

INFO DENT™

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Focus on Turkey



Market Overview: Russia



The European Market for Professional Teeth Whitening



Business Opportunities



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Contents

4-14 **Highlights** Learn more on
our advertiser's products

16-27 **FOCUS** on Turkey

Market Overview

28-41 Outlook on Russia

42-53 The dental market in Poland

Trade Show Press Releases

54 IDEM Singapore 2013

57 BDTA 2013

57 DENTA 2013

Flash News

59 Silfradent- New procedures for the
construction of the implant tunnel

60 Mozo Grau- New Multitask Abutment
for Mg Inhex Implant





62

Teeth
Whitening

62-69 Hot Topic

The European Market for
Professional Teeth Whitening
Systems

70-75 Business Opportunities

76-78 Trade Show Calendar

Paperboard Infodent-What's Next?

Cover page:

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AGE Solutions S.r.l.....	73	Mexpo International Inc.....	1-35
Air Techniques Inc.....	43-79	Micro-Nx Co., Ltd.....	18
Alltition (Wuzhou) Co. Ltd.....	Inside Front Cover	Miromedics Professional Kft.....	66-67
Beaming White, LLC / Sapient Dental.....	65	Mozo-Grau, S.L.....	60-61
Bio-Art Equipamentos Odontologicos Ltda.....	54-69	Nanning Baolai Medical Instrument Co Ltd.....	70
Bioimplon GmbH.....	69	Owandy SAS.....	51
Biomec Srl.....	47	Pressing Dental Srl.....	22
Bioservice Srl.....	30	Promed S.r.l.....	5
CIMsystem Srl.....	31	Quatro c/o Worldent.....	53
CooksonDental.....	45	Rose Plastic Medical Packaging GmbH.....	32
Cortex Dental Implants Industries Ltd.....	44	Saeshin Precision Industrial Co.....	24
DB Orthodontics Ltd.....	20	Schutz Dental GmbH.....	39
Dentag Srl.....	27	Shen Wei Inc.....	Paperboard
Dental Medrano SA.....	50	Silfradent S.n.c.....	59
Dental X S.p.a.....	49	Suni Medical.....	71
DiaDent Group International.....	Inside Back Cover	Supermax Glove Manufacturing Sdn. Bhd.....	55
Diagram Srl.....	78	Talleres Mestraitua S.L.....	36
Edison Medical Ltd.....	19	Tehnodent Doo.....	25
FVE - Fine Vision Electronics Co., Ltd.....	41	Tekmil Tibbi Arac ve Gerecleri Ticarei ve Sanayi Ltd. Sti.....	72
Guangzhou Conghua Shenghua Industry Co. Ltd.....	66	TKD TeKne Dental Srl.....	75
Interdent d.o.o.....	46	Tribest Dental Solution Ltd.....	40
Maco International Sas Dental Division.....	76	Trident - Dental Srl.....	Back Cover
Mariotti & Co. Srl.....	23-37	ZB19 Kugellager - Dentaltechnik GmbH.....	21-33
MDT Micro Diamond Technologies Ltd.....	77		

1 // Scalpel handle for micro blades entirely made in pure titanium



The manufacture of large and most complex tools in titanium is obtained only by means of **technologically advanced machineries.**

• This new titanium scalpel handle is the result of one among many other investments that Medesy has recently made on **the most modern last generation technological equipment.**

• An excellent ergonomic design specifically conceived to guarantee the utmost comfort and safest handling.

- Nothing lighter than titanium!
- High precision non-slip knurling.
- Medesy special design which assures maximum comfort, secure grip and easier sterilization.

For additional information about this new titanium scalpel handle kindly address to info@medesy.it or visit www.medesy.it



2 // The bone graft composite for the 21st century: "Hypro-Oss"



Medical researchers of Bioimplon and chemistry engineers of Hypro Otrokovice have achieved the revolutionary breakthrough by introducing **Hypro-Oss** to the biomaterial scientific world. A bone graft substitute, that potentially eliminates the need for autografts. The patented native bone composite "Hypro-Oss" combines scaffolding properties, 70 percent osteoconductive Hydroxyapatite and 30 percent crystalline atelocollagen with osteoinductive native biological elements (TGF, BMPs & IGFs) to stimulate cell proliferation, differentiation and osteogenesis. The concept by utilizing the atelo-peptidation and lyophilization technology for preserving the natural bio-elements in Hypro-Oss empowers the complete new bone formation in just 14 weeks. It also has strong hydrophilic, haemostatic and bacteriostatic properties, excellent handling and highest biocompatibility. It is the only bone graft material without swelling or hematoma complications after sinus lifting or surgical procedures.



www.bioimplon.de / info@bioimplon.de

3 // A-Bio™ fast: The solution to every kind of wounds



Bioservice presents A-Bio™ fast, a fluid spray with high regenerating, proliferative, antiedema, anti-inflammatory properties which acts as painkiller. It has shown to be effective on traumatic injuries of the mucous membranes and on diabetic sores and bed-sores.

Its action also allows severely burnt and damaged skin to restore. It allows optimal tissue restructuring, fast and effective, clinically detectable even to feedback made the day after surgery. The effect is explained through a powerful tissue cleansing and a powerful restorative action and by physiological healing, allowing prevention and therefore formation

of keloids and/or anomalous tissues. A-Bio™ fast leads to a fast and proper reconstitution of bone tissues and mucous membranes of oral cavity, shortening the physiologic healing time drastically. When to be used? Oral, periodontal, implant and maxillofacial surgery, endodontics, receding gums prevention, anti-vasoconstrictor, regeneration each tissue, therapy of exposed wound of oral cavity, angular cheilitis, intractable aphtha, herpes.



www.bioservicesrl.eu

4 // Sum3d Dental Cam: Simplicity and Efficiency



CIMsystem is a leading provider of CAD/CAM solutions with a worldwide network, delivering innovative and powerful technical tools, training from qualified individuals and excellent after-sales service and support. Ease of use and specific functions are the ingredients that make SUM3D Dental a high productivity CAM application for the dental field. It is an open system with a simple and intuitive graphic interface, suitable for any material and offering an extensive range of automated and customizable features. The immediacy of the software allows the user to reduce the learning curve and quickly achieve the highest levels of pro-

ductivity. Material consumption, tool-paths, strategies and offsets are optimized for a wide range of milling solutions and all libraries are customizable. Time and cost-reducing features include: automatic management of stocks, implants, abutments, interlock, undercuts and holes; prep-line, pin and connector creation; material optimization and nesting; collision check; statistics and reporting.



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5 // Global distributors required



Cooksongold, part of the Heimerle + Meule Group, is a world leader of specialist materials, having built its reputation based on quality and customer service. Cookson Dental with over 60 years of experience producing high quality dental alloys has resulted in THE specialist alloy supplier. The Mattigold and EC alloy ranges are reliable and trusted brands so from cost effective restorations to high quality premium materials; you can be assured that we have the right alloy to suit your requirements. With research and development carried out in the UK, these alloys are designed, tested and produced to the highest standard. We have



distributors in several countries but are looking to develop new partnerships. Please browse our website at www.cooksondental.com Contact us on +44 121 2338149 or email dental@cooksongold.com if you would like more information regarding a distributorship in your territory.

www.cooksondental.com/dental@cooksongold.com

6 // DIA-KONDENSOR



- Having both a nickel-titanium end and a stainless steel end, it can be used in any common endodontic obturation technique including warm and cold condensation.
- Excellent durability.
- Can be supplied 1 piece or a set included each 4 sizes.
- Convenient use with color-coding on the condensers.
- Lightweight and comfort design.



www.diadent.com

7 // Edison Medical Ltd. manufactures high quality innovative products in the dental field throughout Israel and the rest of the world



The company's products are protected by patents and provide variety of solutions to the dentist needs, with an emphasize on quality, simplicity, accuracy and technological innovations. We offer reliable service and providing dentists with an array of state of the art dental implant products, whose quality we are proud to stand behind.

A well established supplier to dental professionals with twenty seven (27) years of experience of developing, manufacturing and marketing a comprehensive range of dental implant products. Edison Medical Ltd. products are leading edge because we are using latest

technologies, such as injection molding.

Not only we provide the products, but also a responsive, first class Customer Service, all of whom have years of experience in the dental field and can apply their working knowledge of dentistry to provide dentists and clinicians with knowledgeable advice, ongoing guidance on implant treatments and dental implants care.

www.edisonmed.com



8 // VACUUMCAST-90 Ergonomics, high tech and quality casts!



Semi-automatic benchtop vacuum pressure-casting unit with high melting frequency for the casting of Co-Cr-Mo, Ni-Cr-Mo and precious alloys. It takes very little space in the laboratory; there is no need for additional purchase of ceramic casting crucibles, metal casting ring liners, metal casting rings or rubber casting ring socle. It assures economic and optimal consumption of dental alloy which does not contain oxides due to the vacuum melting.



For more information visit the website www.interdent.cc

9 // We provide our customers with the best products in more than 90 countries worldwide



GUANGZHOU CONGHUA SHENGHUA INDUSTRY CO., LTD (3H DENTAL) was established in 1997. Specializing in the R&D and manufacture of dental products: curing-lights, scalers, glass optic fibers scalers tip etc. We are always adhere the concept of "produce the goods that customers request," innovate continuously for excellence tailor-made products for users provide the customized OEM service strive to the excellent quality. Provide the customer best products and service. We were accredited by ISO9001 and ISO13485 quality control system, Medical Device Registration Form and EU CE mark. All products are in high quality but low price and exported to more than 90 worldwide counties. We owned the high-reputation by the users in the world.

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info@shenghua-industry.com



10 // Spectra Caries Detection Aid works like Doppler radar to discover



New sleek design features a 120 degree button ring for added comfort. Spectra uses fluorescence to detect caries in fissures and smooth surfaces that may go unnoticed in X-ray images. After capturing the image within your existing images software, the extent of decay will be interpolated and indicated in two ways: The color will be appear either blue, red, orange or yellow and a numerical indicator between 0 and 5 will be shown. No other caries detection aid can do this! Impressive, information-rich images enhance case acceptance.

Spectra can detect decay hidden between the margins of existing composite and amalgam restorations. The Doppler radar-like images are easily understood and allow you to clearly show your patients how early intervention helps them.



www.airtechniques.com

11 // P9 auto-water supply ultrasonic scaler: PIONEER



BAOLAI MEDICAL

Baolai Medical professionally designs and manufactures the piezo ultrasonic scaler. We are the first one launching 'No cracking' aluminum alloy detachable handpiece and 'No consumables' auto-water supply scaler in the world. All products obtain CE certificate as well as 22 national patents.

P9 auto-water supply ultrasonic scaler: PIONEER!

- Functions: scaling and endo.

- Water supply system without consumables.
- LED aluminum alloy detachable handpiece: no cracking, more comfortable. Easy to disperse heat.
- Two wide-mouth bottles, more convenient for liquid changing.
- Small size: 243x145x150mm.

www.boool.com / info@boool.com



12 // MultiPack - Protective Transport Packaging for Dental Mirrors



The packaging specialist rose plastic adds the new packaging solution MultiPack for dental photography mirrors to its product range. The special features of the plastic packaging tube are the integral centering devices and a ratchet mechanism for variable length adjustments. Thus, the two-piece packaging can be adjusted to different sizes and designs of the content. The transparent polypropylene material enables an unlimited view on the content. The MultiPack for dental mirrors is more than just a protective transport packaging - it also serves as a handy storage container. The inner dimensions of the MultiPack are 80 x 10 mm (wxh) and it has a usable length of 155 to 180 mm.



www.rose-plastic.com / info@rose-medipack.com

13 // Pressing Dental



Tsm Acetal Dental – Cad Cam Disk

Tsm Acetal Dental Compound - Disk for CAD CAM. It's a technopolymer with excellent mechanical resistance. It's recommended for provisional bridges and/or substructures match to the acrylic resin or to PMMA-based compounds. Available in Vita A-A1-A2-A3-B1-B2-B3 colours. Available also in pink colour for partial prosthesis.



Smile - Cam Multilayer Disk

Multi-layers acrylic disk for CAD CAM, available in 3-layers and 5-layers.

It's the ideal product to obtain a perfect color effect with a single step and it presents the same abrasion resistance than a acrylic tooth. Certified in long-term. Available in the Vita coloring A1 - A2 - A3 - B3 - C2 - D2 Ø 98,5, h 16mm e 20mm



info@pressing-dental.com / www.pressing-dental.com

14 // TRAUS(LED)-A desire for implant engine



SAESHIN is an expert manufacturer of micromotor handpiece for dental and medical use, with a history going back over 36years. With its good reputation in terms of product safety and excellent quality, SAESHIN has the biggest domestic market share and has been exporting its own brand name to about 120 countries. Based on its own technology in producing the high performance micromotor, SAESHIN developed the dental micromotor handpiece and implant engine set, "TRAUS" and "X-CUBE" for the first time in Korea and has been spreading its market worldwide. It's works like a dream.



www.saeshin.com / sales@saeshin.com

15 // New Color-Q® AloeVate® Dual-Color Nitrile Examination Gloves



SSW introduces new Color-Q® AloeVate® Dual-Color Nitrile Examination Gloves to easily identify soiled gloves for no mistake disposal. After removal, the vibrant interior color clearly indicates the glove has been worn and should not be reused. The Aloe Vera inner coating nurtures dry, chapped skin. Clinical studies have shown Aloe Vera can improve the condition of your skin after consistent use.



www.swgloves.com / sales@swgloves.com Visit us at: A+A 2013: Hall 07 / C05

LEGENDARY PROTECTION



SW Medical Exam Gloves help protect you from exposure to infectious materials. Our HandHealth™ program demands rigorous quality assurance procedures at every step of production. Our unique manufacturing methods include extra steps that remove more residual irritants and odors resulting in exceptionally cleaner and more reliable gloves.



SW is dedicated to continuous innovation to elevate user protection and comfort. Extensive R & D has delivered patented aloe vera coated AloeVate® gloves and new dual layered ColorQ® gloves. PACK-RITE® packaging method allows easy individual glove dispensing while reducing waste and the risk of contamination.



swgloves.com



SW Gloves
33278 Central Avenue, Bldg 102
Union City, California U.S.A. 94587
Tel. +1.510.429.8692
Email: sales@swgloves.com



ColorQ® Nitrile



Bliss® Noir Nitrile



Pearlescent® Blue Nitrile

Get the **Dual Color** Advantage!



Dual Color

Nitrile Exam Gloves

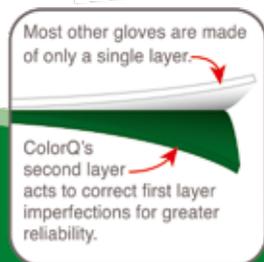
Aloe Vera - Coated

AloeVate



DUAL COLOR SAFETY

ColorQ® Exam Gloves feature a vibrant interior color to easily identify used and contaminated gloves.



Most other gloves are made of only a single layer.

ColorQ's second layer acts to correct first layer imperfections for greater reliability.

2-LAYER PROTECTION

ColorQ® Exam Gloves are double layered to provide maximum protection and flexibility.



3X BUFFER WASH

Three post-production wash cycles help to remove residual irritants and odors.



ALOE VERA COATED

The patented Aloe Vera coating has been shown to soothe dry and chapped skin.



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Email: sales@swgloves.com



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congress@fdi2013istanbul.org



16 // TEHNODENT proudly celebrates 25th Anniversary this year



TEHNODENT – your reliable supplier of dental cartridges of almost all brands on the market. With modern technology and new generation of CNC machines. Tehnodent has positioned as number one in supplying the aftermarket parts all over the world. Together with our swift service, our clients value our technical support. Whether you are an experienced repair shop or you tend to start one, Tehnodent is here to help you with free trainings, custom made tools and technical documentation. You need a new part? No problem.



Our technical service can generate new product in three weeks. Visit our website www.tehnodent.com and check our new promotional video. Take a quick glance at how these cartridges are made in our factory. TEHNODENT proudly celebrates 25th Anniversary this year. More than ever, we are sure that our mission has proved as the right one: OUR QUALITY is YOUR SUCCESS.

www.tehnodent.com / office@tehnodent.com

17 // TEKMIL:70th Year Experience -More Than You Think



Established in 1943, Tekmil is one of the first dental chair unit and equipment manufacturer in Turkey. In this 70 years period, we always developed our products to be able to answer the request of dentist. With certificates ISO 13485, DIN EN ISO 9001 and CE 1984 we have distributors in European and Asian countries.

