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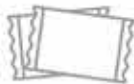
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# AEEDC 2022

## Walking into the future of oral health

Education & Innovation Transfer is the theme of the 26th United Arab Emirates Exhibition & Dental Conference, AEEDC. This year's edition makes Dubai a magnet for all stakeholders engaged in developing dentistry to be more efficient, more sustainable, and more effective in making oral health accessible, affordable and available for all. In a quarter of a decade AEEDC has become a global leader in uniting a scientific dental conference with a dental exhibition, and it supports the participants with the needful to apply new technologies and techniques to more successfully diagnose, to more efficiently treat, and to give a more accurate prognosis, already the day after.



early detection and prevention are fundamental for eye and oral health preservation.

Reaching Universal Coverage of Oral Health, Pillar 1 of FDI's *Vision 2030 – Delivering oral health for all*, needs a series of supporting approaches to realistically leave no one behind. Part of these approaches include, but are not limited to, the *incorporation and use of continuous quality-improvement programmes to deliver high quality, ethically and scientifically sound oral healthcare services for clinical practice, and to encourage local, affordable and sustainable technological solutions (also referred to as “frugal innovation”) for scaling up access to oral health information, such as m-health, e-health, and innovative behavior change communication tools for technology and innovation. The improvement of efficiency of oral healthcare delivery and health systems by developing technologies that are effective (both in theory and in practice), safe (easy to use correctly), affordable, acceptable, and sustainable is overdue.*

It is since some years that the organizer of AEEDC, INDEX Conferences & Exhibitions, is attracting other medical specialists and developing Dubai to a medical rather than a mere technological hub. Recent medical events have taken into consideration the collaborative approach needed to reduce the burden of non-communicable diseases, NCDs, and what is needed to respond to article 34 of the 2019 United Nations Political declaration of the High-level Meeting on Universal Health Coverage: *“efforts need to be strengthened to address eye health conditions and oral health, as well as rare diseases and neglected tropical diseases, as part of universal health coverage”.*

Nobody would wonder if, in the very near future, Dubai would be the meeting place for a united healthcare profession, where oral health education would be open also to any other health professional and to non-medical stakeholders involved in the delivery of oral health. The latter include architects aiming at ergonomic health facilities, educators interested in healthy and highly efficient societies, engineers developing nanotechnologies for diagnosis, health repair and pharma-treatment, and decision makers shaping the future of efficient need-based health systems. This and future AEEDC meetings have the potential to setting a new trend in dentistry and in medicine, which will show us the way while going through a Decade of Action, as announced by UN Secretary General Antonio Guterres. All are invited to be part of this walk, which includes practically bringing the mouth back into the body.

Just a few days ago Arab Health, a global healthcare event, has united medical specialists to discuss innovation in medicine and how to reach better person-centered health outcomes. One specific topic is focusing on the treatment of diabetic eye diseases, a condition on a rise in the United Arab Emirates. Type 2 diabetic patients with higher glycated hemoglobin levels have a higher risk of retinal microvascular impairment, and ultimately blindness. A high HbA1c level in patients affected by diabetes mellitus is a common risk factor also for periodontal disease increasing the risk of periodontitis 2-3 times. For both diseases

**Gerhard Konrad Seeberger**



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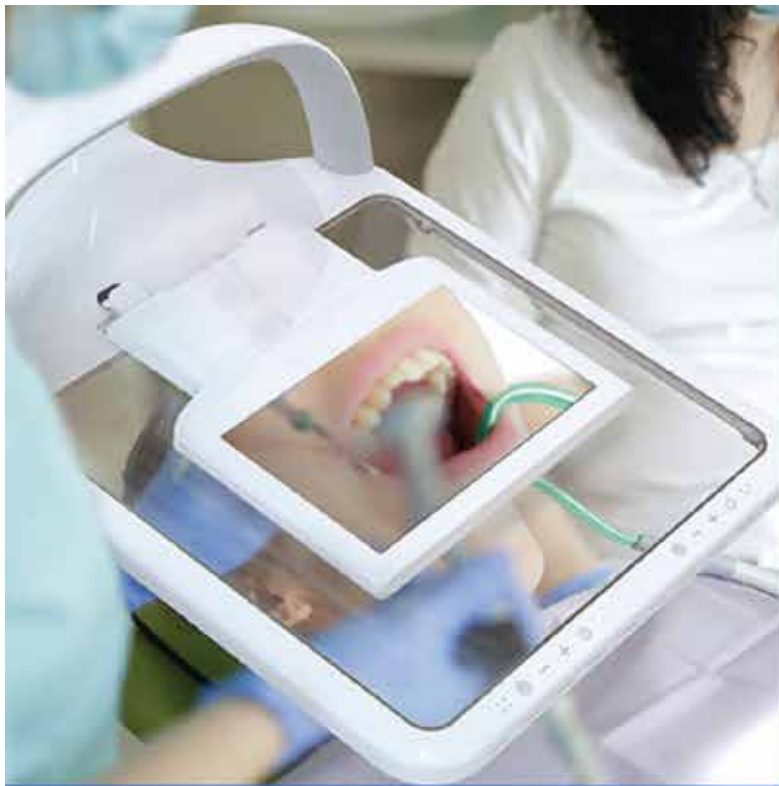
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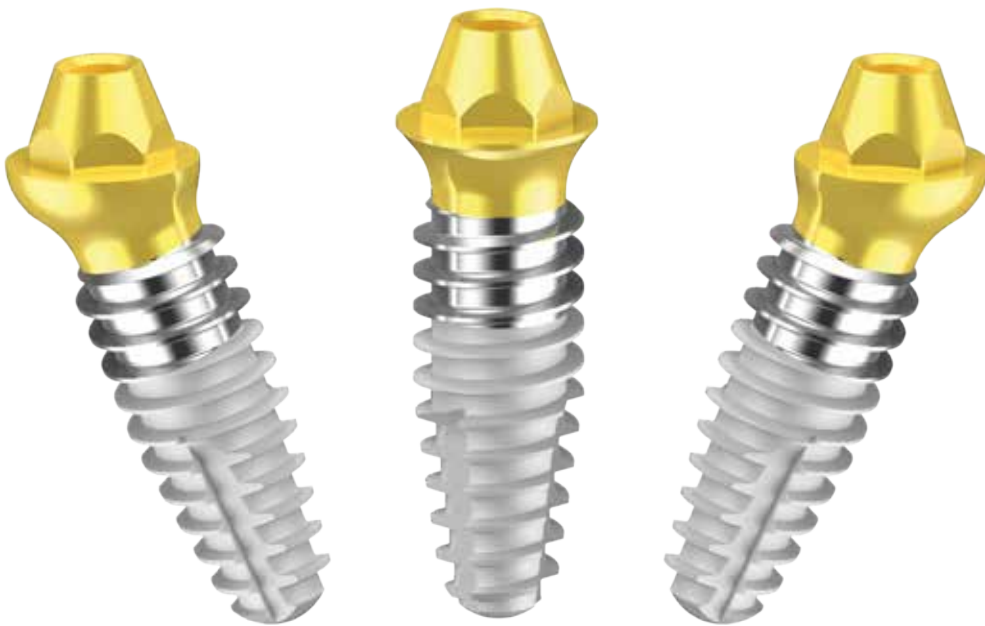
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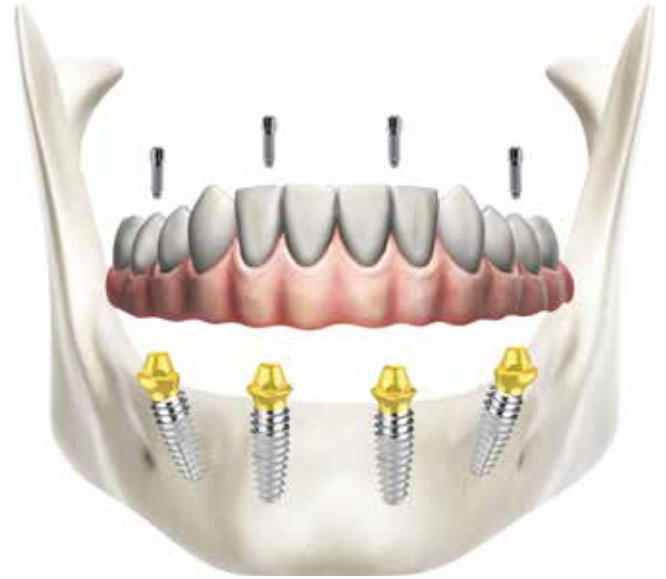
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# Mandibular Bone Block Harvesting from the Retromolar Area with piezosurgery



## DDS Angelo Cardarelli

*Specialist in Oral Surgery*

*Adjunct Professor at San Raffaele University in Milan*

*Scientific Advisor at Department of Dentistry*

*San Raffaele Hospital Milan*

*Member of Global Scientific Dental Alliance in Dubai*

The reconstruction of alveolar defects after tooth loss is one of the biggest challenges in implant dentistry. In order to increase the bone thickness we can have several options: alloplastic grafts, xenografts, allografts, and autografts. However, autogenous bone grafts are osteoinductive, osteogenic, and osteoconductive, with significant regenerative capacity in comparison to all other grafts.

This is why autogenous bone remains the gold standard for augmentation. Extraoral donor sites for autogenous bone include the skull, the fibula, the ribs, and the iliac crest, all of which inevitably lead to additional patient morbidity. Intraoral sources have the advantages of proximity of the donor and recipient sites, convenient surgical access, low morbidity, and elimination of a hospital stay. The best anatomical area that allows to obtain a good cortical bone block grafts, suitable for two- or three- dimensional reconstructions of alveolar ridge defects is the retromolar and paramolar areas (external oblique ridge), or edentulous areas. The removal of large bone block grafts with drills or engraving or oscillating saws may be particularly dangerous in the anterior mandibular ramus.

Piezosurgery is the state of the art bone cutting instrument in oral surgery and also in the harvesting of the ramus bone graft. The micro-oscillations, which are created at this frequency, cut only mineralized hard tissue while adjacent soft tissue, nerves and vessels remain unharmed. Using ultrasonic surgery, it is possible to cut mineralized tissue

with greater precision and selectivity. Cavitation effect that is created by the irrigation/ cooling solution and oscillating tip of the device, provides blood- free surgical area, as a result greater visibility for the surgeon. With regard to bone formation and healing, it has been showed that ultrasound bone cutting is more favorable than it is with conventional bone cutting techniques.

