inews
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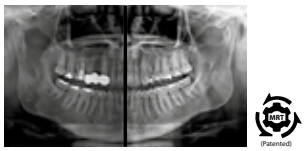
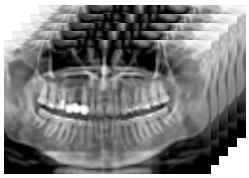
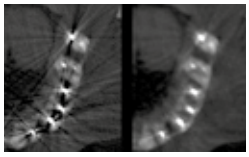


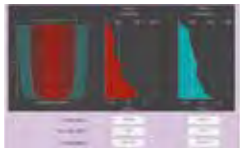
2D FOCUS FREE
One-click PAN examination with MRT (Morphology Recognition Technology) and automatic optimal focussing system, with 2D PiE (Panoramic Image Enhancer) filters to maximise 2D image yield in an automatic and selective manner.



MULTIPAN
Features designed to allow users to extract and analyse 5 different panoramic images from a single scan and select the one that best highlights details of clinical interest.



3D SMART
(Streak Metal Artifacts Reduction Technology) The 3D SMART function reduces typical metal-caused artifacts from 3D images, thus lessening the presence of shadows and streaks.



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Over the years we have witnessed, acquired, learned and gained experience working with international associations, schools, institutions, the media, trade fairs, congresses and enterprises, adding over time new publications.

Through our press office and travelling personnel we have created long-standing connections and content-based synergies with scientific and trade associations, trade show organizers, chambers of commerce and health ministries in most countries around the world. We collect reliable and quality information, we search, double check, compare data and we travel the world to participate at congresses and trade exhibitions, round tables, press conferences and all sorts of industrial and scientific gatherings to get as much knowledge and know-how as possible, building a network of meaningful connections. Our contents focus on news, regulations and novelties in the international dental market with the intent to enhance awareness among our readers on the social and political aspects of the different markets to better approach different business environments; we make deep research, using many different sources, to give our readers accurate and in-depth outlooks on world markets; previews and post-show reports on international exhibitions as well as latest products highlights; company profiles of dental companies and much more. In a world where consumers are more savvy, more demanding and more empowered than ever, we have tried to engage and inspire customers through quality content that is informative, innovative, entertaining and valuable, creating a highly targeted publication, free and unbiased.

We've been hearing for decades now that print is dead. And the debate over whether this is true will probably continue however, in these days of 140-character tweets, instant messages and texts, we believe print gives customers something to sink their teeth into. You can discuss topics at greater length and give readers something to hold onto for more than a few fleeting seconds. The reader can sit back and enjoy the reading in privacy, without being invaded by targeted digital ads being served up in real-time based on your browsing history or digital footprint. Since print is now considered "non-traditional," it's certainly the perfect medium to capture — and hold — attention! Mobile provides consumers on the go with short snippets of relevant news whilst tablets allow readers to manipulate the content in beautiful ways by touch to scroll and swipe seamlessly. We believe it's safe to say that print and digital will always co-exist together and we, at *Infodent International,* are working on this, to create a point of difference between our on-line and printed versions. Over the years we have chosen quality and hard work and we'd like our consolidated reality to be an opportunity of growth for us and our readers, sure to celebrate all together the next twenty-five years!

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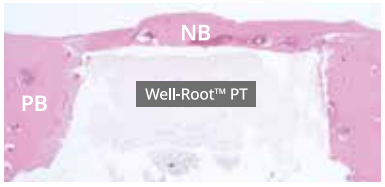

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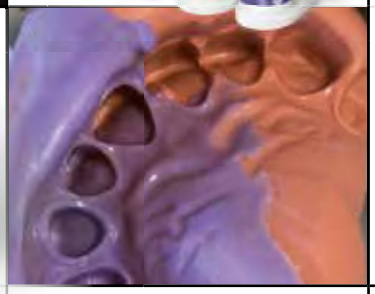

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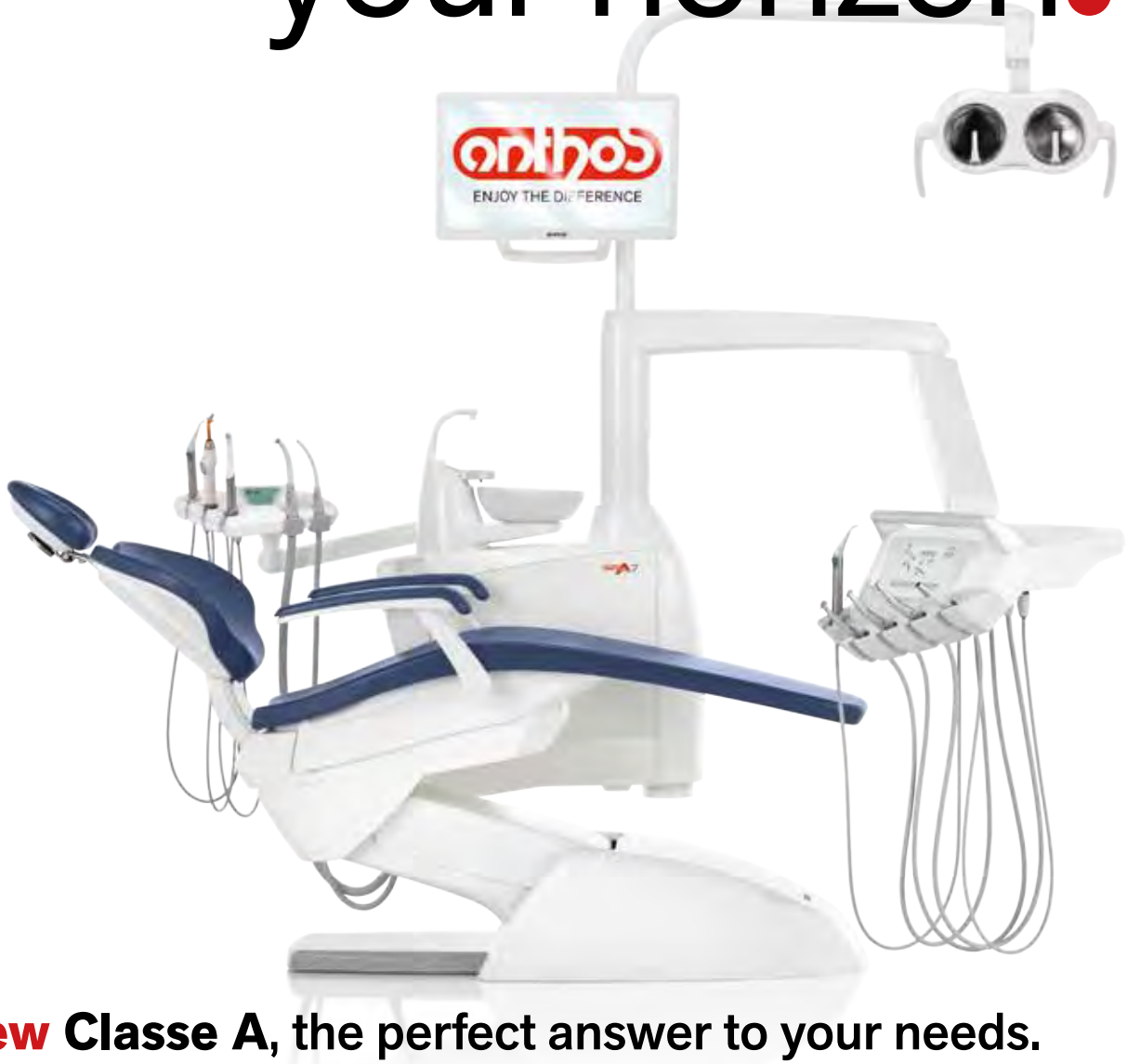

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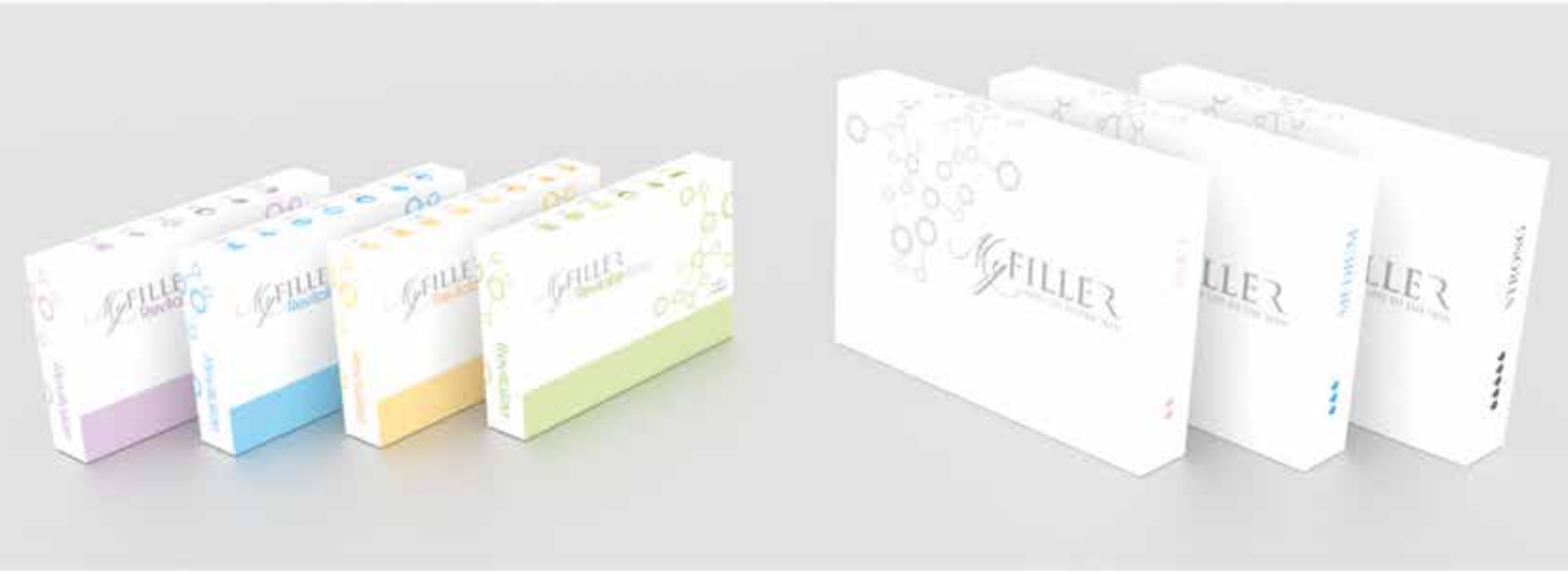

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Health expenditure as

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Registered dentists **60,600**

Dental technicians 26,000

Dental Dealers 326

- **The country is made up of 20 regions, which are extremely varied, differing in size, population and levels of economic development**
- **Italy has one of the lowest total fertility rates in the world: 1.4 births per woman, far below the replacement level of 2.1.**
- **The population growth rate is very low (0.3%), one of the lowest in the EU, and immigration is the source of most of such growth**
- **Marked regional differences for both men and women in almost all demographic and health indicators, reflecting economic and social imbalance between the north and south of the country**

Italy

Italy is the sixth largest country in Europe and has the second highest average life expectancy of 82.8 years.

The country is made up of 20 regions, which are extremely varied, differing in size, population and levels of economic development. Since the early 1990s, considerable powers, particularly in healthcare financing and delivery, have been devolved to this level of government. The regions are subdivided into provinces, which are made up of municipalities (*comuni*). Italy has about 8,100 municipalities, which range in size from small villages to large cities such as Rome.

Its healthcare system is a regionally based National Health Service *(Servizio Sanitario Nazionale, SSN)* that provides universal coverage largely free of charge at the point of delivery. The main source of financing is national and regional taxes, supplemented by co-payments for most pharmaceuticals and outpatient care (specialist visits and diagnostic services, with various exemptions for medical conditions and income levels). At national level, the Ministry of Health (supported by several specialized agencies) sets the fundamental principles and goals of the health system, determines the core benefit package of health services guaranteed across the country and allocates national funds to the regions. The regions are responsible for organizing and delivering primary, secondary and tertiary healthcare services as well as preventive and health promotion services. At local level, geographically based local health authorities (*Aziende Sanitarie Locali*) deliver public health, community health services and primary care directly, and secondary and specialist care directly or through public hospitals or accredited private providers. **Faced with the current economic constraints of having to contain or even reduce health expenditure, the largest challenge facing the health system is to achieve budgetary goals without reducing the provision of health services to patients.** This is related to the other key challenge of ensuring equity across regions, where gaps in service provision and health system performance persist. In almost all demographic and health indicators, there are marked regional differences for both men and women, reflecting the economic and social imbalance between the north and south of the country. For example, there is a

Theoretically, everyone is eligible to receive this service, but in practice it is mostly used by the lower or middle class, who cannot afford private care.

% GDP spent on health, average	**9.6%**
% of this spent by government	**78.2%**
% GDP spent on oral health, average	**0.82%**
% of Oral Health expenditure private	**95%**

- **Predominantly private provision of oral healthcare without Government involvement**
- **Very limited number of public clinics**
- **Limited number of insurance schemes**
- **Limited provision of free treatment for under 18-year-olds**
- **Some team dentistry**

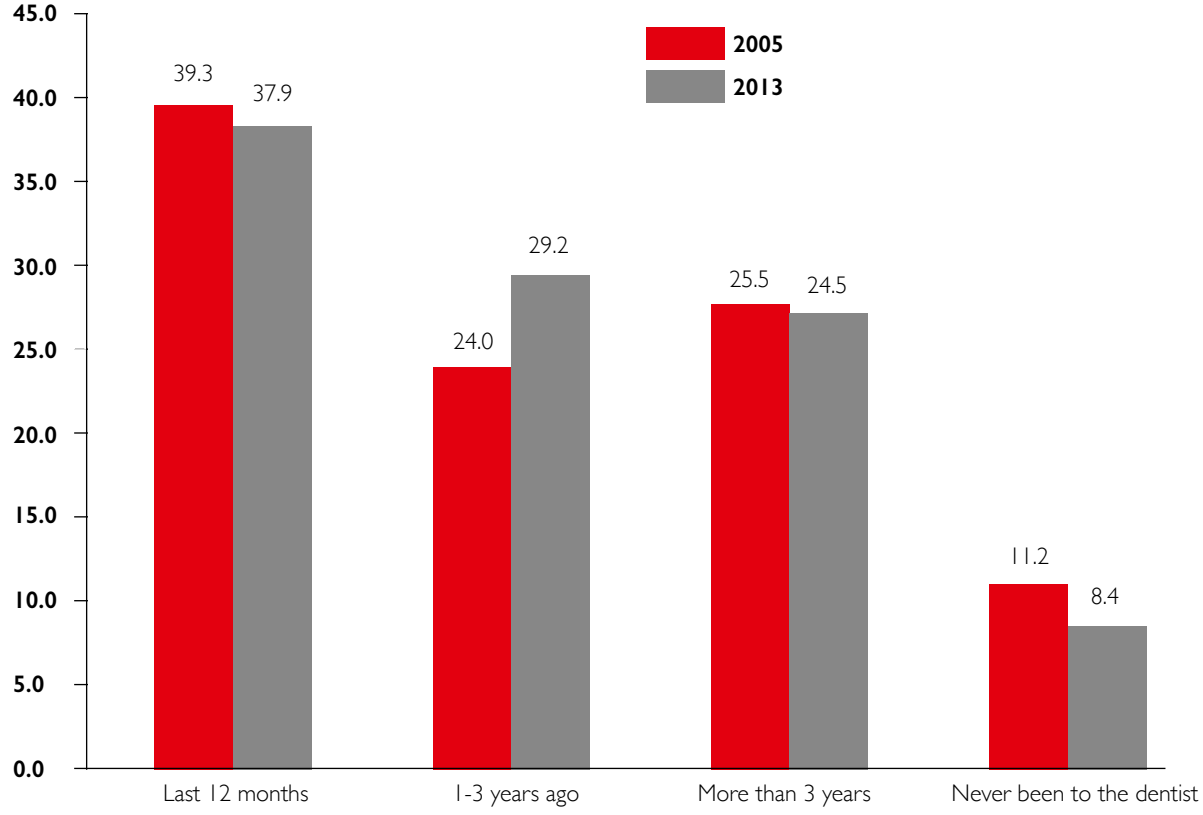
gap of 2.8 years in life expectancy between the longest and shortest-lived regions, for both genders. Total health expenditure account, on average, for 9.6% of GDP, slightly below the EU average, of which around 78.2% are from public sources.

Oral Healthcare

Each Italian region determines the size and type of public dental services provided included in the so-called LEA ("Livelli Essenziali di Assistenza", basic assistance levels). The Public Dental Service exists to a varying extent in most regions as an alternative to private practice. It thus provides the only government funded primary care: restorative treatment and only occasionally prosthetics and implants, with co-payment by the patient. **As such, dentistry should be considered as private sector treatment as only 5-7% of dental care is provided within the National Health Service (NHS) in public or semi-public facilities completely free of charge, with the remainder through co-payments and mainly out-of-pocket.** Oral healthcare, on NHS charge, is guaranteed to some protection groups. Patients do not have problems of access to private dentists but they do have access problems in the public sector, with under-provision (even if the treatment is guaranteed to be available) or waiting lists. Theoretically, everyone is eligible to receive this service, but in practice it is mostly used by the lower or middle class, who cannot afford private care. In a few regions, school screening programs have been introduced, together with some prevention and oral health promotion. In general, these activities are exceptional and not standard.

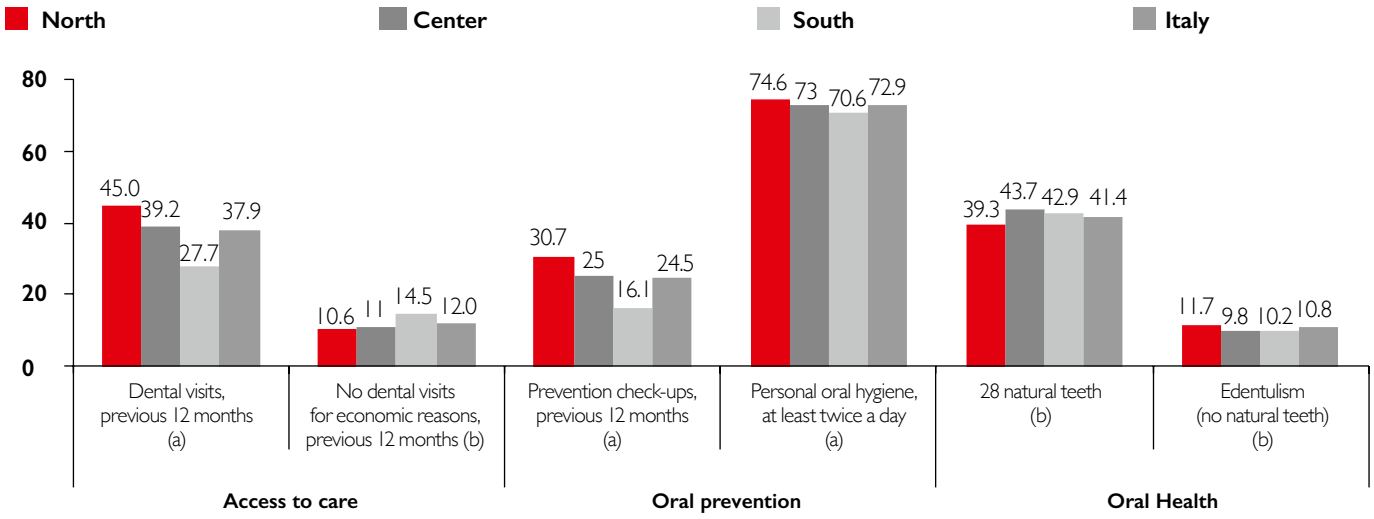
Intensity of treatment, that is the number of dental visits per person per year, is estimated to be low compared to international standards. According to the Italian National Institute of Statistics (ISTAT), visits to the dentist within the last 12 months fell to 37.9%

POPULATION 3 YEARS AND OLDER FOR FREQUENCY OF VISITS TO A DENTIST OR ORTHODONTIST
Years 2005 and 2013, standardized rates per 100 people



Source: Istat, July 2015

MAIN INDICATORS FOR ACCESS TO DENTAL CARE, PREVENTION AND ORAL HEALTH GEOGRAPHICAL BREAKDOWN. Year 2013, standardized rates per 100 people



Source: Istat, July 2015

(latest statistics, 2013). On the contrary, the number of patients deferring visits has increased to 29.2% (from 24%) in just eight years, with economic reasons accounting for 85.2% on the total of those who have deferred the number of dental visits. Nonetheless, the number of people who never visited the dentist has decreased from 11.2 in 2015 to 8.4% in 2013. Only about 27% of children between 3 and 5 years have access to completely free dental care and even less in the 6 to 10 years group (12%) and between 11 and 13 years (10%).

The structure of practice within Italy is slowly changing. Increasing numbers of dentists share offices and establish multi-professional clinics. Many young dentists are forced by economic factors to become salaried other than self-employed dentists. 91% of dentists work in general (private) practice. The large majority are self-employed and work mostly in small or medium sized practices. They charge fees almost exclusively as 'items of service', the levels of which are controlled by market forces. **In spite of the deterioration of employment witnessed within the last few years, the majority of Italian dentists are reacting by investing in their profession and in particular by modernizing their practices with high-tech equipment**. The private health sector is further increasing in importance and number of structures, due to the faster service and higher quality offered, as well as consequence of the possibility to be treated under co-payment schemes, allowing patients to receive care in private structures contracted by the National Health System. **According to a study, made by the Bocconi University (Milan-Italy), on the operating mode of Italian dentistry, 75% of dental practices are made up of individual-independent professionals, with 77.7% of dentists over 45 years-old; 69% of which have been working as dentists for over 20 years.**

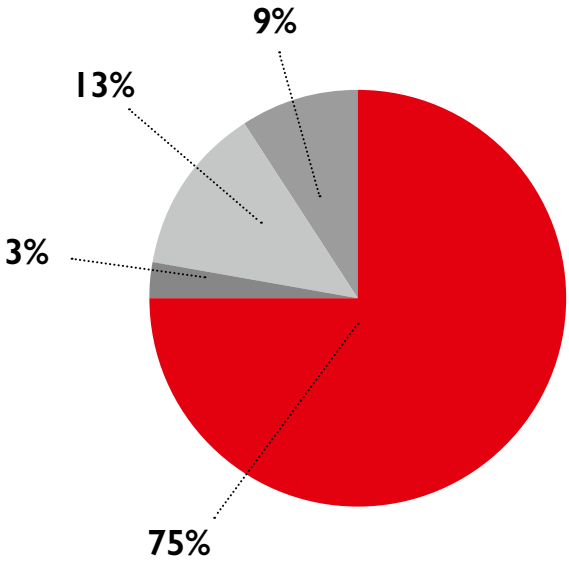
Number of Registered dentists (2015)	60,600 (Percentage female 34%)
Active dentists	Between 39,075-45,896
Active dental offices (est.)	41,000
Population to (active) dentist ratio	1,003
Members of Dental Associations (ANDI and AIO)	52%
Technicians	26,000
Dental labs (dentists' & commercial labs)	9,600-12,800
No. of Dental Dealers	326

The majority of Italian dentists are reacting by investing in their profession and in particular by modernizing their practices with high-tech equipment.

** All figures are approximate, varying year by year, taken and/or compared from different sources.*

OPERATING MODE
With reference to your main dental practice, what kind of practice is it?

- **Independent solo practice**
- **Corporation**
- **In association with other professionals**
- **Dental practice shared with other dentists**



Sample: 3,101 respondents
Source: Bocconi Univ.

The use of dental specialists is limited to orthodontics, oral surgery and oral maxilla-facial surgery. Most specialists work in private practice and see patients on referral from private practitioners. The ratio of specialists to other dentists is estimated to be very low (up to 5%). The development of clinical dental auxiliaries is limited to hygienists.
Just like in general health, a major concern is the diversification of the country between regions, with northern Italy being completely different from the South in terms of oral health. In the South of Italy (Istat data) only 27.7% of the population aged 3 and over resort to dental treatment compared to the national average of 37.9%. Also, as far as number of visits for prevention, the percentage of people that make them in the South is almost half (16.1%) of that of the North (30.7%). The number of those who have never been to a dentist is double: 12.1% against 6.2%. A further paradox is the increasing trend in the use of public or subsidized dental facilities within the country except for southern Italy, which has gone down from 4.4% in 2005 to 4.1% in 2013. **But despite all, the oral health of the total population has improved; in 2005, 37.8% of Italians had 28 natural teeth,**

rising to 41.4% in 2013. While in 2005, 12% were edentulous patients, falling to 10.8% in 2013.
One last major issue is the fast aging of Italian population with a consequent increase in oral healthcare needs and a welfare state not enough supporting it. With a total population of around 60.5 million, people over 65 now represent 22.6% of the population, against an average of 18.9% in Europe, the highest figure in Europe. The age group 0-14 years is decreasing (11.7%), as is the fertility rate (1.35 child per woman - European average is 1.58) with an average age of the population at 44.7 years. According to studies, in spite of an increase in oral care needs among the elderly, the percentage of visits to the dentists decreases with increasing age, with 36.1% of over 65 years old visiting a dentist while only 29.2% over 75 do. The Italian National Institute of Statistics (ISTAT), in 2015, placed the dentist in the first place in the basket of needs for the Italian population. According to an ISTAT report in October 2017, 11.7% of patients 15 years and older used the public service, 86.9% turned to the private sector but over 80% of expenses are out-of-pocket. **A better focus on prevention is a must within Italian dentistry as ISTAT calculates that on the one hand the percentage of those who take care of their teeth decreases, today there are about 37 Italians every 100 (i.e. 63 Italians give up dental care) and on the other side there are those who still go to the dentist but less frequently.**

Main Source:

-Ferré F, de Belvis AG, Valerio L, Longhi S, Lazzari A, Fattore G, Ricciardi W, Maresso A. Italy: Health System Review. Health Systemsin Transition, 2014, 16(4):1–168.

-Extracts from the "EU Manual of Dental Practice". For full and detailed report: http://www.cedentists.eu/library/eu-manual.html http://www.cedentists.eu/

- ADDE 2016

-Formazione ODG "La salute orale – Il ruolo dei media per una cultura della prevenzione". Tra i relatori: Dr. Michele Cassetta, giornalista odontoiatra, Docente A.C. Comunicazione Medico-Paziente Università di Bologna, Dr.ssa Antonella Polimeni, Prof. Ordinario alla Sapienza, Dr. Enrico Gherlone, Prof. Ordinario San Raffaele di Milano, Presidente Collegio Docenti di Odontoiatria Seminar organized by the National Journalist Association, titled "Oral Health – The Role of the Media for a Culture of Prevention". Among the speakers, Dr. Michele Cassetta, dental journalist and A.C. Professor Doctor-Patient Communication, University of Bologna, Dr. Antonella Polimeni, Professor University of Rome "La Sapienza", Dr. Enrico Gherlone, Prof. San Raffaele of Milan, President of the Association of Teachers in Dentistry.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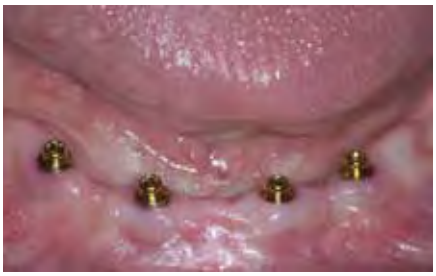

of threaded titanium attachments to be used on Cad Cam digital procedures. All products are manufactured in accordance with European product certification (Directive 93/42 CEE) in addition to UNI EN ISO 9001:08 - UNI CEI EN ISO 13485:12. Same procedures are also valid in many different countries worldwide: Usa, Russia, Korea, Japan ext. The new Smart Box to be used in case of extreme divergencies be. Smart Box thanks to an inner tilting mechanism allows a passive insertion with divergent implants up to 50°. Smart Box with the tilting mechanism allows and facilitates the smooth insertion of the prosthesis, a positive feature of the OT Equator by Rhein 83. Smart Box is a new product that provides us a good opportunity to enhance the solutions to be proposed to the patient in our everyday work.

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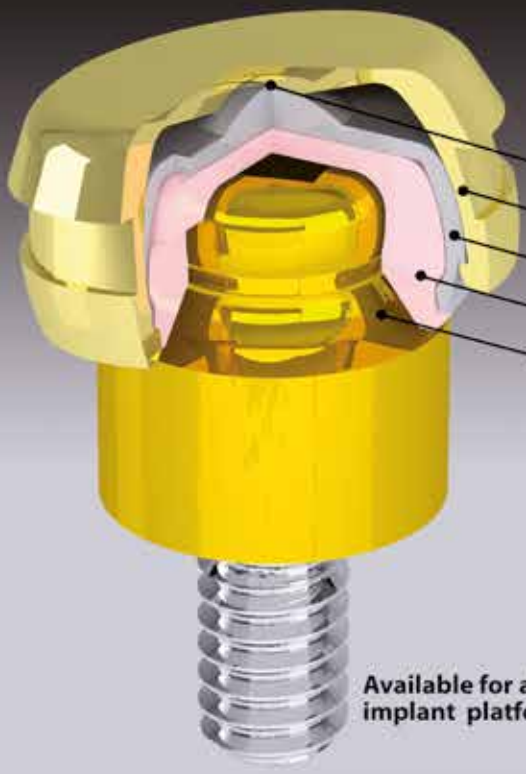

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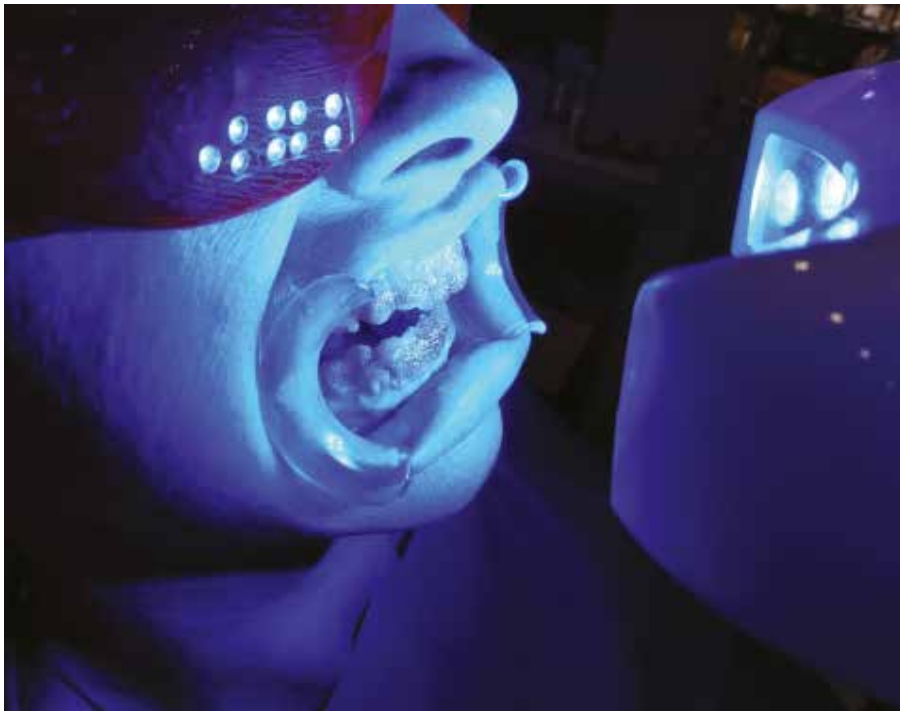
Most patients expect an improvement of their smile look after their periodic hygiene session, but tartar removal – usually located in concealed areas – will not bring that much change.
Even if many patients ask for teeth bleaching after dental hygiene, it's not usually possible to apply gum protection onto bleeding gums, nor it makes sense adding an extra hour treatment to an already quite long procedure.

