



MARKET OUTLOOK
French Republic and Kingdom of Morocco
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INDUSTRY NEWS



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Well-Root PT
Premixed Bioceramic Putty

Well-Root ST
Premixed Bioceramic Sealer



Speaker Info

Dr. Mina Moheb

- Endodontist
- BDS, MSc October 6 University
- Bioceramics developer & researcher
- Endodontics private practice
- Cairo University



BIOCERAMICS IN DAILY PRACTICE

January

19, MON 11:30 / 14:30

January

20, TUE 11:30 / 14:30

Seminar Subjects

- Bioceramic sealers in daily practice
- Introduction of Well-Root PT, Well-Root ST
- Challenges & Successful Application Methods
- Application for various clinical cases
- How Hydraulics changed our practice.
- Saving Compromised teeth.



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CONTENTS



4

EDITORIAL

AEEDC Dubai 2026 Unveils Its Most Extensive Programme and Exhibition

6

INDUSTRY NEWS

exocad, Renfert

10

PREMIUM HIGHLIGHTS

14

HIGHLIGHTS

20

AT A GLANCE

Making Business in the Kingdom of Saudi Arabia

26

SAVE THE DATE

Exponential Meeting 2026

28

AEEDC AT A GLANCE

A Special 30th Anniversary Edition

30

A SCIENTIFIC TOUCH

The Youthful Smile in Old Age
Clinical Case

36

MARKET OUTLOOK

French Republic and Kingdom of Morocco
Economic and Trade Connections

45

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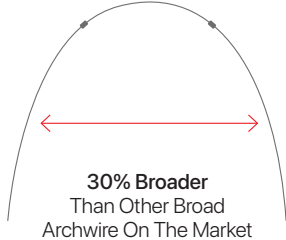
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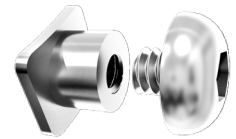
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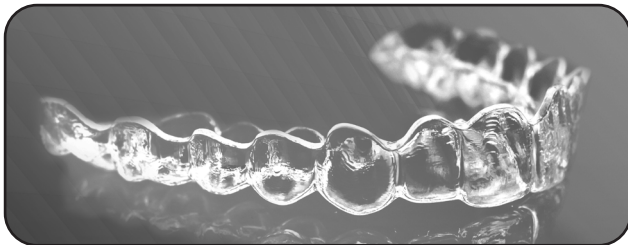


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AEEDC Dubai 2026 Unveils Its Most Extensive Programme and Exhibition



Mohammad Abedin
Executive Director
and Vice Chairman
Scientific Committee
at AEEDC Dubai

AEEDC Dubai will mark its 30th anniversary in 2026 with the largest scientific programme and exhibition space in its history, confirming its position as one of the world’s most influential annual dental events. **Under Chairman Abdulsalam Almadani’s guidance and vision, the AEEDC Dubai team, in cooperation with national, regional and international partners from different fields of the industry, has worked tirelessly to bring this milestone to fruition.** The 2026 AEEDC Dubai brings together an exceptional concentration of scientific content, featuring a total of 149 lectures and panel discussions alongside 27 specialised courses delivered within the span of just one week. The week starts on the 16th of January with the Special AEEDC OMFS Pre-Conference: AO CMF Course, a dedicated preparatory activity that sets the tone for the scientific depth of the days to follow. The Dubai World Dental Meeting on 17–18 January continues to serve as a multidisciplinary platform and hosts five advanced courses that bridge global academic insights with clinical practice.


From 19–21 January, AEEDC Dubai’s core scientific days offer an unprecedented range of educational activities. The main conference alone features over 100 lectures spanning general dentistry and all major specialties, while the AEEDC Dubai World Orthodontic Conference contributes an additional 18 lectures focused on contemporary orthodontic practice. The AEEDC Dubai World Oral and Maxillofacial Surgery Conference adds a further 20 lectures and 10 panel discussions, creating one of the most robust OMFS lineups the event has ever presented. Alongside these major tracks, 11 Advanced Specialty Courses and 8 Exclusive Courses offer concentrated and hands-on learning opportunities delivered by leading international experts. The scientific programme is further enriched

by the Poster Presentations and Competition on 19–20 January, showcasing innovative research from students, residents, and emerging scholars, as well as the 18th edition of the AEEDC Student Competition, which continues its legacy of fostering academic excellence.

AEEDC Stories, taking place from 19–21 January in a newly redesigned format, brings a more personal dimension to the week by highlighting formative clinical experiences, professional milestones, and transformative moments from across the global dental community. **On 21 January, the Annual AEEDC Dubai Awards will once again honour outstanding achievements and leadership in dentistry.** The scientific activities extend beyond the main programme with the new Special Post-AEEDC Series on 22 January, adding two in-depth post-conference courses that allow participants to further deepen their knowledge. Following the programme, participants also benefit from access to the **AEEDC Digital Library: The Class of 2026**, which preserves the year’s scientific output and ensures its continued educational impact long after the event concludes.



In its anniversary year, AEEDC Dubai thus delivers a scientific programme of remarkable breadth and rigour: 149 lectures and panel discussions across all major conferences, supported by 27 specialised courses including pre-conference, post-conference, advanced, exclusive, and interdisciplinary offerings. **With this extensive lineup, AEEDC Dubai 2026 stands as the most comprehensive edition in the event’s three-decade history and a milestone moment for the global dental community.** We hope to see you at AEEDC Dubai 2026 for an event to remember.







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exocad DentalCAD 3.3 Chemnitz for more efficiency

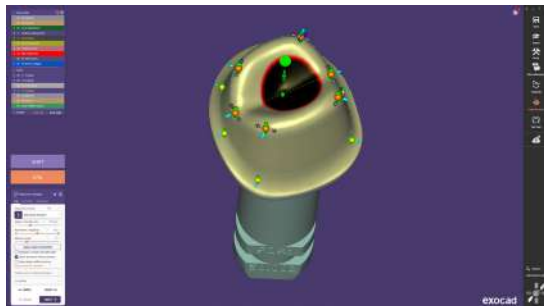
DentalCAD 3.3 Chemnitz supports AI-enabled design for multiple units, allowing users to save time and clicks on up to three adjacent posterior crowns and posterior bridges with up to three elements. The reworked *Implant Module* now offers customizable automatic abutment proposals and vastly improved editing tools.

The new split denture workflow allows users to design both a bar and its suprastructure in one swift workflow. The software splits the design into two precisely fitting components, saving time and minimizing manual adjustments for All-On-X hybrids.

Ivoclar's clinical process for digital dentures is now supported by *DentalCAD*, aiming to reduce the number of required patient visits. Additionally, the *Model Creator Module* now supports Amann Girsch's Artex Print&Click—enabling mounting of 3D-printed models in the Artex articulator without tools or plaster.



New split denture design workflow
(Source: exocad)

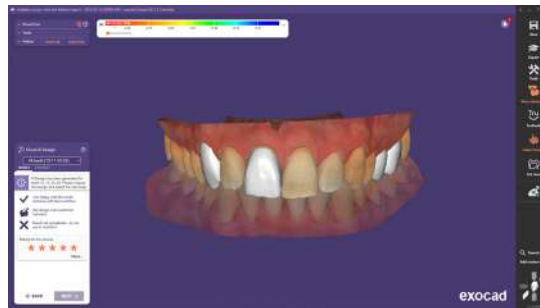


New abutment design features
(Source: exocad)

Further highlights of *DentalCAD 3.3 Chemnitz* include:

- Symmetric tooth shape editing for esthetic design: Create symmetrical smiles efficiently
- Speed up bite splint design thanks to AI automation
- Accelerate workflows for bridges and large tooth setups with Instant Anatomic Morphing, now in chain mode

“DentalCAD 3.3 Chemnitz marks a powerful leap forward in digital dentistry,” said Tillmann Steinbrecher, CEO of exocad. “With this release, we’ve dedicated ourselves to what truly matters to our users: intelligent automation, seamless workflows, and efficiency. From better abutment design to access to more AI services, every detail is crafted to empower dental professionals to do their best work—faster, easier, and with greater joy.”



