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---

**Brand:** Olympus®  
**Part #:** CF-H180AL  
**Category:** Colonoscope (video)  
**Condition:**

#### Optical System
- **Field Of View:** 170º
- **Direction Of View:** Forward
- **Depth Of Field:** 2-100mm

#### Insertion Tube
- **IT Diameter:** 12.8mm

#### Angulation
- **Up:** 180º
- **Down:** 180º
- **Right:** 160º
- **Left:** 160º

#### Length
- **Working Length:** 168cm
- **Total Length:** 200.5cm

#### Biopsy Channel
- **Channel Size:** 3.7mm

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Reinventing Marketing

Communication channels are currently facing a period of marked uncertainties, making it difficult to focus on current situations and to correctly foresee future perspectives.

We are confronted daily with a stressful environment which offers us no time to reflect and to think about tomorrow in a positive atmosphere. On the other hand, times of crisis often open up new opportunities and motivate us further to look for newer and more concrete approaches.

The structure and size of the market is continuously being reshaped. In the future, there are likely to be less actors on the scene, but better qualified and organized participants to face the new-business on an international scale.

The main task of a marketing professional is to be sincere and to go beyond the patterns that communication itself has created: dreams, unfulfilled promises etc. As such, a sincere dialogue with the reference target becomes essential. This crisis brings with it new opportunities for growth and sales to those companies who recognize the potential of communications.

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We promote the development of skills and expertise of our staff, through innovation, training and involving individuals, in a spirit of mutual growth and interest. In this growth we also involve our suppliers. We comply to the highest standards in terms of individual safety, as well as for our protection, as example of warranty and reliability for our customers. The continuous development of our skills, the steady improvement of our organization, the satisfaction of our customers are the main features that distinguish our daily work.” Alberto Ghelfi

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Looking for distributors?
Special
Italian Radiology

Author: Michela Adinolfi
Infomedix International presents a selection of Italian x-ray equipment manufacturers. Continuing a tradition of high quality design and production, these companies will be showcasing their novelties in the main international events, starting from MEDICA 2014.
IAE steps into the dental market!

Company background

“Industria Applicazioni Elettroniche”, IAE, was founded in 1950 as manufacturer of high power electronic valves. The x-ray tubes production started in 1965, and by 1973 it was already the core of the manufacturing activity.

In the following years IAE strengthened its market position as a manufacturer of rotating anode tubes. In 1988, the company was ready to face a new challenge: developing more sophisticated technological applications and starting the production of CT tubes.

Today, IAE plays a leading role on the international market, covering 5% of the global production of x-ray tubes, and it is the major standalone manufacturer of rotating anode tubes in Europe.

IAE product portfolio ranges from special application tubes (for monoblocks, mobile systems and C-arms), to the over 100 inserts and housings for medium and high duty radiological systems, digital angiography and cardiac applications, to the complete units for mammography and inserts for CT scanners.

The wide production range makes IAE a strategic partner for all the main x-ray equipment manufacturers worldwide. With the addition of more than 30 different competitors’ unit reloadings (all CE marked), IAE is also sure to satisfy at the highest level the market of service.

IAE Product portfolio:

- CT 8%
- Angiography 9%
- Medium power 22%
- High-end 15%
- Special apps 31%
- Mammography 15%

Why do x-ray manufacturers choose IAE?

What really distinguishes IAE is the uniqueness of its production process. In particular, the manufacturing process of x-ray tubes must guarantee that every single component is performing at the highest level. This is necessary to ensure that the tube remains stable when high-voltage is applied, and to guarantee the correct dispersion of the great heat produced by its functioning, considering that 99% of the energy sent to the x-ray tube is converted to thermal energy and only 1% to x-rays.

Attention to details at each stage of the production process
To achieve the goal, it is therefore crucial to pay attention to the minimum details impacting on the end result, at each stage of the production process. This includes selecting the purest raw materials, that IAE buys only from certified and exclusive suppliers, some of them being the only existing producers for certain types of materials.

Every surface inside the x-ray tube must be appropriately treated to prevent any surface contamination and to maintain the high vacuum (in the range of 10⁻⁷ mbar), which is possible only if all impurities are eliminated. For this purpose, IAE has designed and developed an automatic washing and high-frequency degassing system, that ensures the highest performance and quality of the tube.

It is very important to note that all equipment and machinery used in the production process is tailor-made, based on an internal IAE project, grounded on decades of experience in the sector.

The attention to the production process guaranteed by the internal de-
sign of key machines involved, are the main ingredients that established IAE as a leader in its sector. Therefore, IAE has become a preferred choice for the manufacturer that wants a quality solution and the tranquility to use a performing, stable tube, with a long duration, different from lower-cost products that lack the same characteristics of reliability of the production process and pureness of materials and components.

An important advantage offered by IAE is the readiness to customization: it’s not the customer who must adapt its machine to the tube, but rather: basing on the customer’s machine, IAE can create a tailor-made tube, meeting 100% of the customer’s needs. This is possible only because of the productive agility ensured by the internal design.

Attention to quality is a constant in IAE, allowing the company to obtain the certification of its quality management system in 1998 (ISO 9001:2008 and ISO 13485:2003). IAE products also bear CE, cCSAus and FDA marks.

Export and target markets of x-ray

IAE targets the market equipment manufacturers and companies operating in OEM maintenance, given the interchangeability of IAE tubes with the units of the most important competitors. Moreover, IAE is direct or indirect supplier of the major multinationals in the sector: GE, Philips, Siemens.

60% of production is exported: 30% to Europe, 20% to Asia and 10% to the Americas, through a global network of distributors and agents. Currently, IAE is significantly expanding its activity in the BRIC area.

The app “IAE” has helped increase the international visibility of the company, with more than 3,000 downloads in 92 countries.

Investing in innovation

IAE’s focus on research and innovation has led to a fruitful cooperation with university institutions such as the “Politecnico” in Milan and the Department of Physics of the University of Trento. With the latter, IAE designed the machine for ionic implantation of spheres.

The collaboration with the universities also extends to education, as IAE organizes seminars on x-ray tubes technology during the graduation courses for x-ray technicians.

IAE is continuing to invest in the research for new materials and in the improvement of the production process, aiming at the increasing automation of its plants.

IAE introduces its tube for Ortopantomograph to the dental market

In 2014, on the background of its decade-long experience in the x-ray sector and thanks to the cooperation with OEM customers manufacturing dental equipment, IAE has invested in a new challenge once again: presenting its fixed anode tube for ortopantomograph and dental CT, for mobile equipment for human use and for veterinary use until a maximum of 5 kW.

The production line for the dental sector will be officially launched in the dental show IDS in March 2015.

Now, the manufacturers of dental x-ray equipment have the chance to benefit from the know-how, the high-quality and performing technology developed by IAE in its 60 years of activity in the medical industry, as well as receiving a tailor-made product, created exclusively to meet their own needs.
From Conventional Mammography to Digital Breast Tomosynthesis

Metaltronica has been designing and manufacturing mammography devices for almost 40 years, our long experience and the excellent skills of our staff grant the highest productivity levels and quality standards. We provide a full range of complete solutions for mammography that can satisfy all customer’s need.

After having achieved great results with our analogue mammography unit Lilyum and our FFDM system Helianthus we will soon launch on the market our Digital Breast Tomosynthesis: Helianthus DBT.

For its DBT System Metaltronica has chosen a technology that allows to gather sufficient information on larger volumes of tissue with low noise and high image quality.

After a scanning time of less than 20 seconds an advanced algorythm starts to reconstruct the breast tissue in 1 mm thick slices. Helianthus DBT uses an anti-scatter grid specifically designed for tomosynthesis and this makes it a complete solution to obtain excellent diagnostic images in 2D screening, 3D tomosynthesis and stereotactic biopsy.

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

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

Customers’ expectations and needs are the inspiring concepts for the design of radiological systems, while is a commitment towards Patients the transmission of values such as experience, diagnostic quality and reliability, deeply rooted in all Villa’s products.

The precious cooperation with over 150 dealers makes Villa’s presence and product distribution possible in almost 100 countries worldwide.

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Your reliable Partner
Focus on
Healthcare IT and mobile health market in Europe

Author: Michela Adinolfi
The European market for ICT health products includes, both large companies and some 5,000 SMEs. The potential growth of the sector raises expectations that the demand for skilled workforce that develop and use the related technologies will rise as well, creating more employment.
he healthcare IT market, projected to grow globally at an average 5% up to 2016 (TechNavio’s estimate), felt the impact of the Eurozone crisis especially as the necessary investment needed to broadly implement health IT solutions is higher than the available budget in many European health systems.

According to an Italian study (AISIS, Ronchi et al.), it is not only crucial to plan “how” and “where” to invest in new ICT technologies, but also to calculate the hidden costs of managing the transition and integration in the new system; on the other hand, the benefits resulting from such investment may be similarly hard to evaluate as they are absorbed into the global performance.

The European market for ICT health products includes, according to the same study, both large companies and some 5,000 SMEs. The potential growth of the sector raises expectations that the demand for skilled workforce that develop and use the related technologies will rise as well, creating more employment. On the other hand, the adoption of more advanced ICT solutions such as remote monitoring and remote care applications will also impact on the working models of physicians and nurses, requiring new skills and opening up new spaces for professionals involved in data analysis, management and support of healthcare platforms.

The demand for technological improvements in healthcare is indeed being pushed by changing demographics, with an ageing population growing almost overall across Europe, and also by the pressure on governments to contain public spending. Therefore, an essential factor to the future development of such a promising branch of healthcare delivery is the ability to find out how the different systems can improve their efficiency through new ICT technologies, working on revising and integrating processes and workflows, rather than on focusing on a single field of application. This approach needs benchmark-testing methods and progressive adaptation to the needs of the system rather than strict adherence to theoretical models that may be perfect on paper but end up in draining away the already limited resources.

ICT is a key asset in several health-related fields such as research, diagnosis, remote care and monitoring, preventive care and management, but it also raises issues about data ownership and use, as well as privacy and security implications. Moreover, its diffusion is by no means equally spread: just to cite and example, only an average 6% of European general practitioners use e-prescribing, except for Denmark, Sweden and the Netherlands where the percentages rise to 97%, 81% and 71%, respectively.

To date, however, the implementation of ICT projects in healthcare has delivered mixed results. Among the causes of delay or failure of such projects, the main reported were:

- disincentiving conditions created by financial or organizational structures
- lack of governance and/or of a long term vision for ICT in health
- lack of interoperability of systems and standards
- poorly managed transition and integration, inadequate skills

Citing a study by Velde et al., a report by the European Commission (Unlocking the ICT growth potential in Europe: enabling people and businesses) pointed out four main findings about the current state of ICT and telemedicine in the continent:

1. Internet diffusion contributed significantly to the adoption of networked e-health solutions;
2. Telemedicine is still at a developing stage;
3. ICT still contribute a modest percentage of health GDP, although this figure varies according to the way it is used.
4. Patients tend to be more positive about the perceived efficiency gained by ICT and Internet diffusion, feeling more empowered, while doctors focus more on the increased workload.

Despite the challenges posed by the economic context, in a recent post on “Healthcare IT News” blog, Mr Eric Venn-Watson (senior VP, clinical transformation at AirStrip) presents an optimistic view on how health IT is proving to be a modernizing factor for the whole healthcare system, centering it more and more around empowered patients and changing the structural patterns of healthcare delivery. He brings forward, for instance, the transition to electronic medical records (EMRs); it was perceived as slow and the systems were not designed to adapt to the practice’s workflow, but rather served to little else than to store patient’s information. Nevertheless, all this information is a valuable resource and is potentially ready to be used in clinical decision support. Mr Venn-Watson also points out that the quicker and easier access to more complete patient’s information, derived from multiple data sources across the healthcare continuum, requires the progressive integration of mobile health technologies into the clinical workflow, provided that innovative strategies and attitudes are adopted, especially considering the security concerns. This turns into more efficient, rapid and customized care, as physicians can access live or historic patient information right at the time they need it.

