

DailyDose

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The official daily newspaper of the Arab Health Exhibition

Global immunity crucial to overcoming COVID-19 pandemic, says public health expert at Arab Health

Private sector and government working partnerships are crucial to the effective global rollout of vaccines

By Daily Dose Staff

Not until the vast majority of people worldwide are immune from the COVID-19 virus will we come out of the pandemic, was the stark advice from public health expert Dr Ashish Jha, during the opening day of Arab Health 2021.

Speaking at the Public Health Conference during a session on emergency preparedness, response and recovery, Dr Jha, Dean of Brown University School of Public Health, highlighted that globally only 10 to 15 per cent of the population, around two billion people, have been vaccinated, which he believes puts us currently halfway through the pandemic globally.

"We're in the middle of the worst health crisis in a century, and the challenges are varied and what the pandemic looks like varies tremendously based on where you are at any given moment," said Dr Jha.

"Numbers are coming down because countries are in lockdown or are using public health measures. We see real progress in some of the hardest-hit countries like India; however, we're not going to be done with this pandemic until we have the vast majority of people immune from the virus, and we are nowhere near that," he added.

During the session, several challenges to the vaccination rollout were highlighted, including vaccine equity. Despite global commitments surrounding vaccine equity, most of the world, largely the African continent and parts of Asia, still do not have access.

"The bottom line is most countries don't have access to vaccines. Despite all of the global talk about vaccine equity, countries have prioritised their citizens. If we let the current status quo continue, it's probably going to take two to three



years to get everybody vaccinated – we have to do much better than that," said Dr Jha.

More cohesion between the private sector and the government to address the shortage of raw materials preventing companies from making vaccines was also highlighted. Technology transfer and the need for companies such as Johnson & Johnson, Moderna, Pfizer, and AstraZeneca to do more in terms of sharing technology with companies able to produce vaccines was also outlined as a potential course of action to meet global vaccine targets.

"Even if you have people willing and able to make vaccines, there's a shortage of raw materials. In my mind, this is a classic role of the government

to start working with companies that have not traditionally been in the raw material space.

"People should be asking themselves, 'can we change our manufacturing and change our focus to make some of the raw materials that vaccine makers need to produce vaccines'," explained Dr Jha.

"We need a very concerted effort. This is going to require a very close partnership with both the private sector and governments to make more vaccines available," he added.

Ross Williams, Exhibition Director at Arab Health, said: "With the global outbreak of COVID-19, public health has been brought to the forefront of discussion by looking at strategy and policy. With the pandemic still affecting billions

of people around the world, it is important for us to create a platform that focuses on basic concepts, consequences, prevention and control of COVID-19, as well as other areas of public health impacted by the pandemic, such as the social, cultural, and economic factors."

One of the companies helping to reduce the spread of COVID-19 in the region is Honeywell, the associate partner of the Public Health Conference and innovation partner of Arab Health. Along with Strata, they have established the first UAE-based production of critical N95 masks in response to the global pandemic.

Arab Health has been developed under the show theme of 'United by Business, driving the industry forward, with the live, in-person event expected to welcome 1,500 exhibiting companies and over 20,000 attendees expected to attend event.



Dr Ashish Jha



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Innovation for public health starts with thinking like the private sector

Digital health is largely led by private sector players because they have a monetary incentive to find demand-based solutions. Professor Najeeb Al-Shorbaji shared his insights at Tuesday’s Public Health conference on how the region can strive for excellence.

By Daily Dose Staff

Technology is the cornerstone of modern day medicine but when it comes to public health, we’re still lagging behind. This according to professor Najeeb Al-Shorbaji, president of the Middle East and North Africa Association of Health Informatics.

“The problem with health tech is that we’re always a little behind other sectors. We borrow technological solutions from different places to apply the best of the best in health care,” he said.

The Amman based professor lectures across the world on digital health and innovation, and has seen high tech solutions in practice in hospitals just miles away from other hospitals that sadly struggle to meet the most basic of patient needs. “The truth is that there’s a huge discrepancy between what is used with cities, let alone the region as a whole,” he said. “It’s hard to gauge how we are adapting digital solutions in the region because of the gap in adoption.”

Al-Shorbaji notes that technology as a sector of its own evolves much faster than legal, healthcare or even academia because it’s driven by the private sector. “Faster innovation and solution-finding means that other areas need to play catch-up to roll out healthcare applications. We cannot adopt technological solutions without the right legal structures in place. We cannot roll these out without the right training. It’s a challenge, but one that our sector can bridge with time and good leadership.”

This is why convergence is really important. Not every technological solution is suitable for every single country in the region. Neither is it appropriate for every individual. One size doesn’t fit all, he added. “Technology that is available or appropriate in one place may not be relevant elsewhere.”

Al-Shorbaji went on to discuss the applications of technology such as mHealth, artificial



intelligence, drones and robotics, and blockchain in healthcare. He concluded by speculating how the region can adapt these advancements with a patient-first approach.

PM&R physicians highlight mental health and technology among pandemic experiences

By Matthehw Brady, Head of Content

PM&R physicians from around the world shared their experiences of the COVID-19 pandemic during a Physical Medicine & Rehabilitation Conference panel session at Arab Health 2021. Common trends, irrespective of location, included mental wellbeing and telerehabilitation.

Anxiety

Margeux Blignaut, Director of Rehabilitation, Amana Healthcare, described how the psychological wellbeing of staff and patients in the UAE, “significantly affected” at the beginning of the pandemic, continues to be an issue. Patients were furthermore cancelling rehabilitation services at the beginning of the pandemic because of “heightened anxiety” over healthcare professionals entering their home.

Staff were re-deployed to assist in an in-patient setting meanwhile, resulting in anxiety among those with minimal experience of in-patient settings.

In KSA, many patients were anxious, said Shreemathie Somduth, Rehabilitation Nursing



Director, Rehabilitation Hospital KFMC, but they benefited from clear explanations from the rehabilitation team on a daily basis, and online counselling was additionally available.

According to Fahin Anwar - Consultant in Rehabilitation Medicine, Cambridge University Hospitals, the biggest effect seen by rehabilitation

services in the UK among patients was “low mood” and lack of engagement due to lockdown and restricted family visits.

In India, an “initial fear and helplessness” in the mind of patients and therapy gives slowly gave way to acceptance of the situation, commented neurologist Nirmal Surya, President,

Indian Federation of Neurorehabilitation (IFNR).

Telerehabilitation

Past respiratory diseases showed that technology could be used to manage patients in rehabilitation, said Anwar.

Specific areas of its use prior to the pandemic in the UK included speech-language therapy, patient follow-up and tele-exercise group training.

To minimise the risk of viral transmission, most rehabilitation services changed all out-patient clinic appointments to telephone appointments, unless an examination was absolutely necessary.

In KSA, continuity of care was ensured by the rehabilitation team through virtual clinics or telemedicine, revealed Somduth. Telemedicine “played a really important role” in the pandemic.

