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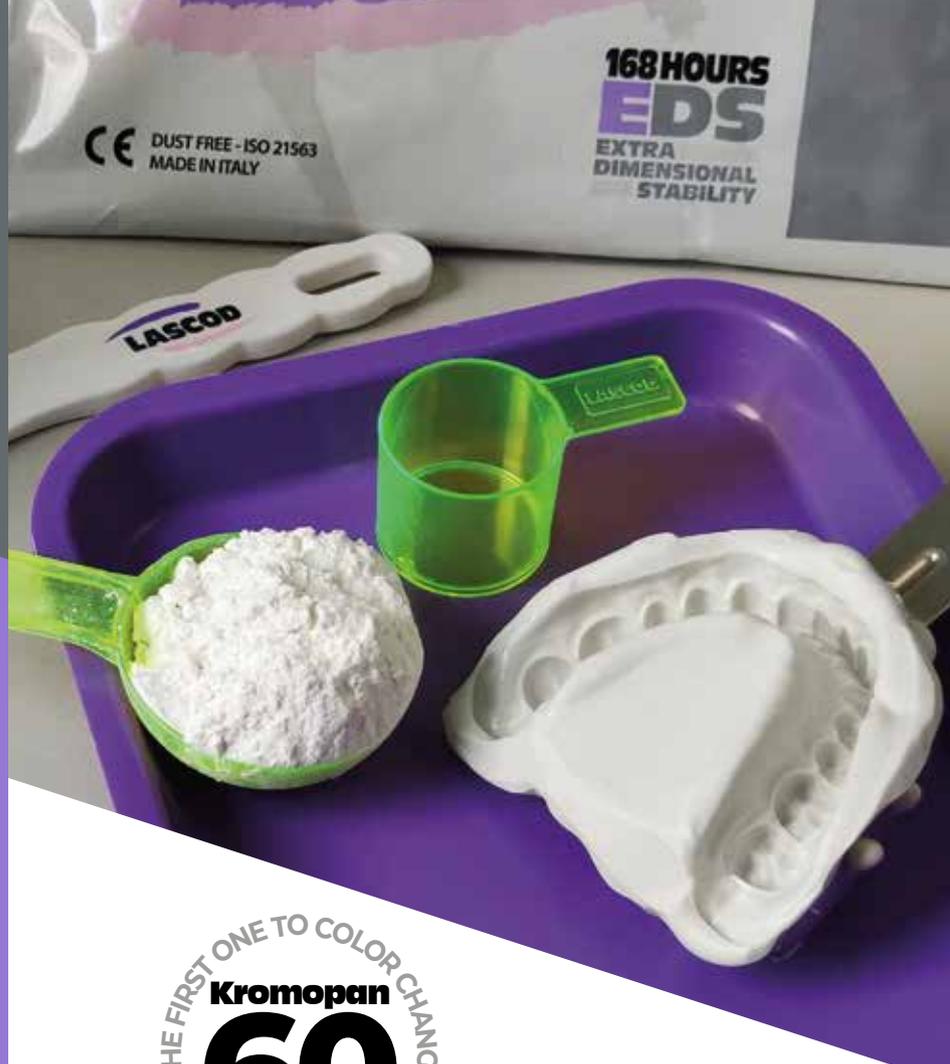


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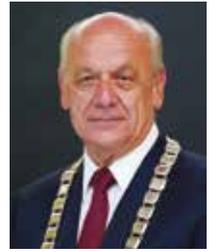
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# IDEM 2022

## Pioneering Resilience Building for Corporates, Dentists and People in the Global South



**Gerhard Konrad  
Seeburger**  
FDI Past-president

IDEM, International Dental Exhibition and Meeting, jointly organized by Koelnmesse and Singapore Dental Association, continues to be the Leading Dental Exhibition & Conference in Asia Pacific. The theme of its 12<sup>th</sup> edition is ambitious and visionary: *Building Resilience in Dentistry*.

Experiences made since the year 2000 and during the virtual 11<sup>th</sup> edition in 2020, as well as the move to a new event site, have given the upbeat for a new approach: *Reframe – Reconnect – Renew*. An in-person show and the premiere of the IDEM 360 digital platform reframe the meeting concept breaking borders also for participants still dealing with travel restrictions due to COVID-19. Dentists from all over, dental industry and key decision makers develop future market strategies and sustainable oral healthcare in Singapore's newest venue place: Marina Bay Sands Expo & Convention Centre.



Resilience has become the new target during the pandemic. Oral disease prevention and healthcare must be sustainable also in times of climate and demographic change, health workforce shortage and political instabilities. In January 2021 FDI World Dental Federation has released *Vision 2030 - Delivering Optimal Oral Health for All* (<https://www.fdiworlddental.org/vision2030>). The Vision 2030 Report is constructed around three pillars, each with a major goal. These pillars are supported by a strategy for education that will create a responsive and resilient profession, with the knowledge and skills to lead systems reforms. The latter will be impossible shall silo mentality prevail. Only if all oral healthcare professionals, their teams and other healthcare professionals, in liaison with industry and commercial partners, will cooperate to improve access to vulnerable groups and make sure that emerging technologies are integrated in the context of Universal Health Coverage in geographic areas of need, the decade-long increase of the burden of oral diseases will invert its trend.

Unpredictability is the big unknown of major disasters we all need to tackle, shall oral health and health remain sustainably accessible, affordable and available. Liberal dentists, generally prepared for emergencies, have generously supported public

healthcare during DPI shortage, and, well supported by dental corporates and distributors, done better than their physician colleagues keeping prevention and care up during the pandemic. Knowledge and experiences gathered in dental teams and shared with manufacturers have contributed to deliver safer oral disease prevention and care, thus having a positive impact on non-communicable diseases control, while setting the preambles for an adequate redeployment of health workforces in times of crises. Asia, covering 29.4% of the global territory, but hosting 59.76% of the earth's population, would greatly benefit from a redeployment strategy, especially in Western Asia countries, where growth rates are well above two percent. What a better place than IDEM for kicking off the transformation from words into action, assuring that by 2030 oral and general person-centred healthcare are integrated into the General Health and Development Agendas of the region. If all stakeholders, industry partners, academicians, educators, researchers, and policymakers engage and patient health literacy is fostered timely, not only will the Global South make a leap towards Universal Health Coverage, but also show a possible way to health and wealth for all, worth to go in other global areas.

IDEM happens this year just a month after the Global South-South Development Expo, GSSD; its theme *Towards a Smart and Resilient Future* (<https://www.expo.unsouthsouth.org>). The 11<sup>th</sup> GSSD Expo is organised by the United Nations Office for South-South Cooperation, the first to be hosted in the Asia-Pacific Region. It wants to showcase evidence-based successful development solutions and initiatives, in collaboration with United Nations agencies and all other partners. One of its aims is *To review and discuss development policies and capacity-building efforts, identifying impediments and remedial measures to be introduced through South-South and triangular cooperation methodologies at the national, regional and global levels*. We, all united at IDEM, need to be part of the discussion and transform remedial measures into efficient remedial work created by healthy people for a successful South and beyond.





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It is with the greatest pleasure that we announce the launch of our new website [www.dentaltechworldwide.com](http://www.dentaltechworldwide.com) dedicated to the foreign market, taking another important step towards the internationalization of our Brand.

This choice has been made to give even more attention to our foreign dealers and potential new contacts, and to give, once more, the demonstration of how Dental Tech is a Company that is always ready to take action, be dynamic, and constantly evolve.

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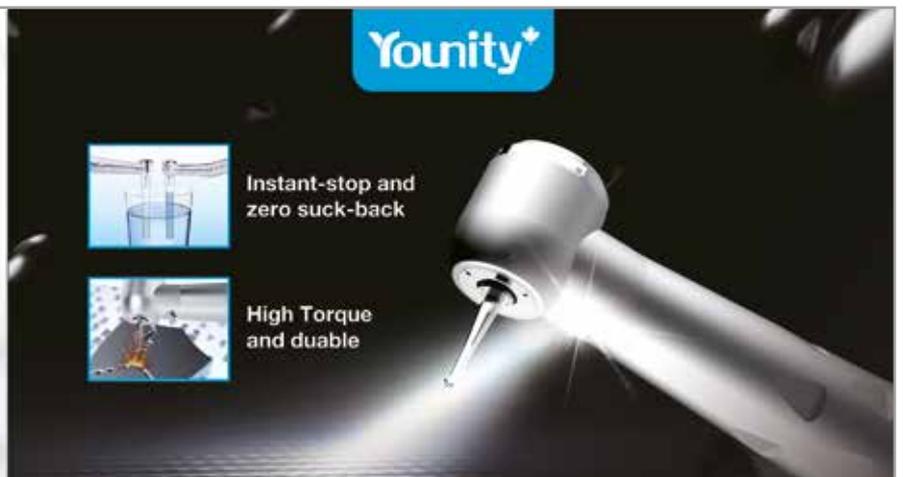
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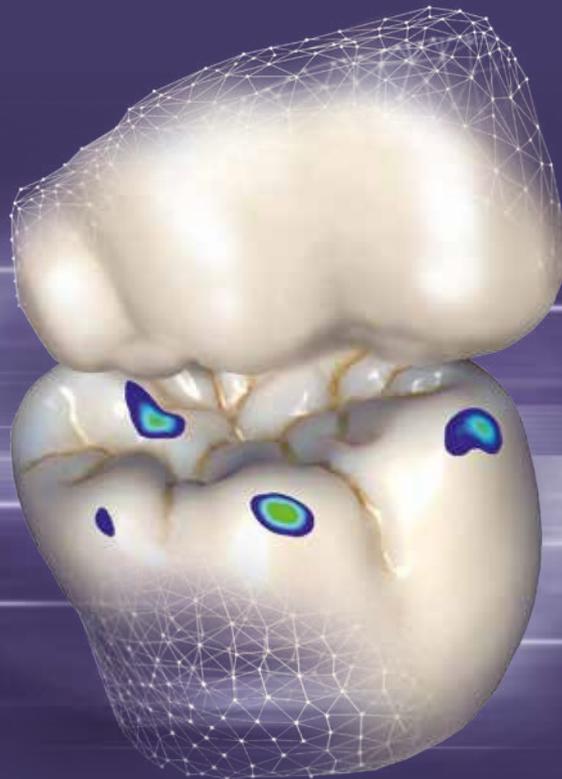
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# market insight





# ASEAN

## Association of Southeast Asian Nations

**With 650 million people, the Association of Southeast Asian Nations  
has the 3rd Largest Population in the World and a GDP of \$2.8 Trillion**

The Association of Southeast Asian Nations (ASEAN) is a regional grouping that promotes economic, political, and security cooperation among its ten members: **Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam.** The group has played a central role in Asian economic integration, spearheading negotiations among Asia-Pacific nations to form one of the world's largest free trade blocs and signing six free trade agreements with other regional economies (Australia-New Zealand, China, India, Japan, Korea, Hong Kong). Yet, ASEAN brings together countries with significantly different economies and political systems: democracies, authoritarian states, and hybrid regimes. Demographics differ across the region, too, with many religious and ethnic groups represented. In 1992, members created the ASEAN Free Trade Area with the goals of creating a single market, increasing intra-ASEAN trade and investments, and attracting foreign investment. Despite the progress, some of the region's most important industries are not covered by preferential trade measures, and differences in income, as well as international policies, results in a sometimes challenging integration.



