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PRODUCT OF ITALY



Focus on Nigeria



SPECIAL FDI 2012



Outlook on Mongolia



Business Opportunities

# Naturally sterilizers

**Millennium  
with Mocopure 100**



**Millseat Evo  
Thermosealer**



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Focus on  
Nigeria

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Outlook on  
Mongolia

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# ULTIMATE Portable X-Ray System

Safe • Smart • Sharp • Simple • Specific



## Specifications Of All Rextar Series

X-Ray Tube	Special (Toshiba D-041)
Focal Spot	0.4mm
Tube Voltage / Current	70kv / 2mA
Target Angle	12°



**REXTAR X**  
Dental Portable X-Ray System

## How to choose the best X-RAY device?

### Focal Spot

Focal spot size is important factor to get a clear image in any X-ray. By using Toshiba D-041 tube with smaller focal sport (0.4mm) and smaller divergence angle of the X-ray beams (12°) Rextar series provide the most sharp images.

#### 0.8mm Focal Spot



General Focal Spot

0.8mm

#### 0.4mm Focal Spot



Rextar Series Focal Spot

0.4mm

### Tube

#### Voltage

Tube voltage is the power of penetrating the bone. In the case of posterior area, 60Kv could be the reason to cause the unclear image as the tube power is not enough through.

#### Current

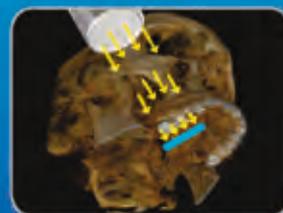
Current is a flow of electric charge which means the quantity. In order to get a clear image, the power and current of tube is important factor.

With easy penetration to cheekbone, our best tube power and current makes sharpest images of the superior maxilla.



General Voltage/Current

60Kv / 1~2mA



Rextar Series Voltage/Current

70Kv / 2mA



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## 1 // SCHWERT Color Code Prophylaxis Instruments



SCHWERT  
SERRA - SPINA  
1970 - SPINA

In the new ergonomic Color Code Handle, SCHWERT offers an easy to use assortment of Curettes and Scalers. The fresh colors are not just the type coding but also a more warm and friendly look on the Hygienists/Dentists table. Besides the different types of Instruments SCHWERT created three small and inexpensive Prophylaxis Kits in a Washtray:

- Gracey: 5/6, 7/8, 11/12, 13/14 + Scaler 204S
- Gracey Mini 5, with a 3 mm longer 1st shaft and 50% shorter working tip: 1/2, 7/8, 11/12, 13/14 + Scaler 204S
- Universal Curettes: Langer 1/2, 3/4, 5/6, M23 + Scaler 204S

Every of these sets allows a quick and easy to handle treatment of all the tooth surfaces.



[www.schwert.com / contact@schwert.com](http://www.schwert.com/contact@schwert.com)

Visit us at: ADA Annual Session, San Francisco, 18. - 20. October 2012  
Hall Moscone Convention Center, San Francisco, booth: 6258

## 2 // Maestro 3D Open Dental Scanner



**Maestro 3D** is the scanner for dental applications. The system simplifies and automates the process of planning and production of personalized dental prostheses. **Maestro 3D** dental scanner allows the user to get in a simple and intuitive way, with a precision of 10 microns, the open STL files that will leave the user the free choice of the center of production.

**Maestro 3D Easy Dental Scan** is the scan control software of the dental scanner.

**Maestro 3D Ortho Studio** is the software for orthodontics.

- Virtual Setup and Clear Aligner module: it allows to move the teeth of both arches evaluating distances and collisions and automatically build a set of virtual models ready to send to a 3d printer.
- the viewer version: is the software to view and inspect the models exported with Ortho Studio. (It's also available an Apple iPad Viewer).



[www.age-solutions.com / www.maestro3d.com / info@age-solutions.com](http://www.age-solutions.com/www.maestro3d.com/info@age-solutions.com)

## 3 // The perfect place to keep our personal belongings and our equipment



Besides our wide range of furnishing systems for surgeries, laboratories, sterilization rooms and dental schools, we pay special attention to the complementary areas.

Waiting room and visitor chairs are the best way to greet our patients.

Show them the way to a brighter smile through an inviting visitor's areas.

Our seating solutions for the modern hospitals, medical offices and clinics come in fire resistant and sanitized leather, artificial leather, techno polymer, with chrome or painted, swivel, fixed or sledge frame base- a genuine display of style, elegance and ergonomics.



The locker room units, made as by law enacted and at the highest aesthetical and finishing level, are functional furniture whose appropriate use gives their environment a relaxing touch. Locker room units in zinc-plated steel, raised from the ground on adjustable feet, with doors in customized colours, partition for dirty-clean zones, object compartment, locking system with key and doors with slots for internal ventilation.

[www.astrastyl.it / info@astrastyl.com](http://www.astrastyl.it/info@astrastyl.com)

## 4 // Super Endo Alpha A2 Heat Source



B&L Biotech has introduced the Alpha A2 Heat Source, a multitask, precision obturation instrument for warm Gutta Percha techniques. This well designed, ergonomic handpiece easily facilitates the Schilder warm vertical and Buchanan "continuous wave" techniques, among others, with 4 precise temperature settings. Powered by a state of the art, rechargeable lithium ion battery, the Alpha will last for days on a single charge and has a series of green

LED's to monitor battery power remaining. Of course, the cordless handpiece eliminates the cumbersome cord common to all other endodontic equipment, reducing operator clutter and enhancing its portability. Twelve different tips are available, including a wide range of pluggers in different diameters and tapers, heat carrier tips, and a unique tip for thermal testing tooth vitality. Made from highly durable materials, the Alpha A2 will stand up to the demands of the busiest endodontic practice.



[www.bnlbio.com / bdshefsky@bnlbio.com](http://www.bnlbio.com/bdshefsky@bnlbio.com)

## 5 // Your best choice equipment



Each category has its own top of mind products, that's what happens with Bio-Art appliances. The company ranks the topmost position in the world for semi-adjustable articulator and top 3 for vacuum forming machine. Other highlighted products include: Vacuum forming sheets, magnifying lenses and milling machine. Always focused in giving their products an intelligent solution appeal, Bio-Art provides innovation in health devices. See the whole product line at Dental Expo 2012 and check by yourself why Bio-Art is considered the leader in almost everything it produces.



[www.bioart.com.br/export@bioart.com.br](http://www.bioart.com.br/export@bioart.com.br) Visit us at: **Dental Expo: Hall 8, booth G, 58.6**

## 6 // Mocom: naturally sterilizers and much more



Mocom has recently introduced two innovative thermosealers: **Millseal Evo** and **Millseal Rolling**.



With its modern, innovative design and compact size, the **Millseal EVO** thermosealer stands out on account of its user-friendliness and fully automatic management of the bag preparation phase. After setting the length and number of bags you wish to prepare, just press the relative "Programme" key to start the automatic procedure that will automatically prepare the bags in the established quantity and length.

**Millseal Rolling** is a roll thermosealer with an automatic photocell-controlled feed system. Providing medical-grade quality, Millseal Rolling is perfect for speeding up and optimising the sealing of pre-cut bags sealed on 3-sides. The 15 mm sealing multi-band ensure the long-lasting sterility of bagged instruments. Millseal Rolling is also available with an integrated printer that automatically prints the packaging date and expiry date on the bag, as well as the symbols required by the standards in force.

[www.mocom.it/mocomcom@mocom.it](http://www.mocom.it/mocomcom@mocom.it)

## 7 // Innovative Sunburst Model Tray System



Sunburst Model Tray System is composed of one model tray, one articulator mounting plate, one push lock and two milling supports (option). We offer our innovative model tray system to solve your problems when using pins. Please visit [www.dentalmicromotor.com](http://www.dentalmicromotor.com) and download video clip.

### When using pins

1. Long working hours (about 2 hours and 30 mins)
2. Unequal quality depending on technician's skill
3. Inaccuracy by the play in pins
4. Need pins, pindex systems, adhesive, model Trimmers and model formers
5. Uneconomical

### Our Innovative Model Tray System

1. Work time about 50 mins
2. Always equal quality irrespective of technician's skill
3. Precise
4. No pins, others needed
5. Economical

Please visit [www.dentalmicromotor.com](http://www.dentalmicromotor.com) and download video clip.

[www.dentalmicromotor.com/ssunburst@hanafos.com](http://www.dentalmicromotor.com/ssunburst@hanafos.com)

## 8 // ALPHA-PRO® WHITE VARNISH, 5% Sodium Fluoride White Varnish



Alpha-Pro® White Varnish is a 5% Sodium Fluoride White Varnish sweetened with Xylitol, and it is Gluten Free. It sets immediately on contact with saliva or moisture, leaving a smooth thin layer that stays on the teeth. This non-clumping formula is virtually invisible on the teeth. Based on an internal Study Alpha-Pro® White Varnish releases 7x the fluoride compared with the market leader over a 4 hour period. The unique leak-proof mini canister slips into an adjustable finger ring for easy application. Each box contains 50 – 50ml unit-doses, 50



brush applicators, one adjustable finger ring and 50 fun stickers. It is available in three great tasting flavours: Strawberry, Bubble Gum and Melon. It has a two-year shelf life.

[www.dentaltech.com/sales@dentaltech.com](http://www.dentaltech.com/sales@dentaltech.com)

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## 9 // GIOTTO 101 Composite Painting Palette: The difference between Fluidity and Approximation, between Beauty and Perfection



Direct resin restorations present a laborious effort and consumption of time as well.

Dentists as clinicians must take on the role of dental technicians in sculpting the anatomy of the restoration and, as artists, elaborate the "aesthetics" of smile design, through a full understanding of the mechanical, physical and aesthetic properties of the available

composite resin. Facilitate the restorative procedure, with GIOTTO 101 Composite Painting Palette.

- It is the first device able to aid in controlling the fluidity of various portions of composite material simultaneously and in minimum portions as required for correct stratification and/or for finishing and characterizations.
- The convenience to get composite with a range of shades at the best flowability
- The perfect flowability improves adaptation to tooth structure, providing excellent cavity adaptation
- Enabling the minimum layer thickness and the shape and contour of the final restoration
- Helping to mimic the natural esthetics of teeth in all indications
- Greatly enhancing the manual dexterity of the operator, shortening working time
- By reducing stress levels, the practitioner can focus energy and attention on the know-how and perfecting both shade and form of the final restoration as it blends with tooth structure as a final restoration.
- Reduces the temperature rise during curing, encouraging the proper closing of the polymer chains, with significant improvement of the matrix of composites.



[www.diagram.it/info@diagram.it](http://www.diagram.it/info@diagram.it)

## 10 // Design meets ergonomics! New NEO dental unit from Fimet Oy



In the NEO dental unit, innovative new solutions meet stylish design. The NEO dental units are ergonomic, high-quality systems that can be customized to meet the needs of different customers. The motion range of the NEO dental unit is very wide, making it comfortable and ergonomic to use. There are multiple adjustment options to ensure comfort. The chair height can be set from 45 to 95 cm, ergonomically designed to ensure a comfortable working position while sitting or standing. The chair can be turned 45° in both directions. The suction head is adjustable from

the "3 o'clock" to the "9 o'clock" position. Additionally, the cuspidor can be turned sideways 90°, providing more work space for the assistant. The dental unit can be controlled with a wireless multi-control foot switch, joysticks and buttons on the instrument bridge and suction head. All user interfaces are clear and user-friendly.



[www.fimet.fi/fimet@fimet.fi](http://www.fimet.fi/fimet@fimet.fi)

## 11 // Brief Introduction of Shenghua Industry



Guangzhou Conghua Shenghua Industry Co. Ltd. (3H Dental) was established in 1997. Specializing in R&D and manufacturing of dental products: curing-light, scaler and glass optic fiber, scaler tip, etc. We adhere to the concept of producing the goods that customers request, innovating continuously for excellence, providing customers with the best products and services. We were accredited by ISO 9001 and ISO 13485 quality control system, Medical Device Registration Form and EU CE mark. All products have high quality at a low price and they are exported to more than 90 countries worldwide. We have a very high – reputation according to users around the world.