E-health growth in Europe (Source: HIMSS)

Note: Average growth rates across all health IT applications over the period 2013 – 2017

GERMANY 6%
- Oncology – Nuclear Medicine 20.1%
- Oncology – Radiation therapy 17.1%
- Laboratory – Molecular Diagnostics 14.2%
- Imaging Data Center 13.9%

PORTUGAL 4.4%
- Physician Portal 33.4%
- Chronic Disease Management System (CDMS) 17.1%
- Clinical Decision Support (CDSS) 14.3%
- Cardiology Information System 12.1%

POLAND 11.9%
- Physician Portal 48.3%
- Clinical Decision Support (CDSS) 48.3%
- Chronic Disease Management System (CDMS) 44.8%
- Business Intelligence 38.6%

ITALY 7.7%
- Oncology – Tumor Board 31%
- Chronic Disease Management System (CDMS) 21.5%
- Oncology – Nuclear Medicine 20.9%
- Cardiology PACS 20.6%

SPAIN 4.2%
- Oncology – Distributed cancer care record 17.8%
- Chronic Disease Management System (CDMS) 17.1%
- Clinical Decision Support (CDSS) 10.9%
- Cardiology PACS 10.8%
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Perceived cost-benefit of IT investment among German hospitals

A survey by HIMSS Europe, conducted in cooperation with Dell, asked 61 seniors from IT departments of German acute hospitals with more than 300 beds. Most of respondents reported a positive return on their investment in implementing and maintaining IT systems, but mainly on the administrative side and particularly with centralised IT structures such as in larger hospital groups.

However, efficiency was acknowledged as a main benefit across all sizes of hospitals, even if the improvements in processes and communications were mainly registered in administration departments rather than in clinical ones. At the same time, costs were not automatically reduced.

While in larger hospitals the main internal barrier was the lack of professionals adapting to and using IT, the greatest issue in smaller hospitals was the limited budget. Other barriers were:
- lack of interoperability;
- unclear or too complex legislative requirements;
- lack of customer orientation of many suppliers.

While the executives perceived they had a high level of IT adoption, another HIMSS EMRAM report actually measured a relatively low level of clinical IT adoption in Germany when compared internationally. According to HIMSS conclusions, the higher focus on administrative IT than on clinical IT accounts for such “perceptual” gap.

As regards the investment focus, hardware (especially servers and storage systems) and security are at top positions. More in details, the main focus over the following year was on:
- data security;
- electronic patient records;
- improving network infrastructure and virtualisation.

Over a mid to long term, mobile solutions and interoperability were a priority investment area for almost a third of surveyed hospitals.

Mobile Health in Europe: an overview

As stated by the European Commission, the definition “mobile health” or “mHealth” includes “medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices”.

Moreover, it also includes “applications, such as lifestyle and wellbeing apps, that may connect to medical devices or sensors (e.g. bracelets or watches) as well as personal guidance systems, health information and medication reminders provided by sms and telemedicine provided wirelessly.”

mHealth is developing at a fast pace, boosted by the rapid diffusion of smartphones, 3G and 4G networks and GPS systems, although there are significant differences in mobile Internet availability between the European countries (63% in Sweden compared to 13% in Bulgaria and 16% in Portugal).

By allowing the collection of a considerable amount of data, mHealth creates a favourable condition to conduct evidence-driven research and shape healthcare practices around patients, who in turn are better equipped to build their own health-awareness and access their own health information more easily. mHealth apps, for instance, offer a series of services ranging from measuring vital signs such as heart rate, blood glucose level, blood pressure, body temperature and brain activities, to providing medication reminders or tools offering fitness and dietary recommendations.

In a context of budgetary pressures and unfavourable demographic trends, mHealth can improve both the quality and efficiency of healthcare both on the patient’s side and on the provider’s side.

As the ageing population is one of the main issues impacting on European healthcare systems, the role of mHealth in providing self-assessment tools to discover the development of chronic conditions at an early stage may prove to be very relevant. Moreover, remote diagnosis and rapid data sharing is also a key to overcome infrastructural weaknesses of the healthcare network and to facilitate a timely intervention.

However, mHealth doesn’t only educate patients to play a more active role in managing their healthcare information and decisions, and to pay more attention to prevention; it can also be an essential support in delivering more accurate diagnosis and treatment, at the same time helping reduce the healthcare costs by contributing to the rationalisation of the clinical workflow. Just to give an easy example, once personal health data is generated on a mobile device, patients may transfer it to personal health records or healthcare providers or professionals, who may use such data during a diagnosis, and they could also consider integrating this data into their patients’ electronic health records.

Key benefits of mHealth solutions are:
- promotion of healthy lifestyles through motivation and user engagement, creating better health-awareness and educating the patients to prevention;
- increasing efficiency of healthcare delivery through better planning, real-time communications and reduction of unnecessary consultations;
- reducing hospitalisation rates by remote monitoring and interventions;
- helping overcome patients’ fears or shame (as in the case of mental illness);
- facilitating research and prevention by the analysis of big data collected and providing healthcare policymakers with clearer pictures of the population’s health conditions.
“mobile health” or “mHealth” includes medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices.
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Some of the challenges ahead, however, include not only the IT investment necessary to support the integration of mHealth into current healthcare provision. It is the whole vision that is shifting more and more from a professional-centered towards a patient-centered system. This is going to require the re-design of both healthcare infrastructures (for instance creating safe data-collection systems and interactive online health platforms) and health professionals roles (developing new skills to interact with patients remotely).

The effort is worth the result is projections come true: according to the firms PwC and GSMA, in just three years from now mHealth could potentially save a total of €99 billion in healthcare costs in the EU, largely in wellness/prevention (€69 billion) and treatment/monitoring (€32 billion).

At any rate it is crucial to help patients understand that any mHealth app or solution is not intended to replace a medical consultation, but it can only serve as a supporting tool to interact with the healthcare system.

The European mHealth market

According to a joint analysis by GSMA and PwC, the global mHealth market will be worth US$23 billion in 2017, almost equally divided among Europe (US$6.9 billion), Asia-Pacific (US$6.8 billion) and North America (US$6.5 billion). Another study by BCC Research, extending projections to 2018, lowers the estimate to US$21.5 billion for that year.

The European market seems to be growing by 5% faster than the average, with a compounded annual growth rate for 2013 – 2017 estimated at 61% against the global 55%. Remote monitoring solutions are the main driver, accounting for about 60% of mHealth sector expansion, followed by solutions that increase the efficiency of healthcare workforce and systems (15%) and health and wellbeing apps.

The “big data” issue: potential benefits and threats

Through mHealth applications, large amounts of health data can be stored and made available for research through the techniques of “big data analysis”, extracting and organising unstructured data collected from a variety of sources through automated processes.

According to the European Commission’s “Green Paper on Mobile Health”, personal data analysis can contribute to a wide range of medical research fields, from drug therapies to epidemiological research, to relating medical conditions and environmental factors or reducing trial periods for medications, not to mention its use in the development of new preventative measures.

However, handling such a great amount of data collected through apps or mHealth solutions raises serious issues about the appropriate collection methods (patient’s informed consent) and processing. According to a recent consumers’ survey, 77% of respondents had never used a mHealth app or solution. One of the main reasons for reluctance to use mobile devices for health-related activities related is the unwillingness to put personal information at risk of being shared with unauthorised parties or accidentally exposed, such as in the case of loss or theft of a device carrying personal health data. 45% of consumers in the same survey admitted to such concern. And it is not at all wrong to remain cautious about sharing such particularly sensitive information. In Europe, personal data protection is a fundamental right protected by detailed laws that regulate all their lifespan, strating from data collection, to processing, storage and cancellation. Compliance with data security protocols and lawful data treatment procedures is particularly important for mHealth solutions, since it is the basic condition to spread its use among patients.
The European Commission proposed a General Data Protection Regulation, including revision and further development of the current Personal Data Protection Directive, in order to provide guidance for the use of new technologies, also in the health domain. The main focus is on guaranteeing the individual’s control over their personal data. The more protected individuals feel, the more trust they are likely to grant, including eHealth services.

Putting theory into practice, researchers must at the same time use the amount of data at their disposal in an efficient yet secure way. The European eHealth Action Plan 2012-2020 goes in that direction by funding research on big data mining and also supports the adoption of secure cloud solutions in Europe aimed to guarantee secure storage of health data over the Internet.

The Action Plan also underlined the need to have a clear legal framework regulating the use of mHealth apps. According to the EU guidance documents, depending on their intended purpose, apps may be considered as medical device or an in vitro diagnostic medical device and be subject to all related legislation. However, currently the boundaries separating lifestyle and wellbeing apps and a medical device or in vitro diagnostic medical device are not clearly stated. So if an app doesn’t fall into the definition of a Medical Device, there is a degree of uncertainty about which rules apply, and a need for further legal frameworks in view of mHealth apps’ potential safety risks.

The European Directory of Health Apps is a first step towards a clearer classification, as it contains facts about 200 smartphone health apps, categorised by service provided, language, price and download links.

The mHealth apps market

Facts and figures on mHealth market

• The number of mHealth apps published on iOS and Android has more than doubled in only 2.5 years to reach more than 100,000 apps (Q1 2014); about 70% target the consumer wellness and fitness segments, 30% target health professionals.

• In 2013, the top 20 free sports, fitness and health apps already accounted for a total number of 231 million installations worldwide (figure by IHS).

• According to HIMSS, the most popular consumer applications are cardio-fitness, diet apps, stress and relaxation, strength training, women’s health, mental health and chronic conditions.

• By 2017 3.4 billion people worldwide are expected to own a smartphone. In-app purchases are the primary revenue source of mobile app developers. The major source of income for mHealth app publishers is expected to come from subscription-based services offered through the app (69%).

mHealth publishers breakdown

• 24% of publishers rely on pay per download, while 21% gain from sales of sensors. In-app purchases are the primary revenue source of 5% of the mHealth app publishers.

• The major source of income for mHealth app publishers is expected to come from subscription-based services offered through the app (69%).

• Main target: chronically ill patients (31%) and health and fitness-interested people (28%). As primary users, physicians are targeted by 14% of app developers.

• 36% of health app publishers have entered the market in the last two years.

• 82% of publishers generated less than 50,000 downloads last year, but the top 5% reached more than 500,000 downloads.

• 68% of publishers make less than US$10,000 or no revenue; 17% makes between US$50,000 and US$1 million, and top 5% makes more than US$1 million.

• The market is dominated by individuals or small companies: 30% of mobile app developer companies are individuals and 34.3% are small companies (2-9 employees).

mHealth app publishers think that in five years...

• The main market drivers will be the increasing penetration of capable devices (58%) and user/patient demand (43%).

• Potential barriers remain lack of data security (34%) and standards (30%), poor discoverability (29%).

• They will continue developing their apps mainly for Android and iOS.

• Fitness apps are expected to drop from the 1st to the 5th position in terms of business potential.

• Remote monitoring (53%) and consultation apps (38%) have highest expected market potential in the near future.

• The top ranked distribution channel for mHealth apps will become the traditional healthcare players like physicians and hospitals, assuming a high degree of mHealth apps integration into the healthcare processes.

• mHealth apps will help to reduce non-compliance and hospital readmission costs (55%).