Thanks to BlancOne unique and innovative photochemical technology, it has been possible activate a low concentration (16% carbamide peroxide) bleaching gel in just 10 minutes, without need to apply gum protection… as easy as a click, BlancOne Click!
BlancOne Click introduces a new concept in teeth whitening, allowing, for the first time ever, competition of a dental hygiene session with effective teeth bleaching, so adding a great value to the whole procedure.

BlancOne Click is easy, fast, effective (typically 4-5 shades), creates no sensitivity and is also very inexpensive: as low as 10€ to the dental clinic!
Click represents the perfect entry level treatment to teeth whitening and a powerful marketing tool for the dental office. It can be offered at the end of any procedure, without need to book a specific appointment, and allows the clinic to set up low cost promotions to attract new patients!



Once patients have seen how their smiles is improved with just a Click… they will ask for more and also get more compliant to home oral care and regular hygiene (and whitening) sessions.

Of course, you cannot expect such a treatment to last long term, so BlancOne has designed four strategies and additional treatments, to deliver an even whiter and everlasting smile.

1. The first option is to repeat Click on a regular base (every 2-4 months). Click is very mild on enamel and most patients prefer to invest a small budget (usually around 50€) multiple times during the year, so what's better than having your patients back to your office on a regular base?

2. Another option is to offer your patients BlancOne Touch, similar to Click but more intensive performing 3 applications in the same session to get more shade improvements and a longer lasting result. You can repeat this once or twice a year.

3. If you and your patients like custom tray systems, you can deliver immediate results with in office Click and follow up with BlancOne Home to improve and prolong the results.

Available in both Day (CP 16%) and Night (CP 10%) versions, BlancOne Home offers a 3in1 treatment remineralizing enamel with hydroxyapatite and nourishing gums with hyaluronic acid.

4. Last but not least, BlancOne Xtra is the maintenance program based on BlancOne Stick, a tooth whitening pen (CP 16%), and BlancOne Duetto, a set of 2 different toothpaste providing intensive surface whitening and 360° care of enamel and soft tissues.

BlancOne range includes also Ultra, a high concentration treatment (35% hydrogen peroxide) to treat hard to deal tooth discolorations as tetracyclines and very dark shades.

By making effective in office use of low concentrations and developing a unique treatment as Click, BlancOne is setting a totally new scenario in professional teeth whitening.

Launched in Italy in 2016, BlancOne has quickly become the preferred choice of Italian dentists, dental hygienists and their patients, growing in sales 20 times faster than the rest of the Italian in office teeth whitening market during 1st half of 2018 (Keystone Ind. Sell Out market research).

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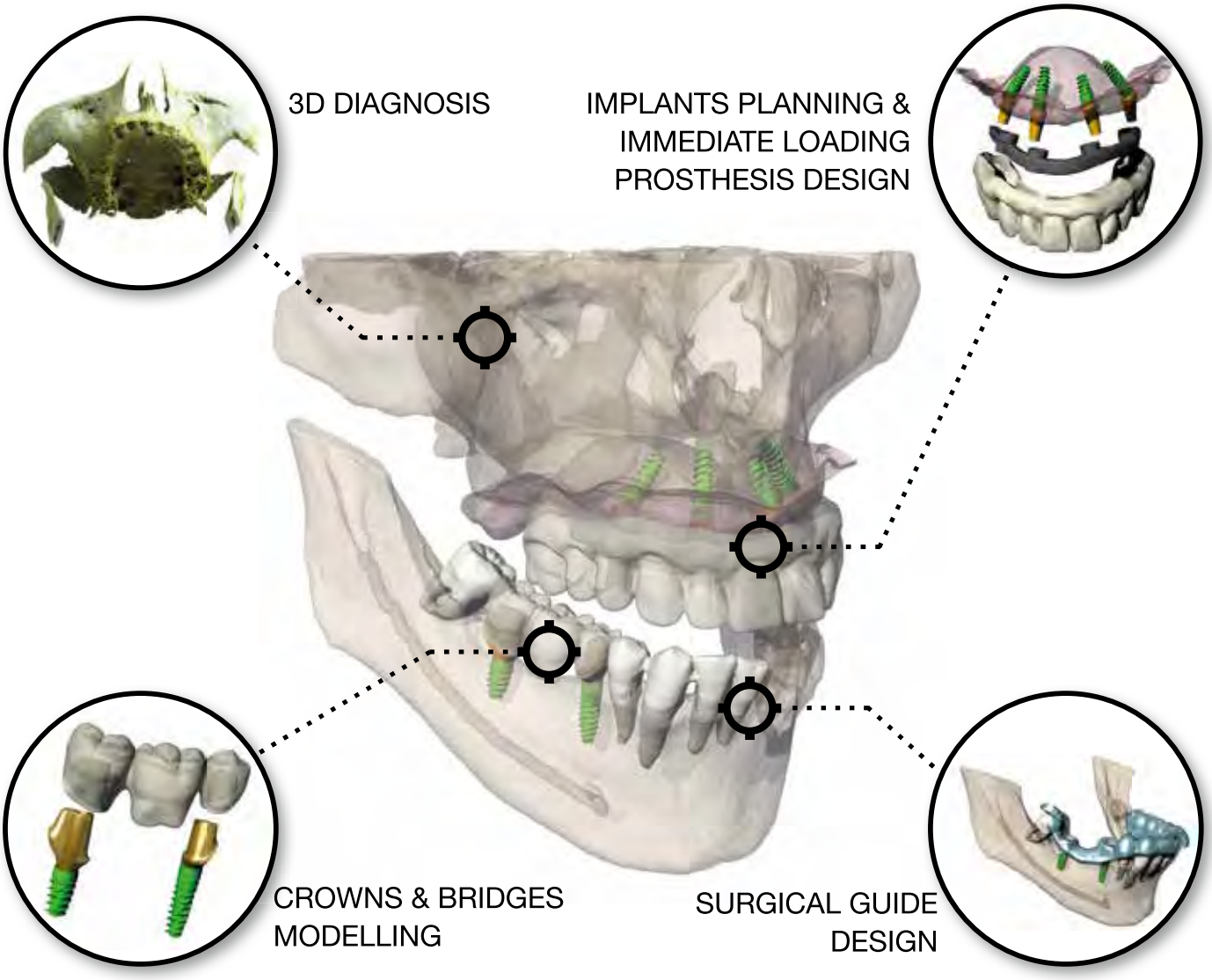

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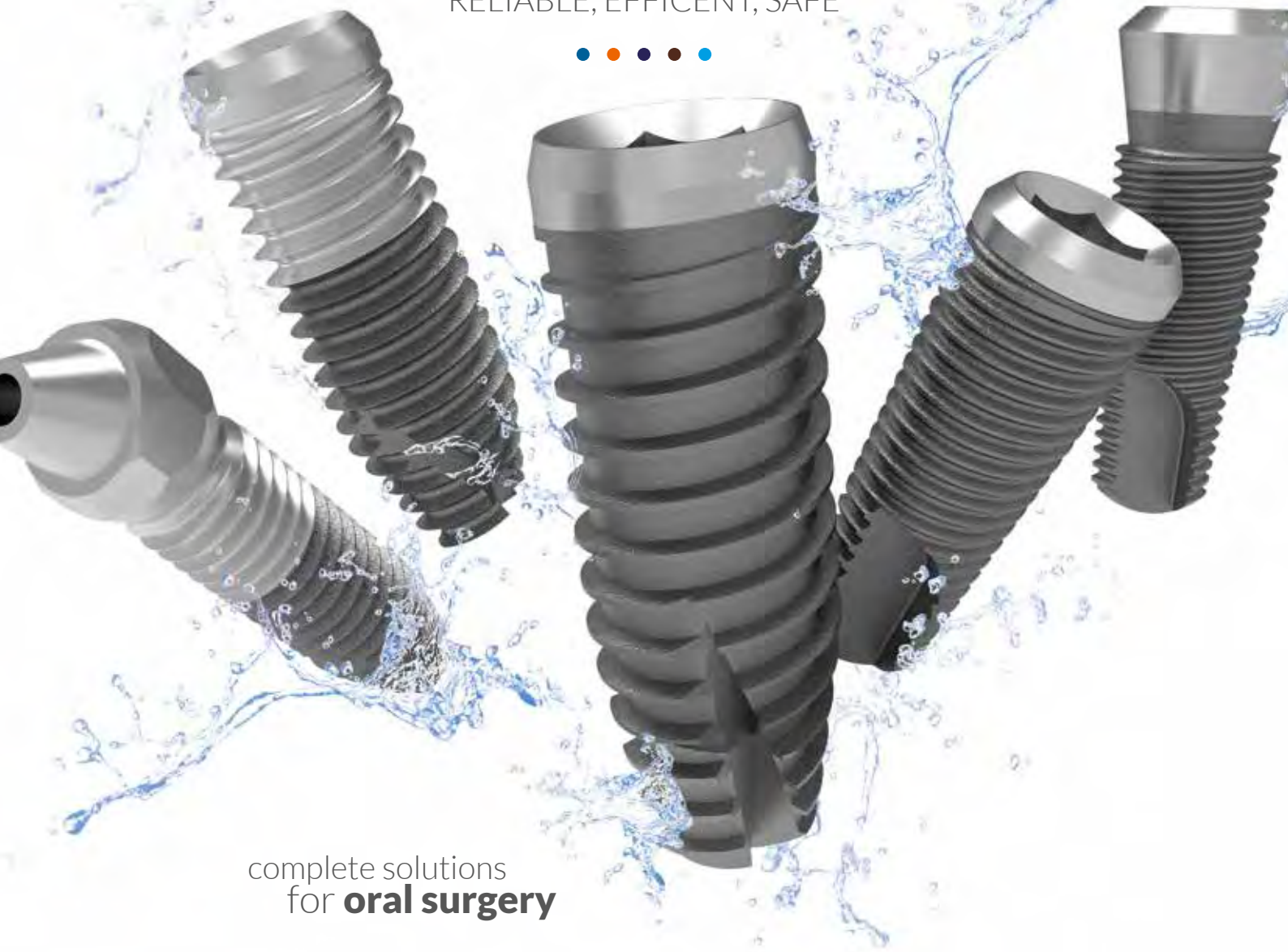

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The AIO Congress 2019 in Chia, Sardinia (Italy) focuses on causes and current treatment of periodontal disease

Periodontal pathology, its association with systemic disease, the role of erroneous orthodontic treatment and its treatment in the elderly will be explored during the 10th International AIO Congress held from 13-15 June.

Massimo De Santis, ex president of the Italian Society of Periodontics and Associate Professor in Odontostomatological Diseases at the University Vita e Salute San Raffaele in Milan, Italy, who will discuss coronal flap procedures for root coverage in areas of multiple recession, grafting techniques to guarantee stability in areas of high esthetic impact, factors leading to predictability and success even in multiple grafting procedures, when to use connective tissue grafts and the biological aspects of newly formed grafted tissue.

Magda Mensi researcher from the University of Brescia, Italy and lecturer in the Periodontal Masters Program at the University of the Sapienza in Rome will take a look at gingival recession not caused by periodontal disease..

Nitzan Bichacho director of the del Esthetic Dental Center of the Ronald Goldstein at the Hadassah Medical Campus in Israel will discuss state of the art in implant supported restorations in the smile zone looking at the advantages and limitations of materials used in the crown - abutment interface as well as techniques to construct a sound and healthy biological base surrounding implants.

Francesco Argentino from Florence, Italy and Roberto Scrascia from Venice, Italy will close the section.

Friday afternoon continue with the AIOP Symposium, hosting speakers such as Gaetano Calesini from Rome), Marco Ferrari from Milan, the Romanian-Israeli Mirela Feraru and Ignazio Loi who will present his Biologically Oriented Preparation Technique-BOPT together with Mauro Fadda from Bologna, Italy but Sardinian by birth.

Saturday goes on with a friendly competition entitled "Esthetics in Dentistry: European and South American Visions". Making up the European team will be Irene Sailer, Division of Fixed Prosthetics and Biomaterials in Geneva, Switzerland and Daniel Edelhoff, Department of Prosthetics and the Science of Dental Materials from the University Ludwig-Maximilian in Munich, Germany while South Americans Paulo Kano from San Paulo, Brazil and Cilean Milko Villaroel (Curitiba) team together with the Italian team of Francesco Mangani from Rome, Roberto Spreafico from Busto Arsizio and Vincenzo Musella from Modena to take a deep look into new horizons in esthetic dentistry.

Don't miss out on this exciting, one of a kind event!

Go to the congress website at **http://congressaio.it** and register.

The earlier you register the more you save! For housing please visit **http://bit.ly/AIO2019** Prices for housing will be blocked only until the end of February, 2019.
See you there!

Come to
visit us at
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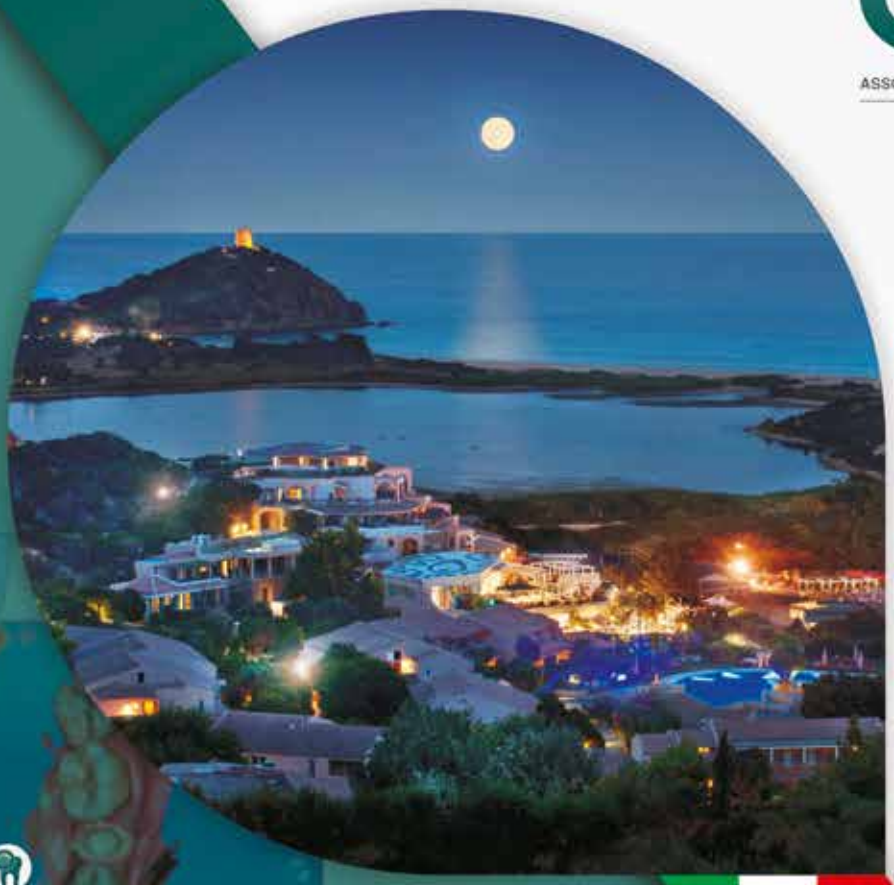
Italian Dental Association



June 13-15
2019

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UNIDI - Italian Dental Industries Association

UNIDI - Italian Dental Industries Association associates the majority of Italian manufacturers of equipment and consumables for dentists and dental technicians – about 120 high-calibre companies, which are able to guarantee safety and performance of their products. In fact, membership of UNIDI entails the compliance to specific standards and to current Italian and EU legislation.

The Italian Dental Industry employs more than 3,300 people, achieving an annual revenue of more than € 933 million. Exports represent about 65% of the total with peaks rising to 80% when considering specific product categories. The Italian Dental Industry has confirmed its position in the forefront of international markets on the strength of products that are appreciated throughout the world for the reliability of their components, their avant-garde technological solutions and pleasing design.

UNIDI was set up in 1969 and in 50 years of activity it has made an all-important contribution to the growth of the Italian Dental Industry. Today, it is one of the world leaders, among the first for volume of business, technological innovation and exports.

UNIDI promotes "Made in Italy" through two important international events: Expodental Meeting in Rimini, the most relevant international trade-show for the dental sector in Italy; and IDEA – International Dental Exhibition Africa, the only international trade-show for dental professionals of all African Countries. Moreover, UNIDI carries out an intense foreign activity by attending several dental exhibitions in both emerging countries and developed markets. This activity is supported by ICE-Italian Trade Promotion Agency.

Expodental Meeting (Rimini, 16-18 May 2019) is the meeting hub for the dental industry, distribution and professionals in Italy; a melting pot of ideas, business opportunities and scientific training.

In 2018 more than 350 dental companies from all over the world exhibited in Rimini, and almost 20.000 distributors, buyers, dentists, dental technicians, hygienists and dental assistants visited the tradeshow, with a 11% increase over the 2017 edition.

Expodental Meeting reflects a more than vital sector: the Italian dental field confirms to be a world leader, with a strong industry that is very appreciated throughout the world, and a growing internal market with increasing investments by Italian dental practices and dental technicians' laboratories.

350 forward-looking dental companies had great expectations for this event and decided to show their latest innovations at Rimini Fiera, with a large commitment in terms of wonderful booths, strong promotion of the event, organization of workshops and leisure activities. Our Exhibitors gave a very important contribution to the success of this year edition.

Bringing together a wide range of professional associations, scientific organizations and universities in a single cultural program, Expodental Meeting represented a unique opportunity of scientific updating for the Italian oral care professionals: 12 training rooms with more than 40 clinical and extra-clinical events, ECM courses, more than 100 high-level international speakers and 25 workshops by the Exhibitors.

Thanks to the EXPO3D project, besides the display of materials, equipment and technologies used within the digital workflow, a conference room was entirely focused on digital technologies, including events by dental associations and scientific lectures by academic experts.

This year Expodental Meeting confirmed its international vocation, attracting a large number of foreign buyers and professionals. The 11,5% of the total visitors (more than twice compared to last year) came from abroad. Thanks to the cooperation with ICE/ITA (Italian Trade Agency) more than 80 foreign delegates from 24 Countries met the Italian Companies in almost 1.500 b2b meetings, with an increase of 21% over the past edition.

Save the date for the next Expodental Meeting, from 16th to 18th May 2019.

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Art is a lie that tells the truth

Photo by C.H.Chen

GERMAN EXCELLENCES

COUNTRY

Germany

Population
83.0 million

GDP per capita
52,574 USD

Health expenditure as % of GDP
11.2

Dentists
70,740-71,500

Dental technicians
35,000

Dental Schools
30

- **Members of Dental Association: 100%,**
  The National Federation of Chambers is the Bundeszahnärztekammer (BZÄK), all dentists must be member of the local Chamber
- **Per capita, the country spends more on teeth than any other country in Europe apart from Switzerland**
- **Germans account for 20% of the total population in Western Europe and increasingly aging**
- **By 2050 the 65+ age group is forecast to expand to 23 million, up from an estimated 17 million in 2012**
- **Third largest healthcare market in the world after the United States and Japan**
- **German market accounts for 40 % of the entire EU market for medical devices**

Germany

Germany has long had the most restriction-free and consumer-oriented healthcare system in Europe, allowing patients to seek almost any type of care they wish whenever they want it. However, although providing very high-quality healthcare, it is also one of the most expensive among the systems and keeps undergoing reforms to reduce costs and maintain or improve quality.

Germany has in fact the world's oldest national social health insurance system, with origins dating back to Otto von Bismarck's social legislation. The system is decentralized with private practice physicians providing ambulatory care and independent, mostly non-profit hospitals providing most inpatient care.

The publicly financed health insurance system is mandatory for all citizens and permanent residents of Germany. It is provided by competing, not-for-profit, non-governmental health insurance funds or "sickness funds" in the Statutory Health Insurance system (SHI), or by substitutive Private Health Insurance (PHI). Coverage is universal for all legal residents. All employed citizens (and other groups such as pensioners) earning less than Eur 54,900 per year (as of 2015) are mandatorily covered by SHI, and their dependents are covered free of charge. Individuals whose gross wages exceed the threshold (over Eur 54,900), as well as the previously SHI-insured self-employed, can remain in the publicly financed scheme on a voluntary basis (and 75% do) or purchase substitutive PHI, which also covers civil servants. The sickness funds are mandated to provide a unique and broad benefit package and cannot refuse membership or otherwise discriminate on an actuarial basis. About 86% of the population receives their primary coverage through SHI and 11% through substitutive PHI. Statutory Health Insurance, which provides a standardized level of coverage, is funded by a combination of employee contributions, employer contributions and government subsidies on a scale determined by income level. As such, the social insurance premium is not dependent on an individual's health condition, but on a percentage of salaried income shared between employee and employer. Out-of-pocket spending accounts for approximately 13.6 % of total health spending mostly on nursing homes, pharmaceuticals and medical aids. Co-payments, which exist for medicines and other items, are relatively low compared to other countries; they include outpatient prescriptions, inpatient hospital (for e.g. accommodation and meals) and rehabilitation stays as well as prescribed medical devices. Germany has a strong healthcare system in terms of infrastructure, hospital beds and trained staff. One out of six jobs in Germany is linked to the healthcare sector as the well-established infrastructure makes the healthcare industry the largest employer in Germany with currently 6.8 million employees. With one of the highest population densities within the European Union, the proportion of physicians in the population is around 3.4 per 1,000 inhabitants.

Germany has in fact the world's oldest national social health insurance system, with origins dating back to Otto von Bismarck's social legislation.

The Healthcare Industry

Medical technology is set to remain a German domain, at least until 2020. **Germany has a long history of producing high quality medical equipment, with particular emphasis on diagnostic imaging, dental products and optical technologies.** Not only is Germany the third largest market in the world after the United States and Japan but also by far the largest European market - twice the size of the French market and three times as large as those of Italy, the United Kingdom and Spain. Accordingly, German healthcare expenditures are comparatively high but also increasingly cost-contained. Average total expenditures amount to 11.2% of GDP. **In per capita terms, expenditure is estimated at 4,050€, exceeded only by Denmark, the United States, Switzerland and Norway. Approximately 76.5% of healthcare expenditure is sourced from the public sector mostly from statutory health insurances (58%). As public health insurance funds continue to record deficits and public hospitals are operating at a loss, health reforms and cost-cutting measures keep the market tight and increase pressure on prices.** Hospitals in the public sector are therefore pressed to maintain existing equipment rather than investing in new units. Private hospitals, now at 30% of hospital total in Germany, as well as the over 60 university hospitals with specialized departments, seek price-competitive state-of-the-art technologies and equipment offering proven cost savings.

The German healthcare industry offers high growth potential and provides opportunities for medical technology imports. The Federal Ministry of Economics anticipates that by 2030, an additional two million people will be employed in the industry. Current austerity measures are likely to hit the pharmaceutical industry harder than the medical device industry, which continues to be a job engine and is expected to achieve steady growth over

Active dentists	between 70,740-71,500
Active dental offices	47,805 (APROX.)
Population to (active) dentist ratio	1,162

Number of dental schools	30
Number of graduates (2015)	1,747

the next few years with annual growth rates of 3-4%. **The German market accounts for 40 % of the entire EU market for medical devices. Apart from a handful of large producers, headed by Siemens, B. Braun and Fresenius, 95% of the German medical technology industry is characterized by small and mid-sized companies or sub-groups of larger companies.** 95% of all companies employ less than 250 employees and rarely does one company represent more than 2% of the entire sector. In addition, foreign industry giants such as Philips (NL), Hitachi (Japan) and Toshiba (Japan), GE Medical (USA), 3M Healthcare (USA), Medtronic (USA) and Johnson & Johnson (USA) are only a few of the many German subsidiaries of foreign medical device suppliers.

As a result of a low-growth domestic market, the German medical technology industry has to rely heavily on export markets for continued growth. On average, German medical technology companies export between 60% and 65% of their products. Most medical equipment imported into Germany is either sold direct through a local subsidiary, through medical distributors with an established distribution network or through appointed agents or manufacturer representatives. Finding a mid-size distributor covering all of the German, or German-speaking, market has become harder since large manufacturers have increasingly purchased the good distributors off the market to gain access to established distribution channels, rather than developing those themselves. **As Germany's healthcare market is very decentralized and regional, it may therefore be a viable alternative to seek regionally active and well-established dealers/ distributors for northern, southern and eastern Germany with defined territories.**

Demand for medical supply will mainly be driven by demographics and a substantial increase in the number of patients. By 2050 the 65+ age group is forecast to expand to 23 million, up from an estimated 17 million in 2012. The German medical technology industry is a highly innovative and dynamic sector. One third of sales are generated by devices that are less than three years old and approximately 9% of all sales are reinvested in research. The German healthcare system is also among the best in the world regarding the uptake of new technologies. More than two thirds of German physicians are seeing innovation as the key element in maintaining the high standards of the German healthcare system.

Specialists	
Orthodontics	3,443
Oral Surgery	2,552
Dental Public Health (estimated)	460
Auxiliaries	
Dental Technicians	35,000
Dental laboratories	8,150
Assistants	182,000
Hygienists	550
(All figures estimated)	

Oral Care

The delivery of oral healthcare in the statutory system is organized by the federal dental authority (KZBV) nationally and locally by the regional dental authorities (KZV) in partnership with the sick funds. There are 17 KZVs within the 16 German Länder (one for each state, with two for North Rhine-Westphalia, the largest state). They represent all dentists who are entitled to give treatment to patients within the framework of the statutory health insurance system.

Membership of a statutory sick fund entitles all adults and children to receive oral care from the statutory health insurance (SHI) system within the legally prescribed standard package of oral healthcare. In a typical year approximately 75% of adults and children use the SHI system. Dental treatments exceeding the pre-defined scope of necessary care as well as dental prostheses are subject to co-payments. Persons aged less than 18 are entitled to full compensation for all medically necessary conservative and surgical dental treatment as well as necessary orthodontist care. They are also entitled to receive certain prophylactic treatments free of charge. Dental fees both inside and outside sick funds and insurance-based care are regulated, and are not nationally standardized. Negotiations between the national association for dental care (the KZBV) and the major sick funds establish the standard care package for people insured with legal sick funds. It is then up to the regional associations and sick funds to decide the monetary value of

each point for payments in each region. For private patients, the levels of private fees payable are regulated by federal law.

In recent years, although small reported unemployment, the number of active dentists has increased: there are between 70,740-71-500 practicing dentists, of which 52,484 work as contract dentists to the SHI in their own practices. In Germany dentists who practice on their own or as small groups, outside hospitals or schools, and who provide a broad range of general and specialist treatments are said to be in *Free Practice*. Most of them work in this way, which represents around 90% of all dentists registered and practicing. Most of those in free practice are self-employed and earn their living through charging fees for treatments. Very few dentists (less than 2%) accept only private fee-paying patients. Once registered with a KZV, a dentist in free practice may treat legally insured persons and claim payments from the sick fund via the regional KZV. A change of legislation has led to an increase in the number of dentists employed in a practice rather than running their own practice. Since 2007, the employment of dentists has been facilitated and for the first time the establishment of branch dental practices and practices where members with a variety of qualifications of the medical or dental profession work together in different locations have been allowed. **This means, that the establishment of mega-dental surgeries and practice chains with international investors has been facilitated and has increased in number.**

All dental schools are publicly funded and are part of the Colleges of Medicine of Universities. There is only one private dental school offering undergraduate training, in Witten-Herdecke.

The use of dental specialists and the development of dental auxiliaries are both well advanced in Germany. There are no limitations on the ratio of specialists to other dentists in Germany and there is no compulsory referral system for access to them. Auxiliary personnel can only work under the supervision of a dentist, who is always responsible for the treatment of the patient. They cannot practice independently.

Dental technicians are also not permitted to treat patients. They are trained for 3 years. After a successful examination conducted by the Chamber of Handicraft they are awarded a registerable qualification. A dentist may employ a dental technician directly in his practice, but most use independent laboratories. They produce prosthodontic appliances according to a written prescription from a dentist. They do not deal directly with the public. **The total market for dental technology services (material and lab costs, not including dentist fee) amounted to around 7.5 billion Euro in 2017, according to the latest figures provided by the Federal Statistical Office.**

Dental Production in Figures

Year	Total Turnover in Bill. Euros	Export Share in Bill. Euros	Employees
2010	4.01	2.34	17,992
2014	4.637	2.895	19,625
2016	5.050	3.206	20,176
2017	5.3	3.4	20,700

(Source: Certified Revenue Survey by the VDDI of its members)

The Dental Industry

The German dental manufacturing industry is composed of mainly small and medium-sized businesses, many of which are owner-run, with a strong export orientation and a good development of delivery services. **The manufacturing industry spans more than 60,000 products covering the complete spectrum of dentistry.**

In 2010 the total number of employees in the dental sector amounted to 410,000 and is expected to reach 486,000 by 2030. The German dental industry is the largest market in Europe, followed by France, Italy, Spain and Great Britain. Total revenue from dental products among the approximately 200 members of the German Dental Industry Association (VDDI) reached almost 5.3 billion Euros in 2017 a plus of 5% over the previous year. Growing domestic and foreign demand all point to a bright future thanks to health awareness, cosmetic treatments, digital technology and a stellar global reputation. Per capita, the country spends more on teeth than any other country in Europe apart from Switzerland, which makes Germany an attractive location for foreign dental industry players.