[www.shenghua-industry.com/sale@shenghua.com](http://www.shenghua-industry.com/sale@shenghua.com) Visit us at: *DenTech China 2012 Shanghai: Hall 3, booth S48-49, S70-712*

## 12 // Attractive Glass Abutment System Zx-27 - A unique technique in prosthetic dentistry of the new millennium



A unique progress in prosthetic dentistry and prosthetic, real tool and new alternative for progressively thinking dentists and dental technicians. This system brings new hope for many patients because it provides them with an esthetic, fix dental prosthesis even in cases where only partially removable prosthesis have been recommended. ZX-27 glass abutment system is unique because eliminates the problem of missing own abutments necessary for the application of fix dental prosthesis. Moreover, there is no need for any surgical intervention. ZX-27 glass abutments



fabricated of special material adhere to the alveolar arch mucosa in the edentulous parts of upper and lower dental arch and therefore replace the missing own abutments. Each patient receives his/her own personal ZX-27 glass abutment made of prefabricated piece treated both thermally and mechanically by certified dental technicians to match exactly his/her alveolar dental mucosa.

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[www.zx-27.com/hypodent@hypodent.sk](http://www.zx-27.com/hypodent@hypodent.sk)

Visit us at: *IDS Cologne 2013: Co-exhibition within Infodent booth at IDS 2013*

### 13 // Mectron Sinus Physiolift®: safe, simple and fast!



Mectron has recently brought out on worldwide market a new surgical kit for indirect maxillary sinus lifts. The Sinus Physiolift® is used with the crestal technique elevating the Schneiderian membrane with an innovative screw-lift and hydrodynamic pressure. The implant site preparation is completed by a new Piezosurgery® insert (OT9) which removes the sinus basal cortex and creates a 2.4 mm diameter access opening; Piezosurgery® ultrasonic micro-vibrations allow preparation of the maxillary sinus floor without damaging the Schneiderian membrane. The new Sinus Physiolift® technique is not traumatic for the patient since it does not involve osteotomes and a hammer. A flapless approach may be used if a primary stability higher than 40Ncm is expected. Multiple implant placements can be performed too: the sinus Physiolift® technique does not require a vestibular access thanks to the introduction of a second sinus elevator.



[www.mectron.com](http://www.mectron.com)

### 14 // IPD - Innovative state of the art interface



As a result of an ever-increasing demand for improved dental aesthetics and the rising use of CAD/CAM technology, IPD has created an innovative state-of-the-art interface that provides the utmost aesthetic results together with the practicality of stable screw retention. The interface is made of grade V titanium and compatible with all open CAD/CAM systems. The interface is specifically engineered to prevent the cracking of zirconia and its shape and surface allows for precise CAD/CAM scanning. IPD not only believes in innovation we also believe "the simpler the better", and that is why we designed our line of standardized prosthetic components for our interfaces such as the pantograph reader, castable abutment and work screw that regardless of the connection, are compatible with all of our interfaces



[www.ipd2004.com](http://www.ipd2004.com) / [Export@ipd2004.com](mailto:Export@ipd2004.com)

### 15 // Normon: Experience and Technology on the manufacturing of dental anaesthesia



Normon, the generic manufacturer leader in Spain, and also the leader in dental cartridges with more than 60% share of market, is now ready to offer its manufacturing experience to companies throughout worldwide. The main concerns of the companies, seeking for cartridges manufacturers are quality, guarantee on supply and regulatory support. Normon, continuously updates the manufacturing plant. Estimated annual production capacity is over 130 million units of pharmaceutical products (116 million in 2011).



The new investments in the latest technology in dental cartridges manufacturing lead Normon not only to commit with the customers needs but to be able to follow up the possible growth of its partners even facing an unexpected success. Normon has launched European procedure to obtain the necessary Marketing Authorisation for these pharmaceutical specialties, so the interested customers will only need to join the procedures at advanced stages.

[www.normon.es](http://www.normon.es) / [snava@normon.com](mailto:snava@normon.com) Visit us at: CPhI 9-11 October 2012 Feria de Madrid, Spain: Hall 7, booth 7F43

### 16 // New Implant LED Motor manufactured by Mariotti



MiniUnikoC.L combines ease of use and practicality with second-to-none performances concerning the torque value, it's endowed with full safety and operating precision with every implant system and it's compatible with handpieces and contra-angles (with or without optic fiber) found on today's market. The device set includes the control-unit with a wide display and a capacitive "touch" keyboard for an immediate use and the brushless motor of the newest generation with high luminosity LED light. Moreover the set contains the multi-function foot-control, the stainless steel bar, the handpiece support and two irrigation tubes. The maximum Torque is limited to 60Ncm, the peristaltic pump maximum irrigation is 90 ml/min, the control-unit dimension is mm 245x245x100.



The Spraying is adjustable through the peristaltic pump until a flow rate of 90 ml/min. The multi-function foot-pedal controls the motor (with variable speed), the reverse, the spraying and it can retrieve the 10 saved user programs.

[www.mariotti-italy.com](http://www.mariotti-italy.com) / [info@mariotti-italy.com](mailto:info@mariotti-italy.com)

## 17 // NewTom Cone Beam 3D Imaging



NewTom is the name for a line of state-of-the-art CDCT scanner for dento-maxillo-facial applications, the first to be industrially produced. With high-resolution flat panel detectors, and powerful X-ray sources with a very small focal spot (0.3mm), it produces the sharpest image possible with today's technology. NewTom VGi is directed to the DMF radiology specialty with focus on implantology, orthodontics, maxilla-facial surgery and ENT diagnosis. NewTom optimizes the use of radiation via its unique SafeBeam™ technology: X-ray are pulsed only

in synch with the acquisition of raw images, in this way, the actual absorbed dose is typically 20-50 times less than with a comparable exam with a conventional MSCT. A proprietary NNT software, which creates images perfectly compatible with third party software, different fields of view and reconstructed volumes, and various modes of operations depending upon the clinical application, is featured.



[www.newtom.it/info@qrverona.it](http://www.newtom.it/info@qrverona.it)

## 18 // GAMMAFIX, new sterilization trays



Medesy, Italian manufacturer with 600 years of history and tradition, is glad to introduce GAMMAFIX, a new range of sterilization trays. The quality and functionality of these trays facilitate the cleaning and sterilization process. We selected the finest stainless steel to withstand the thermal shock caused by the constant sterilization cycles. The range includes

4 different colours of silicone, to better organize the trays, by type or use. The type of silicone we chose for our trays meets the approval of the strictest food and drug standards. Their special shape allows an extremely safe handling of the surgical instruments during the washing and sterilization phases. Thanks to GAMMAFIX trays you will be able to reduce the preparation time as they could be organized in handy and practical set ups, avoiding the dangerous and expensive manual sorting of instruments. Additional information can be found at [www.medesy.it](http://www.medesy.it) or contacting us at [info@medesy.it](mailto:info@medesy.it)



[www.medesy.it/info@medesy.it](http://www.medesy.it/info@medesy.it)

## 19 // Perflex LTD- Metal free and aesthetic denture



Perflex develops continuously innovative new formulas of thermoplastic compounds, by injection molding systems for dental laboratories, allowing the creation of durable, light weight and natural looking dentures with invisible clasps. We are proud to introduce, a premium thermoplastic material: T-CRYSTAL the most advanced thermoplastic for aesthetic ad comfort denture of today's modern dentistry. Can be relined with acrylics, no material reinforcement. Suitable for all kinds of denture. Our current line of new formulas of improved thermoplastics, no need for metal reinforcement. Suitable for



all kinds of denture. Our current line of new formulas of improve thermoplastics. T-crystal for all kind of denture in top 12 innovations for IDS 2011!!

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- Acry free - non allergenic acrylic for full and partial dentures Perflex offers a compact-automatic injector
- SMART 101, including a complete starter kit. Perflex owns a dental laboratory for training courses. We also provide full on-site product training.

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

## 20 // Improve your work efficiency by using "REXTAR-X" - Be part of Innovation with POSDION



Our Rextar Series provide the most sharp and clear images by using high quality components such as 0.4 mm focal sport and 12 degrees target angles. Also, this series are designed with both safety and comfort in mind. Rextar-X is the most convenient and light portable dental X-ray device on these Posdion's Rextar Series. Rextar-X which is having with compact size and light

weight is required to make an exposure with only one hand and minimizes errors causes by incorrect patient positioning and makes patient positioning quick, precise and easy. In addition, It is available to control the patient freely from all directions by operations so the user can easy to follow the actual patient's specific jaw anatomy. Rextar X has also ability to change saved exposure time depends on person with different tooth types and each situation. By using Rextar X with smart exposure control system, you can improve your work efficiency.



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## 21 // TEKMIŁ: The First Dental Chair and Unit Manufacturer in Turkey



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# Focus on Nigeria



## Facts & Figures

Capital:  
Abuja

Monetary  
unit:  
1 Nigerian  
naira

Life expectancy:  
52 years (men),  
53 years (women)  
(UN)

GNI per capita:  
US \$1,180  
(World Bank,  
2010)

Largest city:  
Lagos

Major languages:  
English (official),  
Yoruba, Ibo, Hausa

Main exports:  
Petroleum,  
petroleum  
products,  
cocoa, rubber

Population:  
162.4 million  
(UN, 2011)

Major  
religions:  
Islam,  
Christianity,  
indigenous  
beliefs

Source:  
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**T**he Federal Republic of Nigeria lies in Western Central Africa, on the Gulf of Guinea. It became a democracy in 1999 and it is Africa's biggest oil producer and most populous country with 160 million inhabitants and more than 250 ethnic groups.

The northern part of the country is mainly populated by Muslim while Christians live predominantly in the South-Eastern states. Part of the population still belongs to traditional African religions. Poverty is a pressing issue as it affects 70% of population, 37.5% of which is categorized as living in extreme poverty.

Moreover, security concerns arise from ethnic and religious tensions as well as separatist claims that often burst into violent conflicts and attacks, especially in Northern Areas where the imposition of Islamic law forced thousands of Christians to move out of the region.

### Economy

According to the Economist, Nigeria's economy may become Africa's biggest economy in 2016.

The latest "Economic Outlook" released by the Nigerian Statistical Office shows encouraging GDP figures:

- after several years of sustained growth at 7-8%, the country's GDP is projected to grow by 6.5% in 2012 (a decline from 7.6% recorded in 2011)
- over 7% average growth rate in the period 2013-2015

Nigeria is one of the world's richest countries in natural resources:

- 12th largest oil producer
- 8th largest oil exporter in the world
- 7th largest natural gas reserve

However, the oil sector suffers the lack of adequate infrastructure and refining industry, and it is subject to corruption and mismanagement; it also arises contestations among activists that claim a greater share in revenues from this sector that generates wealth only for a small part of the local population.

**Inflation** is another problematic issue, even though the average rate decreased from 13.8% in 2010 to 10.9% in 2011. The projected inflation rate in 2012 will be 13.5%, and it is expected to remain around 12% until 2015.

**Nigeria's government has set the ambitious goal to become one of the top 20 economies of the world by the year 2020 and is therefore revising its policies to diversify the economy and ensure more inclusive growth.**

In an interview at the 2012 IMF World Bank Spring Meeting in Washington D.C. Mrs Ngozi Okonjo-Iweala, Nigeria's Finance Minister, claimed that some steps in this direction have already been done with higher **investment in agriculture and infrastructure** development, and support programs for young entrepreneurs.



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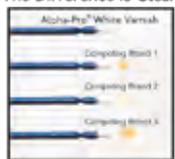
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# Country Overview

The Federal Republic of **Nigeria** lies in **Western Central Africa**, on the Gulf of Guinea.



## Africa's

- biggest oil producer
- most populous country

160 million inhabitants & more than 250 ethnic groups.

**Nigeria** is one of the world's richest countries in **natural resources**:

- 12th** largest oil producer
- 8th** largest oil exporter in the world
- 7th** largest natural gas reserve

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The Minister stated that current government focus is on investing in sectors that are **job-creating**. As the oil and mining sectors are more capital-intensive and do not provide enough employment to benefit large shares of the population, agriculture and manufacturing are the two sectors that can better serve this purpose.

