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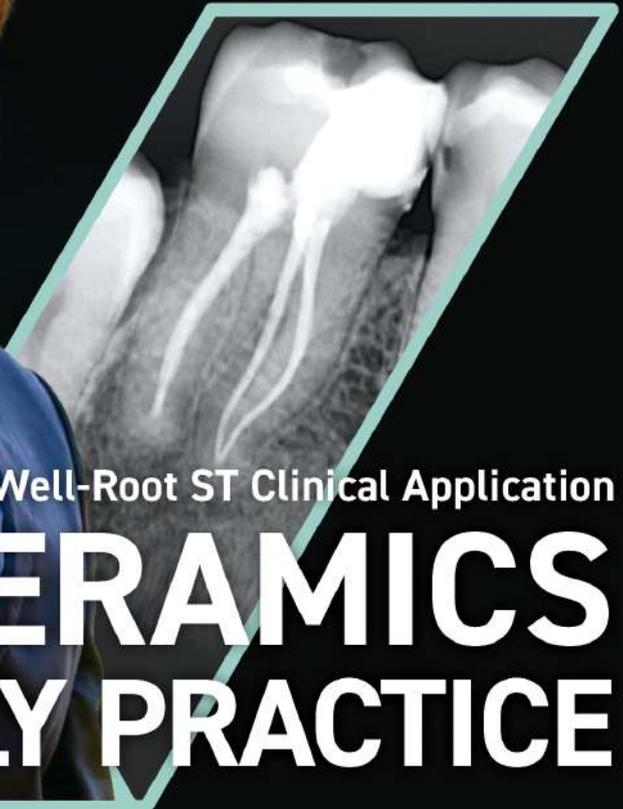
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AEEDC 2025
04-06 February



Speaker Info

Dr. Mina Moheb

- Endodontist
- BDS, MSc October 6 University
- Bioceramics developer & researcher
- Endodontics private practice
- Cairo University



Well-Root PT & Well-Root ST Clinical Application

BIOCERAMICS IN DAILY PRACTICE

1st

February

04, TUE

11:30

2nd

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14:30

3rd

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Seminar Subjects

- Bioceramic sealers in daily practice
- Introduction of Well-Root PT, Well-Root ST
- Challenges & Successful Application Methods
- Application for various clinical cases
- How Hydraulics changed our practice.
- Saving Compromised teeth.



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The Durgapur Cleft Center
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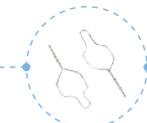
Mini Screw



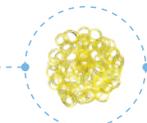
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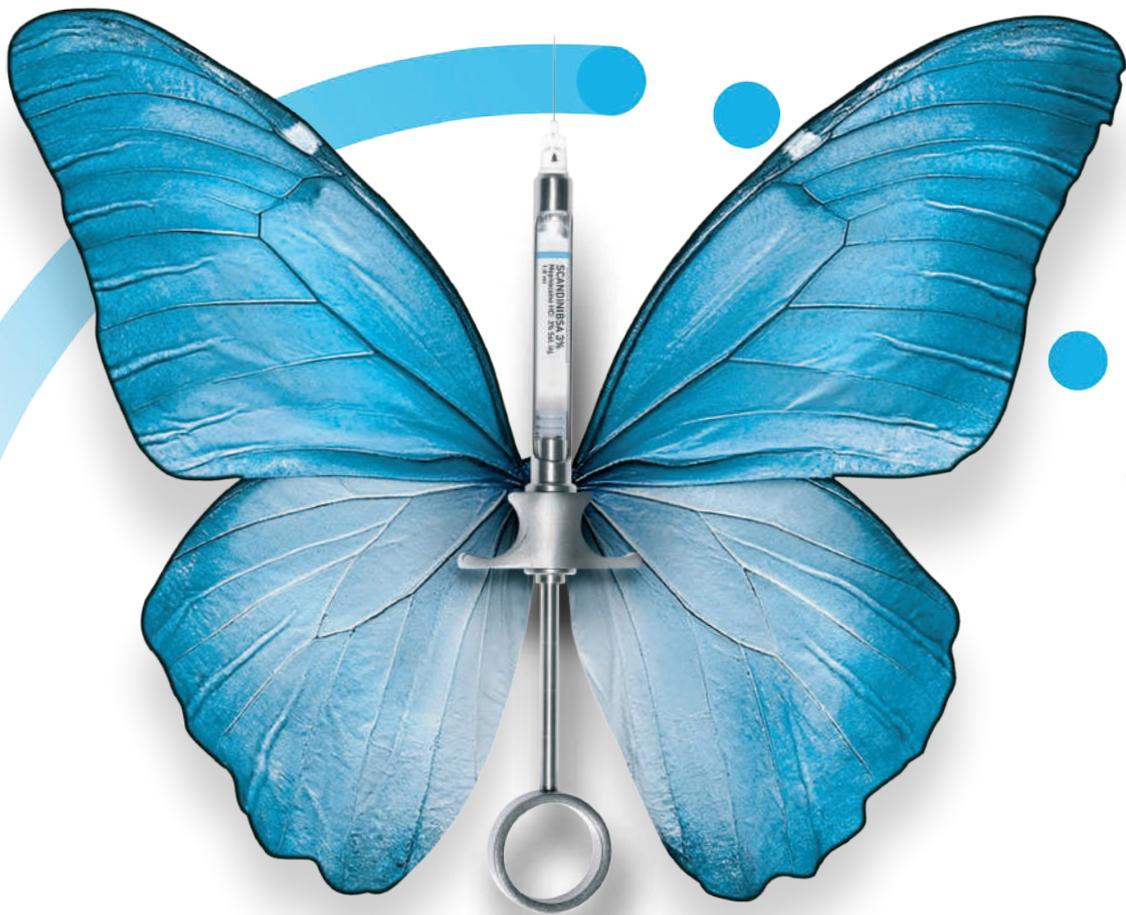
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For sure, trade shows present a unique opportunity for businesses to showcase their products and services, while making valuable connections and reinforce existing relationships. While digital programs can bring together global experts and peers, 95% of marketers say in-person events are vital to fostering real-life connections with target audiences. B2B trade shows offer companies the opportunity to debut new products and services, enhance brand awareness, examine the offerings of competitors and industry leaders, introduce new products and services and showcase latest innovations. All in one location. In addition, individuals can gain valuable knowledge and insights by attending educational sessions and visiting vendor booths. A valuable strategy for businesses' growth.

But the journey to trade show success begins well before the event doors open. Engaging with customers and prospects needs to start well before the event itself. To maximize the benefits of trade show participation, it's essential to put a strategic plan in place. If a given trade show isn't pre-planned, it's doomed to fail. A well-thought-out strategy is the key to a successful trade show, it can significantly impact your success and return on investment. It involves careful planning, engaging activities, and effective market research. By preparing ahead and knowing what to expect, you can maximize your interactions with attendees and gain insightful data.

Do you organize a big party without sending out invitations? Pre-show marketing is crucial for ensuring that potential customers and partners know you will be there. But it isn't just about getting attendees to visit your booth. It's about engaging them, stimulating their interest, and encouraging them to seek you out on the show floor. Utilize paper and digital media to announce your participation, to generate excitement. Post regular updates about your preparation, and let attendees know what they can expect at your booth. Live streaming, interviews and posting real-time updates can attract spontaneous visitors to your booth. Using email newsletters to offer exclusive previews or teasers of new products can create excitement and draw in a crowd. It is crucial to

promote events, to arrange appointments with dealers, or to set up one-on-one meetings with sales reps well ahead of time.

But marketing doesn't end after the show. Think about the day after a big party. Do you simply put away the decorations and forget about the connections you made? No. A good host sends thank-you notes, expresses gratitude, and keeps the conversation going. The end of the trade show should not mark the end of your engagement with attendees. Transition the conversation to digital platforms to maximize your reach and maintain the momentum. Use email campaigns to follow up with leads, sharing valuable content such as whitepapers, case studies, product highlights, videos or webinar invitations.

Following up with leads generated at the show might seem easy, but it takes a strategic effort to convert them into customers. Customize communication and focus on a human touch. Connect with a personalized message, suggest a way to reconnect after the show and follow through to make it happen. Individualize communications and content. Trade shows are rich in content opportunities. Capture behind-the-scenes footage, interviews with staff and customers, and snippets from keynote speakers or panel discussions. This content can be repurposed for blog posts, social media updates, and future marketing campaigns.

Paper or e-magazine can keep your conversation going with insights and valuable content. Videos are highly effective in engaging audiences and building trust, showcasing your booth's highlights, products and activities. Sharing these videos on your social media channels, website or by newsletter can extend the reach of your trade show presence far beyond the event itself. The goal of post-show communication is to develop a relationship and demonstrate your value.

Maximizing your trade show presence is not just about the immediate impact but also about leveraging the experience for long-term benefits. By integrating pre-show marketing, effective lead capture, engaging booth activities, and post-show follow-ups, you can create a comprehensive strategy that enhances your brand's visibility, generates quality leads, and builds lasting relationships. Remember, a successful trade show experience is a blend of meticulous planning, innovative engagement, and continuous conversation, both offline and online. Blending human touch with intelligent marketing can transform trade shows into a powerhouse tactic for long-term growth, partnerships, and results. ●

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8th biggest world economy and 3rd largest in the Eurozone, Italy is not only a cultural superpower and home to world-renowned fashion brands and exquisite foods, but also a world leader in many important sectors, among them pharmaceuticals, medical, biomedical and dental products. It holds the second largest manufacturing base in Europe, after Germany, with a strong integration within the EU value chain. Thanks to its experience and the unique features of its productive fabric, Italy can be a strong and reliable partner on the path towards a long and sustainable future.

