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WED 15th March
- 1st : 11:00~11:30
- 2nd : 14:00~14:30

Speaker Info

Dr. Walter Vargas Obando / DDS, MSc

- Specialist in Endodontics.
- Master's degree in Endo-Metaendodontics.
- Endodontic Microscopy.
- Tomography in Endodonticse
- Dentistry in University of Costa Rica of San Jose ,1999
- "Suma Cum Laude" graduation, University of Costa Rica, 2000
- Assistant Professor of Endodontics in the School of Dentistry, University of Costa Rica
- Endodontic degree, Yury Kuttler Institute, 2008
- International lecturer (El Salvador, Nicaragua, Guatemala, Mexico, Peru, USA, Korea)
- Endodontics private practice (endodontics and microsurgery)

Nano Hybrid Ceramic for CAD/CAM

MAZIC Duro LONG TERM Clinical Case

THU 16th March
- 1st : 11:00~11:30
- 2nd : 14:00~14:30

Speaker Info

Dr. Jongmok Han / Hana Dental Clinic

- DDS, Jeonbuk National University
- Diplomate of Korean Advenced General Dentistry
- Clinical Adjunct Professor, School of Dentsitry, Jeonbuk National University
- Member, Scientific Affairs of Korean Dental Association
- Director, Korean Academy of Digital Dentistry
- Author of Digital Dentistry of "Korea Journal Clinical Dentistry" Magazine (2019-2020)

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THU 16th March
- 1st : 15:00~15:30

FRI 17th March
- 2nd :11:00~11:30

Speaker Info

Dr. Doyun Lee / Prosthodontist

- Excutive Director and Lecturer of CAD-CAM Master Course
- PhD, Kyunghee University, Graduate School of Dentistry
- Clinical Adjunct Professor, Kyunghee University,School of Dentistry
- BDS/DMD, Chonnam National University, School of Dentistry
- Board member of Korean Academy of Prosthodontics
- Board member of Korean Academy of Digital Dentistry

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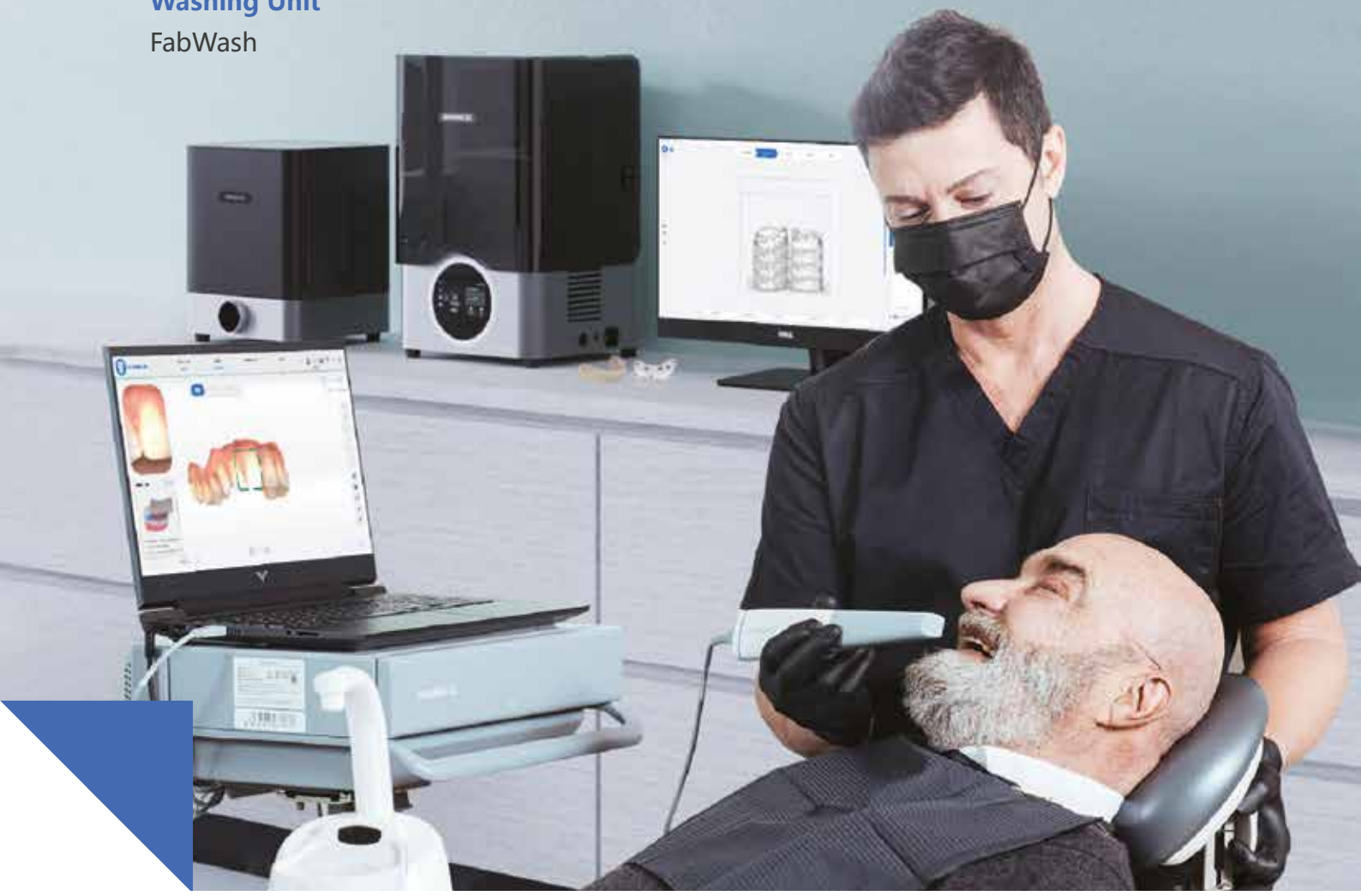

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IDS 2023

Innovation, Dentistry & Sustainability

Gerhard Konrad Seeberger

The International Dental Show, IDS, celebrates two anniversaries this year.
It all started 100 years ago at the Berlin Zoo with 29 exhibitors and 350 m² of exhibition area when 74 members of the then VDDF, today the Association of the German Dental Industry, VDDI, wanted to showcase the performance of its members and the quality of German dental products. Furthermore, the VDDI celebrates the 40th IDS presenting it under a visionary theme:
100 years IDS - Shaping the dental future.

The expectations for this IDS cannot compare to the numbers of the very beginning: 2000 exhibitors, mainly from abroad, are expected to show their up-to date solutions to 160.000 visitors on 180.000 m². It seems the new normal is already reality and the expectations may be beaten by the real numbers.

IDS has always been the hub where dental manufacturers were providing innovative devices, instruments and materials, allowing for new approaches and techniques aiming at an easier, faster and more convenient solution for the patient, having individual patient outcomes in mind. Through the years, especially during the recent and still ongoing health crisis, a higher emphasis has been put on preventing oral diseases targeting risk factors shared also with other non-communicable diseases.

IDS' highlight this year is the presentation of the S3 Guideline of the European Federation of Periodontology, a high-quality guideline, which informs clinical practice, health systems, policymakers and, indirectly, the public on the available and most effective modalities to treat periodontitis and to maintain a healthy dentition for a lifetime, according to the available evidence at the time of publication. A right step into the right direction taking into account that the patient, the global citizen, is an inseparable entity, and so is their oral health as an integral part of general health. Splitting the patient into anatomical and functional fragments has disrupted communication among the medical communities, fostered silo mentality, and slowed down the development of an overarching prevention concept. Change is not an option any longer; it is over-due!

Periodontal disease is the 6th most prevalent disease in the world. Taking into account a variety of recent crises - economic, financial, health, natural, and military conflicts – and their aftermaths, there is a high probability that numbers are going to rise. We need to give answers to a series of questions. Will there be a chance to reach the UN SDG Target 3.8, Universal Health Coverage, UHC, until 2030? Do bureaucratic changes, increasing inflation rates, interrupted supply chains, weak or inexistent health systems, and workforce shortages in the industrial as well as in the health sector, promise any hope to reach the 2030 goal?

There is hope! Future healthcare will need a strong commonality among professionalism, accessibility and sustainability of care and prevention through technology. While sustainability and accessibility have been values before COVID-19, today they are a must as the healthcare needs of patients have changed in terms of type and number. Tele-medicine, tele-dentistry, e-prescription of medicine, and self-care models have become a reality in today's delivery of healthcare. Digital oral disease prevention, oral health therapy and maintenance will complete the picture of future sustainable dentistry and medicine. Science will have a major impact on existing systems and those to be built where there isn't any.

Future dentistry and medicine will have four characteristics: they will be preventive, predictable, personalized, and partici-

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DENTAL EXPERIENCE GETS DYNAMIC

pated. A myriad of data will be generated and artificial intelligence, AI, will support healthcare providers in monitoring sophisticated health parameters, which will require to develop treatments by linking different data hubs. Two major problems need to be overcome: how to exchange sensitive data in networks able to offer services, and will these data-transfers be safe?

Industry will be our consolidated partner in satisfying the two overarching global targets of the Global Oral Health Action Plan:

1. UHC for oral health – entitling 80% of the global population to essential oral health care services.

2. Reduced oral disease burden - the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10%

We are sure we can count on any support from industry to be less invasive in periodontal and other oral health care, while guaranteeing high quality outcomes in perfect safety conditions, reducing complications, healing time and pain. Together we will ameliorate appropriate diagnostic approaches, and, in the light of 3D imaging and AI, find a way of a reasonable use of biomaterials and work on solutions that make antibiotic resistance a monster of the past. Our part remains to speak up louder, not only against tobacco, but in the same way against alcohol and sugar. And given that their use will never be stopped completely, we need to shape first an oral health-literate citizen, able to take on responsibility for a healthy life, and offer lifelong oral health-coaching generating benefit for the entire body.

We all know what IDS has stood for and what it stands for, but the theme of this year could allow also for I = Innovation D = Dentistry and S = Sustainability.

Dr. Gerhard Konrad Seeberger
President of AIO Italian Dental Association
Past-president of FDI World Dental Federation
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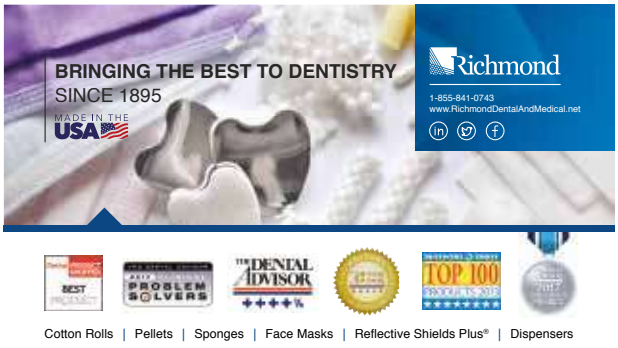

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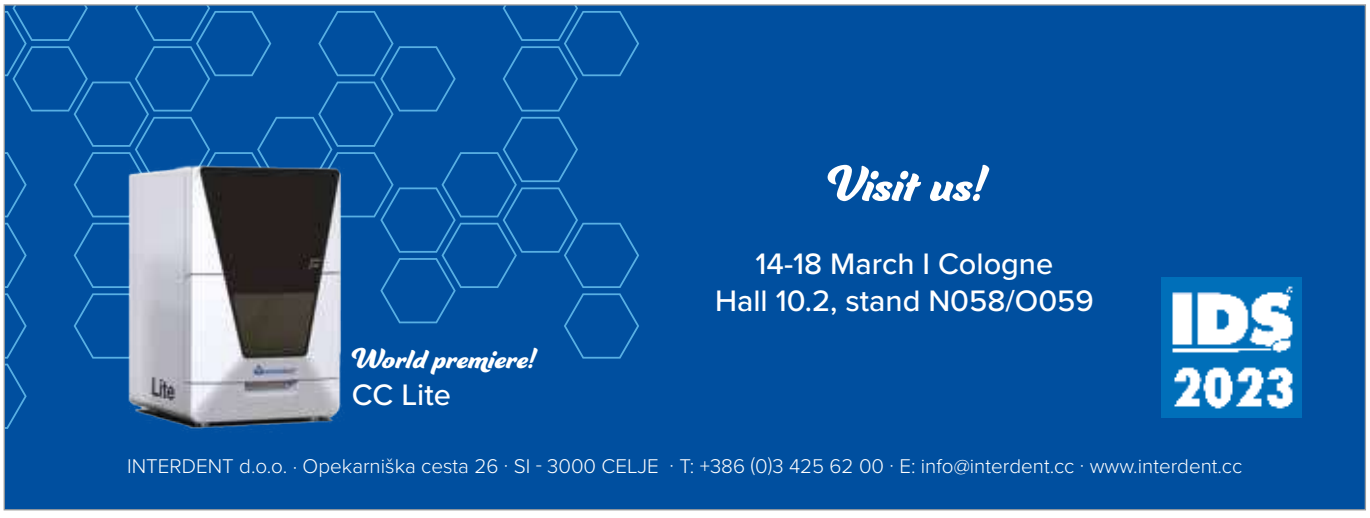

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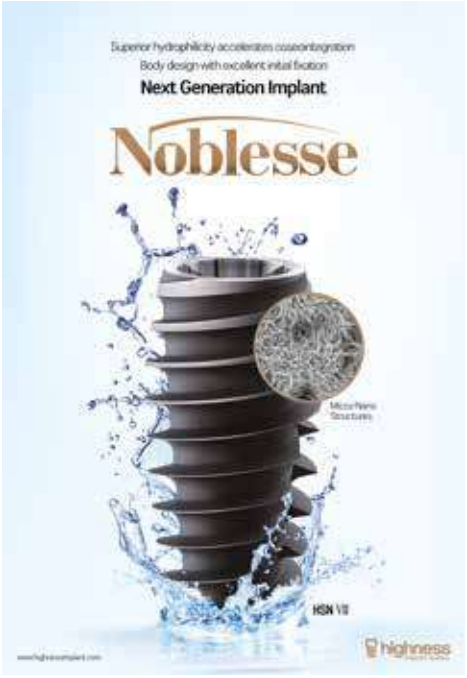

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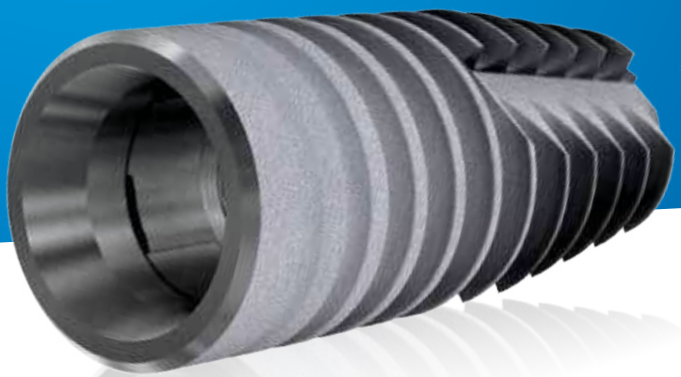

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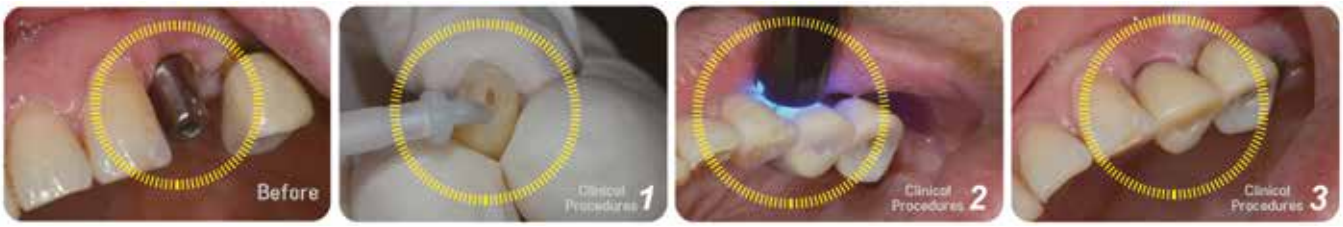

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DMP

DMP present the BRIGHT Temporary C&B family

DMP, a European manufacturer of high-quality dental materials, successfully supplies the global dental market for over 35 years. Certified with ISO 9001, 13485 and MDSAP, DMP's products carry the CE mark and have U.S. FDA clearance. DMP creates bright smiles achieving excellence and reliability through integrity, passion and commitment which are ingrained in DMP's culture.

DMP has expanded its BRIGHT Temporary Crown & Bridge family with the 10:1 and 4:1 systems. Exceptional aesthetic results, combined with optimal mechanical and physical properties, make them ideal products to fabricate provisional restorations. The unique and highly advanced technology of BRIGHT Temporary C&B also offers:

-Natural tooth-looking aesthetics due to the perfect combination of shade opacity and fluorescence
-Very low temperature during intra-oral setting which protects against damage of the dental pulp
-Very high compressive and flexural strength for long lasting provisionals
-Colour stability
-Easy polishing due to low oxygen inhibition layer

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Vanetti

DLC coating (Diamond-Like-Carbon) on Dia-Tessin burs

The special coating DLC acquires the same properties of a diamond due to his tetrahedral structure. The quota of the sp3-configured carbon lies around 80-95%, which is the reason for the high quota of diamond structure.
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1. Extreme hardness of about 5'300 HV (twice as hard as other DLC layers)
2. Utmost wear resistance (around two times compared to other DLC layers)
3. Very low friction coefficient
4. Perfect adherence, thanks to a special intermediate layer
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6. Chemical stability and corrosion resistance
7. 100% biocompatible

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The Pastel Plus is significantly quieter and the low pressure start minimizes splatter to optimize your infection control compliance.
This innovative addition to the Lares family of handpiece products substantiates their global positioning as a dental handpiece category leader.
During the 2017 ADF dental meeting in Paris, Lares Research was awarded the Most Innovative Product for the Fluoresce HD, the world's first dual wavelength LED swivel coupler enabling dentists to choose between white or 405 nm (UV) LED light output from their air turbine by depressing a small switch on the outside surface of the coupler.
Fluoresce HD couplers can be connected to all Lares ProStyle SF 1 yr. warranty handpieces, Legacy 5 (5 yr. handpieces), or any Kavo MultiFlex handpieces.

www.laresdental.com
cgodoy@laresdental.com

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DXL Medical GmbH

Dental Implant Systems

At **DXL Implant**, we're on a mission to deliver dental implant solutions that help make your implantology business better – and through an interactive contact with our customers, make ourselves better, too.
Established "golden standard" requirements, as well as current trends in implant design and surface enhancement, are transformed into viable products with our engineers, technicians and supply chain contacts. Through optimization processes, high-end technologies, controlled quality and a high level of innovation, DXL Medical succeeds in combining technology, design and product into a dental implant system harmony, especially for you.
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TCS

Flexible Partials & Equipment

TCS, Inc. is a dental manufacturing company dedicated to providing dental laboratories with exceptional quality of resins and equipment, allowing for the most reliable, functional, and uncompromising aesthetic restorations for patients with missing teeth. TCS proudly manufactures all products in-house in the USA and monitors and reviews its quality through the implementation of an effective Quality Management System based on ISO 13485 standards.
TCS offers three resilient, high performing resins to choose from: **Unbreakable™** (nylon based) & **iFlex™** (polyolefin based) ideal for flexible partials, available in 4 translucent pink shades and natural (white-ish). As well as, **Karadent™** (microcrystalline polymer) ideal for full dentures, clear clasps and frameworks, available in 2 translucent pink shades and crystal clear.
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By joining the MK-dent Partner Network (MPN), you become part of the selective distribution channel for our products. For more than 25 years, MK-dent pioneered dental solutions and brought them to market with a worldwide network of dedicated partners. We are looking for entrepreneurs who are confident in running a successful business and passionate about the MK-dent brand.