## SURGICAL PROCEDURE

The procedure was performed under local anesthesia using Piezosurgery device (ESACROM Italy) with saw shape inserts. In the ramus zone, a midcrestal incision was performed, avoiding the lingual nerve trajectory. The donor area was exposed by extending a full thickness flap in the apical and distal aspect. Care was given to prevent any damage to the n. lingualis. For ramus

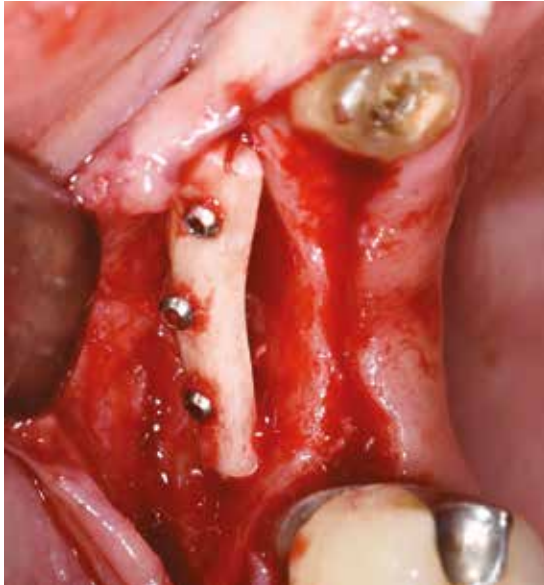


**Fig 1**

bone harvesting, four osteotomies were made: one superior and 2 vertical as well as one osteotomy was made at the inferior border. The superior horizontal cut was made 4 to 5 mm medial to the external oblique ridge with ES007IT Esacrom insert,



**Fig 2**



**Fig 3**



**Fig 4**

cut was made from the edentulous area and continues posteriorly along the external oblique ridge to ascending ramus. The two vertical osteotomies, anterior and posterior, were also made with the ES007IT insert extending 10 to 12 mm in length in the supero inferior direction. Then, a cut connecting the inferior aspect of each vertical osteotomy was made with the angulated bone saw insert ES007LT. This special insert was exclusively produced for this inferior horizontal cut. After completed all the outline cuts of the graft, the harvest was usually pried out by gentle manipulation with a small flat chisel using hammer. **(fig 1-2)**

The donor site was primarily sutured back with 4-0 SILK sutures. The patient received a single preoperative dose of oral antibiotics amoxicillin/clavulanate sodium 2 gram, that same antibiotic regimen continued for 5 days postoperatively. Additionally, non steroidal anti-inflammatory agent naproxen sodium for pain and swelling, were prescribed as needed. Patient was also advised to rinse three times per day with 0.2% concentration chlorhexidine mouthwash for 7 days post-operatively. Extraoral application of a cold pack was recommended for 12 hours after the surgery. The harvested monocortical bone block was split in two pieces for horizontal augmentation in the maxilla and osteosynthesis screws

were used to fix the plates bone to the recipient area. **(fig 3-4)**

The bone chips harvested from the bone block with the bone scrape were used to fill the gap around the blocks and the recipient bone. Any sharp edges or corners were rounded to avoid further soft tissue dehiscence.

#### CONCLUSIONS

Ultrasound surgery has certain advantages over traditional manual or high-speed motorized instruments in oral and maxillofacial surgery. Micro-oscillations of the tip of the device (ESACROM), operates in low frequency range allows for precise cutting and yields minimal wastage of bone. Low Frequencies causes minimal damage to soft tissues (nerves, vessels, mucosa). The unique phenomenon of cavitation effect gives operator a better visibility than using any conventional manual or rotary instrument. One of the important difficulties harvesting ramus block graft mentioned in literature is that managing the caudal horizontal cut due to close proximity of the IAN. With the specially angulated inserts of the device (ESACROM), ultrasound surgery has distinct advantage over conventional technique. Using this special tip for horizontal cut, surgeon does not need to reflect the flap extensively and making complete caudal cut is possible without damaging IAN.

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# exocad's ChairsideCAD 3.0 Galway, Fast and Intuitive Design Software for Single-Visit Dentistry, Obtains FDA Clearance and Wins Cellerant Best of Class Technology Award



**Tillmann Steinbrecher**  
CEO exocad



**Larry Bodony**  
President exocad America



*For the third year in a row, the Cellerant Group, an independent group of technology-minded clinicians, selected exocad's ChairsideCAD as their 2021 Cellerant Best of Class Technology Award winner for clinical design software. We interviewed Larry Bodony, president of exocad America and Tillmann Steinbrecher, exocad CEO, at the Greater New York Dental Meeting and spoke with them about ChairsideCAD 3.0 Galway features and recent developments in North America.*

**You released ChairsideCAD 3.0 Galway, exocad's software for single-visit dentistry, at the International Dental Show (IDS) in Cologne, in September 2021. We've heard you have some more great news, specifically for the U.S. market, to share here in New York. Can you tell us more?**

*Larry:* Yes! We are happy to announce, here at the Greater New York Dental Meeting, that we have clearance for the U.S. release of *Chairside 3.0 Galway*. This is a major upgrade to *ChairsideCAD*, our software that supports single-visit dentistry for a wide range of chairside-milled and chairside-printed restorations. We are especially excited about this because we now also offer the Implant Module for *ChairsideCAD* in the US - which has recently received FDA clearance. As part of a validated and compliant system, this allows for patients' restorative abutments to be built chairside. We look forward to working with all our U.S. distribution partners who have 3D printers, mills, and intraoral scanners to continue creating integrated systems clinicians can rely on.

**How do newcomers and experts benefit from the new *ChairsideCAD* features?**

*Tillmann:* This new release focuses on reducing design time and increasing automation, thereby enabling an easier workflow. That enhancement can be particularly important in the clinic. We've invested significantly in making our software faster and easier to use. Take one of our latest innovations, Instant Anatomic Morphing - this key technology reduces design time and enables users to create the functional and esthetic shapes they have in mind.

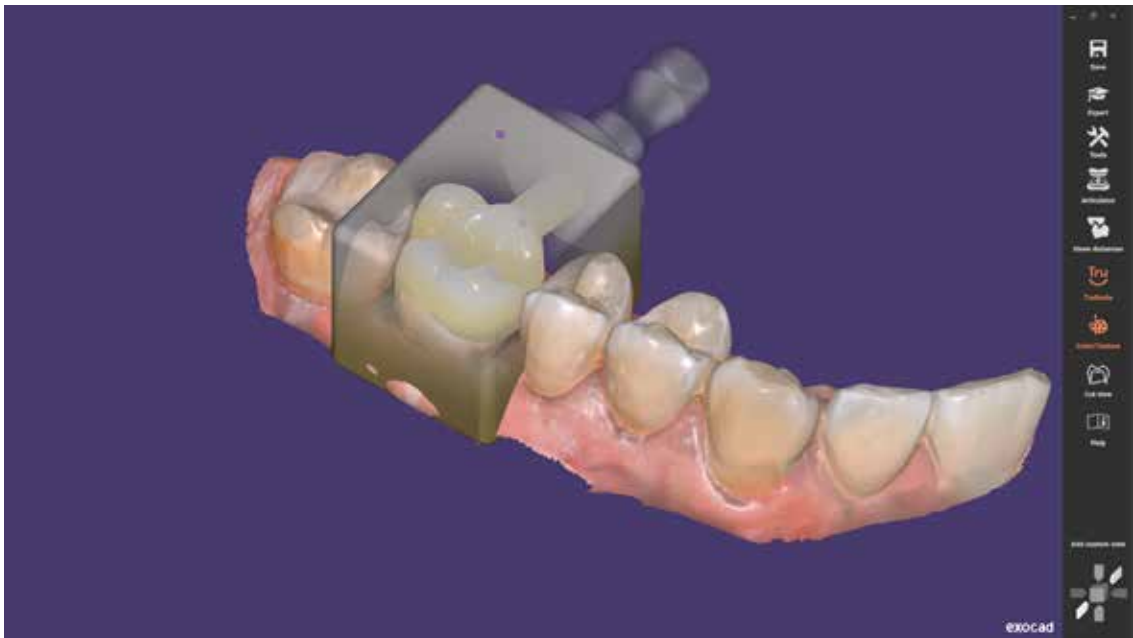
**exocad's *ChairsideCAD* received the 2021 Cellerant Best of Class (BOC) Technology award for the third consecutive year. Can you tell us a bit more about this achievement?**

*L.:* We are proud that the Cellerant Group, awarded exocad this honor for the third year in a row and recognized how *ChairsideCAD* advances the current state of digital dentistry. Our software is based on open architecture, optimized for the clinical environment, and improves the accuracy and speed of the chairside

workflow. We've developed the *ChairsideCAD* product to the point where it is useable by a wide number of dentists across a wide variety of different specialties. We are very honored by the award for a chairside clinical product and to win it three years in a row shows our continuing efforts to advance digital dentistry are being recognized. We are very humbled by that.

**Our congratulations for that! What is your customer experience with the Creator Center and the online seminars and tutorials you introduced in the summer?**

*T.:* We realized that across the board, people are "hungry" for education. Both valued exocad customers and potential new users are eager to learn about new technologies and to understand how to integrate them in their labs and clinics. We offered our Creator Center webinars this summer globally, in several languages. They were well received. We were impressed by the number of participants who watched live and by the number of people who watched the seminars online afterwards.



**exocad released ChairsideCAD 3.0 Galway, the next generation of its easy-to-use CAD software for single-visit dentistry in North America and presented it at this year's Greater New York Dental Meeting in New York City. The chairside workflow is streamlined, intuitive and optimized for use in the practice.**

**How can dental professionals in North America learn more about exocad software?**

L.: There are several channels. The first step we recommend is to do some online research to get the general concept behind our software. You can also ask colleagues or labs who use exocad about their experiences. Another good source of information is our resellers. We have over thirty resellers in the United States. We also have an extensive social media presence. We're on Facebook, Instagram, LinkedIn and – most recently – TikTok. If you really want to know more about the technical capabilities of our software, we have the exocad experts' group on Facebook. There you can see how our software users from around the world perform advanced cases with exocad.

Once you feel like you have enough information, you can look at the various systems available from different resellers. You can dive into the scanning world, or the printing or milling world, depending on your interests. There are also many options to help you find a reseller and a system that best meets

your needs. That's when most people truly start on their digital journey.

