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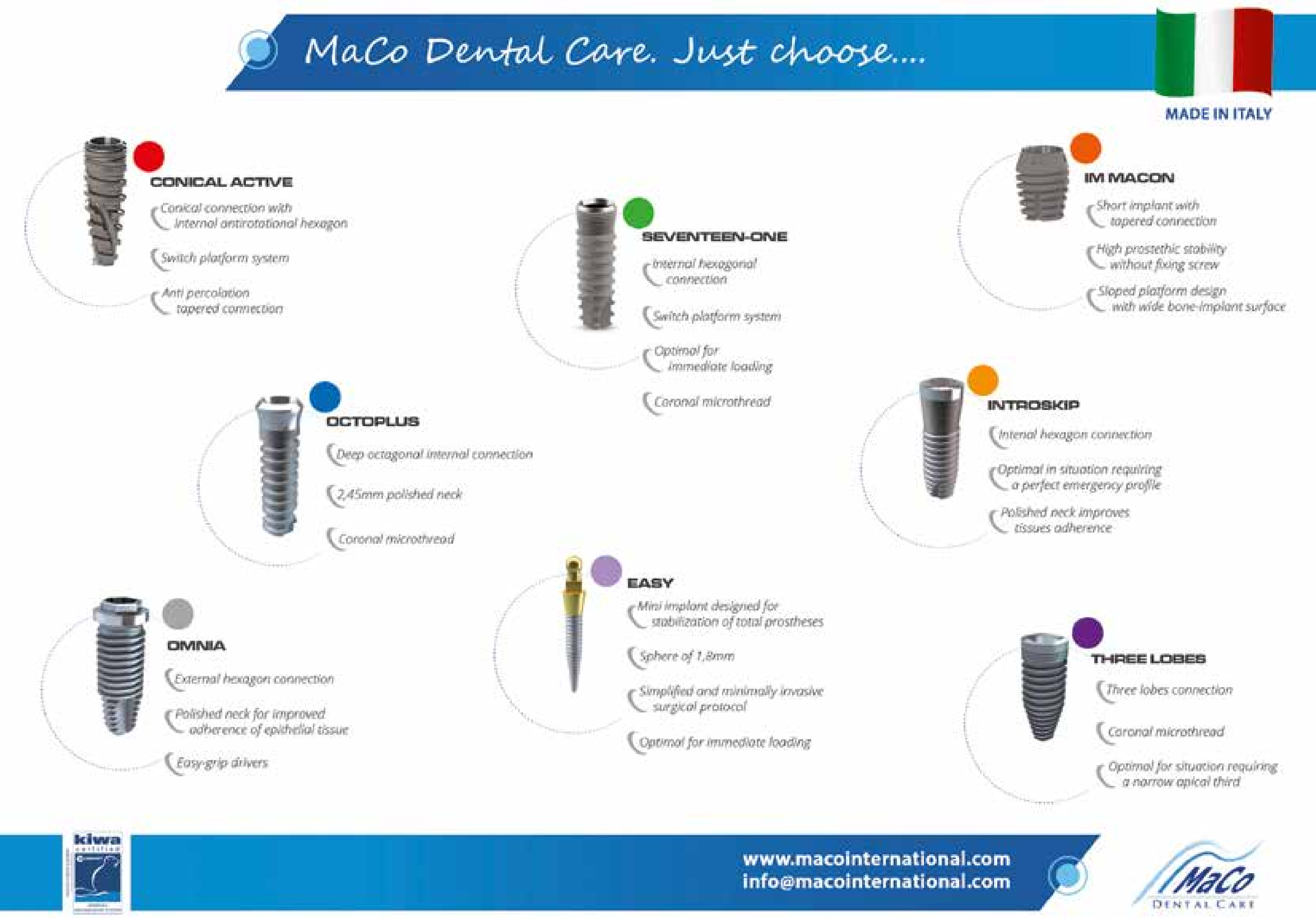

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Edited by

Infodent Infomedix International Publishing & Consulting House

2-2017 May / July

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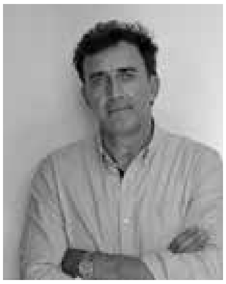

The leading global trade fair of the dental industry, the IDS 2017, closed its doors last March with the focus laying on digital production and diagnosis methods, intelligent networking solutions for the practice and laboratories, smart services for dentists and dental technicians as well as the further improvement of patient care and thus oral health worldwide. Its over 155,000 trade visitors from 157 countries and the 2,305 companies participating from 59 countries have witnessed how much digitalization has turned into a reality in all aspects of dentistry, as well as in our everyday lives.

But, which are the economic rewards of digitalization in this mass transformation? As countries struggle with the prolonged global slowdown, one of the most promising means of boosting economic activity is the increasing use of digital technologies.The mass adoption of digital applications through connected services and devices, known as digitization, is proving to be a powerful means of delivering services, highly disruptive of multiple industries, and a wealth and jobs creator. In 2011, digitization added $193 billion to world economic output and created 6 million jobs. In the same year in the Middle East and North Africa alone, digitization resulted in an extra $16.5 billion in output and nearly 380,000 new jobs.

Digitization is not, however, a panacea for economic woes. Rather, the closer you examine digitization, the more you discover the subtle differences in its impact across countries and sectors.

> **With the upcoming Infodent International issue, we want to launch the message that business is changing at an accelerated pace but if we all move fast the internet of things, we will have a very promising future!**

What is striking, for instance, is that advanced economies enjoy large economic benefits from digitization, such as growth and productivity, but gain less in terms of jobs. In Germany, increased digitization provided approximately 8.7% of the rate of change in GDP between 2010 and 2011, but just 7.7% of new jobs. In some sectors, such as financial services and manufacturing, developed economies can even lose jobs.

By contrast, emerging markets have significant employment gains from digitization, but advance less in terms of output and productivity. According to Forbes, 94% of all the jobs created by digitization in 2011 were in developing economies—but these countries, where the vast majority of the world's population lives, took just 71% of the increase in economic growth.

The best way for policymakers to channel digitization's impact to their advantage is to become digital market makers. This means more involvement in the information and communication technologies sector. Many policymakers are presently engaged in policy setting and regulatory design. By contrast, as digital market makers they will have to foster digital economic activities that benefit enterprises and society, and that have a clear competitive advantage in the global marketplace. Such mass transformation is revolutionizing our economies and lives…and more is to come. With the upcoming Infodent International issue, we want to launch the message that business is changing at an accelerated pace but if we all move fast to understand the internet of things, we will have a very promising future!

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We are excited to develop an innovation in our Infodent magazine. Starting from the upcoming issue our focuses are changing, nevertheless remaining loyal to our articles on the economic and medical markets as well as worldwide industry news.

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"The Republic of Kazakhstan is a land-locked country in central Asia that became independent with the dissolution of the Union of Soviet Socialist Republics (USSR) in 1991."

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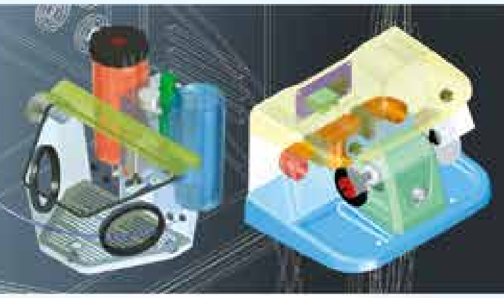

Size does matter...

The arrival of new technologies and the increasing sophistication of the techniques have finally made space one of the most valuable resources among professionals in the Dental Sector. The only way to arrange so many different machines and devices is to reduce their size. Nevertheless, reducing the size does not mean simplifying: the aim is to achieve small machines, but with the same o even better performance than their elder sisters. The new Plutón sandblaster and Gorbea polishing box are good examples.

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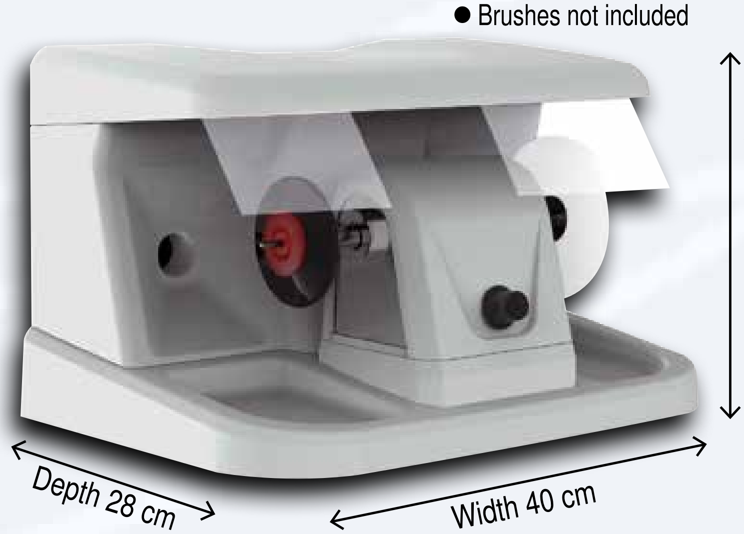

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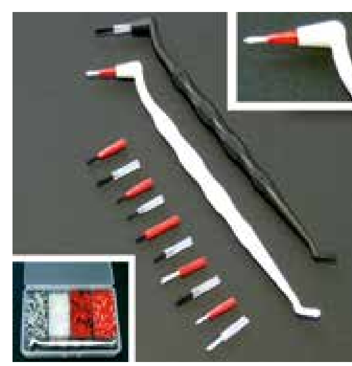
• Novobrush BrushTips



Novobrush BrushTips are "Made in Germany" dental applicators of unmatched quality. Intended for use with the Novobrush BrushTip Handle, BrushTips are a top selling product useful for a wide array of dental fluids. The pointed tuft ends enable precise application and are available in both, medium and fine tips. Through our innovative, miniature design, our disposable BrushTips reduce waste by up 80% when compared to common bendable applicators and brushes. The ergonomic NovobrushTip Handle enables consistent and reliable application. Novobrush BrushTips are available in re-closable bags, BrushTip-Kits, or custom packaging. A full automatic packaging line including printer completes our excellent service. Private labelling is welcomed.
Along with high quality BrushTips, we also offer our world-renowned Novobrush MicroTips and pointed tip Brush Applicators (102mm). Our products are manufactured in unparalleled Novobrush quality, using state of the art optoelectronic quality controls. Novobrush is FDA-registered.

