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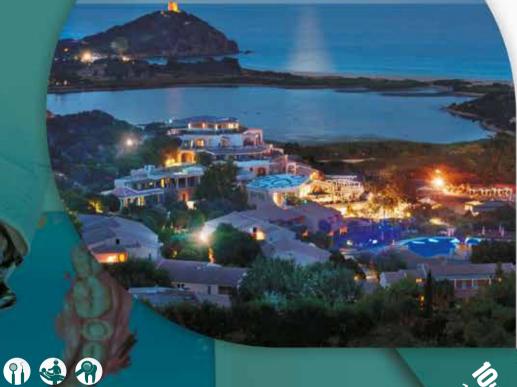


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We are excited to develop an innovation in our Infodent magazine. Starting from the upcoming issue our focuses are changing, nevertheless remaining loyal to our articles on the economic and medical markets as well as worldwide industry news.



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THE ROLE OF THE MEDIA IN BUSINESS AND SOCIETY



Exercising judgements over a business community is the simplest of things. Business leaders can move from heroes to zero – and occasionally back again, at the raise of a finger by the power of media. Rough justice perhaps – but many are the examples of the vital role of the media.

In the 1970s, the trade union movement slipped from its roots as a heroic saviour of the working man to the disruptive

scourge of an industrial society.

The 80s and 90s chartered the ascendency of business, entrepreneurism and finance – its bankers were the 'masters of the universe'. Capitalism had become the way to go; business was good for everyone. And the media cheered it ever onwards and upwards. But when it all went horribly wrong. The financial markets collapsed and the 'masters of the universe' became the zeroes of the hour.

And as the wealth spreading ambition of 21st Century globalisation turned to dust, another era emerged. Austerity for the masses, prosperity for the privileged: not a good recipe for social harmony - with the frightening spectre of job-eroding automation lurking over the horizon. In many respects the free and fair media, played its part in exposing social injustices and holding business and government to account – just as it should.

But the flames were also fanned by a new type of media revolutionised by technology – in the world where the speed of reporting and the competition to file first – not only the facts, but the highest impact version of the facts, became the challenge of social media and 24 hour rolling news. Less scrupulous commentators, happy to use hyperbole, exaggeration or at the extreme the now famous 'fake news', have made fact, truth and accuracy an increasingly rare commodity – and tarnished all journalism in the process. For it is a combination of inappropriate behaviour by some in business and irresponsible reporting by some in the media, that has contributed to a wedge being driven between business, the media and society. Even in the dental sector, never has the aim of our Press Office been more important in today's business - to support and encourage high quality specialized journalism giving reliable market, economic and trade information to our readers. The **INFODENT**

INTERNATIONAL Press Office is doing its best in expanding unbiased information on different markets around the world; searching, requesting and comparing information from reliable sources. Committed to the facts. Certain of our beliefs in balance and determined in our duty to report fairly and accurately. In today's world, businesses are not simply judged by how much money they make, but much more on how they make money. Reputation is all.

Ethics, social purpose, contribution to society are not optional extras but key criteria for access to talent, capital, customers and consumers - for the long-term future of any enterprise.

Today we believe we are at a tipping point - where if we fail to win trust, to earn respect, to re-establish the core values and recognition that business and media are good for society - we will all live to regret it.

> **Baldo Pipitone** CEO Infodent S.r.I.

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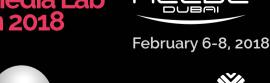
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1. Boyd RL, Rose CM. Effect of rotary electric toothbrush versus manual toothbrush on decalcification during orthodontic treatment. Am J Orthod Dentofacial Orthop. 1994;105(5):450-456. 2. Preber H, Ylipää V, Bergström J, Rydén H. A comparative study of plaque removing efficiency using rotary electric and manual toothbrushes. Swed Dent J. 1991;15(5):229-234

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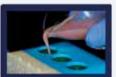
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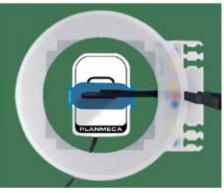
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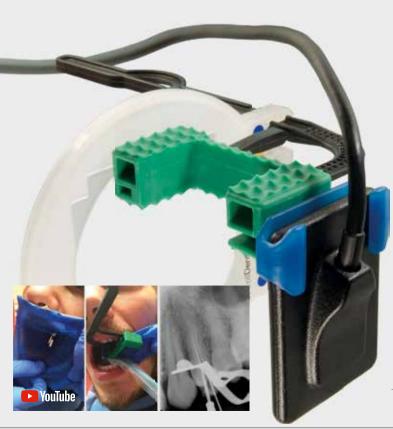
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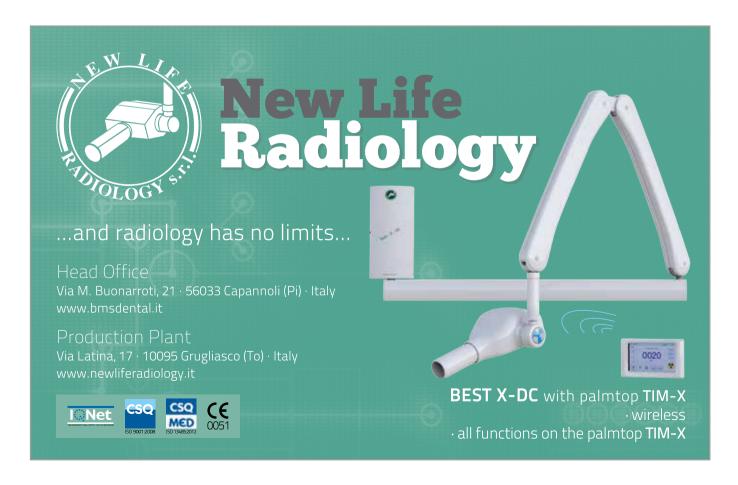


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Zirconia Crowns@3dvital by Moulding

3DTrueLife innovated Zirconia Crowns@3dvital are by MOULDING, not milling, and:

- I. Fabricate Custom Made Zirconia Crowns by 3D printing.
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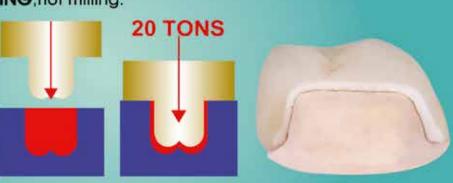


Australia and Germany patented, world pending

Zirconia Crowns @3dvital, product of 3DTrueLife, are manufactured by MOULDING, not milling.

They are:

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- 3d Printed
- 3d moulded
- 3d Zirconia core pressed
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CUSTOM FIT Zirconia Crowns @3dvital
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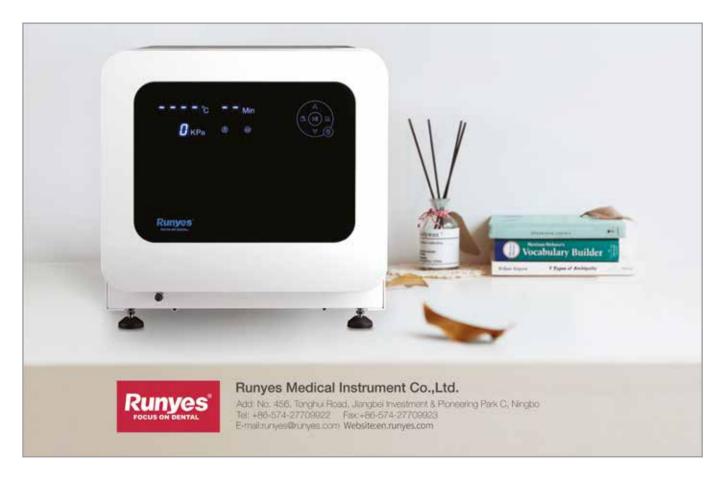
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The star of our stand will be the new Geisser automatic polymerising pot. We presented it in our special product promotion just a few months ago and we were very pleasantly surprised by its good reception. Finally, the MESTRA development team is

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Ethiopia's Healthcare Challenges

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Although one of the fastest-growing economies in the world and the enormous progress in critical aspects of human development, Ethiopia still needs a considerable amount of investment and improved policies to reach its development objectives, given the country's low starting point. The presence of many life-threatening health problems and vast developmental needs contribute to the low priority given to oral health problems in the area.

AT A GLANCE



Total population (2017) 104,957,438

Median age 18 years

A large proportion of the Ethiopian population (43 %) is under age 15

Only 2.94 % of Ethiopians are over age 65

Annual growth rate (2017) - 2.85 %

Total fertility rate (2013) - 4.5 per woman

Living in urban areas (2017) - 20.4%

Literacy rate among adults aged ≥15 years - 49.1 %

52 % of females and 38 % of males have never attended school

Amharic - official national language, in which all federal laws are published,

and spoken by millions of Ethiopians as a second language. In most regions is the primary

English - most widely foreign language spoken, also taught in schools

Unemployment rate - 17.5 % (2012 est.)

Public debt - 54.5 % of GDP (2016 est.)

Population living on <\$1 (PPP int. \$) a day (2007-2013) - **36.8%**

Cellular phone subscribers (2013) - 27 per 100 population 68 % of women and 53 % of men age 15-49

are not exposed to any mass media.





Ethiopia is the second most populous country in Africa and has one of the fastest-growing economies in the world, which should result in an expanding middle class with more purchasing power.

thiopia is in East of Africa with a total land area of I,104,300 sq. km. The capital city is Addis Ababa, situated near the center of the country. Landlocked, it borders Eritrea, Somalia, Kenya, South Sudan and Sudan—its tiny neighbor, Djibouti, is also its main port. Situated in the Horn of Africa, the country is at the crossroads between the Middle East and Africa. Thus, throughout its long history Ethiopia has been a melting pot of diverse customs and cultures. Today, it embraces a complex variety of nationalities, peoples and linguistic groups. Its population speaks over 80 different languages.

Ethiopia is one of the few African countries to have maintained its independence, even during the colonial era (except for a short-lived Italian occupation from 1936-41) as such maintaining its own culture. Currently, a federal system of government is in place and political leaders are elected every five years. Last parliamentary elections took place in May 2015, with 58 political parties participating in the electoral process. The ruling party, the Ethiopian Peoples' Revolutionary Democratic Party (EPRDF) and its affiliates won all the 547 parliamentary seats in national and regional elections. The EPRDF and its allies have been in power since 1991. Major changes in the administrative boundaries within the country have been made three times since the mid-1970s. At present Ethiopia is administratively structured into nine regional states—Tigray, Affar, Amhara, Oromiya, Somali, Benishangul-Gumuz, Southern Nations Nationalities and Peoples (SNNP), Gambela, and Harari—and two city administrations, that is, Addis Ababa and Dire Dawa Administration Councils. Ethiopia is also one of the least urbanized countries in the world with just over 20% of the population living in urban areas. More than 80 % of the country's total population lives in the regional states of Amhara, Oromiya, and SNNP.



Economic Profile - Ethiopia's huge population of over 100 million people makes it the second most populous nation in Africa after Nigeria. But, although the fastest growing economy in the region, it is also one of the poorest, with a per capita income of around \$861, due both to rapid population growth and a low starting base. Over the last decade, Ethiopia grew at an average annual rate between 8 % and 11%, according to different data sources. This growth was driven by government investment in infrastructure, as well as sustained progress in the agricultural and service sectors. More than 70% of Ethiopia's population is still employed in the agricultural sector, but services have surpassed agriculture as the principal source of GDP. According to The National Bank of Ethiopia agriculture, industry and services have contributed 36.7%, 16.7% and 47.3%, respectively, to GDP in 2015/2016. The construction industry, particularly roads, railways, dams and homes, is the main driver of growth

Ethiopian Fiscal Year

Ethiopia has its own unique calendar year. The Ethiopian calendar 30 days each and one month of 5 or 6 days depending on whether the year is a leap year or not. The Ethiopian calendar year begins on 11th September, which is the Ethiopian New Year, and ends on 10th September. The government fiscal year starts on 8th July and ends on 7th July. Both Ethiopian calendar and fiscal years fall in two Gregorian calendar years. This is important for companies organizing business in Ethiopia. Companies should avoid the Ethiopian New Year as many government officials, offices and key private sector companies are not available.

in the industrial sector, contributing more than half of the sector's growth. Service sector growth is mainly dominated by expansion in communication and transport services, hotel and restaurant businesses, as well as wholesale and retail trading.