As we mentioned before, the Creator Center is another helpful channel that dental professionals can tap into to get advice on using the software. I should also mention that for about the last year and a half, we've had independent and clinical trainers running successful courses using exocad. When professionals participate in one of the courses, not only do they get CEs, but they also get a real flavor of how exocad works. Some trainings are even hands-on!

**Can you tell us about exocad's presence and growth in the U.S. market?**

L.: We've worked hard and are excited, proud and humbled by our progress and by the faith our customers continue to place in us over the past ten years. We were still a relatively small company at the time of the Align acquisition in 2020. Since then, we have almost doubled the size of our team. That means we are providing more service, marketing, and technical support, and more sales staff. This helps us to continue

expanding our network and increasing the range and breadth of the systems we offer. Really, I think the key to our growth comes from exocad responding to the U.S. market needs well. In North America, and especially the United States, there's a high priority given to how dental professionals design and practice their treatment solutions. exocad's open architecture suits that type of work and approach. You can really customize. Our customers value that.

**What are the future perspectives in the United States and worldwide?**

T.: We are excited about more holistic treatment approaches in the future, bringing together different aspects of digital dentistry into one platform. We have already integrated restorative and guided surgery with the combination of *exoplan* and *DentalCAD*. As an Align Technology company, we are also really excited about the combination of orthodontics and restorative. The vision is that all dentists and dental technicians, when planning restorative cases, would first ask them-



**exocad at GNYDM 2021**

selves if a patient would benefit from orthodontics. Very often the answer is yes.

L.: I see it similarly here in the U.S. We want to break down barriers between specialties and provide a network to improve communication between dentists and labs.

**What impact and feedback are you receiving at the Greater New York trade show?**

L.: We are getting good feedback. The most frequent comments are about our momentum in the marketplace! That's very gratifying after many years. Being part of the Align Digital Platform, we can continue our growth as more doctors and labs use our solutions in their practice.

T.: People are excited about the entire workflow we're demonstrating here. They see how easy it is with our software to integrate technologies in

their practices and to enable additional workflows.

L.: The live demonstration at the booth is a great example of that. We are trying to showcase how in a single one-hour visit, you can do a scan, an esthetic design, a smile make-over and create a clip-on smile that the patient can take home and show to family and friends. This popular demonstration is an example of the practical nature of what our software can do.

**What topics will your guest speakers cover?**

L.: We have three speakers at the show. Dr. Diana Tadros will present a course on esthetic design. Dr. Tadros runs a very successful training course in multiple locations throughout the country. We brought her here to talk about how exocad helps her with esthetic designs. So far, it's been a great success. We also have Dr. Richard L.

Zimmermann, who will lecture primarily on implantology. He is a well-known lecturer in this specialty. The third speaker is Dr. Michael Scherer, a prosthodontist who will share how exocad has revolutionized his work in terms of the services he provides and the efficiency of his practice.

**What else are you showcasing at the show?**

L.: The announcement of *Chair-sideCAD 3.0 Galway's* FDA clearance. Our Smile Creator station is also a big draw because people have never seen it before. We are also previewing a release we plan to offer soon – since we are awaiting FDA clearance on the *exoplan 3.0 Galway* release here in the United States. These are the highlights this year.

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# Efficiency, Professionality, Quality.

*In a dental market where equipment business is extremely competitive, CEFLA Dental Group remains among the few companies investing in renewal and technology. Distinguishing itself for professionalism, efficient service, and quality of products, the company has grown more than any other equipment manufacturer in terms of presence and volumes, over the last decade, and is considered today market reference for equipment manufacturing and development worldwide. We are discussing it together with Hisham Tinaoui, CEFLA Senior Manager for the Middle East, Africa, and Turkey.*



*Hisham Tinaoui (left), CEFLA Senior Manager for the Middle East, Africa, and Turkey and Dr. Majd Najji (right)*

## **Can you give us a brief presentation of the CEFLA Medical Group?**

CEFLA Group is an Italian-based company, established as a cooperative in 1932, with CEFLA Medical business unit being one of the four business lines within the group. In the dental equipment sector, CEFLA has become an absolute market leader. The company acts in the market offering different brands through separate distribution channels. Brands such as ANTHOS, CASTELLINI, STERNWEBER, MYRAY, NEWTOM, MOCOM and BIOSAFIN IMPLANTS are considered today among the most important and prestigious brands in the market, offering a wide range of high-tech state of art dental units, sterilization equipment, radiology products, 2D and 3D panoramic systems, dynamic instruments, in addition to implants. All brands and products are active through separate local distribution channels, competing in every single market, and offering technologically most advanced products with the best suitable sales, quality,

and service conditions to end-users. Through this multi-channel distribution policy, we manage to reach the largest slice of end-users in the market offering, in most cases, end user satisfaction.

## **How is CEFLA'S brand positioned in the Middle East, Africa, and Turkey?**

We always address our marketing and sales policy with regards to local market conditions, most common factors that may influence our policies are geopolitical and economic situations of each country and, of course, the presence of competition. In simple words, we sew for each market its own dress, but this is not enough, we constantly follow-up and adjust our decisions based on market changes. As you know, the Middle East, Africa, and Turkey are extremely volatile markets, you need to have a very dynamic approach, offering quick solutions to all new challenges.

25 years ago, CEFLA entered the dental market through its first acquisition, ANTHOS. Since then, the company has kept expanding its business drastically and, today, its reputation speaks for itself, we guarantee to our end-users and distributors quality, service, and a long-term reliable partnership, this is exactly what placed the company as a market leader of dental equipment in the whole region. Today, in these particularly moving markets, CEFLA is your partner towards achieving stability. During all past years, starting from the Arab spring events, throughout the oil quotations drop and economic crisis in many countries in the region, until the surge of the COVID pandemic, we continuously supported our partners and customers all the way, opening the

gate to stabilize and consolidate our business and relationship.

## **Which is the current market situation in the Middle East, how is it the market coping with the pandemic?**

The pandemic hit our sector hard, in some cases even worse than most other sectors, due to the fact that dentists are considered at elevated risk of infection, our sector was the first to stop, and one of the last to restart.

We suffered, in almost all countries, complete or partial lockdowns, blocking almost all business aspects, which put all companies on the challenge. Our capacity to adapt and innovate, despite the situation, brought us back on track quickly and strongly. Today, the market is giving us very positive signals for the future, especially for 2022 and 2023. We can see that, especially governments of G.C.C. countries, but not only, are investing heavily in health care infrastructure. Adding to that, important events, such as the Expo 2020 and World Cup 2022, will keep pushing investments and tourism. Last but not least, oil price quotations went up again, which will help to lay down further investments and projects in the future. African markets are stable, with still strong growth, due to young-aged population increase and, of course, the Turkish market, that has been growing constantly in the past years, is confirmed to continue its growth rate in the next few years. In equipment, imaging products, especially 2D and 3D panoramic machines, are still in expansion, sterilization equipment is being pushed everywhere, due to infection control requirements caused by the pandemic, treatment center sales are gaining momentum again, since projects that were put on hold during the various lockdowns are being unblocked and processed again.

**Customers can digitally interact with your machines in 3D thanks to your virtual reality project developed in 2020. Can you tell us about it?**

As previously explained, CEFLA is considered to be one of the most dynamic companies in the dental sector. The first country to be hit hard by the pandemic was Italy, our home country went in a sudden and full lockdown in March 2020, for almost three months. It was one of the harshest lockdowns worldwide, during this time the company took immediately important actions in order to prepare to the upcoming periods, during- and after-pandemic. One of these actions focused on marketing tools that could help local sales staff, and dentists, to continue with their business exchange as normal and as safe as possible. The new scenario, imposed by the pandemic, obliged us to create tools that may help to avoid possible spreading of infection caused by physical visits and exchange of marketing paper material. Today, we have a complete platform that can give the possibility to every customer to see, check and interact with our products, simply without moving from the office and/or receiving any visits. This is a long-term project that is still being further developed and will offer, in the future, exclusive features and marketing solutions that nobody has today in the market. Today, our customers can connect virtually to the platform at any time, look for the products they are interested in, check their specification, build up the machine as per required needs and interact with the software and other options that can be suggested to them through the system.

**NEWTOM was the first company to introduce Cone-Beam technology into the dental sector. What can you tell us about CEFLA'S technological innovation?**

The Cone-Beam computed tomography system has been introduced in dentistry, by NEWTOM, 25 years ago. Since then, the company is considered to be the pioneer and reference in CBCT technology worldwide. Through clinical and technological research, together with continuous development of products and soft-

“ CEFLA is present in the Middle East, Africa, and Turkey through a capillary distribution network, covering very well the whole region.

ware, NEWTOM proved to be able to consolidate its position in the different markets, not only in the dental sector, but also in other specific medical sectors, such as E.N.T and Orthopedy. Today, CEFLA is acting in the imaging sector not only through NEWTOM but also with MYRAY and CASTELLINI imaging, this reflects the important sales volumes reached in the last years and will allow the company, in the future, to further invest in products development to offer the end-user much more innovative products with advanced solutions for diagnosis.

**Efficiency is what makes the difference in modern era, what features may you have in your equipment that can mirror this concept?**

Time is money, efficiency means saving time, to dentist and distributor. In our equipment we have many features that help, especially the dentist, to work with extreme efficiency and precision. But the most innovative solution that we presented lately, before the pandemic, is a software that allows a remote connection to our machines in order to make a complete online diagnosis, from a distance. This is a very innovative solution that only CEFLA offers in the market today, that allows the dealership aftersales service to remotely check the equipment before going to the dental office, this includes software and most hardware components. An important technological innovation that saves time and costs to distributor and dentist. In most cases, the technician will arrive with the required spare parts to service the equipment, knowing already the exact intervention or service needed. A huge saving on time for the clinic and the distributor. Another similar software presented, named DiVA, is available to the clinic owner that can monitor all activities related to the product instantly online. Having

all monitored activities related to the product, live, with exact detailed statistics or faults, will help to optimize the workflow and clinic costs.

**How can dental professionals in the Middle East learn about your products?**

CEFLA is present in the Middle East, Africa, and Turkey through a capillary distribution network, covering very well the whole region. In every country we have more than one distributor, each presenting a different brand with a different way of acting in the territory. The end user can choose the most suitable product that fulfills his/her requirements, the complete list of distributors and related brands is available online through our official web site. We are also present at the main international events such as the AEEDC 2022, in Dubai, and the IDS 2023 exhibition, in Cologne, directly or in any other dental exhibition, in all the region, through our local distributors.