www.novobrush.de // sales@novobrush.de

• BEST X-DC with palmtop TIM-X

The new Best-X-DC configuration includes the palmtop TIM - X for the control of exposure parameters. The 0.3 mm focal spot tube allows to obtain more detailed x-ray images with any type of film, sensors and phosphor plates, reducing to a minimum the exposure time / emitted dose TIM-X is a state-of-the-art wireless radio-frequency palmtop which allows to control the X-Ray Unit in total safety ensuring ease of handling. Remote management of kilovolt [kV], milliamperes [mA], and expore time [ms], makes Best X-DC a unique device of its kind. Exposure timing preset programs (according to R10 scale) may be customized by the end user. The easy manoeuvrability of the head, which is very light, enables an immediate, precise and vibration-free positioning.

www.newliferadiology.it / info@newliferadiology.it

• Rocanal: A Pharmacodynamic System For Root Canal Therapy

Successful endodontics is about infection control: eliminating and excluding microorganisms from the pulp space. This is a universal truth for the generalist and hi-tech specialist alike. **Rocanal Irrigation Solution**: Root canal disinfecting and cleansing solution. Disinfects, cleanses, lubricates and rinses the canal in one-step. It is non-irritating and does not cause swelling and pain. Packaging meets all requirements to avoid cross-contamination. **Rocanal R2 Permanent Vital:** After vital pulpectomy any remaining pulpal remnants, especially in accessory canals, may degenerate with subsequent necrosis and secondary infection. Seals the canal completely, preventing any contamination.

Rocanal R3 Permanent Gangrene: Prevents failures in endodontic treatment caused by the presence of bacteria. Final endodontic cement that prevents the growth of bacteria and secondary periapical complications. During the pre-setting period active ingredients have a diffusion of about 2mm. With the complete line of Rocanal your success is 100% guaranteed! Manufactured in Switzerland.

www.medirel.ch / info@medirel.ch

• Tethys H10 Plus, the world of disinfection is no longer the same

Mocom has revolutionised the disinfection world with its new Tethys H10 Plus, the device that decontaminates, washes, thermally disinfects and dries instruments with hot air, all in a single process, automatically preparing them for subsequent packaging and sterilization. Thanks to this innovative, compact device, the reconditioning process is as simple as it is effective; it also frees personnel from tasks that were time-consuming and at risk. Tethys H10 Plus is a medical device that complies with the EN ISO 15883-1/2 standard: it allows attainment of extremely high thermal disinfection levels, the A0 value being settable from 600 to 6000. Decontamination, ultrasound washing, thermal disinfection and hot air drying are completed in a single stage lasting just 35 minutes. Tethys H10 Plus is a table top unit that comes complete with everything. It offers the same performance and features as traditional thermal disinfectors - water softener, detergent reservoir, filling pump, discharge pump and aqua stop - all in a compact unit suitable for any surgery.

www.mocom.it / infomocom@mocom.it

• TCS Thermoplastic Resins & Equipment
BPA/Metal Free Flexible Partials & FullDentures

TCS, Inc. is an ISO 13485:2003 & NS-EN ISO 13485:2012 Certified Company, established in 2000 in USA is now one of the leading manufacturers of flexible partial and full denture resins and equipment.

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All **TCS** resins have the ideal characteristics to offer uncompromising aesthetics and functionality.

Unbreakable™ (nylon) & iFlex (polyolefin)- Ideal for flexible partials:
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- Can be repaired and rebased
- Available in 4 pink shades and natural

Karadent™ (microcrystalline polymer)- Ideal for full dentures, clear clasps & frameworks:
- Combines the strength of nylons with the simplicity of acrylics.
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www.tcsdentalinc.com / abraham@tcsdentalinc.com

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FAST - ReadeR delivers highly precise digital images to any PC in 20 seconds.

AFFORDABLE - ReadeR is a cost-effective option for any practice. Get clear HD images using the same plate, with no film processing extra cost. It perfectly fits with your traditional AC or DC X-Ray generator, providing high quality images.

http://www.trident-dental.com // info@trident-dental.com

Tethys H10 PLUS

4 stages in a single process.

1 Decontamination
Reduction of the bacteria count on instruments.

2 Washing with ultrasound
Removal of organic and inorganic residues from instruments.

3 Thermal disinfection
Reduction of the number of live microorganisms on instruments.

4 Hot air drying
Elimination of steam in the tank and residual moisture on instruments.

Maximum performance with minimum time and minimum space

Automatic

Safe

Savings

35 min

Fast

Complete

Simple

Tethys H10 Plus is an innovative device that complies with EN ISO 15883-1/2 standards and carries out the stages of decontamination, washing, thermal disinfection and drying as a single, automatic process. A single cycle that eliminates any risk to the operator and guarantees disinfected, perfectly dry instruments.

www.mocom.it

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The pack contains all necessary materials for an in-office bleaching procedure:

• the liquid and the powder to make the whitening gel;
• the light cure gingival dam for the protection of the gingiva;
• the patient card to verify the teeth shade changes and to keep the patient information;
• Professional Oral Care NANO HAP for the immediate elimination of dental sensitivity post-treatment, if necessary;

Professional Oral Care Perfect White Liquid & Powder PLUS is a gel based on hydrogen peroxide (38%) for professional whitening treatments. Supplied in 2 separated containers, the gel is prepared directly at the dental office by mixing the liquid and the powder with an extreme simple and fast procedure. The special formula associated with the use of the powerful whitening lamp, Easy Lamp PLUS, accelerates the process of oxygen radicals liberation starting the molecules chromogenes oxidation process, giving the best results in reduced application time.

www.miromedgroup.ch / info@miromedgroup.ch

• Cordless Obturation Device's Simplicity, Durability, Ease of Use and Comfort Cited

Offered by B&L Biotech, the Superendo Beta device is designed for warm gutta-percha techniques such as backfilling a canal with warm vertical obturation or performing a complete fill (injecting from the apex up). Perfectly complementing B&L's Alpha II heat source, it provides simplicity, durability, ease of use, and comfort in a cordless injectable obturation gun. The new up and coming Beta Mini, with its compact size, is designed for easier grip and effortless squeeze of gutta-percha, and its handpeice is lightweight and ergonomic for users with large or small hands. Among its unique features is a patented 360 degree swivel needles, allowing users to change the angle of entry to any canal.

www.bnlbio.com / customerservice@bnlbio.com

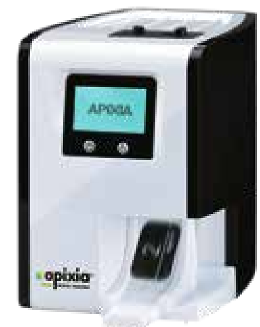
• MPI EXCELLENCE - Internal Connection Conical Seal

MPI has incorporated into its product range the new conical implant MPI Excellence®, so that each clinician can find the exact and most comfortable implant for whatever clinical case may present itself, enabling him to cover all his requirements. This tapered implant permits to reach higher initial stability quotients due to the improved height of the threads and the helicoidal cutting sides. In addition, the v-shaped body allows an easy and adjustable positioning of the implant during its insertion. The conical body coincides with the macro structure of the drills, permitting a simpler drilling sequence, which facilitates surgery in all clinical cases. Its maximum prosthetic versatility and the design of only one surgical kit for all diameters makes the introduction of the new system into the daily routine much more simple. MPI is searching for distributors for all countries over the world, to cover the increasing necessities of the demanding clinicians.

www.mpimplants.com // info@mpimplants.com

• Apixia Digital Imaging Introduces Next Generation Digital X-Ray PSP Scanner

Industry, CA—Apixia Digital Imaging has introduced the industry's next generation Phosphor Plate Scanner for convenient in-operatory acquisition of digital x-rays. The Apixia PSP Scanner packs tremendous imaging power into a unit smaller than a typical coffeemaker. Imaging with PSP plates offers all the flexibility and patient comfort of film, combined with the immediacy and environmental benefits of digital radiography. Images are scanned and plates automatically erased for the next use in less than 10 seconds. Included is easy-to-use imaging software with unlimited licenses at no additional cost. For more information visit www.apixia.com



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Application fields include:

- for dental clinics, medical centers and hospitals.
- for small shop of tattoo, nail caring, foot caring and hair caring.
- for Veterinarian autoclaves ranging in size application.
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Technical Directives:.Medical Device Directive 93/42/EEC

Technical Standards include:

- EN 13060 (small steam sterilizer)
- EN 61010-1 (Safety regulations for electrical Measuring, controlling and laboratory Devices-Part 1)
- EN 61010-2-040(Safety regulations for electrical Measuring, controlling and laboratory Devices-Part 2)
- EN 61326

Certificates: CE0197, ISO9001:2008, ISO13485:2003+AC:2009

For any further inquiry, please contact Mr. Terence Ye by terence@icanclave.com or visit our website: www.icanclave.com

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Built-in vaporizer, which generates overall energy savings thanks to more rapid cycles and consequent drastic reduction in water and energy consumption. Stainless-steel chamber. Large graphic display, a complete management and control software, make the autoclave extremely user-friendly: each single operation may be dispayed in more than 10 different languages which can be selected and set up through the user menu. Built-in printer, electrical door lock and internal connection settings for water purification system. The MTS (Memory Test System) is a technical backup which has been developped to assist the user with more reliable and faster diagnosis, reducing as a consequence the management costs. 10 different sterilization cycles and 2 test cycles ("Vacuum Test" and "Helix/Bowie&Dick Test"). It is possible to select both type-B cycles (6, with fractioned vacuum) and type-S cycles (4, with pre and post vacuum), according to the type of material to be sterilized.

