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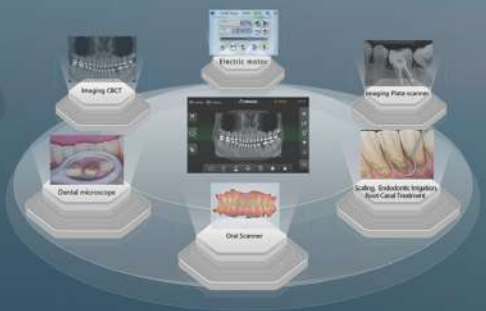

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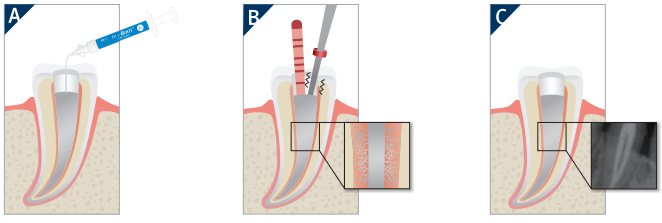

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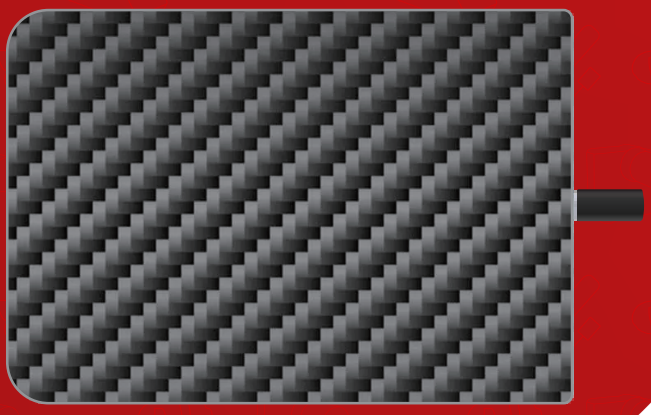

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Geopolitics, A Risk For Businesses?

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We live in a multipolar world, with political tensions and regional conflicts continually threatening international stability. So, it's no surprise that many executives I talk to around the world report that their business has been impacted by unexpected political risks.The impact on resources, logistics, supply chains and public sentiment from the Ukraine war, Washington-China tensions, tariffs uncertainties, and now the escalating Israel-Palestine and Iran conflict have been widely documented, not to mention the numerous conflicts in other parts of the world. Geopolitics is rapidly becoming an unavoidable and dominant risk to running a business. And geopolitical issues are now having an increasing impact on corporate policies. Shifting supply chain relationships, increasing energy prices, and growing nationalistic sentiment are all putting pressure on carefully constructed business global plans.

Since the end of the Cold War, geopolitics have tended to take a back seat to macroeconomic, strategic, and operational concerns. Sustainability had overtaken as the dominant theme in geopolitics. It's no longer the case; we are living in a completely different era today. The risks and challenges created by this increasing geopolitical turmoil are leading to a shift in priorities for businesses. A recent McKinsey Global Survey on economic conditions found that business perception of economic risks have changed, with geopolitical tensions now seen as the biggest threat to economic growth. The outcome is that climate change, and mitigations for it, fall down the list of priorities.

With these risks not going away any time soon, multinational companies need to start baking in geopolitical resilience at a corporate strategy level. Executives do understand that a shift in the global order is under way, however, many have yet to grapple with an important implication: these geopolitical shifts present not only risks to mitigate but also opportunities to seize. Business leaders understandably tend to focus primarily on the downsides of such shifts. Of course, it remains essential to reduce risk and craft response plans to address potential downsides. But even as they improve their resilience to shocks, business leaders should focus on opportunities for risk-adjusted value creation. They should consider tailoring their growth strategies, core business operations, technology, capital asset portfolios, and organizational capabilities with an eye toward thriving and not just surviving. A proactive approach to geopolitics can help companies both safeguard existing operations and capture emerging opportunities in various geographical and industry segments.

This means including considerations and revision of geopolitics strategies. Operationally, brands must build flexibility into their supply chains to accommodate these sudden changes. This can mitigate against lost earnings and set the right conditions for new and innovative business approaches. Such innovation can be beneficial to both the business as well as its sustainable or social impact.

Business leaders who disproportionately focus on the downsides can find themselves paralyzed. Instead, they should be aligning their corporate strategies and capabilities with realities on the ground, finding opportunities in three areas in particular - accelerating growth, optimizing business operations, and developing capabilities and strategies to address global disruption.

As geopolitical conditions change, companies may be able to attract new customers and capture more market share. Commercial acceleration opportunities may emerge when new tariffs disproportionately increase the cost of a competitor's product, for instance, or when new trade agreements make it possible for a company to market to customers who have historically been out of reach.

Current shifts in trade corridors are already reshaping industries. Data shows substantial changes across the top trade routes. Net foreign direct investment (FDI) inflows to China, for example, has declined significantly in recent years, from a peak of $344 billion in 2021 to $51.3 billion in 2023 and further to just $18.6 billion in 2024 — the lowest in three decades. Analysts predict that this redirection of investment will likely accelerate over the next decade. It will be critical for business leaders to monitor where this funding lands.

As geopolitical shocks occur, once-stable, high-growth business segments may falter, while previously overlooked segments may represent new potential. Advertising can help businesses navigate and potentially even thrive during periods of geopolitical turmoil, but it requires a strategic and nuanced approach. While geopolitical instability can create significant challenges, well-crafted advertising can help businesses adapt, maintain customer relationships, and even position themselves favorably. *Infodent International* has long advocated for a more interconnected and informed dental community. As we face uncertain times, this mission is more critical than ever. Collaboration, knowledge-sharing, and innovation will be our collective tools to maintain momentum.

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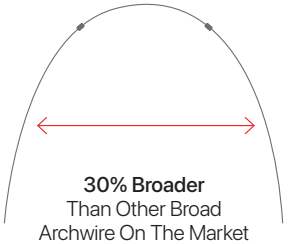

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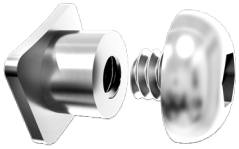

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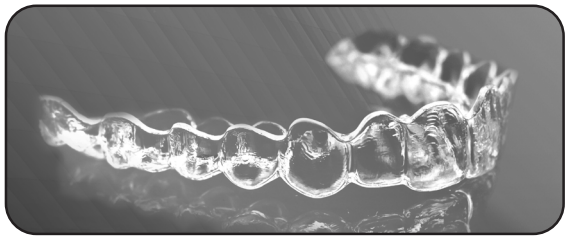

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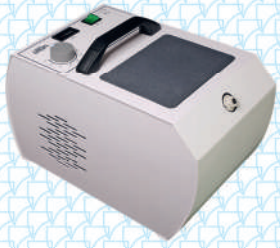

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.Injection temperature: up to 400°C
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2) Sabilex Injection Materials:

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- Flexiacryl, a monomer free thermoplastic acrylic for the making of full and partial dentures. The flexibility you need. Bonds with regular acrylic.
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3) Vacuum sealed ready to use cartridges.

4) Sabilex Marketing and Training Support.

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Andrew Medical, a forward-thinking company, specializes in the research, development, and production of 3D Printed Dental Implants. These implants, crafted from titanium Ti6Al4V-ELI (Grade 5 ELI), boast a root form shape with a dense core and an outer porous layer that encourages bone growth. This design mimics natural bone structure providing a 3D volume, going beyond the ordinary traditional 2D surfaces. The implant's conical connection system and switching platform enhance performance. In vitro studies show that the implant's surface influences bacteria interaction, potentially preventing peri-implantitis and device infections. Its 3D-printed titanium structure promotes Dental Pulp Stem Cell (DPSC) adhesion and osteoconductivity. Tests reveal that its interconnected pores, similar to bone's internal structure, improve cell adherence and osteogenic properties. The surface design and post-production treatments significantly impact DPSC's adhesion and bone-forming potential. Andrew Medical provides these advanced implants along with a comprehensive range of instruments and accessories.

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DenTag srl is proud to announce the opening of our representative office in Dubai (UAE), in collaboration with the Italian Chambers of Commerce Abroad – Italian Industry & Commerce Office in the UAE.

