

"*I'm still very much a practicing physician now,*" she said. "*There are things that I will miss. Although I think about that now all the time when I'm practicing, I am also looking forward to this new chapter in my professional life.*"

An ABR Connection

Dr. Smetherman is also familiar with the ABR's mission, having served as an oral examiner and Angoff committee member. She appreciates the differences between the two organizations.

The ABR certifies physicians and physicists across four specialties, ensuring that those professionals have the knowledge and skills to safely treat patients. The ACR serves its more than 41,000 members through advocacy in matters of legislation and regulation, quality and safety activities, and innovation to advance the field.

"*The responsibility of providing the highest quality care to the patients in our communities is central to the ACR and its mission,*" Dr. Smetherman said. "*The ABR is more focused on the qualifications of the individual physician in that (patient care) journey.*"

The ABR and ACR have more in common than acronyms that sometimes get confused. Their complementary roles in serving patients are clearly marked.

"*There's a tremendous amount of overlap in the Venn diagram of the roles the two organizations play,*" she said. "*The ACR, through programs like accreditation and the practice parameters and technical standards, helps to ensure that facilities are utilizing high-quality imaging equipment as safely as possible and that all personnel, including not only physicians but also technologists and other imaging professionals, are well qualified.*"

ABR Board of Governors President Robert M. Barr, MD, is looking forward to working with Dr. Smetherman in her new role.

"*She is an inspirational leader, a model physician, and an exceptional advocate for radiology,*" Dr. Barr said. "*The College is fortunate to have someone with her judgment, compassion, and energy to help lead the field in a time of monumental change.*"

She's Making History... Again

Dr. Smetherman is making history by becoming the first woman to serve as the ACR's CEO. The organization celebrated its 100th anniversary last year.

This isn't the first time she has broken the glass ceiling. Dr. Smetherman was the Radiological Society of Louisiana's first female president and the initial woman physician on the Ochsner Health System Board of Directors. She is also the only female associate medical director at the system's flagship hospital.

"*I am very excited about the fact that we are going into our second hundred years and seeing this change*," she said. "*I have said before in other roles that I didn't necessarily go through my career with the thought that I was going to be a pioneer, but it worked out that way. The world is changing. It's becoming a more inclusive place.*"

Once she starts at the ACR, Dr. Smetherman knows that AI will play a prominent role in her duties. She calls it a "*tremendous opportunity*" to improve healthcare.

"*I think radiology is at the forefront of the continued evolution of healthcare and medicine in general*," she said. "*One example is the opportunity (to use AI) in population health. Radiologists see the patients when they are being screened, not just in breast cancer but other types of cancer and other diseases. There is data that is currently captured on the images we are interpreting, whether it's atherosclerotic calcifications on mammograms or osteopenia on CT studies, that may be important to the patient's overall health. Because of our long experience with technology and software like computer-assisted detection, radiologists also have the knowledge and expertise to help our colleagues in our specialties learn how to incorporate AI safely into their own practices.*"

First things first, Dr. Smetherman and her husband packed for Virginia, where her new job will be located. They spent time leading up to the ACR annual meeting looking at homes in the area.

Longtime New Orleans residents, the couple will happily face a few adjustments.

"*I haven't lived somewhere where it snows in a while*," she said. "*That's going to be a change. Still, my husband and I are looking at moving to a different part of the country as an adventure.*"

It's an adventure long in the making for a volunteer who has spent more than 20 years helping the ACR meet its mission. Dr. Smetherman is delighted about the chance to lead an organization that has meant so much to her.

"*It's a big transition and responsibility, but I could not be more excited for the opportunity and I'm very energized to take on this new role*," she said.

Source:
https://shorturl.at/3IDpq

Health expenditure

498 bn Euros

Share of GDP

12.8%

Expenditure per inhabitant

5,939 Euros

Health personnel

6.0 Millions

SPOTLIGHT ON THE **GERMAN HEALTH SYSTEM**:

NEAR-UNIVERSAL HEALTH COVERAGE THROUGH MULTIPLE THIRD-PARTY PAYERS

Germany has a total of 6 million people working in its healthcare sector, 74.8% of them are women and 14.7% are 60 years old or over. It has a statutory health insurance (SHI) system, and it is mandatory for people to have health insurance. For certain occupational groups and high earners, it is possible to opt out of SHI coverage and enroll in substitutive private health insurance (PHI). Approximately 89% of the population is covered by SHI, while 11 % have purchased PHI. Although coverage is universal for all legal residents, and only 0.1 % of the population do not have health insurance, financial and administrative barriers still lead to some gaps in coverage.

The complexity of coverage mechanisms means that some groups – such as individuals who have lost coverage due to a change in their occupational status or self-employed people on low incomes – may experience difficulties re-entering the system or may not be able to afford SHI contributions or PHI premiums. To address this financial hurdle, in 2019 the government substantially reduced the reference amount used to calculate the minimum SHI contribution payable by qualifying individuals (irrespective of the actual amount earned) from EUR 2,284 to EUR 1,038 per month.

In 2023, the multi-payer SHI system comprised 96 sickness funds and 44 PHI companies, with the three largest sickness funds covering over one third of the German population. The country continues to have the highest share (12.9% of GDP) of health expenditure in the EU with inpatient and outpatient care making up more than half of total health spending. Spending on prevention has doubled over the last decade (6.4 %), higher than the EU average (6.0 %). Levels of unmet needs for medical care due to the combined reasons of costs, distance to travel and waiting times are among the lowest in the EU, with virtually no differences between income groups. The relatively low level of out-of-pocket expenditure offers a high degree of financial protection to German households.

The benefits package covered by SHI is comprehensive, and benefits are the same for all those insured. Individuals who have opted for substitutive PHI have access to benefits that are at least equal to, and often better than, those covered by SHI, with the scope of services determined by the chosen insurance policy and its premium. The public share of spending on health services is above the EU average across all categories. The extent of public financing in Germany, compared to the EU, is particularly visible for adult and child dental care (67% compared to 34%), pharmaceuticals (82% compared to 59%) and therapeutic appliances (58% compared to 38%).

	Germany	EU Average
Population size, Dec. 2023	83,445,000	446,735,291
Share of pop. over age 65	22.1%	21.1%
Fertility rate[1]	1.6	1.5
GDP per capita (EUR PPP[2])	41,246	35,219
Relative poverty rate	14.7%	16.5%
Unemployment rate	3.1%	6.2%

[1]Number of children born per woman aged 15-49.
[2]Purchasing power parity (PPP) is defined as the rate of current conversion that equalizes the purchasing power of different currencies by eliminating the differences in price levels between countries.
Source: Eurostat Database.

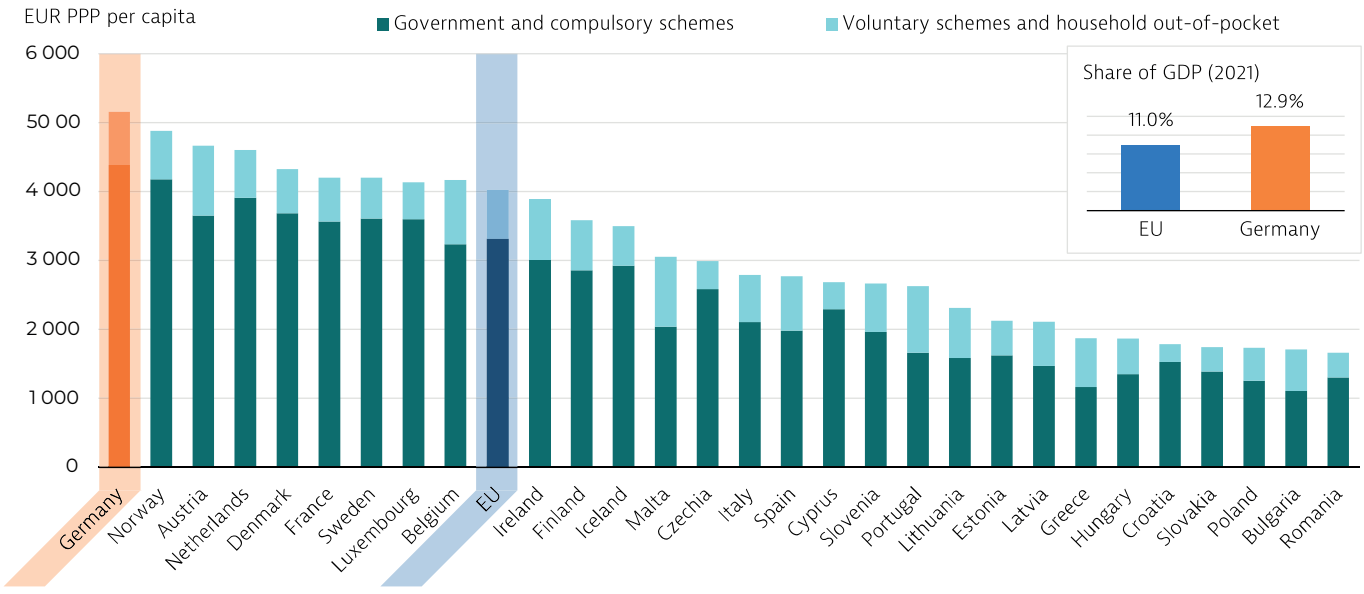
	Germany	EU Average
Life expectancy at birth (years), 2022	80.7	80.7
Total expenditure on health as percentage of GDP	12.9%	11.0%
Health spending per capita (euro)	5,159-5,939	4,029
Share of public funding for healthcare	85.5%	81.8%
Out-of-pocket payments	12%	15%
Catastrophic spending on health, 2019	2.4%	6.6%
Average waiting time for any elective surgery (days)	20.6	49.9