Suryar highlighted how teleneurorehabilitation was “unknown” in India before 20 March 2020. Low-cost cellular data services present an opportunity to make teleneurorehabilitation an integral part of follow-up services, while there exists a need to infiltrate it into an existing government programme.



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Today at a glance

Arab Health 2020 Congress

Conference	Room	Location	Start	Finish
Total Radiology	Sheikh Maktoum Hall	Dubai World Trade Centre	09:20	17:40
Family Medicine	Dubai D	Dubai World Trade Centre	09:20	17:10
Orthopaedics & MSK	Abu Dhabi B	Dubai World Trade Centre	08:45	17:00
Artificial Intelligence in Healthcare	Al Ain J & K	Dubai World Trade Centre	09:30	17:00
ENT	Grand Ballroom, Level 2	Conrad Dubai	09:30	17:40
Quality Management	The Ballroom, Level 4	Conrad Dubai	08:20	17:30

Medlab Middle East 2021 Congress

Conference	Room	Location	Start	Finish
Clinical Microbiology	Dubai Room	Za'abeel Hall 6, Dubai World Trade Centre	09:50	18:00
Clinical Chemistry	Bangkok Room	Za'abeel Hall 1, Dubai World Trade Centre	09:45	18:00



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Emirates Speech Language Pathology Society at Arab Health 2021

Arab Health is hosting The Emirates Speech Language Pathology Society in two thought provoking sessions today under the title "Maximizing Outcomes in Speech Language Pathology". These sessions aim to enhance knowledge and skills of participants in recent evidence-based practice related to the COVID-19 pandemic. Included in this session is a panel discussion by experts in the field of speech language pathology, respiratory therapy, and otolaryngology. These experts will be discussing airway, communication, and swallowing management in patients with tracheostomy during the COVID-19 pandemic.

The second presentation will explore communication approaches for Deaf and Hard of Hearing children and the impact of COVID-19. It aims to enrich participants' understanding of communication approaches for deaf and hard of hearing children during the COVID-19 pandemic by looking at different approaches that can assist their communication.

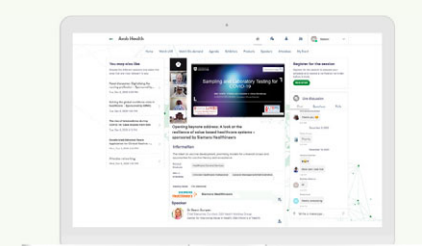
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Artificial Intelligence to act as a heads-up display for doctors

By Deepa Narwani, Senior Editor



At the Artificial Intelligence in Healthcare conference today, Professor Rachel Dunscombe, CEO, NHS Digital Academy, London, UK, will shed light on the skills required to embrace the changes in care that data and technology will enable.

In an interview with *Daily Dose*, she said: "It really is a skills emergency because we need to educate and train 90 per cent of our workforce so that they have significant digital skills in the next 15 years. We need to start that journey quickly so that people can understand the toolset they have to deliver care differently and redesign it."

She will also be talking about Artificial Intelligence and governance. If digital technologies are going to go at scale and pace safely, there must be ways of monitoring, managing, and leveraging AI, she stressed.

When asked about how doctors can prepare for an AI-powered future, Dunscombe said that

several of the doctors she has worked with have chosen to go for training programmes around data analytics and AI. "I worked with a cohort of doctors who did a postgraduate in data science. And some doctors are readying themselves by taking study leave and investigating further. I would encourage any doctor to find out more about what AI, automation and data can do for them. I would also encourage them to become proactive in engaging with it rather than being passive about it because AI can help improve the safety and quality of care. Augments are wonderful doctors. So, it's not about replacing but augmenting. I would urge doctors to become curious about how technologies can augment and assist their practice and allow them to do more of what they need to do well," she shared.

What can AI solve?

According to Dunscombe, different people have different definitions of AI. One of the simple things considered part of the AI family is automation and robotic processes. For example, it can replicate data across other systems saving precious time for doctors. Other things in the AI space include algorithms that can pick up unusual patterns and detect when something may not be right, and assist in making decisions.

"I think that we will see AI assisting doctors in spotting exceptions and bringing to light the most important information about the patient. It will almost serve as a heads-up display seen in aircraft. So I think we are going to see some of this emerging in the coming five years," she added.

AI also has a role to play when it comes to personalised care. For instance, if a patient's blood pressure says it's 140 over 85, that may be fine for some of them. But for certain patients with

pre-existing conditions such as diabetes or renal failure, that may trigger a need to see somebody. This is where personalised care sort of kicks in. By having the digital twin of the patient, it is easy to compare what is known about the patient and if they require immediate care. It allows for monitoring those exceptions on a personal basis. This also allows to use resources better and doctors to see patients when needed and drive efficiency.

Some other technology trends that are coming to the fore include those out of the hospital, where people are self-caring and self-managing in their homes. This is typically where data is being created by sensors or the Internet of Things and creates an ecosystem for patient enablement. And those bits put together will enable different models of care in the home in the community.

Another upcoming growth area is the smart routing of clinicians outside of the hospital. This involves smart placement of medical devices in the community and the movement of medicines in the community, which Dunscombe describes as "non-hospital" logistics. She gave the example of the UK, where this has improved nursing efficiency between 20 and 26 per cent by matching the patient's needs to the skills of the nurse and routing them efficiently.

"The capacity and demand in the community and the smart use of resources is a new horizon that I find exciting. This is backed by smart algorithms and cloud-based processing of capacity and demand. Powerful analytics are providing the optimal way of dealing with what we need to do in the community with the workforce we've got," she highlighted.

Like any other industry, the future of AI in healthcare, said Dunscombe, will take several decades to leverage fully. But she stressed that

it's essential to have a complete understanding of how it will be leveraged and governed.

"I sometimes see AI as a junior doctor or nurse. It's something you need to audit, supervise, and look at the performance of. But, this is something that we can harness and leverage using good governance. I think that is the way that we move forward together. In the future, AI is something that augments our healthcare system and supports us to do better. I am very optimistic that if we tackle this with the right speed, this will enable us to be more efficient and effective," she concluded.

Professor Dunscombe will be discussing 'AI lifecycle management – getting the environment right to scale' at 14:45 at the Artificial Intelligence in Healthcare conference.

NHS Digital Academy

The NHS Digital Academy educates healthcare professionals to be ready to redesign the healthcare system and enable digital processes. Participants learn about AI, analytics, and patient-centred design. "It's about preparing them as transformational change leaders with evidence and a rigorous academic curriculum, based in the workplace, so they're doing as they learn. It's creating transformational leaders catalytically. We work with them for a year and a half, and then they are ready to self-sustain their transformational learning journey in their organisation. The Academy is creating the people that will lead the change," said Dunscombe.