Now for 70th year, we have redesigned again our units with maintaining our material quality at high level because we know that rather than selling, obtaining the customer royalty with powerful and trustable products is the most important thing. That is why our company image is: Tekmil always stand behind their products. To explore the experience of TEKMIL quality, you are always welcome to our family.

www.tekmil.com.tr // info@tekmil.com.tr // [skype:tekmil1943](https://www.skype.com/invite/tekmil1943)



18 // BRAVIA® XL Turbine



Compact and elegant new styling with titanium body, superior reliability, highly-efficient illumination, reduced noise and weight are just a few of the various features offered by this new special edition of the BRAVIA®L high-speed Turbine. The handpiece incorporate special integral-structure high-precision ceramic ball bearings which, together with the safe and perfectly balanced rotor, makes the turbine with unmatched high power, reliability and quietness.

Lubrication can be carried out normally by means of oil dispensers or, much more efficiently, by means of the special recommended LubriONCE® grease lubricator. Once coupled to the GYROFLEX®LED rapid Coupling, the turbine can immediately get advantage of the LED source which allows over 25000-LUX daylight quality illumination of the operating area and produces a superior and perfectly uniform light pattern. Turbine's connection is fully compatible with the popular MULTIflex® one. Other types of connection are also available.

www.teknedental.com / info@teknedental.com



19 // ZB19 Kugellager - Dentaltechnik GmbH



ZB19 is a quality company for dental spare parts and dental bearings. We are standing for safety and competence. Secure your future, your repairing and the satisfaction of your clients with quality products from ZB19.



www.zb19.de/info@zb19.de

20 // Tizian Zirconia Reinforced Composite Blanks – Discover the New Possibilities

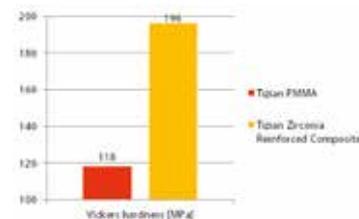


Schütz Dental presents composite blanks reinforced with zirconium dioxide. This new material is particularly well suited to the production of permanent 3-units crowns and bridges as well as for long-term temporary restorations.

The blanks with a diameter of 98 mm are available in five different tooth shades and two different blank heights. What's more, they combine the advantages of both zirconium dioxide and composite: high abrasion-resistance, brilliant aesthetics due to a choice of shades and the option of being veneered with a composite.

An outstanding Vickers hardness in comparison to conventional PMMA ensures a very good stability of the restoration. Tizian Zirconia Reinforced Composite Blanks are compatible with most CAD/CAM milling systems that are suited to 98 mm blanks.

www.schuetz-dental.de/en



21 // Since 30 years your ergonomic requirements are our challenge!



Since 1981 Diagram production includes equipment for dental practices and laboratories, dental materials, products for hygiene and sterilisation such as needle burners, car poule warmer/needle burners, steamjet cleaners, UV curing-light ovens, accessories and materials for composites, new techniques methods such as transparent silicon-rubber. Diagram activity also focuses on the implementation of new techniques permitting the optimisation of both equipment and working methods. For these reasons the company produces and offers layouts and know-how for:

- **RESIN INJECTION SYSTEM** for the fabrication of prostheses with any kind of resin;
- **ULTRAKERAMIC** method reproducing the wax model directly in ceramics and availing the advantages in terms of color and shaping of this material;
- **DIRECT COMPOSITE RESIN RESTORATIONS:** Giotto 101 Composite Painting Palette is the first device able to aid in controlling the fluidity of various portions of composite materials simultaneously and in minimum portions.

Diagram manufactures with your private label too.

www.diagram.it/info@diagram.it



2013



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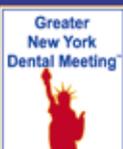
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22 // Maestro 3D Open Dental Scanner



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



23 // Machine for guided surgery system



MARIOTTI&C Italy introduces the new milling-machine with guided surgery system. The

BRAVO.6 is, at the same time, a complete manual milling-machine/parallelometer for the standard dental laboratory milling but, especially, it's a complete machine for the drilling of the surgical guides. This system works with all the kind of implants thanks to the combination with a 3D software that gives the parameters to set in the 5 dimensions model-table. Available S3D, the 3D software for computer simulation, compatible with all the implant systems designed for guided surgery.

Main specifications: 2000÷30000 rpm micromotor with internal led light, power supply with speed and reverse display, dial gauge 0.01mm for vertical movement reading. The set included the 5D model-table with n.2 digital 0.001 micrometers for linear movements, n.3 rotations with 1° graduation, reference system for sure model positioning (3 rotations and 2 linear movements) and model base mold with fixing system.



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 retrieves the 10 saved user programs.

www.mariotti-italy.com / info@mariotti-italy.com



24 // Opteo Sensor by Owandy



The Opteo sensor is an innovative and functional imaging system that addresses the desires and demands of our clients.

The sensor enables dental professionals to make immediate and safe diagnoses. Thanks to the intelligent A²-S (Automatic Activation System), the number of steps to capture an High Definition image is reduced and its quality is also guaranteed.

The integration of A²-S improves sensor functionality and supports the dental professional in his daily activities.

The Opteo sensor can capture and display high-resolution radiographs in a very short time. As it is no longer necessary to wait for the radiographs to be scanned or developed, the dental professional can focus on his patient and increase his efficiency.

Thanks to the Opteo sensor's ergonomic design, with rounded corners and bevelled edges, making a dental radiograph is no longer uncomfortable for the patient. info@owandy.com - www.owandy.com



25 // Dr. Friendly® Sterile Single-Pouched Diamond Burs



Sterile FG Diamond burs are efficient and cost effective. MDT quality Sterile Diamonds are packed automatically in a Class 10 Clean Room then Gamma Radiated. The packing conditions and premium materials ensure 5 years sterilization validity. A new, sterile instrument is opened and used for each procedure. Fresh burs are always sharp and fast cutting.

A clean dependable performance is guaranteed with every procedure. Less pressure is applied reducing heat build-up. Patient discomfort is decreased; chair time shortened. The need to clean, disinfect and sterilize used burs is eliminated saving time and money. Risk of infection and cross contamination is significantly reduced. Higher safety precautions safeguard the patient, the dentist and dental assistants. Productivity is enhanced. Dr. Friendly®, an asset to any dental practice. MDT®, Efficiency in your hands.



www.mtdental.com/ / info@mtddental.com

26 // Fve- Fine Vision Electronic, reasonable prices and quality!



FVE-Fine Vision Electronic was established in Taiwan in 1997. The FVE is an independent design and manufacturer of the advanced microscope system, illumination products and high intensity LED type curing light equipments. With more than 10 years of design and manufacturer experience, FVE has the knowledge, the commitment and the resources to provide complete customer solutions.

The advanced microscope system, illumination products and high intensity LED type curing light equipments are used in medical and dental image system. Furthermore, the reasonable price along with quality is our policy, FVE made innovative and professional LED type curing light in the way of reasonable cost. Because FVE has special skills of electronics & optics, and also has reliable partners, so our dental products showed competence in marketing.



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27 // X-VIEW 3D



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Focus on Turkey

Author: Michela Adinolfi

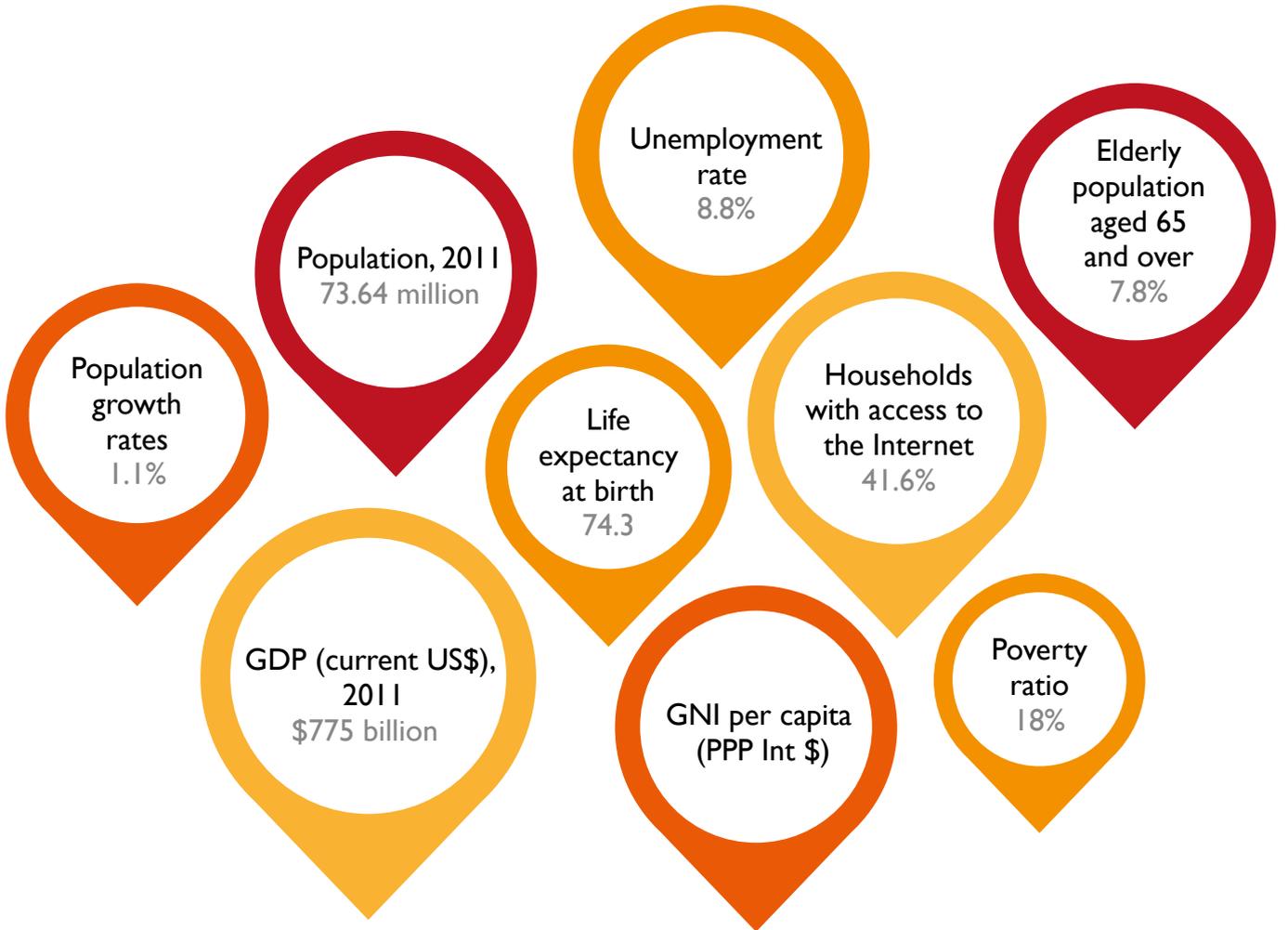
Turkey is located in the Anatolian peninsula, between southeastern Europe and southwestern Asia, bordering with Armenia, Azerbaijan, Bulgaria, Georgia, Greece, Iran, Iraq, Syria, the Mediterranean Sea and the Black Sea. The geographic position has enabled Turkey, in ancient times known as “Asia Minor”, to play a centuries-long bridging role between Europe and Asia, making it a country full of sharp but fascinating contrasts.

Although slowly moving towards joining the EU, Turkey is considered neither as completely European nor as fully Middle Eastern, representing a unique historical crossroads of civilizations.

Maiden Tower and the Old City Silhouette in Istanbul Turkey
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General figures



Sources: OECD/World Bank

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Demographics – According to the Turkish Statistical Institute, Turkey has a population of **74 million, projected to grow up to 94.6 million in 2050**. Although the growth rate remains slightly positive (1% annually), declining birth rates and improving health conditions are expected to impact on the aging trend.

70% of Turkish population live in urban centres. The most densely populated areas are **Istanbul**, with its 13 million inhabitants, followed by **Ankara**, the capital (4.4 million) and **Izmir** (3.4 million). Other important cities are Bursa (1.9 million), Adana (1.6 million), Gaziantep (1.3 million, Konya and Antalya (both 1 million).

Turkey is a secular State, although nearly 98% of the population is Muslim, mostly defined as moderate or “light”. After several decades of government policies aimed at secularism, in recent years several laws were introduced, that arouse fears among some groups of Turkish citizens that the government may be trying to modify this model in favour of a more Islamic-oriented legislation.

Economy – During the last decade, Turkish economy saw impressive growth rates and transformations. Just to mention some figures, inflation dropped from 30% to 6.6%, exports rose from US\$36.2 billion a year to US\$153 billion. Per capita GDP similarly increased from US\$3,492 to above US\$10,000.

In 2010-2011 real GDP growth averaged 9%, but it slowed down to 2% in 2012, and it is forecasted at about 3-4% in 2013. **It is however remarkable that in the period 2002-2012 real GDP rose by 64% and per capita GDP by 43%**. A comparison with economic figures from the past decades shows the transformations occurred in Turkey’s economic environment.

The country’s economic basics are quite solid, with gross public debt at just 36% of GDP, low household and corporate debt, a good record of job creation, strong banks and large foreign-currency reserves. However, the current picture is not all rosy. According to the OECD’s “Economic Survey of Turkey 2012”, following the global economic slowdown **some vulnerabilities have emerged, particularly the excessive dependence on foreign confidence and capital inflows**. Moreover, there is a question of sustainability of the growth achieved so far, as it created **large current account deficits** (expected at 6% of GDP in 2013).

Turkey’s economy in figures

	1980	2001	2010
GDP (billion \$)	70	509	735
Per capita GDP (USD)	1,500	2,906	9,977
Number of enterprises	90,000	723,503	1,325,749
Exports (USD billion)	3	31	114
Exports per worker (USD)	65	1,456	5,040
Industry share in exports	10%	92%	92%
Number of exporters	1,000	25,000	50,350
Tourism revenue (billion \$)	0.3	8	21
Ranking in the world (in terms of GDP)	25th	21st	17th
Urbanization rate	44%	65%	70%

Source: Foreign Economic Relations Board (DEİK)

Domestic political unrest, recession in the euro zone (still Turkey’s biggest export market) and turmoil in Syria and in the surrounding region may affect the inflow of foreign capital, which is actually very needed due to the low rate of domestic savings. As regards the internal issues, population growth combined with unemployment arise some concerns for the country’s productivity and competitiveness. These trends combine negatively with **the relevant role of the informal sector** in business and job creation.

The labour market is defined by several observers as overregulated and in need of reforms to allow more employment in the formal sector. Besides wide-reaching labour market reforms, there is also a pressing need to increase the skilled and qualified labour force. The education system, although it has an extensive coverage, presents deep inequalities based on both wealth and geographic location, with eastern and rural regions less provided with sufficient educational infrastructure.

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Trade – Despite Turkey is often cited as one of the best-performing emerging economies in the world, its growth has become unbalanced because of the boom of domestic demand, that made imports outpace exports in the last two years. The OECD reports that following the increased integration with the European and international markets, Turkey's share in global exports grew rapidly at first, to decline in recent years. The current export growth rate for goods and services is lower than in other emerging economies such as Brazil, Korea, China and Russia in 2012 and 2013.

According to a study by the Centre for European Policy Studies (CEPS), in order to reverse the trend, the government aims to increase the export volume from \$340 billion in 2011 to \$500 billion in 2023. The goal seems too ambitious considering the average export growth rates over the last decade. **Particularly after 2000, Turkish exports were mainly driven by goods rather than services.** While most of Turkish services exports are in tourism, travel and construction, exports of high value-added services such as ICT, financial, business and legal services, that depend on high rates of tertiary education and skilled human capital, remain comparatively low.

The manufacturing industry accounts for about 80% of total exports, but it largely depends on imported intermediary goods (about 40%). These imports also play an important role towards the domestic market, which in the last decade has attracted the largest share of industrial production. The government is trying to decrease the dependency on imported intermediate goods for most competitive export sectors, in order to tackle current account deficit mostly caused by trade imbalances.

Outlook on the health care system

General health figures

Physicians	126,029
Physicians per 10,000 population (2011)	17.1
Nurses per 10,000 population (2011)	24
Hospitals	1,410
Outpatient institutions	26,544
Per capita total expenditure on health, current US\$ (2011)	\$696
Health expenditure as share of GDP (2011)	6.7%

Healthcare facilities

Type of facility	Public	Private	Density (per 100,000)
Health post	6,305	1,213	8.4
Health centre	169	34	0.27
Provincial hospital	519	405	1.2
Regional hospital	198	39	0.3

Source: WHO

According to OECD figures, since 2003 Turkey has been extending public coverage for health services, now accounting for 73% of total health spending - equal to the EU average.