According to the Italian Medical Devices Association, with its 4,449 companies and 118,837 employees, representing 15.1% of total employees sector, the Italian medical device sector generates a market worth 17.3 billion euros, between exports and domestic market. 4.5% of these companies are in the dental sector. The medical device sector is a very heterogeneous, highly innovative, and specialized sector, where small companies coexist with large groups. The sector is characterized by a strong prevalence of SMEs (almost 94% of the total) covering 13 main sectors, leading to a high level of product differentiation, basic for the development of healthcare and the Italian economy. There is a total of 297 start-ups and 177 highly innovative and qualified SMEs active in the sector.

International trade sees the USA regaining a leading role, after the pandemic phase in which imports from China intensified. Exports to the USA increased by 24.4%, while imports from China decreased by 5.4%. Main export countries are the USA, Germany, and France, while the main import countries are the Netherlands, Germany, and Belgium. Specifically, according to data published by the Italian Dental Industry Association (UNIDI), Italian dental exports, almost entirely

made of Italian producers (96%), have more than doubled in the last 10 years, reaching 914 million euros in 2023, from 884 million of the previous year, with clinical and lab equipment representing the highest percentage in exports (57%). Consumer products, particularly in the chemical field, have also a strong export relevance. Increases in exports are also being witnessed in pharmaceuticals and implantology, while the digital segment, together with aesthetics, is forecasted to remain a driver of market growth.

The extraordinary performance of the Italian dental industry is strongly connected to the strength of the “Made in Italy” worldwide, with a 1.34 billion euros (ex-factory value) turnover worth of dental production, 64% of which is exported. The average compound annual growth rate (CAGR) of 6% between 2011-2022 underlines the constant growth of the Italian dental industry production value, especially if compared to other countries. The EU remains the main export area, especially for dental equipment, with 63% of total exports, mainly France, Spain and Germany, while the Asia Pacific area, more attracted by consumables, represents 14% of total exports. North America receives 9% of Italian dental exports.

To be noted is the total dental market size (sell-out value), worth 1.67 billion euros, 63% of which is made up of imported products. In this case, sales from international manufacturers are added to domestic production, representing total purchases of dental practices and dental laboratories. Almost one third of the market value comes from the growing digital world, with its products, software and accessories. With an average 2011-2022 CAGR of 3%, the total domestic market for products, equipment and services demonstrates reliability and solidity. ●



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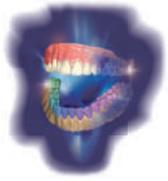
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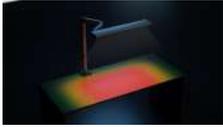
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- **3D Reconstruction Algorithms:** Guarantees consistent diagnostic accuracy.
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Clinical Applications

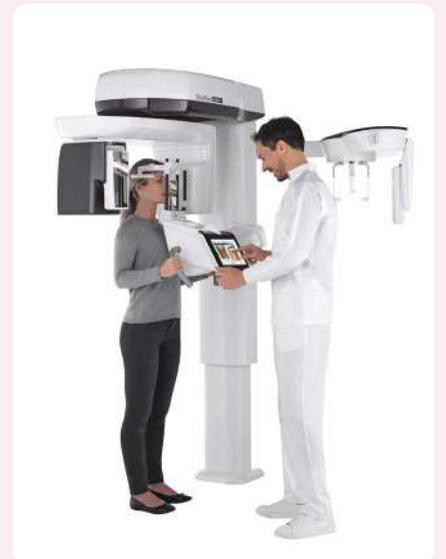
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Conclusion

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Topic: Shaping and Empowering The Clear Aligner Ecosystem
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"LUXEN" is coming to Europe

● DENTALMAX

DENTALMAX, a prominent Korean zirconia block manufacturer, commands a dominant position in Korean market. Renowned for natural-like tooth shades zirconia blocks, backed by over a decade of experience. DENTALMAX has garnered widespread acclaim in Korean and Japanese markets.

The 1200+600Mpa multi-block balances aesthetics and stability with different transparency and strength for dentin and incisal, suitable for anterior-cases. 1100Mpa multi-block offers 45%-42% transparency from dentin to incisal respectively, suitable for every case.

"LUXEN" is renowned for its natural gradient, unlike others that just increase layers. Enabling dental technicians to express shades without additional work is quite competitive.

"LUXEN" is also famous for its high resistance to fractures, due to extensive expertise, high-quality materials, distinguishing it from Chinese blocks.

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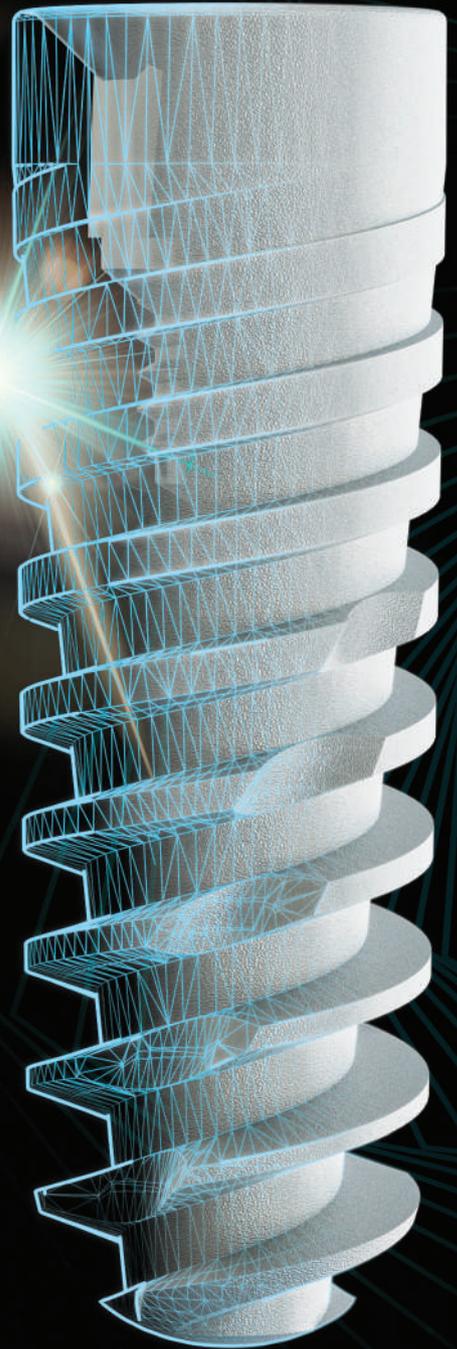
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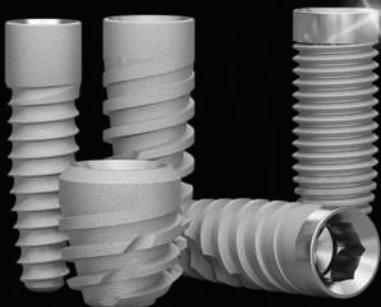
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MyScan a leap into the future



Available in both cabled and cordless versions, MyScan is an innovative AI-powered intraoral scanner that delivers a revolutionary digital workflow.

Unparalleled autonomy

MyScan WL (wireless version) is the first scanner with instant-start wireless charging, providing an autonomy of approximately 60 cases per single charge. It obtains high-definition images with an accuracy of 20 μm for a complete arch. Images can be displayed in 2 modes: with realistic colours to engage the patient or with super-sharp definition to investigate the oral cavity in the finest detail. AI-assisted image capture speeds up scanning and allows automatic real-time removal of soft tissue, artifacts or duplicates.

Ergonomic and practical

MyScan is extremely comfortable to use, with the cabled WR version weighing just 175 g. Thanks to the integrated gyroscope, no mouse or keyboard is needed to manage image capture flows: everything can be done with the handpiece as if it were a remote control. On the WL version, the absence of any cable conveniently lets you use the instrument on multiple workstations.

Advanced connectivity

MyScan lets you take advantage of the cloud and manage data wherever you are. Applications can be updated and new ones installed via the APP Store. You can complete the digital workflow with special plug-ins for the integration of 3D printers or third-party services. ●

For further information:

MyScan WL: www.myray.it/it/scanner/myscan-wl

MyScan WR: www.myray.it/it/scanner/myscan-wr



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Interview with Novica Savic, chief commercial officer (CCO) and managing director at exocad



Novica Savic
Chief commercial officer (CCO) and managing director at exocad

Come to IDS 2025 for a glimpse of the future!

exocad, an Align Technology Inc. company and one of the leading providers of dental CAD/CAM software, will present the next level of dental CAD design at IDS 2025. Novica Savic, chief commercial officer (CCO) and managing director at exocad, explains in an interview what lies behind this announcement and why IDS is an important trade fair for exocad.

What trends do you expect to see at IDS 2025, Mr. Savic?

N. Savic: The digitalization of dentistry will be a major topic with new digital technologies and, above all, new AI functionalities. On the equipment side, intraoral scanners (IOS) and 3D printers will again be the trend. Both scanners and 3D printers can be expected in all price and quality segments, which includes some new players on the market. I am looking forward to seeing the current state of development of multicolor printers.

Throughout the year exocad is present at many trade fairs around the world. What relevance does IDS have for your company?

N. Savic: IDS is highly relevant not only for us but for all dental manufacturers that operate internationally. This trade fair has always been the technology and performance showcase of the global dental industry. This is where the next innovations to arrive on the market are presented. In addition, visionary outlooks on the future of dentistry are shown at IDS. All this makes this event the leading global trade fair for our industry.

What is exocad's focus for IDS 2025?

N. Savic: The focus is interdisciplinary treatment methods. At this IDS, we will demonstrate new approaches to how exocad software solutions can take minimally invasive dentistry to a whole new level. Together with several partner companies, we will present innovative concepts designed to inspire. All I can say is: come and see the future and experience the next level of CAD design. At IDS 2025, we will show our

leading role in the dental CAD software segment.

Where will exocad's booth be located at IDS 2025? Will you present yourself to visitors with an open or closed concept?

N. Savic: As in 2023, our stand will once again be in Hall 1, close to Align Technology, allowing participants to experience the full Align™ Digital Platform solutions. exocad will welcome visitors to an open and freely accessible stand. With this concept, we have found our approach, which has worked very well for years and reflects our openly designed products.