“ According to forecasts, the Asia-Pacific region will account for around 40% of the global dentist tourism market in 2023, with rising destinations in countries like Thailand, Malaysia, the Philippines, and Vietnam.

Amid the coronavirus pandemic and subsequent economic crisis in 2020, ASEAN countries set up several bodies and mechanisms to procure medical supplies, distribute a COVID-19 vaccine, coordinate economic recovery plans, and facilitate the safe resumption of regional travel. General economic prosperity, aging populations, a growing middle-income population, as well as sensitive public policies have driven demand of better healthcare and infrastructure in Southeast Asia (SEA). A rapidly increasing healthcare demand is

also driven by population growth rates that are expected to outstrip those of other geographies, and an epidemiological shift from infectious diseases to a chronic disease pattern matching western markets. Most of SEA's spending on healthcare comes from the public sector (sometimes augmented by state-run insurance funds and personal expenditures), and many of the region's fiscally constrained governments are finding it challenging to meet their citizens' escalating needs. **According to forecasts, the Asia-Pacific region will account for around 40% of the**

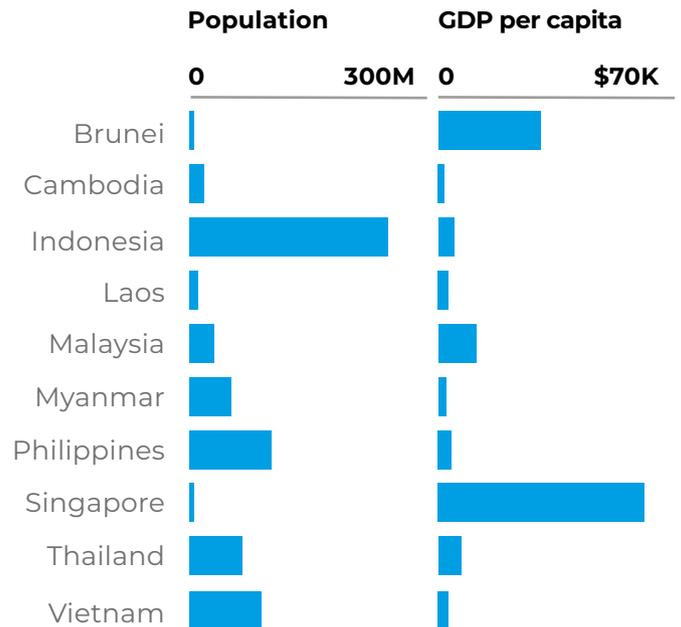
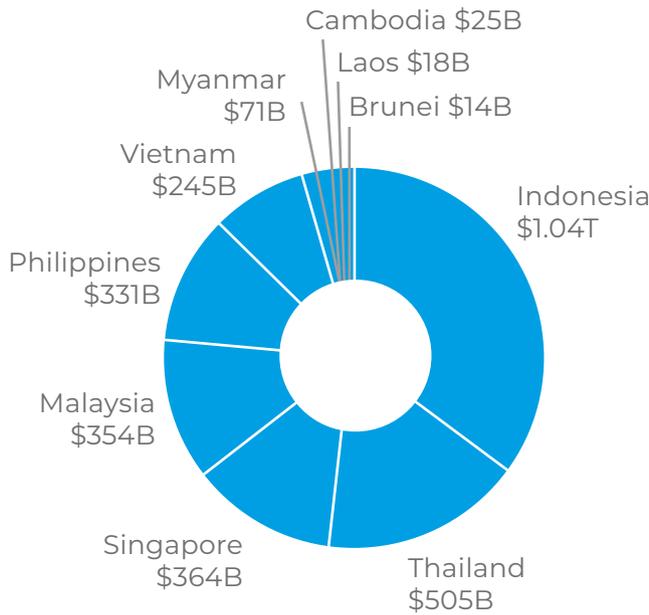
global dentist tourism market in 2023, with rising destinations in countries like Thailand, Malaysia, the Philippines, and Vietnam.

Also, according to Frost and Sullivan, Asia Pacific's healthcare market is estimated to contribute close to 33% of the global healthcare market and estimated to be valued at \$521 billion, with trends in the medical device industry in Asia mainly centered on imaging, cardiovascular, blood pressure monitoring and healthcare IT. In addition, ASEAN has been developing a uniform system for registering and assessing medical devices across the member countries. Although adherence to the ASEAN Medical Device Directive (AMDD) basic principles will likely only take place in the next few years, this will allow manufacturers to easily access a common medical device market.

In this special issue, for the *IDEM Singapore* show, we are giving a brief overview on four of the mentioned countries: Singapore, Thailand, Malaysia, and Indonesia.

## ASEAN's Diversity

Gross Domestic product (GDP)



Note: 2018 data  
Source: World Bank

	Density of Dentists (per 10,000 population) 2010-2019
Brunei	2.5
Cambodia	0.1
Indonesia	0.6
Laos	0.6
Malaysia	3.1
Myanmar	0.7
Philippines	<0.1
Singapore	4.1
Thailand	2.4
Vietnam	1 (per 25,000 population)

World Health Statistics, 2020 WHO

	Life expectancy at birth (years) both sexes	Healthy life expectancy at birth (years)
Singapore	82.9	76.2
Brunei	77.4	67.9
Vietnam	76.3	67.5
Thailand	75.5	66.8
Malaysia	75.3	66.6
Cambodia	69.4	60.8
Indonesia	69.3	61.7
Philippines	69.3	61.7
Myanmar	66.8	58.4
Laos	65.8	57.9

Source: World Health Statistics 2018-2020 WHO

	Total Population, millions	GNI per capita, Atlas method (current US\$), 2020	Average, Total Health Expenditure, (% of GDP)
<b>Brunei</b>	433,285	32,230	2.42 %
<b>Singapore</b>	5.704	54,920	4.7 %
<b>Indonesia</b>	270.6	3,870	2.9-3.1 %
<b>Malaysia</b>	31.95	10,580	4.4-4.6 %
<b>Thailand</b>	69.63	7,050	4.3-4.6 %
<b>Philippines</b>	108.1	3,430	4.7 %
<b>Vietnam</b>	96.46	2,660	6.8-6.9 %
<b>Cambodia</b>	16.49	1,490	5.92 %
<b>Laos</b>	7.169	2,480	2.53 %
<b>Myanmar</b>	54.05	1,260	4.66 %

GNI= Gross National Income  
Source: World Bank 2019-2020

"With its functional and unique healthcare system, Singapore adopts a modified national insurance scheme, achieving similar outcomes to most developed countries, with less spending, less over consumption and less over-servicing."

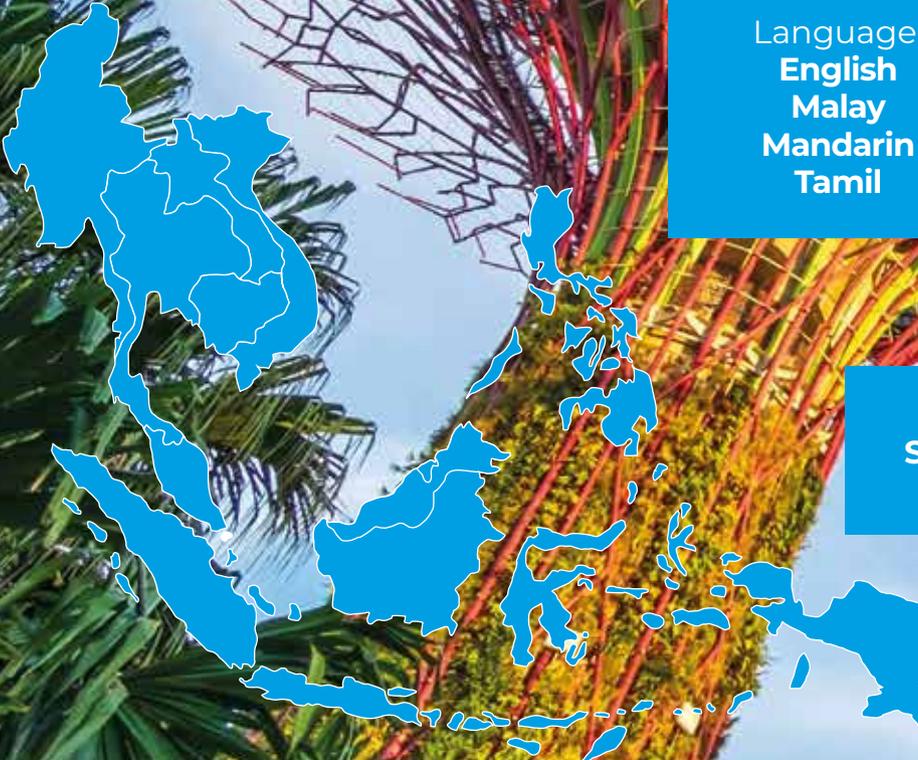
Population:  
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Political System:  
**Parliamentary  
Representative  
Democratic  
Republic**

Language:  
**English  
Malay  
Mandarin  
Tamil**

Capital:  
**Singapore  
(city-state)**

Currency:  
**S\$ (Singapore  
Dollar)**





REPUBLIC OF  
**SINGAPORE**

market insight



- Widely regarded to have an incorrupt and meritocratic government, with a fair judiciary and strong rule of law, the government has significant control over politics and society
- Seventh-highest GDP per capita in the world
- Tenth-highest number of billionaires of any city in the world
- Placed highly in key social indicators: education, healthcare, quality of life, personal safety and housing, with a home-ownership rate of 91%
- Fastest Internet connection speeds in the world
- Major financial and shipping hub, consistently ranked the most expensive city to live in since 2013, has been identified as a tax haven
- Singapore spends on average about 4.7% of its GDP annually on healthcare, compared to around 9% in the UK or 17% in the USA, but with a system which seems to be functional compared to a pure national insurance scheme where healthcare is provided for free but creates over consumption and over-servicing
- Among its ASEAN peers, Singapore spends the most annually in healthcare on a per capita basis (USD 2,752) and this is expected to rise faster than GDP given the aging population and changes in demographics

**In Brief**

Increasingly acknowledged for having achieved excellent healthcare outcomes at modest cost, differently from most countries, Singapore adopts a modified national insurance scheme. Its universal health coverage is funded through a combination of a) government subsidies (from general tax revenue) of up to 80% of the total cost of care provided in public hospitals and primary care polyclinics, b) a mandatory group of savings and insurance programs known as the “3Ms” system— *Medisave*, *MediShield*, and *Medifund* and c) private individual savings, all administered at the national level.