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The 2003-2013 Health Transformation Program (HTP) - The ten-years program of reforms was launched in 2003 with the aim of improving governance, quality and efficiency of the healthcare system and expanding access to health services. Until the Program was introduced, the three main sources of health care financing were the state, social security institutions and out-of-pocket payment.

Three organisations provided health insurance: the **Sosyal Sigortalar Kurumu (SSK)** for blue and white-collar workers in the public and private sectors, **Bag-Kur or the Social Security Organization** for Artisans and the Self-Employed and **Emekli Sandigi or the Government Employees Retirement Fund (GERF)**.

In 2006, the government merged them to create a single universal scheme known as "**Social Security Institution**" (SSI). Under the new Law, all Turkish citizens are required to contribute to the social insurance system. Households with income under a certain threshold are entitled to get contributions paid by the State under the "Green Card" scheme, which includes outpatient benefits and drugs.

On general terms, some benefits achieved so far by the implementation of the program include:

- Reduction of morbidity and mortality rates
- Improved demographics indicators
- Higher awareness on healthcare and lifestyle
- Increased investment in the health sector, supported by foreign capitals
- Quantitative and qualitative improvements in health-care resources (facilities, beds, equipment, health professionals)
- Progressive harmonization with EU regulations and new R&D legislation favouring investments

However, some critical issues remain unsolved:

- Low per capita expenditure on health compared to more developed countries
- Local regulations on patents and intellectual properties not yet harmonized with international regulations
- Relevant dependence on imports in the high-tech medical device sector
- Price control and reimbursement issues may affect foreign investors interest

According to the "Turkey Health System Performance Assessment 2011", that measured the results of the first 7 years of the HTP, the steady **improvement of life expectancy** at birth and life expectancy at age 65 has narrowed the gap between Turkey and rest of the European region.

Another positive result was the high coverage reached by the national **immunization programme** of infants and children, both at national and provincial levels. Nevertheless, one of the main problems of the country's health profile remain the **regional disparities and inequalities in coverage rate** according to income, educational level and between rural and urban areas.

The HTP included interventions on several fundamental aspects of Turkey's healthcare system:

1. Strengthening primary healthcare (PHC), particularly through the implementation of family medicine. Under this scheme, each individual is assigned to a named family doctor. Currently there are 6,367 family health centres across the country.



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2. Increasing the satisfaction and productivity of health workers, thus addressing the issue of the low numbers of health workers with both financial and non-financial incentives, and investing to increase the number of new graduates.

3. Increasing the share of government expenditure allocated on healthcare, from 8% in 2000 to almost 13% in 2008 (50% increase over almost a decade), to bring it in line with spending levels of other OECD and EU countries. In particular, budget allocation for disease prevention programmes and PHC has increased from US\$7-9 per capita between 2000 and 2003 to US\$42 per capita in 2010.

4. Consolidating the various social health insurance schemes into a single scheme managed by the SSI. The Social Security Law guarantees to all beneficiaries the same benefits package (access to public and private sector doctors, outpatient benefits and drugs).

Some figures show that the reform was effective in increasing both scope and depth of healthcare coverage:

- The population covered by some form of social security increased from 84% in 2000 to 98% in 2010.
- Referral rate from PHC to other levels of care dropped from 16.7% in 2002 to 0.4% in 2010.
- The proportion of primary-care visits has risen from 6 to 7 visits per 10 hospital visits between 2006 and 2009.
- The number of health workers per population increased for all professional categories except pharmacists and dentists. In particular, among 30 OECD countries, Turkey showed one of the highest increases in nurse and physician density between 2000 and 2006.

However, concerning the latter point, it must be noticed that the rates of nurses and midwife physicians per inhabitants remain considerably lower than the European average. Moreover, **specialized professionals are concentrated in the western Anatolia and Istanbul areas**, while the north-eastern, south-eastern and mid-eastern anatolia regions are underserved. For instance, Istanbul alone concentrates about one-third of the over 126,000 medical doctors in Turkey. On the other hand, other types of health-care workers show more even distribution rates throughout the country.

The private healthcare sector – The Turkish Foreign Economic Relations Board (DEIK) reports that private investors have been highly active in the health sector since early 1990s, and in the last years an increasing number of foreign investors has stepped into the market as well. Currently, there are 10 international investment funds and groups holding interest in Turkish hospitals and clinics.

The development of private hospitals, clinics, and health centers has been particularly relevant for plastic and cosmetics surgery, orthopedics and ophthalmology. Especially during the last decade, the growth of the private health sector has become apparent through the change in the distribution of hospitals and beds between public and private providers. Currently, roughly **60% of beds are public and 40% are private.**

The number of private doctors has increased as well. Considering the figures for 2000-2009 made available by DEIK, it is worth noticing how **the number of private doctors has increased more than five-fold, while that of public-employed doctors has increased three-fold.** In both sectors, however, the greatest increase was registered in the period 2005-2009.

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Number of Doctors in Turkey (2000-2009)

	MoH	Medical Schools	Private	Total
2000	17.665	7.204	4.226	29.085
2005	22.893	9.801	5.542	38.236
2009	63,622	25,015	22,574	111,211

Source: DEIK (Foreign Economic Relations Board)

The market for medical devices

Market size – Turkey's medical market was valued at US\$2.26 billion in 2012, ranking within the top 30 largest medical markets in the world. The International Society for Pharmaeconomics and Outcomes Research estimates that the total market size will reach US\$3 billion by 2015, making it a very attractive market for medical device manufacturers.

According to Espicom analysis, **imports account for about 85%** of the medical devices and products supplied in the Turkish market. Although the import share has been increasing by average 6% in the period 2007-2011, in 2012 total medical import value decreased by 6% on the previous year, to US\$1,88 billion. Only the dental sector registered a different trend with positive growth of import values.

The **USA, Germany and China** together account from half of the imported medical supplies.

Size of the medical devices market in Turkey (millions of US\$)

	2010	2011	2012
Total Market Size	2,000	2,100	2,260
Total Local Production	200	210	226
Total Exports	200	220	240
Total Imports	1,800	1,880	2,034

Source: Medical Device Manufacturing

Growth factors – Despite the current economic constraints and surrounding financial turmoils, the medical device market in Turkey is expected to benefit from the expansion of healthcare facilities and rising health expenditure, which made analysts forecast an optimistic **8 to 9% average growth rate in the next four years**.

According to the Investment Support and Promotion Agency of Turkey, the introduction of universal healthcare insurance scheme is impacting positively on the medical market, resulting in growing health awareness and the possibility to access a broader scope of health services.

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Other factors to be considered as relevant for the long-term potential of the Turkish medical market are:

- growing population and increasing share of elderly population
- high incidence of chronic diseases
- higher life expectancy
- increased average annual income

These trends account well for the interest of foreign companies in the Turkish medical market. On its side, the Turkish government has encouraged foreign investments through several **incentives in R&D legislation**, simplification of procedures and transfer of shares of incorporation companies, and more freedom in choosing the resolution systems for commercial disputes. Added to the already existing favourable conditions allowing repatriation of profits, acquisition of immovable property or rights in Turkey and full ownership of a Turkish subsidiary, these measures have undoubtedly been effective. Several overseas medical companies (including large multinationals such as General Electric, 3M, P&G, Pfizer, Johnson and Johnson) have established production bases in Turkey both to manufacture products for the growing domestic market and to benefit from its role as **main trade hub** in the region, to export to countries in Central Asia, the Caucasus and the Middle East.

Local industry - The Turkish medical devices and supplies industry is a fast developing sector that changed significantly over the last decade. The scope of local production, the number of manufacturers and also the general quality of the products have all increased. According to the Ministry of Economy, the industry comprises about **6,000 companies**, including 450 medium and large-scaled companies, 100 manufacturers/exporters, and 2,500 suppliers. Most of the compa-

nies are located in **Istanbul, Ankara, Izmir and Samsun**, due to the concentration of health institutions, transportation and telecommunication facilities in these cities, as well as easier supply and access to research and technical support. The products range goes from simple disposables such as wadding, gauze, bandages, syringes, needle and catheters, to more sophisticated equipment including medical and surgical instruments and appliances, ophthalmic instruments, dental instruments, laboratory diagnostics, wound closure equipments, etc. Turkish medical manufacturers comply with international standards such as the GMP (Good Manufacturing Practices), GHP (Good Health Practices), ISO standards and CE mark.

Turkish medical production fulfills domestic demand for some products, but a relevant share goes to export markets. **Medical exports were valued approximately US\$182.3 million in 2011**, registering 31.7% increase on 2010 (US\$138.4 million), and 75.9% increase on 2007 (US\$103.6 million). A closer look at the **composition of Turkish medical exports** in 2011 (the latest year for which detailed figures are officially released) shows the different weight of the three main export categories:

1. Medical, surgical, dental or veterinary instruments and appliances US\$106.3 million
2. Orthopedic appliances, splints and other fracture appliances and hearing aids US \$53.6 million
3. Mechano-therapy appliances US \$ 14.7 million

Among the 100 export markets, the major are Germany, France, Azerbaijan, Iraq, Somali, China, Iran, the Turkish Republic of Northern Cyprus, USA, UK, Italy, the Netherlands and Pakistan.

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Turkish medical devices and supplies exports by Products (US\$ million)

Products	2007	2008	2009	2010	2011
Instruments and appliances used in medical, surgical, dental or veterinary sciences	66.78	69.55	63.72	77.20	106.27
Mechano-therapy appliances; massage apparatus; psychological aptitude-testing apparatus;	7.48	9.24	10.26	10.36	14.72
Other breathing appliances and gas masks	0.56	1.45	0.71	0.75	1.24
Orthopedic appliances, surgical belts and trusses; splints and other fracture appliances; artificial parts of the body; hearing aids and other appliances	24.93	32.77	37.45	44.02	53.58
Apparatus based on the use of X-rays or of alpha, beta or gamma radiations, X-ray tubes and other X-ray generators	3.91	4.33	4.98	6.09	6.46
Total	103.68	117.36	117.14	138.44	182.29

Source: Ministry of Economy



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Oral healthcare and the dental market

Oral healthcare provision – Several reports highlight that oral health awareness and education in Turkey are still relatively low, as access to dental and oral health services in Turkey remains under the average of OECD members. In the early 2000s, access to dental clinics was 0,7 access/year. After over a decade the ratio has only increased to 1,5. Another indicator is the annual consumption of toothpaste (85/90g per capita) and tooth brush consumption (one-third per capita), pointing at the need to increase the general focus on prevention of oral health diseases.

Both public and private providers offer dental care in Turkey. Dental care services in the public sector are provided by family health centres, general and teaching hospitals, dental and oral health centres and dental hospitals.

The public health insurance system covers oral health, with special attention to children aged between 5 and 15 years, who can receive orthodontic treatment, restoration of teeth and root canal therapy on primary and secondary permanent molars at any public or private facility. Poor people ineligible for participation in the public health insurance are entitled to free oral health care, with the exception of orthodontic and prosthodontic treatment.

Since the new insurance system was introduced, demand for dental services has increased in public hospitals and clinics. However, this resulted in long waiting lists that disadvantage rural and the urban poor population in accessing dental services.

The patient covered by public insurance may receive treatment from a private dentist by referral from a public facility, particularly in districts where dentists are not available in public facilities. The service fees are reimbursed by the SSI under specific conditions, according to the public reimbursement price for the same service, while usually the referred patient pays the difference to reach the total of the private fee.

The private sector plays the most important part in Turkey's oral healthcare provision. Dentists generally practise in their own offices, but there are private dental clinics and units in hospitals. Despite the increased number of private health insurance plans, oral health treatments are not often included in the benefit package, therefore private dental care is still largely paid out-of-pocket by the patient itself.

Dentists in Turkey: facts and figures

- Active dentists : 24,203
- Number of persons per dentist: 3,505
- 42% are female and 58% are male
- 65% worked in private practices, 25% in government hospitals, 9% in university hospitals and 1% in other institutions
- Average monthly income of dentists working in the governmental clinics is around US\$3.250. This amount approaches to US\$5,200 in the private sector.
- 20% practise in Istanbul
- 2,250 newly graduate dentists join the community each year after completing a 5 year full time education at the 44 dental faculties

Sources: FDI, Turkey Health Survey 2012

The FDI states that, in line with the increasing number of dentistry faculties, the number of dentists graduating each year in Turkey has grown.

The private sector is highly attractive for patients that can afford to pay dental treatment out-of-pocket, due to better access to latest technology and higher quality products in private practices and clinics. Therefore access to dental therapies and aesthetical dentistry has increased significantly in the last decade.

Dental market figures

- Turkish market of dental equipments and products has an annual turnover of around US\$260 million
- The growth rate of dental industry is estimated at 10% since 2010.
- About 50 corporations manufacture consumable products and dental equipment
- 300 dental warehouses supply dental products to dentists and dental technicians.