What will visitors notice about the exocad stand at first glance?

N. Savic: Visitors can look forward to our new testimonial campaign, which we will unveil at IDS 2025. As usual, the focus will be on our software users from the laboratory and dentistry sectors. Another eye-catcher will be our arCADE stations. The cool thing about these stations is that visitors will have the opportunity to try out our latest software releases directly on site. We don't want to reveal any more at this point—come along and be surprised!

Will the exocad booth once again be the meeting place for the global exocad community in 2025?

N. Savic: Yes, definitely. In addition to our renowned exocad software experts, some of our key developers will also attend. This is an opportunity for them to meet the users in person and get their direct feedback on the software. This is only possible during IDS and demonstrates once again that this trade fair is of great relevance to us.

Are there any specific topics that you will communicate about collaboration between the practice and laboratory?

N. Savic: This is a core topic of our software, which offers many collaboration tools for the exchange between laboratory and practice. Visitors will see specific tools and features live at our booth. New tools will be presented that can further optimize

collaboration between practices and laboratories.

Will there also be an opportunity to test the software at the exocad stand?

N. Savic: Yes, IDS 2025 will provide this opportunity. Interested visitors can design in DentalCAD, exoplan and ChairsideCAD themselves and experience the software in person. Of course, there will once again be numerous software demonstrations by exocad experts. Visitors can ask specific application questions for first-hand tips from the experts.

Will there be new products? What can you reveal at this stage?

N. Savic: We will present the latest release cycle under the name Chemnitz. This release will have an important meaning. With exocad ART (Advanced Restorative Treatment), for example, we are showing how the segments of restorative dentistry and aligner therapy can be brought together through integration with the Invisalign® system. For laboratories, this means a considerable expansion of indications.

The second major topic will be new AI functionalities for DentalCAD, e.g. a new AI design for crowns. Labs can then use this function to better grow their capacity. And for guided implantology, we will be showing the new exoplan release with many new functions.

When you think about IDS 2025 today, what are you most looking forward to?

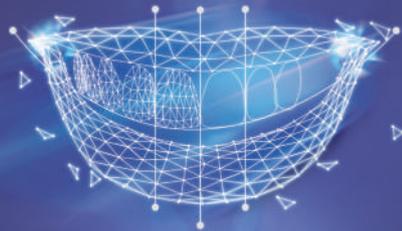
N. Savic: There are many things. For 2025, I am looking forward to welcoming many international visitors and, above all, to seeing long-time acquaintances from all over the world again. It is also always exciting when we present our new products to the public at IDS. We work towards this for many months and are always eager to receive feedback from partner companies and users.

Thank you very much for the interview, Mr. Savic, and good luck at IDS. ●

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Magdalena Kotula, Dental Technician



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Renfert's LIGHT 1: Perfection in detail



making work easy

The requirements for fatigue-free work are high. The critical factor? The light. Renfert (Hilzingen, Germany) presents LIGHT 1, a new worklight for dental technicians. LIGHT 1 is tailor-made for work in the dental laboratory and is ideal for those looking for optimum light quality.

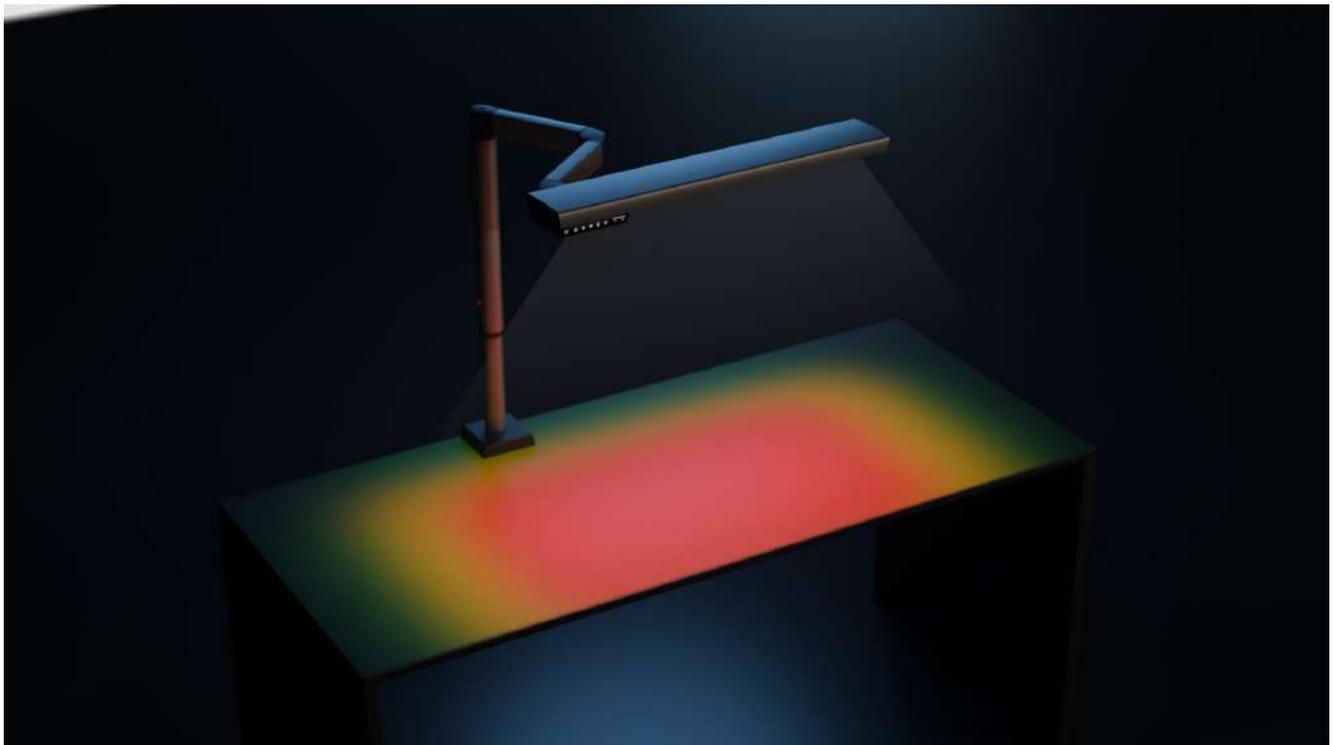
Designed to meet the specific needs of dental technicians, LIGHT 1 provides the best light for every work situation. Optics specially developed by Renfert provide unprecedented illumination of the work area – see more, work better. Every detail and every facet of dental work becomes visible. A dedicated ray tracing technology provides uniform light distribution, high average illuminance and brilliant color and surface reproduction. This significantly improves visibility, and therefore the precision of work. User-oriented presets allow the light to be adapted to different requirements. For example, there is a daylight scenario for tooth shade determination or blue light elimination for processing composites.

Light years ahead: Pioneering work for the modern dental laboratory

Renfert sets new standards with its vision to develop the best work light for dental technology. The goal was to create a lighting environment in which errors are minimized through improved vision and accurate color recognition. LIGHT 1 achieves this through exceptional light quantity and quality: The 100 % flicker-free light creates a more comfortable and concentrated working environment, which increases the quality of work. The glare-free light is easy on the eyes and reduces fatigue.

LIGHT 1 combines simple elegance with modern lighting science. The sleek design hides sophisticated electronics. And so LIGHT 1 is not just a light – it is a promise of quality, precision and performance. The result is unmistakably Renfert: “making work easy”.

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10th Anniversary AIO International Congress



A decade
of Dental Innovation:
what next?
June 12-14, 2025
Forte Village - Sardegna - Italia
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Visit us at AEEDC 2025
Booth SMA09

AIO Cagliari Oristano, will be celebrating the 10th anniversary of its International Congress entitled “A Decade of Dental Innovation: What Next?” from June 12 - 14, 2025 at the five star Forte Village Resort, on the beautiful island of Sardegna in Italy, one of the most sought-after vacation spots in Europe.

The congress, which will include both lectures on Endodontics, Perio – Prosthetics, Orthodontics, Esthetic Medicine, Pediatric Dentistry, Restorative Dentistry, Surgery as well as hands-on courses, will award participating dentists with up to 30 ADA CERP/ AGD PACE CE credits. Sessions, for the entire dental team will also be held so bring them along!

Early birds can benefit from an early-bird discount on the admission fee, before January 7, 2025.

Call for abstracts for electronic Poster Presentation: all abstracts must be sent to aioSardegna@aio.it by March 30, 2025

The congress is honored to have the guest participation of both the Dental AI Association www.dentalaia.org, the leading authority of artificial intelligence in dentistry, who will be inaugurating its first European Meeting as well as the distinguished Academy of Oral Surgery.

Register at <https://congressaio.it/en>

Concurrently held with the AIO International Congress will be the 2025 Doctors’ World Gala (DWG), a momentous occasion honoring Top Doctors from around the world in the fields of Dentistry, Medicine, Pharmacy, Optometry, Chiropractic and Medical Philosophy.

During this historic event achievement awards will be presented to 200 of the elected Top Doctors from 2024 and 2025 that will be added to the other 800 Top



Doctors from over 120 countries already bestowed with this honor.