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- Minimal shrinkage
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Medical aesthetics

Facial wrinkle treatment in dental practices with plasma gel

Aesthetics - a business, gaining more and more importance in peoples' daily life and society. It is therefore not surprising that even dentistry practices have to take account of this demand. In order to remain competitive, it is not only of great importance to be able to offer individual treatment concepts and a modern practice equipped with the latest technology. Decisive factors for success are additional services in the field of holistic aesthetics. Nowadays, dermal fillers are frequently demanded by clients.

Plasma gel: a serious alternative to hyaluronic acid

Plasma gel, with all its benefits, is the latest innovation of facial augmentation and satisfies all requirements to modern injections. The only filler, which is a 100% endogenic and hence tolerated by the body. In comparison to hyaluronic acid, plasma gel does not cause fibrotic tissue. Applications with plasma gel improve the skin naturally and support a visual regeneration of the skin - with a long-term effect. The results are unique which makes plasma gel a superior autologous product.

The production of plasma gel is carried out by medical staff, who after taking the blood, processes it into gel.

Significant for the efficiency and quality of the plasma gel is the selection of the right and high quality materials and equipment, as well as a certified user protocol for the production of the filler. These elements are well-matched to ensure achieving the best possible results.

The effect

As a training institute we have tested various systems at home and abroad. Meanwhile, we use a worldwide recognized user protocol for the manufacturing of plasma gel. Therefore we have shifted our focus from the PRP (platelet-rich plasma) to the concentrated growth factors (CGF) (Massimo et al/2006). Unlike with other protocols, here specifically thrombocytes and CD34+ stem cells are taken, which later are added to the plasma gel. The effect is caused by the thrombocytes: As soon as the biphasic platelets get activated by thrombin, they release growth factors which are significant for cellular proliferation and collagen synthesis (Rodella et al/2011).
The injection of plasma gel affects the skin in two ways: an instant effect due to the addition of the filler - as well as rejuvenating the skin (Dong et al/1995).

The production

Specific centrifuge tubes, made of borosilicate glass manufactured by the company Silfradent, deliver high-quality results and do without citrate as an anticoagulant. Studies have clearly proven the increased yield of growth factors with the use of sodium heparin ((G Valacchi and V Bocci/1999).
The first step is to centrifuge the tubes filled with the blood. The latest technology in this field is the MEDIFUGE MF 200, offered by the company Silfradent. By centrifuging at different times and speeds, particles of various sizes can be separated. This technique is called differential centrifugation and differs from conventional methods. In the next step, parts of the plasma are transformed into a filler gel. For this process we use a device for denaturation (A.P.A.G.) by the brand Silfradent. The preset programs simplify the usage. Furthermore it is built with anti-static and anti-magnetic materials.

The injections

A vital factor for a visual skin aging is the facial volume loss, reduction of fat tissue and muscles. With a deflated support system, skin starts to sag. Modern wrinkle treatments no longer only inject single wrinkles - a three-dimensionale recontouring of the face ensures an optical balance. Anatomists have defined so-called "sweet spots": facial areas, when being injected, have the greatest impact. Injections in deep compartments prevent a migration of the plasma gel in surrounding tissues and a lifting effect occurs, while blunt cannulas are used superficial to volumize.

age 78 yrs. full-face-approach
Before and two weeks after the first treatment; significant reduction of nasolabial-/marionette lines as well as overall tightening. In the next edition, we will see the woman after the second treatments within 8 weeks.
Enough time to recognize the enhancing effect due to CGF.
Additionally, we will demonstrate the production of plasma gel as well as injection techniques.

Katrin Rotter-Böttger – Training-Institut
www.plasma-gel.de
In cooperation with Silfradent/Italy.

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AirLight M800 - The truly innovative design of this handpiece incorporates a highly efficient micro generator to power its LED. It eliminates the need of fiber optic system from dental delivery unit. This cutting edge technology allows the operators to have a clearer illuminated operative field to reduce fatigue. **Maxso 200E** - It is the most economical air driven handpiece in the market with high quality materials and craftsmanship. It is designed to last, perform, and meet all the daily operative needs. It has been a great product for the dealers to compete with direct sale companies and capture the price-conscious customer. **About Beyes** - Beyes is the largest Canadian dental handpieces manufacturer with its corporate office located in Toronto. Beyes has revolutionized the dental industry with groundbreaking advancements for the precision dental instrumentations such as air driven high speed and low speed handpieces. It has received countless awards in North America due to its premium quality and advanced technologies.

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• Dia-Duo

Dia-Duo is new developed Cordless Obturation System included Duo-Pen Warm Vertical Compaction device and Duo-Gun Backfill Obturation device.

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- Optimum quality for the downpack obturation system
- Excellent result with warm & vertical compaction for all canals
- Cordless, Ergonomic and Light weight design
- Quick heating tip within 1 second
- Effective temperature control

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- Cordless and Compact design allows complete freedom of movement
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3DISC

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3DISC specializes in digital imaging solutions for dental practices.
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• Techim Group

Techim Group is an Italian dental company founded in 1975, leader in the manufacturing of dental silicones, both addition and condensation as well as all the range of dental products. Private label is available. Ben Position is a new generation addition silicone, born from the idea of an Italian dental technician and developed by Techim. Ben Position has multiple advantages compared to traditional techniques of casting of position impressions, in particular, with respect to the metal-free machining, zirconium, disilicate, Peek and PMMA, but also for the metal-ceramic. The hardness of 85 SH allows a good stability of the product and two colors are available: A2 and A3.

Packaging

1 cartridge 50 ml color A2 x 1 cartridge 50 ml color A3 + 10 mixers + 5 interoral tips

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• Dental Medrano

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ADVANTAGES

Ben Position has multiple advantages compared to traditional techniques of casting of position impressions, in particular, with respect to the metal-free machining, zirconium, disilicate, Peek and PMMA, but also for the metal-ceramic.

The hardness of 85 SH allows a good stability of the product and two colors are available: A2 and A3.

CHARACTERISTICS

- Addition silicone in cartridge
- In addition to reproduce the position, it reproduces the mucosa
- Being of similar color to that of the tooth, it doesn't interfere optically in the layering phase of the metal-free materials
- Even flipping it, being fairly tight even without using a spacer, stays stable and friction without falling from the model
- There is no longer the need to isolate the plaster model in the layering phase, since the silicon, that is already oily, facilitates the detachment of the ceramic or composite from the model.
- No more broken edges or caps, if poorly insulated.
- Scannable material

Working time at 23 ° C: 1'15 ''
Setting time at 23 ° C: ≤ 6 '

PACKAGING

1 cartridge 50 ml color A2 x 1 cartridge 50 ml color A3 + 10 mixers + 5 interoral tips.

by Benny Fiandaca

TECHIM
www.techimgroup.com

Languages
Kazakh (74%) and Russian (94.4%)
Russian is the official language, used in everyday business, designated the "language of interethnic communication"

Population
17.67 million
(January 2016)

Capital city
Astana

Religions
Muslim 70.2%, Christian 26.2% (mainly Russian Orthodox), Other 0.2%

Median Age
30.3 years

Currency
Tenge (KZT),
US Dollars, Euro and other currencies can be easily exchanged in banks and exchange bureaus

Largest cities
Almaty, Karagandy (Karaganda)

Population growth rate
1.09%
(2016 est.)

Ethnic groups
Kazakh (63.6%); other ethnic groups include Russians (23.7%), Uzbeks (2.9%), Ukrainians (2.1%), Uygur (1.4%),Tatars (1.3%), Germans (1.1%), others (3.9%)

Urban Population
53.2% of total population

Focus on Kazakhstan

The Republic of Kazakhstan is a land-locked country in central Asia that became independent with the dissolution of the Union of Soviet Socialist Republics (USSR) in 1991. Covering 2.7 million square km, the country is the largest of the former Soviet republics after Russia.

Author: Silvia Borriello

Kazakhstan is a unitary state with a presidential form of government ruled by the authoritarian Nursultan Nazarbayev since he was first elected President in 1991. Re-elected in 2015 for his 5th presidency with almost 98% of the votes, none of the Presidential elections held in Kazakhstan have been considered free or fair by western countries or international observes; nonetheless, he seems to enjoy popularity, partly because the country has been spared the sort of civil strife seen in neighboring states such as Kyrgyzstan. **On January 2017, Nazarbayev laid the ground work for reforms to the constitution that would redistribute executive powers to the parliament and ministries for purpose of more open and efficient governance.**

The country is subdivided into 16 administrative divisions (14 regions or *"oblasts"* and 2 cities, Almaty and Astana). *Oblast* governors are key players in decisions relating to the health system, as are the finance departments at *oblast* level.

The Central Asian region, consisting of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan has seen incredible, sustained growth over the past decade and a very young population to continue this level of dynamism in the future. **Economic growth has been fueled by mineral and hydrocarbon resource development and associated industries as well as economic reforms to open the region up to the rest of the world.** Kazakhstan is the largest country and has the largest economy, both in terms of GDP and GDP per capita, and is often the first country that exporters look at, but the other countries have a massive growth potential too. Kazakhstan is a vast country, the size of Western Europe, the 9th largest in the world and the 4th among the countries of Eurasia, with a strong natural resource base, including oil, gas and minerals. It has developed into the leading market in Central Asia and is positioning itself as a transit route between China and Europe. It has developed rapidly due to its primary industries and is seeking ways to use its oil and mineral wealth to diversify its economy. These efforts, combined with a growing middle class, provide trade and investment prospects for firms seeking new opportunities in one of the most dynamic of the emerging markets.

Kazakhstan is a vast country, the size of Western Europe, the 9th largest in the world and the 4th among the countries of Eurasia

Business Overview

Country GDP
USD 184.388 Billion
(2015)

GDP per capita (PPP)
USD10,616
(2015)

Time required to start a business
11.0 days
(2015)

Exports of goods and services (% of GDP)
28.5% (2015)
39.3% (2014)

Imports of goods and services (% of GDP)
24.7% (2015)
25.6% (2014)

Annual GDP Growth, 2015
1.2%
(4.2% in 2014)

Following independence, Kazakhstan initially encountered a severe economic recession, followed by a period of recovery between 1996 and 2007. With the deepening of the global economic crisis, Kazakhstan's gross domestic product (GDP) growth slowed to 3.3% in 2008 and 1.2% in 2009, recovering to 4.2% in 2014 to establish itself at 1.2% in 2015. Projected GDP is expected to rise again in the medium term, with government spending look to reduce the income gap between the urban and rural populations. According to figures from the Ministry of Labor, during the years of independence the poverty level in Kazakhstan decreased by more than 17 times thanks to the comprehensive measures on social support of citizens made by the state; in the period from 2001 to 2015 the proportion of population with incomes below the subsistence minimum decreased from 46.7% to 2.7%, respectively. Furthermore, from 1999 to 2015 unemployment decreased 2.7 times amounting to 5% (in the year 1999-13.5%).