According to the Manufacturers Association of Nigeria, **manufacturing** contributes less than 5% to the country's GDP and industrial capacity is between 35% and 40%, but the sector is growing at annual 10%, despite challenges such as power supply interruptions, high financing costs, poor transport infrastructures and a complicated import tariff regime.

The strongest manufacturing segments are food and beverage (22%), cement, textiles and household chemicals, while most electrical consumables are imported from Asia. The manufacturing sector is mainly concentrated in greater Lagos, while heavy industry complexes and chemical, pharmaceutical and engineering conglomerates are located in South-Central and South-East Nigeria.

Moreover, several tertiary sectors are developing: telecommunication registered 34.7% growth in 2011, while wholesale and retail, building and construction, hotel and restaurants and real estate all grew between 10-12%.

Reducing the dependency on oil and developing job-creating sectors is therefore crucial to make growth more inclusive by extending it to rural areas that experience significantly higher poverty rates than the cities.

### Investment incentives

Mineral resources and agricultural products are the traditional sectors of investment in Nigeria, but leather and textile industry are also expanding. As a result of debt reduction agreements, Nigeria was the first African country to fully pay off a debt of about \$30 billion.

Although high import tariffs and import bans were introduced due to protectionist and import-substitution policies, Nigeria is relieving taxes on several import products while at the same time trying to encourage local source of raw materials to be processed in the country and re-exported.

The Nigerian government is adopting measures aimed at attracting foreign investment into the country. As reported by the Ministry of Foreign Affairs, the Companies Income Tax Act has been amended to the purpose and the current **income tax rate** in all sectors except for petroleum.

**Nigeria's government has set the ambitious goal to become one of the top 20 economies of the world by the year 2020 and is therefore revising its policies to diversify the economy and ensure more inclusive growth.**

Other tax measures include the Pioneer status tax holiday which is currently granted to 69 pioneer industries (including medical manufacturing industries) located anywhere in the Federation and the "Seven-year tax holiday" for industries located in economically disadvantaged Local Government Areas.

In particular, a pioneer industry located in one of such areas has 100% tax holiday for seven years plus additional capital depreciation allowances.

Moreover, investments in R&D are encouraged as **120% of R&D expenses** are **tax deductible** if carried out in Nigeria related to the business generating the revenue.

Since the Nigerian Investment Promotion Commission Act was approved in 1995, foreign investors may own 100% shares in any company and repatriate their profits and dividends net of taxes through an authorised dealer in freely convertible currency.

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# Basic Health Indicators



Source:  
UNIDO, UNICEF; Nigerian Health Journal

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**Double taxation agreements** with a number of countries allow tax payable in Nigeria on profits of a Nigeria company being remitted into the country to be reduced by the amount of "foreign tax" paid abroad. Nigeria has DTA with UK, France, Netherlands, Belgium, Pakistan, Canada, Czech Republic, Philippines and Romania; negotiations are in progress with other countries like Turkey, Russia, India, and Korea. Companies investing in Nigeria are obliged to register with the Corporate Affairs Commission which has recently established regional offices.

**Healthcare**

According to a report released last year by the UN Industrial Development Organization, Nigeria's health indicators are still too poor to meet most of the targets for the Millennium Development Goals (MDGs) set for 2015.

The main challenges in Nigeria's healthcare system include:

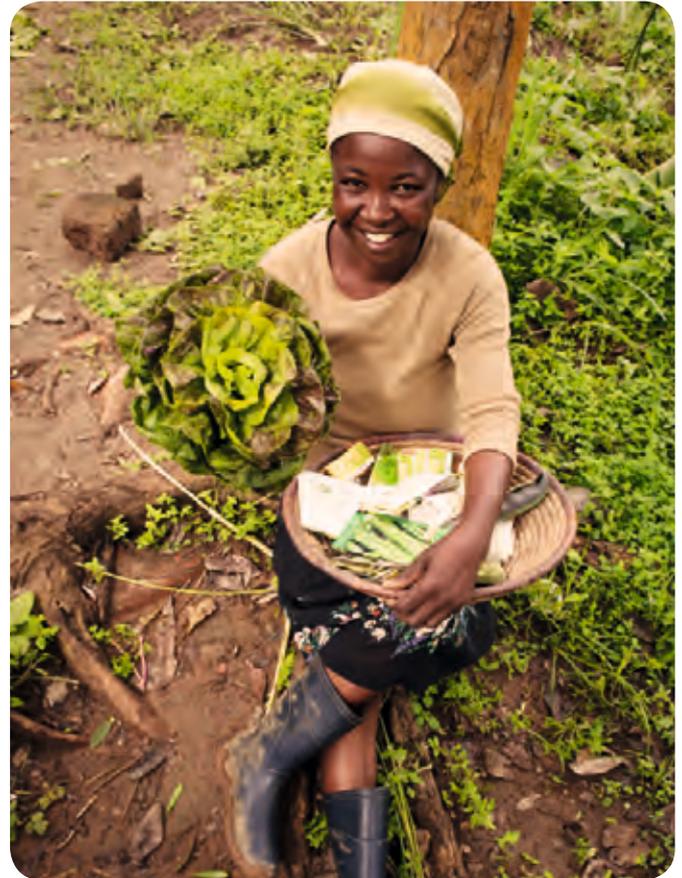
- fragmented health service delivery
- inadequate and inefficient financing
- weak health infrastructure
- inefficient distribution of the health workforce
- lack of management and poor coordination amongst key players
- low motivation among health workers
- frequent stock-outs of essential medicines and supplies

Despite the existence of numerous primary health centres and a relatively high level of investment in health, good-quality basic health services are not easily available to poor people as their distribution, as well as the referral system, is insufficient.

Primary healthcare is under the responsibility of Local Government Authorities in charge of providing basic care, education and prevention, diagnosis and treatment for most common diseases. They refer complicated cases to secondary care centres such as comprehensive health centres and hospitals treating minimal complex cases in medical, surgical, paediatric and obstetric care, while more complicated cases are referred to the tertiary or specialist hospital.

As reported in the paper *"Infrastructural distribution of healthcare services in Nigeria: An overview"* (Journal of Geography and Regional Planning, 2009) the comprehensive health centres are often privately owned (such as Gold Cross Ikoyi in Lagos, Victory Hospital, Ijebu-Igbo) whereas general hospitals are owned and funded by government

(such as Ijebu-Ode, Ikeja, Ilesha, Oluyoro in Ibadan, Abeokuta). Primary health centres are mainly associated with rural and semi-urban environments or mixed population, while general hospitals are located in the state capitals and a few other big towns.



A tertiary or specialist/teaching hospital handles complex health cases either as referrals from general hospitals or on direct admission to its own. Teaching hospitals also conduct researches and are often university-based (such as Lagos University Teaching Hospital, [LUTH], University College Hospital (UCH), Ibadan, The National Orthopedic Hospital, Igbobi Yaba, The Psychiatric Hospitals in Aro, Abeokuta and Yaba in Lagos, National Hospital in Abuja, University of Nigeria Teaching Hospital, Enugu, etc.).

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Tertiary hospitals are controlled and funded by the Federal Government and by some states that have and run state universities, so they are mainly urban-based. As they need to be accredited for teaching purposes, such hospitals must meet international standards in terms of equipment, specialists and auxiliary staff.

Dr. Olumuyiwa Odusote, Chairman of the Lagos State Medical Guild, recently recognized that 70% of healthcare services in Nigeria are provided by private hospitals, and therefore not accessible to many Nigerians who cannot afford to pay for them, while public health institutions are under-staffed and ill-equipped to meet demand. This remarks the need to increase the implementation of the National Health Insurance Scheme as only 10% of the population can benefit it.

## According to the World Bank that is allocating \$150 million for the Nigeria State Health Investment Project, the country's government has started addressing the issues that prevent poor people from accessing basic healthcare.

Maternal and child health are a particular concern due to the high rate of infant mortality and the difficult access to proper healthcare for the majority of population also accounts for low life expectancy still registered in the country. Moreover, the burden of diseases such as malaria and HIV is also high.

Other categories of healthcare services that have been given high priority include non-curative components of primary health care, such as sanitation health education, national preventive campaigns against childhood diseases and free compulsory immunization programs.

The main problem of the Nigeria's health system is the uneven distribution of healthcare services, favouring the urban areas where the majority of educated Nigerians, government functionaries and richest groups live, while rural population remain largely underserved.

According to the World Bank that is allocating \$150 million for the Nigeria State Health Investment Project, the country's government has started addressing the issues that prevent poor people from accessing basic healthcare. Some Nigerian states such as Adamawa, Nasarawa and Ondo are introducing changes at the health center level based on so called "Results-Based Financing", a performance-based incentive approach, currently focused on maternal and child health. The World Bank has destined \$21.5 million to fund, among other things, an impact evaluation to test the success of the approach in the three pilot states and its applicability to the other states of Nigeria.

### The role of the private sector

The limited ability of the public health system to meet the demand for healthcare of the whole Nigerian population implies as a possible solution an increased role played by the private sector. It could act as a partner in providing quality health services, especially to rural, lower-income, and remote populations that are currently finding more barriers to access them. A study conducted by USAID on the potential outcome of a greater engagement of the private sector in Nigeria's health system shows some interesting figures on this topic:

#### Number of private medical professionals

**Doctors:** 20,000 (roughly the same as in public sector)

**Nursing staff:** 60,517 (about 50% of public)

**Laboratory staff:** 8,456 (42% of public)

**Pharmaceutical staff:** 2,202 (16% of public)

**Total private medical staff:** 111,587 (288,061 public)

Source: USAID



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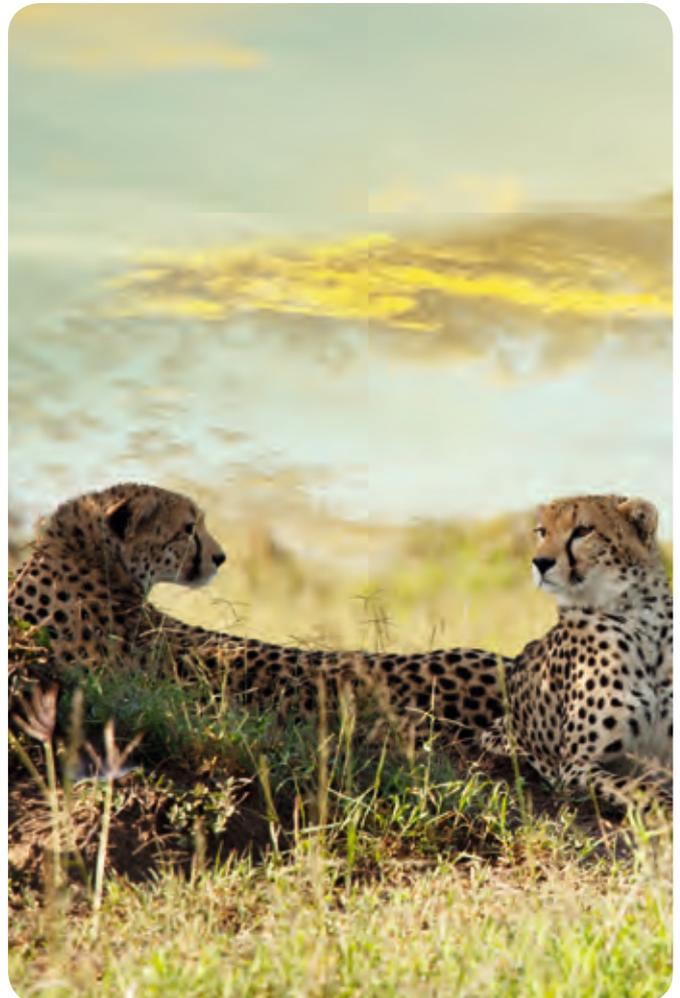
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This means that a urban resident has access to nearly three times as many public sector doctors and four times as many private sector doctors compared with a rural resident; moreover, he or she also has access to twice as many nurses/midwives overall. Rural residents have therefore access to much fewer numbers of doctors and nursing staff compared to urban residents across both the public and private health sectors.