During the last century, the country's manufacturers have attained a reputation for excellence and German dental companies' continually increasing competitive ability has consolidated their high-level position within the global market, turning them into market leaders in many parts of the world with a considerable 64% export quota. Dental products represent 17% of the entire medical technology sector manufactured in Germany and the dental market will continue to increase by at least 4% per year (estimate). Germany will continue to have a very strong dental market for the foreseeable future, particularly in digital technologies and advanced materials.

In spite of a small increase within the last five years, the percentage of dental and laboratory consumables and equipment, supplied from outside the country directly to the dentist, bypassing the local dealer network is still very small, accounting to 4% (compared to 3% from 2010).

Total Number of Dental Dealers	167	% of Market Share
Solely Full Service Dental Dealers	50	57%
Solely Mail Order, Tele-Sales, Catalogue Houses	16	10%
Specialized Dealers (Laboratories or Orthodontists)	137	5%

Manufacturers supplying directly to dentists (%)	
2010 (approx.) 20%	**2015** 22%
% of Total Sales Retail Business value purchased by the dentist via e-mail/Internet - Germany is witnessing a relevant increase in retail business value purchased by e-mail/internet by the dentist as well as an increase in finished laboratory work supplied from outside the country.	
2010 (approx.) 12%	**2015** 27%
% Finished Laboratory Work Supplied from Outside the Country	
2010 (approx.) 15%	**2015** 15%

Source: ADDE, 2016 Survey of the European Dental Trade

Sources: Adjusted from article previously published in Infodent International issue 1-2017, where original sources are duly mentioned

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Visit us at: IDS 2019, Hall 4.1, Booth A-099

On the occasion of the European Press Talk for the 38th International Dental show (IDS) on 23 January 2019 at the Telekom Gallery in Bonn, Dr. Mark Stephen Pace, Chairman of the board, Association of German Dental Manufacturers (VDDI), talks about the German Industry

The 38th International Dental Show in Cologne - 12-16.3.2019

In the 95th year of its existence, IDS remains the undisputed leading global trade fair of the dental industry. IDS is the most comprehensive marketplace for dental medical technology and covers all international dental market activities. Around 2,300 manufacturers of products, system solutions and services present all the innovations that researchers and developers have designed since the previous IDS in order to enable and facilitate the work of users. More than 155,000 trade visitors, dentists, dental technicians, their employees from the practices and laboratories, plus the next generation of dental care practitioners and dental technicians in training, and not least the international dental specialized trade make IDS a unique summit meeting, the "leading dental business summit".

What basic conditions influence the International Dental Show?

The world of the 21st century is in a process of fundamental change:

• *Politics:* we are observing a regrouping, a shift and displacement of the political importance of the major powers. We are seeing changes in the international political power structure.

• *The economy and commerce:* we are seeing a high degree of dynamic development in many economic regions, a great degree of competition prevails in all areas, including and especially in the segment of medical technology, and in our special field, that of dental medical technology. We are once again experiencing an intensive discussion revolving around trade barriers and protective tariffs. Things we believed long since overcome are now impairing free global trade.

• *Population growth:* we are seeing high growth in various regions of the world that poses major challenges for politics, the economy and the provision of medical care to people.

• *Technological development:* digitalisation is advancing rapidly, we are observing revolutionary changes in the production and distribution of goods and commodities that might surpass anything we can imagine. The innovation cycles are becoming shorter due to the ever-faster gains in knowledge made by medical technology research, the logistics chains are setting increasingly demanding tasks for manufacturers and distributors.

Many people and even entire societies perceive transition, changes and disruptions as threatening. They seem to pose a great risk to their existence and therefore often make them feel uneasy and worried. However, transition, changes and disruptions are also periods that offer many opportunities for developing something new and turning previously inconceivable ideas into products and services. They are epochs in which we must question existing things and make use of the manifold new opportunities so that we can contribute specifically to progress.

The enduring transformation, the constant progress in knowledge is quite evident in a very special way in our international dental industry. Dentistry and the dental medical technology developed for it reflect the eras of turbulent development of past decades.

Our German dental industry has been the reliable partner of dentists and of dental technology for more than 100 years in the context of a constant process of progress. We are aware of our responsibility to manufacture products that benefit patients.

Open-mindedness and free trade are indispensable for keeping people healthy. The provision of dental medicine and dental technology to patients is primarily based on well-trained and highly dedicated dentists and dental technicians. Together they apply their specialist knowledge to patients in order to maintain or restore their oral health.

For these activities they require a wealth of products that are manufactured by our German dental industry in high quality. Our product developments make it possible for users around the world to offer their patients the entire therapeutic range of modern dentistry.

Our dental industry has stood for the quality, precision, and reliability of especially user-friendly products for more than a century.

European Press Conference, from left to right: Frank A. Schloße, Vice President Sales Healthcare Deutsche Telekom Healthcare, Mark Stephen Pace, Chairman of the Board VDDI, Gundula Gause, Journalist, Gerald Böse, President and Chief Executive Officer of Koelnmesse GmbH

Most recently we have observed strong tendencies toward protectionist measures in many global markets, also extending to market foreclosures, and particularly in the medical products segment.

• Ever new, additional regulatory requirements, as well as very cost-intensive validation processes are increasingly impairing market access for our products, or making them unnecessarily expensive.
• This results in considerable competitive disadvantages for us, which our industry is attempting to compensate for with great effort.

In contrast, we are emphatically in favour of free global trade and the unrestricted exchange of tested commodities and products that correspond to international standards and the legal requirements for medical products. Our industry meets the challenges and shall make every effort to in future also be able to offer users and patients mature and thoroughly proven products. We will only be able to do so successfully together over the long term when the basic conditions of national and international health and economic policy promote health science instead of hinder it!

The IDS has survived all times of crisis. It was and remains the comprehensive and fascinating display window of what is today possible, that which is coming tomorrow and what is already being developed conceptually for the day after tomorrow.

IDS - a strong anchor of stability in turbulent times

The International Dental Show has always been and continues to be a secure anchor for stability in turbulent times. The coming IDS will be the 38th since the premiere event in 1923. The International Dental Show has itself been a motor and a benchmark of medical and dental technology development for 95 years.
The IDS has survived all times of crisis. It was and remains the comprehensive and fascinating display window of what is today possible, that which is coming tomorrow and what is already being developed conceptually for the day after tomorrow. Dentistry and dental technology both demonstrate a high degree of affinity for technology, are themselves innovative, are not satisfied with that already achieved and strive for better. Engineers and developers are partners in this process. They share the motives, the search for something even better, even more efficient, even more sophisticated methods of application. They are certain of being united in the wish to offer patients the best possible care for maintaining or restoring their health. IDS is the best place to compare one's own company with the competition and position it on the global market. Dentists and dental technicians can gather information and ideas here that enable them to make future decisions for their practice or laboratory. This is particularly important in such turbulent times as these.

German dental industry: the heart and motor of IDS

The German dental industry has been the heart and motor of the IDS since 1923. Its 200 member companies form a strong community that is characterised by shared values: it is innovative, creative, flexible, service and customer-oriented, with a pronounced orientation to service, is open-minded and promotes the community. This is also what makes it so present and successful internationally.

The German dental industry is growing at home and abroad

We compile the sales figures for the business year 2018 in the spring of the present year, which is why they are not yet available to us. **In 2017, more than 20,700 people were employed with the around 200 member companies of the Association of the German Dental Industry in Germany and abroad. This means that the number of employees grew slightly by nearly three percent in comparison to 2016. The VDDI member companies achieved a total turnover of around 5.3 billion Euro in 2017. This corresponds to a nearly 5 percent increase in comparison to 2016. Of these sales, around**

3.4 billion Euro originate from foreign markets (+ five percent). At 1.93 billion Euro, 2016 turnover was exceeded by 4.4 percent. Sixty percent of the association members participating in the survey in Germany registered higher sales in 2017 than in 2016. Still positive are the expectations for the present year 2018. Here, 53 percent of the companies surveyed anticipate sales increases and another 45 percent sales at the level of the previous year.

Foreign business in nearly all regions on a strong growth course

The German dental industry registered an export share of nearly 64 percent in 2017. The significance of the global markets for our industry and its position in these markets was thus impressively emphasised. Nearly half of the participants of the survey report increasing sales in foreign markets. Some 40 percent of them registered foreign sales at the 2016 level.

The following is an overview of the most important sales regions of our dental industry:

• The strongest market besides domestic sales remains Western Europe. Around 53 percent of survey participants reported increased sales here for 2017 and 36 percent still reported business at the 2016 level.

• Eastern Europe is developing clearly more positively than in 2016. 51 percent of companies surveyed by the VDDI reported increasing sales for 2017. Another 40 percent reported an unchanged annual turnover in comparison with the previous year.

• In the Far East, 55 percent of the companies registered increases and a third achieved turnover at the level of the previous year.

• 46 percent of the trust survey participants were able to expand their business activities in the North American sales market. Another 39 percent reported sales at the level of 2016.

• 45 percent of those surveyed achieved an increase in sales in the Near and Middle East in the reporting year. Sales in 2017 also stabilised at the 2016 level for 41 percent of the companies.

• The sales regions of Central and South America tended to develop slightly less well than the other export regions according to the survey. Only a third of those surveyed reported growth in sales there. That said, 58 percent of the companies from this region reported stable sales. Another nine percent were forced to accept an export decline there.

The German dental industry registered an export share of nearly 64 percent in 2017. The significance of the global markets for our industry and its position in these markets was thus impressively emphasised.

Summary: both domestic and foreign trade have made clear contributions to the growth of the German dental industry. Just as positive are the expectations for 2018 sales at home and abroad. Nearly two thirds of surveyed VDDI member companies anticipate a sales plus abroad. More than half of VDDI members are anticipating growth in domestic sales in 2018 according to our survey.

We are pleased at the sales figures of our industry in the domestic market of Germany, as well as in the international markets. However, sales increases are not the whole picture.

The sales of our industry have increased, but the margins are now noticeably narrower. Our dental industry can report an export rate of 64 percent. All companies that are present on the highly competitive global markets and also want to remain so over the long term must today make considerably greater investments in production facilities, in logistics and in communication with our end customers.

We are very pleased and even a little proud that our industry forms the core of IDS. IDS, which takes place in Cologne every two years, is organised by the GFDI Gesellschaft zur Förderung der Dental-Industrie mbH, the commercial enterprise of the Association of the German Dental Industry. It is staged by the Koelnmesse GmbH, Cologne. We are pleased and grateful that the dental industries of the world, as well as the international specialised dental trade contribute significantly towards the success of IDS. Manufacturers from all over the globe make IDS the global event of the dental industry every two years.

Outlook on IDS 2019

The IDS is a brand personality with unmistakable characteristics. At the brand heart of the IDS is a traditional openness to the world and the Olympian principle: "IDS is the world's leading trade fair for the dental community, which ensures sustainable success as a platform for innovations and market trends." This describes the brand positioning of IDS. Whether exhibitor or trade visitor, specialist trader or those seeking information, everyone should have the fair opportunity to achieve their goals at the IDS.

Which new products and trends can already be distinguished now for dental medicine and dental technology at IDS 2019?

Global dental trends:

• Improved digital work flows and additive manufacturing are at the fore of the international development.

• Analogue technologies still create the indispensable prerequisites for the lab and the practice– one example: parallel with intraoral scanners, classic impression materials are also continuing to develop impressively. Among others, A silicones can be used more universally and at the same time more comfortably (for example, for toothborne and at the same time for implantborne prosthetics), while polyether can now accelerate the pace (faster setting).

• Digital procedures are now on the advance in the to date typically (nearly) purely analogue sub-disciplines of dentistry – for example, in orthodontics, total prosthetics or endodontics.

Interesting for the dentist and his team:

• Thanks to software support, endodontic treatments can be better planned in advance – extending to guide templates

for preparation files (similar to drilling templates in implantology).
• On the prophylaxis front, alongside the classic, proven methods (scaling and root planing with hand curettes, ultrasound systems or powder jet devices), the diode laser is establishing itself as an additional options for killing germs and surface decontamination.
• When considering the future of parodontitis treatment, it is worth taking a look at the delicate approaches that rely on the strengths of subgingival tools, on low-abrasion powder for re-instrumentation and on current software offerings (e.g. documentation of complete parodontal status with sounding depths and attachment losses at up to six positions per tooth, and possibly the furcation involvement and chronological progressions).
• In prosthetics, the selection of materials from the field of high-strength glass ceramics (e.g. lithium disilicate, zirconium oxide-reinforced lithium silicate or hybrid ceramics, for example, ultrastructure feldspar ceramics infiltrated with polymer). The goal here is to combine the greater translucency and opalescence in comparison with structural ceramics with even greater strength, and in this way to expand the indication in the dental bridge segment. Depending upon the material and the patient case, chair-side processing with the CAD/CAM procedure can then present an option (workflow sketch: intraoral scan, design on the monitor, CAM production in the grinding machine).
• One field of innovation is still that of intraoral scanners: here too, the trend toward miniaturisation is continuing. They are becoming increasingly more handy and in some cases powder-free. Some of them can even be controlled with the help of gestures and voice.

Interesting for the dental technician and the lab team:

• The lab is developing even more intensively into a "problem solver". The dental technician works together closely with the dentist as a partner for implantological backward planning, suggests suitable structural materials, selects the aesthetically appropriate blanks and, if desired, the layering ceramics or a ceramic for the multi-layer technique as an alternative, and much more.

Telekom Design Gallery, Bonn - Germany

The IDS is a brand personality with unmistakable characteristics.

• The large offering of prosthetic materials is even more differentiated: new milling and press blanks, more colours, sometimes with internal colour progressions, as well as thermoplastic polymers (e.g. PEEK) and other printable plastics for short and long term temporary prostheses.
• In total prosthetics, digital-supported concepts assist the lab with additional manufacturing options in a to date nearly exclusively analogue area.
• The subtractive manufacture of restorations with the CAD/CAM procedure is being further developed, accompanied more and more by the additive: with the 3D printer. The number of available models is increasing.

Interesting for the dental/dental technology team:

• Digital processes are increasingly simplifying orthodontics. For example, virtual set-ups can also be created using virtual models that extend beyond diagnostic questions, and even orthodontic appliances can be planned (i.e. fixed appliances).
• The teamwork between dentist and dental technicians is defined by many options on a scale between "completely analogue" and "fully digital", whereby differently tared, partially digital work flows simplify everyday routine, depending upon the clinical and economical requirements.
• 3D printing is considered to be a possible "game changer": new application methods, new forms of teamwork, new business models. It is self-explanatory that by no means all interesting trends can be listed here. There are thus a great many more reasons to visit the International Dental Show from 12 to 16 March 2019 in Cologne, because it provides a comprehensive overview of processes, work flows and products in the entire field of dentistry.

IDS – The gateway to Europe – the gateway to the world

The IDS provides access to the European market and is the international marketplace with a a high level of third country business. All international dealers are on location in Cologne; they purchase for their customers in their home countries, they know the users and the dental markets and supply them with products that they have seen, tested and negotiated for at the IDS in Cologne.
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UK EXCELLENCES

COUNTRY

UK

Population

66.02 million

GDP per capita

38,886 USD

health expenditure as

% of GDP average 9.9

Share of dental expenditure on total health expenditure

average 6%

Registered Dentists 39,258

Dental technicians 7,656

Dental schools 16

- **Constitutional monarchy**, with two houses of parliament for the U.K., a Scottish Parliament and National Assemblies in Wales and Northern Ireland. No separate administration for England

- The U.K. comprises Great Britain (England, Scotland and Wales) and Northern Ireland. 80% of the population lives in England

- The **National Health System**, largest employer in the United Kingdom

- Historically, the U.K. has employed health workers from **Commonwealth countries** and the EU and there has been intensive international recruitment

- The **U.K government** allocates money for healthcare in England directly, and allocates block grants to Scotland, Wales and Northern Ireland which in turn decide their own policy for healthcare

UK

Based on developments that took place during the Second World War and in particular the Beveridge Report, which called for comprehensive healthcare as part of a postwar government plan, the Labour Government established the UK's National Health System (NHS) in 1946.

The NHS provides preventive medicine, primary care and hospital services largely free at the point of use to all those "ordinarily resident". However, some healthcare is funded privately, through private insurance, by user charges for NHS services and by out-of-pocket payments for items such as over-the-counter drugs and medical appliances. Approximately 12.3% of the UK population has private insurance and the dominant form is supplementary, providing coverage for enhanced services such as faster access and increased consumer choice. Insurers are free to determine what benefits they offer, but private insurance coverage is, in general, narrower in scope than the comprehensive coverage offered by the NHS.

The United Kingdom comprises Great Britain (England, Scotland and Wales) and Northern Ireland. Despite the description as a "national" health service (NHS), in practice the health system has never been the same across the four nations. This variation has increased with the transfer of powers for healthcare and public health to Northern Ireland, Scotland and Wales from 1997 onwards, in a process termed "devolution". Scotland, Wales and Northern Ireland have pursued an approach emphasizing partnership between purchasers and providers in the health system, while market forces play a greater role in the English health system.

Healthcare is mainly financed by the government, by general taxation with the balance coming from charges to patients for prescriptions, dental & optical care. In 2016 the country spent about 9.9% of its GDP on healthcare and public expenditure accounted for about 83% of this. Public sources of finance are allocated by central government to the Department of Health, which is then responsible for the subsequent disbursement of monies. **Although most NHS healthcare is free at the point of use, some services are either not covered and patients must pay themselves or are covered but subject to cost sharing.** These private expenditures are funded both by private health insurance, which accounts for 3.2% of total healthcare expenditure and out-of-pocket payments, which are responsible for 8.9% of the same.

The first point of contact for general medical needs in the NHS is usually a general practitioner (GP). Community health services, NHS Direct (a telephone and web-based helpline), dentists, opticians and pharmacists are part of NHS primary care services. The primary care system also plays a gatekeeping role in determining access to more specialized healthcare services. Specialists provide NHS-funded secondary care. To access NHS specialist care, patients require a referral for a consultation from a GP. Patients can also pay out-of-pocket for a private consultation or be referred through a private insurance scheme if they are members of such a scheme. Tertiary care is delivered by public hospitals. Specialist doctors are

Insurers are free to determine what benefits they offer, but private insurance coverage is, in general, narrower in scope than the comprehensive coverage offered by the NHS.

ORAL HEALTHCARE

- **Mixture of publicly and privately funded oral healthcare**
- **Publicly funded either in relatively small number of public service clinics or in private clinics where the owners contract with the state**
- **Free of charge to all under 18 years of age and "special groups"**
- **Widespread and increasing use of team dentistry**

- **Share of dental expenditure on total health expenditure (average), 6%**
- **% of Oral Health expenditure private (average), 54%**

NUMBER OF REGISTERED DENTISTS (2015)	39,258 (Percentage female 45%)
Active Dentists (estimated)	Between 33,000 – 34,638
Active dental offices (2015)	11,800
Population to (active) dentist ratio (2015)	1,630
Membership of the British Dental Association (BDA)	57% (active dentists)
Technicians	7,656
Dental labs (dentists' & commercial labs, 2015)	2,080
Dental hygienists (2010)	5,545
Dental assistants (2010)	42,700
Dental therapists (2010)	1,393
Denturists (2010)	120
No. of dental dealers (2015)	60

** All figures are approximate, varying year by year, taken and/or compared from different sources.*

employed by the NHS on a salaried basis but may supplement their salary by treating private patients within private hospitals and over 50% of NHS specialists also work in the private sector.

Oral Healthcare

Dentistry was included in the NHS at its inception, to assure that the whole population would be entitled to oral healthcare. **However, because of the huge amount of unmet need, it became rapidly apparent that the dental service was a threat to the affordability of the NHS and patient charges were introduced in 1951, although hospital and community oral health services remain free at point of use.** Oral healthcare in the UK is delivered in three ways: secondary and tertiary dental services, for difficult problems, are delivered in acute hospitals (and some single-specialty hospitals); community dental services, such as screening of schoolchildren, oral health promotion and dental services for patients with special needs are provided in community settings, the patient's own home and nursing homes; and ambulatory services (general dental services), to meet most oral health needs, are delivered in independent practices.

Therefore, access to a NHS general dental practitioner (GDP) is, in principle, available to all. NHS charges are about half or less of that which is paid privately. In many parts of the UK however, access to NHS dental care is difficult, therefore "Access Centres" staffed by salaried GDPs and Public Health Dentists (PHDs) offering clinical services at NHS charges are available. Individuals are entitled to immediate access to urgent oral healthcare when required and also have the right – subject to a set of co-payments – to all clinically necessary treatments. **Treatment considered necessary to dental health can include: dentures, root canal treatment, crowns and bridges, preventive treatment, white fillings, and orthodontic care (for under-18s). Individuals are entitled to these under the NHS but may choose to receive them in both private and NHS settings**. Local commissioning groups must ensure that NHS dental care is available within the geographic area for which they are responsible. Dentists may subcontract their work, which results in some dentists being providers (they contract with the NHS), providing performers (they contract with the NHS and deliver services) and performers (they deliver services but do not contract with the NHS). The vast majority of GDPs treat patients both within the NHS and privately.

Thus, patients may choose to receive a mix of private and NHS treatment within the same episode of dental care (known as "mixing"). Often, basic treatment is carried out within the NHS and more advanced treatment, in-

volving the use of more expensive materials, privately. **The effect of an increased expenditure by patients in the private sector and the high proportion paid by them as dental charges when obtaining treatment in the NHS, means that patients in the UK are funding 54% of all spending on oral healthcare, with 46% being publicly funded.** About 75% of private oral healthcare expenditure is made up by out-of-pocket payments and 25% by private dental insurance. Children under 18 years old, pregnant and nursing mothers; individuals on welfare benefits; individuals under 19 years old in full time education are entitled to free oral care within the NHS. The remainder of the population receives subsidized care where prices are regulated within a national framework of patient charges with three charging bands: band 1 – includes examination, diagnosis, preventive care and urgent care; band 2 – includes all treatment covered under band 1 plus additional treatment such as fillings, root canal or extractions; and band 3 – includes all necessary treatment covered under band 2 plus more complex procedures such as crowns, dentures or bridges. Per capita public spending on oral healthcare in the UK has grown over the last twenty years, reaching US$141.23.

All dentists who wish to practice in the UK must be registered with the General Dental Council (GDC). In 2015, there were 39,258 registered dentists and almost 90% of them were carrying out NHS activity in primary care settings. Dental auxiliaries or Dental Care Professionals (DCPs) also must be registered with the GDC. There are seven types of recognized dental auxiliaries: dental nurses (dental assistants), dental hygienists, dental therapists, orthodontic therapists, dental technicians, clinical dental technicians (denturists) and oral health educators. In the UK, dental hygienists may only work under the direction of a dentist, who must prepare a treatment plan, but need not be on the premises during treatment.
On average, about 60% of adults and 70% of children (0-18 years) see GDPs for continuing care annually. **The NHS remains the dominant provider of oral health services, however, there has been an increase in the number of people receiving private dental care, partly as the NHS contract introduced in 2006 reduced the number of dentists providing NHS services.**

On average, about 60% of adults and 70% of children (0-18 years) see GDPs for continuing care annually.

While dental health has improved considerably over the last fifty years, there is still a social class difference in oral health. Around 10% of the population receives fluoridated water in England, but the Department of Health is providing extra funding to increase coverage. Fluoridation is not provided elsewhere in the United Kingdom, although there is one area in Scotland where it occurs naturally.

Main Sources:
*- Extracts from "A comparative analysis of oral health care systems in the United States, United Kingdom, France, Canada, and Brazil", Daniela Garbin Neumann*1 and Carlos Quiñonez2*
-Extracts from the "EU Manual of Dental Practice". For full and detailed report: http://www.cedentists.eu/library/eu-manual.html
-Cylus J, Richardson E, Findley L, Longley M, O'Neill C, Steel D. United Kingdom: Health system review. Health Systems in Transition, 2015; 17(5): 1–125.

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BRAZILIAN EXCELLENCES

COUNTRY

Brazil

Population

207.6 million

GDP per capita

$15,651

(2017 est.)

health expenditure as

% of GDP

9%

Dentists

Between

256,889 - 290-000

Dental technicians

20,405

Dental hygienists

16,033

.Brazil population

fifth largest in the world, representing nearly 3 % of global consumers

• Largest Economic City -

São Paulo,

represents 10.7% of the GDP

.Political System

Federal presidential constitutional republic of Brazil is a union of 27 Federative Units (Unidades Federativas, UF): 26 states (Estados) and one federal district (Distrito Federal), where the federal capital, Brasília, is located

• Brazil is composed of five major regions - the North, Northeast, Southeast, South and Central-West

• Leader among emerging markets - BRICS member, many multi-national companies consider Brazil as an essential market for truly global businesses

Brazil

Brazil's economy is the largest of Latin America and the second largest in the Americas (after the U.S.). From 2000 to 2012, Brazil was one of the fastest-growing major economies in the world, with fast expanding business opportunities and an average annual GDP growth rate of over 5%. Its growth decelerated in 2013 and the country entered into a deep recession however, from 2017, the economy started to recover again, slowly, exiting the recession.

With the creation of the National Health System (Sistema Único de Saúde – SUS) some 30 years ago, Brazil was one of the first and few countries outside the OECD to integrate the goal of universal health coverage in its legislation, recognizing health as a right of citizens and a responsibility of government. The 1988 constitution, in fact, enshrined health as a citizens' right, requiring the state to provide universal and equal access to health services. **Its National Health System is based on decentralized universal access, with municipalities providing comprehensive and free healthcare to each individual in need (citizen or anyone legally residing in Brazil), with a public sector covering almost 75% of the population and an expanding private sector offering health services to the rest of the population.** The public sector is funded through a variety of taxes and social contributions collected by the three levels of government (federal, state and municipal). SUS provides healthcare through a decentralized network of clinics, hospitals and other establishments, as well as through contracts with private providers (subsidized by the federal government). The private sector includes a system of insurance schemes known as Supplementary Health which is financed by employment-based or individually purchased private insurance. The public and private components are thus distinct but interconnected, as people can use both, depending on ease of access or their ability to pay. The law states that "health assistance is open to private enterprise", evidencing the existence of two health sub-systems within Brazil. The SUS is the public face of the system and is characterized by public financing and public/private delivery. The private health sector offers duplicate coverage for most healthcare services. **Through the creation of the SUS, Brazil laid the foundations for a better health system and contributed to improving the quality of life of its population. The many measures have led to huge health gains.** Brazil spends on average 9 % of its GDP on healthcare (by comparison the U.S.'s 16-18 %) with less than 50% of health financing coming from public sources.

Brazil was one of the first and few countries outside the OECD to integrate the goal of universal health coverage in its legislation, recognizing health as a right of citizens and a responsibility of government.

Despite its many problems, Brazil's universal public health system represents an enormous achievement for Brazilian society. Brazil has not only managed to significantly improve access to healthcare, especially among the poorer inhabitants, but its system also represents a significant social and political commitment, by the government, and an effort to realize rights that are a key aspect of citizenship for millions of Brazilians. Nevertheless, health and social inequalities remain and more needs to be done.

Industry Profile

In spite of political uncertainty, the healthcare industry is expected to grow. There are around 4,000 manufacturers of medical and dental products in Brazil and over 10,000 distributors. Exporters may find themselves at a competitive disadvantage if they do not have a significant in-country presence – whether via established partnerships with Brazilian entities (qualified representative or distributor) or some type of Brazilian subsidiary. Many of the largest multinational companies have set up manufacturing facilities in Brazil to reduce costs and to be more competitive within the public system. In addition to high tariffs, there is a complex legal system and customs procedures. In 2016, imports of medical products and devices have suffered a 16 % reduction from previous year but are expected to grow in the near future. A few notable growth areas were in dental products, where imports increased 10.6 % and in imaging diagnostics, where imports increased by 32.4 %.

Oral health profile

Oral healthcare follows the trend of general health. It is incorporated within the Public Health System (SUS) with the aim of universal coverage but with lower priority in public policies and public financing. **A gap exists between what is officially covered and what is in fact available in practice. Public oral health coverage reaches less than 40% of the population with a substantial proportion of the population covered neither by public sources nor by private dental insurance.** The national policy on oral health, also known as Smiling Brazil ("Brasil Sorridente"), was implemented in 2004 with the aim

to reorganize public oral health and provide primary oral healthcare within the Family Health Program (Programa Saúde da Família) and specialized dental procedures through the creation of the Dental Specialty Centers (Centros de Especialidades Odontológicas – CEO), however, despite its efforts, the magnitude of inequality in Brazil remains and public investment in oral health remains low and not sufficient to address social inequalities in access to oral healthcare.

While the supply of oral healthcare services by the SUS has increased, it appears to be still largely targeted to younger and school-age populations. **The Brazilian population covered by oral healthcare teams, within primary care, rose from 15.2% to 37% between 2002 and 2012 with roughly 22,000 teams in 4,900 municipalities.** As for the CEOs there are more than 900 centers all over the country. To access them, people must first be assessed by an oral healthcare team, which will provide primary oral healthcare and, if necessary, will refer the patient to the nearest center. Services covered by public sources include all procedures considered as primary oral healthcare (examination, diagnosis, preventive care, sealants, scale and polish, fillings, extractions and urgent care) and also some specialized procedures delivered at the CEOs, such as periodontal surgery, endodontic treatment, minor oral surgeries, diagnosis and treatment of oral lesions, dentures and treatment to disabled patients. Crowns and bridges are not covered.

As in general healthcare, coverage for oral healthcare in Brazil is duplicated as people who have private insurance are not excluded from public coverage. Private dental insurance covers around 9.5% of the population and insurance companies must cover a set of dental benefits mandated by the regulatory agency ANS, including primary and specialized procedures. They can also offer optional benefits, which they have no obligation to cover. Many companies have cost-control mechanisms for some procedures, such as preauthorization of benefits and cost sharing.