Source: OECD/European Observatory on Health Systems and Policies (2023) / German Federal Statistical Office

Resilience

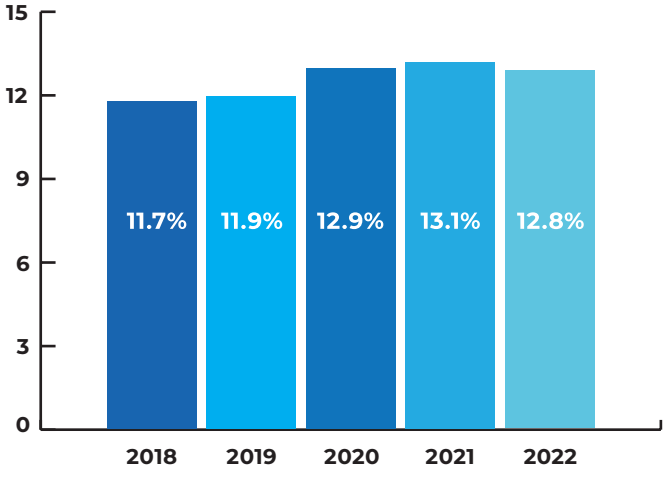
With the onset of the COVID-19 pandemic, Germany increased its public spending on health by a significant 6.6% in 2020, despite a fall in GDP of 3.7%. **Public financing for the health system continued to outpace GDP growth in 2021. Germany's Recovery and Resilience Plan prioritizes modernization of the hospital sector and strengthening the digital and technical underpinning of public health services.** Planned hospital reforms will also address the large number of hospital beds, to encourage more outpatient services and to guarantee quality. Germany attaches great importance to addressing any impending nursing shortages. Despite the high number of nurses per inhabitant, higher than the EU average, the nurse-to-bed ratio is one of the lowest in the EU. Concerns over nursing staff levels in hospitals, particularly since the introduction of the DRG system (the diagnosis-related group-based hospital payment system, in 2004), prompted a reform to exclude nursing costs from DRG fees from 2020 onwards and triggered legislation to impose minimum nursing staff levels in hospital wards, to be phased in between 2023 and 2025 (Federal Ministry of Health, 2022). Since 2019, a total of 111 measures have been adopted as part of the Nursing Training Initiative with the aim of motivating more people to train in nursing and attracting them to this occupational field. Germany also needs to solve the chronic doctor shortage. One in four doctors are leaving the profession and many practices are closing. According to Euronews Health, 80,000 doctors in Germany are over the age of 60 and finding successors to their practices will be a very tough job. Specifically in outpatient or general practitioner care, over the next three years, an estimated 5,000 to 8,000 general practitioners' practices are expected to close, mostly due to retirement.

Public Spending on Health in Germany, Highest in the EU



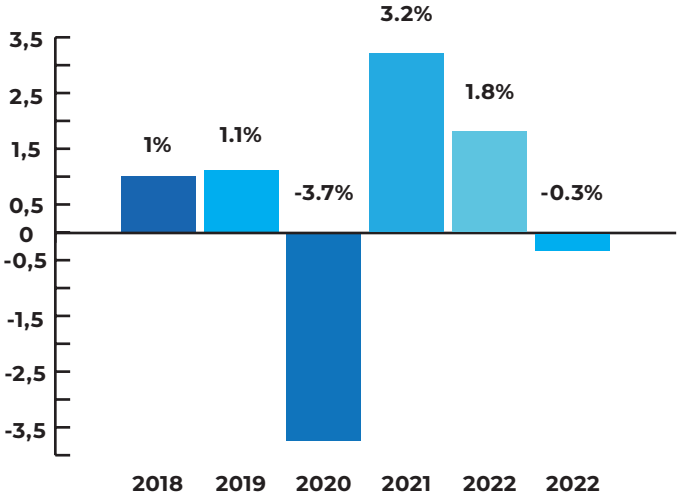
Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Health Expenditure, % of Gross Domestic Product (GDP)



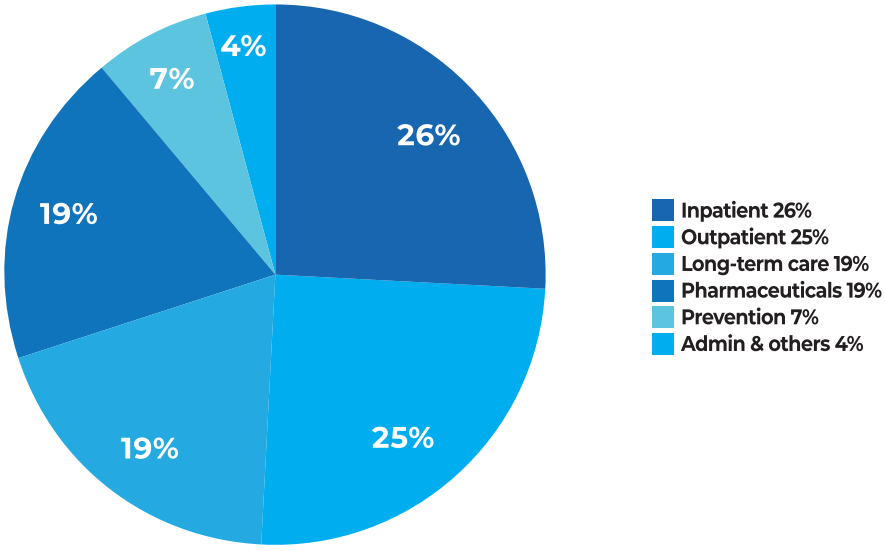
Source: OECD/European Observatory on Health Systems and Policies

GDP Growth Rate (annual %)



Source: World Bank

Share of Health Spending

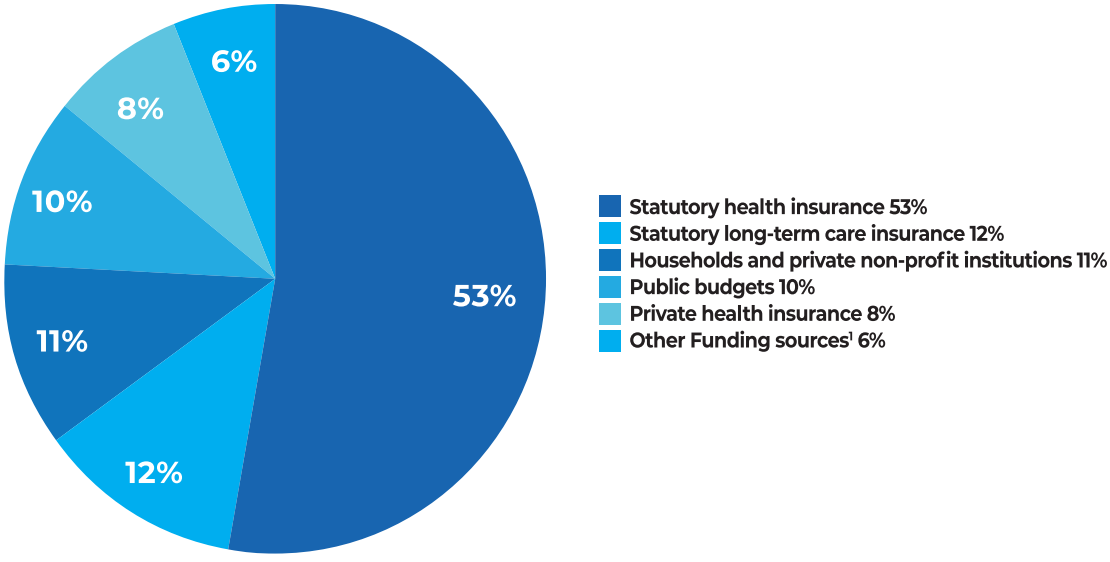


Source: OECD/European Observatory on Health Systems and Policies

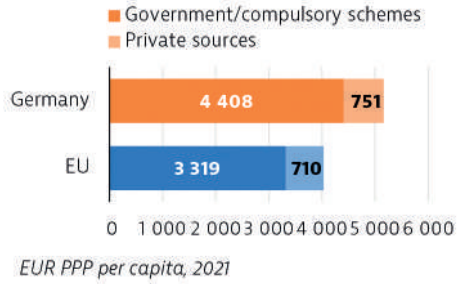
Health Expenditure by Source of Funding	2021	2022	2023*
Total expenditure on health (billion):	**475,026**	**497,661**	**494,648**
- general government excluding social security funds	41,816	48,325	23,376
- statutory health insurance	255,163	265,397	279,079
- social long-term care insurance	51,647	57,691	58,142
- statutory pension insurance	5,056	5,239	5,800
- statutory accident insurance	6,269	6,499	6,735
- private health insurance	36,727	38,343	41,831
- employers	18,424	19,346	20,354
- private households/ private non-profit organizations	59,924	56,821	59,331