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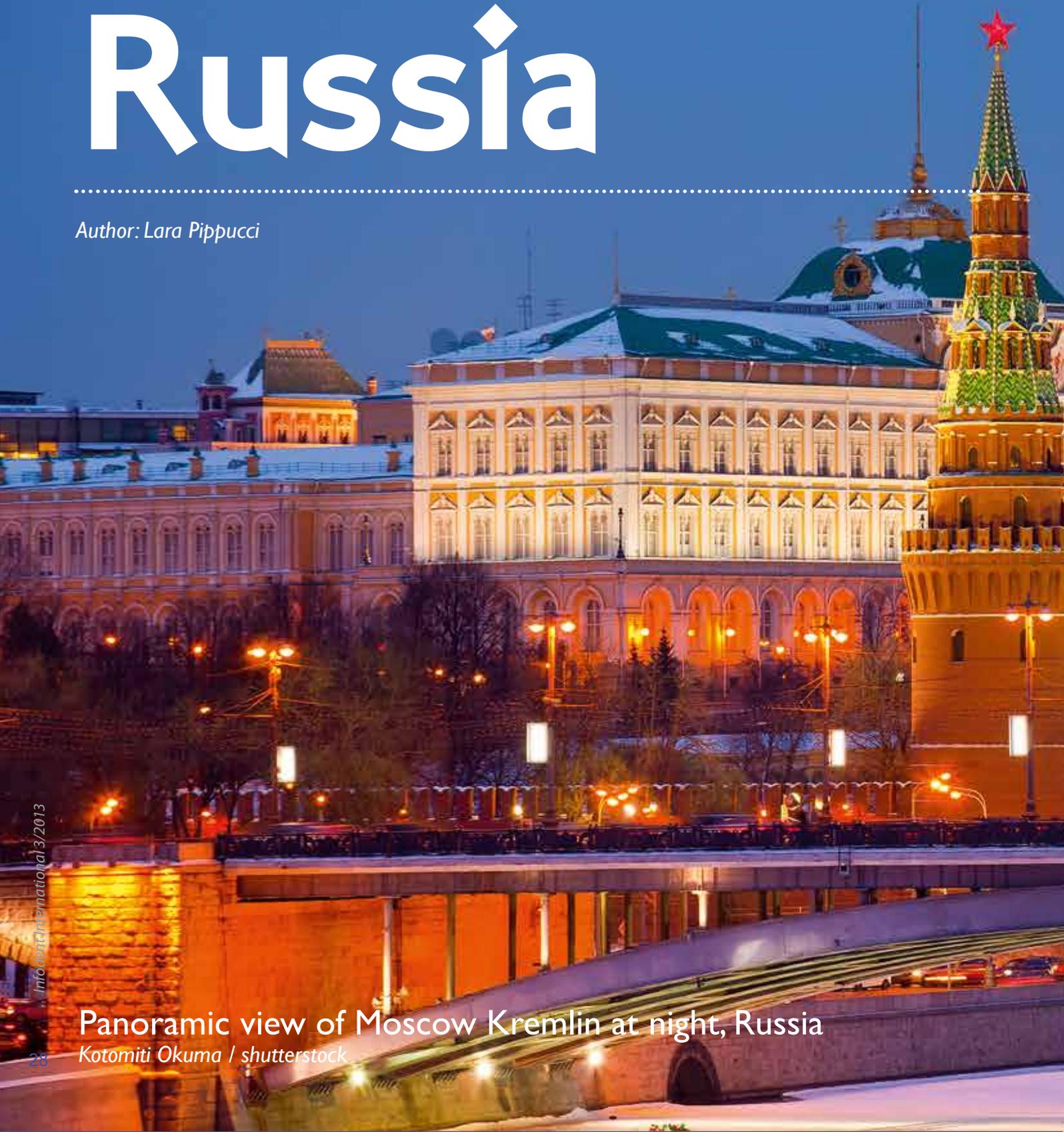
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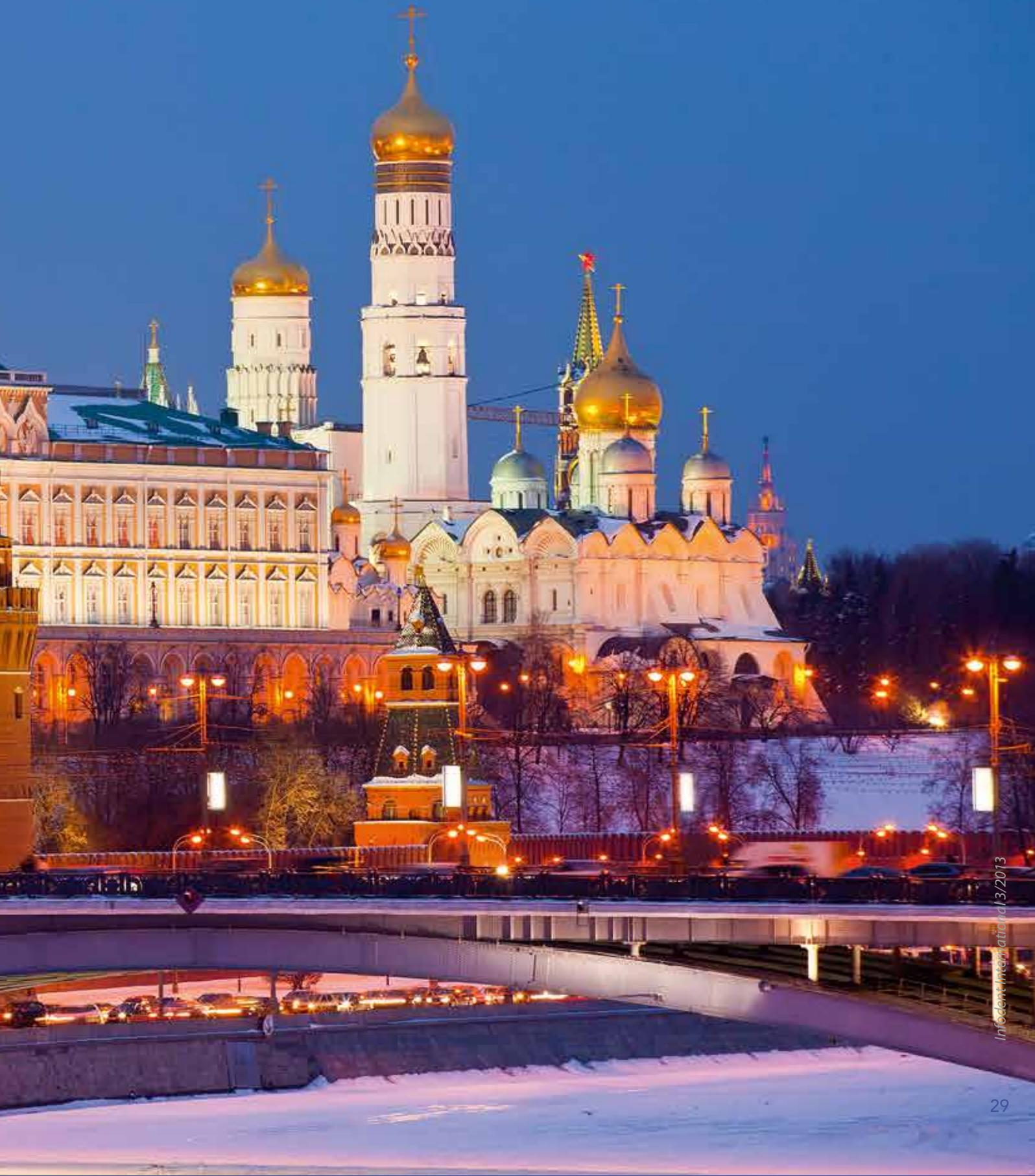
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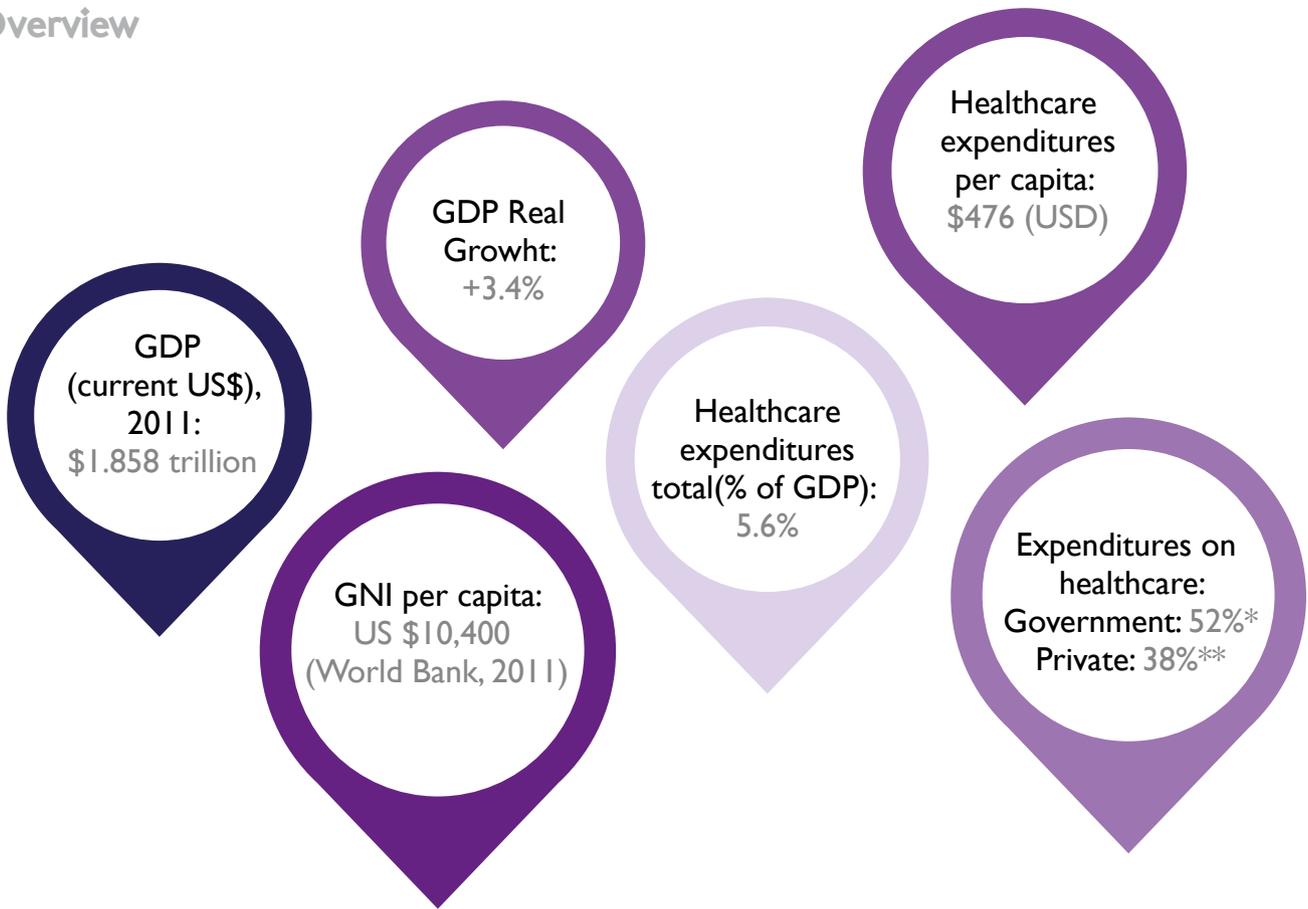
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When we get a wound, both from surgery or accidentally, our cells break down. Damaged cells, including DNA fragments in contact with certain types of enzymes, are processed and released in the blood. The blood flow carries them around in the blood stream, so that the information stored in the DNA can be reused when the wound's cells start their regenerative process in order to recreate cells of the same old kind.

In the meantime the platelets operate in the wound creating a protective blood clot. At this point the fibroblasts occur. The fibroblasts are a type of cell that synthesizes all the different parts of a tissue. They migrate into the matrix of the blood clot that contains the information of the DNA required to recreate the cells, and they work to rebuild those parts damaged after the wound.

In order to do this they need energy contained in the DNA as Adenosine Triphosphate (ATP). The healing process is very personal and, sometimes, the wounds heal slowly for a lack of energy.

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Russia is the biggest country in the world. It occupies 11.5% of the world territory and its area is equal to 17 mln sq. km, which is somewhat larger, for instance, than the area of Canada - the second largest country in the world (9.97 mln sq. km), and that of Australia (about 7.68 mln sq. km).

The territory of Russia spreads for ten thousand kilometers from the Baltic Sea in the west to the Sea of Japan in the east. Spanning eleven time zones, Russia is the largest country on earth in terms of surface area, although large tracts in the north and east are inhospitable and sparsely populated.

There are 89 subdivisions in the Russian Federation, 21 republics, 46 oblasts or provinces, 9 krajs or territories, 1 autonomous oblast or province, 4 autonomous okrugs or districts and 2 federal cities.

The Russian federation counts more than one thousand cities and towns. The largest cities with more than one million inhabitants are: Moscow (more than 9 million people), St. Petersburg (about 4.7 million people), Nizhniy Novgorod, Novosibirsk, Yekaterinburg, Samara, Omsk, Tcheliabinsk, Kazan, Perm, Ufa, Rostov-on-Don, Volgograd.

Russia is a Democratic Federative Republic with a presidential government and two-chamber Federal Assembly (parliament) consisting of the State Duma and the Federation Council. The head of state is elected once in four years. In 2000 Vladimir Putin was elected the President of the Russian Federation and on March 14th, 2004 he was reelected for the second term.

Russia emerged from a decade of post-Soviet economic and political turmoil to reassert itself as a world power. Income from vast natural resources, above all oil and gas, have helped Russia overcome the economic collapse of 1998. The state-run gas monopoly Gazprom is the world's largest producer and exporter, and supplies a growing share of Europe's needs.

Russia's economy grew 3.4 percent in 2012, down from 4.3 percent in 2011. Growth will continue slowing further to 3.3 percent in 2013, and then is set up to pick up modestly to 3.6 percent in 2014.

Economy

At first glance, Russia's economy looks strong. In 2012, when the global economy was losing momentum and the Eurozone was stuck in recession, growth in Russia was solid, based on resilient domestic consumption. The pace of economic growth in Russia was faster than in Brazil, South Korea, and Turkey, something that was unconceivable only two years ago.

Achievements were not limited only to economic growth:

- In 2012, the current account was strong thanks to a large surplus in the trade balance.
- Capital outflows declined, allowing the Central Bank of Russia (CBR) to add again to its stock of reserves.

- The budget was balanced, and the Government started to replenish its reserve funds that were depleted by the crisis. While average public debt in advanced economies exceeds 110 percent of GDP, Russia's public debt is no more than 10 percent of GDP.
- Unemployment dropped to 5.4 percent in January 2013, a record low for the last two decades, and wages grew at a solid pace.
- Low unemployment, a growth in wages, and a reduction in inflation are set to reduce the number of poor people from 16.9 million in 2012 to 15.9 million in 2014.

However, a closer look reveals weaknesses:

- Economic growth dropped to half the level of the decade up to the 2008 crisis. Industrial output declined in early 2013 for the first time since 2009.
- Fixed investment remains dependent on public funds, and foreign direct investment is subdued. Inflation increased in the second half of 2012 and is set to remain stubbornly high in early 2013, weighing on consumption.
- Russia is also stagnating in global economic rankings. Measuring the size of the economy in current U.S. dollars, Russia did improve globally from 18th to 8th position between 2000 and 2008, but it remained in this position in 2012.

Russia's economy grew 3.4 percent in 2012, down from 4.3 percent in 2011. Growth will continue slowing further to 3.3 percent in 2013, and then is set up to pick up modestly to 3.6 percent in 2014. The weak external environment, elevated inflation, flat oil prices, and sluggish domestic demand could postpone a pickup in growth in Russia toward the second half of 2013.

Growth declined mainly due to the weaker performance of investment. Inventories were flat as the restocking cycle after the crisis came to an

end, and fixed investment expanded only moderately as business remained cautious about future prospects. In part due to high investment spending in late 2011, the contribution of investment to growth declined throughout the year. In contrast, consumption growth remained almost as strong as in 2011, thanks to low unemployment, wage increases, credit expansion, and government spending. As a result, consumption became

At the end of the 20th century, the collapse of the Soviet Union and ensuing radical changes in the country's social and economic policy engendered healthcare problems and systemic challenges.

the main growth driver instead of investment. Finally, the weak investment dynamics dampened import growth. This translated into a lower negative contribution of net exports to growth in spite of weak external demand due to the recession in the European Union (EU).

Inflation continues to be high. Headline year-on-year inflation reached 7.1 percent in January 2013, compared to 4.2 percent in January 2012. The increase in inflation in Russia is striking from an international perspective and is related to three factors. Firstly, it reflects the increase in food inflation triggered by the drought in Russia and among international grain producers, as well as higher excise taxes on alcohol. For example, year-on-year food inflation increased from 1.2 percent in April 2012 to 8.6 percent in January 2013. Secondly, the rise in administrative prices in



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July and September 2012 and January 2013 pushed up services inflation. As a result, year-on-year services inflation increased from 3.8 percent in June 2012 to 7.8 percent in January 2013. Finally, there was some uptick in core inflation, which excludes food and gasoline. It increased from 5.1 percent in May 2012 to 5.8 percent in October 2012, and then stabilized at roughly 5.7 percent in recent months.

By 2014, growth in Russia is set to be once again lower than in Brazil, South Korea, and Turkey. In order to revive and modernize the economy and reduce its dependence on natural resources, policy makers face two challenges. Firstly, Russia has to manage macroeconomic policies so as to ensure economic stability in the face of domestic and external vulnerabilities. This implies three policy priorities: sticking with prudent spending plans and saving oil revenues that come in over and above budget; focusing monetary policy on low inflation to keep inflationary expectations in check; and strengthening banking supervision and taking additional measures to mitigate emerging risks in consumer lending.

Russia has to step up structural reforms in order to lift its growth potential. Reviving growth requires, among other things, reducing the state's footprint on the economy and improving the investment climate; confronting the challenges of an aging and shrinking population; and strengthening governance through more transparency, better regulations, and more effective control of corruption.

The Russian Healthcare System

In the Russian Federation, provision for healthcare is one of the primary social functions of the state; covering delivery of medical care, prevention of disease, and improvement of the population's health.

After the February and October revolutions of 1917, the main feature of Russian healthcare was the creation of a comprehensive state medical treatment and prevention system. Inherited from the Soviet Union, the Russian Federation was faced with a legacy of guarantees for a wide range of social services, including citizens' right to free medical services. The guarantee of a full range of free healthcare services has not changed with the dissolution of the former system, but rather has been confirmed through the new Russian Constitution and the new healthcare financing law.

Until the late 1980s, the structure of health services in the Soviet Union was highly centralised. After the dissolution, the healthcare system followed the new decentralised administrative structure of the country and it is now divided into federal, regional (oblast-level) and municipal (rayon-level) administrative levels. 30% of the population receive primary care through work related clinics and hospitals. For certain employment groups such as police, railroad workers, and high-level government officials, special health services exist.

At the end of the 20th century, the collapse of the Soviet Union and ensuing radical changes in the country's social and economic policy engendered healthcare problems and systemic challenges, many of which are yet to be addressed.

Starting in 1998, the Russian Federation Government has been implementing an annual program that provides guaranteed free medical care to Russian citizens, funded by the state budget.