In consideration of what said, the Brazilian oral healthcare system is mainly privately financed, even after the implementation of "Smiling Brazil". 2010 estimates suggest that private dental insurance finances around 25.7% of total oral healthcare expenditures, out-of-pocket payments account for about 63.9% and the SUS finances only 10.4% of total oral healthcare expenditures. Individual characteristics (low levels of education) and regional differences (low levels of economic development) maybe associated with poorer access to oral healthcare services.

There are five recognized oral healthcare professions in Brazil: dentist, dental hygienist, dental assistant, dental technician and dental technician assistant. **As roughly 9,000 students graduate each year, the number of dentists becomes comparable to 12% of all dental professionals in the world. The Brazilian oversupply of dentists is associated with an excess of dental schools and graduates but it has not resulted in better access to oral healthcare, given the unequal geographic distribution of professionals.** Such an unequal distribution is related to differences between the more and less developed regions of the nation.

Public oral healthcare is usually provided in local community settings and all oral healthcare providers working in the public sector are part-time or full-time salaried employees of the municipality where they are working. On the other hand, private oral healthcare is delivered in independent private dental offices, where dentists can work on their own or in a group practice. These practitioners can earn their living entirely through fees paid directly by their patients and/or by dental plans. They can also work as part-time employees in the public sector.

Despite its many problems, Brazil's universal public health system represents an enormous achievement for Brazilian society.

The 2010 National Oral Health Survey identified persistent issues including large regional differences in the prevalence of dental diseases; 80% of decayed deciduous (primary) teeth are still untreated; and despite the decreasing need for dental prostheses in adolescents and adults, there are still significant needs in the elderly, as only 7.3% of them do not need prostheses.

In terms of access to and utilization of oral health care services, a 2008 survey showed a decrease in the proportion of subjects that had never visited a

Comparative framework of the oral healthcare systems, Brazil and selected countries

INDICATOR	BRAZIL	CANADA	FRANCE	U.K.	USA
Coverage for oral healthcare					
% of populatiotion covered by public sources	37.0	5.5	100.0	100.0	5.0
% of population covered by private dental insurance	9.5	62.6	95.0	11.8	59.5
Financing					
Total oral healthcare expenditure (TOHCE), 2010 (billion US$)	3.96	10.55	11.39	8.73	108.44
TOHCE as % of GDP, 2010	0.17	0.80	0.50	0.60	0.70
Per capita TOHCE at average exchange rate, 2010 (US$)	20.75	309.40	175.70	141.23	349.00
TOHCE as % of total healthcare expenditure	1.8	7.4	4.6	4.1	4.0
Public oral healthcare expenditure as % of TOHCE, 2010	10.4	5.3	35.6	46.0	9.3
Private dental insurance as % of TOHCE, 2010	25.7	52.1	38.5	13.4	48.6
Out-of-pocket payments as % of TOHCE, 2010	63.9	42.6	25.5	40.6	41.6

Source: http://ncohr-rcrsb.ca/knowledge-sharing/working-paper series/content/garbinneumann.pdf

Dentistry personnel in Brazil, latest data available.

	BRAZIL
Number of practicing dentists	Between 256,889 - 290-000
Dentist/1000 population ratio	1.4
Number of dental hygienists	16,033
Number of dental assistants	96,143
Number of dental technicians	20,405
Number of dental technician assistants	4,818
Regulation level for oral healthcare providers	Federal

Oral Health Outcomes, 2010 Brazil National Oral Health Survey

	2003	2010
Mean DMFT at age 12	2.8	2.1
Untreated (decayed) teeth at age 12	1.7	1.2
% of caries-free at age 12	31%	44%
Mean DMFT in adults aged 35-44 years	20.1	16.3

Sources: http://ncohr-rcrsb.ca/knowledge-sharing/working-paper-series/content/garbinneumann.pdf

dentist, from 18.7% (1998) to 11.9% of the population. Nearly 40% of Brazilians made a dental visit in the previous 12 months, but the number increases significantly among the higher income group (67.2%) comparing to the lower income group (28.5%). **The main reason for not obtaining dental care was the waiting times to get an appointment within the SUS due to a shortage of dentists, which can reflect cost barriers to access private dental services.** Data also showed that the SUS was responsible for delivering 29.3% of all oral healthcare services at that time.

Sources: Adjusted from article previously published in Infodent International issue 2-2018 where original sources are duly mentioned

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ABIMO

Dentistry in Brazil: Quality, Innovation and Competitive Pricing

The success of Brazilian dentistry goes overseas and brings recognition in all market branches. It is the most competitive of all branches represented by ABIMO. In addition to that, the scholar network of national odontology is leader in scientific papers production in Latin America and occupies an honorable second place on a worldwide scale, back-seating only to United States of America.

As part of the strength of Brazilian odontology, the country has the largest annual dentistry congress in the world. São Paulo hosts CIOSP (International Congress of Dentistry of São Paulo), starting every year on January, where more than 200 companies from dentistry sector announce great innovations in terms of products and technological innovations. Brazil had in 2019 the 37th edition of CIOSP, considered the first major event of the year and the largest annual dentistry congress in the world. The Congress in 2019 received approximately 25 thousand professionals from the area per day. The exhibition has more than 50,000 m2 and generates a large volume of business, almost US$ 6 million in sales.

The CIOSP counts with more than 200 Brazilian exhibitors and 44 international exhibitors from 12 countries: Germany, China, Korea, USA, Finland, Israel, Italy, Malaysia, Pakistan, Poland, Portugal and Switzerland. They will be present to announce the launches in products, equipment, innovative techniques and present technological revolutions. CIOSP congress also offers a scientific schedule taught by the best professional of each specialty addressed.

Besides that, Brazilian Health Devices initiative organizes pavilions in the main dental trade shows around the world and trade missions for some of the biggest target markets for Brazilian dental industry. Brazilian Health Devices is a joint project developed by ABIMO (Brazilian Medical and Dental Devices Manufacturers Association) in partnership with Apex-Brasil (Brazilian Trade and investment Promotion Agency). It consists in the new brand of the Brazilian Health Industry into the international market. The creation of Brazilian Health Devices represents the maturity of the Brazilian Health industry to reach the foreign market. ABIMO and Apex-Brasil are working together to increase the outreach of Brazilian health products beyond the 180 countries where our companies have exported. Brazilian Health Devices is on force since 2002 searching for a wide and strong internationalization of Brazilian healthcare production.

Therefore, through Brazilian Health Devices, Brazilian industry is on display on main worldwide events in the area, closing new deals, showing its quality and functionality to dealers and buyers from all over the world. The result is an ever-growing motivation in the market, along with a widening of worldwide competition that welcomes, willingly and with great interest, everything that Brazil produces. Such optimization of healthcare processes assures that patients from all over the world are benefited by the most efficient and interesting solutions currently available.

Example of that is IDS Trade Show. At 2019 edition, from 12th to 16th March, at Koelnmesse Convention Center, Brazilian Health Devices will promote once again reference dental devices' companies from Brazil. This will be the 9th participation of the Brazilian Pavilion at IDS organized directly by ABIMO. Please consider visiting us at Lounge ABIMO, located at Hall 11.3 - Stand B051.

ABIMO stands for Brazilian Medical and Dental Devices Manufacturers. Its representativeness goes without question. Founded on 1962 by the joining of 25 medical and dental devices manufacturers, it grew up over the decades and today is acknowledged as Brazil's main association due to its efforts and dedication to healthcare industry. This entity is comprised of about 350 companies. Even producing a wide assortment of products, they share the same trait: the search for innovation and growth, as much at home and at foreign markets.

As a way to keep track of industry demands, ABIMO created designs and solutions side-by-side its quality partners to ensure Brazilian healthcare productive chain and full support, which extends from technical operational and associative features to access to technology and adaptation to industry 4.0 through strategy devising for the creation of new markets.

Chief actor of many struggles, ABIMO is in constant interchange with government to represent Brazilian industry in all lawful decisions. It delves constantly in public hearing carried out on city, state and federation levels. It marks its presence on Congress House and it is always willing to defend the interest of associate companies.

According to Brazilian Federal Dental Council (CFO), Brazil has more than 312 thousand dentists, which represents 19% of professional dentists in the whole world. Considering in more details this impressive number, Brazil has around 90 thousand dental surgeons for 207 million inhabitants, besides the 9 thousand graduates that come to the market each year. **Brazil has 4,29 dentists each 3 thousand inhabitants. Comparatively, the USA has 1,81 dentists each 3 thousand inhabitants.**

Brazilian dental industry does not stay only locally: the country exports to about 130 other countries as destination of part of the best national dental production. **The five countries which are the best buyers of Brazilian dental products are: Mexico (exports of US$ 8.6 million), Argentina – US$ 7.6 million –, Chile – US$ 7.1 million –, United States – US$ 6.5 million – and Germany, with US$ 6.4 million in Brazilian dental exports (data from the year of 2017).** It is a natural consequence of so many dentists always searching for more effective and efficient solutions, along with a middle class eager to spend on dental and aesthetic products. It means this industry keeps up with the development pace, increasing internal production to meet the needs of its own market and elsewhere. Such devotion to the industrial chain of dental products is reflected on the increasing volume of exports and on the export maturity level found on companies.

Each day more suited to the international scenario, Brazilian companies reach a significant amount of world markets. As already presented, some countries which pose great demands like United States, are good buyers of national output. In 2017, a US$ 87.3 million figure was exported by Brazilian odontology. From this amount, US$ 6.5 were purchases made by North Americans.
Brazil is also reference in terms of academic production. According to Scimago Journal & Country Rank, the country answers for 84% of all dental scientific production in Latin America. According to CWUR, USP (University of São Paulo) ranks as the world's best in odontology. It takes credit for the best scientific performance among all areas of knowledge. All these numbers contribute to illustrate the excellence achieved by Brazilian odontology in terms of international market access and scientific production. **In short, Brazilian odontology has evolved over the decades upon the following formula: high demands and a great ability to make deals and to invest in constant innovation.**
Such positive scenario, allying scholarship and productive chain, leads to a national production able to join two great market advantages: quality and competitive pricing. Such cost/benefit ratio places more and more the dental sector of Brazilian industry within international settings. That includes active participation on main segment fairs, both to showcase its internal production and to capture world ideas, trends and news. Massive presence on world events reassures the impressive national odontology stamina and is a contribution to bring the country due attention, and the recognition of the nation as a vast technical mastery reservoir.

Brazilian dental innovations are recognized worldwide. **One highlight is the sector of bioceramic cements. On orthodontics, new technologies for brackets, supports for the orthodontic tooth brace fixed in each tooth that needs correction, became a worldwide success on more than a hundred countries, including patent rights claimed on United States. As a result of such successful interchange and of almost a decade of intensive studies, a new generation of Brazilian implants was created to fill in the blanks of the segment. The synergy between macrogeometry and the most advanced surface nanoactivation, capable of speeding up significantly osseointegration, drew attention from the best professionals in the world.**

ABIMO at IDS 2019

Lounge ABIMO
Brazilian Pavilion
Hall 11.3 - Stand B051

ABIMO Receives Foreign Opinion Makers to Represent Brazilian Dentistry

The initiative took place simultaneously to CIOSP, the most important congress of dentistry in Brazil

Sao Paulo, January 2019 - Among the many initiatives to promote quality and innovation of Brazilian industry internationally, ABIMO, the Brazilian Association of Medical, Dental and Laboratory manufacturers, invited international media to experience and learn about new advances of Brazilian industry during the biggest dental trade fair in Brazil and Latin America, CIOSP, organized by the APCD, the Sao Paulo Dental Association. Among the over 200 companies exhibiting many were the innovations in almost all segments: orthodontics, bio ceramic cements, implants, units, equipment, endodontics, prosthodontics, Laboratory, oral care, prevention and much more…

Research, innovation, high-tech and quality were highlighted when we visited two dental factories, amongst the biggest in Brazil, **Dental Morelli** and **S.I.N. Implants.** Pioneer in the manufacture and sales leader in orthodontic products in Brazil, Dental Morelli, with its over 2,000 certified items, is a family-run business and a strong player in the Brazilian orthodontic dental market. S.I.N. Implant System, reference point in Brazil of dental implants, has achieved its leader position supported by principles of simplicity, innovation and nanotechnology, is now undergoing a major expansion in the international market.

At the trade fair, the high demand of implants was evident within the market, many were the companies. State-of-the-art technology was very well represented by **Implacil De Bortoli**, pioneer in 36 years of implant activity, having produced over 4 million implants and components during this period for half a million patients in Brazil and abroad. In this CIOSP **Angelus**, focused on science, research and development, brings to the market an expansion of its portfolio in the area of bio ceramics and glass fibers, with exclusive products that will allow dentists opportunities to provide a more effective and safe treatment to their patients. Diamond Burs were very well represented by **KG Sorensen**, producer since 1966, with its European know-how, it only uses the best high-quality raw material undergoing the most rigorous quality tests at all stages of production. Dabi Atlante and Gnatus have merged into one big group, **Alliage**, since 2017, bringing innovation and global solutions to their lines of dental units, applying the most modern technologies to ensure high performance and quality.

Quality, durability and innovation is also **Olsen**'s motto since its beginning in 1978. Consolidated in Brazil for 40 years, while breaking new territory, it is already present in more than 100 countries. Founded in 2005 and thanks to the continues search for improvements and entrepreneurial spirit of its leadership, **Orthometric** expanded its plant of orthodontic products in 2014, acquiring high technology and a sophisticated process for product lines that were not yet manufactured by Orthometric in Brazil. Last, but not least, in the tour organized by ABIMO, within the trade fair, was our meeting with **Maquira**. Among the over 300 products, Maquira was highlighting its BM4 aesthetics products, whitening and desensitizing gels, bleaching plates and mouth guards, adhesives, light cure resin cement, posts and more.

Time is very short and more are the excellences in this Brazilian festival of innovation, quality and friendliness!

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YH	1,2
TR	1,6
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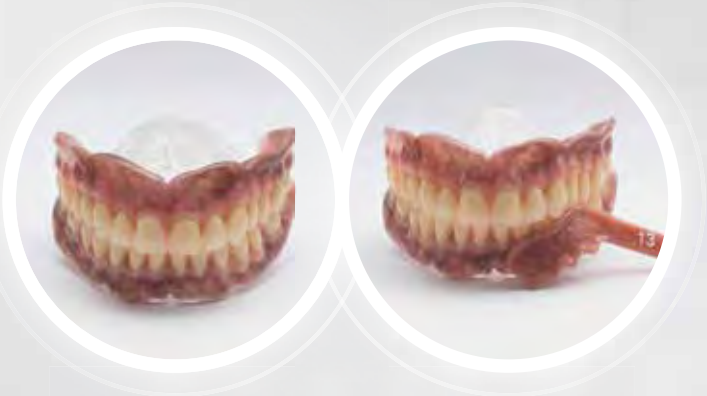

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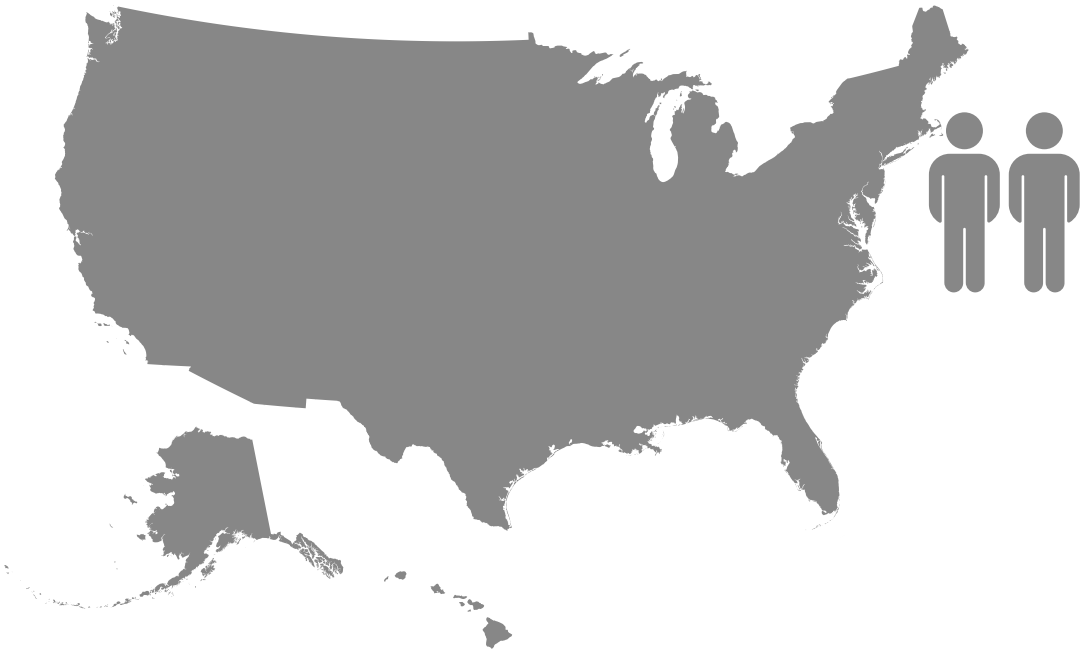

Population
325,719,18

GDP per capita
US$
59,774

COUNTRY
USA

Health Expenditure per capita
USD 9,536

Average Health expenditure as % of GDP
17.9%

Number of active dentists (2016)
196 441

0.6 active dentists per 1000 population

- In 2016, % of all persons 2 years of age and over with a dental visit in the past year was 68.7
- Dental services expenditure:
  62 billion USD (2000) - 124.4 billion USD (2016)

.57 accredited dental schools in the United States

- U.S. spends far more money on healthcare per head than any other country – 53% more than the second-highest country, Norway
- The U.S. ranks near the top in out-of-pocket spending among high-income countries

.Medical costs are responsible for over 60% of personal bankruptcies in the country

- Federal constitutional democracy, with decision-making authority divided between the federal government and the state governments

USA

The United States economy is the largest in the world and its gross national income per head is among the highest in the world. It has a federal system of government, with substantial authority delegated to its regional governments – the 50 states – and a historical reluctance regarding central planning or control either at federal or state level. Its healthcare system reflects this wider context, having developed largely through the private sector, and combining high levels of funding with a distinctively low level of government involvement.

Private sector stakeholders play a stronger role in the US healthcare system than in other high-income countries; the private sector led the development of the health insurance system in the early 1930s, with the major federal government health insurance programs, Medicare and Medicaid, only arriving in the mid-1960s. **Medicare provides coverage for seniors and some of the disabled and Medicaid covers healthcare services for some of the poor and near-poor. There is also a combined federal and state funded Children's Health Insurance Program (CHIP), which offers coverage to children in low-income families.** Both public and private payers purchase healthcare services from providers subject to regulations imposed by federal, state and local governments as well as by private regulatory organizations. Thus, the United States has a unique healthcare system unlike any other in the world. **While most developed countries have healthcare systems that offer coverage as a right of citizenship, not all Americans are automatically covered by health insurance. As such, one main feature in U.S. healthcare system is its fragmentation as different people obtain healthcare through different means.**

International comparison shows a varied picture with respect to health quality and outcomes, though, with very good indicators for some diseases (e.g. certain cancers) and poor ones for others (e.g. asthma). As to health behaviors, the picture is again varied; the United States has been notably effective in reducing smoking rates but equally ineffective in grappling with nutritional health and obesity.

Thus, the United States has a unique healthcare system unlike any other in the world.

Most Americans (around 60%) still receive their coverage from private health insurance. Public programs cover just over 30% of residents; unusual for high-income countries is the high number of people completely lacking health insurance, although this is expected to be gradually reduced thanks to the implementation of the Affordable Care Act (ACA) in 2014. **Prior to the enactment of the ACA there had been several unsuccessful efforts to provide universal health coverage and the Patient Protection and Affordable Care Act constitutes the most significant health reform in the United States since Medicare. Improving coverage is a central aim, with the ACA introducing a requirement for nearly all individuals to have some form of health insurance.** Improved coverage is envisaged through both the public and private sectors: subsidies are provided for the uninsured to purchase private insurance (there is no government-provided healthcare delivery option) and in some states, more low-income people will obtain coverage through expanded eligibility for Medicaid. The ACA also addresses underinsurance, providing greater protection for insured persons from their insurance being too limited in scope, inadequate in coverage or even being cancelled once they become ill. There are also increased funds for

primary care to improve access. Public health is also strengthened, with increased funding for public health programs and requirements for chain restaurants and vending machines to display calories for food products. Improving quality and controlling expenditures are also addressed through a range of measures. These are broadly a combination of incentives for efficiency and better-quality care plus penalties linked to inefficient care (e.g. for hospital readmissions), rather than any major restructuring of the health system as such; there are also some time-limited reductions in specific areas of spending (e.g. on pharmaceuticals). However, the ACA also contains measures pulling in the other direction; for example, a ban on US residents from buying and importing medication from other countries where it is cheaper and preventing the use of cost-benefit analysis for healthcare practice or reimbursement in the Medicare program.

Healthcare Financing

Public financing sources constitute around 48% of healthcare expenditures in the U.S., private third-party payer sources 40%, with the remaining 12% being paid by individuals out-of-pocket. **Even though the proportion of public and private spending on healthcare is roughly comparable, only a minority (30%) of the United States population is covered by the public financing system – mainly through Medicare and Medicaid.** Medicare is financed through a combination of payroll taxes, premiums and federal general revenues. Medicaid is a tax-funded, joint federal-state health insurance program administered by the states, within broad federal guidelines. Even among those with coverage, high out-of-pocket costs can be a barrier to receiving timely care and medications; Out-of-pocket (OOP) payments (e.g. direct payment by consumers for health services, coinsurance, co-payments, and deductible amounts) per capita have increased substantially in real terms in recent years. The average national health expenditure as percent of GDP is around 17.9%. According to estimates it is expected to rise to $4.5 trillion by end 2019, comprising 19.3% of GDP.

Oral Healthcare System

Overall, dental insurance coverage is less prevalent than medical insurance in the US. Nearly 60% of adults age 21-64 have private dental coverage, 5% public dental coverage and more than 35% have no dental coverage. Among elderly Americans, traditional Medicare is not a source of dental insurance, therefore almost 70% of Americans aged 65 and older do not have dental coverage. Among adults with low incomes, Medicaid is the primary vehicle for oral healthcare, but while Medicaid programs cover comprehensive dental services for children, states have flexibility to determine what dental benefits are provided to adults. Consequently, there is a wide variation among states in the types of dental services and the degree of coverage offered to adult enrollees. Medicare only pays for a small fraction of dental care because it only covers dental care when it is linked to the treatment of a medical problem. The remaining 94% of dental care financing is from private sources, 53% of which is from dental insurance and the rest from OOP payments. **Americans may receive dental care in private settings, for which they must have dental insurance or pay for out-of-pocket, or in community settings,**

Main U.S. Dental Equipment & Supplies Exports (USD)

Partner	Year 2016	Year 2017
WORLD	**1,193,687**	**1,154,318**
Canada	185,524	202,833
Japan	179,396	158,026
Germany	121,479	128,923
China	106,496	91,505
Korea	84,588	83,977
Mexico	50,599	52,508
Taiwan	50,838	39,947
Hong Kong	53,578	35,411
Australia	34,379	33,502
Russia	21,944	29,012
Switzerland	23,797	24,744
United Kingdom	29,116	23,920
Singapore	25,686	19,509
France	17,004	18,679
Spain	12,372	18,075
Netherlands	13,639	15,564
Italy	12,198	11,224
Colombia	6,732	7,391
India	6,389	7,322
Brazil	5,681	6,789
Israel	6,720	5,824
Costa Rica	3,112	4,531
Czech Republic	3,350	3,810
Argentina	2,650	2,575
Iran	1,759	2,346

Source: U.S. Department of Commerce

where they pay a sliding scale fee for the service. Community-based clinics form the dental safety-net for those with limited incomes. Thus, oral healthcare services are predominantly funded by the private sector. The largest source of financing is through private health insurance (48.6% of total oral healthcare expenditure), followed by out-of-pocket payments (41.6%). The proportion of total healthcare expenditure allocated to oral healthcare is roughly around 4.0%, amounting to approximately US$ 351 per capita.

Organization, Management and Delivery

In 2016 there were 196,441 professionally active dentists, 90% of which private practitioners, and around 127,033 dental offices. The dentist/population ratio in is 0.6/1000 population. The final authority on dentists' licensure requirements is the individual state. Though requirements vary from state to state, all applicants for dental licensure must meet an education requirement, a written examination requirement and a clinical examination requirement. The US also recognizes dental hygienists, dental assistants, denturists and dental laboratory technicians. Group practices (including dental chains) and dental practice management companies (DPMCs-large companies providing services for multiple dental offices, lowering operational costs) are on an increasing trend while single-owner practices are declining. **In just two years the number of large dental group practices rose 25 %.** In 2008 solo dentist practices accounted for 92 % of all dental practices (very large group practices with 20 or more dentists made up only 3 %). In 2010, 69 % of dentists were solo practitioners and the trend is continuing. Such decline is due to a slow-down in revenues due to high operating costs. Corporate practices have competitive prices, the ability to provide care to walk-in patients (populations in traditionally underserved and working-class areas often do not have steady sources of income and find it difficult to set up appointments weeks ahead of time) and accept government insurance (financing fixed costs and reimbursement). Also, the practice patterns of new dentists have changed; driven by efficiency and increased competition. Fewer than 20% of graduates are seeking practice ownership.

In 2016, 68.7% of Americans over the age of 2 years received dental care at least once in the past year. However, when broken down by age group, an increase in utili-

Oral Health Personnel Density per 1000 population (2010)

Dentists	0.6
Dental hygienists	0.46
Dental assistants	0.97

zation occurred in children under 18 years and in adults older than 64 years, but a decrease occurred in adults aged 18–64 years. **The dental health of older adults, which in the past was poor, has improved over the past 50 years.** Access to dental care varies by age, income, insurance status, race, ethnicity, socioeconomic status, geographical location and special needs. In particular, Medicaid beneficiaries, the uninsured, the "working poor" and underserved minorities are more likely to have access problems. In a 2010 national household survey 13.3% reported that they had neglected dental care in the last 12 months due to costs (Centers for Disease Control and Prevention, 2011a). The percentage was higher (18–20%) among working adults. Among those below the poverty line who were uninsured up to or over 12 months, it was 34% and 44% respectively. Safety-net clinics provide much of the care for underinsured or uninsured individuals but these clinics "have limited resources and only modest capacity to provide dental services". Waiting times are long. The clinics provide less than 5% of total dental care. Public insurance, such as Medicaid and the CHIP, removes some of the financial barriers to dental care for a portion of the population. Medicaid coverage of dental services for adults varies by state, but under federal law, Medicaid must cover dental services for children. CHIP programs receiving expansion funds from Medicaid must also cover these services. However, private dentists may refuse to provide care to these beneficiaries due to low payments and other reasons, and safety-net clinics are over capacity. Despite these difficulties, a child with one of these forms of public insurance is more likely to see a dentist than one who is uninsured. Access to dental care through the safety-net clinics does not guarantee that all needed services will be provided. Often, the clinics cannot provide specialized services and referrals to specialists outside the clinic are difficult to make. Again, this appears to be due to private dentists' unwillingness to treat lower income patients.

Main Sources:

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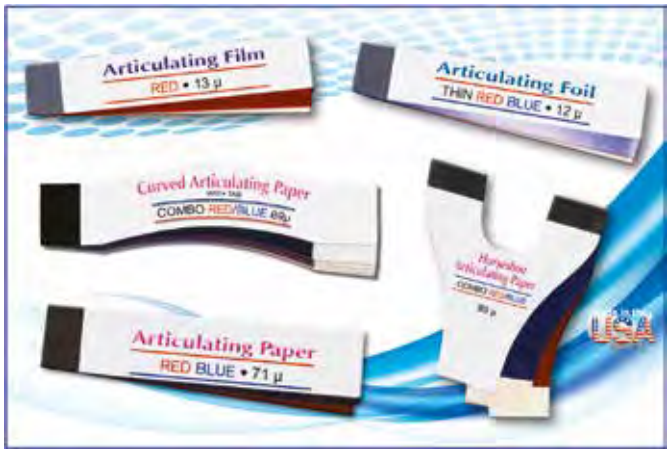

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Extract
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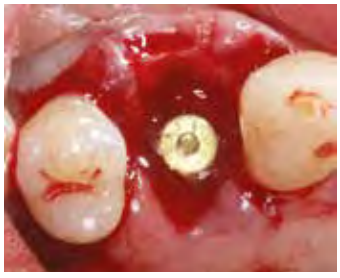
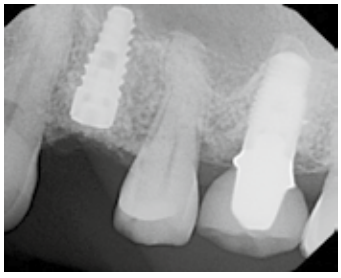


8 weeks after grafting



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On the market for the past 5 years, the device is easy to operate, safe and fast. It offers a sterile environment to produce either mineralized or demineralized dentin graft. The device offers a choice of particulate size, 300 – 1200 microns and 100 – 300 microns. The KometaBio protocol assures a bacteria free graft. The Smart Dentin Grinder™ converts each tooth into as much as 0.5cc to 3.0cc of graft depending on the type and size of tooth used. Multiple teeth can be processed in a single cycle. KometaBio offers protocols for how to save excess dentin graft for future use. Cost per patient ranges around $45, so certainly an excellent investment for any practice that offers grafting procedures. Join the next generation of natural autologous biologics and implement the KometaBio – Smart Dentin Grinder™ in your practice today. A practical, predictable and profitable procedure for any dentist.

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SPANISH EXCELLENCES

Total Population (2017):
46.5 million

GDP per capita
28,156 USD

Health Expenditure as
% of GDP
9.3

COUNTRY
SPAIN

Active dentists (estimated)
33,286

Dental technicians
13,000 - 14,000

Dental schools
21
public and private

- Castilian, official State language. Other Spanish languages have official status in their respective Autonomous Communities (Article 3 of the Constitution)
- Third largest surface area in western Europe
- Political structure, Parliamentary Monarchy
- Political organization, central state and 17 highly decentralized regions (Comunidades Autónomas), with their respective governments and parliaments
- Spain has among the world's healthiest people with average life expectancy of 81, one of the highest in the EU
- 1st country in the world in organ transplants

Spain

The Spanish economy is the fifth-largest in Europe behind Germany, United Kingdom, Italy and France and the 14th largest in the world. Following the financial crisis of 2007–2008, Spanish economy plunged into recession, entering a cycle of negative macroeconomic performance.