Become a partner at **mk-dent.com/become-a-partner**

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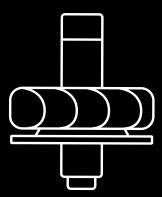
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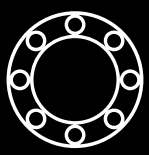
GEARS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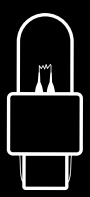
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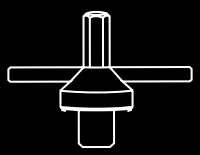
KEYS


TOOLS

ABOUT SPAREDENT
Sparedent is a company based in Bargteheide, Germany, that specializes in the distribution of handpiece spare parts. Delivery usually takes place within 1-2 days after purchase, after all, handpiece repairs are usually time-critical. In-house support from dental experts also provides specialist knowledge and helps to find suitable spare parts.

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Aoralscan 3 and AccuFab L4D – a single solution for your digital needs

The constant optimization and innovation by Shining 3D led to the release of its finest intraoral scanner, **Aoralscan 3**. It improves the overall clinical experience, thanks to its Powerful and intelligent data processing capabilities, allowing users to easily acquire digital impressions in a faster and more accurate way.
The scan speed has been drastically improved, up to 30% faster than the previous model thanks to a renewed scanning technology.
A further addition to Shining 3D's line-up of dental additive manufacturing solutions is the **AccuFab-L4D**.
It is a large- platform 3D printer developed to further the popularization of digital treatment solutions. The AccuFab-L4D impresses with a large printing platform while simultaneously convincing with a small and compact body. The simple but modern and lightweight design enables easy and user- friendly operation providing users at all stages of digital dental experience a smoothening of their respective printing application.

www.shining3ddental.com
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MPI

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MPI is a German company based in Madrid, specialized in the production of dental implant systems. Every year we invest up to 10% of our income in R&D&i.
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It's new "brushless" induction motor extends its useful life between 5 and 10 times compared to traditional models, with an innovative double filter system optimized for work in the dental laboratory. It can be mounted with HEPA filter. It easily adapts to the laboratory furniture, filling a minimum space. In addition, the ergonomic design facilitates its use and mobility.
The electronic control with LCD screen is equipped with protection systems against overloads or obstructions in the suction mouth and with a visual indicator of the filter filling level and the detection of the micromotors.
It allows manual or automatic operation synchronized with up to 3 different devices (sandblasters, micromotors, etc.). The detection and adjustment of micromotors is carried out by the electronic control itself, which allows detecting any micromotor, including those of the "brushless" type.
Dimensions: (H) 585 x (W) 210 x (D) 500 mm – 17 kg – 900 W

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Studies have shown that burs cannot be 100% cleaned after use. One study found that contamination rates following sterilization were up to 15% for used burs (Source: Dental burs and endodontic files: are routine sterilization procedures effective? J Can Dent Assoc. 2009 Feb;75(1):39).

Microcopy's burs are individually sealed and packaged in an ISO class 8 clean room and are gamma sterilized. They are ready to use right out of the pouch, eliminating valuable physician's and assistant's time spent on prep and cleaning.

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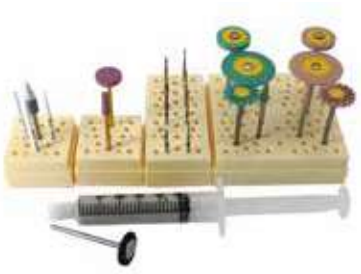
Busch

Zirconia restorations – Let's workflow it!



In close cooperation with CAD/CAM specialized master dental technicians, an optimally selected zirconia workflow set has been developed which convinces with its smart and application-oriented instrument selection.
New developments such as a 2in1 polisher for pre-sintered zirconia and full-ceramic cutters have been added. For subsequent steps it contains special diamond instruments as well as diamond interspersed abrasives, polishers and polishing paste.

With **BUSCH's zirconia workflow set**, a selection of state-of-the-art instruments is provided for each individual step, from the pre-sintered zirconia to high-shine polishing of the sintered restoration. In the dental lab as well as chair-side in the dental office.
Please visit www.busch.eu or IDS Hall 10.2 | R010 for further information.

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BMS Dental

PROPHYX V – variable particles prophylaxis paste

Prophyx V it's the latest technology in prophylaxis pastes, with its variable shape particles suitable for both cleaning and polishing in professional teeth cleaning. The combined effects are granted using decreasing particles' size during treatment, starting with hard graining particles (cleansing effect), reaching particles with soft graining (polishing effect), each with different surface geometries. Prophyx V removes plaque and colorations and prevents new build-up of tooth deposits. The initial RDA value is 220, reaching RDA value of 40 at the final stage.

MAIN CHARACTERISTICS

- Variable shape particles combine excellent cleansing and polishing effects in one paste.
- Contains 0.2 % sodium fluoride to strengthen the dental enamel.
- Paraben-free, Gluten-free, lactose-free, vegan.
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- Available in 2 flavours: Mint and Bubble-Gum.

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ASTRA MOBILI METALLICI is a manufacturer of **metal cabinetry** for the dental sector, a company with strong roots in its territory that fuels the production flow with raw materials, specialists, tradition and a visionary philosophy oriented towards evolution.
To our passionate and dedicated **30-year experience** in dental design, we add our know-how in the integration of equipment and technology that support the dentist's work and optimize the results of the specific treatments. The professional and welcoming environment is part of the "tools" that put the patient at ease during their therapy.
Scanner trolley - entirely made in powder-painted metal.
Created for **intraoral scanner** and laptop, with side bracket for scanner support. The trolley is electrified, equipped with 3 sockets, 2m-long supply cable and front castors with brakes.
Optional: support for monitor with adjustable incline.

www.astrastyl.it
commerciale@astrastyl.it
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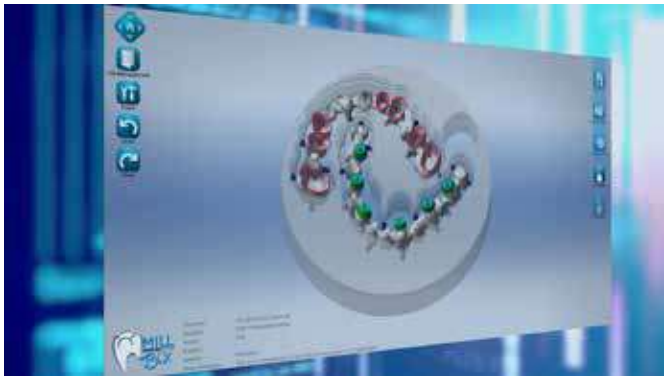
CIMsystem

Leading CAD/CAM software developer

CIMsystem is a leading **CAD/CAM software** developer in industrial and dental manufacturing as well as in 3D printing applications. The Company was founded in Italy in 1999 with the ultimate goal of complying with market evolution and technological innovation according to customer's needs.
With multiple offices in the USA, Europe, and Asia, and an ever-expanding distributor network, CIMsystem is currently serving more than **25,000 customers** all over the world with cutting edge, effective, and customizable solutions in mechanics, molds, marble, gold, wood, biomedical and dental machining.



CIMsystem top dental manufacturing products:

- **MillBox**: the premiere dental CAM solution developed for milling any restoration across a vast array of CAD/CAM materials.
- **Make&Mill**: a sintering software able to combine additive and subtractive technology benefits in only one solution.
- **Pyramis**: easy-to-use slicing software to manage 3D printing for most popular existing technologies (SLM, SLA, DLP) and printing materials (resins, metals, etc.).

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- White light LED support various inspections:
  Super-high luminosity LED will assists in inspecting caries, fractures and root canal orifices.

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Miromed

WHITE BEAUTY PROFESSIONAL with WHITE NOW AND REGENERATE: The most effective solutions for all professional whitening needs

The new White Beauty Professional line offers different professional whitening systems, both for the dental office and for home treatment, using the best chemistry of hydrogen peroxide and carbamide peroxide and the science of the optical effect.
At the center there are always the experts, who, according to the patient's needs and to the desired approach to whitening, can choose from 6 different kits:
White Beauty Professional MOTIVATIONAL: designed to help the professional motivate the patient really well for the whitening treatment, thanks to the use of a Mini Pen with 6% hydrogen peroxide and of White Now toothpaste. At the end of the oral hygiene session, the dentist will give the patient the items of the Motivational Kit along with a clutch bag to continue the treatment at home.
White Beauty Professional PRO: the rapid professional treatment in the dental office without the need for a gingival dam, recommended after the oral hygiene session. The treatment, with 6% hydrogen peroxide-based gel, is ready for use and can be carried out by the professional with or without the use of the lamp. The kit also includes White Now toothpaste, White Now toothbrush and Regenerate toothpaste, all to be delivered to the patient in a practical clutch bag for use at home.
White Beauty Professional TREATMENT: the complete professional treatment in the dental office, with everything necessary for 4 patients: the Kit contains single-dose packs of powder and liquid (38% hydrogen peroxide) to be mixed to create a whitening gel and a photopolymerizable liquid dam that will be used to protect the gums during the treatment. The treatment is also accompanied by the White Beauty Professional Card which, thanks to the color scale, will make it possible to objectively evaluate the results.
White Beauty Professional GENIUS: the innovative whitening system that allows you to better preserve the effectiveness of hydrogen peroxide and to obtain a ready-to-use blue gel in an easy and safe way, thanks to the mixing of the two

syringes GENIUS LIQUID 38% and GENIUS POWDER, to be used in the professional whitening session. The kit contains all what is necessary for the treatment of 4 patients..
White Beauty Professional TRAY: the professional home treatment based on 16% carbamide peroxide enriched with potassium nitrate. The gel, ready for use, can be inserted in the aligners, in the individual dental trays or in the self-modeling and universal dental trays such as those in the kit. The kit also contains White Now toothpaste, White Now toothbrush and Regenerate toothpaste, all products to be used to maintain the whitening effects and improve the brightness of the teeth.
White Beauty Professional BLUE LED: the professional home treatment with 6% hydrogen peroxide-based whitening pen to be used in combination with the LED bite in the kit. The LED bite is easily powered by connecting it to a smartphone or computer.
The kit also contains White Now toothpaste, White Now Carbon Correct toothbrush and White Now mouthwash, all products to be used to maintain the whitening effects and improve the brightness of the teeth.

White Beauty Professional also offers highly effective communication tools for the studio, aimed at arousing interest in teeth whitening right into the waiting room.

Find out more at:
www.whitebeautyprofessional.com
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Sprintray

SprintRay

SprintRay's world leading dental 3D printing solution for complete digital integration

SprintRay announces new dental 3D printing workflows to an even smarter end-to-end integration that enables dental practices and labs to use dental 3D printing solutions for completely digital dentistry.

As a digital dentistry company, SprintRay presents even better end-to-end workflows at IDS. With a highlight on crowns and nightguards, SprintRay offers chairside dental 3D printing solutions.

"With our new 'Crown Kit', it is now possible to print crowns in less than 15 minutes. With AI Cloud Design and a polishing kit to individualize the crowns, the complete workflow from data capturing to delivering to the patient can be done within an hour, making this the first true chairside 3D printing solution", says Amir Mansouri, CEO of SprintRay Inc. "We also are proud to present our latest material Ceramic Crown, a hybrid crown material for definitive restorations with more than 50% ceramics, making 3D-printed crowns eligible for reimbursement through the US healthcare system."

With bruxism being a common disease worldwide, nightguards are another indication that SprintRay offers on it Cloud Design Services. With AI design and the proven resin SprintRay Nightguard Flex and Nightguard Firm, SprintRay aims to help dental professionals protect their patient's smile. "We are happy to be able to offer our latest Nightguard materials to our European customers. We present a material that is durable yet flexible, making it a patient favorite around the world.", states Patrick Thurm, General Manager of SprintRay Europe.

Nightguards and crowns are only two indications of the broad workflow range that SprintRay offers. Besides high-class materials for dentures, surgical guides, try-ins and may more, SprintRay offers a Design Service for many applications to make implementation in the dental clinic as easy as possible.

With a full product portfolio of 3D printers, automated washing and drying system and post-curing system, SprintRay offers intuitive and reliable 3D printing solutions exclusively for dental professionals. The integration and expansion of digital dental workflows is frictionless. The smart slicing software RayWare, an extensive offer of SprintRay resin, validated material partner resins and Cloud Design Services make SprintRay the partner of choice for dental practices and labs around the world.

This philosophy is shared by Usain Bolt, Olympic winner and 100-metre sprint world record breaker, who is working with SprintRay as ambassador. Bolt and SprintRay are also partnering with the Jamaican Dental Association to invest in the launch of 'Bolt Labs, powered by SprintRay', to make dental care accessible in Jamaica. The SprintRay Foundation and the Bolt Foundation will establish dental clinics, 3D labs and a mobile unit, which will help improve the dental health of adults, children and those in remote areas of Jamaica. "I am proud to represent and collaborate with SprintRay and fellow 'speedsters', as we call ourselves. This is a company poised to transform the digital dental industry on a global scale," said Usain Bolt. "This initiative aims to accelerate a very critical and unmet need for improved access to dental care around the world. I look forward to working with SprintRay to bring confidence and the best possible smile to every person on this planet."

With smart digital integration, further workflow innovation and a world-class 3D printing portfolio, SprintRay is set to be the partner of choice for dental practices and labs in dental 3D printing and digital dentistry. "Dental is our passion and supporting our customers with advanced technology and software for a comprehensive workflow is the goal that we sprint to everyday, at Bolt Speed", concludes Amir Mansouri.

Find out more at: **www.sprintray.com**
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UGIN
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US Dental Products at IDS
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market outlook

NORDIC
European Region

Equality and solidarity have been the ideological basis of the Nordic Welfare State model, which includes a wide range of publicly funded and provided services. Typical for the Nordic countries is a relatively large public sector along with a private sector. The public sector service is staffed by salaried personnel and includes rural and sparsely populated areas. Care provision is decentralized, and local government (regions or municipalities) has great autonomy in organizing the services.

> The Nordic countries enjoy some of the best health statistics in the world and are rated highly by the WHO, with Iceland, Sweden, and Norway among the best and Finland and Denmark about average for Western Europe.

The entire resident population of the Nordic region is covered by publicly financed comprehensive healthcare systems. These guarantee access to high quality healthcare at minimal or no direct patient cost. Prevention, access, treatment, and public health are the four key dimensions to healthcare policy in the Nordic countries. Each element is tackled differently on a national or local level, but the overall structure and operation are similar throughout the region. The Nordic countries enjoy some of the best health statistics in the world and are rated highly by the WHO, with Iceland, Sweden, and Norway among the best and Finland and Denmark about average for Western Europe.

Typically, 75-85% of cost of universal care is paid by tax revenues collected at the local and national levels, but there are some patient co-payments (especially in Sweden) and cost-sharing, for example, adult patients share the cost of prescription drugs with the state. Such patient payments are capped at modest levels and waived for low-income and certain chronic conditions. **Dental services are free for children but can be a major expenditure for adults. Private insurance is available for dental care and increasingly for 'elective' or non-acute hospital care but remains a relatively minor part of the overall healthcare system.** Financial incentives are designed to encourage greater productivity by hospitals and medical professionals, give patients more choice, and increasingly guarantee access within specified time limits. The long waiting times for non-acute care (and occasionally even for serious illnesses) has been a particularly prominent source of public discontent.

The growing healthcare burden on the Nordic healthcare systems comes from ageing populations, unhealthy lifestyles, and to a lesser extent growing immigrant populations. Other common challenges are financing advanced medical technology (equipment and pharmaceuticals), training and maintaining the skills of healthcare professionals, and increasing the effectiveness of health treatments for both economic and patient care reasons.

In common with most European and western systems, hospital stays in the Nordic countries have been significantly shortened during the past two decades, resulting in hospital closures and consolidations. In most cases specialized hospitals are now regional with support from several local and county governments. Technological advances have been adopted quickly at considerable expense. Despite health statistics in the Nordics being generally positive, there is growing concern about 'lifestyle' issues which has prompted increased interest in preventative policies including reducing use of tobacco, alcohol, and narcotics, improving diet and exercise, coping with contagious diseases, and providing suitable care for the growing elderly population.

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"HEALTH AS HUMAN RIGHT", THE BEVERIDGE HEALTH MODEL

The Beveridge Model, also referred to as the single-payer national health service, was first established by Sir William Beveridge – an economist and Liberal politician - in Britain in 1948, and then spread throughout many areas of Northern Europe and other countries in the world. The model is centralized through the establishment of a national health service. Under this system, most hospitals and clinics are owned by the government; some doctors and healthcare professionals are government employees, but there are also private institutions that collect their fees from the government. With the government as the single-payer in this healthcare system, the Beveridge Model has low cost per capita because the government defines what doctors need to do and standardizes the costs across the country, eliminating competition in the healthcare market. Using income tax as the main funding for healthcare allows for services to be free at the point of service, and the patients' contribution to taxes covers for their healthcare expenses. **The Beveridge model emphasizes health as a human right. Thus, universal coverage is provided by the government and anyone who is a citizen is given coverage and access to healthcare.**

The Beveridge model has its distinct policies, but most countries use variations of this model combined with the other healthcare approaches. Countries that operate in some variation of the Beveridge model mostly employ a universal healthcare system. The universal healthcare system ensures that all residents within a country are guaranteed access to healthcare. Among the countries that are currently implementing Beveridge model policies include Nordic countries like Denmark, Sweden, Norway, Finland and Iceland.

Sir William Beveridge

NORDIC MODEL IN ORAL CARE

Found in Denmark, Finland, Norway, Sweden and Iceland.