National Project "Health"

In 2006 a national project named 'Health' was launched to improve the country's healthcare system through improved funding and healthcare infrastructure. This plan helped provide hospitals and clinics

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Russia

Full Name: Russian Federation



Capital city:
Moscow

Total area:
17 million sq km
(6.6 million sq miles)

Россия

Overview

Currency: Russian rubles (RUB)

Major language: Russian

Major religions: Christianity, Islam

Monetary unit: 1 rouble = 100 kopecks

IMF Categorisation: Emerging/Developing

Main Export Partners:

- Netherlands 12%, • China 6%, • Italy 6% (2011)

Main Import Partner:

- China 16%, • Germany 10%, • Ukraine 7% (2011)

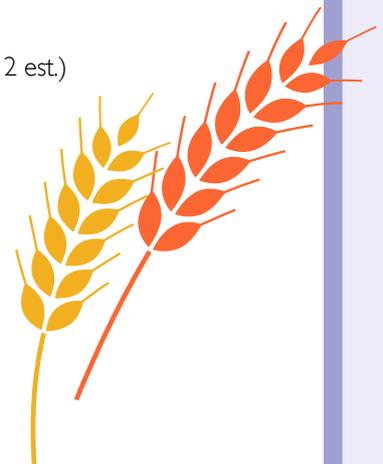
Main Exports: Petroleum and petroleum products, natural gas, metals, chemicals, weapons and military equipment

Main Imports: Machinery, Vehicles,

Pharmaceutical products chemicals

Source: Cia World Factbook 2013

- Population of Russia: 142.8 million (UN, 2011)
- Population growth rate: 0.01% (2012 est.)
Birth rate: 12.3 births/1,000 population (2012 est.)
Death rate: 14.1 deaths/1,000 population (July 2012 est.)
- Structure of Russian population:
0-14 years: 15%
15-64 years: 72%
65 years and over: 13% (2012 est.)
- Median Age:
Total: 38.8 year
Male: 35.6 years
Female: 42.1 years
- Life expectancy at birth:
Male: 63 years
Female: 75 years



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with advanced, high-end equipment and ambulance systems, build new medical centers, as well as launch nation-wide vaccination programs and free health checks. The project has also been working on developing medical technology market through initiatives to blend healthcare and information technology. One of the focuses was made on salary increase of medical staff working in the primary care as well as their wider training programmes.

The project was initiated by the Russian President Vladimir Putin and coordinated by the President Office. It was mostly financed by the federal budget. However regional and municipal levels have also contributed significantly to financing the programme, whose budget 78,98 billion RUR in 2006 and 346,3 billion RUR in 2007-2009.

The new legislation goes beyond the traditional focus on healthcare delivery to include a concern about population health.

In general the Health project received very positive remarks in the society. The industry has benefited from the government's 'National Health Program', which provides substantial funds to build 15 specialized health centers in the country. This higher purchasing power of hospitals and active government support has also assisted the medical devices market. However some experts wrote that, taking into consideration the level of financing, better results especially in the field of primary care development could be reached.

Healthcare Development Concept 2020

The new legislation goes beyond the traditional focus on health-care delivery to include a concern about population health. It sets out the goals of reducing mortality in working ages, especially by lowering rates of injuries and alcohol poisoning, as well as reducing infant and maternal mortality. It also highlights the need for effective action against "socially determined conditions" such as drug addictions, smoking, hazardous drinking, sexually transmitted diseases, tuberculosis and AIDS.

The Russian government put emphasis on high technology, greater primary care, reduction of hospital capacity, improvement of management, introduction of new systems of payment for facilities and individual providers of services, construction of cardiology centers and transition to insurance-based healthcare.

The major priorities for reform include:

- closing the gap between formal commitments to the population and available resources;
- shifting the structure of provision towards greater reliance on integrated primary care;
- adopting payment schemes in the healthcare sector that encourage more cost-effective therapeutic choices;
- modernizing the system of mandatory medical insurance.

The objectives of the concept are:

- population growth up to 145 million people;
- increase of life expectancy to 75 years
- decrease of infant mortality to 7,5 per 1000 born (20% decrease compared to 2007)
- decrease of maternal mortality to 18,6 per 100 000 born (15,7% decrease compared to 2007)

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- formation of healthy lifestyle, incl. curtailment of tobacco and alcohol demand
- improvement of quality and accessibility of healthcare services, guaranteed to the population of the Russian Federation

The goals of the concept are:

- Creation of conditions, possibilities and motivation of population for healthy lifestyle
- Development of the healthcare system
- Specification of state guarantees of free medical services provision to the population
- Improvement of pharmaceutical supply at the outpatient departments within the frames of the OMS system
- Creation of an effective management model of financial resources of the state guarantee programme
- Further training of medical staff and creation of motivation system for quality work
- Development of medical science and innovations in the healthcare sector
- IT development in healthcare

One of the most interesting statements in this framework is the ambition of the government to increase the size of insurance premiums to the Mandatory medical insurance system (OMS) both for the working and the non-working population as well as transfer to a single channel financing model (via OMS). Then tariffs for the medical care should include all expense items connected with maintenance of activity of corresponding healthcare facilities.

Even if Russia has instituted a comprehensive reform of its healthcare system and healthcare is "Priority #1" in the government's new na-

tional priority projects, it is currently estimated that only 20% of the Russian population of 142 million has access to quality healthcare. The majority of hospitals and polyclinics are public and belong to federal, regional or local governments.

At the moment, the two major sources of public healthcare funding - mandatory insurance funds (30%) and spending supported by federal and regional budgets (70%) - do not cover all healthcare expenses.

As a result, a significant portion of overall (public and private) health care spending (about 20%) is covered out of patients' pockets. Voluntary healthcare insurance programs account for approximately one-third of the total private healthcare expenditures. According to long-term reform plans, mandatory insurance funds will serve as the main source of healthcare funding, providing transparency and control over cash flow within the system. However, despite the ongoing healthcare reforms and significant increases in federal and regional budget allocations for healthcare, financing remains insufficient to address the needs of the sector.

Russian medical equipment and supplies market

The Russian medical equipment and supplies market is one of the fastest growing sectors of the economy. According to the estimates of the Russian Ministry of Industry and Trade, Russian medical devices market will be gradually increasing by around 13% annually till 2020.

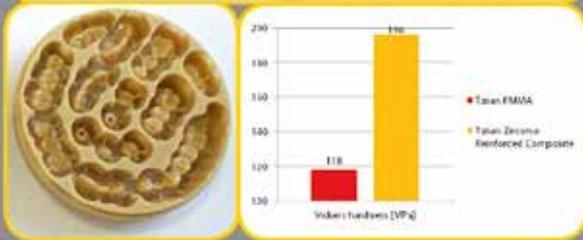
In 2012, the Russian market for medical equipment and supplies is estimated at US\$5,455.7 million. Per capita spending stands at US\$39; per capita expenditure is low by western standards, but is in line with that found in other ex-Communist states such as Belarus or Bulgaria.

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Spasskaya tower of Kremlin in red square, night view. Moscow, Russia
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A relevant share of the manufacturing sector is composed by small and undercapitalized companies whose medical device production is competitive at the price level but not focused on quality. The country has a strong scientific research base but relatively less experience in commercializing new products. Exports are low and centered on other former USSR markets.

Almost two-thirds of the medical equipment and devices used in public clinics and hospitals are obsolete and need replacement. Russia itself does not produce much high-end medical equipment and relies almost exclusively on imports for more sophisticated products

The Russian dental market has an impressive potential too. The number of clinics, practicing dentists, technicians and patient visits is very high and continues to grow.

The Federal Service on Surveillance in Healthcare and Social Development of the Russian Federation (Rosdravnadzor) has approved over 20,000 medical products and devices for use in treatments, 60% of which are locally manufactured (appliances - 3,000, equipment - 1,000, instruments - 7,000, glass and polymer medical products - 700). About 1,200 Russian enterprises, 90% privately held, manufacture an array of medical devices, including apparatus and appliances (45%), medical instruments (10%), medical equipment (9%), glass and polymer medical products (10%), other medical products (26%).

According to various sources, imported medical devices constitute 60% of the Russian market. The statistical data show that 40-45% of imports come from Germany, 20-25% from the U.S., 10% from Japan and 5% each from Italy and France. For the last three years, a growing number of cheap analogues from China and Pakistan have entered the Russian market in large volumes.

Russian medical equipment manufacturers are making some progress in several traditional and developing segments. First, most routine X-ray diagnostic procedures are done on Russian-made equipment.

Apart from that, the Russian medical device market is well represented by monitors for various uses, including those for intensive therapy, surgical operations, pregnancy and at the patient's bedside. Also, Russian companies manufacture certain models of electrocardiographs, encephalographs and rheographs.

A particular focus of Russian manufacturers (usually 15% of the products made at any given plant) is on producing surgical tables, lighting systems, sterilization equipment, cameras for disinfection, beds and medical furniture. The Russian manufacturer KB Vzlet developed the "Kosmea" apparatus used for cardiac artery bypass surgery that works without an artificial blood-circulation apparatus. "Trekpor Technology" Holdings developed an industrial magnetic-resonance accelerator for the production of membranes.

In November 2010, the government developed a strategy that will help the medical device industry to attract investment, create new jobs and produce competitive, safe, good quality and affordable products to fulfil the healthcare system's requirements. Currently, the bulk of high-tech medical equipment comes from abroad. If the objectives of the plan are realised, by 2020, the local industry will be able to meet 50% of the local demand for medical devices.

The Healthcare Modernization Act, initially intended for 2011-2012 and the total cost of which was equal to 630 billion rubles (approximately US\$ 18.9 billion) will be prolonged till 2013. Up to now, the government hasn't yet implemented the programs that were directed at implantation of the new standards, doctors' salary increase, repair of hospitals and informatization. For 2013 the Ministry of Healthcare will ask additional 50 billion rubles (approximately US\$ 1.5 billion).

The reforms that are implemented by the regions were planned for 2011 and 2012 and financed by Federal Fund of the obligatory medical insurance (it was increased from 3, 1% till 5, and 1% since 2011), territorial funds and subjects. The goal of the programs was to make the Healthcare system in the whole Russia more even. The program included repairing and equipping the medical institutions, medical professionals' salary increase, implantation of the medical assistance standards and informatization.

It is necessary to prolong the modernization reform because regardless of the invested capital there is still a lot to do. At the end of the 2012 17% of the institutions needed repair and almost 41% a total equipping. Of the 4,400 institutions 2,600 were repaired and Of 9,900 hospitals and clinics that needed new equipment, only 5,500 were re-equipped.

As it was mentioned by the Prime Minister Dmitri Medvedev, one of the main courses of the modernization reform is the development of high-technological medicine and the creation of the scientific base. In 2012 the strategy of medicine development was accepted until 2025.

Another important issue in healthcare sector was the increase in life expectancy. Following a demographic program that lasted for 5 years (from 2005 till 2011), the number of birth was increased from 1,000,479 to 1,000,794. The number of deaths has declined by 16.4%: from 2,3 million people to 1,9 million.

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Opportunities

Despite recent breakthroughs and the fact that locally made medical equipment is two to four times cheaper than imported equipment, Russian production still lags behind the majority of developed countries.

Thus, Russia is still dependent on imports for a significant number of medical equipment industry sub-sectors, especially those requiring large investments in R&D, innovative technologies and automation.

The best prospects for medical equipment include: Computer tomographs; Blood pressure instruments and equipment; Respirators; Endoscopes; Ultrasound scanning equipment; Syringes, catheters, dental disposables, ophthalmological equipment; X-ray equipment for general medicine, surgery and veterinary; and Artificial kidney complex components (oxygenators and dialysis machines).

There is a large number of medical device distributors in Russia. The majority of the distributors are located in Moscow and St. Petersburg and other Russian cultural centers - Samara, Yekaterinburg, Perm, Krasnoyarsk. Distributors commonly receive direct shipments from foreign manufacturers or from their representative office in Russia. Many distributors have their head office in Moscow and representative offices in other regions. Other regional distributors may have direct contract with manufacturers or buy products from a centralized distributor located in Moscow or in St. Petersburg.

Russian dental market

The Russian dental market has an impressive potential too. The number of clinics, practicing dentists, technicians and patient visits is very high and continues to grow. There are 12,400 public and private dental clinics in the country. According to estimates there are more than 85,000 dentists and 10,000 technicians.

51 dental schools over the country are issuing more than 3,000 dentists annually. The number of patient visits is more than 150 million per year. Dental care is provided by 4.5 dentists for every 10,000 people. The estimated turnover of dental services is US\$ 4 Billion (2009).

The ratio of municipal and private dental clinics is changing rapidly. If some five years ago, it was 70/30, now it is at 20/80. There is talk of total privatization of dental services in Russia.

These factors make the dentists more independent and focused on improving the quality of services in a competitive struggle for the patient. In the last few years a surge of interest in the latest international developments in the field of dentistry has led to the unprecedented activity of Russian dentists abroad, which affected the attendance of international exhibitions, participation in the most prestigious conferences, joining the international professional associations.

This trend was also reflected in the rapid growth of dental exhibitions in Moscow DENTAL-EXPO and DENTAL SALON, which firmly established among the world's leading exhibitions in dentistry. Today DENTAL-EXPO and DENTAL SALON are not just exhibitions of products for dentists, but those are complex congress and exhibition events, bringing together under one roof more than 300 events for dentists - from a master class to the International Congress and accompanied by major exhibitions, representing more than 500 participants from more than 30 countries worldwide. These events are held as Moscow International Dental Forums in April and September annually.

Local regional dental exhibitions are growing actively as well, giving the company perfect marketing possibility throughout the country with biggest territory in the World. The best growth rates are shown in such cities as St.-Petersburg, Samara, Ufa, Krasnoyarsk, Rostov-na-Donu, Volgograd etc.

Source:

"Cia World Factbook 2013"- CIA

"The Russian Medical Device Market: it is System not Tools that should Alter" by SGS
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The Dental Market In Poland

Author: Michela Adinolfi



Harbor at Motława river with old town of Gdansk in Poland
Patryk Kosmider / shutterstock

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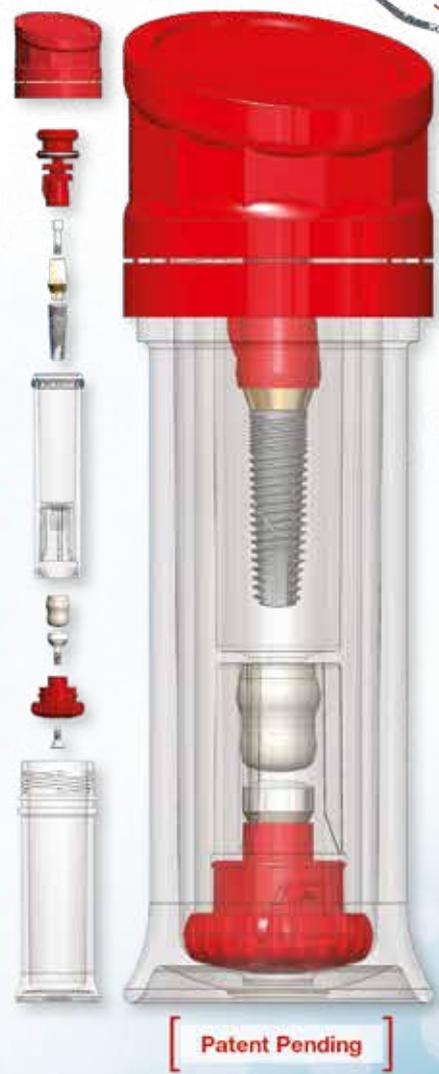
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Poland is a Central European state, the 8th largest by area. The northern and central regions are occupied by lowlands while the Sudetenland and the Carpathian mountains dominate the south. Rivers and lakes enrich the Polish landscape and forests cover up to 30% of the territory.

The country is divided into 16 provinces known as "Voivodeships". Each Voivodeship is subdivided into "powiats" (counties), each with a further subdivision into "gminy" (municipalities). Sixty-five major cities hold status of both "gmina" and "powiat". The total number of counties is 379 with 2,478 municipalities.

In May 2004, Poland entered the EU, but it maintained its currency, the Złoty. Poland is the state receiving the largest share of EU funds allocated every seven years. In the period 2007 to 2013, they amounted to €102 billion, and for the subsequent seven years up to 2020, they are expected to reach €106 billion. These funds fuelled an impressive growth of infrastructures, manufacturing activities and exports.

Economy – Poland is recognised as an economic power in the Central European region, and it managed to avoid the recession that hit the other EU members not only thanks to the foreign funds and capitals, but also to cautious fiscal and monetary policy.

Poland was actually the only European country to achieve uninterrupted GDP growth during the last four years. Since 2008, cumulated GDP growth has exceeded 18.7%, whereas in other EU countries it has been only slightly above 0% in best cases.

When the global economic downturn widened the deficit-to-GDP ratio from less than 2% to nearly 8% in 2011, the Polish government avoided extensive spending cuts and rather increased its spending especially on investment programmes, largely utilizing the available EU funds. There are of course some factors affecting Poland's economy as a part of the more general weakness of the European area. As reported in a recent article by The Economist, in consequence of the credit crunch the inflow of foreign capitals has slowed down, as it is happening for most of the greatest emerging economies. Especially Western European countries have started pulling their money out of Poland.

However, these conditions caused a depreciation of the zloty over the period 2008-2013 that helped the trade balance eventually reduce its deficit compared to when the crisis began. Moreover, the so-called "Vienna Initiative", a European bank-coordination policy encouraging Western

European lenders to maintain their exposures to Central and Eastern Europe despite the financial turmoil, also had its effect in sustaining Poland's economy.