The government regulates both public and private health insurance, with a

financing system anchored in the twin philosophies of individual responsibility and affordable healthcare for all.

**However, dental treatments are generally not claimable under the Medisave scheme unless the treatment involves surgery and is performed due to medical reasons (gum surgery, sinus lift, bone graft, surgical removal of retained roots/fractured teeth, wisdom tooth surgeries, dental implants). Non-surgical dental treatments such as extractions, root canal treatment, restorative (crowns, bridges, fillings), orthodontic treatment, dentures, teeth whitening etc. are paid privately.**

According to reports, nearly 45% of the population visits the dentist at

least twice a year although there is public concern about the rising dental treatment fees. Besides serving a more affluent and demanding resident population, dental practitioners are seeing a marked increase in foreign patients seeking dental treatment.

Renowned for its role as a healthcare hub for the region, offering Asia’s best healthcare system, Singapore is one of the most attractive countries for the medical device sector, with foreign companies supplying around 85% of health equipment. Demand for medical equipment comes from public and private hospitals with the Health Ministry accounting for nearly 70% of local demand. At present, more than 75% of products imported into Singapore are subsequently re-exported.

<b>Public Dental Clinics, 2019</b>	<b>Total 246</b>
Polyclinic Dental Clinics	10
Hospital/Institution Dental Clinics	8
School Dental Clinics	228
<b>Private Dental Clinics, 2019</b>	<b>Total 851</b>

Source: Ministry of Health Singapore

	2015	2017
No. of Dental Schools	89	89
No. of Dentists Graduated**	51	56
No. of Oral Health Therapists Graduated***	17	24

Source: Ministry of Health, Singapore  
 \*\*NUS Faculty of Dentistry graduates  
 \*\*\* NYP Dental Hygiene and Therapy graduates. The first batch of Oral Health Therapists graduated in 2008

	2017	2019
<b>Total no. of Dentists</b>	<b>2,293</b>	<b>2,475</b>
Public	477	509
Non-Public	1,748	1,881
Not in Active Practice	68	85
Dentist to population ratio	1:2,448	1:2,304
Dentist per 1,000 population	0.4	0.4

Source: Ministry of Health Singapore

	2017	2019
<b>Total No. of General Dental Practitioners</b>	<b>1,943</b>	<b>2,107</b>
Public	365	379
Non-Public	1,516	1,664
Not in Active Practice	62	84
<b>Total No. of Dental Specialists</b>	<b>350</b>	<b>368</b>
Public		112
Non-Public	232	237
Not in Active Practice	6	1
<b>By Specialties (year 2020):</b>		
Dental Public Health		4
Oral & Maxillo-Facial Surgery		68
Pediatric Dentistry		27
Prosthodontics		67
Endodontics		49
Orthodontics		108
Periodontology		47

Source: Ministry of Health, Singapore and Singapore Dental Council  
<https://prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=SDC>

	2017	2019
<b>Total No. of Oral Health Therapists</b>	<b>416</b>	<b>429</b>
Public	225	224
Non-Public	144	141
Not in Active Practice	47	64
Dental Hygienist/Dental Therapist** (2020)		2,547
<b>Dental Technicians (2013)</b>		<b>345</b>

Source: Ministry of Health, Singapore / Singapore Dental Council <https://prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=SDC> /World Health Statistics, WHO  
 Note: Registration of Oral Health Therapists started in 2008.  
 \*\* Dental nurses/hygienists were re-designated as Dental Therapists and the certificate in dental nursing program was renamed as the certificate in Dental Therapy Program (2000)

Visit to a dentist, at least twice a year	45%
Visit to a dentist, at least once in two years	39%
DMFT Index in 2-year-old children	0.41
Caries prevalence among 3-6-year-old children	40%
Caries prevalence among 18-48-month-old infants	48%
Edentulous aged 60 and above	31%

Note: DMFT= Decayed, Missing and Filled Teeth



**Severe to Chronic Periodontitis (estimates of average prevalence among those 15-years or older per country, 2010)**

Singapore	more than 15.0%
Indonesia	more than 15.0%
Malaysia	10.1%-15.0%
Philippines	10.1%-15.0%
Cambodia	10.1%-15.0%
Laos	10.1%-15.0%
Myanmar	10.1%-15.0%
Thailand	10% or less
Vietnam	10% or less

Source: The Oral Health Atlas 2015, FDI "The Challenge of Oral Disease"

**Public Survey**

The Singapore Dental Association (SDA) appointed Standing Committee commissioned an independent public survey in August 2019 to study the confidence of the public in dentists, the public's concern on dental costs and also to gauge the public confidence of practicing dentists in Singapore in relation to safety and performance.

The survey results have revealed the following:

- 76% of the respondents were concerned about the rising cost of living in Singapore.
- 89% of respondents were concerned about the cost of dental care in Singapore
- None of the respondents who had seen a dentist over the last one year had filed any complaints against their dentists
- All respondents who had visited a dentist at least once in the last year said their dentists are competent with their work.
- 71% of the respondents visit private dental practitioners whilst 29% of the respondents visit public healthcare with some voicing concern about the long waiting periods for healthcare in the public institutions.
- Of the 89% of respondents who were concerned about cost of dental care, one third of them said they would try to seek alternative routes of receiving dental care e.g. heading to Johor Bahru or Bangkok for treatment if there is further increases in the cost of dental treatment. Some added that they may turn to public healthcare institutions.
- 17% of the respondents have not visited their dentists for the past three years

Note: The public survey interviewed a total of 1,438 members of the public aged between 25 to 60 years old, consisting of 1,412 Singaporeans and 26 Permanent Residents, in areas such as Choa Chu Kang, Bukit Batok, Tampines, Pasir Ris, Bedok, Bukit Panjang, Ang Mo Kio, Jurong, Telok Blangah, Bukit Timah, Boon Keng, Hougang, Woodlands, Yishun, Potong Pasir, Bishan, Siglap, Sengkang and Punggol.



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While moving towards universal healthcare coverage is still a goal for many countries, Thailand is internationally recognized for its successful implementation, where, a well-designed system, a dedicated leadership and sweeping healthcare reform have contributed to efficiency, cost containment, and equity in healthcare.



Population:  
**69.63 million**

Political System:  
**Unitary  
parliamentary  
constitutional  
monarchy**

Language(s):  
**Thai**

Capital:  
**Bangkok or  
"Krung Thep"**

Currency:  
**Baht**

## THE KINGDOM OF **THAILAND**

- Just behind Indonesia, the Philippines and Vietnam, Thailand has the 4th largest population amongst South-East Asian nations
- Based on national estimates, poverty declined substantially over the last 30 years from 65.2% in 1988 to 9.85% in 2018
- Thailand is gaining worldwide recognition for the quality of its healthcare services, after the US magazine CEOWORLD placed Thailand sixth in its 2019 list of countries with the best healthcare systems
- Thanks to its high reputation of quality medical treatment at reasonable costs, Thailand is a leading Asian country for medical tourism growing over 10% each year. Thailand has become a medical hub not only for ASEAN, but also for Asia and beyond
- The proportion of citizens aged over 60 is one of the highest in the ASEAN region. By 2045, such proportion is forecasted to exceed that of other regions such as Europe and the United States, further driving domestic healthcare demand in the decades ahead
- Its medical devices sector is the 8th largest market in the Asia-Pacific region, and it is expected to grow 8-10% per year due to aging population
- The pandemic impact over Thailand's strong economic growth is forecasted to be among the sharpest in the East Asia and Pacific region
- The extensive geographical coverage of Ministry of Public Health primary healthcare and public hospital services are the foundation for successful implementation of universal health coverage, especially pro-poor health service utilization and public subsidies



**In Brief**

Financed through general taxation, Thailand's Universal Health Coverage Scheme (UHCS) is described as one of the most ambitious healthcare reforms ever undertaken in a developing country, providing 98% of Thai citizens, through three health insurance coverage schemes, all essential services in preventive, curative, and palliative care for all age groups, free at the point of service with low prevalence of unmet needs. In 10 years (2000-2010), its UHCS reduced infant mortality, decreased worker sick days and lightened families' financial burdens, including robust healthcare access to rural people.