According to the study, private health facilities attract new graduates (doctors as well as nurses) at a higher rate than public health facilities. Despite being concentrated in few geographic zones, and lower in number compared to the public sector, private facilities employ more than their proportionate share of Nigeria's doctors.

USAID estimates that by assuming current entry/exit rates, the stock of private sector nursing staff will be almost constant in the future, while the total number of private of doctors will grow over time, potentially widening the gap with the public sector.

Telemedicine is seen as a promising instrument to favour rural and semi-urban communities that lack access to healthcare facilities. As part of Nigeria's agenda for universal access to primary healthcare services that aims at providing access to a form of healthcare service within 15 kilometers to every Nigerian by 2015, technology infrastructure development, capacity building and training for healthcare personnel are all priority areas for health investment.



The Society for Telemedicine and e-Health in Nigeria (SFTeHIN), is encouraging adoption by of telemedicine by hospitals, public agencies and private healthcare operators including social entrepreneurs who work in rural communities.

In May 2007, the Nigerian Communications Commission (NCC) issued third generation (3G) licenses to four telecommunications companies to pave the way for high speed voice, data and video transmission networks.

### Supply of medical equipment

Most of medical equipment and pharmaceuticals in Nigeria need to be imported as local production is limited to peripheral items such as hospital beds and gurneys due to lack of infrastructure and know-how to produce more sophisticated medical equipment.

As malaria is on of the most common diseases especially among young children and pregnant women, equipment for preventing and treating malaria cases is particularly needed.

## As part of Nigeria's agenda for universal access to primary healthcare services by 2015, technology infrastructure development, capacity building and training for healthcare personnel are all priority areas for health investment.

According to a market insight by Global Impact Consulting, demand for medical equipment derives both from public and private sector which also account for much of the imports and informal exports to West Africa. The private sector is also the main purchaser of refurbished and used medical equipment. The same report highlights the opportunities for professional training and environmental services to address the lack of specialist expertise in many specialized fields and the current shortage of cutting-edge technology application in most healthcare institutions in Nigeria.

Another market analysis from Frost & Sullivan estimates that revitalisation and new hospitals' market, valued at \$125.4 million in 2010, is going to reach \$149 million by 2017. The emerging Nigerian middle class is said to be adopting more Western lifestyles that impact on the increase of non-communicable diseases and lead the richest part of the population to seek private care in order to access better quality and avoid long waiting lists that are common in the public sector.

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The rising demand for specialist healthcare services is driving the construction of new hospitals although the high costs due to the necessity to import most of the machinery and materials except for those that can be sourced locally. Moreover, power and water supply may be an issue.

Public-private partnerships are usually a good way to invest in the health sector as it expands available financing while improving efficiency and enhance quality of health services through more rapid investments in infrastructure and new medical technology, which in turn holds the potential to attract and retain more expertise and better performing staff. On the other hand, the private sector may benefit from under-utilised government operating theatres, equipment, and buildings.



**“In Nigeria and other developing countries, sustainable access to healthcare and other socio-economic services and products can be accomplished through public-private partnerships, where the government delivers the minimum standard of services, products and or care, the private sector brings skills and core competencies, while donors and business bring funding and other resources. Such collaborations will be especially productive in promoting poverty alleviation through micro-finance, enhancing health through partnerships as has been the case with polio eradication and other childimmunization efforts.”**

Foundation for Public-Private Partnerships, Nigeria

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## Oral Health

In an article released by the Nigerian magazine "Vanguard", an evaluation of Nigeria's oral health indicators shows that preventable conditions such as dental caries, periodontal diseases, oral cancers and oral manifestations of HIV infection are increasing and the need for treatment remains largely unmet.

In his lecture entitled "Current Trends in Oral Health Care in Nigeria: Forging the Way Forward", Dr 'Bimpe Adebiji, Head of Dentistry Division and Chief Dental Officer at the Federal Ministry of Health, identified some of the reasons for the poor oral health profile of Nigeria:

- low oral health awareness among policymakers and the population
- misconceptions about oral health
- absence of framework for oral health financing
- inadequate consideration for oral health in the primary healthcare system

Although the Ministry of Health has devised a new oral health policy, there is still enormous work to be done to overcome such obstacles, especially as regards the low awareness of the importance of oral health which is common even among educated Nigerians, while the majority poorer and non-educated people don't even ever go seeing a dentist.

The National Oral Health Policy acknowledges the need to integrate oral health in the general health system and particularly with primary healthcare services, together with the implementation of an effective referral system.

The government aims at providing accessible, efficient and sustainable oral health to the Nigerian population, with special focus on prevention, early detection and prompt treatment of oral diseases especially for infants, children, adolescents. The number of dentists and dental technicians is estimated at 2,482.

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# Outlook on Mongolia

### Economy and development

**L**andlocked between Russia and China, Mongolia is the fifth-largest Asian country, with a total area of over 1.5 million km<sup>2</sup>, three times that of France, and a population of only 2.8 million (UN figure). The population density per square kilometer, 1.7, is the third-lowest in the world.

About 50% of Mongolians live in the capital city, Ulaan Baatar, while the other half of the population are nomads scattered across the territory and employed in agricultural activities and cattle breeding, producing cashmere, meat and dairy products.

In 1990 the People's Republic of Mongolia, a one-party state heavily influenced by the Soviet Union, went under a peaceful revolution that brought the country to a democratic system and a gradual shift from a centrally planned to a market economy.

After an economic collapse due to the abrupt introduction of reforms, during the last decade Mongolia has experienced sustained GDP growth at the annual rate of 3.8%, peaking at 14% in 2011. According to the World Bank's "Mongolia Quarterly Economic Update" released in June, the Mongolian economy keeps expanding as it grew by 16.7% on the same period of last year and the IMF forecasts average 14% annual growth between 2012 and 2016.

Inflation is also rising and reached 16% in April, while the slowdown in the Chinese economy, Mongolia's largest trading partner, is hampering exports. Services are growing, with wholesale and retail trade increased by 51% and transport by 11% in the first quarter of 2012.

Much of this growth was due to the discover, in recent years, of huge mineral resources including the world's largest copper reserves, the second-largest coal reserves and deposits of rare earths, as well as relevant onshore oil, gas fields and deposits of minerals such as uranium, tungsten and zinc.

It is expected that the mining industry will boost the country's economy by generating a massive amount of revenues (the percentage increase in the period May 2011 – May 2012 was over 17%) that will be employed by the government to develop secondary industries to move up the value chain and use the country's wealth to improve its infrastructures and services. The Oyu Tolgoi mining project, forecasted to account for more than 30% of the country's GDP by 2020, promises to have significant spillover effects on the economy.

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However the challenge posed by the country's transformation into a global source for raw materials and minerals lies in the appreciation of currency (the Togrog) and inflation that may negatively impact on the other local industries such as that of cashmere, with particularly harmful effects on the 29.8% of the population that still lives in poverty, although the figure has dropped dramatically from the 39.2% registered in 2010.

Another problematic issue is the environmental risk associated with mining activities and related pollution, towards which Mongolia's population, that mainly belongs to Buddhism and shamanistic religion, has a very careful approach. The government aims at regulating this industry, which is set to bring unprecedented wealth into the country, according to principles of sustainability and responsible mining.

Considering the turbulent global economic conditions the government of Mongolia is expected to adopt measures that seek macroeconomic stability and may reduce the amount of public expenditure, at the same time focusing it on infrastructure and investment in the human capital to enable the country's population to take advantage of its mineral wealth.

The National Development Strategy envisaged for the years 2010-2015 include:

- Targeting the energy problem using domestic producers
- Starting oil and raw material processing to integrate the simple extraction or mining activity with more technology-intensive industries
- Establishing industrial parks
- Keep public investment at 8-10% of GDP



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### Healthcare system

As reported in the "Mongolia: Health System Review" published by the European Observatory on Health Systems and Policies, the health system in place in Mongolia during the communist era, known as Semashko, was based on free public provision of healthcare centrally administered by the government, but the transition from a centrally planned economy to a market-oriented system impacted on health financing as the interruption of financial support by the Soviet Union came together with the economic recession after disruptive market reforms. As Soviet aid used to contribute 30% of Mongolian GDP, the health budget was significantly reduced by the change.

Health care is delivered at three levels:

- Primary care:** family group practices in Ulaan Baatar and "aimag" (provincial) centers; "soum" (district) and "inter-soum" hospitals in remote rural areas;
- Secondary care:** district general hospitals in Ulaan Baatar; "aimag" general hospitals in the provinces;
- Tertiary care:** major hospitals and specialized centers in Ulaan Baatar. Besides the three general hospitals, there are specialized centres for cancer, infectious diseases, prosthetics and injuries, maternity, skin diseases, elderly and psychiatric care among others, ranging between 150 and 350 beds, as well as a foreign-run tertiary hospital.



## Innovative Model Tray System Patent Item

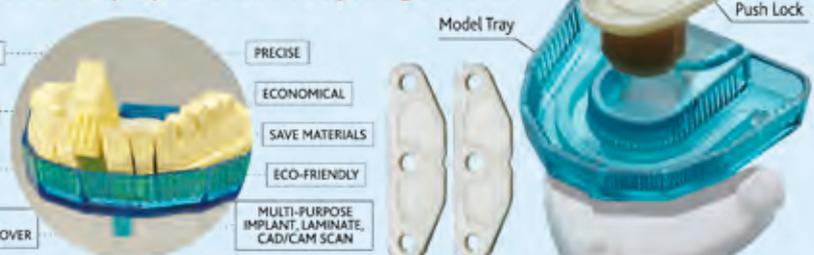
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### Healthcare facilities in Mongolia, 2007

Specialized hospitals	15
Regional diagnostic and treatment centers	3
“aimag” general hospitals	18
District general hospitals	9
Rural general hospitals	4
“intersoum” hospitals	35
“soum” hospitals	288
Family group practices	229
Private clinics	857

(Source NCHD)

### Healthcare figures, 2009

Per capita health expenditure (PPP int. \$)	167
Health expenditure as % of GDP	4.7
Life expectancy at birth	69
Physicians per 10,000 population	27.6
Nurses & midwives per 10,000 population	35

Health financing comes from state and regional budget after some decentralization reforms took place in the early 1990s, international grants and loans and out-of-pocket payments. In 1994 a health insurance system was added to integrate funding for healthcare but in 2005 it covered only 77.6% of the population. Expanding coverage is difficult due to bureaucracy, wide informal sector, high levels of internal migration and poor quality of health services undermining people's willingness to get insured.

Compulsory universal coverage was introduced by the 2002 revision of the Health Insurance Law and since 2006 a package of essential services is provided to all citizens, whether or not they are insured, through state financing, including public health, prevention and primary care services, as well as treatment in “soum” hospitals, infectious disease control structures and ambulance services.

Other health services, referred to as complementary package, are covered under social health insurance, higher co-payments and user fees and donor funds; these services are mainly delivered at the secondary and tertiary level of care.

According to the above mentioned report, the current situation of the health system resembles that of other developing countries as most resources are directed towards inpatient care and hospital services due to funding mechanisms based on bed capacity and traditional managing habits.

In an interview appeared in the online magazine AsiaOne, Mongolia's Vice-Minister for Health, Dr Tsolmon, stated that the most pressing challenges for the country's health system is the poor status of transportation infrastructure that makes timely diagnosis difficult, and lack of quality equipment in hospitals.

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The Minister claimed that the government aims at increasing budget allocation for the health sector to 6% of GDP. Another area of focus is e-health, due to the vastness of the Mongolian territory, to better integrate remote regions in the healthcare system and build a comprehensive database to enable people living in countryside and in most remote areas to get early diagnosis and proper treatment.

### Dentistry

Dental workforce in Mongolia comprises dentists, dental nurses and dental technicians. About 120 dentists and 30 dental technicians graduate every year, mainly in the School of Dentistry of the Health Sciences University of Mongolia, as only in 2004 a private dental college was established in Ulaan Baatar. According to information reported at the Interface Oral Health Science 2011 Symposium there are currently about 900 dentists and 160 dental technicians in Mongolia.