- Large public dental service financed by national or local taxation with free services for under 18 year-olds and some adults

- Central guidance and supervision

- Private sector generally treats adults many of whom receive co-payment from the state

- Well developed team dentistry with wide use of Dental Hygienists and Nurses (Chair-side Assistants)

- Clinical Dental Technicians/Denturists, who provide removable prostheses directly to patients, are found in Denmark and Finland

- Over 90% of those under 18 years and 60% - 90% of adults attend regularly for oral healthcare

Finland

at a glance

Population
5.5 million

GDP per capita (current US$)
53,654

Capital:
Helsinki

Finns comprise 1.1% of the total EU population

Democratic, parliamentary republic. Sanna Marin of the Social Democratic Party (center-left coalition), world's youngest Prime Minister since 2019

Unemployment rate (2021)
7.5%

- Formerly part of Sweden and later part of the Russian Empire, Finland gained independence in 1917, joined the EU in 1995, adopted the euro in 1999, and became member country of the Schengen Area in 2001.
- Central national government is based in Helsinki, while local governments are located in over 300 self-governing municipalities (cities and urban centers), with more than half having fewer than 6,000 residents.
- The most advanced digital economy in the EU according to the Digital Economy and Societal Index 2020, and this also extends to healthcare.
- Not only is the vast majority of the population - 88% - happy with the system, its highly subsidized care means that no Finn has ever been in the red because of medical costs alone (that doesn't mean there aren't complaints).
- Finland scooped top spot in the UN's World Happiness Report in both 2019 and 2018. Furthermore, it has consistently ranked in the top 10 since the first report in 2012.
- Despite severe and prolonged winters, Finns' positive outlook is boosted by low levels of crime, access to nature, affordable childcare, heavily subsidized healthcare and, crucially, free education.

Considered a right rather than a privilege, Finland's healthcare system is, for this, more appropriately managed by the Government rather than the private sector. Even if the system compares favorably to many EU countries in terms of efficiency and quality of services, and despite its strong, universal, public health system, public funding is shrinking for future generations. For this, the management of the increasing burden of oral diseases and unmet needs demands new solutions. e-Oral health could, in the future, provide tools to promote self-care, accessibility, oral health equality and service management.

In Brief

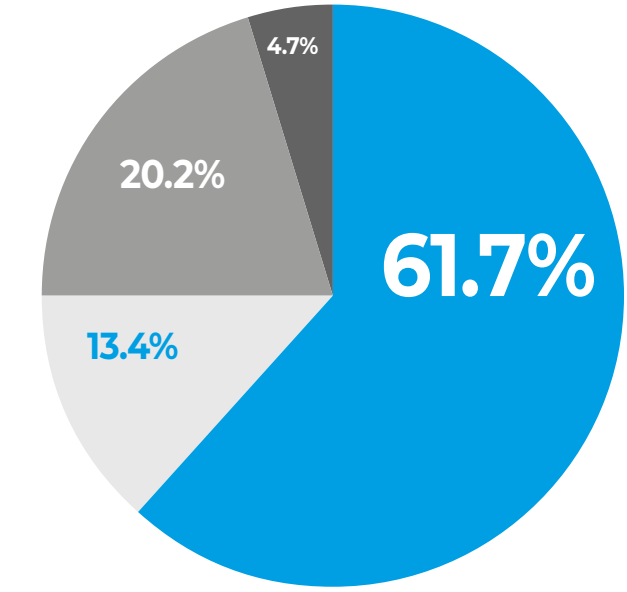
Finland's 130-year-old healthcare system is based on public healthcare services to which everyone residing in the country is entitled, and a much smaller private sector. Universal health insurance coverage includes a wide range of preventive and curative services for the population with a relatively high degree of cost sharing (user fees) across a wide range of services, delivered primarily by publicly owned and operated providers. Dental care is delivered through two parallel systems: Pub-

lic Dental Service (PDS) and private services. Other stakeholders include the Finnish Student Health Service foundation (FSHS), government and private practices, where the National Health Insurance plays a major role in funding.

Primary public oral healthcare serves the vast majority of children and also adults. It is free for everyone under 18 years of age. In the years, the PDS has extended subsidies for private dental services to all adults. Patient fees in PDS are thus fixed and heavily subsidized. The PDS is financed by a combination of national and local taxation and patient's personal contributions to their fees (quite large cost sharing/co-payments). Despite these fees the charges are about half of what patients pay in private sector.

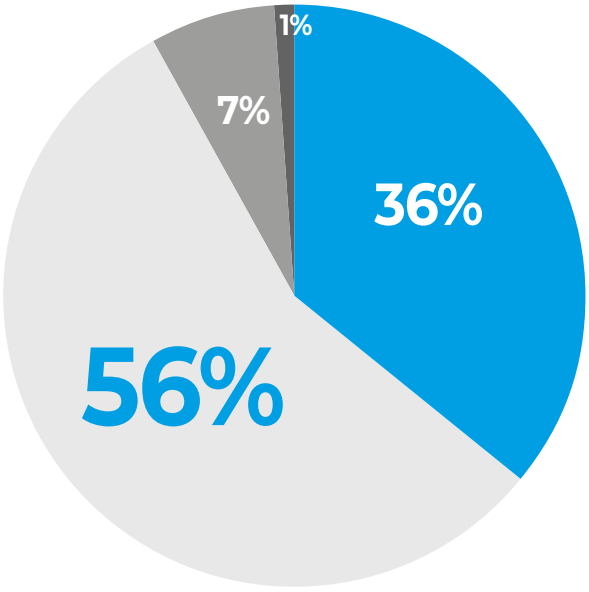
For the adult population, waiting times within public dental healthcare are long, and in many areas exceed the specified maximum limit of 3–6 months.

FINANCIAL FLOWS IN THE FINNISH HEALTH SYSTEM



General government
Social health insurance
Private out-of-pocket
Private insurance

FINANCIAL FLOWS IN ORAL HEALTHCARE



State-funded (municipalities and central government)
Households (mainly out-of-pocket)
National Health Insurance
Employers

Source: OECD health statistics, July 2019

NUMBERS OF DENTISTS BY SPECIALIZATION

Number of registered dentists, 2018-2020	5,940 - 7,793
In active practice (estimated) (over half working in the Public Dental Service)	3,869 - 4,500
Population to (active) dentist ratio (average)	1,369:1
Percentage female	69%
Members of Finnish Dental Association	98% of active dentists

Data varies according to different sources: CED. WHO. IFDH.

Orthodontists	156
Clinical Dentistry	291
Oral Maxillo-Facial Surgery	104
Dental Public Health	90
Oral Diagnostics	31

Source: CED

Auxiliary Personnel

The system of use of dental auxiliaries is well developed and much oral healthcare is carried out by them. Apart from chairside dental surgery assistants, there are three types of clinical dental auxiliary: Dental hygienists, Dental technicians, and Denturists. Dental technicians make dental devices to a prescription from a dentist. They also repair dentures direct to members of the public. Denturists can provide complete dentures to the public.

Number of Dental Hygienists	3,326
Number of Dental Hygiene Schools / Students per year	4 / 140
Number of Dental Hygienists in private sector / public sector	35% / 65%
Number of Dental Hygienists practicing as Clinicians	About 80 independent Clinicians
Number of Dental Hygienists practicing as Educators	About 30

Dental Technicians	700
Denturists	400
Assistants	4,800

All data estimated by the FDA and WHO

Source: data received by IFDH (international federation of dental hygienists) in 2020

ORAL HEALTH SERVICES PROVIDED IN THE PUBLIC AND PRIVATE SECTORS

General (private) practice	1,994
Public dental service	2,165
University	86
Hospital	113
Student Health Service	72
Other settings (Company hiring dental workforce, Armed Forces, Associations etc.)	70

AVERAGE INCOME OF HEALTH WORKERS IN FINLAND IN 2018, € PER MONTH

	Regular Working Time	Total (incl. extras)
Dentist	6,089	6,299
Physician	4,732	6,316
Nurse	3,081	3,159
Dentist at health care center	6,057	6,383
Physician at health care center	6,420	6,782
Medical specialist	5,325	8,866
Chief pharmacist	5,456	6,246
Pharmacist	2,644	2,960

Source: Statistics Finland (2019b)

Oral Health Status

Oral health in Finnish adults has improved during the last decades, but caries and periodontal conditions are more prevalent than in other Nordic countries and the differences between socioeconomic groups are more pronounced. The consequent rise in treatment need in recent years, also due to the increasing ageing population, is challenging the healthcare system.

	Total	Men	Women
Prevalence of detectable caries (DT, mean number of cavities per person)	Adults 0.8 (aged over 30) Pediatric (2009): - 0.2 (5-year-olds) - 0.3 (12-year-olds) - 0.4 (17-year-olds)	1.1	0.5
Prevalence of gingivitis	74%	77%	70%
Prevalence of periodontitis (loss of tooth attachment tissue)	64%	72%	57%
Incidence of oral cancers, 2016	680 cases (12.4/100,000 population)	435 (16,1/100,000)	254 (8.8/100,000)
Total tooth loss (edentulism), National Survey (2000)	15% (adult population)	11%	17%
Brushing habit twice a day, 2011 (adults aged over 30)	67%	53%	81%
Mean number of 4th and 5th grade pupils brushing twice a day (National School Healthcare Survey, 2017)	66.4%	59.4%	73.3%

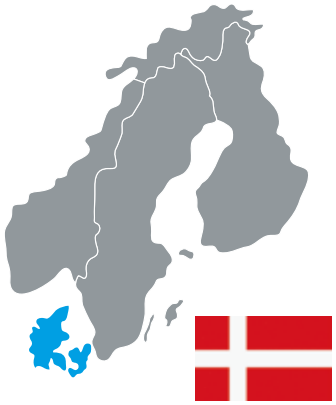
PARLIAMENT PASSES HISTORIC SOCIAL AND HEALTHCARE REFORM

Passed in June 2021, a major health care reform will replace the health care and social services centered on public provision with a market-oriented system and enhanced competition between public and private sectors.

An impending reform, known as Sote, will lead to a historic change in how social and healthcare services are organized and provided. Responsibility is set to pass from Finland's almost 300 municipalities across the country to 21 new regional authorities, plus the city of Helsinki, by the beginning of 2023. In the reform the newly formed regional authorities would be responsible for service coordination and the actual service provision would be guided by freedom of choice and market forces among public and private service providers. In the new model, funding for the services comes from the state.
The planned reform is the biggest in Finnish health care in 50 years and it follows the global wave and international policy movement towards marketing and competition as a way of challenging the public services, today often seen as "inefficient and unresponsive" and politically outdated. People have moved from the countryside to towns and cities and a large proportion of the municipalities have become too small to administer health and social services. In addition, care and service needs have changed. The reform attempts to address challenges arising from Finland's aging population and deteriorating public finances. It targets reducing health inequalities across the country and ensuring better access to treatment. The laws will come into force gradually by January 2023. Finland had higher unmet needs for medical checks or treatment than the European Union average in 2018, according to Eurostat. Its workforce has been shrinking for a decade, swelling the ranks of pensioners who on average use more health services.

Denmark

at a glance



Population
5.8 million

GDP per capita (current US$)
68,007

Capital:
Copenaghen

Though active member of the EU since 1973, Denmark's national currency is the Danish kroner

Constitutional monarchy with a unicameral parliament. Head of state Queen Margrethe II and head of government prime minister Mette Frederiksen

Unemployment rate (2021)
4.8%

- Kastrup, near Copenhagen, is one of the busiest airports in Europe; it is a center for international air traffic
- Denmark consistently ranks among the happiest countries in the world
- One of the highest tax burdens in the world however, the majority of Danes are aware that collective wealth turns into well-being and that, through tax-paying, they are investing in their society and purchasing quality of life
- Denmark is also home to major companies in the medical device, biotech, and pharmaceutical industries. About 90% of the local production is exported
- One of the world's oldest and most comprehensive social welfare system, Denmark offers unemployment, disability, old-age, and survivorship benefits at virtually no charge to all Danes. Healthcare is part of the Danish welfare model and is grounded in the principle of solidarity amongst citizens, via their right to free healthcare and education
- The mortality rate from COVID-19 between early March 2020 and end of August 2021 was three-and-a-half times lower in Denmark than the EU average, in part because of better containment measures, responsive and flexible health system, and more widespread testing.

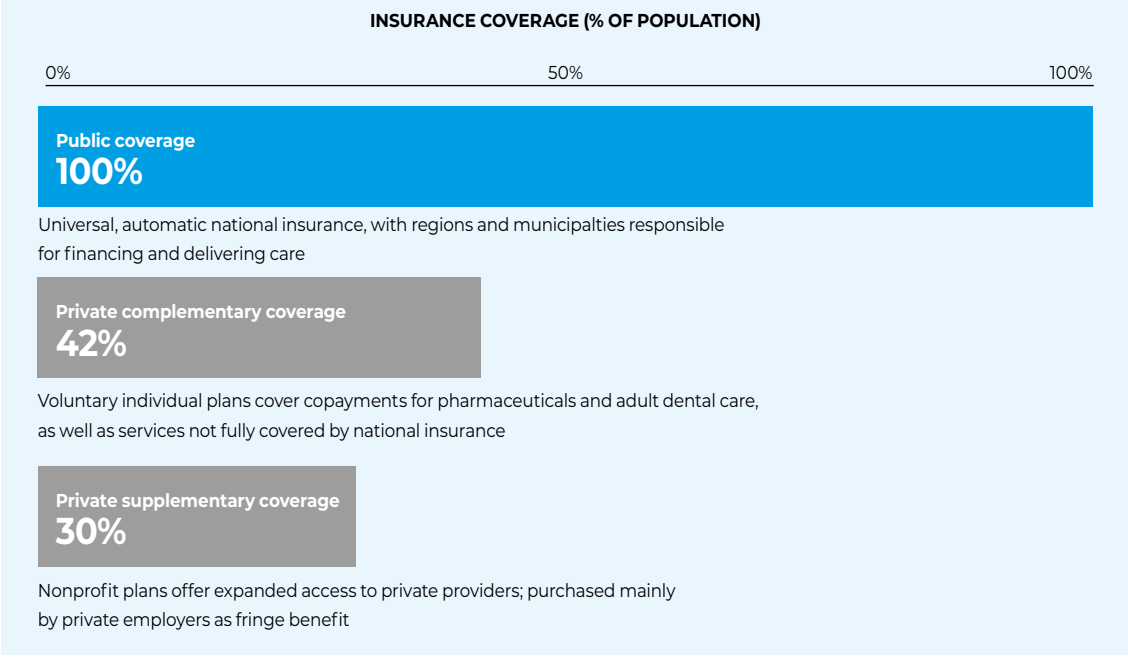
Equality and solidarity are the ideological basis of the Nordic Welfare State model, and Denmark is no exception. Cuts in adult dental care subsidies, over the years, and adjustments of beneficiary groups were not only made due to economic concerns, but also due to changed treatment needs among the adult population. The changes aimed to give more support to those with greater needs and highest costs, rather than supporting everybody. Nonetheless organizing good and equitable dental care for all remains a challenge.

In Brief

Within its universal, decentralized National Health System, that provides coverage to all citizens, all Danish residents are guaranteed the same amount of publicly funded healthcare and are automatically enrolled in the healthcare system, free at the point of use, including primary, specialist, hospital (including inpatient prescription drugs), mental health, preventive, long-term care services, and dental services for children up to 18 years of age and vulnerable categories.

On the other hand, dental healthcare for citizens, older than 18 years, is of-

fered by the private dental service. The amount paid by the patients is dependent on the treatment, and age of patients but, in general, patients pay the majority of the treatment costs; however, some of the payments, in particular preventive services, are covered by the regions. **While the government pays approximately 85% of the national costs on general healthcare, 15% comes from individuals through co-payments for treatment. For dental care, this ratio is reversed, since the national cost of caring for adult dental health is 19%, government-funded, with the remaining 81% paid by patients, mostly-out-of-pocket (2019 data).** However, a substantial number of Danish adults (about 30%) buy private health insurance to further subsidize their dental costs. Unmet needs for medical care are generally low (fewer than 2 % of the population). However, because dental care is less well covered, unmet needs and out-of-pocket spending for dental services are higher with 4.7 % of Danes reporting them in 2019, largely driven by affordability.



Source: https://www.commonwealthfund.org/international-health-policy-center/countries/denmark

PUBLIC HEALTH COVERAGE

	Denmark	EU average
Outpatient Medical Care	91%	75%
Inpatient care	90%	89%
Outpatient prescription drugs	43%	57%
Therapeutic Appliances	41%	37%
Dental Care	19%	31%

Source: State of Health in the EU, Denmark Country Health Profile 2021 -OECD, European Observatory on Health System and Policies

	Denmark	EU average
Total health spending as proportion of GDP, 2019	10.0%	9.9%
Spending per person (EUR), 2019	3,786	3,521
Share of out-of-pocket expenditure of total health spending, 2019	14.2%	15.4%
Publicly covered dental care, 2019	19%	31%

Source: State of Health in the EU, Denmark Country Health Profile 2021 -OECD, European Observatory on Health System and Policies

GREENLAND AND THE FAEROE ISLANDS

Two dependencies of Denmark, Greenland and the Faeroe Islands are both independent in health matters but follow the Danish national legislation.

In Greenland, all dental care is provided as a free public service, to children and adults. All dentists, except one private practitioner, are employed by the Greenland government and there is a constant need for more staff. The demand for dentists in Greenland is likely to increase as old arrangements for free flights to Denmark for Danish nationals are phased out. However, new arrangements, including short-term contracts of three or six months, free accommodation and a free return flight should make working in Greenland more attractive to non-Danish dentists. Nearly all dentists work with Inuit staff who act as Inuit interpreters also.
The Faroe Islands are governed as a single Danish municipality. Until recently, as in Greenland, all dental services were provided as a free public service. Today the system in the Faroe Islands is the same as in Denmark as a whole.

REIMBURSEMENT SYSTEMS FOR PRIVATE DENTAL CARE, POPULATION GROUPS AND TREATMENT COVERED, IN THE NORDIC COUNTRIES.