Despite these positive achievements, the gloomy situation of the European continent is going to have a stronger influence on Poland than it did before. Far from the 3.9% growth registered in 2010 and 4.3% in 2011, the 2% registered in 2012 is expected to slow further to 1.2% in 2013.

The government is now more oriented towards implementing austerity measures and cut public spending, as it did with the pensions' sector. Furthermore, the combination of lower EU-fund inflows and public investment, limited contribution of external trade and the decreased demand from both export and domestic market will also play a role in reducing growth prospects for the next few years.

On the other hand, the risk of a serious financial crisis is low. Among the positive factors there are:

- One of the lowest public sector debts in Europe (57% of GDP against EU 27 average of 84.9%)
- the programs of modernization of the country's infrastructure undertaken in recent years
- the large base of small and medium enterprises (about 3 million)

Regional disparities – According to a report by PMR Consulting, the growth experienced in the last decade has not been equally distributed across Poland. Considerable regional differences became apparent in several growth indicators such as real per capita GDP, 5.7 times higher in Warsaw than in the poorest sub-region, or the income variation coefficient (43%).

Economic disparities seem to be increasing both between the wealthy and moderately wealthy regions and between the moderately wealthy and poorer regions. It is worth noticing that even within the same region, growth rates varied consistently. For instance, real GDP growth in the poor Krakow sub-region between 2000 and 2010 was 80%, while the national average was 46.4%. The reverse also happened, with sub-regions experiencing lower than the average growth in wealthy regions.

Furthermore, a historically grounded gap exists between eastern Poland and the rest of the country, which was targeted by the program named "Development of Eastern Poland" that allocated approximately US\$3 billion for the period 2007-2013.



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Special economic zones - There are currently 14 special economic zones (SEZ) in Poland, set to remain open until end 2020 but already on the course of having their lifespan further extended. Investments in SEZs are incentivized by tax exemptions, close geographic proximity to suppliers or customers, and ready-to-use investment sites with developed infrastructure and utilities. Regulations vary according to each SEZ and the size of the tax breaks available depends on the size of the investing entity and Voivodeship where the subzone in question is located.

In general, the investor needs to agree with the specific authorities on how many jobs will be created through the investment and he must later fulfil this agreement. The minimum value of an investment to be located in a special economic zone is usually €100,000.

Trade - In the first quarter of 2013 the Polish exports expressed rose by 5.6% as compared to the same period of 2012. At the same time, imports decreased by 2.1% and the foreign trade deficit decreased to US\$0.6 billion as compared with US\$4.2 billion in the analogous period of the previous year. Considering the whole 2012, total export growth was 3.8% while imports fell by 0.6%. About 75% of Polish exports go to EU countries. The largest trading partner is Germany, with stable trade volumes although a declining value in Zlotys. Outside the EU, exports towards Ukraine and Slovakia also grew considerably.

Foreign trade figures, 2012 (current prices)

Imports	US\$ 195.43 billion
Exports	US\$ 182.71 billion
Trade balance	US\$ -12.7 billion
Exports to GDP ratio	46.1%

Healthcare System

General figures, 2012

Practising doctors per 1,000 individuals	2.2
Number of doctors	80,358
Annual consultations per capita	7
Practising nurses per 1,000 individuals	5.3
General Hospitals	814
Outpatient healthcare institutions	19,151
Non public outpatient healthcare institutions	16388
Hospital beds per 1,000 individuals	6.6
Medical practices	6,587

Source: WHO, OECD, Central Statistical Office

Structure of the healthcare system – During the Soviet era, the Polish healthcare system was highly centralised and provided free care in state-owned facilities entirely funded by the government's budget. Only a minimum share of health services were provided by doctors privately.

Starting from 1991, after the dissolution of the Soviet Union and the consequent socioeconomic transformations that took place in Poland, a series of changes were introduced in order to establish a regulated market for services in the public healthcare system.

In 1999, the Law on Universal Health Insurance came into force, creating a mandatory public health insurance intended to replace the State in funding health services. Initially the public insurance system was managed by one occupational and 16 regional Funds (Health Insurance Organizations).

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This decentralized model was ideally aimed at financing healthcare in individual regional areas with significant independence; the creation of a supervisory organization that would level disproportions in the insurance system was planned, but never took place.

Complicated bureaucracy that hindered patient mobility and episodes of abuse and corruption led the public opinion to adverse this system and raised social conflict.

The mandatory public health insurance - In 2003, the government merged the regional funds into the National Health Fund (NFZ), with a head office and branches corresponding to the former HIOs. Under the NFZ, the price of individual health services was uniformed and the mandatory public health-insurance covers about 85% of the cost of public medical services.

The insurance scheme includes:

- out-patient health care, nursing, medical emergency services
- medical examinations and consultation, diagnostic examinations
- medical treatment and rehabilitation, supply of orthopaedic devices and aids
- preventive and palliative care and alleviation of disabilities/certification of temporary or permanent disability
 - supply of drugs and medical devices
 - prenatal care during pregnancy

Some benefits not included in public insurance coverage are mentioned in a list known as negative basket. Public health insurance covers employees, the self-employed, and the unemployed not receiving benefits, people on leave to raise young children, soldiers, retired persons and disabled. Non-working spouses are freely co-insured.

The health-care contribution is 9% of gross wages, estimated separately for the employed, self-employed and farmers. However, 7.75 of these 9 percentage points represent a tax credit, making effective income tax rates much lower than their apparent levels. The result is that the central government still effectively finances a large part of health care.

Apart from the public health insurance, a limited part of the healthcare system is funded from the state budget. Local governments fund the every-day operational costs of hospital facilities and the maintenance of buildings, repairs and renovations, and investments in medical equipment.

Moreover, the State budget covers:

- health insurance premiums for specific groups of the population and investments in public health care institutions
- public blood service, professional medicine, programmes of prevention and control in public health issues and drug/alcohol addiction
- pharmaceuticals and technical means
- medical apprenticeship specialisation and sanitary inspections

Effects of the healthcare reforms – Although some positive results have been achieved since the introduction of the mandatory public insurance system, a number of drawbacks remain.

According to some external institutions and observers, the reform of the Polish healthcare system is incomplete and lacks interventions aimed at modernizing the managing criteria of hospitals and health institutions, leaving a number of irrational practices impact on the rising debt. Moreover, the NFZ is often regarded as a sort of replica of the former centrally administered budget system.

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Poland's Special Economic Zones Source: Invest in Poland

	Preferred investment type	Main incentives
EURO-PARK MIELEC Special Economic Zone	Aircraft construction, motor industry, metal processing	Exemption from land and real estate tax / fee for power connection (only in Mielec) Funds available for training of future personnel for investors
Kostrzyn and Słubice Special Economic Zone	All types of investment	Good location, cheap labour Professional assistance to investors
Kraków Technology Park	Business Process Outsourcing, Shared Services Center, IT, R&D	Relief in real estate tax, depending on municipality
Legnica Special Economic Zone	Automotive, plastics, metal	Close to: - A-4 motorway connecting EU with former Soviet countries - national road No.3 connecting Scandinavia and Southern EU - airfield for business planes
Łódź Special Economic Zone	Household appliances, IT, Business Process Outsourcing, Fast-moving consumer goods	Exemption from real estate tax
Pomeranian Special Economic Zone	High-tech industry, electronics	Relief/exemption from real estate tax in some areas
Słupsk Special Economic Zone	All types of investment	Industrial districts of the cities, good communication links Low industry construction costs Investment services / advisory / recruiting / training available
Special Economic Zone for Medium Business Kamienna Góra	All types of investment	Locations available in large urban areas or close to smaller towns with relatively high unemployment level
Starachowice Special Economic Zone "Starachowice"	Precision mechanics, motor industry, metallurgy, electronics, textile and clothing, wood processing, construction materials, related industries	Exemption from real estate tax
Suwałki Special Economic Zone	Metal, plastics, construction materials, electro-technical industries	50% exemption from real estate tax
Tarnobrzeg Special Economic Zone EURO-PARK WISŁOSAN	All types of investment	Green field", rapid investors support, LHS line
Wałbrzych Special Economic Zone "Invest Park"	Greenfield investments	Land plots prepared for investments Full access to technical infrastructure . Assistance at all project stages Close to Czech and German borders. Competitive labour costs Developed communication network, banking and financial services Qualified human resources, developed educational system Availability of raw materials. Numerous tourist attractions/leisure opportunities
Warmia and Mazury Special Economic Zone	Investments introducing new technologies, building relations with local subcontractors, using regional resources	Assistance with formalities Low labour costs Friendly business environment Large selection of subcontractors and construction companies



3

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Another issue is the tendency of family doctors to refer patients to a specialist more often than necessary. Since the number of specialist is insufficient to meet the demand, month-long waiting lists are common. Hospitals, on their part, are also overloaded with excessive patients' referrals and since the NFZ imposes annual limits on service providers under insurance coverage, it results once again in long queues for patients.

Healthcare financing – The public share in healthcare expenditure fell from 90% in the early 1990s to 72%, a level that remained quite stable over the last decade. The share of health expenditure as percentage of GDP is low, about 7.4%, and although the figure has been rising over the past 20 years, it has increased less than in most OECD countries.

About 98% of the population is covered by public insurance. The health expenditure per capita is valued at US\$1,423. This figure grew at an annual average of 7% during the last decade, but it slowed down in the last three years, although it remained positive.

In the period 2000-2010, the expenditure for inpatient services grew more than that for outpatient care (8.1% vs. 5.3%). This clearly reflects on of the main problems of the Polish healthcare system that lacks a developed and efficient organization of patient referrals.

A considerable share of medical expenses has to be paid out-of-pocket by the patient itself. Private insurance plays a relatively restricted role, ranging around less than 1.5 % of current healthcare expenditure.

Especially considering that the number of facilities and providers contracted under the NFZ public insurance are insufficient to meet the need for medical services, the long waiting lists generate inequalities in access to care, causing long waiting times and a tendency to seek specialized care in private hospitals and clinics for those who can afford the heavy out-of-pocket payments.

Reportedly, the average wait for a total knee replacement is 433 days; for hip interventions 365 days, and for highly specialized eye surgery (including cataracts), it is 351 days. In private hospitals, such operations are of course immediate if the patient is able to pay directly.

Private sector - According to the report by PMR Consulting "Private healthcare market in Poland 2012 - Development forecasts for 2012-2014", in 2011 the value of private healthcare sector rose by about 7% compared to the previous year and reached US\$9.2 billion.

The firm estimates 5% average annual growth until 2014, reaching US\$10.7 billion. The composition of private health expenditure is expected to remain quite stable as it did in the past few years, with the largest share (58%) going to expenses for medicines and medical equipment.

To sum up... the Polish health-care system is characterised by:

- low spending
- heavily regulated public system with a stringent budget constraint
- restricted sub-national government autonomy
- thin private insurance market / limited "over-the-basic" insurance coverage, i.e. the share of both the population and spending covered by private insurers over and above the "basic" insurance package

The most pressing issues to be addressed concern:

- easing the substantial limitations in access to care;
- reducing persistent inequalities;
- carefully designing new private health insurance;
- better coordinating among major public actors;
- improving hospital management;
- strengthening the gate-keeping function played by generalists;
- developing a comprehensive long-term-care strategy.

Expected increase of elderly population

Although on a European scale Poland has a relatively young society, yet it has the fastest aging rate. The group of elderly people is expected to increase more than four-fold by 2050, while the zero reproduction rate makes it hard to forecast the slightest increase in the number of children. Therefore, age-related diseases are expected to increase as well.

The dental sector

General Figures (2009/2011)

Practising dentists per 100,000 inhabitants:	32.9
Number of dental practices:	22,885
Of which individual practices:	95%
Of which general individual practices:	60%
Number of dental practices contracted under NFZ:	5,227
Number of public dental clinics:	546
Number of non-public dental clinics:	4,628
Number of maxillofacial surgery wards	150

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Of the almost 23,000 dental practices existing in Poland, only about one-quarter are contracted with the NFZ. This means that dental care provision is largely private. Nevertheless, the number of dental practices providing services financed from public funds has been growing in recent years.

Dental services that are listed in the 2009 Regulation of the Minister of Health are available free of charge in any dental care institution contracted by the NFZ, that reimburses the provider according to annually determined fees. In the private sector, instead, fees are not regulated.

The list of benefits includes:

- general dental care for children and adults
- oral surgery and periodontics
- orthodontic care for children under 18
- dental prostheses
- emergency dental care and preventive dental services for children and youths under 19

Some services, such as checkups, tooth radiography, removal of dental plaque and dental prostheses are subject to frequency limitations, while reimbursement for endodontic treatment depends on the type of tooth and the number of canals. Similarly, missing teeth restorations on implants are provided free only in presence of particular oral conditions. **The low relative number of dental practices contracted with NFZ sometimes causes troubles in accessing public dental care, which is usually obtained through referral from a local general practitioner. Only in emergency cases, patients go directly to the local hospital.**

The general oral health status in Poland mirrors the insufficient resources destined to dental care within the health system and budget. The ratio of dentists to population is lower than the Western European average, and a similar disadvantage is apparent in other indicators such as the number of children with zero decayed, missing and filled teeth and the number edentulous individuals among the elderly population. Although some preventive dental care services for schoolchildren such as fluoridation or prevention of malocclusion and congenital malformations are financed by the NFZ, the Polish oral health system lacks centrally coordinated preventive dental care programmes.

Dental market - A PMR report valued the Polish dental market around US\$2.9 billion in 2013. The private sector accounts for the largest and most valuable share of the market, as private practices and clinics are usually equipped with high-quality, modern materials and devices.

Moreover, it is important to consider that in the public sector, only a limited number of more complex procedures is covered by the insurance system, and even the type of dental materials to be used in reimbursable treatments is specified by law.

The costs of treatments or materials that are not included in the list of guaranteed benefits have to be paid out-of-pocket. Therefore, procedures such as prosthetic crowns and bridges and materials such as titanium implants or porcelain crowns are only available in the private sector; and patients who can afford to pay for them choose to seek private treatment. The dental sector is not only supported by an increased awareness among the population, but also by a large number of foreign patients coming to Poland for cheaper dental treatments with comparatively high quality standards. Dental tourists can save between 50-70% on treatments compared to the Western European average.

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IDEM Singapore breaks new ground with 2 levels of exhibition space in 2014

With over 16,000sqm, twelve national pavilions and close to 450 exhibitors, IDEM Singapore is set to be over 30% larger in 2014 compared to the last edition. The biennial International Dental Exhibition and Meeting (IDEM) returns for its 8th edition in 2014, showcasing the latest advances across major disciplines of dentistry. IDEM Singapore 2014 will be held from 4 – 6 April 2014 at the Suntec International Convention and Exhibition Centre, Singapore, with a preconference session taking place on 3 April 2014.

Organized by Koelnmesse and the Singapore Dental Association, the 8th edition of the event will feature a total of twelve national pavilions, with returning groups from Australia, France, Germany, Italy, Korea, Singapore, Switzerland, Taiwan, United Kingdom and United States; and two new pavilions from China and Japan. Close to 450 leading companies from over 36 countries in dentistry will be showcasing the latest innovations in clinical dentistry, dental technology and patient care across every segment of the dental market, covering restorative and preventive treatments, surgical procedures and equipment, orthodontics, endodontics, periodontics and laboratory tools.

Familiar names at IDEM Singapore 2014 include 3M, Anthogyr, Carestream Health Singapore Pte Ltd, CMS Dental, Colgate-Palmolive (Eastern) Pte Ltd, Dentamerica Asia Inc., GlaxoSmithKline, Institut Straumann AG, J. Morita Mfg. Corp., Kemdent, Meta Biomed Co., Ltd, Planmeca Oy, SciCan Ltd., Soredex, Ultradent Products Inc, Vatech Co., Ltd, and more. These brands will complement first-time exhibitors, such as AB Dental Devices Ltd, Aribex, Inc,

Bioteck SPA, Dendia GmbH, Genoray Co., Ltd., Lasotronix, Mozo-Grau, Sacred International, Interdent d.o.o. The full exhibitor list will be available online starting from November 2013.

IDEM Singapore 2012 attracted over 7,000 trade visitors and conference delegates from the region and beyond. A total of 422 exhibitors from 36 countries showcased their solutions in preventive and restorative treatment procedures to surgical equipment and laboratory tools.

Online registration for IDEM Singapore 2014 conference opens in September 2013. Please log onto www.idem-singapore.com to register.