The dentist-to-population ratio is very low and the need for dental professionals is going to increase along with the growth of the population, which is expected to reach 3.9 million by 2020. The geographic distribution of dentists is also very uneven and concentrated in urban centers, especially in Ulaan Baatar where about 80% of dentists live and work, 30% in public health facilities and 70% in private practice.

Although costs for public dental services are reimbursed, those who can afford it prefer to seek private care, whose fees are not regulated. As regards the supply of dental equipment and materials, it is totally dependent on imports.

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# A profile of the dental sector in Australia

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## The dental system

Australia has a predominantly private dental system with only a residual public dental service.

**States and territories** are the current providers of most public dental services and are responsible for water fluoridation. They provide emergency dental care and general dental treatment to eligible adults and school aged children.

For adults, access is largely determined by eligibility for concession cards allowing access to public dental services from age 18, with the exception of Queensland where eligibility is above the tenth year of age. The type of concession card and the amount of co-payment varies from state to state. There are up to approximately 400,000 patients on public dental waiting lists and although the figure has been decreasing from previous years, the waiting time has been increasing; in South Australia, for instance, preschool children may wait up to two years for general anaesthetic for dental treatment in public hospitals.

Children are seen as a matter of priority for emergency and general services with no significant waiting periods for care. Their eligibility criteria, co-payments, models of service delivery and level of clinical services available also vary across the states and territories. For example, Western Australia, Queensland and South Australia have dedicated school dental programs. The Northern Territory uses a hybrid model consisting of community-based services and school dental programs. New South Wales, Victoria, Tasmania and the Australian Capital Territory rely predominantly on community-based clinics.

**Commonwealth government** subsidies benefits for patients with chronic diseases under the "Enhanced Primary Care" plan from a general practitioner, accessing diagnostic and treatment services and supply of prostheses, including dentures, to a benefits cap of \$4,250 over two calendar years (with a rebate of up to \$220 per year). However, the current Government plans to stop this program in order to redirect funding towards providing assistance to concession card holders by contracting the states to provide additional public dental services.

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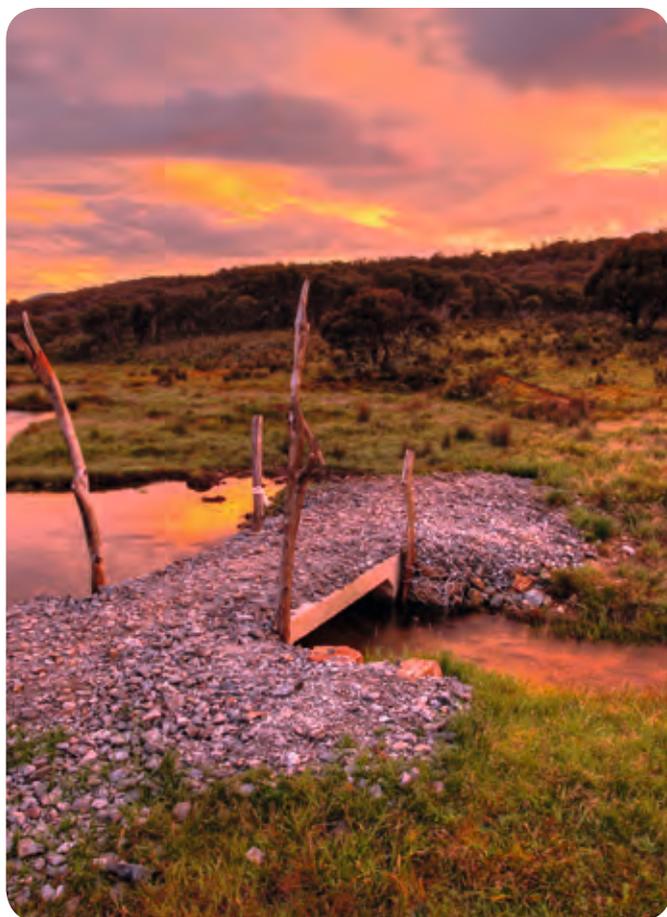
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The Commonwealth also provides up to \$163.05 per eligible teenager towards an annual preventative dental check through the Medicare Teen Dental Plan (MTDP) and supports several other sectors such as cleft lip schemes, defence, army and veterans, university education of dental practitioners, dental training and service provision in rural areas, a 30% tax rebate on private health insurance, dental services for Aborigines and in Christmas and Cocos Islands and other more.

All non-concession card holders, included low income people, and those ineligible for Commonwealth programs, must fund their own dental care and may access it only through the **private sector** that offers a comprehensive range of services including emergency and general dental as well as more complex and costly treatments such as orthodontic and endodontic services.

**Private health insurance** covers 50% of adults and slightly less than half children up to 12 years old. Concession card holders also tend to access private dental care, with approximately two thirds visiting private dentists and 26.8% having a private insurance. A further 35% of the population do not have private health insurance but use the services of private dental practitioners.

In 2011, the average benefit paid by insurers for dental treatment was 50.3%. General dental coverage offered by insurers typically includes dental services such as cleaning, removal of plaque, x-rays and small fillings, while a second level of coverage includes major dental treatments such as orthodontics, wisdom teeth removal, crowns, bridges and dentures.

People with private health insurance generally visit the dentist more often than the others. 70% of privately insured are likely to visit for a check-up compared to 43 % of uninsured people.



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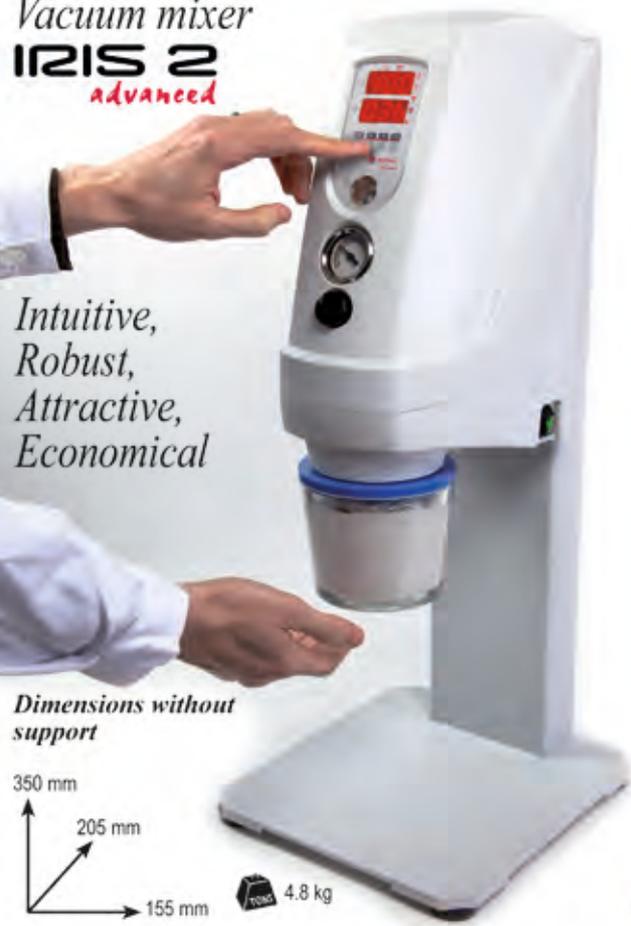


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The average visits for the majority of the population is below the adequate standard as lower income people cannot afford private services and concession card holders often do not receive early treatment due to lack of funding.

The Australian Institute of Health and Welfare (AIHW) reports that in 2009-2010 total expenditure on dental services in Australia was \$7.69 billion, so divided:

- \$4.69 billion by individuals
- \$1.25 billion by the Commonwealth Government
- \$1.07 billion by private health insurance premiums
- \$628 million by State and Territory Governments

61% of total expenditure is funded by individuals, accounting for the dominant role played by the private sector in the Australian dental system.

The government has recently announced an investment of over \$500 million for dental care over the next four years. In a media release, ADA President, Dr Shane Fryer, stated that although "What has been outlined is a fraction of what is needed to address Australia's dental health shortfalls", "it does create a solid foundation for the ongoing improvement of the oral health of Australia's disadvantaged."

Such investment is expected to help reducing long waiting times, but considering the overwhelming majority of dentists working in private practice, Dr Fryer stressed that the government needs to devise more measures to broaden access to private services. However, improvements in infrastructure and the employment of more dentists and other dental practitioners will help Australians access dental care earlier.



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The other pressing issues remain the **need to invest more in education** to raise better awareness about the importance of good oral hygiene habits, as well as to provide financial incentives for dental professionals moving in rural and remote communities that are currently underserved. Within this framework, the Voluntary Dental Graduate Year Program introduced in 2011 Federal Budget might be used as a recruitment drive for rural dentists and dental practitioners in the public sector by providing a “significant educational component that will improve the graduate’s skills,” added Dr Fryer.

The ADA has also proposed a **Dental Access scheme** to address the need for equitable dental care to Australians by targeting funding for dental care to people who have the greatest financial and oral health need. It is outlined as a program focusing on the 30% of Australians who cannot access appropriate dental care, by directing more funds towards this particular group of disadvantaged people rather than allocating a thinner amount of resources for the entire population.

Financing mechanisms devised include personal funding caps rather than narrow schedules of services, with a bias towards preventive and restorative dental care and improved funding and for community oral health promotion based on individual responsibility.

### Dental Workforce

The dental labour force comprises dentists, dental specialists and allied practitioners, including dental hygienists, dental therapists, oral health therapists (dual-qualified hygienists and therapists) and dental prosthetics.

#### Dentists (general practitioners)

Share of dental workforce	67%
Total practicing	11,900
Share in the private sector	4/5

#### Dental specialists

Share of dental workforce	9%
Total number	1,440
Orthodontists	39%
Maxillofacial surgeons	13%
Prosthodontists	12%
Periodontists	12%
Endodontists	10%
Paediatric dentists	6%

#### Allied dental practitioners

Total number	3,800
Share of dental workforce	
Dental therapists	8%
Dental prosthetists	7%
Dental hygienists	6%
Oral health therapists	4%

As a whole, the density of dentists (including dental specialists) grew in the last decade from 46.9 to 54.1 practising dentists per 100,000 population. Supply was highest in the Australian Capital Territory and lowest in Tasmania and the Northern Territory, with all other states around the national average. Capital cities have more dentists per capita than other areas, tripling that in remote areas. However, between 2000 and 2009 these areas registered an increase up to 40%.

### The dental industry

According to the Australian Dental Industry Association (ADIA) 97% of dental equipment and consumables on the Australian market is imported, with the value of imports estimated at \$417 million in 2009, mainly from USA, Germany, Thailand, Switzerland and Ireland accounting all together for 62%.

ADIA reports that the sale of dental equipment, product and services reaches \$800 million per year, excluding over-the-counter (OTC) retail sales to the general public of toothpaste, toothbrushes and other consumer dental products.

The average firm in the Australian dental industry is small, with average revenue estimated at just \$800,000. However, industry benefits from an average annual growth rate of 3.8% in revenues from private dental services, as estimated by IBIS World’s market analysis.

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Trade to GDP Ratio:	376%
Labour force:	3.7 million
Unemployment rate:	4.3%

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## An international business hub

The 2011 World Economic Forum Financial Development Index ranked Hong Kong first above former top cities New York, London and Singapore. Since its reversion in 1997 Hong Kong is a Special Administrative Region of the People's Republic of China (PRC), with a separate political and legal system, based on the so-called 'One Country, Two Systems' concept. This basically means that except for foreign affairs and defence, Hong Kong is an economically autonomous region, with its own currency, customs jurisdiction and common law legal system distinct from the PRC. Such elements have helped Hong Kong maintain its attractiveness as an international business city although the increasing integration with China. In details,

Hong Kong enjoys:

- No foreign ownership restrictions
- Rule of law upheld by an independent judiciary
- Free movement of capital, talent, goods and information
- Fully convertible Hong Kong dollar separate from the Renminbi (RMB)
- Autonomous executive and legislative powers
- Independent participation in international forums including the World Trade Organisation
- English and Chinese as official languages, with English the usual language of business and contracts

Hong Kong has a free market economy and it's an international trade and financial hub. The value of goods and services trade, including the sizable share of re-exports, is about four times GDP. Economic growth, which was exposed to some downturn during the global crisis, has returned to score about 5% in 2011 led by the increasing links with Chinese mainland through trade, tourism and finance.