Professor Rachel Dunscombe

AI accelerated COVID-19 response, reveals Microsoft AI executive

By Matthew Brady, Head of Content



In February 2020, Tom Lawry, Microsoft's National Director for AI, Health & Life Sciences, shared insights on AI in health in an engaging talk on 'How the future isn't what it used to be'. Much has happened in AI and healthcare in the months since, driven by the COVID-19 pandemic.

Omnia Health Insights caught up with Lawry ahead of Arab Health 2021 to obtain an update on AI in healthcare 1.5 years after the onset of the global crisis.

He highlighted two key lessons that have emerged in the pandemic, and offered an example of how Microsoft helped respond using

its tools and technologies.

"The first is, the pandemic basically showed all of us that when faced with the challenge, healthcare and clinical and business leaders are capable of Agile transformation.

"So you look at everything that happened, the heroic efforts of clinicians and doctors, nurses and others, to really rethink how to provide health care. And so we saw things like the rapid adoption and growth of telemedicine and virtual visits. And these things show that healthcare is capable of Agile transformation when needed.

The second thing is, the pandemic also demonstrated that AI when done right can

produce rapid time-to-value. There are a number of cases that I can think about where, because of AI, we were able to respond much more quickly and effectively than had AI not been used.

So a quick example is here at Microsoft, we have an industrial grade health bot, when the pandemic started kicking in, you know, from the spring of last year, we basically took that bot and spun it into a COVID specific bot, put it out there for hospitals around the world - the Centers for Disease Control adopted it here in the United States - to allow anyone to address questions they had on their symptoms.

And basically, this bot was used to triage tens

of millions of inquiries of people from around the world to help understand what they might have or not have and how to triage for next best steps for actions. So you can only imagine tens of millions of worried consumers and citizens if they were calling in to a phone bank for humans to answer those questions."

While everyone is still early in the journey of using AI at scale in health and medicine, Lawry continued, there will be barriers that include people not understanding what AI is, or the value that's driven when properly curated in a healthcare setting.

The "technical side" of AI doesn't matter, he added - value needs to be understood as automating or augmenting tasks performed by healthcare workers. Rather than replace clinicians and finance specialists, AI will improve the way they work and begin solving problems act were previously not thought of as solvable.

Training is therefore critical, but not necessarily teaching a healthcare worker how to code - rather it should relate more to developing an understanding of what AI is, particularly in the context of what a healthcare worker does.

Pre-COVID, Lawry conducted clinical and executive leadership AI training, helping professionals to understand how it is applied in a health and medical situation.

Clinicians defining where they can get better at is key, allowing teams specialising in machine learning and algorithms to arrive at the right AI solutions.

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Impact of COVID-19 on ENT service delivery

By Deepa Narwani, Senior Editor

Interview with Prof Dr Nirmal Kumar, President, ENT UK, Consultant Otolaryngologist-Head & Neck Surgeon, Director of Medical Education, Research Network Lead ENT, GM CRN, Honorary Professor, UG, Clinical Lead, Edge Hill University Medical School, Council Member, The Royal College of Surgeons of Edinburgh

Prof Dr Nirmal Kumar's team was among the first ones in the world to identify the loss of smell as a key COVID-19 symptom. In an interview with *Daily Dose*, he said that at Arab Health, he is participating in a panel discussion that will discuss the impact of COVID-19 on ENT. The panel will also talk about developing guidelines that can educate colleagues and clinicians worldwide and provide good patient information. Excerpts:

What has been the impact of COVID-19 on ENT delivery?

We have come a long way in the year and a half since COVID-19 was first identified. In the early days, ENT clinicians were at the forefront, bearing the brunt of the exposure to the virus. At that time, we did not understand the implications. But with the help of the guidelines, we ensured

the protection for our members. One of the first things we did was to form a COVID-19 response team. We developed guidelines that allowed us to perform surgery safely and test the patients before operations. We started doing what we would term as urgent elective procedures and slowly moved into the elective that means the non-urgent routine operations too. Now, we are back to what we would call a nearly regular service with some changes that are perhaps for the better. The innovation in the delivery of services has been astounding. We are using more digital technologies such as telemedicine, as part and parcel, not in replacement. However, the doctor-patient relationship has to continue, and we need to examine the inside of the nose and throat or the ear. This can't be done in teleconsultation. Therefore, some parts have to revert to the standard patient interaction. But some aspects have possibly improved for the better.

For those who have suffered from the loss of taste or smell, how long does it take for them to recover fully?

One of the acute symptoms of COVID-19 is the loss of sense of smell and taste. Sometimes it preceded other symptoms; sometimes, it was in addition to it. For the vast majority of these patients, 90 per cent of them lost their sense of smell and taste but recovered it within six weeks. Five per cent of them faced a delayed recovery that was between six weeks to six months. The others developed what is being called as long COVID. This is a post-acute COVID syndrome, in which some patients suffer the debilitating effects of COVID six months after the diagnosis.

For example, if you are a vegetarian and don't eat fish, and if everything smells like fish, it can severely impact one's quality of life. Some



patients also sense a burning sensation even when no smoke exists. In the past, we used to see such patients once in a blue moon. But COVID-19 has altered the way the nerve functions between the nose, where the nerve affects the virus and then the transmission of nerve impulses to the brain. That alteration sometimes lasts much longer than six months. This, of course, impacts mental health, and patients have reportedly even suffered from nightmares.

What impact is technology having in improving ENT patient outcomes today?

In the UK, we are trying to work innovatively with clinicians about how we can see patients more

optimally and triage the patients with artificial intelligence tools. This will help to get the right patient to the right doctor at the right time and then do the procedure and discharge the patient safely. This will involve innovation using artificial intelligence technology and enhanced learning, which is a term we use for augmented or virtual reality. For example, if you're in the consulting room, you can get the patient's details, not just the X-rays or the scans, but the complete on a much more real-time basis. This will significantly advance the improvement of healthcare delivery.

Dr Kumar is participating in the panel discussion 'Topical areas in ORL-I' at 17:00 at the ENT conference.

USA Partnership Pavilion at Arab Health 2021 dedicated to "COVID Warriors"

At the USA Pavilion at Arab Health, more than 100 U.S. firms and thousands of U.S. and Emirati healthcare professionals are joining industry leaders from around the world. The exhibition's USA Partnership Pavilion, being organised for the 28th consecutive year by Kallman Worldwide, has dedicated this year's pavilion to the men and women, organisations, and agencies whose valiant efforts have, and continue to, tackle the current and future pandemic challenges.

Tom Kallman, President of Kallman Worldwide explains: "As the deadly virus spread throughout the world, the most visible early defenders were the frontline healthcare heroes: the doctors, nurses, therapists, clinicians, first-responders, etc. Standing just behind them, but often in a

less visible way, was a global healthcare industry that displayed its own heroism by rising to the challenge of supplying all the tools that were desperately needed to model, detect, treat, and ultimately contain COVID-19."