While the economy is growing rapidly, presenting many opportunities, there are also hurdles to doing business in Ethiopia. The 2017 World Bank's Ease of Doing Business report ranked Ethiopia 159th out of 189 countries; a drop of 11 rankings from previous year. The World Economic Forum identified burdensome customs administrative procedures, the high cost of logistics and access to credit and foreign exchange as major challenges to small and medium-sized enterprises in Ethiopia.

According to the United Nations Development Program 2015 Human Development Index, Ethiopia is one of the top 10 countries that has realized the most gains, particularly between 2010 and 2015. This report applauded Ethiopia's achievement in improving life expectancy at birth, education and Gross National Income per capita. It also noted that strong economic growth over the past decade brought with it positive trends in poverty reduction in both urban and rural areas. In the year 2000, 55.3% of Ethiopians lived in extreme poverty, but by 2011 this figure was 33.5%. Yet, despite progress, much remains to be done and the government is already devoting a very high share of its budget to pro-poor programs and investments. Large scale donor support will continue to provide a vital contribution in the near-term to finance the levels of spending needed to meet this.

Adult and maternal mortality rates are key indicators of the health status of a population. In Ethiopia they are also national development indicators:

Adult mortality rate (probability of dying between 15 and 60 years of age perl 000 population):	1990	2013
Male	478	239
Female	366	198 (maternal deaths account for around 30 % of all deaths to women age 15-49)

Source: World Health Statistics 2010-2017, WHO

Ethiopia's stable outlook and prospects for continued economic growth in the short and medium-term are on par with Uganda and neighboring Kenya. Since August 2011, Ethiopia has managed to contain yearly inflation at a single digit (7.3%, 2016 est.) through strict monetary and fiscal policy.

Ethiopia faces a growing trade deficit with total imports steadily increasing on average by 12.5% per year between 2004/05 and 2015/16. Its total exports amounted to \$2.87 billion in 2015/2016, while imports for the same period expanded to \$16.72 billion. While coffee remains the largest foreign exchange earner (27%), Ethiopia is diversifying exports and commodities such as gold (13%), oilseeds (17%), edible vegetables including khat (17%), livestock (7%) and horticulture products (7%) are becoming increasingly important. Manufacturing represented less than 8% of total exports in 2016, but manufacturing exports should increase in future years due to a growing international presence.

Major destinations for Ethiopia's exports in 2015/2016 were: Asia 37% (China accounted for 32%), Europe 34% (Switzerland accounted for 29%), Africa 21% (Somalia, accounted for 58%) and US 7%. Most of its imports come from Asia (63%) followed by Europe (25%), Africa (21%)

and the United States (8%). Imports from China accounted for 38%, followed by India (7%). Italy, Turkey and Germany are the three major sources of Ethiopia's imports from Europe, jointly accounting for 8% of Ethiopia's total imports.

While the economic growth rate recently declined to about 8%. The government is implementing the 2nd phase of its Growth and Transformation Plan (GTP II). **GTP II**, which will run to 2019/20, aims to continue work on physical infrastructure through public investment projects and to transform Ethiopia into a manufacturing hub, shifting from an agrarian economy to one more geared towards manufacturing and services, with the goal of making Ethiopia a middle-income country by 2025.

The private sector is expected to play an increased role in the economy under GTP II, despite public investment remaining strong. The Government reaffirmed its commitment to put in place an enabling business environment and a framework designed to attract more foreign businesses

The Government
is engaged in massive
infrastructure
expansion projects
that create
attractive business
opportunities

Life expectancy at birth (years):	1990	2015
Both sexes	45	64.8
Male	42	62.8
Female	48	66.8

Source: World Health Statistics 2010-2017. WHO



and investment. The Government has also investment incentives aimed at attracting FDI, particularly export-oriented projects. Factors of production in Ethiopia such as land, labor and energy costs are comparatively low compared to other countries in Africa and around the world.

Health Profile - Ethiopia is a low-income country and while the proportion of people living below the local poverty line has declined by roughly a third over the past decade, the fraction remains high (33.5%). Its large, predominantly rural and impoverished population has poor access to safe water, housing, sanitation, food and health service. The country is federally structured and three tiers of government (at federal, regional, and woreda (district) level) allocate resources to the health sector. The financing of health services is characterized by a high reliance on external assistance (donors and international NGOs) and out-of-pocket payments. Revenue retention and utilization of user fees is also an important component of the health financing system in Ethiopia. The government contributes approximately 60% of the annual health budget in the financing of health services, while donors contribute 42.5%. The contribution of health insurance mechanisms to health financing is currently small (less than 1% of total health expenditure) mainly through private health insurance schemes, but it is expected that both health insurance coverage and health insurance contribution to health spending will increase. The proportion of health expenditure attributable to the utilization of the private health services (both modern and traditional) is believed to be considerable, although not fully documented. Health sector expenditures in Ethiopia have tended to emphasize on urban-based, curative services rather than rural-based, preventive primary healthcare services. The regions whose populations predominantly live in urban areas tend to have more budget allocation per capita than the predominantly rural counterparts. The budget allocated by the government to the health sector is however highly inadequate and there is a considerable dependence on donors and other partners to supplement the resources of the Ministry of Health.

Ethiopia is a low-income country and while the proportion of people living below the local poverty line has declined by roughly a third over the past decade, the fraction remains high (33.5%).

	2000	2012
Total expenditure on health as % of gross domestic product (GDP)	4.4 %	4.9 % (2014)
Private final expenditure on health as % of gross domestic product (GDP)		3 % (estimated)
General government expenditure on health as % of total expenditure on health	54.6 %	60.6 %
Private expenditure on health as % of total expenditure on health	45.4 %	39.4 %
General government expenditure on health as % of total government expenditure	9.4 %	15.7 % (2014)
External resources for health as % of total expenditure on health	16.0 %	40.9 %
Social security expenditure on health as % of general government expenditure on health	0	0
Out-of-pocket expenditure as % of private expenditure on health	79.2 %	90.6 %
Private prepaid plans as % of private expenditure on health	0.5 %	1.9 %
Per capita total expenditure on health at average exchange rate (USD)	5 USD	22 USD
Per capita total expenditure on health (PPP int. \$)	22 \$	61 \$
Per capita government expenditure on health at average exchange rate (USD)	3 USD	14 USD
Per capita government expenditure on health (PPP int. \$)	12\$	37 \$

Source: World Health Statistics 2015-2017, WHO

HOUSING AND HOUSEHOLD POPULATION

• Improved Drinking Water Source:

urban: 93.1% of populationrural: 48.6% of populationtotal: 57.3% of population

• Improved Sanitation Facility Access:

- urban: 27.2% of population- rural: 28.2% of population- total: 28% of population

• About one household in every four (23 %) is electrified.

• More than one household in every four (26 %) is female-headed.

 \bullet 27 % of Ethiopian children age 5-14 are engaged in child labor.

Sources: https://www.cia.gov/library/publications/the-world-factbook/geos/et.html // Ethiopia Demographic and Health Survey 2011



High fertility rates and low contraceptive prevalence continue to drive a rapidly increasing population.

The Government of Ethiopia is working to strengthen the healthcare system with significant investments in the public health sector to align it with the Millennium Development Goals of the country. Ethiopia has in fact proven resilient. Over the past two decades, there has been significant progress in the key human development indicators: primary school enrollment has quadrupled, child mortality has been cut in half and the number of people with access to clean water has more than doubled. These gains, together with more recent moves to strengthen the fight against malaria and HIV/AIDS, paint a picture of more wellbeing in Ethiopia.

Notwithstanding the progress in critical aspects of human development, Ethiopia still needs a considerable amount of in-

vestment and improved policies as well to reach its development objectives, given the country's low starting point. Communicable diseases like HIV/AIDS, TB, malaria, respiratory infection, diarrhea and nutritional deficiencies still remain a serious challenge. High fertility rates and low contraceptive prevalence continue to drive a rapidly increasing population. With an increasing middle class, the Government is also facing an increase in non-communicable diseases (NCDs) such as cancer, diabetes, heart diseases, high blood pressure, chronic pain and respiratory conditions, which need to be addressed. The priority given to NCDs remains marginal but indicators to measure the prevalence rate for NCD or injuries are currently being collected. These will establish a baseline for future

interventions for developing a comprehensive strategy. On the contrary, significant progress has been witnessed in reduction of under-five, infant, and neonatal mortality rates over the last decade. These rates have declined by 47%, 39%, and 25%, respectively. According to the latest United Nations report, Ethiopia has achieved the Millennium Development Goal of reducing child mortality well ahead of its 2015 deadline. Immunization rates and the delivery of other child health services have also improved substantially since 2000. The 2020 impact-level targets for the Health System Transformation Plan are to further improve the mentioned indicators and stabilize and reduce deaths and injuries from road traffic accidents, which are significantly high in Ethiopia.

	1990	2000	2013	2015
Maternal mortality ratio (per 100 000 live births)		676		353
Neonatal mortality rate (per I 000 live births)	54.6 (both sexes)		27.5 (both sexes)	
Infant mortality rate (probability of dying by age I per I 000 live births)	121.8 (both sexes)	89.8 (both sexes)	44.4 (both sexes)	
Under-five mortality rate (probability of dying by age 5 per 1000 live births)	205.0 (both sexes)	145.5 (both sexes)	64.4 (both sexes)	59.2 (both sexes)

Source: World Health Statistics 2010-2017, WHO





MATERNAL AND CHILD HEALTH

Despite the national efforts to change health system delivery, women in Ethiopia still do not seem to seek access or use services as much as they should

- 34% of women who gave birth in the five years preceding the 2011 survey received antenatal care (at least 1 visit) from a skilled provider, that is, from a doctor, nurse, or midwife (19% received at least 4 visits). A marked improvement from 28 % in 2005
- Between 10 28 % of births (2005-2015) were delivered by a skilled provider
- More than six women in every ten (61 %) stated that a health facility delivery was not necessary, and three in every ten (30 %) stated that it was not customary
- Just 7 % of women received postnatal care in the

first two days after their last delivery in the two years before the survey

- The most important barrier to access to health services that women mention is taking transport to a facility (71 %), followed by lack of money (68 %) and distance to a health facility (66 %)
- One in every four children age 12-23 months (24 %) were fully vaccinated at the time of the survey, a 19 % increase from the level reported in the 2005 EDHS
- Breastfeeding is nearly universal in Ethiopia and half of children born in the three years before the survey are breastfed for about 25 months
- Overall, only 4 % of children age 6-23 months are fed appropriately, based on the recommended infant and young child feeding (IYCF) practices

Source: Ethiopia Demographic and Health Survey (EDHS) 2011

Under the second Growth and Transformation Plan (GTP II), the Ministry of Health is planning to upgrade different aspects of the healthcare system. This program will encourage the introduction of new technology as well as technology transfer. The government has increasingly decentralized management of its public health system to the Regional Health Bureau levels. The Food, Medicine and Health Care Administration and Control Authority (FMHACA) is

being strengthened to provide increased regulatory oversight for the registration, importation and quality of medicines in the Ethiopian Market.

Drugs that are required to reduce morbidity and mortality from common illnesses are mostly in short supply, the majority of which are imported and expensive. The Pharmaceutical Fund and Supply Agency (PFSA) is tasked with procurement and distribution of medicines to 19,000 service

delivery sites throughout the country. In the coming few years under GTP II, further improvements will be made to further ensure proximity of PFSA distribution hubs to health facilities and to establish efficient systems for inventory, fleet and information management.

These improvements are targeted to increase efficiencies and improve the availability of commodities throughout the public sector.