**Are there any novelties showcased at the AEEDC show?**

The most important novelty in the AEEDC 2022 is actually a new entry! We are proud to officially introduce to the market our newest acquisition: "BIOSAFIN" company. BIOSAFIN is an Italian-based manufacturer of dental implant systems. The company has over 15-year experience in implants development and research, in the past it only focused on the local Italian market. Today, we are widely launching it in the region, we are confident implants business will implement our portfolio, especially once combined with our CBCT machines. We will be presenting WINSIX & GLOBALWIN Implants through a special project, in collaboration with the most prestigious Universities, not only in Italy but in Europe, aiming to offer the dentist, beside exceptional quality of the products, another timeless experience with CEFLA.

# market outlook





# ASEAN

## Association of Southeast Asian Nations

**With 650 million people, the Association of Southeast Asian Nations has the 3rd Largest Population in the World and a GDP of \$2.8 Trillion**

The Association of Southeast Asian Nations (ASEAN) is a regional grouping that promotes economic, political, and security cooperation among its ten members: **Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam.** The group has played a central role in Asian economic integration, spearheading negotiations among Asia-Pacific nations to form one of the world's largest free trade blocs and signing six free trade agreements with other regional economies (Australia-New Zealand, China, India, Japan, Korea, Hong Kong). Yet, ASEAN brings together countries with significantly different economies and political systems: democracies, authoritarian states, and hybrid regimes. Demographics differ across the region, too, with many religious and ethnic groups represented. In 1992, members created the ASEAN Free Trade Area with the goals of creating a single market, increasing intra-ASEAN trade and investments, and attracting foreign investment. Despite the progress, some of the region's most important industries are not covered by preferential trade measures, and differences in income, as well as international policies, results in a sometimes challenging integration.



“ Although adherence to the ASEAN Medical Device Directive (AMDD) basic principles will likely only take place in the next few years, this will allow manufacturers to easily access a common medical device market.

Amid the coronavirus pandemic and subsequent economic crisis in 2020, ASEAN countries set up several bodies and mechanisms to procure medical supplies, distribute a COVID-19 vaccine, coordinate economic recovery plans, and facilitate the safe resumption of regional travel. General economic prosperity, aging populations, a growing middle-income population, as well as sensitive public policies have driven demand of better healthcare and infrastructure in Southeast Asia (SEA). A rapidly increasing healthcare demand is also driven by population growth rates, that are expected to

outstrip those of other geographies, and an epidemiological shift from infectious diseases to a chronic disease pattern matching western markets. Most of SEA's spending on healthcare comes from the public sector (sometimes augmented by state-run insurance funds and personal expenditures), and many of the region's fiscally constrained governments are finding it challenging to meet their citizens' escalating needs. **According to forecasts, the Asia-Pacific region will account for around 40% of the global dentist tourism market in 2023, with rising destinations in countries like**

**Thailand, Malaysia, the Philippines, and Vietnam.**

**As a matter of facts, according to Frost and Sullivan, Asia Pacific's healthcare market is estimated to contribute close to 33% of the global healthcare market and estimated to be valued at \$521 billion, with trends in the medical device industry in Asia mainly centered on imaging, cardiovascular, blood pressure monitoring and healthcare IT.** In addition, ASEAN has been developing a uniform system for registering and assessing medical devices across the member countries. Although adherence to the ASEAN Medical Device Directive (AMDD) basic principles will likely only take place in the next few years, this will allow manufacturers to easily access a common medical device market.

In this special AEEDC issue we are giving a brief overview of six of the mentioned countries: Brunei, Cambodia, Laos, Myanmar, the Philippines, and Vietnam.



	Density of Dentists (per 10 000 population) 2010-2019
Brunei	2.5
Cambodia	0.1
Indonesia	0.6
Laos	0.6
Malaysia	3.1
Myanmar	0.7
Philippines	<0.1
Singapore	4.1
Thailand	2.4
Vietnam	1 (per 25,000 population)

World Health Statistics, 2020 WHO

	Life expectancy at birth (years) both sexes	Healthy life expectancy at birth (years)
Singapore	82.9	76.2
Brunei	77.4	67.9
Vietnam	76.3	67.5
Thailand	75.5	66.8
Malaysia	75.3	66.6
Cambodia	69.4	60.8
Indonesia	69.3	61.7
Philippines	69.3	61.7
Myanmar	66.8	58.4
Laos	65.8	57.9

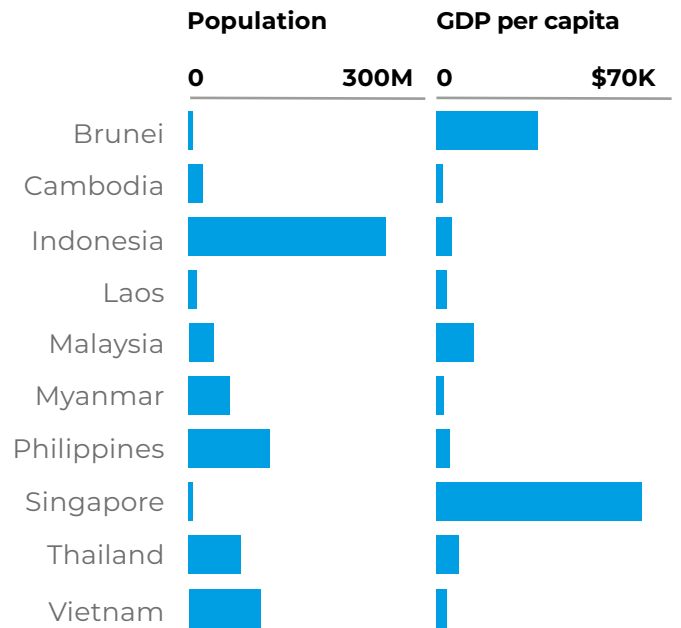
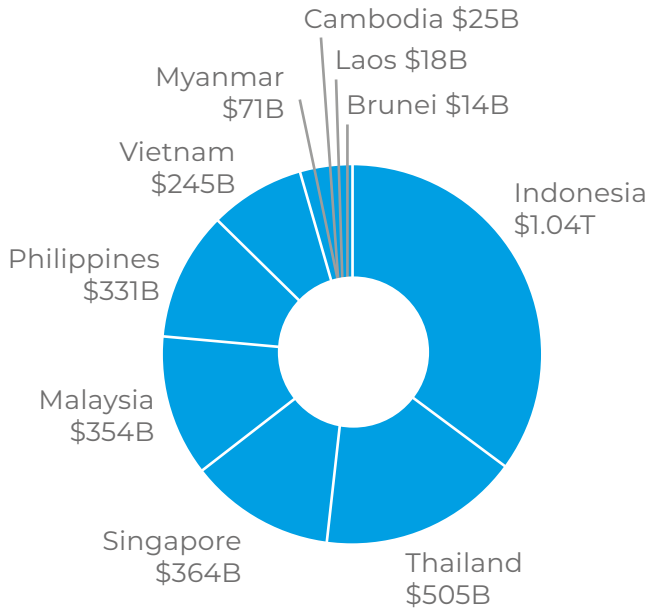
Source: World Health Statistics 2018-2020 WHO

	Total Population, millions	GNI per capita, Atlas method (current US\$), 2020	Average, Total Health Expenditure, (% of GDP)
<b>Brunei</b>	433,285	32,230	2.42 %
<b>Singapore</b>	5.704	54,920	4.7 %
<b>Indonesia</b>	270.6	3,870	2.9-3.1 %
<b>Malaysia</b>	31.95	10,580	4.4-4.6 %
<b>Thailand</b>	69.63	7,050	4.3-4.6 %
<b>Philippines</b>	108.1	3,430	4.7 %
<b>Vietnam</b>	96.46	2,660	6.8-6.9 %
<b>Cambodia</b>	16.49	1,490	5.92 %
<b>Laos</b>	7.169	2,480	2.53 %
<b>Myanmar</b>	54.05	1,260	4.66 %

GNI= Gross National Income  
Source: World Bank 2019-2020

## ASEAN's Diversity

Gross Domestic product (GDP)



Note: 2018 data  
Source: World Bank

**COUNCIL on FOREIGN RELATIONS**



You are welcome to visit us at  
**AEEDC 2022**  
**HALL 1 BOOTH G03**



Infodent & Infomedix International

**ADVICEs**

“

*Everything we do is focused on growing your business*







Welcome to a brand new world

**MaCo Dental Care** just concluded its twenty-fifth year of presence on the dental market and, once again, it confirmed how every goal can be achieved by pursuing a winning idea and building a reliable and versatile profile.

This Italian company was established as a result of the will of a group of young dental professionals eager to put to good use their experience and to create their own brand. The company has thus started the production of implants, within its plant in the industrial complex of Buccino, just 100km south of Naples.

MaCo Dental Care has recently marked a significant turning point in its market approach, investing significantly in the digital sector: an increasing number of professionals, in fact, rely on the use of advanced tools and applications for their daily work.

The aim of the company is to offer its customers, alongside reliable and innovative implant systems, core business for which it is already known and appreciated, all the tools required to advanced dentistry to operate and keep up with the times: desk scanners, intraoral scanners, micromotors, biomaterials and, specially, its own guided surgery system that allows to manage all the digital flow and to operate with a dedicated surgical instrumentation. MaCo Dental Care is always looking for new energies and new distributors willing to accept this completely "Made in Italy" challenge.

[www.macodentalcare.com](http://www.macodentalcare.com)  
[info@macodentalcare.com](mailto:info@macodentalcare.com)

**CONICAL ACTIVE**

DIAMETERS

- Ø 3,5mm
- Ø 3,9mm
- Ø 4,4mm
- Ø 5,5mm

- Conical connection with internal antirotational hexagon
- Switch platform system.
- Anti percolation tapered connection

**SEVENTEEN-ONE**

DIAMETERS

- Ø 3,30mm
- Ø 3,75mm
- Ø 4,20mm
- Ø 5,00mm
- Ø 6,00mm

- Internal hexagonal connection
- Switch platform system.
- Coronal microthread

**IM MACON**

DIAMETERS

- Ø 3,1mm
- Ø 3,6mm
- Ø 4,1mm
- Ø 4,6mm
- Ø 5,1mm

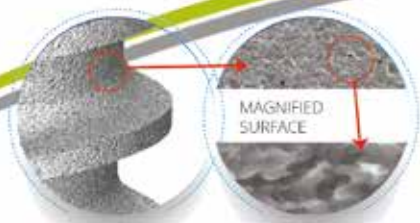
- Short implant with tapered connection
- High prosthetic stability without fixing screw
- Sloped platform design with wide bone-implant surface

**EASY**

DIAMETERS

- Ø 2,3mm SUPERIOR
- Ø 2,0mm INFERIOR

- Mini implant designed for stabilization of total prostheses
- Sphere of 1,8mm
- Simplified and minimally invasive surgical protocol



**MaCo Surface** All implants are sand blasted and acid etched to improve their biomechanical characteristics. This treatment generates microcavities, comparable in size to those of the osteocytes, that facilitate the osseointegration.