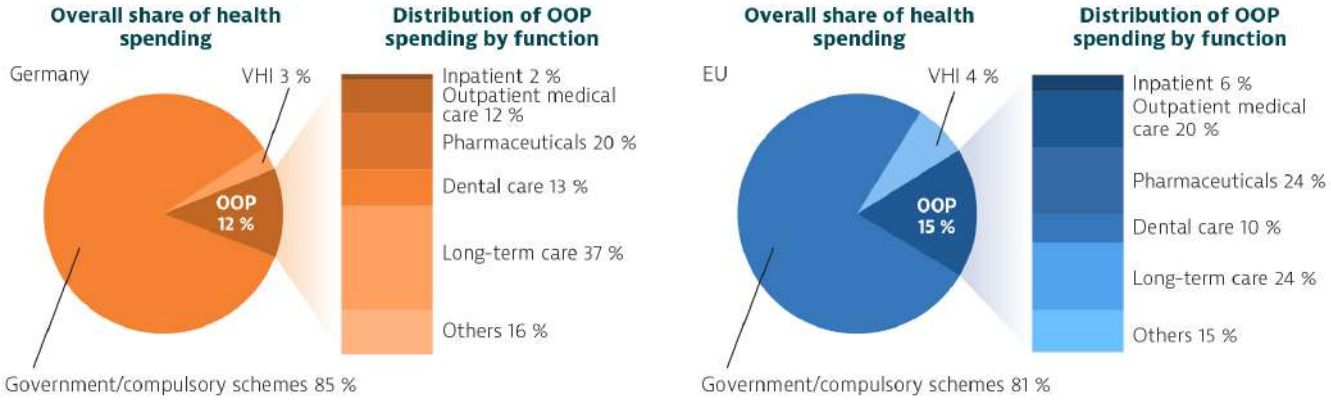
*Notes: * Estimated on the basis of already existing and updated values.*
As of April 2024. Source: German Federal Statistical Office

Health Expenditure by Funding Source, 2022



Notes: Differences may occur due to rounding.
Source: Statistisches Bundesamt (Destatis), 2024





Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

	Germany	EU Average
Hospital beds per 1 000 pop.	7.8	4.8
Intensive care beds per 10 000 pop.	2.9	
Physicians per 1 000 pop.	4.5	
Nurses per 1 000 pop.	12.0	8.5
Medical graduates per 100 000 pop.	12.4	17.5
Nursing graduates per 100 000 pop.	44.2	44.3

	2014	2022
No. of hospitals	1,980	1,893
Length of stay (days)	7.4	7.2
Bed occupancy rate	77.4%	69%
No. of doctors		376,852 - 428,500
Outpatient doctors		168,300
Share of doctors under 35 years		18.8%

Source: German Federal Statistical Office / Eurostat Statistics Explained

Physicians, by speciality, 2021

	(number)								(per 100 000 inhabitants)							
	Total	General medical practitioners	General paediatricians	Gynaecologists and obstetricians	Psychiatrists	Medical group of specialists	Surgical group of specialists	Other specialists not elsewhere classified	Total	General medical practitioners	General paediatricians	Gynaecologists and obstetricians	Psychiatrists	Medical group of specialists	Surgical group of specialists	Other specialists not elsewhere classified
Belgium	37 630	13 952	1 631	1 566	2 011	10 596	7 353	:	324.8	120.4	14.1	13.5	17.4	91.5	63.5	:
Bulgaria	29 543	4 104	1 408	1 787	701	12 721	8 350	346	429.6	59.7	20.5	26.0	10.2	185.0	121.4	5.0
Czechia	*44 712*	*7 545*	*1 509*	*3 211*	*1 745*	*16 420*	*11 988*	*577*	*425.6*	*71.8*	*14.4*	*30.6*	*16.6*	*156.3*	*114.1*	*5.5*
Denmark (1)	25 522	4 638	526	680	1 119	4 700	3 820	214	437.7	79.5	9.0	11.7	19.2	80.6	65.5	3.7
Germany	376 852	86 107	14 924	21 688	23 757	124 393	103 715	2 268	453.0	103.5	17.9	26.1	28.6	149.5	124.7	2.7
Estonia	4 568	1 156	154	309	256	1 598	1 095	0	343.2	86.9	11.6	23.2	19.2	120.1	82.3	0.0
Ireland	20 256	11 743	506	439	960	3 562	2 950	96	402.5	233.3	10.1	8.7	19.1	70.8	58.6	1.9
Greece	66 504	4 947	4 498	3 535	2 636	28 005	15 552	500	629.2	46.8	42.6	33.5	24.9	265.0	147.1	4.7
Spain (2)	*212 735*	*44 762*	*13 133*	*6 166*	*5 964*	*56 249*	*49 310*	*812*	*448.7*	*94.4*	*27.7*	*13.0*	*12.6*	*118.6*	*104.0*	*1.7*
France (3)	215 722	93 726	8 556	8 031	15 412	53 666	33 081	3 250	318.3	138.3	12.6	11.9	22.7	79.2	48.8	4.8
Croatia	14 656	3 245	946	839	685	5 721	3 192	28	371.1	82.2	24.0	21.2	17.3	144.9	80.8	0.7
Italy	242 721	48 579	16 171	12 184	11 449	92 755	61 583	0	410.5	82.2	27.4	20.6	19.4	156.9	104.1	0.0
Cyprus	4 419	1 085	297	214	122	1 451	1 250	0	490.8	120.5	33.0	23.8	13.6	161.2	138.8	0.0
Latvia	6 328	1 448	227	360	279	1 986	1 364	664	335.8	76.8	12.1	19.1	14.8	105.4	72.4	35.2
Lithuania	12 533	2 871	472	681	691	4 533	3 155	130	447.5	102.5	16.9	24.3	24.7	161.8	112.6	4.6
Luxembourg	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Hungary	32 026	6 488	2 255	1 474	1 394	12 513	6 884	929	329.8	66.8	23.2	15.2	14.4	128.9	70.9	9.6
Malta	2 252	440	109	86	72	493	512	:	434.3	84.9	21.0	16.6	13.9	95.1	98.7	:
Netherlands	68 363	32 047	1 923	1 733	4 394	16 649	7 590	4 027	389.9	182.8	11.0	9.9	25.1	95.0	43.3	23.0
Austria	48 443	13 277	1 577	2 057	1 927	11 398	9 915	58	540.9	148.3	17.6	23.0	21.5	127.3	110.7	0.7
Poland	129 893	33 409	6 500	6 649	4 914	48 406	28 212	1 803	344.1	88.5	17.2	17.6	13.0	128.2	74.7	4.8
Portugal	58 031	30 788	2 284	1 925	1 512	13 609	8 350	870	562.0	298.2	22.1	18.6	14.6	131.8	80.9	8.4
Romania	67 096	15 147	3 027	3 035	2 919	28 512	14 062	394	350.9	79.2	15.8	15.9	15.3	149.1	73.5	2.1
Slovenia (4)	7 049	1 460	668	399	345	2 362	1 558	51	334.4	69.3	31.7	18.9	16.4	112.1	73.9	2.4
Slovakia	20 047	:	:	:	:	:	:	:	368.0	:	:	:	:	:	:	:
Finland (1)	23 916	:	711	780	1 385	4 784	3 375	841	432.5	:	12.9	14.1	25.1	86.5	61.0	15.2
Sweden (1)	44 719	6 305	1 079	1 408	2 276	10 281	6 945	914	431.9	60.9	10.4	13.6	22.0	99.3	67.1	8.8
Iceland	1 631	211	19	60	75	391	285	0	437.8	56.6	5.1	16.1	20.1	105.0	76.5	0.0
Liechtenstein	134	42	4	6	16	33	33	0	342.0	107.2	10.2	15.3	40.8	84.2	84.2	0.0
Norway	27 925	5 418	1 006	706	1 392	4 961	3 305	509	516.3	100.2	18.6	13.1	25.7	91.7	61.1	9.4
Switzerland	38 613	9 964	2 075	1 982	4 603	7 206	7 520	187	443.6	114.5	23.8	22.8	52.9	82.8	86.4	2.2
Montenegro	1 738	321	184	123	65	682	363	0	280.7	51.8	29.7	19.9	10.5	110.1	58.6	0.0
North Macedonia	6 316	1 888	396	432	214	2 167	1 063	156	323.4	96.7	20.3	22.1	11.0	111.0	54.4	8.0
Serbia (5)	20 703	6 814	1 834	1 248	781	5 245	3 664	1 117	302.9	99.7	26.8	18.3	11.4	76.7	53.6	16.3
Türkiye	183 569	60 299	9 872	9 128	5 580	51 883	42 676	4 131	218.2	71.7	11.7	10.9	6.6	61.7	50.7	4.9

Note: practising physicians except Slovakia, Montenegro, North Macedonia and Türkiye (professionally active physicians) and Greece, Portugal and Finland (physicians licensed to practise). No data on specialisation available for Slovakia.