"With the COVID Warrior initiative we recognise and honor the companies within the USA Partnership Pavilion at Arab Health who stepped forward to meet the pandemic head-on through innovation, compassion, grit, and perseverance. We also welcome and receive with the same gratitude the thousands of healthcare providers who will visit the USA Pavilion over the course of the show and online at the USA Pavilion's digital platform USA Healthcare SHOWCASE", adds Kallman.



Why we need to drop the sensationalism around AI in healthcare

Artificial intelligence isn't new in healthcare, but it's still shrouded in mystery and misinformation, according to Dr Adam Chee, Chief at Smart Health Leadership Centre, Institute of Systems Science, National University of Singapore.

By Deepa Narwani, Senior Editor



In AI circles, Dr Chee is nicknamed the "Consultant's Consultant", specialising in convergence science and working as a conduit for key stakeholders in the public and private sectors. We spoke to Dr Chee ahead of his presentation at Arab Health's Artificial Intelligence in Healthcare conference on Wednesday.



don't marry the two data sets together. There's social data, which a lot of times we may not necessarily have. An individual's family history, habits, or economic status can all affect their health, but this isn't something healthcare professionals have access to. So most times, we're analysing incomplete data that just focuses on physical metrics."

Another issue that could complicate AI applications in healthcare is that the number-crunchers and statisticians tend not to be trained in healthcare. They may notice obvious errors or biases, but the data fed back to the clinicians is skewed. "It's really a dilemma. You can't start training on stuff that you don't believe in. Prediction analysis isn't mature enough to act on," Dr Chee added.

He noted that a lot of physicians, clinicians and pharmacists are now opening up to the power of data. "In Singapore, where I'm from, and in some of the areas where I'm travelling to, like Saudi Arabia, UAE, China, Korea, and Japan, we are starting to see more healthcare workers becoming interested in looking at data," he said. "I've seen a lot of push in continuous education encouraging nurses, physicians, pharmacists etc., to take up data science." Design thinking and digital transformation are also key areas of focus in healthcare where AI can help decision-making for optimum patient outcomes. However, there's still a lot to be done to get healthcare professionals truly interested in these technologies, said Dr Chee.

"I guess it's a matter of time. Unfortunately, no medical school right now is pushing this as a core curriculum. Of course, I can understand why. They hardly have enough time during their six or seven years of medical education to learn everything. But it needs to be looked at, because soon enough doctors and nurses will realise that a lot of the stuff they learn will be automated. That is how health medicine in general is evolving."

To learn more about Dr Chee's take on real world applications of AI in healthcare, attend his talk at the Artificial Intelligence in Healthcare conference at 11.30am

Throughout his career, Dr Chee has spearheaded many significant projects across the Asia Pacific and Middle East. He also serves on committees for Health Level Seven, the World Health Organisation, HL7 Korea-Singapore Research & Innovation Alliance, the Singapore Standards Council and more.

Dr Chee's presentation is in three parts, starting with what AI really is. "There's a lot of hype in the market these days and a lot of people like to sensationalise what AI is to make it sound a lot more advanced than you'd expect. Real world AI isn't magic," he said.

AI as a concept has been around for decades but is now gaining popularity because of advancements in software and hardware. "The modeling for AI has been around for the longest time, but it's only now that we have the hardware to turn all those data sets to do the computational effort necessary."

With the reduction in hardware cost, increase in prominence of the power of the cloud now means that anyone can share large data sets easily, and the technology finally has the capability to draw insights from the data.

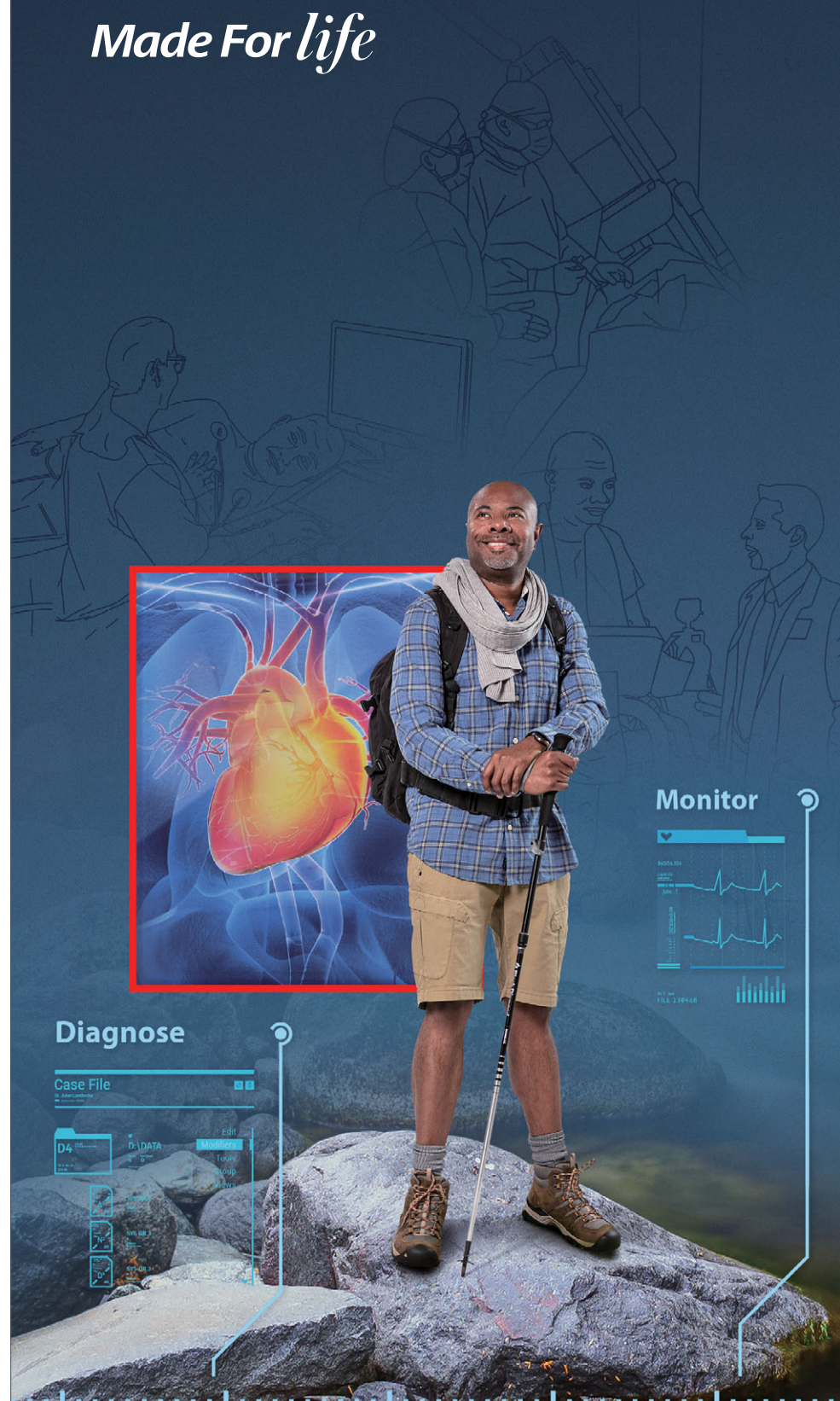
While various organisations, governments and private entities have been on a rampage to collect as much data as possible, the truth is that not all of this data is actually usable. Most of the data is collected in an haphazard format so healthcare organisations end up with incomplete or disorganised data. "Unlike finance or logistics, where there are certain rules you follow in data collection, healthcare is more ambiguous," he said.

