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CONTENTS

"Globalization" and "Localization"

Baldo Pipitone
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International trade shows are a fantastic way of generating new global business, and they have kept their appeal even as businesses move more of their marketing operations online. I've searched the topic on the internet, and a variety of other sources, and came up with interesting data. 70% of exhibitors generate new leads and brand awareness at international trade shows. Meeting potential customers is the most positive aspect of exhibiting, according to 83% of exhibitors. International exhibitions such as MEDICA/COMPAMED (Düsseldorf-Germany) register on average 80,000 visitors from 165 countries, concentrated in just a few days, Arab Health (Dubai), over 68,000 professionals from 193 countries, CMEF (Guangzhou) over 300,000, just to mention a few.

High level of internationality, innovation, quality and motivation on both the exhibitor and visitor side characterize the feedbacks of most professionals visiting a show. International shows are more than just a meeting point for many people concerned - they represent a step forward into a future-looking, increasingly digitalized and a globally connected medical world.

Yes, because in spite of geopolitical uncertainties and economic challenges, the death of globalization has been much exaggerated. The reach of the multinational companies and the international visitors that continue to flock to international trade shows are evidence of that. As is the rapid growth of AI, part of a tech revolution that cuts across borders and which is leaving national regulators floundering in its wake. A year ago, ChatGPT was in its infancy. This year, AI is central to the future of medicine, with those hailing its potential, and those warning of its risks.

So globalization is not dead, not at all. For sure, productivity has been weak and living standards have been squeezed in recent years. What is true is that having been pushed on to the defensive, global capitalism is morphing into something different. Peak globalization happened a while ago, around the time of the global financial crisis of 2008, but it has been the repeated shocks since 2020 that have changed the dynamic.

Everything that has happened since the arrival of the Covid pandemic has pointed to a new paradigm: some call it de-globalization, others call it – perhaps more accurately – "glocalization".

An ugly term, combining the words "globalization" and "localization", glocalization is not the global free market, and it is not autarky (a nation that operates in a state of self-reliance), but something in between. It involves shorter supply chains, an emphasis on building back domestic manufacturing capacity, and a more strategic role for government. As with any form of mixed economy, the degree of glocalization varies from country to country.

Where once supply chains stretching from China to the developed countries of Europe and North America were indispensable, now there is a recognition of how vulnerable long supply chains have become and that low cost is not everything. That there is value in governments knowing that they will not run short of vaccines, protective equipment, computer chips and energy.

But while the shift towards onshoring previously outsourced production would have happened anyway, it has certainly been accelerated by the events of the past four years: a pandemic, then supply chain bottlenecks, a surge in inflation, and the war in Ukraine.

International trade shows remains thus crucial for global networking. International exhibitions provide an excellent opportunity to establish connections with representatives from companies worldwide, leading to new partnerships, global collaborations, brand visibility on a global stage, and possibilities for market expansion. *Infomedix International* can help expand your markets with its *Trade Show Service*. You can share the booth with us at the most important international trade exhibitions around the world. Ask us for the list of trade shows!

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Opera Revolution is the result of technological and ergonomic innovation and it is the newest addition to the Opera systems family, best-seller among remote controlled tables. Accessibility for the operator and for the patient is facilitated thanks to the new elevation system, which reduces the distance from the floor. This ensures easy and safe access also to elderly patients or patients with reduced mobility.

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Giotto Class S - Productivity combining innovation and quality in the breast care

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Giotto Class S is a versatile system that can be be configured for 2D or/ and 3D breast tomosynthesis imaging choosing between different options, accessories and advanced interventional applications like high-precision tomo-guided biopsy or contrast enhanced spectral mammography.

It features a unique, particularly ergonomic design which ensures patient comfort and user-friendliness for the operator.

The C-arm stand enables a wide freedom of inclination: it can be tilted downwards and upwards to maximize patient comfort and breast positioning.

The system can be equipped with the new software application "Tiziano" based on AI algorithms for estimating the volumetric breast density according to the 5th edition of ACR BI-RADS Atlas.

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With over 50 years of industry expertise, Siare was founded by its current President, Mr. Giuseppe Preziosa, and has established itself as a symbol of Italian excellence in medical technology.

Our headquarters are strategically located in the heart of Italy's renowned "Medical Valley" between Bologna and Modena—an area globally recognized for its concentration of leading healthcare technology companies.

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Villa unveils new CHRONOS

Villa Sistemi Medicali

Chronos is Villa's all-new multifunctional R/F system with superior performance, offering the broadest diagnostic and application capabilities, fast and precise positioning, and a wide range of movements for accurate imaging that improves workflow efficiency.

Its compact design, featuring a tilting movement, ensures maximum space optimization and easier installation, with all components seamlessly integrated into the equipment structure, enhancing reliability and reducing installation time.

The breakthrough feature of the system is the ability to expose the X-ray tube and flat panel detector beyond the tabletop, enabling all types of direct examinations, even for polytrauma patients on stretchers, expanding diagnostic capabilities.

The advanced Chronos collimator, with control joysticks and touch screen, simplifies movements, while the 3D camera and AI software recognize body type, positioning, chest distance and depth to optimize the examination process.

Chronos is a comprehensive R/F imaging solution, equipped with intelligent positioning and user-friendly controls, designed to enable healthcare professionals to deliver optimal diagnoses.

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Parliamentary Monarchy, with a population of over 10.7 million people

GDP per capita (current US$), 57,488, among the highest in the EU

Sweden joined the E.U. in 1995, however in 2003, at a referendum on the introduction of the euro, the majority voted not to adopt it

Located in northern Europe, most of its population lives in southern, coastal, and urban areas, while the north is sparsely populated

Highest income tax rate in the world. More than 57% is annually deducted from people's incomes

Sweden placed 7th out of 156 countries in the World Happiness Report 2019, with a healthcare system as one of the best in the world

Education is fully tax-financed. Higher education is free, including medical schools, not only to Swedes, but also to those who reside in the rest of the EU/EEA.

6th leat corrupt country in the Corruption Perceptions Index by Transparency International. The index ranks 180 countries and territories by their perceivd levels of public sector corruption

A physician can expect an average monthly salary of 77,900 SEK ($8,500)

Human Dignity, Solidarity, Cost-effectiveness. Three Basic Principles in Swedish Healthcare

Despite having the highest taxes in the world, the living conditions and healthcare in Sweden are among the best in the word. Sweden operates on the principle that those who need medical care most urgently are treated first, furthermore, universal coverage and caps on user charges contribute to equity in access and a low level of unmet needs, especially due to costs and travel distance.

8′
Reading time

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The Swedish healthcare system is mainly government-funded, universal, and enrollment is automatic to all legal residents. Its organization is decentralized, nationally regulated, and locally administered, although private healthcare also exists. The country is divided into 290 municipalities and 21 regional councils. Swedish policy states that every regional council must provide residents with good-quality health and

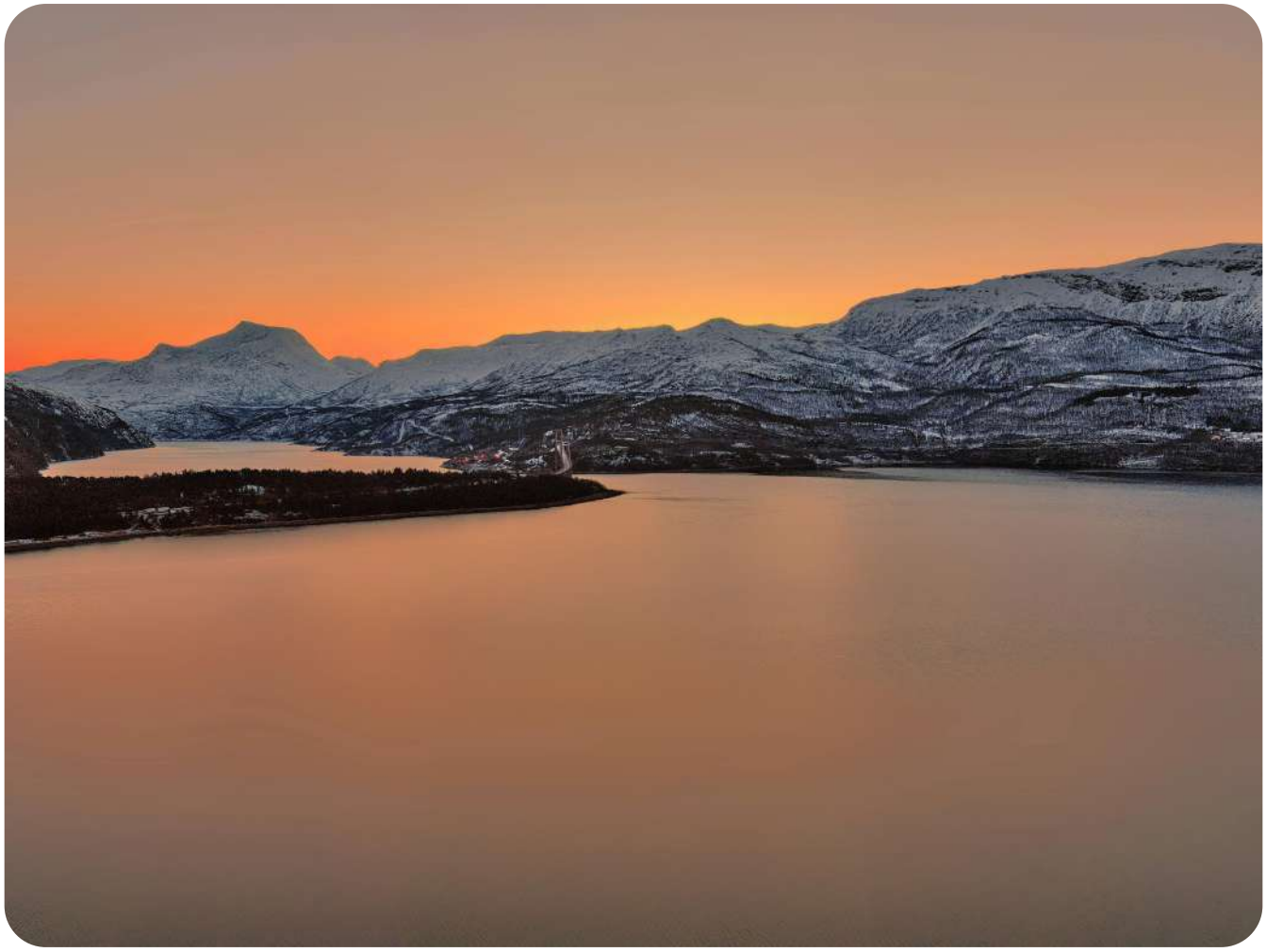
medical care, and work to promote good health for the entire population. On this regard, the National Board of Health and Welfare (Socialstyrelsen), government agency under the Ministry of Health and Social Affairs, compiles information and develops standards to ensure good health, social welfare and high-quality health and social care for the whole population.