MEDICINES

- Median availability of selected generic medicines (%) (2001-2008):

Public 52.9 % - Private 88.0 %

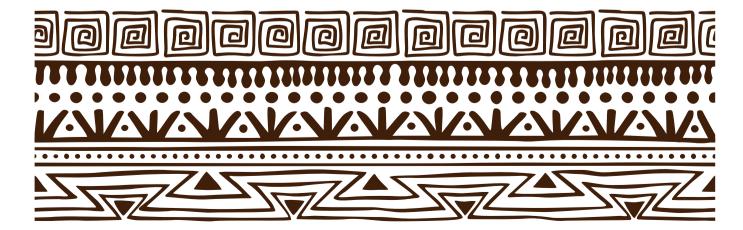
- Median consumer price ratio of selected generic medicines (2001-2008):

Public 1.3 - Private 2.2

- -Total pharmaceutical expenditure in Ethiopia was approximately 10.4 billion Ethiopian Birr (ETB) in 2011, which accounts for approximately 39% of total health expenditure
- Government expenditure on pharmaceuticals, including both federal and regional governments, was estimated at ETB 1.2 billion in 2011 and ETB 2.1 billion in 2014
- The proportion of the pharmaceutical budget out of the total recurrent budget was, on average, 10% for hospitals and 9% for health centers in 2011/12

- Private funding of pharmaceuticals was ETB 6.7 billion in 2011 and reached ETB 12.1 billion in 2014, approximately 64% of total pharmaceutical expenditure and mostly out-of-pocket
- Pharmaceutical funding through health insurance mechanisms is not yet well developed in Ethiopia, but three types of health insurance schemes are expected to contribute to the coverage of pharmaceutical costs in the future
- PFSA is the major supplier of medicines for both the public and private sectors. Public health facilities can only procure from private sources when PFSA cannot supply them
- The private sector is not able to address gaps in supply. Dependence on PFSA stocks, difficulties in forecasting demand, and access to foreign currency exchange for ensuring non PFSA supply channels are said to impair growth of the private sector

Source: World Health Statistics 2010-2017, WHO // Systems for Improved Access to Pharmaceuticals and Services (see "Among main sources" below)





Private healthcare mainly focuses in the urban areas, where around only 20% of the population lives, as such this sector only serves a small portion of the people in the country.

The public sector is the major provider of healthcare services and products, including pharmaceutical and related services but the coverage and distribution of the healthcare facilities among regions are uneven. About 85% of the healthcare provision is provided by public healthcare facilities, while the remaining 15% is provided by the private healthcare sector. Private healthcare mainly focuses in the urban areas, where around only 20% of the population lives, as such this sector only serves a small portion of the people in the country. There is lack of access to basic healthcare facilities in rural areas.

Primary healthcare in Ethiopia is provided by facilities including health centers and health posts. **One of Ethiopia's key pri-** orities over the past decade has been to increase geographic access to care as measured by the number of primary healthcare facilities. Over 15,000 health posts and 2,780 health centers have been constructed since 2005 and the total number of health facilities nationwide (including those owned by the private sector) has increased more than tenfold. This investment has dramatically increased the reach of primary health care services. Despite progress made in expanding primary care to rural areas across all regions and woredas, the largest improvements in service coverage between 2005 and 2011 occurred among the wealthiest households.

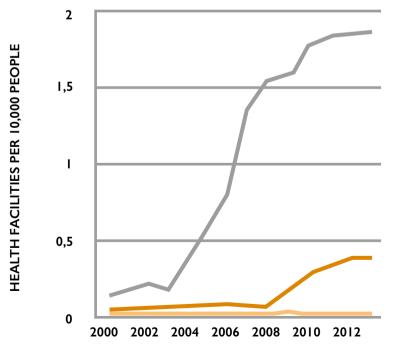
On the other hand, secondary and ter-

tiary level service capacity has not improved significantly. Both public and private hospitals are available in Ethiopia. Expansion of hospital-level services has taken place at a slower pace than primary services. From 2000 to 2011, while the number of hospitals increased from 103 to 212, hospital inpatient bed availability stagnated at around 2.1 per 10,000 due to population growth. However, with the government aiming to expand comprehensive obstetric care services, there is growing pressure to expand the number of primary hospitals to more than 800 (over one per district) over the coming years.

The regional distribution of health facilities on a per capita basis is largely equitable, according to government reports. However, urban-rural disparities in the distribution of health facilities are significant. In urban areas, roughly 88 % of households live within five kilometers of a primary health service provider, and nearly half of urban households are within five kilometers of a hospital. The corresponding proportion of rural households with this geographic access is 63 % (health post), 24 % (health center), and 1.5 % (hospital).

There is no data on the number of traditional healers available in the country, whose services many Ethiopian households use for various health problems.

Trends in the Total Number of Health Facilities

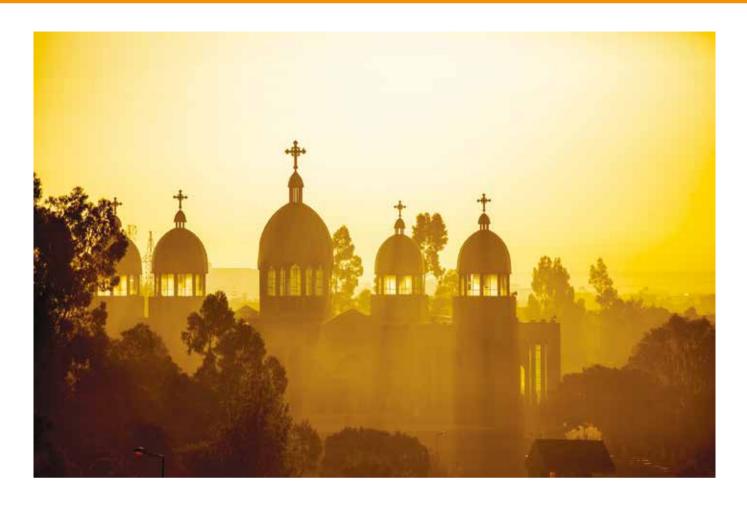




Number of Hospitals per 10,000
Numbert of Health Centers per 10,000
Number of Health Posts per 10,000

Source: Federal Ministry of Health (Ethiopia). Various. Health management information system reports (EFY 2000-2013).

53



The ratio of trained medical personnel in Ethiopia is low even for sub-Saharan standards. Medical personnel receive low wages and most of them often seek out second jobs to make ends meet. This has resulted to frequent absenteeism in medical staff. Lower level workers have followed the same behavior as the physicians, leading to

high absenteeism and low productivity at all levels. Corruption exists in the healthcare sector, which involves procurement, services and supply of goods and medicines, increasing the probability of unsatisfactory healthcare outcomes. Medical and nursing schools and training institutions for paramedical professionals are available

in the country and do make attempts to increase the annual output of trained personnel to meet the demands. However, the quality of some trained manpower is believed to be unsatisfactory. An evaluation of the human resource system has been recommended by the mid-term review of the Health System Development Plan.

NUMBER OF HEALTH PROFESSIONALS

- Skilled health professionals' density per 10 000 population (2005-2013): 2.8
- Physicians (2007-2009): 1,806 Density per 10 000 population: <0.5 (2007-2013)
- Nursing and Midwifery personnel: 19,158 Density per 10 000 population: 2.5 (2007-2013)
- Pharmaceutical personnel: 1,201 Density per 10 000 population: <0.5 (2007-2013)
- Environment and public health workers: 1,109 Density per 10 000 population: <0.5
- Community health workers: 24,571 Density per 10 000 population: 3

Source: World Health Statistics 2010-2017, WHO



The Government is playing a facilitation role and supports private sectors in quality of care and quality services.

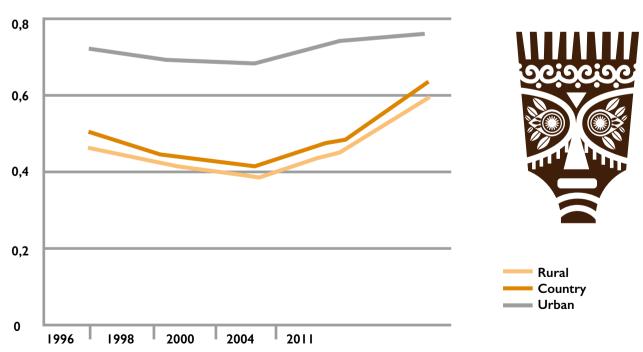
Routine data sources and population-based surveys tell different stories about whether Ethiopians have been seeking outpatient care more frequently since 2000. Routine services statistics indicate that despite the expansion of primary healthcare facilities, outpatient visits per 10,000 population have increased only by about 14 percentage points. Data from population surveys on the other hand show a larger 22 percentage point increase in outpatient visits. There is again a wide difference in utilization between urban and rural areas. There are also socioeconomic disparities in utilization of cura-

tive care. The Welfare Monitoring Survey 2012 (Central Statistics Agency, Ethiopia), found that for the 30 % of respondents who did not seek care for a recent illness, their major reported barrier was the cost of care. Analysis of utilization of selected fee-exempted services shows that the poorest quintile is far behind in using these services for reasons related to social and cultural factors as well as cost and geographic access.

Currently, more than 12,000 private health facilities are providing health services in Ethiopia. The Government is playing a facilitation role and sup-

ports private sectors in quality of care and quality services. It is also working with private sectors to build advanced tertiary care hospitals to attract medical tourism. The government's commitment is to support modernized healthcare facility projects. The Ministry of Health is committed to reform agencies such as the Pharmaceuticals Fund and Supply Agency (PFSA) for providing consistent and reliable services to the healthcare system and is also working to establish cancer diagnosis centres at seven hospitals and to strengthen the services at 48 health facilities.

Trends in the Number of Outpatient Department Visits for Curative Care per 10,000 People per Year



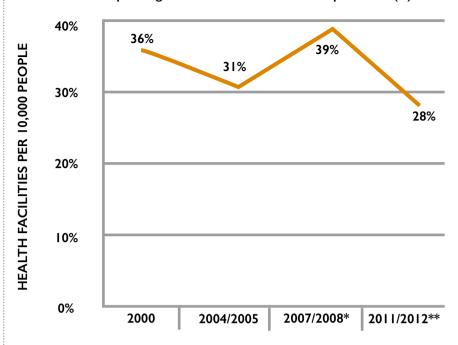
Source: Federal Ministry of Health (Ethiopia). Various. Health management information system reports (EFY 2000-2013).

The Government's efforts to address the challenge of high out-of-pocket (OOP) costs for the use of health services includes the introduction of community-based health insurance (CBHI) and social health insurance (SHI) for the informal and formal segments of society, respectively. Estimates of the financial burden of OOP spending for households range from 1.07 to 4 % of household income. A social health insurance law passed, and a National Health Insurance Agency has already been established and is undertaking the necessary preconditions to offer SHI.

Pilot community-based health insurance schemes have also been initiated. Nonetheless, out-of-pocket spending remains the second largest source of health financing, accounting for almost 30% of total health expenditure, a significant barrier for accessing and utilizing health services for Ethiopia's population. Most OOP payments are for outpatient services with pharmaceuticals accounting for the bulk of OOP payments (66%). In 2010/11 approximately 52% of the total household OOP health spending was paid to government health service providers. Private health service providers accounted for 43% of the total OOP health spending. The remainder (5%) of the total OOP health spending went to not-for-profit health facilities, traditional healers, and religious institutions.

Food, Medicine and Health Care Administration and Control Authority (FMHA-CA) has a mandate to regulate practices, facilities, professionals and products in the health sector. This agency is responsible for promoting and protecting the public health by ensuring safety and quality of products and health service through registration, licensing and inspection of health professionals, pharmaceuticals and health institutions and provision of up-to-date regulatory information while promoting rational use of medicine. There is a plan to transform FMHACA to make its operations more efficient with the aim of ensuring 100% availability of vital and essential drugs at all levels of healthcare delivery system without stock shortages.

Trends in OOP Spending as a Share of Total Health Expenditure (%)



* A methodological revision in estimating OOP spending in the 2007/08 National Health Accounts may be the reason for the increase in OOP spending as a percentage of total health sector spending that year. Specifically, the 2007/08 OOP spending estimate is based on an independent household health expenditure survey while prior estimates were based on Central Statistical Agency-generated estimates.

** Preliminary data

Sources: Federal Ministry of Health (Ethiopia) (2013) Ethiopia's Fifth National Health Accounts, 2010/11 [DRAFT]. Addis Ababa, Ethiopia. / Federal Ministry of Health (Ethiopia) Health Care Financing Secretariat (2003) Ethiopia's Second National Health Accounts 1999/2000. Addis Ababa, Ethiopia. Available: http://www.ethiopianreview.com/pdf/001/NHA2.pdf

MARRIAGE AND FERTILITY

- The median age at first marriage among women age 25-49 is 16.5 years in 2011. For men age 25-59, the median age at first marriage is 23.1 years.
- 11 % of married women in Ethiopia are in polygynous unions, with
 9 % having only one co-wife and 2
 % having two or more co-wives.
- The extent of polygyny has declined only slightly over the past

- six years, from 12 % in 2005 to 11 % in 2011.
- Childbearing begins early in Ethiopia. More than one-third (34%) of women age 20-49 gave birth by age 18, and more than half (54%), by age 20.
- 12 % of adolescent women, age 15-19, are already mothers or pregnant with their first child.