Like other former Soviet Republics, Kazakhstan is still developing a transparent and effective business culture that is attractive to foreign investment. Kazakhstan's authorities realize the need to implement economic reforms. Laws and regulations adopted to improve the business environment are often incorrectly implemented at the local level. Foreign investors and local firms complain about burdensome regulations that often reflect a way of doing business that is reminiscent of the Soviet Union. **Challenges remain in addressing problems related to the country's competitiveness and economic diversification, its over-reliance on the extractive sector, continued corruption, need for increased transparency and rule of law.**

Economic highlights include:

• Kazakhstan has a healthy appetite for imported goods and in some, not all, cases is willing to pay more for higher quality and innovative technology/service.

• Kazakhstan acceded to the World Trade Organization in November, 2015.

• The most recent report from the Heritage Foundation's Index of Economic Freedom rated the country as "moderately free" and ranked it 68 out of 178 countries, well above neighboring Russia (#153) and China (#144).

• President Nazarbayev's declared aim is to have Kazakhstan join the World Economic Forum's "Global Competitiveness" Top 30 economies by 2050. In 2015-2016, Kazakhstan significantly improved its ranking by turning around a five year decline and has now climbed to rank 47 out of 148 countries.

• Kazakhstan ranks 35 on the World Bank's Ease of Doing Business Report (June, 2016). Of the various indicators used, Kazakhstan ranks higher than its overall score in "Starting a Business", "Protecting Investors", "Registering Property", "Paying Taxes" and "Enforcing Contracts". This report however, does not take into consideration vital business criteria such as corruption, labor skills or investment regulations.

Kazakhstan's strategic aspiration is to become a modern, diversified economy with a high value-added and high-tech component, and they are cognizant of the need for foreign expertise to accomplish this. The government is developing international partnerships and has agreed to projects with China and EU countries worth billions of dollars in order to accomplish this.

Like other former Soviet republics, Kazakhstan's infrastructure needs modernization, especially roads, transportation and telecommunications. The European Bank for Reconstruction and Development (EBRD) and Asian Development Bank (ADB) both finance major infrastructure, financial, corporate and agricultural projects in the country. Likewise, areas such as health and environment need an infusion of investment to reach global best practices.

Like other former Soviet republics, Kazakhstan's infrastructure needs modernization, especially roads, transportation and telecommunications.

Healthcare Overview

Health expenditures, 2014
4.4 %

Total Expenditure on healthcare per capita
USD 608

Physicians Density
3.62 physicians/ 1,000 people
(2013)

Hospital bed density
7.2 beds/ 1.000 people
(2012)

Healthcare Market – Healthcare provision varies greatly geographically and socially within the country. There has been a wide investment in the healthcare system but standards have often been raised from a very low base. Nevertheless, extensive reforms over the past 5 years have seen a period of heavy investment in the healthcare system, with approximately $3.6 billion allocated to Kazakhstan's healthcare sector from the 2013 budget and further progress is projected. There is a very small domestic production base within the region and imports make up the majority of consumption.

Medical Equipment

	2012	2013
Total Market Size	**USD 470 millions**	**USD 480 millions**
Total Local Production	**USD 45 millions**	**USD 46 millions**
Total Exports	**USD 5 millions**	**USD 6 millions**
Total Imports	**USD 430 millions**	**USD 440 millions**

The above statistics are unofficial estimates based on Kazakhstan customs data and industry sources. Source: https://www.export.gov/article?id=Kazakhstan-Market-Overview

The Kazakh medical equipment market imports 90% of products and provides an open business environment. There is almost no production of medical equipment in Kazakhstan and the government recognizes the need to replace obsolete equipment, which comprises approximately 80% of medical equipment currently being used in the country's public hospitals. 85% of medical equipment in Kazakhstan is purchased by the public sector.

From 2012 to 2013 the market for medical equipment increased by an estimated 2%, with almost all of the medical equipment imported (90%), totaling $440 million in imports. Major importers into Kazakhstan are Russia, Germany and Japan. There are about 60 companies registered as medical equipment producers, most of which are small businesses with insignificant production volumes. **Local production of medical equipment in 2013 accounted for only 9.6% of the total market so diagnostic equipment, medical lasers, endoscope and dental equipment are among the major products of import interest within the market.**

The Kazakh medical equipment market imports 90% of products and provides an open business environment.

An easy first step for enztering the market is to establish a local presence or select a local partner for effective marketing and sales distribution, keeping in mind that Kazakhstan has a small population spread over a large landmass and distribution channels should be able to represent the needs countrywide. In 2008, the government of Kazakhstan established the National Medical Holding with the intent to introduce international standards of quality and safety of care and to ensure financial sustainability and growth. A joint stock company wholly-owned by the government, the company incorporates six separate innovative entities that include the National Research Center for Maternal and Child Health, the Republican Child Rehabilitation Center, the Republican Diagnostic Center, the Republican Research Center for Neurosurgery, the Republican Research Center for Emergency Care and the National Research Center for Cardiac Surgery.

Healthcare Assessment - As a result of improved socio-economic situation and implementation of reforms in healthcare in recent years, Kazakhstan has experienced positive medical and demographic changes. Since becoming independent it has taken major steps to reform its healthcare system developed within the Soviet model, which was focused on hospital services, while primary healthcare sector, disease prevention and health promotion services received little attention. Throughout the system, the tendency was to refer patients to higher levels of care. At the moment, the healthcare delivery system is in the process of reorganization as health services are fragmented and do not ensure continuity of care. There are no strong linkages between primary and secondary care and many services are organized in parallel vertical structures. **The purpose of the reorganization is to transform primary care through the implementation of general and family physicians, followed by the closure of a number of small hospitals.**

The two comprehensive reform programmes developed in the 2000s: *the National Programme for Health Care Reform and Development 2005-2010 and the State Health Care Development Programme for 2011-2015 "Salamatty Kazakhstan"* addressed the need for the improvement of the quality and availability of medical care by establishing a strong competitive health system with advanced management and stable financing. The reforms are addressing the urgent issue to switch accents from inpatient to outpatient care. **Despite some latest positive shifts in inpatient care, it still remains the main costly sector of the health system, accounting for more than 60% of all expenditures.** Inappropriate and ineffective use of the hospital infrastructure is also another big issue with poor performance indicators of inpatient care and many narrowly specialized health facilities.

Another key challenge in the country is regional inequities in health financing, healthcare utilization and health outcomes, although some improvements have been achieved in recent years. Between 2001 and 2008 the difference in health financing per capita between the richest and poorest *oblast* decreased from 4.2 to 2.1 times. **Residents of the cities of Almaty and Astana have advantages in accessing health services, as these two cities host the most advanced national clinical centres, whereas the geographical accessibility of health services in remote areas is much more challenging, considering the country's vast and scarcely populated territory.** In 2015 life expectancy at birth varied between 66.3 in North Kazakhstan *oblast* and 72.3 in Astana city, still among the lowest in the WHO European Region. There were also strong regional variations in infant and maternal mortality.

Preliminary results of the National Programme for Health Care Reform and Development 2005-2010

indicated progress in quality improvement, in particular with regard to maternal and child health and TB, but also a strong need for further efforts. Despite investments and reforms, population health has not yet improved substantially compared to international standards. **Health challenges still include low life expectancy, high infant and maternal mortality, high rates of TB and HIV/AIDS and a growing burden of non-communicable diseases such as cardiovascular disease, diabetes and cancer which are the leading causes of mortality.**
The medical education system has also initiated comprehensive reforms to reflect the needs of the health system for practitioner of family medicine and general practices. Quality of care has been recognized as an area in need of major improvements and Kazakhstan has embarked on promotion evidence-based medicine and developing and introducing new clinical practice guidelines based on WHO Standards, as well as facility-level quality improvement.

Organization and financing - While the administrative set-up of Kazakhstan's health system is highly centralized compared to some federal or highly decentralized systems in western Europe, it is less centralized than that of most other countries in central Asia or the CIS, and the *oblasts* (regions) have a great amount of autonomy. While the ministry of Health is responsible for developing national health policies, healthcare provision and financing have been largely devolved to the *oblasts* administrations and their health departments. **The 14 *oblast* and Almaty and Astana city health departments are the key bodies administering health services in Kazakhstan and run most hospitals and polyclinics.** Parallel health systems, run by some ministries and government agencies, have also their own network of health facilities financed from the republican budget. These parallel systems have been inherited from the Soviet period and are still largely in place, even if some have been closed down. The role of professional associations and non-governmental organizations (NGOs) in the development of health policies, legislation and regulation is also increasing.

In 2014, total health expenditure amounted to 4.4% of GDP, which was one of the lowest shares in the WHO European Region. Health revenue comes from two main sources: the government budget (at national and oblast level) and out-of-pocket payments (official user fees and informal payments).
Financing according to state budgets was reintroduced in Kazakhstan in 1999, after a failed attempt to create a mandatory health insurance system. Nevertheless, a single-payer national health insurance fund is in the process of being reintroduced again and is expected to boost total spending on healthcare and become the central financing mechanism for paying for public health services by requiring contributions from both employers and employees, eliminating disparities between richest and poorest oblasts.

National expenditure on health is mainly spent on services under the State Guaranteed Benefits Package (44%) and ear-marked transfers to local budgets (38%). **The bulk (60%) of oblast expenditure on health is devoted to services included in the State Guaranteed Benefits Package, while the remaining 40% cover services outside the package.**
The State Guaranteed Benefits Package includes emergency care and specified outpatient and inpatient services. A new outpatient drug benefit has also been introduced that entitles children, adolescents and women of reproductive age to free outpatient pharmaceuticals. For the rest of the population, medicines remain the main type of benefit that requires co-payments.