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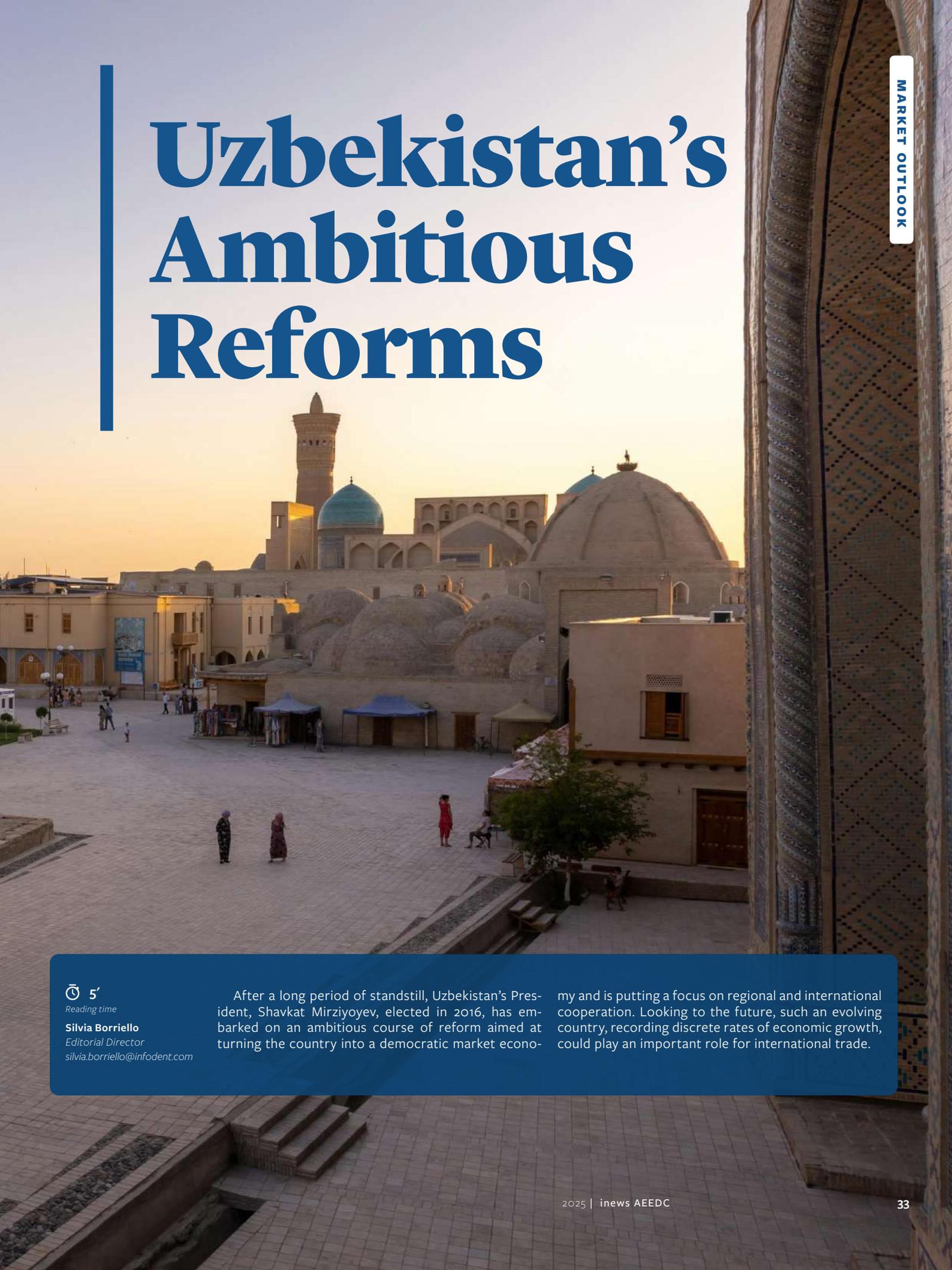
Uzbekistan is a gateway to a market of over 300 million people toward CIS countries, with reduced transport costs, due to its geographical centrality, as regards exports from Europe.

At the heart of Central Asia, Uzbekistan plays a key role in both the economic development and the security of the region and is thus an important partner country for Europe and other world countries in terms of development cooperation.

A good industrial structure (automotive, hydrocarbons, electronics, chemicals, pharmaceuticals, food) placing strong emphasis on modernization and acquisition of high technology places Uzbekistan among the CIS countries with the highest market potentials. However, competition is very tough, especially with China.

Market of 35 million people, by far the most populous country in Central Asia, with strong rate of population growth. Much is under 35 years old, leading to higher propensity to consume. The middle class constitutes an important segment of the population with good entrepreneurial vitality.

Uzbekistan's Ambitious Reforms



🕒 5'

Reading time

Silvia Borriello

Editorial Director

silvia.borriello@infodent.com

After a long period of standstill, Uzbekistan's President, Shavkat Mirziyoyev, elected in 2016, has embarked on an ambitious course of reform aimed at turning the country into a democratic market econo-

my and is putting a focus on regional and international cooperation. Looking to the future, such an evolving country, recording discrete rates of economic growth, could play an important role for international trade.

Population	35.7 million
Government	Presidential Republic (with most important political powers in the hands of the president)
Language	Uzbek official language; Russian remains a vehicular language
Religion	Islam (96.5%)

	2020	2023 est.	2024 est.
GDP per capita at current prices (US\$)	1,796	2,486	2,600
Unemployment rate (%)	7.5	6.4	6.1
Export of goods & services (% of GDP)		30.4	
Import of goods & services (% of GDP)		43.5	

Uzbekistan is a landlocked country with a long history of protectionism and state interventionism in all economic sectors that have, for decades, slowed down economic growth and isolated the country's productive system from international demand. **Although its economic-commercial system remains conditioned by pervasive control by the authorities on every type of activity, mainly aimed at strengthening national production, President Mirziyoyev's ambitious reformist agenda includes a substantial opening towards foreign countries.** The aims of his "Development strategy for a new Uzbekistan 2022-2026" include increasing the effectiveness of the administration, strengthening the rule of law and developing a free civil society, developing the private sector, stimulating domestic and, above all, foreign investments, and improving the social protection system. Aware of the country's imperfect record, the government has made the fight against corruption and respect for the rule of law one of the reform's cornerstones.

In its foreign policy, Uzbekistan is committed to neutrality and non-alliance. Its heavy economic dependence on Russia makes it difficult for Uzbekistan to take a clear stance on Russia's war of aggression against Ukraine. The country is working to

expand Central-Asian cooperation and is scaling up its activities in regional and international organizations. In July 2022, the European Union and Uzbekistan concluded negotiations on an Enhanced Partnership and Cooperation Agreement which includes new areas of cooperation and significantly improves the regulatory framework for trade and economic relations.

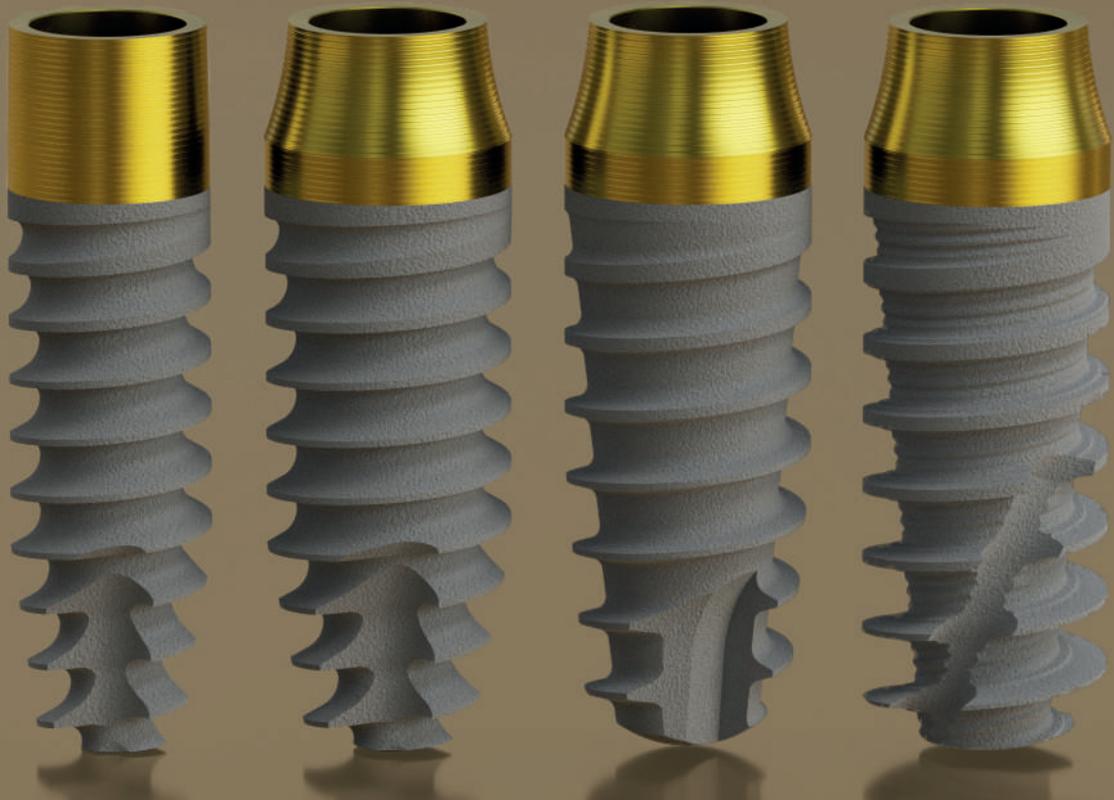
Not excessively affected by international recession of recent years, the country, according to official figures that need, however, to be considered cautiously, has recorded a constant growth rate of around 7-8% (only interrupted by the COVID-19 health crisis in 2020).

Healthcare - Just as most former Soviet Union countries, Uzbekistan's health sector has suffered since the loss of the former Soviet Union government's subsidies and support; the quality of its healthcare declined and emigration deprived the health system of many practitioners. Since then, the country has rolled out several key health schemes to enhance productivity and simultaneously ensure proper accessibility. **Furthermore, in recent years, it has embarked on an ambitious process to modernize and expand its health system and make progress towards universal health coverage.** These developments have laid a

robust foundation for future changes and have increased capacity to develop a more efficient and responsive national health system. **Healthcare provision is primarily public, with a basic benefits package paid for and provided by the state and officially free of charge to all citizens but, for most of the population, many health services (including many primary, secondary, and tertiary services) fall outside the scope of this package.** Shortfalls for health needs not met by state-funded services are usually paid out-of-pocket by individuals (especially the chronically ill), with consequences for financial protection and access to services. In the last several years, government spending on health increased quite significantly (with a goal to reach 5% of GDP, from current 3.1%), but so did out-of-pocket expenditure, now accounting for over half of health spending.