New AI multi-unit design
(Source: exocad)



New Inspira tooth shapes for crown and bridge workflows
(Source: exocad)

- Find features faster with the new typeahead search bar
- Inclusion of *Inspira™* tooth libraries for esthetic restoration design
- Support for the KaVo PROTAREvo articulator, bringing the total number of supported articulators to 20

DentalCAD 3.3 Chemnitz is available worldwide. exocad's AI-enabled services are now available for users of exocad *DentalCAD 3.3 Chemnitz*, with my.exocad integration, in the EU and USA. exocad Credits are required to use exocad's AI services. The release is part of the Align Digital Platform™, Align Technology's integrated suite of proprietary technologies and services that support labs, clinicians, and patients in a connected digital workflow.

As with all major releases, exocad has named this version after a European Capital of Culture—this year honoring the city of Chemnitz, Germany.

Additional information is available at <https://exocad.com/our-products/dentalcad-chemnitz>

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DentalCAD 3.3 Chemnitz



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SILENT XS: The mobile suction unit providing a cleaner working environment



making work easy

Small, yet powerful! Equipment specialist Renfert enters the dental office

Renfert (Hilzingen, Germany), a dental equipment specialist, presents the SILENT XS, the first fully mobile suction solution for precise touch-ups in dental offices and in-house laboratories. Launched at IDS 2025, the new product combines maximum flexibility with high suction power - for enhanced efficiency, clean air and patient comfort.

The SILENT XS is the response to the demand for flexible dust collectors designed for dental offices and in-house laboratories. Featuring LED lighting, H13/HEPA filtration and particularly quiet operation, it enables clean work - exactly where it is needed. This compact suction unit is ideal for grinding temporary restorations, splints, crowns or dentures independently of a fully equipped laboratory workstation.

Maximum flexibility meets proven Renfert technology

SILENT XS shows its true potential in practical use. Cordless and battery-powered, this device can be moved flexibly between different locations and cap-

tures milling dust right at the source. SILENT XS replaces any improvised solutions with a professional mobile suction unit. The integrated LED lighting provides a clear view of the work area and enhances precision for intricate work. The H13/HEPA filter material is the SILENT XS's centerpiece. High quality glass fiber fleece offers a large filter surface in compact dimensions - for effective filtration and a long service life. The bagless design and smooth, easy-to-disinfect surface also meet modern hygiene standards.

More than a mobile suction unit, the SILENT XS is an investment in efficient workflows and a healthier working environment. Being a specialist in laboratory suction systems, Renfert transfers decades of experience directly to the dental office. With all its details, SILENT XS impresses anyone who values working efficiently and cleanly. The result is unmistakably Renfert: sophisticated technology making daily work noticeably easier and thus fulfilling the promise: "making work easy".

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At Eurodent, we believe dental care should feel natural and effortless—for patients and professionals alike. Ergonomics is not a technical accessory; it is a core value. It means supporting clinicians with equipment that minimizes fatigue, improves precision, and inspires confidence at every step of treatment. This philosophy comes to life in **Supreme**, the treatment bed that elevates simplicity to its highest

form of sophistication. Its pure, essential design removes the superfluous and places movement at the center—fluid, intuitive, and perfectly aligned with everyday clinical practice. Every detail is refined to enhance diagnostic accuracy and treatment efficiency, transforming comfort into a tangible performance advantage.

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Xwell: Elevating the Patient Experience in Modern Dentistry

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For over twenty-five years, Swident has stood as a benchmark in the European dental technology landscape. This Italian-Swiss company, renowned for combining Italian design elegance with Swiss engineering precision, manufactures dental units and specialist chairs designed to offer superior functionality, ergonomics, and long-term reliability—qualities rooted in its Swiss DNA and unwavering commitment to excellence.

In the medical and dental sectors, where operational efficiency and patient safety are essential, Swident has established itself as a trusted partner for professionals seeking dependable, intuitive solutions. Each product is conceived to deliver a seamless user experience, supported by robust mechanics and design choices that enhance practitioner ergonomics while elevating patient comfort. The goal is clear: to simplify daily workflow and allow clinicians to focus entirely on the clinical act.

Among the products that best embody this philosophy, the multispecialty chair **Xwell** stands out—a true synthesis of ergonomic engineering and operational versatility. Designed to meet the evolving needs of modern dental

practices, increasingly oriented toward multidisciplinary care, **Xwell** provides an exceptional level of adaptability across diverse clinical applications.

One of its major strengths is its remarkable **accessibility**, enabled by a smooth-motion system that facilitates seating even for patients with reduced mobility. The chair reaches a **fully horizontal position**, allowing patients to be comfortably positioned both supine and prone. This versatility significantly expands the range of procedures that can be performed, transforming **Xwell** into a multifunctional platform capable of adapting to the most diverse clinical requirements.

Its structural stability, combined with the ability to quickly set and recall multiple working positions, makes **Xwell** particularly suitable for **oral surgery**, where patient posture control is crucial for precision and safety. At the same time, the chair becomes a valuable asset for aesthetic dentistry and general aesthetic treatments, fields that demand optimal interaction between operator and patient, as well as high levels of comfort during longer or more delicate sessions.



XWELL

With **Xwell**, Swident reaffirms its mission: to deliver technological solutions that serve not merely as instruments, but as genuine **clinical allies**, supporting practitioners in achieving ever-higher operational standards. It is a testament to how Swiss quality, Italian design, and meticulous attention to detail can converge in products that enhance both clinical practice and the patient experience.

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A single interface covers all needs and enables instant access to centralised patient data – images, X-rays, documents and videos – streamlining the decision-making process for a more reliable diagnosis.

NEOWISE integrates seamlessly with a vast range of third-party devices and software and supports standard protocols such as DICOM, ensuring efficient, uninterrupted workflow.

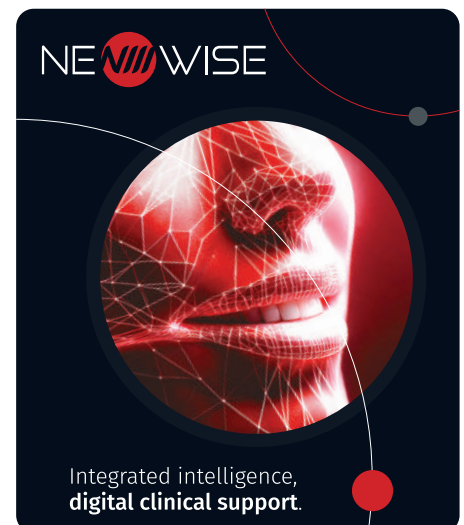
Powered by our patented AI functions, NEOWISE provides diagnostic support with automatic segmentation, root canal tracking and aesthetic simulation.