Hospitals and other healthcare organizations can officially charge for services that are outside the State Guaranteed Benefits Package. User charges for goods and services by public providers were legalized in 1995. Set at *oblasts* level they usually cover non-essential health services such as cosmetic surgery and some dental care.

Patients often pay for food and drugs in hospitals, although these should be provided free of charge; patients are also routinely given a list of medicines and medical supplies to bring with them to hospital. Also they pay for pharmaceuticals, aids or dentures from outpatient services and polyclinics.
The share of informal payments is assumed to be high, although the exact scale is difficult to estimate. Several are the reasons, including low official salaries of health workers, public underfunding of the State Guaranteed Benefits Package, poor monitoring of its implementation and the lack of a clear distinction between covered services and services that have to be paid by patients.

The government aims to improve the financial protection of the population through the State Guaranteed Benefits Package and outpatient drug benefits

While the administrative set-up of Kazakhstan's health system is highly centralized compared to some federal or highly decentralized systems in western Europe, it is less centralized than that of most other countries in central Asia or the CIS

to vulnerable groups of the population. It has also increased public expenditure on health. **However, private out-of-pocket expenditure still accounts for over 30% of total health expenditure, potentially exposing poorer groups of the population to catastrophic expenditures on health.** According to data of the National Statistical Agency, in 2008, 7.4% of the population did not use health services because of high costs.

Furthermore, the provision and quality of services are uneven due in large part to the disparities between the regions in terms of size, population and wealth, among other factors. Supplementary health care is a common and popular benefit for employees as a means of avoiding use of the state system.

Physical and Human Resources - Similar to other countries of the former USSR, Kazakhstan inherited an oversized hospital infrastructure from the Soviet period. **It has since reduced the number of hospitals (particularly in rural areas where many village hospitals were closed down) and hospital beds significantly and has also started to renew its health infrastructure**, but the ratio of hospital beds per population (7.2/1000 people, in 2012) is still higher than in western European countries and differs greatly across *oblasts*.

There has also been a decline in the average length of stay in hospitals in recent years which, according to WHO data, were one of the lengthiest in the world in the 1990s. Such a long period of bed-days remained over more than 10 years stabilizing at 9.9 bed-days in 2011. It is evident that the hospital stock is still used irrationally. In fact, over 2.6 million patients (15.5% of the total population) are treated annually in the over 900 hospitals in Kazakhstan. Of these patients, one third does not need inpatient care at all.
Kazakhstan has approximately 913 hospitals and 2,752 outpatient settings (Ministry of Health data for 2012) with new facilities in the pipeline. Though some private hospitals were opened over the past 10 years, the state owns 777 public hospitals and 1,825 outpatient organizations, while more than 700 inpatient and outpatient healthcare organizations have private ownership.
In the health system, privatization has been more limited than in the industrial or agricultural sectors and it mostly involved pharmacies (95.8%) and dental care, while hospitals, sanatoriums and large polyclinics continue to be mainly state owned. However, between 1999 and 2004, the number of private hospitals almost doubled, and the number of private facilities almost tripled. The share of the private sector is increasing and in 2010, 16.4% of all physicians were working in the private sector.
According to the Ministry of Healthcare, over the years of independence Kazakhstan, at the expense of the state budget, has built and put into operation 1,312 healthcare facilities with the intention of new hospitals replacing old ones and no increase in the overall number of beds.

Between 1990 and 2000, Kazakhstan experienced a dramatic decline in the number of health workers due to several factors including a shift to the private sector, health workers leaving the health sector, the emigration of ethnic Russian and other ethnic groups and the dismissal of health personnel. **However, as a result of the measures taken and the increase of the issue in medical schools, the shortage of medical personnel at national and regional levels has been reduced in all specialties by 34%, or more than 2 thousand people, between 2005 and 2015, reaching 190 thousand medical workers, including 53,000 doctors.**

Nevertheless, In terms of human resources, the country still faces several challenges, including in specialty mix and distribution across the country. Rural and remote areas continue to experience a shortage in health personnel, while larger cities are much better staffed. There is also an imbalance towards specialist services, to the detriment of primary healthcare facilities. **The healthcare system is still dominated by a system of specialization. Building trust in a system whereby a primary care physician oversees a patient's health is proving a challenge**; heads of department and professors are more respected than a primary care physician.
The need for certain categories of health professionals, such as specialists in health management or health economics, is particularly acute, especially as health care providers have received greater autonomy to manage their resources.
One of the challenges is that salary levels, in particular for nurses, which remain low. Many doctors have more than one job or see patients privately because of low salaries.

The ratio of health workers per 100,000 population in the public sector decreased for all professions between 1991 and 2009, with some of the most pronounces declines for nurses, midwives and dentists. The ratio of physicians (PP) to population declined between 1991 and 2000, but has since increased again, slightly surpassing the CIS average in 2009.

Astana, Kazakhstan

Dental Facts and Figures

Dental healthcare faces serious problems in terms of management and organization. Most dental care is now provided in the private sector. **The largest and best-equipped dental clinics are located in Almaty and Astana, including government-owned republican facilities and privately owned clinics, but in general the accessibility and quality of dental health services is poor, particularly in rural areas.** Prevention is inadequate, particularly for children. According to official data, 30% of children in 2008 had caries and 45-55% had suppurative inflammations. Out of 7,800 schools, only 340 (4.5%) had dental examination rooms.

Local production of dental products and supplies is limited and mostly consists of locally produced dental cements and fillings. The quality of domestically produced laboratory products is considered to be poor and all sophisticated equipment, instruments and supplies are imported.

The Government requires that all dental products imported in the country are registered with the Ministry of Health. After registration, the products are entered in the List of Medical products, Registered and Permitted for Medical Use in the Territory of Republic of Kazakhstan. The registration is valid for 3-5 years, depending on the type of product; after this period the product must undergo re-registration.

Health Workers (PP) in the Public Sector per 100 000 population (2000-2010)

	2000	2008	2009	2010
Physicians	330	374	378	388
Dentists	21	8	8	10

Source: Ministry of Health, 2011 / Note: PP = Physical Persons

After a steep decline from1991, the number of dentists increased again between 2001 and 2004, and since then has remained quite stable.

After a steep decline from1991, the number of den tists increased again between 2001 and 2004, and since then has remained quite stable. Although higher than the CIS, it is only about half of the average for many EU countries, amounting to 6,430 dentists in 2014, according to WHO indicators.
In 2010, the ratio of dentists per 10,000 population was only 0.9 in rural areas, compared to a national average of just over 3.0 and a rate of 4.8 in urban areas (Ministry of Health, 2011)

A sharp decline of dentists after 1995 was also caused by the beginning of privatization and subsequent incomplete reporting from private dentist clinics. Data on dentists is always difficult to assess; since 1999 special efforts have been made to collect data also from the private sector. The situation is gradually improving however in 2000 nine regions (oblasts) and in 2001 three regions out of fourteen failed to report complete data.
The profession of "dental hygienist" is a part of specialty of therapeutic dentist and pediatric dentist, because dentists of these specialties treat the diseases of teeth and gums and teach the patients to follow the rules of proper oral hygiene. There is no "dental assistant" profession; assistants of dentists are specialists with secondary medical education (nurses), provide medical assistance when working in "four hands".

The postgraduate education in dentistry, such as internship, is mandatory and lasts one year with assignment the specialty of dentist of general practice. It includes following particular specialties:
• Therapeutic Dentist
• Surgical Dentist
• Prosthetic Dentist
• Orthodontist
• Pediatric Dentist

After each 5 years dentists should pass mandatory extension courses, which are the formal type of continuing dental education. The non-formal and informal (self-education) type of continuing dental education is voluntary and performed without any particular syllabus, curriculum and professional teachers. The internship is controlled by higher education medical institutions, the dean's office of the university manages an internship, and the formal type of continuing dental education is controlled by postgraduate education medical institutions.

Health Organizations Providing Dental Care, 2009

	Private, absolute number	Private, % of total	Public, absolute number	Public % of total
Dental polyclinics	254	93%	20	7%
Dental examination rooms	294	30%	672	70%
Private solo practice	554	100%	-	-
TOTAL	1,794 (PRIVATE AND PUBLIC HEALTH ORGANIZATIONS)	72%		28%

Source: Chief Dentist, 2009

Health Data

- **DMFT* at age 12:** 3.2
- **DMFT general:** 4.31 adult /children
- **DMFT zero at age 12:** unknown
- **prevalence of missed teeth in population over 50 year old:** 45-50%
- **¾ population with cavities without treatment:** 70% urban, 90% rural.
- **no fluoridation programs.:** 10-15% of general population has fluorosis.

(*average number of decayed, missed or filled teeth)

- **No. of dentists (2014):** 6,430
- **Ratio dentist/population (2014):** 37/100,000
- **Number of specialists:** 5,242
- **Number of Hygienists:** 0
- **Therapists:** 471 (state), 598 (private)
- **Dental Laboratory Technicians (2000):** 1,712
- **Nurses:** 719 (state), 1,316 (private)
- **College Dentists:** state 37, private 107
- **Kazakhstan Stomatological Association (KSA):** public association, voluntary membership; the number of members is 2,500. Head office is in Astana, in Almaty and KSA branch offices operate in 14 regional centers of Kazakhstan.