The economic boom of the 2000s was reversed, leaving over a quarter of Spain's workforce unemployed by 2012. In aggregated terms, the Spanish GDP contracted by almost 9% during the 2009-2013 period. The economic situation improved again by 2013-2014 and after three years of impressive economic growth, Spain's economy is experiencing a notable rebound facilitated by structural reforms and is now on the verge of exceeding its pre-crisis level of gross domestic product. Today, growth rates are nearly back to levels during the boom years. The Spanish economy expanded by more than 3% in both 2015 and 2016 and by at least 2.5% in 2017-2018, far ahead of its European peers.

Its healthcare system is considered among the best in the world, in 7th position in the ranking calculated by the World Health Organization. **Its National Healthcare System (SNS) or "Instituto Nacional de la Salud", is founded on Spain's General Healthcare Act of 1986 and guarantees universal coverage and free healthcare access to all Spanish nationals, regardless of economic situation or participation in the social security network.** As the system is based on universal healthcare, non-residents and tourists (and even people living in the country illegally) are never denied treatment. Population coverage is almost universal (99.5%) and guarantees quite a comprehensive benefits package to all citizens. Only 0.5% of the population falls outside this welfare network; this group consists of high-income non-salaried individuals who are not obliged to join the social security system as per the 1088/89 Royal Decree.The SNS is almost fully funded from taxes and predominantly operates within the public sector. **Provision is free of charge at the point of delivery except for pharmaceuticals prescribed to people aged under 65, which entail a 40% co-payment with some exceptions.** Health competences were totally devolved to the regional level ("Comunidades Autónomas", Autonomous Communities) as from the end of 2002; this devolution resulted in 17 regional health ministries with primary jurisdiction over the organization and delivery of health services within their territory. **The Autonomous Communities' financing scheme promotes regional autonomy both in expenditure and in revenue raising (especially after the 2009 revision). The reforms, which regionalised the system, were implemented to provide greater and equal access to the population, thus avoiding the concentration of health services in urban areas.** This has also improved response time and increased the participation of the target community in the development and management of the national healthcare system at regional and local levels. On the local level, the "areas de salud" are the fundamental structures of the national healthcare system and are responsible for the unitary management of the health services offered at the level of the Autonomous Community. To increase operability and efficiency, the "areas de salud" are subdivided into smaller units called "zonas basicas de salud".

Spain's economy is experiencing a notable rebound facilitated by structural reforms and is now on the verge of exceeding its pre-crisis level of gross domestic product. Today, growth rates are nearly back to levels during the boom years.

As in most European countries, the numbers in all categories of health professionals per 100 000 persons have increased over time; it is worth noting the expansion in Spain of certain profiles, such as nurses, dentists or pharmacists (which have multiplied several times over their availability in the context of a growing population), compared to the relative stability of physicians. The primary care network is entirely public and most of the providers are salaried professionals within the public sector with a few exceptions. Primary Healthcare services are available within a 15-minute radius from any place of residence. **The main facilities are the healthcare centres, staffed by multidisciplinary teams comprising of general practitioners (family doctors), paediatricians, nurses, administrative staff and social workers, as well as, in some cases, midwives, physiotherapists and dentists' surgeries and are linked to some basic laboratory and image diagnosis resources, either in the same premises or centralized and serving several centres in the vicinity.** There is a total of 13,121 primary health care centres that serve 35,233 citizens each

on average. Specialist care is provided in specialist care centres and hospitals in the form of outpatient and inpatient care. **Access to specialist care requires referral from the GP, who acts as a gatekeeper.** Around 40% of hospitals belong to the SNS; the remainder are privately owned, though many are included in the networks of public utilization or within a substitute concession by which their activity is publicly funded (around 40% of private hospitals' discharges in Spain are funded out of the SNS budget). 71.2% of the available beds are functionally dependent on the public sector.

Compared to health expenditure in other WHO European Region countries, Spain invests a percentage of GDP (9.3%) slightly below the average (10.4 % in Belgium, 10.6 % in Denmark, 11 % in France, 11.2 % in Germany and 9.8 % in the U.K). **Most of the health expenditure, 71% relies on the public sector and is sourced mainly from taxation. The share of private health expenditure has increased over the years. The most recent international figures for Spain yield a 28.9% share of private sources in total health expenditure within the last few years**; this private expenditure unfolds into 22.4% funded out of pocket by households (mainly co-payment for drug prescriptions for under-65s, over-the-counter drugs, dental care and optical items such as lenses and glasses), 5.5% corresponding to private insurance and the remaining 0.9% spent by private non-profit-making organizations serving families. **The preference for paid, private healthcare is not caused by a lack in quality of the public system but mainly due to the long waiting periods patients are often faced with to see specialist doctors in the public healthcare system that can often be of weeks or months (excluding emergency care, which is immediate) or to access services such as adult dental care, which are limited within the benefits package.** As far as per capita expenditure, total public health expenditure increased from 2,125 euros per inhabitant in 2011 to 2,152 euros per inhabitant in 2015, representing an average annual increase of 0.3% in the five-year period.

As in most European countries, the numbers in all categories of health professionals per 100 000 persons have increased over time

Health Market Trend

Spanish public healthcare institutions are the main purchasers of medical equipment and supplies and while they previously accounted for 80-85% of the market, austerity measures over the past several years have generated a decline in size and scope. This reduction in coverage has been offset to a certain extent by an ongoing growth in the private healthcare sector during the same period, which accounts for approximately 20% of the market and is still on the rise. The market for medical equipment and devices is estimated at approximately USD 8 billion. The regions of Madrid and Catalonia account for over 80 % of medical equipment sales.

The sector relies heavily on imports. Germany accounts for approximately 50 % of the imports, while the U.S. has approximately 25 – 30 % of the market share. While a minority, large companies represent only 8 % of the market, they account for approximately 60 % of the sales. Because of each region being responsible for administering its corresponding healthcare budget, the rest of the market is made up of small and medium sized companies. Except for companies in Madrid, Barcelona and the Basque Country, the vast majority operate mainly in their own region. However, these small and medium sized companies represent 90 %t of the market and account for more than 40 % of the sales. **Because of the difficult economic situation over the past few years cost-efficiency continues to be a deciding factor when it comes to procurement. To restrain/reduce expenditures, more and more items, particularly single use items, are being imported from Asia.** However, when it comes to more complex and sophisticated items, quality continues to be an important factor in the purchasing decision. Non-EU companies need to have either a Spanish distributor or their own branch in Spain to participate in official tenders and to avail of other market opportunities, as also to provide the aftercare service required by law.

Spanish manufacturers are compensating for the drop in domestic activity by stepping up their international activities. Medical device exports from Spain have increased over 20 % since 2008. Europe continues to be the principal destination for exports in this sector, with 70% of exports going to Germany, Portugal, Belgium, France and Italy.

Oral Healthcare

The Spanish population has the right to all primary healthcare but dental, psychiatric and cosmetic services are excluded and almost all oral healthcare in Spain is provided by private practitioners with patients paying the total cost. A limited dental coverage is offered in each region through small Public Dental Services available to all sections of the population delivering free emergency treatments, for example extractions and prescription of antibiotics, although patients may be referred to an oral surgeon if necessary. Patients attending the public dental service pay nothing for their care. Less than 5% of registered dentists work in the service. **A few regions have introduced a capitation scheme, but only for children up to 14–18 years (depending on the region), except for braces.** Framed within the SNS National Plan for Dental Health, the Ministry of Health has funded a broad set of dental health prevention and care measures in the years; the interventions include annual check-ups of teeth and oral cavity and dental treatment (fillings, endodontics, extractions and cleaning), in an attempt to homogenize basic dental care benefits for children across the regions. There has been a positive evolution over the decades of the basic indicator "decayed, missing and filled teeth" (DMFT) at age 12 years, as shown below:

DMFT at age 12 years (mean value)

Year	1984	1994	2000	2015
DMFT index	4.2	2.3	1.12	0.7

Source: WHO Regional Office for Europe 2009 and Organizacion Collegial de Dentistas de Espana

DMFT in Spain 2015

Age	DMFT
5-6 (*)	1.1
12	0.7
15	1.3
35-44	8.4
65-74	16.3

** dft / Source: Organizacion Collegial de Dentistas de Espana*

Spain has an excess of supply of dentists over need as it had a tradition of accepting dentists trained in "third world" countries, usually South America but, as entry examinations have become progressively more difficult, the numbers entering Spain have reduced. 92% of dentists in active practice are working in private (general) practices, largely in single-handed practice, most are self-employed and earn their living through charging fees for treatments. **Generally private practitioners accept only private fee-paying patients. There is no prescribed fee scale and the laws controlling free competition restrict the possibility of set fees.** However, prices for visiting dentists in Spain tend to be more affordable than in some neighbouring countries. Just over 19% of the Spanish population uses private complementary insurances for their private dental care. Specialist care is very limited and no specialties are formally recognized (no specialist training in Spain). There are an increasing number of practitioners who are limiting their practice to a given specialty, mainly orthodontics, periodontics, endodontics and oral surgery. Clinical auxiliaries are limited to hygienists. **Patients do not attend for dental care on a regular basis, but tend to go when they have dental problems, only around 43 % of Spaniards visit a dentist within a year.** Uptake of oral healthcare services in therefore rather low in comparison with many other EU countries. According to the Spanish Dental Council, there has been an evolution of treatment in the years. **Basic treatments have increased while more complex treatments such as implants and cosmetic dentistry have suffered a decline in demand up to 22%. 1 in 4 dentists has suffered important reduction in revenues.**

Dental market – According to figures by the Association of Dental Dealers in Europe (ADDE), total sales value of dental products in Spain reached 680.5 million Euros in 2016, ranking fourth after Germany (2,500 Mio. Euro), Italy (1,170 Mio. Euro) and France (1,123 Mio. Euro).

Among the approximately 350 dental dealers in Spain, 80 are full service dental dealers providing also technical services, 15 are mail order dealers and 60 are specialized dealers concentrated on particular segments such as laboratory or orthodontics. **Considering the total dental business (dentists and laboratories), 43% of dental supply is delivered by solely full service dealers, 17% through mail orders, telesales and catalogue houses, 15% by specialized dealers, 13% directly by manufacturers.** Only 3% of dental and

DENTAL CARIES
-31.2% Spanish children less than 12 years have dental caries in primary teeth
-86.5% Spaniards 12 years or more have dental caries in permanent teeth
-13.8% Spaniards 64 years or more are fully edentulous

PERIODONTAL DISEASES IN SPAIN
-1 in 3 adults have periodontal disease
-1 in 13 adults have severe periodontal disease

ORAL CANCER IN SPAIN
-Approximately 5,000 new cases of oral cancer were diagnosed. 85% of cases are diagnosed in late stage, early detection would reduce mortality by half.

Total Sales Values by Sector (2016)

Metal implants	215 million Euro
Sundries	283 million Euro
Teeth delivered to dentists and laboratories	11 million Euro
After-sales technical service incl. spare parts	9.5 million Euro

Source: ADDE, Association of Dental Dealers in Europe

• Share of dental expenditure on total health expenditure (2011), 5%

• % of Oral Health expenditure private, 85%

laboratory consumables and equipment are supplied from outside Spain directly to dentists and technicians, bypassing the local dealer net. As the Spanish market is fragmented in different regional markets joined by two hubs of Madrid and Barcelona, most of the dental companies wishing to appoint their representative in Spain focus on these two areas as the majority of agents, distributors, foreign subsidiaries and government-controlled entities that make up the economic power bloc of the country operate in these two hubs. Sales channels to consumers have developed significantly in the last few years. While the traditional method of wholesalers selling directly to dentists continues, online sales are growing rapidly throughout the country.

Sources:
Adjusted from article previously published in Infodent International issue 3-2017 where original sources are duly mentioned

Facts and Figures on the Dental Market

Active Dentists (estimated)	33,286
Active dental offices (2016)	21,500
Population to (active) dentist ratio	1,394
Number of new graduate dentists (2015-2016)	Between 1,500-1,800
Number of dentist training institutions	21 (public and private)
Membership of the Dental Association (Consejo General de Colegios Oficiales de odontólogos y estomatólogos de España)	100%
Dental technicians (2016)	Between 13,000 -14,000
Dental labs (dentists' & commercial labs)	4,200
No. of Dental Dealers	350

** All figures are approximate, varying year by year, taken and/or compared from different sources (see "among main sources" below).*

USE OF DENTAL SERVICES

Adult population:

-only 5 out of 10 Spaniards have been to the dentist in the last year
-8/10 chose a private dentist
-1/10 chose a franchised clinic
-1/10 chose a clinic insurance company

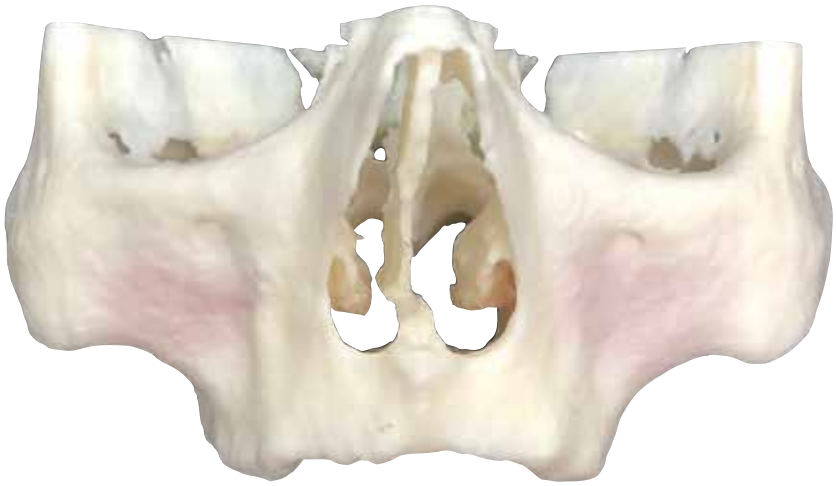
-Which are the reasons for not going to the dentist in the last year?

-56% don't have dental problems
-21% for economic reasons
-15% for fear of the dentist

-How often do you take your child to the dentist?

Age	Never been	Every 6 months	Every Year
2-6 years	54%		46%
7-10 years	11%	71%	18%
11-13 years		30%	70%

Selmodels S.L.



Selmodels is a Spanish manufacturer of medical biomodels for 15 years.The main objective is to provide the client a production and design of the most realistic models for all the specialties of dentistry.
3Dbiomodels is the digital flow of Selmodels specializing in the printing of DICOM / CBCT and STL files in order to meet the needs in 3D printing and additional support for radiological studies and diagnostics.
3D models have been strongly implemented as an important complement to radiology and dental centers, providing health personnel with multiple uses.

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Includes a wedge in the interior with support for micromotor.

This is the first member of a family of blast chambers of modular concept and very economical. Mestra will show them at the IDS fair in Cologne.

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Paragon Tools, the leading high-performance dental milling tools company, has joined efforts with the IBO, abutment manufacturer, and Biozeram, dental CAD/CAM experts, to develop the Varioaxis System, the first all-in-one solution for milling angled screw channels on implant level.
With Varioaxis System, dental labs with open CAD/CAM systems will be able to solve complex cases in a more effective, simple and practical way without regard to their experience or CAM knowledge.
Varioaxis System includes a CAD library with nominal dimensions and ready-to-mill morphologies and only 3 tools are required to mill angled channels in any implant connection, in addition, the Varioaxis milling tools with TiSi+ coating provide an unrivalled performance, durability and productivity for the lab.

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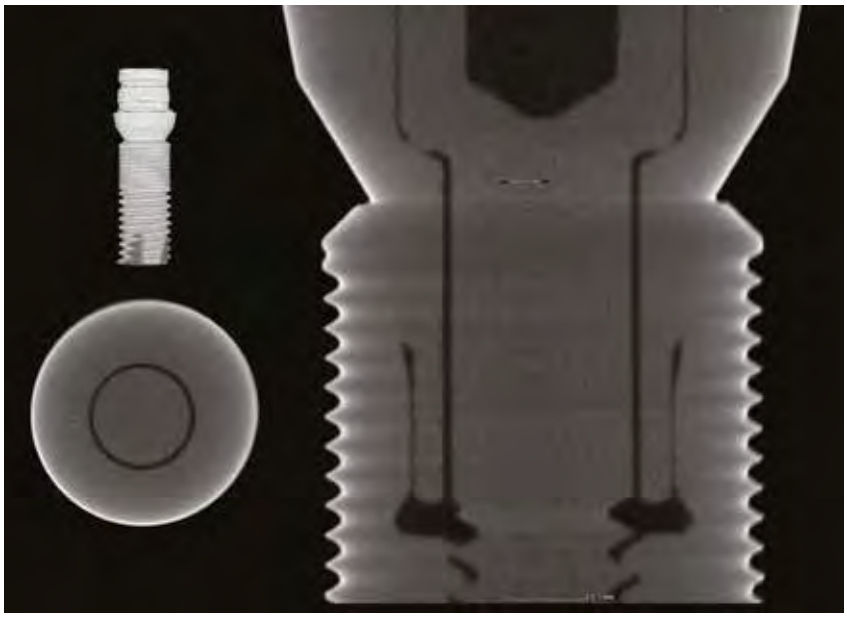
THE IMPLANT FREE OF BACTERIAL MICROLEAKAGE (1)



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Genetic ticare

(1) Study on Ticare Inhex conical connection at 20 and 30 Nw published in 2018 in **Clinical Implant Dentistry and Related Research.**

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Shenpaz
Dental Furnaces

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In thinking out of the box, Shenpaz Dental Furnaces constantly strive to simplify the firing process of your restorations whilst remaining committed to assuring superb results.

Shenpaz Dental Ltd. provides Israeli technology and engineering at its most superior level. Shenpaz Dental Ltd. has over 30 years of dedication and passion in designing and manufacturing of dental furnaces and offers solutions to all traditional technologies such as porcelain firing & Pressables, as well as sintering of zirconia oxide and crystallization of lithium disilicate based glass ceramic materials.

All of our furnaces are designed and built on site at our plant in the midst of Migdal Ha'Emek Israel, a "silicon valley" in its own right using the very best of Israeli craftmanship and technologies. Working closely with our partners, the company's flexibility, creativity and ability to customize its furnaces to specific customer specifications, together with its R&D team enables Shenpaz to meet with material manufacturers customized needs, positioning it as a perfect OEM partner.

Our products have proven time after time their superior attributes in user-friendly interface functions, temperature accuracy, repeatability of firing or sintering, all these critical parameters are prerequisites in achieving the natural desired results so highly demanded by dental laboratories looking for excellency and reliability.

We are ready to pick up and partner with any material manufacturer or distributor looking for a high performance product.

We look forward to welcoming you to our booth and offer you the opportunity to take part in our raffle to win a Blazir sintering furnace.

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ISRAELI EXCELLENCES

COUNTRY

Israel

Population

8.7 million

GDP per capita

US$ 40,270

Licensed Dentists
9,041

Active dentists
5,622

Licensed dental technicians
4,065

Registered dental hygienists
2,027

- Two dental schools: The Hebrew University-Hadassah School of Dental Medicine in Jerusalem and Tel Aviv University School of Dental Medicine in Tel Aviv.
- Several post-graduation training centers such as Rambam Health Care Campus in Haifa and Barzilai Medical Center in Ashkelon. The post-graduation programs in the Sheba Medical Center in Tel Hashomer are held by the Medical Corps of the Israel Defense Forces.
- Health Expenditure as % GDP **7.4%**
- Ranked sixth-healthiest country in the world by Bloomberg rankings (2015)
- Ranked 10th in terms of life expectancy according to Global Competitiveness Report 2018
- Democratic state with a parliamentary, multiparty system
- Relatively young society: 26% of population younger than 15 years. Only 11% older than 64.
- Israel's three largest cities are Jerusalem (857 752 inhabitants), Tel Aviv (429 515) and Haifa (277 993)
- Hebrew and Arabic, official languages. English and Russian most commonly used foreign languages
- Average wage for Israeli employees approximately NIS 10300 (€ 2500)

Israel

Israel is a small country, with just over 8.7 million citizens and a modern market-based economy with a comparable level of gross domestic product per capita to the average in the European Union and a substantial high technology sector.

It has a compulsory national health insurance (NHI) system that provides for universal coverage. Every citizen or permanent resident of Israel is free to choose from among four competing, non-profit-making sickness funds, called health plans *"Kupot Holim"*, which are charged with providing a broad package of benefits stipulated by the government. The system is financed primarily via a combination of a health-specific payroll tax and general taxation. The four Health plans (HPs), Clalit, Maccabi, Meuhedet and Leumit are both insurers and providers of services.

Overall, the Israeli healthcare system is quite efficient. Health status levels are comparable to those of other developed countries, even though Israel spends on average a relatively low proportion of its gross domestic product on healthcare (less than 8%) and nearly 40% of that is privately financed. Factors contributing to system efficiency include regulated competition among the health plans, tight regulatory controls on the supply of hospital beds, accessible and professional primary care and a well-developed system of electronic health records (95% of doctors). **Israeli healthcare has also demonstrated a remarkable capacity to innovate, improve, establish goals, be tenacious and prioritize – all of which has enabled it to achieve good health outcomes with limited resources.** Israel's capacity to improve has been highlighted by its documented and rapid improvements in quality of care in the community. Crucial has been the commitment of the HPs to improve the health of their members, the HPs' capacity to translate strategy into action and their close working relationships with their professionals.

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Medical innovation and biotechnology are highly developed. In 2008, Israel opened its first Bio Park – a medical research orientated Technology Park at Hadassah Medical Organization's Ein Kerem campus comprising Hadassah Hospital and the Hebrew University's schools of medicine, dentistry, pharmacy, nursing and public health.

Israel is undergoing numerous health reform efforts. The health insurance benefits package has been extended to include mental healthcare and dental care for children and a multi-pronged effort is underway to reduce health inequalities. One of the major challenges currently facing Israeli healthcare is the growing reliance on private financing. The increasing growth of private expenditure has raised serious concerns about a shortage of resources in the public system and rising inequalities. Efforts are currently underway to expand public financing, improve the efficiency of the public system and constrain the growth of the private sector.

Supplementary Insurance

Even though the Israeli NHI benefits package is broad compared to most OECD countries, the voluntary health insurance (VHI) market is one of the biggest, with about 87% of Israel's adult population covered with health plan VHI (supplementary insurance offered by the HPs to all of their own beneficiaries) and 53% covered with commercial insurance (offered by commercial insurance companies to individuals or groups). **Household spending on VHI has increased markedly over the past decade. Out-of-pocket (OOP) expenditures are also high relative to many other countries (26% of total health expenditure, compared to an EU average of 21%) and have increased somewhat over time.** There are large differences in households' expenditures on health by income quintile, which indicate the existence of inequalities.

Dental Provision for Children

When Israel adopted NHI in 1995, dental care was not included in the benefits package, except for maxillofacial surgery for trauma and oncology and dental care for oncology patients. The 1990 Netanyahu Commission had recommended that services provided under NHI include maintenance and preventive dental care for children aged 5–18 years and maintenance and rehabilitative dental care for elderly people, but these were not included in the NHI Law. **The situation concerning children changed in 2010, when the NHI benefits package was extended to include preventive and preservative dental care for children up to age 8. The age limit was later extended to 12 and to 16 from January 2019.** Care is provided by the four HPs, with preventive services free and preservative services provided with small co-payments. In 2013, the MJB Institute

and the Ministry of Health completed a survey that provides extensive data on the extent of use of these services by different population groups and on the remaining barriers to care among children. The survey found that 45% of children aged 2–12 years used the publicly funded services.

The government plays a growing role in the provision of dental services. The Ministry of Health provides financing to local authorities offering oral preventive services in schools. Until 2009, only 25% of municipalities offered school dental services; these services were financed jointly by the municipality, the Ministry of Health and parents. Since 2010, the government has been fully funding the school dental service, which expanded in 2012 to 80% of the municipalities. The Ministry of Social Welfare subsidizes dental care costs for indigent people, though to a much lesser extent. Although access to dental care for children up to age 16 has been secured, serious concerns remain regarding take up of access to care for this age group, particularly for vulnerable populations.

Dental treatment for specific groups of patients with congenital syndromes compete with other new medical technologies to be added to the NHI. Because of budget limitations, only a few of these groups receive publicly funded services. **Budget limitations have also prevented the introduction of two other measures that have been considered in recent years to improve access to dental**

Per Cent Affected: dmf, 6 Years Old

Age	% affected	DMFT	D	M	F	Year
6 years	61.7	2.6	1.4	0.0	1.2	2014-2015

Source: Natapov L, Sasson A, Zusman SP. Does dental health of 6-year-olds reflect the reform of the Israeli dental care system? Isr J Health Policy Res. 2016 Oct. https://www.mah.se/CAPP/Country-Oral-Health-Profiles/EURO/Israel/Oral-Diseases/Tooth-Mortality/

Licensed dentists	9,041
Licensed dental technicians	4,065
Registered dental hygienists	2,027
Ratio dentist/population	1:1562

care: extension of dental coverage for children up to age 18 and extending dental coverage within the NHI benefits package to the elderly, to ensure access to dental care for those who need it most and can afford it least.
In 2002, a national survey of 12-year-old children showed improvement in dental health, with an average decayed/missing/filled teeth level of 1.66 compared with 2.99 in a similar survey in 1989. Moreover, 46% were caries free.

Dental Provision for adults

There is a wide range of dentistry in Israel, with various levels of quality, with dentists, both trained in Israel and abroad, who can offer the most sophisticated and high-quality treatment available anywhere. **Dental health for adults and children older than 16 years is predominantly provided by the private sector by independent dentists, but HP chains and commercial chains are also significant providers.** In 2012, in the wake of the 2010 expansion of NHI to include dental care for children up to the age of 12, this is increasingly being provided by HPs and financed by the government. The dental sector is however mostly privately financed either through direct OOP payments or by VHI. Quality dental care is never cheap, but prices in Israel are considerably lower than in other countries such as the USA, Canada or UK. Dental tourism to Israel, by those looking to combine a vacation to Israel with lower prices and top-notch dental care, is on the rise.

Just like physicians, the ratio of dentists (up to age 65) to the population has declined somewhat since the early 2000s, but still slightly above the average in western Europe. The rate of local graduates is only 0.73 per 100,000, lower than the 2.49 average. Forty-four percent of new dentists are women. One-tenth of dentists completed a dental specialty.
Approximately 40% of working age dentists are women. At the end of 2013, 9% of all working age dentists were specialists in Israel and 30% of these were women. The three largest groups of dental specialties are prosthodontics (19% of all specialists); orthodontics (18%) and oral and maxillofacial surgery (16%). Licensing of dentists is the responsibility of the Ministry of Health and recognition as a specialist is granted by the Scientific Council of the Israeli Dental Association. There are no legal requirements for dentists, and physicians, to participate in continuing dental/medical education courses however, many of the organizations encourage such participation through mechanisms such as funding the time for participation. Other dental professionals include dental hygienists (whose numbers are increasing), dental assistants and dental laboratory technicians.
With close to 300 new dentists joining the profession each year, Israel has around 9,041 licensed dentists: 1 dentist per 1,562 of population, which is among the highest in the world (note: "licensed" dentists and not "practicing" dentists which number should range around 5,622). There are also 4,065 licensed dental technicians and 2,027 registered dental hygienists, whose tasks are centered on dental health education and prevention of dental illnesses. There are around 5,000 private dental clinics in Israel as well as around 200 clinics operated by the health funds.

Around 85% of all dentists in Israel work in private dental clinics or in group practices. Some dentists work in school dental services and are paid by the local municipality. The army employs dentists

Around 85% of all dentists in Israel work in private dental clinics or in group practices.

Percentage of Edentulousness

Age Group	Edentulousness %	Year
65-74 years	17.7	2013

Source: Stock C, Jürges H, Shen J, Bozorgmehr K, Listl S. A comparison of tooth retention and replacement across 15 countries in the over-50s. Community Dent Oral Epidemiol. 2015. https://www.mah.se/CAPP/Country-Oral-Health-Profiles/EURO/Israel/Oral-Diseases/Tooth-Mortality/

to provide periodic dental examinations and a wide range of free treatments for soldiers. Dentists also practice in public clinics run by charitable societies. Other employment opportunities include *kibbutzim* and *moshavim*, where the dentist is not a member of the community but an employee. **About half of all working-age dentists are immigrants. In addition, many Israeli-born dentists travelled abroad for training, so that only 29% of all working-age dentists were trained in Israel, with 49% trained in eastern Europe, 8% in western Europe, 7% in the United States and 7% in Africa/Asia in 2013**. Since 1992 it is necessary to pass a government licensing examination in order to work as a dentist in Israel although, according to a 2016 amendment to the regulations of dentistry approved by the Knesset, experienced and professional foreign dentists may be fully or partially exempted from taking the examination. The law was amended in response to the shortage of dentists in Israel, to Israel's highly demanding licensing examinations and in view of the expected immigration wave among practicing dentists. Many foreign-trained dentists immigrating to Israel in fact failed to pass the examination mainly due to a lack of preparatory courses in languages other than Hebrew. To receive the exemption, the applicant must prove that he/she has practiced dentistry, in a qualified medical institution, for five full years during the last seven-year period.

Dental care expenditure accounts for around 8% of total health expenditure, almost all of it in the form of direct OOP payments. Approximately 10% of the population has VHI from commercial insurers covering dental care. In addition, approximately 80% of Israelis have VHI from their HPs that provides substantial discounts for a set of dental services, which has been substantially enlarged in recent years. The average household spends NIS 193 (about €40) per month on dental care, which accounts for 25% of household spending on health, not including the health tax. Among households in the lowest income deciles, average spending on dental care is only around NIS 82 (about €17) per month, 58% below the national average and spending on dental VHI is negligible, despite the greater-than-average prevalence of dental problems in this group.
Another important government role was promoting fluoridation of the water supply. Israel's fluoridation program began in the late 1970s. In 2010, approximately 70% of the population benefited from having fluoride in the water. However, the issue of water fluoridation has been the subject of much debate in the years and in August 2014 fluoridation was stopped.