Source: Ethiopia Demographic and Health Survey 2011



Ethiopia - Healthcare Market

Unit: USD '000	2015	2016	2017 (estimated)	2018 (estimated)
Total Market Size	127,656	155,527	171,080	188,187
Total Local Production	-	35,650	39,215	43,136
Total Exports	-	-	-	-
Total Imports	127,656	119,877	131,865	145,051

Source: National Bank of Ethiopia and Ministry of Health (https://www.export.gov/article?id=Ethiopia-Healthcare)

Companies providing equipment and supplies, hospital furniture, ambulances for emergency, pharmaceuticals, information management systems, vaccinations and other services have many opportunities in Ethiopia as imports are the main source of medical supply.

Oral Health Profile - A tooth ache, an abscess or broken cap or bridge can be a problem in Ethiopia because of the severe shortage of truly qualified and trained dentists using often quite obsolete techniques. High risk of oral diseases and low access to adequate care condemns Ethiopia to sub-standard oral health, including lack of quality dental materials at an affordable price and insufficient investment in dental care. Oral health services are characterized by few oral healthcare personnel and urban concentration, typically leaving the rural and peri-urban communities with emergency care only. The presence of many life-threatening health problems and vast developmental needs contribute to making dentistry one of the least addressed disciplines in the history of medical practice in Ethiopia. Sophistication of modern dentistry is new, it's developing and has a long way to go. Dental medicines are not easily accessible and some dentists may import them directly. However, a niche high class private market is available in urban areas especially in Addis Ababa.

Data on oral health status are scarce and low public expenditure on dental health severely undermines oral care in Ethiopia. A 2014 survey among 20-39 years old adults attending dental health clinics in Addis Ababa gives a general outlook

DENTISTRY AT A GLANCE

- Number of dentists between 60 and 200 according to different sources
- Ratio Dentist/Inhabitants 1:1,268,000
- Number of dental technicians / assistants (2003) 33
- Dental Schools: 3 State Universities (with an output of about 60 doctors per year) and 3 Private Dental Schools (with an output of around 60 doctors per year)
- Schools for dental technicians: none
- Scientific and Professional Organizations: 1
- Dental clinics in Addis Ababa: 52 approx.
- Dental manufacturers: none
- Dental dealers: 10 (approx.)

on the status of oral health and dental education. In fact, 52.3 % perceived dental health as less important than other medical health issues. The practice of correct tooth brushing is low: only 28.8% respondents knew the correct way of tooth brushing. In addition, 39.8% did not consider tooth brushing as an important factor in improving dental health. Moreover 64.1% of the respondents believed that it was easier to use traditional stick ("mefakiya", a natural chewing stick) than tooth brush with toothpaste and 45.8% had negative attitude to the use of toothpaste and tooth brush saying that it lead to bad mouth breath. More than half (54.2%) of the respondents had a

belief that they should visit a dentist only if they had tooth pain and 48.3% did not think eating and drinking sweet things without cleaning teeth was harmful to teeth. Overall, only 36.7% of the participants perceived they had poor dental health.

The average density of dentists to head of population in Africa is I to I50,000; in industrialized countries, the average is I to 5,000. In Ethiopia, according to the FDI Oral Health Atlas, the lack of access is even more dramatic with a density of only I dentist per I million people. There is an insufficient number of dental schools and graduating dentists,

the majority of which often migrate to a new continent. Humanitarian organizations make big efforts in oral care but their work is often discontinued.

The damage to oral health due to poor access to care is exacerbated by the fact that a high number of Ethiopians are disproportionally affected by many oral diseases. The combination of high risk of oral disease and low access to care, results in many patients not getting adequate treatment in time. For example, in the case of Noma, a neglected and deadly disfiguring disease of poverty affecting children, this can result in an 80% mortality rate. For other oral diseases, which could be identified and treated during routine check-ups, the delay in access means that when many patients are finally able to visit their local dentist, it is often too late and only one option remains: tooth extraction: this can become up to 90% of dental work in Ethiopia. The high number of people affected by HIV/AIDS leads to a high number of oral diseases (50-60% of patients) such as oral fungal, bacterial and viral infection, oral hairy Leukoplakia, HIV gingivitis and periodontitis, Kaposi sarcoma, non-Hodgkin lymphoma and xerostomia. Poor oral health is exacerbated by poor access to clean drinking water, poor sanitation, lack of fluoridation and malnutrition. There is little to none oral health promotion and prevention mainly in impoverished regions of the country.

Very little epidemiological research is done in oral health in Ethiopia and the extent of caries, periodontal diseases and the associated risk factors are not widely studied at the community level. Accordingly, a study (2011) was conducted among young adolescents in Addis Ababa to assess the type and magnitude of oral health problems as well as associated risk factors and to provide baseline information on the major oral health problems (dental caries, periodontal disease, malocclusion and dental fluorosis) among adolescents, presumably reflecting trends in adult population.

The prevalence of both periodontal disease and dental caries is alarmingly high. According to the survey 83.1% had never visited a dentist. Among those who had visited a dentist, most went for emergency treatment (41.4%) and extraction (21.6%).

The prevalence of dental caries was 47.4%. Age, sweets intake, tooth cleaning, poor oral hygiene and being from a poor household were significantly associated with having dental caries.

Oral hygiene and dental care-seeking practices of young adolescents (aged 10-14) in Addis Ababa, December 2011

	Characteristics	%
Tooth cleaning (n = 658)	Yes No It bothers me	92.7 7.3 15.6
Reason for not cleaning (n = 45)	Don't know the benefit of I always forget Other	15.6 48.9 19.9
Clean your teeth with (n = 610)	Tooth brush Mefakia (local twig brush) Other	36.20 57.7 6.0
Frequency of teeth cleaning (n = 595)	Once a week Few times a week Once a day Other	19.3 38.5 32.6 9.6
Use of fluoride containing tooth	Yes No	38.3 61.7
Frequency of dental visit (n = 658)	Regularly every 6 – 12 Occasionally Only with dental pain Never visited a dentist	3.2 2.1 11.6 83.1
Treatment sought during the last dental visit (n = III)	Check-up, examination Routine treatment Emergency treatment Extraction	20.7 16.2 41.4 21.6
Felt scared during the first dental visit	Yes No	69.4 30.6
Going to a dentist is synonymous with pain (n = 615)	Yes No	46.2 53.8

Note: A total of 658 children aged 10 - 14 years participated in the study; 53.4% were female and nearly all (97.7%) attended school. Only 21% had monthly expenditure >2000 birr per month meaning; 79% of the households lived on a monthly expense of about 100 USD. 37.7% of the households reported having five to six family members living in the household



The most affected teeth with dental caries were the molars (49.4%) with mean DMFT at 1.85. The prevalence of dental caries observed in this study was nearly 3 times higher than a study conducted twelve years before in Addis Ababa among school children 12 year and above, which was 21.1%.

The prevalence of periodontal disease was 35.4%, bad mouth odor 4.4% and oral trauma 2.1 % with "falling" reported as the primary cause. Poor oral hygiene was observed in 60.3% of the children. Young adolescents who have mothers with low education level are more likely to have periodontal disease than those with mothers who have attended at least high school. Another important factor which was found to be associated with periodontal disease was poor oral hygiene. Recent studies indicated increasing prevalence of dental caries mainly due to

increased consumption of more refined

and sugary foods. Sugar plays a key role in the increasing rate of dental decay in Ethiopia; prior to the commencement of the national production of sugar in 1958, the prevalence of caries was very low. Today, there is an increasing demand to sugary products, the use of sugar as a sweetener in tea, coffee and milk is very common. The high prevalence of calculus; even though more than 90% of the study participants claim to clean their teath indicates that the

The high prevalence of calculus; even though more than 90% of the study participants claim to clean their teeth indicates that the tooth cleaning is not adequate, or the techniques used are not proper. Among those who clean their teeth 57.7% uses a local twig/chewing stick which is commonly known as "Mefakiya". Studies however have shown that traditional chewing stick is an effective way of maintaining good oral hygiene if the right type of shrub/twig and technique is used. The "Mefakiya" aids the mechanical removal of plaque, together with the antimicrobial effects.

The findings indicate the need for health

sector actors and policy makers to recognize the increasing trend of oral health problems and design and implement preventive activities including expansion and strengthening of oral health services and large scale public education program to motivate regular dental check-up and proper oral hygiene practices.

Ethiopia is one of the fastest developing countries in the world and several are the opportunities for international operators investing in the country in the near future, considering also its geographic location which gives it strategic dominance as a jumping off point in the Horn of Africa, close to the Middle East and its markets. Furthermore, the government has investment incentives aimed at attracting foreign direct investment, transforming Ethiopia into a manufacturing hub. In such a framework the private sector is expected to play an increasing role.

DENTAL SCHOOLS IN ETHIOPIA

- Addis Ababa University. College of Dental Science. (Dentistry, Dental Therapy, Dental Hygiene and Dental Nurse). http://www.aau.edu.et/dental-medicine/ (State university)
- Jimma University. College of Health Science. Jimma is approx. 300 km from Addis Ababa. www.ju.edu.et/ (State university)
- Mekelle University. College of Health Science. Mekella is approx. 800 km from Addis Ababa. A new Endodontics training course has been established since this year. http://www.mu.edu.et/ (State university)
- Africa Health Science College. (Dental Medicine, Dental Therapist)
- Addis Ababa (Private school)
- Atlas Health College Dental. (Dental Science, Doctor of Dental Medicine, Dental Therapist) - Addis Ababa (Private School)
- Sante Medical college. (Doctor of Dental Medicine) Addis Ababa (Private School)

Note: statistical information, coverage rates and all data are taken and compared among different sources; however, they often vary significantly. As such the focus might have some weaknesses such as under-and over-reporting of data. This is also due to lack of accountability for accurate reporting, challenges with timeliness and quality of data and inadequate supervision from the Ethiopian authorities.

Main sources:

- Extracts from "Monitoring and Evaluating Progress Towards Health Coverage in Ethiopia", https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4171462/-Extracts from the "Ethiopia Demographic and Health Survey (EDHS) 2011". Part of the worldwide MEASURE DHS project funded by the United States Agency for International Development (USAID). The survey was implemented by the Ethiopian Central Statistical Agency (CSA). ICF International provided technical assistance through the project. For full survey: https://dhsprogram.com/pubs/pdf/fr255/fr255.pdf
- U.S. Department of commerce, extracts from: https://www.export.gov/article?id=Ethiopia-Market-Overview and https://www.export.gov/ article?id=Ethiopia-Healthcare
- World Health Statistics 2010-2017, WHO
- U.S. Central Intelligence Unit: https://www.cia.gov/library/publications/the-world-factbook/geos/et.html
 World Bank: http://www.worldbank.org/en/country/ethiopia/overview
- World Health Organization: http://www.who.int/countries/eth/coop_strategy/en/index1.html
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Successfully closed the third edition of IDEA in Ethiopia





Dr. Gerhard K. Seeberger, President Elect of FDI (World Dental Federation) and President of ADI (The Academy of Dentistry International), Dr. Fitsum Arega EIC (Ethiopian Investment Commission) Commissioner, Dr. Simona Autuori Italian Trade Commissioner, H.E. Dr. Mebrahtu Meles, State Minister, Ministry of Industry of the Federal Democratic Republic of Ethiopia, Dr. Muluken Tadesse, President of EDPA (Ethiopian Dental Professional Association), H. E. Dr. Kebede Worku, State Minister, Ministry of Health of the Federal Democratic Republic of Ethiopia, Dr. Renato Gullà, President of the Scientific Committee of IDEA, Dr. Gianna Pamich, President of UNIDI (Italian Dental Industries Association), Dr. Gianfranco Berrutti, President of EMA (Ethiopian Medical Association), Dr. Mesfin Goji President of EPA (Ethiopian Pharmaceutical Association)

The third edition of **IDEA** (International Dental Exhibition Africa), the dental trade-show organized by UNIDI (the Italian Dental Industries Association) in cooperation with ITA (Italian Trade Commission), has successfully closed on Saturday December the 16th, 2017. After two successful years in Senegal, IDEA moved to Ethiopia to approach the East African Countries; Ethiopia is the fastest growing economy and the second largest market in Africa: a perfect location to host an event that is becoming the most relevant international trade-show for the dental, medical and pharmaceutical sectors in Africa.