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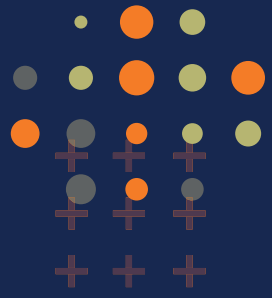
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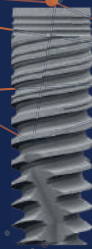
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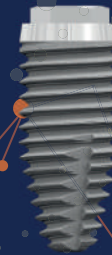
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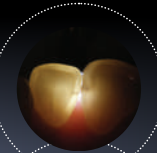
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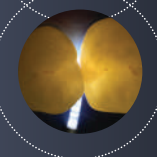
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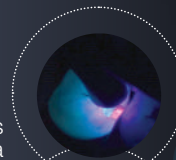
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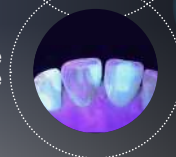
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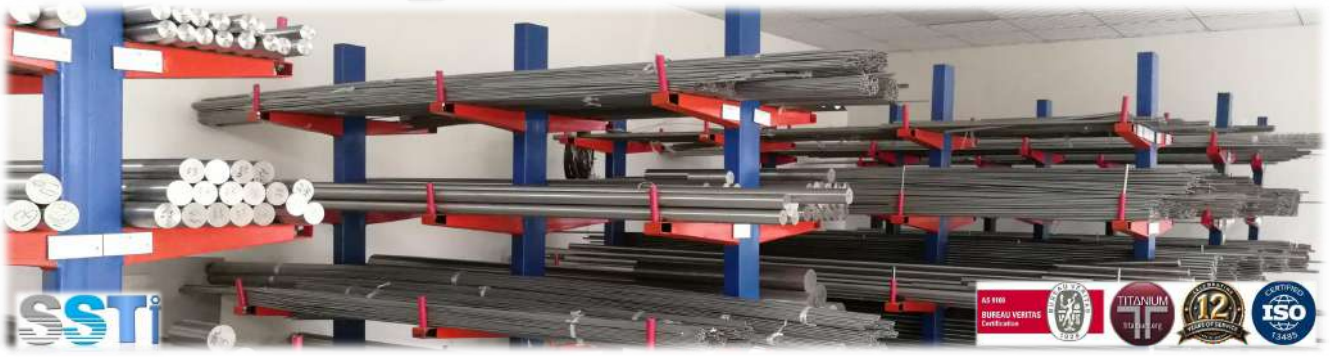
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Making Business in the Kingdom of Saudi Arabia

The fundamental difference between the U.A.E. and Saudi Arabia lies in their economic development models. While the U.A.E. continues to position itself as a major distribution and logistics hub for the entire Middle East, extending its network toward China, India, Pakistan, and, in the opposite direction, Africa, its role remains centered on connectivity, international trade, and services. Saudi Arabia, on the other hand, aims to transform itself into an industrial hub and to diversify its economy, as part of its Vision 2030 project. The country is investing in building advanced manufacturing and productive capacity, with the goal of reducing its dependence on the oil sector. Within this context, a strong dualism is emerging in the region: the U.A.E. as a logistics and services platform, and Saudi Arabia as a rapidly expanding industrial powerhouse.

Global Outlook.

By placing the Middle East—particularly the Gulf region—within a global context, it becomes clear that, despite the economic shocks of the past twelve months and beyond (the trade war, the Russia-Ukraine conflict, the crisis in Gaza, and the underlying tensions between China and the United States), the global economy continues to grow at an average annual rate of around 3%. For decades, global growth has remained close to this threshold: last year it reached 3.3%, while preliminary estimates for the current year indicate real growth of 3.2%. The International Monetary Fund (IMF) forecasts a global expansion of 3.1% for next year.

Naturally, major differences persist among emerging economies: China continues to resist deceleration and is again expected to grow by about 5%. India remains consistently above 6%. The United States slowed in the first part of the year, but the second quarter was very strong, and once the delayed third-quarter data are released (due to the government shutdown), they may also show robust perfor-

mance (US average economic growth rate varies, but recent figures show around 2-3% annually). Europe is growing at a more modest pace: the latest data indicate a 0.3% quarter-on-quarter increase in Q3 2025, with annual projections between 1.1% and 1.4% for 2025-2026.

The Middle East continues to expand, with the IMF revising upward its growth forecasts for both this year and the next. Within the region, the Gulf countries show the strongest performance: after slowing to 2.2% last year, the GCC, as a whole, is expected to grow by 3.9% in 2025, with a projection of 4.3% for 2026. Growth is driven mainly by construction, “hospitality”, tourism and domestic consumption.

Focusing on Saudi Arabia, despite a 2% growth rate last year, the country is expected to reach 4% in 2025, with momentum building throughout the year. The strongest growth in the region is recorded in the U.A.E., with rates close to 5% (4% in 2024, 4.8% in 2025, and a projected 5% for 2026). Unlike last year, when Saudi Arabia experienced a slowdown in investment, this year growth is supported by the recovery in investment and strong domestic demand. Inflation remains low, at around 2.2%. There is a deficit in the trade balance—imports exceed exports—yet this also reflects strong internal economic activity. The stereotype of a weak Saudi non-oil sector is therefore long outdated. In 2024, imports exceeded exports by 0.5% of GDP; this gap is expected to widen slightly in 2025, though remaining moderate. Saudi Arabia’s net external position remains very strong, as does its well-capitalized banking sector.

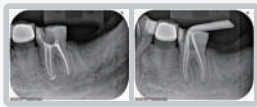
Looking ahead, one area of concern is the rapid growth of domestic credit, both in the real-estate sector and in the giga-projects (part of Vision 2030), aimed at economic diversification and modernization.

These otherwise positive results must be viewed in the context of the trade war, which has had limited impact on the Gulf region. Petroleum products are



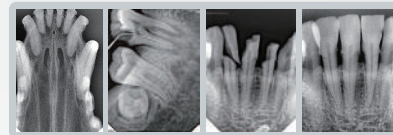
Vision 2030 - ambitious strategic plan announced in 2016 by Crown Prince Mohammed bin Salman, aimed at reducing the country’s dependence on oil, by diversifying the economy, and empowering citizens, by helping the Saudi people grow culturally and professionally, creating a vibrant environment for both local and international investors, and establishing Saudi Arabia as a global leader.

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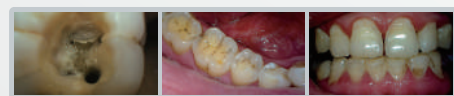
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exempt from tariffs, and although non-oil exports are growing, exposure to U.S. tariffs remains moderate. Saudi Arabia exports not only crude oil but also an increasing range of non-oil products to the United States—such as petrochemicals, fertilizers, aluminum and chemicals—while the U.S. remains a key energy market. U.S. tariffs on Saudi goods have increased but remain around 15%, similar to European levels. Meanwhile, Saudi tariffs on imports remain very low. Non-oil exports are more relevant for Europe and China than for the United States.

On the geopolitical side, the Iran-Israel conflict was brief and had limited effects. However, traffic through the Suez Canal has not yet recovered from the 2024 collapse. Oil production is rising due to the early removal of OPEC production cuts in 2025, while oil prices remain lower than last year, around USD 60–70 per barrel. The IMF expects prices to remain below 2024 levels for the next three years.

There has been an increase in international bond issuance across the region. Saudi Arabia has become the largest issuer of dollar-denominated bonds among emerging markets after China, reflecting deeper financial internationalization.

Medium-term outlook.



According to recent IMF reports—both regional and country-specific for Saudi Arabia and the U.A.E.—the outlook is broadly optimistic. The structural reforms introduced by the Saudi government are recognized and positively evaluated. Macroeconomic conditions remain stable and favorable, aside from concerns about strong credit growth. The non-oil sector, the most relevant for foreign companies, is expected to continue expanding at a particularly rapid pace. The implementation of Vision 2030 is progressing well, with advances in structural reforms and diversification.