A distinctive feature of Swedish welfare policy is that it is largely universal, namely, public services and social transfers are designed as social rights that cover the entire population in different life situations, not just vulnerable groups. Consequently, Sweden has a large and comprehensive public sector, with total public expenditure accounting for about half of Sweden's GDP (measured in terms of consumption). The largest share (38%) comprises transfers to cover social protection (such as old age pensions but also expenses for care for elderly individuals, such as home services and special accommodation). Healthcare is the second largest part followed by education, general public services, and economic affairs. The share of public expenditure in GDP on social protection and healthcare has been quite stable since 2011, and varied between 27.9% and 25.9% (Eurostat, 2022a).

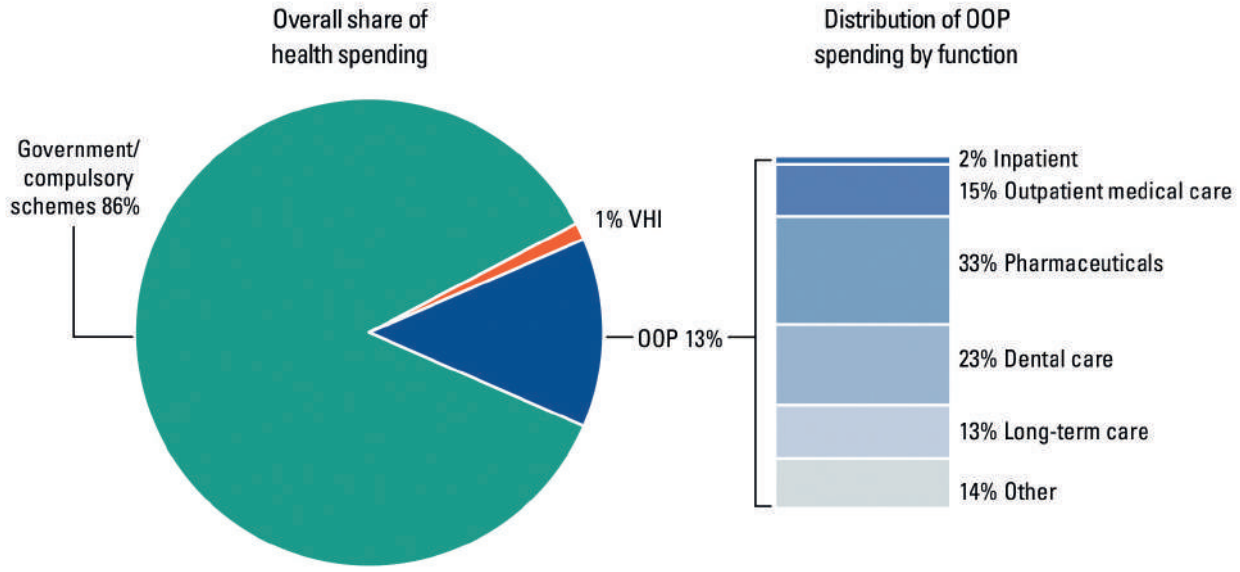
A distinctive feature of Swedish welfare policy is that it is largely universal, namely, public services and social transfers are designed as social rights that cover the entire population in different life situations, not just vulnerable groups.

All three levels of government (national government, regions, and municipalities) engage in the healthcare system:

- At the national level, the *Ministry of Health and Social Affairs* is responsible for **overall healthcare policy and regulation and sets budgets for government agencies and grants to regions**, working in concert with eight national government agencies.
- At the regional level, 21 regional bodies/councils are responsible for **financing and delivering primary and hospital health services** to residents. Regional councils are political bodies whose representatives are elected by region every four years on the same day as national general elections.



Composition of out-of-pocket payments, 2022



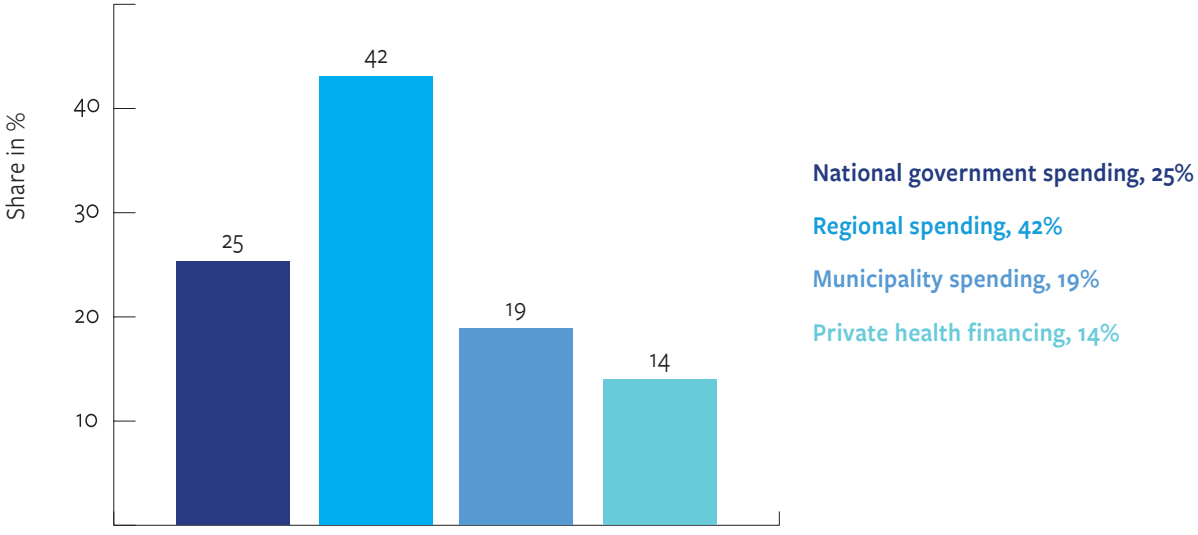
Notes: OOP: out-of-pocket; VHI: voluntary health insurance.
Source: OECD, 2024.

- At the local level, 290 municipalities are responsible for **care of the elderly and disabled people, including long-term care, as well as healthcare in schools**. Although in most countries care for the elderly or those who need psychiatric help is conducted privately, in Sweden local, publicly funded authorities are in charge of it.

Swedish healthcare is thus generous and provides extensive coverage in terms of breath, scope, and depth, however, there is no predefined benefits package, and services vary to some extent throughout the country because the responsibility for organizing and financing healthcare rests with the regions and municipalities. Broadly, however, the publicly financed health system covers public health and preventive services, primary care, inpatient and outpatient specialized care, emergency care, outpatient medical devices, dental, mental health, rehabilitation, social services, long-term care, as well as prescription drugs.

Rather the *Health and Medical Services Act* states that responsible healthcare authorities are obliged to provide care on the basis of need for all residents. **The ethical platform and the general guidelines for priorities in health and medical care on which the parliament has decid**

Healthcare Expenditure, Break-down by Government Bodies



ed, aim to clarify and strengthen the goal of care on equal terms, a principle that has been valued for a long time in Swedish health and medical legislation (Government Bill 1996/97:60). The ethical platform is deliberately designed not to provide detailed guidance on how healthcare should be delivered and managed, among other things due to regional self-governance. Based on the ethical platform, there are four priority groups to guide decisions about resource use at the political and administrative level as well as in clinical practice:

- Priority group 1: Life-threatening acute conditions, diseases that lead to permanent impairment or premature death without treatment, severe chronic diseases, palliative care and end-of-life care, care of people with reduced autonomy (patients who, for various reasons, find it difficult to assert their right to care and a dignified existence)
- Priority group 2: Prevention, habilitation and rehabilitation
- Priority group 3: Less severe acute and chronic conditions
- Priority group 4: Care for reasons other than illness or injury

> **In general, all social groups are entitled to the same benefits. Ceilings on out-of-pocket spending apply to everyone, and the overall cap on user charges is not adjusted for income.**

Swedish healthcare is predominantly financed by taxation. Public funding comes primarily from regional and

Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scanners in Sweden, per 100 000 population, 2022

	MRI scanners per 100 000 population	CT scanners per 100 000 population
Sweden	1.74	2.37
Lowest and Highest in EU (range)	0.56 (Hungary) - 3.73 (Greece)	1.07 (Hungary) - 4.88 (Greece)

Source: Eurostat, 2024.