IMPLANTS FEATURES



**Reliability and durability**  
 MaCo Dental Care implants have a success rate among the highest in the sector.



**Wide prosthetic choice** All implant lines provide the specialist with all prosthetic components and instruments needed to better manage the specificities of each case

“The dramatic growth of ultra-high net worth individuals in Asia is set to be reinforced by stellar growth rates in several countries, including Vietnam, which is expected to see its ultra-wealthy population rise by 170% to 540 over the next decade – the highest rate of growth in the world. Millionaire numbers are expected to jump from 14,300 to 38,600 over the same period.” This growth rate exceeds neighboring China and India.

(Knight Frank’s the Wealth Report)



SOCIALIST REPUBLIC OF



Population:  
**96.46 million**

Political System:  
**Single-party  
Socialist Republic**

Head of  
Government:  
**Prime Minister  
Pham Minh Chinh**

Head of State:  
**Nguyen Xuan  
Phuc**

Language:  
**Vietnamese**

Capital:  
**Ha Noi**

Currency:  
**Dong**

- Over the past 30 years, Vietnam’s average economic growth rate of 5.5% has been second only to China in Asia.
- According to PriceWaterhouse Coopers predictions, Vietnam will move from the 32nd largest economy to the 20th by 2050.
- Between 2002 and 2018, GDP per capita increased by 2.7 times.
- A young country—only 5.6 % of the population is aged 65 and older, and 42% is under 25.
- As of 8 June 2020, the National Assembly voted to pass and adopt the EU-Vietnam Free Trade Agreement (EVFTA) and the EU-Vietnam Investment Protection Agreement (EVIPA), which will considerably increase trade and investment for pharmaceutical/medicinal products and medical devices from the European Union, as the result of a 99% cut in tariffs and other trade barriers.





# X-RADIUS TRIO PLUS EVERY DIAGNOSTIC DIMENSION

## NOW AVAILABLE IN THE DC-READY VERSION

X-Radius Trio Plus represents the latest in 2D and 3D imaging technologies combined with ease of use across a vast range of applications. As a modular solution, the device enables countless upgrade opportunities and includes software developed together with university specialists and radiologists.

As of today, the DC-ready version allows dentists to integrate **new-generation direct conversion technology** both for PAN and CEPH sensors.

Superior clinical performance, superb image quality, with minimal radiation exposure to safeguard patient health in all possible ways.



**CASTELLINI**  
PASSION FOR DENTISTRY SINCE 1935  
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VISIT US: AEEDC Exhibition 1-3 February 2022 - Stand n. 7A05, 7B01, 7C01 - Uae International Dental Conference & Arab Dental Exhibition

**In Brief**

A Communist country since 1975, Vietnam moved from a closed, centrally planned economy, towards a globally integrated, socialist-oriented market economy. Continued strong economic growth, political stability, and a large population have combined to create a dynamic and quickly evolving commercial environment, resulting in a booming and optimistic middle class (rising from 12 to 33 million people) and affluent class, as well as in the emerging of young and dynamic small and medium-sized enterprises. **Its evolving health system is a mixed public-private provider**

**system based on mandatory social health insurance. Committed to achieving universal health coverage by 2030, today, 87.7% of Vietnam's population are covered by social health insurance with the Government's intent to reach 95% of Vietnamese population by 2025.** Major economic and political reforms have transformed the healthcare landscape of the country providing favorable growth opportunities. Despite low healthcare spending (6.8-6.9% of GDP), Vietnam has achieved remarkable population health outcomes. Oral health data is very scarce however, due to lack of dental profes-

sionals and resources, and a high prevalence of oral health problems among the population, Vietnam's dental care is mainly cure-oriented, less effort is made towards preventative or restorative dental services. Furthermore, the high prevalence of dental caries affecting younger generations will further strain the country's limited dental resources, inevitably increasing demand for dental services. Private dental clinics are increasing rapidly. Dental equipment is quite entirely supplied by imports as dental equipment manufactured domestically is limited to furniture and simple equipment.

Dentist to population ratio	1:25,000
No. of public dental clinics (or health facilities offering dental care), 2012	1,790
Dental schools	8
No. dental graduates per year	500

Prevalence of caries in general population	67%
Periodontal disease in general population	72%
Ratio of babies born with cleft lip and/or cleft palate	1:500
7-17-year-olds with dental caries	85%
2-6-year-olds with dental caries, 2015-2018	90%

Source: National Oral Health Survey, 2009

**Dentition Status of Adult Population (+ 18)**

	DMFT Average	Prevalence (%)
<b>Total</b>	<b>4.98</b>	<b>81.3</b>
Residential Status:		
Urban	6.14	84.7
Rural	4.87	80.3
Age group:		
18-34	3.29	76.2
35-44	4.69	82.3
45+	8.39	89.6
Last Dental visit:		
Never	4.00	74.5
2+ years ago	6.64	84.4
Past 2 years	5.72	91.4

DMFT=decayed, missing and filled teeth  
Source: National Oral Health Survey 1999

**Permanent Dentition Status of Vietnamese Children**

	Mean DMFS	Prevalence (%)
<b>Total</b>	<b>2.47</b>	<b>53.1</b>
Residential Status:		
Urban	2.70	55.1
Rural	2.40	52.6
Brushing Frequency (times/day):		
at least once a day	2.43	50.0
Two or more times a day	2.63	56.6
Age group (years):		
6-7	0.42	19.7
8-9	1.10	40.7
10-11	1.92	59.1
12-13	3.02	59.1
14-15	4.03	71.8
16-17	4.20	69.0
Last Dental visit:		
Never	1.84	48.4
2+ years ago	2.14	52.0
Past 2 years	3.86	60.7

Source: National Oral Health Survey 1999

# NEWTOM GiANO HR **DC III**

## PERFECT.VISION



## UNLIMITED DIAGNOSTIC POTENTIAL

Now even more powerful and versatile, the new **NewTom GiANO HR DC III** can generate an exhaustive range of ultra-high resolution, sharply detailed 2D and 3D images while safeguarding patient well-being thanks to the new PAN-CEPH direct conversion sensor. The three 3D configurations have been designed for easy expansion at any time and ensure the right solution is always to hand whatever your diagnostic needs.

**3D PRIME.** For all dental diagnosis and implant planning needs.

**3D ADVANCED.** From maximum endodontic resolution to complete otorhinolaryngology examinations.

**3D PROFESSIONAL.** To investigate the entire dental-maxillofacial area and cervical spine.

**SAFEBEAM™ TECHNOLOGY.** Low-dose protocols and servo-assisted alignment to protect patient health.

**EMISSIONS ADJUSTMENT.** Dosage adjustment on Patient-specific diagnostic needs.

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[www.newtom.it](http://www.newtom.it)

Cone Beam 3D Imaging  
**NewTom**  
what's next

Brunei Darussalam’s forward-looking oral health programs are a model for many countries, however, as in any healthcare system, the need for developments in oral healthcare provision must be balanced against the need to develop other core healthcare services. Nonetheless, efforts are continuously being made by Government for provision and quality of its oral health services. The Ministry of Health’s dedication to providing the best healthcare to its citizens is evident in their efforts.



Population:  
**433,285**

Political System:  
**Absolute monarchy**

Head of State and Head of Government:  
**His Majesty Sultan Haji Hassanal Bolkiah Mu’izzaddin Waddaulah (reigning since 1968)**

Language(s):  
**Malay, English**

Capital:  
**Bandar Seri Begawan**

Currency:  
**B\$ (Brunei Dollar)**

SULTANATE OF



**BRUNEI**

DARUSSALAM

- Brunei Darussalam (officially, *the Nation of Brunei, the Adobe of Peace, in Malay: Negara Brunei Darussalam*), a Sultanate with a Malay Islamic Monarchy, gained its independence from the U.K. in 1984

- The Sultan of Brunei is one of the world’s longest-reigning and few remaining absolute monarchs, implementing a combination of English common law and sharia law

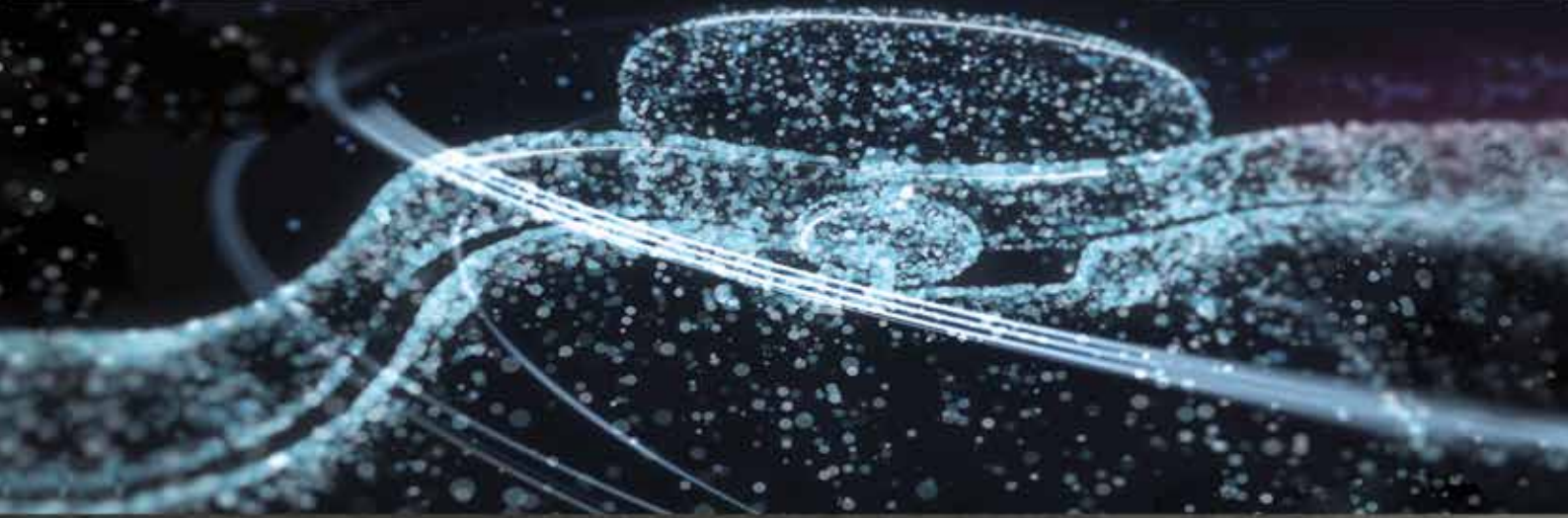
- Second-highest Human Development Index among the Southeast Asian nations, after Singapore

- More than 80% of the population, including the majority of Bruneian Malays and Kedayans, identify as Muslim

- Given that energy reserves are becoming depleted, the Government has been pursuing a policy of economic diversification, speeding up investments in the manufacturing and the service sectors, further marketing itself as a financial center and opening numerous tourist facilities

- Over the past two decades there has been an influx of foreign workers to Brunei making up around 40% of the country’s population





# S380TRC EXCLUSIVE INNOVATION.



Patient well-being, dental staff comfort and cutting-edge performance all come together in the new S380TRC. Exclusive ergonomics, technological innovation and a patient chair in a class of its own that simplifies dentist-patient communication.