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- Dedicated commercial support
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D-LUX+ is a high performance dual-wavelength Cordless LED Curing Light. Built and designed with the highest quality and durability, its dual-wavelength can efficiently, effectively and uniformly polymerize all light-cured dental materials. At its maximum light intensity output of 2,400mW/cm2, it can complete all restorations safely and efficiently.

Benefits
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- Dual-wavelength with 4 LED lamps can efficiently polymerize all dental materials
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Its new "brushless" induction motor extends its useful life between 5 and 10 times compared to traditional models, with an innovative double filter system optimized for work in the dental laboratory. It can be mounted with HEPA filter. It easily adapts to the laboratory furniture, filling a minimum space. In addition, the ergonomic design facilitates its use and mobility.

The electronic control with LCD screen is equipped with protection systems against overloads or obstructions in the suction mouth and with a visual indicator of the filter filling level and the detection of the micromotors.

It allows manual or automatic operation synchronized with up to 3 different devices (sandblasters, micromotors, etc.). The detection and adjustment of micromotors is carried out by the electronic control itself, which allows detecting any micromotor, including those of the "brushless" type.

Dimensions: (H) 585 x (W) 210 x (D) 500 mm – 17 kg – 750 W.

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DigiPort G - Freedom is in your hands...

NEW LIFE RADIOLOGY

New Life Radiology is proud to present its **new Portable X-Ray Gun Type DigiPort G, CE/MDR Certified**. The FIRST Made in Italy X-Ray Portable Solution, **the ONLY European** available Portable X-Ray Solution, with **UNIQUE** technical features which make DigiPort G an **UNIQUE** device in the whole dental world.
0.3mm focal spot, **KV (60/70) mA (2.5/3.5) both selectable**, **DAP** (dose area product) indication after each exposure, available in two versions (***human and VET***), **only 0.0007 mGy/H leakage dispersion**, 2.8" wide colour touch LC screen, target Angle 12°, **only 2.1 kg weight, over 500 images** with a full charge, full charged in just one hour, automatic shut down function and much more. Available also special dedicated configurations for a wall or mobile (on wheel) installation.

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TCS

TCS, Inc. is a dental manufacturing company dedicated to providing dental laboratories with exceptional quality of resins and equipment, allowing for the most reliable, functional, and uncompromising aesthetic restorations for patients with missing teeth.

TCS proudly manufactures all products in-house in the USA and monitors and reviews its quality through the implementation of an effective Quality Management System based on ISO 13485 standards.

TCS offers three resilient, high performing resins to choose from: Unbreakable™ (nylon based) & iFlex™ (polyolefin based) ideal for flexible partials, available in 4 translucent pink shades and natural (whiteish). As well as, Karadent™ (microcrystalline polymer) ideal for full dentures, clear clasps and frameworks, available in 2 translucent pink shades and crystal clear.

Additionally, TCS offers a variety of injection units and accessories for every size lab and budget. TCS resins are packaged in vacuum sealed cartridges that include patient care instructions and delivery bags.

whatsapp: +1 (562) 212-6876

▶ **www.tcsdentalinc.com**
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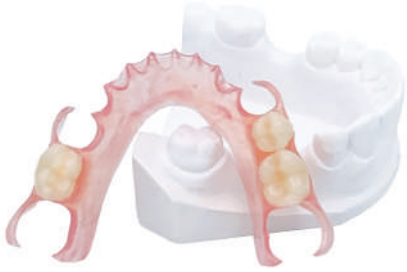

TITAN STEAM CLEANERS | Professional use

REF. **100202**

TITAN 8 is the first option **(ref. 100202)**.
Distilled Water is loaded directly into the boiler.

TITAN AUTOFILL (ref. 100203) it also has a pump to suck distilled water from an external bottle.

- ✓ Made of stainless steel with high quality components.
- ✓ Digital pressure switch.
- ✓ Full and lack of water indicator.
- ✓ Connection cable with built-in differential switch.
- ✓ Drain tap with safety lock.

Specifications: 100202 and 100203

Height 36 cm	Width 27 cm	Depth 42 cm
Power 2200 W	Voltage 220 V, 50/60 Hz	
Pressure 8 bar	Weight 12,5 kg	Boiler 3 L

REF. **100203**

Aditional Information: 100202, 100203

They are supplied with the following accessories:

- ✓ Power cord with built-in protection.
- ✓ Fine and long replacement nozzle.
- ✓ Replacement safety cap and 2 gaskets.
- ✓ Funnel and measuring cup (300 ml).

In models with direct connection to the water intake:

- ✓ Necessary hoses for water inlet/outlet connection.

Ref. 100202	Ref. 100203
✓ Manual filling.	✓ Manual filling. ✓ Autofill without previous cooling **(external bottle).**

Video explanation

ANODIZING UNIT

The anodizing unit for titanium is a simple device that allows you to process titanium dental elements quickly, easily and economically. The results are comparable to products belonging to a much higher category.

- ✓ Corrosion resistance.
- ✓ Wear resistance.
- ✓ Better adhesion and surface finish.
- ✓ Less release of metal ions.
- ✓ It works with a solution of water and sodium bicarbonate.

Specifications

Dimension: 207 x 245 x 160 mm • Weight: 2,73 kg
Voltage: 10~65 V • Power supply: AC220~240 V, 50/60 Hz
Power: 100 W • Anodizing time: 5 seconds

Solution of water (600 ml) and sodium bicarbonate (20 g)

Appearance:

The anodic layer can be colored with different shades, giving the titanium a more attractive appearance than the original taupe.

REF. **100295**

Video explanation

MESTRA
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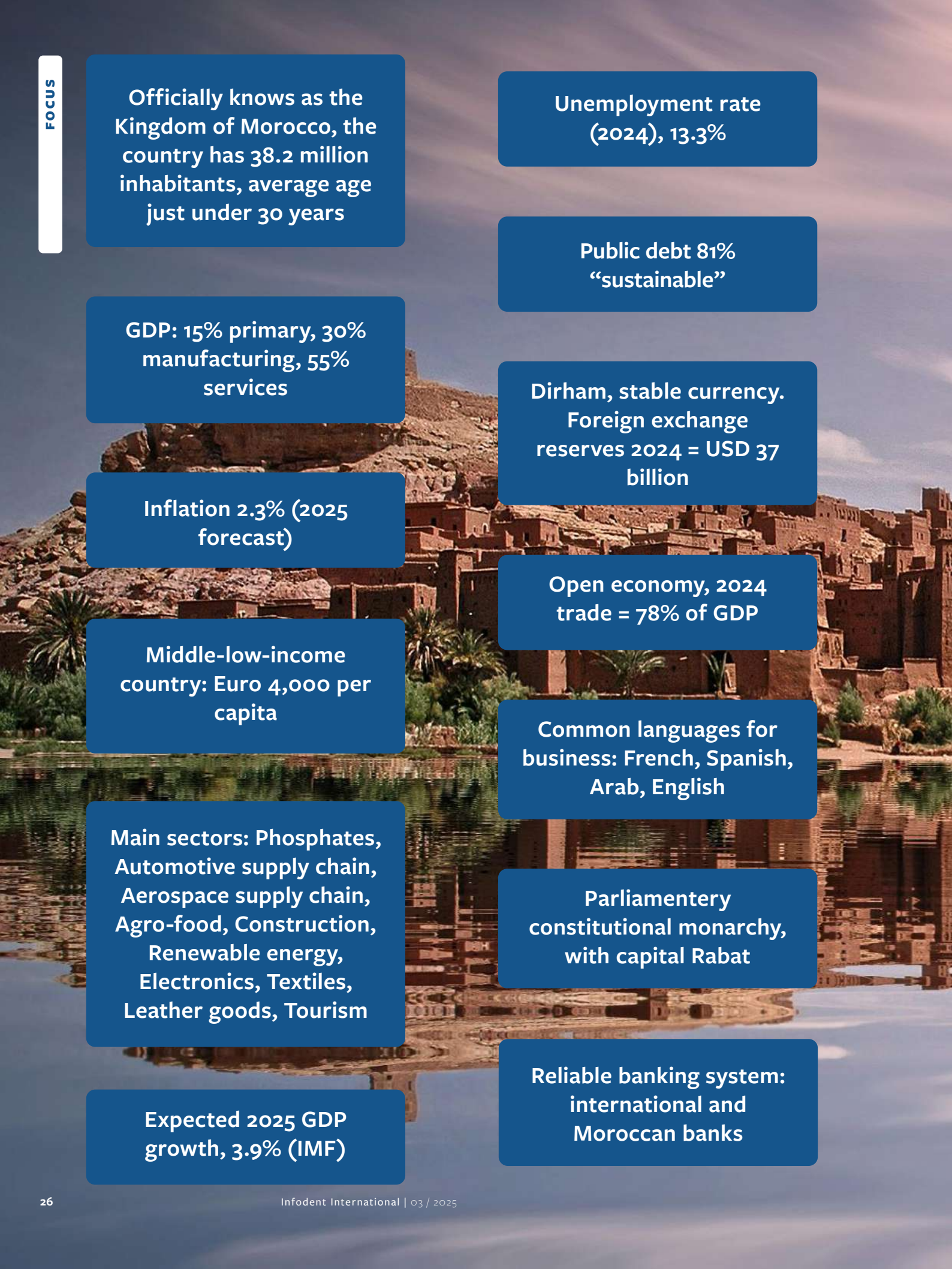
info@mestra.es - www.mestra.es
48150 Sondika (SPAIN)