Three basic principles apply to all healthcare in Sweden:

Human dignity: All human beings have an equal entitlement to dignity and have the same rights regardless of their status in the community.

Need and solidarity: Those in greatest need take precedence in being treated.

Cost-effectiveness: When a choice has to be made, there should be a reasonable balance between costs and benefits, with costs measured in relation to improvement in health and quality of life.

	Sweden Average	EU Average	Eu Ranking
Health expenditure per capita (US$ PPP)	6,347	4,224	7th (lower than Norway (7,168) and Germany (7,037), similar to Denmark but higher than Finland (4,897)
Health expenditure as % of GDP	11%	9.2	4th after Germany (12.8), France (12.2) and Austria (11.5)
Public expenditure on health as % of total expenditure on health	86%	75.1	3rd After Czechia (87.4) and Luxembourg (87.3)

Note: US$ PPP: US dollars adjusted for differences in purchasing power.
Sources: Statistics Sweden, 2022h; WHO, 2022.

Regional (public) hospitals	79 (7 are regional university hospitals)
Private hospitals	15
Licensed physicians	45,916
General Practitioners	6,478
Registered nurses	106,000

Note: figures are approximate, compared from different sources

municipal taxes, supplemented by the national government grants and by user charges.

Overall, in terms of expenditure, over 86% of the service production is conducted by public providers. Inpatient and outpatient specialized care absorbs around two thirds of the funding, where almost all hospitals are public owned and managed. Private care provision is limited to urban areas, mostly in the major cities.

To service its over 10.7 million people, Sweden has over seventy regionally-owned public hospitals, seven university hospitals, and around fifteen private hospitals. Each region has a highly integrated healthcare system, with most hospitals owned and operated by the regions. However, the mix of public and private outpatient providers varies significantly across regions. Primary Care Centers (PCCs) employ a range of professionals, including general practitioners (GPs), registered nurses, physiotherapists and psychologists. Since the introduction of freedom of establishment in 2010, the number of privately owned PCCs operating with public financing has increased, though the balance of public and private PCCs still differs widely among regions.

> **Healthcare is part of social protection in Sweden, with predominantly tax-based financing and public provision. The goal is to provide good health and care on equal terms.**

In general, all social groups are entitled to the same benefits. Ceilings on out-of-pocket spending apply to everyone, and the overall cap on user charges is not adjusted for income. Although low and with a price cap, patient fees are in fact charged for almost all types of services and medical products. Some targeted groups, such as children, adolescents, and the elderly; in addition, preventive services, such as maternity care, immunizations, cancer screenings, and dental care up to the age of 19 (23 years until 2024) are exempt from patient fees/co-payments.

For visits and treatments within outpatient care, patients pay flat-rate fees up to a maximum ceiling of 1,300 Swedish kronor (SEK) [118 euros (EUR)] per 12-month period. The level of private cost-sharing is higher for pharmaceuticals, dental care and technical devices. However, for prescribed pharmaceuticals within the National Drug Benefit Scheme, the share of co-payment decreases up to a maximum cost of SEK 2,600 (EUR 234) over a 12-month period. There is also a co-payment scheme for dental care such that the state covers part of the cost according to the reference price list above SEK 3,000 (EUR 279). As a result, there are relatively few people who forgo care due to patient

A Dynamic Economy

Sweden has a diverse and highly competitive economy. In the the IMD World Competitiveness Ranking 2024 – which ranked 67 economies – Sweden came 6th.

According to the World Bank, a key feature of the Swedish economy is its openness and liberal approach to trade and doing business. Sweden has traditionally been an export-orientated nation, and typically maintains a trade surplus, i.e. the value of goods and services it exports is greater than the value of imports.

Key Health System Reforms Over the Past 10 Years

The Patient Act (2015): is a cornerstone of Swedish health care policy, focusing on person-centred care and allowing patients free choice of outpatient care provider nationwide. This legislation aims to empower patients by giving them more control over their health care decisions and ensuring their preferences and needs are prioritized.

National System for Knowledge-driven Management (2018): Established in 2018, it aims to ensure equitable access to evidence-based, high-quality health care across Sweden. This system enhances care coordination and standardizes practices, promoting consistency and quality in health care outcomes.

National Specialized Medical Care (2018): Implemented in 2018, this regulation limits national specialized medical services to a maximum of five health care units. It concentrates resources and expertise, ensuring efficient and effective delivery of complex medical interventions.

The National Medication List (2021): Introduced in 2021, it allows patients to mantain and share comprehensive medication information with health care providers, enhancing medication management and patient safety.

fees, but this is more common regarding dental care.

Costs for health and medical care as a percentage of Sweden's gross domestic product (GDP) is quite stable, and on par with most other European countries, representing on average 11% of GDP, ranking fourth in the European Union, higher than the Nordic average (0.9 percentage points higher) and 2.2 percentage points above the EU average. **On average, households pay around 13-14% of all health expenditures via patient fees and other fees; of these 93 % are out-of-pocket. Most out-of-pocket spending is for drugs and dental care.** Private supplemental coverage (VHI-Voluntary Health Insurance) accounts for less than 1 % of total health expenditures and about 4% of private health expenditure and is used primarily to guarantee quick access to an ambulatory care specialist and to avoid waiting lists for elective treatment. To battle its large medical waiting lists, Sweden implemented a 0-30-90-90 rule. The wait-time guarantee, or the 0-30-90-90 rule, ensures that there will be zero delays, meaning patients will receive immediate access to healthcare advice and a seven-day waiting period to see a general practitioner. The rule also guarantees that a patient will not wait more than 90 days to see a specialist and will receive surgical treatment, like cataract removal or hip-replacement surgery, a maximum of 90 days after diagnosis. Sweden's government also committed 500 SEK million ($55 million) to significantly decrease wait time for all cancer treatments. There are both public and private providers of healthcare, and the same regulations apply to both. When regional councils buy services from private healthcare providers, it is based on a model where the healthcare is financed by the council but carried out by the private provider.

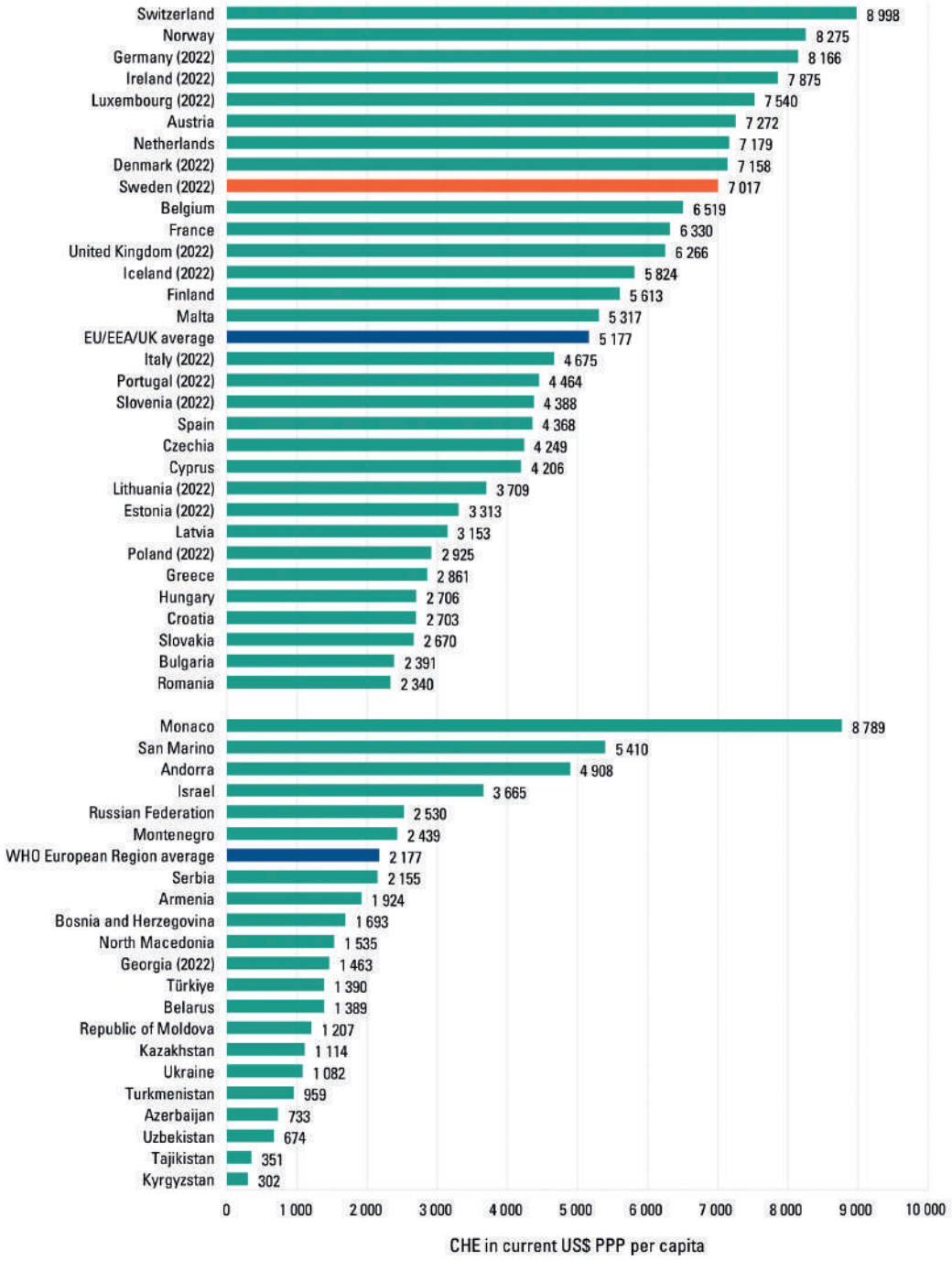
> **In general, all social groups are entitled to the same benefits. Ceilings on out-of-pocket spending apply to everyone, and the overall cap on user charges is not adjusted for income.**