Able to meet every specific clinical need thanks to the new control panel with 7" multitouch display, the S380TRC is perfection that just keeps getting better.

VISIT US: AEEDC Exhibition 1-3 February 2022

STAND N. 7A05, 7B01, 7C01

UAE INTERNATIONAL DENTAL CONFERENCE & ARAB DENTAL EXHIBITION



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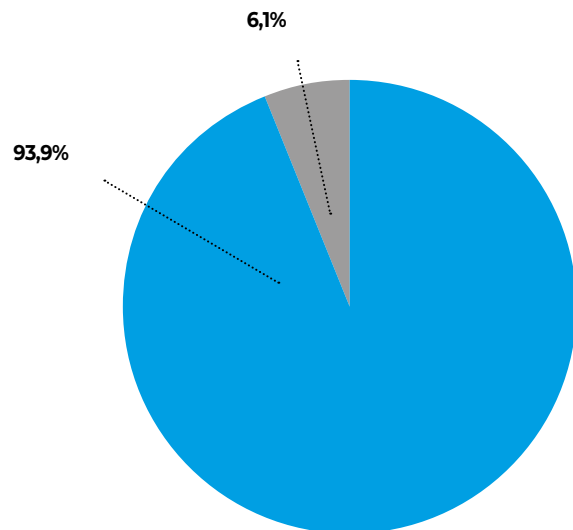
**In Brief**

Thanks to its plentiful reserves of oil and natural gas, Brunei's citizens enjoy one of the world's highest standards of living, boasting one of the highest per capita GDP in the world, including high standard healthcare and medical services provided by the government. Citizens pay no income taxes, and the Government guarantees free medical services and education up to university level and gives housing and rice subsidies. **The country instituted the single-payer universal healthcare for its citizens in 1958. Its health system**

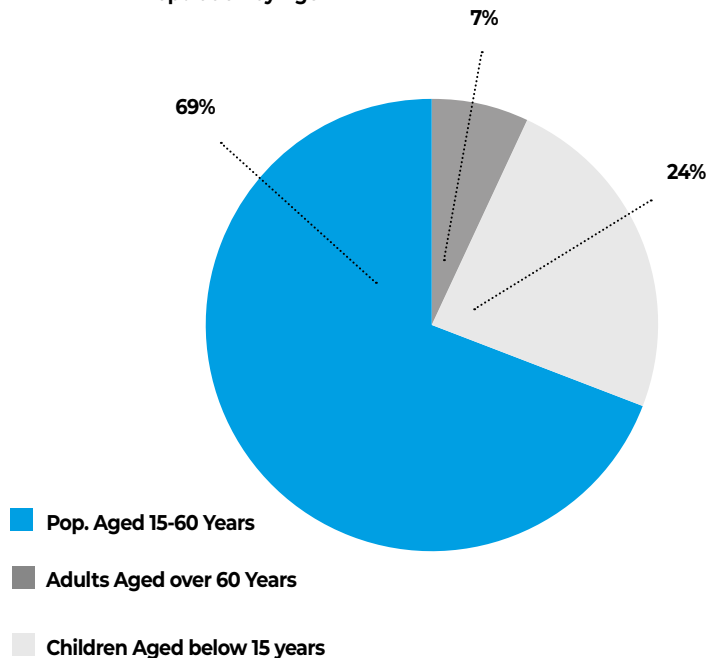
**is classified as a Beveridge Model, although funding comes from alternative government revenue sources and not citizen taxation.** Thus, public healthcare services, including oral health, are either free or offered by the government at highly subsidized rates, including medicines for inpatients and outpatients. Despite this however, only 30% of the population seeks dental treatment and, according to the National Oral Health Survey (2015-2017), two-thirds of the country's people suffer from untreated tooth decay. Oral hygiene practices are far from ideal

and oral health awareness is relatively low. Although growing, its private sector remains underdeveloped (3% of GDP), and private dental services are available at 2 private institutions, as well as 7 clinics, with most dental workforce working in the public sector. Great efforts are being made on several fronts to promote oral health. The country is a large importer, including of medical products. As Brunei's young population ages and requires medical care, the medical industry will be an important long-term growth sector for Brunei's economy.

**Public vs Private Share of Total Health Expenditure**



**Population by Age**



**Numbers of Specialist Dental Practitioners and Oral Health Workforce in Brunei Darussalam (2010)**

Orthodontics	6	Dental hygienists and therapists <sup>1</sup>	44
Paediatric dentistry	5	Dental nurses <sup>2</sup>	74
Oral surgery	4	Dental Surgery Assistants <sup>3</sup>	93
Prosthodontics	3	Dental laboratory staff <sup>4</sup>	38
Endodontics	2	Administrative and support staff <sup>5</sup>	45
Periodontics	2		
Restorative dentistry	1		

Note: <sup>1</sup> Dental Hygiene and Therapy training program, provided in conjunction with King's College London, UK. <sup>2</sup> School dental nurses are qualified to provide primary dental care to children, working predominantly in school-based clinics. <sup>3</sup> Dental surgery assistants support dentists, dental therapists, dental hygienists and dental nurses in the provision of dental services. <sup>4</sup> Including 19 technicians, 7 technologists, 9 trainee technicians and 6 possible future trainees. <sup>5</sup> The delivery of dental services by the Ministry of Health in Brunei Darussalam is supported by an administrative and support staff, Chief Executive Officer, hospital administrator, reception staff and attendants who serve as clinical assistants and 'runners' in major dental clinics.



**Dentist-Population Ratio in Brunei Darussalam (as of 2015)**

Total no. of dentists	between 94-106
Total dentist : population ratio	1:3670
Bruneian nationality	59% approx.
Local dentist : population ratio	1 : 5202
Other nationalities	41% approx..
Female dentists	71%
Male dentists	29%



AGE	DMFT** 1999	DMFT 2015-2016	ORAL HEALTH STATUS Brunei Darussalam National Oral Health Survey 1999	ORAL HEALTH STATUS Brunei Darussalam National Oral Health Survey 2015 - 2016	ORAL HEALTH STATUS Civil Services Employees Brunei Darussalam 2008*
5 to 6 years	7.1	5.1	11.3% caries-free	25.9% caries-free	-
12 years	4.8	0.9			-
35 to 44 years	14.4	9.7	1.7% caries-free		DMFT 9.9

Notes: \*In 2008, an Integrated Health Screening Program for Civil Service Employees was conducted. DMFT score for 35-44-year-old was recorded as 9.9, with 50.3% of teeth extracted.

\*\*DMFT= D-Decayed; M-Missing; F-filled; T- Teeth.

Source: Ministry of Health of Brunei - [http://www.moh.gov.bn/SitePages/MRA\\_oralHealthStatus.aspx](http://www.moh.gov.bn/SitePages/MRA_oralHealthStatus.aspx)



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Population:  
**108.1 million**

Political System:  
**Presidential, representative, and democratic republic**

Head of State and Head of Government:  
**President Rodrigo Roa Duterte**

Language(s):  
**Filipino, English, Spanish**

Capital:  
**Manila**

Currency:  
**Peso**

REPUBLIC OF THE



**PHILIPPINES**

- Thirteenth most populous country in the world.
- Currently one of Asia's fastest-growing economies, a strong performer in the Region, trailing only China and Vietnam.
- Thirty-ninth largest economy in the world, according to IMF statistics, also considered to be one of the emerging markets.
- Categorized as a newly industrialized country, it is transitioning from one based on agriculture to one based more on services and manufacturing.
- Per capita health spending, US\$ 328.9.
- Health Expenditure as % of GDP is 4.7%, compared to 2.9% in Indonesia, 4.3% in Thailand and 6.9% in Vietnam.
- Second worst rate of decayed, missing and filled teeth in Asia, next only to Brunei.





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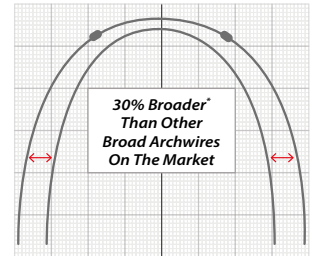
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**In Brief**

The Philippine health system is characterized as a dual health system composed of the public sector and the private sector. The public sector is largely financed through a tax-based budgeting system, where health services are delivered by government facilities. The private sector is largely market-oriented where healthcare is generally paid for through user fees at the point of service. **The introduction of a compulsory Social Health Insurance (PhilHealth) in 1995, and its recent rapid expansion, is seen as a positive development in terms**

**of achieving Universal Health Coverage. PhilHealth reportedly covers 92% of the population, 40% of which is the poor population and subsidized by the Government for premium payments.** Covered services are focused on inpatient care and inadequate outpatient care that only covers the poor members of PhilHealth, with out-of-pocket payments continuing to be the dominant source of financing for healthcare (53.7% of total expenditure). Updated dental statistics and data are lacking however, there is a shortage of dentists and dental services in many parts of

the country. Even if basic dental care services are offered by local governments, a 2011 national survey found that 77% of Filipinos had never been to a dentist, mainly due to limited access to oral hygiene, a general lack of awareness and for economic reasons. This behavior further justifies the 9 million denture wearers in the country, particularly partial dentures, the highest number in Asia. A growing issue is lack of oral care among the youth. The Philippines are far behind other countries in the Western Pacific Region as regards prevention and basic oral care.