Data in healthcare includes electronic medical records in hospitals, and also environmental health, which is overlooked a lot of the time. "I'm sure it's out there somewhere in the cloud. But we

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Spotlight: French Healthcare

France is world renowned for its unwavering belief in the universality of healthcare. At Arab Health, the France Pavilion features over 50 businesses featuring top notch healthcare expertise and technologies. We caught up with Jean-Patrick Lajonchère, director general of Paris St Joseph Hospital to talk about how the region can boost its healthcare offerings through relevant partnerships.

By Daily Dose Staff



Access to healthcare is arguably a fundamental human right. Yet most of the world struggles to provide basic health services to even the most vulnerable groups of people. For Jean-Patrick Lajonchère, director general of Paris St. Joseph Hospital, the French framework for healthcare is a beacon of hope for the world.

“From the latest advancements in orthopaedics to the applications of artificial intelligence in tackling the global fight against COVID-19, we are here to present the best of our

technology and applications for patient care,” he said, speaking at the Business France/French Healthcare stand (Zabeel Hall 2, stand J30) on Tuesday.

The French healthcare system is made up of both public and private hospitals to provide healthcare to every resident in France, regardless of their age, income or citizenship. Access to healthcare is still a huge challenge for much of the world, let alone our region, which is why Lajonchère believes the French model could provide inspiration for the industry at a time

when we need it the most.

French Healthcare is an initiative powered by Business France, which aims to bring French businesses, researchers and healthcare professionals to jointly promote their activities internationally. “Oncology is our speciality. We are well known in this field and have many Nobel Prizes to our credit. We have many institutes that are very involved in the treatment of cancer.”

The relationship between the UAE and France in knowledge sharing and support is well documented, particularly in oncology, Lajonchère explained. For French Healthcare, the Middle East and North African region is key, within which the UAE stands out as an integral corridor.

“This friendship is well known, especially in oncology. The UAE and all the Gulf countries are very important partners for France because our way of thinking is so similar,” he said. In terms of knowledge sharing, Lajonchère noted that many medical students go to France each year from the region, receive training and give back to their communities. “In a few days, we will have another strategic discussion between the United Arab Emirates and France on how to collaborate more closely on the healthcare system in the coming year,” Lajonchère said.

Like many countries, France has been very involved in the fight against COVID-19. It has been a hard eighteen months for hospital staff, public policy experts and healthcare suppliers, but according to Lajonchère, the pandemic revealed strengths as well as opportunities within

the French framework. “I’m very proud of what has been done over the past year and a half in France. I know we are not unique as a country to respond to the pandemic,” he said.

Since the pandemic, hospitals across France mobilised staff to come together, the Ministry of Health organised first-responders at regional and national levels and the private sector ramped up partnerships to accelerate research and technology, putting patient care first.

Business France, in partnership with the French Healthcare Association and the Ministry for Europe and Foreign Affairs features various key players within the French health system at Arab Health. Visit the France Pavilion to learn more about the French health model, research in many fields, pharmaceutical offerings and digital health solutions in Zabeel Hall 2.

French Healthcare has launched a new website, with the latest news, events and innovations in pharma, biotech, medtech and digital health. If you are looking to get innovative solutions, get mappings of French solutions, get medical treatment or training in France, develop a business, medical or scientific partnership with a French firm, or invest in France, please visit: www.frenchhealthcare.fr. Social media – www.twitter.com/FrHealthcare_EN

French diagnostics company Biosynex sets sights on Middle East for expansion

As a diagnostic company specialising in rapid diagnostic and point-of-care tests, Biosynex has been busy over the last year to meet booming demand for their products. Marketing manager Inanna Pinheiro-Gibson explains why the company is exhibiting at Arab Health and their plans for the future.

By Daily Dose Staff

Strasbourg-based diagnostics company Biosynex develops rapid diagnostic, point of care and PCR solutions. Its portfolio includes a test for COVID-19, which has been a marketing windfall for the business over the past 18 months.

“The COVID pandemic has allowed us to launch quite a new range of tests from rapid antigen and serological tests as well as a range of PCR tests. Our goal is to expand our business in the Middle East, which is why we’re at Arab Health today,” Biosynex marketing manager Inanna Pinheiro-Gibson said.

While the pandemic has been challenging for the business in many ways, it has also given Biosynex an opportunity to grow. “We’ve had many successes with our rapid diagnostic tests, and also our PCR range. It has allowed us to invest in new technologies, such as the LabPad, which is an automated system that is able to not only interpret COVID tests, but also it does an international normalised ratio for coagulation tests,” she explained. Biosynex recently acquired French startup Avalun, the brains behind the LabPad, fuelling further growth for the company.

“I think the most important thing for us is to have a partner that has the same values as we do,” Pinheiro-Gibson said, referring to Biosynex’s track record for multiple acquisitions and global partnerships. “Everyone should be able to have access to diagnostic tests today. That really is our strategy and our mission. We aim to find partners with new innovative technologies that allow us to bring diagnostics tests as close to the patient as possible.”

As a French leader in diagnostics, Biosynex aims to export their expertise to the global market, which includes key geographies in our region. “We have very good recognition today in France. But our goal now is to expand internationally, and you cannot ignore the Middle East. That’s why we are here with Business France to collaborate at Arab Health,” she added.

Looking ahead, Pinheiro-Gibson stresses how Biosynex is eagerly waiting for the end of the pandemic to continue innovating in other areas of healthcare diagnostics. “We look forward to coming back to a situation where we can develop



other tests. Our portfolio is extremely wide, from women’s health to HIV, to gluten sensitivity self-tests. We need to learn from the pandemic, take all the resources that we have developed since

going through this and develop our business in the future.”

To learn more about Biosynex, visit their stand K58 in Zabeel Hall 2.

Evolucare showcases AI-powered eye health and latest IT healthcare solutions at Arab Health

Diabetic retinopathy is a growing challenge in the Middle East. A new artificial intelligence (AI)-powered ophthalmological solution on display could help detect and address these issues in a matter of seconds.

Evolucare Technologies designs and develops healthcare software for hospitals, clinics and specialist centres. The French company's medical platform is an integrated solution that converges patient care, anesthesia, operating room management, medical imaging, patient records editing, ophthalmological care and more into a cloud-based platform. Also, the company's business intelligence and analytics system will boost patient outcomes in real time and improve hospital efficiencies. The 30-year-old family business was set up to help optimise healthcare data for hospital staff across functions. Constant innovation has kept the system agile and responsive for modern challenges, according to Hadi Zarzour, MEA Group Area Manager at Evolucare.