Primary care accounts for about 17% of all health expenditure and is organized in about 1,200 healthcare centers. Most practices are team-based. Patients can choose their own general practioner. Threre is free establishment for primary care providers who are accredited. Models for paying healthcare providers can vary between regions but most common is a model based on capitation (80-90%), payments for patient visits and a small performance based payment.

Within specialized care and hospital care, patients are free to contact specialists directly but the majority are referred to by the healthcare centers. Patients have free choice of hospital (not regulated in law). **There are 66 emergency hospitals, and nearly all regions are engaged in significant efforts to renovate or replace existing facilities.** Sweden had 190 hospital beds per 100 000 inhabitants in 2022, the lowest rate in the EU. This low number may be attributed to the extensive provision of care in both regular and specialized housing.

The measures of medical healthcare quality are generally high in Sweden and show a positive trend, with most Swedish patients being satisfied with the quality of care that they receive. Life expectancy in the country is among the highest in the EU and the

Current health expenditure (US$ PPP) per capita in WHO European Region countries, 2021 or latest year available



Source: Eurostat, 2024.

general health among the population is good. Reports from the WHO and the OECD, among others, confirm that healthcare in Sweden provides good access to high-quality care. Sweden's life expectancy is 83.4 years old. This surpasses the life expectancies in Germany, the UK, and the United States. Maternal healthcare in Sweden is particularly strong because both parents are entitled to a 480-day leave at 80% salary and their job is guaranteed when they come back. Sweden also has one of the lowest maternal and child mortality rates in the world. Four in 100,000 women die during childbirth and there are 2.6 deaths per 1,000 live births. There are 5.4 physicians per 1,000 people, which is twice as great as in the U.S and the U.K, and 100% of births are assisted by medical personnel.

Challenges in Swedish healthcare relate to long waiting times for elective, specialized services and a lack of continuity of care, particularly in rural areas. Although having a comparatively high equality in health compared with many other EU countries, health gaps and differences in health status exist across different socioeconomic groups.

>> CURIOSITY BOX <<

Nanna Charlotta Svartz, (b. 1890, d. 1986) Swedish physician, first female professor at a public university in Sweden. Her research focused on gastrointestinal diseases and rheumatology. On 17 December 1937, she was appointed professor for internal medicine at the Karolinska Institute by government decision and was the first female professor for medicine and at a public university. Before her, only Sofia Kovalevskaya had become a professor in Sweden in 1889, which was only possible because of the university being a private institution. Although she had allies, among others Israel Holmgren, who supported her throughout her career, there were many critics who doubted a woman could be able to be a professor. As she was always one of few women in the positions she worked in, she followed a strict separation of work and private life and adopted certain signs of male professionalism to obtain authority among colleagues and students. She always wore a suit and tie and even hid her pregnancy, only notifying her colleagues after the child was born.
In 1948, she was appointed the first head of the new King Gustaf V research institute (Konung Gustaf V:s forskningsinstitut) at Karolinska hospital, which the King inaugurated himself in the same year. The medicine Salazopyrine was invented by her to treat rheumatism and gastrontestinal diseases in the 1930s. It was Pharmacia's first medical product and sold since the 1940s. It is still in use. She died in 1986 at the age of 96 in Stockholm.

Among Main Sources:
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Europe's Strained Healthcare Systems

Europe is facing substantial challenges in continuing to deliver high-quality healthcare services to its citizens. Ageing populations, cultural shifts, rigid and complex financing models, increasing costs of innovation, a scarcity of skilled personnel, rising health inequalities and health complexities stemming from climate change are threatening the sustainability and affordability of healthcare services, and adversely affecting citizens' health and productivity. Vital is the transition towards a more sustainable, resilient and citizen-centric model.

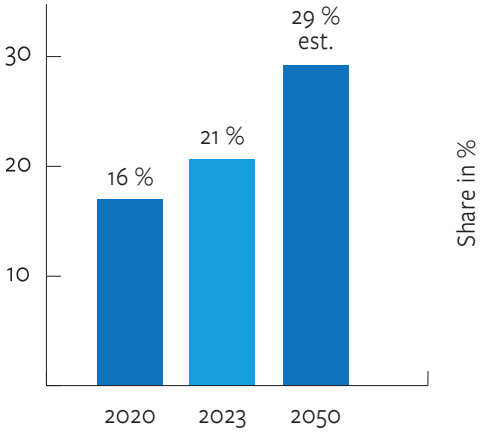
> **"To ensure citizens' future health and well-being, Europe will need to chart a new, cost-effective and sustainable approach to healthcare."**

After a decline, due to the impact of the COVID-19 pandemic, the European Union's population has increased for the second consecutive year, rising to 449.2 million people on 1 January 2024 (from 447.6 million in 2023). The negative natural change (more deaths than births) was outnumbered by the positive net migration; the observed population growth can be largely attributed to the increased migratory movements. **The most populous European Union (EU) country is Germany (84.4 million, 19% of the EU total), followed by France (68.2 million, 15%), Italy (59.0 million, 13%), Spain (48.1 million, 11%) and Poland (36.8 million, 8%). In total, these five EU countries account for 66% of the EU population.** At the other end of the range, the least populous EU countries are Malta (542,000 people, corresponding to 0.1% of the EU total), Luxembourg (661,000, also 0.1%) and Cyprus (921,000, 0.2%).

The EU countries' demographic profile is further undergoing a profound transformation due to rising life expectancy and declining fertility rates. People are living longer; the share of people aged over 65 in the EU is expected to reach 29% by 2050. Despite a temporary setback during the COVID-19 pandemic, life expectancy at birth in the EU has increased by more than four years since 2000 to reach 81.5 years in 2023, and life expectancy when people reach age 65 has never been higher, now exceeding 20 years. Furthermore, the post-World War II baby boom observed in many European countries has also contributed to an increasing proportion of people over age 65, during the past decade, and will continue to increase the proportion in the coming years as this cohort reaches that age group. The share of people aged over 65 in 2023 was particularly high in Italy and Portugal with nearly 25% of the population in that age group, while Ireland and Luxembourg had the lowest proportion with 15%. However, population ageing will accelerate greatly in the coming decades. For example, while Ireland currently has a relatively young population, the share of its population aged over 65 is projected to increase by more than two-thirds between 2023 and 2050. **By 2050, the share of people aged over 65 is expected to be the highest in Italy and Portugal but also in Greece and Spain with at least one-third of the population in that age group.** It is expected to be the lowest in Luxembourg, Malta and Sweden, but nonetheless rising to reach at least 23% by 2050 in these three countries.

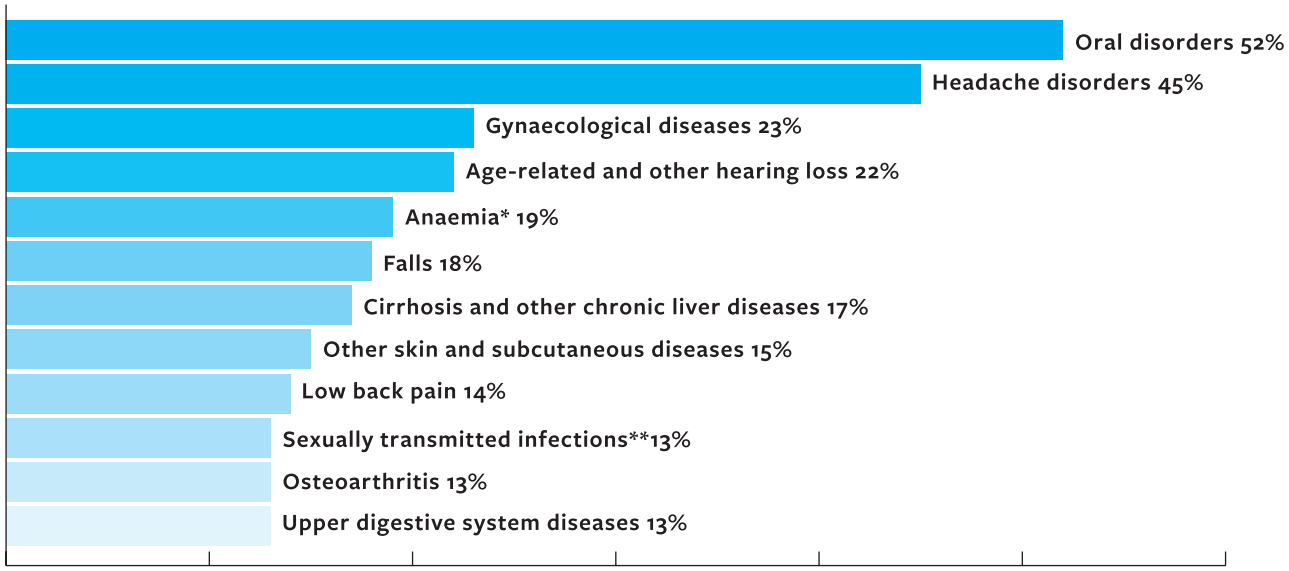
Demographic shifts are placing growing demands on health and long-term care services, while reducing the working-age population needed to both finance through taxation or social security