Having been an extremely centralized system under the former Soviet Union, Uzbekistan has gradually been introducing elements of decentralization to regional and district levels, especially on administrative issues. State health services are funded through national taxation, and health workers in the public sector are salaried employees. **Comprehensive health service delivery reforms are currently under way, following the "Concept on health devel-**


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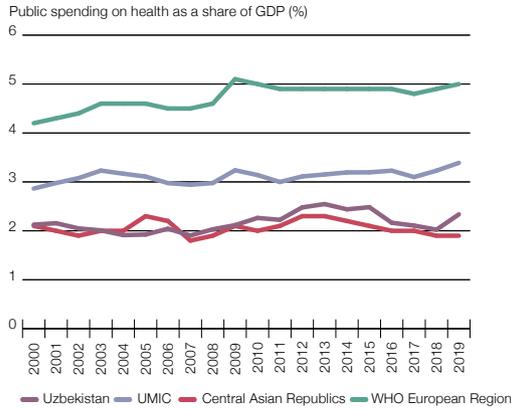
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Public spending on health as a percentage of GDP is higher than in Central Asia overall



Notes: GDP: gross domestic product; UMIC: upper middle-income countries in the WHO European Region; averages are unweighted.

Source: European Observatory on Health Systems and Policies, WHO Europe, Susannah Robinson. Reference Numbers ISBN: 978 92 890 5922 0

opment of the Republic of Uzbekistan 2019–2025”, adopted in 2018, with plans to revise the package of services and medicines, including a presidential resolution establishing mandatory health insurance. This concept is being put into practice, since 2021, through a pilot project in *Syrdarya oblast* (region), with the intention to scale up these reforms to the entire country by 2025. The role of the private sector has expanded in recent years, with an ongoing process of transfer from public to private and public-private partnerships, also by attracting foreign investments, to increase the quality and coverage of services.

Oral Health - Dentistry in Uzbekistan has seen advancements in recent years, but access to quality dental care, affordability of treatments, regulation of practices, and public awareness about oral health are all areas that require attention and improvement. **With its diverse population and geographical spread, the country encounters challenges in providing equal**

access to dental services, especially in rural areas where shortages of dental professionals are widespread, also many people living in remote regions have no access to basic dental services, leading to a high prevalence of dental diseases and oral health problems. Furthermore, many Uzbeks neglect routine check-ups and oral hygiene practices and seek dental assistance only when problems become severe. While public dental services are available, the private sector often provides more advanced and specialized treatments, however, dental care affordability remains a concern for many individuals. Additionally, there is a need for greater regulation and oversight of dental practices in Uzbekistan. Currently, there are concerns about the quality and safety of some dental procedures, as well as the ethical conduct of some practitioners. Strengthening regulations and enforcing standards of care can help improve the overall quality of dental services in the country.

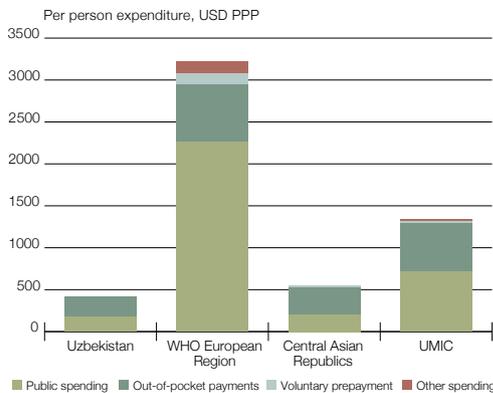
The Republic of Uzbekistan is administratively divided into 12 regions. The main

therapeutic and preventive, organizational, methodological, and advisory center of the dental service is the Republican Dental Polyclinic, in Tashkent, the capital city of the Republic of Uzbekistan. Dental care is provided to residents of Tashkent in 3 dental clinics for adults and one children’s dental clinic, in addition there is a dental department at one of the city hospitals, a dental office at a student polyclinic and 28 dental offices in a private healthcare system.

Dental care is also provided in dental departments at the Republican Clinical Hospital and the hospital for military personnel, dental offices at the Republican Children’s Hospital. The Ministry of Health of the Republic of Uzbekistan employs 241 dental specialists, including 46 orthopedists, 3 orthodontists, 68 therapists, 11 surgeons, 25 dentists, 88 dental technicians and 159 nurses. The provision of medical personnel per 10 000 of the population in 2014 was:

- by districts, 1.82
- by city Tashkent, 3.2 ●

Health expenditure per capita is slightly below the Central Asian average



Notes: 2019 data. PPP: purchasing power parity; UMIC: upper middle-income countries in the WHO European Region; averages are unweighted.

Source: European Observatory on Health Systems and Policies, WHO Europe, Susannah Robinson. Reference Numbers ISBN: 978 92 890 5922 0

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Prevalence of Oral Diseases, 2019

Prevalence of untreated caries of deciduous teeth in children 1-9 years (%)	Prevalence of untreated caries of permanent teeth in people 5+ years (%)	Prevalence of severe periodontal disease in people 15+ years (%)	Prevalence of edentulism in people 20+ years (%)
47.7	34.1	12.7	8.6

Source: World Health Organization, WHO 2022 “Oral Health Country Profile” WHO/UCN/NCD/MND/UZB/2022.1

Economic Impact Related to Treatment and Prevention of Oral Diseases, 2019

Total expenditure on dental healthcare in million (US\$)	218
Per capita expenditure on dental healthcare (US\$)	6.6
Per capita current health expenditure in PPP, int\$ (2019)	418
Total productivity losses due to 5 oral diseases in million (US\$)	167

Notes: Total expenditure on dental healthcare in million (US \$): Estimate of total annual national expenditure on dental healthcare in outpatient dental care (public and private) in 2019. Per capita expenditure on dental healthcare (US \$): Estimate of the annual national per capita expenditure on dental healthcare for outpatient dental care (public and private) in 2019. Total productivity losses due to 5 oral diseases in million (US \$): Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD. (Data source: Jevdjevic & Listl 2022.). Taken from: World Health Organization, WHO 2022 “Oral Health Country Profile” WHO/UCN/NCD/MND/UZB/2022.1.

Policies, Measures and Resources, 2021

Implementation of tax on sugar-sweetened beverages (SSB)	no
Existence of a national oral health policy/strategy/action plan (operational/drafting stage)	no
Presence of dedicated staff for oral health working on NCDs at the MoH	yes

Notes: Presence of dedicated staff for oral health working on NCDs at the MoH: Presence of technical/professional staff in the unit/branch/department working on NCDs in the Ministry of Health dedicating a significant portion of their time to oral health. (Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.).

Oral Health Workforce

	Total Number	Per 10,000 population (2014-2019)
Dentists, 2014	4,520	1.5
Technicians, 1996	2,106	

World Health Organization, WHO 2022 “Oral Health Country Profile” WHO/UCN/NCD/MND/UZB/2022.1/Malmö University.

Availability of Procedures for Detecting, Managing and Treating Oral Diseases in the Primary Care Facilities in the Public Health Sector, 2021

Oral health screening for early detection of oral diseases	unavailable
Urgent treatment for providing emergency oral care & pain relief	available
Basic restorative dental procedures to treat existing dental decay	available

(Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.). Taken from: World Health Organization, WHO 2022 “Oral Health Country Profile” WHO/UCN/NCD/MND/UZB/2022.1.

Outlook on Uzbekistan, main sources:

-European Observatory on Health Systems and Policies, WHO Europe, Susannah Robinson (Author). REFERENCE NUMBERS ISBN: 978 92 890 5922 0 -World Health Organization, WHO 2022 “Oral Health Country Profile” WHO/UCN/NCD/MND/UZB/2022.1. German Federal Ministry for Economic Cooperation and Development (BMZ) -RB ASIA -<https://www.rbasia.uz/en/zdravohranenie-sektor-uzbekistan> -“ Out-of-Pocket Health Care Expenditures in Uzbekistan: Progress and Reform Priorities”, by Min Jung Cho and Eva Haverkort, <https://www.intechopen.com/chapters/86081>, Submitted: 14 December 2022 Reviewed: 16 January 2023 Published: 14 February 2023 DOI: 10.5772/intechopen.110022 - Uzbekistan’s progress in reforming its health system continues, new WHO report shows, <https://www.who.int/europe/news/item/21-09-2023-uzbekistan-s-progress-in-reforming-its-health-system-continues--new-who-report-shows> <https://www.who.int/news-room/feature-stories/detail/uzbekistan-strengthens-its-health-system-in-the-midst-of-covid-19-crisis> - Switzerlandnd Global Enterprise, <https://www.s-ge.com/en/publication/industry-report/2022-e-medt-uzbekistan-c3-market-entry> - Uzbekistan to increase share of private sector in healthcare sector to 50%, <https://daryo.uz/en/2024/01/05/uzbekistan-to-increase-share-of-private-sector-in-healthcare-sector-to-50> -German Federal Ministry for Economic Cooperation and Development (BMZ), <https://www.bmz.de/en/countries/uzbekistan> <https://www.bmz.de/en/countries/uzbekistan/political-situation-56044> <https://www.bmz.de/en/countries/uzbekistan/social-situation-56046> - Malmö University, <https://capp.mau.se/country-areas/uzbekistan/> -Scholar ISSN: 2181-4147 VOLUME 1, ISSUE 32, 2023 -Modern Challenges in Dentistry in Uzbekistan: addressing issues and enhancing oral Health Introduction, Khalilova Barchinoy Rasulovna ,Assistant of the Fergana Medical Institute of Public Health Relevance. -Development of Dental Care in Uzbekistan Using a Conceptual Approach to Improve its Quality. Rizayev Jasur Alimdjanoich, Axmedov Alisher Astanovic. <https://cajms.centralasianstudies.org/index.php/CAJMNS/article/view/1746/1849> Volume: 04 Issue: 04 -July-Aug 2023 ISSN:2660-4159 -Italian Ministry of Foreign Affairs and International Cooperation: infoMercatiEsteri