However, some challenges remain. Despite a record number of foreign investment licenses in 2024–2025, actual foreign direct investment (FDI) flows remain low at 1.6% of GDP, far below the Vision 2030 target of 5.7%. The IMF attributes this gap to “legacy perception issues”—persistent concerns among investors about the ease of doing business in Saudi Arabia. Regulatory constraints also persist, though reforms are ongoing: between 2024 and 2025, the investment law, the commercial registration law and the labor law were revised to facilitate foreign investment and support the development of economic sectors beyond oil.



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Risks.

The main risks include global uncertainty, which heavily influences hydrocarbon prices, and vulnerabilities in the real-estate sector, where high prices are being driven in part by strong credit expansion. For some Gulf countries (Bahrain, Kuwait and Qatar), uncertainty is compounded by limited availability of reliable real-estate data. Another risk stems from the appreciation of the U.S. dollar: most Gulf countries peg their currencies to the dollar and therefore follow its movements. About 80% of Saudi exports are invoiced in dollars, and the local exchange rate is tightly pegged to the U.S. currency; the only exception in the region is Kuwait, which operates under a different exchange-rate regime.

Structural outlook.

Structural reforms have been underway for several years—including the revision of the investment code—but the country must continue reducing the barriers perceived by foreign private investors. As in other Gulf countries, the public sector and state-owned enterprises still play a dominant role. The IMF stresses the need for further simplification and streamlining of government regulation. This is essential if the country is to reach the FDI target of 5.7% of GDP in the coming years.

More broadly, although the MENA region faces challenges in adopting artificial-intelligence technologies, the Gulf countries stand out for their advanced use of AI tools. As for modernization, there is still a certain degree of skepticism about the actual completion of Saudi Arabia's giga-projects, as part of Vision 2030 —massive developments that many believe may not be fully realized until the end of the century. A clear example is NEOM, particularly *The Line*: a 170-kilometer linear city designed to accommodate 9 million people within a footprint of just 34 square kilometers, or the *Mukaab*, a massive cube-shaped skyscraper planned for Riyadh, designed as a futuristic urban hub, it will feature mixed-use spaces (hotels, apartments, offices, shops, museums, and entertainment venues) and advanced technologies, serving as a global landmark and supporting Saudi Arabia's economic diversification. That said, it must be acknowledged that in these countries, when something is announced, it often does get built. Supporting this view are several medium-term initiatives already progressing steadily—such as the 2029 Asian Winter Games and major football competitions. These intermediate milestones show not only concrete commitment but also a strong focus and significant investment, laying the groundwork for the broader long-term vision.

Finally, labor-market and education-system reforms remain crucial from a long-term perspective. These sectors are essential not only for sustainable development but also for attracting foreign direct investment.

An important factor to consider is the demographic composition. Saudi Arabia has a population of

about 35 million, while Emirati citizens represent only around 10% of the total population in the U.A.E.. This difference leads to fundamentally different migration and labor policies. In the U.A.E., entry and residency policies are very open because the country relies heavily on foreign labor. Emirati nationals generally hold managerial and administrative positions and participate less in the labor market compared to expatriates. Saudi Arabia, on the other hand, prioritizes increasing the participation of its national population in the workforce, promoting greater professional inclusion and empowerment of Saudi citizens. For this purpose, several regulations have been introduced, including the “Saudization” policies, which require companies to hire a certain quota of Saudi workers, with percentages varying across sectors.

Saudi Arabia Investment Priorities

Market analysis suggests the government is now focusing spending on a few key areas:

1. **Asian Football Championships 2027 and FIFA World Cup 2034**
2. **Rijadh Universal Expo 2030**
3. **Trojena 2029 Asian Winter Games**
4. **Diriyah** - objective: complete most of the giga project by 2030, in time for the Expo
5. **ROSHN and public housing** - strong housing demand and less dependence on financing thanks to revenues from project sales (offplan)
6. **Energy and water** - growing demand for new generation projects (especially solar), transmission and distribution systems, as well as water infrastructure (desalination, purification, storage, dams and distribution networks)
7. **Railways and subways** - extension of Line 2, Q-Express, Saudi Landbridge, and potentially new subways in Jeddah and Mecca
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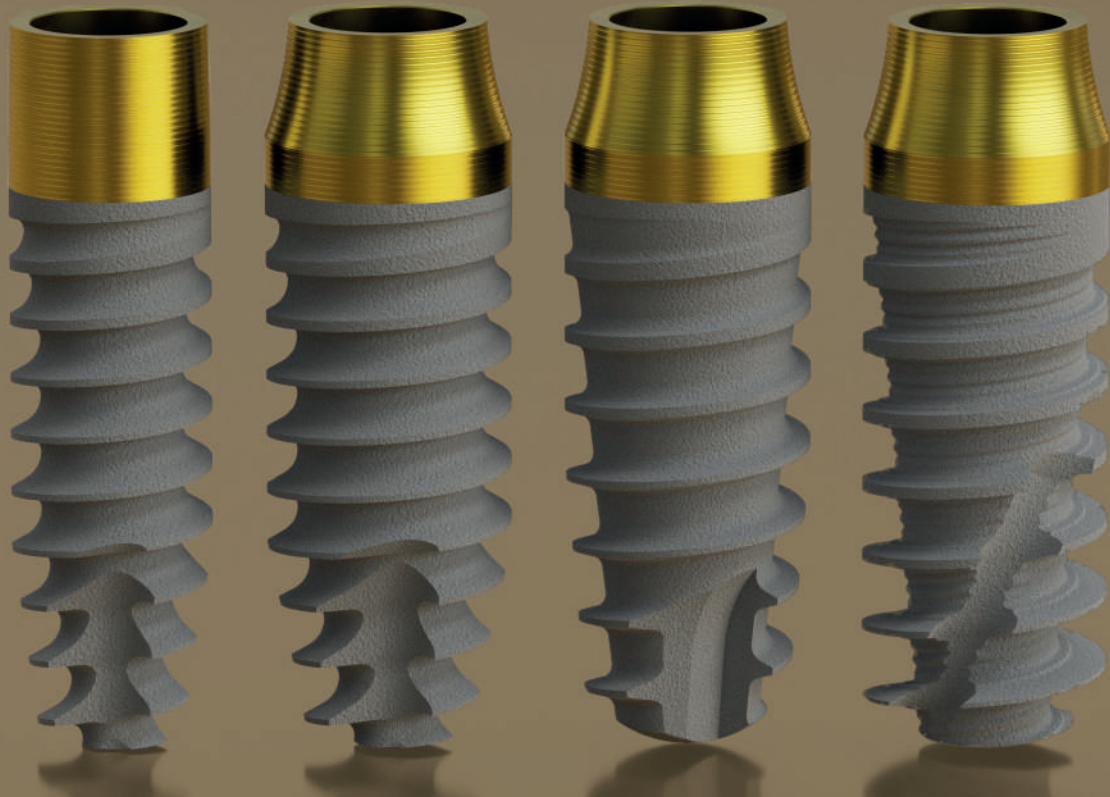
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Designed for dental professionals and industry who are continuously on the move, Expodental Meeting 2026 offers an experience rooted in excellence. Dentists, dental hygienists, dental technicians, dental assistants, and decision-makers from across the sector will find a powerful mix of innovation, technical expertise, and real business opportunities. Here, the latest technologies are not just displayed — they are tested, explained, and translated into tangible solutions that enhance practice performance and elevate patient care.