Proportion of People Aged Over 65, in the EU

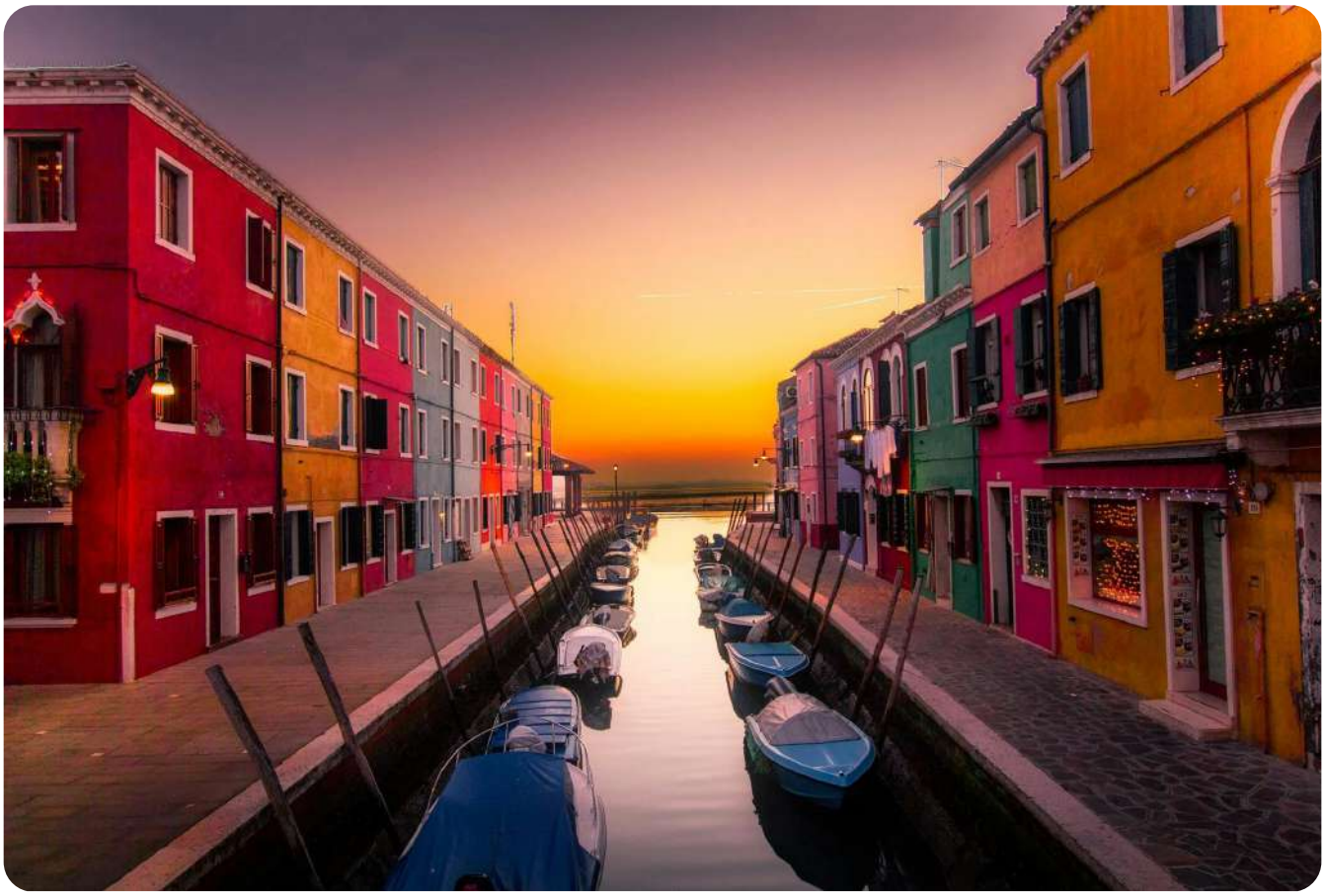


contributions and deliver these services. **Whether people are ageing in good physical and mental health will have substantial consequences for EU healthcare systems. In 2023, over 60% of people aged over 65 reported having at least one chronic disease.** As people age, the prevalence of various chronic diseases and disabilities tends to increase, including oral disorders, among the most prevalent health conditions in Europe. **Many of the risk factors contributing to the burden of these diseases are preventable through individual actions and health promotion and prevention policies.** Promoting physical activity, healthy eating and healthy weight, and better management of conditions can substan-

Most Prevalent Conditions in the EU



*Notes: Notes: *Haemoglobinopathies and haemolytic anaemias; ** without HIV.*
Source: Survey data from the Institute for Health Metrics and Evaluation (IHME, 2022). These are estimates, and need to be interpreted with caution.



tially prevent or delay many diseases. However, not all health issues can be prevented in old age and health systems must be prepared to meet the healthcare needs of a growing number of older people. Early diagnosis of health conditions, along with equal access to people-centered and integrated care, will be instrumental to help older people manage their health conditions and avoid or delay any further deterioration in their health and functional status.

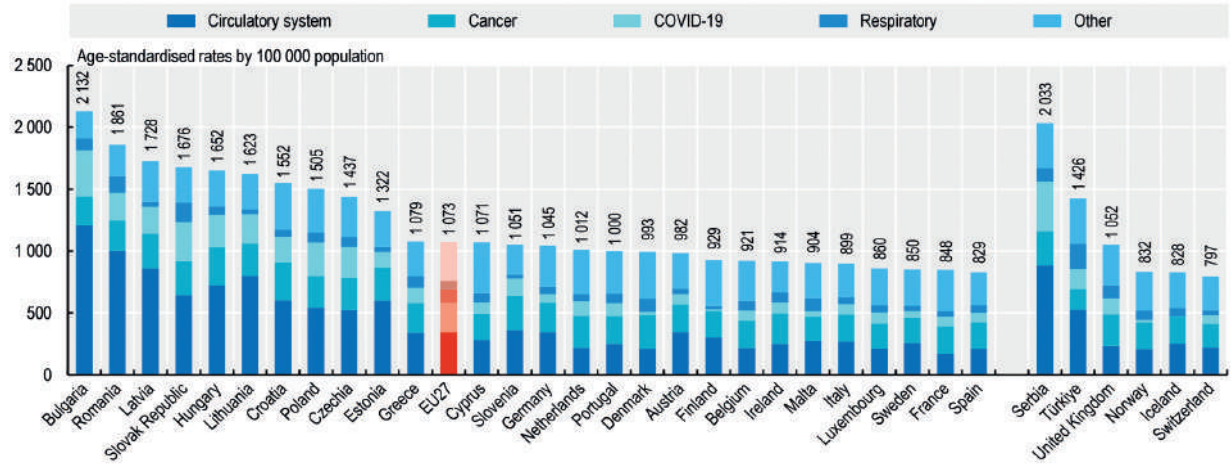
At the same time, rapid advances in medical technology, from enhanced diagnostics to the digital transformation of health systems and the integration of AI tools offer potential to improve efficiency and expand access to care (but are also raising concerns about equity and data privacy!). Emergent technologies and digital transformation, AI and open secure platforms will enable a shift from the current reactive-treatment model to prevention and earlier diagnosis, aimed at sustaining well-being and improving the cost-effectiveness of healthcare.

Moreover, the growing health impacts of climate change, such as the increasing frequency and severity of heatwaves resulting in more heat-related illnesses and fatalities, underscore the need for both more resilient health systems and a sustainable, green transition also within health systems.