Among main Sources:

-Rosen B, Waitzberg R, Merkur S. Israel: health system review. Health Systems in Transition, 2015; 17(6):1–212..https://lawoffice.org.il/en/exemption-from-licensing-examination-to-practice-dentistry-in-israel/ https://www.timesofisrael.com/spotlight/4-things-you-need-to-know-about-dentistry-in-israel/

Israel's Dental Industry: Crowning Innovation

The Israeli dental device industry includes more than 140 companies. This high-tech sector has more than doubled since the 2000s and many of our companies are at R&D stage or Initial Revenues. And some Israeli companies reached international recognition, and became leaders in their own field. As a result, major acquisitions of Israeli companies took place within the last years: from the recent acquisition of **MIS by Dentsply Sirona** for $375M in 2016, of **AlphaBioTec by Nobel Biocare** for $95M in 2008, or the acquisition of **Cadent 3D Scanner by Align Technology Inc.** for $190M in 2011, to the acquisition in 2005 of **Digident/Orex** Computed Radiography by Kodak, later a part of **Carestream**. As recently as January 2019, a merger agreement has been signed between **Keystone Dental Inc.,** the largest independent implant company operating in North America, and the Israeli company **Paltop Advanced Dental Solutions Ltd.**
The "Start-Up Nation" dental sector also raised interest from China. **Light Instruments** and its award Lite-Touch lasers were acquired by **Sino-Lite Ltd.** backed by strong Chinese groups headed by **Sino-Ita International Trading Company.**
In addition, different Israeli companies have won award for their products: from the Periochip by **Dexcel** in 2002, to awards for **Silmet**'s Pro-Link Universal Dental Adhesive in 2014 to the Q-Ceram by **BJM Laboratories** in 2017. And this year's **Edison Awards™**, which honor some of the most innovative products in the world, have included **Augma Biomaterials** among their finalists for their invention of Bond Apatite® a new dental material technology that regenerates a patient's own natural bone following implants or other surgery procedures.
According to the 2018 World Economic Forum's Global Competitiveness Report Israel has become one of the world's innovation hubs thanks to a very strong innovation ecosystem (10th best in the world). Thus many R&D Centers have been established by worldwide high-tech companies such as **Philips, GE,** but also specifically in the dental sector with **Align** and **CareStream Dental.**

This year, 40 Israeli companies will be exhibiting at IDS either at the Israel Pavilion or independently, bringing with them a multitude of innovations.

This year, 40 Israeli companies will be exhibiting at IDS either at the Israel Pavilion or independently, **bringing with them a multitude of innovations. Many of them are looking for partners to enhance their growth, whether distributors or strategic partners, clinics and labs, KOL, moreover, some companies offer OEM and Private label.**
Israel has the highest density of professionally active dentists of the OECD countries (source: OECD stats, 2016). On the manufacturing side, since Israel was very strong in the electronic industry, some of its know-how helped develop the high-tech manufacturing of metal parts for medical, dental or even the space industry, resulting in competitive high quality value products. These factors combined with the "Start-up Nation" creativity contributed to the fact that among all dental sectors, the Implant sector has exponentially grown in Israel. The production of many Israeli implants allows dentists to gain a lot of experience in the implantology field and lead some of them to develop new technologies for easier and faster procedure. Thus, the number of dentists working with implants is growing, as the knowledge, training and technology makes it more accessible even to general practitioners. Furthermore, the Israeli population is keen on trying novelties. Indeed, Israel has one of highest percentage of implant loading in the world per inhabitant.
Among the many innovative solutions that have been developed connected to implants, some solutions deal with the lack of bone volume by providing a tiny implant that opens up its flaps once loaded like a pyramid increasing its stability. Other innovative solution greatly facilitates the sinus lift, reducing its complications, by a procedure which is almost like a regular implant loading, allowing the graft material to be transferred through them. You'll find also innovative solutions to avoid dealing with dental implants failure due to peri-implantitis, which enables the replacement of an implant's contaminated surface while maintaining the original implant. To resolve the functional and biomechanical drawbacks of current restorative systems, a unique solution has been found with a single system, providing truly telescopic retention, without cement or screws.
Still related to the implant sector, many new tools and technologies were introduced recently. One dentist developed, for example, a unique wireless screwdriver replacing a hand driver. This allows for great improvement in speed, safety and comfort for the manipulation of all other screw-able parts making it an in and out technique of operation. Other tools locates unexposed implants at the second surgical stage allowing minimal invasive exposure, reducing the pain and allowing for faster healing response.
A company has developed a drill with a unique coating that creates a highly resistant drill allowing a smooth cutting while preventing corrosion and wear.
It can be also noted that there are a few companies that have developed different solutions for bone grafting: from the bone graft cement, an extremely easy and efficient solution on the market, to resorbable collagen membrane and other sponge-like matrix of hydroxyapatite and collagen solutions, while another approach utilizes coral grown in sterile lab conditions to create a material with superior bioactive proprieties. Furthermore, based on studies, a company developed a system that

uses the extracted tooth to create, a self, bioactive, augmentation material.
You will find also an array of solutions to allow a better osseointegration of the implant and the prevention of peri-implantitits. From technologies that are used with the implants such as a miniaturized electromagnetic device inside a healing cap that improve bone quality for smoking or diabetics patients, to soft lasers or technologies using a slow-release system of antibiotic being more efficient than the regular antibiotic use while reducing its side effects.
Among the different options developed in Israel in the Guided Surgery field, allowing accurate placement of dental implants, one company developed a navigation system that provides real time data throughout the surgery, and an augmented-reality dental skills simulator for dental students and dental schools.
Despite the smaller number of Israeli companies active in other sectors, these companies have developed successful innovations (Lasers, 3D Printing, Dental materials, Oral Hygiene and many more…)
Among the independent exhibitors, a company is planning the launch of a new unmatched CO2 laser, the first and only with 9.6 µm wavelength.
Indeed, we are also excited that Israel has entered the world of 3D printing through the merging in 2012 of the Israeli company **Object Geometries Ltd.** with **Stratasys**, this development has opened the door to more companies, enabling their successful entry to this market, such as the NanoParticle Jetting technology. At the Israel Pavilion in IDS, we will feature the first 3D Printer which is able to print with multiple high-viscosity materials: polymers, metals, ceramics and bio-materials in combination and multi-color.
As Israel is known as a software development center, we are proud to introduce dental software such as one using Artificial Intelligence leveraging the experience from thousands of dentists and latest academic knowledge to deliver automatic dental diagnosis and treatment plans. This technology allows, for example, orthodontists to receive, in seconds, information about teeth segmentation. An Imaging center, which has created a Franchise abroad, has developed a cloud based PACs system to allow transfer of high-resolution images between center and doctors.
In our Pavilion, you'll discover innovations for restorative materials, like a new start-up who develops antimicrobial particles that can be permanently embedded in different products and materials to inhibit formation of biofilm on their surface.
In the Endodontics field, you'll find among many innovative products, the state-of-the art Wireless Apex Locator Module (WALM) embedding Bluetooth technology.
Some Israeli companies will present new generations of traditional dental instruments, tools and equipment. offering more ergonomic, effective, and economical solutions such as an innovative-patented chair side filtration technology for Amalgam separation, a compact air polishing unit with a patented non-clog nozzle that ensures no damage even during implant maintenance, a fully auto-clavable mini sandblaster cleared for intra-oral use with an index- finger control valve and even an aesthetic compact dust collector for chairside or small dental laboratory.
The Israel Pavilion is organized by the Israel Export Institute (IEI) in cooperation with the Foreign Trade Administration at the Ministry of Economy. The IEI, a non-profit organization supported by the government of Israel and the private sector, advances business relationships between Israeli exporters and overseas businesses and organizations. By providing a wide range of export-oriented services to Israeli companies and complementary services to the international business community, the Institute helps build successful joint ventures, strategic alliances and trade partnerships.
The IEI Dental Sector is part of the Life Science Department which is the leader in business matching between the more than 1200 companies in the Israeli life science industry and worldwide business partners at all levels. It has proven ability to identify and match suitable potential business partners, organizes one-on-one business meetings, and is a focal point for contacts with the government as well as with the industry. Thus do not hesitate to contact us if you would like to have more information about Israel dental technologies or to visit us at the Israel Pavilion.

At IDS 2019, we invite you to discover a full spectrum of advanced solutions in all sectors of dental industry, developed by Israeli companies. The Israel Pavilion provides focal points for 20 companies and starts up, highlighting innovations diversity. Israel Pavilion is located in Hall 10.1. We are looking forward to your visit!

For more information or for a tour around the Israeli pavilion, contact:
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Prevention as the real well-being therapy: advanced technologies and tailor-made approach from concordance to compliance

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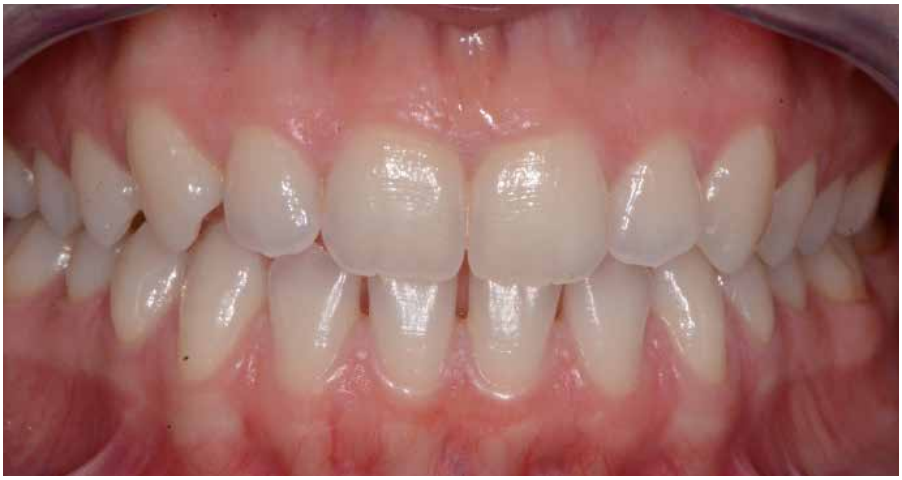
Periodontal disease is a deceitful pathology because its progression often leads patient to underestimate symptoms like inflammation and bleeding of the gums. The blood-loss leads patients to ineffective dental plaque control, makes periodontium healthy status worse and alters oral microbioma.
Patients go through check up when they are unable to treat themselves either because of spontaneous blood loss, dental mobility, or, in few occasions, of perceived halitosis because of lack of kindness (Gaurilcikaite et al., 2017).
Prevention as **"true well-being therapy"** should be the first reason for professionals to urge their patients to face follow-up, with customised protocols, based also on the systemic conditions. The prevention culture needs to consider the lifestyle risks which are defined as dangerous by scientific evidence. In addition, the professional clinician must adapt prevention therapies to the concordance approach, due to the dynamism of periodontal disease. The concordance approach is based on an exchange of information that respects the autonomy of individuals in taking decisions about their own lives. This produces the sharing of power in the professional-patient interaction. It is expected from this approach to lead to an effective compliance and, therefore, adherence to the treatment.
The important role of research is to validate

the advanced technologies through which it is possible to suggest effective operational and least invasive protocols, however also the clinical evidence, and also recent technologies need to be considered. The main goal of the **tailor-made** approach is selecting the most suitable technology for every clinical condition: this helps the professionals in the non-surgical periodontal disease treatment field in carefully observing anatomical and tissue characteristics, potential pathologies, and any other characteristic of the surface to be treated, allowing, therefore, efficient and least invasive activities that can be presented to the patients in order to assist their choices.
Lastly, the oral cavity pathologies which have a higher epidemiological relevance



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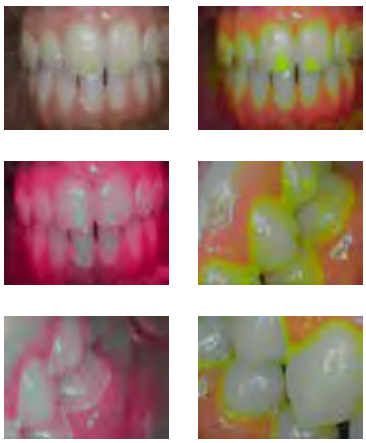
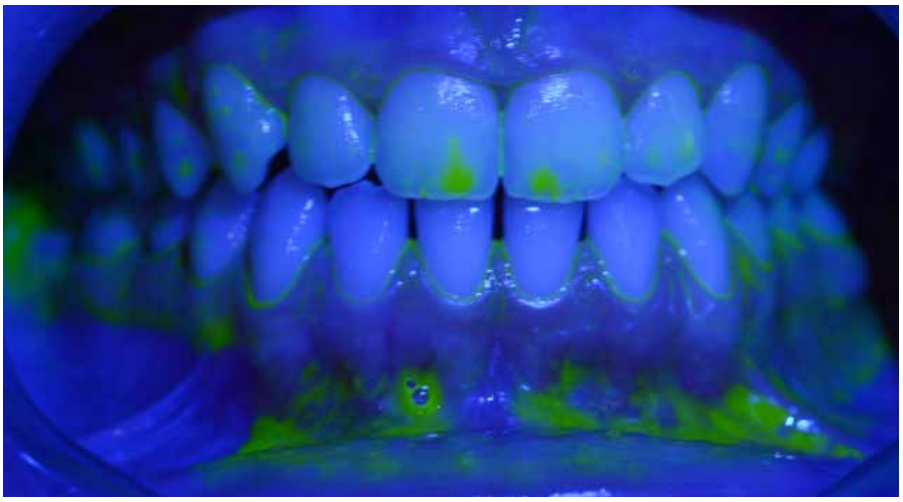
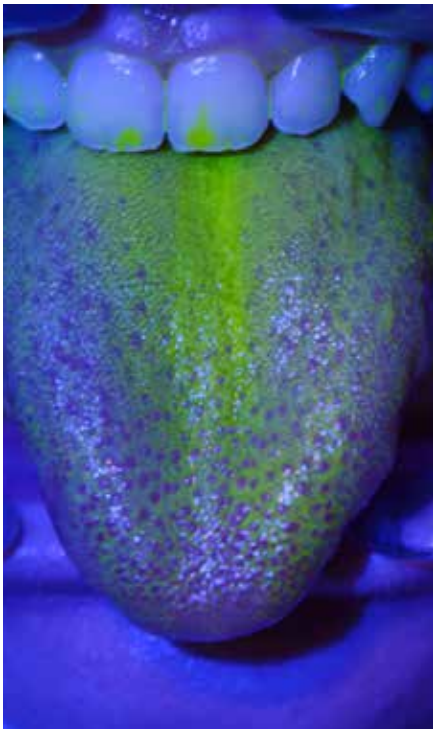




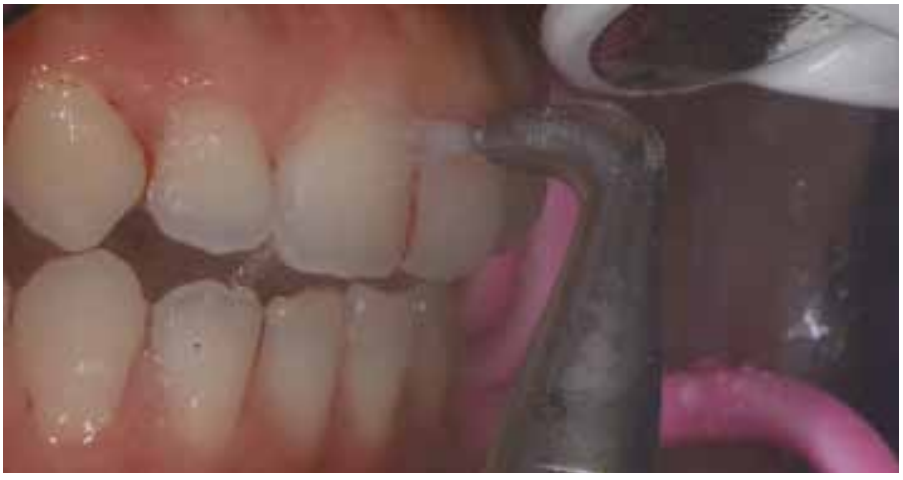
(cavities, gingivitis, periodontitis) are caused by the bacterial biofilm. Its mechanical removal and control is mainly important in the prevention and management of the same diseases.
In the end, the clinician will be easy to choose the appropriate tool for the age, to manage clinical, anatomical and tissue conditions, by selecting with the patients themselves the most suitable operational protocol to enhance the home-based and professional bacterial biofilm control.

Tailor-Made Approach: from Compliance to Concordance

The patients can be guided towards healthy oral hygiene lifestyles, through a careful analysis of their clinical and extra-clinical needs, which will motivate them to initiate an internalisation process that will help the **change** towards correct health habits. The professional's goal is not the mere communication of "behavioural rules" and the accurate but bare **passive** execution of instructions, but rather an **effective modification** of behaviours which are deemed incorrect and are often deeply-rooted and part of daily-life routines.
In order to achieve an efficient control over the bacterial biofilm, it is suitable to go from the **compliance** approach, in which the patient is passively subjected to the professional's teachings, to the **concordance approach**, where the patients can actively join the choice of tools and operational protocols. This innovative method easily enables **the change** to a healthier lifestyle and therefore a more



effective adherence to operational home-based hygienic protocols. Hence, it is important to switch from a plain empathy-based relationship with the patient to a genuine discussion based on receiving useful feedback in an interactive climate. The patients must not be considered passive manual components in a relationship based on their subjection to the professional: the latter should understand the patients' needs in depth and offer them the chance of choosing a personalised protocol of home-based hygiene maintenance, which is designed by the professional himself and later shared with them (Nardi et al., 2014).
Many clinical aspects still need to be analysed: tissue biotype, presence/absence of diastemata, dental alignment, manual skills and perceived predisposition of the patients toward technologies (Nardi et al., 2014). It is therefore obvious how teaching the patient about "dental plaque removal"



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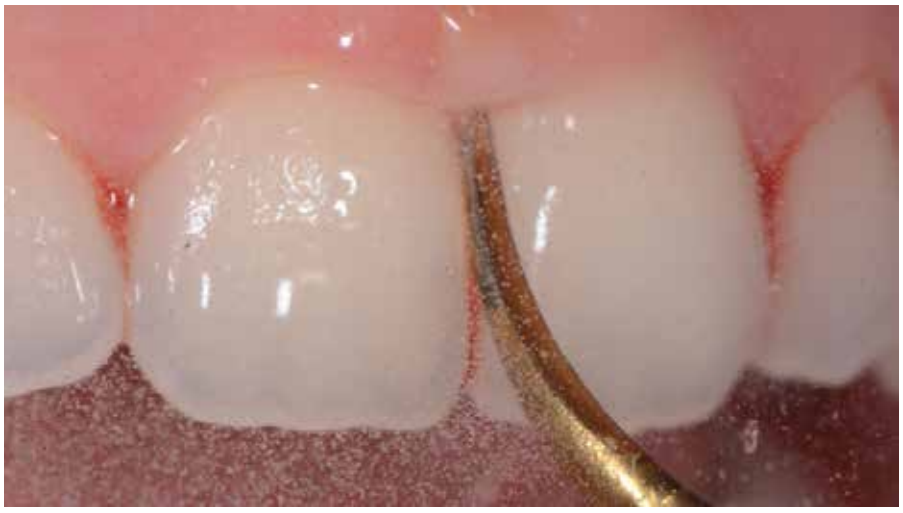
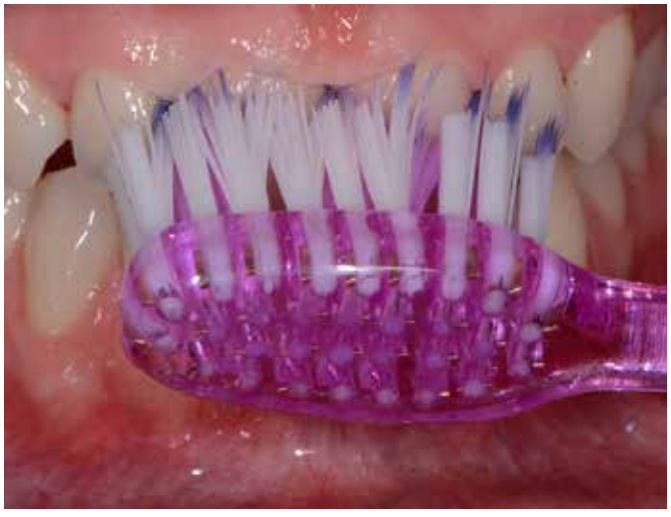
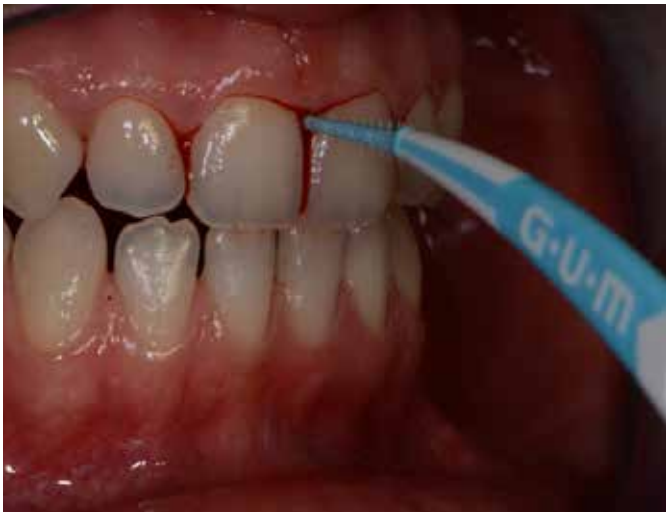


with brushing techniques from 1948, characterized by the use of tools specific of this time, is not enough anymore.
The **Tailored Brushing Method** (TBM), when "customized" for each patient and later "shared" with them, does not suggest the right movements but the appropriate toothbrush, brush heads, and filaments technology. Additionally, this method adds tools designed for the management of the bacterial biofilm in interproximal spaces: these instruments are customised depending on the biological sizes of the gaps and are then shared with the patients according to their own manual ability (Nardi et al., 2016).
The use of advanced technologies should also provide a greater protocol effectiveness to the professional hygiene management. This is the case of periodontal deplaquing and debriment that are carried out with the **Comby Touch** (Mectron) device: this technological tool comprises a multifunctional piezoelectric dental scaler and a water, air and sodium bicarbonate and glycine powders jet, and is specific for the complete treatment of supra- and subgingival prophylaxis. The Comby Touch *manipolo* is used for air-polishing with glycine powder, which is composed by smaller particles (<63 µm) (Fig. 11-12) suitable for deplaquing. The employment of 90°- or 120°-oriented *manipoli* helps in efficiently respecting the fragility of tissues and implantology artefacts, by dispensing the jet in a customised and focused manner.
After a session of professional oral hygiene care, the potential inflammation of gingival tissues can be tended with the application of 10 minutes long Bioptron phototherapy, a medical device emitting incoherent, soft low intensity and polychromatic light. This advanced technology is functional in treating periodontal patients (Nardi et al., 2018) since it encourages the healing and regenerative processes of the organism (Aragona

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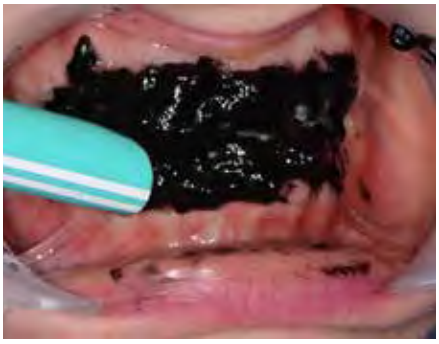

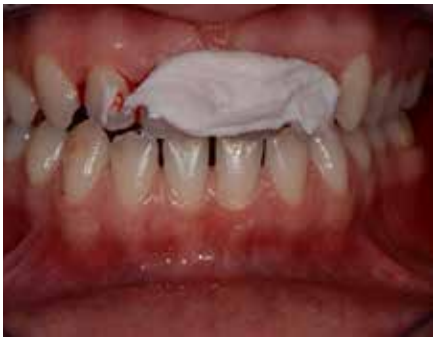

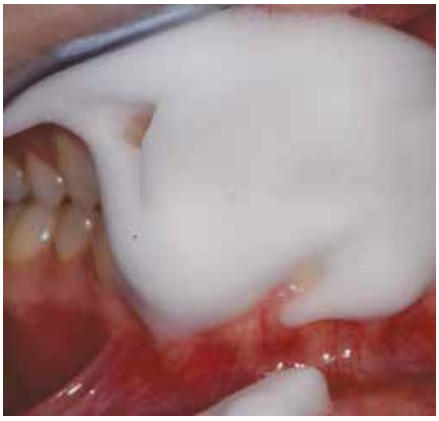

et al., 2017), harmonizes the metabolic paths and favours the healing of wounds. There are therefore many fields where this therapy can be applied, especially in the medical and dental clinical practice. Scientific evidence show how phototherapy can lead to the regression of inflammatory injuries (Aragona et al., 2017). The operative protocols in non-surgical periodontal therapy that employ the polarized Bioptron light improve the microcirculation, enhance the regeneration, favour the healing processes and soothe the pain without any collateral damages.

Therefore, it is necessary for the professionals to choose the appropriate innovative operative protocols to improve the patients' quality of life, because of their least invasive, ergonomic and efficient nature in the health maintenance of the oral cavity.

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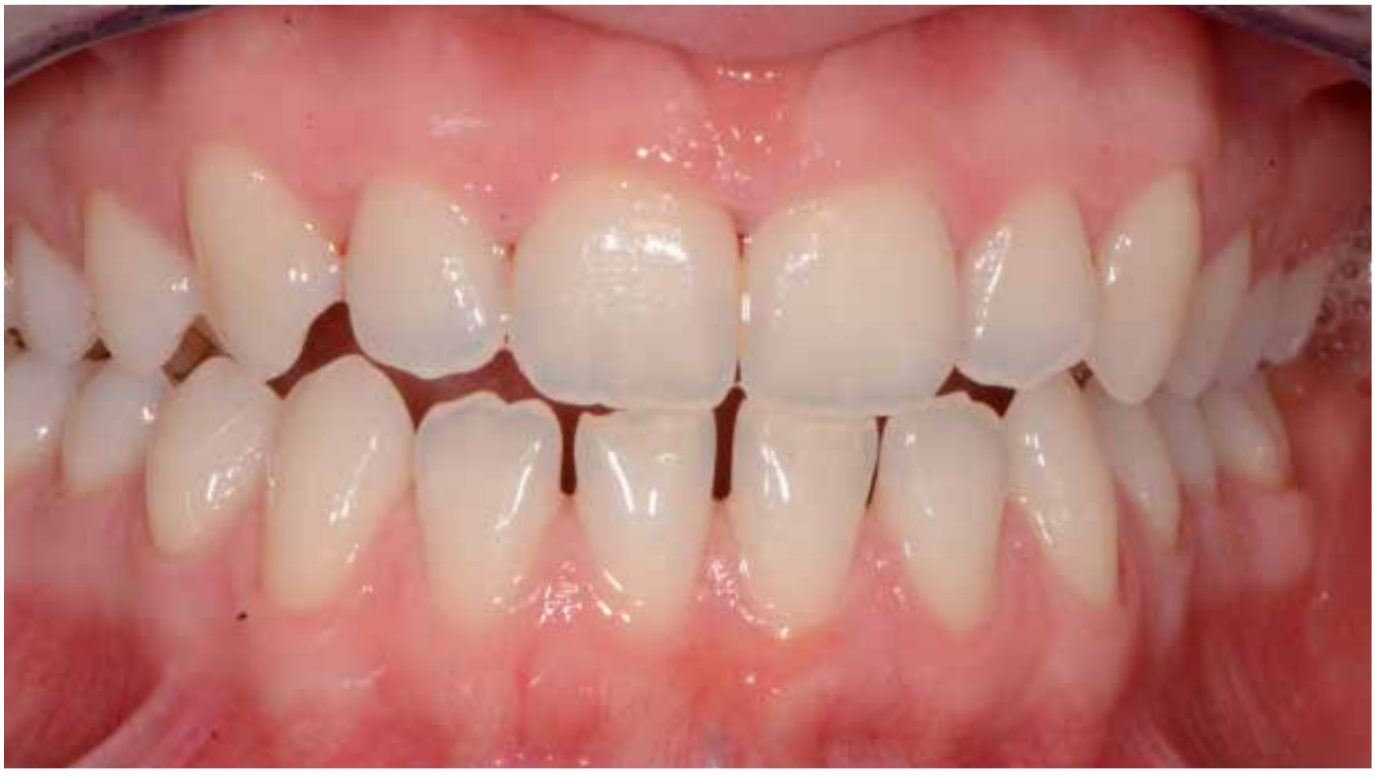

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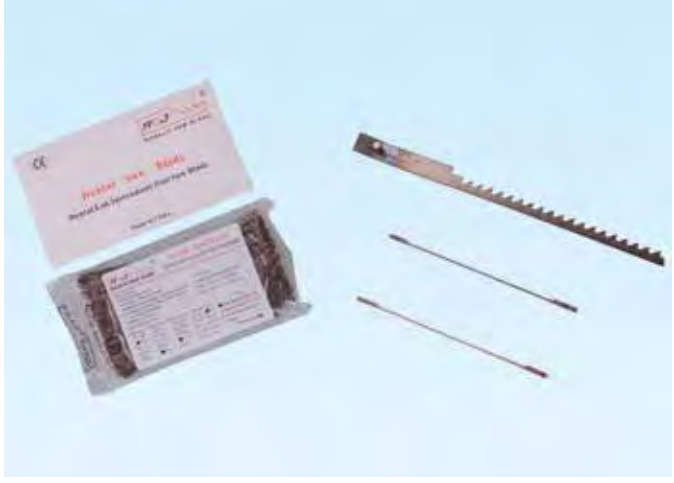

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Dr. Mohamed Naji

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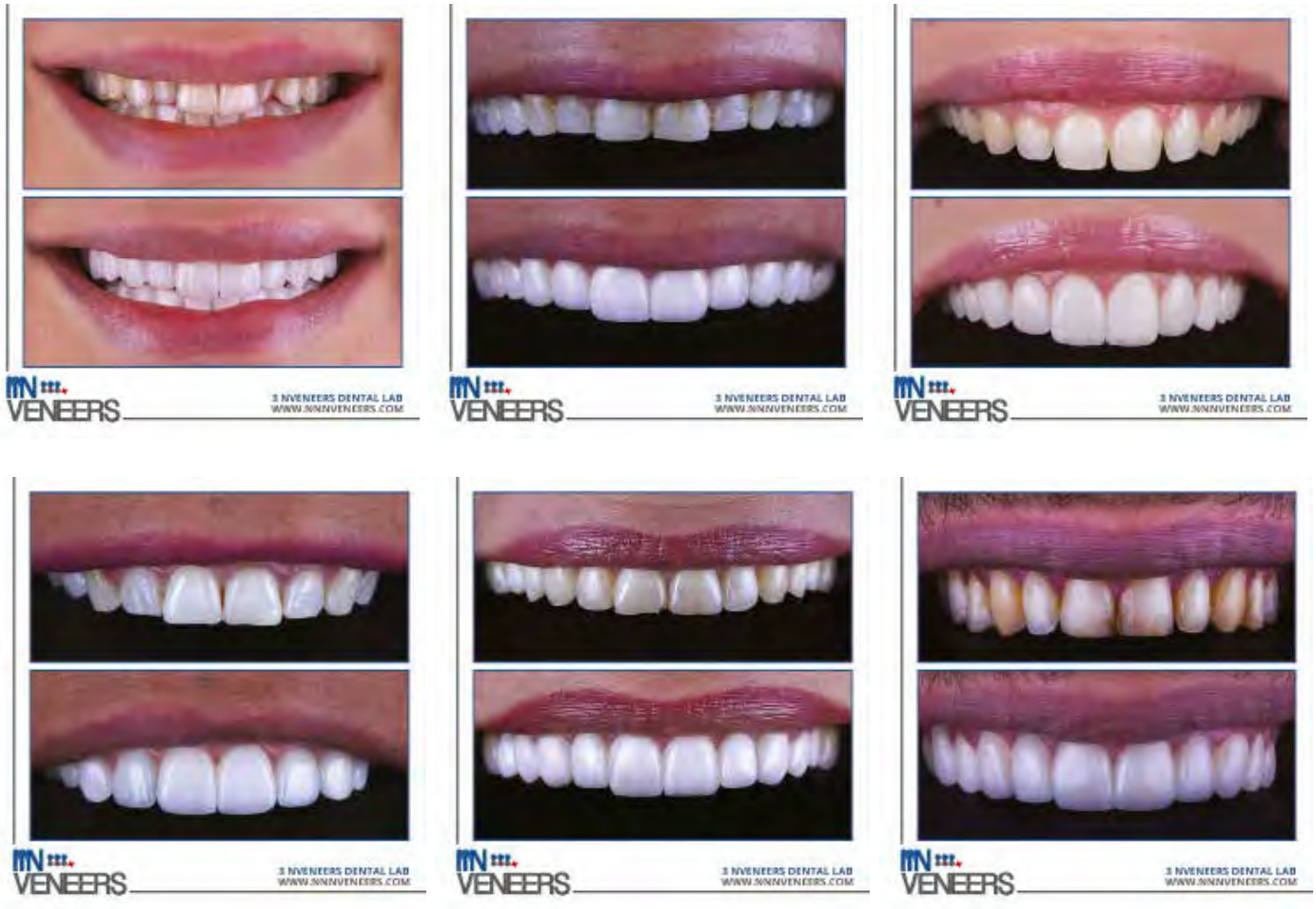

sion into this part of the world, and from being just exclusively available at selected dental clinics, the brand is now going viral by facilitating their access to all the dentists around the world via their smart website concept, which enables any dentists to register, receive his online training and certificate in a matter of 30 minutes.