"Whether you are a doctor, nurse or administrative agent in the front office, you will have your own modules and metrics on an interactive dashboard that gives you real-time access to any data set you need to do your job accurately and for the best interest of the patient," he explained. "It's a really well designed system that is easy to use and very modern. We forced ourselves to design something that is really that accessible, even if you're not technologically savvy."

Exhibiting at Arab Health, the company showcases its latest advancements through



partnership with Fattal.

OphtAI is a key solution on display at the Evolucare stand. It's the fruit of a long collaboration between Evolucare technologies, Paris University Hospitals and R&D laboratories. The use of AI in image processing and analysis paves the way for massive screening of retinal diseases, in real time and at a low cost.

"This is one of our key areas of focus for the region because of the various specific challenges here," Zarzour added. Diabetic retinopathy is the leading cause of blindness among working-aged adults in the UAE and can lead to irreversible blindness. Early detection could be invaluable for patients here and beyond, said Zarzour. In a matter of seconds, the OphtAI system can detect eye health issues and pinpoint lesions and other areas of concern for healthcare providers.

"We start with diabetic retinopathy, then we move to glaucoma, macular degeneration and other pathologies," he added. "We're still working on different pathologies in order to improve and enrich the algorithm scope for detection."

For more info visit www.evolucare.com, www.ophtai.com and www.fattal.com.lb

Visit their stand J57 in Zabeel Hall 2

"It's a really well designed system that is easy to use and very modern. We forced ourselves to design something that is really that accessible, even if you're not technologically savvy."



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How machine learning can revolutionise clinical microbiology

Not enough people work in clinical microbiology, which means that the field is ripe for change thanks to technology like machine learning, says Cleveland Clinic's Dr Daniel D. Rhoads.

By Deepa Narwani, Senior Editor



Dr Daniel D. Rhoads

Machine learning can drastically improve clinical microbiology, from the quality to the efficiency of testing. Both a challenge and opportunity for this field is that more information is being created today than ever before. "This gives us the opportunity to try to use new tools to make sense of that information," said Dr Daniel D. Rhoads, section head of

microbiology at the Robert J. Tomsich Pathology & Laboratory Medicine Institute, Cleveland Clinic. By 'information', Dr Rhoads means sequencing data sets or digital images that are starting to be used routinely as part of the standard of care process and microbiology.

So where does machine learning fit in here? And how can machine learning help overcome these challenges?

Machine learning is one of the best applications and is most successful in trying to detect rare events and classify them in images. "We do a lot of that in microbiology. We look at hundreds of petri dishes every day, and when it comes to bacterial detection, for example, the samples can look very similar. There are important differences that machine learning can detect in a fraction of the time," Dr Rhoads explained. It's a big opportunity to incorporate these emerging technologies in very useful ways.

While Dr Rhoads is based in Cleveland, he noted how Salt Lake City routinely uses machine learning as part of their own parasite exams. "There's a company called MetaSystems that uses algorithms to interpret microscopic images that can be applied to microbiology. There are also a number of companies that are developing algorithms to help classify images and petri plates



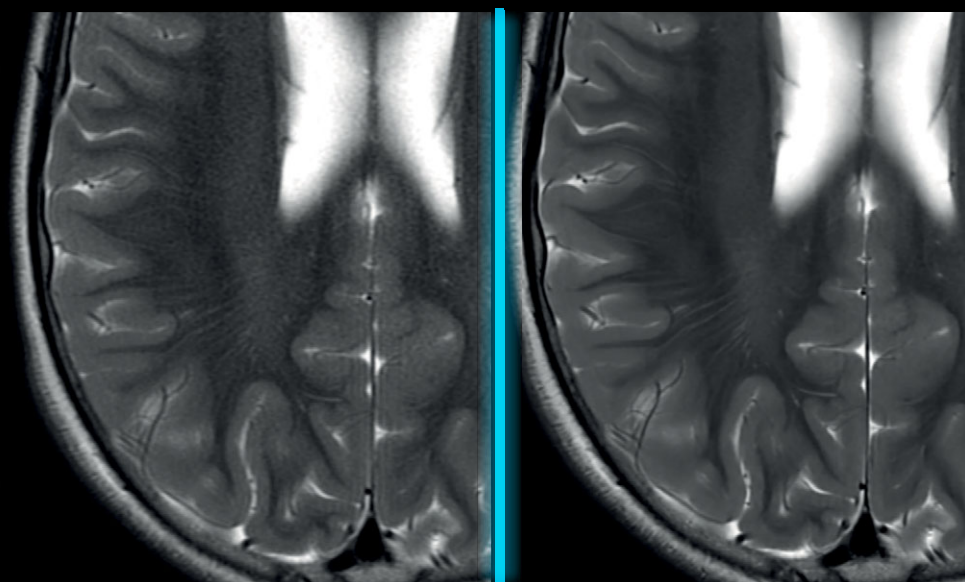
from cultures. A few years ago, this was mostly theoretical, but it's starting to be realised now, which actually makes talking about that a lot more fun."

COVID-19 impacted all of medicine, but one thing it did in a positive sense was in pushing the lab into the limelight. "There wouldn't be a story in the New York Times front page on lab or diagnostic testing typically, but that was pretty routine throughout 2020. So, it gave us an opportunity to

speak up about what we do and how we do it and to demonstrate that there is expertise behind the swab. It's not magic, there's nuance, and there are challenges. Most importantly, there are people involved. And I think that's been good for the profession as a whole."

Dr Rhoads will be discussing 'The use of machine learning in clinical microbiology' at 10:30 at the Clinical Microbiology conference at Medlab

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Public health should not ignore the far-reaching effects of the pandemic on women and children

We have the largest gender gap in the world and the pandemic has hit vulnerable groups, particularly women and children very hard. This is according to Dr Haifa Madi, public health advisor at the Ministry of Health and Prevention, Abu Dhabi.

By Daily Dose Staff

The pandemic has stress-tested the world’s most robust healthcare systems to quickly adapt and process large volumes of patients with varying underlying issues. A key and often ignored demographic acutely affected by the pandemic is that of women and children.

Dr Haifa Madi, public health advisor at the Ministry of Health and Prevention, Abu Dhabi, believes that if this problem is left unchecked, millions of women and children may be sidelined to suffer through health issues we’ve already tackled in recent times such as infant mortality. “The Arab world scores highly on the gender inequality index and we also have the highest number of displaced people in the world. This means that vulnerable groups are the easiest to overlook at times of crisis,” she said.

Speaking at the public health conference at Arab Health on Tuesday, Dr Madi explained how the diversion of resources to address Covid-19 has impacted antenatal care and all services for women and children. Due to lockdown, 80 million children under the age of 1 may miss essential vaccinations. “The lockdown also limited the accessibility of women and children to healthcare, leading to an indirect and direct increase in maternal deaths and child mortality.”