Walking through the exhibition halls means entering a vibrant ecosystem where global brands, breakthrough startups, and leading manufacturers converge. Ranging from next-generation restorative materials to the latest digital systems, from implantology to aesthetic dentistry

technologies, every corner showcases tools that redefine what is possible in daily clinical work. Live demos, product previews, and direct interactions with specialists turn every stand into a learning hub and every conversation into a potential partnership.

But what truly sets Expodental Meeting 2026 apart is its unwavering commitment to high-level education by involving the most important Italian dental scientific societies and associations. The event's scientific and cultural program has been engineered to deliver maximum value and practical knowledge. Expo 3D unveils the full spectrum of the digital workflow, guiding professionals through advanced imaging, CAD/CAM systems, milling, printing, and integrated software solutions. The Tecnodental Forum becomes the beating heart of dental technology, giving technicians access to cutting-edge research, innovative materials, and the most refined fabrication techniques.

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AEEDC Dubai 2026: A Special 30th Anniversary Edition

January 19–21, 2026, Dubai World Trade Center

The 2026 edition of AEEDC Dubai marks a major milestone: the **30th anniversary** of the largest annual dental scientific conference and exhibition in the Arab world, now established as a global hub for professional development, technological innovation, and international networking within the dental community. The event will take place from **January 19 to 21, 2026**, at the prestigious **Dubai World Trade Center (UAE)**, welcoming thousands of participants from across the globe.

Within the comprehensive congress program—scheduled throughout all three days of the exhibition—a highlight is the session on **January 19 at 3:00 PM:**

Dental Hygiene Talks @ AEEDC Dubai – An Ocean Initiative Event, a significant educational initiative focused on advancing knowledge and best practices in dental hygiene and preventive care.

The scientific coordination of the event has been entrusted to **Professor Gianna Maria Nardi**, BS Public Health, Cer Dental Hygiene, MS Public Health Management, Associate Professor, Dental Hygienist | Italy, in collaboration with the organizing scientific committee. The session is aimed at **Dental Hygienists, Dentists, Medical Doctors, dental practice staff**, and all professionals interested in deepening their understanding of the topics selected for this congress segment.

The session will open with an **introductory lecture by Prof. Nardi**, who will outline the overall objectives and provide an overview of the themes that will be explored in detail by an outstanding group of international speakers.

The program will then continue with presentations by a **renowned panel of international lecturers**, each contributing their expertise on prevention, periodontology, and oral well-being:

- **Ms. Miranda Steeples | MSc, Grad Dip DH, DTH | United Kingdom**
Oral Health and Prevention: It is Always A Matter of Teamwork
- **Dr. Gitana Rederiene | Former EDHF President | RDH, MSc, PhD, Dental Hygienist, Researcher | Lithuania**
The Influence of Oral Microbiota on the Prevention of Dental and Periodontal Diseases
- **Mr. Deepak Simkhada | BSc, MSc, PGCE, FCG-Dent, FSET, Dental Hygienist, CEO, Principal Tutor | United Kingdom**
Approach to Managing Periodontal Diseases: From Prevention to Non-surgical Therapy
- **Mr. Stefano Checchi | RDH, Dental Hygienist | Italy**
Aesthetics as an Essential Part of Oral and Overall Well-being: Vital Teeth Whitening Treatments

The session will conclude with **Prof. Nardi's closing remarks**, summarizing the key messages of the day and guiding an interactive discussion with the audience.

The **Dental Hygiene Talks @ AEEDC Dubai – Ocean Initiative Event** stands as a major opportunity for international exchange and professional growth within the framework of the **AEEDC UAE International Dental Conference & Arab Dental Exhibition**, celebrating thirty years as the leading and most influential annual dental event in the region and beyond.



Gianna Maria Nardi



Miranda Steeples



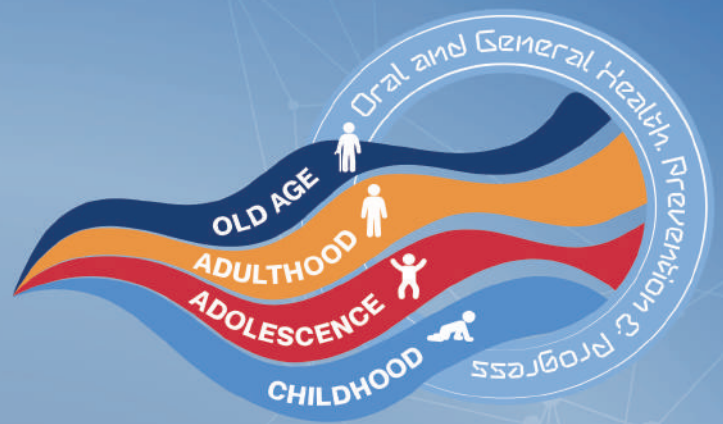
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The fundamental role of healthcare professionals is to deliver operational protocols capable of accompanying patients throughout their lifelong health journey. Since the oral cavity is the first line of defense in reducing the risk of infections and preventing harmful substances from entering the body and affecting systemic health, preventive dental medicine plays a pivotal role. Advances in medicine—both in diagnostics and therapy through new technologies—have significantly increased the average lifespan of the population.

Mortality rates have decreased, life expectancy has increased, and the **geriatric population** now represents **the fastest-growing** demographic group. An 82-year-old woman presented to our attention; she is a non-smoker and remains **physically, psychologically, and socially active**. She reported a sensation of dry mouth and expressed the need for a check-up and a professional hygiene session, apologizing for having missed her follow-up appointments due to caring for her third granddaughter. She reports taking low-dose aspirin and medications to control blood pressure and cholesterol.

Low-dose aspirin is an antiplatelet medication that may influence bleeding following dental treatments, such as extractions or surgical procedures. In general, its use can increase bleeding risk, although not in all patients. The patient complained of xerostomia.

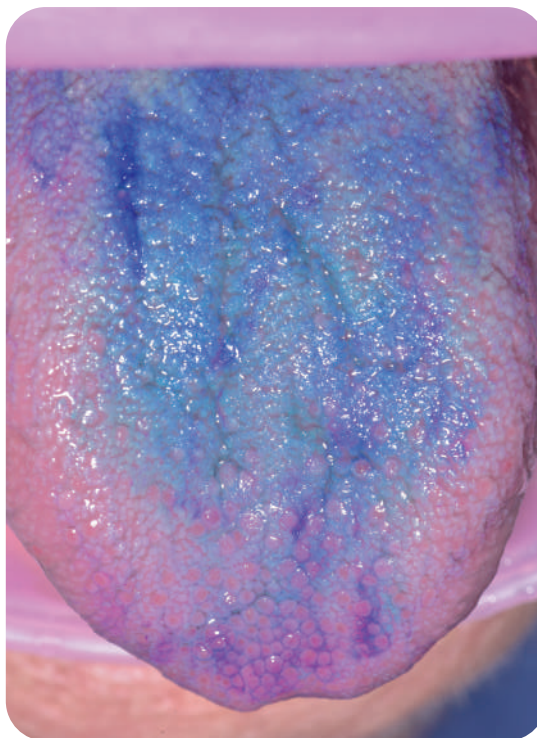
After carefully reviewing the dentist's diagnosis and indications, we proceeded with the recording of clinical indices and the preparation of a personalized and shared preventive therapeutic plan.