**Public dental services are available**

**in all levels of public healthcare facilities however, half of all Thai dentists work in private dental clinics and private hospitals. Socioeconomic inequalities in dental access still persist, and more efforts are needed to supply rural areas with dental care. Long waiting lists are also an issue in public dental care.**

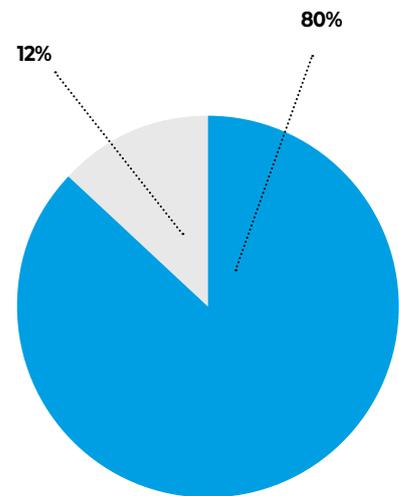
The private sector plays an important role in providing services, especially in Bangkok and municipality areas. Rising standard of living, growing urbanization and an expanding middle class are supporting the growth of dental clinics as well as increased expenditure on dental care services primarily for dental cosmetics and oral care products. Thailand's aging society and the

rising number of international tourists are main growth drivers for expansion of premium medical and dental clinics, especially in Bangkok and critical spots for tourism. For dental clinics in rural areas, the rising number of dentistry graduates and the government initiative of "One District One Dentist" would be the primary growth driver of the expansion of the dental industry. Although most dental products are imported into Thailand, oral care products, such as toothpaste or dental consumable products, are mainly supplied by domestic manufacturers. Thailand ranked as the world's 17th largest exporter of medical devices (mostly single-use devices) and the world's 32nd importer of medical devices.

	2010	2015	2019	2025 est.
Number of dentists	11,847	13,215	16,547	24,922
Dentist to population ratio		1:4,913		1:3,395-2,700
Number of dental clinics			4,556 (2017)	
Number of Dental Prosthetic Technicians			5,375	
Dental Assistants and Therapists			6,981	

Note: number are approximate. Each source, even if reliable, has slightly different numbers  
 Main source: World Health Organization (WHO) <https://apps.who.int/gho/data/node.main.HWF2/world data Atlas>

**Total Health Expenditure**



■ Public  
 ■ Out-of-pocket

**Top 5 Product Groups Exported and Imported by Thailand**

	Export 2018	Import 2018
1 <sup>st</sup>	Single-use Devices	Electro-Mechanical Medical Devices
2 <sup>nd</sup>	Ophthalmic and Optical Devices	In Vitro Diagnostic Devices (IVD)
3 <sup>rd</sup>	Electro-Mechanical Medical Devices	Single-use Devices
4 <sup>th</sup>	Dental Devices	Ophthalmic and Optical Devices
5 <sup>th</sup>	Hospital Hardware	Hospital Hardware

Source: Medical Devices Intelligence Unit, Office of Industrial Economics, Ministry of Industry, as of 2018

**DENTAL COVERAGE WITHIN THE THREE NATIONAL INSURANCE SCHEMES**

**1. Universal Coverage Scheme (UCS) – covering 73 -75% of population.**

Thai citizens under the Universal Coverage Scheme (those not covered by SHI or CSMBS) are eligible to have free preventive and curative dental services covering the following:

**• Dental Treatment:**

- Filling
- Extraction
- Scaling
- Plastic Prosthesis
- Baby Tooth Treatment-
- Nasoalveolar Molding for Child who has Cleft Lip and Cleft Palate

**• Oral Health Protection and Support:**

- Oral Health Check Up
- Dental Consultation
- Supplemental fluoride for person who is at risk of tooth decay
- Dental Sealant

**2. Social Health Insurance Scheme (SHI) – covering 16-18% of population.**

Under the SHI, Thai Citizens (private sector employees) have the right for dental services covered under following criteria:

In the case of tooth filling, extraction, and scaling, approx. Baht 250 will be covered per one time of service.

The cost must not exceed Baht 500 per year.

In case of acrylic dentures;

-1-5 teeth; Baht 1,200 to cover the cost within five years from installing dentures

-More than five teeth; Baht 1,400 to cover the cost within five years from installing dentures

**3. Civil Servant Medical Benefit Scheme (CSMBS) – covering 7-8% of population.**

Public servants and government officers have the right to withdraw funds to cover dental services for standard treatments such as tooth extraction, filling, and scaling (no limitations specified). Orthodontics care is also included but only in case of an accident.

Source: [http://www.unidi.it/images/documenti/Final\\_Report\\_Dental\\_Thailand\\_gen\\_2019.pdf](http://www.unidi.it/images/documenti/Final_Report_Dental_Thailand_gen_2019.pdf) / The Kingdom of Thailand, Health System Review (Health System in Transition, Vol. 5 No. 5 2015).

**Study years, Training institutions, Regulatory bodies, and Degrees**

Health professional	Schools	Study Duration (years)	Regulatory body	Degree
Dentist	10 Dental schools (9 public, 1 private)	6	Thai Dental Council	Bachelor: Doctor of Dental Surgery (DDS)
Nurse	75 nursing schools (65 public, 10 private)	4	Thailand Nursing and Midwifery Council	Bachelor: Registered Nurse (RN)

Source: The Kingdom of Thailand, Health System Review (Health System in Transition, Vol. 5 No. 5 2015)





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## National Oral Health Survey, 2013

Variables	1,518 working age adults 35-44 years old (average income 0-15,000 baht/month)	%
Gender:		
-Male	726	47.8
-Female	792	52.2
Area of residence:		
- Bangkok	134	8.8
- Other urban	465	30.6
- Rural	919	60.5
Region of residence:		
- Central	317	20.9
- North	257	16.9
- Northeast	554	36.5
- South	256	16.9
- Bangkok	134	8.8
Occupation:		
- Business	191	12.6
- Wage-earner/freelance	310	20.4
- Agriculture	568	37.4
- Housekeeper	90	5.9
-Others*	359	23.6
<b>Behaviors</b>		
Frequency of tooth brushing		
- Less than 2 times/day	127	8.4
- At least 2 times/day	1,391	91.6
Use of fluoride toothpaste:		
-No	197	13.0
-Yes	1,317	87.0
Use additional cleaning tools:		
-No	1,355	89.3
-Yes	163	10.7
Smoking status:		
-Smoker	422	27.8
-Non-smoker	1,096	72.2
<b>Access to dental service</b>		
Frequency of dental visit:		
- Less than once a year	945	62.3
- At least once a year	573	37.7
Place for dental service:		
- Public provider	443	76.0
- Private provider	140	24.0
Health insurance coverage:		
- CSMBS	206	13.8
- SHI	226	15.2
- UCS	1,058	71.0
<b>Oral health outcome</b>		
Dental caries:		
0	984	64.8
≥1	534	35.2

Note: SHI=Social Health Insurance Scheme; CSMBS=Civil Servant Medical Benefits Scheme; UCS Universal Coverage Scheme

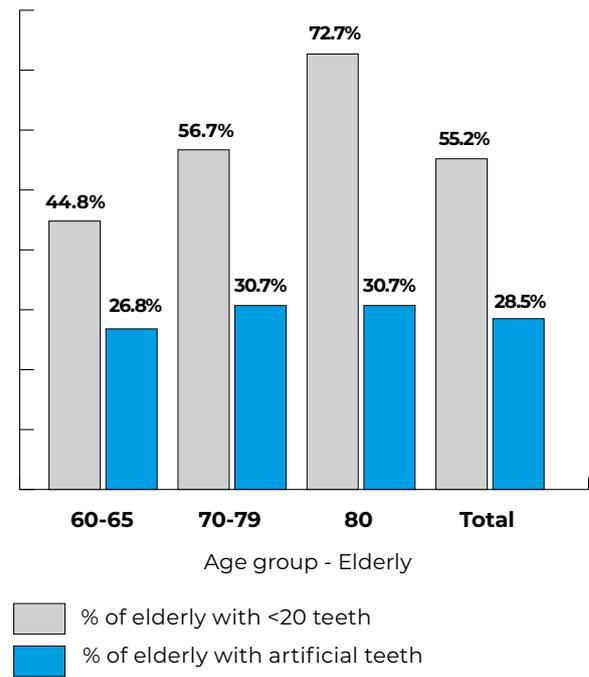
\*Others in occupational groups include employee/government worker, associates of network/clubs, elderly with income, studying and finding a job.

Source: National Oral Health Survey 2013

Year	1999	2006	2012
<b>3-year-old children</b>			
Total number	14,485	2,016	2,376
Caries prevalence (%)	65.7	61.4	51.7
dmft	3.6	3.2	2.7
<b>5-6 years old</b>			
Total number	24,484	1,856	2,456
Caries prevalence (%)	87.4	80.60	78.5
dmft	5.97	5.43	4.4
<b>12 years old</b>			
Total number	35,623	2,000	2,312
Caries prevalence (%)	57.3	56.87	52.3
DMFT	1.64	1.55	0.7

Note: dmft = decay-missing-filled teeth  
Source: taken from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5694148/>

Percentage of Elderly With <20 Teeth and Those With Artificial Teeth



Source: Thailand National Health and Examination Survey 2014





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With its low-cost healthcare system, funded through general revenue, Malaysia provides universal and comprehensive high-quality public healthcare services to its population. As a result of continuous investments to improve standards of care, and programs targeting rural and low-income patients, Malaysia's healthcare system is fast becoming one of the leading healthcare providers in Asia.