Of growing concern, antimicrobial resistance remains another major threat within Europe, with antibiotic-resistant infections leading to significant mortality and economic costs. **Furthermore, during the pandemic and in its aftermath, most EU countries have reported shortages of different categories of health workers, needing 1.2 million doctors, nurses and midwives (based on proposed minimum thresholds of health worker densities to achieve universal health coverage).** Population ageing will continue to exert pressure on the demand for healthcare, while the ageing of the health workforce itself will increase the need to replace them with newly-trained workers. Over one-third of doctors and a quarter of nurses on average across EU countries were aged over 55 years in 2022. Issues around the shortages of doctors often go beyond the overall number and relate more specifically to certain categories of doctors and their geographic distribution. **Whereas the over-**

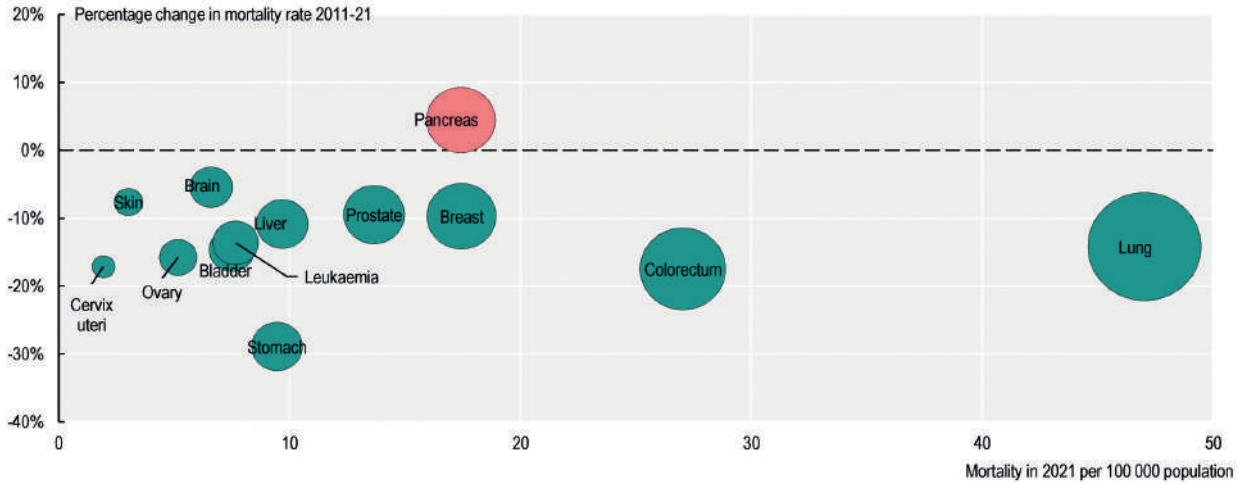
> **Demographic shifts are placing growing demands on health and long-term care services, while reducing the working-age population needed to both finance through taxation or social security contributions and deliver these services.**

Main Causes of Mortality in EU Countries



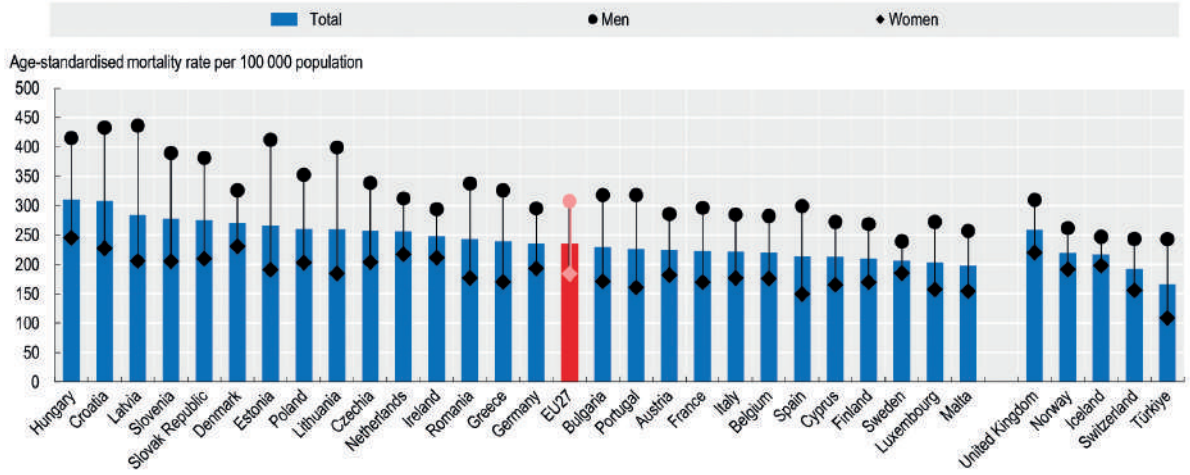
Note: The other causes of death not shown in this figure represent 19% of all deaths. COPD = chronic obstructive pulmonary disease. Source: Eurostat 2021 (hlth_cd_aro).

Change in Cancer Mortality by Cancer Site in the EU, 2011-21



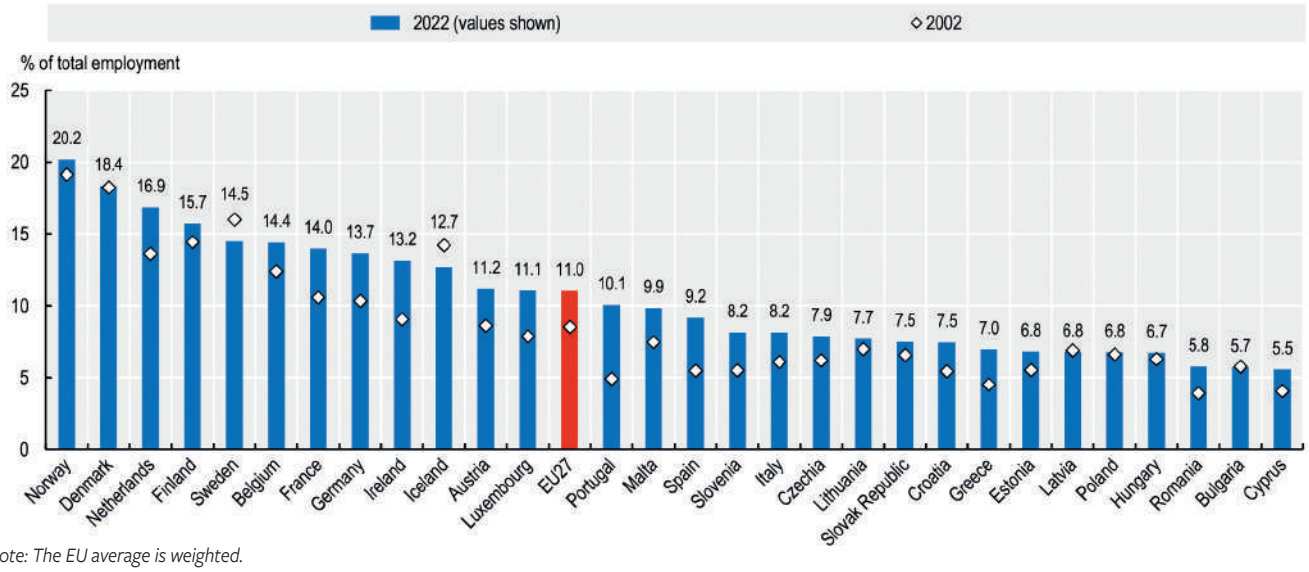
Note: The red bubble signals an increase in mortality during 2011-21 while the green bubbles signal a decrease. The size of the bubbles is proportional to the mortality rate in 2021. Lung includes cancers of the lung, trachea, and bronchus. Brain refers to both brain cancers and central nervous system cancers. The data correspond to the EU27 weighted averages. Source: Eurostat (hlth_cd_asdr2).

Cancer mortality in EU countries by gender, 2021 (or nearest year)



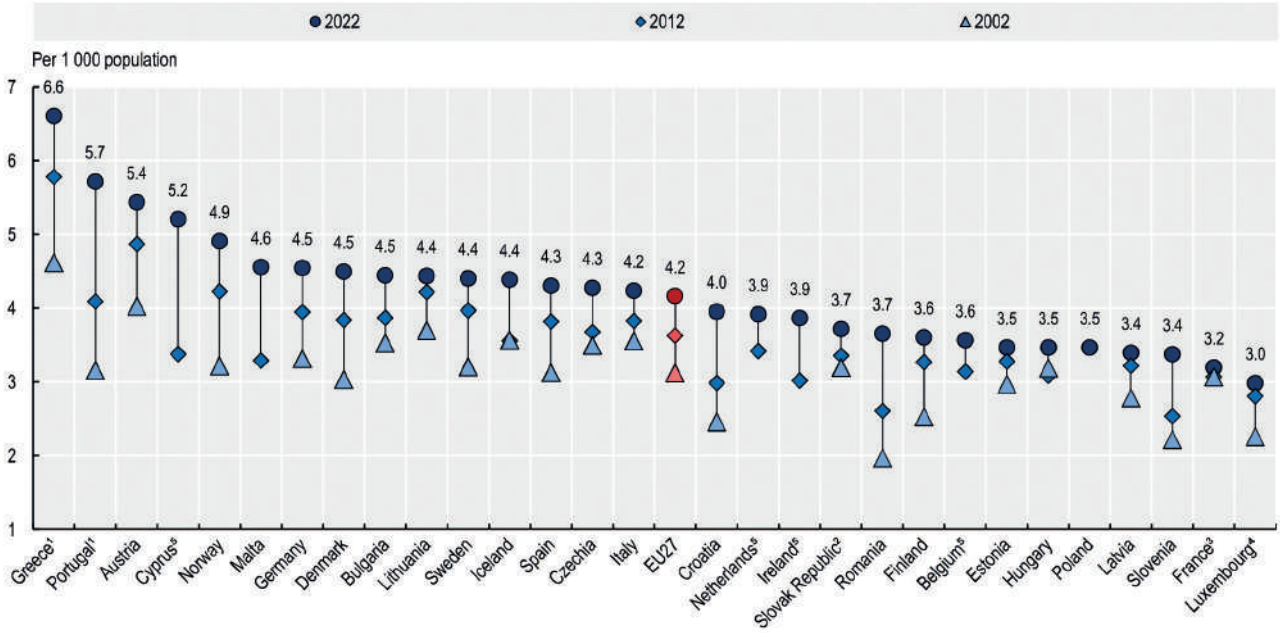
Note: The EU average is weighted. Data for the United Kingdom refer to 2020 and have been calculated by the OECD.
Source: Eurostat (hlth_cd_asdr2).