Country	Reimbursement of private dental care	Coverage	Treatment covered
Denmark	Danske regioner * National Health Insurance	All adults	Basic treatment, not prosthetics
Finland	Kela National Sickness Insurance	All adults	Basic treatment, not prosthetics
Iceland	Sjukratryggingar Islands Icelandic Health Insurance	0-18 year-olds, old age and disability pensioners, adults with certain diseases or conditions	Basic treatment, removable prosthetics
Norway	Folketrygd	Adults with certain diseases or conditions <18 years	Certain specialist treatment, orthodontics for the young
Sweden	The National Insurance ATB Adult dental care subsidization by the state	All adults	Limited support to basic care, high-cost protection

** An additional private dental insurance exists in Denmark*

POPULATION GROUPS HAVING ACCESS TO PUBLIC DENTAL SERVICES (PDS) AND PROPORTIONS OF DENTISTS AND DENTAL HYGIENISTS WORKING IN THE PDS, IN THE NORDIC COUNTRIES

Country	Free care in the PDS	Access to the PDS against payment	Proportion of dentists working in the PDS (%)	Proportion of dental hygienists working in the PDS (%)
Denmark	0-18	Institutionalized elderly and persons not able to use private care for various reasons	20	20
Finland	0-17	All adults	50	60
Iceland	No PDS	No PDS	No PDS	No PDS
Norway	0-18 and some adult special needs groups	Other adults when the PDS has capacity	28	55
Sweden	0-23	All adults	57	60

NUMBER OF DENTISTS AND SPECIALIZATION

Number of total registered dentists,	7,989
Number of practicing dentists	4,520 -5,161
Number of orthodontists	290
Number of Oral Maxilla Facial Surgery	98
Active dentist to population ratio	1:1,086
Percentage female	58%
Members of Danish Dental Association	81%

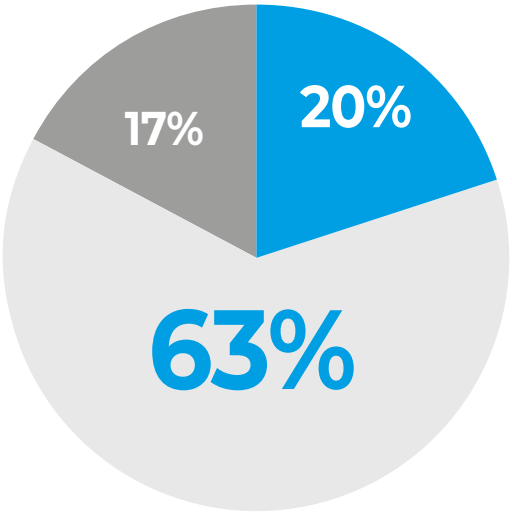
Source: EU Manual of Dental Practice 2015, Edition 5.1. Council of European Dentists / ADDE – Association of Dental Dealers in Europe. N.B. Figures are approx. and vary according to different sources tal insurance exists in Denmark

NUMBER OF DENTAL PRACTICES

General (Private) practice	3,431
Public Dental Service	1,215
University	112
Hospital	58
Armed Forces	15
General Practices as a proportion is	66%
Number of general practices	2,208

Source: EU Manual of Dental Practice 2015, Edition 5.1. Council of European Dentists

PROPORTION OF DENTISTS WORKING IN PUBLIC OR PRIVATE PRACTICE



Auxiliary Personnel

There is a well-developed system of dental auxiliary support for dentists, with clinical dental technicians allowed to practice independently, providing edentulous persons with full removable dentures without dentists' involvement. They also provide partial dentures but a treatment plan from a dentist is required.

No. of dental hygienists	1,900
No. of dental technicians, estimate(no registerable qualification for dental technicians)	1,100
No. of dental laboratories, estimate	500-1000
No. of denturists/clinical dental techs	565
No. of assistants	4,400

Source: EU Manual of Dental Practice 2015, Edition 5.1. Council of European Dentists / Oral health care systems, VIDENSKAB & KLINIK. TANDLÆGEBLADET 2015 | 119 | NR. 9
N.B. Figures are approx. and vary according to different sources

Health Status

Dental health for children and adolescents is essentially school based, their dental care coverage is estimated to be 99%. Thus, the relatively small percentage of DMFT is partly explained by free access to dental care for those aged 18 years or younger.

	1975	1985	2000	2007	2009	2011
DMFT at age 12	5.2%	2.1%	1%		0.64%	0.60
DMFT zero at age 12				72%		
Edentulous at age 65				27%		

Note: "DMFT zero at age 12" refers to the number of 12 years old children with a zero DMFT.
"Edentulous at age 65" refers to the numbers of over 64s with no natural teeth.
Source: Danish Health and Medicines Authority / WHO Regional Office for Europe, 2011

STUDY

TRENDS IN DENTATE STATUS AND PREVENTIVE DENTAL VISITS OF THE ADULT POPULATION IN DENMARK OVER 30 YEARS (1987-2017)

The large study, conducted by the Department of Odontology of the University of Copenhagen and the National Institute of Public Health at the University of Southern Denmark, shows that in the past 30 years, adult Danes have managed to save more of their natural teeth, which has positively affected their quality of life. Moreover, they have paid more visits to the dentist. Unfortunately, the social inequalities in dental health and health in general have not changed in the past 30 years. People's dental health largely depends on the level of education, occupation, financial status, and ethnic background. In 2017, only 32% of adult Danes with significant financial difficulties received preventive dental care. Among adult Danes with some financial difficulties the figure was 43% – compared to 62% among Danes with no financial difficulties.

- For the population in general, complete loss of natural teeth has dropped from 18% to 3%.
- Among Danes aged 65-74 years, toothlessness has dropped from 51% in 1987 to 6% in 2017.
- Among Danes aged 65-74 years, the share with a functional set of natural teeth (20 teeth or more) has increased from 16% to 69%.
- Among Danes aged 65-74 years, 29% went to the dentist once a year in 1987. In 2013, the figure had increased to 79%.
- Among young adults aged 25-44 years, the share who went to the dentist for oral and dental check-ups was 88% in 1987. In 2013, the figure had dropped to 61%.
- In 2017, 85% of all adult Danes went to preventive dental visits. While younger adults often expressed going to the dentist of intervals up to 18 months between visits, senior citizens typically expressed going to the dentist more often with less than 12 months between visits.

For entire article and study, University of Copenhagen: https://healthsciences.ku.dk/newsfaculty-news/2021/09/danes-oral-health-has-improved-but-social-inequalities-have-not-changed/

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Sweden

at a glance

Population
10.4 million

GDP per capita (current US$)
61,028

Capital:
Stockholm

Unitary parliamentary representative democratic constitutional monarchy (Monarch Carl XVI Gustaf, Prime Minister Ulf Kristersson)

Currency: even if within the EU, Sweden uses the Swedish krona following a 2003 referendum where the public voted not to adopt the euro

Unemployment rate (2021)
8.7%

- Sweden is the largest Nordic country, the third-largest country in the European Union, and the fifth-largest country in Europe.
- Sweden has a population with about 85% of inhabitants living in the southern half of the country. Liberal immigration policies have given Sweden a multicultural population with about 17% of the population foreign-born.
- About one in five people is 65 or older. That means Sweden proportionally has one of Europe's largest elderly populations. On the other hand, the share of children born in Sweden is slightly higher than the EU average, 1.67 per woman versus 1.5 in the EU.
- Sweden allocates a large amount of money to health, with spending per capita and as a share of GDP among the highest in the EU
- Sweden's health expenditure is close to 11% of its GDP, most of which is funded by municipal and regional taxes. Additionally, all higher education is free, including medical schools.
- The use of private health insurance has been increasing due to the low number of hospitals, long waiting times to receive healthcare, and Sweden's priority treatment of emergency cases first. In Sweden, one in 10 people do not rely on Sweden's universal healthcare but instead purchase private health insurance

In the top three among 11 high-income countries on measures related to healthcare equity, the Health and Medical Services Act emphasizes equal access to services according to need and a vision of equal health for all. The Swedish health system performs well in general, life expectancy in the country is high and the general health among the population is good, with low level of unmet need. Reports from the WHO and the OECD, among others, confirm that healthcare in Sweden provides good access to high-quality care.

In Brief

Most healthcare in Sweden is provided through a national social insurance system, which also provides sick pay, child benefits, disability allowances and pensions. Its universal health system is largely tax-funded and decentralized – responsibility lies with the regional councils and, in some cases, local councils or municipal governments. Swedish policy states that every regional council must provide residents with good-quality health and medical care, and work to promote good health for the entire population. Since 2019, regional councils cover dental care costs for local residents up

to the age of 23. Dental care from the age of 24 is subsidized by the state.
Public expectations of health services are high. In total, around 84% of healthcare costs, including dentistry, are funded by government. For the majority of the Swedish population general healthcare is paid for through general taxation, plus a small fee for each visit to a doctor. All dental care for children and adolescents is provided on a regular basis and is individually targeted. Approximately 95% of children and adolescents have contact with dental care over a two-year period. The dental care up to the age of 23 also includes specialist dental treatment. The dental care is provided and financed through the counties and carried out either by dentists within the Public Dental Service (PDS) or private practitioners (PP).
Dental care for the adult population is provided by dentists from both Public Dental Services and PP. **Adults pay a large part of their dental care themselves. However, for the majority of dental care there is a social insurance system that covers parts of the costs, and this system reimburses the patient on the same premises, regardless of whether the dental care is carried out within the PDS or the PP.** Not all kinds of dental care are reimbursable. Preventive measures and disease treatment are prioritized. During a two-year period 73 % of the adult population accesses dentistry at least once. In any one-year period, approximately 60% of the whole adult population access dentistry.

TYPICAL PATIENT COPAYMENTS AND SAFETY NETS

SERVICE	FEES PER ENCOUNTER/SERVICE	MAXIMUM OUT-OF-POCKET COSTS PER YEAR (SAFETY NET)*
Primary care visit	SEK 150-300 (USD 16-33)*	
Specialist consultation	SEK 200-400 (USD 22-44) without referral from primary care SEK 0-400 (USD 0-33) with referral from primary care	Maximum out-of-pocket for health care visit: SEK 1,100 (USD 120)
Hospitalization (per day or visit) including pharmaceuticals	SEK 50-100 (USD 5.5-11.0) per day (adults)	Exempt from copayments for outpatient visits: children/youth under age 20 and adults over age 85
Prescription drugs (outpatient)	Drugs covered by National Drug Benefits Scheme: Individuals pay full cost up to annual maximum of SEK 1,125 (USD 123), after which subsidy gradually increases to 100% Prescription drugs and medical products not reimbursed under the National Drug Benefit Scheme: Patients pay full price	Maximum out-of-pocket for outpatient drug: SEK 2,250 (USD 246); children under age 18 exempt from copayments
Dental Care	Adults receive fixed annual subsidies of SEK 300-600 (USD 33-66) to help pay for preventive dental care, depending on age	Free dental care for children /youth under age 23 No cap on adult user charges for dental care

Source: SALAR (Swedish Association of local Authorities and Regions). Patientavgifter i öppen hälso -och sjukvård år 2018.
** One region (Sörmland) does not charge for primary care visits.*
Taken from: commonwealthfund.org
*Note: *Most medical fees are capped and have a high-cost ceiling. If the person exceeds the cap, all other consultations will be free. Additionally, medical services are free for all people under the age of 18.*

INSURANCE COVERAGE (% OF POPULATION)

0% 50% 100%

Public coverage
100%

National insurance providing automatic coverage: county councils and regional bodies finance and deliver care

Private supplementary coverage
6%

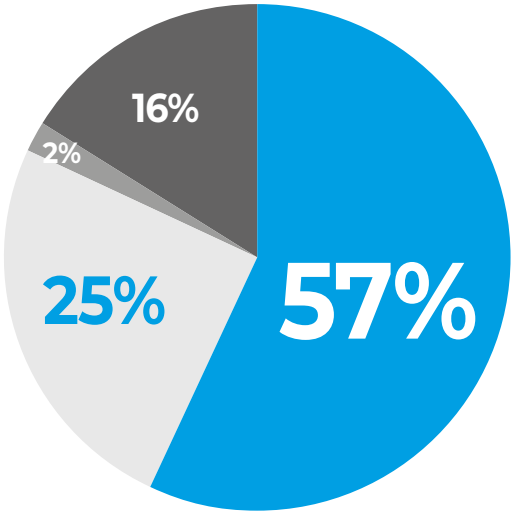
Voluntary supplementary coverage enables quicker access to elective services and greater choice of privare ambulatory care specialists; mainly employer-sponsored plans

Source: commonwealthfund.org

	Sweden	EU average
Total health spending as proportion of GDP (%)	10.9 %	9.9%
Spending per person (EUR), 2019	3, 837	
Unmet medical care needs during the first year of COVID-19	16%	21%
Spending on prevention, 2019	3.3%	2.9%

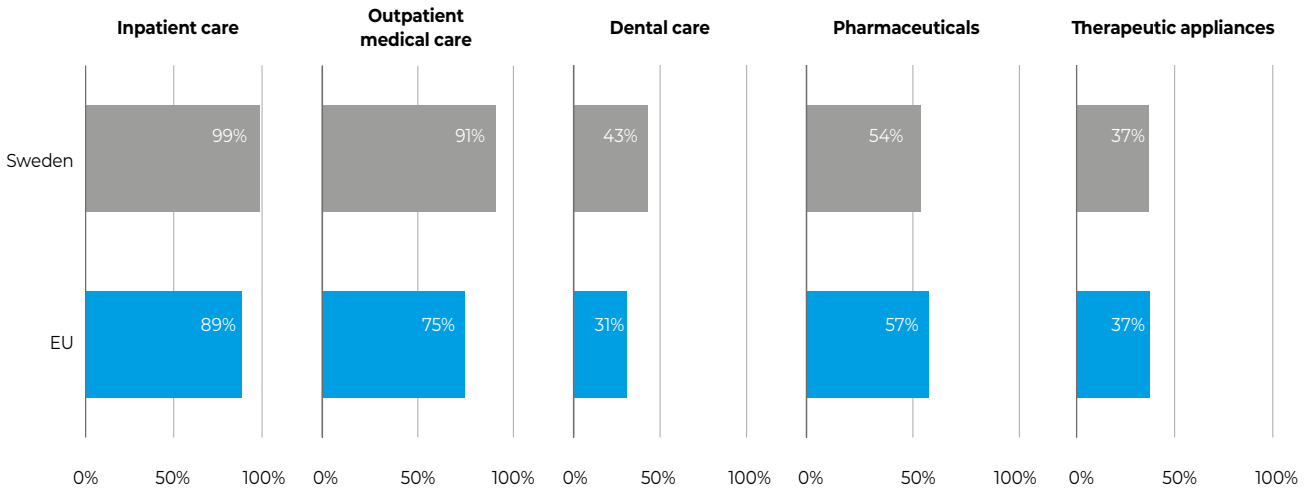
Healthcare Financing

Most out-of-pocket spending is for drugs and dental care. The regions set co-payment rates for outpatient visits and hospital stays, leading to some variation across the country. However, pharmaceuticals and dental benefits are determined by the national government and apply to all residents (regulated by the Dental and Pharmaceutical Benefits Agency).



Source: commonwealthfund.org

COVERAGE IS GREATER FOR INPATIENT AND OUTPATIENT CARE THAN DENTAL CARE AND PHARMACEUTICALS



Note: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines as well as medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices.
Source: OECD Health Statistics 2021 (data refer to 2019).

Number of registered dentists	14,454 (Percentage female 52%)
Active dentists	between 7,528 - 7,747
Population to (active) dentist ratio	1,251
Membership of the Swedish Dental Association (SDA)	95%

** All figures are estimated, varying year by year, taken and/or compared from different sources. Source: CED*

NUMBER OF ACTIVE SPECIALISTS

Orthodontics	265
Endodontics	47
Paedodontics	83
Periodontics	101
Prosthodontics	134
Dentomaxillofacial radiology	43
Oral Maxillo-facial Surgery	145
Stomatognathic pathology	34

** All figures are estimated. Source: CED*

NUMBER OF DENTAL PRACTICES

Private (general) practice	3,463
Public Dental Service	4,065
University	431

Source: CED

DENTAL AUXILIARIES

Hygienists	3,749
Technicians	1,500 (estimated by SDA)
Assistants	12,000
Orthodontic assistants	360

** All figures are estimates. Source: CED*

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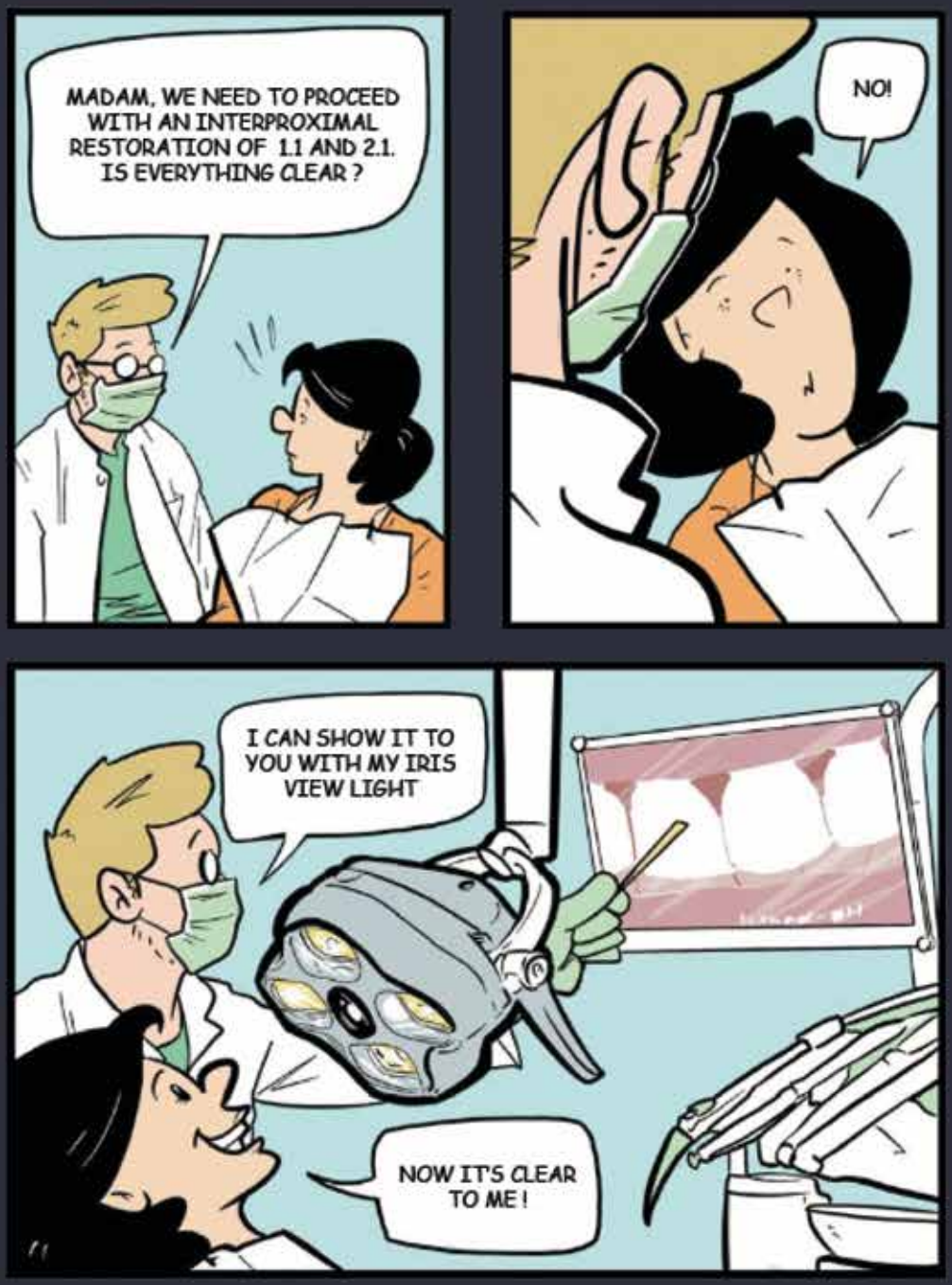

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Norway

at a glance

Population
5.4 million

GDP per capita (current US$)
89,154

Capital:
Oslo

Unitary parliament constitutional monarchy (Monarch Herald V, Prime Minister Jonas Gahr Støre)

Currency: Norwegian Krone (NOK)

Unemployment rate (2021)
5.0%

• Member of the European Economic Area, Norway considered joining the EU, but opted to decline following referendums. According to the European Social Survey conducted in 2018, 73.6% of Norwegians would vote 'No' in a Referendum to join the European Union.
• The most northerly country in Europe, covering 385 000 square kilometers. It is a mountainous country, and virtually all the centers of population are located on the coast.
• The Norwegian tax system is largely progressive, with most of the tax revenue coming from direct taxes and with the average tax burden increasing with higher income.
• With Norway's per capita GDP being one of the highest in the world, the country's per capita health expenditure is also much higher than in most countries – over US$ PPP 7 217, second only to Switzerland.
• The Dental Health Services Act of 1983 established the county as the prime authority responsible for oral health services, and each county has a chief dental officer. It also defined the counties to be accountable for the Public Dental Health Service, and for coordinating this service with private dental practices.
• All in all, the National Insurance System does not cover dental expenses for more than a small part of the Norwegian population. Most adults still have to pay the full cost of their dental treatment, without any government funded financial support.