During the motivational concordance approach, we evaluated the topography of the bacterial biofilm and reviewed together the correct use of the tools that would allow her to achieve more effective control of bacterial biofilm. We agreed with the patient on timing, methods of use, and devices to improve home lifestyle management and both chemical and mechanical biofilm control (Nardi GM, Sabatini S, Guerra F, Tatullo M, Ottolenghi L. Tailored Brushing Method (TBM): an innovative simple protocol to improve oral care. *J Biomed* 2016; 1:26-31).





antiarrhythmics, antiparkinsonian agents, antihypertensives, antipyretics, antipsychotics, antihistamines, decongestants, diuretics, muscle relaxants, narcotics, psychostimulants) are known to induce xerostomia. The prevalence of xerostomia increases with the number of medications taken daily. Drug-induced reductions in salivary flow are generally reversible. We therefore recommended using 10 ml twice daily of Ialozon® Super Moisturizing Mouthwash (GEMAVIP), specifically formulated to counteract oral



The patient demonstrated good dexterity in using the interdental brush (**GUM Advance Pro**) and the sonic toothbrush (**GUM Sonic Sensitive**). We checked that the toothbrush bristles were effectively cleaning the dento-periodontal surfaces. For brushing, we recommended using a small amount of Ialozon Pink toothpaste (**GEMAVIP**). Considering the patient's own assessment that tongue surface biofilm control was ineffective, we suggested using **Dr. Ercolani's** flexible toothbrush with a double anatomical profile.

The patient was able to easily assemble the sponge element of the toothbrush, after which we instructed her to apply ozonated olive oil gel (**Ialozon Gel, GEMAVIP**) and gently brush. She immediately perceived the sponge brush as effective on the delicate lingual surface and reported a pleasant sensation of cleanliness and protection.

We reminded her that xerostomia should not be viewed as a specific clinical condition, but rather as a symptom associated with numerous local and systemic factors. With aging, salivary gland changes are characterized by a reduced number of secretory elements within the cells and an increase in fibrous and adipose tissue, resulting in decreased salivary flow.

Moreover, more than 430 pharmaceutical products across various therapeutic categories (analgesics, anxiolytics, anticholinergics, anticonvulsants, antidepressants, antiemetics, anti-inflammatories, antineoplastics,





dryness. It retains moisture and relieves symptoms by hydrating and lubricating oral tissues, while also refreshing the breath. Its formulation contains organic ozonated extra virgin olive oil, CBD cannabis extract, hyaluronic acid, potassium citrate, glycine, lysozyme, sea buckthorn, glycerin, and cetylpyridinium chloride.

We then proceeded to the second step of non-surgical periodontal therapy using the D-BIOTECH clinical approach, which allows minimally invasive treatment by enabling the practitioner to use selective polishing, air polishing, or ultrasonic devices exclusively following the topography of the bacterial biofilm. This ensures ergonomic, faster, and less fatiguing procedures. D-BIOTECH (Dental Biofilm Detection Topographic Technique) enables, through careful observation of bacterial biofilm topography, both enhanced patient motivation to improve home oral hygiene in the most retentive sites and the ability to select the most appropriate technologies and clinical approaches for deplaquing and debridement, as well as to identify sites at greater risk for inflammation (G.M. Nardi 2016, *Hygiene Tribune Italy* July–August 2017).

Deplaquing and debridement were performed using the Comby-Touch device (MECTRON), an advanced technology that allows the use of 90° or 120° angled handpieces, effective yet gentle on tissues, and equipped with a SOFT MODE function to reduce sensitivity during treatment.

The patient underwent the therapy more comfortably and calmly. Afterwards, ozonated water produced by IALOZON PROFESSIONAL and dispensed through the Komby Dental Ozone Active Trolley was delivered into the oral cavity, significantly reducing the bacterial load and enhancing the effectiveness of non-surgical periodontal therapy, promoting quicker healing of bleeding sites. Its



To protect the health of the enamel, we applied the innovative 3M™ Clinpro™ Clear varnish, a water-based, colophony-free fluoride treatment ready for use to protect enamel and dentin surfaces. This fluoride varnish features an immediate-release formula that allows effective fluoride uptake with a minimum contact time of 15 minutes. The exclusive L-Pop press-and-go delivery system ensures fast and easy application. The patient chose the mint-flavored varnish (also available in watermelon or unflavored). We explained that the soluble fluoride ions released immediately from the Clinpro Clear treatment consist of a sodium



effectiveness is supported by numerous clinical studies confirming the central role of ozone in regenerative and oral hygiene therapies.

The patient reported feeling happy because she finally had the sensation of fresh breath, able to counter the opinion of her 10-year-old granddaughter, who had previously said she did not enjoy hugging her due to her unpleasant breath.





fluoride solution that enables similar or greater fluoride uptake compared with traditional 5% varnish treatments. The patient was interested and satisfied with the explanations regarding all technologies used in both home and professional oral hygiene treatments.

At the 15-day follow-up, the clinical indices had improved, and the patient was ready to continue with tertiary preventive care with the dental specialist. Her happiness at having improved her social life through her smile was demonstrated by her request, after completing rehabilitative treatment, to undergo cosmetic whitening.

Choosing preventive pathways that enhance individuals' capacity for adaptation and self-management in the face of the social, physical, and emotional challenges experienced at this stage of life is an ethical duty. Updating preventive therapeutic protocols is a moral obligation and must include practitioner efficiency based on scientific evidence, clinical experience, and technological innovation that meets criteria of safety, efficacy, ergonomics, and environmental sustainability.



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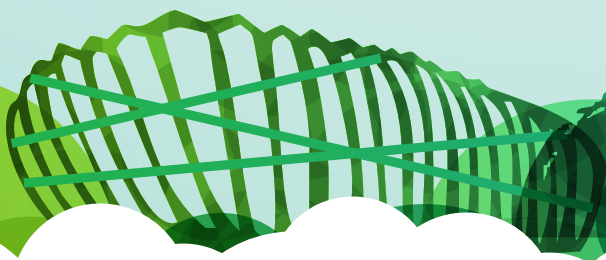
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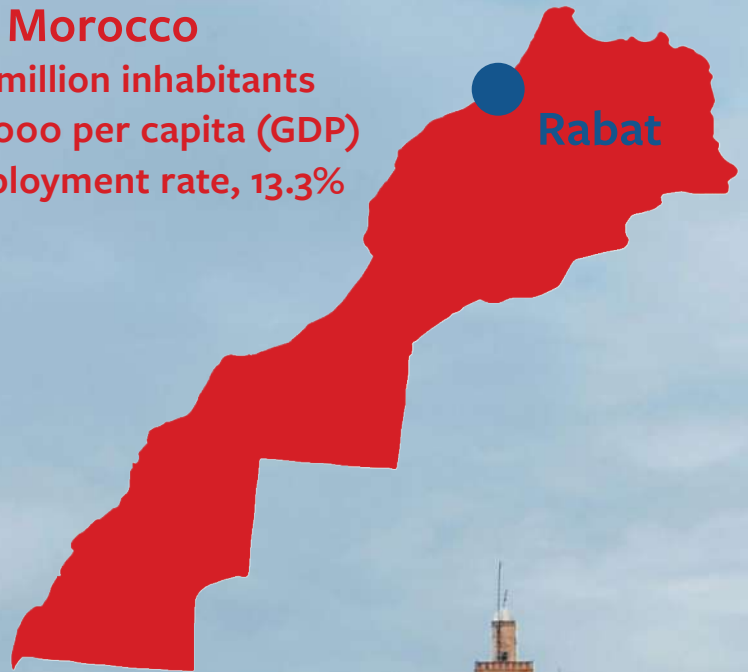


France

- 68.4 million inhabitants
- euro 35,769 per capita (GDP)
- Unemployment rate, 7.3%

Morocco

- 38.2 million inhabitants
- euro 4,000 per capita (GDP)
- Unemployment rate, 13.3%



French Republic and Kingdom of Morocco

Economic and Trade Connections

Morocco was a French protectorate from 1912 until its independence in 1956, a period that established lasting connections, and a shared history rooted in French colonialism. Despite a controversial colonial past, the two nations maintain close diplomatic and security ties. Morocco is a key partner for France in North Africa, with both countries sharing interests in regional stability. They are connected through a complex relationship involving strong economic ties and significant cultural and linguistic links. These connections are evident in extensive trade, French investment in Morocco, and the widespread use of the French language in Morocco. In 2024, both countries signed a reinforced “Enhanced Exceptional Partnership” declaration, a turning point in relations between the two countries. The agreement, covering multiple sectors, including rail transport,

green hydrogen, water management, education and civil protection, illustrates the shared desire of the two countries to better respond to all the challenges they face by mobilizing all sectors of bilateral, regional, and international cooperation. Among the key projects, included is a plan for the development of Morocco’s railway network for the period 2020-2030, such as the Tangier-Marrakech high-speed line for the 2030 World Cup in Morocco. The two countries have also stressed the importance of deepening the partnership between the two shores of the Mediterranean.