Officially knows as the Kingdom of Morocco, the country has 38.2 million inhabitants, average age just under 30 years

Unemployment rate (2024), 13.3%

Public debt 81% "sustainable"

GDP: 15% primary, 30% manufacturing, 55% services

Dirham, stable currency. Foreign exchange reserves 2024 = USD 37 billion

Inflation 2.3% (2025 forecast)

Open economy, 2024 trade = 78% of GDP

Middle-low-income country: Euro 4,000 per capita

Common languages for business: French, Spanish, Arab, English

Main sectors: Phosphates, Automotive supply chain, Aerospace supply chain, Agro-food, Construction, Renewable energy, Electronics, Textiles, Leather goods, Tourism

Parliamentery constitutional monarchy, with capital Rabat

Reliable banking system: international and Moroccan banks

Expected 2025 GDP growth, 3.9% (IMF)

Morocco
"Gateway to Africa"

Important hub, for its strategic geographical position, to Europe, West Africa and the Atlantic route, Morocco is a country poor in natural resources and raw materials but with huge intangible resources such as art, history and culture. Rich in savoir fair, artisan tradition, skilled negotiators, architects, doctors, designers, important universities and with its own national banking network. From agricultural country, Morocco has transformed itself into an industrial and soft power hub, a continuously growing economy, with strong prospects for development and modernization towards European levels.

3′
Reading time

Silvia Borriello
Editorial Director
silvia.borriello@infodent.com

At the confluence of Europe, Sub-Saharan Africa, and the Middle East, Morocco seeks to transform itself into a regional business hub by leveraging its geographically strategic location, political stability, and world-class infrastructure to expand as a regional manufacturing and export base for international companies.

Morocco works towards productive diversification and actively encourages and facilitates foreign investment, particularly in export sectors like manufacturing, through positive macro-economic policies, trade liberalization, simplification of the regulatory framework, investment incentives, and structural reforms. The Government of Morocco implements strategies aimed at boosting employment, attracting foreign investment, and raising performance and output in key revenue-earning sectors, with an emphasis placed on value-added industries such as renewables, automotive, aerospace, textile, pharmaceuticals, outsourcing, and agro-food industry. As part of the Government's development plan, Morocco continues to make major investments in renewable energy and is on track to meet its stated goal of 52% total installed capacity by 2030. The New Development Model, an overarching plan for economic reform released in April of 2021, lays out the country's ambition to increase the share of renewable energy in total energy consumption from 19.5% in 2021 to 40% by 2035.

According to the United Nations Conference on Trade and Development's (UNCTAD) World Investment Report 2022, Morocco attracted the ninth-most foreign direct investment (FDI) in Africa in 2021. France, the United Arab Emirates, and Spain hold a majority of FDI stocks. **Nonetheless, Morocco's proximity to the European continent makes it a strategic partner, with 63% of its exports and 50% of its imports coming from the EU.**

Its total interchange (Imports + exports) is worth 112 billion Euros with Spain as first trade partner, followed by France, China, the US, Germany and Italy. Morocco continues to orient itself as the "gateway to Africa," and expanded on this role with its return to the African Union in January 2017 and the launch of the African Continental Free Trade Area (CFTA), which entered into force in 2021. In June 2019, Morocco opened an extension of the Tangier-Med commercial shipping port, making it the largest in Africa and the Mediterranean; the government is developing a third phase for the port which will increase capacity to five million twenty-foot equivalent units (TEUs).

Tangier is connected to Morocco's political capital in Rabat and commercial hub in Casablanca by Africa's first high-speed train service. However, weak intellectual property rights enforcement, inefficient government bureaucracy, corruption, and the slow pace of regulatory reform remain challenges. In 2022, Morocco introduced a series of reforms to strengthen its anti-money laundering and counter terrorist financing legislation, regulations, and criminal penalties to address the weaknesses identified when Morocco was placed on the Financial Action Task Force's (FATF) "grey list" of countries subjected to increased monitoring due to deficiencies in anti-money laundering and terrorist financing compliance in 2021. As a result of these reforms, in February 2023, Morocco was taken off the FATF grey list.

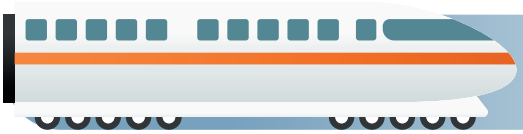
Morocco has ratified 72 investment treaties for the promotion and protection of investments and 62 economic agreements, including with the United States and most EU nations, that aim to eliminate the double taxation of income or gains. **These treaties and agreements support Morocco's goals to develop as a regional financial and trade hub, providing opportunities for the localization of services and the finishing and re-export of goods to markets in Africa, Europe, and the Middle East.**

Imports €70 billion	Main supplier countries: 1-Spain, 2-China, 3-France, 4-USA, 5-Turkey, 6-Germany, 7-Italy
Exports € 42 billion	Main export countries: 1-Spain, 2-France, 3-Germany, 4-Italy

FOCUS ON INFRASTRUCTURES

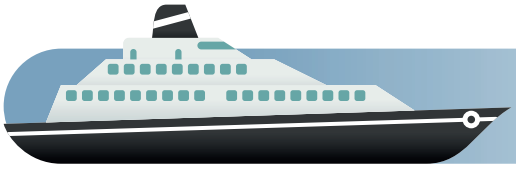
ROAD NETWORK

1,800 km of highways



TRAIN

1st high-speed train in Africa (Tangeri-Casablanca)



PORT NETWORK

34 cargo and tourism ports. Tanger Med 1st container port in the Mediterranean. Over 10 million processed containers in 2024

AIRPLANE

18 international airports. Casablanca 1st Hub Europe-Africa

Medical Market - The healthcare industry is a growing sector, full of opportunities for future investment. The government remains the primary healthcare provider since 70% of the population uses public hospitals. According to data from the U.S. Department of Commerce, the Moroccan medical device market is estimated at $236 million, with $191 million in imports in 2021. **China, Germany, and the United States supply the majority of the equipment, with increasing competition from Italy, Turkey, and South Korea.** The Moroccan government plans to develop emergency and mobile hospital units, for which the Ministry of Health will issue multiple tenders over the next five years. Notably, the government has prohibited the import or sale of second-hand or refurbished medical devices and equipment per a February 2017 law, to improve equipment quality.

Opportunities and Challenges in the Middle-Term

Morocco hosts the Africa Cup of Nations in 2025 and the Football World Cup in 2030. New season of investments and infrastructure construction sites (5-6 billion USD).
Railways: modernization and electrification of the national network and extension of the high-speed network (Morocco leads infrastructure growth in Africa: USD 8 billon, 2040 Strategic Plan).
Renewable energy: first African country for competitiveness in the renewable energy sector, among the most promising for the development of the green hydrogen industry.
Automotive: among Africa's main exporters.
Water management: campaign to create new desalination plants and for the interconnection of water basins.