The share of employment in the health and social care sector has increased in nearly all EU countries over the past two decades



Note: The EU average is weighted.
Source: Eurostat based on Labour Force Survey data (lfsa_egana, lfsa_egan2).

Number of practising doctors per population increased by over one-third on average across the EU over the past two tecades.



Notes: The EU average is unweighted. 1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors. 2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors). 3. Medical interns and residents are not included. 4. The latest data refer to 2017 only. 5. The data for Belgium starts in 2013 and for Cyprus, Ireland and the Netherlands in 2014 to avoid breaks in time series (the last data point for Ireland relates to 2023 to avoid a break in 2022).
Source: OECD Health Statistics 2024; Eurostat (hlth_rs_prs2).

all number of doctors per capita has increased in all countries over the past two decades, the share of General Practitioners (GPs) has come down in most countries, particularly in rural and remote areas, reflecting reduced attractiveness of general medicine. This has happened despite the fact that a growing number of doctors are women who have traditionally been more inclined to go into general practice than men. **On average across EU countries, only about one in five doctors were GPs in 2022, whereas two-thirds were specialists.** Only a few countries such as Portugal, Finland, Belgium and France, have been able to maintain a better balance between GPs and specialists, with GPs accounting for at least 30% of all doctors.

Building and maintaining public trust in government and healthcare institutions is crucial for effective crisis response and public health initiatives. The European Commission is working to strengthen the European Health Union to address health crises, improve access to medical supplies, and promote prevention and treatment of diseases. The European Commission has acknowledged that the healthcare challenge and rising health inequalities, exacerbated by the pandemic, require an urgent, transformative approach to 'level up' healthcare capacity and capability. In November 2022, the Commission launched a new EU Global Health Strategy, which recognises that securing the health of European citizens is paramount. The strategy identifies the need for:

- A profound transformation of European healthcare systems, including a relentless focus on digitalisation and building a more sustainable healthcare workforce;
- Incentivising 'greener' healthcare systems; and
- Having a stronger focus on primary care and a far greater emphasis on prevention and keeping people healthy while giving them a greater understanding of and more power over their own health.

> **"The European Commission is working to strengthen the European Health Union to address health crises, improve access to medical supplies, and promote prevention and treatment of diseases.**

The present moment is pivotal for European countries, individually and as a whole, to reimagine the business and operating models running their healthcare systems, and adopt a more resilient, inclusive and innovative model that accentuates the well-being of its citizens. **Such a transition will shift the focus from the current predominantly reactive and treatment-focused system, to one based on proactive health promotion, prevention and delaying and managing symptoms.** This vision of the future of health could simultaneously meet escalating healthcare demands in a more cost-effective manner and solidify Europe's position globally.

Among main sources:
-Extracts taken from. For full and detailed report: OECD/European Commission (2024), Health at a Glance: Europe 2024: State of Health in the EU Cycle, OECD Publishing, Paris, https://doi.org/10.1787/b3704e14-en.
-https://ec.europa.eu/eurostat/web/interactive-publications/demography-2024-https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20240711-1
-Winkelmann J, Gómez Rossi J, van Ginneken E. Oral health care in Europe: Financing, access and provision. Health Systems in Transition, 2022; 24(2): pp. 1–169.
Print ISSN 1817-6119 Vol. 24 No. 2
Web ISSN 1817-6127 Vol. 24 No. 2
-https://www.deloitte.com/ch/en/Industries/life-sciences-health-care/perspectives/the-future-of-health-in-europe.html

All The Plastic We Don't See

Micro and nanoplastics, equivalent to the weight of a plastic bottle, were found in human brain, according to the first international report on the impact of micro and nanoplastics on the human body.

Microplastics in the human body were at the center of the debate at the Planetary Health Festival in Verona last October, where a panel dedicated to a topic of growing global relevance was held: the invisible impact of micro and nanoplastics (MNPs) on human health.

During the meeting, the study entitled *"All the plastic we don't see - Report on the presence of micro and nanoplastics in the human body"*, commissioned by VERA Studio and carried out by researchers from the University of Campania "Luigi Vanvitelli" was presented.

The research, conducted by Prof. Raffaele Marfella, Department of Advanced Medical and Surgical Sciences, by Prof. Pasquale Iovino, Department of Biological and Pharmaceutical Environmental Sciences and Technologies, and by Dr. Francesco Prattichizzo, IRCCS MultiMedica, Scientific and Technological Center of Milan, aims to fill a significant gap in scientific literature: the absence of a meta-analysis documenting the accumulation of micro and nanoplastics in human organs and their impact on health.

In recent years, researchers from around the world have begun to explore the accumulation of MNPs in the human body and their potential health consequences. The report, bringing together scientific studies conducted with methods accredited and recognized by the international scientific community, summarizes the sources of exposure to MNPs, the types of these particles and the related pathological associations, highlighting the connections between these particles and specific pathologies, opening up scenarios of great relevance for public health.

During the presentation, information of great interest to the scientific community emerged. **The highest concentrations of MNP were found in vital organs such as the brain, placenta, and car-**

diovascular tree. For example, in the brain, MNP levels found in an average adult brain are the **equivalent of one-third of a 1.5-liter plastic bottle.**

The most frequently detected micro- and nanoplastics come from materials widely used in daily life, such as beverage and food containers, water pipes and synthetic fabrics such as nylon and polyester. These materials represent sources that are difficult to quantify, as they are present in air (both indoor and ambient), water (especially bottled), packaged food and skin care products. Some everyday objects cited in the study are nylon **tea bags** and **baby bottles** which, following exposure to heat, as in the case of **microwave use**, can release large quantities of particles potentially harmful to the body.

"This report is important because it contains, for the first time, the results of all the research published at an international level. In the investigation it clearly emerges that the quantities of micro and nanoplastics present in many organs of the human body are significant, especially in the brain. In some cases the incidence of these substances in heart disease, stroke and even Alzheimer's has also been demonstrated. As researchers we will continue to investigate, but it seems necessary to me that the topic of plastics becomes central in the coming years also for the Ministry of Health and not only for that of the Environment", declared Prof. Raffaele Marfella, University of Campania "Luigi Vanvitelli".

The presence of plastics in the environment is an alarming and large-scale global phenomenon. **In 2023 alone, the world produced 400.3 million tons of plastic and it is estimated that the increasing trend will continue until 2050, with a global production that could rise to 25 billion tonnes**. The message is clear: without urgent and global intervention to reduce plastic production and change consumption habits, the impact on human health is destined to increase. It is therefore essential to put a stop to the reckless production of plastic and its multiple unnecessary uses as well as to raise awareness among people to implement responsible behavior to reduce the use of some plastic containers in order to safeguard their health.

> **"The report is a unique opportunity to reflect on the impact of our daily habits and the urgency of adopting more sustainable behaviors for our health.**

For further details on the report (executive summary in Italian lang.), please refer to:
www.verastudio.it/pro-bono/

VERA Studio

VERA Studio is a consultancy company for strategic and integrated communication. Founded in 2008, with offices in Rome and Milan, VERA develops and manages communication projects in the areas of Institutional Relations, Media Relations and Corporate Communication. The company also adopts pro-bono initiatives, including participation in the Planetary Health festival

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15 - 18 / 05

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Organised by: ATELIER VITA Agency under the aegis of the Ministry of Health

Address: 64, Rue Ennoussour Mers Sultan
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Webiste: www.ateliervita.net

Contact info: Ms Zineb OUAZZANI
Phone: +212 672 914 377
Email: z.ouazzani@ateliervita.ma

Venue: ICEC
Casablanca
Morocco

► **www.mmedicalexpo.ma**

MAY 2025

29 - 31 / 05

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Contact person: Nursapayeva Saule (General Manager)
Email: director@ns-expo.kz

Venue: Atakent Expo
9th Pavilion
Almaty
Kazakhstan

► **https://en.cabeauty.kz/**

JUNE 2025

11-13 / 06

WHX Miami

Formerly FIME 2025

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London SW1P 1WG - UK
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Website: www.informa.com

Exhibition Contact:
support.whxmiami@informa.com
Phone: +971 4 408 2888 / +1 727 967 4079

Venue: Miami Beach Convention Center
Miami Beach, Florida
USA

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JUNE 2025

24-27 / 06

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Germany
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Phone: +49 9 1186 0685 44

Venue: Messe Munich
Munich
Germany

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JULY 2025

01-03 / 07

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Email: conference@bad.org.uk
Website: www.bad.org.uk

Venue: SEC
Glasgow
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► **https://badannualmeeting.co.uk/**

JULY 2025

11-13 / 07

IMCAS China 2025

SHANGHAI, CHINA

IMCAS C/O Comexposium Healthcare
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France
Phone: +33 1 40 73 82 82
Email: contact@imcas.com