As China gradually opens its service sector and expands the scope of the offshore RMB market The Hong Kong government is promoting the Special Administrative Region as the site for Chinese RMB internationalization. Hong Kong also represents the premier stock market for Chinese firms seeking to list abroad. In 2010 about 19% of the firms listed on the Hong Kong Stock Exchange were from China, accounting for 62% of the Exchange's market capitalization.

Other traditional drivers of the economy are private consumption (retail), logistics and business services, real estate development (sustained by public infrastructure works), and tourism. Chinese mainland has long been Hong Kong's largest trading partner, accounting for about half of Hong Kong's exports by value. Moreover, Hong Kong also needs to import almost all of its food and raw materials.

Most manufacturers once based in Hong Kong have moved production to South China's Pearl River Delta area. With the gradual shift from manufacturing to service industry happened during the last 15 years, Hong Kong has registered an impressive growth in this sector that now accounts for over 90% of GDP.

International finance and trade are the basic source of wealth for Hong Kong as it serve as strategic platform for companies wishing to access the other Asian markets thanks to its sophisticated infrastructure and access to mainland China's manufacturing base, as well as very low corruption rate and enforcement of property rights. Differently from China, in Hong Kong there aren't any restrictions on information, inward or outward investments, nationality, corporate or sectoral ownership, as well as any foreign exchange controls. Moreover, its free port status allows Hong Kong to impose limited excise duties and no customs tariffs.

According to the US Export Service, a privileged access to Chinese mainland is granted to Hong Kong through the Closer Economic Partnership Arrangement (CEPA) which eliminates tariffs and allows earlier or preferential access to some services sectors. Overseas companies can also benefit from CEPA.

- for trade in goods foreign investors can set up production lines in Hong Kong to produce goods that meet the CEPA rules of origin requirements;
- for trade in services, companies incorporated in Hong Kong by foreign investors can make use of CEPA as long as they satisfy eligibility criteria of a "Hong Kong Service Supplier" (for example, they must be engaged in business operation in Hong Kong for 3 to 5 years) or by partnering with or acquiring a CEPA-qualified company.

The growing integration with mainland China hasn't only brought advantages in terms of increased market opportunities, but it also led to increased competitions among the two regions, with China's companies



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offering lower costs that have put pressure even in sectors once dominated by Hong Kong such as container port operations, logistics, and related trade and financial services. For instance, the Hong Kong port is losing market share in cargo throughput to Shenzhen's newer and cheaper ports, even for high-value cargo such as electronics, that used to ship via the Hong Kong ports because of its superior services.

The outcome is a trend of foreign firms bypassing Hong Kong to head directly to the mainland, especially since China entered the WTO in 2001. This approach has, however, some potential negative side effects, as the advantage may soon go lost from facing higher costs and longer delays than if a company uses a Hong Kong-based intermediary.

### Tax-friendly regime

Hong Kong only imposes three direct taxes with several allowances and deductions:

- **Profits tax:** max 16.5%
- **Salaries tax:** max 15%
- **Property tax:** 15%
- **No sales tax or VAT**
- **No withholding tax**
- **No capital gains tax**
- **No tax on dividends**
- **No estate tax**

Tax returns can be completed and submitted online. Hong Kong is also known for its free port status and easy customs procedures. Duty is paid on very few products, for example, tobacco.

### Medical Devices Voluntary Registration

Hong Kong maintains its own regulatory framework for medical devices, including the Medical Device Control Office (MDCO) as overseeing authority. However, while no specific regulation exists on importation, distribution or sale of devices, the MDCO has set up voluntary guidelines based on those of the Global Harmonization Task Force (GHTF) to assist manufacturers as regulations are going to be introduced in the future. Such guidelines are listed in the Medical Device Administrative Control System (MDACS). Products classification, necessary for voluntary registration of the device with MDCO, follows a four-tier system (Class I-IV) based on risk. Currently only Class II, III and IV medical devices can be voluntarily listed on MDACS.

### FDI: Looking to the future

The 2012 Annual World Dental Congress (AWDC) in Hong Kong (29 August to 1 September) constitutes a watershed moment for FDI, with a focus both on a distinguished past—this year, FDI celebrated its 100th AWDC—and a future characterised by a new model for its landmark congress, a new vision for the future of dental medicine and a move to a new paradigm of oral health care.

The 2013 AWDC is scheduled to be held, for the first time ever, in Istanbul, Turkey, from 28 to 31 August, under the theme 'Bridging Continents for Global Oral Health', a salute to the strategic location of the city in one of the world's high growth regions for dental and oral healthcare. The new franchise congress model will see our colleagues at the Turkish Dental Association taking a leading role in organizing what promises to be a landmark oral health event.

For the future of dentistry and oral health, a key agenda item of our 100th World Dental Parliament—which has grown from under 15 representatives in the FDI's early days but today regularly brings together some 300 delegates—will be the debate over the just-released FDI Vision 2020.

This strategic statement, developed and refined by a special FDI Task Force over a six-month period, analyzes the factors, both internal to the dental profession and external, that are likely to shape and influence dental medicine during the coming decade, and outlines pointers on how the profession should evolve and adapt.

The Preface of Vision 2020 spells out the intention: "this document is meant to be aspirational and inspirational; it is NOT meant to be operational". It provides a roadmap for the future in key areas such as expanding access to care, the role of the dental professional, a responsive model for dental education, and making the benefits of research more rapidly available.

Within its overarching vision, FDI is now also preparing the dental profession for a future shift in paradigm to a preventive model of oral care through the Global Caries Initiative (GCI). GCI, developed by FDI with the support of the oral care industry, is a profession-led "call to action" to eradicate caries, and thus, improve the oral and general health of populations globally by the year 2020.

It aims to establish a broad alliance of key influencers and decision-makers from research, education, clinical practice, public health, government, and industry, partnering in a common goal: to effect fundamental change in health systems and individual behaviour to achieve the 2020 goal.

FDI has just opened a new website at [www.globalcariesinitiative.org](http://www.globalcariesinitiative.org) to bring together individuals and groups from around the world to exchange, communicate and share knowledge on caries management and the development of the new preventive paradigm.

**Venue**  
Hong Kong Conference and Exhibition Center (HKCEC)

**Exhibition opening hours**  
Wednesday 29 August 2012 - 10.00-18.00  
Thursday 30 August 2012 - 10.00-18.00  
Friday 31 August 2012 - 10.00-18.00  
Saturday 1 September 2012 - 10.00-16.00

[www.fdiworldental.org](http://www.fdiworldental.org)

## Congress Highlights

### *Special topics at the FDI Forum World Dental Development & Health Promotion Committee / Public Health*

Thursday 30th August, 2012  
Room: S423  
Time: 14:15 - 16:15

1. Oral Health Human Resource Planning for Developing Countries
2. The Future Manpower Utilization of the Auxiliary Dental Officer (Dental Nurse) in Barbados
3. Utilization of dentists and dental therapists in the School Dental Care Service in Hong Kong

### *Young dentists Forum Challenges of modern diagnostics and treatment planning for Young Dentists 2012*

Thursday 30th August, 2012  
Room: Hall 3B  
Time: 14:15 - 17:15

### *Women Dentists Worldwide Forum How can a female dentist prevent burnout?*

Thursday 30th August, 2012  
Room: S228  
Time: 8:30 – 17:15

### *African Forum Wednesday 29th August, 2012 Time: 08:30 - 17:15*

**FDI Stand: a meeting point for congress-goers**  
FDI is planning to make its stand at the 2012 Annual World Dental Congress a meeting point for congress-goers, where they can learn more about FDI and its ongoing international projects or read the latest edition of the International Dental Journal – and subscribe to receive future editions!

They will also be able to view some of the high points of FDI's long and distinguished career in the service of dental practitioners, science and education, with the aim of leading the world to optimal oral health – and take their souvenir photographs against with an FDI logo background. Everyone is welcome to come visit!

### **Hotel booking**

FDI 2012 Accommodation Department:  
c/o MCI Hong Kong Office  
Event Clicks Group Ltd.  
Suites 2807-9 28 F,  
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# CEDE 2012

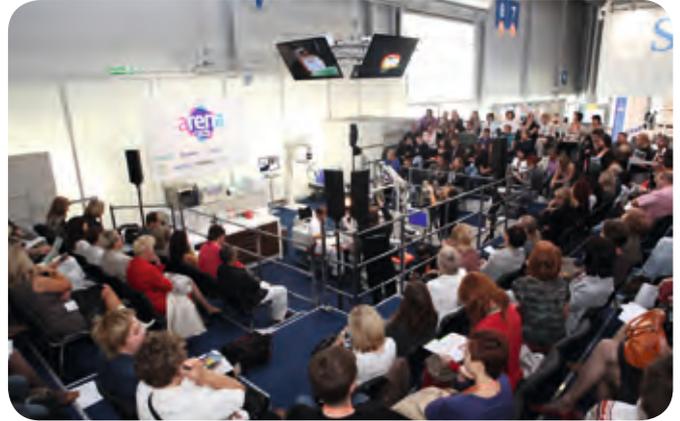
## Central European Dental Exhibition

Poland, Poznan, September 20-22, 2012  
 Venue: Poznan International Fair grounds

The value of the Polish dentistry services market reached €1.8bn in 2010 – according to PMR – and a double-digit growth dynamic is expected, to the level of nearly €2.5bn in 2013.

22nd Central European Dental Exhibition CEDE is a leading exhibition dedicated to dental products, services and business practices. Brings together dentists, dental laboratories, dental technicians, dental hygienists, dental manufacturers and dealers as well as other attendees from the dental sector. CEDE is organized on the Poznań Fair Grounds in 4 large pavilions with a total area of 18,500 sq m, with a very clear division of exhibition to: dental equipment (pavilion 6A), dental materials (pavilion 7A), technical equipment and materials (pavilion 8) and hygiene, prophylaxis and sterilization (pavilion 7).

Traditionally, the exhibition is accompanied by the Congress of Dental Teams which has been developed for practising dentists who wish to employ the latest achievements of modern stomatology in their professional practice. Full-day seminars, half-day seminars on dentistry, medical marketing, medical law, psychology – for dentists, dental technicians and assistants.



Also as every year the exhibitors will organise many scientific and training meetings, hands-on workshops, seminars.

Live dental surgery presentations and talks on modern dental medicine issues at Arena CEDE 2012 are going to be even more interesting than last year. TV monitors will enable watching up close procedures on live patients and phantoms at no cost to attendees.

There is also so much to see in Poznan – one of the host city of UEFA EURO 2012. Charming, buzzing at any time of the day the Old Market Square with its many restaurants, pubs and clubs, Citadel, Malta lake near the city center, as well as many historical attractions CEDE 2012 exhibition is not to be missed dental event.

Further information on the CEDE exhibition is available on [www.cede.pl](http://www.cede.pl).

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# 22nd Central European Dental Exhibition

## Date

September 20-22, 2012

## Venue

Poznan International Fair grounds  
(Głogowska Street 14, 60-734  
Poznan, Poland)

## Pavillions

6A, 7, 7A, 8

## Opening hours

20 - 21.09 - 10 a.m. - 5 p.m.  
22.09 - 10 a.m. - 4 p.m.

## Product profile of exhibition pavilions -

### pavilion 6A

furniture, equipment and machinery  
for dental office

### pavilion 7

oral care, hygiene, pharmaceuticals,  
clothing

### pavilion 7A

materials for dentists and dental  
technicians

### pavilion 8

dental technique, implantology,  
orthodontics, instruments

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The UK's biggest and most important dental exhibition, the BDTA Dental Showcase, will be in full swing at ExCeL London from the 4th-6th October. With over 300 exhibitors and 10,000 members of the dental team expected to attend, it is the premier event on the dental calendar.