Health coverage in Norway is fairly comprehensive and includes a broad range of services for residents, with share of out-of-pocket spending among the lowest in the European Union (EU)/European Economic Area (EEA). However, increasing costs of innovative medicines have been raising concerns about equal access to medicines in the context of debates on priority-setting. Dental care is another area where access may be obstructed by the limited public financing, which may lead to unmet needs for these services.

In Brief

General health services are funded through a form of national insurance, the Folketrygden. Benefits include pensions, full salary for one year for long term sickness, unemployment benefit and healthcare. Health coverage among Norwegian residents is universal, covering the whole population, and the benefit basket covers a broad range of services.

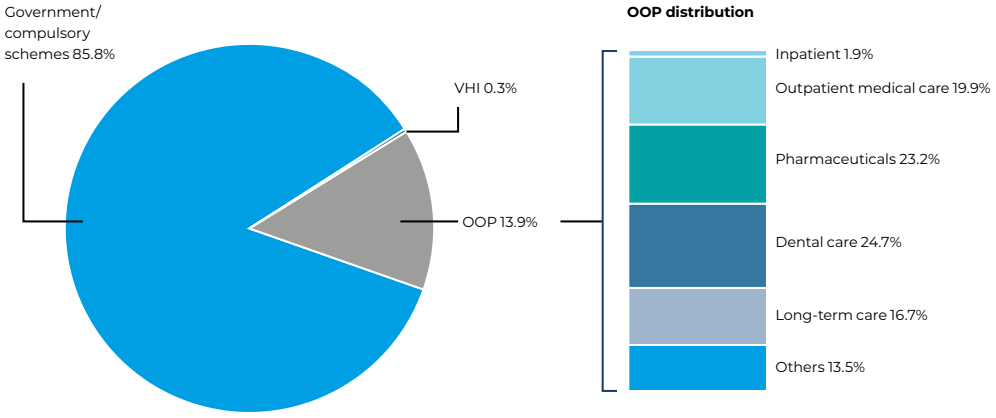
Health financing comes predominantly from public sources, accounting for 85.8% of current health expenditure, the highest share in Europe. Most publicly funded health services, including primary care,

require cost-sharing. In 2019, out-of-pocket payments made up almost 14% of health spending. **General dental care for adults is one area where the share of out-of-pocket is very high (approximately 70% of total spending on dental care).** There are annual cost-sharing ceilings to protect the population from excessive healthcare spending.

Most private health financing comes from households' out-of-pockets, of which most is spent on pharmaceuticals, dental care, and long-term care. **Only priority groups receive dental healthcare free of charge from the Public Dental Health Service. Adults must pay the full cost for dental care. Children up to 18 years of age receive free dental care.** Oral healthcare for most adults is provided by private dentists, fees charged in the private sector are not regulated.

The Public Dental Health Service (PDHS) is country-wide and is organized and funded by the counties. Approximately 32.5% of all active dentists work full-time in the public sector, the remainder working in private practice. The PDHS provides dental care to priority groups and in geographic areas with few private practitioners, to non-priority adults. Annually approximately 64% of the population in the priority groups receive screening and/or treatment and about 10% of the non-priority group adults also receive their care from the PDHS. The PDHS is free of charge for patients, except for orthodontic treatment. However, youth of 19 and 20 years must pay 25% of the costs. Adults pay in full for oral health care, except for the mentioned exemptions.

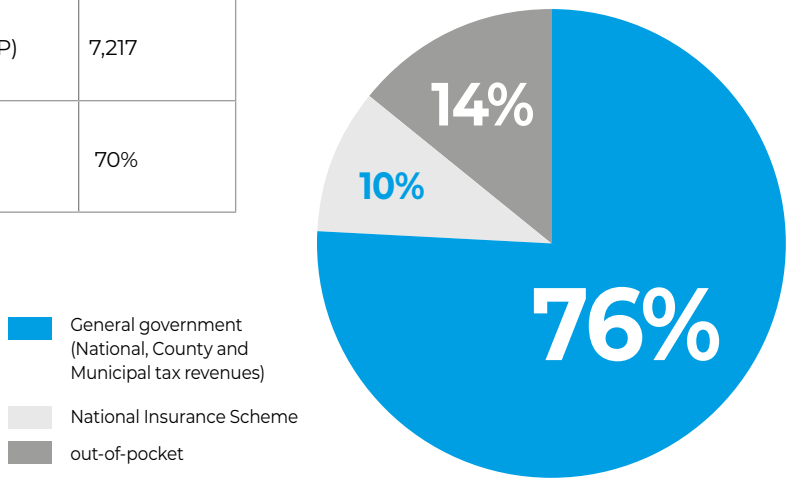
COMPOSITION OF OUT-OF-POCKET PAYMENTS, 2019



Note: OOP: out-of-pocket. VHI: Voluntary Health Insurance
Source: OECD Health Statistics, 2021; Eurostat Database, 2021 (data refer to 2019).

Health expenditure as % of GDP, 2019	10.5%
Per capita health expenditure (USD PPP)	7,217
Oral Health expenditure, private	70%

COMPOSITION OF PUBLIC/PRIVATE HEALTH SOURCES, 2019



Number of registered dentists	5,350 (Percentage female 47%, estimated)
Active Dentists	Between 4,450 - 4,576
Population to (active) dentist ratio	1,107
Dentists working in private practice	68-70%
General Practice as a proportion is	69%
Membership of the NDA (Norwegian Dental Association)	90% of active dentists are members. It represents private and public service dentists

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

Orthodontists	206
Endodontists	63
Paedodontists	20
Periodontists	90
Prosthodontists	65
Dento-maxillo-facial radiologists	7
Oral Surgery	68

**All figures are estimated. Source: CED*

AUXILIARIES

Dental Technicians	703
Hygienists	902
Dental Assistants	3,671

**All figures are estimated. Source: CED*

Health data

Even though adults may have to pay the full cost of the treatment, about 80% of adults see a dentist every 12 months and more than 90% within 2 years, the majority from general practitioners in private practice.

Share of 12-year-olds with no caries, 2021	62.9%
Share of 18-year-olds with no caries, 2021	31.9%
5-year-olds with DMFT = 0	82.2%
18-year-olds with DMFT<4	76.5%
18-year-olds with DMFT<9	5.6%
Children and youth 1-18 years old under public supervision	95.5%

Note: DMFT = decay-missing-filled teeth
Source: Statistisk Norway https://www.ssb.no/en/statbank/table/11985/

Iceland

at a glance

Population
372,520

GDP per capita (current US$)
68,727

Capital:
Reykjavik

Unitary Parliamentary republic with a directly elected president as head of state Guðni Th. Jóhannesson, re-elected in 2020 with 92.2% of the vote

Currency:
Icelandic Krona (ISK)

Unemployment rate (2021)
5.4%

• Iceland ranks high in democracy and equality indexes, ranking third in the world by median wealth per adult. In 2021, it was ranked as the third-most developed country in the world by the UNs' Human Development Index, and it ranks first on the Global Peace Index. Iceland runs almost completely on renewable energy.
• A sparsely-populated North Atlantic island, Iceland is famous for its hot springs, geysers and active volcanoes. Lava fields cover much of the land and hot water is pumped from under the ground to supply much of the country's heating.
• Although not a member of the European Union, Iceland is heavily integrated into the EU via the Agreement on the European Economic Area and the Schengen Agreement
• Iceland is a Scandinavian country, the world's oldest democracy but modern in nearly every respect. Unlike most European countries, however, it is ethnically homogeneous, so much so that genetic researchers have used its inhabitants to study hereditary disorders and develop cures for a host of diseases
• The Icelandic economy is based heavily on its rich natural resources such as cold-water fishing and abundant energy sources and it is now one of the world's richest countries.
• Iceland was hit especially hard by the global financial crises in 2008, with the near collapse of the country's financial system (requiring capital controls that are still in place) and one of the largest falls in GDP of any OECD country as a result of the financial crisis; the consequent pressure on public finances continues.

The main characteristics of the Icelandic healthcare system are, on the one hand, a relatively high level of healthcare supply and demand, and on the other, good healthcare outcomes. Nonetheless, the system faces some immediate and long-term challenges involving the financial sustainability of the current system and an increasing trend towards shifting costs from public coverage to private households, with rapid growth in private specialist care at the expense of more developed (and publicly provided) primary care services. Dentistry has moved from being mostly publicly funded to patients bearing the majority of the cost out of pocket. Overall, policymakers are faced with the major challenge of improving cost-efficiency while ensuring equal access to affordable, quality care without the risk of eroding the social solidarity principle behind the tax financed healthcare system.

In Brief
In 1946, Iceland introduced a universal social security system, modelled on the Beveridge system but with major emphasis on means testing of benefits.

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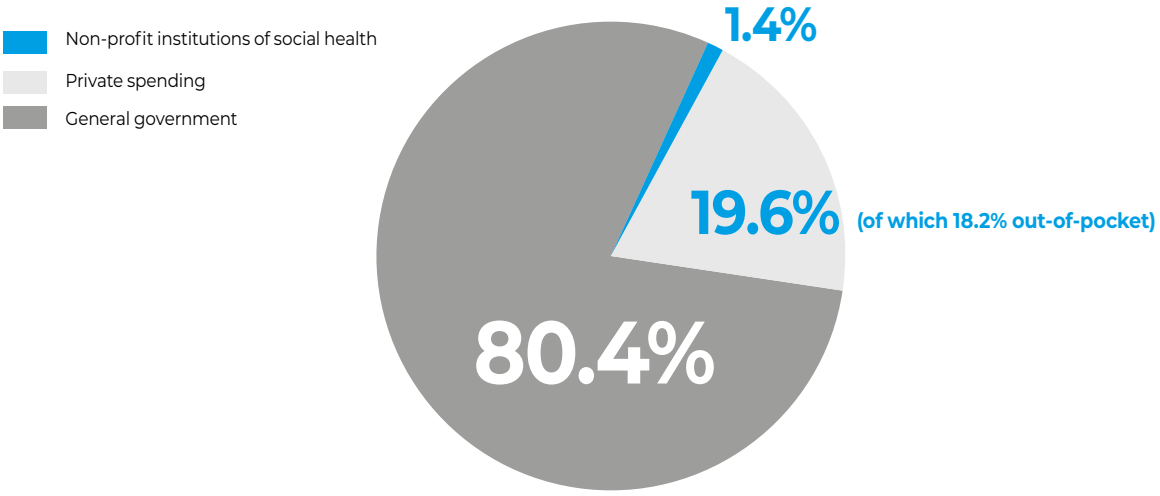
The system is state-centered, publicly funded with universal coverage. The first and main source of financing is general taxes levied by the central government and the second source of revenue comes from out-of-pocket payments. Its dominant feature is the integrated purchaser–provider relationship, meaning that the state is the payer but also the owner of most organizations providing healthcare services. The health system has nonetheless become increasingly characterized by a mixed economy of care and service provision, in which the number and scope of private non-profit and private for-profit providers has increased. Everyone covered by the Icelandic Health Insurance (IHI) receives the healthcare services that they require regardless of how much they contribute to the system. The IHI pays part or all of the costs of healthcare for the insured, with co-payments applying to primary care visits, outpatient care and pharmaceuticals (with reductions or exemptions for vulnerable groups), though the impact of co-payments still falls disproportionately on the poorest households. Inpatient care is free of charge, as are all tests and medications required during hospitalization.

In contrast to general healthcare, for which a comprehensive state-funded system exists, adults are not eligible for reimbursement of dental expenses but must pay for treatment themselves, on a fee-per-item basis. Children up to age 18, persons over 66 as well as old-age and disability pensioners can be partially subsidized for the costs of dental care. All dentists in Iceland are in private practice. Dentists set the prices of dental services, but the IHI publishes a pricelist for specific reimbursed services. If the cost of treatment is higher than the published price, the patient has to pay the difference. All costs for general dental care are fully reimbursed according to the published price list for chronically ill and severely disabled children and individuals with intellectual disabilities who are 17 or over. Special treatments such as dental implants, bridges or gold fillings are not covered. Children and adolescents under the age of 21 can apply to the IHI for a fixed stipend for orthodontics.

Welfare services include unemployment insurance, old-age and disability pensions, family and childbearing allowances, and sickness benefits. Almost all schools from the primary level through the university are free.

PERCENTAGE OF TOTAL EXPENDITURE ON HEALTH ACCORDING TO SOURCE OF REVENUE



ECONOMIC IMPACT RELATED TO TREATMENT AND PREVENTION OF ORAL DISEASES (2019)

Total expenditure on dental healthcare in million (US$)	145
Per capita expenditure on dental healthcare (US$)	408
Per capita current general health expenditure in PPP, int$ (2019)	5,636
Total productivity losses due to 5 oral diseases in million (US$)	90
Number of labor days needed to buy annual supply of fluoride toothpaste per person	0.2

Source: World Health Organization, Oral Health Country Profile - Iceland

REIMBURSEMENT SYSTEMS FOR PRIVATE DENTAL CARE, POPULATION GROUPS AND TREATMENT COVERED

Reimbursement of private dental care	Coverage	Treatment covered
Sjukratryggingar Islands Icelandic Health Insurance	0-18 year-olds, old age and disability pensioners, adults with certain diseases or conditions	Basic treatment, removable prosthetics

ORAL HEALTH WORKFORCE

	Total Number	Per 10 000 population (2014-2019)
Dental assistants and therapists, 2019	212	6.3
Dental prosthetic technicians	104	3.1
Denturists	9	
Dentists	294	8.7

Source: World Health Organization, Oral Health Country Profile - Iceland

Orthodontists	15
Endodontists	2
Paedodontists	3
Periodontists	8
Prosthodontists	5
Dental Public Health	3
Oral Surgery	4
Others	6

**All figures are estimated. Source: CED*

Iceland has one dental school
Faculty of Odontology at the Icelandic University in Reykjavík
Email: givars@hi.is
Website: www.hi.is/pub/tann

Dentists graduating each year: 7
Number of students: 42
Percentage female: 69%
Length of course: 6 yrs

HEALTH DATA

PREVALENCE OF ORAL DISEASES (2019)

Prevalence of untreated caries of deciduous teeth in children 1-9 years (%)	29.2
Prevalence of untreated caries of permanent teeth in people 5+ years (%)	40.5
Prevalence of severe periodontal disease in people 15+ years (%)	17.7
Prevalence of edentulism in people 20+ years (%)	10.1
Lip and oral cavity cancer, all ages (2020). Number of new cases	13 (Female: 5 /Male: 8)
Lip and oral cavity cancer, all ages (2020). Incidence rate (per 100 000 population)	1.8 (Female: 1.1/Male: 2.5)
Children not having regular check-ups for cost related issues, 2010	20-30%

Source: World Health Organization, Oral Health Country Profile - Iceland

EXPLANATIONS FOR ICELAND'S NON-MEMBERSHIP OF THE EUROPEAN UNION

Academics have proposed several explanations for why Iceland has not joined the European Union:

- The importance of the fishing industry to Iceland's economy and the perception that EU membership (and its Common Fisheries Policy) will have an adverse effect on the fishing industry.
- The perception that EU membership will have an adverse effect on Iceland's agricultural sector.
- Iceland's strong ties with the United States, which included significant economic, diplomatic, and military assistance, decreased Iceland's dependence on European countries.
- The victories in the Cod Wars may have strengthened Icelandic nationalism and boosted the perception that Iceland can succeed through unilateral or bilateral means rather than compromise in multilateral frameworks.
- The Icelandic electoral system favors rural areas, which are more eurosceptic.
- The tendency for Icelandic elites to pursue education in the United States or eurosceptic European countries (such as the United Kingdom or the Nordic countries), and to cooperate more closely with political elites from those countries.
- Icelandic nationalism and the legacy of Iceland's past as a colonial entity.
- The impact of the Icesave dispute with the Netherlands and the UK.

Taken from: https://en.wikipedia.org/wiki/Iceland%E2%80%93European_Union_relations

Among Main Sources:
-For detailed article and sources on Denmark, please refer to Infodent International issue no. 3-2022
-For detailed article and sources on Finland, please refer to Infodent International issue no. 2-2022
-https://www.commonwealthfund.org/international-health-policy-center/countries/sweden
-Manual of Dental Practice 2015, The Council of European Dentists (CED)
-https://sweden.se/life/society/healthcare-in-sweden
-State of Health in the EU Sweden. Country Health Profile 2021- OECD, European Observatory on Health Systems and Policies
-Norway Health System Summary, European Observatory of Health Systems and Policies
- Statistisk Norway https://www.ssb.no/en/statbank/table/11985/
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https://www.britannica.com/place/Iceland/Demographic-trends
-Health Systems in Transition, Iceland, Vol.16 No. 6 2014 – European Observatory of Health Systems and Policies
-World Health Organization, Oral Health Country Profile - Iceland

The Greater New York Dental Meeting Announces Tom Loughran as General Manager

NEW YORK, NY, January 18, 2022 - The Greater New York Dental Meeting (GNYDM), the largest Dental Convention in the United States, announces Tom Loughran as General Manager. Loughran is a 23-year veteran of the trade show industry. He began his career at Reed Exhibitions as a sales executive in 1999.

The Greater New York Dental Meeting Announces Tom Loughran as General Manager After working on various Reed events, he was promoted to sales manager in 2004 and sales director in 2006. Since 2007 Loughran has been managing events and has held positions as Vice President for International Vision Expo East (TSE Top 100 Event) and West, Global Gaming Expo (TSE Top 100 Event), and G2E Macau. In 2017, he accepted a position at Clarion Events as Vice President of the Food and Beverage Group.