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BDTA Dental Showcase charity poll returns for 2013

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Last year's donation made a significant difference in the world of dentistry. We put the funds raised towards the Dentaid DentalBox - our portable dental surgery in a wheelie bin - which includes all the essential instruments and equipment for poor communities to gain access to vital pain-relieving care and live healthy, productive lives. The portable surgeries are currently being used in Uganda, Malawi and Ethiopia and are proving to be highly effective in increasing access to oral health care in remote areas.

BDTA Dental Showcase 2013 will be held at Birmingham's NEC from 17-19th October. To find out more about BDTA Dental Showcase 2013 and register for tickets, visit: www.dentalshowcase.com now!

Dentaid is one of the leading oral health charities in the world, having supported almost 260 oral health programmes in over 60 countries. In recent years, the charity has expanded its work from 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 about Dentaid please visit www.dentaid.org, email info@dentaid.org or tel. 01794 324249.

We are waiting for you at DENTA 2013

The international exhibition for dentistry and dental technologies Between 21st and 24th of November 2013, ROMEXPO Exhibition Center in Bucharest, organizes the 29th edition of DENTA.

Why should you participate at this event?

- DENTA is the most representative exhibition in the Romanian dental field with an extended range of exhibited products: equipment, instruments, accessories, materials, oral hygiene and chemical-pharmaceutical products for dentistry.
- DENTA is a great opportunity to intensify contacts with customers, new business openings, face to face meetings between manufacturers and users, market analysis or launching new products.
- DENTA is accompanied by additional events such as international dentistry congresses, symposia, workshops, conference and special presentation organized by exhibitors with special guests, continuous professional training for dentistry.

The up-coming edition will cover the following topics: dental medicine clinics (equipment, instruments, accessories, materials, chemical-pharmaceutical products), dental laboratories (equipment, installations, materials, instruments), services, information, communication and organization (service for equipment, client data processing systems, organization systems for clinics and dental laboratories, media, advertising, specialty literature, delivery systems for clients) and oral hygiene products.

With our long-time experience in organizing international trade fairs we will be glad to support you in all concerns. The previous edition gathered



141 exhibitors from Romania and abroad and over 7.000 professional visitors. For more information about this event and participation details please visit www.denta.ro.

ROMEXPO is the leader of the Romanian fair and exhibition industry and it combines tradition, experience and quality for the benefit of all exhibitors and specialists who confirm the company's good reputation every year. Also, the Exhibition Center is internationally acknowledged and it is a member of UFI (the Global Association of the Exhibition Industry), CEFA (the Central European Fair Alliance), CENTREX - the International Exhibition Statistics Union and EURASCO - the European Federation of Agricultural Exhibition and Show Organizers and a founding member of ASOEXPO.

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Silfradent New procedures for the construction of the implant tunnel using the new PEC Piezo Expansion-Crest technique

In recent years, the imperative of modern surgery has become minimal invasiveness and low biological impact. Piezo-electric surgical techniques fall perfectly into this category. In developing these procedures, I have devised a personal manoeuvre, which can be identified using the acronym PEC, Piezo Expansion-Crest. With this procedure, in one surgical session, it is possible to achieve the bone thickness necessary in order to insert one or more implants in crests which are atrophied due to post-extraction or post-traumatic infections.

Today, patients are coming to our surgeries with two priority needs: dental reconstruction with a high level of aesthetic importance and the rapid morphological and functional restoration of missing teeth. It is obvious that it becomes a priority to have surgical procedures that make it possible to replace missing teeth with implants. For this purpose, it is possible to use piezo expansion-crest procedures.

Let us now analyse this technique in detail: the expansion-crest makes it possible to create a permanent dilation suitable for accepting the implants, thereby making the surgical intervention quicker and more predictable. It is very important not to confuse the expansion-crest with the split-crest, two procedures which are apparently similar but totally different in terms of substance and results. The split-crest is performed by opening a partial-thickness flap and using greenstick fracture of the crest and elastic deformation under tension of the disjointed bone gaps. The expansion-crest, however, is performed with a full-thickness flap and takes advantage of the viscoelastic properties of the bone, allowing a gradual separation of bone segments with permanent dilation and plastic deformation devoid of tension. The lack of tension on the implants is the key feature that makes it easier to stabilise the bone, reducing the risk of absorption and allowing a more predictable therapeutic outcome in the short, medium and long term.

Operational difficulties in the execution of the separation of bone segments, especially in the jaw, are easily overcome by using the new PEC technique. As a matter of fact, the inserts that I have developed in cooperation with Silfradent, which provided the technical support necessary for their creation, make it possible to create

the appropriate plastic dilation with minimum effort in the progression in depth and with the maximum preservation of the adjoining bone walls. The result is a kind of new implant tunnel site that is both a passive stabilisation and active bone proliferation site, extremely vibrant from a biological point of view for the construction of the new implant site.



To this end, I have made a kit consisting of piezoelectric inserts with increasing diameter, calibrated for the most common implant procedures, with a non-working apex in order to avoid iatrogenic fenestrations and at the same time enable the tips to behave in a self-centring manner. The clinical case presented highlights the easy management of this procedure which, even in extremely critical clinical conditions, allows less experienced operators to easily insert fixtures in crests with marked atrophy which, with the usual procedures, would first require bone increase and then, at a later date, the implant could be performed.

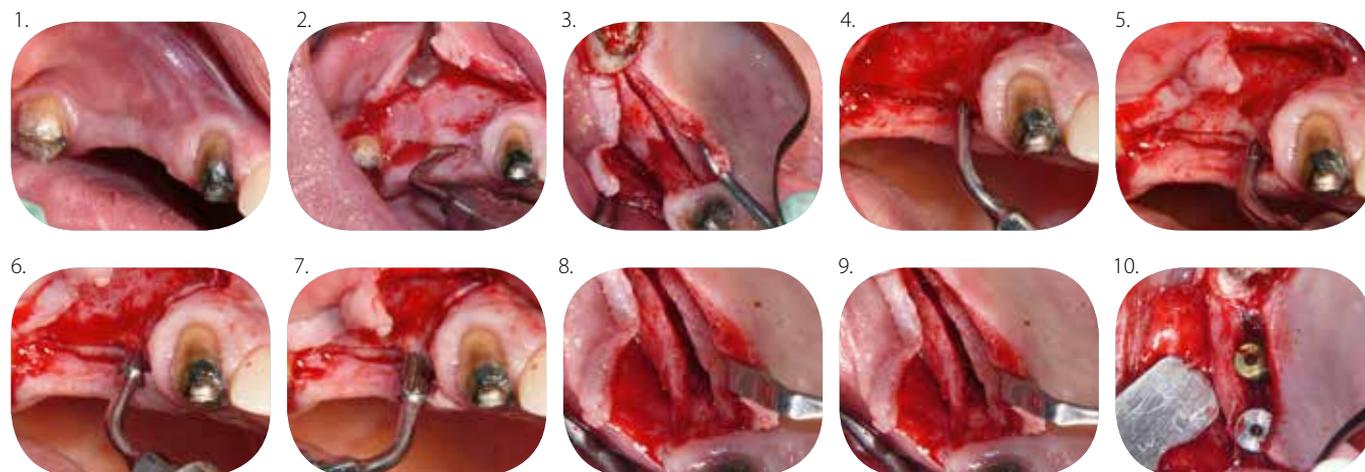
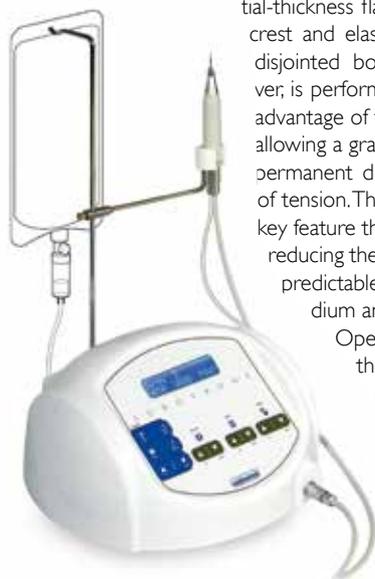
Today, using mini PEC procedures, it is possible to create implant tunnels without rotary cutters, creating biological conditions which are conducive to faster and more effective healing from both an aesthetic and functional point of view, improving the quality of the intra-operative stage and its course, satisfying today's contextual demand for minimally invasive surgery with low biological impact.

CAPTIONS:

- 1 - Upper right quadrant in need of implants in zone I4 and I5.
- 2 - Full-thickness flap and horizontal bone incision with piezo insert.
- 3 - Horizontal osteotomy completed.
- 4 - First deep piezo insert for implant tunnel.
- 5 - Second deep piezo insert for implant tunnel.
- 6 - Third deep insert.
- 7 - Fourth and final insert for implant tunnel.
- 8 - Dilating osteotomy completed.
- 9 - First implant inserted in zone I4 and simultaneous osteotomy in I5.
- 10 - Implant insert on I4 I5 in PEC (Piezo Expansion-Crest)

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New Multitask Abutment for MG InHex Implant

Established in Valladolid (Spain) in 1996, **Mozo-Grau** was created to offer a service by developing, investigating, designing and launching new reliable products and solutions for the field of implantological oral surgery, based on the experience of highly esteemed professionals.

The headquarters of the Company counts with the most modern technology, dedicated to both the manufacturing process and the quality control and ensuring the correct reply for the strong and steady growth the company is going through. The accuracy, reliability and correctness are the identity signs of **Mozo-Grau**.

Following its bet for the research and innovation, **Mozo-Grau** has just launched **MG InHex** with MTA pack into the market, in order to offer an optimal solution to the clinical professionals and their patients, and to adapt to the new worldwide markets' needs. **MG InHex** with MTA pack includes implant, abutment and impression coping in only one single pack, offering more versatility and functionality without compromising the accuracy and quality of Mozo-Grau's products. Thanks to **MG InHex** with MTA, the clinical professionals will have an improved solution that will allow them to do the impression taking as well as to use the MTA abutment for temporary or permanent restorations.

As impression transfer, the coping provides an easy and accurate positioning system thanks to its flat side and "click" system. As implant mount, the MTA abutment is characterized by the strength of the materials (up to 100 Ncm for insertion in hard bones). It also can be replaced by a normal MG mounts and a new open-end wrench allows MTA removal in little primary stability cases.

With the use of a new C/A driver designed with a retention o-ring, supported in the four inner edges, the MTA abutment provides an easy insertion of the implant. Other features in the MTA are the marks that shows the hexagon edges and the easy identification thanks to the laser engraved platform name. A security ring comes assembled from factory to the MTA abutment to avoid the morse taper sealing before the final restoration.



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The European Market for Professional Teeth Whitening Systems

General outlook on professional teeth whitening

A bright, healthy smile is largely recognized as the best business card. White teeth are synonymous with cleanness, personal care and wellness. Although healthy teeth are not always shining-white, as the color of the dental enamel varies from person to person, it is undeniable that everyone who care about their look prefers to have its teeth as white as possible. It is also true that every day people living both in developed and emerging economies are exposed to advertisements and aesthetic models that show a perfectly white smile, making it ever more desirable to improve one's image also as a means to increase one's opportunities in the business domain.

The increasing availability of professional bleaching treatments as well as take-home methods such as gels, rinses, chewing gums, toothpastes, paint-on films and strips, has allowed a great expansion of the consumer base and market volumes.

This article will focus on professional teeth whitening, one of the most popular cosmetic dental treatments as well as one of the most frequently requested procedures in dental offices nowadays. Professional teeth bleaching can be performed in-office or at-home with professional take-home kits, including a gel with high concentration of hydrogen peroxide or carbamide peroxide.

Hydrogen peroxide has been used in teeth whitening procedures for many years. It is a combination of oxygen and hydrogen, resulting in a weak acid with oxidizing properties that make it act as bleaching agent. Normally, the concentration of hydrogen peroxide in professional teeth whitening systems ranges between 8% to 5%. Compared to carbamide peroxide, hydrogen peroxide has a faster and stronger action, but it is also more aggressive and bears more risks of causing irritations. For this reason, some professional teeth whitening products use carbamide peroxide instead of hydrogen peroxide, especially for take-home whitening kit trays that are worn over a longer period of time.

In-office teeth whitening - In-office professional teeth bleaching is usually performed in 15-minutes intervals that add up to an hour. There are also whitening systems that reduce the treatment time to less than half an hour of chair time.

In-office whitening systems are the most effective due to their higher concentrations of hydrogen peroxide compared to other whitening products on the market, even up to 40% in some products. However, the impressive results of in-office chairside whitening procedures go hand-in-hand with some drawbacks for the patient who may experience gum irritation and tooth sensitivity.

Professional take-home teeth whitening - In order to reduce the risk of irritation and tooth sensitivity for the patient, custom-made take-home whitening treatments can be recommended. These kits are composed by a hydrogen peroxide or carbamide peroxide gel, placed in a dental tray.

The patient needs a first visit to have impression molds of the teeth done in order to produce the trays to be used in application of the whitening gel. During the second visit the trays are tested and adjusted if necessary. Once at home, the patient fills the trays with the whitening gel and wears them for various periods, ranging from hours to overnight, depending on the desired level of whitening.

Hydrogen Peroxide vs. Carbamide Peroxide - Hydrogen peroxide, or H_2O_2 , is the active ingredient that removes stains within tooth enamel through the oxidation process. The risks involved in the use of hydrogen peroxide are the irritation of the patient's gum and the increase of tooth sensitivity, as it may open up enamel pores at the tooth surface.

Carbamide peroxide, or $CH_4N_2O \cdot H_2O_2$, is a compound of hydrogen peroxide molecule and a urea molecule. Carbamide peroxide molecules need to breakdown into hydrogen peroxide in order to start the whitening action. This process usually requires 15 minutes to begin, therefore take-home whitening kits utilizing carbamide peroxide imply longer treatment times. However, this is compensated by the lower risk of sensitivity and irritation issues, since the hydrogen peroxide is gradually released in small amounts.

Regulations on teeth whitening products

EU Directives - The latest EU Directive set forth by CED (Council of European Dentists) regarding teeth whitening products was released 20 September 2011. It regulates the use of hydrogen peroxide and other compounds including carbamide peroxide and zinc peroxide. Note that the active ingredient of carbamide peroxide is hydrogen peroxide where 16.62% of carbamide peroxide corresponds to 6% of hydrogen peroxide. Sodium perborate and perboric acid are also regulated as they are considered to be hydrogen peroxide releasing substances.

Until now, the maximum concentration of hydrogen peroxide allowed in oral hygiene products freely available on the market was limited to 0.1%. According to the new Directive, teeth whitening or bleaching products with concentration of hydrogen peroxide between 0.1% and 6% can now be sold to dental practitioners, and not directly to the consumer. Such products must be used for the first time only by dental practitioners or under their direct supervision, after clinical examination has ensured the absence of risk factors or oral pathologies.

After this initial treatment, the rest of the cycle can be performed by the patients themselves. However, these concentrations cannot be used on a person under 18 years of age. To sum up the regulations on the use of substances releasing hydrogen peroxide, whether in-office or at-home:

- Concentrations of $\leq 0.1\%$ of hydrogen peroxide present or released in oral products, including mouth rinse, tooth paste and tooth whitening or bleaching products are safe and will continue to be freely available on the market.
- Concentrations of $>0.1\% - \leq 6\%$ of hydrogen peroxide present or released in tooth whitening or bleaching products can only be sold to dental practitioners and, for each cycle of use, the first use can only be carried out by dental practitioners or under their direct supervision. Afterwards the product may be provided to the consumer to complete the cycle of use.
- Concentrations of $>6\%$ of hydrogen peroxide will continue to be prohibited, as before.

It is important to note that in several EU Member States, concentrations higher than 6% of hydrogen peroxide are currently being used due to the fact that tooth whitening or bleaching products are considered medical devices and not cosmetic products. The national legislations on the matter are based on the Medical Devices Directive and bear the related CE marking. For the EU legislation, however, tooth whitening or bleaching products remain to be treated as cosmetic products.

The Council of European Dentists is carrying out an annual survey to report to the European Commission the undesirable effects caused by tooth whitening or bleaching products of concentrations between 0,1 and 6% of hydrogen peroxide or equivalent observed by dentists or reported by patients themselves. The first report will cover the period from 31 October 2012 to 31 October 2013.

Market Overview

Despite the heavy recession in 2008 and 2009, the professional teeth whitening market continued to expand at a quite stable rate. However, the peculiar situation of the European countries, where EU Directives come across with national legislation, resulted in significant variations of market performances in the different countries. For instance, countries such as France and the U.K. that have considerably stricter regulations.

The total European professional teeth whitening market is valued at approximately US\$58 million, a majority of which is contributed by the professional take-home segment. Over the last five years the market as a whole registered an average annual growth rate of 2.5%, and if this trend continues over the next five years, it is expected to reach US\$66 million in 2018.