Delegates will enjoy a real voyage of discovery this year, with a wide variety of companies from the UK and abroad displaying the latest innovative dental products and services. Remember that at Dental Showcase exhibitors have more space to show off their products, so if you visit one exhibition this year, make it the UK's biggest. Great special offers will also be available to delegates, so don't miss out.

Saturday 6th October will feature the 'Tech Zone'. An informal area for technicians and laboratory owners situated centrally within the main hall, including a series of 'bite-sized' presentations by leading technicians, a lounge area to mix, mingle and meet clients and the opportunity to gain verifiable CPD.

Visitors can gain general CPD hours from walking around the show interacting with exhibitors. Further CPD opportunities include complimentary mini-lectures sponsored by Oral-B and a live surgery sponsored by Henry Schein, as well as a Business Clinic covering a wide range of current, relevant topics. The official Show Guide will also contain three hours of verifiable CPD for all delegates.

So whether you want to broaden your knowledge, keep up to date on developments in dental technology, or shop for new equipment and materials for your practice, the BDTA Dental Showcase 2012 is not to be missed – whatever your role in the dental team.

Visit [www.dentalshowcase.com](http://www.dentalshowcase.com) to register for your free ticket to Dental Showcase 2012 now

For further information regarding this release please email [PR@DentalShowcase.com](mailto:PR@DentalShowcase.com).

The BDTA represents and supports manufacturers and suppliers of dental products, services and technologies, to the benefit of members, the dental profession and the public.

BDTA members gain access to a range of services designed to benefit them and promote the well being of the industry as a whole and the profession gains the reassurance of dealing with like-minded individuals who are committed to providing a high quality standard of service.

For more information on the BDTA please call 01494 782873 or visit [www.bdta.org.uk](http://www.bdta.org.uk).

For further information regarding this release please email [PR@DentalShowcase.com](mailto:PR@DentalShowcase.com).

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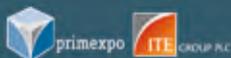


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# WHITEKIN® - The Latest Innovation in Dental Bleaching



Dental bleaching is currently one of the most popular procedures carried out in the dental clinic. In addition to treatments for oral pathologies and dental malpositioning, patients now also required whiter teeth in line with the prevailing esthetic trends.



Dental bleaching mainly uses peroxides as its bleaching agent, hydrogen peroxide to be precise or some of its precursors such as carbamide peroxide or sodium perborate.

The degree of the bleaching effects is achieved in accordance with the concentration of the peroxide. At higher concentrations of peroxide, better bleaching results, but there is also a higher risk of side effects ranging from the most common ones, such as burns on the oral mucosa, to a possible root resorption of the tooth. In procedures with high concentrations of peroxide, strict control of the technique is required along with protective measures for the patient.

Different systems potentiate the bleaching effect and/or the speed of the results in which peroxide activating agents are used, based on thermal activation, light activation, and chemical activation, that uses chemical catalyzers with the aim of significantly increasing the speed of the reaction.

The latest innovation in dental bleaching is through enzymatic activation. Lactoperoxidase, an enzyme widely found in the human body, has proven use as a catalyst for peroxides of hydrogen, and its stability allows its use in at-home bleaching.

Under this basis, Laboratorios Kin has developed a new bleaching system, called WhiteKin®, for at-home use designed to be applied through tooth brushing, which incorporates a new system that enzymatically activates the peroxide. WhiteKin® is a toothpaste with very low concentration of carbamide peroxide (3%, which is equivalent to 1% hydrogen peroxide), and an enzyme, 5% lactoperoxidase, which doubles its function in accelerating and potentiating the whitening action of the bleaching agent, while it also protects the oral soft tissues.

The development of WhiteKin® was made in collaboration with the University of Barcelona, the University of Valencia and the University of the Balearic Islands, with whom Laboratorios Kin shares the product patent.

A study called "Therapeutic Effectiveness of a New Enzymatic Bleaching Dentifrice" was recently published in Volume 7 of the prestigious German esthetic publication, "The European Journal of Esthetic Dentistry".

The study was made by Dr. Leopoldo Forner, Dr. José Amengual and Dr. Carmen Llena (all from the University of Valencia) and Dr. Pere Riutord (of the University of the Balearic Islands). In the study, the effectiveness of the increase of bleaching effect of WhiteKin Bleaching Treatment was analyzed, based on objective colour measurement parameters obtained through spectrophotometry. The main conclusion of the study was that "the use of enzymatically activated low concentration carbamide peroxide applied by tooth brushing is effective in dental bleaching". It also highlighted the fact that enzymatic activation of the bleaching can allow an increase in the effectiveness of low concentration peroxides, reducing the potential risk posed by peroxides on the oral tissues. In other words, the application of WhiteKin® is safe.

WhiteKin toothpaste + gel is presented in a container with two independent tubes with a specific dispenser for each tube. One tube contains the gel with 3% carbamide peroxide and the other tube contains the toothpaste with 5% lactoperoxidase. To apply on the toothbrush, the same quantities of each of its components should be dosified, first the toothpaste and then the gel, in a way that the gel is deposited onto the toothpaste. In that moment, the two components come into contact with each other, and the activation process begins. Brushing teeth three times a day for three minutes and during 3 weeks is sufficient to obtain the whitening effect.

Thanks to its safety and simplicity in its application, WhiteKin Bleaching Treatment Toothpaste + Gel is ideal for use as a coadjuvant with professional bleaching treatments, to potentiate their effects, and as a source of retreatment, such as exclusive treatment in cases of mild dental discolorations, or in patients that cannot carry out dental bleaching due to hypersensitivity problems.

WhiteKin® can be also used as maintenance with the aim of making the bleaching results obtained from the treatment last longer in time. WhiteKin® is a safe system for at-home use. However, as with all dental bleaching products containing hydrogen peroxide, supervision of a dental professional is recommended: from previous revision of the state of the patients' oral health, to the supervision of the evolution of the bleaching treatment.

The product represents an important innovation in the dental bleaching field due to its activation method that allows to achieve a bleaching effect with low peroxide concentrations. Therefore, WhiteKin® offers a safer option for the patient, along with the possibility of acting as a coadjuvant to other professional bleaching treatments.

## Bibliography

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 L. Forner, J. Amengual, C. Llena, P. Riutord. Therapeutic Effectiveness of a New Enzymatic Bleaching Dentifrice. *Eur J Esthet Dent* 2012; 7:62-70.

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Founded in 1964, Laboratorios Kin probably has the most complete portfolio of oral care products today. Kin products are marketed thru medical promotion in more than 55 countries. Kin holds 6 patents as a result of continuous innovation efforts. Outstanding acceptance and confidence from dentists and pharmacists ensure patients satisfaction.

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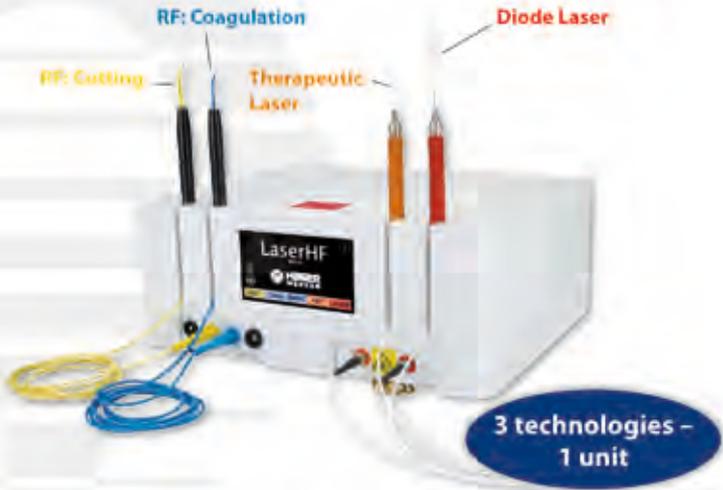
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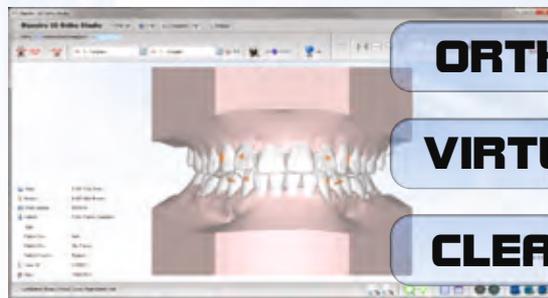
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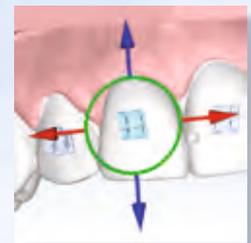
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## New Narrow Implant

Mozo-Grau has just launched the new narrow implant MG InHex Mini with a morse-taper internal connection. With the aim to provide a new solution for difficult situations, thanks to the absence of gaps, MG InHex Mini allows even narrow ridges and interdental spaces to be restored properly. The market has greeted this new product with great enthusiasm, and feedback from initial users is fully satisfactory.

Mozo-Grau relies on its well-documented RBM surface for its new implant. This surface treatment ensures more extensive implant/bone contact surface, yielding success rates of more than 97 to 98 per cent in published multicentre studies where large numbers of implants were documented and followed.

Following the same philosophy, supported by scientific reports and applied in previous MG implants designs – like a proven trunk-cone profile, anatomic shape and v-shaped threads – the new 3.3 MG InHex Mini achieves excellent primary and secondary stability.

After trials with different materials and designs and extensive fatigue testing, the InHex Mini was presented with a diameter of 3.3 mm and with initial lengths of 10, 11.5, 13 and 15 mm. This implant completes the range of implants with internal connection, which now come in diameters between 3.3 and 5 mm for a variety of therapeutic uses.

The drilling protocol is the same straightforward one as for the other MG InHex implants, requiring only three drills in most situations. Existing Mozo-Grau surgical sets thus only require the addition of a single profile drill specific to this implant for placement of the new 3.3 implants.



The new implant prosthetic family is currently complemented by healing screws 2, 3 or 4 mm in height, impression posts with long and short screws, preable hex connector abutments 1, 2 or 3 mm in height, 15° and 20° angled abutments and provisional abutments for immediate loading. After the initial launch, new innovative solutions will be developed, taking advantage of the feedback that Mozo-Grau receives from doctors.

The new InHex Mini is also presented in Mozo-Grau's catalogue that features over 1,000 positions, including the other internal-connection implants with a double internal hex.

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Over the last 10 years, the tissue engineering made enormous progress in identifying new strategies in tissue regeneration field, such as the use of “platelet concentrate” which constitutes a relevant and innovative clinical approach.



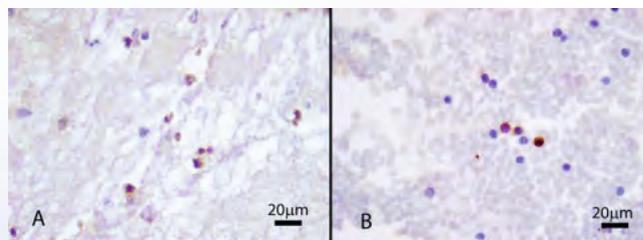
Several studies have highlighted the importance of platelets for tissue regeneration thanks to their ability to provide a large quantity of growth factors: Pdgf (Platelet derived growth factor), Tgf- $\beta$  (Transforming growth factor- $\beta$ ), Fgf (Fibroblast growth factor), Vegf (Vascular endothelial growth factor) and Igf (Insulin-like growth factor) are involved in the induction of cell proliferation, in the remodeling of the extracellular matrix and in the angiogenic mechanisms, which are implemented during the different stages of regeneration.

In light of these considerations, in recent years several methods to produce platelet concentrates that contain a high concentration of autologous

growth factors have developed. Platelet concentrates are obtained from patient's venous blood through a standardized process of centrifugation, which (sometimes with the addition of exogenous substances) allows to isolate a fraction rich in platelets and growth factors, precisely known as “platelet concentrate” or “platelet gel”. Concerning the clinical application, the regenerative effect of these preparations is widely demonstrated in different clinical fields such as Maxillofacial Surgery, Orthopedic Surgery, Aesthetic Surgery, Ophthalmology, Sports Medicine and Dermatology.