The history of the mHealth apps market is short, but intense. Only 5 years ago, the majority of mobile phone purchased were simple feature phones, and iPad was yet to be launched. Today Android and iOS dominate the operating systems market for mobile phones. As smartphone shipments are expected to peak at US$1.2 billion in 2014, they have become the top connected device globally while sales of tablets overtake laptops. It is not surprising, then, that 75% of mHealth apps publishers see smartphone as their main target device, followed by tablets (45% for rank 2) and to a lesser extent by smart watches.

The app market is developing 15 times faster than the growth rate of stationary internet users. While new players enter the healthcare market, traditional healthcare players need to evaluate the impact of these market shifts on their business models, if they want to keep the pace of this incredibly rapid change.

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mHealth progression in Africa: Spot on Senegal and South Africa

According to the Global Alliance for Chronic Disease, Africa now has over 650 million mobile phone subscribers, more than both the USA and EU. In Africa, 63% of people are using mobile phones though only 16% use the Internet - which is half the penetration rate of Asia and the Pacific. Among the African countries, South Africa ranks on top in terms of connectivity with 52 million SIM cards in use, outnumbering its own population, while Nigeria is the largest mobile market with more than 110 million subscribers. At the bottom end, Eritrea has the least amount of mobile subscribers with 3.53 subscriptions per 100 people. The following overview highlights how this impressive penetration can be used to support mHealth diffusion in a continent suffering from chronic shortages of health resources and personnel.

Senegal Mobile phones help people with diabetes to manage fasting and feasting during Ramadan

“mDiabetes” is a new project that has been launched in Senegal just in time for the month of Ramadan. Members of the country’s diabetic patient association, health professionals and the general public are being encouraged to sign up to receive these free text messages that aim to increase awareness and help people with diabetes to avoid complications triggered by fasting and feasting. MDiabetes is the first project established for a French-speaking country under “Be Healthy Be mobile”, a joint global initiative by WHO and the International Telecommunication Union (ITU). The initiative supports countries to set up large-scale projects that use mobile technology, in particular text messaging and apps, to control, prevent and manage noncommunicable diseases such as diabetes, cancer and heart disease. Launched in 2013, the initiative is also working on an mCessation for tobacco programme in Costa Rica, an mCervical cancer programme in Zambia and has plans to roll out mHypertension and mWellness programmes in other countries.

Diabetes numbers on the rise

Diabetes is fast becoming one of the major causes of premature illness and death worldwide. WHO estimates that 347 million people worldwide have diabetes, 90% of whom have type 2 diabetes which is largely caused by excess body weight and physical inactivity. In countries like Senegal, rapid urbanization and changing lifestyles have resulted in a massive increase in obesity particularly in young people, many of whom are at high risk of developing type 2 diabetes. Based on an estimation that 4-6% of people in Senegal have diabetes, at least 400 000 Senegalese people are living with the disease but only 60 000 of them have been diagnosed and are following treatment in the health system. Many people do not know that they have diabetes as they are unaware of the causes and symptoms of diabetes, and often have limited access to health services, particularly in rural areas. Lack of access to diagnosis and management of diabetes can have serious consequences including heart disease, stroke, blindness, kidney failure and severe foot sores that may require amputation. Every year during Ramadan the health authorities in Senegal witness a peak in the urgent hospitalization of people with uncontrolled diabetes.

“Ramadan is a period of high sugar consumption,” says Mr Baye Oumar Guèye, national secretary of the Senegalese Diabetic Support Association and a diabetic himself. “mDiabetes is an essential and welcome initiative that allows people with diabetes to observe the holy month of Ramadan while avoiding the risk of complications.”

Mobile phones in every home

For the past decade, the lack of a stable internet and phone network in developing countries has hampered the use of eHealth to improve access to health care. “A rapid explosion in mobile technology, particularly in Africa, is finally making several kinds of eHealth initiatives possible,” says Mr Hani Eskandar, ICT applications coordinator at the International Telecommunication Union. In Senegal, 83% of the population has a mobile telephone and 40% of these are smartphones, which are capable of receiving images and videos.
mDiabetes is the first initiative to take advantage of such widespread mobile technology to reach millions of Senegalese people with health information and expand access to expertise and care. The project is a key part of the national plan to fight noncommunicable diseases. It also includes a training module for health workers and will allow for remote consultations and monitoring of patients in rural areas. The pilot project is expected to trigger more eHealth initiatives in Senegal and serve as a model for other countries in their fight against noncommunicable diseases.

Source: WHO

South Africa Mobile Health Market Opportunity

According to the Global System for Mobile Communications Association, the deep inequalities between public and private healthcare, escalation of costs and critical shortages of healthcare professionals are the main challenges for the South African health systems, requiring immediate solutions and major investment in health. In its report “South Africa Mobile Health Market Opportunity Analysis”, although it takes note of the government efforts to tackle some of these issues by introducing the new National Health Insurance scheme, the Association also stressed the need to plan long-term strategies to reduce costs and increase the availability and quality of healthcare for the South African population.

The mobile health market is expected to be boosted by the long-awaited eHealth Strategy Document that will provide a framework to adopt ICT technology in the healthcare system. Mobile health’s potential is relevant, considering that South Africa now has a mobile penetration rate of 98%.

Up to now, the adoption of mobile health on a national scale has been delayed but the limited reach of public and private healthcare services can be extended by exploiting such potential. Even if mobile internet connectivity remains low, it is increasing exponentially, especially in connection to rising smartphone imports.

The GSMA outlined five ways for mHealth to prove a key opportunity:
1. Private health expenditure equates to 21 times the total combined revenue of all South African mobile operators. Mobile health may realistically access a percentage of this healthcare revenue, at the same time contributing to the reduction of the total health spending and improvement of health outcomes.
2. Under the new National Health Insurance scheme, health information strengthening can use mobile technologies to achieve the goals of monitoring the extent of health coverage, tracking the health status of the population and producing disease profile data for use in computing capitation models.
3. 14% of the South African population have access to 57% of South Africa’s total health expenditure. mHealth products may help reduce inequalities across public and private healthcare, by contributing to deliver primary healthcare services and/or low income medical insurance.
4. The planned National Health Insurance scheme should, in theory, require 80% of all services to be delivered through primary healthcare. This results in a current shortage of at least 80,000 healthcare professionals. Remote monitoring and prevention and promotion strategies supported by mHealth may help reduce the impact of such shortfall.
5. Annual medical insurance costs are out of reach for many households. More than 50% of private health costs are used to cover private hospitals and clinical services, so mHealth may extend health services outside hospitals and increase the membership base.
6. 43% of total health expenditure is Government-funded, with an average $23 cost per patient when seen at a primary healthcare facility. mHealth can reduce such burden in partnership with other healthcare providers.
7. As 26% of total health spending is paid out-of-pocket, mHealth may offer services that reduce the burden on households and allow them to access healthcare without an excessive financial loss.
8. Health subsectors that apparently offer less opportunities, such as pharmaceuticals, could still benefit from a creative use of mobile technology. For instance, mHealth solutions may increase adherence to medication regimes in areas where it is still low, such as HIV treatment, thus reducing the burden of counterfeit drugs and stock shortages.
9. The most promising opportunities to place mobile at the heart of healthcare lie in preventive, promotive, diagnostic and therapeutic solutions for chronic disease and disability monitoring.

Source: GSMA
The full GSMA report is available on Mobile Health Live at www.mobilehealthlive.org

Source: GSMA (Global System for Mobile Communications Association)
Market Overview

Morocco

Author: Michela Adinolfi
**Population:** 32.6 million

**Capital:** Rabat

**GNI per capita:** US$2,970 (World Bank, 2011)

**Urban population:** 56%

**Major religion:** Islam

**Major languages:** Arabic & Berber (official), French, Spanish

**Largest city:** Casablanca

**Daily household income:** US$23 to $46 (38% of population)
Market Overview

The Kingdom of Morocco lies on the western edge of the North Africa area known as “Maghreb”, which means the Arab West. Bordering on the West and North with the Atlantic Ocean and the Mediterranean Sea, Morocco has a long history of contacts and relationships with Europe, and its culture mixes Arab, Berber, European and African influences.

After the protests arisen in the context of the “Arab Spring”, the government reacted with a series of reforms and interventions that required an increase in social spending, including a housing program that was launched in January this year. Under the program, about 20,000 houses should be built by 2016, to satisfy the need for affordable housing of the Moroccan middle class, now accounting for more than half of the population.

Christine Lagarde, director of the International Monetary Fund, recently praised Morocco for its commitment to cut energy subsidies, the first country in the region to do so. The approval of Morocco’s economic policy by the IMF is evident by the US$5 billion credit line it granted to help the country pursue its reform agenda to achieve rapid and more inclusive economic growth.

As this credit line targets countries with relatively good economic policies that still face balance of payments needs because of issues beyond their control, this news is reassuring for foreign investors.

However, Morocco already enjoys a good reputation as an investment destination: according to the United Nations World Investment Report, Morocco is the top recipient of foreign direct investment in North Africa, with France as the leading contributor. Political stability, stable economic growth and good port infrastructure in a strategic geographic position are all elements in favour of such advanced ranking.

According to the African Development Bank, the Moroccan grew by 4.7% in 2013 (compared to 2.7% in 2012) driven by domestic consumption and public investment, but also by a good agricultural year. The reforms undertaken to liberalise the economy were strengthened by a fiscal reform and several measures to reduce public spending. At the same time, new industries such as aeronautics and automobiles gained a prominent role as drivers of growth and areas of innovation for the Moroccan economy, while traditional sectors such as textiles suffered a slowdown.

On general terms, Morocco’s business environment is considered stable, and its rank in the annual World Bank Doing Business report rose from 95th to 87th place compared to 2012. However, the country still faces important drawbacks such as high unemployment (19% in the 15-24 age group in 2013). In order to create more employment, Morocco has put efforts into the diversification of its economy through the National Pact for Industrial Emergence (PNEI, 2009-15) that aims to raise the country’s competitiveness in key industrial sectors and eventually create 220,000 new jobs for 2015, helped by the support of aeronautical and automotive industries that emerged as new core activities.

Healthcare provision

The government is trying to modernise the health sector and the existing facilities, reversing the negative trend of two decades of underfunding and mismanagement. The planned upgrade include three new teaching hospitals in Fez, Marrakech and Oujda and the rebuilding of the university hospital in Rabat.

The distribution of healthcare resources is still very unequal especially between the cities and rural areas, a problem that is being faced by government planning to expand coverage and improve public-private cooperation in making health services more equally accessible across the country.

Dental care is also being targeted by awareness-raising campaigns and the creation of 127 new dental polyclinics in the main cities and rural centres. The number of Moroccan dentists has also increased by 3,300 in 2005 to slightly less than 4,500 in 2011.

According to the WHO regional office for Africa, Morocco has expanded the population covered by pre-payment arrangements that provide access to needed health services by establishing medical assistance schemes funded by government revenues. The national health insurance scheme (Assurance Maladie Obligatoire de base), launched in 2005, was initially aimed at salaried workers but has been expanded to self-employed people. Moreover, the medical assistance scheme known as “Regime d’Assistance Medicale” (RAMED) provides coverage for the poor and vulnerable population that are not usually covered by social health insurance schemes. Combined together, the RAMED and the expanded social health insurance scheme have expanded coverage to 62% of the Moroccan population.

Foreign investors are eyeing the Moroccan healthcare sector with interest due to the potential held by the future development of the country. Recently, the government has ratified a law allowing the building of two hospitals funded by the United Arab Emirates, the Shaikh Zayed Hospital in Rabat and the Shaikh Khalifa Bin Zayed Al Nahyan Hospital in Casablanca. Mustafa Al Khalif, Minister of Communications and spokesperson for the Moroccan government, stated that both projects are aimed at “enhancing the healthcare services and medical education in Morocco, as well as providing free treatment to the poor.” The Minister also pointed at the progress in scientific research that is expected to come from the use of the two hospitals as higher education and training centers.