Before joining the events industry, Loughran served as a United States Marine Corps Captain and graduated from Army Ranger School. He is a veteran of Desert Shield, Desert Storm, and Operation Sea Angel, a humanitarian relief effort in Bangladesh. Loughran succeeds Dr. Robert

R. Edwab, Executive Director. His appointment comes after an extensive selection process by the executive boards of the two components of the Greater New York Dental Meeting, the Second District Dental Society and New York County Dental Society.

"We are thrilled to have Tom as our new General Manager," said Dr. Richard L. Oshrain, General Chair. "He is a proven leader with the vision to expand on the success the GNYDM has

> Loughran is a 23-year veteran of the trade show industry. He began his career at Reed Exhibitions as a sales executive in 1999.

built over the past 98 years and takes us into our next phase of growth and innovation." Loughran has extensive trade show experience leading multidisciplinary, cross-functional teams across various industries. Additionally, he is well-versed in building customer relationships, strategic planning, P&L management, sales, marketing, and education.

About the Greater New York Dental Meeting

The Greater New York Dental Meeting fosters lifelong learning by providing outstanding educational opportunities and industry support as the largest Dental Congress in the United States. In 2022, the GNYDM registered 33,468, including 12,188 Dentists from 162 countries.

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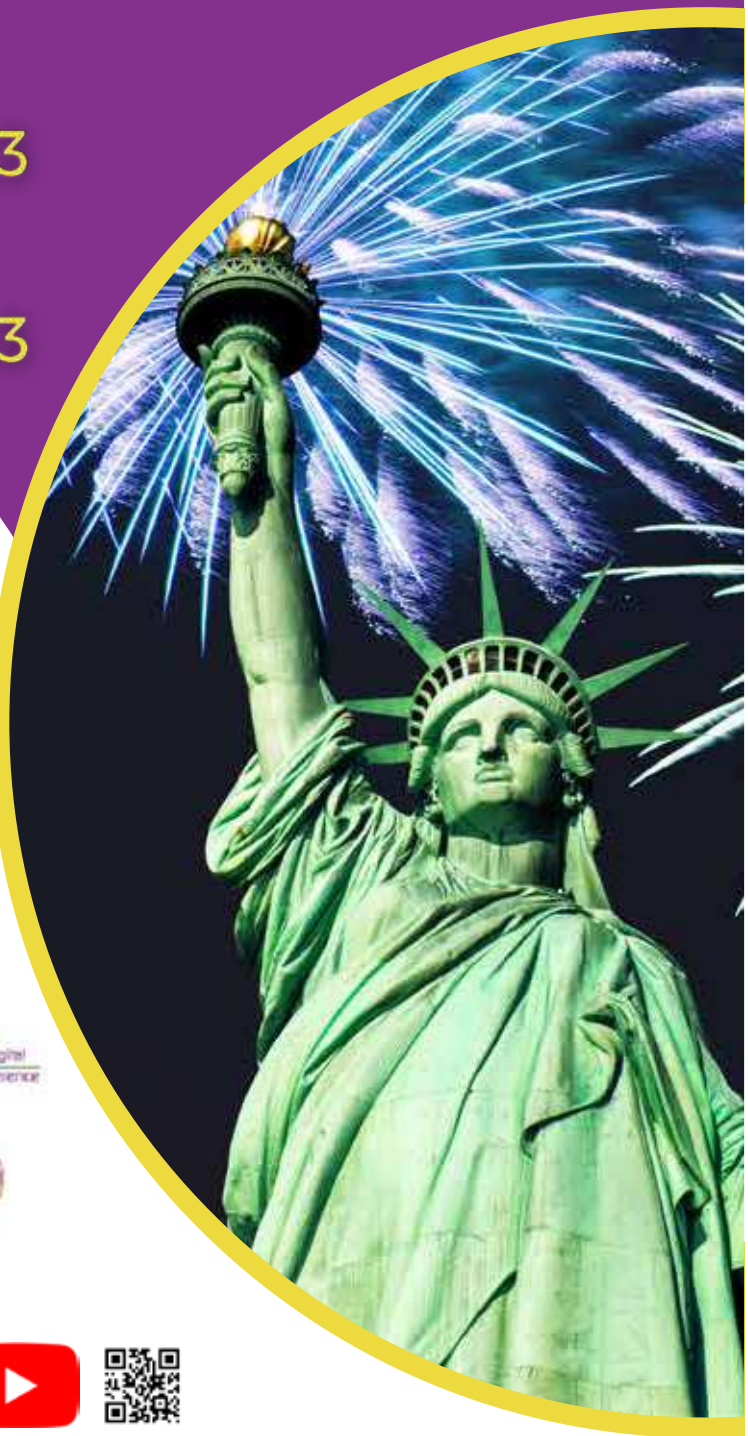

Meeting is Held at the
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100 years of IDS – the German Dental Association congratulates the world's most important dental trade fair on its anniversary

European trade press discussion on 25 January 2023 to commemorate the 40th International Dental Show

Prof. Dr. Christoph Benz, President of the German Dental Association

Dear Ladies and Gentlemen,
100 years of the International Dental Show (IDS) – that means getting to know the latest innovations on the dental medicine and dental technology scene, engaging in an exchange with colleagues and experiencing a marketplace for the dental industry, dentistry and dental technology over the course of a century. The German Dental Association (BZÄK) as the long-standing partner of IDS heartily congratulates the trade fair on this exceptional anniversary. We are delighted to be on board again for the 40th edition of the trade fair and present ourselves in this cosmopolitan and dynamic environment.
As the largest and most important dental show in the world, every two years IDS grants its visitors an insight into the future of the industry. It represents the global state of the art of dentistry and dental technology and is always on the pulse of time – this is where trends and innovations are presented, which will already be implemented the day after tomorrow in many dental practices. The figures of the leading trade fair are extremely impressive too: Over 1,600 exhibitors from 60 countries are expected to participate. The wide-ranging offer presented in the exhibition halls in Cologne is also spectacular: In addition to the dental medicine and dental technology section, the range of exhibitors also covers infection protection and maintenance, but also services and information, communication and organisation materials. IDS is the only trade fair in the world to provide this diversity of products and services.
Together, the Association of German Dental Manufacturers (VDDI), the Gesellschaft zur Förderung der Dental- Industrie (GFDI) and Koelnmesse have also succeeded in keeping IDS on course in difficult times – most recently during the challenging era of the COVID pandemic, when the schedule had to be postponed from the spring to the autumn in 2021 and a sophisticated hygiene concept had to be drawn up to enable the visitors and the exhibitors a safe trade fair experience.
The new EU medical device regulation (MDR) is one of the challenges that the dental profession and the dental industry are currently faced with. According to the directive, all medical products on the market have to be recertified in line with the new MDR requirements by May 2024 at the latest. If not recertified these products will not be allowed to be sold – this also affects many dental products. At the same time, there are still not enough authorised bodies to carry out the recertification on time. The German Dental Association has repeatedly made reference to these problems.
In December 2022, the EU Health Commissioner, Stella Kyriakides, promised a postponement of the MDR and announced a corresponding legislative proposal for the beginning of 2023, because the transition over to the new MDR regulations is expected to happen much more slowly than anticipated.
This postponement is not only a successful outcome resulting from the warnings of the BZÄK, but also good news for dental professionals and the dental industry and also a nice "birthday present" for the 100th anniversary of the International Dental Show.

The German Dental Association @IDS
11.2, Aisle O/P, Stand 50/69

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Statement of Vice-President Klaus Bartsch on the occasion of the European Press Talk for the International Dental Show (IDS) 2023 on 25 January in Cologne

We are living in a time shaped by crises. It demands a great deal of flexibility and resilience from us all. It is also important today to remember that dentists and professional dental technology laboratories and their staff have maintained the provision of dental and dental technology services at all times during the difficult corona crisis, also with the support of the dental industry. We can all be proud of that.

We will also continue to demonstrate this. The year 2022 was also defined by another crisis, this time a war-related energy crisis leading to extreme uncertainty about the future and high inflation. Both crises continue.

This is also felt by the dental economy. In the context of this development, dentists and dental technicians have determined in recent months that many patients are postponing recourse to dental technology services.

In the event of urgent care, patients tended to choose an interim rather than a permanent dental prosthesis. Thus, according to the KZBV, the billing data of the first half of 2021 only show an increase in maxillary interim prostheses and total prostheses in comparison with the first half of 2022. Telescopic crowns, bridges or single crowns were on the other hand chosen less often – in the single-digit percentage range.

We hope that a solution for the actual causes, which can be found in the international conflicts, will be found in 2023 and that the fear of inflation and uncertainty will lessen among the general population and patients.

Transparent supply structures close to the place of residence

The close technical cooperation between the commercial dental technology laboratory and the dentist's surgery is the pillar of the supply of dental prostheses.

The VDZI views the model of the self-employed dentist in combination with the independent master dental technician as a successful constellation for specialised and innovative supply quality.

Defending this model against an unbearable commercialisation of dental care is therefore a political objective that unites dentists and dental technicians.

In this context, the statement of Federal Minister of Health Karl Lauterbach (SPD) that there should be no "investor medicine" is a welcome signal. The Federal Ministry of Health (BMG) is accordingly planning a statutory prohibition of the takeover of medical practices by financial investors.

The VDZI sees proof of a progressive commercialisation of dental care in the rapid growth of pure dental community health centres (Z-MVZ). This is supported by the figures of the dental profession. Fundamental here is the recognition that the size and the organisational structures in a dental community health centre also exceeds the scope of the regulatory framework of the independent health care profession. The criteria for the classic practical laboratory do not apply for dental health community centres – especially with several employed dentists. There is also no adequate monitoring tool in the context of legislation regarding professions to ensure the observance of applicable law.

This distortion of competition is borne by commercial dental laboratories. Dental technology services are effectively being withdrawn from the market, and thus also competition in terms of quality and price. Profit and investor-oriented dental health community centres provide an ideal breeding ground for the hazards of a dental prosthesis supply oriented to profit rather than needs. This must be stopped, and the VDZI thus views the political signals from the BMG positively.

Digitalisation in the dental industry is advancing

The market already offers high-performance systems for many dental technology tasks. The technological developments are proceeding rapidly and are of interest to committed dental technicians. The digitalisation of total prosthetics will surely

Vice-President VDZI Klaus Bartsch

be a major theme at IDS 2023. Until only a few years ago, digital technology in the dental laboratory was primarily characterised by subtractive processes. The additive processes that have developed in recent years, in connection with new materials, offer many chances for improving processes, qualities and offerings.

In any case, increasing digitalisation in the laboratory will help compensate for the shortage of skilled labour in several sectors in dental technology.

However, digitalisation is not taking place only in diagnostics, planning and production, but is also utilised in the communication between the surgery and the laboratory. This offers new chances and possibilities. Whether the transfer of patient and order data, of image files extending to video conferences: the amount of data is increasing, and the focus is thus also shifting to the themes of data security and networking with regard to surgery and laboratory administration software.

Integration into the telematics infrastructure, also for dental technicans

The requirements for the telematics infrastructure are regulated by law, and the VDZI is already working on the implementation of the legal standards. There is a legislative will to integrate the dental technology laboratory into the telematics infrastructure within the health care system as of mid-2024, and to thus increase data security. With the Digital Healthcare and Nursing Care Modernization Act (Digitale-Versorgung-und-Pflege-Modernisierungs-Gesetz – DVPMG) from 2021, occupation groups of the health care system, such as in dental technology, will be linked with the telematics infrastructure. This means that the electronic exchange of information in connection with the provision of dental technology services will also increase in importance.

New training regulations since August 2022 – the future of the dental prosthesis supply

Without well-trained skilled labour, a dental technology laboratory cannot be successful and competitive in the digitalised world. The new training regulations, which came into force on 1 August 2022, will adequately address the dynamic technical progress and the requirements of a technically and communicatively networked and digitalised world of work.

The required knowledge and skills involved in digital production will increase in importance in the new training and testing system. The dental technicians of the future will also be taught expanded skills in the field of technical planning, risk and quality management, as well as technical information and communication. This will make them better able to fulfil the dental technology requirements of customers.

Compensation for crisis-related additional costs

The additional costs related to the pandemic on the one hand and the sustained inflation of costs on the other guide the legal regulations for the price negotiations of dental technicians ad absurdum. The prices for dental technology services may thus not increase more than the revenues of the health insurance funds, measured in accordance with the change rate pursuant to § 71, Par. 3 Social Security Code (SGB V). This endangers the businesses in the event of high inflation. The education campaign of the VDZI in this matter is bearing initial fruit. The VDZI thus welcomes the motion of the CDU/CSU Bundestag faction to support the dental technician trade of 13 December 2022, which is a step in the right direction. It calls on the government party factions to undertake coordinated action aimed at assuring the performance capability of the businesses.

A permanent and universal ensuring of the dental technological provision of standard benefits and especially of the urgent upkeep for those insured with statutory health insurance is only possible when compensation for these additional costs is provided quickly and unbureaucratically. The VDZI member guilds also emphasised this with a resolution at the end of November 2022. As long as no substantial amendment or abrogation of the price regulation for standard benefits in the dental technology supply are enacted, the dental technology laboratories must be disencumbered within the framework of an appropriate one-time payment.

The dental technician trade

The almost 7,650 professional dental technology businesses ensure a quality-tested and comprehensive supply of dental prostheses in Germany. At the end of March 2021, there were 47,500 dental technicians subject to social insurance contributions employed in Germany.

Almost 5,100 young people are currently completing a highly qualified programme of training in the dental technician trade. Almost two thirds of the trainees are female. The dental technician profession is in sixth place in the top ten of the most popular professions among female trainees in the trade.

With an apprenticeship quota of nearly 20 percent - five times the average of the overall economy - the professional dental technology laboratories impressively demonstrate their willingness to train apprentices.

The dental technician trade at the IDS - apprentices and masters present themselves

IDS 2023 will once again be a display window for the dental technicians of tomorrow. The strong young generation once again demonstrates its ability in the context of the Gysi Prize, the “competition of the apprentices” in the dental technology trade. All visitors to the IDS can once again see for themselves this year. The best dental technology works of the participants from the 2nd, 3rd and 4th years of apprenticeship will be honoured with the Gysi Prize, named for the researcher and teacher Alfred Gysi (1865-1957). The award ceremony takes place on 16 March in the context of the IDS in Cologne.

However, not only the apprentices will be represented at the IDS. Die Klaus Kanter Stiftung will honour the best masters with the Klaus Kanter Prize. The VDZI is pleased that the coming generation of dental technicians will thus be represented in Cologne.

The trade fair stand of the VDZI in hall 11.2, aisle S 10/12 will also be the meeting place for all questions concerning dental technology during the entire trade fair.

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The VDZI, with its head office in Berlin, represents the economic interests of the professional dental technology laboratories in the guilds as the federal guild association. President Dominik Kruchen and his deputy Klaus Bartsch currently head the VDZI. The main task of the VDZI and of the guilds is to represent the professional and economic interests of the German dental technology trade. The supreme goal is to secure the performance capability of the professional dental technology laboratories as a prerequisite for a quality-assured supply of dental prostheses for the population of Germany. Fifteen guilds belong to the VDZI.

VERBAND DEUTSCHER ZAHNTECHNIKER INNUNGEN
VDZI

European Observatory on Health Systems and Policies
a partnership hosted by WHO

Oral Health Care in Europe: Financing, Access and Provision

Health System Review 2022

Key-Note Speaker: Dr. Juliane Winkelmann
European Observatory of Health Systems and Policies, Brussels on the occasion of the European Press Talk for the International Dental Show (IDS) 2023 on 25th January in Cologne

1 Oral Health

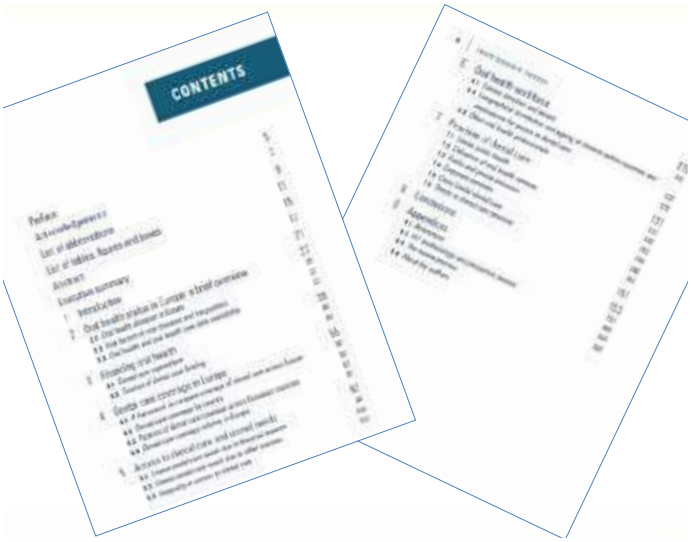
Oral health received increased attention through various international initiatives:

- Lancet Oral Health Commission (2019)
- WHO Resolution Oral health (2021)
- WHO Global Oral Health Status Report (2022)
- The importance of oral health for overall health, links with other chronic diseases (risk factors) and the need for a holistic approach, especially in prevention, have gained importance.
- However, we know relatively little about the differences in dental care, financing and coverage between countries.

2 Oral health care in Europe –Health in Transition (HiT) Review 2022

First cross-country Health Systems Review (HiT) on oral health care in Europe covering 31 European countries
- Major trends in oral health care with focus on financing, access and provision based on international data
- Country specific descriptions of oral health systems
- Classification of oral health coverage systems
- Highlight on specific topics or country experiences (cross-border dental care, extension of coverage, corporate dentistry etc.)
- List of oral health and oral health care indicators for international health data collection to improve evidence base/

1st edition (2022)
https://tinyurl.com/OBSoralhealthHIT



3 Oral health care HiT: Structure

Introduction
2. Oral health status in Europe: a brief overview
3. Financing oral health
4. Dental care coverage in Europe
5. Access to dental care and unmet needs
6. Oral health workforce
7. Provision of dental care
8. Conclusions

4 Oral health status in Europe: a brief overview

• Preventable oral disorders are among the most prevalent health conditions in Europe

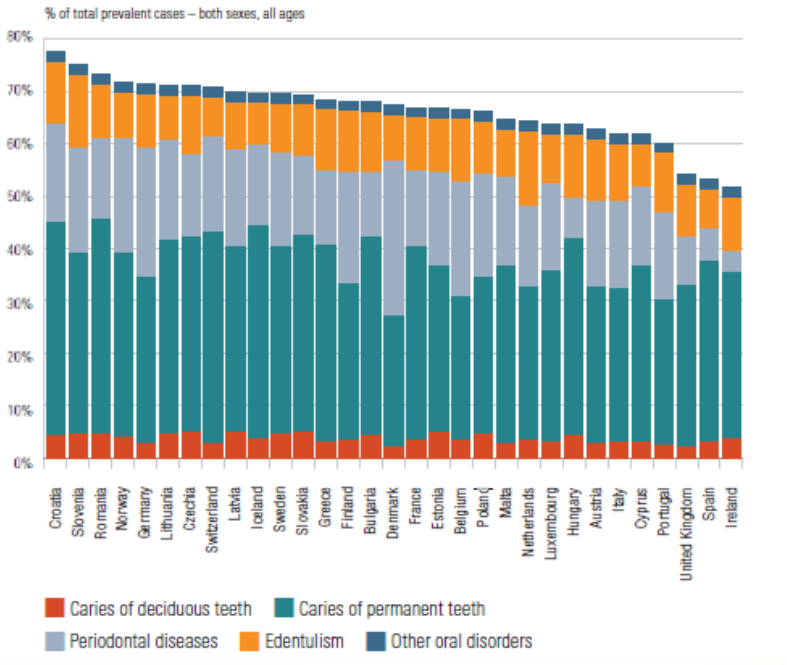
• About 52% of the European population suffer from oral diseases

• Main risk factors for oral health are high sugar dietary intake, smoking, alcohol use, poor oral hygiene

• Cross-country comparison of oral health status is hampered by the absence of systematic, standardized collection of epidemiological oral health data

Source: IHME (2022), Global Burden of Disease, 2019.