Morocco, A Transforming Health Sector

8′
Reading time

As in many health systems, the COVID-19 pandemic revealed the weaknesses of the health system in Morocco, particularly of its social protection networks. Before the crisis, the country struggled to implement Universal Health Coverage actions for many years. In the aftermath of the pandemic, a window of opportunity opened for structural reform, not only following the global recommendation to "Build back better" but also due to a rising national political will to significantly transform the health system. Over the last years, Morocco took historical actions, one related to generalizing health insurance for the whole population and the second to launch a structural health system reform, aiming to improve accessibility and the equitable distribution of care throughout the country, to enhance quality and safety of health services.

Morocco's healthcare system is a mix of public and private services, with the public sector playing a dominant role, primarily providing services through public hospitals and clinics. **Regardless of nationality or administrative situation, every individual is entitled to free access to basic public health services in public primary health centers**. Specialized care often requires referral to provincial, regional, or university hospitals. **Although 85% of supply is provided by public hospitals and 15% by private centers, spending remains unbalanced. In 2022, the public system accounted for only 40% of healthcare spending, while the private sector accounted for 60%**. In Morocco, the "basket of care" refers to the range of health services covered by **mandatory health insurance (AMO) and the Medical Assistance Plan for the Economically Disadvantaged (RAMED) – now merged into a unified health insurance scheme, AMO-Tadamon. The social protection and public healthcare system provides coverage for all those who seek care for sickness, maternity, invalidity, and retirement. Those who are incredibly needy, have access to the Medical Assistance Scheme, which is based upon the principles of national solidarity and social welfare. Even those who cannot contribute any money towards the scheme benefit treatment offered in public healthcare centers**. These services provide access to basic medical care, including preventive and curative care, particularly those related to the state's priority programs, pregnancy and childbirth, hospitalization and emergency services. The specific services included in the basket are subject to reimbursement within the framework of the respective insurance schemes. Occupational diseases and accidents at work are not covered. Even if Morocco is working towards universal health coverage (UHC), it still faces challenges in terms of financial sustainability, efficiency, and equitable access to care with people often having problems in receiving care, and with challenges in accessing secondary and tertiary care. **The state formarly covers between 70%- 90% of healthcare costs, with the remaining portion being paid by the patient out-of-pocket (cost sharing), however, government coverage can vary, and there may be limitations in terms of equipment, staffing, and infrastructure, particularly in rural areas, leaving many reliant on out-of-pockets payments or private insurance**.

Expected to be fully implemented by 2025, the universal health coverage systems (UHC) is one of the main reforms introduced in the health sector, supported by health Insurance schemes, offering subsidized healthcare to all residents regardless of income.
In 2002, just 17% of Morocco's population was covered by health insurance. That year, the government began its healthcare reform process to achieve universal healthcare. **Morocco's Contributory Health Insurance Scheme, *Assurance Maladie Obligatoire* (AMO), was launched in 2005 to provide comprehensive healthcare coverage only for formal public - and private- sector employees.**
Launched the same year, the *Régime d'Assistance Médicale* (RAMED), was designed to provide health insurance for those outside the formal employment, especially the poor, those with disabilities, and the elderly; a social health insurance program designed to ensure access to care for vulnerable and low-income populations, for those who

Compulsory Health Insurance (AMO):
Mandatory health insurance system, designed to provide basic health coverage for citizens in the following categories:

- **AMO for Workers**:
specifically covers salaried employees, both in the public and private sectors, and their dependents.

- **AMO-General**:
a more encompassing term that refers to the overall AMO system, including the various categories of beneficiaries, such as workers, self-employed individuals, and others covered by the mandatory insurance

Medical Assistance Plan for the Economically Disadvantaged (RAMED):
Medical Assistance Scheme designed to ensure access to care for vulnerable and low-income populations, for those outside the formal employment, especially the poor, those with disabilities, and the elderly. Based upon the principles of national solidarity and social welfare. Even those who cannot contribute any money towards the scheme benefit treatment offered in public healthcare centers.

Since 2022

AMO-Tadamon

United under one platform, AMO-Tadamon is the basic mandatory health insurance that combines the benefits and coverage of both the former RAMED (medical assistance for the poor) and AMO (Compulsory Basic Health Insurance) programs, providing healthcare coverage for all citizens. This new program allows beneficiaries, including those previously under RAMED, to access both public and private healthcare facilities, a significant change from the previous system where RAMED beneficiaries were largely limited to public facilities.

AMO-Tadamon covers services to insured persons and their dependents, including medicines, doctor's consulations, preventive and curative care, maternity care, medical treatment for children under 12, chronic diseases, diagnostic tests, X-rays, hospitalization, outpatient surgery, and basic dental and optical treatments. It also ensures public hospital visits are free. The program is designed to be inclusive, with the state covering contributions for individuals who cannot afford to pay, ensuring that everyone has access to healthcare.

couldn't pay fees for their medical care. Based on the principle of national solidarity, RAMED was implemented in 2011, then extended in 2017. A non-contributory scheme, under the RAMED program, households with incomes less than MAD 300 (USD 34) per person per month (including those with no incomes at all), are eligible for free health insurance. Those with monthly per-person incomes of MAD 300–600 (USD 34–68) are eligible to purchase health insurance in accordance, based on their income. RAMED beneficiaries can receive subsidized or free healthcare not subject to caps on coverage.

Originally, AMO beneficiaries could use both public and private facilites under the health insurance scheme. Contrary to RAMED beneficiaries who could receive subsidized or free healthcare but were only eligible to receive it at public hospitals, raising concerns about the existence of a two-tier healthcare system. Additionally, the expansion of the program, without a corresponding increase in public healthcare resources, resulted in an overburdening of public hospitals.

In 2022, in an effort to reduce some of the burdens on public health facilities, and to achieve universal healthcare under a single system, the government launched the AMO-Tadamon program, a new platform that merges the existing RAMED and AMO programs into one. The 11 million beneficiaries of RAMED were transferred to the newly consolidated scheme and now benefit from the same health coverage as those in the formal sector, but are not required to contribute towards it. Importantly, this new program allows RAMED patients to receive subsidized care from private healthcare institutions, instead of only being allowed to use public facilities.

The AMO-Tadamon is part of the Government's broader effort to expand healthcare coverage. Despite its expantion, challenges remain, including a significant number of uninsured individuals not enrolled in the program, and high out-of-pocket expenses for those who are insured, potentially creating barriers to access for some individuals. In spite fo the big progress, a quarter of Moroccans still don't have medical insurance. According to a report by the Morocco Economic, Social, and Environmental Council (CESE), in 2024, 4 in 5 Moroccans reported to have medical insurance. That's up from less than 3 out of 4 in 2020. The insurance plan aims to include everyone – especially low-income groups – with new systems created to make it easier for people to join. But there remain problems. **Out of 8.5 million uninsured, 5 million aren't signed up. Another 3.5 million are signed up but don't receive benefits. Even those insured pay half of their medical costs out of pocket, twice what the WHO recommends**. Many skip treatment because it's too expensive. Meanwhile, some insurance programs are financially struggling. The AMO-Tadamon plan is stable, but others are losing money. For example, the self-employed workers' plan (AMO –General) has a 72% deficit. Additionally, most health spending goes to private clinics, not public hospitals. As private care can cost five times more than public care, this puts pressure on the system's finances. In addition to expanding healthcare plan options, the government has also worked on improving hospitals and making public healthcare more accessible.

The Health Insurance System is financed by a combination of employee and employer contributions and government financing. Employees in the formal sector contribute one to four percent of their incomes, depending on whether they already have private health insurance coverage.
AMO-Tadamon is managed by the National Social Security Fund, known as Caisse Nationale de Sécurité Sociale (C.N.S.S.). Under the new system, employed individuals make contributions via a single unified payment, which covers tax, social security, and healthcare obligations, and is called the "contribution professionnelle unique (CPU)." Contribution amounts are based on income and range from MAD 300 to 3,600 (USD 29 to 352). Within its first six months of existence

in 2006, AMO enabled 3.5 million Moroccans to access health insurance for the first time. **Since the establishment of these programs, Morocco has witnessed a significant increase in healthcare coverage. The percentage of citizens with coverage grew from 15% in 2005 to 78% in 2022. However, because there was not a correlated improvement in healthcare resources, particularly in rural areas, the impact of these reforms has been somewhat limited**. Many beneficiaries reported challenges accessing hospital care and high rates of out-of-pocket payments. It remains to be seen if consolidating AMO and RAMED (through the AMO-Tadamon), thereby allowing all beneficiaries to access private health resources, in addition to the public clinics, will alleviate some of these challenges. These reforms have been greatly facilitated by developing a unified social registry (Registre social unifié – RSU), launched in 2019. The Minister of Health and Social Protection has noted that the RSU allowed for the effective targeting of families and has enabled the extension of coverage to needy segments of the population.