Healthcare figures, 2012

Physicians per 1,000 people: 0.62
Beds per 1,000 people: 1.1
Life expectancy: 71
Per capita total expenditure on health (Int. US$): 340
General government expenditure on health as % of total government expenditure: 6%
Out of pocket expenditure as % of total expenditure on health: 59%
Gender inequality in Morocco

During the last two decades, Moroccan women have been calling for equal rights between men and women, mainly through the Union of Women’s Action (UAF), asking to reform the Personal Status Code and Sharia-based family law. After a million women signed the petition, the government signed the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and subsequently amended the country’s Moudawana (the official family code that dictates the roles and relationships between men and women within the family). Morocco ratified the CEDAW in 1993, but with a number of reservations. Islamist leaders and also women representatives attacked the reformation claiming it resulted from pressures from the European Union and the United States.

The reformed version of the Moudawana grants men and women equal rights in house management, family planning, children upbringing, and legal cohabitation. The legal minimum age for women marriage was raised from 15 to 18 years, and special cases of marriage under that age now require permission from a judge. Also the free consent of both spouses is now required by law and women no longer need permission from a male guardian to marry.

The Moudawana also includes measures to discourage polygamy that resulted in a decrease in the number of polygamous marriages. Another important gain was the abolition of the concept unilateral repudiation of the wife, and gave women the right to divorce on the same grounds as men.

With the approval of the Nationality Code, Moroccan women married to foreigners obtained the right to pass on their citizenship to their children.

Although Morocco’s laws for women’s rights are held as some of the most advanced in the Arab world, they are not yet applicable across the whole country, especially in rural areas.

(Source: Morocco World News)
1 - Could you give us an outlook on the European medtech industry’s expectations and business mood?

Generally speaking, the mood of the industry in Europe seems to be slightly more optimistic than in previous years. This is driven by an overall more positive outlook on the economic climate in Europe, particularly in Southern Europe, and the belief that the market will be receptive to new products and technologies that are being launched. However, growth expectations remain modest and the commercial climate in terms of funding, competition, centralized procurement and pricing remains tense.

2 - What are companies focusing in the effort to manage reimbursement cuts and funding issues?

When it comes to standard therapies and little differentiation between alternative suppliers, reimbursement cuts simply need to be accepted, particularly in therapeutic areas that represent a high cost burden for payers, e.g. dialysis care or diabetes management. The key to managing reimbursement cuts and securing funding in areas where suppliers offer differentiated technologies is to have sound clinical evidence that demonstrates incremental clinical value.

Furthermore, it is essential to convince budget holders that the incremental therapy costs are compensated by reduced follow-on treatments and rehabilitation costs and by efficiency gains on the provider level. This imposes new requirements on which technologies are developed and on the evidence that must be generated during clinical development. Also the way these technologies are marketed toward non-clinical budget holders on the national, regional and provider levels is affected.
The business outlook for 2014 is slightly more optimistic than in previous years.

Overall business expectations for 2014:
- Better than 2013: 44%
- Same as 2013: 44%
- Worse than 2013: 12%

% of respondents:
- 2011: 23%
- 2012: 20%
- 2013: 21%
- 2014: 42%

“I expect a slight improvement in the overall economic environment.”
“Expansion to emerging markets presents a great opportunity while mature markets will remain unchanged.”
“I expect economic conditions in southern Europe to improve.”
New product(s) and technologies are gaining traction.
Governments’ increased focus on healthcare costs is causing ever-increasing price pressure.
“Fiercer competition caused by consolidation and low-cost offers will drive the market down.”

Source: Simon-Kucher Medtech Barometer 2014

Managing reimbursement/funding constraints, competitive dynamics and customer price pressure are the key commercial challenges.

Overall commercial challenges:

“With the introduction of DRGs and reimbursement cuts in many countries, the funding landscape is becoming more difficult.”
“Shorter product lifecycles result in more competitors, with different strategies.”
“We are seeing a greater influence of admin with cost considerations in the overall purchase decision.”

Average ratings:

Source: Simon-Kucher Medtech Barometer 2014

Simon-Kucher & Partners
3 - Is a war on price underway? How are European companies facing it while competition rises?

In general, we are observing a tense funding climate and increasing market price sensitivity in the European healthcare product markets. However, there is no price war across the board. The level of price erosion and competitor aggressiveness varies by technology or product category and is a function of (a) cost burden for the payer or provider; (b) therapy/product maturity and (c) the number of completely substitutable suppliers. In a technology space like transcatheter heart valves which is highly innovative and where the number of competing offers have so far been limited, price erosion has been comparably low. Knee or hip endoprotheses, on the other hand, is an increasingly mature product category with high budget impact for the healthcare system and an increasing number of competing suppliers.

Price erosion and the war for market share in this space is consequently significant. In some of the more mature product categories, e.g., drug-eluting stents, even procurement managers acknowledge that prices in some countries must have hit bottom, and that further price reductions have to come at the expense of lower treatment quality. An interesting observation is that companies that are exposed to more mature product portfolios and price erosion are experimenting with new business models that range from online sales over combined product-service offers to build-operate-transfer models for entire departments of healthcare providers. This is an interesting dynamic and will reshape the medical technology business model in several areas.

4 - How do you evaluate the increased role of non-clinical stakeholders on procurement decisions? Why is the trend less evident in the equipment segment rather than in diagnostics or consumables?

Non-clinical decision makers on the provider level, such as finance, controlling or procurement managers have gained considerable influence over the recent years when it comes to new technology adoption and supplier selection. Across categories, non-clinical decision makers today assume almost half of the procurement decision-making power while the influence of clinical decision makers has been going down slightly but remains strong. The influence of non-clinical decision makers is strongly influenced by provider cost burden, technology maturity, offer complexity and the number of alternatives.

This also explains why the increasing role of non-clinical stakeholders is less evident in the medical equipment sector. Equipment offers are often highly complex and customized to the needs of the individual provider. Requesting and evaluating alternative equipment offers is largely driven by engineers, planners and clinicians and cannot easily be completely outsourced to the procurement department.

5 - How can companies increase their communication skills toward non-clinical stakeholders?

First, companies need to fully understand their procurement stakeholder maps in terms of who is involved in the decision-making process and to what extent. Additionally, companies need to understand pain points and value drivers of the relevant stakeholders, who is already convinced of the company’s superior value and who still needs to be convinced. The second step is to build compelling fact-based value messages that are customized to the needs and pain points of the individual stakeholder groups.

Step three is to proactively engage with the relevant stakeholder groups by putting necessary sales resources in place or shifting resources from the clinical side, by ensuring suitable economic value selling and negotiation skills. Also, engagement teams need to be equipped with communication tools such as financial impact simulation tools demonstrating the effect of using alternative technologies, of switching suppliers, or analyzing the cost situation of a provider.

*About the Medtech Barometer*

The Medtech Barometer is an annual study conducted by Simon-Kucher & Partners among C-level executives, regional and BU heads, and senior functional executives representing all key sub-sectors of the medtech industry including consumables, devices, equipment, diagnostics and dental. With approximately 50 top-level respondents in 2014, the study reveals current commercial trends and challenges in the medical technology industry and shows how players are addressing specific burning topics. This year’s special focus concerned effective non-clinical stakeholder engagement.

Simon-Kucher & Partners, Strategy & Marketing Consultants:

Simon-Kucher & Partners is a global consulting firm with 720 professionals in 28 offices worldwide focusing on Smart Profit Growth®. Founded in 1985, the company has almost 30 years of experience providing strategy and marketing consulting and is regarded as the world’s leading pricing advisor. With its dedicated industry team of seasoned consultants, Simon-Kucher has worked for 17 out of the top 20 medical technology and diagnostics companies across Europe, the Americas and Asia.
The influence of non-clinical stakeholders on funding and procurement decisions has increased significantly in recent years.

### Stakeholder influence change in the last 5 years

<table>
<thead>
<tr>
<th>Clinical groups</th>
<th>Non-clinical groups</th>
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<td>Lab directors</td>
<td>Procurement managers</td>
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<tr>
<td>Nursing staff</td>
<td>Hospital CEO or CFO</td>
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<td>Physicians</td>
<td>Hospital admins</td>
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<td>Payers</td>
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<td>Clinical groups</td>
<td>National or regional payers</td>
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**Clinical groups**

- Lab directors
- Nursing staff
- Physicians

**Non-clinical groups**

- Procurement managers
- Hospital CEO or CFO
- Hospital admins
- Pharmacists
- Payers
- Regional or local healthcare authorities
- National or regional payers

*“Physicians lack the background to back decisions with health-economic criteria and are losing influence on the decision process.”*

*“Introduction of a big deal or tender approach has given procurement managers a determining role.”*

*“Hospitals’ rising costs and poor financial performance mean a greater emphasis on pricing and less on clinical factors.”*

### Overall business expectations for 2014

- Business mood in 2014 is slightly more optimistic than in previous years.
- Growth outlook for 2014 is overall modest for the EU markets with mid single-digit expected sales and profitability growth.
- Price pressure across sectors and categories remains strong.
- Managing budgetary pressure on the customer side and competitive dynamics remain key commercial challenges.
- Centralized procurement, customers’ focus on price and competitor price aggression are expected to increase further.
- Expected funding level cuts and fulfilling the requirements to ensure proper funding by budget holders are gaining further importance.
- Non-clinical stakeholders are heavily and increasingly influencing funding and procurement decisions.
- Industry confidence in effectively interacting with non-clinical stakeholders is overall low. Key areas for improvement are:
  - Seeing non-clinical stakeholders as an integral part in global/local marketing.
  - Having sound and convincing economic value arguments in place.
  - Improving the non-clinical interaction and negotiation skills on the sales side.

Source: Simon-Kucher Medtech Barometer 2014
Starting a business is exhilarating. Unfortunately, the “build it and they will come” theory doesn’t hold much weight and those overnight success stories you hear about are often the result of behind the scenes years of hard work. Simply put, startup marketing is a unique challenge many times because of limited resources, whether it’s time, money or talent. You have to be sure every effort, no matter how small, is well-planned and flawlessly executed. And to make it even more difficult, the traditional marketing strategies don’t always work.

Startup marketing is a whole different science. How so? The secret is properly combining the right channels: Content Marketing and Public Relationship. So, continuing from the second article that we published on this magazine, here’s the third part on Marketing for Start Up.

Before you start laying bricks, you need a solid foundation. A successful startup marketing strategy follows that same principle. Before you jump into marketing your startup, make sure you have the following bases covered.

Evaluate, Review and Adjust

After you’ve completed your plan, your work isn’t finished. It’s up to you to monitor and adjust your plan as time goes on. Evaluate each marketing campaign you run. Figure out if you’re meeting your objectives. If you’re easily meeting your objectives, consider challenging yourself a bit more. If not, are you setting the bar too high? Is something amiss with your strategies or tactics? Your marketing plan shouldn’t be something that you write and set aside. It’s something designed to help and guide you and it should be reviewed frequently and updated if new information is acquired.

Remember: There’s really no wrong way to compile your plan. Just make sure you’re gathering as much information as you can and putting your goals down on paper before launching your marketing efforts. Taking the time to do this is only going to help boost your chances for success!

Choosing a Market

It’s easy for startup founders to believe the whole world will love their products. After all, founders eat, sleep and breathe their products. The reality is that only a small portion of the population is interested in your product. If you try to market your startup to everyone, you waste both time and money. The key is to identify a niche target market and go after that market share aggressively. How do you choose a market? There are four main factors to consider:

- Market Size – Are you targeting a regional demographic? Male? Children? Know exactly how many potential customers are in your target market.
- Market Wealth – Does this market have the money to spend on your product?
- Market Competition – Is this market saturated? Are there many competitors?
- Value Proposition – Is your value proposition unique enough to cut through the noise?
Defining Keywords
With a clearly defined market, you can begin building a keyword list. You'll use the keyword list primarily for blogging, social media, and your marketing site. Essentially, you want to build a list of words or phrases that are highly relevant to your brand. Ask yourself: What would someone type into Google to find your startup's website?