Never been to the dentist	77% of population
Suffering from dental caries	87%
Visit a dentist only when pain is experienced	53%

Source: National Oral Health Survey, 2011

Children aged six and below with some form of tooth decay	97%
Average decayed teeth in six-year-olds	8
Six-year-olds that have never been to a dentist	20%
Children under 12 years with some form of tooth decay	78%
12-year-olds suffering from gingivitis	74%

Source: Philippine Dental Association



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The quality of health in Cambodia is rising along with its growing economy. The public healthcare system has a high priority from the Cambodian government, and with international help and assistance, Cambodia has seen some major and continuous improvements in the health profile of its population since the 1980s.



THE KINGDOM OF



# CAMBODIA

Population:  
**16.49 million**

Political System:  
**Constitutional monarchy with a unitary structure and a parliamentary form of government**

Head of State:  
**His Majesty King Norodom Sihamoni**

Head of Government:  
**Prime Minister Hun Sen Sihamoni**

Language:  
**Khmer**

Capital:  
**Phnom Penh**

Currency:  
**Riel**

- Cambodia is no longer a country emerging from conflict. The extended period of relative political stability in the wake of the 1998 election has provided a basis for significant and consistent economic growth.
- With strong garment production and tourism industries, Cambodia's average GDP growth rate is predicted to be around 7%.
- A young population, with a third of its citizens under the age of 15. However, falling fertility rates will limit population growth in the future and is expected to transition to an ageing population by 2050.
- Poverty rates decreased from 50% to under 20%, but the availability of quality healthcare remains low.
- Total healthcare expenditures account for approximately 6% of Cambodia's GDP and is increasing in the country's high-growth economy.
- The Cambodian population and healthcare system struggles with many of the diseases common to the Tropics, in particular in rural areas. In addition, malnutrition of children has long been a major problem.



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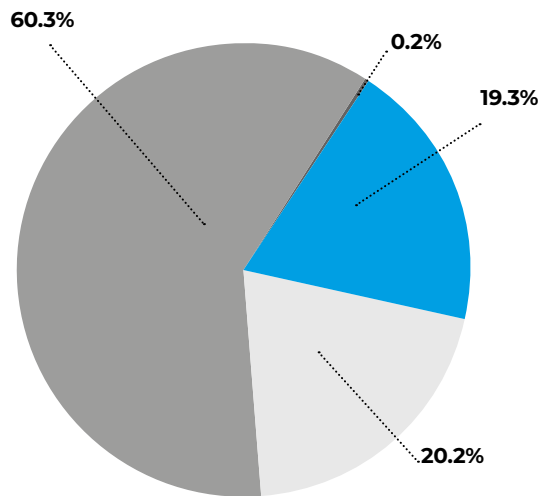
**In Brief**

Starting in the 1990s, the Ministry of Health (MoH) worked with several international development agencies to reform the country's healthcare system. **Unlike most other developing countries, Cambodia has taken the first step on the path to expanding coverage not by providing social health insurance for civil servants and private-sector employees but with coverage of the poor, by implementing social health programs such as Health Equity Funds, voucher schemes, voluntary community-based health insurance, as well as private**

**insurance.** Since then, the MoH is climbing steadily toward obtaining universal health coverage, but the stairs are long. Public healthcare, including basic oral care, is theoretically free for all citizens, but in fact there are many charges for services, and when supplies are unavailable in hospitals or clinics the patient must purchase them on the open market, resulting in high out-of-pocket spending by patients. One consequence has been the rapid growth of a disparate and loosely regulated but extensive sector of private healthcare providers. While the public sector is dominant in the promotion

and prevention for essential reproductive, maternal, neonatal, child-care health and communicable diseases control, the private practitioners remain particularly frequented for curative care, inevitably leaving many people without access to affordable basic services, including dental care. Many dental nurses have recently been trained to provide dental care at community level, and several hundred medical nurses have also been trained to provide basic oral healthcare in rural areas. In the private sector, dental clinics are concentrated in Phnom Penh and other large towns.

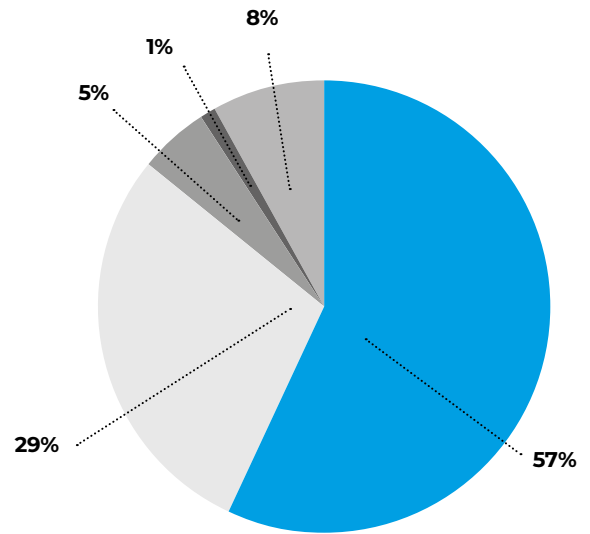
**Share of Total Health Expenditure by Funding Source**



- Government budget
- Official Development Assistance
- Out-of-pocket expenditure
- Health insurance

Source: National Health Accounts, Ministry of Health

**Utilization of In- and Outpatient Services, By Sector**



- Private sector
- Public sector
- Non-medical sector
- Outside the country
- Did not seek treatment

Source: CDHS 2010 (NIS, 2011); data reflect usage in the 30 days prior to the survey

**Licensed Private Healthcare Institutions**

Type of facility	Institutions licensed by Ministry of Health	Urban Location	Rural Location
Dental consultation cabinet*	368	na	na
Dental clinic	39	39 (100%)	0 (0%)

Note: "Cabinet" refers to private consultation rooms without inpatient capacity  
 Source: Bureau of Ethics, Hospital Services Department, Ministry of Health



	Total Number	Ratio per 10 000 pop.
Dentists	223 - 258	0.16
Dental assistant	65	0.05
School of dentistry	2 (Public)	4 (Private)

Source: MOH Health Workforce Projection Plan 2012-2020; Cambodia Health Staff Projection Tool, 2010, 2011. MOH Personnel Department.

### National Oral Health Survey, 2011

Prevalence of dental caries in 6-year-olds	93.1%	9.0 mean DMFT
Prevalence of dental caries in 12-13-year-olds	80.1%	3.8 mean DMFT
Prevalence of dental caries in 35-44-year-olds	80.4%	5.6 mean DMFT

### Oral Health Behaviors in 6-year-olds

Not brushing teeth	54.0%
Eat sweets every day	47.4%

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In the 10 years before the coup, during which the military shared power with elected civilian leaders, Myanmar made significant improvements to its healthcare system, especially in preventive care. But as the military seized power many of these gains have been lost.



Population:  
**54.05 million**

Political System:  
**operates de jure as a unitary assembly-independent republic under its 2008 constitution. On 1 February 2021, Myanmar's military took over the government in a coup. Anti-coup protests are ongoing as of 24 February 2021**

Language:  
**Myanmar**

Capital:  
**Nay Pyi Taw**

Currency:  
**Kyat**

REPUBLIC OF THE UNION OF



- Nearly a year after the military seized power in Myanmar, people are struggling to access healthcare.
- Hospitals are closed or occupied by the military and many facilities are severely understaffed, while COVID-19 remains a threat.
- The economic fallout of the military takeover has also resulted in reduced or uncertain access to services, including healthcare and clean water.
- The average health expenditure per person in Myanmar reached just over 58 U.S. dollars in 2019. This was more than a four-fold increase from 2009, in which the health expenditure per capita was approximately 14 U.S. dollars.
- The latest Integrated Household Living Conditions Survey of Myanmar indicates that one in every four citizens of Myanmar is considered poor.
- Despite increases in funding, the country still falls behind other ASEAN nations in terms of its health expenditure and health outcomes.



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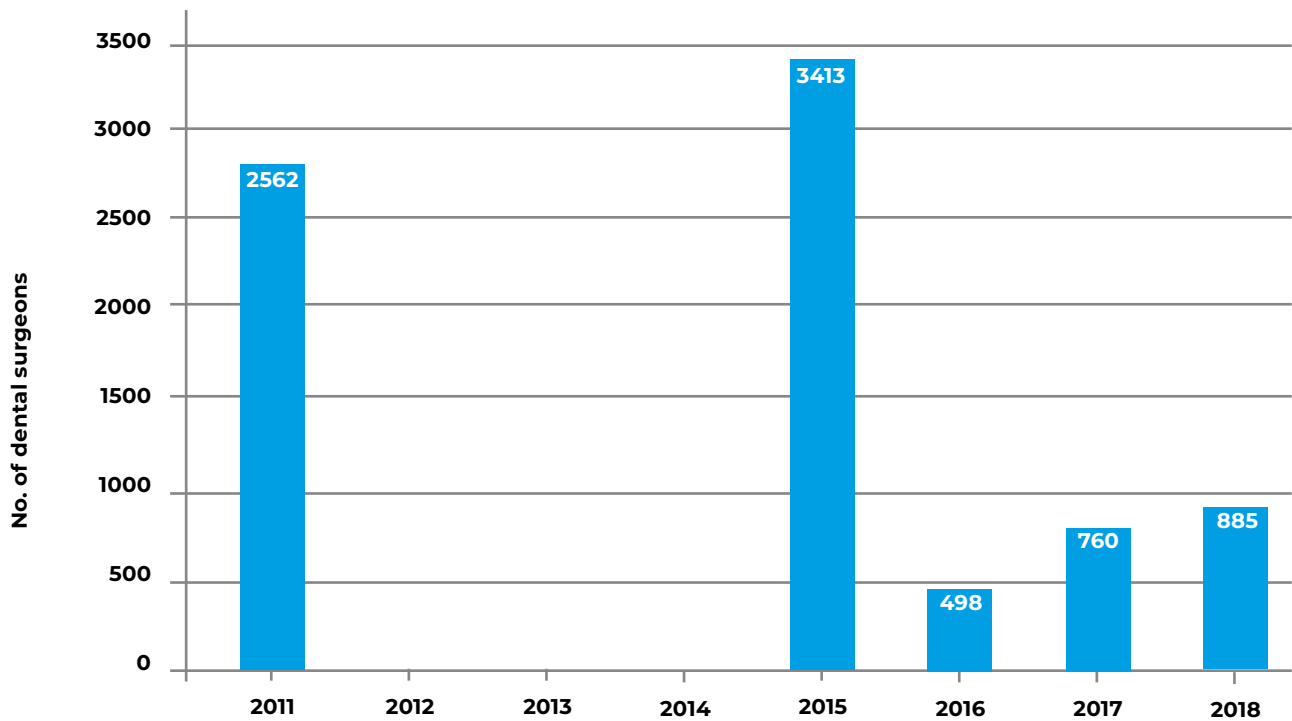
**In Brief**