Gender based violence has also increased during the pandemic, she noted. 1 in 3 women worldwide are subjected to sexual or physical



violence at least once in their lives. In Arab countries, this figure rises to 37%. Forced coexistence, community closure and economic stress has led to increased tensions at home, which have negatively affected female safety.

The problem is not well documented, because of low reporting levels due to the stigma facing women who do want to come forward. “This is a social, economic and health issue that needs more studying,” she added.

“Nobody knows when this will really end. This virus has tested the ability and preparedness of even the strongest health systems in the world. If we want to see real progress, we need to address inequalities at every level.”

Empowering nursing professionals

By Fatima Abbas, Content Executive

Caren Busen, Director, International Clinical Support at OBIX speaks about retaining valued nursing professionals through inclusive strategies. Excerpts:

The pandemic has significantly affected healthcare, especially healthcare providers at the frontline. As we integrate better practices to serve patients, what strategies are being implemented to ensure support and better practices for nurses?

2020 was to be the year of the nurse, but not in the way we expected. Frontline workers were experiencing a different landscape in healthcare, working in new areas in a way they’ve never before. With innovative solutions we were able to overcome challenges, for example in maternity, we had to reduce the amount of visitors that could come in, and for new parents through iPad technology, they were able to see their baby. Some newborns may be in a unit for observation and if parents have to back to work during that time, via telemedicine they can remotely be involved by observing the treatment that he or she is receiving.

What have you witnessed in the nursing industry that is often overlooked and needs to be implemented to improve present methods?



A big challenge is the 24 hour shifts at the hospital. Many healthcare organisations are now getting inventive with solutions to shorten these hours, for nurses to accommodate their personal lives as well.

Another challenge is staffing shortages and negative patient outcome. The best thing for patient safety is to have a well educated nurse with critical thinking skills, and we need to ensure that nurses have the opportunity to do that, by

supporting their resilience.

Mental health is a topic which needs to be addressed as well. During the pandemic we witnessed longer working hours, stress of losing patients, and nursing is a very hands-on discipline. Usually, patients were used to seeing a nurse’s face and establish that trust with a healthcare specialist before stepping into the consultation room.

To overcome this, nursing professionals

became creative, by placing their picture on their name badge, these efforts pay off in ensuring patient comfort. A printed smile on a mask can already elevate the mood and make a patient feel at ease. On the other hand, many hospitals are facilitating support solutions for nurses, to ensure that they are prioritising self-care. As nurse leaders, we closely experience the daily obstacles, and it is vital to work side by side and let your staff know that you support them.

Genome sequencing in the spotlight for Al Jalila Children's Specialty Hospital

Al Jalila Children's Specialty Hospital announced two key partnerships to put genetics and genome sequencing at the forefront.

By Daily Dose Staff

Al Jalila Children's Specialty Hospital (AJCSH), the UAE's first and only hospital dedicated to treating children and adolescents, is to formulate a steering group to study the workflow of genome sequencing in the intensive care setting. The move follows an agreement between the hospital and Illumina Netherlands BV at Arab Health 2021 on Tuesday.

The group will look to develop practical knowledge of healthcare providers in genome sequencing in neonatal and pediatric intensive care settings. It will also seek to improve the use of testing, fostering greater understanding of best-use cases, clinical indicators, and the health economics of genome sequencing in the specialised setting.

Under the agreement, Illumina, the world's leader in next-generation sequencing, is to provide technical expertise, reagents and analysis tools and training to the group.

"There is increasing evidence for rapid, efficient and cost-efficient genome sequencing in newborns and babies that will save lives," said Dr. Mohamed Al Awadhi, COO, AJCSH. "The application of next-generation sequencing has revolutionised the process of making complex diagnoses in paediatric medicine, significantly shortening the time for accurate diagnosis and optimal clinical management in critically ill children."

Illumina says its support for the working group is in line with its drive to promote the development of expert consensus on genome sequencing best practice within intensive care.

"Al Jalila wants to offer its patients the most accurate, cutting edge applications available, and this is what we will evaluate together as part of our worldwide efforts to develop expert consensus on genome sequencing best practice within neonatal intensive care settings," said Greg Gonzalez, Director, Illumina, Middle East.



Meanwhile, AJCSH, has signed an Memorandum of Understanding (MoU) with the independent University of Balamand Dubai (UOBD) which will see the entities collaborate in mutually beneficial educational, training, research, and internship opportunities for the university's students and its faculty.

This collaboration will offer the next generation of medical students hands-on experience, training, research and internship opportunities at Al Jalila Children's Genomics Centre, covering areas related to cutting-edge biotechnology and genetics testing. "This partnership will help strengthen the UAE's healthcare ecosystem, and in doing so give the young medical students of today the right tools and techniques to tackle the issues of tomorrow," Dr. Al Awadhi added.

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New AI solution to improve breast cancer detection launched

The first and only AI-powered independent reader for breast cancer screening will be commercially available in the UAE soon thanks to a new partnership between Kheiron Medical Technologies and Atlas Medical.

According to the WHO's International Agency for Research on Cancer, breast cancer was the most prevalent of all cancers detected in the UAE in 2020, accounting for 38.8 per cent of all new cancer cases detected in women.

Mammography Intelligent Assessment (Mia) is a patented deep learning artificial intelligence solution that works with radiologists to improve breast cancer detection, avoid unnecessary biopsies and ultimately improve the patient experience for all women.

On the sidelines of Arab Health 2021, UK-based Kheiron Medical Technologies signed an agreement with Atlas Medical LLC, a medical device and pharma distributor in the UAE to roll out the Mia solution. The AI technology was developed on more than three million breast images, Mia is designed to support breast radiologists in making the critical decision to recall women for further testing based on their mammography screening.

Mia is the first solution of its kind to receive the CE (European regulatory clearance) mark for use as an AI-enabled independent reader for the detection of breast cancer. Through rigorous clinical studies and testing, Mia has learnt to read mammograms to the same level of detail as a consulting radiologist.

In double-reading mammography workflows where scans are reviewed by two radiologists, Mia can be deployed independently alongside a single human reader. This delivers the quality improvements needed to ensure the sustainability of breast screening services and frees up clinicians to spend more time with patients. Mia can also be deployed as a concurrent reader or in double reader triage.

"Our mission at Kheiron is to support breast screening professionals in the fight against breast cancer with proven and effective AI-enabled tools," Alex Hamlow, Kheiron's chief commercial officer, said. "Based on its performance in the UK and Europe, Mia represents a major breakthrough in helping radiologists to dramatically improve breast cancer detection and patient outcomes."