Start with a core keyword list. This is a list of three to five keywords that completely summarize what your startup does. For example, Company's core keyword list is: customer acquisition, content marketing, and startup PR. Your core keyword list should be based on your value proposition. What is it that you're offering customers?

(Tip: Your core keywords make excellent blog categories.)

Now you'll want to expand your core keyword list to include secondary keywords. Secondary keywords are more specific. Take "content marketing"; the core keyword from earlier, for example. Secondary keywords might include: corporate blogging, blogging best practices, email marketing how to, etc.

Use free tools to find the keywords already sending traffic to your website. Then run your core keywords through Google's Keyword Tool and UberSuggest. The best keywords found through those tools will be identified by low competition and high traffic. In other words, a lot of people are searching for them, but few results are displayed.

Setting Core Metrics
Success is different for every startup. Maybe success is 500 new signups per month for Startup A while Startup B thinks success is $50,000 in revenue per month. Whatever your idea of success may be, define it early and define it rigidly. Write it down or send it to the entire team. Just make sure everyone you're working with knows your definition of success and is prepared to work towards it.

Be sure to stay consistent. It doesn't matter if you're defining success by signups, revenue, profit or anything else you can think of. What matters is that it's tied to real growth (no vanity successes) and that it's measured the same way each month. For example, don't define success as 500 new signups one month and then $50,000 in revenue the next. Pick one definition and commit to it.

Estimating a Conversion Rate
The next step is to assign conversion rates and values. Consider newsletter signups, for example. 100 new newsletter signups per month could be incredible growth if your conversion rate is 20%. That is, if 20% of your newsletter subscribers become paying customers. If your conversion rate is closer to 1%, those 100 newsletter signups might be insignificant.

Estimate (based on historical data) your lead conversion rate. Now, do the same to estimate the lifetime value of a customer. If you know how many of your leads convert and how much those conversions generate for your startup, you can assign values to goal completions like newsletter signups. € 2,500 per month from your newsletter is a lot more indicative of success than 100 new newsletter signups.

Setting a Budget
At the end of the day, it all comes down to money. How much can you afford to spend on your startup marketing strategy? Remember that while inbound marketing leads cost 61% less than outbound marketing leads, they are not free. Set a budget early in the game and accept that limitation. “57% of startup marketing managers are not basing their marketing budgets on any ROI analysis.”

More importantly, carefully plan how you intend to divide that budget. Maybe your blog has been your most powerful tool to date and you want to invest 40% of the budget on it. Or maybe you want to spend 35% of the budget to develop a new eBook or online course. Just be sure you have the logistics settled before you start spending (or you might just lose your hat).

Social Media
Social media is one of the most popular ways to promote your content and reach influencers. Since a great content promotion plan brings potential customers to your website and influencing the influencer can generate thousands of new leads, social media is invaluable to startups. Of course, there are a few tricks to get the most out of it.

Choosing the Right Social Media Networks
Startups tend to choose the social media networks they engage on without much strategy. The two most common mistakes are trying to master every network and trying to master certain networks just because the competition is doing it. If all of your competitors are on Facebook, Twitter and LinkedIn, you should be too, right? Maybe, but maybe not.

Facebook, Twitter, LinkedIn, Tumblr, Reddit, Pinterest and now Instagram, are some of the most popular social networks today. All of them can be great content promotion and community building tools, but they all have unique characteristics. Facebook, for example, is typically powered by your existing customers who enjoy visual posts like pictures and video. Twitter, on the other hand, is often powered by potential customers who respond well to links (e.g. blog links).

Each social network ‘works’ differently, as such, how the community takes, interprets and digests your sharing and content varies. Reddit is often referred to as a very guarded network and detests spammers. Unlike twitter, here you can’t just schedule various messages every day. The content you share in Reddit has to be specific and unique to the categories you choose. Reddit, like other networks, requires a slower approach. You can’t just jump on, run some ads and expect people to upvote all your content. Be mindful of the network and community you are trying to reach, it may not be in the social space you first thought.

(Tip: Consider the demographic of the social network itself. Take Tumblr; for example. Tumblr caters to a young, laid-back audience that loves sharing inspiring quotes and funny pictures. If you’re targeting this audience, don’t spend your time on LinkedIn.)
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33 Defining the Best Times to Post
The idea that there is a perfect time to post a tweet or Facebook update is a myth. If you’re targeting teenagers, mornings and nights might be the best times to post during the school year. During the summer? That’s a whole other story. There is simply no universal “perfect time to post.” There are, however, some best practices.

Facebook:
- Saturdays are best.
- 12 p.m. EST is the best time to share.
- 0.5 posts per day is the best frequency.

Twitter:
- 5 p.m. EST is the best time to get a retweet.
- 1 to 4 link tweets per hour is the best frequency.
- Tuesdays, Wednesdays, Thursdays, Saturdays and Sundays are best.
- 6 a.m. EST, 12 p.m. EST and 6 p.m. EST are the best times to tweet in terms of clicks.

34 Using a Keyword List
Now it’s time to put that keyword list you created earlier to good use. When it comes to social media, you’ll use your keyword list to maximize your engagement efforts. If you’re marketing an online shopping club for families like HappyFarmJeans, you’ll want to ensure you’re having family and shopping focused discussions on social media.

The easiest way to do this is to use a social networking management tool like HootSuite. That way you can set search streams of your core keywords. Using HappyFarmJeans as an example, one of their streams might be for the keyword “online shopping club.” They’ll be able to monitor all of the conversations happening around that keyword and join in. More importantly, HappyFarmJeans will solidify a reputation in the space.

Tip: Use your keyword list to help target any online ads you may be running.

35 Creating and Using an Influencer List
As mentioned above, one of the best marketing techniques online is to influence the influencer. It will take a long time for your startup to develop a highly influential relationship with thousands of people. Instead, focus on connecting with the people who already have that influence. “78% of social media users said posts by brands influenced their purchase behavior moderately or highly.”

For example, HappyFarmJeans might look to connect with a famous celebrity mother via Twitter. If that mom loves what they’re doing for families and tweets about them to thousands (if not millions) of loyal followers, HappyFarmJeans will see a huge surge in both followers and traffic.

(Tip: Journalists and community leaders are great influencers as well. Don’t limit yourself to celebrities, who can be very tricky to connect with.)

Build your influencer list with a bit of market research. Start by finding popular blogs in the space. Who writes for those blogs? Who owns them? Search for your core keywords on Twitter. Who appears in the results? Who are they following? Remember that a high follower count is not always a good indication of influence. Look for how engaged their followers are and their follower to following ratio.

36 Setting Up a Blog
Setting up a blog can be quite simple. It’s a matter of downloading the software, uploading it to your server and following the setup instructions. WordPress, for example, is free and offers many amazing plugins.

One, for example, is Yoast SEO. Start by installing Yoast, a SEO plugin that will help Google and other search engines locate and rank your content. (Other great plugins include Akismet, Calendar, and featured posts.) Then, setup the basics like blog categories and tags.

Once the back-end of your blog is ready to go, think about the curb appeal. How does your design look? Ask a professional designer to help you design your blog or give it a small revamp. Then invite ten friends to check out the design and offer feedback. You’ll get a feel for the aesthetic appeal. Remember, design is important as it relates to user experience, but it shouldn’t be all consuming. Your blog is about publishing really great content, at the right time to the right people. Your design should simply enhance that experience.

Be sure your design is also functional. Ask yourself these questions: If I stand back and squint my eyes, does my call to action still pop? Do I have search functionality? Do I have social media information and sharing functions (e.g., Twitter feed, Facebook plugin)? Do I have a blog subscription and RSS feed option? Do I have featured images on my blog’s homepage? Do I have social sharing buttons on each blog post?

Note: While WordPress is not the only blogging platform, it is one of the most widely used.

37 PR Remains a Mystery in Many Startup Circles.
When’s the right time to tell people about your startup? Is there value in getting early coverage on industry blogs? What message is going to resonate with writers? How can you maximize the press coverage you get and translate it into sales? Should I hire a PR firm to help me out?

The good news is that it doesn’t need to be such a mystery. Fundamentally, it all boils down to this: What to say. When to say it. Who to say it to.

38 Craft Meaningful Positioning Statements
Much like a great elevator pitch should lie in the mind of any entrepreneur, a series of engaging positioning statements is vital. And while constructing two sentences may seem easy, crafting effective statements is quite the challenge.

Start by identifying what the product is and how it will affect others. Think of the product as the solution created to solve a worldwide problem. This is an important measure to remember when marketing and selling the product. Don’t think of it as selling a product. Think of it as solving a problem. Lastly, who will care about your product?

What is your product? How will it affect others? Who will care?

Positioning statements combine these three key factors into two sentences that are used to market the product and pitch it to the media. To ensure success, it is important that these statements not only articulate what the product is capable of but that they clearly describe its value proposition as well.

Continued... the forthcoming publication... ask for the 23 points previously published!
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South Africa will not achieve its goal of universal health cover unless a structured process is developed for collaboration between the private and public sectors. This will involve the creation of Centres of Excellence where the expertise in the two sectors can be shared to improve access to affordable, quality care.

The formation of the Centres will also involve contracting with specialists in the private sector to relieve the dire shortage of specialists in public hospitals and collaboration in the areas of training, hospital infrastructure design and health technology to improve health outcomes and life expectancy, as well as to reduce the burden of disease. This is according to Dr Terence Carter, a Deputy Director General in the National Department of Health responsible for, among others, hospital policy formulation and workforce development and planning, and a former CEO of the Tygerberg and Groote Schuur Hospitals in the Western Cape.

Speaking at the 15th annual Board of Healthcare Funders’ (BHF) Southern African Conference in Durban, Dr Carter focused on the massive shortage of specialists and resources in state hospitals compared to what is available in the private sector and the huge inequities in the different provinces in terms of health outcomes and life expectancy.

Stats SA estimated that the life expectancy in 2013 was the lowest in the Free State (age 50 for males and 52 for females) compared to the Western Cape where the life expectancy for men is around 64 and 70 for women.

Recent figures have shown that of the 11 473 specialists registered with the Health Professions Council of SA only 2982 are employed in central, tertiary and regional hospitals with only two public hospitals in the whole of the country meeting the recommended requirement of between five to eight beds per specialist. In other hospitals the ratio varies between 20 and 25 or more beds per specialist making it impossible to deal with the country’s huge burden of disease and provide appropriate, quality care.

“This has created vast opportunities for the development of strategies that will promote public-private partnerships by, for instance, contracting with private specialists and hospitals to treat poor, state patients,” Dr Carter said.

Two examples of such partnerships in the Western Cape are the contracting by the provincial government of a private facility to render sub-acute services to the poor and a private hospital in George to provide radiotherapy services to cancer patients who live too far away to access treatment in tertiary hospitals in Cape Town. The results were a significant reduction in drop-out and treatment default rates and a huge improvement in outcomes, Dr Carter said, adding that the cost of contracting with the private sector to deliver these services was similar to what it would have cost in the public sector.

“As we don’t expect the number of specialists employed in the state to increase in the near future, it is crucial that government and the private sector start to find ways of collaborating constructively to reduce the burden of disease. If not, the country will never be able to achieve the objectives of a National Health Insurance system aimed at giving every citizen, irrespective of his or her socio-economic status, access to quality, affordable healthcare,” Dr Carter warned.