Since the start of the COVID-19 pandemic, Mo rocco has received over $4 billion in aid from domestic and international sources to bolster its healthcare infrastructure and curb the spread of COVID-19. **Upgrading public hospitals is a national priority, as well as public-private partnerships to support healthcare infrastructure and scientific research**. Morocco is also pushing to develop self-sufficiency/local manufacturing of drugs, vaccines, and PPE such as masks, gloves, gowns, overshoes, and head coverings.
The main hospitals and clinics are located in the larger cities such as Rabat, Casablanca and Tangier. The public sector runs over 2,689 primary health care facilities, 159 public hospitals and there are over 14,300 physicians in the public sector, according to data by the US Department of Commerce. There is also a separate healthcare system solely dedicated to the military, with six hospitals and a medical center. **The Moroccan government has several multi-year plans to strengthen the current healthcare system through the development of new hospitals, increasing the number of doctors and nurses in training, and opening the market to private investment**. To accelerate the sector's reformation, the government budget to the healthcare sector reached around MAD 30.7 billion (USD 3.4 billion), a 9.1% increase in 2024, to primarily focus on enhancing the healthcare infrastructure across the country, expecting to have a positive impact on healthcare accessibility and quality throughout Morocco.

Although the country has both public and private health facilities, private hospitals are preferred owing to long ques and lower quality medical care experienced at the public healthcare facilities. The private sector healthcare market on the other hand is growing rapidly with more than 400 private hospitals and clinics, heavily concentrated in the Casablanca-Settat and Rabat- Salé-Kénitra regions, and over 14,500 physicians. Until 2015, the healthcare sector was largely dominated by the public sector, only licensed doctors and practicing physicians were permitted to own private clinics. But a change in legislation and policy has opened up the possibility for foreign individuals to establish private clinics in an attempt to attract foreign investment, to address the shortage of healthcare resources, particularly in underserved areas, and to improve the overall quality of healthcare services.

The Moroccan healthcare system is in fact grappling with a pronounced lack of resources, particularly in terms of human personnel. **Presently, Morocco has between 27,600-28,892 physicians, a ratio of around 7.8 doctors per 10,000 inhabitants (the WHO recommends a minimum of 23 doctors per 10,000 inhabitants). More than half of these doctors work along the Casablanca-Rabat axis, underscoring a significant disparity between urban and rural areas**. In addition, about 270 rural municipalities find themselves in a state of critical medical isolation, denoting their location more than an hour away from a hospital facility. Among these municipalities, 160 are classified as priority, encompassing roughly two million inhabitants. In this context, several e-health services, such as telemedicine and electronic health records, have been developed to improve healthcare access and efficiency. **Standing out as one of the few countries in Africa and the Arab world, Morocco has established a regulatory framework outlining the rules for telemedicine practice**. Numerous initiatives have emerged, particularly within the public sector, such as the National Telemedicine Initiative launched in October 2018, with the aim of covering 80% of medical deserts (the 160 sites classified as priority) by 2025. Nevertheless, despite the concerted efforts, there remain challenges to overcome in order to make strides and achieve the objectives set forth by the Moroccan healthcare system. Among the challenges, non-communicable diseases (NCDs) are increasingly prevalent, posing a significant health burden, accounting for over 80% of deaths in Morocco. The prevalence of risk factors for NCDs, such as tobacco use, unhealthy diets, and physical inactivity, is also high in Morocco.

Global Comparison

	Morocco	Worldwide	EU
Life expectancy at birth, years	73.2 (men) / 77.6 (women)	70.9 (men) / 75.8 (women)	
Annual public health spending, per inhabitant	199.21 USD	1,234.59 USD	
Public health spending as percentage of GDP	5.7%	9.9%	
Hospital beds per 1,000 inhabitants	0.7	3.3	5.3
Doctors per 1,000 inhabitants	0.73	1.71	4.12
Direct access to tested and always available drinking water	75% [87% via springs and wells within a 30 min. max distance or supplied drinking water]	78%	97%

Source: worldata.info - Unless otherwise stated, data corresponds to information from the WHO Global Health Workforce Statistics, UNICEF State of the World Children program, Childinfo, the Global Health Observatory Data Repository and the OECD.

Oral Health, A Pressing Concern

2′
Reading time

Oral health demands serious attention in Morocco.Tooth sensitivity affects more than half of Moroccan adults, with 36% of Moroccans aged five and older experiencing untreated dental caries, and nearly one in five people over 15 suffering from severe periodontal disease. Despite these statistics, many go without treatment, unaware of the risks that poor oral hygiene poses to overall well-being.

The Moroccan healthcare system struggles with the management of health and oral care data and information. Official government statistics might not always provide a precise breakdown, limiting the country's ability to make informed decisions, monitor healthcare quality, and plan healthcare strategies. Thus, oral care data vary according to diffferent soruces.

Oral care in Morocco is partially covered under the mandatory health insurance (AMO) scheme. Specifically, AMO covers costs for 80% of the National Reference Rate for oral care. This means that while not fully comprehensive, a significant portion of the costs associated with oral care is reimbursed for those enrolled. However, only routine, preventive and emergency care are covered by health isurance with the majority of the population relying on public dental services, especially in more rural parts of Morocco, resulting in public healthcare services being overcrowded and underfunded. For this, an increasing number of patients are turning to private clinics for higher-quality care and more advanced treatments. This has led to a rise in private dental clinics, particularly in larger cities. The divide between public and private healthcare access creates a gap in the quality and availability of care. Although dental care in Morocco is generally affordable compared to Europe, the cost of certain treatments, particularly cosmetic and orthodontic procedures, can be prohibitive for some segments of the population. Dental insurance is still not widespread, and many Moroccans cannot afford private care or treatments not covered by the public health system. This limits access to higher-quality services for a significant portion of the population. Morocco is positioning itself as an attractive destination for dental tourism, especially for patients from Europe and other African countries. The combination of lower costs for treatments and high-quality care, especially in cities like Casablanca, Rabat, and Marrakesh, makes Morocco a growing hub for dental tourists. The Moroccan dental industry is regulated by the Ministry of Health, and dental professionals must adhere to the standards set by the Moroccan Order of Dentists. This includes ongoing education and certification to maintain professional standards. However, there are occasional challenges related to enforcement of regulations, especially in the private sector, where some unlicensed or poorly regulated clinics may be operating.

Per capita current health expenditure in PPP, int$ (2019)	**425 int$**
Per capita expenditure on dental healthcare (US$)	**2.3 USD**
Total expenditure on dental healthcare in million (US$)	**82 USD**
Total productivity losses due to 5 oral disases in million	**US$ 452 million**

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

Prevalence of Oral Diseases

Prevalence of untreated caries of deciduous teeth in children 1-9 years (%)	**44.4**
Prevalence of untreated caries of permanent teeth in people 5+ years (%)	**36.0**
Prevalence of severe periodontal disease in people 15+ years (%)	**19.7**
Prevalence of edentulism in people 20+ years (%)	**10.3**
Lip and oral cavity cancer number of new cases, all ages, total population (2020), est.	**731**
Lip and oral cavity cancer, incidence rate (per 100 000 population), total pop.	**1.8**

Source: World Health Organization, Oral Health Country Profile WHO/UCN/NCD/MND/MAR/2022.1 (Data source: Ferlay et al. Global Cancer Observatory: Cancer Today. International Agency for Research on Cancer: Lyon, France; 2020.)