There is a good potential demand for whitening products in Europe, driven by the high consumer awareness and promotional activities carried on by dentists and clinics. The popularity of dental cosmetic procedures has been boosted by the influence of the entertainment industry and aesthetic models has posed a great accent on dental health as part of one's image.

Despite the economic downturn during 2008 and 2009, the market was able to keep growing though at a contained rate. This was also due to the affordable price of whitening treatments, at average sales price of €40 (US\$56), making them more accessible than other alternatives such as veneers. Prices are expected to remain stable over the next five years as significant manufacturer discount remain available.

However, the future landscape of the European teeth whitening market will largely depend from individual governments' choices concerning the application of EU directives. Moreover, there are great variations among the different countries as far as the average number of teeth whitening procedures per dentist are concerned.

The market is quite saturated with a wide range of products and OTC products as well as particular forms of promotions in franchising clinics. They represent a concurrent segment which, however, is not likely to outpace the stable growth forecasted for the in-office and take-home professional whitening segments. These treatments offer, in fact, advantages in terms of quality and effectiveness that are able to retain patient's confidence.

In-office teeth whitening – this segment accounts for 53.2% of the market. In five years (2008 – 2013) the market value for in-office teeth whitening has grown from US\$28 to US\$31 million, which makes it reasonable to forecast a similar growth over the next five years, up to US\$34 million in 2018.

According to the iData report, despite a lower unit share, the in-office market has a higher turnover than the take-home teeth whitening segment due to the higher prices imposed by the products. However, since the higher fees charged by dentists for in-office treatments will continue to be a deterrent for many patients, the average annual growth rate of this segment (2%) will remain one percentage point below that of the take-home market (about 3%).

The in-office teeth whitening segment presents some criticisms regarding tooth sensitivity and has raised some concerns about the effects of heat from chairside lights on pulpal tissue. These issues have partially affected the market. Furthermore, another limit of this market is represented by the initial investment required for whitening lamps, as well as the time needed to perform the procedure at the dental chair that is not profitable.

The industry has tackled the sensitivity issues by introducing a new generation of whitening systems offering better efficiency for dentists and less discomfort for patients. Some key features for these systems include an absence of heat activation during the whitening process, improved teeth isolation methods to prevent tissue irritation and reduced treatment times.

These improvements, combined with the quicker results guaranteed by this type of treatment, counteract the higher investment required and is expected to keep sales of in-office whitening products grow at a stable rate of 1.4% over the next five years. Average sales prices are forecasted to remain relatively stable as well, but they may vary consistently depending on the manufacturer, the concentration of the active ingredient and the type of kit.

Take-home teeth whitening - The dentist-supervised take-home teeth whitening segment represents about 47% of the total market value with approximately US\$28 million. The popularity of this segment has increased in recent years due to sensitivity issues experienced by some chairside whitening patients. Take-home treatments also offer the advantage to be accessible without capital equipment investment and therefore they can be easily made available in most dental practices. The share of the take-home segment in the total whitening market is expected to increase at the expense of the in-office sector. However, it

is not likely that the take-home market may deeply affect the in-office market, as the majority of dentists integrate both systems to offer the patient long-lasting results.

It is therefore expected that over the next few years the two segments will become still more evenly balanced, with take-home gaining up to 49% of the total market and in-office giving up about 2% points, to account for 51%.

Sources:

- iData Research, "Professional Teeth Whitening Market"*
- Council of European Dentists, Guidelines on Tooth Whitening*, http://www.eudental.eu/library/1104/files/29082012_guidelines_on_tooth_whitening_clean_version-20120903-1512.pdf
- http://www.ada.org/sections/about/pdfs/HOD_whitening_rpt.pdf
- <http://www.adia.org.au/regulation/whitening>

Professional teeth whitening market in Europe by segment, US\$ mln

	2008	2013	2018	Average % growth
In-office	28.0	30.8	34.0	2%
Take-home	24.3	27.5	32.1	3%
Total market value	52.3	58.3	66.1	2.5%



Source: iData Research Inc.

Professional teeth whitening in Europe by country

	2008		2013 (estimate)		2018 (forecast)	
	Units, 1000	Value, US\$ mln	Units, 1000	Value, US\$ mln	Units, 1000	Value, US\$ mln
Austria	22.7	1.2	23.9	1.3	25.5	1.4
Spain	101.3	5.7	109.0	6.2	119.0	6.9
France	86.9	4.9	94.3	5.4	104.4	6.1
Germany	174.2	9.2	191.8	10.3	213.5	11.5
UK	213.7	11.3	232.9	12.5	260.3	14.2
Scandinavia	96.6	5.4	106.5	6.1	118.7	7.1
Italy	130.7	7.2	146.4	8.2	162.6	9.3
Switzerland	13.8	1.1	15.2	1.2	17.0	1.4
Portugal	35.4	2.0	38.2	2.2	43.1	2.6
Benelux	66.7	4.3	74.5	4.9	85.0	5.7
Europe (total)	942.4	52.3	1,033.1	58.3	1,049.7	66.1

Source: iData Research Inc.

Why Does Sapiient's 6% Bleaching Kit Give Such Good and Immediate Results?

By Luis Lajous

Sapiient Dental, part of the Beaming White group, has been manufacturing teeth whitening products for over 5 years. The company is very well-known for its 38% hydrogen peroxide (HP) professional teeth whitening system, **White-FX EU**. **White-FX EU** is recognized as giving the best results combined with the least amount of sensitivity, all at the lowest price in the industry among "power whitening" kits.

When the legal limit for hydrogen peroxide was lowered to 6% in the European Union and other countries, most manufacturers in the industry quickly came up with a 6% HP product. However, everyone has found that the bleaching results with 6% just don't compare to those of 38%. How could they? It's less than 1/6 the strength, right?

Dentists have been universally disappointed with essentially all the new 6% kits. That was until they tried the new **White-FX EU** bleaching kit from Sapiient Dental. So how can this kit be so much better? Isn't 6% hydrogen peroxide gel the same, regardless of who makes it?

Although there are significant differences between different companies' gels, most 6% hydrogen peroxide gels by themselves will give similarly poor results. So what does Sapiient do to make its 6% gel give such good and immediate results? We cheat. Yes, we admit it blatantly. We have developed a new compound that contains zero peroxide but which gives dramatic whitening results in just 20 minutes. The only problem with



this compound is that the results only last a few days, so you can't use that compound alone.

The **White-FX EU** kit contains 2 kinds of gel: one is the 6% HP bleaching gel while the other is our secret compound. By using both gels in the order and duration we recommend, you get the best of both worlds: immediate results from the special compound plus long lasting results from the 6% HP.

This is the only legal kit available in Europe that actually gives excellent in-office results. Sapiient also has a home whitening kit that includes both gel, which has added advantages for the patient such as having a pen that allows patients to whiten their teeth in just 20 minutes, anywhere, any time.

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- WHITE NOW
- SENSITIVE
- CHLORHEXIDINE



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One single kit is able to make up to 20 whitening treatments as it contains 1 jar of 6g Signal Professional POWDER, 1 bottle of 16ml Signal Professional LIQUID, 1 syringe of Signal Professional QUICK MASK BLU, 1 set of accessories (spatula, mini spoon, drop counter, etc.) and 20 patient cards which the dentists will certify their professional treatments placing the adhesive sticker showing the product lot number and the date of the treatment.

Signal Professional **SENSITIVE** platform is the state of art on sensibility treatment and teeth remineralization. It is based on Nano technology of a biomimetic and non-absorbable Hydroxyapatite.

The Nano HA binds the collagen fibrils on the surface of the dentinal tubules, sealing and consequently eliminating the painful feeling. The active Nano Hydroxyapatite, once has occupied and sealed the dentinal tubules, is resistant to acid attacks and when applied to the vital dental abutments penetrates into the dentin protecting it without creating thickness, harmful for the prosthesis positioning.

Signal Professional **SENSITIVE PHASE I** is made of 30% Nano Hydroxyapatite in absolute alcohol suspension indicated for the treatment of hypersensitivity from whitening treatments, exposed dentin or vital abutments periodontally healthy rehabilitated for cemented prosthesis.

Signal Professional **CHLORHEXIDINE** platform embraces daily use products based on chlorhexidine digluconate, an effective antibacterial agent that helps to oppose the agents responsible for the bacterial plaque formation. It contains no alcohol.

Signal Professional **CHLORHEXIDINE** is supplied in super concentrate mouthwash and can be diluted to 0.2% for daily pre-treatments or 0.3% for pre-surgery like implants or paradontal cleaning.

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Pour the powder

Add the liquid



Mix

Apply

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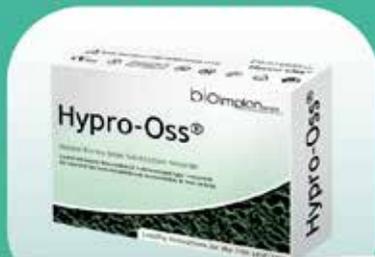
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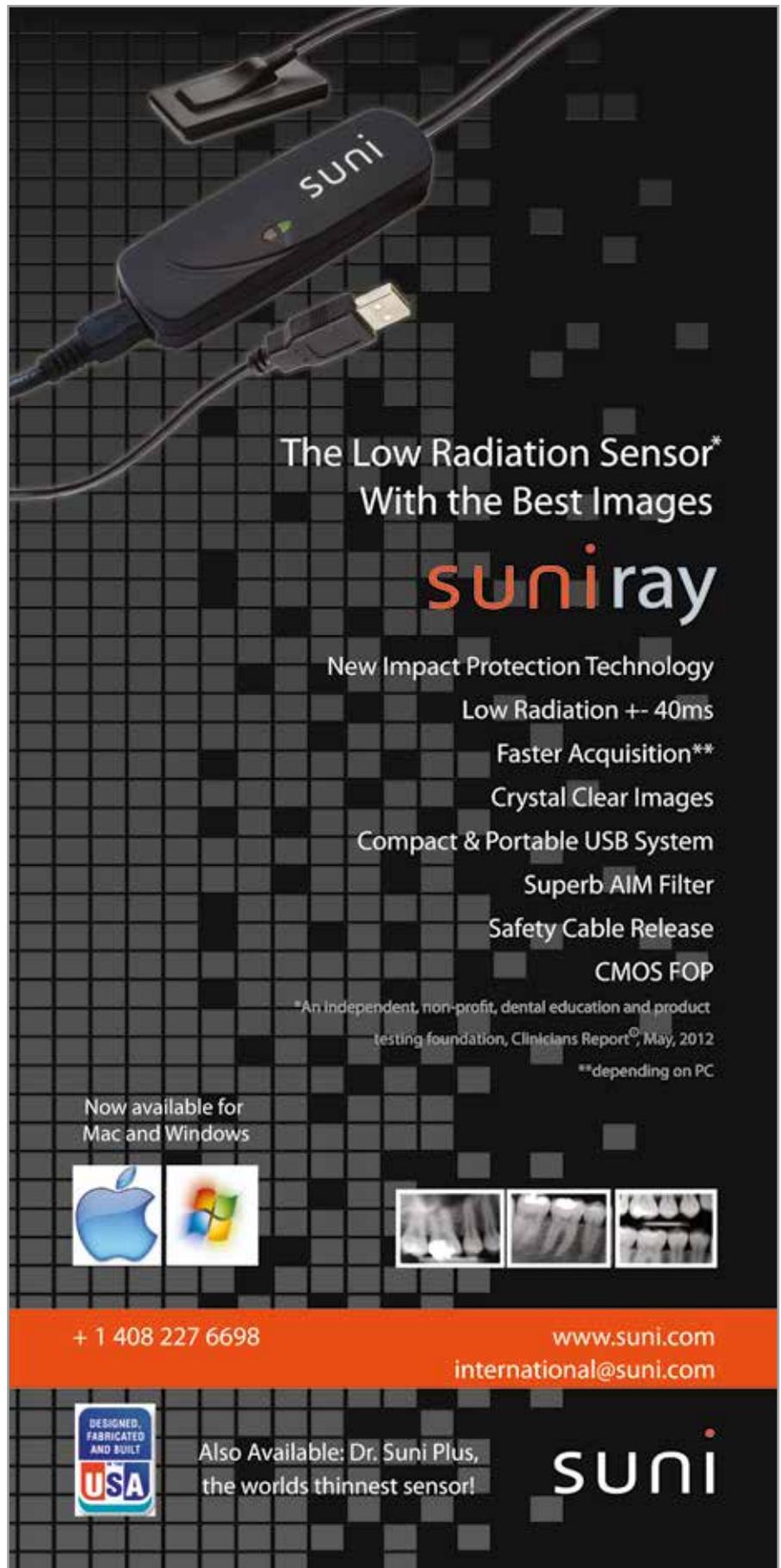
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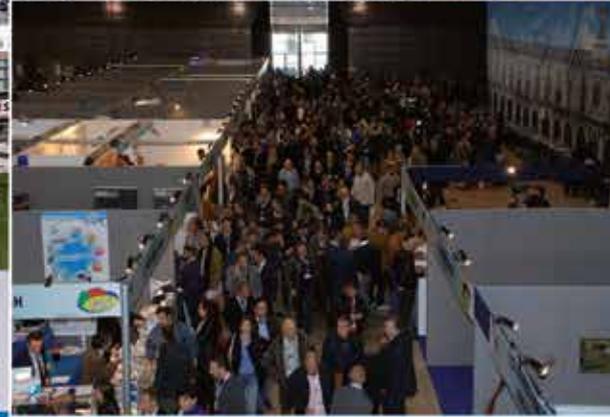
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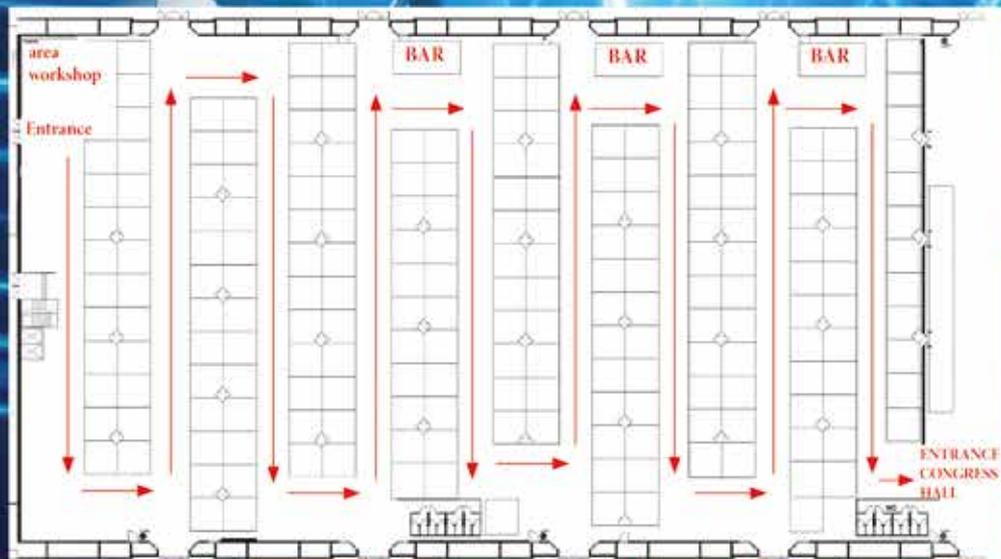
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- *The dental market in Romania*
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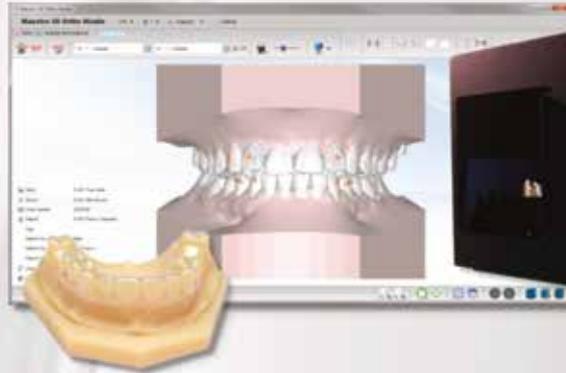
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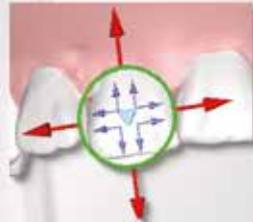
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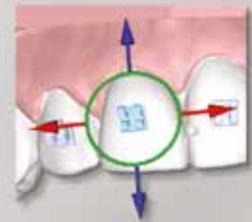


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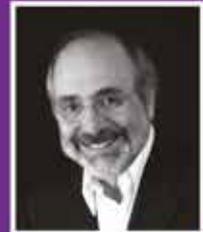
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