Note:
The Board of Healthcare Funders of Southern Africa (BHF) is the representative body for the majority of medical schemes throughout South Africa, Lesotho, Namibia, Botswana, Mozambique and Zimbabwe.

Issued by Epic Communications on behalf of The Board of Healthcare Funders of Southern Africa http://www.bhfglobal.com
The European Commission has today published a list of the 155 small and medium-sized enterprises (SMEs) that will be first to benefit from its new €3 billion SME Instrument. 155 SMEs from 21 countries will each receive €50,000 to finance feasibility studies for their projects, and they can also benefit from up to three days of business coaching. After that, their projects may be considered for further financial support from the Commission worth up to €2.5 million.

Máire Geoghegan-Quinn, European Commissioner for Research, Innovation and Science, said: “Innovative SMEs will help get the European economy back on track, creating lasting employment and great products and services. This new instrument is aimed at projects that are truly innovative, with a strong business opportunity and a solid concept to bring them to the market.”

The SME instrument was launched under Horizon 2020, the EU’s new €80 billion research funding programme, to help innovative small firms get innovative projects from the lab to the market. SMEs from EU Member States or countries associated to Horizon 2020 can apply.

The response to the first round of selection was remarkable, with 2662 proposals from the countries participating in Horizon 2020 (IP/14/876). Evaluation by independent experts showed that 317 of the proposals met the evaluation standard. Of those, 155, or 49%, have been selected for funding.

The selected SMEs are in a good position to succeed in the second phase of the programme, in which applicants can receive between €0.5 and 2.5 million to finance innovation activities such as demonstration, testing, piloting, scaling up, and miniaturisation. The beneficiaries will also develop their business plan.

Around 645 projects in total should be funded in 2014. This number will rise to 670 in 2015. The call for proposals is constantly open and the next deadlines for evaluation are 24 September and 17 December 2014 for Phase 1, and 9 October and 17 December 2014 for Phase 2.

**Background**

With a budget of nearly €80 billion over seven years, Horizon 2020 is the biggest ever EU research and innovation programme and foresees record funding for SMEs. At least 20%, or nearly €9 billion from Horizon 2020’s ‘leadership in industrial technologies’ and ‘societal challenge’ pillars, is expected to benefit SMEs directly in the form of grants, including via the SME Instrument.

Through the SME Instrument, the European Union wants to finance the most innovative small companies with a high growth potential. The Instrument is worth around €3 billion over seven years and offers fast and simple grants for business innovation feasibility studies (Phase 1) and demonstration projects (Phase 2). Investment-mature concepts can in addition benefit from business development advice and other support services (Phase 3). The application process is easy but only the very best projects can expect to receive funding. Eligible topics are set out in the Horizon 2020 Work Programme on ‘Innovation in SMEs’.

In addition, the European Commission and European Investment Bank Group are joining forces to encourage banks and other financial intermediaries to lend or provide equity to innovation-driven companies through InnovFin – EU Finance for Innovators (see IP/14/670). Other companies can find access to finance under COSME (see IP/14/851).

**For more information**

SME Instrument:
http://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/sme_en.htm
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For the public: Europe Direct by phone 00 800 6 7 8 9 10 11 or by e-mail: http://europa.eu/europedirect/write_to_us/
Pfizer Foundation today announced $2 million in grant funding for pilot programs to improve immunization coverage in Africa. The programs will focus on ‘last-mile’ interventions to reach underserved populations living in Ethiopia, Malawi, Rwanda, Uganda and Zambia.

Grant recipients include UNICEF, Save the Children and International Rescue Committee. The grants will focus on building the capacity of health care systems within the five countries to ensure that efficient and sustainable vaccine supplies are available to reach children who need access to vaccines.

Interventions include mobile platforms for vaccinations, which provide health workers with mobile phones and solar-powered tablets to register children born in a clinic area and help track vaccination schedules in real time. Other interventions include short-message service (SMS) systems, which will be used to monitor vaccines and equipment to identify bottlenecks in the supply chain and prevent stock outs.

“We are proud to partner with the Pfizer Foundation on this important initiative,” said Caryl Stern, president and CEO of the U.S. Fund for UNICEF. “The Pfizer Foundation’s support will help UNICEF ensure that the hardest to reach, most vulnerable children will receive vaccinations, in order to protect them from preventable and deadly diseases.”

As various sectors around the world continue to work on achieving the Millennium Development Goals established by the United Nations (U.N.), the latest U.N. secretary-general report card suggests efforts are still needed to achieve MDGs 4 and 5, reducing the under-5 child mortality and improving maternal health, respectively.

According to the World Health Organization (WHO), an estimated 1.5 million children under 5 years of age still die from diseases that are preventable by vaccination every year. In 2011, immunization coverage in Africa was estimated at 77 percent, yet almost all unimmunized children had no access to vaccines.

“These grants will work to support our global efforts to reach more patients with lifesaving and enhancing vaccines,” said Caroline Roan, president, Pfizer Foundation. “The Pfizer Foundation has a long history of working with partners to seek to ensure that the most vulnerable have access to quality health care, furthering our mission to promote access for all.”

While the number of child deaths in sub-Saharan Africa has dropped by 39 percent since 1990, in most African countries progress is not fast enough to meet MDG targets. The post-2015 development agenda and proposed successor goals to the MDGs (sustainable development goals or SDGs) capture these needs, and also call for achieving access to health services and to essential, quality medicines and vaccines.

“Infrastructure challenges, security concerns and capacity limitations, among others, continue to be obstacles for last-mile health care delivery, including getting medicines and vaccines to people who need them, when they need them,” said Susan Silbermann, president, Pfizer Vaccines. “There are still 18,000 children who die every day from vaccine-preventable diseases. These grants are designed to help address these critical ‘last-mile’ challenges and reinforce the Pfizer Foundation’s commitment to ensuring access to quality health care.”

About Pfizer Foundation

The Pfizer Foundation is a charitable organization established by Pfizer Inc. The Foundation is a separate and independent tax-exempt organization. The Foundation’s mission is to promote access to quality health care, to nurture innovation, and to support the community involvement of Pfizer people.
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Hello Brain Campaign to Raise Brain Health Awareness & Encourage Active, Healthy Ageing

A n innovative website promoting brain health has been launched in Trinity College Dublin, Ireland as part of a new EU Commission initiative to increase the societal impact of brain research.

More people across the EU are now living longer than ever before. However failing mental function can frequently impair the quality of those extra years. The Hello Brain campaign brings together the latest information on brain health together with the latest brain research in a bid to raise public awareness of the importance of investing in brain health in order to support independent living in our older years. The diversity of cognitive functioning observed in older adults, together with the scientific discovery that the brain is plastic, has sparked considerable European research seeking ways to maintain cognitive function, prevent decline, extend independent living and promote active and healthy ageing. The campaign hopes to help the general public understand how their brain works, what science is discovering about that remarkable mass of fatty tissue inside our head and how to keep it healthy.

The Hello Brain campaign, which is the public face of the ASAPS project (A Sharing Approach to Promoting Science), received €1 million funding from the EU Commission under its Seventh Framework Programme. The project, led by Trinity College Dublin, is co-ordinated by Dr Sabina Brennan, Principal Investigator seeking ways to maintain cognitive function, prevent decline, extend independent living and promote active and healthy ageing. The campaign hopes to help the general public understand how their brain works, what science is discovering about that remarkable mass of fatty tissue inside our head and how to keep it healthy.

The Hello Brain website www.hellobrain.eu, (available in English, French and German) provides practical tips on how to keep your brain healthy using a range of entertaining videos and online resources, including the Hello Brain Health App which can be downloaded for free.

The Hello Brain website includes six short animations (all approx. 2 minutes) specifically produced for the campaign:

- What will your life look like in 50 years?
- Will I lose my memory when I get older?
- How can I keep my brain sharp when my body gets old?
- Is exercise good for my brain?
- Is it ever too late to follow your childhood dreams?
- What makes your brain work?

There are also six video interviews in which international scientists discuss topical issues in brain health and research.

- Can my leisure activities protect my cognitive function?
- Can I change my brain?
- What is neuroplasticity and why is it important?
- The Upsides of ageing
- Retirement, memory and usefulness
- Challenge, Change and Learning

And an hour length documentary, entitled The Age of The Brain.

Speaking about the background for the campaign, Dr Brennan, commented: “We asked people across Europe what they feared most about growing old and they told us that they feared losing their memory and losing their independence. They also told us that dementia was the disease that they feared most.”

“However what most people don’t know is that research is showing that ‘modifiable’ lifestyle factors like physical and mental exercise and social engagement can help to protect brain health and function. We want to make the general public aware of this so that they can benefit from this scientific knowledge and be more proactive about their own brain health.”

Your brain is one of the most complex systems we know of in the Universe, and as with all living things the environment affects how it works. For your brain, that environment is how you live, how physically active you are, how much you engage with other people, how you sleep and eat and whether you occupy your brain with tasks that can strengthen it.”

According to Professor Brian Lawlor, Conolly Norman Professor of Old Age Psychiatry at Trinity and Consultant Psychiatrist at St James’s Hospital, “The scientific evidence is starting to show that our lifestyle can have a major impact on how our brains function and react to the ageing process. Being physically active, building positive connections with the people around us, challenging our brain, and managing our diet, diabetes, hypertension and stress are all linked with better brain health.”
However, the Hello Brain campaign is not just aimed at older populations but is something everyone needs to think about. “Even young adults in their mid-20s could benefit and should consider protecting their brains now for the future,” added Professor Lawlor. “Think of it like a pension fund. Healthy brain habits now build the brain’s cognitive reserve for later on. It’s a lodgement, an investment in your ‘brain bank’ for later in life.”

There are currently 150 million people aged over 50 in Europe and one of the primary ways that they use the Internet is to educate themselves about their health. The Hello Brain campaign and website capitalise on the growth of digital literacy among European citizens in order to share important and relevant scientific information about ageing in a way that will educate and empower, whilst also addressing the digital divide by providing some campaign material in more traditional formats.

Highlighting the significance of the website for GPs, Professor Lawlor said: “Many of your patients may feel that memory loss and dementia are inevitable parts of ageing. Hello Brain can help you make them aware that this is not necessarily the case, and to illustrate the steps that they can take now to potentially protect their brain and memory in the longer term.”

Bob and May Scott’s review of the Hello Brain Health App

“The Hello Brain App couldn’t have come along at a better time for us,” commented Bob Scott (68). Bob and his wife May, now retired, recently road-tested the Hello Brain Challenge App by logging in on a daily basis following attendance at an Active Retirement conference where Dr Brennan was an invited speaker: “Our grown-up children had been nagging us to get iPads. ‘They’re so intuitive, they said’. That may be true, but they are also confusing because they are different to PCs. We needed something to get us into it, using it regularly. Hello Brain was this, as well as our first experience of downloading an ‘App’.”

“We love the ‘Brainbow’, it’s very motivating, and it makes us think about our day, and what we’ve done with it - which we probably wouldn’t do otherwise, so the benefits have spread way beyond the basic task itself. We are going to talk to our local group, (of which we are the treasurer and chair-person), to encourage more people to get involved. Lots of our members have done introductory courses on computing, so it’s a perfect thing for them to take on as a next exercise, as well as benefitting from using the App itself.”

“We will definitely use the App on the website and the fact that it can be accessed on iPhone, iPad, Android phone, or PC and that there is a paper version will make it possible for everybody to have a go. We found it very easy to get into and use and we like the background information that is available on the App.”