(1) 2020.
(2) Analysis by speciality only concerns physicians in hospitals.
(3) Excludes stomatologists, dentists, interns and residents.
(4) Surgical group of specialists: definition differs.
(5) Only includes physicians in institutions under the Ministry of Health. Excludes the private health sector.
Source: Eurostat (online data codes: hlth_rs_prs2 and hlth_rs_physcat)

eurostat

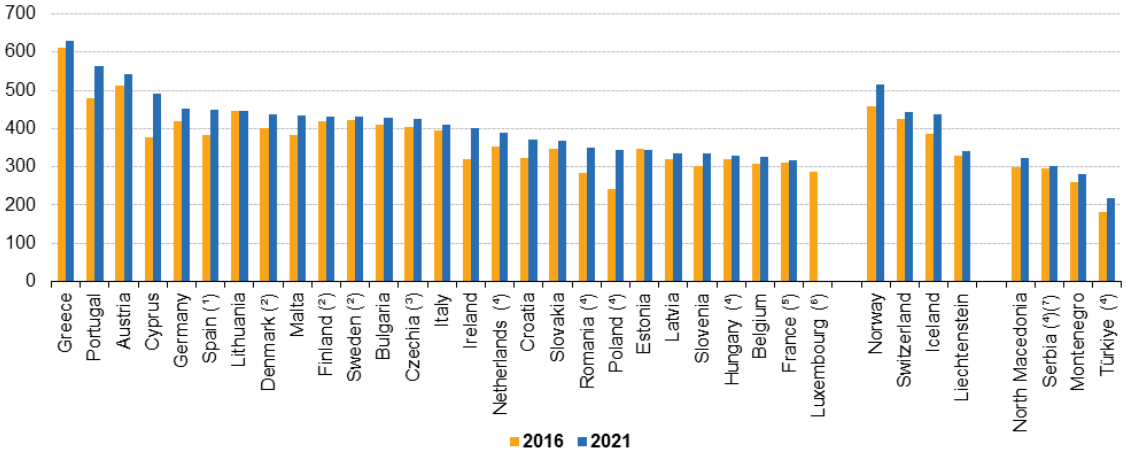
Recovery and Resilience Plan

Germany's Recovery and Resilience Plan dedicates approximately 16% of its EUR 25.4 billion in available funding to healthcare investment. The recovery and resilience plan has one priority area dedicated specifically to strengthening a pandemic-resilient health system, with three fields of investment and reform. The first concerns the digital and technical strengthening of public health services (EUR 684 million). The second allocates EUR 3 billion to modernizing hospitals – including investing in improving digital infrastructure, emergency capacity, telemedicine, robotics, and information technology and cyber security (European Commission, 2021). The third is related to accelerating research and development of vaccines against SARS-CoV-2 (EUR 591 million).
These investments will be complemented by the rollout of the EU Cohesion Policy 2021-27 programming. Germany is set to invest a total of EUR 90.6 million in its healthcare system through this mechanism, with 55 % to be co-financed by the EU*. All the financing will come through the European Regional Development Fund (ERDF), with around EUR 64 million being used for e-Health services and applications, EUR 11.8 million for digitalization in healthcare, and EUR 14.8 million designated to finance various measures to improve the accessibility, quality and resilience of health services.

** These EU Cohesion Policy figures reflect the status as of September 2023.*

Practising physicians, 2016 and 2021

(per 100 000 inhabitants)



Note: practising physicians except Slovakia, Montenegro, North Macedonia and Türkiye (professionally active physicians) and Greece, Portugal and Finland (physicians licensed to practise). The figure is ranked according the total number of practising physicians in 2021.

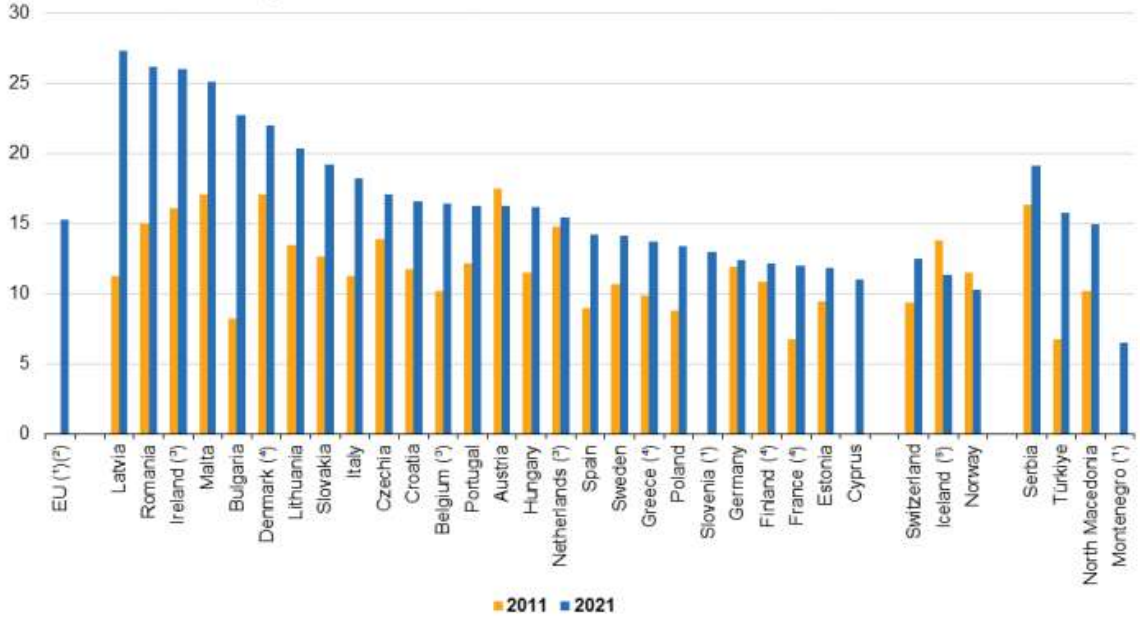
(1) Estimates.
(2) 2020 instead of 2021.
(3) 2018 instead of 2016.
(4) Break in time series.
(5) Excludes stomatologists, dentists, interns and residents.
(6) 2021: not available.
(7) Only includes physicians in institutions under the Ministry of Health. Excludes the private health sector.

Source: Eurostat (online data code: hlth_rs_prs2)

eurostat

Graduates – medical doctors, 2011 and 2021

(per 100 000 inhabitants)



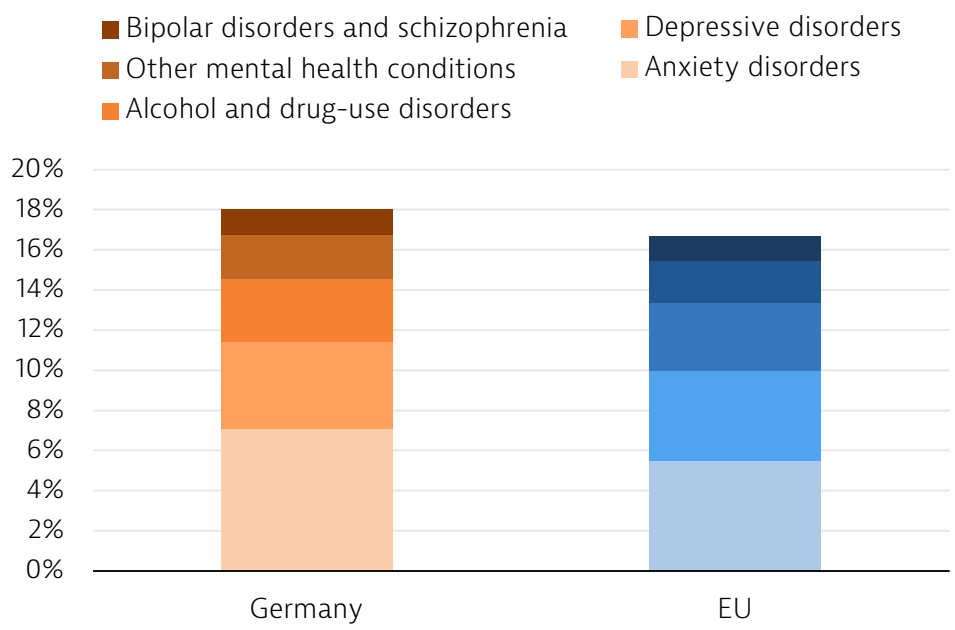
Note: Luxembourg and Liechtenstein, 0 graduates per 100 000 inhabitants for each year. Cyprus, 0 graduates per 100 000 inhabitants for 2011. The figure is ranked according to the number of graduates in 2021.

(1) 2011: not available.
(2) Estimate.
(3) Break in series.
(4) 2020 instead of 2021.
(5) 2019 instead of 2021.

Source: Eurostat (online data code: hlth_rs_grd2)

eurostat

Almost One in Five People Had a Mental Health Problem in Germany in 2019



Note: The economic costs of mental health conditions are significant, with direct and indirect costs estimated at over 4.8 % of the country's GDP, or EUR 146.5 billion, in 2015 (OECD/EU, 2018).
Source: IHME (data refer to 2019).

The Infrastructure of the German Hospital Sector is Set to Change Over the Coming Years

The new Government Commission set up to reform the hospital system has proposed that the treatment of patients in hospitals should be based more on medical and less on economic criteria. To achieve this, the Commission has recommended implementing a reformed remuneration system for inpatient care that shifts away from the current DRG-based case rate system. In future, departments/units within hospitals will be remunerated independently of the provision of services. Moreover, there are plans to strengthen the quality of inpatient care through the development of binding quality criteria, and to establish new cross-sector healthcare providers ("Level Ii" – integrated healthcare) as the basis for building up a comprehensive system of locally available inpatient and outpatient healthcare services. In July 2023, key points of the reform were set between the federal and state governments, and legislative proposals are under way.
Another of the Government Commission's recommendations is to expand hospital day treatment to address staff shortages and hospital capacity constraints. This has been implemented and, since January 2023, hospitals have been requested to carry out all previously fully inpatient treatments as day treatments to free up staff, if clinically appropriate.