From agricultural country, Morocco has transformed itself into an industrial and soft power hub, a continuously growing economy, with strong prospects for development and modernization towards European levels.

Silvia Borriello
Editorial Director
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At the confluence of Europe, Sub-Saharan Africa, and the Middle East, Morocco seeks to transform itself into a regional business hub by leveraging its geographically strategic location, political stability, and world-class infrastructure to expand as a regional manufacturing and export base for international companies. The country is working towards productive diversification and actively encourages and facilitates foreign investment, particularly in export sectors like manufacturing, through positive macro-economic policies, trade liberalization, simplification of the regulatory framework, investment incentives, and structural reforms.

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

Its total interchange (Imports + exports) is worth 112 billion euros with Spain as first trade partner, followed by France, China, the US, Germany, and Italy. Morocco continues to orient itself as the “gateway

to Africa,” and expanded on this role with its return to the African Union in January 2017 and the launch of the African Continental Free Trade Area (CFTA), which entered into force in 2021. In June 2019, Morocco opened an extension of the Tangier-Med commercial shipping port, making it the largest in Africa and the Mediterranean. The country has ratified 72 investment treaties for the promotion and protection of investments and 62 economic agreements, including with the US and most EU nations, which aim to eliminate the double taxation of income or gains. **These treaties and agreements support Morocco’s goals to develop as a regional financial and trade hub, providing opportunities for the localization of services and the finishing and re-export of goods to markets in Africa, Europe, and the Middle East.**

According to data from the US Department of Commerce, the Moroccan medical device market is estimated at \$236 million, with \$191 million in imports in 2021. China, Germany, and the US supply most of the equipment, with increasing competition from Italy, Turkey, and South Korea. The country is also pushing to develop self-sufficiency/local manufacturing of drugs, vaccines, and PPE such as masks, gloves, gowns, overshoes, and head coverings.

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

Health at Glance, Morocco

In the aftermath of the COVID-19 pandemic, a window of opportunity opened in Morocco, due to a rising national political will to significantly transform the health system. Over the last years, the country took historical actions, one related to generalizing health insurance for the whole population and the second to launch a structural health system reform, aiming to improve accessibility and equitable distribution of care throughout the country, to enhance quality and safety of health services.

Regardless of nationality or administrative situation, every individual in Morocco is entitled to free access to basic public health services through the AMO-Tadamon health insurance Scheme, that, since 2022, has united into one system both the AMO (mandatory health insurance scheme, initially only for the formal sector, private and public) and RAMED (medical assistance plan for the economically disadvantaged). Through the new system all patients contribute toward it proportionally and can benefit from the same health coverage, receiving subsidized care from both public and private health facilities, within the framework of the respective insurance schemes. **Those who are incredibly needy, and cannot contribute any money to the system, have access to the Medical Assistance Scheme, which is based upon the principles of national solidarity and social welfare.**

The system provides access to basic medical care, including preventive and curative care, particularly those related to the state's priority programs, pregnancy and childbirth, hospitalization, and emergency services. Occupational diseases and accidents at work are not covered. **Since the establishment of these programs, Morocco has witnessed a significant increase in healthcare coverage, growing from 15% in 2005 to 78% in 2022.** Although the universal health coverage system (UHC) is one of the main reforms introduced in the country, the system is facing challenges in terms of financial sustainability, efficiency, and equitable access to care, especially within secondary and tertiary care. The state formally covers between 70%- 90% of healthcare costs, with the remaining portion being paid by the patient out-of-pocket (cost sharing) however, government coverage can vary,

and there may be limitations in terms of equipment, staffing, and infrastructure, particularly in rural areas, leaving many reliant on out-of-pockets payments (up to half of medical costs, twice what WHO recommends), or private insurance. In 2022, the public system accounted for only 40% of healthcare spending, while the private sector accounted for 60%.

Oral Health - Oral care demands serious attention in Morocco. Tooth sensitivity affects more than half of Moroccan adults, with 36% aged five and older experiencing untreated dental caries, and nearly one in five people over 15 suffering from severe periodontal disease.

Oral care is partially covered under the mandatory health insurance scheme which covers costs for 80% of the National Reference Rate for oral care. This means that while not fully comprehensive, a sizable portion of the costs is reimbursed for those enrolled. However, only routine, preventive and emergency care are covered with most of the population relying on public dental services, especially in more rural parts of Morocco, resulting in public healthcare services being overcrowded and underfunded. For this, an increasing number of patients are turning to private clinics for higher-quality care and more advanced treatments, leading to a rise in private dental clinics, particularly in larger cities. Although dental care is affordable compared to Europe, the cost of certain treatments, particularly cosmetic and orthodontic procedures, can be prohibitive for some segments of the population. The combination of lower costs for treatments and high-quality care, especially in cities like Casablanca, Rabat, and Marrakesh, makes Morocco a growing hub for dental tourists.



Health at Glance, France

The French health system is centralized, reflecting a traditionally strong role for the State, with some responsibilities devolved to the regions. Although reforms, in the past decade, both at the regional and the national levels have challenged its traditional role, a general philosophy underlying decentralization reflects a marked reluctance to reduce central control over health policy and finance.

France has a Statutory Health Insurance System (SHI) that, under various schemes, currently covers all individuals legally residing in the country. There are no competing health insurance markets for SHI and annual contributions are determined by Parliament. **Although the SHI system provides a broad benefits basket and funds about 80% of health consumption expenditure, cost-sharing is required for all essential services and most citizens have supplemental insurance to help with the co-payments costs, including dental, hearing, and vision care.** The reliance of the population on Private Complementary Health Insurance (CHI) to cover these out-of-pocket costs leads to very low average out-of-pocket payments, but raises concerns about solidarity, financial redistribution, and efficiency in the health system. Based on this, French healthcare has a two-tier health insurance system: a mandatory public health insurance (Assurance Maladie), providing universal coverage, and a voluntary complementary health insurance (mutuelle) supplementing the public coverage.

In 2019 around 96% of the French population had CHI, which financed approximately 14% of the total health expenditure. The private CHI market is highly regulated in terms of premium rates, with conditions limiting patient selection and dumping, and guarantees offered, designed to encourage responsible healthcare consumption and promote good medical practice, aligned with efficiency objectives set by the SHI. Today, almost all CHI contracts are defined as “solid-

aires et responsables.” However, despite the existence of protective schemes, the poorest and sickest populations are likely to have less advantageous contracts and have a higher share of their income spent on healthcare.

In 2020 the reform “100% Health” was introduced to reduce out-of-pocket payments for dental care, optical and auditive equipment. A selection of basic dental care, dentures, eyeglasses, and hearing aids are now fully reimbursed by the SHI and all CHI, based on regulated prices (MoH, 2021).