How Hello Brain Can Help Keep Your Brain Healthy

Brain health is intricately tied to the health of our body. Physical exercise not only helps your heart, it can increase the size of your hippocampus, the part of the brain crucial to making memories. Physical exercise also generates a chemical called BDNF, which acts like fertiliser for the brain, encouraging the growth of neural connections and new brain cells. You also need to keep socially active, as well, especially as you get older, because there’s growing evidence to suggest that people who avoid getting lonely, reduce their risk of cognitive decline.

The key messages of the Hello Brain campaign are:

Cognitive Decline is not inevitable. Age-associate deficits in cognitive functions have been considered age-determined in the absence of identifiable pathology. However, the inevitability of cognitive decline is brought into question by the existence of a significant proportion of elderly individuals who do not demonstrate decline, and also by the considerable variability in the nature and severity of cognitive disturbance observed in individuals.

The Brain is plastic and can change even in later life. One of the most exciting scientific discoveries of recent times is that the brain is plastic. Previously it was thought the brain was a static organ that was hard-wired and that individuals were stuck with what they were born with so to speak. Neuroplasticity means that the brain has the ability to change and adapt right across the lifespan and also in response to damage.

Cognitive Reserve offers protection against decline. The concept of cognitive reserve (CR) has been proposed to account for inter-individual variation in the clinical manifestation of neural changes associated with ageing and neurodegenerative disease. CR has been used to describe the capacity of an adult brain to sustain Alzheimer’s disease (AD) pathology without manifesting clinical symptoms of the disease at a level that would be sufficient to cause clinical dementia in an individual with less cognitive reserve. CR concept suggests that the brain actively tries to cope with damage by employing pre-existing cognitive processes or by engaging compensatory processes.

It is possible and important to be proactive about brain health. Epidemiological evidence is growing to support the notion that there are lifestyle changes that can be made that may protect against or delay the onset of cognitive decline. These activities include physical exercise, degree of social engagement and mental stimulation. In addition risk may be reduced through lifestyle modification and attitude changes including managing stress, positively, reducing alcohol intake, quitting smoking and adopting a Mediterranean diet.
Project Partners on the Hello Brain campaign

The website and online resources were produced in conjunction with a range of creative partners specialising in design and communication. Collaborators on the Hello Brain campaign include: Red Dog, AGE Platform Europe and 360Production. Multi-disciplinary Dublin based creative agency, Red Dog were responsible for the campaign branding and created an upbeat, friendly campaign that would be accessible to people of different ages as well as cultural backgrounds. Film producers, 360Productions contributed the entertaining and informative videos, graphics and documentary material for the campaign. AGE Platform Europe, a European network of more than 150 organisations of and for people aged 50+ ensured that older people were involved in the development and delivery of the EU-wide campaign.

Brain Health and Awareness: Important key facts

EU research expenditure in the area of Health was €2,797 million between 2007 and 2010, with a projected expenditure of a further €2,780 million between 2011 and 2013. Currently there are 150 million Europeans aged 50+ and population ageing is forecast to attain unprecedented levels in 31 European countries over the next 50 years. In Ireland the proportion of the population aged 65+, which was steady at 11% for the last 40 years, is predicted to reach 25% by 2036. Older adults use the internet to educate themselves regarding their health: One of the primary ways in which older adults engage with the internet is to search for information relating to both their own health, and the health of family members (since many older adults are caregivers). Dementia affects 35 million people globally, a figure set to double every 20 years to 115 million people in 2050. 7 million people in Europe living with dementia. Current cost of dementia services is estimated at €160 billion in Europe and €1.69 billion in Ireland.

About ASAPS (A Sharing Approach to Promoting Science)

The European Commission, under the Seventh Framework Programme (FP7), awarded €1,000,000 to a Trinity project, coordinated by Dr Sabina Brennan, Principle Investigator at the Institute of Neuroscience and Assistant Director of NEIL (NeuroEnhancement for Independent Lives). The project acronym ASAPS, (A Sharing Approach to Promoting Science), refers to the process by which the project will attain its main goal which is to deliver a Brain Health Awareness Campaign, Hello Brain, that will contribute to the realization of active and healthy ageing and highlight the importance of European brain research. The aim of this project is to share important and relevant scientific information about ageing in an interactive way that will encourage individuals to log on, click and share. The ASAPS approach is unique as it aims to engage audiences from the outset and embed them in the creation of idea and content. Read more about the project at www.asaps-sharingage.eu

About NEIL

The Neuro Enhancement for Independent Lives (NEIL) Programme at Trinity College Dublin aims to develop, evaluate and deliver neuro-enhancement to older people worldwide. Failing cognitive function prevents millions of older adults from living independently. Based at Trinity’s Institute of Neuroscience, NEIL’s goal is to enable independent living and improve quality of life by conducting research aimed at dementia prevention and cognitive enhancement, transforming this knowledge into empirically grounded interventions and using this information to educate and empower older adults to maintain their cognitive function for as long as possible. Current research project being undertaken by NEIL include the RelAte project which is investigating the health impact of socially engaged meals among older adults and the DeStress project which is studying the relationship between dementia caregiving, stress and cognitive function in spousal caregivers. For more information contact:

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Medical technology is and shall remain an export hit. The German medical technology industry makes more than two-thirds of its revenue through the business with buyers in other countries. Above all, the medical advancement, the growth of the middle class in emerging countries, an increase in diseases of affluence, which are also present and unchanged in the industrial nations, as well as a total rise of the older population represent constants for the lucrative health business. Furthermore, with regard to medical technology and medical product demand, it results in a positive effect that certain countries undertake great efforts to establish themselves as a destination for health tourists. For example, this applies to destinations such as Saudi Arabia, the United Arab Emirates (UAE), Thailand, Turkey, or also Tunisia.

Independent from positive growth forecasts considered over the long term, the market climate has not been marked by such much euphoria as was the case just a few years ago. The majority of business volume is still determined by state health expenditures and is marked by forced budgetary cutbacks. This is because, with regard to this issues, markets in other countries are not significantly different to the German market. In addition, exchange rate risks are also involved, whereby currently, the European suppliers are primarily fighting the strong value of the euro.

All in all, the innovation orientation is at least on the rise. Even in emerging countries, the demand volume is growing and there is less based on a rise on increased volumes of supply, but driven by targeted investment in modern systems and processes. With regard to this issue, necessary instruments for minimally invasive surgery or also other equipment for medical imaging have to be mentioned. Therefore, the medical technology manufacturers are particularly at an advantage. Those that do not neglect their own research and product development and can clearly highlight the additional benefit of new generations of equipment and processes have the best cards on the market.

**MEDICA: Success generates inventiveness**

For the trade show and event business, the innovations and continual “product care” also represent crucial factors for success. Even very successful events are regularly subjected to a “checkup”. In this way, the MEDICA in Düsseldorf has already claimed to be the world’s largest medical trade show. Most recently, with more than 4,500 exhibitors and over 130,000 professional visitors, it is undisputedly the leading market and information platform at an international level. More than half of the visitors and three-quarters of the exhibitors come from abroad, whereby the quality of the visitors is very high. 95 percent have decision-making authority. This high value with regard to visitors explains why 96% of MEDICA exhibitors are extremely satisfied with regard to their business success due to their trade fair participation and the contacts that have been generated.

The “vital signs” are just right and so that it stays that way, product ranges in the trade show and the accompanying congresses are continually revised and adapted to changed requirements of the visitors. Seeing that in previous years the new forms integrated into the trade show had been initiated successfully and the internationalization of the points in the program with many English-speaking presentations had been promoted – these include the MEDICA TECH FORUM or also the launch of the MEDICA HEALTH IT FORUM – it was also important to subject the MEDICA congress program to a far-reaching “live-cell therapy”.

The MEDICA Congress was changed into the MEDICA EDUCATION CONFERENCE. The focus on key topics was intensified while building up the international part of the program, offering seminars in the English language.

**“Live-cell therapy” continues – DGIM a new conference partner**

As of this year, another “step” of the indicated “live-cell therapy” is on the move. A new addition was made with the German Society for Internal Medicine (DGIM), as a renowned partner for the further development of the MEDICA EDUCATION CONFERENCE program. With its network of 23,000 members, DGIM is closely networked in the fields of science, medicine and health services on a European-wide basis. Since its founding in 1882, it unites all scientists and physician that are active in the field of internal medicine under a single organizational umbrella.

Under the motto, “Science Meets Medicine”, the content orientation of this year’s MEDICA EDUCATION CONFERENCE is providing a thematic integration between the conference program and what the trade show offers, represented by the medical technological innovations of the MEDICA exhibitors. Thereby, it has to do with asking the central question of which concrete values result to doctors and patients from using the latest procedures in clinical routine.

The broad field of medical imaging provides the best examples of this. The latest generation of equipment, such as ultrasound systems primarily leads to valid diagnosis assessment when the forms of interpretation of the doctor using the equipment are in tune with the advancements in technical development. The other days with special themes of this year’s MEDICA EDUCATION CONFERENCE on “telemedicine and robotics” or also “interventional medicine”, among other things will also shed light on the opportunities of using technical innovations.

With reference to the conference program, being oriented toward those interested belonging to important target groups, MEDICA is also ensuring that what is being offered is also linked with the topics presented at the trade show. An example of this includes the 37th German Hospital Day, a leading event for the directors and management of German hospitals that, in addition to current political topics, sheds light on the topic of “tangible issues”, e.g. aspects of human resources and hospital IT.

There are two more conferences that also represent this. Each of them had their highly respected debuts last year and shall be continued this year: The conference for disaster and military medicine, DIIMMED, as well as the MEDICA MEDICINE+SPORTS CONFERENCE, all on the issues of prevention and sports medicine treatment concepts. It has to do with conferences held in the English language that are geared for an international audience.

This year, the MEDICA PHYSIO CONFERENCE, organized by Thieme, is new in the program this year with treatment-oriented talks for the professional scene of physiotherapists emphasizing the treatment of pain and sports physiotherapy.

**Forums and trade show**

In close connection with the MEDICA presentations of the exhibitors and the MEDICA conference program, significant trends also convey the numerous forums that are integrated in the trade show. These include MEDICA HEALTH IT FORUM (IT trends, telemedicine/hall 15)
and MEDICA TECH FORUM (political, economic and legal framework conditions in the field of high-tech medicine) with English-language presentations respectively, MEDICA PHYSIO FORUM (on professional and treatment-related questions for physiotherapists/hall 4) as well as Messe Düsseldorf and the “Techniker Krankenkasse” (TK, a German health insurance company) along with MEDICA ECON FORUM jointly initiated by both (hall 15) on issues of benefit assessment and funding innovation, primarily from the perspective of the patients and cost bearers.

In the middle of November, more than 4,500 exhibitors from around 65 nations will in turn use MEDICA 2014 in order to present the entire spectrum of new products, services and procedures to raise efficiency and quality in outpatient and in-patient care on almost 116,000 square meters of booked floor space. Clearly structured according to hall, focuses of the MEDICA trade show include: Electromedicine/medical technology (more than 2,500 exhibitors), laboratory technology/diagnostics, physiotherapy/orthopedic technology, commodities and consumables, information and communication technology, medical furniture and specialist furnishings, and building technology for hospitals and doctors’ offices.

**MEDICA reveals trends – innovations for the entire workflow**

A central strength of the MEDICA is that it not only deals with solutions for individual medical specialist disciplines at a single place and a single time, but for the complete “workflow” of patient treatment.

In reference to product developments, the advancements made, for example, in imaging technologies are impressive. In the meantime, ultrasound devices of the best class offer a resolution and, at the same time, contrast with a penetration depth that would have seemed unimaginable just a few years ago. First systems even had built-in “anatomic intelligence” consisting of an integrated database with anatomic structural models. In this way, better balance can be achieved if the transducer does not sit entirely right. Advantages also result in the creation of tomographies. As a result, an image quality is achieved that is suitable for the high requirements of cardiology.