Number of Dentists	4.855 - 5.174
Dentists per 10 000 population (2019)	1.4
Number of Physicians	27,600-28,892
Physicians per 10 000 population	7.8

Oral Health Interventions as Part of Health Benefit Packages (2021)

Coverage of the largest government health financing scheme (% of the population)	60
Routine and preventive oral health care	Yes
Essential curative oral health care (including non- surgical extraction and drainage of abscesses)	No
Advanced curative oral health care (including resin composite and dental amalgam including x-rays, complex fillings, root canal treatment)	No
Rehabilitation oral health care (including crowns and bridges, dentures, orthodontics, dental implants)	No
Implementation of tax on sugar-sweetened beverages (SSB)	Yes

Source: World Health Organization, Oral Health Country Profile WHO/UCN/NCD/MND/MAR/2022.1
Inclusion of oral health interventions in public Health Benefit Packages: The extent to which oral health interventions are included in the largest government health financing scheme. The term "largest" is defined as having the highest total population eligible to receive services, while the term "government" is defined as including any public sector scheme for health service provision, including coverage for groups such as the general population, public sector employees and/or the military. (Data source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021.)

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

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

Source: World Health Organization, Oral Health Country Profile WHO/UCN/NCD/MND/MAR/2022.1
Note:"Generally available" refers to reaching 50% or more patients in need whereas "generally not available" refers to reaching less than 50% of patients in need.(Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.)

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“No Health Without Oral Health: The Historically Missing Tooth in Global Health Policy”

Gerhard Konrad Seeberger
FDI Past President

The 2025 Sustainable Development Goals (SDG) Progress Report, released just days ago, confirms a consolidated figure: while there have been notable gains in reducing child mortality, improving access to essential health services, and responding to pandemics, SDG 3 - “Ensure healthy lives and promote well-being for all at all ages” - is being slowed down by a persistent, systemic blind spot: oral health.

Despite policy frameworks and global declarations, oral diseases continue to be excluded from mainstream global health strategies, leaving billions behind.

The SDG Report highlights uneven progress and lingering disparities in access to care, particularly among vulnerable and marginalized populations. Yet oral diseases, affecting nearly 3.7 billion people worldwide, remain absent from the central narrative. This omission is not just a policy oversight; as noted in articles by Benzian et al. (2011) and Benedetti et al. (2014), it is a case of political neglect.

The Bangkok Declaration, released in November 2024, advocated for elevating oral diseases as a global public health priority and sent a clear message to global leaders: “There is no health without oral health.” Endorsed by dozens of countries and major health organizations, the declaration sought to integrate oral health as a core element of Universal Health Coverage (UHC). It underscored the undeniable links between oral conditions, such as periodontal disease and dental caries, and systemic diseases, including diabetes, cardiovascular diseases, cancers, mental disorders, and other NCDs.

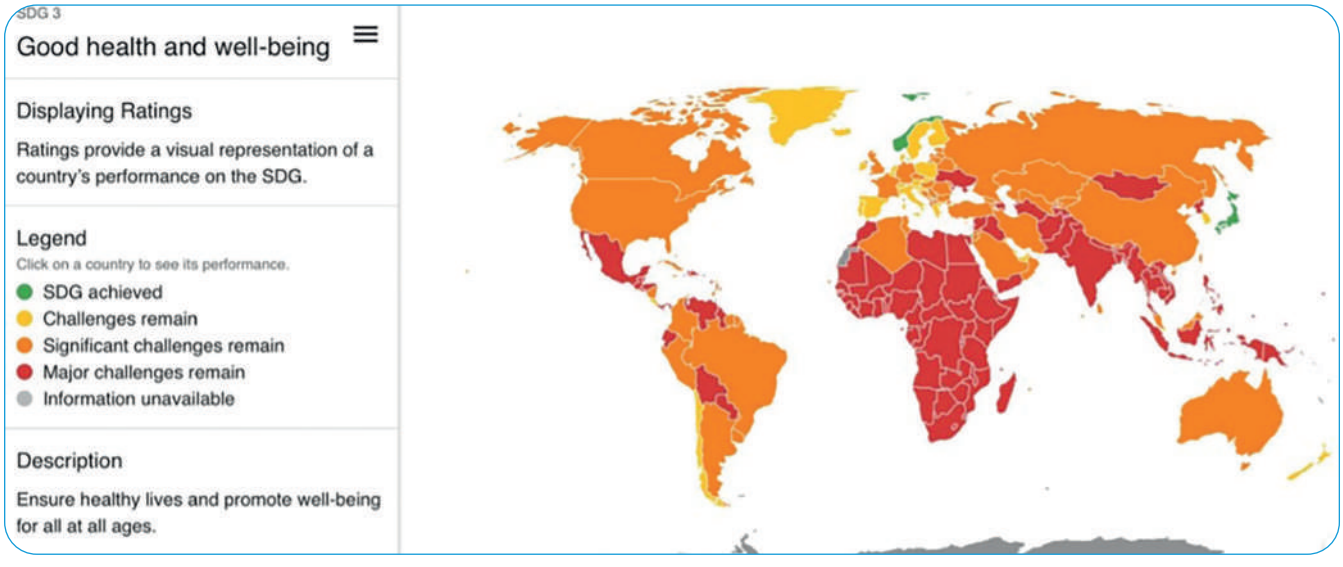
Unfortunately, in most parts of the world, oral public health is still largely understood as the treatment of oral disease, rather than its prevention.

In the zero draft of the 4th UN High-Level Meeting (HLM) on Non-Communicable Diseases, scheduled for September 2025, oral diseases are once again absent. This glaring omission directly contradicts the WHO Global Oral Health Action Plan (2023–2030), which called for the integration of oral health into broader NCD strategies. The disconnect between global commitments and actual political follow-through underscores the urgent need for structural change. This is no longer a question of knowledge or funding, as shown by the results of the 6th German Oral Health Study, it is a question of political will.

In 2018, following the 3rd UN High-Level Meeting on NCDs, the global health community rallied around the 5x5 Approach: five major NCDs (cardiovascular disease, cancer, chronic respiratory disease, diabetes, and mental health), and five key risk factors (tobacco use, unhealthy diet, harmful use of alcohol, physical inactivity, and air pollution). Yet the implementation of this strategy never fully materialized. Even then, voices within the FDI World Dental Federation were already calling for a more inclusive 6x6 Approach.

Not only has the 5x5 Approach fallen short, but it is now no longer sufficient. The time has come to expand to a 6x6 Approach, adding oral diseases as a major NCD and poor oral hygiene as a modifiable risk factor. Oral hygiene should be recognized not only as a local issue, but as a systemic health determinant. This revision would reflect current scientific understanding, acknowledging oral inflammation as both a consequence and contributor to systemic disease.

Political leaders must understand that excluding oral health from NCD frame-



works perpetuates health inequity, limits cost-effective prevention, and undermines Universal Health Coverage.

Despite advances in global health infrastructure, digital health, and artificial intelligence (AI), the prevalence of oral diseases has increased continuously over the last 35 years. Did dentists fail? Absolutely not. In fact, the prevalence of oral diseases has remained nearly constant relative to global population since 1990. This stubborn, unchanging ratio reveals a global health system that treats symptoms but ignores underlying causes. Billions live with untreated oral disease, disproportionately the poor.

The stagnation in oral health outcomes results from persistent political neglect, underfunding, a lack of trained professionals where there are no dentists, and an oversupply of practitioners in some regions who at times do more harm than good. Crucially, oral health remains excluded from primary care services.

One clear opportunity for transformation lies in interdisciplinary training. If dentists were better trained in endocrinology – to be understood as the 'mathematics of medicine' - and if NCD specialists were more informed about oral-systemic connections, health outcomes could be radically improved. The bidirectional relationship between periodontal disease and diabetes is well-documented. A deeper, shared understanding could enhance prevention and management strategies across disciplines.

While the prevalence of oral disease has remained static, the prevalence of diabetes has increased by approximately 25% globally since 1990, despite improving care approches. This divergence shows how neglecting oral health can mute gains in broader NCD prevention. Had oral health been taken seriously as a pillar of NCD prevention, the global disease burden might look very different today. Integrated care models, earlier detection of systemic disease, and cost-effective prevention could have become the norm—reducing suffering and long-term costs.

What's missing is not knowledge, not money, but political courage.

The upcoming UN HLM on NCDs must end the treatment of oral diseases as peripheral. Heads of state, health ministers, and UN agencies must act on the evidence that already exists.

This means:

- Oral diseases must be explicitly included in global NCD frameworks and declarations,
- Investment must be made in integrated training for health professionals, especially at the intersection of endocrinology and oral health,
- Primary oral healthcare must be scaled up as part of UHC,
- And funding for national oral health strategies must align with the WHO Global Oral Health Action Plan.