FIGURE 2.2 Age-standardized prevalence of oral diseases in Europe in %, 2019

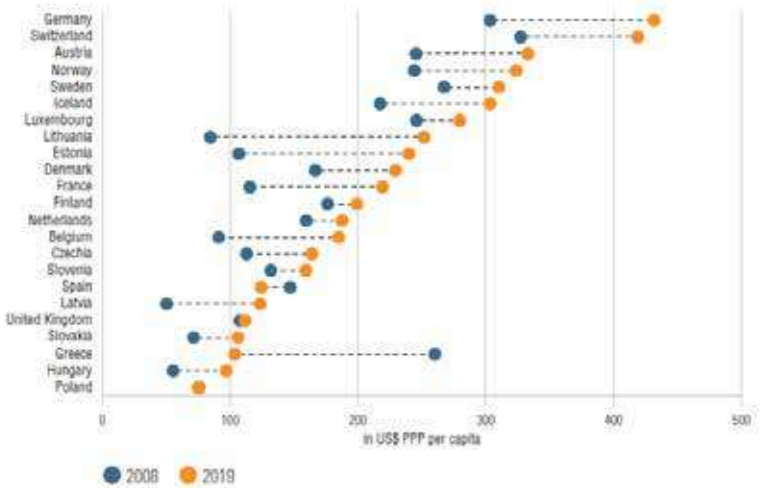


5 Spending on oral health increased in most countries

- Oral health expenditure accounted for 5.1% of total health spending across 23 countries with available data in 2019
- The per capita oral health expenditure varied largely but increased in nearly all 23 countries
- On average public spending accounted for 31% of total dental care spending in 2019 across 22 countries

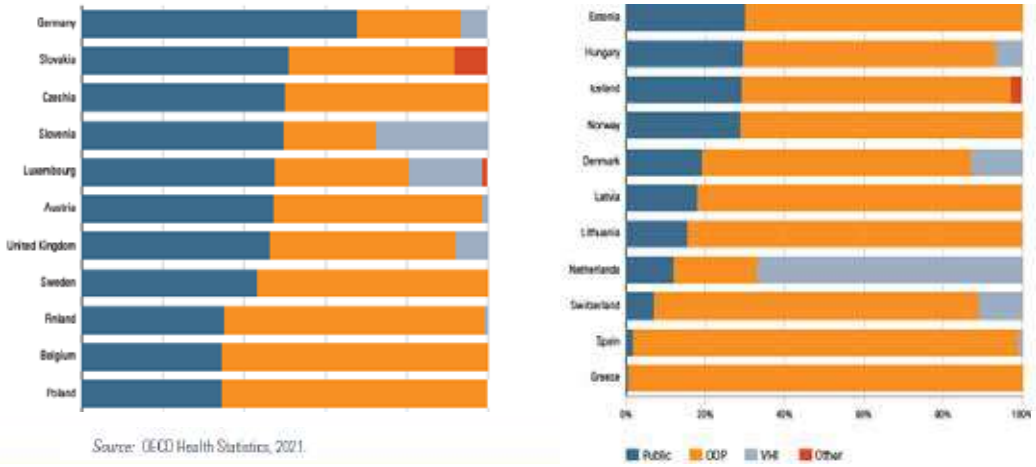
Source: OECD Health Statistics, 2021

FIGURE 3.1 Per capita expenditure on outpatient dental care in European countries (in US$ PPP), 2008–2019



6 OOP is largest source of revenue for oral health care

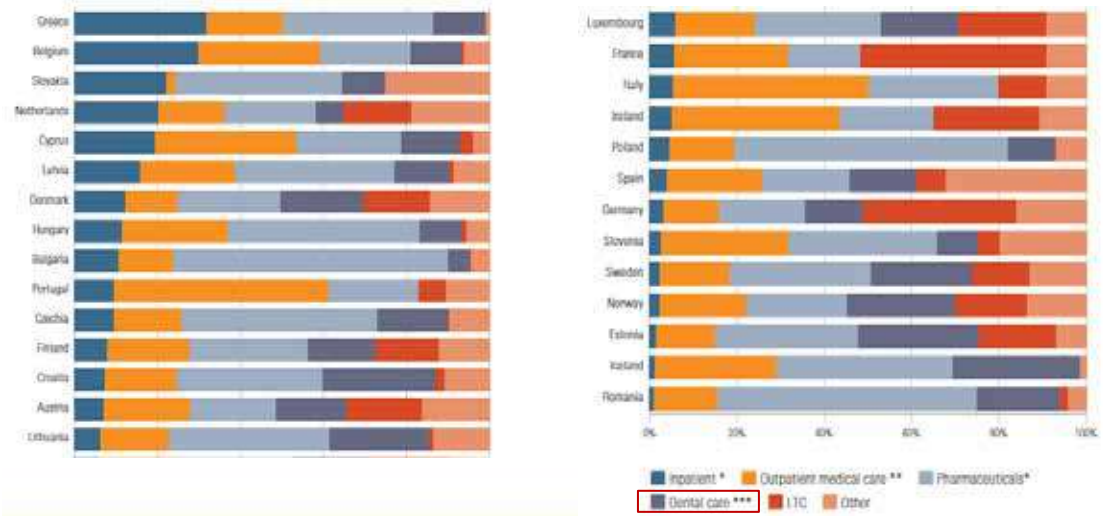
Out-of-pocket (OOP), voluntary health insurance (VHI) and public spending for dental care as % of total dental expenditure, 2019



Ø
Public: 31%
OOP: 59 %
VHI: 9 %

7 Public coverage is generally lower than for other healthcare areas

FIGURE 3.7 Shares of out-of-pocket medical spending by services and goods, 2019



8 Dental care coverage in Europe

- Statutory coverage varies across European countries in regard to population groups, services and costs covered
- Vulnerable population groups (children, older people) enjoy broader coverage; coverage for adults often less comprehensive
- Three categories of countries with different levels of public coverage of dental care (by population, service and cost coverage):

  - **Limited coverage**: all population excluded from public coverage with some exemptions

  - **Partial coverage**: children and adolescents fully covered; all others partially covered

  - **Comprehensive coverage**: Adults, children with entitlement to public health insurance covered

FIGURE 4.2 Coverage of dental care by category for statutory dental care coverage in Europe

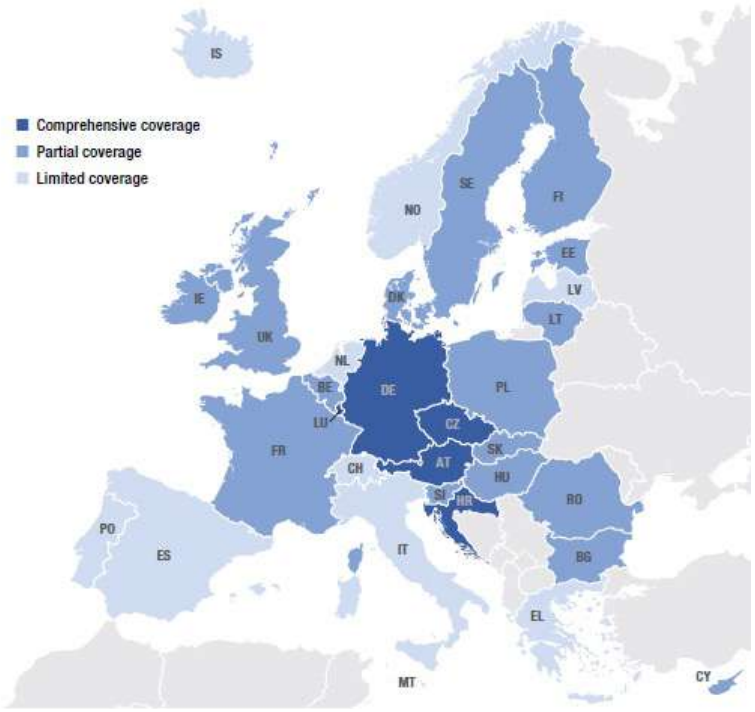
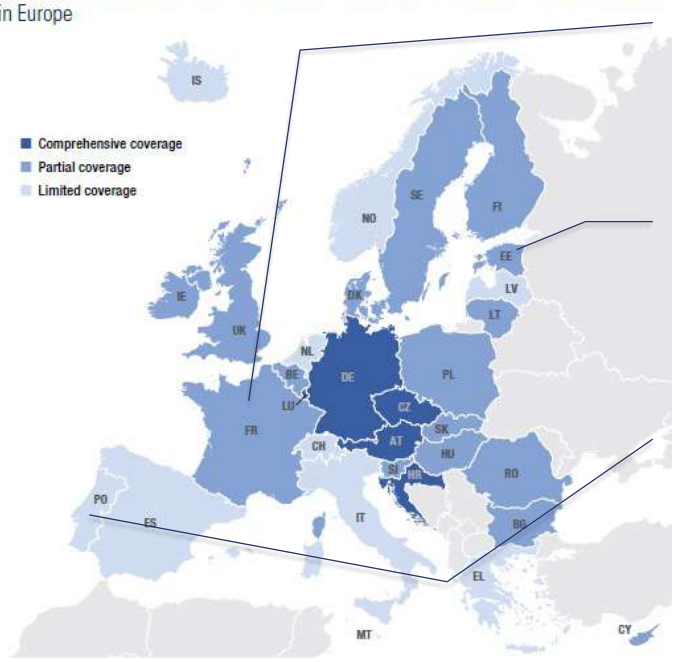


FIGURE 4.2 Coverage of dental care by category for statutory dental care coverage in Europe



9 Reforms extending coverage of oral health care...

France –100% Santé scheme (2020)

- Range of dental protheses included in public coverage at no or reduced cost-sharing rates
- Capping prices for some protheses

Estonia – extension in 2017 and 2022

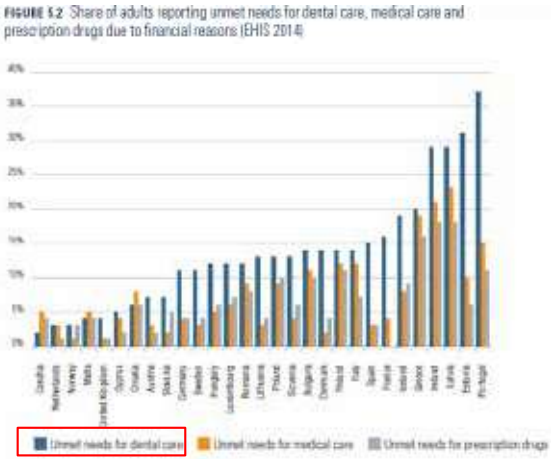
- Services for adults included (50% co-insurance, benefit capped at €40 per year)
- Extension of eligibility for highest benefits (15% coinsurance, benefits capped at €85 per year)

Portugal – National Programme for Promotion of Oral Health

- Available public dental care services in all regions
- 47 out of 55 primary care health centres already with integrated dental care services

10 Access to dental care and unmet needs

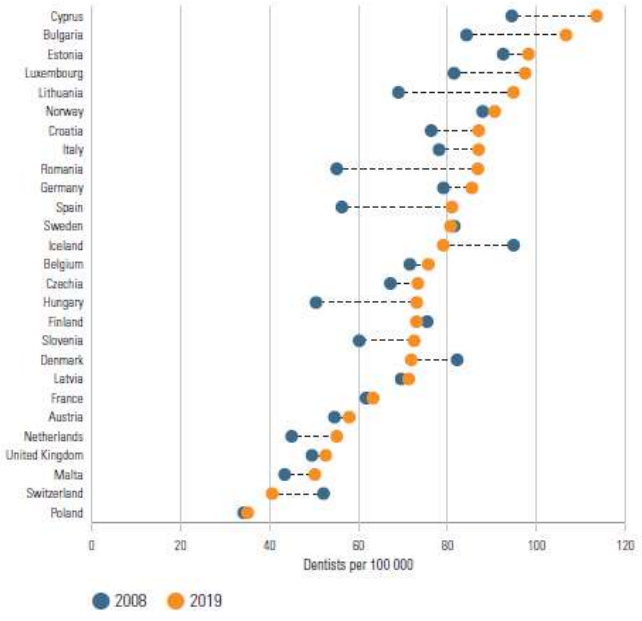
Dental care is the most frequent type of care that people forgo due to financial reasons



11 Oral health workforce

- Most countries have seen an increase of the number of dentists, in particular Eastern European/Baltic countries
- Large differences in dentists' ratios across countries which are associated with training and employment opportunities, incentive structures but also different skill-mix models
- Data on the oral health workforce not collected systematically (e.g. many countries do not have a central professional registry)

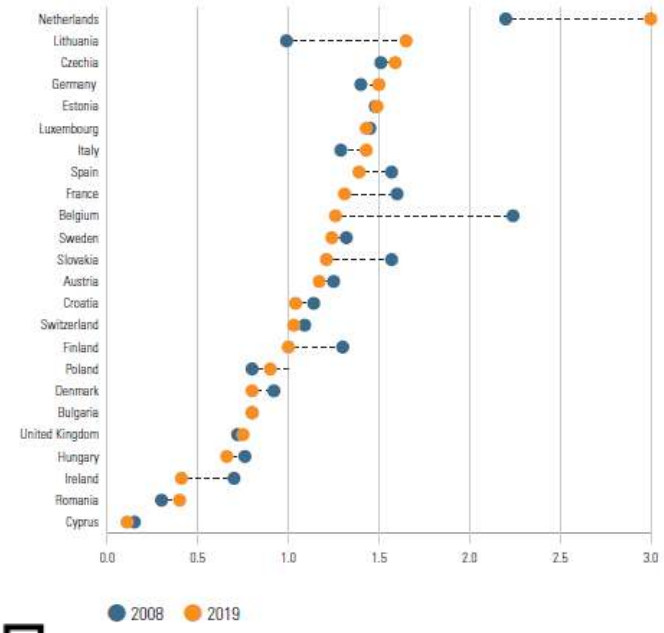
FIGURE 6.2 Practising dentists per 100 000 inhabitants, 2008 and 2019 (or latest available year)



12 Provision of dental care

- Large variation in the number of dentist consultations due to:
  - design of coverage of dental services
  - density of dentists
  - number of publicly funded dentists
  - patients' attitudes towards oral health
- Four out of five dentists work in private practices, important trend of further privatization of dental care driven by corporate dentistry
- Dental care and health care professionals operate in separate domains with different education, policies, culture and traditions

FIGURE 7.1 Dentist consultations per person per year (in all settings), 2008 and 2019



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Artificial Intelligence: A Tool At The Service Of Big Data

From the high tech to the medical sector, AI is showing all its resources, opening the doors to many global innovations.

In a rapidly changing world, modern society is undergoing many changes. The development of always new technologies has now reached such a fast and intense step that it is difficult to follow its progression. From personal devices, that are no longer considered new, such as smartphones, tablets, smartwatches, PCs, to socials, technology goes on, so far that it often surpasses itself.

In this race for innovation, it is not enough to adapt to the new, we must always question what we have, and go further. In fact, if in recent decades software development has been, and still is, at the center of technological revolution, today we are trying to go even further. For large tech industries, normal programming is no longer enough. It's not smart enough to achieve the increasingly ambitious goals that are set. It's therefore necessary to resort to something smarter!

So, if programming a software to tell it what to do in details is not enough, what could we do to equip hardware, such as PCs or smartphones, with greater intelligence?

We can do what has always been done when looking for new ideas: observe nature. In this case, human nature, capable of providing man with a complex and surprising structure like the brain. An organ suitable for abstract thinking, able to adapt to the surrounding environment and make decisions based on inputs received from the world. In short, an organ capable of learning from experience. In recent decades, this animal feature has been transferred to some hardware, giving them the ability to learn from experience and, consequently, making them intelligent.
In any case, we are talking about a clumsy intelligence limited to a rational sphere, made up of logical connections, rather than emotional like that of humans. Human cognitive abilities are largely driven by emotions and this, in computers, must be programmed in detail in order to reach the level of understanding that distinguishes the human being. It's clear that this goal is possible, however, computer science has not yet succeeded in the enterprise. It is sufficient to say that the most powerful computer in the world (Fujitsu-Built K) takes 40 minutes to simulate just one second of human neural activity! In any case, reproducing human intelligence is undoubtedly a demanding and stimulating challenge for the future but, perhaps, for the present it still remains a bit premature.

Today, what has entered into everyday life is an Artificial Intelligence defined as "WeaK", but capable of performing very useful functions. Among the most popular are the Google search engine, Alexa - Siri and Cortana, the autonomous driving of Tesla and some types of drones, the control of dangerous contents on social networks, the facial recognition of smartphones, personalized advertising con-

> In short, an organ capable of learning from experience. In recent decades, this animal feature has been transferred to some hardware, giving them the ability to learn from experience and, consequently, making them intelligent.

> It is sufficient to say that the most powerful computer in the world (Fujitsu-Built K) takes 40 minutes to simulate just one second of human neural activity!

tents and so on. Most of the tools that integrate this type of intelligence are equipped with what is called "limited memory", i.e., a physical space where a database is located that the program constantly queries in order to return an answer based on "experience". This is the case of the Google search engine which, thanks to this communication, is able to provide a personalized browsing experience.

Alternatively, the software can take advantage of AI without relying on added data storage, thus responding to inputs in a reactive manner, relying exclusively on the data integrated into the program. This is the case of chatbots, software designed to simulate conversations with a human being. The latter are more basic systems than the former, less powerful but still very useful in certain circumstances, such as customer sorting systems.

Medical application

Given the high amount of data that is generated every day by the medical sector, the AI systems have lent themselves very well to this commercial area, highlighting their ability to manage big data.

A very current example is represented by biotech companies engaged in the production of vaccines.