Population:  
**31.95 million**

Political System:  
**Federal  
representative  
democratic  
constitutional  
monarchy**

Language(s):  
**Malay, English,  
Chinese, Tamil**

Capital:  
**Kuala Lumpur**

Currency:  
**Ringgit**



# MALAYSIA

- Upper-middle-income economy with third highest purchasing power per capita in the 10- member Association of Southeast Asian Nations (ASEAN)
- Malaysia's healthcare expenditures are expected to double to \$28 billion by 2028
- Its 2020 annual national budget, approximately \$7.3 billion (10% of the total) is allocated to public healthcare, including funds for a holistic public-private electronic medical record system with RM31 million (US\$7.4 million) allocation for 2020
- Malaysia's imports of the medical device industry were USD\$1,13 billion in 2019. Top exporters of medical devices to Malaysia are the U.S., Japan, Germany, Singapore, China, Mexico, South Korea, France, Switzerland, Netherlands, and Thailand
- Although Malaysia's public-to-private healthcare consumption ratio is almost equally distributed, spending is shifting to the private sector
- World's largest medical gloves producer, its imports are mainly higher category of medical devices not manufactured locally



**In Brief**

Malaysia has a dual-tiered system of healthcare services: a government funded public sector (universal healthcare), and a thriving private sector creating a dichotomous, yet synergistic, public-private model. The public sector caters to the bulk of the population (65%) but is served by just 45% of all registered doctors, and even fewer specialists (25-30%). The heavily subsidized public sector is almost entirely borne by budget allocations, with patients paying only nominal fees for access to both outpatients and hospitalizations. The private sector

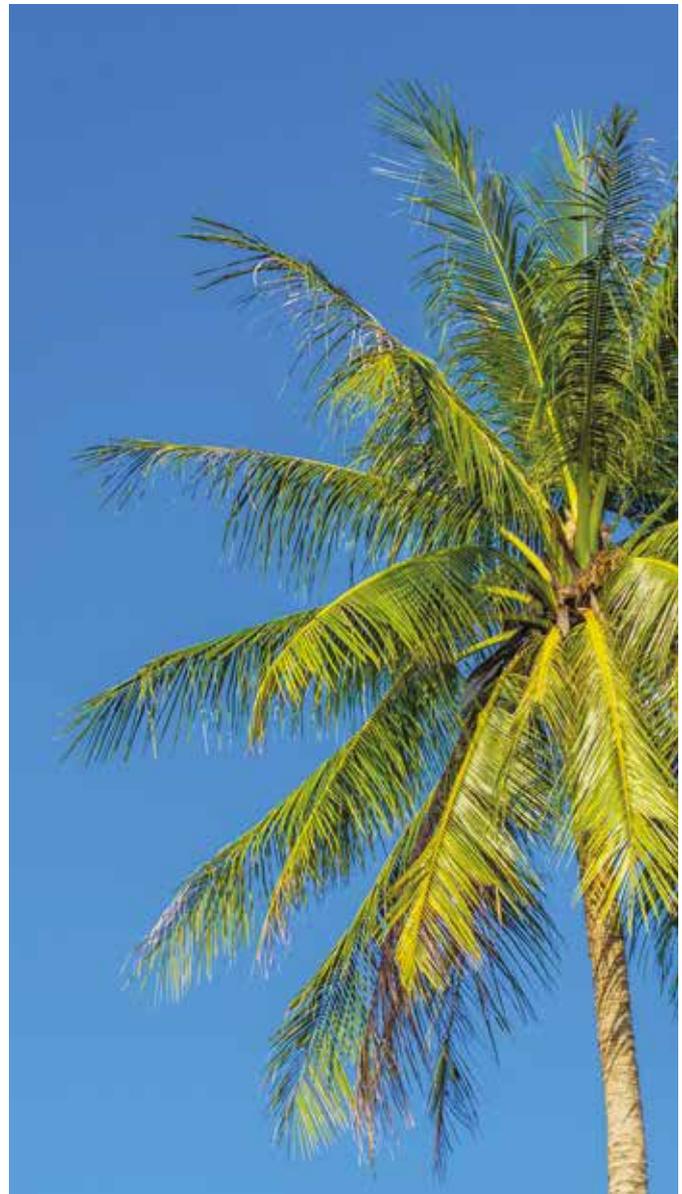
on the other hand, has grown tremendously over the past 25 years. Public services have not kept pace with population growth in urban areas and those with higher purchasing power rather use private services, which leaves the public sector with poorer and sicker patients. Medical tourism is an important part of Malaysia's economy, including dentistry.

**In oral healthcare, the balance private-public sector has reverted back to the government sector since 2008, with majority of dentists (63.7%) working for the government, also as part of their com-**

**pulsory service in the public (before shifting to the private), or postgraduate education and training opportunities supported by an attractive remuneration scheme.** Public care is heavily subsidized, and all Malaysians are eligible to receive publicly funded basic dental services with priority given to elderlies, disadvantages groups, as well as pre and schoolchildren, and antenatal mothers who receive it at no charge. Private dental clinics mostly (80%) are single-practitioner practices, with around 45% of them in the urbanized states of Selangor and the Federal Territories of Kuala Lumpur and Putrajaya.

**Dental Specialist Services in the Ministry of Health**

Oral surgery	78
Orthodontics	70
Dental Public Health	87
Oral Medicine and Oral Pathology	14
Periodontology	42
Pediatric Dentistry	45
Restorative Dentistry	31
Forensic Dentistry	1
Special Needs Dentistry	5
<b>Grand Total Number of Dental Specialists</b>	<b>373</b>



Source: Ministry of Health, Malaysia, 30 Sept. 2018

	Working in the Public	Working in the Private	Total	Professional to population ratio
<b>Dental nurses*</b>	2,679			1:3,105 (based on pop. under 18)
<b>Dental technicians</b>	772	704	1476	1:18,786
<b>Dental surgery assistants</b>	2970			1:9,336

\* dental nurses, equivalent to Dental Therapists, provide public sector services for population under 18 years of age. The employment of dental nurses (therapists) is restricted to the public sector under the Dental Act 1971, where they mostly deliver oral health care to schoolchildren under the supervision of dentists.  
 Source: Ministry of Health, 2009b

**Oral health Status of Malaysians**

	Year	Caries Prevalence (%)	Periodontal Disease Prevalence (%)
<b>Pre-school Children (5-year-olds)</b>	2005	76.2	N/A
	2015	71.3	N/A
<b>School Children (12-Year-Olds)</b>	1997	60.9	5.6
	2017	33.3	99.6
<b>Adults (≥ 15-year-olds)</b>	2000	90.3	90.2
	2010	88.9	94.0

Sources: National Oral Health Surveys, Ministry of Health Malaysia



No. of Dental Clinics	1,670-1,692 incl. dental clinics and boats (Ministry of Health)	2,311 (Private)
No. of Registered Dental Surgeons	10,974	
No. of Active Dentists	8,598	
Dentists working in the public/private	5,736 (Public)	2,862 (Private)
Dentist to Population Ratio, 2017	1: 3,728	
Dentists' gender	5,877 Female	2,743 Male
No of dental schools, 2010	13	

Source: Ministry of Health, 2008d, Malaysian Dental Council, annual report 2017

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Although criticized for being over-ambitious, Indonesia's single-payer system is currently one of the largest in the world. And even if health infrastructures, especially in remote and rural areas, need improvement, it has provided hundreds of millions of Indonesians with access to health insurance.



Population:  
**270.6 million**

Political System:  
**Presidential representative democratic republic**

Language:  
**Indonesian**

Capital:  
**Jakarta**

Currency:  
**Rupiah**

REPUBLIC OF



**INDONESIA**

- Largest archipelago in the world with an estimated total of 17,504 islands
- Strong economic growth and political stability is leading the country towards middle-income status, with increasing rate of national income per capita. Despite this, 6.8% of Indonesians are living below the poverty line
- The median age in Indonesia is 27 years, third youngest in East Asia and around 10 years younger than in most major advanced countries
- Indonesia remains the only country in Asia and one of 9 worldwide not to have signed the WHO Framework Convention on Tobacco Control
- Large divide between the lifestyles and health services of rural and urban Indonesians, and the country is still sixth in the world for the worst distributed wealth among its population
- Ministry of Health developed the oral health provision grand design for 2015–2030 with the goal of having a healthy Indonesia free of caries by 2030
- Government share of total health expenditure remains low, at only 39%, whereas private, primarily out-of-pocket expenditure, is 60%
- As a result of National Health Insurance Scheme, more local Indonesian companies began providing and manufacturing medical equipment shifting from heavy reliance on imported medical resources



**In Brief**

After decades of authoritarian and centralized government, Indonesia introduced reforms in 1998 to establish stable democratic government, with devolution of authority to provincial and district levels of government. To secure sufficient and sustainable health financing, the National Health Insurance scheme (*Jaminan Kesehatan Nasional or JKN*) was initiated in 2014 to improve health access of all citizens and progressive population coverage to reach universal coverage, with comprehensive benefit package for every citizen and minimal user fees or co-payments. The Indonesian

health system has a mixture of public and private providers (those who opt to join the scheme) and financing. However, government investment is limited, leading to insufficient health facilities and workforce needed for public services, encouraging the growth of private health facilities.

**Indonesia has the lowest density of dentistry personnel compared to other countries and dental care is underprovided and underutilized, also due to low public awareness. Oral health service is included in the benefit package for basic oral care including counseling, curative treatment (teeth restoration**

**and minor surgery) and dental emergency care. The private sector provides a substantial part of all dental care treatment.** Public dental care is provided at *puskesmas* (community health centers) and hospitals, but services depend on the availability of dental health personnel and equipment. In 2018, 46.97% of *puskesmas* did not have a dentist and the distribution is also heavily skewed towards urban areas. Additionally, unlicensed dental practitioners (*ahli gigi*) provide much of this care, and they are estimated to be 75,000, with currently no legal constraint to their practice.

Dental School	31
School for dental technicians	10

Prevalence of dental caries	72.1%
Prevalence of periodontal disease	62.7%
EMD (Effective Medical Demand). Population receiving dental treatments when they have dental problems	8.1%
Unmet dental needs	68.9%