If SDG 3 is to be achieved, the enormous policy gap around oral health must be closed. As the Bangkok Declaration reminded us, there is no health without oral health. Continuing to ignore this reality is not only short-sighted, it is unjust.

The world does not need more declarations. It needs implementation. The 6x6 Approach must be adopted. Oral health must be embedded into every layer of the NCD response. Only then will we begin to make meaningful progress toward true, universal health for all, with the dentist not just as a specialist for teeth, but as a physician for people.

Rimini Expodental 2025 Undersecretary of Health Hon. Marcello Gemmato Opens the ANDI Economic Outlook: A Look at the Evolution of the Italian Dental Profession

The traditional appointment with the Economic Outlook on the Dental Profession by the ANDI Research Center (ANDI-National Association of Italian Dentists) was opened by the Undersecretary of State for Health, Hon. Marcello Gemmato. He was joined by the Director General of Health Professions and Human Resources of the National Health Service at the Ministry of Health, Mariella Mainolfi, and the President of Federfarma, Marco Cossolo.

Aspirations, visions, and needs of different generations and territories in a dental field that is evolving and changing. A snapshot of the profession, analyzed by generational groups and geographical areas, supported by real-world data collected through an annual survey administered by the ANDI Research Center to its members, and cross-referenced with data from ISTAT and the national pension system.

The 2025 Economic Outlook of the Dental Profession, covering the year 2024, is based on a representative sample of ANDI's 28,000 members, who account for well over half of all practicing dentists in Italy.

After an introductory speech by ANDI National President Carlo Ghirlanda, the core of the analysis was presented by the Coordinator of the Research Center, Roberto Calandriello.

The social context in which Italian dentists work, treat patients, and operate is defined by significant and fast-paced demographic and economic changes. Declining birth rates and an aging population are well-established phenomena. Today's—and especially tomorrow's—patients have and will have specific needs and challenges. It is also worth noting that nearly 10% of the Italian population over the past 35 years is made up of foreigners.

Although Italy is the world's eighth-largest economy by GDP, its growth rate remains persistently stagnant. The main reasons include deindustrialization, stagnant wages, and the lingering effects of the economic crises of 2008, 2011, and 2020.

The 2025 Outlook for 2024 paints a generally reassuring picture: a professional landscape that is alive with change, driven lar-

gely by innovations introduced by dentists under the age of 45. Notably, the organizational structures within which dentists operate are undergoing rapid transformation.

The traditional solo-practice model continues to decline, affected by demographic aging, economic burdens, and bureaucratic pressure. A "flight from ownership" is underway.

For the first time, the outlook breaks down findings by generation, acknowledging the distinct characteristics of each age group. These generational differences should guide efforts to prevent conflict and foster collaboration in a shared professional space—a "common home" that gives identity to the collective dental profession, united under ANDI and the professional Order.

Costs are rising. Consequently, professional fees are increasing—but in a measured and responsible way, and at a slower pace than costs. Revenues are increasing as well, thanks in part to a rise in the number of procedures, regardless of the size of the dental practice.

The income distribution among dentists is shifting upward. Thus, **2024 can be seen as a year of stabilized, though softened, recovery**. Performance slightly declined compared to 2023, a year of broad recovery following the stabilization of 2022. During the COVID-19 years (2020–2021), only the highest-earning practices weathered the storm well.

Territorial effect: Working in the North-East leads to 63.7% higher earnings on average than in the South and Islands; in the North-West, the increase is 55.6% (25.6% in the Center), due to better economic conditions and higher living costs. A similar pattern applies to provincial capitals, which see 6.7% higher income compared to other municipalities.

Gender effect: Male dentists earn 31.7% more than female dentists under equivalent conditions—highlighting the issue of the glass ceiling in the country.

Age effect: The older the dentist, the higher the income—mainly due to practice ownership. When controlling for practice type, the income gap with younger professionals is reduced but still present. Dentists aged 56–65 earn 39.0% more on average than their younger counterparts, likely reflecting the benefits of experience and established patient networks.

Practice model effect: Practice ownership has a major impact. Compared to associate-only dentists, sole owners earn 147.6% more, and those who are both owners and associates earn 117.5% more.

Legal entity effect: Practices operating as professional companies (STP) or limited companies (Srl) yield better revenues - +47.0% and +45.1%, respectively - than sole proprietorships. Each additional practice in which a dentist works contributes to a 7.5% increase in revenue.

No statistically significant income effect was found from working in central versus peripheral locations, nor from being a second-generation dentist.

For more information on the study
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Vietnam

► **www.videc.vn**

AUGUST 2025

▧ 22-24 / 08

HKIDEAS 2025

14th Hong Kong International Dental Expo and Symposium

▧ HONG KONG, HONG KONG

Organised by: Hong Kong Dental Association
8/F., Duke of Windsor Social Service Building
15 Hennessy Road, Wanchai
Hong Kong
Phone: +852 2528 5327
Fax: +852 2529 0755
Email: info@hkideas.org

Congress Secretariat:
T: +852 6663 9375
E: hkideas@conferenceprohk.com

Venue: Hong Kong Convention and Exhibition Centre
Hall 3FG
Hong Kong

► **www.hkideas.org**

SEPTEMBER 2025

▧ 09-12 / 09

FDI 2025 - CDS 2025

Annual World Dental Congress

▧ SHANGHAI, CHINA

Organised by:
FDI – World Dental Federation
Address: Chemin de Joinville 26, 1216 Geneva Switzerland
Website: www.fdiworlddental.org

CSA – Chinese Stomatological Association
Address: No. 18 Zhongguancun South Road, Haidian District, 100081 Beijing, China
Website: www.cndent.com

Registration: fdiregistration@cndent.com
Abstract: wdcas2025@cndent.com
Conference Secretariat: int@cndent.com
Speaker Management: fdiwdc2025@cndent.com
Booth booking and Sponsorship: susu.chen@reedsinopharm.com

Venue: NECC - National Exhibition & Convention Center
Shanghai - China

► **https://2025.world-dental-congress.org/En**

SEPTEMBER 2025

18-20 / 09

EAO-SFPIO joint meeting

32nd Annual Congress

MONACO, MONACO

EAO Congress organisation and scientific secretariat office
8 rue de Ventadour,
75001 Paris
France
Phone: +33 1 42 36 62 20
Email: eaocongress@eao.org

Contact: Vincent Laudun
eaocongress@eao.org
+33 1 42 36 62 20

Venue: Grimaldi Forum
10 avenue Princesse Grâce
98000 Monaco

► **https://congress.eao.org/en**

SEPTEMBER 2025

22-25 / 09

Dental Expo Moscow 2025

MOSCOW, RUSSIA

Organised by: DentalExpo
Phone: +7 499 707 23 07
Email: info@dental-expo.com

Contacts:
Maria Sanial
International affairs manager
international@dental-expo.com

Venue:
Crocus Expo IEC, pavilion 2, exhibition halls 5, 7, 8
Address: Moscow region, Krasnogorsk district, Krasnogorsk, st. Mezhdunarodnaya, 18, Metro station "Myakinino"

► **https://en.dental-expo.com/**

SEPTEMBER 2025

25-27 / 09

ESCD 2025

22nd Annual European Society of Cosmetic Dentistry Meeting

SEVILLA, SPAIN

Organised by: ESCD
1A Louis Pasteur St., sector 5
Bucharest, Romania
Phone: +40 21 317 58 64
Email: contact@escdonline.eu
Web: escdonline.eu

Venue: Silken Al-Andalus Palace
Sevilla
Spain

► **www.escdonline.eu/seville-2025/**

TRADE SHOWS CALENDAR

OCTOBER 2025

▧ 09-11 / 10

Pragodent 2025

30th Annual of International Dental Fair

▧ PRAGUE, CZECH REP.