Among Main Sources:
-Extracts taken from: OECD/European Observatory on Health Systems and Policies (2023), Germany: Country Health Profile 2023, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.
ISBN 9789264898615 (PDF), Series: State of Health in the EU, SSN 25227041 (online)
-German Federal Statistical Office: https://www.destatis.de/EN/Themes/Society-Environment/Health/Health-Expenditure/_node.html
-Euronews Health, https://www.euronews.com/health/2024/02/05/germanys-health-crisis-why-europes-biggest-economy-is-fending-off-a-chronic-doctor-shortag
-Eurostat Statistics Explained: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=460643

Focus

Federal Presidential Republic, with 28.3 million inhabitants

With capital Caracas, the country is the most highly urbanized in Latin America

Bolivar soberano, current monetary unit, introduced in 2018

1st in the world for oil certified reserves

1st in South America and 8th in the world for proven gas reserves

Extremely rich in gold, diamonds, coltan and mineral resources of all kinds

Traditionally, petroleum represents more than 75% of Venezuela's exports

Carabobo, Venezuela

READING TIME 3.45 min

The Bolivarian Republic of Venezuela

A Much-Troubled Oil-Rich Country

"In many respects, Venezuela has not yet experienced economic and industrial development, corresponding to its real potential. The country offers great opportunities to business in every sector, especially in the energy, infrastructure, tourism and industrial sectors. The Maduro regime is focusing on reviving oil production and making piecemeal liberalization efforts to attract private investment, domestic and foreign, and jump-start an economy that has fallen back into recession"

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

Former president Hugo Chavez, who died in 2013, styled himself a champion of the poor during his 14 years in office, pouring billions of dollars of Venezuela's oil wealth into social programs. However, years of economic mismanagement left Venezuela ill-prepared during the government of Chavez's successor, Nicolas Maduro, to weather the 2014 global drop in oil prices, sparking an economic and social decline that has resulted in reduced government social spending, shortages of basic goods, and high inflation.

Venezuela is engulfed in a profound economic crisis since 2013. According to data released by the Banco Central de Venezuela and the International Monetary Fund (IMF), between 2013 and 2020, the national economy recorded an over 80% contraction, inflation skyrocketed, shortages of basic goods became widespread, and unemployment and violent crime increased exponentially.

For the past 25 years Venezuela's government has been controlled by Chavismo, the socialist movement that began with the democratic election of Hugo Chávez in 1998 and has since grown more authoritarian. When Mr. Chávez died in 2013 his protégé, Nicolás Maduro, narrowly won the presidency and is in power since then. Today, Mr. Maduro has control over the legislature, the military, the police, the justice system, the national election council, the country's budget and much of the media.

> The World Food Program reports that 59% of households in Venezuela don't have enough income to buy enough food.

Over the years, Mr. Maduro's ruling party (*PSUV - Partido Socialista Unido de Venezuela*) has expanded the state's role in the economy through expropriations of major enterprises, strict currency exchange and price controls, and over-dependence on the petroleum industry for revenues. Even if the July 2024 election was the first, in more than a decade, in which an opposition candidate had a reasonable, although improbable, chance of winning, the election has been politically contentious, with international monitors calling it neither free nor fair, citing the incumbent Maduro administration having controlled all power and repressed the political opposition before and during the election, with election results lacking credibility and statistically improbable.

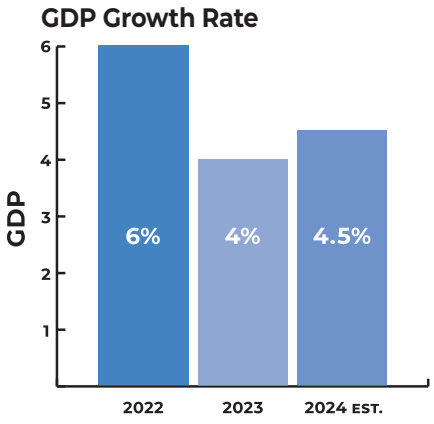
Since in power, Nicolas Maduro's government has had to struggle with an economic and political crisis, that began a decade ago, and that has left Venezuela in a state of near collapse. **The crisis is attributable to various facts, including the collapse of the international price of oil and of the national production of hydrocarbons which represents the main item of national exports.** Furthermore, since the dawn of the *Chavista* revolution, a feeling of ideological suspicion toward big capital and foreign investors has prevailed which, together with the lack of legal security and the arbitrariness of the local state system, have discouraged foreign investment in the country. Another noteworthy factor is the international sanctions regime applied to the country, due to continued concerns on human rights abuses, political manipulation of the judicial and electoral systems and corruption. This situation has been exacerbated by the imposition (as of 2015) of unilateral coercive measures by the US, which have further blocked the inflow of foreign capital and the rise of domestic capital, severely limiting the productive capacity of the local private sector due to difficulties in importing raw materials, machinery and intermediate goods. **In recent years, most of the large foreign multinationals have thus shut down their operations in Venezuela, with the conspicuous exception of companies from ideologically or politically related countries (China, Russia, Turkey, Iran etc.) which, instead, have continued to operate and in some cases strengthening their presence in the local market.** A soaring inflation has eroded salaries and savings. Worsened living conditions have prompted more than 7.5 million of Venezuelans to emigrate, to escape from both economic hardship and political repression.

Nonetheless, the deepening economic and social crisis, worsened by the Covid pandemic and the intensification of the sanctions regime, fostered in 2020-2021 the emergence of a new economic policy orientation within the Bolivarian government, with the decision to veer toward a more "open" model. It is in this context that the ongoing process of dollarization of the Venezuelan economy and the launch of the "*anti-bloqueo*" Law (October 2020) should be read, with the explicit objective of attracting large foreign capital to the country by offering concessions and guaranteeing a favorable legal regime that offers confidentiality (this is especially to protect foreign companies wishing to invest in Venezuela from U.S. sanctions). In particular, the new "*Center for International Productive Investment (CIIP)*" should be the collection point as well as the showcase of projects open to (private) investment, identified with the help of the relevant ministries in the macro-sectors of petrochemical industry, mining, gas, agriculture and tourism. In July 2022, by means of the "*Ley Orgánica de las Zonas Económicas Especiales (LOZEE)*", the Venezuelan Authorities established five special economic zones: Paraguaná (Falcon); Puerto Cabello-Morón (Carabobo), La Guaira (La Guaira), Margarita (Nueva

> Despite the recent recovery, GDP remains only one-fourth of the pre-crisis level in 2013. Venezuela has been in a deep recession since 2013, and according to the IMF, its GDP contracted more between 2013 and 2018 than the United States did during the 1929-1933 Great Depression.

> Healthcare financing in Venezuela proved to be primarily private, with a high and growing share of out-of-pocket expenditures, one of the highest in the world

Esparta), and Tortuga Island (Miranda), which will benefit from tax and customs incentives and enjoy a particularly favorable legal regime for investment, both domestic and international. **These regulatory interventions, very pragmatically, provide for the full reintegration of the private sector, domestic and foreign, into the national productive effort, the "revision of the governance mechanisms" of large public or mixed companies (whose control and management will be able to pass to "foreign" companies), and the lifting of any restrictions on the exercise of business activities for private entities in strategic activities of the national economy. As of 2021, the economy started growing again but, yet, extreme poverty remains shockingly high and many of those without access to foreign currency continue to struggle.**
Furthermore, in spite of political pressure from the White House to conduct transparent presidential elections, since November 2022 Venezuela is witnessing a progressive easing of the sanctions imposed in 2019, especially in the energy sector. The tax burden in Venezuela is all in all low, but the bureaucracy is complicated, slow and arbitrary. Essential services (water, electricity, gas) are very cheap however the delivery of these services, also due to poor maintenance, is poor, with frequent blackouts or rationing of supplies.



Source: IMF

> Since retaining power, the Maduro regime continues to disregard and repress the voices of the Venezuelan people in their calls for a return to democracy.

Vulnerability of a Fragile Health System

8.30 min

Venezuela, which prior to 2014 was often regarded as one of Latin America's most developed countries, boasting a superior health system, in recent years has faced a devastating economic and political crisis. From economic collapse from inflation, to disputed election results and debate around foreign intervention, Venezuela has become known globally as a country in crisis reversing the many health improvements achieved in the previous century. Data show evidence of the inadequacies within the public healthcare system and warn of an ever-increasing crisis.

The Venezuelan health system comprises a public and a private sector. Public healthcare is free and accessible to everyone. Its public (or socialized) health system is run and paid for by the Venezuelan government. The public sector includes the Ministry of Popular Power for Health (MH) and several social security institutions, salient among them the Venezuelan Institute for Social Security (IVSS). The MH is financed with federal, state and county contributions. The IVSS is financed with employer, employee and government contributions. These two agencies provide services in their own facilities. **The percentage of the population that relies solely on public healthcare is unclear, but it seems to be a significant majority.** Private healthcare is also available and includes providers offering services on an out-of-pocket basis and private insurance companies.