Source: Basic Health Research (*Riskesmas*), 2018

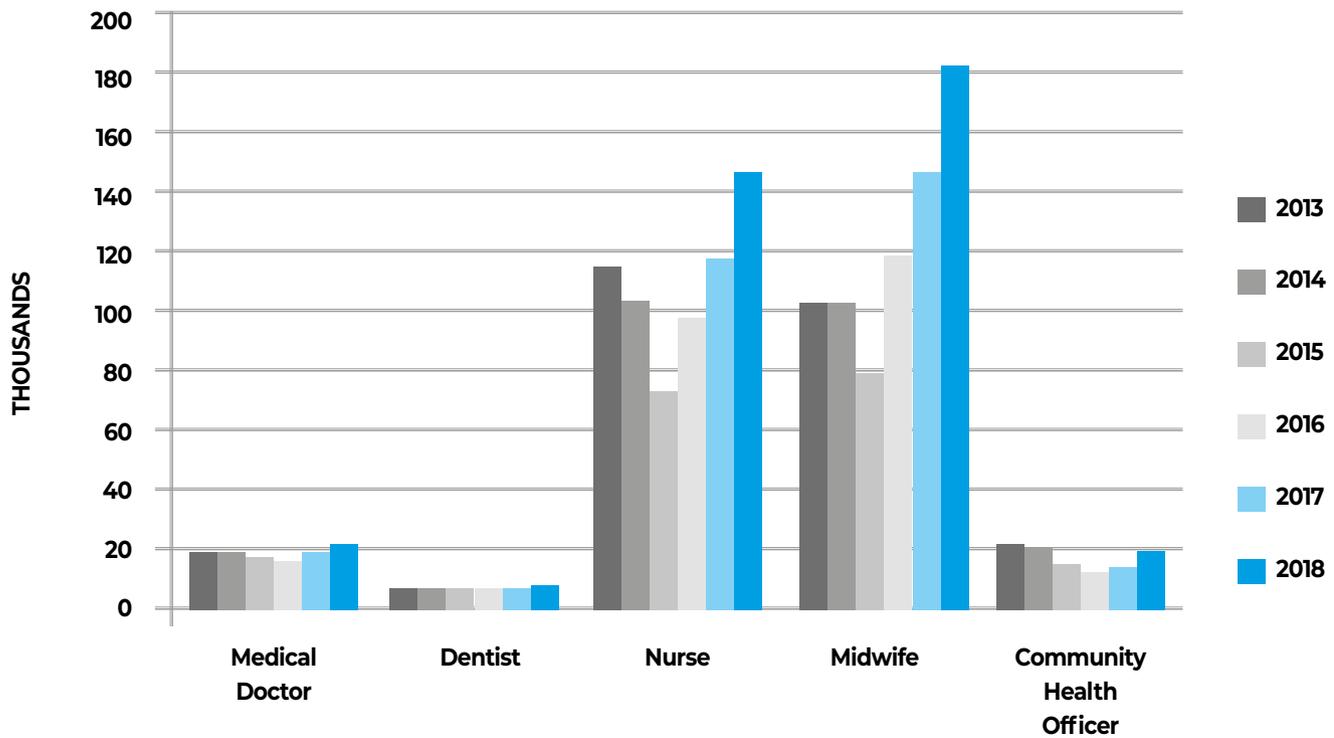


## National Oral Health Survey

Variables	2007	2013	2018
<b>PERCENTAGE OF CHILDREN EXPERIENCING ORAL HEALTH PROBLEMS (PARENTS' PERCEPTION)</b>			
Age < 1 years	1,1	1,1	NA
Age 1-4 years	6.9	10.4	NA
Age 3-4 years	NA	NA	41.1
Age 5 years	NA	NA	57.9
<b>PERCENTAGE OF CHILDREN WHO CLAIMED TO HAVE RECEIVED DENTAL CARE (PARENTS' PERCEPTION)</b>			
Age < 1 years	28,1	36.9	NA
Age 1-4 years	27.4	25.8	NA
Age 3-4 years	NA	NA	4.3
Age 5 years	NA	NA	9.5
<b>PERCENTAGE OF CHILDREN WHO CLAIMED TO HAVE RECEIVED MEDICATION FOR DENTAL PROBLEMS (PARENTS' PERCEPTION)</b>			
Age < 1 years	83,0	NA	NA
Age 1-4 years	93.0	NA	NA
Age 3-4 years	NA	NA	39.8
Age 5 years	NA	NA	48.9
<b>PERCENTAGE OF CHILDREN WHO CLAIMED TO HAVE RECEIVED FILLINGS OR AN EXTRACTION (PARENTS' PERCEPTION)</b>			
Age < 1 years	10.9	NA	NA
Age 1-4 years	9.7	NA	NA
Age 3-4 years	NA	NA	0.8
Age 5 years	NA	NA	2.0
<b>PERCENTAGE OF RESIDENTS WHO CLAIMED TO HAVE BRUSHED THEIR TEETH PROPERLY (PARENTS' PERCEPTION)</b>			
Age 3-4 years	NA	NA	1.1
<b>AVERAGE SCORE OF DMFT</b>			
Age 3-4 years	NA	NA	6.2
Age 5 years	NA	NA	8.1
<b>PERCENTAGE OF CHILDREN WITH CARIES FREE</b>			
Age 3-4 years	NA	NA	19.0
Age 5 years	NA	NA	9,9

NA, not available  
Source: Ministry of Health Republic Indonesia (7-9).

Number of Health Personnel in Community Health Centers (2013–2018)



Source: Ministry of Health Republic Indonesia

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Licensed dentists	22,237-35,000
Total dentists working in community health centers	15,833
Total public (community) health centers	9,831
Dentists working in the public sector	60.6%
Dentist working in the private sector	49.4%
Ratio dentist to population	1:17,105
Dental technicians working in public health center	1,214
Average no. of dental technicians per area (public health centers in each province)	0.13
Total no. of dental therapists	10,219
Dental therapists working in public health center	3,834
Average no. of dental therapists per area (public health centers in each province)	0.40

Source: Indonesian Health Profile, MoH database of government employees (<http://www.bppsdmk.depkes.go.id/sdmk/>) / <https://www.frontiersin.org/articles/10.3389/fpubh.2019.00210/full> / Indonesian Medical Council (KKI)

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# Reduce, Recycle, Reuse and Rethink



FDI World Dental Federation launches consensus statement on sustainable oral healthcare, paving the way for an industry Code of Good Practice

The FDI World Dental Federation (FDI), has recently launched its inaugural Consensus Statement on Environmentally Sustainable Oral Healthcare, aimed at moving the oral healthcare sector towards more environmentally friendly practices that ultimately reduce the carbon footprint of the profession.

The Consensus Statement was released last March at a special summit organized by FDI that brought together a diverse range of influential stakeholders, including leading figures from industry as well as health professionals, academic experts, legislative authorities, and dental associations.

*"It will come as a surprise to many people that the healthcare sector is responsible for around five per cent of global greenhouse gas emissions, of which oral healthcare is an important contributor,"* said Prof. Ihsane Ben Yahya, FDI President and dean of the Faculty of Dentistry, Mohammed VI University of Health Sciences, Casablanca, Morocco.

*"The dental industry has a collective responsibility to reduce its environmental impact and today's Consensus Statement is the first major step to achieving that. The Consensus Statement reflects the growing recognition within the oral healthcare community that we must strive to improve oral health in a sustainable manner in compliance with UN targets. Healthier mouths mean a healthier planet."*

Oral healthcare contributes to the environmental burden through air pollution arising from the release of CO<sub>2</sub> associated with travel and transport, incineration of waste, lack of recyclable packaging, the green-

house gas impact of anaesthetic gases such as nitrous oxide, and the high consumption of water.

The Consensus Statement identifies the complex drivers that underpin current behaviours and practices and recommends remediation strategies based on the 4 Rs: *Reduce, Recycle, Reuse and Rethink*.

Whilst highlighting some of the unavoidable environmental impacts linked to providing accessible dental check-ups and treatments to facilitate good oral health and reduce inequalities in healthcare. It also makes the case for minimizing "avoidable" oral healthcare, arguing that it is best achieved through both the delivery and maintenance of good oral healthcare, focused on prevention with the promotion of good oral hygiene, healthy low-sugar diets, and avoidance of tobacco.

*"Prevention is better than cure and it is the most impactful and practical way of reducing the need for clinical interventions and associated environmental impacts,"* said Prof. Nicolas Martin, Chair of the FDI Sustainability in Dentistry Task Team and Clinical Professor in Restorative Dentistry in the School of Clinical Dentistry at the University of Sheffield in the UK.

*"When treatment is required, oral healthcare should focus on the provision of durable fillings, using high-quality products and materials that will last longer and/or require fewer replacements."*

The Consensus Statement is supported by a concise commentary Sustainable Oral Healthcare – A Joint Stakeholder Approach published in the International Dental Journal on March 30, 2022.

“ The dental industry has a collective responsibility to reduce its environmental impact... ”

#### Further Information:

Michael Kessler | FDI Media Relations  
T. + 34 655 792 699  
michael.kessler@inton-media.com

#### About FDI World Dental Federation

FDI World Dental Federation serves as the principal representative body for over 1 million dentists worldwide. Its membership includes some 200 national dental associations and specialist groups in over 130 countries. FDI has the vision of leading the world to optimal oral health.

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

#### About the Sustainability in Dentistry project

FDI's Sustainability in Dentistry project was established to motivate and inspire commitment to reduce the collective CO<sub>2</sub> footprint of dentistry, targeting practitioners, patients, and the supply chain itself. The project will produce a suite of tools and resources for dental practices and patients to be more environmentally sustainable. The Consensus Statement was developed through multi-stakeholder collaboration and will result in a Code of Good Practice, which will provide guidelines and objectives for achieving a sustainable procurement and supply procedure. This will be signed by co-signatories across the supply chain. The project is supported by our founding partners: Colgate, GSK Consumer Healthcare, Dentsply Sirona, Procter & Gamble and TePe.

Source: FDI Press Release

# Leading the Dental World into the Future



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# IDEM excites industry professionals with its grand return this October presenting a notable line-up of speakers and exhibits



- The in-person IDEM 2022 will be held at Marina Bay Sands Convention Centre from 7-9 October 2022.
- Trade exhibitors comprise 90% of returning exhibitors and 10% of new exhibitors to launch and showcase a variety of brands and products.

IDEM 2022, themed “Building Resilience in Dentistry”, will be held from 7 – 9 October at Sands Expo and Convention Centre, Marina Bay Sands. Organised by Koelnmesse and the Singapore Dental Association, IDEM 2022 will feature over 30 scientific conference sessions, including hands-on workshops, a full-day masterclass, and exhibits complemented with hybrid elements to ensure a holistic experience for all participants. This is the first physical IDEM after a hiatus brought about by the pandemic.

“As organisers of IDEM, we are excited to bring back the exhibition and conference in-person after four years. While continuing education has been ongoing digitally, based on feedback we have received from our partners, exhibitors, and delegates, the in-person

experience cannot be replaced. A physical event will ensure that participants will once again get to connect face-to-face with speakers, exhibitors, and peers to learn about the latest developments in dentistry,” said Mr Mathias Kuepper, Managing Director of Koelnmesse Pte Ltd.

IDEM Singapore is the leading dental exhibition and conference in the Asia-Pacific region. This year, participants at IDEM 2022 can look forward to a series of programmes curated for the dental community: Full-day SDA Masterclass — Lecture conducted by Maurizio Tonetti, Chair Professor of the Shanghai Jiao Tong University School of Medicine, Director of the Shanghai Preimplant Innovation Center, and Executive Director of European Research Group on Peri-

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odontology network of clinical research excellence, on the topic: Implants in Stage III and IV Periodontitis Patients: Benefits and Risks.