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Website: www.cnrexpo.com

Venue: CNR Expo
Istanbul
Turkey

www.cnridex.com

22-25 04 2019

Dental Salon Moscow 2019 - 45th International Dental Forum & Exhibition

Moscow - Russia

Organised by: Dental Expo
Postal Address
119049 Moscow, P.O. BOX 27, ZAO "DE-5"
General manager: Ilya Brodetski
Email: brodetski@dental-expo.com
General manager consultant:
Natalia Khokhlova
Email: rus@dental-expo.com

Venue: International Exhibition Center "CROCUS EXPO" - Pavilion 2 Halls 5,7,8 - Moscow - Russia

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

23-27 04 2019

ADEA International Women's Leadership Conference 2019 / ADEA/ADEE Shaping the Future of Dental Education III - 6th Edition

Brescia - Italy

American Dental Education Association
655 K Street, NW, Suite 800
Washington, DC 20001
Phone: +1 202 289 7201
Fax: +1 202 289 7204
Website: www.adea.org

Venue: University of Brescia
Brescia
Italy
http://shapingdentaleducation.org/

22-25 04 2019
Dental Salon Moscow

23-27 04 2019
ADEA International
Brescia - Italy

April

24-27 04 2019

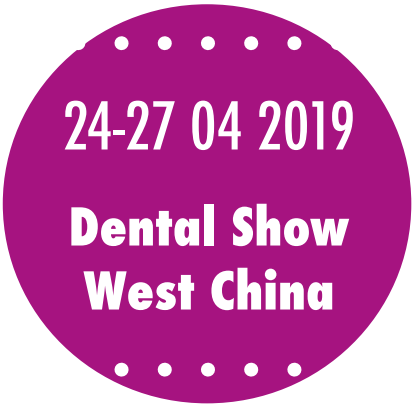
Dental Show West China 2019

Chengdu, Sichuan - China

Exhibition & sponsorship opportunities:
Mr Alex Chen
Phone: +86 27 8736 2550
Email: alex@hope-tarsus.com

Venue: Chengdu Century City New International Convention & Exhibition Center
No. 198, Century City Road
Tianfu Avenue
Chengdu
China

www.wcise.com/en



May

02-04 05 2019

IDEAS 2019 - Iowa Dental Association Annual Meeting

Coralville, IA - USA

Organized by: IDA - Iowa Dental Association
8797 NW 54th Ave., Suite 100
Johnston, IA 50131
USA
Phone: +1 515 331 2298
Toll-free Phone: 800 828 2181
Fax: +1 515 334 8007
E-mail: info@iowadental.org
Website: www.iowadental.org

Venue: to be announced

www.iowadental.org/education-programs/ida-ideas19

09-11 05 2019

New Orleans Dental Conference and LDA Annual Session 2019

New Orleans, LA - USA

New Orleans Dental Conference
2121 North Causeway Blvd. Suite 153
Metairie, LA 70001 - USA
Phone: +1 504 834 6449
Fax: +1 504 838 6909
Website: www.nodc.org

Meetings & Exhibits Coordinator:
Connie K. Bittner
Email: connie@nodental.org

Venue: Hyatt Regency Hotel
New Orleans, LA
USA

www.nodc.org

Moscow, Russia
22-25.04.2019

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45-TH MOSCOW INTERNATIONAL DENTAL FORUM & EXHIBITION

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The World's Dental Newspaper · Russian Edition

May

10-12 05 2019

SIDEX 2019 The 16th 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
Venue: COEX (Seoul Convertion and Exhibition Center) Hall B1, Hall C, Hall D
Seoul Korea, South

www.eng.sidex.or.kr

14-16 05 2019

Stomatology St. Petersburg 2019 - 22nd International exhibition of equipment, instruments, materials and services for dentistry

St Petersburg - Russia

Organized by:
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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: 119049 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: ICEC Expoforum
St. Petersburg - Russia

www.stomatology-expo.ru/lang=en-gb

16-18 05 2019

CDA Spring Scientific Session 2019 - Anaheim - California Dental Association

Anaheim, CA - USA

California Dental Association
CDA Presents
1201 K Street, 16th Floor
Sacramento, CA 95814 - USA
Website: www.cda.org

Exhibits Manager: Sue Gardner
Phone: +1 916 554 4952
E-mail: sue.gardner@cda.org

Assistant Coordinator: Jackie Tran
Phone: +1 916 554 5967
E-mail: jackie.tran@cda.org

Venue: Anaheim Convention Center
800 W Katella Ave
Anaheim, CA 92802
USA

www.cdapresents.com/Anaheim2019.aspx

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www.dentech.com.cn

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20-21 06 2019
DENTISTE EXPO
Paris - France

May

15-17 05 2019

Bulmedica - Buldental 2019 - 53rd International Specialized Exhibition for human and dental medicine

Sofia - Bulgaria

Organized by: Inter Expo Center
Sofia, Bulgaria
Phone: +359 2 9655 220 // +359 2 9655 279 Fax: +359 2 9655 231
Email: iec@iec.bg
Website: http://bulmedica.bg/en
Project Manager: Gabriela Lubenova
Email: glubenova@iec.bg
Phone: +359 2 4013 279
Fax: +359 2 9655 231, +359 2 4013 231
Venue: Inter Expo Center
Add: 147, Tsarigradsko shose blvd
Sofia - Bulgaria

www.bulmedica.bg

16-18 05 2019

Expodental Meeting 2019
Infodent International
Booth A1 4-147

Rimini - Italy

Promunidi Srl
V.le Forlanini 23 - 20134 Milano, Italy
Phone: +39 02 70061222
Fax: +39 02 70006546
Email: comunicazione@unidi.it
Website: www.unidi.it
General Manager: Linda Sanin
Linda Sanin
Email: segreteria@unidi.it
Italian Shows and Sales: Andrea Cighetti
Email: commerciale@expodental.it
Phone: +39 02 700 61223
Foreign Shows and Sales: Fabio Catellani
Email: sales@expodental.it
Phone: +39 02 700 61229

Venue: Fiera Rimini
Rimini, Italy

www.expodental.it

June

20-21 06 2019

Dentiste Expo 2019

Paris - France

Please contact: Christian Obéga
(Commercial Director)
T : +33 (0)1 70 61 48 98
M: +44 (0)748 235 6800
E: c.obega@closerstillmedia.com

Venue: Porte de Versailles
Paris, France

www.dentisteexpo.com

16-18 05 2019
Expodental Meeting
Rimini - Italy

Moscow, Russia
23–26.09.2019

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DENTAL TRIBUNE
The World's Dental Newspaper · Russian Edition

June

20-22 06 2019

IDEA 2019 - International Dental Exhibition Africa

Casablanca - Morocco

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Phone: +39 02 7006121
Fax: +39 02 70006546
Email: info@idea-africa.com
Website: www.idea-africa.com

Venue: Hyatt Regency
Casablanca
Morocco

www.idea-africa.com

September

23-26 09 2019

Dental Expo Moscow 2019 - 46th Moscow International Dental Forum & Exhibition

Moscow - Russia

Organised by: Dental Expo
Moscow, metro "Leninsky Prospekt", 5-th Donskoy proezd, dom 15/7, 2 podezd, 4th floor
Phone/Fax: +7 499 707 23 07
Email: info@dental-expo.com
General manager consultant: Ms Natalia Khokhlova
Email: rus@dental-expo.com
General manager: Mr Ilya Brodetski
Email: brodetski@dental-expo.com
Venue: Fairgrounds Crocus Expo
Pav. 2, Halls 5,6,7,8
Moscow, Russia

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

December

01-04 12 2019

Greater New York Dental Meeting 2019 (GNYDM) - 95th Annual Session

New York City - USA

Greater New York Dental Meeting
200 W. 41st Street, Suite 800
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Tel: +1 212 398 6922
Fax +1 212 398 6934
E-mail: info@gnydm.com
Website: www.gnydm.com
Referent: Dr. Robert R. Edwab (Executive Director)
E-mail: execdirector@gnydm.com
Exhibits Manager: Ms. Carla M. Borg
E-mail: exhibits@gnydm.com
Exhibition venue: Jacob K. Javits Convention Center
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Two International Dental Education Meetings Planned for 2019

In April 2019, the University of Brescia School of Dentistry will host two historically separate international meetings that share common goals related to dental education – advancing professional and personal development, encouraging cross collaboration, and increasing important networking opportunities.

"ADEA/ADEE SHAPING THE FUTURE OF DENTAL EDUCATION II"

will be held in the University of Brescia, Italy on 25th to 27th April 2019
A joint ADEA/ADEE partnership

In May 2017, the Association for dental Education in Europe (ADEE) and the American Dental Education Association (ADEA) hosted the first edition of "ADEA/ADEE Shaping the Future of Dental Education" at King's College in London. The first truly global meeting in nearly a decade focused on dental education welcomed more than 270 dental educators from nearly 50 countries. The four workshop areas were *Global Networking, Interprofessional Education and Practice, Assessment, and Emerging Science and Technology.*

For more information
www.adee.org/meetings/london2017/conclusions/index.html

"SIXTH ADEA INTERNATIONAL WOMEN'S LEADERSHIP CONFERENCE"

The ADEA International Women's Leadership Conference is one of ADEA's pioneering initiatives to support gender equity in global health and the inclusion of oral health in global targets for disease eradication. Established in 1999 to recognize the increased leadership role of women in the global health workforce, the previous five conferences (France, Canada, Sweden, Brazil, Spain) brought together participants from six continents to consider strategies for advancing women's leadership in global health, academic dentistry and research. The meeting proceedings are published as supplements to the *Journal of Dental Education.*

Meeting Objectives

- Maximize opportunities for international collaboration in education and research.
- Develop goals that promote WHO global health objectives for disease eradication.
- Promote interprofessional education and collaborative practice objectives for improved access, quality and health outcomes.
- Share best practices for academic/community partnerships for experiential learning and clinical care.
- Create faculty development opportunities for innovation, exchanges and international collaboration.
- Develop synergy among academic leaders that promotes change through collaborative efforts and mutual respect.
- Potentiate the effectiveness of the increasing role of women in academia, research and global community health. In the United States, 37% of full-time faculty are women.
- Lead curriculum innovation and changes that result from scientific discovery, emerging technologies and therapeutics.

Why are these meetings important to corporations?

- The in-tandem schedule will potentiate outcomes of both meetings through strategic approaches that link leadership with academic goals and global health outcomes.
- The meetings will identify contributing factors that support the science base for dental education, opportunities for collaboration, advances in technology, and other visionary forecasts for clinical practice in the future.
- Diversity and gender equity are increasingly present on global forum agendas- economic, competitiveness, labor force, health, and value-added perspectives.

About ADEA/ADEE Special Interest Group

The American Dental Education Association (ADEA) and the Association for Dental Education in Europe (ADEE) have had a strong historical relationship based on a mutual desire for the advancement of dental education systems. While there are differences between the two associations' contextual environments and operational activities, in recent years it has become clear that the challenges faced by the associations and by their respective memberships are becoming ever more interrelated.
To help explore and investigate these areas of commonality, the ADEE-ADEA collaborative's Special Interest Group (SIG) was introduced at the ADEE annual meeting in Riga, Latvia in 2014. The SIG has since held collaborative meetings on the rapidly changing international dental education context.

http://shapingdentaleducation.org
www.adee.org
www.adea.org

For more information or to discuss sponsorship opportunities, please contact Ms. Alessia Murano at

alessia.murano@infodent.com

HENRY SCHEIN®

Henry Schein and the International College of Dentists Partner with Fleur de Vie to Promote Oral health Care to Grammar School Students in Haiti

Henry Schein and the International College of Dentists' (ICD) Global Visionary Fund (GVF) have once again joined together to support the oral health of children. This time, products were donated to the Fleur de Vie's health awareness and education initiative during their back to school program. From September to December 2018, more than 400 grammar school age children attended a one-day program and took part in health education, physical fitness, and recreational activities. During the day, the pupils received school suppliers for the year as well as new tooth brushes and tooth paste. Information in French and Haitian Creole was also provided for parents to further encourage them to teach their children proper oral health practices. As part of this program, the children also received oral health screenings and education on how to properly use their new tooth brushes and how to floss by local dentist and faculty member of the Faculté d'Odontologie de l'Université d'État-d'Hite (Dental Faculty of the State University of Haiti), Dr. Mario Sajous. This oral care promotion is an ongoing project that will continue in 2019.

"Every child deserves not only the opportunity to return to school confident in the knowledge that they have the tools to succeed, but also the best health care possible. This Fleur de Vie project not only offers an important help for many families providing students with exactly what they need to meet the challenges of a new school year, but also combines this worthwhile course with oral health prevention and education initiatives that are so crucial for the student's total health," said Jennifer Kim Field, Vice President, Corporate Social Responsibility at Henry Schein. "We are very happy to be able to support this initiative in cooperation with the ICD."

Fleur De Vie, which means Flower of Life, is a not for profit organization based in New York that works with and supports initiatives to implement social change in communities in need around the world. Fleur De Vie lends its assistance at a grassroots level by organizing program that promote transparency and ensuring that the focus remains on benefiting the vulnerable and poor of populations that need it most. This work is done by collaborating with not for profits that take action in education, health, and environmental sustainability, areas of concentration that can have the most impact long term. Fleur De Vie is comprised of a team of professionals who, in partnership with a network of like-minded individuals, businesses, organizations, and communities, are devoted to supporting the needs of struggling not for profits through fund-raising and campaign promotions. *) Henry Schein's product donation is an initiative of Henry Schein Cares, the company's global corporate social responsibility program. Health care activities supported by Henry Schein Cares focus on three main areas: advancing wellness, building capacity in the delivery of health care services, and assisting in emergency preparedness and relief. The support for Fleur de Vie is part of Henry Schein Cares' long-term partnership with the ICD Global Visionary Fund. In conjunction with this partnership, the International College of Dentists has inducted three dentists from Haiti, Dr. Sajous, alongside Dr. Jacques Denis and Dr. Tony Cajouste Jean-Pierre, into the Fellowship of the College in recognition of their outstanding professional achievements, meritorious services, and dedication to the continued progress of dentistry for the benefit of humankind. The initiation ceremony took place this past November in New York City where the dentists received their gold Key and Fellowship Certificate.

*) Source: Fleur de Vie

About the International College of Dentists' Centennial 1920-2020

The International College of Dentists has begun the most ambitious and challenging project ever undertaken in its nearly one hundred years of existence. The remarkable success story of the ICD, which started with two visionary leaders from the USA and Japan and became the leading international honor society of dentists, will be celebrated by 12,000 Fellows in 122 countries during 2020. Worldwide recognition of this ICD milestone in the press and dental media was achieved when Pope Francis met ICD representatives at the Vatican to learn about the College and the upcoming Centennial. The year-long initiative will be a global effort on behalf of the leadership of the College and its Fellows, and the College's Centennial Partner Henry Schein Inc., who will work together for an amazing year of celebration, camaraderie and fellowship in recognition of this seminal moment in the history of Dentistry and the ICD.

About International College of Dentists

The ICD has been Honoring the World's Leading Dentists Since 1920 TM. Fellowship in the College is extended by invitation only. A nominated dentist must pass a rigorous, peer review process leading to the recognition of the individual's "outstanding professional achievement, meritorious service and dedication to the continued progress of dentistry for the benefit of humankind".

Currently, there are about 12,000 dentists in 122 countries worldwide, who have been awarded the prestigious title of FICD (Fellow, International College of Dentists).

Throughout 2020, ICD will organize a series of special events under the theme "Celebrating the First 100 Years." Henry Schein has become the Centennial Partner for the organization's 100th anniversary. For more information, please visit the International College of Dentists at **www.icd.org.**

Contact

Stefanie Fleige – Henry Schein – Senior Manager, International Corporate Communications
Email: Stefanie.Fleige@henryschein.de,
Phone: +49 40 65668 691

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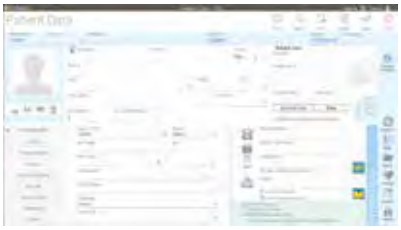

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office@ exam-vision.com

Hall 10.2 Booth U058-U059

BICON

bicon
DENTAL IMPLANTS

THE BICON DESIGN is driven by simplicity. A cornerstone of its simplicity is SHORT Implants. When the Bicon system was first introduced in 1985, its 8.0mm length implants were considered quite short – most other implants were at least 12-14mm and sometimes 18-20mm long! Since then, the natural progression of Bicon's design philosophy has resulted in 5.0mm and 6.0mm SHORT Implants all with proven clinical success.

www.bicon.com - support@bicon.com

Hall 4.2 Booth G070-J079

DYAMACH

DYAMACH

Dyamach continuing its pursue of excellence, started over 20 years ago, is proud to present its latest product. Our NEW AS1 is a wet&dry machine, perfect for working all soft materials and metals including CrCo, complete with all the feature needed by the laboratories who wants to give a faster and better service to its customer. With its long story of innovation, Dyamach is the perfect partner for your lab. Come visit us and get ready to #TiltYourPerspective

www.dyamach.com
info@dyamach.com

Hall 3.2 Booth L050

IDS SPA - BLANCONE

BlancOne ULTRA+

BlancOne ULTRA+ is the first third-generation bleaching treatment with BlancOne photo chemical technology and 35% hydrogen peroxide.
ULTRA+, is characterized by rapid action time (3 cycles of 8 minutes) and the virtual absence of hypersensitivity, without having to resort to desensitizing or remineralizing agents.
The new gel-gel formulation ensures an easy preparation, a greater effectiveness of the photochemical mechanism, the maximization of singlet oxygen conveyed in the tooth. The top of the range to deal with the most difficult cases.

www.blancone.eu/pro
info@idsdental.it

Hall 5.2, Booth A38-B39

DENTAG

Revolutionary ideas come true

DenTag, an Italian manufacturer of surgical and dental instruments founded in 1950, together with Dr Fabio Costa, head physician at the Maxillo-Facial Surgery clinic at the General Hospital in Udine, are proud to present new and exclusive surgical instrument designed to perform a series of different functions that must currently be performed by more than one surgeon. The new instrument guarantees improved safety and significantly reduces the time required for the procedure. We will be delighted to demonstrate this new instrument at the stand no. N059 in Pavilion 11.2 (next to the escalator).

www.dentag.com - info@dentag.com

Hall 11.2, Booth N059

CIM SYSTEM

Find out the new Comfort and Advanced Mods in MillBox 2019

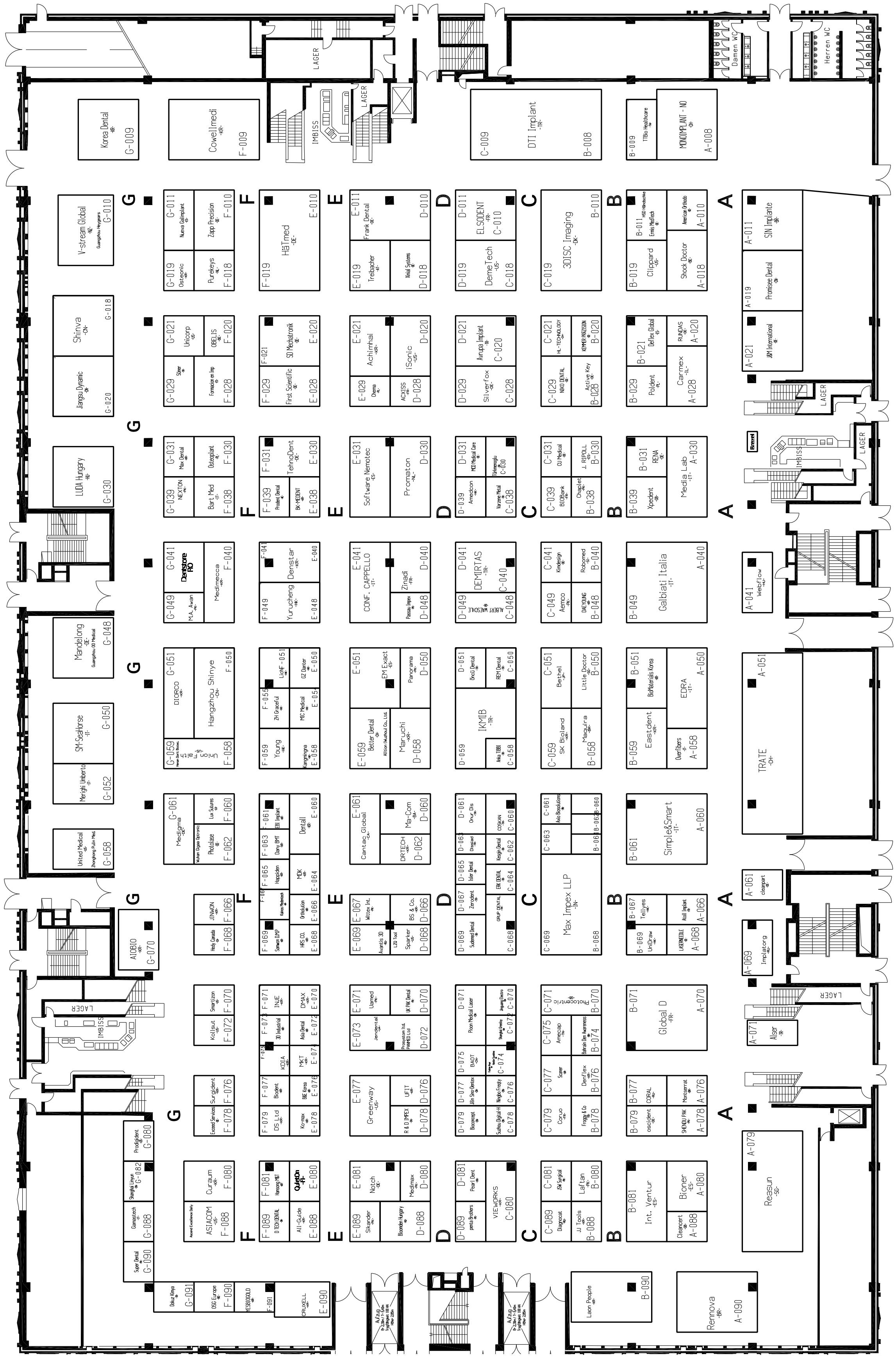
MillBox is the dental CAM solution developed by CIMsystem for milling any kind of restoration with any material. Equipped with a simple to follow user interface that is innovative and appealing, MillBox simplifies the nesting and toolpath creation. An Interface specifically developed for immediate use, with brand new features that allow you to work even faster. Specially designed for professionals who require simple and reliable tools, MillBox provides high performance in less time to get the work you want processed in a few simple steps. The software has been designed for dental from the ground up and is a reliable partner that will improve your Lab's workflow, increasing the quality and range of your product offerings. Find out the new Comfort and Advanced Mods in 2019 version!