Since the adoption of the 1999 Ven-

Francisco Fajardo highway in Caracas

Named after Simón Bolívar, an early 19th-century Venezuelan revolutionary leader, the **Bolivarian Revolution** is an ongoing political process started by Venezuelan President Hugo Chávez, and his successor Nicolás Maduro. According to Chávez and supporters, the Bolivarian Revolution seeks to build an inter-American coalition to implement Bolivarianism, nationalism and a state-led economy.

ezuelan Constitution, which defines health as a fundamental social right and guarantees a free national universal healthcare system, a major objective of the Chavez government, following the Bolivarian Revolution, was improving healthcare for the Venezuelan people. **Thus, in the early 2000's, Venezuela underwent large healthcare reforms, mostly centered around "*Misión Barrio Adentro*", – a social health reform program with an aim to provide free basic medical care to slums and rural areas.** Within these changes, Venezuela centralized healthcare under government institutions, increased cooperation across different sectors within medicine, and improved access to care in poor communities. Thousands of new clinics, hospitals, and diagnostic centers across the country were built. The program also brought 30,000 Cuban medical professionals, exchanging oil for labor, into the country to support the program by implementing a Cuban-style healthcare system. **These initiatives demonstrated a strengthening of health in Venezuela and a movement towards social medicine. In subsequent years, Venezuela became known for its superior health system.** Yet in less than a decade, Venezuela's reputation and health infrastructure has rapidly crumbled.

A Socio-Economic Crisis

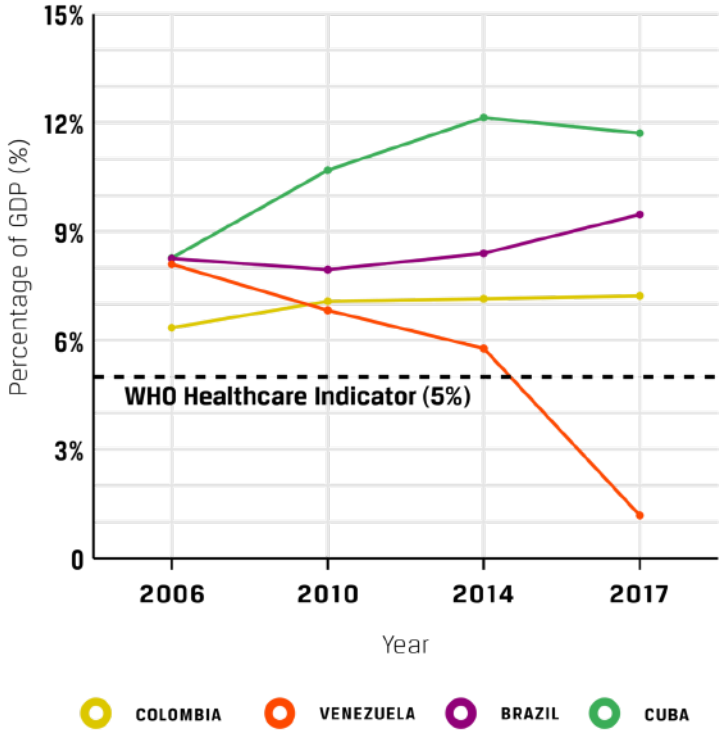
Today, very little to save remains. A prolonged socio-political and economic situation has led to a series of restrictive public policies and government decisions that have profoundly and negatively impacted social and health indicators, leading the Venezuelan public healthcare system in a state of crisis. Anyone looking back, just a decade ago, at the country's recent history of radical improvements in health infrastructure and medicine, would be most surprised by what is going on in the country today. The political left in Latin America admired Venezuela's ambitious socialist project and hailed Venezuela's socialism as an appealing alternative to market-based approaches. Today, the accessibility of *Barrio Adentro* clinics has significantly decreased, making it difficult to obtain quality healthcare. When the *Barrio Adentro* missions were first announced in 2002, the government planned to build clinics in every neighborhood to cover about 250 to 350 families each, making healthcare more accessible to rural Venezuelans. By 2017 it was reported that 80% of the 13,496 neighborhood and comprehensive centers that had previously been built were closed. The clinics that are today open are inadequately staffed and stocked. The country is today incapable of responding to the ever-increasing number of patients who require assistance.

Lack of investment in public healthcare has depleted the country of medical personnel, infrastructures, supplies, and equipment necessary to prevent, diagnose, and treat health conditions, and public medical facilities are under stress. Limited to no access to essential medicines (incl. very basic medications like antibiotics, sedatives, cancer treatment and pain killers) hinder treatment and care, and even the length of stay for inpatients. Additionally, waiting times can be long, medical equipment may be outdated, and a major or emergency operation may require medical evacuation of the country.

Shortages to essential medicines and healthcare services have fur-

	2008	2018
Cases of malaria	106	1.3 million
% of pop. with immunization to measles (children aged 18-24 months)	93%	74%
Confirmed measles cases		2,154
Malnutrition affecting children under 5 years		17%

Latin American Governments' Spending on Healthcare



ther increased the spread of infectious diseases and the rice in non-communicable diseases. **Within a decade, measles, diphtheria, and malaria vaccinations have fallen below the essential immunization levels. In 2018, over one million cases of malaria were reported despite the disease being eradicated in Venezuela back in the 1940s. Maternal mortality increased by 65% between 2015 and 2016, and infant mortality increased by 30%.** Venezuela also claims one of the highest rates of HIV and teen pregnancy in Latin America. The continued deteriorating situation results in migration of Venezuelans to acquire healthcare elsewhere, especially across the border to Colombia, the majority crossing the border for medicine or food.

Since the height of the government healthcare program in 2006, healthcare spending has significantly dropped from 8.1% of GDP to less than 1.18% in 2017, to rise to 3.8% - 4% in 2020 and 2021 (WHO). **Little annual government spending to healthcare and economic failures and mismanagement within the government, causing healthcare to become too dependent on a volatile oil economy, have been major factors to the crisis.** Most of The *Barrio Adentro* facilities were closed or abandoned due to lack of continued government investments in the future of the oil industry (being Venezuela' GDP dependent on it) - namely, the monopolistic state-owned company *Petróleos de Venezuela* (PDVSA), which was the primary funder for *Barrio Adentro*. In addition, when the value of oil quickly dropped in 2014, the effects rippled across the country, taking a toll on social programs. Inflation, hit a record high at a 10 million percent inflation rate in 2019 (measured as a comparison between the former Venezuelan currency *bolivar fuerte* and the US dollar).

Despite some government's measures attempting to combat the economic crisis, healthcare costs continue to be inflated and primarily paid for by individuals. Since 2019, the worst year for Venezuela's economy, the government has resorted to increasing the minimum wage, which has lowered inflation but has yet to influence the pricing and accessibility of healthcare. **Out-of-pocket healthcare expenditure is around 62.99% in Venezuela, well above Latin America and the Caribbean's average of 28% and the worldwide average of 18% that year.** While there is not a complete breakdown of what Venezuelans' out-of-pocket-expenditure goes toward, most of this cost is for private healthcare. Given the general lack of medical equipment, including medicine, many patients are forced to resort to the proliferating black market for medical supplies, as pharmacies and medical clinics are no longer able to stock these resources. This shortage affects the entire Venezuelan population, not just the poor.

Unclear and potentially falsified reporting makes it difficult to have precise and accurate data concerning the healthcare crisis. Lack of transparency masks the reality that Venezuela is in a fast descent towards a state of humanitarian and refugee emergency, further aggravated by the COVID-19 pandemic, which stretched the limits of an already weakened national health system. A national poll published by the *Washington Post*, provided numerical evidence of Venezuela's spiraling health crisis, substantiated by witnesses but not by official data, since none is available. The survey was conducted by Venezuela's opposition-led National Assembly and the independent Doctors for Health Organization and went directly to doctors in 104 public and 33 private hospitals in 22 of 25 states. It found that drug shortages increased 33% during the past five years, reaching 88% in 2018, and that only about 10% of hospitals have fully functioning emergency and operating rooms. Even providing basic services has become an insurmountable task, according to the poll, with doctors in 79% of hospitals saying water is frequently unavailable and in 96% saying their kitchens cannot adequately feed patients.

But the government of President Nicolás Maduro, denying that the country is mired in a humanitarian crisis, has rejected aid in mul-


Bolivar Avenue, Caracas

tiple occasions. Doctors in more than 80% of the hospitals polled said their emergency rooms were experiencing intermittent failures. In 15% of hospitals, doctors said operating rooms weren't functioning, and in 80% they said rooms were often inoperative. 79% percent of hospitals said they lacked basic surgical supplies such as gauze, gloves and compresses, and 84% reported having no catheters and tubes. 94% reported a frequent absence of X-ray equipment; 86% said they often could not perform ultrasounds; 96% said they often couldn't offer CT scans, and 100% said their laboratories were not fully functioning given the scarcity of reagents.

In a National Hospital Survey, from the first half of 2022, covering 40 Venezuelan public hospitals, 47% reported shortage of supplies in emergencies and a 72% shortage of supplies necessary for operating rooms. Patients admitted for surgery are often asked to provide their own needles and antibiotics. Another survey on 40 Venezuelan hospitals revealed that between November 2018 and February 2019, 1,557 patients died because the hospitals did not have the supplies necessary to treat them. Additionally, in 2019, the UN stated that 300,000 Venezuelans' lives were at risk because they had been waiting for over a year to receive needed medicines. The COVID-19 pandemic exacerbated inequalities and deepened the only humanitarian crisis that is taking place in the Americas nowadays.