“We have curated a slew of exciting conference sessions for IDEM 2022 and are excited to introduce one of the brand-new programmes, the Singapore Speaker Series to showcase our local speakers. The IDEM conference will provide participants the opportunity to learn about the latest in clinical research and pick up practical skills as well,” shared Dr Lawrence Yong, the President of Singapore Dental Association. “We are excited to have our SDA Masterclass Speaker Maurizio Tonetti as part of the IDEM Conference and remain committed to delivering the best experience for all del-

legates by continuing to bring them high quality continuing education sessions,” added Prof Patrick Tseng, Scientific Chairperson of the IDEM 2022.

Trade Exhibition — 14,000sqm all-encompassing exhibition hall showcasing close to 500 exhibiting brands with exhibitors from more than 30 countries, with over 40 new international exhibiting companies participating for the first time in IDEM. In addition, long-standing pavilion partners such as Germany, Switzerland and the United States will once again be present at the IDEM Exhibition Hall, bringing the international dental industry to one central location in the Asia Pacific.

“ We have curated a slew of exciting conference sessions for IDEM 2022 and are excited to introduce one of the brand-new programmes, the Singapore Speaker Series to showcase our local speakers.

Returning and new sponsors and exhibitors also express high anticipations of IDEM 2022, “the return of IDEM in-person event provides us with an excellent opportunity to gather and reconnect with dental professionals and friends in the Asia Pacific. Visitors to IDEM can look forward to product demos, presentations, and hands-on workshops at the GC Booth,” the representative of GC Asia, a returning sponsor, mentioned. A representative of Whitesence, a new exhibitor, continues, “we are delighted to be part of IDEM 2022 as we have heard exceptional feedback about past editions. We look forward to widening our reach and showcasing our expertise to local and international audiences at IDEM 2022.”

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” While the conference will take place in person, it is supplemented by IDEM360+, a digital community platform that adds another layer of experience to IDEM.

AOHTS@IDEM — Association for Oral Health Therapists (Singapore) Symposium in collaboration with IDEM brings together the two cornerstone events, the AOHT Annual Congress and IDEM’s Dental Hygienist and Therapist Forum (DHTF), for a programme built for hygienists, therapists, and oral health therapists.

#### New IDEM highlights:

- **On-site Exclusive** — A Singapore Speaker Series featuring Singapore speakers covering a carefully curated selection of topics on comprehensive, conservative approaches to dentistry (not available on the Digital Platform - IDEM360+).
- **IDEM360+** — a brand-new digital community platform that offers participants more opportunities to

network, connect, share, and learn information beforehand after IDEM 2022.

- **Innovation Arena** — a brand new initiative that aims to nurture young companies to grow with IDEM and assist even those in the non-dental sectors to expand their network at IDEM 2022. The Innovation Arena will feature insightful presentations showcasing the latest innovations and products targeted for the dental market.

While the conference will take place in person, it is supplemented by IDEM360+, a digital community platform that adds another layer of experience to IDEM. IDEM360+ enables participants to do business matching, find networking opportunities with the on-site lead generation feature, book meeting slots, watch on-demand content after the actual event day, and more. IDEM360+ also marks a shift towards sustainability for IDEM. In a bid to reduce bulk printed materials, the IDEM360+ digital platform and app will be used as an all-in-one tool for scheduling and navigating the event.

Online registration is ongoing.

Pre-show rates will be available at a discounted price before 2 October 2022.

Visit [www.idem-singapore.com](http://www.idem-singapore.com) for more information.

## About IDEM Singapore

IDEM is a biennially held three-day B2B trade fair and convention for the dental industry. Helmed as The Leading Dental Exhibition and Conference in the Asia-Pacific Region, the conference brings in world-class speakers in general dentistry, while the exhibition is the largest dental B2B trade fair in Asia-Pacific. Riding on its continuous success since 2000, IDEM enters its 12th edition in 2022 and maintains its position as a leading trade and continuing education platform in the Asia Pacific.

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# IDEM makes Marina Bay Sands, Singapore its new home from 2022 onwards

*IDEM's brand refreshed symbolically with a new venue, new logo, and online content*

For the first time since its inception in 2000, IDEM has been reconceived. Going forward, it will take place at a new venue and with a refreshed visual identity represented by a new logo.



"While the digital edition of IDEM in 2020 was a success, the immersive and interactive nature of physical events cannot truly be replicated remotely. We are delighted to have secured a new venue for future editions of IDEM. The shift to Marina Bay Sands is notably the first change in venue for IDEM since the event launched in 2000," said Mathias Kuepper, Managing Director of Koelnmesse Pte Ltd.

"IDEM is a highly regarded dentistry event in Asia Pacific and we are excited that **IDEM is calling Marina Bay Sands home for its future editions.**

Leveraging on our technological innovations and track record, we look forward to working closely with the team to co-curate an elevated event experience," said Mike Lee, Vice President of Sales, Marina Bay Sands, Singapore.

IDEM 2022 expects to welcome over 500 exhibiting companies and over 9,000 participants over the course of 3 days. Attendees can look forward to a seamless and compact event experience from the point of arrival, with registration counters and all exhibition halls located on a single level.

As a symbol of the event's continuous growth, the organisers are also thrilled to present a refreshed visual identity for IDEM, symbolised by its logo, which will underscore the new vision, Bridging Business and the Future of Dentistry, at future editions of the event.

## **IDEM launched an Online Platform in 2021**

In keeping with the future forward philosophy and driven by the success and positive feedback received from the online edition of IDEM 2020, IDEM debuted an online platform in 2021.

“ The shift to Marina Bay Sands is notably the first change in venue for IDEM since the event launched in 2000

**IDEM360+ Digital Platform** aims to continuously engage and connect with the community, commencing with the introduction of insightful content.

"IDEM has come a long way since its launch twenty years ago," commented Dr. Goh Siew Hor, President of the Singapore Dental Association. "The world today is also much different compared to then, with the rapid development of technology and evolving demographics, especially in the Asia Pacific region. We remain focused on bringing our participants the best experience for their professional growth, to meet the needs and challenges for the next decade and beyond."

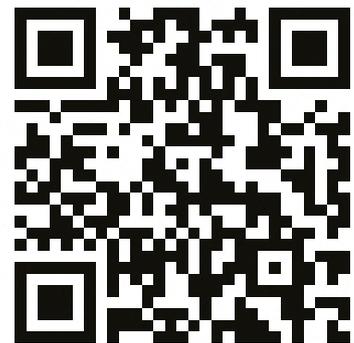
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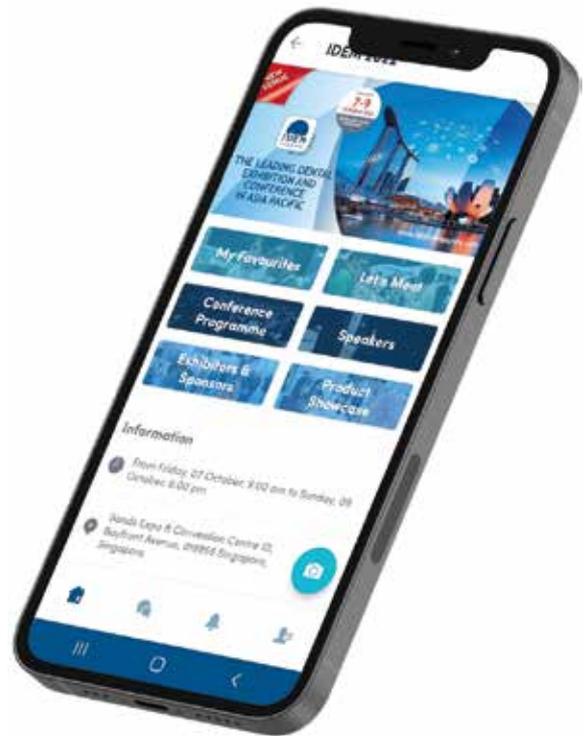
# IDEM360+ Digital Platform

A brand-new digital community platform that offers participants more opportunities to network, connect, share, and learn information before and after IDEM 2022.

While the event will take place in person, it is supplemented by IDEM360+, a digital community platform that adds another layer of experience to IDEM.

IDEM360+ enables participants to do business matching, find networking opportunities with the on-site lead generation feature, book meeting slots, watch on-demand content after the actual event day, and more. The IDEM360+ digital platform and app will be used as an all-in-one tool for scheduling and navigating the event.

For more information about IDEM360+ Digital Platform:  
[www.idem-singapore.com/idem360/](http://www.idem-singapore.com/idem360/)



## Download the IDEM360+ App!

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# Association of Oral Health Therapists (Singapore) Symposium in collaboration with IDEM (AOHTS@IDEM)



The AOHTS@IDEM brings together the AOHT's cornerstone event with IDEM's Dental Hygienist and Therapist Forum (DHTF), providing hygienists, therapists, and oral health therapists a central platform to network and learn about the latest developments in their field of practice. Taking place in-person as part of IDEM from 8 – 9 October 2022, participants to the AOHTS@IDEM can look forward to the full IDEM experience with access to the exhibition with close to 500 dental manufacturers, distributors and traders showcasing the latest products and innovation in dentistry; and the IDEM Scientific Conference.

## Speakers

**Dr. Nicole Stormon** (Australia) - Oral health therapist and Lecturer the University of Queensland. Current President of the Australian Dental and Oral Health Therapists Association.

**Dr. Tan Mei Na** (Singapore) - Consultant at the National University Hospital and an Assistant Professor with the Faculty of Dentistry at the National University of Singapore. She is currently the president of the Special Care Dentistry Association of Singapore (SCDAS).

**Dr. Yang Jing Rong** (Singapore) - She is currently Head of the Geriatric and Special Care Dentistry Unit, Restorative Dentistry at National Dental Centre Singapore. Member of the MOH Geriatric and Special Needs Workgroup since 2019.