www.cimsystem.com – www.millbox.com

Hall 3.1 at Booth J008

BREAKING inews

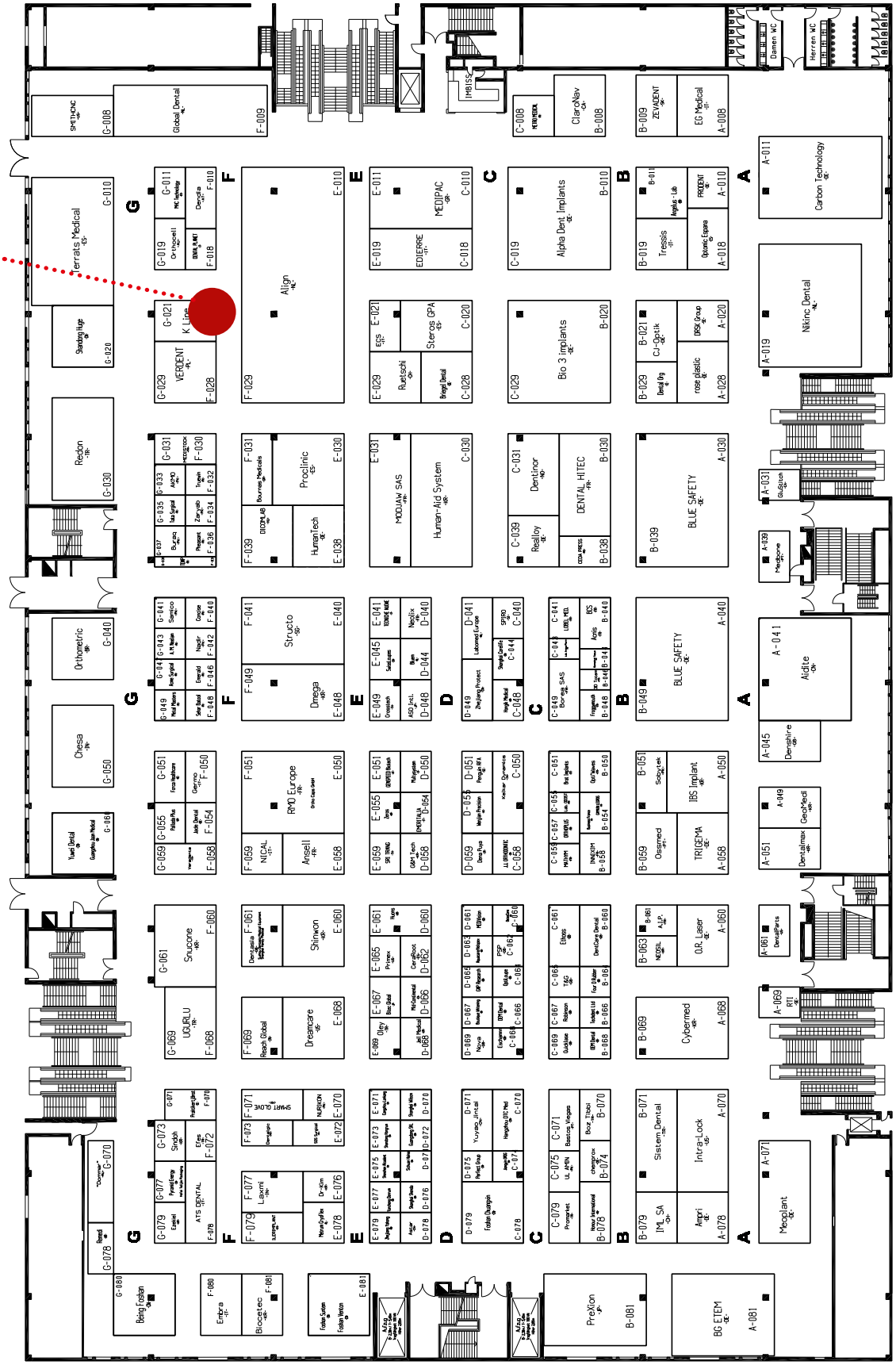
HALL 2.1



HALL 2.2

HUGE

Booth G020



HALL 3.1


CIM system
Booth J008
DYAMACH
Booth L050
Amann Girrbach
CAMCUbe
MS Maschinen
Zirkonzahn tools
FOLLOW-ME!
creamed
Aqua
TAG Medical
Willemin-Macodel
Dental Direkt
JDentalCare
S&S Scheftner
Wissner
BUFFET
Roland DG Benelux
Medit
Trendgold
Robots and Design
Lithoz
WINJS
GO2cam
Zfx
Zimmer Biomet
DDF
FARO
Dental Plus
DYAMACH
Alfred Jäger
Jyoti
WORKNC/Hexagon
Welzo3D
NOBIL METAL
Mesa
Alge
Shining
Sisma
Formlabs
DDS INC.
TRUMPF
DMG MORI
Advan
Wieson Medical
PicoSoft
Yena Makina
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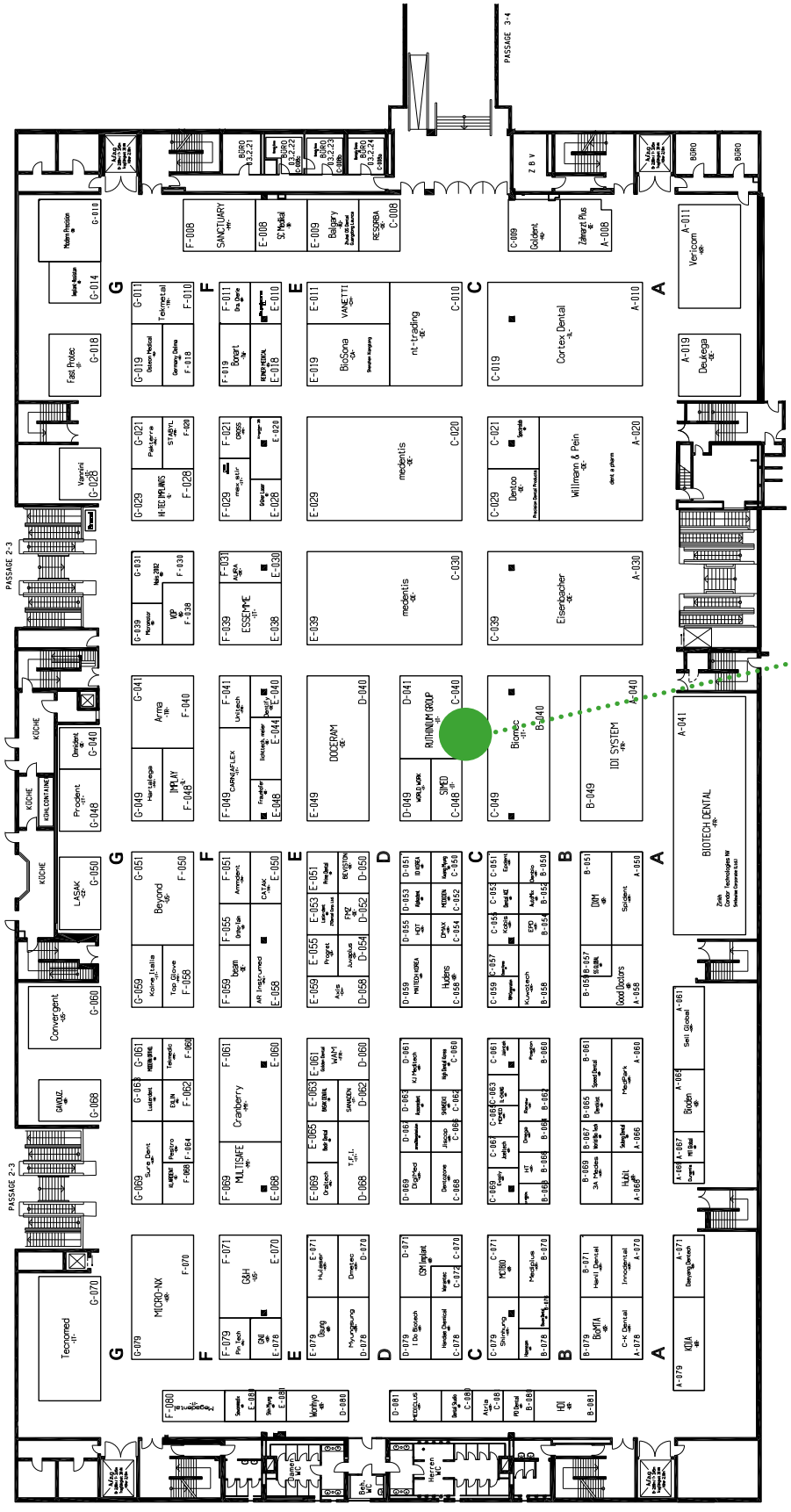
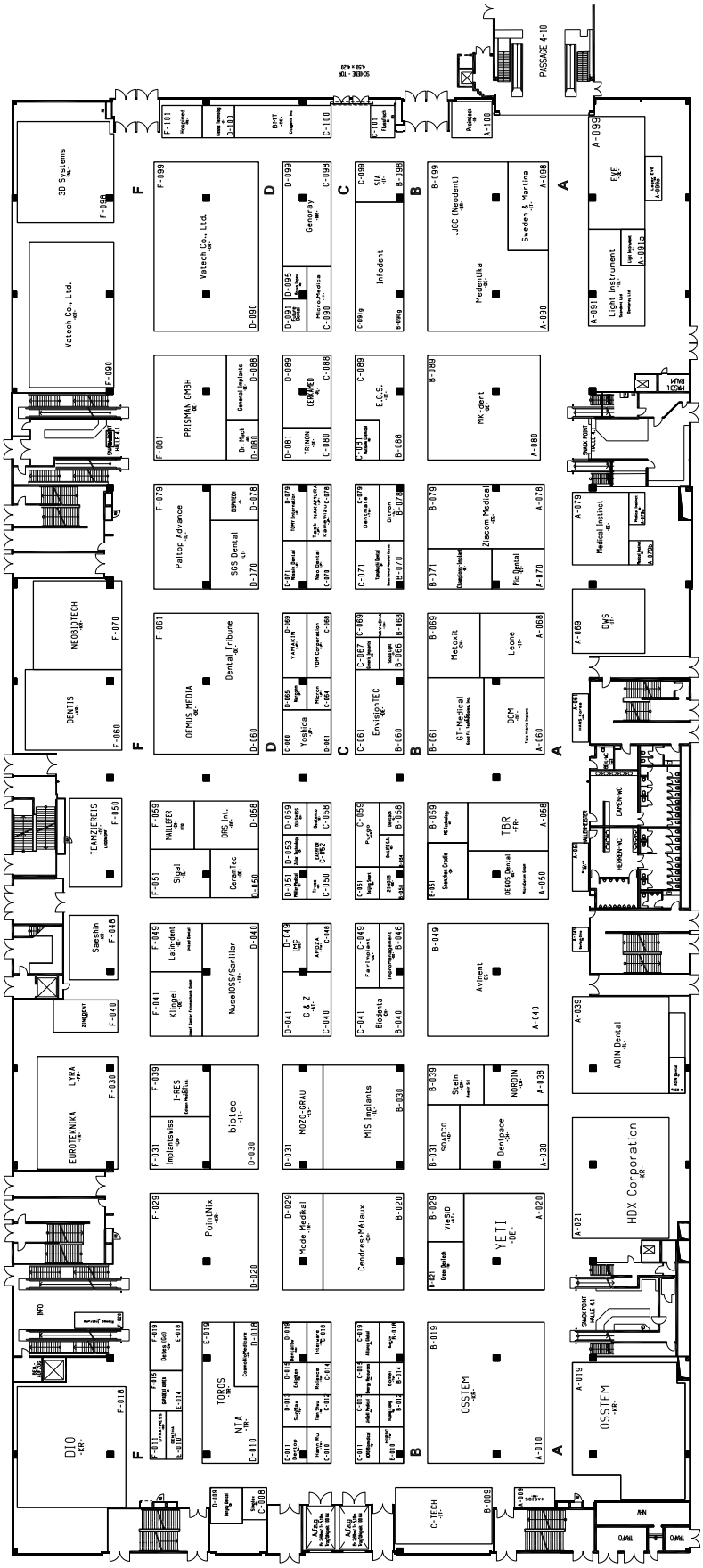
Metzger
KERDX
DENTAS
Shenzhen UP3D
SLM Solutions
DATRON
SNACK POINT HALLE 3.1
FIRMENRAUM FA. GETTNER
FIRMENRAUM FA. GREINBERGER
FIRMENRAUM FA. HASBERG
HERREN WC
DAMEN WC

HALL 3.2


PASSAGE 3-4
PASSAGE 2-3
PASSAGE 2-3
SANCTUARY
SC Medical
Balgary
REGGREA
Goldent
Zantrant Plus
Vericom
Dedeaga
Fast Protec
Vannini
Cortex Dental
nt-trading
VANETTI
BioSona
medentis
Willmann & Pein
Dentoo
Eisenbacher
Arma
JMPLANT
DOCERAM
RUTHINIUM GROUP
SMED
Biomec
IDI SYSTEM
BIOTECH DENTAL
Beyond
LASAK
Convergent
Prodent
Omnident
GAMLOZ
Cranberry
MULTIWAVE
Good Doctors
DIM
Sunstent
Sent Global
Binden
Hubit
Innodental
KOJA
Dentaurum
BioMTA
Henri Dental
C-K Dental
Medicalium
MC810
Shinhung
GSK Implant
I Do Biotech
Hanlim Chemical
Myungsung
Dmastec
Hubitec
Osung
Medentis
Pro_Tech
GM
G&H
Technomed
MICRO-NX
Wonhyo
Ruthinium
WE TAKE CARE OF YOUR SMILE
Booth C040-D041

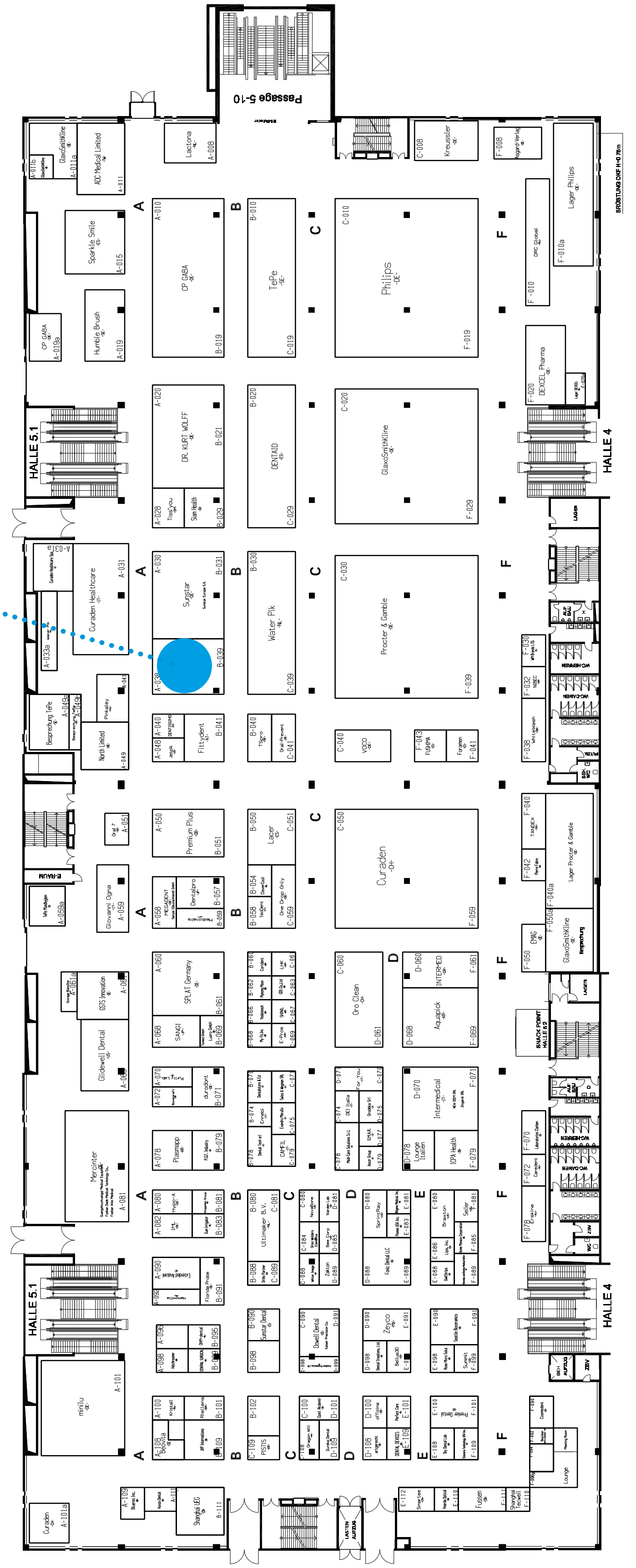
HALL 4.1


PASSAGE 4-10
3D Systems
Vatech Co., Ltd.
Vatech Co., Ltd.
Genoray
Infodent
JJGC (Neodent)
Medentika
Sweden & Martina
EWE
Light Instrument
PRISMAN GMBH
Dr. Mach
CERAMED
TRINON
E.G.S.
MK-dent
Paltop Advance
SGS Dental
BIOMEDIX
Ziacom Medical
Pic Dental
Medical Instinct
DWS
NEOBIOTECH
DENTIS
OEMUS MEDIA
Dental Tribune
Yoshida
EnvisionTEC
GT-Medical
Metoxit
Leone
DCM
TEAMBEREIS
Sanshin
Signal
Ceramtec
MALLEFER
DRS Int.
TBR
DEGUDENTAL
DAMEN-WC
HERREN-WC
Latin-dent
Klingel
NuseIOSS/Sanilar
G A Z
Implantcast
Biodenta
Avinent
ADIN Dental
EUROTEKNIKA
LYRA
I-RES
Implantswiss
biotec
MOZO-GRAU
MIS Implants
Sogapo
Stein
Dentspace
NORDIN
PointNix
Mode Medikal
Cendres+Métaux
YETI
VivaSID
HDX Corporation
DIO
TOROS
NTA
OSSTEM
C-TECH

HALL 4.2

HALL 5.2

Booth A38-B39



HALL 10.1

OrisDent
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Booth J 040

infinix™
advanced dental restoratives
Booth A047A - B-059
(Israel Pavilion)

HALL 10.2

EXAMVISION

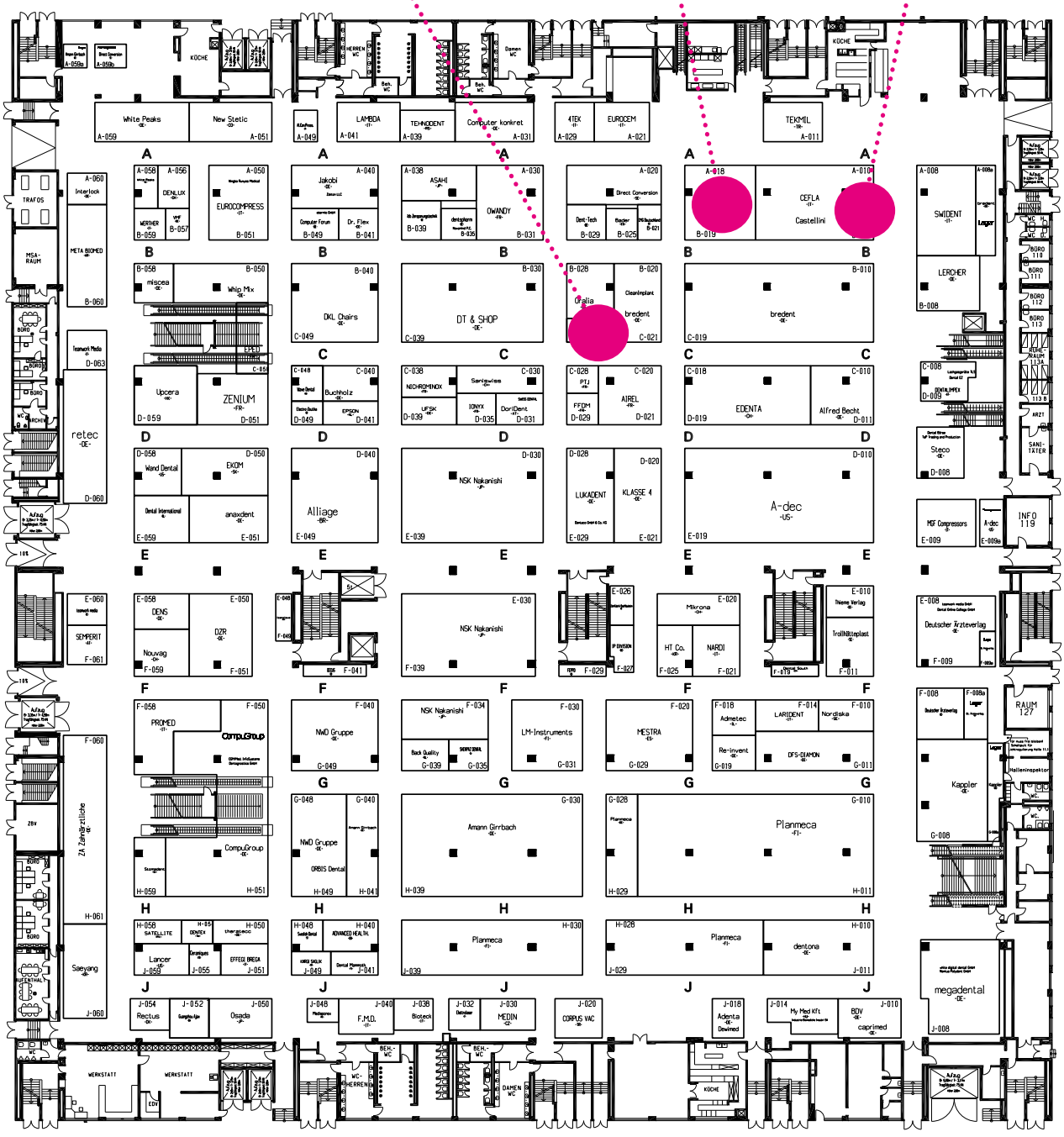
Booth U058-U059

HALL 11.1

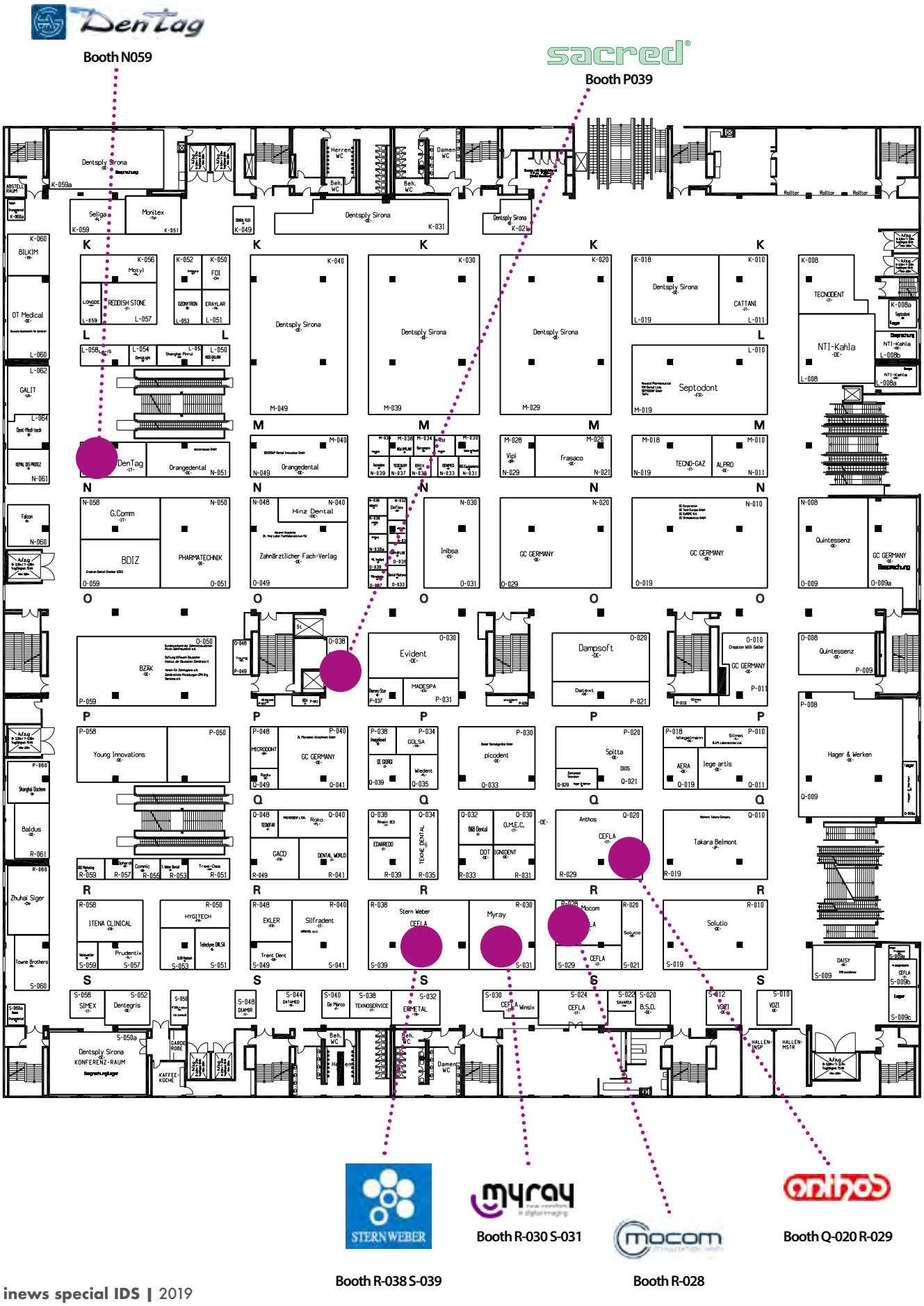
Booth C025

Booth A-018 B-019

Booth A-010 B-011



HALL 11.2


DenTag
Booth N059
sacred
Booth P039
Dentsply Sirona
Septodont
NTI-Kahla
TECNODENT
CATTANI
REDDISH STONE
Orangedental
Hinz Dental
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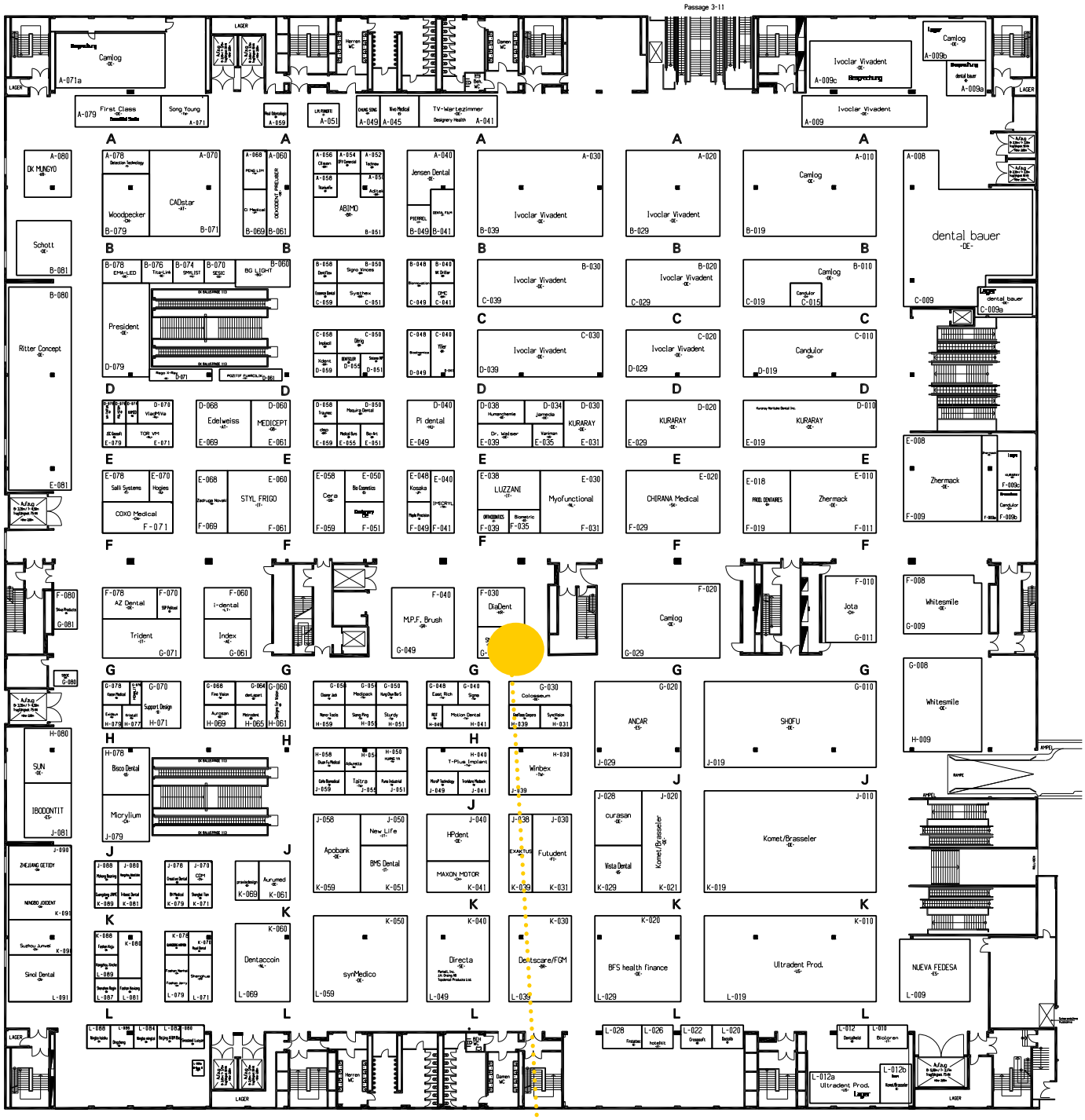
Dentsply Sirona KONFERENZ-RAUM
KAFFEE-KÜCHE
STERN WEBER
Booth R-038 S-039
myray
Booth R-030 S-031
mocom
Booth R-028
anthos
Booth Q-020 R-029

HALL 11.3



Booth G031

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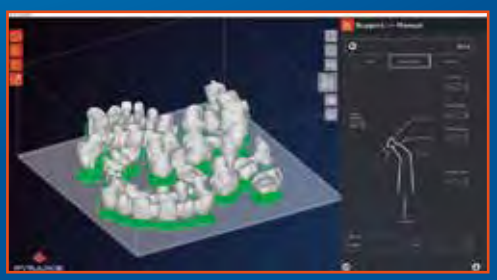

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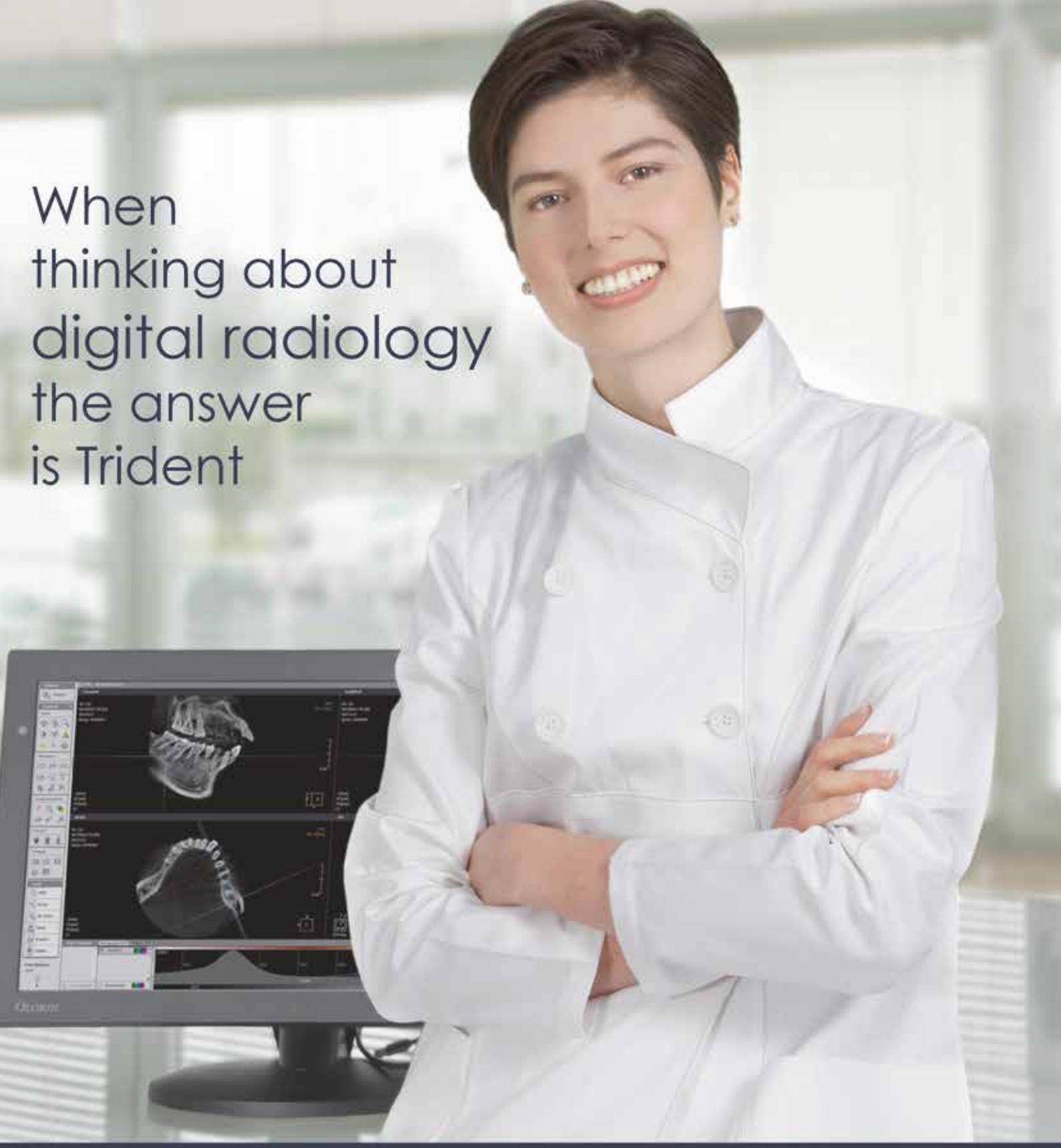

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Intraoral X-Ray Unit
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PSP Scanner

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