Lack of accessibility to adequate healthcare is further exacerbated by the frequent blackouts that plague the country, due to a failure to invest in maintenance for the Venezuelan national dam meant to provide electricity and power to most of the country. In March 2019 alone, hospitals lacked electricity for as much as 507 hours, or two-thirds of the month, with shortages lasting as long as a week. In 2018 a national hospital survey reported that 68% of Venezuelan hospitals experienced failures in their electricity supply.

Hospitals also lack consistent running water to provide sanitary environments for medical practices. In a 2019 national poll, intermittent water availability was reported by 70%

	Venezuela	Region of the Americas (average)	European Region (average)
Density of medical doctors (per 10.000 pop.)	16.6 (from 19 in 2001)	24.5	36.6
Density of nursing and midwifery personnel (per 10 000 pop)	20.0	82.1	83.4
Density of dentists (per 10.000 pop.)	1.3 (from 5.5 in 2001)	5.9	6.2
Life expectancy at birth, total years (2021)	71.2 (from, 74.1 years in 2000)		

Source: WHO- World health Statistics 2023

of hospitals, and an additional 20% of hospitals reported they had little to no water.

Shortage of Medical Professionals and Hospital Beds

Beyond the lack of funding, Venezuelan hospitals are in desperate need of medical professionals. **Thousands of doctors and nurses from Venezuela have migrated due to low wages, inadequate supplies, and government corruption, leaving hospitals and clinics severely understaffed.** In 2014, 39,900 medical personnel were registered with the Pan American Health Organization (PAHO), but between 2012 and 2017, 22,000 physicians left Venezuela. Wages in 2019 were less than US $10 a month for medical specialists and surgeons, and usually around US $4–$5 for regular physicians and nurses. Available hospital beds are far below recommended rates in Venezuela. In government-supplied public hospitals, doctors are reportedly only able to use 16,300 of the 45,000 hospital beds available, primarily due to a lack of supplies, medical personnel as well as lack of funding to provide care for more patients. In a nation of 28 million people where it is estimated there should be 100,000 beds available, the number of available beds in Venezuela falls below 25,000, including beds in private clinics. Intensive care unit (ICU), report claiming there are only 84 available ICU beds in the entire country.

Oral Health in Figures

Per capita current health expenditure in PPP (2019)	int$ 385
Per capita expenditure on dental healthcare (2019)	US$ 18
Total expenditure on dental healthcare in million (2019)	US$ 494
Total productivity losses due to 5 oral diseases in million	US$ 239

Note: Total productivity losses due to 5 oral diseases in million (US $) = Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD. (Data source: Jevdjevic & Listl 2022.)

No. of Dentists, 2017	4,116
Dentists per 10.000 pop.	1.3
No. Dental prosthetic technicians	N/A
No. Dental assistants and therapists	N/A

Source. WHO-Oral Health Country Profile

Prevalence of untreated caries of deciduous teeth in children 1-9 years	41.0 %
Prevalence of untreated caries of permanent teeth in people 5+ years	30.3 %
Prevalence of severe periodontal disease in people 15+ years	24.5 %
Prevalence of edentulism in people 20+ years	8.6 %
Lip and oral cavity cancer, all ages (2020), number of new cases	601
Lip and oral cavity cancer, incidence rate (per 100 000 population)	1.9

Source. WHO-Oral Health Country Profile

Among main sources:
-WHO, Bolivarian Republic of Venezuela, https://www.who.int/emergencies/funding/outbreak-and-crisis-response-appeal/2023/2023-appeals/appeal-venezuela
https://pubmed.ncbi.nlm.nih.gov/29513861/
-The health system in Venezuela: a patient without medication?, Alejandra Carrillo Roa , 2018 Mar 5;34(3):e00058517. DOI:10.1590/0102-311X00058517. PMID: 29513861
- US Department of State, https://2017-2021.state.gov/a-democratic-crisis-in-venezuela
- Venezuela: Healthcare in Times of Crisis, Charlotte Fowler, https://sites.google.com/macalester.edu/phla/key-concepts/venezuela-healthcare-in-times-of-crisis
-Public Healthcare Crisis in Venezuela, by Valerie Bittleston, https://ballardbrief.byu.edu/issue-briefs/public-healthcare-crisis-in-venezuela
-Exposing Inequalities: How the Health Care System Failed in Venezuela, https://pulitzercenter.org/projects/exposing-inequalities-how-health-care-system-failed-venezuela
-The Washington Post, https://www.washingtonpost.com/news/worldviews/wp/2018/03/19/venezuelan-hospitals-are-even-worse-off-than-we-knew-an-independent-poll-shows/
-WHO-World Health Organization: https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/dentistry-personnel
-WHO- Oral Health Country Profile
-Ministero degli Affari Estere e Cooperazione Internationale, https://www.infomercatiesteri.it/paese.php?id_paesi=56
-BBC, https://www.bbc.com/news/world-latin-america-19649648
-Venezuela Crisis in Brief, By Vanessa Buschschlüter, BBC News Online Latin America editor, https://www.bbc.com/news/world-latin-america-48121148
-https://www.lloydsbanktrade.com/en/market-potential/venezuela/economical-context
-https://www.cia.gov/the-world-factbook/countries/venezuela/
-https://country.eiu.com/Venezuela
-https://www.nytimes.com/2024/05/16/world/americas/venezuela-president-election.html

Ms. Silvia Borriello
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Ego and Arrogance

Welcome to Infodent International's "Leadership and Business Skills Improvement Column".
This new and unique column addresses how business owners, company executives, and sales personnel can improve their communication and business skills to be more successful in sales and in conversations with their clients.

***Silvia* - Welcome Dr. Edwab. It is so nice to speak with you today so we can discuss how leaders and managers can appear confident and not arrogant.**
Dr. Edwab - Hi Silvia. It is great to be here. As a leader of organizations, member of numerous boards, and a full Professor at the Jack Welch Management Institute Online MBA Program confidence, ego and arrogance are an extremely important topic for current leaders and future leaders to understand.

***Silvia* - Wow. I never really focused on how they are related in the workplace.**
Dr. Edwab - Yes, it is important as many times how we think we appear before our team members is the direct opposite of how they perceive us. Does your team describe you as confident, decisive, intelligent, charismatic, empathetic and a good listener? Or do they look at you as absent, arrogant, not empathetic or compassionate, verbally abusive, a micromanager and a poor listener?

***Silvia* - I never thought about how different it is how leaders and managers see themselves as compared to what people really think about them. Please tell us more.**
Dr. Edwab - Effective leadership requires a balance of technical skills, emotional intelligence and self-confidence. You are candid, honest, and can handle challenges and stress in a calm manner. Leaders who have confidence deal with problems immediately and do not put them off for another day. Plus, leaders who demonstrate confidence enjoy teaching and coaching so they can elevate the skills of their team members and not feel threatened in the process.

***Silvia* - Now I see what you are saying. So self-confidence facilitates a highly creative, productive, and performing team.**
Dr. Edwab - Yes. Self-confidence is not just a personal attribute or skillset. It is a facilitator that creates collaboration and relationships within the workplace.

***Silvia* - What about arrogance?**
Dr. Edwab - In my opinion, arrogance is associated with ignorance. Leaders and managers who are arrogant many times are unconscious and oblivious on how they are detrimental to team effort and the needs of their people. They are self -centered where everything is about them. They take no responsibility for failures; only responsibility for successes. They are not honest and have no humility. They talk more than listen. They think their strong opinions display confidence. Arrogant leaders think they are always right and alternative viewpoints are wrong.

***Silvia* - You mentioned arrogant leaders don't listen. Can you explain that?**
Dr. Edwab - Listening is part of communication skills and communication is an essential leadership skill needed for success. Arrogant leaders don't communicate well. They don't clearly explain expectations and goals, they are not transparent, do not offer support, are absent, and do not provide feedback. This discourages team members to take risks, be creative and collaborative.

***Silvia* - So how do you become more confident and avoid being seen as arrogant?**
Dr. Edwab - By continuously encouraging and accepting feedback, you will learn about yourself. Examine your negatives and failures and also look at your positives and successes. When you look at all of these, you become a better leader which keeps your ego under control. If you only focus on the good, your ego could get inflated so you must always also focus on the bad so you can learn and grow. Continuous improvement makes you not only a better leader, but lets you understand you are not perfect. That is how you avoid arrogance and an inflated ego.