The latter, thanks to AI, were able to analyze large data sets and discover new biochemical correlations, essential for developing drugs in a short time and with lower costs. An example is the Microsoft-funded project, "Covid Moonshot", which sees the commitment of universities, pharmaceutical companies, and technology companies in the search for solutions to the pandemic, exploiting the resources offered by Artificial Intelligence.

A branch of the medical sector very interested in AI is radiology, or in general diagnostic imaging. In this field, AI is extremely useful for comparing thousands of images in a very short time in order to identify any anomalies and offer decision support to the radiologist, improving the diagnostic activity.

Through the interpretation of data, AI systems can pick up the warning signs of some diseases, helping doctors to make more accurate diagnoses and thus allowing more effective and ad hoc treatments for the patient.

Always along the same lines and always thanks to the processing of large amounts of data, AI is finding more and more applications in the field of personalized medicine, allowing the construction of personalized predictive models for the patient, rather than resorting to a standard approach. Today this system is used to reduce hospital readmissions after surgery, to predict certain types of infections or to identify patients who have a high risk of missing appointments.
Another medical field that is attracting many investors is in automated rehabilitation. In this context, machines equipped with Artificial Intelligence are capable of learning exercises from the physiotherapist and then, subsequently, replicating them on patients.

In short, the list is very long and is growing fast, indicating that AI is now a resource that cannot be ignored.

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Addressing oral health inequalities in Malawi: The MalDent project mission of 'oral health for all'

The College Director of Global Health, Professor Jeremy Bagg, writes about the College's involvement in the MalDent project, establishing a degree programme for Dental Surgery in Malawi and developing a national Oral Health Policy in the country.

"Venerable Mother Toothache
Climb down from the white battlements,
Stop twisting in your yellow fingers
The fourfold rope of nerves"

So wrote the English poet John Heath-Stubbs in his piece 'A Charm against the Toothache' in 1954. As many of us can attest from personal experience, dental pain can be excruciating and, if untreated, can have serious or even life-threatening consequences. This poses a serious challenge in Malawi, whose population of 19.5 million citizens is currently served by only 43 dentists, most of whom work in private practice in the cities, even though more than 80% of the population live in rural villages and have little disposable income.

The provision of dental care in rural areas falls largely to dental therapists, of whom there are approximately 100 in public service, but this very small workforce, which is often poorly resourced, cannot begin to address the treatment needs. As a result, most Malawians have no access to professional dental care, but the limited available oral health survey data indicate a very large burden of untreated oral and dental disease. It was against this backdrop that in 2016 Dr Mwapatsa Mipando, then the Principal of the University of Malawi College of Medicine, reached out to the University of Glasgow (UofG) for advice on establishing a Bachelor of Dental Surgery degree programme, so that Malawi could begin to train its own dentists. That was the beginning of a close partnership between the two organisations that became the MalDent Project (www.themaldentproject.com).

The MalDent Project is a collaboration between the Kamuzu University of Health Sciences (KUHeS -formerly the University of Malawi College of Medicine) and the University of Glasgow Dental School, generously funded by Scottish Government International Development. However, from the outset it has been a crosssectoral multi-stakeholder enterprise, and our College is a named partner on the grant funding awarded by Scottish Government. Furthermore, it was the College's Global Health Group which kindly funded the flights for my first ever visit to Malawi in 2017 to scope the work that would be required to deliver a dental degree programme.

It rapidly became clear that establishing a Bachelor of Dental Surgery (BDS) degree programme in isolation would be futile if work were not undertaken in parallel to develop an Oral Health Policy for the country at Government level, which would ensure that there was a framework within which newly qualified dentists could apply their clinical and leadership skills. Furthermore, it would be critical that the policy pursued vigorously an oral disease prevention agenda, as championed by the WHO. This is especially important in low-income countries since delivery of operative dental treatment requires complex equipment and is very expensive.

Joint working between 2017 and 2019 allowed the creation of a BDS curriculum that was designed to deliver dentists who were "globally competent and locally relevant", to quote the words of Dr Mipando. Following approval by the University of Malawi Senate in March 2019, the first ever cohort of BDS students enrolled in the new programme in August 2019. At the time of writing, there are now students enrolled on both the BDS 1 and BS 2 courses together with 26 students in the Foundation Year ready to join BDS 1 in the next academic session. This total of 52 dental students is greater than the number of dentists in the country. The MalDent Project has established a staffing strategy for the new course, provides support with delivery of teaching as the programme is developing and has worked with industrial and charity partners (including the College's HOPE Foundation)

> The MalDent Project has established a staffing strategy for the new course, provides support with delivery of teaching as the programme is developing and has worked with industrial and charity partners (including the College's HOPE Foundation) to enhance the clinical facilities in the Dental Department at Kamuzu Central Hospital.

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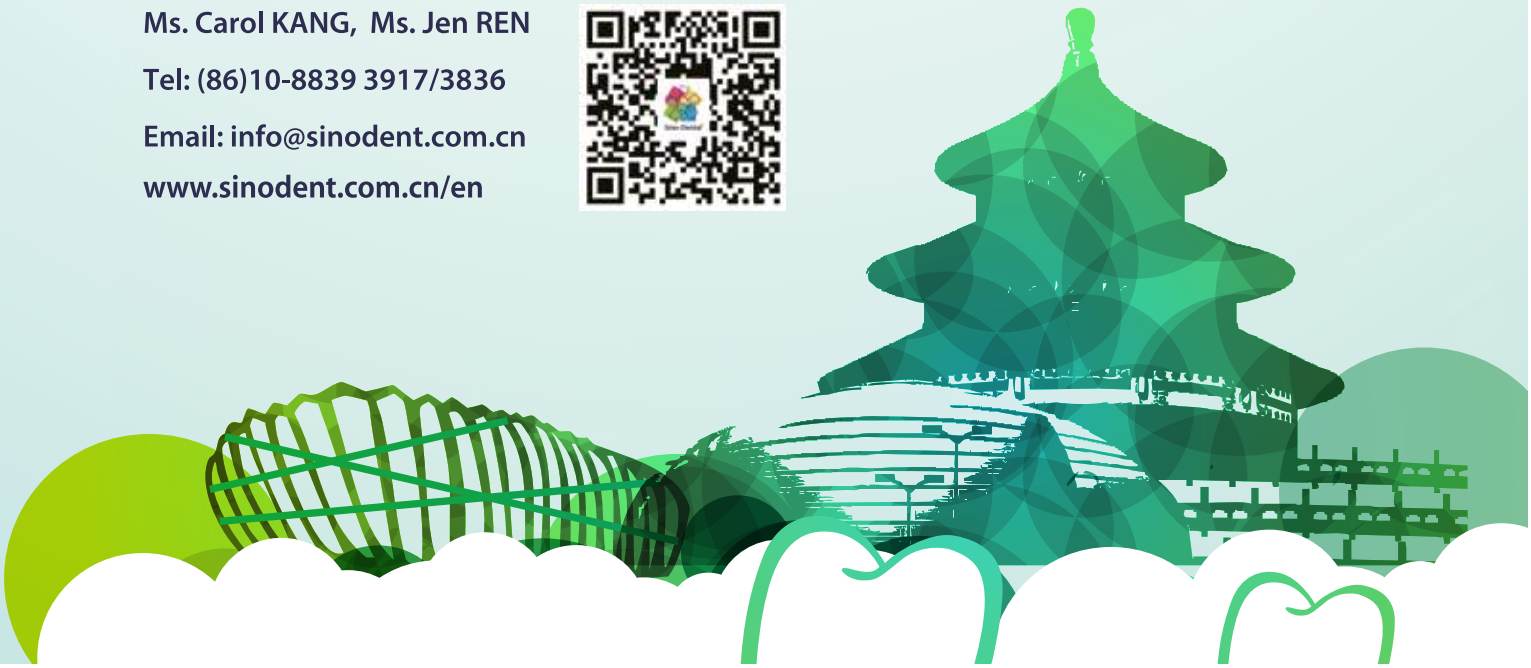

to enhance the clinical facilities in the Dental Department at Kamuzu Central Hospital. It has also established a small Scottish charity called MalDent Student Aid (www.maldentstudentaid.org) to raise money for a dental student hardship fund administered by KUHeS.

In a related programme of work, the MalDent Project is also funding the design, by a consortium led by John McAslan Partners, of a building on the Blantyre campus of KUHeS which will accommodate dental student clinical training and provide generic teaching space for students across all healthcare programmes on site. The curriculum contains a significant oral disease prevention component which links closely with the second major strand of work to develop a national Oral Health Policy and Implementation Strategy for Malawi. Following a two-day workshop in Lilongwe in February 2020, organised jointly by the Ministry of Health, KUHeS, University of Glasgow and WHO Africa, an Oral Health Policy Task Force was established by the Ministry of Health including members from the Ministry, KUHeS, WHO Africa and the University of Glasgow. It has been meeting fortnightly on Zoom, completing a Concept Paper, Situation Analysis and Narrative Review to inform the policy writing. The Policy is close to completion and imminent presentation to the Minister and Principal Secretary for Health, who will sign it off before an official launch later his Summer. To inform the implementation of the policy, a third strand of work aims to establish a programme for prevention of dental disease in children, based upon the principles of Scotland's very successful Childsmile model, but adapted to the Malawian situation. Development of the programme is supported by an under-pinning research project to evaluate models of delivery, with particular emphasis on supervised tooth brushing with fluoride toothpaste in schools. This work is being undertaken by a Malawian PhD student, funded by the MalDent Project and the Borrow Foundation, who is co-supervised by staff from the School of Public Health & Family Medicine at KUHeS and the Community Oral Health Research Group at the University of Glasgow.

> This total of 52 dental students is greater than the number of dentists in the country.

Following the appropriate proof of concept work, the prevention programme will be integrated as part of the implementation of Malawi's new Oral Health Policy. Linked to this work is a planned national child oral health survey to be undertaken in conjunction with the Ministry of Health, that will establish a baseline understanding of the level of dental disease among Malawian schoolchildren, against which the impact of any interventions can be measured. A chronological description of the programme since its inception is available at www.themaldentproject.com

Source: taken from https://rcpsg.ac.uk/college/speaking-up-for-the-profession/news-and-statements/addressing-oral-health-inequalities-in-malawi-the-maldent-project-mission-of-oral-health-for-all/

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DAY 1 THURSDAY - JUNE 8, 2023

DIGITAL DENTISTRY SESSION

Paulo Kano | Alessandro Perucchi | Uli Hauschild | Piero Venezia | Dimitar Filtchev | Nazariy Mykhaylyuk | Luis Huanca

ENDO SESSION

Arnaldo Castellucci | Elisabetta Cotti | Catherine Ricci | Zrinka Tarle

HANDS ON ENDO

Gianluca Plotino | Nicola Maria Grande

HANDS ON SURGERY

Raquel Zita

DAY 2 FRIDAY - JUNE 9, 2023

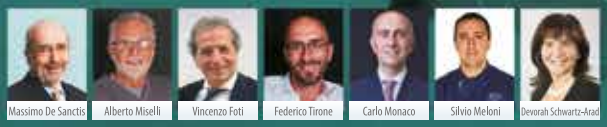
STYLE ITALIANO SESSION (AND WORKSHOPS IN THE AFTERNOON)

Angelo Putignano | Katherine Losada | Jordi Manauta | Perrine Ballard | Stefen Koubi | Sara Laface | Daniele Rondoni | Walter Devoto | Margarida Henrique

LASER SESSION

Giovanni Olivi | Angie Papas | Claudia C. Cotca | Kinga Grzech-Lésniak

PROSTHO PERIO SESSION



Massimo De Sanctis | Alberto Miselli | Vincenzo Foti | Federico Tirone | Carlo Monaco | Silvio Meloni | Devorah Schwartz-Arad

50 YEARS CAGLIARI ORTHO SCHOOL

Massimo Ronchin | Marco Rosa | Raffaele Schiavoni | Giovanna Maino | Giuliano Maino

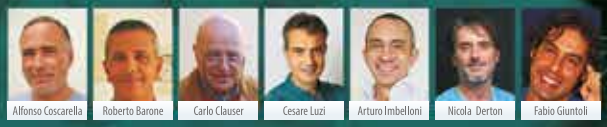
SESSION WITH AIGEDO WITH AIO

Alessandro Rampello | Gianfranco Albergo | Enrico Massarotti

HANDS ON SURGERY

Silvio Meloni | Milena Pisano

PLENARY SESSION



Alfonso Coscarella | Roberto Barone | Carlo Clauser | Cesare Luzi | Arturo Imbelloni | Nicola Derton | Fabio Giuntoli

DAY 3 SATURDAY - JUNE 10, 2023

PLENARY SESSION

Francesco Mangani | Lorenzo Vanini | Marco Veneziani | Vincenzo Musella | Giancarlo Pongione | Nazariy Mykhaylyuk | Claudia Cotca

ORTHO SESSION

Ute Schneider | Fabio Canova | Camilla Molinari | Renato Cocconi | Simona Bussu

DENTAL HYGIENE SESSION

Marzia Segù | Edoardo Manfredi | Guido Macaluso | Chiara Camorali | Maria Gabriella Grusovin | Chiara Jasna Nicifirovic

CHAIR SIDE ASSISTANT SESSION

Rossella Abbondanza | Maria Gaggiani | Natalie Kawekjy | Elena Tonini

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Amann Girrbach presents a check over EUR 17,000 to the Cleft Kinderhilfe

Donation campaign of the dental technology company and its employees for children with a cleft lip and palate

A check to the amount of EUR 17,000 was presented by Amann Girrbach CFO Jörg Mayer to the representative of the Austrian Cleft Kinderhilfe, Stephanie Günther. The dental technology company has already been supporting the initiative for medical aid for children suffering from a cleft lip and palate since 2018. In a joint initiative of the employees and the Management of Amann Girrbach, a further contribution was made at the turn of the year 2022/23 to enable chil-dren in a total of twelve project countries to receive surgery and thus have a future.

The dental technology company Amann Girrbach has been supporting the Cleft Kinderhilfe since 2018 in Germany as well as in Austria since 2019, and has already initiated several fundraising campaigns, in several cases together with dealers and customers. As part of a Christmas raffle by employees and with the support of the company's top management, a further donation check has now been handed over: at the turn of the year 2022/23, the proud sum of EUR 17,000 was donated to the Austrian Cleft Kinderhilfe.

"We are very pleased to be able to give something back to society in 2022/23 as well. It is important to us that we make our contribution and actively live commitment. Since we began our sup-port for the German and Austrian Cleft Kinderhilfe, numerous surgical interventions and therapies have already been made possible," says Jörg Mayer, CFO of Amann Girrbach.
Stephanie Günther from the Board of the Austrian Cleft Kinderhilfe, who herself is also an employee at Amann Girrbach, was delighted with the generous donation. "I'm doubly happy, so to speak - I'm de-lighted to receive this fantastic donation check for something that is very close to my heart, and at the same time I'd like to thank my colleagues and our Management for their great commitment. We can really make a big difference with this. To give an example - in the years 2020 to 2022, more than 150 children were helped thanks to Amann Girrbach. After difficult and sometimes rather paralyzing times due to the pandemic, it is wonderful to be able to get back on track and give as many children as pos-sible the prospect of a future. After all, this is not a mere cosmetic correction, but often a matter of survival for the affected children."

About the Austrian Cleft Kinderhilfe
The Austrian Cleft Kinderhilfe was founded in 2019 as a partner organization of the German Cleft Kinderhilfe. More than 250 local physicians and therapists in twelve countries are working to provide professional medical care for children with a cleft lip and palate. Cleft lip and palate is one of the most common congenital malformations worldwide. In many countries, the affected children live on the fringes of society and struggle with stigmatization and major health problems, some of which are life-threatening.

> "The dental technology company Amann Girrbach has been supporting the Cleft Kinderhilfe since 2018 in Germany as well as in Austria since 2019, and has already initiated several fundraising campaigns, in several cases together with dealers and customers.

The principal treatment procedure is surgery to close the cleft. In the project countries, costs for the surgical procedure average EUR 300. Thanks to the Cleft Kinderhilfe, affected children and their families are given the prospect of a life in health and dignity. For more information about the project and donation details, please please visit **www.spaltkinder.org**.

About Amann Girrbach
As a pioneer in dental CAD/CAM technology, Amann Girrbach is one of the leading innovators and preferred full-service providers in digital dental prosthetics. With its high

Amann Girrbach CFO Jörg Mayer and the representative of the Austrian Cleft Kinderhilfe, Stephanie Günther, at the handover of the check.

degree of expertise in devel-opment and commitment to customer orientation, the well-established company creates sophisticated system solutions including the AG.Live software ecosystem and highest quality materials for tomor-row's workflows. Its customers in around 90 countries worldwide are made up of dental laboratories and dental practices. Amann Girrbach employs a total of around 550 people worldwide. In addition to the R&D and production sites in Koblach (headquarter) and Rankweil (Austria), Amann Girrbach oper-ates sales offices in Pforzheim (Germany), Verona (Italy), Jossigny (France), Charlotte (USA), Singa-pore (city), Curitiba (Brazil), Beijing (China) as well as Kyoto (Japan).

> The principal treatment procedure is surgery to close the cleft. In the project countries, costs for the surgical procedure average EUR 300

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exocad supports the non profit Mini Molars Cambodia

Financial donation targets dental outreach to children in need in Cambodia

exocad, an Align Technology, Inc. company and a leading dental CAD/CAM software provider, donated 10,000 euros to the Germany-based nonprofit Mini Molars Cambodia e.V. A portion of the donation included proceeds collected during a charitable T-shirt sales campaign held at the exocad event "Insights 2022" and donations from exocad employees worldwide.

Mini Molars representatives said the donation will be used to support the organization's work providing dental care to children in Cambodia without regular access to dental care. "We see many children who have been in chronic pain and unable to attend school because of dental problems," said Mini Molars founder and dentist Dr. Ulf Zuschlag. "This donation will help more than 600 children onto a healthier and happier path." Mini Molars began in 2015 with the goal to help develop a sustainable oral health program in Cambodia, targeting underprivileged children who live in Phnom Penh and surrounding communities with the greatest need.

exocad is proud to contribute to this worthy endeavor. "Young people are among the most vulnerable populations suffering from oral health disease," said Novica Savic, CCO and general manager at exocad. "We're glad we can support Mini Molars' outreach to those who have the greatest need for dental care."

Mini Molars provides dental care at a pagoda in Phnom Penh that hosts other aid projects and serves children from schools. Mini Molars workers also travel with mobile treatment units to communities throughout Cambodia to bring dental care to those in need.

Additional information is available at **www.minimolars.de/english-1/**

exocad donated 10,000 euros to the nonprofit Mini Molars Cambodia e.V. (Source: exocad)

This donation will help Mini Molars to provide dental care to around 600 children in Cambodia. (Source: Mini Molars Cambodia e.V.)

Mini Molars provides dental care in Phnom Penh, Cambodia to children from schools and other aid projects.. (Source: Mini Molars Cambodia e.V.)

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