Organised by:
ABF, as
Delnicka 12, 170 00, Prague 7
Czech Republic
E-mail:pragodent@abf.cz
Phone: +420 724 122 084

Mgr. Michaela Volna
Trade fair manager
Phone: +420 724 122 084
E-mail:volna@abf.cz

Venue: PVA Expo Praha
Exhibition Center
Address: Beranovych 667, 199 00,
Prague 9
Czech Republic

► **https://pragodent.eu/en/index/index**

OCTOBER 2025

▧ 09-11 / 10

CADEX 2025

9th International Dental Exhibition

▧ ALMATY, KAZAKHSTAN

Organised by: Dental Forum Ltd.
050051, Republic of Kazakhstan,
Almaty, Dostyk Ave., 248B office 105

Phone: +7 707 9501 112
Email: koordinator@cadex.kz

Contacts:
Saule Nursapaeva (General manager)
Email: manager@cadex.kz
Phone: +7 707 823 5367

Venue: ATAKENT Expo
Timiryazev Str.
Almaty, 050057
Kazakhstan

► **https://cadex.kz/en/**

OCTOBER 2025

▧ 16-18 / 10

Dental World 2025

25th Edition

▧ BUDAPEST, HUNGARY

Organiser: Event Organizer Hungary Kft.
Address: Kuny Domokos St. 9.
1012. Budapest, Hungary

Phone: +36 30 472 0030
Fax: +36 1 202 2993
Email: info@dentalworld.hu
Website: www.dentalworld.hu

Contacts:
Leonard Laczkó
Email: leonard.laczko@dentalworld.hu

Venue: Hungexpo Fair Center
Budapest, Hungary
Albertirsai út 10, 1101

► **https://dentalworld.hu/**

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TRADE SHOWS CALENDAR

OCTOBER 2025

▧ 16-18 / 10

WOCON 2025

Annual Session

▧ HONOLULU, USA

Pacific Coast Society of Orthodontists
401 North Lindbergh Boulevard
St. Louis, MO 63141-7816
Phone: +1 415 441 2410
Phone: 888 242 3925
Fax: +1 415 441 5683
Website: www.pcsortho.org

Contact person:
Ms. Callie Castro, PCSO Executive Director
Email: ccastro@aaortho.org

Venue: Hilton Hawaiian Village
Honolulu, Hawaii
USA

► **www.pcsortho.org**

OCTOBER 2025

▧ 23-26 / 10

DenTech China 2025

28th China International Exhibition

▧ SHANGHAI, CHINA

Shanghai Informa Markets ShowStar Exhibition Company Limited
29/F, K11 Atelier, 300 Huai Hai Road Central,Huangpu District
Shanghai, 200021
China

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Sandra.shen@informa.com
Visiting
+86 21 6157 3941
Jeffrey.feng@informa.com
Conference
+86 21 6157 3923
Cassie.sang@informa.com

Venue: Shanghai World Expo Exhibition and Convention Center
Shanghai
China

► **https://comunicadhoc.it/go/dentech**

NOVEMBER 2025

▧ 07-08 / 11

Tecnodental Mediterraneo

▧ CASERTA, ITALY

Organised by: PROMUNIDI Srl
Viale Enrico Forlanini, 23
20134 Milano
Italia
Phone: +39 02.700612.1

Contacts:
Emanuele Basile - Sales Manager
e.basile@unidi.it
+39 02 70061230

Venue: Il Tarì S.C.P.A.
Loc. Pozzobianco zona A.S.I.Marcianise
Zona Industriale Asi Sud Marcianise,
81025 Caserta
Italy

► **https://tecnodentalmediterraneo.it/**

NOVEMBER 2025

▧ **14-16 / 11**

IDEC 2025

4th Indonesia Dental Exhibition & Conference

▧ JAKARTA, INDONESIA

Organised by:
Koelnmesse , Indonesian Dental Association (PDGI) and PT. Traya Eksibisi Internasional

Contacts: (International Sales)
Sheena Tock
Phone: +65 9818 3219
Email: sheena.tock@koelnmesse.com.sg

Shalini Padman
Phone : +65 9227 0579
Email : shalini.padman@koelnmesse.com.sg

Venue: Jakarta Convention Center
Jakarta
Indonesia

► **www.indonesiadentalexpo.com**

NOVEMBER 2025

▧ **20-22 / 11**

56th SIDO Int'l Congress

▧ FLORENCE, ITALY

SIDO - Società Italiana di Ortodonzia
Via P. Gaggia, 1
20139 Milano Italy
Phone: +39 02 5680 8224
Fax: +39 02 5830 4804
Email: segreteriasido@sido.it, scientific@sido.it
Website: www.sido.it

Venue: Fortezza da Basso
Florence
Italy

► **https://56sidocongress.sido.it/it**

NOVEMBER 2025

▧ **26-29 / 11**

SEPA 2025

Federación Iberopanamericana de Periodoncia

▧ BARCELONA, SPAIN

Organised by: Spanish Society of Periodontics and Osseointegration
C/ Antonio Lopez Aguado 4 · Bajo Dcha
28029
Madrid
Phone: +34 91 3142715
Email: sepa@sepa.es

Venue: CCIB
Barcelona
Spain

► **https://sepa2025.es/**

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► **www.smartmedicalfair.com/stand/h5p1boz2218**

NOVEMBER 2025

26-29 / 11

ADF 2025

The French Dental Association Annual Meeting

PARIS, FRANCE

Organiser: Association Dentaire Francaise
22 Av de la Grande Arnée
75 017 Paris
France
Phone: +33 1 58 22 17 10
Email: adf@adf.asso.fr
Website: www.adf.asso.fr

Venue: Palais des Congrès
Add: 2 place de la Porte Maillot
75017 Paris
France

► **www.adfcongres.com/en**

NOVEMBER 2025

28 / 11 - 03 / 12

GNYDM 2025

101st Annual Session

NEW YORK, USA

- Meeting Dates: November 28th - December 3rd
- Exhibit Dates: November 30th - December 3rd

Greater New York Dental Meeting
200 W. 41st Street, Suite 1101
New York, NY 10036
Tel: +1 212 398 6922
Fax +1 212 398 6934
E-mail: info@gnydm.com
Website: www.gnydm.com
Exhibits Manager: Ms. Carla M. Borg
E-mail: exhibits@gnydm.com

Exhibition venue: Jacob K. Javits Convention Center
11th Ave b/w 34th & 39th Street
New York, NY 10001, USA

► **www.gnydm.com**

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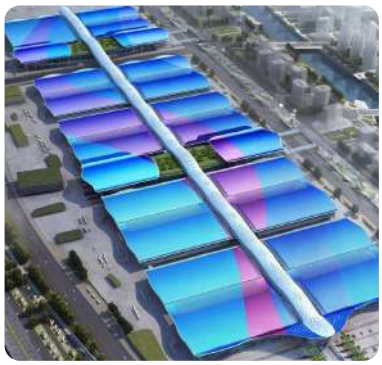
DECEMBER 2025



03-05 / 12

SDHE 2025

Shenzhen International Dental High-Tech Expo

SHENZHEN, CHINA

Contact: Shenzhen Asia-Pacific Dental High-Tech Expo Secretariat
Guangzhou Rihui Exhibition Service Co,.LTD.
Ms. Joanna Guo
Email: szdentalexpo@163.com
Cellphone & Wechat: +86 18825066285

Venue: Shenzhen World Exhibition & Convention Center
Shenzhen
China

► **www.szdental.com.cn/index.php**

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Oral Health Screenings at Christel House, Ottery, Cape Town. *Develop Dental* – Focusing on Oral Health Education and Nutrition

Develop Dental is a registered Non-Profit Organisation determined to eradicate oral diseases and reduce the prevalence of dental decay by increasing the awareness of Oral Health among children, youth and their families. We focus on empowering children and youth in under-resourced communities to make healthier choices concentrating on nutrition, health education and personal development.

Dental decay remains the most common chronic disease worldwide. Develop Dental was established in 2017 to reduce the ever increasing rate of dental decay that has reached epidemic levels in South Africa.

Successful outreach and awareness programmes have established our dedicated footprint that will take us far and wide into the communities of South Africa, helping to increase oral health knowledge and education, as well as nutrition. Under-resourced communities have benefited immensely from the oral health campaigns rolled out to schools and centres. Together with our partners, we have begun turning the wheel of change where oral awareness is concerned.

Our organisation has also started a bursary program where aspiring Dentists and Oral Hygienists in under-resourced communities, have the opportunity to further their studies and give back to their community.

The establishment of Develop Dental a Non-Profit Organisation (NPO) and Public Benefit Organisation (PBO) aligns itself with the ethos of "helping a child forges a great nation."

info@developdental.org
www.developdental.org

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