Oral Healthcare:

- **Health insurance public:** 0 %
- **Private:** 1.8% (2010)

Dental Education:

- **Number of years for undergraduate training:** 5 year + 1 year of internship. The specialty is stomatologist (dentist) of general practice
- **Number of dental schools:** 7 schools (higher education)
- **Number of graduates (2014):** 303 dentists
- **Ratio graduates/population (2014):** 1.8 dentist graduated per 100 000 population
- **Post graduate training:** Residency, Mastership, PhD
- **Registration:** Control committee of medical and pharmaceutical activity of the Ministry of Health of the Republic of Kazakhstan
- **Specializations (obligatory):** Clinical specialization: 108-216 hours (within each 5 years of practice) followed by test examination for license approve.
- **Continuing education:** mandatory

Astana, Kazakhstan

Main Sources:
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- National Medical Holding: http://www.nmh.kz/
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- The Ministry of Labor and Social Protection of Population of the Republic of Kazakhstan, https://www.enbek.gov.kz/en/taxonomy/term/780 http://www.mz.gov.kz/en/node/342216
The Ministry of Healthcare of the Republic of Kazakhstan
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-http://ndacp.net/documents/4th_Platform/Reports/Kazakhstan.pdf
-Manual of Dental Practice (2013) (FDI)
-https://gateway.euro.who.int/en/indicators/hfa-indicators/hfa_509-5300-dentists-pp-per-100-000/

Dental Exhibitions

• 16-19 May 2017

KAZDENTEXPO 2017
Almaty - Kazakhstan
Organizers: Dental-Expo
www.dental-expo.com/en/kazdent.html

Almaty is the largest metropolis of Kazakhstan, which has the greatest number of registered private dental clinics and dental offices.
Almaty takes the leading position in both number of clinics and income earned for dental services provided and the number of people served.

• 19-21 October, 2017

CADEX - Central Asia Dental Expo (2nd Int'l Dental Exhibition Central Asia)

Almaty, Kazakhstan
Organizers: DENTAL FORUM company
http://cadex.kz/en/my-page/

Rely on Us: Oral Health Solutions in the Digital Age - The Importance of Digitalization in Dentistry

TRANSFORMATION. COLLABORATION. ACCELLERATION.

Excerpts of the speech by Stanley Bergman at the IDS Media Briefing, March 2017 (Chairman and CEO of Henry Schein)

Mr. S.M. Bergman - IDS Media Briefing

"There is no question that in the last four years digitalization in dentistry, and in all walks of life, has accelerated at a remarkable pace. I want to talk a little bit about the extremely fast transformation in the dental market and the fact that all of us need to collaborate, the dentists, the industry, the laboratory, our teams, in advancing further transformation in the market and that we need to do it at even a more accelerated pace than ever before. I probably said those same words four years ago, two years ago, but the speed of change is remarkable and we as a industry, as a profession, as laboratory owners need to understand that oral healthcare is in the digital age and moving very, very fast. **So, it's about transformation, collaboration and an added component of extreme fast acceleration.** We are today in what many have called the fourth industrial revolution. In the first industrial revolution, we have visions of people moving from farms into industry; in the second, the mass production, automobiles early 1900s, and then the third industrial revolution, of the 70s and 80s, where we saw for the first time the PC emerge, then we moved to see the mobile telephone emerge and gradually the two got connected; we didn't call it the cloud at the time, we now know what it is today. **Today, we are in the fourth industrial revolution.** Actually in 2007, by Steve Jobs, when he lifted up his hand with that iphone and said we will now not only connect the telephone, the PC and connect it through the ether, today called the cloud, and the big change was interoperability. The connection of that iphone to various devices in our home, in our automobiles kicked off the fourth industrial revolution, which is in fact what we are living through. Industrial revolutions cause significant dislocation in society, whether it is in our personal lives or whether it is in the way we go about doing business and in the way business works amongst each other and within business and in all of civil society. The challenge is that there are winners and losers in an industrial revolution. Take a look at the last 200 years and how we've emerged through all these various industrial revolutions. **Our job, all of us here today, is to guide our dental customers, our dental laboratories through the fourth industrial revolution. What is this industrial revolution all about? First, it's about platforms;** and these platforms are very different to what we've seen in the past. So, if you take in the transportation world Uber, the fastest growing transportation business in the world, and of course equivalents in Europe like MyTaxi, these businesses have very little assets on their books, at least hard assets, they do not own large fleets of cars. Then, you may have Facebook, the largest provider of content in the world, but does not own any of that content. Airbnb, the fastest growing hospitality company in the world, but they do not own one hotel room. Alibaba, perhaps the most valuable retailer, but does not own one shred of inventory. What do they all have in common? A platform. **Then you have e-commerce.** E-commerce is still a relatively small part of commerce yet, if you go back to the 3rd quarter of 2004, you will see that it was about 2% of trade in the U.S., and if you go back and look at 3rd or 4th quarter of last year, that number was four times more. Big retailers like Macy's are closing their stores. It doesn't mean that traditional shopping is no longer important, it is the bulk of sales, but there is a clear transformation to digital commerce and, of course, **the third major area of change in this fourth industrial revolution is the impact of Big Data.** Big data is impacting every single walk of life and we know how it impacts us in our day to day activities. **Big data is in fact ushering a new way of life into our world.** There are huge changes that are on the brink. The automated automobile is not a fiction, it exists. Of course, it's been tested and governments are concerned to unleash it but, think on the implications of unemployment, of all those drivers that at some point are likely to be replaced. The electric car is not a fiction, it exists. When will it become more important? The fourth industrial revolution is changing the way medicine is being conducted. **Telemedicine is going to be a huge component of the healthcare environment in the next decade or so.** The smartphone will be very important in the way healthcare is conducted. **And we are at the beginnings, at least in our industry, of 3D printing.** Imagine the implications of products that are in the Henry Schein warehouse and not necessarily needing to be in the warehouse but with the product that could be printed right in the dentist's office. Watson is not what everybody thought it would be but is growing rapidly. It is possible, in the U.S., to replace an attorney for many of the contracts using Watson and of course, healthcare implications are enormous. It is said by many that in 20 years time 70 to 80% of the jobs that are in place today will be replaced, or not existing. The good news is that the jobs will change and life expectancy will significantly grow and lengthen. So, we are in this mass transformation and today's conference is brief but we hope that you will walk out of here with a clear understanding that we all need to collaborate to help our dental customers through this challenging period of the fourth industrial revolution. **We need to help our customers understand the whole idea of interoperable solutions and the internet of things. We need our customers, the dentists, the dental labs, the readership to understand the business, clinical, technology and supply chain solutions that are today in the various practices and laboratories are all going to change.** E-commerce will have an enormous impact, much more than today, although today is still a small part of the economy. At the end of the day **Henry Schein is committed to bringing technology into our customers' offices so that our customers can be powered by available technology that is so much used in other industries and we want to bring that technology into our customers' offices in collaboration with all of the constituents in the dental community: the labs, the dentists, the dental assistants, the hygienists, manufactures, the press and indeed all the constituents. The challenge is acceleration.** The speed that we need to move together is fast. As I said a few years ago, and will probably say it again in two years time, speed has never been faster. **So, together, we need to dream big so that we can ask the question together: why not?** And answer it. So today we hope that you will ask yourself: why not introduce the fourth industrial revolution further into your customers' offices from a dental practice point of view. And we hope together, today, as a team at Henry Schein, to make sure that top of mind for everyone in the press is the fourth industrial revolution and how it will impact dentistry and hold the hand of our customers and the readership as we, together, walk through at an accelerated pace the transformation and collaboration that is needed for all of us to succeed in this fourth industrial revolution."

HENRY SCHEIN®

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Innovation fireworks - solutions for the practice and laboratory of tomorrow - the opportunities of current technologies: the International Dental Show 2017

Innovation fireworks for the practice and the laboratory: In the field of dentistry the opportunities of the current technologies are very concrete, very tangible as the International Dental Show 2017 (IDS) in Cologne demonstrated. In this way, the visitors experienced substantial enhancements to established digital workflows - from imaging techniques through to 3D printing. In addition, the exhibiting companies also presented innovations for traditional working methods in the laboratory and practice. What form will the work worlds in the practices and the laboratories take on tomorrow and how can dentists and dental technicians seize the opportunities that are already visible today? This specifically applies to the digital processes. In the field of implantology they have already significantly contributed towards exploiting the healing potential of the body to a maximum through optimised planning. Implantology has long since been considered to be the flagship discipline for the implementation of digital technologies. How far these have pushed forward in the spectrum of dentistry is dem-

IDS

onstrated in a field that some people initially considered to be rather difficult terrain: orthodontics. With virtual models for orthodontics, here not only diagnostic issues can be processed and a virtual set-up created, but also more and more often orthodontic appliances can be planned, such as for example fixed devices. Even the largest orthodontics challenge for the digital technique is increasingly coming under focus: removable devices such as stretching plates, activators, etc. 3D printing - which displays great future potential - is a production process that is already implemented in the orthodontics segment as well as in other disciplines. Alongside drilling templates, different splints, dental technology models, individual impression trays and plastic base casts for the metal cast will most probably depict the most frequent indications. In general, speed plays an increasingly more important role in all sections of dentistry. For example, patients ideally want prosthetic treatment to be carried out in one session if possible or at least completed on the same day. Digital technologies make this possible more frequently than to-date.

The process for the classic production in the dental laboratory is being accelerated enormously.

Practice and laboratory riding at high speed

The increased speed is achieved through pure chairside therapies or by accelerating the workflows across the entire process chain in the practice and laboratory, from A for activators to Z for zirconium oxide. Attractive optimisation options are arising now at all levels. This begins with the digital moulding. At IDS a whole series of new intra-oral scanners enriched the existing offer. Some of them can simply be carried from one treatment room to the next, almost as conveniently and inconspicuously as a pen in the pocket of the dentist's coat. Beyond this connecting it to the tablet facilitates the patient communication. Other intra-oral scanners are consciously kept small to ensure high patient comfort and yet exploit the possibilities of voice and motion control. A prosthetic restoration can subsequently be carried out in the practice more and more often. A milestone here is the production of bridges from the substance zirconium oxide, which enables the dentist to carry out more than just single-tooth restorations. Dentures that are printed out of plastic in the practice using the DLP method ("Digital Light Projection") are also almost within reach. The process for the classic production in the dental laboratory is being accelerated enormously. At the same time, the communications are becoming more intensified, the dentist and the dental technician are moving closer together. The technology in the laboratory, for example a new dental microscope with a 3D mode is assisting here. Besides the quality control, it can be used for the direct exchange of digital images with the practice (screenshots, videos, split-screen function). Furthermore, it ensures a constantly relaxed, ergonomic posture. But even the production steps themselves are becoming faster all the time. For instance, the guidance of instruments on curved shape tracks when processing glass and hybrid ceramics promises great time savings in comparison to the conventional milling or sanding techniques. And a fine structure feldspar ceramic infiltrated with polymer now offers an interior colour gradient with six layers in fine nuances - in a time-saving and convenient process for patient-friendly aesthetics. The general trend is moving towards the more frequent production of monolithic restorations. Interesting new surface finishing materials are appearing here. The dental technician sprays a thin layer of a transparent version on sintered zirconium oxide restorations; the spray diffuses during the firing process in the surface where it bonds intensively - homogenously, non-porous and smooth after the first firing without additional polishing. In addition to milling and sanding the possibilities of the printing techniques are expanding considerably. A wide range of splints, models, drilling templates, indirect bonding trays, in the near future temporary and permanent dentures - almost everything can be printed. Laboratory systems now offer even bigger building platforms and convenient remote maintenance for network-compatible models. Meanwhile the speed is picking up - just to get an idea of the magnitude: Seven splints in one hour are definitely possible today. Innovative software even enables a combined additive/subtractive production: Where it comes down to the highest precision, the machine subsequently carries out an automatic milling process and thus creates overall a consistently high surface finish. Today, multi-material printers are perhaps visible on the horizon. For example, six plastics are mixed to make a new compound with the defined required properties - for instance with specific colouring or interior colour gradients for a patient-specific design. As an alternative to own production, the laboratory can also outsource jobs to a central or industrial supplier. Models can be delivered within short lead-times, prompt service is offered using digital technology.