As a further crucial trend in light of the innovations of the MEDICA exhibitors, the advancement of digitalization and automation in the operating room can be accounted for: Altogether, information and medical technology continue merging with each other more and more. In high-tech operating rooms equipped with the state of the art and so-called hybrid operating rooms (with equipment for medical imaging “on the spot”), surgeons can fall back on a continuously growing number of systems that can facilitate intervention and patient monitoring and even be able to assist in the process. Here, the circle is complete with regard to presentations on “telemedicine and robotics” as well as “interventional medicine” at the MEDICA EDUCATION CONFERENCE.

However, the last few tries a few years back may have been seen as failures when robots – in the case of hip operations for example – had guided the incision with the scalpel entirely on their own. In the process, the error rate was simply too high. Nevertheless, robotics have brought the “activity trackers” that generate a plethora of data. Which data is relevant in terms of preventive or therapeutic measures from a medical standpoint? And: Which standards do the data have to comply with in order to be able to be used by doctors at all? The conference presentations and discussions are going to clarify such questions.

**Suppliers as important pacesetters for innovations.**

Those that would like to stay up-to-date on what is currently trending in the professional scene and above all, to what extent the suppliers in cooperation with the medical technical industry drive on medical advancement. This is also a reason that a visit to COMPAMED 2014 is worthwhile. Within the scope of the international leading platform for suppliers, around 700 exhibitors are presenting their technological and service solutions for use within the medical technological industry from new materials, components, primary products, packaging and services, all the way to complex custom manufacturing.

Here, microsystem technology solutions for mobile diagnosis, monitoring, and therapy systems are particularly trendy. With reference to the “wearables” mentioned earlier, specialist suppliers deal, for example, with how the required technology can be best integrated into clothing. Thereby, there are numerous challenges to tackle: In this connection, wearable textiles must furthermore be stretchable without losing contact and should also be sufficiently robust for care.

In the meantime, the technical requirements for this are fulfilled by tiny sensors, flexible and stretchable substrates made of silicon, polyurethane, polyimide, or textiles that can accommodate electronic assemblies over a wide area, as well as miniature connection technologies, energy efficient communication electronics and high-performance energy storage that can be wirelessly charged, among other things.
Record numbers of societies and patient organisations set to support IDoR

Radiology will be in the spotlight on November 8, as radiologists celebrate the International Day of Radiology (IDoR) through a series of events and information campaigns to help the public better understand the role of medical imaging in healthcare.

After successful runs in 2012 and 2013, in which 110 radiology and medicine-related societies joined the initiative, IDoR promises to reach new heights with more participants than ever. Over 40 European national radiology societies have already confirmed their participation, as well as 20 North American, 12 Latin American and 10 Asian societies. For the first time, five African societies, representing 26 countries, will also take part in the initiative.

IDoR is organised around a different theme each year; in 2012 it was cancer imaging, in 2013, lung imaging, and this year it will be brain imaging. Many societies will organise their own activities, such as press conferences, public lectures, media outreach and open days at hospitals to help build greater awareness of the value of imaging in brain disease detection, diagnosis and management.

IDoR is an initiative of the ESR, the Radiological Society of North America (RSNA) and the American College of Radiology (ACR), who chose November 8 to commemorate the day Wilhelm Conrad Röntgen discovered x-rays in 1895. IDoR’s objective is to draw public attention to the medical and scientific benefits of medical imaging and the level of expertise required to practise radiology.

“The International Day of Radiology is a unique opportunity to stress the relevance of our discipline in healthcare not only to the public and the patients, but also to the health policy decision makers. This year, we are particularly happy to welcome a larger number of national societies, whose contribution is crucial to the development of the initiative,” said Professor Lorenzo Bonomo, ESR President.

All the key information about the International Day of Radiology, including this year’s booklets and the four published in 2012 and 2013, can be found on the official International Day of Radiology website: www.internationaldayofradiology.com

For further information, please contact:

Julia Patuzzi, Michael Crean
European Society of Radiology – ESR
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Phone: +43 1 533 40 64-0
press@myESR.org | myESR.org
www.internationaldayofradiology.com | idor2014.com

Asia Pacific’s biggest medical event

CMEF spring 2014 in Shenzhen proved to be once again the Asia Pacific’s biggest medical event with over 2,800 exhibitors from 26 countries and regions, showcasing a comprehensive selection made of the latest innovations and hi-technologies available in the imaging, IVD, medical IT, rehabilitation to orthopaedic sectors. 92,399 visitors form over 40 countries and regions visited the show, which achieved a new record in the 35 years’ history of CMEF.

During the event more than 60 high-level forums were held with more than 300 speakers and 5,774 participants. The conferences covered hot topics related to target imaging, development direction of global IVD technology, medical equipment manufacturing technological innovation and wearable technology development etc.

CMEF once again played the role of the most important “cloud” platform for exchange and trading between the medical solution providers and the decision makers in the Asia Pacific Region. Also the organizer Reed Sinopahrm has officially announced to the launch The Health Industry Summit (tHIS) in Shanghai from next spring, which will create a huge mega event with 260,000 M2 exhibition area by co-locating three leading health industry exhibitions in China including CMEF, PHARMCHINA, API CHINA.

The new gigantic event will position itself as the platform to explore synergies emerging from the interactions between and within the Pharmaceutical and Medical sectors to contribute to the USD1.2 trillion Chinese healthcare market. Next CMEF will be held in Chongqing, the economic center of West China from Oct23rd-26th 2014 and we would like to welcome you to witness this most important medical event in the Asia Pacific region.

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Russian Health Care Week -2014
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From December 8 to 12, Expocentre Fairgrounds will host the Russian Health Care Week International Scientific and Practical Forum.

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Venue: Expocentre

Moscow – Russia

Infomex Booth

Hall 2 PAV 2 Booth 22B52

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**12-14/12/2014 - 2014 India Med Expo - The 3rd International Medical Conference and Expo (Hyderabad – India)**

Organized by: G India Technologies

315 1st Floor Dhir Pur

Delhi- 110009 India

Mobile No: +91-9312253338 // +91 9891950655 // +91 9891950377

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Website: www.indiamedexpo.in

SKYPE ID :-indiamedexpo1

Web: www.indiamedexpo.in

Venue: Hitex Exhibition center

Hyderabad - India
**January 15, 2015**

- **07-09/01/2015** - Finnish Medical Convention 2015  
  (Helsinki, Finland)
  
  Organized by: The Finnish Fair Corporation
  Messuaukio 1, PL 21
  00521 Helsinki, Finland
  customerservice@messukeskus.com
  www.messukeskus.com
  Venue: Messukeskus, Expo and Convention Centre
  Messuaukio 1
  00521 Helsinki, Uusimaa, Finland

- **10/01/2015** -  
  2015 Ottawa Health and Wellness  
  (Ottawa ON – Canada)
  
  For more info about the Expo please contact
  Email: OttawaHealthandWellnessExpo@gmail.com
  Tel: +1 613 837 2883
  www.orleanswellnessexpo.com
  Venue: Shenkman Arts Centre, Orleans Ontario
  Add: 245 Centrum Blvd,
  Ottawa, Ontario K1E 3W8
  Canada

- **11-13/01/2015** -  
  Sign Middle East Show 2015  
  (Dubai - United Arab Emirates)
  
  International Expo Consults LLC.
  PO Box 50006, Dubai, UAE
  Tel: +971 43435777
  Email: info@iec.ae
  Website: www.iecdubai.com
  www.signmiddleeast.com
  Project Executive: Mr. Shanky C Thomas
  Tel: +971 04 343 6108
  Fax: +971 50 457 6409
  Email: shanky@iec.ae
  Venue: Sheikh Saeed Halls 1, 2, 3 & Arena - Dubai World Trade Centre
  Dubai
  UAE

- **13-14/01/2015** -  
  Cosmetagora, 7 Edition  
  (Paris France)
  
  Société Francaise de Cosmetologie
  Organized by: OODT
  118 bis rue de Silly
  92100 Boulogne
  Sandrine Barth
  cosmetagora@oodt.fr
  Venue: Paris, Espace Champerret

- **15-17/01/2015** -  
  2015 AACS Annual Scientific Meeting  
  (New Orleans LA – USA)
  
  American Academy of Cosmetic Surgery
  225 W Wacker Drive, Suite 650
  Chicago, Illinois 60606
  USA
  Tel: +1 312 981 6760
  www.cosmeticsurgery.org/?page=AnnualMeeting
  Venue: Hyatt Regency New Orleans

- **17-21/01/2015** -  
  Society of Critical Care Medicine 2015 - 44th Critical Care Congress  
  (Phoenix, AZ – USA)
  
  Organized by: Society of Critical Care Medicine
  500 Midway Drive
  Mount Prospect, Illinois 60056 USA
  Phone: +1 847 827 6869
  Fax: +1 847 827 6886
  E-mail: info@sccm.org
  Website: www.sccm.org
  Venue: Phoenix Convention Center
  Phoenix AZ
  USA

- **19-21/01/2015** -  
  23rd Congress of the International Academy of Legal Medicine  
  (Dubai, United Arab Emirates)
  
  IALM Secretary Office
  info@ialmdubai.ae
  PO Box: 13636, Dubai, UAE
  Website: www.ialmdubai.ae
  Organized by: Index
  Sina Building Block B, Office 203.
  PO Box: 13636, Dubai - UAE
  Tel: 00971 4 3624717
  Fax: 00971 4 3624718
  E-mail: index@emirates.net.ae
  Venue: Dubai World Trade Centre (DWTC)
• **24-28/01/2015** - Society of Critical Care Medicine 2015, 44th Critical Care Congress (San Antonio, TX – USA)
  
  Organized by: Society of Critical Care Medicine
  500 Midway Drive
  Mount Prospect, Illinois 60056 USA
  Phone: +1 847 827 6869
  Fax: +1 847 827 6886
  E-mail: info@sccm.org
  Website: www.sccm.org
  Venue: San Antonio Convention Center
  San Antonio, Texas, USA
  
  Tel: +971 4 3365161
  Email: info@sccm-communications.com
  Website: www.sccm.org
  Exhibition Manager - Arab Health: Alex Sworder
  Tel: +971 4 336 5161 Ext. 2558
  Direct Line: +971 4 407 2558
  Fax: +971 4 336 4021
  Email: alex.sworder@informa.com
  Venue: Dubai International Convention & Exhibition Centre
  Dubai - United Arab Emirates

  **Infomedix Booth: Z3C70**

• **26-29/01/2015** - 2015 Arab Health (Dubai – United Arab Emirates)
  
  Organized by: Informa Life Sciences
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  Email: info@lifesciences-exhibitions.com
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  Fax: +971 4 336 4021
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  Dubai - United Arab Emirates

• **28-31/01/2015** - Pharma Bio World Expo 2015 (Mumbai – India)
  
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  Nariman Point,
  Mumbai - 400 021, India.
  Tel: +91 22 40373737
  Fax: +91 22 22870502
  Website: www.chemtech-online.com
  For Enquiries regarding Conferences write to:
  E-mail: conferences@jasubhai.com
  For Enquiries regarding Exhibition and Sales & Marketing write to
  E-mail: sales@jasubhai.com
  Venue: Bombay Exhibition Centre, NSE Complex,
  Goregaon, Mumbai, India

• **30/01-02/01/2015** - Medizin Stuttgart 2015 (Stuttgart – Germany)
  
  Organized by: Landesmesse Stuttgart GmbH
  Messepiazza 1
  70629 Stuttgart
  Tel: +49 711 18560-0
  Fax: +49 711 18560-2440
  Email info@messe-stuttgart.de
  Website: www.messe-stuttgart.de
  www.messe-stuttgart.de/medizin
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