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Kazakhstan, a Market of Opportunities

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Once member of the former Soviet Union, the world around Kazakhstan has shaped both it and its culture. The exploitation of its natural resources and the migration of surrounding peoples into the country have influenced its development and geography. A new movement to reinstate traditional Kazakh culture has resulted in various reforms in both its society and government, including reforms in healthcare.

health services and reducing informal and out-of-pocket payments, the country has gradually established a Mandatory Health Insurance system. The State-Guaranteed Basic Package, which is financed by the state budget (mainly covering socially vulnerable groups), has thus been complemented by a package of services funded by the Compulsory Social Health Insurance (CSHI), mainly financed by contributions from employ-

	Kazakhstan	Azerbaijan	Russia	Uzbekistan
Population, million	20	10.1	146.2	35.2
GDP per capita (PPP, USD)	26,754.4	14,479.71	29,812	7,734
World Economic Forum Global Competitiveness Index (2019) (out of 141 economies)	55th	58th	43rd	

Source: European Bank for Reconstruction and Development

Since the 2000s, sustained economic growth has transformed Kazakhstan into an upper middle-income economy, commensurately raising living standards and reducing poverty. This progress, however, masks vulnerabilities and unevenness in the country's development model, still excessively dependent on price fluctuations of oil and other raw materials, and on trade with Russia and China. Thus, besides the strong political commitment to building a solid reputation as the strongest, most stable, and reform-oriented economy in Central Eurasia, Kazakhstan still faces slow productivity growth, wealth inequality, rising living costs, limited job opportunities, and weak institutions. Despite these challenges, Kazakhstan's economy remains the largest in Central Asia, with unfulfilled potential, which continues to deliver sustained growth despite its failings.

Since his election in 2019, President Tokayev (successor of president Nazarbayev, after 29 years in office), has progressively launched a further plan of structural economic reforms, aimed at stimulating growth and competitiveness. **In this regard, a special Supreme Council for Reforms has been established with a main objective to reform the public administration, to incentivize the ecological transition of the domestic productive system, to attract greater FDI and nation branding, with the aim of reaching a 5% growth rate by 2025.** These reforms have become even more urgent after the effects of the pandemic on the Kazakh social level where, especially in rural areas, the country has suffered a clear worsening of living conditions. The Government is further committed to a privatization plan, to promote the competitiveness and efficiency of the Kazakh market.

90% of healthcare equipment is imported, as domestic manufacturing of medical equipment is limited. The bulk (85%) of medical equipment is purchased by the public sector. Currently, there are about 60 companies registered in Kazakhstan as medical equipment producers, many of which are small businesses with low production volumes.

Ongoing health reforms are taking place to improve health service accessibility, equity and efficiency. With the aims of increasing the coverage and quality of

ers and employees. **The publicly paid basket of services is relatively extensive, but there is a need for co-payments. Emergency and routine dental care is also provided, free of charge, in the package of Compulsory Social Health Insurance (CSHI), but only to certain privileged categories:**

- *Routine dental care* - which includes x-rays of the jaw or tooth, filling, simple and complex tooth extraction-using anesthesia, is provided for free to children under 18 years of age and pregnant women. In secondary educational organizations, preventive examinations of the oral cavity and closure of fissures is free for students.

- *Emergency care* - includes anesthesia, fillings, tooth extraction with anesthesia, periostotomy, opening of abscesses for children under 18 years of age; pregnant women; participants of the Second World War; pensioners; disabled people of groups I, II, III and IV; mothers with many children; recipients of targeted social assistance; patients with infectious, socially significant, and dangerous, diseases for others; unemployed who care for a child with special needs or group I disability people disabled since their childhood.

- *Orthodontic care* - correction (orthodontic plate) for cleft lip or cleft palate is free for children with congenital maxillofacial pathology. Also, correction for various types of dentoalveolar anomalies (malocclusion, micrognathia of the jaw) is available to children from low-income families aged 6 to 12 years.

While the country has a public healthcare system that theoretically provides coverage for dental services, the scheme has become unreliable and dental care is particularly a problem in rural areas, especially for children who have malformed palates. Thus, dental missions from around the world still play a key role in the country. High cost of dental services, combined with a general lack of access to doctors, especially those with top credentials, has many of the country's elite traveling to other countries for advanced dental services.

	Kazakhstan	Central Asia (average)	WHO European Region upper middle-income countries (average)	WHO European Region (average of all countries)
Per capita health spending USD, 2019 (adjusted for purchasing power)	765	552	1,338	3,226
Health spending from public sources, 2019	59.9%	37.2%		
Share of out-of-pocket spending as % of total health expenditure, 2019	33.9%	57.1%	44.1%	

Source: WHO-European Observatory on Health Systems and Policies

In 2021 the proportion of population covered by social health insurance was 81.3%, a decline from 84% in 2020. According to national data, 18.7% of the population not covered are people of working age who are not registered as employees or as unemployed. **Undergoing reforms aim to shift the country towards universal healthcare however, despite steady growth in funding, healthcare financing is still limited, especially if we consider Kazakhstan’s national wealth.** When measured as a percentage of GDP, health spending accounted for only around 2.9% of GDP in 2020 (the latest year for which internationally comparable data are available), in comparison with the global average of 9.89%. Since then, the government has increased public spending on health, and overall spending on health as a percentage of GDP is likely to have increased as well.

Most health spending comes from public sources, which

was around 60% in 2019, higher than in Central Asian countries, but it has declined from around 75% in 2009. Conversely, the share of out-of-pocket payments as a percentage of health expenditure increased to 33.9% in 2019. Yet, this was still far below the averages for Central Asia (57.1%) and, following recent increases in public spending on health, the share of private spending is likely to have decreased. Most out-of-pocket payments (66%) are for medicines and medical products and outpatient services, including dental care (26%). **Moving towards Universal Health Coverage (UHC) is a high priority for Kazakhstan, and this was reiterated in the National Project “Healthy Nation” for 2021–2025.** The UHC service coverage index increased from 38.7% in 2000 to 75.9% in 2019, almost reaching the average of the WHO European Region (77.1%). The increased policy emphasis on extending public coverage of services





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Economic Impact Related to Treatment and Prevention of Oral Diseases (2019)

Total expenditure on dental healthcare (US\$)	61 million
Per capita expenditure on dental healthcare (US\$)	3.3
Total productivity losses due to 5 oral diseases in million (US\$)	695 million

Notes: Total expenditure on dental healthcare in million (US \$): Estimate of total annual national expenditure on dental healthcare in outpatient dental care (public and private) in 2019. Per capita expenditure on dental healthcare (US \$): Estimate of the annual national per capita expenditure on dental healthcare for outpatient dental care (public and private) in 2019. Total productivity losses due to 5 oral diseases in million (US \$): Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD. (Data source: Jevdjevic & Listl 2022.)

Source: World Health Organization WHO - Oral Health Country Profile, WHO/UCN/NCD/MND/KAZ/2022.1

Regional Hospitals	492
Other State Department Hospitals	39
Private Hospitals	242
Total No. of Hospitals	773

	2015	2011
Number of dentists	5,089	6,532
Dentists per 10 000 pop. (2014-2019)	2.9	

Sources: Malmö University

<https://capp.mau.se/country-areas/kazakhstan/>

World Health Organization WHO - Oral Health Country Profile, WHO/UCN/NCD/MND/KAZ/2022.1

and improving equitable access has led the country to make major life expectancy gains, in recent years, with all health indicators having improved substantially, even if they continue to stay behind those of the OECD. Economic progress has not been reflected in accompanying improvements in the healthcare system, that still retains the hallmarks of a transitional economy undergoing profound restructuring. Healthcare service delivery is fragmented, and quality of care is impaired by the insufficient staffing levels and limited infrastructure of healthcare facilities. In the coming years, the healthcare system should be steered consistently towards more modern arrangements, with a clear focus on improving health outcomes and maximizing efficiency.

Information on oral health in Central Asia is limited. However, according to a cross-sectional study titled “Prevalence and determinants of dental caries experience among adolescents in Kazakhstan”, conducted between 2014 -2015 on 2,149 schoolchildren aged 11–15 years from

4 regions of Kazakhstan, there is a higher prevalence of dental caries than in many developed and some developing countries, but the results were very similar to other post-soviet countries. The prevalence of caries among 12-year-olds in Kazakhstan (73.8%) was analogous to Moldova (77.5%), Russia (77.5%) and Georgia (68.9%), and slightly lower compared to Lithuania (85.5%), Belarus (85%) and Latvia (91.2%). The 15-year-olds from Kazakhstan had higher prevalence of caries (77.9%) compared to another Central Asian country Uzbekistan (68%), but lower than Moldova (86.2%), Russia (91.8%), Georgia (82.3%) and Armenia (90.8%). **These similarities might be explained by the common challenges in transition period after the dissolution of the Soviet Union, when access to public dental services for children dropped dramatically and dental healthcare became mostly private.** Concurrently, the rapid increase in the availability of sugar-sweetened beverages and refined carbohydrate foods contributed to dental caries experience. ●

Prevalence of Oral Diseases

Prevalence of untreated caries of deciduous teeth in children 1-9 years	46.9%
Prevalence of untreated caries of permanent teeth in people 5+ years	31.2%
Prevalence of severe periodontal disease in people 15+ years	15.3%
Prevalence of edentulism in people 20+ years	12.4%

Source: World Health Organization WHO - Oral Health Country Profile, WHO/UCN/NCD/MND/KAZ/2022.1

Outlook on Kazakhstan:

*Notes: Title of the Study: “Prevalence and determinants of dental caries experience among adolescents in Kazakhstan: a cross-sectional study” - Anara Zhumadilova (azhumadilova@nu.edu.kz) Nazarbayev University <https://orcid.org/0000-0001-7514-9705>, Turgan Supiyev- Kazakh Medical University Continuing Education, Sholpan Abiralina -Semey Medical University, Ardak Yeslyamgaliyeva -Astana medical university, Aizhan Kulmirzayeva - Astana medical university, Adil Supiyev Nazarbayev - University National Laboratory Astana.