On Thursday, December 14th the President of UNIDI Gianna Pamich and the President of IDEA Gianfranco Berrutti opened the event. At the opening ceremony, an impressive panel of speakers intervened: Dr. Seeberger, President Elect of FDI (World Dental Federation), the presidents of the Ethiopian Dental Professionals Association, the Ethiopian Medical Association and the Ethiopian Pharmaceutical Association, as well as the representatives of ITA and of the Ethiopian Government, which gave their patronage to IDEA together with the Italian Embassy. The speakers welcomed more than 1.000 professionals and operators and highlighted the key-role of IDEA, giving an all important contribution to the dental sector in Africa. This has been granted both by the opportunity to get in touch with the latest innovations of the industry and by the possibility to take part to high level scientific events held by internationally renowned. The involvement of the medical and pharmaceutical sectors, strictly related to the dental market, means bigger margins of growth for IDEA and more training opportunities for the local professionals; it contributes to make IDEA the most important "meeting point" for the medical sector in Subsaharian Africa. From 14th to 16th December at the UNECA Congress Center 50 International

Companies met more than 3.000 dental, medical and pharmaceuticals professionals coming from several African Countries. Besides, a numerous group of dealers had the chance to get in touch with international manufacturers in their own continent: the exhibitors met 30 dealers, selected by UNIDI in partnership with ITA, coming from Kenya, Uganda, Tanzania, Rwanda, Zambia. The President of the local dentists Associations of these Countries were also part of the delegation. Besides the exhibition, a very high level scientific congress was held during IDEA, including conferences, workshops and panel discussions: thanks to a partnership agreement, the Ethiopian Dental Professional Association (EDPA) supported UNIDI by organizing and promoting a comprehensive scientific programme. A panel of international speakers, including Dr Castellucci, Dr Fornara and Dr Seeberger, attended the event under the scientific direction of Dr Renato Gullà, member of the cultural committee of the Italian Society of Endodontics and active member of the EDPA. An entire day was focused on exhibitors' workshops. The high number of people attending the scientific events confirmed the local professionals' strong interest in training opportunities. IDEA, being part of UNIDI's strategy for the internationalization of the Italian dental industry in emerging markets, "is not about foreign companies coming to Africa to organise their event, rather, it is about building together a common project in Africa" (G. Berrutti, President of IDEA).

In order to consolidate the success of IDEA 2017, the next edition will be held in Ethiopia from 13th to 15th December 2018.

For further information please visit www.idea-africa.com or contact us: info@idea-africa.com





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IDEA Inauguration Speech:

"There is no oral health and no health without clean water"

Addis Ababa, Dr. G. K. Seeberger



Honored Mrs. President of the Italian Dental Industries Association, UNIDI, and Mr. President of the International Dental Exhibition Africa, IDEA, respected Excellencies of the Federal Democratic Republic of Ethiopia, estemed Presidents of the Professional Associations of Ethiopia, dear Members of the Organizing Committee, dear Colleagues and Friends, Good Morning!

Dr. Gerhard K. Seeberger,
President Elect of FDI and President of ADI.

Premises:

Prof. Titus Schleyer, a biomedical informatics scientist at Indiana University, Indiana, USA, after encountering the lack of political will to finalize the project of unifying the US dental and medical databases in order to downsize the bureaucratic burden of healthcare costs: "The separation of dentistry from medicine is a historical accident!"

To make this accident a forgotten one is the responsibility of the dental profession. (G. K. Seeberger)

It is a real honor and pleasure to speak here in Addis Ababa at the IDEA "International Summit" entitled "New Perspectives for the Dental, Medical and Pharmaceutical Sectors in Africa" and organized by UNIDI. It is the first IDEA Meeting in English speaking Africa, a premiere so to speak, and it is also a premiere for me as I represent the FDI World Dental Federation with its one million dentists from all over being its President-elect and the Academy of Dentistry International, ADI, a United Nations registered Dental Honor Society and FDI Affiliate as its President. It is the first time that an Italian dentist has been chosen to be the leader of two global organizations. My challenge now is to unite FDI's advocacy for the realization of its vision — to lead the world to optimal oral health — and ADI's engagement for the social responsibility of the oral health profession by sharing knowledge and serving people.

And once more it is the first time that the Italian Dental Industries Association, UNIDI unites three fundamental professions, dentists, physicians and pharmacists, in order to give an adequate response to decreasing the burden of Non-Communicable-Diseases, also known as NCDs, and takes on leadership in the search for new perspectives to guarantee better health for people in Africa and in the world. As an FDI leader I need to emphasize on the new definition of oral health presented a bit more than one year ago by the World Dental Federation. Here it is! "Oral health is multifaceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the cranio-facial complex." It is not a

definition for dentists alone. It is a definition for all health professionals and their supporters involved in health promotion and disease prevention and care. It is useless to say that oral health is a core element of general health and it is to keep in mind that oral diseases have been integrated into the conglomerate of NCDs during the High Level Conference of the United Nations in September 2011.

Unfortunately, we have to deal also with another first rank, In the Global Burden of Disease Study published in 2010, out of 291 diseases, "untreated dental caries of adults" is the number one prevalent disease in the world, followed by "severe periodontal disease" #6, "childhood caries" #10, and "edentulousness" #36. And not very much has changed in the updates from 2013 and 2015, if not the fact that Edentulousness is on a rise and moved from #36 to #28. 3,5 billion people suffer from severe oral disease in the world. This is almost half of the global population. The impact of lost chewing function on mental health is described in the literature and, should this trend go on in the years to come the sustainability of dentistry, medicine and pharmacy is in danger FDI, together with its industrial partners, has started to make a difference with its recently released Caries Prevention Partnership and the Global Periodontal Health Project, while ADI is active with its numerous volunteer projects in disaster and remote areas teaching patients as well as colleagues and delivering oral care.

NCDs share common risk factors. Therefore, it is of utmost need that all health professionals and industrial stakeholders are actively involved in inter-professional collaboration to reach the United Nations' Sustainable Development Goal #3 Good Health until the year 2030. Industry will contribute with innovative and smart technologies, artificial intelligence included, politicians will be of assistance to insert health in all policies and oral health cannot be missed as it has come to light that I\$ invested in oral health is saving 3\$ of health expenditure. But the most fundamental ingredient for globally and locally healthy populations is common innovative thinking and acting to make health sustainable in the future.

Together we can have an impact on reaching also other UN SDGs: SDG #1 No Poverty, #2 No Hunger, #4 Quality Education, #6 Clean Water and Sanitation and #10 Reduced Inequalities. Being a dentist, let me pick up clean water. "Water is a fundamental constituent for the organism and for human life" states the WHO. There is no oral health and no health without clean water. Much had been done since the early nineties in terms of availability of clean water. In 2014 the number of world citizens, which had no access to safe water had been downsized to 1,8 billion. However, the 2016 numbers showed again an increase of 200 million people more, means 2 billion, drinking unsafe water. This was due to the decrease of investments in safe water. The question, why this happens considering that 1\$ invested in safe water saves more than 8\$ of the health care budget, remains unclear. Often times a better economic situation goes hand in hand with changes of dietary habits and lifestyle towards the worse. We all shall be involved in raising awareness of oral health and of oral health literacy of our fellow-citizens and allow for healthy lifestyle choices.

Once again, I want to thank UNIDI for uniting professions, forces and interests in a better future life of Ethiopian and African citizens and the people of the world.

Thank you for inviting me and I wish you all fruitful meetings and lots of inspiration from your talks with people and from beautiful Addis Ababa!



70%: Earth or Body Water

Seeberger GK^{1*}, WolfTG², Fulton R³, Frechen RB⁴

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Abstract

This poster shows the results of 4 studies, which use water as the primary factor in the control group.

Group I demonstrates that proper hydration can play an important role in alleviating pain from temporomandibular dysfunction (TMD)

Group 2 demonstrates how proper hydration can play a crucial role in smoking cessation.

Group 3 demonstrates how proper hydration with water and not soda can play crucial role in the health and wellbeing of elderly edentulous patients.

Group 4 demonstrates the effective filtration of the PAUL water filtration unit, and how it can play a crucial and cost effective role in the proper hydration of those who have little or no potable water available for daily consumption.

Introduction

About 4 billion of the world population of 7.5 billion humans are facing severe water scarcity, and more than 2 billion are drinking contaminated water. Water sustains life and health and guarantees industrial development and economic growth. "Clean Water & Sanitation" is the Sustainable Development Goal #6 (SDG #6) of the United Nations and, besides many others to be achieved within 2030, it is fundamental to reach SDG #3 "Good Health and Wellbeing". 70% of the earth's surface is covered with water, 3% are freshwater, but only 0,5% are available for human use: The water footprint for agriculture is 70%; it is 22% for industry and 8% for domestic use. Over



70% of the mass of brain and muscle is water. Health outcomes depend significantly on healthy diet, as well as on water quality and tissue hydration. Will oral health promotion, oral disease prevention and oral health care be sustainable without clean water?

Aim

To observe the oral health and general health benefits and the increase of wellbeing of patients with TMJ problems, smokers, who wanted periodontal treatment and single, edentulous or partially edentulous indigent elderly following a program for adequate hydration in a period of 6 months.

Materials and Methods

I. Twenty-five out of 50 patients with acute arthromyalgia of the TMJ have been instructed to drink > 2 litres of water/day and all 50 had to take 2,25 grams of magnesium pidolate/day/6 weeks.

2. Twenty-five out of 50 patients with chronic periodontitis (smokers) have been instructed to drink > 2 litres of water/day during smoking cessation and avoid any kind of stimulants.

3. Twenty-five out of 50 edentulous and partially edentulous patients aged 75+, but not bedridden, have been instructed to substitute sugary drinks with water and to assimilate \sim 2 litres/day (1-3: Apps for mobile devices were introduced).

4.An Ultra Low Pressure Ultra-Filtration device, eliminating 99,9999% of bacteria and viruses (adenoviruses), has been filled with water used for floor cleaning in a trade fair area. 25 test persons drank the the filtered water.

Results

Gp I: All 25 test persons and 13 patients of the control group have been symptom free after 2 months. After 6 months 5 persons of the test group showed symptoms, but had abandoned adequate hydration.

Gp 2: 84% of the test group and none of the control group stopped using tobacco. Hydration has been considered very helpful during tobacco cessation. 5 exsmokers started smoking again after 2 months, but refrained once they restarted the hydration program. At 6 months 84% of the smokers had quit smoking.

Gp 3: Fifteen test persons have increased their overall health and wellbeing compared to the control group. 7 lowered their blood pressure and reduced the dosage for type II diabetes treatment. All 15 reported reduced articulation pain and less fatigue. 10 test persons affected by mental disease did not ameliorate their mental health status.

Gp 4: None of the test persons reported adverse effects after drinking Ultra Low Pressure Ultra-Filtered contaminated water:





>70% OF ORGAN MASS: WATER

Discussion

The findings of this report in regard of oral and general health benefits and wellbeing following adequate hydration are similar to those found in the literature. Investigating on negative results it has become evident that life-style, mainly stress situations due to crisis-induced circumstances and mental status of patients have caused a priority shift. Clean and safe water production with an easy to transport, gravity driven and cost-effective Ultra Low Pressure Ultra-Filtration device functions in every part of the world. The substitution of sugary drinks goes hand in hand with reduced sugar intake and adequate hydration of tissues. This is very patient sensitive. Elderly with mental handicaps need to be guided by nursing personnel in order to achieve positive outcomes.

Conclusion

It is of utmost need to raise awareness among physicians, dentists, other health care workers and their patients that clean water is relatively easy to deliver in every part of the world and that adequate hydration is relevant in disease prevention, healing processes and determinant for better oral health and general health outcomes. Using filtration and rain water catchment systems a huge impact on the life saving needs of that part of the world which has little access to potable water can be made.

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Cuba's Paradox

Cuba maybe judged poor by material living standards, but its medical sector is a strong demonstration of its wealth in human resources.

The poorer countries of the world continue to struggle with an enormous health burden from diseases that we have long had the capacity to eliminate. Similarly, the health systems of some countries, rich and poor alike, are fragmented and inefficient, leaving many population groups underserved and often without healthcare access entirely. Cuba represents an important alternative example, where modest infrastructure investments combined with a welldeveloped public health strategy have generated health status measures comparable with those of industrialized countries.