Forward-planning in endodontics

New digital technology is also available for endodontics: After planning tools initially established themselves in the field of implantology and more recently in the orthodontics segment, a root canal treatment can now also be simulated in advance, its complexity more accurately estimated and ultimately planned step by step. A 3D X-ray and innovative software form the basis here. This enables the dentist to follow the course of the canals on the monitor using dot markers through to the root tip. Subsequently he sees in (orthogonal) cuts (to the canal), at which points calcifications are present for example. He can also pre-test virtual filing. All of the information gained from the simulation is taken into account when carrying out the treatment or in the case of a

general dentist, if necessary a referral to the specialist is provided. Part thermally treated filing assists in safely and hygienically preparing even strongly curved canals. The stiffer material at the shaft increases the tactile control when navigating through the root canals, whereas the tip of the instrument is particularly flexible. If a root pin is attached before the crown is restored, models made of a fibreglass reinforced composite make canal extensions superfluous. Because such a pin can be extended across the entire root channel, adapts to suit the natural anatomy and thus enables a substance-friendly treatment. A gain through the combination: Microscopy & diagnostics
Because endodontics always involves particularly small structures, further developed OP microscopes also offer interesting opportunities here. These are even becoming increasingly interesting for other dentistry part disciplines thanks to current innovations. For example, an integrated fluorescence mode enhances one microscope which enables the intra-operative check for tooth decay during the substance removal. The newly designed interface allows one-handed control. The opportunities of such systems range from endodontics through to preserving dentistry, periodontology and implantology. Different functionalities are growing together in a different area too. Small lamps combine a lamp for the hardening of dental materials with fluorescence diagnostics. Both bacterial activities such as the smallest leakages in the edges of fillings become visible. However, this is more and more frequently avoided from the onset, among other things thanks to a constant reduction in polymerisation shrinkage with current values down to just 0.85%. The terminal tooth always presents a special problem in the filling therapy: The matrix cannot be wedged and after its removal disto-cervical surplus composites have to be laboriously filed away. The solution is a matrix that is produced in Germany in a completely manual process, which can be placed in one hand movement in four seconds and which automatically lies disto-cervically.

Target figure = primary stability

If a tooth is no longer worth preserving despite today's endodontic and tooth preserving possibilities, implantology treatment is more and more frequently an option - which is now becoming even more interesting: New instruments with sharp working tips and a thin profile enable a tissue-saving extraction and thus often make elaborate bone augmentations superfluous. New implant systems are appearing that considerably increase the primary stability through comprehensive further developments. Certain engines now dispose of a non-invasive stability measurement so that the optimal service life of an implant can accurately determined. Fibre-reinforced composites are used as superstructure material to provide a "shock absorber" effect - which offers a plus in durability and biting feeling. Corresponding CAD/CAM blocks can be processed chairside and that in the meantime even without separate firing processes. When fixing implant prosthetic constructions using locators (often an alternative to full dentures) a high pivoting capacity now allows divergences of up to 40 degrees between two implants. And thanks to a special holding mechanism the dentures can be extracted particularly easily using a hydraulic release system during the recall appointment. If a conventional mucosa-supported full denture is chosen, cold curing resin with many of the material characteristics of heat curing polymer offer the dentist totally new possibilities. Such pink denture plastics are high impact, lie nicely on the gums of the patient and can nevertheless still be comfortably processed in the laboratory.

The next IDS - the 38th International Dental Show - is scheduled to take place from12 to 16 March 2019.

Step towards the practice and laboratory of tomorrow

New super-sharp scalers, new tiny mini implants, new ceramics for press technology processing, new embedding materials - this list is ongoing. The industry heads the ranks in many areas with both analogous and digital innovations. During their tour around IDS in Cologne the dentists and dental technicians took advantage of this to collect ideas for their practice and laboratory of tomorrow, based on well-founded knowledge thanks to the comprehensive offer of the exhibitors.

About IDS - IDS (International Dental Show) takes place in Cologne every two years and is organised by the GFDI Gesellschaft zur Förderung der Dental-Industrie mbH, the commercial enterprise of the Association of German Dental Manufacturers (VDDI) and is staged by Koelnmesse GmbH, Cologne.

100 years of VDDI

The VDDI celebrated its 100th anniversary in 2016. It was founded as the Association of German Dental Manufacturers on 24 June 1916 and organised the first Dental Show in 1923. In 1928 the VDDF organised the first International Dental Show. Today, the VDDI has 200 member companies with 20,000 employees. The overall turnover is more than Euro 5 billion with an export share of 62 percent.

Source: IDS PressRelease – www.ids-cologne.de/pressinformation

Population
321,418,820
(2015 est.)

Dental
Industry Revenues
USD 119bn
(2015 est.)

National Dental
Expenditure
per capita
USD 351
(2014, ADA,
Health Policy Institute)

Oral Healthcare in the U.S.

A Brief

In Brief

• U.S. industry has benefited from **favorable demographic trends, technological advances and mounting awareness of oral hygiene** over the past five years
• **Private dental clinics are one of the nation's most profitable industries**
• **The industry is less dependent on health insurer reimbursements** than healthcare sector as a whole, **due to patients largely paying for dental treatments out-of-pocket,** lowering administrative costs
• **Profit is expected** over the next few years **due to group practices and dental practice management companies (DPMCs)** - large companies providing services for multiple dental offices, lowering operational costs
• However, a **higher prevention** and the **recent economic downturn** have **slightly suppressed the industry revenue growth**

Oral Health Expenditures - since the end of the Great Recession and through most of 2010- 2015, dental expenditures continue to be almost flat – an indication that the dental economy is not rebounding significantly. The share of dental spending financed by public sources has continued to increase. This could be a result of increased dental care utilization among Medicaid children and Medicaid adults, accessing dental care as a result of Medicaid expansion within states, offering optional adult dental benefits (government supported dental care).
One of the key drivers of the slowdown was a decrease in dental care use among working-age adults. However, it is important to note that in 2013, for the first time since 2007, dental care utilization did not decline among working-age adults and utilization also continued to increase among children.
Dental care expenditure was **USD 113.5 billion in 2014 up from USD 112 billion in 2013 but if we take into account both inflation and population growth, national dental expenditure remained flat between 2013 and 2014, continuing a multi-year trend.**
Dental spending in the U.S. began to slow in 2002, well before the Great Recession.
In 2014, dental expenditure accounted for 3.7 % of overall national health expenditure, down from a peak of 4.5% in 2000 but roughly the same level as in recent years.
The establishment of healthcare insurance marketplaces as well as Medicaid expansion under the Affordable Care Act could positively impact demand for dental care and dental expenditure.
Inflation-adjusted dental expenditure per capita **rose from USD 349 in 2013 to USD 351 in 2014, reversing a downward trend that began in 2010.**
Between 1990 and 2002, inflation-adjusted per-capita dental expenditure was growing at 3.9% per year declining dramatically to 2.0 % per year in the 2002-2008 periods. Since 2008, inflation-adjusted dental expenditure per capita has declined – albeit at a very slow rate of 0.4 % per year.

***The mix of expenditures' sources for dental services* -** key trend since 1990 is an increase in the share of dental expenditure financed by public sources (from 2% in 1990 to 11% in 2015) and a decrease in out-of-pocket spending. **However, dental expenditure remains overwhelmingly financed by private dental insurance and out-of-pocket spending,** a very different mix than for overall health expenditure highly financed by public sources (37%) with very little out-of pocket (11%).

Profile of all dental expenditures and future trends:

	2015	Predictions for 2023
Private insurance	48%	51%
Out-of-pocket	40%	35.1%
Government sources	11%	13.9%

The U.S. Centers for Medicare and Medicaid Services predicts insurance as source of dental expenditures will remain relatively stable by 2023 with a decline in out-of pocket expenditures and an increase in government sources. **This projection estimates government expenditures for dental services more than doubling by 2023.** The overall cost of all goods and services has approx. doubled over the 1984-2015 period. The cost of dental services has risen even more steeply than the cost of medical services.
Since 1985, there has been a 279% increase in the

cost of dental services. Several are the reasons, including increased requirements for infection control protocols and increasing staffing levels.

Future Trends

Favorable Demographic Trend - Aging population is becoming the financial core of dental practice over the next 25 years. By 2040, 62% of dental expenditures are expected to come from patients who are at least 40 years old. Older adults have significantly higher dental expenditure per capita than other dental patients: USD 767 compared to USD 650 for other dental patients. In addition they visit the dentist on a more frequent basis. By 2020 the number of Americans aged 65 and older is expected to rise 35% compared to just a 10% increase in overall population. As individual age, their need for dental implants, cosmetic procedures and general dental maintenance increases. Implant penetration is expected to rise to 25-30% by 2020. Cosmetic dentistry has also risen in importance; more than 80% of dental practices offer cosmetic procedures; Americans spend approximately $1 billion on tooth whitening each year.