Myanmar, a country which has faced political and social instability, has been striving to improve all aspects of its economy and society and has attempted to make progress in reforming its healthcare system with varying results. **The health system comprises a pluralistic mix of public and private systems both in financing and provision and public healthcare accounts for around 80% of all hospitals and clinics. Nonetheless, high user fees for public services and considerable out-of-pocket payments in private care – which have traditionally accounted for**

**around half of total health expenditure – pose considerable financial risk to demographic groups across the population.** Government is implementing three national health plans to lead the country towards the goal of universal healthcare by 2030, to grant the entire population access to a basic package of essential health services and lessen the financial burden on citizens. Even if the number of hospitals and doctors have increased, access to medical facilities and personnel can be particularly challenging in remote areas, given that these areas are home to around 70% of Myanmar’s population. Yet another

challenge resides with the drastic drop in the number of midwives, nurses, and dental surgeons. Dental health services are provided by both the public and private sectors, but dental surgeons are more in the private sector. Locally produced fluoride toothpastes are available everywhere at prices affordable to most people, including those in low socioeconomic strata. As Myanmar approaches months of military rule, in the aftermath of the military coup on 1 February, public health services remain severely disrupted, and the breakdown of its public healthcare system is taking a greater toll.

**Number of Dental surgeons in Myanmar from 2011 to Sep. 2018**



**Regional Oral Health Survey (study group)**

DMFT in 12-years-olds	0.8%
DMFT in 35–44-year-olds	2.94%
DMFT in 65–74-year-olds	6.94%
Bleeding and calculus scores in adolescents	>80%
Shallow periodontal pockets among 65-74-year-olds	20.4%
Deep periodontal pockets among 65-74-year-olds	10.4%

No. of dental tech. and assistants, 2010-2011	287
Ratio per 1000 population	0.01

Source: MOH (unpublished data, 2012).

Note: Instead of a national-level oral health survey, regional oral health surveys are conducted annually in selected regions. Myanmar Dental Association in collaboration with Asia Oral Health Promotion Fund (Japan) conducted the Pathfinder Oral Health Survey during 2006–2007 in Yangon, Mandalay, Magwe, Taunggyi, Pa-an and Mawlamyaing townships to obtain oral health data representative of the delta, central, hilly regions, and coastal areas DMFT= Decayed, missing or filled teeth

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# LAO

## PEOPLE'S DEMOCRATIC REPUBLIC

Population:  
**7.169 million**

Political System:  
**One-Party socialist republic**

Head of State:  
**Thongloun Sisoulith Sihamoni**

Head of Government:  
**Phankham Viphavanh**

Language:  
**Lao**

Capital:  
**Vientiane**

Currency:  
**Kip**

- Although a small country, Lao People's Democratic Republic has a fast-growing economy with average annual GDP growth of 7% over the past decade.
- Poised to become a major energy producer in Southeast Asia with its hydroelectric power projects. Additionally, the Laos-China railway will be completed by 2021, further accelerating Laos' economic growth.
- Although there have been significant improvements in the country, Laos still has a developing healthcare system. With weaknesses in financing, health records, infrastructure, and management of health services, medical care remains inadequate and unevenly distributed.
- Approximately 80% of the population live in rural communities and work in agriculture, and Laos is comprised of small villages clustered into various districts.
- Its total healthcare spending is predicted to rise as the economy grows. Thus, the country presents an opportunity to get involved early in the process to establish medical technology and networks that will be essential in the future.
- Composed of many minority ethnics, widely distributed throughout the nation. These characteristics sometimes influence various aspect of culture, languages, and sense of values towards health.



**In Brief**

As one of the poorest countries in South-East Asia, Laos has some of the lowest health indicators in the region and prevalent social protection gaps, leaving many households vulnerable to the impacts of ill health and accidents. This is exacerbated by widespread informality, which characterizes 80% of the workforce in the country. However, despite the scale of the challenge, Laos' social health protection landscape has undergone dramatic changes over the years. **In an attempt to address high out-of-pocket expenditure, that excluded many from access to treatment, the Government initiated va-**

**rious social health protection schemes, culminated into a unified tax-based National Health Insurance system, in line with the country's ambitious goal to achieve universal health coverage by 2025.** Thanks to increased Government subsidies in under 10 years, the percentage of the population covered by a social health protection scheme rose from 10.5% to 94.3%, with low co-payments and some exemptions. However, the healthcare provided at the local level often struggles from a lack of qualified staff, inadequate infrastructure, and need for an affordable device and drug supply. The small amount of data recorded show a lar-

ge range in oral health problems among adult population and children due to a lack of appropriate strategies, clear priority, financial resources, effective preventive measures, and knowledge on oral health by the Lao people. Because of poor conditions of medical and dental institutions in rural and local areas, many people are still relying on traditional medicine, inevitably contributing as substitute to licensed dentists in areas where they are not available. A study on Lao school children reported high prevalence of untreated dental caries, with restorative level of dental care less than 0.7% for all age groups, with the majority of visits prompted by toothache.

No. of dentists, 2012	225
Dentistry personnel density (per 1000) pop., 2014	0.051
No. of Dental Schools	1

Source: WHO Health personnel

**Pilot Pathfinder Survey on Children's Oral Health in Laos**

	Caries prevalence	Mean DMFT	Total no. of decayed teeth (primary and permanent)
11-12-year-old age group	76.8%	1.44	2.84
5-7-year-old age group	93.6%	8.15	
8-10-year-old age group	92.7%	4.38	

January 2010, An oral examination, following WHO guide-lines, was performed on 289 school children aged 5-12 years in Vientiane, Laos  
 Source: <http://www.stichtingbridgethegap.nl/website/wp-content/uploads/2015/06/Pilot-survey-on-dental-health-in-5%E2%80%9312-year-old-school.pdf>

*Infodent International dedicates this section to non-profit social communication. Those wishing to support any of these initiatives can get in touch with them by using the contact details indicated at the end of each article.*

## Beirut Emergency Dental Clinic



Lebanon is home to some 8 million persons, with the highest number of refugees per capita in the world. The Lebanese healthcare system and social security fund does not cover dental care, and, as such, these services are always covered from out-of-pocket payments. With the rise of poverty due to the influx of refugees over the last decade, the economic crisis, COVID-19 pandemic, and its heavily reliance on importation of dental medicine products, more than half of the residents of Lebanon cannot afford to visit the dentist. Additionally, the devastating explosion that occurred on the 4th of August 2020, in Beirut's port, left many who suffered from oral trauma without access to professional dental care.

Since mid-2017, Dental Mavericks has been bringing quality dental care to Lebanon to alleviate the suffering of the protracted displacement of Syrian refugees and to the vulnerable members of host communities.

In 2020, Dental Mavericks faced a new challenge: to provide dental care to the most vulnerable in a safe environment during the COVID-19 pandemic. Since outreach projects inside community centers and schools were unable to grant enough protection for both the dentists and beneficiaries, Dental Mavericks introduced a new project called "Emergency Dental Clinic in Beirut", where patients are currently being treated inside existing dental clinics with proper COVID-19 precautions.

When it began, this project reached out to victims of the explosion in Beirut, who suffered from trauma to their mouth or lost their dentures, but soon after, the service became accessible to everyone negatively impacted by the economic crisis in Lebanon, and who can therefore not afford dental treatment. Between September 2020 and May 2021 we gave to our beneficiaries 1,223 free



appointments, with patient satisfaction rate above 90% in all categories measured (e.g. empathy, cleanliness, comfort). The services offered through the Beirut Emergency Clinic is a result of collaboration with private dental clinics in Beirut.

The patients first register with Dental Mavericks and undergo a telephone consultation (a COVID-19 precaution), following which they receive an appointment. We are currently collaborating with two private dental practices in Beirut, and a group of local dentists. Dental Mavericks cover the cost of personal protective equipment (PPEs), dental supplies and small consultation fee. The treatments offered to beneficiaries include: extractions, composite fillings, root canal treatment, pulpotomy and aim to relieve pain and remove major sources of infection to prevent future exacerbation of symptoms.

Dental Mavericks Emergency Dental Clinic project in Beirut fills the gap within the health sector which gives negligible attention to granting access to dental care in humanitarian crises. Even though, untreated dental caries in permanent teeth occur in 2.3 billion people and more than 530 million children suffer from untreated dental caries in their primary

teeth, up to this date there is no funding available from big donors for oral care and big international NGOs do not include the provision of dental care in their programs. This project is financially sustained with four major sources of financing: private donations, sponsorship program, fundraising campaigns, and grants (Choose Love, Caritas Poland).

### **Dental Mavericks:**

#### **Our Mission Statement**

*Dental Mavericks (DM) is a charitable dental relief organisation registered in the United Kingdom with ongoing operations in Morocco and Lebanon, supporting vulnerable communities. Since 2010, the central goal and mission of Dental Mavericks has focused on making dental care accessible to vulnerable populations deprived of it, and more broadly, promoting oral hygiene education and practice.*

*Our priority is to address root causes and take people out of dental pain. In all areas of Dental Mavericks activities, we champion an ethos of high-quality care that is patient-led and dignified.*

**Phone + 44 (0)113 8270160**

**Email: [kerri@dentalmavericks.org](mailto:kerri@dentalmavericks.org)**

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A white dental X-ray machine, the Hyperion X9 pro DC III, is shown from a three-quarter perspective. It features a large, adjustable patient chair, a central column with a control panel and a tablet, and two large, adjustable X-ray heads. The machine is set against a large, circular purple background that is part of a larger white circular frame.

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