In virtually every critical area of public health and medicine facing poor countries Cuba has achieved undeniable success; these include most prominently—creating a high quality primary care network and an unequaled public health system, educating a skilled work force, establishing and sustaining a local biomedical research infrastructure and a biotechnology industry, controlling infectious diseases, achieving a decline in non-communicable diseases and meeting the emergency health needs of less developed countries. For decades Cuba has in fact exported workers, predominantly health professionals, to the developing world as "missionaries for the Cuban Revolution, allowing Cuba to strengthen ties with their host nations, earn hard currency and advance other financial goals of the regime while gaining influence, prestige, legitimacy and sympathy abroad.

A better understanding of the transformations produced in the Cuban public health system over the past 50 years requires knowing, as a starting point, the context prevailing before the triumph of the Revolution in 1959. A single university hospital and medical school existed alongside a dominant private sector and a rudimentary public system. 'Mutual aid' health facilities served employed groups, especially in the cities, while primary care for the poor and rural population was weak or non-existent. A health scenario ravaged by tetanus, diphtheria, measles, whooping cough, polio, tuberculosis and other diseases. Children were suffering from gastroenteritis and respiratory infections, which were the leading causes of death. Infant mortality rate, with no reliable statistical records, was above 60 per 1,000 live births and life expectancy was only 60 years for a population of about six million. By the mid-1960s, the various elements of curative medicine and traditional public health were gradually incorporated into one single structure organized under the Ministry of Public Health. In the early stages emphasis was placed on basic public health improvements, such as sanitation and immunization and medical care was extended to the poor and rural

Cuba's position in the developing world has always been something of a paradox. Its low material living standards and crisis-ridden economy leads to a low per capita income, but Fidel Castro's Caribbean blend of socialism has developed a public health system that places Cuba in another league altogether on human development indexes. After the triumph of the Revolution in 1959. Cuban medicine has made remarkable advances: the development of new drugs, hygiene and sanitary education for the people, the construction of hospitals and polyclinics and free access to medical and oral care for the entire population are some of the key factors.

areas to prioritize care for the most vulnerable groups of society. A system of regional polyclinics and hospitals subsequently evolved, complemented in the 1980s by a reorientation of the entire system toward primary care and the education of large numbers of family doctors. The growing number of professionals in the medical field made it possible to provide primary and preventive care and by the 1990s the strategic goal was reached whereby a team of a family physician and a nurse lived on every block and provided care for 120-160 families. At present there are about 31,000 family doctors, with a total doctor: population ratio of 1: 170.22. In 2013 Cuba reached an infant mortality rate of 5 per 1,000 live births, the lowest in the Americas and basic health indicators are comparable to the achievements of welfare systems in western Europe. Among the factors that contributed to these favorable results are, first, the political will of the revolutionary government to provide free healthcare to all citizens, with a focus on mothers and their children; the existence of a high educational level among the population; and a national vaccination program with a coverage of almost 100 % of children.

In the 1980s millions of dollars were also invested by the Cuban government to foster a scientific area dedicated to the re-

MARKET OVERVIEW

search and development of medical and pharmaceutical products through genetic engineering and biotechnology, as well as a modern pharmaceutical industry. With consistent state support, a robust local infrastructure has been created which now generates significant export income and has been characterized as 'the envy of the developing world'. Production of the first vaccine for meningitis B (late 1980s) and a vaccine for Haemophilus influenzae type b. which for the first time incorporated a synthetic antigen, are two of the most important accomplishments. A recent initiative between a US corporation and the Center for Molecular Immunology in Havana to work jointly on a cancer vaccine reflects the growing international importance of this research.

In 2012 in Cuba there were around 11,466 family doctor offices for primary care as well as 488 polyclinics across the country, the first line of specialty service provision, each serving a population between 20,000 and 60,000; in addition to physician specialists, polyclinics offer more advanced laboratory testing, diagnostic procedures, dentistry and rehabilitation services. Included at the primary care level are services such as 336 maternity homes for women with high-risk pregnancies and 234 senior day care facilities. The next service tier is provided by municipal hospitals. Above this level are the tertiary care specialty hospitals at the provincial level and 14 institutes, the latter carrying out research as well as clinical care in a specific field. All provinces have at least I general, I maternity and I pediatric hospital, and most have more. In all, Cuba has around 215 hospitals, the fewest (4) in Cienfuegos Province. Havana has 45 hospitals. More than 100,000 physicians graduated in the country in the period between 1959 and 2010 (43,088 women). There are thousands of graduates in the areas of dentistry, medicine and health technology. Let us recall that at the time of the triumph of the Revolution, the country had about 6,000 doctors, two thirds living in Havana; of these, 50% emigrated to the United States. The methodological budgets that shaped the Cuban Medical School were also formulated, establishing prevention as a primary concept of the health system, to eliminate the remnants of the old medicine that focused on the disease rather than the patient. For many years now, the overall mortality rate in Cuba has not been the result of the so-called "diseases of poverty", but like in the highly developed countries, of heart diseases, cancer and stroke. The life expectancy of Cubans today is nearly 80 years.

Oral Care - Cuba has just over 11 million residents with universal and free medical and dental care continuously throughout their lives and a social policy that ensures equity in access to services in both rural and urban communities. It has 15 provinces each with a dental school, medical school as well as medical and dental clinics providing all specialties of dental care including fixed prosthetics, implants and orthodontics. Dental school is five years and the program further includes maxillofacial reconstruction of ears and noses for cancer.

Although Cuba's general ability to provide technologically advanced therapies is behind compared to western standards, the nation has developed some surprisingly effective approaches to preventive oral care.

For example, the percentage of caries-free five-year-old Cuban children increased from 30% in 1984 to 55% in 1998, according to the World Health Organization. And between 1973 and 1999, the mean number of carious teeth in 12-year-old Cuban children dropped from 6.0 to 1.4. There have been achievements in adult oral health as well, including oral cancer screenings for 71% of adults over age 60.

Preventive efforts in oral health focus on a network of primary care clinics throughout

this island nation, caring for an average of 700 to 900 residents from cradle to grave. They provide annual dental examinations for all Cubans (twice annually for those under four years old or over 60), pre- and postnatal infant oral health instruction and several annual fluoride mouth rinse treatments for all school-age children.

Regarding purchasing of dental products for the public service, the Cuban Dental Association, in accordance with regional dental associations, determines what dental products are needed and advices the government on product purchases while members of the Cuban Health Ministry make the actual purchases according to state budgetary allowances. This follows through in all specialties including medical and veterinarian medicine. Most dental products and equipment are imported from Germany, lapan, China, Spain, Brazil and Vietnam.

Challenges in oral and general care

- Cuba's National Health System is a socialized system. Almost all facilities are government owned and operated and almost all professionals are government employees. The structure of the Cuban healthcare system is essentially sound but without the resources to flourish. An economic revival would in fact be decisive to its vitality, to sustain the long-term social welfare of the Cuban people. It is now-a-days suffering the restrictive effects of lack of resources because of the economic crisis and modernization of hospitals and other facilities has been slowed, health worker salaries have remained low and stagnant and acquisition of equipment and materials is behind schedule. In some cases, neglect, corruption and negligence also prevail.

Comparable Global Health Indicators

	Cuba	Germany	U.S.A.
Life expectancy at birth (2015)	79.1	81.0	79.3
Healthy life expectancy at birth (2015)	69.2	71.3	69.1
Neonatal mortality rate per 1000 live births (2015)	2.3	2.1	3.6
Under-five mortality rate per 1000 live births (2015)	5.5	3.7	6.5

Source: WHO, world health statistics 2016





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Age-standardized mortality rates by cause per 100 000 population (2012)

	Cuba	Germany	U.S.A.
Communicable diseases	33	22	31
Non-communicable diseases	422	365	413
Injuries	45	23	44

Source: WHO. World Health Statistics 2015

To cite examples, the Latin American School of Medicine (ELAM), founded by Fidel Castro in 1999, is supposed to symbolize Cuba's generosity. The school's mission was to provide free training to medical students from all over the world but these days, as part of President Raúl Castro's attempt to stem his brother's spending, many nations that send students to the school are now expected to pay. The Raúl González Sánchez Dental Medicine Faculty, the Cuban symbol of the oral health system is also on the point of collapse. The budget is tight and dental equipment and materials are often either not available, not working or obsolete. Nonetheless, private medicine is readily available in Cuba to paying foreigners and well-connected locals. The two best hospitals in Havana, Cira García and CIMEX, are run for profit. Both are far better than normal state hospitals, where patients are often obliged to bring their own sheets and food. Health tourism is turning into a growing source of income for Cuba with several official specialist hospitals, clinics, health spas and resorts catering to foreign visitors offering quality medical services. Several are the dental clinics set up for tourists where procedures can cost almost less than a quarter of the price that they would pay back home.

Illegal Clinics - Healthcare is also available on the rising black market in Cuba. Alongside the new restaurants that are opening in the capital, because of Raúl Castro's partial easing of economic restrictions, doctors (whose state salary is around \$20 a month) are now less shy about selling their services for extra income both within general health and oral care. These medical entrepreneurs however run the risk of prosecution.

According to a 2013 report by the Havana Times on the rice of illegal dental work, **Cuba's public dentistry is character**-

ized by generalized corruption, poor services and the migration of specialists and technicians towards the private sector. Though this is by no means unique to dentistry, the fact of the matter is that having teeth worked on has gone from being a free to a paid service. In Havana, according to the report, the cost of a dental procedure can be anywhere from 10 to 300 CUC (the average monthly salary in the country is 18-20 CUC), depending on the complexity of the procedure. Cuba's legislation stipulates that services offered at any dental clinic are completely free of charge. In effect, primary care offered in the more than 200 clinics of this kind around the country is free. However, unless it is an emergency, securing an appointment can be a long and painful process and, no few times, people are forced to lose many days of work because of the many problems that undermine the quality of this service. Long waiting times for appointments, the lack of sterilized instruments or equipment needed for certain procedures and incidents such as loss of power and water supply prevent many Cuban dentistry clinics from offering the public a quality service. Increasingly, patients must line-up outside State clinics in the early hours of the morning to be seen by a dentist, for, as the day progresses, it is not uncommon for supplies to run out and for services to be suspended. Some people continue to avoid going to private clinics for more complex surgical procedures but the situa-

ORAL HEALTH, AT A GLANCE

- Average Prevalence of severe chronic periodontitis among 15 years or older (2010):
 10% or less (most Latin American countries have a higher percentage)
- Incidence per 100,000 population of oral and lip cancer among 15 years or older (2012 estimates) between 2.5 4.9 (U.S.A, Germany, France have higher prevalence, between 5.0-6.9)



Source: FDI, Oral Health Atlas, 2015

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tion is rapidly changing as more and more people are unwilling to go through the disastrous experience of a state clinic and resort to an illegal and costly but effective and prompt private service.

Generally speaking, dentists with private clinics are specialists or technicians from the field who continue to work for the State or guit their day jobs in search of financial improvement. They have clinics with basic conditions at home and no license to operate. In fact, no one is authorized by the government to offer health services privately, as a self-employed professional. Another practice consists of offering dental appointments and diagnostic procedures outside state clinics, in private residences, and conducting the actual surgery in the government institution, using the equipment and supplies there illegally.

Preparation and production of dentures is one of the public services facing the greatest number of problems. Many a time, material shortages lead to long waiting times. Most of the materials used to make dentures are imported and are included under the health services subsidized – and rationalized – by the State. The growing number of specialists and technicians who are leaving their government jobs and gravitating towards the private sector, be it to offer illegal dental services or become involved in other activities, is a growing trend. Similarly, dental technicians who work at state clinics and offer private services illegally make use of the government workshops where they work, using the materials and equipment from these clinics, particularly to make dentures.