***Silvia* - As always, thank you so much Dr. Edwab for your discussion on helping us keep our egos under control and appearing confident in front of our team members and colleagues and avoiding being labeled as arrogant and untrusting. I know we have just learned a lot about ourselves. As always, we are all looking forward to our next interview and another topic so we all can become better leaders.**

For additional information, contact:
Ms. Silvia Borriello: silvia.borriello@infodent.com - LinkedIn: www.linkedin.com/in/silvia-borriello-6026653/
Dr. Robert Edwab: robtedw@aol.com - LinkedIn: www.linkedin.com/in/robert-edwab-b77990156/

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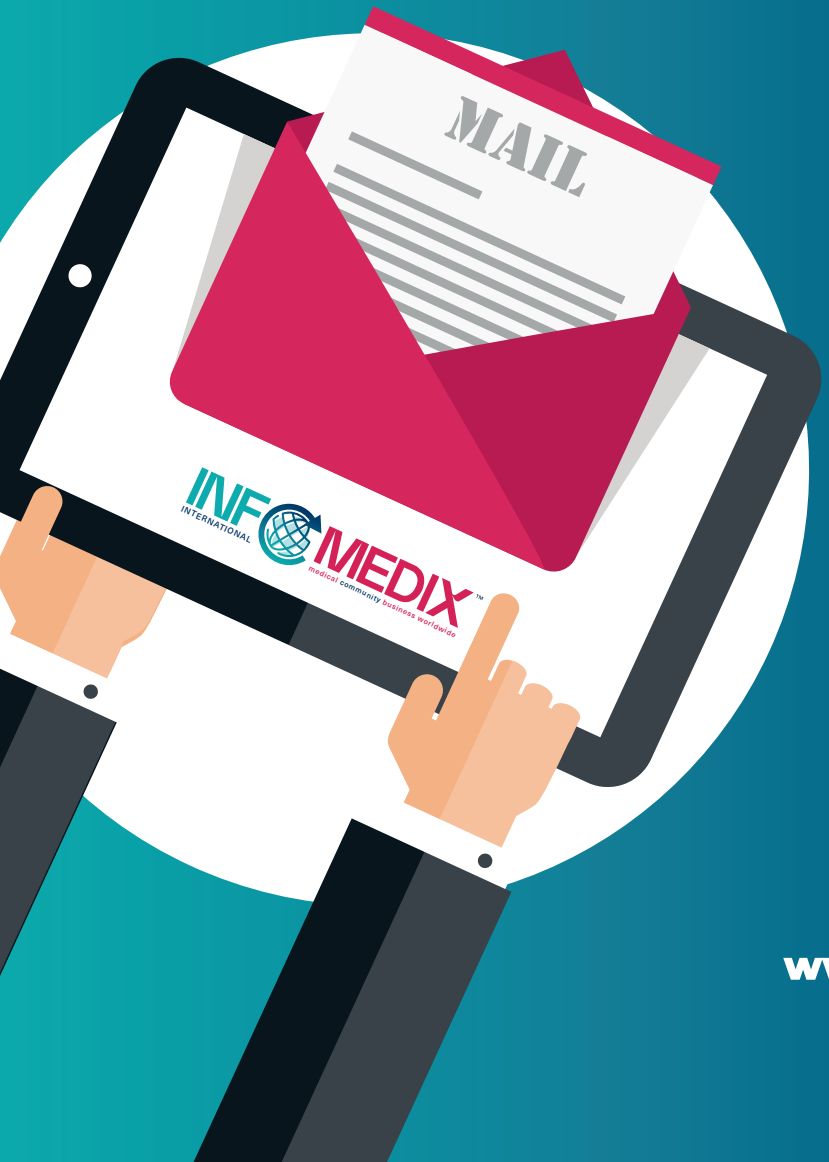

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On the Ground: A Path to Maternal Care at the Venezuela Border

Visit the Colombia-Venezuela border, where Project HOPE is working inside communities and health centers to connect Venezuelan women and girls to essential care.

Earlier this year, I had the opportunity to visit Project HOPE's programs in Colombia, where for the past five years we have had an active presence responding to the migrant crisis that has seen more than 7 million people flee neighboring Venezuela.

Colombia is now home to the largest number of Venezuelan refugees and migrants: at least 1.8 million people have sought refuge there over the past several years, many of whom need urgent health services. The shift has brought hundreds of thousands of new patients to Colombia's hospitals and clinics, which have struggled to provide the necessary levels of treatment and care.

Our team is based in the city of Cúcuta, which straddles the border with Venezuela, where we work to increase critical health services to serve the growing migrant and refugee community, with a focus on improving birth outcomes by creating pathways for maternal and prenatal care. From the moment we arrived, it was evident that there was not only a humanitarian issue at hand, but a health crisis. Young women and girls travel for hours — sometimes on foot while pregnant — to get access to health care in Cúcuta. Many of these women have not yet had any prenatal care or find out while at the hospital that they have preeclampsia or gestational diabetes. Because of the economic situation in Venezuela, prenatal care is either unaffordable or simply inaccessible.

While there, we visited Erasmo Meoz University Hospital, which provides maternal and newborn care and is the only tertiary care hospital in Colombia's Norte de Santander department that has specialist staff and surge support for emergency OB/GYN services and delivery room care.

Due to the lack of options in the region, pregnant girls and women often travel more than six hours in dangerous conditions to reach this hospital. Once they arrive, they are triaged and screened for health conditions that commonly go undiagnosed due to the lack of preventative prenatal care, such as preeclampsia and cancer. While touring the hospital, I was introduced to a 15-year-old girl who had gone into cardiac arrest while traveling from Venezuela to Cúcuta due to undiagnosed preeclampsia. Fortunately, the doctor at Erasmo Meoz was able to stabilize her upon her arrival to the hospital and safely delivered her baby. As a mother myself, it deeply saddened me to hear of so many people suffering from life-threatening health conditions they were not aware of due to such a profound lack of health care access, which put not only their health at risk, but their babies' too.

As a mother who was fortunate to have safely delivered my twin

Venezuelans cross back over the border before it closes

daughters in a hospital in the United States, I was struck by how quickly women are sent home after giving birth: four hours for vaginal births and 24 hours for C-sections, compared to one-to-two days — and in some cases up to five — in the U.S. Before being discharged, the staff discusses family planning options and offers birth control. Despite the low nurse-to-patient ratio, I was deeply moved by the level of care here. The team leading the work was phenomenal and treated everyone like they were family.

The next day, we visited a small family health clinic near the Venezuela border where Project HOPE has worked since 2019. The clinic largely serves Venezuelan women and children who cross the border early in the morning to wait in a long line to see a doctor. I was struck by the long line of patients who arrived before opening, patiently waiting to be seen. By late afternoon the clinic was almost empty, and across the street we visited another program focused on pregnant mothers.

I was fortunate to participate in a maternal health class with our partners Jorge Cristo Sahium Hospital and the local organization, Mujer Denuncia y Muevete (CMDyM). Every week, at least 10 young women come to this weekly meeting, which serves as a safe haven for them. It is staffed by a psychologist, community health workers, and a lawyer. As I sat quietly with the women, I listened as the nurse explained to them what to be alerted to for prenatal complications or symptoms of labor. She also discussed nutrition and breathing exercises, and we all participated in some gentle stretching together.

Probably the most impactful part was the group mental health sessions facilitated by psychologists who provide space for women to speak about their experiences. It was heartbreaking to hear how many of the women had survived traumatic experiences of sexual- and gender-based violence or were trying to come to terms emotionally with how they would raise a baby while working and trying to return to school. It quickly became evident that many of these women did not have planned or expected pregnancies, which is why family planning and mental health support are so critical for these communities. We were witnessing the correlation between health and gender inequities, particularly for migrant women, which shined a light on the importance of giving woman a safe space.

As we approached evening, we headed to the Simon Bolivar International Bridge in La Parada, which connects Colombia and Venezuela. This border crossing opened in January, which has allowed Venezuelans to make the trip into Colombia on a regular basis to get medical care, work, and to buy groceries and supplies for their families. We walked across the bridge around 5 p.m. that day as a large influx of people and cars moved back from Colombia to Venezuela with fruits, clothing, and even furniture in tow. You got a feel for the daily long walks that are necessary in order to access what we on most days take for granted. When you think about being pregnant and making that walk, it becomes even more unimaginable.

We witnessed a rush of people trying to cross before the border closed again for the night — a solemn reminder that there is so much more work to be done.

Despite the arduous challenges facing the women we met, it was deeply inspiring to see their commitment: showing up for prenatal visits holding stacks of paperwork from previous appointments, bravely sharing their stories in mental health support groups, learning health signs to be on the lookout for, and doing all they can to commit to a healthy life for themselves and their families, whether this was what they had imagined for themselves or not.

Project HOPE's work to create pathways for girls and women to get access to care from prenatal through childbirth is making great strides. However, there is still an urgent need to continue to grow and provide more support for women.

Written by
Cinira Baldi, Project HOPE's Chief Development and Communications Officer.

About Us
Project HOPE is a leading global health and humanitarian organization with over 65 years of experience. With over 1,000 employees in more than 25 countries across five continents, we work hand-in-hand with local health workers and health systems to provide urgent relief and transformative solutions that drive lasting impact.
In the face of unprecedented challenges, we believe hope has the power to change lives — because we see it every day.

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Marketing & Consulting:
Riccardo Bonati, riccardo.bonati@infodent.com
Alessandra Brunetti, alessandra.brunetti@infodent.com

Exhibition Manager:
Cristina Garbuglia, cristina.garbuglia@infodent.com

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VAT 01612570562

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

3D Graphic & Web Developer: Luca Maria Pipitone, luca.pipitone@infodent.com

Press Officer: Claudia Proietti Ragonesi, pressoffice@infodent.com

Social Media Strategist:
Alessandra Brunetti, alessandra.brunetti@infodent.com

Graphic Department:
Antonio Maggini, artwork@infodent.com

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

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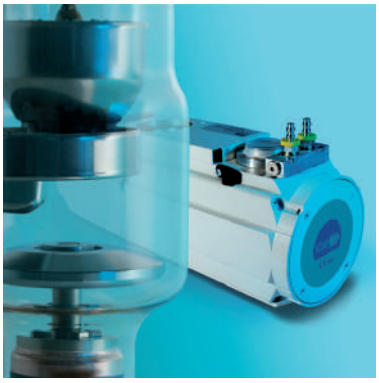

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