According to V. Kalyanasundaram, general manager for Atlas Medical in Dubai and the Northern Emirates, this technology has tremendous potential to transform breast screening for radiologists and for women. "By improving radiologist productivity and empowering breast screening professionals to detect potential malignancies more accurately and quickly, Mia ultimately will help save more lives in the fight against breast cancer," he said.



Mia's effectiveness has been proven in one of the most ambitious clinical studies in radiology AI to date and tested across multiple demographics and mammography devices. It was one of the recipients of the UK Government's first AI in Health and Care Awards through which Mia is undergoing multiple deployments and clinical studies across 15 sites in the UK as a

benchmark for how to integrate new, cutting edge technologies into the NHS safely and effectively. Kheiron and AI Advance are currently working with an Australian breast-screening provider to establish the protocols for a forthcoming clinical trial, details of which will soon be announced.

Mia will be available to the UAE, Qatar and Oman markets pending local requirements.

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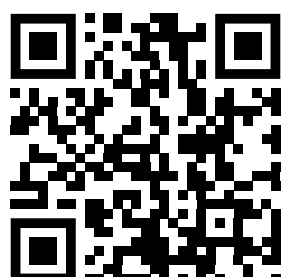
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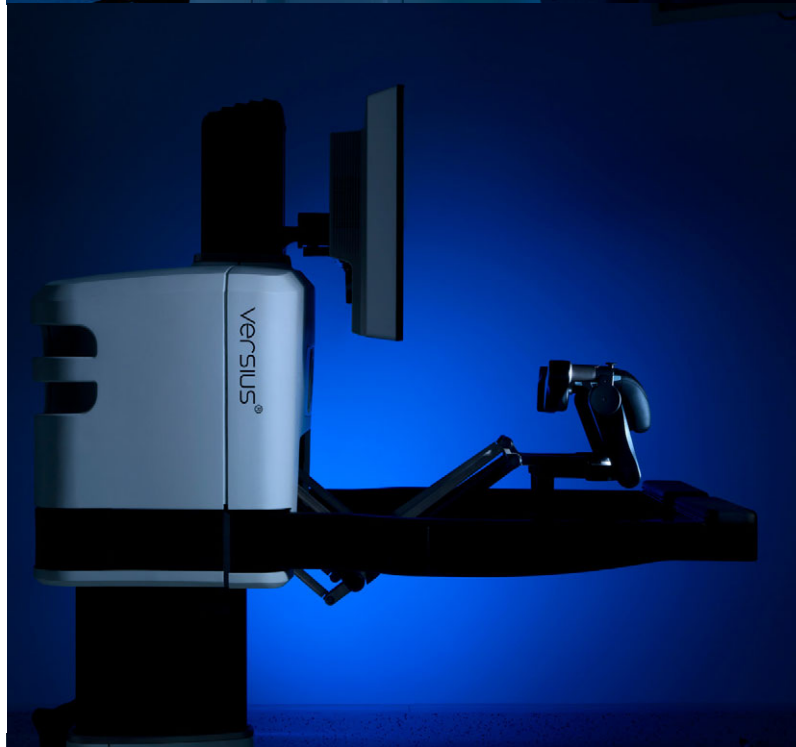
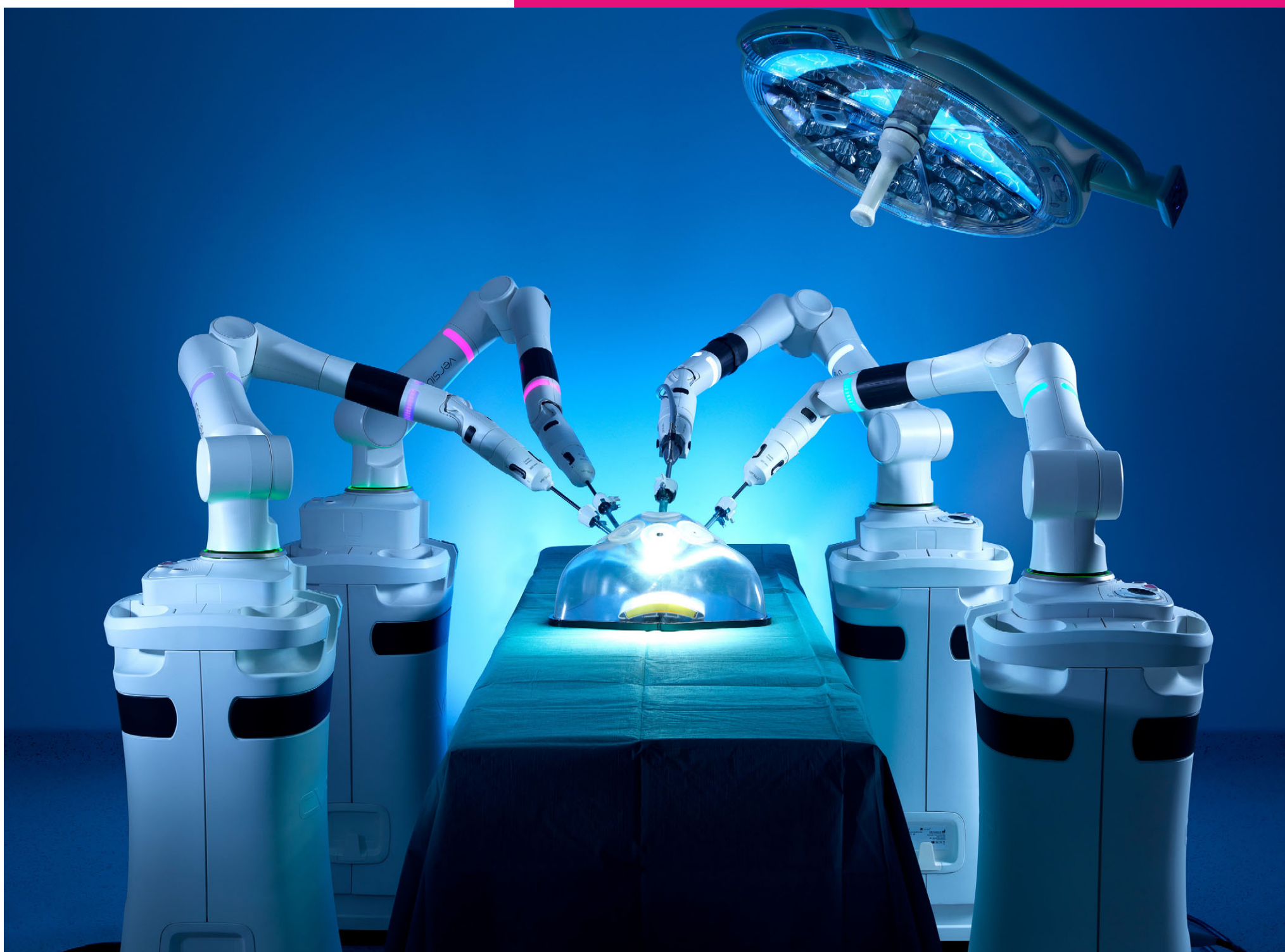


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