Economic model and medical device market - For over fifty years Cuba has been a country with a planned economy, completely controlled by the State. In recent years however, it has started a process of gradual modernization of the economy to respond to the challenges of market globalization and to the demands of society for better living conditions. The current model of economic development, which has given managerial autonomy to state enterprises and a recent cautious opening to private initiatives is the fruit of the decisions of the VI Congress of the Cuban Communist Party (CCP) in the spring of 2011. The socialist

Comparable Workforce (2007-2013)

	Cuba	Germany	U.S.A.
Skilled health professionals' density per 10 000 population	157.8	136.1	122.7
Physicians density per 10 000 population (all specialties)	67.2	38.9	24.5
Dentistry personnel density per 10 000 population (dentists, technicians/assistants and related occupations)	10.7	8.1	
Number of dentistry personnel (2014)	21,032 (estimates)		
Number of dentists (2014)	16,630 (estimates)		
Number of dental technicians/ assistants (2014)	4,402 (estimates)		

Source: WHO, World Health Statistics 2014-2015

model and collective ownership of means of production are the central instruments of the Cuban government's policy. The mentioned CCP congress did not change the socialist model but introduced some elements to "actualizarlo" and modernize it by giving more space to cooperatives and self-employed workers ('cuentapropista'). On April 16, 2016, the VII Congress of the Cuban Communist Party further provided useful indications on the speed of the economic reform process. In this framework, regulations and policies have been adopted by the Cuban government to encourage foreign investments, in particular a Special Development Zone (ZED) has been set up in an area adjacent to the new Mariel port, a new law on foreign investments has been approved and a "portfolio of opportunities" has been created.

In Cuba the importer and distributor of goods and services is the State. To import into Cuba, it is therefore necessary to obtain accreditation from a list of suppliers (Cartera de proveedores) of one of the Cuban public entrepreneurial structures responsible for importing the category of products of interest. This registration should take place once there is a potential interest by the Cuban party to acquire products according to their quality/price ratio.

Consequently, if a company (manufacturer or trading company) decides to enter "directly" into the Cuban market it must necessarily be accredited to the Cuban institutions through a process of document production. Around one hundred large entities concentrate purchases for all public administrations and for the emerging private sector (cuentapropistas and cooperatives). Wholesale and retail distribution is controlled by the state. Therefore, foreign commercial companies can only carry out promotional support activities.

Due to the limited domestic production capacity and the cumbersome import mechanism (almost completely in the hands of state-owned companies), supplies to Cuba may be discontinuous, with consequent operational difficulties also for companies. The limited opportunities to commercialize and sell devices in the Cuban public healthcare system, as well as Cuba's relatively small market, have all likely discouraged companies from greater participation in the Cuban market. However, the processes of gradual updating of the economic model create business opportunities for companies interested in operating permanently in Cuba.

Export growth to Cuba in the near term may be restricted by Cuba's centralized healthcare system, which limits the acquisi-



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Generally speaking,
dentists with private clinics
are specialists or technicians
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their day jobs in search of
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tion of costly, high-value-added devices. The country's limited foreign exchange and the need for favorable financing limit the Cuban market's power to purchase new devices. However, as Cuba has expressed a need for state-of-the-art medical equipment and has identified medical tourism as an area of potential growth, an increase in demand for exports in the longer term appears feasible.

Owing to its limited domestic products, Cuba is highly dependent on medical device imports, more than 40% of which come from Europe, primarily Germany; nearly 30% come from China and Japan collectively. The devices most commonly imported into Cuba include both low-value-added goods, such as syringes, needles and catheters and higher-valued-added goods, such as diagnostic imaging equip-

Cuba: Medical devices, imports by major supplier 2005-14 (million dollars)

	2005	2010	2014
Germany	68.9	10.1	21.5
China	18.3	13.1	13.3
Japan	86.7	7.9	12.6
Spain	6.4	9.7	11.7
Italy	12.9	6.8	11.5
Netherlands	28.4	1.1	2.3
France	5.4	1.2	2.3
South Korea	0.8	1.0	1.7
Sweden	0.1	0.9	1.5
Mexico	0.5	0.2	1.4
United States	0.4	0.0	0.6
All other	15.4	7.0	8.3
Total	244.1	58.8	88.7

Source: GTIS, Global trade Atlas database (Dec. 2015)

Note: Cuban imports are derived from other countries' exports to Cuba, since Cuba does not readily publish detailed trade data. http://cubajournal.co/cubas-medical-device-market-potential-for-u-s-exporters/

ment, dental products, orthopedic devices and hearing aids. Cuba's highly centralized healthcare structure – 94% of healthcare expenditures are from the public sector – may suggest a continued preference for lower-cost technologies that have been historically supplied by China.

Note: statistical information, coverage rates and all data are taken and compared among different sources; however, due to variability of data sources they often vary significantly. As such the article might have some weaknesses such as under-and over-reporting of data.

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The technological evolution of the dental office with Biotech Dental

Introduction

It is important to evaluate the use and value of digital in dental office. Some tools work for new technologies and 2.0 dentistry to make dentist's everyday life easier. These tools such as intra-oral scanners have proven to be reliable options for diagnosis, treatment plans, optical impressions taking but also for the follow up of patients.

Presentation

I have been a customer since 2014, I really like Biotech products and in particular implants Kontact, Smilers, Condor Scan and ATP38. I have a very good and friendly relationship with the entire Biotech team, I really like their professionalism and the bond of trust that we maintain.

Digital in your practice

The technological and digital evolution of my general practitioner's office was fundamental to the development of my activity. Digital is constantly evolving and benefiting from it on a daily basis is a real chance. Being open to digital is essential to practice a modern and high quality odontology.

Your Condor & Smile Experience

I started with Smilers in November 2014. It was a real revolution for my office. As a dentist not specialized in orthodontics, I was able to treat successfully many adult patients trough this new process. Patients love this type of treatment. I was very surprised of the number of adult patients attracted by this treatment. Smilers has a lot contributed to the increase of my turnover. Regarding the Condor, I always believed in this project and today I am very happy to work on a daily basis with this tool.

Your daily life with the Condor & Smilers

Smilers' demand continues to grow





thanks to advertising in my waiting room as videos as word of mouth from my patients allowing me to have always more new cases. The Condor was installed in my office one year ago, I find it interesting to use it both for optical impressions for the prosthesis but also ad a tool for communication an help to the diagnosis. My whole team uses it. Today, the Condor is essential in my activity. I makes patients feel very comfortable and make them become actors of their consultation and their treatment. The Condor is today the most used technology in my business and improve the image of my office.

Your Vision of tomorrow's dentistry?

The dentistry of tomorrow is happening now! Continue to evolve with the new technologies will allow me to have an office completely oriented towards my patients' needs and expectations. I will therefore continue in this digital modernization process to always after global quality service to my patients.

Conclusion

The use of digital technology has many benefits within the dental office. It allows to increase significantly the activity, enhance the image of the office and provide positive patient experience.



Dr Carmine PRISCO

- Graduated in dentistry and dental prosthesis from Università degli studi di Napoli in 1990
- Specialized in conservative dentistry, implantology and prosthesis

from Università degli Studi di Napoli

- Owner of a dental surgery clinic in Salerno (Italy) since 1991
- Focused on Implantology, prosthesis and laser dentistry in this daily clinical practice.

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core corporate values: Caring, Global Teamwork and Continuous Improvement. These values are reflected not only in the quality of our products and the reputation of our Company, but also in our dedication to serving the communities where we do business. As a leading consumer products company, we are also deeply committed to advancing technology that can address changing consumer

needs throughout the world. In fact, our goal is to use our technology to create products that will continue to improve the quality of life for our consumers where they live.

As a successful business, we are focused on achieving the consistent growth required to continue our global success and to make us an even stronger company. We believe this is the best way to

benefit our consumers, our people and our shareholders. We are pleased that you have expressed interest in Colgate-Palmolive, and we invite you to learn more about our company by exploring our website.

Source:

www.colgate.com/en-us/bright-smiles-bright-futures www.colgatepalmolive.com/en-us/about





The international exhibition Bulmedica/Buldental will bring together the world of medicine from 16 to 18 May at Inter Expo Center



Life standard and life expectancy are directly related to the quality of medical services. The international events that offer professionals and leaders in this sector excellent conditions for exchanging ideas, technology, experience and business development appear to be crucial to their development. Being aware of this, the 52nd edition of Bulmedica / Buldental, the specialized Bulgarian international exhibition, will bring together the worlds of medicine and dentistry. This will be held from 16 to 18 May 2018 at Inter Expo Center - Sofia.

For more than half a century, the international forum, which has become a leader in the industry, brings together hundreds of exhibitors and thousands of specialists united by the common interest in the development of medicine and dentistry through the implementation of innovation. The 2017 edition was attended by more than 200 direct companies-exhibitors. Companies from Bulgaria, Italy, France, Russia, Singapore, China, Germany, the Netherlands, Pakistan, Latvia, Turkey, Greece, Romania, Ukraine, Slovenia, Hungary presented over 240 innovations in manufacturing technology, products, medical software, equipment and furnishings.

The last edition was visited by 13 287 experts from Bulgaria, Greece, Hungary, Serbia, France, United Kingdom, USA, Macedonia, Turkey, Spain, Italy, Japan, China, Cyprus. The exhibition is organized under the patronage of the Ministry of Health in Bulgaria and with the support of the professional organizations - Bulgarian Medical Association, Bulgarian Dental Association, Union of Dental Technicians in Bulgaria, Association of Dental Dealers in Bulgaria and Bulgarian Pharmaceutical Union.

10% discount on indoor space only

Upon registration for participation until January 31, 2018 the companies will be able to benefit from a 10% discount on indoor space only. Again, in 2018, the exhibition halls of BULME-DICA will recreate the atmosphere of contemporary furnished medical and hospital facilities by exhibiting plenty of Bulgarian and foreign products. Among them there will be new models of clinical-laboratory and diagnostic equipment, devices, universal and specialized furnishing for healthcare facilities, tools, reagents,

BULMEDICA / BULDENTAL 16 - 18. 05. 2018

BULMEDICA / BULDENTAL is one of the most significant medical exhibitions in Southeast Europe. In 2017 the exhibition once again demonstrated the latest generation of systems, technologies and equipment, unique achievements, best practices of specialists from the global medical community, as well a fruitful business program of events for the benefit of the specialists Generations of doctors and dentists come together to meet and share experience and discuss innovations in their practice.

consumables and other products for treatment. The ever-enlarging forum

BULDENTAL will allow numerous traditional and new companies to exhibit and present to the distributors high-end dental equipment and furnishings, devices, tools, materials and consumables, and much more.

The side-events program - in the focus of the exhibition

Bulmedica / Buldental is an attractive venue for specialists from Bulgaria and abroad also due to its side-events program. Once again, in 2018 it will include numerous corporate presentations, international forums, scientific conferences and live demonstrations. The enormous capabilities of 3D printing for the needs of dentistry have been demonstrated at the 2nd Dental Tribune Conference @ Buldental, which took place in 2017 within the framework of the exhibition. For the young mothers and fathers, a "School for Parents" was organized. Volunteers conducted free diabetes tests, while representatives of the Bulgarian Red Cross National Disaster Response Team (NDRT) demonstrated alpine rescue and transportation of victims with a stretcher.

Presenting innovations; the development and deployment of advanced technologies; the exchange of ideas and professionalism; expanding business and creating contacts. These are the guiding objectives attained by the team of Bulmedica / Buldental in its 50 years of history, and they will be further followed, as well.

Detailed information can be found at bulmedica.bg/en.

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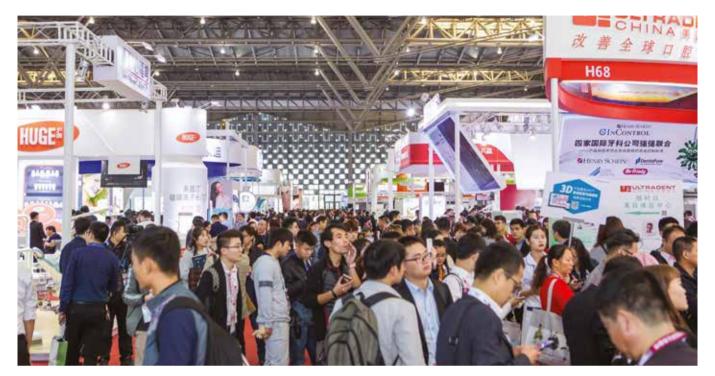


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DenTech China 2018 will be held from October 31 to November 3 at the Shanghai World Expo Exhibition and Convention Center:

DenTech China 2017 Review

Across four exhibition days, DenTech China 2017 attracted a total of 98,500 trade visits from over 58 different nations and regions. Visitors from outside China numbered more than 23%. Attendance from Asia-Pacific and Europe were up significantly in particular. There were 9 official visiting group delegations initiated and organized by national associations from Asia-Pacific nations this year. The representing countries are Philippines, Malaysia, India, Korea, Afghanistan, Cambodia, Turkey, Myanmar and Pakistan.