Funding of the study: This work was supported by the research grant titled “Study of biomarkers associated with oral cavity diseases among the adolescents from different region of Kazakhstan” of the Ministry of Science and Education of the Republic of Kazakhstan (#05132694). The funding body had no role in the design of the study, data collection, analysis, and interpretation of results, nor in the writing of the manuscript.

Main sources:

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Management Control: Hourly Cost and Marginality in Dental Practices



Luca Gentili
Dental Office Manager

What is meant by management in dental practices? It is the set of tools and operational processes aimed at monitoring the company's performance in relation to achieving the set objectives. A fundamental part of management control is the definition of price and the profitability analysis of the practice: many dental practices set their fees 'roughly,' and this is no longer possible today. Instead, management means 'engineering' the price and implementing a real pricing program.

Section 1: Management Control in Dental Practices

Definition and Purpose: Management control in dental practices involves overseeing and coordinating various administrative, financial, operational, and clinical aspects to ensure efficient delivery of dental care. It helps achieve organizational goals such as profitability, patient satisfaction, compliance with regulations, and staff productivity.

Tools and Techniques: In this article, we will delve into the financial aspect of management control, specifically focusing on profitability analysis in dental practices, as well as techniques for calculating the hourly cost of the practice and the profit margins of its services. The most important tools to have at hand to embark on this journey are:

- A reliable dental practice management software that allows us to export patient data (e.g., personal, clinical, financial, timing, etc.). Note: It is crucial to ensure that all data is entered accurately from the start, as inaccurate or incomplete data could compromise the objectivity of our analysis.
- A Microsoft Excel license and at least an intermediate level of proficiency with the program. On the Microsoft website or YouTube, you can find numerous free video tutorials. Additionally, there are hundreds of excellent low-cost courses and publications to help you independently learn the necessary operations (formulas, data entry, and Gantt charts).

Section 2: Calculation of Hourly Cost

Calculation Methodology: Calculating the hourly cost in a dental practice is essential for understanding profitability and setting service fees effectively. Below are the steps to calculate the hourly cost:

Step 1: Identify Total Practice Costs

Gather all costs associated with running the dental practice. These can be divided into:

- **Fixed Costs (do not vary with patient volume):**
 - Rent or mortgage
 - Utilities
 - Salaries for employees
 - Insurance
 - Equipment depreciation and maintenance
 - Software subscriptions

- **Variable Costs (depend on patient volume):**

- Dental supplies (anesthetics, consumables, etc.)
- Lab fees
- Additional clinical staff compensation (e.g., per-patient commissions)

Formula: Total Costs = Fixed Costs + Variable Costs

Step 2: Determine Total Productive Hours Calculate the total number of hours the practice operates annually, adjusting for:

- Weekly operating hours (e.g., 40 hours/week).
- Holidays, vacations, or other closures.
- Non-productive time (e.g., administrative tasks, training, maintenance).

Formula: Productive Hours = Total Annual Hours - Non-Productive Hours

Step 3: Allocate Costs to Productive Hours Divide the total practice costs by the number of productive hours.

Formula: Hourly Cost = Total Costs ÷ Productive Hours

Step 4: Adjust for Service-specific Overheads (Optional)

- For detailed analysis, allocate additional costs to specific services (e.g., lab fees for prosthodontics or specialized equipment for orthodontics).

- Divide these service-specific costs by the time taken to deliver those services to understand their profitability.

Step 5: Add Desired Profit Margin To ensure profitability, add a target profit margin (e.g., 20%) to the hourly cost.

Formula: Hourly Rate with Profit = Hourly Cost × (1 + Profit Margin)

Step 6: Verify Accuracy

- Cross-check the calculated hourly rate against market benchmarks.
- Ensure data accuracy by updating costs and operational hours regularly.

By understanding the hourly cost, you can set appropriate service prices, improve cost management, and make data-driven decisions about practice efficiency and growth.

Section 3: Marginality Analysis

Marginality analysis in a dental practice focuses on assessing the profitability of individual services or procedures by calculating the contribution each service makes to the overall profit. This helps in identifying which services are most or least profitable and enables better decision-making about pricing, resource allocation, and service offerings. Here's a step-by-step approach:

Step 1: Identify Revenue Per Service

- Determine the average revenue generated for each type of service or procedure (e.g., fillings, implants, cleanings).
- Use historical data from your practice management software to calculate the average price charged per service.

Step 2: Calculate Variable Costs Per Service

- Identify costs directly associated with each service, such as:
 - Materials (e.g., fillings, crowns, implants).
 - Lab fees.
 - Clinical staff compensation (if variable).
 - Equipment usage (e.g., X-ray machines, CAD/CAM).
- Total these variable costs for each service.

Formula: Variable Cost Per Service = Sum of Direct Costs

Step 3: Compute the Contribution Margin

The contribution margin represents the revenue available after covering variable costs, which contributes to covering fixed costs and generating profit.

Formula: Contribution Margin = Revenue Per Service - Variable Cost Per Service

Step 4: Determine Fixed Costs Allocation

Allocate a portion of fixed costs (e.g., rent, utilities, administrative staff salaries) to each service. This can be done based on:

- Time required for the service.
- Chair occupancy time.
- Relative revenue contribution of each service.

Example Allocation: If a service takes 30 minutes and the total fixed costs per hour are \$200, the allocated fixed cost for this service would be \$100.

Step 5: Calculate the Profit Margin

Subtract the total costs (variable + allocated fixed costs) from the revenue to determine the profit margin for each service.

Formula: Profit Margin = Revenue Per Service - (Variable Costs + Allocated Fixed Costs)

Step 6: Analyze Results

- Compare the profit margins across all services to identify which are most and least profitable.
- Look for services with:
 - High contribution margins: These services generate significant revenue relative to their costs and are worth promoting.
 - Low or negative profit margins: Investigate if costs can be reduced, prices increased, or whether these services should be discontinued.

Step 7: Use Insights for Strategic Decisions

- **Pricing Strategy:** Adjust pricing for services with high demand but low profitability.
- **Service Mix Optimization:** Focus marketing efforts and resources on high-margin services.
- **Cost Management:** Reduce unnecessary variable costs for low-margin services.
- **Investment Decisions:** Invest in equipment, training, or technology that im-

proves the efficiency of profitable services.

Example: A teeth cleaning procedure generates \$100 revenue, has variable costs of \$30, and is allocated \$20 of fixed costs.

- Contribution Margin: [\$100 - \$30 = \$70]
- Profit Margin: [\$100 - (\$30 + \$20) = \$50]

This means the service contributes \$50 to the overall profit. By performing this analysis for all services, you can make more informed decisions to optimize profitability in the practice.

Final clarification: This article is merely a simplified summary of the management control process in a Dental Practice (which can also be applied with equivalent parameters to Dental Laboratories); I hope this has inspired you to delve deeper into the subject and into Management in Dental Practices.

DM for collaborations on my LinkedIn profile or send an email to:

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“Storytelling” Skills

Silvia - Welcome Dr. Edwab. It is so nice to speak with you so we can discuss how leaders and managers can use “storytelling” to help connect with their audiences to sell their products and improve their company’s brand awareness.

Dr. Edwab - Hi Silvia. As always It is great to be here with you and together with Infodent, build the business skills of your readers. As a leader of organizations, a member of numerous boards, and a full Professor at the Jack Welch Management Institute Online MBA Program I understand the importance for leaders and managers to continuously learn, develop, and expand their “storytelling” skills.

Silvia - I am excited to hear about this as it is a new topic for me that I never really focused on.

Dr. Edwab - Unfortunately, we were never taught about storytelling to help expand our business skills. Just think about how quickly you forget a PowerPoint presentation with all of the slides and data. I don’t know about you, but all of those numbers eventually just put me to sleep. They are better than a sleeping pill!

Silvia - Very funny. Yes, many times I have found myself bored during a business presentation.

Dr. Edwab - Yes, and that becomes the problem. When you become bored, you stop listening which me-

ans the speaker’s intent to connect with you has failed. Plus, you pretty much forget everything as soon as the presentation is over.

Silvia - So what you are saying is that all of those slides do not inspire the audience to act in the way you had hoped.

Dr. Edwab - Exactly. Stories move people. Think about a good book you read or a great movie you watched. You remember it forever. That is what you want your audience to feel from your presentation. You want them to remember your brand and products.

Silvia - Now I see what you are saying. So how does one develop a story that connects and engages with an audience and also helps a business person advance their brand and company products?

Dr. Edwab - It begins with understanding your audience and learning what are their needs. How can you or your product solve their problem? This lets you connect with the audience members emotionally and in a meaningful way that grabs them and makes your story and product memorable.

Silvia - So you are saying is if they remember your story they remember your product?

Dr. Edwab - In my opinion, your story not only creates something that is memorable but also helps develop



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trust, loyalty, and honesty in the relationship. It builds a connection that you are more than just a product. You are communicating your values and details about the product that engages with the audience member on a deeper level than just a sales pitch. It gives you an advantage over your competitor who is just showing numbers and a product.

Silvia - So storytelling helps elevate your business communications.

Dr. Edwab - Definitely. Remember that saying that a picture is worth a thousand words. Now, just think about how your communications are elevated when you combine your visuals with a persuasive story. In essence, what you are doing is changing the scenario of your presentation. Instead of just offering loads of data about your product and telling this to the audience, you are now showing why your idea, product, or brand is the one for them to choose. This kicks in their imagination juices to recognize why they need what you are advocating for. Again, you are separating yourself from the competition.