CGF (Concentrated Growth Factors) represents a new generation of platelet concentrates able to hold inside a higher concentration of autologous growth factors. Like other platelet concentrates, it is isolated from blood samples through a simple and standardized separation protocol, which is performed by means of a specific centrifuge (Medifuge MF200, Silfradent srl, Forlì, Italy) without the addition of exogenous substances. Its main feature is in its consistency: it is an organic matrix more rich in fibrin and therefore more dense than other platelet concentrates able to trap a greater quantity of platelets and growth factors. Furthermore, it has been found to contain CD34 positive cells, cellular elements which are normally recruited by blood to damaged tissues and which play a key role in maintaining vascular homeostasis and in angiogenesis and neovascularization.

Concerning CGF applications, its efficacy has been so far demonstrated in oral and maxillofacial surgery, in maxillary sinus lift procedure and profile ridge augmentation. However, its features make it suitable for its use (alone or with other biomaterials) in other fields where tissue regeneration is required.





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# Dental Bleaching by FGM Dental Products



Dental bleaching, which is a procedure performed by means of chemical products applied directly to the tooth, is already quite widespread especially among middle and upper class consumers and started to become popular due to the service rates that have been decreasing. However what should be seen as an alternative to make smiles look more beautiful is concerning experts in dentistry worldwide.

The popularity of dental bleaching and its indiscriminate selling directly to consumers may cause serious health risks to patients. "Therefore it is essential to start warning now, that could may be reversed by public education," warns Dr. Constanza Odebrecht, technical consultant at FGM Dental Products and professor at the University of Dentistry of Joinville (Univille - Brazil).

"The procedure should only be accomplished and supervised by professionals. A therapy that, when made with chemicals known as peroxides, must be handled with great care, from the diagnosis choosing the correct product, doses which are indicated individually and also individualized treatment decisions based on scientific evidence and clinical quality" comments Dr. Constanza.



One of the main risks is that patients buy bleaching products without professional guidance and apply it indiscriminately, with no proper and specialized indication of a professional. "The first thing that comes to mind of consumers is that the larger the amount of bleaching applied the faster are the results, and that is a problem" comments Dr. Constanza.

The more concentrated the bleaching solution and the longer the bleaching sessions, the greater the risk of side effects such as soreness, irritation of the gums, damage to tooth enamel, restorations and darker prostheses that will certainly have to be replaced, which leads to high expenses to the user. "In children and adolescents the effects of sensitization may be more intense due to a larger pulp chamber and a more permeable enamel" warns the Doctor.

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The key to a successful treatment is obtaining the right clinical diagnosis, which should be documented and well executed. "The diagnosis depends on a variety of factors, such as patient history, age, lifestyle and habits, besides that, clinical and radiological exams are essential to achieve a proper diagnosis.

FGM Dental Products is the best-selling brand in the segment of dental bleaching in Brazil and Latin America with Whiteness dental bleachers. In addition to its 80% Brazilian market share, the company faces the competitive international market being present in more than 50 countries.

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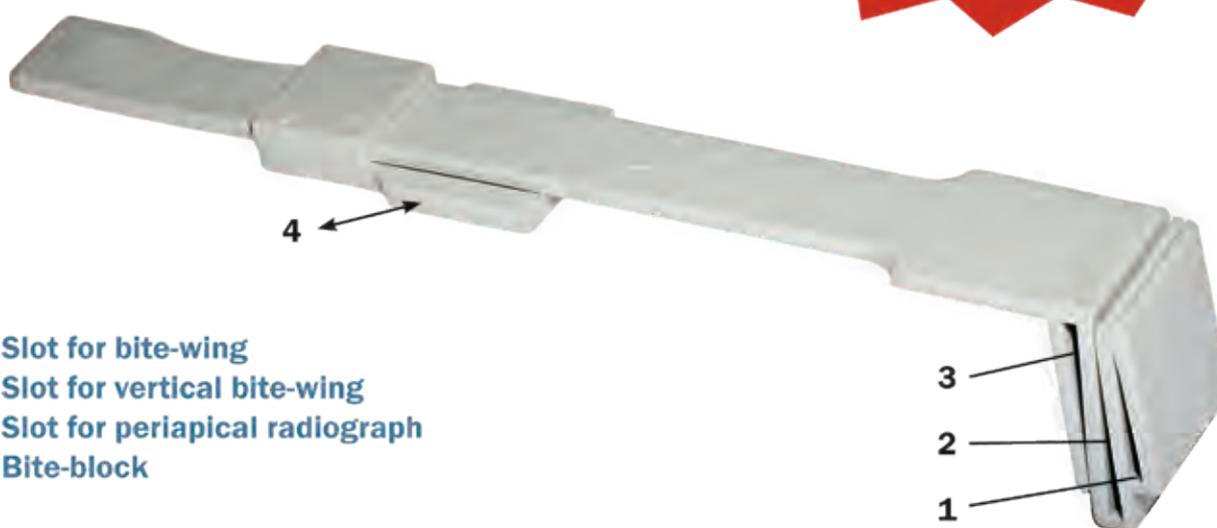
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# Dentaid - Golf Day 2012

On Friday 15th June 72 golfers took part in the annual Dentaid Golf Day at Hamptworth Golf and Country Club in the New Forest.

Despite a dismal forecast the weather was kind to us and everyone enjoyed a good round of golf on this superb course. We are pleased to announce that the winning team this year was the **Medical Defence Union team**, taking the Dentaid Golden Molar trophy from the Braemar Finance team who have won it the past two years. However, David Foster MD of Braemar was consoled by winning the Longest Drive competition. We are grateful to Braemar Finance, Henry Schein, A-Dec and Qualident for their sponsorship of this event.

After lunch Salisbury dentist, Mark Inman, spoke about Dentaid's recent volunteering trip to Morocco, on which he led the group of 10 UK volunteers on five days of pain relief outreach clinics for under privileged children. The Golf Day raised over £2000 for Dentaid which is fantastic and will be used to support charitable oral health programmes in the developing world.

**If you would like to find out more about how you can support the Charity and raise funds for Dentaid, please call 01794 324249 or visit the website – [www.dentaid.org](http://www.dentaid.org).**

Dentaid is one of the leading oral health charities in the world, having supported 250 oral health programmes in 60 countries. In recent years, the charity has expanded its work from just supplying refurbished dental surgeries for charitable projects, to playing vital roles in oral health promotion such as establishing innovative school prevention programmes, and initiating various training schemes encompassing disciplines from equipping rural health workers to carry out basic dental care in remote communities to teaching governments on fluoride advocacy and writing national oral health strategies.

**For further information contact:**

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www.tingetclave.com, info@tingetclave.com



October '12

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•• **18-20/10/2012 ADA 2012, 153RD American Dental Association Annual Session (San Francisco, CA – USA)**

ADA Exhibit Office, American Dental Association  
211 East Chicago Ave. Suite 200  
Chicago, IL 60611-2678 USA  
Tel: +1 312 440 2876  
Fax: +1 312 440 2707 // 587 4735  
E-mail: international@ada.org /  
annualsession@ada.org  
Website: www.ada.org  
Venue: Moscone Center, San Francisco



•• **18-20/10/2012 International 40th Expodental (Milan – Italy)**

Information:  
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Viale E. Forlanini 23, 20134 Milan - Italy  
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Fax: +39 02 70006546  
E-mail: expodental@expodental.it //  
marketing@expodental.it  
Website: www.expodental.it  
Venue: Fiera Milano

•• **24-27/10/2012 Dentech China 2012 (Shanghai – China)**



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Website: www.showstar.net // www.dentech.com.cn  
Ms. Sandra Shen (Project Assitant)  
E-mail: sandra@showstar.net  
Frances Feng (Project Manager)  
E-mail: frances@showstar.net  
Mr. Grant Chen  
E-mail: mail@showstar.net  
Exhibition Venue: Shanghai World Expo  
Exhibition and Convention Center,  
Shanghai-China

November '12

•• **30/10-01/11/2012**

**DENTAL EXPO ST. PETERSBURG (St. Petersburg – Russia)**

International Enquiries:  
GiMA GmbH (part of ITE Group PLC)  
Ms. Cornelia Limbach  
healthcare@gima.de  
Organiser's contact information:  
http://www.healthcare-events.com/pages/contact\_us.html  
Venue: Lenexpo Exhibition Centre  
103, Bolshoy pr., V.O., St Petersburg - Russia

•• **08-10/11/2012**

**DENTA 2012- 28th Edition-Autumn (Bucharest – Romania)**

ROMEXPO SA  
Bd Marasti 65-67 sector 1  
Bucharest, RO1555425 - Romania  
E-mail: denta@romexpo.org  
Website: www.denta.ro //  
www.romexpo.org  
Events Director:  
Delia BOTAN  
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November '12

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Contact: Dr. Dobrina Mollova  
Email: info@cappmea.com  
Web: www.cappmea.com  
Venue: Jumeirah Beach Hotel -Dubai, UAE



•• **25-28/11/2012  
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Fax: +33 1 58 22 17 40  
E-mail: adf@adf.asso.fr  
Website: www.adf.asso.fr  
Exhibition venue: Palais des Congrès de  
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- Infodent will be present at the highlighted trade shows.

For a complete list of trade shows visit [www.infodent.com](http://www.infodent.com) TRADE SHOW CALENDAR SECTION.

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Have you enjoyed reading Infodent International?  
The up-coming issue will be published next November  
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## Infodent International 4/2012

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- Focus on France
- Oral Health in Uganda
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- **Publisher:** Riccardo Chiarapini: [riccardo@chiarapini.it](mailto:riccardo@chiarapini.it)
- **Managing Director:** Baldo Pipitone: [baldo.pipitone@infodent.com](mailto:baldo.pipitone@infodent.com)
- **Assistant Manager:** Paola Uvini: [paola@infomedix.it](mailto:paola@infomedix.it)
- **Editor:** Lara Pippucci: [lara@infodent.com](mailto:lara@infodent.com)
- **Exhibition Manager:** Silvia Borriello: [silvia@infodent.com](mailto:silvia@infodent.com)
- **Advertising - Foreign Markets:** Riccardo Bonati: [riccardo.bonati@infodent.com](mailto:riccardo.bonati@infodent.com)
- **Advertising - Italian Market:** Daniela Fioravanti: [daniela@infomedix.it](mailto:daniela@infomedix.it)
- **Web Advertising & Database:** Michela Adinolfi: [michela@infodent.com](mailto:michela@infodent.com)
- **Art Director:** Karlen Zamora Zúñiga: [karlen@infodent.com](mailto:karlen@infodent.com)
- **Account Dept.:** Nadia Coletta: [nadia@infodent.com](mailto:nadia@infodent.com)

#### Infodent S.r.l.

Via Vicenza 18 Int. 4 - 01100 Viterbo - Italy  
Tel: +39 0761 352 198 - Fax: +39 0761 352 133  
[www.infodent.com](http://www.infodent.com) - [info@infodent.com](mailto:info@infodent.com)

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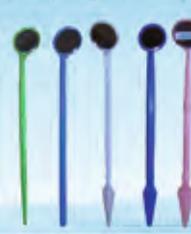
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# GREAT NEWS FOR DENTAL MARKET

## *Trident - New Idem alliance*

Milan, July 16.

According to sources close to the situation, Trident has acquired 33% of New Idem, which has been considered a great move by TRIDENT on its expansion. It is recalled that this company has already initiated a strong and aggressive marketing campaign for its sterilization line and that now is increasing its portfolio with the exclusive NEW IDEM dental UNIT.

With these new proposal they expect to renew the success that IDEM achieved 40 years ago, when this Italian company introduced COLIBRI the S.P.R.I.D.O. dental unit for the very first time in the world.

It was learned that they are going to participate at the ExpoDental 2012 at Milan in the middle of October. There, visitors will have the chance to see the SOLE BA autoclave and the complete sterilization line as well as the new range of the innovative, ergonomic and functional dental units, adaptable to any branch of dental practice.

trident

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