With more visitors, more business and more international drawing power, DenTech China 2017 has proven even more successful than last time around, impressively underscoring the

event's status as the China's premier trade fair for the international Dental Products Manufacturing industry. From 25 to 28 October, about 800 exhibitors from 25 different countries and regions including Austria, Brazil, Canada, Denmark, Finland, France, Germany, Israel, Italy, Japan, Korea, Liechtenstein, Malaysia, Mexico, Thailand, Pakistan, Spain, Sweden, Switzerland, Singapore, UK, USA, Mainland China, Hong Kong China and Taiwan, China were on hand in Shanghai to showcase their innovations to industrial users from around the world.

Covering the entire value chain of the dental industry, around 200 conference sessions highly anticipated by dentists and has gained the esteemed support from over 200 academic associations, hundreds of stomatology colleges, and hospitals.

DenTech China is organized by Shanghai UBM ShowStar Exhibition Co Ltd, a joint venture company formed between Shanghai ShowStar Exhibition and UBM Asia Ltd. Owned by UBM plc listed on the London Stock Exchange, UBM Asia is the largest trade show organiser in Asia with over 290 events. I,600 people in 25 major cities combine local expertise with a global industry network to provide high-quality events and the best customer experience for event attendees from all over the world. UBM Asia was awarded 'Asia's Most Reliable Trade Show Organiser Award' in Hong Kong's Most Valuable Companies Awards (HKMVCA) 2016.



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This is a key trade fair for the professional who wants to be at the forefront of the technological transformation that the dental sector is experiencing and that will change the way we work in the coming years

Organised by IFEMA in collaboration with FENIN, EX-PODENTAL will celebrate the biggest event yet between 15th and the 17th March 2018 (Thursday to Saturday)

- In conjunction with the technological developments that are promoting innovation and the significant advancement of the dental industry, the next EXPODENTAL, the International Exhibition of Dental Equipment, Products and Services, will be one of the most complete and representative yet. It will showcase the latest, cutting-edge technologies and dental equipment, prostheses, implants and orthodontics, as well as services and solutions, from a constantly evolving sector that is strongly committed to a digital future.

It will be a strategic exhibition that will feature the technological transformation the dental sector is currently experiencing, which makes it an essential date for all professionals involved in the world of oral health. The exhibition is designed for professionals who need to keep up-to-date and informed of the latest techniques and materials that will change the way they will work in the coming years.

And the Exhibition, organised by **IFEMA** in collaboration with the Spanish Federation of Healthcare Technology Companies, **FENIN**, will take place in Halls 3, 5 and 7 at the Feria de Madrid Exhibition Centre (from Thursday to Saturday), once again beating the occupancy record, with a surface area of **21,470 m2**, representing an increase of 10.9% compared to the last edition.



There will be a greater offering of products and technologies to aid professionals in their work with the latest in instruments, techniques, treatments, management programmes, clinical furniture, etc.

In terms of participation, which to date is estimated at **330 companies, 4.4% more than in 2016,** we must highlight the presence of the leading manufacturers and national and multinational industry brands that have chosen EXPODENTAL to present their cutting-edge innovations.

Similarly, the international chapter is also growing, with the participation of 77 companies from 11 countries, which is 16% more than in 2016, and an increase of 14.9% in exhibition floor space.

In addition, the new developments at this year's event will include the design of the **EXPODENTAL** exhibition hall rest areas by the architect **Romina Barbieri.** They will show a range of architectural materials for dental clinics and laboratories using an exhibition format. This will provide information that complements the other exhibits at the Exhibition. It will include different solutions for floors, wall coverings, technical lighting, signs, and decorative furniture, suitable for new clinics or for those that are going to be renovated.

For more information:

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se to 500 exhibitors from all around the world.

"IDEM continues to be the foundation exhibition and scientific conference for dentistry in the Asia Pacific. This year, we are proud to bring delegates an even stronger programme that is dedicated to help them achieve clinical excellence in dentistry. Our collaboration with the Singapore Dental Association has also grown from strength to strength, and we look forward to many more fruitful years of collaboration," said Mathias Kuepper, Managing Director at Koelnmesse Pte Ltd.

The Scientific Conference features thought leaders and experts from both public and private sectors such as Galip Gurel, Madga Feres, Christopher Ho and Andreas Kurbad. Delegates can expect this edition to be more interactive, with digital tools for live polling, and question and answers being integrated into more sessions. Top speakers will also be conducting limited attendance hands-on workshops for delegates to master a new skill in additive dentistry, treating from root to crown or laser dentistry. Exhibition visitors can look forward to our new and improved exhibition halls, which will not only feature close to 500 exhibitors from every sector of the dental industry and 13 National Pavilions but

will also incorporate new hospitality features such as the IDEM Café, Meeting Areas and a VIP Lounge. The IDEM Café - located on level 4 - will offer a comfortable meeting and discussion space for visitors and exhibitors, where they can also get light refreshments.

Not forgetting its roots as a central meeting platform for the dental industry, IDEM has fleshed out its online business matching programme and has upgraded its VIP Buyer programme to create more opportunities for manufacturers, distributors and traders to set up meetings to negotiate new deals and establish working relationships.

Finally, as a special treat and in celebration of our 10th edition, attendees to the exhibition can look forward to the IDEM Happy Hour in the afternoon of Opening Day, where drinks and light refreshments will be made available for all.

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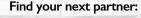
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22-24 02 2018 153rd Chicago Midwinter Meeting

Chicago, IL - USA

Chicago Dental Society 401 North Michigan Avenue Suite 200 Chicago, Illinois 60611-4205, USA Phone: +1 312 836 7300 / 7327 Fax: +1 312 836 7329 / 7339 E-mail: mwm@cds.org Website: www.cds.org

Venue: McCormick Place West Building Level 3, Hall F 2301 S. Indiana Ave. Chicago, IL 60616 USA

www.cds.org

March

28/02-02/03 2018
Siberian Dental Forum
2018 - Dental-Expo
Krasnoyarsk 2018

Krasnoyarsk - Russia

Organised by: Krasnoyarsk Fair Exhibition 19, Aviatorov Street Krasnoyarsk city - Russia Phone: +7 391 22 88 602 Website: www.krasfair.ru/en Email: artem@krasfair.ru Contact person: Marina Yarvant (Head of International Department) Phone: +7 391 22 88 602 Email: yarvant@krasfair.ru Venue: Siberia Expocentre 19, Aviatorov Street Krasnoyarsk City - Russia

www.krasfair.ru/en

01-04 03 2018 Medical Expo 2018 19th International Health Exhibition

Casablanca - Morocco

Oragnized by: BH Events Intersection Moulay Youssef et rue Gustave Nadoud I er etage Casablanca Morocco Phone: +212 522 474 435

Fax: +212 522 940 638 Email: info.medicalexpo@gmail.com

Venue: The International Fair of Casablanca Casablanca - Morocco

www.medicalexpo.ma/web/en



April

04-07 04 2018

Dental South China 2018 - The 23rd Dental South China International Expo

Guangzhou - China

Organised by: Guangdong International Science & Technology Exhibition Company Address: c/o Department of Science & Technology of Guangdong Province, I71 Lianxin Road, Guangzhou, 510033, P.R. China Phone: +86 20 83549150 - 83558271 - 83561174 - 83517102 - 83547321 Fax: +86 20 83549078 - dental@ste.cn www.dentalsouthchina.com Venue: Block C, China Import & Export Fair Complex - Hall 14.1, 15.1, 14.2, 15.2, 16.2, 14.3, 15.3 - Xin Gang Dong Road Guangzhou P.R.China

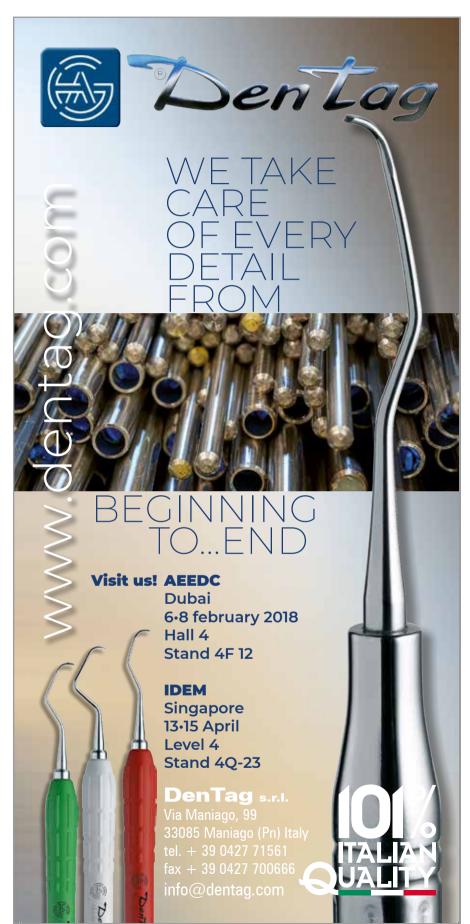
www.dentalsouthchina.com/En

13-15 04 2018 IDEM Singapore 2018 International Dental Exhibition and Meeting Infodent Booth: 4N27

Singapore - Singapore

Organised by: Koelnmesse Pte Ltd 152 Beach Road - #25-05 Gateway East Singapore 189721 -Contact Wyatt Lee (Project Manager) Phone: +65 6500 6700 Email: w.lee@koelnmesse.com.sg Venue: Suntec Singapore Convention & Exhibition Centre Add: 1 Raffles Boulevard, Suntec City - Singapore 039593

www.idem-singapore.com



April

23-26 04 2018 Dental Salon Moscow 2018 - 43th International Dental Forum & Exhibition

Moscow - Russia

Organised by: Dental Expo Postal Address 119049 Moscow, P.O. BOX 27, ZAO "DE-5" Director of Moscow exhibitions: Natalia Khokhlova - rus@dental-expo.com Venue: International Exhibition Center "CROCUS EXPO" - Pavilion 2 Halls 7, Halls 9,10,11 Moscow - Russia

www.dental-expo.com/dental-salon/eng/

15-17 05 2018 Stomatology St. Petersburg



May

15-17 05 2018 Stomatology St. Petersburg 2018 - 21st International exhibition of equipment, instruments, materials and services for dentistry

St. Petesrburg - Russia

Organized by:
Primexpo
24/A, Yakubovicha str.,
St.Petersburg, 190000, Russia
Phone: +7 812 380 6006 /00
Fax: +7 812 380 60 01
Email: med@primexpo.ru
Website: www.primexpo.ru

Dental Expo Moscow, Ulica B. Yakimanka 38A Postal address: I 19049 Moscow, P.O. box 27, ZAO "DE-5" Phone: +7 495 921 40 69 Fax: +7 495 921 40 69 Email: info@dental-expo.com Website: www.dental-expo.com

Venue: Lenexpo St. Petersburg Russia

www.stomatology-expo.ru/?lang=en-GB

June

22-24 06 2018 SIDEX 2018 The 15th Seoul International Dental Exhibition & Scientific Congress

Seoul - Korea, South

Organized by:
Seoul Dental Association (SDA)
Managed by: SIDEX Organizing
Committee
81-7 Songjeong-dong Seongdong-gu
Seoul 133-837, Korea
Phone: +82 2 498 9146
Fax: +82 2 498 9147
E-mail: sda@sda.or.kr
Website: www.sidex.or.kr

Exhibition Venue: COEX (Seoul Convertion and Exhibition Center)

http://eng.sidex.or.kr/#







13-15 APRIL 2018 SUNTEC SINGAPORE

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MEET THE 2018 CONFERENCE SPEAKERS



Galip Gurel



Magda **Feres**



Christopher Ho



Simone Grandini



Lawrence Lau



Magda Mensi



Angelo Mariotti



Marcus Dagnelid



Andreas Kurbad

INTERNATIONAL GUEST PERKS



International Participants to IDEM 2018 will receive a \$20 voucher at Changi Airport. Simply register for IDEM to qualify. (Terms and conditions apply.)



Promotional fares are available for travel to and from Suntec Singapore during show days.



Attractive airfare deals for selected flights are available when booked using IDEM 2018 preferred code.

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