France has among the highest health expenditure in Europe, averaging 12.2% of its GDP. Overall, about 77% of the current health expenditure is funded by public resources, mainly the SHI (71%) and the State (6%). Historically, the SHI system was almost entirely funded from wage-based contributions from employers and employees. By 2021 only about 33% of revenues came from payroll contributions, while 24% came from the CSG (*Contribution sociale généralisée* - revenue-based tax contribution) and 33% from other taxes, of which 20% came from VAT.

SHI offers a wide range of medical services and goods, covering most costs for hospital, physician, and long-term care, as well as prescription drugs. Public coverage, however, varies according to services, ranging from 90% for standard care in the community or in hospital to less than 70% for institutional prevention.

Oral Health - Dental care is mostly provided by self-employed dentists (83% in 2023), with a few salaried dentists in



hospitals (2%) and in dental care centers (15%), commonly run by private insurance companies.

There are over 42,000 practicing dentists in France, with a density close to the European average (0.7 vs. 0.8 per 1,000 inhabitants). Basic dental care is included in the SHI benefit basket and for conservative and surgical treatments the practitioner must charge fees defined at the national level in agreements called “conventions,” signed between the SHI and representatives of the profession. Children, adolescents, and young adults between 3 and 24 years old are offered free dental check-ups every three years for preventing and treating cavities and improving oral hygiene, including annual check-ups, cleaning, fillings, extractions, root canal work and orthodontal treatments for children under 16 years. SHI coverage of dental care varies widely according to the type of care. Urgent and routine care are covered at 70% by the SHI, whereas non-routine care, including orthodontics and

dentures, have historically been little covered. **However, the 2020 reform “100% Health” (100% Santé) introduced a new benefit basket regulating the prices of basic dental care, including basic crowns, bridges as well as dentures (since 2021), which are fully covered by SHI and by all CHI, within a regulated price range, as well as eyeglasses and hearing aids to improve equity in access.** Overall, out-of-pocket costs for dental care remain low (6% in 2021) compared with the EU average (10% in 2021) because of the wide coverage by CHI which usually reimburses dental care relatively well. There are however geographical inequities in access to dental care across the French territory, with a higher concentration of dentists in the capital and southern regions compared to the northern and central regions. It is estimated that 17% of the French population forgo dental care, but the number of dentist consultations per person in France was higher than the European average in 2018 (1.5 vs. 1.2).

	Morocco	France
Per capita current health expenditure in PPP, int\$ (2019)	int\$ 425	EUR 4,200
Per capita expenditure on dental healthcare (US\$)	2.3	195
Total expenditure on dental healthcare in million (US\$)	82	12,666
Total productivity losses due to 5 oral diseases in million (US\$)	452	11,994

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

Prevalence of Oral Diseases

	Morocco	France
Prevalence of untreated caries of deciduous teeth in children 1-9 years (%)	44.4	29.2
Prevalence of untreated caries of permanent teeth in people 5+ years (%)	36.0	36.8
Prevalence of severe periodontal disease in people 15+ years (%)	19.7	16.2
Prevalence of edentulism in people 20+ years (%)	10.3	12.6

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

	Morocco	France
Number of Dentists	4,855 - 5,174	42,000 – 43,333 (practicing)
Dentists per 10 000 population (2019)	1.4	6.7

Source: World Health Organization, Oral Health Country Profile, WHO/UCN/NCD/MND/FRA/2022.1 – © WHO 2022. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.

Oral Health Interventions as Part of Health Benefit Packages (2021), in Morocco

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

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

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

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

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

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

Note: “Generally available” refers to reaching 50% or more patients in need whereas “generally not available” refers to reaching less than 50% of patients in need. (Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.)

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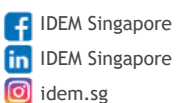


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Rebecca Smith Cambodia

I've just returned from what can only be described as a life-changing experience, and I would recommend it to anyone and everyone! Here's what happened over two incredible weeks in Cambodia.



Week one took us to Siem Reap prison where we treated the inmates. I appreciate that sounds scary, but the reality could not be further from the truth. This was the prisoners' first access to dentistry since a previous Dentaid trip in 2023. Over five intense days, we saw 303 patients, extracted 338 teeth, completed 140 fillings and carried out numerous scales.

A Cambodian dentist would complete the initial triage for the patients and create a treatment plan. Then when our dentists were free, I would collect the patient, the plan

and all the instruments needed, often prepared by Nary, the amazing Cambodian dental nurse.

As one of two nurses on the trip, it was a very busy time for me nursing for two or three dentists at a time, but we worked alongside One-2-One Cambodia, another dental charity who had dental student volunteers too – the students were absolute life-savers providing excellent translation services as well as stepping in to nurse for our clinicians. Despite the challenging clinical workload, the prison was very calm and enjoyable, and all the prison-

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ers were so polite and grateful — it was a truly humbling experience.

Next, we travelled four hours to Kampong Thom province to visit four schools in four days. Despite it being half-term, every child came in for treatment. It was a very busy few days but helping children out of pain and seeing them smile when they saw us was the most rewarding experience ever. The set up was very basic with up to 10 clinicians working in a small classroom, with the children laying on their desks, a small shared clean table for the team and a basic decontamination area. The clinics were hard work with a continuous flow of children arriving at the desk, often before you had finished with the patient before!

As hard as our trip was though, it wasn't all work and no play! I am so grateful to have seen and done so much over the few days off we had (self-funded of course). We saw the Apopo Hero Rats (trained to sniff out land mines and save lives), visited the elephant sanctuary, to feed and bathe the beautiful elephants, saw Angkor Wat at sunrise, visited the Kulen mountains and swam in the waterfall, went to the circus, night market and pub street! The trip was absolutely non-stop but I figured I'd sleep when I'm home. I couldn't miss the opportunity to experience everything I possibly could!

Across the two weeks, our team treated 1,304 patients, extracted 681 teeth and completed 357 fillings, 142 fissure sealants, 107 scales, 181 SDF applications and 722 fluoride

applications. These numbers represent real people whose lives were changed — and that's something I'll never forget. Helping all those people was a life-changing experience, that I already cannot wait to do again. The Cambodians are such welcoming and friendly people, and it has been wonderful to see their country. We saw parts of the country that has very few foreign visitors, and the locals welcomed us into their homes and shared meals with us. So, it has been amazing to see something so many people haven't and for that I am truly grateful. I loved our team, who worked so hard, in such challenging conditions, to take care of these wonderful people and I could not be prouder to be a part of it! This trip pushed everyone to their limits — physically and emotionally — but the sense of teamwork and purpose was extraordinary. Helping so many people in such challenging conditions was humbling and inspiring.

I would also like to thank Gail and Jude our tireless team leaders who took such good care of us. Not only did they organise a brilliant trip, but they made sure we got to experience the real culture of Cambodia. And they did all this with unwavering compassion for all of us; offering support when the clinics were hard, looking after us when we didn't feel our best and giving us a big hug when we were missing home or needing a little pick me up.

I strongly urge anyone who has an opportunity to do anything like this to go for it, you 100% won't regret it!



At Dentaaid the Dental Charity our values shape every aspect of the work we do. They guide our decision-making, drive our commitment to innovation, and reflect our commitment to making dental care accessible to those who need it most. We know that oral health is about more than just teeth; it is about dignity, restoring confidence, and overall wellbeing. This is why we have a compassionate and flexible approach to breaking down barriers to access, so people experiencing health inequalities can receive the care they need. Our team, supporters, and volunteers are united by our goal to change lives through dental care.

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