**Dr. Doris Chua** (Singapore) - She is a Registrar in the Paediatric Dentistry Unit at the National Dental Centre Singapore (NDCS). She is an active member of the In-

ternational Association of Paediatric Dentistry, the European Association of Paediatric Dentistry, the American Academy of Pediatric Dentistry, the Society for Paediatric Dentistry Singapore and the Singapore Dental Council.

**Dr. Chng Chai Kiat** (Singapore) - Chief Dental Officer, Ministry of Health; Registrar, Singapore Dental Council; Head, Cleft and Craniofacial Dentistry Unit, KK; Women's and Children's Hospital; Senior Consultant (Orthodontics), Dental Service, KK Women's and Children's Hospital.

**Dr. Wong Li Beng** (Singapore) - Senior Consultant and Periodontist at Ng Teng Fong General Hospital, National University Health System. He is currently the Head of Division of Restorative & Preventive Dentistry. He is currently a Clinical Lecturer involved in NUS undergraduate and postgraduate teaching, as well as serving in the Military Medicine Institute of the Singapore Armed Forces as a Periodontist. He is part of the Association of Oral Health Therapists Advisory Panel as well as the Dental Specialist Accreditation Committee (DSAC).

**Professor Janet Wallace** (Australia) - Registered oral health therapist and Professor of Oral Health at the Sydney Dental School, the University of Sydney, Australia. She is an honorary fellow in the International College of Dentists, an honorary fellow in the Academy of Dentistry International, a life member of the Australian Dental and Oral Health Therapists Association (ADOHTA), an honorary member of the Dental Hygiene Association Australia (DHAA) and a 2021 was the recipient of the Australian Dental Association Value Service Award.





**Dr. Yee Ruixiang** (Singapore) - Consultant Paediatric Dentist, KKH Dental Service; Consultant Paediatric Dentist, KKH Cleft and Craniofacial Centre; Clinical Teacher (Part-time), Faculty of Dentistry NUS.

**Dr. Theodora Little** (United Kingdom) - Dental Therapist from the UK. Working within many sectors of the dental profession from the National health service to private health sectors, including implantology, orthodontics, paediatrics and Special care community health. Theodora completed her dental studies at Kings College London where she has now returned as a psychology and neuroscience MSc student.

**Dr. Sanjay Haryana** (Singapore) - Odontology & Education Specialist, TePe Regional Specialist Office (Singapore). He received his DDS in 2002 from Malmö University, Faculty of Dentistry. He worked privately in Malmö, Sweden in a general practice with a special focus on implant dentistry. Dr. Haryana lectures nationally and internationally with topics connected to oral hygiene, compliance and sustainability.

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The Association for Oral Health Therapists (AOHT)

The Association for Oral Health Therapists (Singapore)'s Mission is "To be the one voice representing Oral Health Therapists in Singapore". Our Vision is "To be recognized nationwide as an integral part of the dental team".

The Association is an inclusive body, believing firmly on forging long-term partnerships with Dental Professionals and Dental Businesses locally and globally. We seek to excel through Professional Development and Continuing Education Programmes.

**For more information:**

**[www.idem-singapore.com/aohts/](http://www.idem-singapore.com/aohts/)**



Infodent International dedicates this section to non-profit social communication. If you wish to support any of the initiatives, you can use the contact details indicated at the end of each article.

## Henry Schein Dental UK joins Dentaaid and The MalDent Project to help increase access to dental care for underserved communities in Malawi, Africa



Gillingham – 09 June 2022 - Henry Schein Dental UK, along with the charity organisation Dentaaid and the Scottish Government-funded international development project The MalDent Project, are helping to increase access to dental care for underserved individuals in Malawi. As part of an ongoing initiative led by the MalDent project to build Malawi's first purpose-built dental hospital and school, Henry Schein Dental UK, The MalDent Project, and Dentaaid recently helped enhance two central hospitals in the community by repairing existing and installing new equipment in the dental departments and preparing dental chairs for installation in peripheral medical centres. The dental hospital and school will support Malawi's new Bachelor of Dental Surgery degree programme at Kamuzu University of Health Sciences.

Chris Cox from Henry Schein Dental UK, Stuart Bassham from Dentaaid, and Jeremy Bagg from The MalDent Project and the University of Glasgow participated in a service trip to help enhance the equipment and materials available at the two central hospitals. At Queen Elizabeth Hospital in Blantyre, they repaired and maintained compressed air supplies by restoring electrical connections and renovating the floors throughout the treatment centre. At Kamuzu Central Hospital in Lilongwe, they helped to upgrade the dental treatment, oral surgery, and clinical skills departments by repairing and servicing several existing units and installing new dental equipment. The team also visited Kamuzu Uni-

versity of Health Sciences to meet senior staff members and spend time with the dental students studying in Malawi.

"The reality is that with only a small number of dentists to serve an entire population, many individuals in Malawi lack proper dental care, a basic necessity that many of us take for granted," said Chris Cox, Product Manager, Henry Schein Dental UK. "I've seen first-hand the complications that poor oral health can cause, and it is important that everyone has access to dental care. That is why I continue to support this cause in any way that I can, and I am honoured to have been able to contribute to this initiative."

In support of Kamuzu Central Hospital, a dental chair was installed in the oral surgery theatre. Previously, all patients requiring oral surgical procedures had to lie flat, which hindered comfortable patient positioning and limited access for the dental team. The new unit has helped to make the treatment more effective and more comfortable for both the patient and the dentist. The dental chair, along with other equipment, was donated by Dentaaid.

In addition to the dental chair installation, the following items were completed at Kamuzu Central Hospital:

- Dental simulators were installed in the clinical skills department and existing simulators were serviced to keep them in good working order. This equipment will help the Kamuzu University of Health Sciences double the amount of pre-clinical students train-



Chris Cox from Henry Schein Dental UK and Stuart Bassham from Dentaaid working with Malawian therapists and biomedical engineers, providing them experiential training on dental chair installation - part of a link with Medical Aid International.

ing in the Kamuzu Central Hospital at a time.

- Hands-on user training was provided for the dental students, helping to build their knowledge of the equipment. Furthermore, these simulators are also used by dental therapy students from the neighbouring College of Health Sciences, adding to the educational value of the upgraded simulation facility.

- Seven further treatment centres were serviced and prepared to be brought into rural community medical centres across the country and installed by the local biomedical engineers. This allows the health care providers to conduct more check-ups and preventive dental care for the community, without them having to travel great distances.
- Henry Schein Dental UK also donated tools, spare parts, and service kits for the biomedical engineers to utilise moving forward.

“At Henry Schein, we have a long-standing commitment to advancing health equity and advocating for and raising awareness of the needs of underserved communities who are disparately disadvantaged,” said Patrick Allen, Managing Director, Henry Schein Dental UK, Ireland, South Africa, and The Nordics. “Supporting the first purpose-built dental hospital and school in Malawi reflects our continued efforts to increase access to care for underserved populations, and we are dedicated to being a catalyst for change to help improve access to quality, affordable health care.”

In addition to the maintenance projects, Henry Schein Dental UK is also helping to design a training programme for the biomedical engineers in Malawi to help address the need for enhancing dental equipment maintenance and repair skills in the community. In these various ways, Henry Schein Dental UK, Dentaïd, and the MalDent Project, together with a new

” In support of Kamuzu Central Hospital, a dental chair was installed in the oral surgery theatre. Previously, all patients requiring oral surgical procedures had to lie flat, which hindered comfortable patient positioning and limited access for the dental team.

partner, Medical Aid International, are working together to positively impact the future of oral care in Malawi.

The MalDent Project is a collaboration between the Kamuzu University of Health Sciences (formerly the University of Malawi College of Medicine) and the University of Glasgow Dental School with a goal to spread important oral health messages to remote and rural communities. Its core funding is provided by the Scottish Government International Development Programme. Henry Schein Dental UK has partnered with the MalDent Project to help provide ongoing support for the creation of the dental hospital and school.

For more than 25 years, Dentaïd has been working to improve access to safe, sustainable dental care and oral health education projects in the UK and globally. Henry Schein Dental UK has partnered with Dentaïd on dental equipment donations and other technical support projects in the past. This Malawi initiative is part of Henry Schein Cares, the Henry Schein’s

corporate social responsibility programme. Henry Schein Cares stands on five pillars: empowering Team Schein to reach their potential, advancing health equity and expanding access to care for underserved communities, accelerating environmental sustainability, strengthening, and diversifying our supply chain, and maintaining strong ethical governance. Health care activities supported by Henry Schein Cares focus on four main areas: (1) wellness, treatment, prevention, and education; (2) capacity building; (3) emergency preparedness and disaster response; and (4) health system strengthening.

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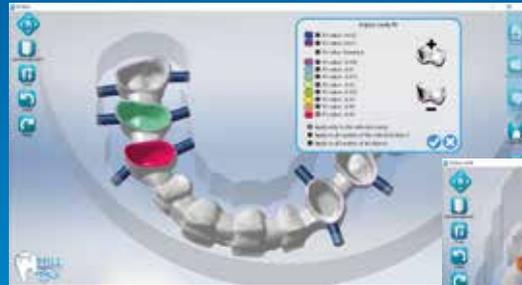
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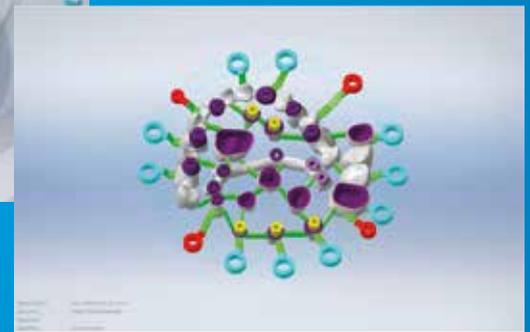


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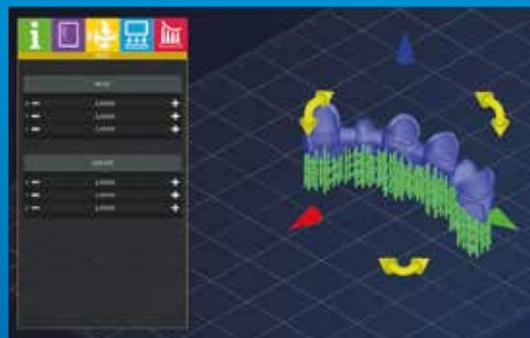


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