Silvia - So how do you create a story about your product or brand?

Dr. Edwab - It is just like the book or movie we spoke about. It has a beginning where you describe what is going on which essentially describes the problem. In the middle, you elaborate on the characters (products or

company) which helps the listener understand the situation and the players. And of course, every story has a happy ending. This is where as the hero, you, introduces the resolution to the problem.

Silvia - So the resolution becomes the call to action that you want.

Dr. Edwab - Exactly. The entire presentation gets tied together at this point. Your solution and the objective of the presentation are the same. The audience can now see and feel how your solution (buying your product) will solve their problem. You essentially have created a collaborative setting, that has inspired the audience members to act in the way you want. Right in front of them, you created a vision that will connect, engage, and inspire them emotionally because what you said was relatable, believable, and educational. They will remember your story much longer than a group of slides in a pitch. By elevating your storytelling skills, you will be more successful in your persuasive endeavors with your team members and customers

Silvia - As always, thank you so much Dr. Edwab for your discussion on "storytelling." Interesting, as I have just learned how to become more persuasive by developing my storytelling skills. As always, we are all looking forward to our next interview and another topic so we all can become better leaders and managers. ●



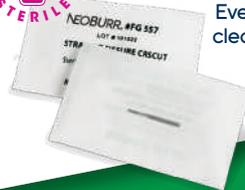
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From 25-29 March 2025, the entire dental sector will be in Cologne, Germany, for the 41st edition of the International Dental show - IDS 2025, showcasing a unique range of products that will dive dentists, technicians and operators into the depth and breadth of the profession. 1,788 exhibitors from 60 countries presented their products in 2023, 76% were coming from abroad and of the 120,000 visitors, from 162 countries, 58% came from outside Germany. Let's glimpse at the German market.

Employees of the German dental manufacturers 2023

IDS 2025



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Expectations for export and domestic business of the German dental manufacturers

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Source: Press Conference Greater New York Dental Meeting 2024 "IDS 2025 Leading Dental Business Summit", Koelnmesse – VDDI, GFDI.

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Advancing Safe Surgery in India: The Durgapur Cleft Center

In the countryside of West Bengal, India, a neighborhood in the farming village of Amdole lies on the banks of a pond lined with trees and small brick and clay homes.

Operation Smile

A narrow and dusty road winds between the houses, bending toward an expansive stretch of farmland. Ox-drawn carts or motorbikes traversing the town and fields occasionally interrupt the serenity.

Here, 3-year-old Shyam frolics with his siblings and their friends. His loving mother and father, Rahki and Milon, keep a watchful eye on the kids from their clay patio that overlooks the pond.

Though he was born with a cleft lip, which can present many health risks when left untreated, Shyam hasn't yet experienced health problems nor discrimination from his playmates and neighbors in this tight-knit community.

Regardless, he should have received cleft surgery within the first year of his life to ensure his long-term physical and emotional well-being. However, his parents were misinformed by doctors and nurses at the hospital where Shyam

was born. They told the parents that he couldn't receive surgery until he was at least 5 years old.

Three years would pass before Rahki and Milon would learn about Operation Smile India and its cleft center in Durgapur, West Bengal. "In the house next door there is a doctor whom we call Rajakaka," Rahki says. "He said, 'Tomorrow, there is (an Operation Smile patient recruitment) camp in Murarai. You guys should come with your son.'"

Operation Smile India's ability to reach Shyam's parents is the foundation of its approach to improving access to safe cleft surgery for people living in this region's remote farming communities. The Durgapur Cleft Center, funded by a grant from the Baxter International Foundation, is housed within IQ City Narayana Multispecialty Hospital and operates through a partnership with the Inga Health Foundation and the hospital.

"There is a great need for health care here. There are just a couple of decent hospitals. No one is doing cleft care here,"



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says Abhishek Sengupta, Operation Smile India's executive director and regional director for India, Russia, and Italy. "At the same time, (Durgapur) is a city which is very close to the surrounding states of Jharkhand, as well as other districts in West Bengal where health care is even worse than Durgapur. **"It gives us access to a geography which we would not have had we'd been in a city like Kolkata or some other urban city."**

And that access is made possible through a community-focused patient recruitment strategy with the goal of reaching parents like Rahki and Milon whose children need essential cleft surgery and long-term follow-up care like speech therapy, dentistry, and orthodontics. "The way patient recruitment camps work is we have a team here; (they) will normally work with local NGOs and community-based organizations," Abhishek says. "The reason we use local organizations is because people in that area know them. So, it's much easier to build rapport and build trust with the patients if we go through them."

Rahki, Milon and Shyam arrive at the patient recruitment camp in Murarai, which is only about 15 kilometers from their home. The local Lion's Club hosts the camp, and dozens of patients and their families from surrounding communities arrive to meet with the Operation Smile India team led by Safir Rehman "Mithu" Seikh.

"We explain this work (to families). Let's say a child has a cleft lip. **As a result of having a cleft lip, that child will have big problems in school life,"** says Mithu, referring to the social stigma that many children living with cleft conditions experience. "If a child has a cleft palate, (we explain) what problems they might face, when should the surgery be done, or if it is necessary."

The patient recruitment team carefully listens to patients' parents, gathering detailed information about each child to determine the next steps of their care journey. If they qualify for surgery or cleft care that's offered by the Durgapur center, families are given appointments for consultations. Operation Smile India also covers the cost of transportation and food and provides lodging for families at its dedicated patient ward in the hospital.

After their consultation with Mithu's team, Shyam's family is elated to learn that their son is scheduled to receive free surgery at the center the following month. The support they will receive from Operation Smile India makes the more than 5-hour journey and several days spent at the center possible.

"It feels good to know that, even if it's so far away, after the operation, my son will be fine," Rahki says. The trust that Rahki places into Operation Smile is affirmed through the world-class care delivered by the center's staff. **The model used by the Durgapur center differs from most of the other 30 care centers that Operation Smile operates in 16 countries, which are primarily volunteer-driven. Here, Operation Smile India employs surgeons, anesthesiologists, orthodontists, dentists, and speech therapists while utilizing nurses and pediatricians through its partnership with the host hospital.**

The team's goal is to provide patients with the complete care that they deserve.

"These children need comprehensive care," says Dr. Partha Sadhu, the Durgapur center's lead cleft surgeon. "Because, time to time, the patient needs follow-up, needs necessary



surgical intervention, dental interventions, speech pathologist intervention, everything.

“So that is why, other than working as an isolated surgeon, it is always better to work in a team. Abhishek adds: “You have to keep following up. A child might need two or three surgeries. A child almost always needs prolonged speech therapy. You need orthodontic care, because, many times, you need to do a lot of work with the facial bone structure before the child is even ready for surgery. A lot of these kids are malnourished, so we need to have a proper nutrition program so the child is healthy enough to get surgery. “You need to provide comprehensive and complete care from the cradle until the end of growth.

After a month of anticipation, Shyam’s family arrives at the center. They settle into the patient ward before his comprehensive health evaluation begins. Shyam is found to be in

good health and is placed on the schedule for surgery. After an operation that lasted around an hour, the course of his life is forever changed. Much like this is just the beginning of Shyam’s care journey, the center is also poised to continue to grow once the COVID-19 pandemic subsides.

Plans are in the works for strengthening its community outreach programs beyond patient recruitment to bring nutrition programs, speech therapy, post-operative care and, eventually, surgeries even closer to families like Shyam’s. “When we started this, we wanted to start small with the center.

We started by advancing safe surgery, then we started adding the other components,” Abhishek said. “The next step is taking things to the community – to connect the last mile for our patients.” ●

About Us

Operation Smile revolutionized cleft surgery globally in 1982. With four decades of experience as one of the largest surgical volunteer-based nonprofits, Operation Smile staff, its private-public partnerships and thousands of volunteers have improved the health and dignity of patients with cleft conditions, helping them to better breathe, eat, speak, and live lives of greater quality and confidence.

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Julie Andrews Uganda

My reason for getting into volunteering was to help people and to remind myself why I became a dental nurse in the first place! A lovely lady named Sarah, who works for Dentaid The Dental Charity, mentioned their overseas trips and I got in touch. After providing references, my passport, and DBS details, I was all set.



We met as a team at Heathrow Airport to travel to Uganda together. Our trip leader, Gail, had a wealth of knowledge and with nine trips under her belt, we knew we were in safe hands. The team – Heather, Paul, Alistair, Natalija, Lavina, Darcey, Jude, Jo, Julia, and myself – were all lovely. We bonded quickly, and having four experienced volunteers amongst us brought out the best in everyone.

We arrived in Entebbe, Uganda and we spent our first night getting to know each other. The next day we spent time sorting out donation suitcases. Prior to our trip we all collected donations of dental equipment to take with us. Local businesses were incredibly generous, donating toothbrushes, floss, interdental, and protective gear, that I could take over to Uganda with me.

Lunch by Lake Victoria was a highlight for me, before setting up at the Rock Health Centre opposite a boarding school for our first clinic. We held clinics at various locations, including The Rock Health Centre, St Luke's Church, Gulu Remand Home, and others.

One memorable moment for me was teaching tooth-brushing techniques with a giant set of teeth and a puppet in front of a hall full of children. Gail and I led the session, and it was a lovely experience that I will always remember.

The patients who turned up to nearly every clinic had travelled hours to be there and waited even more hours to be seen. Whilst undergoing treatment, they were so brave and stoic to the point you would never have realised how they were feeling. I found this difficult to process as I'm used to more vocal patients in the UK!

This trip reminded me of why I became a dental nurse. I feel so grateful to have been able to help so many people. Over nine days we helped 1,349 people and providing oral health care to many more from ages 0 to 103.

My next volunteering adventure with Dentaid is to Cambodia in March 2025. Dentaid overseas trips truly push you outside your comfort zone (but for all the right reasons) and I'm so grateful to be part of it. ●

Written by Julie Andrews – Dental Nurse – September 2024





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