Venue: Pudong Kerry Hotel
Convention Center
Shanghai
China

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JULY 2025

▧ **31 / 07 - 02 / 08**

Vietnam Medi-Pharm Expo 2025

▧ HO CHI MINH CITY, VIETNAM

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Organised by: National Trade Fair & Advertising JSC (VINEXAD)
Address: 9 Dinh Le St., Hanoi, Vietnam
Phone: +84 24 3825 5546 Ext: 433
Fax: +84 24 3936308
Contact Person: Ms. Thai Tuyet huong
Email: thaituyethuong@vinexad.com.vn
Website: medipharm.vinexad.org.vn

Venue: Saigon Exhibition & Convention Center (SECC)
799 Nguyen Van Linh, District 7
Ho Chi Min City
Vietnam

► **https://hcm.medipharmexpo.com/en**

AUGUST 2025

▧ **06-08 / 08**

IndoHealthcare Expo 2025

▧ JAKARTA, INDONESIA

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Fax: +62 21 634 0140 // 634 2113
Email: info@kristamedia.com
Website: www.kristamedia.com

Venue: Jakarta International Expo
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Indonesia

► **https://indohealthcareexpo.com/**

AUGUST 2025

▧ **21-23 / 08**

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▧ SUZHOU, CHINA

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Contact: Cris Zhou, Project Manager
Email: cris.zhou@mds.cn
Phone: +86 21 6169 8376

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04-06 / 09

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SEPTEMBER 2025

10-12 / 09

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BANGKOK, THAILAND

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medicalfair-thailand@mda.com.sg

Venue: BITEC,
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Thailand

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SEPTEMBER 2025

25-26 / 09

Medbaltica 2025

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Website: www.rigaexpo.lv

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SEPTEMBER 2025

▧ 28-29 / 09

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OCTOBER 2025

▧ 01-03 / 10

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▧ TOKYO, JAPAN

8th International Medical, Elderly Care and Pharmacy Week Tokyo

Organised by:
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Email: medical-japan.jp@rxglobal.com

Venue: Makuhari Messe
Tokyo
Japan

► **www.medical-jpn.jp**

OCTOBER 2025

▧ 12-15 / 10

WCN 2025

▧ SEOUL, SOUTH KOREA

XXVII World Congress of Neurology

Organised by: World Federation of Neurology (WFN) and Kenes Group
Rue François-Versonnex 7,
1207 Geneva,
Switzerland

Venue: COEX Convention & Exhibition Center
513 Yeongdong-daero, Gangnam Distric
Seoul
South Korea

► **www.sea-healthcare.com**

OCTOBER 2025

21-23 / 10

ARM 2025

DUBAI, U.A.E.

Annual Radiology Meeting in UAE

Organized by:
Index Conferences & Exhibitions
In collaboration with:
Radiology Society of the Emirates (RSE)
Email: info@rse.org.ae
Phone: +971 4 255 6655

Exhibiting contact:
Mitzie Ague-Perez (Business Development Manager)
E-mail: exhibit@radiologyuae.com
Dir: +971 4 520 8888
Mob: +971 54 998 9398

Venue: Dubai World Trade Centre - DWTC
Dubai
UAE

► **https://radiologyuae.com/**

OCTOBER 2025

27-29 / 10

Beautyworld Middle East

DUBAI, U.A.E.

Organized by:
Messe Frankfurt Middle East GmbH
14th Floor, The H Dubai, Office Tower,
One Sheikh Zayed Road,
P.O. Box 26761,
Dubai, United Arab Emirates
Phone: +971 4 389 4500
Fax: +971 4 358 55 33
Email: info@uae.messefrankfurt.com

Venue: Dubai International Convention and Exhibition Center
Dubai
UAE

► **https://shorturl.at/SyeyB**

OCTOBER 2025

29-30 / 10

United Medical Expo 2025

ASTANA, KAZAKHSTAN

Kazakhstan international medical exhibition

Organised by: United Expo Kazakhstan, Astana, 22 Auezova str. n.1.
+90 (536) 810 6898

Contacts for participation in the exhibition and booking of places:
+90 (536) 810 68 98
unitedexpou@gmail.com

Venue: Astana Expo IEC
Astana
Kazakhstan

► **https://umtexpo.com/en**

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NOVEMBER 2025

06-08 / 11

Dubai Otology 2025

DUBAI, U.A.E.

Otology, Neurotology & Skull Base Surgery Conference and Exhibition

Organised by: INDEX Conferences and Exhibitions Org. Est
Phone: +971 4 520 8888
Fax: +971 4 338 4193
Email: index@emirates.net.ae
Website: www.index.ae

Project Manager: Mitzie Ague
Phone: +971 4 362 4717 Ext:119
Email: mitzie.ague@index.ae

Venue: Mövenpick Grand Al Bustan
Dubai
UAE

► **https://dubaioto.com/**

NOVEMBER 2025

03-07 / 11

ISPRM 2025

MARRAKESH, MAROCCO

19th International Society of Physical and Rehabilitation Medicine World Congress

Organised by: Kenes International Organizers of Congresses S.A.
Rue François-Versonnex 7
1207 Geneva
Switzerland
Phone: +41 315 280432 ext. 939

Venue: Palais des Congrès
Marrakesh
Morocco

► **https://isprm25.com/about-us/**

NOVEMBER 2025

30/11 - 04 / 12

RSNA 2025

CHICAGO-IL, U.S.A.

Scientific Assembly and Annual Meeting

Annual Meeting: Nov. 30 – Dec. 4, 2025
Technical Exhibits: Nov. 30 – Dec. 3, 2025

Organized by: The International Association of Medical Equipment Remarketers and Servicers (IAMERS)
85 Edgemont Place
Teaneck, NJ 07666
USA
Phone: +1 201 833 2203
Email: info@iamers.org

Venue: The Ivy Room
12 East Ohio Street
Chicago, IL
USA

► **www.rsna.org**

WORLD VACCINATION WEEK (April 24 – 30) UNICEF/Measles: more than 359,500 cases were reported globally in 2024

- *Over the past 5 years, measles epidemics have occurred in more than 100 countries where three-quarters of the world's children live.*
- *Since 1974, measles vaccines have saved about 94 million lives.*
- *Each year, UNICEF delivers about 250 million doses of measles vaccines.*

More than 359,500 measles cases were recorded globally in 2024. Measles epidemics are on the rise worldwide. **In the past 5 years they have occurred in more than 100 countries where about three-quarters of the world's children live. Measles cases are estimated to have reached 10.3 million in 2023, a 20 percent increase from 2022.**

Measles kills about 300 people every day, or 12 people every hour, most of them children under 5 years old. Currently, the global coverage rate of the first dose of measles vaccine is 83 percent, the second dose coverage rate is only 74 percent - far below the levels needed for protection. To protect communities from measles outbreaks, 95% or higher coverage is needed with two doses of measles-containing vaccine.

The spread of measles knows no boundaries; in fact, all children who are not protected from measles through vaccination are at risk, with malnourished children and those under five most at risk. Vaccines are safe and effective and are the best way to protect children from the disease. Since 1974, measles vaccines have saved about 94 million lives. Although most countries include measles vaccine in their immunization programs, too many children are still unprotected.

When a child is struck with measles, 90 percent of those who come into close contact will be infected, if they have not already been vaccinated. Even when a child survives measles infection, the virus can have long-term health consequences or permanent disabilities. In some cases, serious complications can include pneumonia, severe diarrhea, blindness and encephalitis (swelling of the brain). Measles can also weaken a child's immune system and make him or her more vulnerable to other infections even after recovery, a phenomenon known as immune amnesia.

As measles spreads rapidly, maintaining high vaccination rates in communities is critical to preventing outbreaks. Routine measles vaccination and mass immunization campaigns in countries with high case rates are critical to ending epidemics and reducing measles deaths globally.

Each year, UNICEF delivers about 250 million doses of measles vaccines. These vaccines are essential to protect children from measles through routine immunization programs and preventive campaigns in more than 90 countries. Vaccines are also critical in responding to measles outbreaks, including in conflict and humanitarian settings.

By continuing to invest and prioritize vaccines, we can ensure that no child dies from a disease we know how to prevent.

unicef
for every child

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UNICEF, the United Nations agency for children, works to protect the rights of every child, especially the most disadvantaged and those hardest to reach. Across more than 190 countries and territories, we do whatever it takes to help children survive, thrive and fulfil their potential. We provide and advocate for education, health and nutrition services. Protect children from violence and abuse. Bring clean water and sanitation to those in need. And keep them safe from climate change and disease. The world's largest provider of vaccines, UNICEF also runs the world's largest humanitarian warehouse. Before, during and after emergencies, we're on the ground with life-saving help and hope.

- **www.unicef.org**
- **press@unicef.it**

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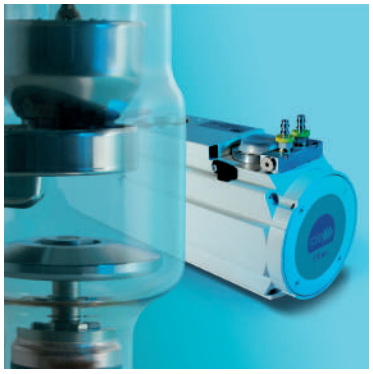

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