Expanding Government Programs - (Protection and Affordable Care Act - PPACA) will likely increase the overall number of children with regular dental visits, but low reimbursement levels in these programs will control the overall level of expenditures there. Young adults (20-39 years old), with a reduced dental disease experience as children and limited financial means, will continue to shrink as a source of dental expenditures.

An increase in private health insurance coverage enhanced by the PPACA will lower the out-of-pocket costs to individuals for health and dental services (fees collected from dental insurance carriers are often less than those charged to other customers). The number of people with private health insurance is forecast to increase as a health insurance exchange is initiated as part of the Protection and Affordable Care Act (PPACA). The exchange will create a more organized and competitive market for health insurance by offering a choice of plans, establishing common rules regarding the offering and pricing of insurance and providing information to help consumers better understand the options available to them. **About 75% of dentists participate in preferred provider networks.** Dentist participating in these plans are required to accept the fees dictated by the insurer, often lower than those charged to other customers. As these plans become more prevalent, dentists will be forced to contain

Projection of Dental Expenses by Age and Year:

YEAR	AGE GROUP			
	< 20	20 to 39	40 to 59	> 59
2010	28%	17%	30%	25%
2020	25%	17%	25%	32%
2030	24%	16%	23%	37%
2040	23%	15%	24%	38%

operating costs in order to maintain profitability.

Structural Changes – Group practices (including dental chains) are increasing while single-owner practices are declining. In just two years the number of large dental group practices has risen 25 %. **In 2008 solo dentist practices accounted for 92 %** of all dental practices (very large group practices with 20 or more dentists made up only 3 %). **In 2010, 69 % of dentists were solo practitioners** and the trend is continuing. Such decline is due to a decline in revenues due to high operating costs (equipment, staff, fixed and variable costs, supplies). Corporate practices have competitive prices, the ability to provide care to walk-in patients (populations in traditionally underserved and working-class areas often do not have steady sources of income and find it difficult to set up appointments weeks ahead of time) and accept government insurance (financing fixed costs and reimbursement). Lastly, we are witnessing a change in the practice patterns of new dentists; driven by efficiency and increased competition. Fewer than 20% of graduates are seeking practice ownership.

Among the main sources:

- The American Dental Association's Health Policy Institute: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1215_2.ashx-

- ADA - Founded in 1859, the not-for-profit American Dental Association is the nation's largest dental association, representing more than 161,000 dentist members: http://www.ada.org/en/publications/ada-news/2012-archive/april/ada-explores-growth-of-large-group-practices

- https://www.straumann.com/content/internet/straumann_com/en/home/media/media-releases/2012/tag_xml_newsbox_ch2012-05-16149446digest/jcr:content/par/newsdownload/linklist/file_3/file.res/Presentation_-_How_will_dentistry_look_in_2020_-_STMN_CMD_2012_-_Achermann.pdf

- http://www.burkhartdental.com/sites/default/files/files/news/dental_offices_9_2011.pdf

Henry Schein, Inc. CEO Stanley Bergman Named Chief Executive Magazine's 2017 CEO of the Year

Peer CEOs Vote in 32nd Annual Award

Stanley M. Bergman, CEO of Henry Schein, Inc.

STAMFORD, Conn., May 10, 2017 /PRNewswire/ *Chief Executive* magazine today announced that Stanley M. Bergman, CEO of Henry Schein, Inc., has been named "2017 CEO of the Year," an honor bestowed upon an outstanding corporate leader, nominated and selected by peer CEOs.

Bergman has served as CEO and Chairman of the Board of Henry Schein, Inc., the world's largest provider of health care products and services to office-based dental, animal health and medical practitioners, since 1989. The company is headquartered in Melville, N.Y., and reached a record $11.6 billion in sales in 2016.

"Being named CEO of the Year is a tremendous honor for Team Schein," said Bergman. "This award is a recognition of the exceptional work of our more than 21,000 Team Schein Members. The success of any organization hinges on its people. At Henry Schein, our team is our most important asset. On behalf of Team Schein, I humbly accept this award from *Chief Executive* magazine."

Bergman's selection was lauded by his CEO peers.

"Bergman's long-term commitment to his enterprise, leading it through vital life stages, renewing his strategy yet preserving the firm's vital culture, sets him apart from his peers," said Jeff Sonnenfeld, CEO of The Yale Chief Executive Leadership Institute at The Yale School of Management and a CEO of the Year Selection Committee member.

"He's been named CEO of the year, but it's not due to his performance of just the past year. He's managed to sustain outstanding performance in an industry where it's really hard to distinguish oneself," said selection committee member and AT&T CEO Randall Stephenson, who was the 2016 CEO of the Year honoree. "His ability to adapt his company's culture, change his product mix and change his business model over time has made for a standout performance."

Nominations for CEO of the Year were garnered from among the 124,000 readers of *Chief Executive* magazine. The most frequently cited nominations were evaluated and a winner voted upon at a meeting of a peer Selection Committee, which took place earlier this year in New York City.

Bergman's sustained high performance in both business goals and organizational values stood out among judges.

"Over a multi-decade period Stan has been able to reinvent his company while enabling it to stay relevant and to maintain its leadership position while staying true to its core mission," said selection committee member and Schnitzer Steel president and CEO Tamara Lundgren.

Prior CEO of the Year winners include Bill Gates, Jack Welch, Michael Dell, A.G. Lafley, John Chambers, Anne Mulcahy, Larry Bossidy, Andy Grove and Herb Kelleher.

Bergman's selection as 2017 CEO of the Year will be celebrated at an invitation-only event hosted by NYSE and the Chief Executive Group at the New York Stock Exchange in July.

About Chief Executive Group

Chief Executive Group enhances the effectiveness of CEOs and the organizations they lead. The company produces Chief Executive magazine (published since 1977), ChiefExecutive.net, original research, conferences and roundtables that enable top corporate officers to discuss key subjects and share their experiences within a community of peers. Visit ChiefExecutive.net for more information.

About Henry Schein, Inc.

Henry Schein, Inc. is the world's largest provider of health care products and services to office-based dental, animal health and medical practitioners. The company also serves dental laboratories, government and institutional health care clinics, and other alternate care sites. A Fortune 500® Company and a member of the S&P 500® and Nasdaq 100® Indices, Henry Schein employs more than 21,000 Team Schein Members and serves more than one million customers. Visit *www.henryschein.com* for more information.

Young Innovations Announces Acquisition of American Eagle Instruments, Inc.

Algonquin, Illinois, USA May 3, 2017 – Young Innovations, a leading global manufacturer and distributor of dental supplies and equipment, today announced the acquisition of American Eagle Instruments, Inc. ("American Eagle"). American Eagle is a leading global manufacturer of dental hand instruments and related supplies based in Missoula, Montana, USA.

"We are incredibly proud to partner with American Eagle," said Dave Sproat, CEO of Young Innovations. "American Eagle has a distinguished legacy of manufacturing high quality products in the USA, and their brand is well known across the globe as a superior clinical solution for dental professionals and patients." "Our acquisition of American Eagle builds on Young's foundation in preventive dentistry and allows us to offer a complete portfolio of premium branded preventive products," added Andrew Jones, Vice President of Corporate Development at Young Innovations. "We will continue to aggressively pursue our focused acquisition strategy to drive future growth in our core categories."

"The combination of American Eagle and Young's strong international customer relationships and clinical focus will support accelerated global expansion for the combined Company," said Dan Garrick, Vice President of Global Business Development at Young Innovations. "Further, the breadth and quality of the product portfolio will facilitate our ability to offer our premium products in attractive markets around the world."

"We built American Eagle Instruments over the last 25 years to provide the world's finest quality dental hand instruments, with a focus on *Better Dentistry by Design*," said Brad Heckerman, Founder and CEO of American Eagle. "We feel strongly that Young is an outstanding partner to shepherd the Company forward to continued success and the sustained development of the American Eagle Family."

Brad Heckerman will join Young on a consulting basis following the transaction. There are no changes to ordering and service procedures for customers or vendors. American Eagle products will continue to be proudly manufactured in Montana.

Young Innovations, Inc. is a portfolio company of Linden Capital Partners.

D.A. Davidson & Co. served as the exclusive financial advisor to American Eagle Instruments, Inc. in this transaction.

About Young Innovations, Inc.

Young Innovations is a leading global manufacturer and distributor of supplies and equipment used by dentists, hygienists, dental assistants and consumers. Our portfolio of brands includes products that hold leadership positions in the preventive, restorative, orthodontic, endodontic and diagnostic segments. With its mission of *Creating Smiles, Creating Possibilities,* Young focuses on delivering innovative, high-quality products and solutions to clinicians and their patients. We seek out opportunities to enhance our portfolio of brands and products through organic growth and acquisitions.

About Linden Capital Partners

Linden Capital Partners is Chicago-based private equity firm focused exclusively on leveraged buyouts in the healthcare and life sciences industries. Linden's strategy is based upon three elements: i) healthcare and life science industry specialization, ii) integrated private equity and operating expertise, and iii) strategic relationships with large corporations. Linden invests in middle market platforms in the medical products, specialty distribution, pharmaceutical, and services segments of healthcare.

YOUNG INNOVATIONS

AMERICAN EAGLE INSTRUMENTS℠ INC
better DENTISTRY by DESIGN℠

Dentaid grant helps Todos Juntos to provide dental care for children in Argentina

More children living in the slums of Buenos Aires will be provided with free dental care after international dental charity Dentaid made a grant to Todos Juntos Children's Trust, a charity dedicated to improving oral health in the Argentinian capital.

Last year Todos Juntos provided 35,000 dental treatments for children living in desperately poor communities in Buenos Aires. The charity was established in 2005 after its founder, Fiona Watson, realised the extent of tooth decay among Argentinian children and the effect that a lack of access to dental services was having on their lives. Many were suffering severe dental pain which affected their ability to eat, talk and smile. Todos Juntos now operates three Sonrisa (meaning smile) clinics in Buenos Aries which provide free dental treatment for underprivileged children. The charity also runs oral health education sessions in surrounding schools, distributes toothbrushes and toothpaste and gives one-to-one hygiene sessions for all its young patients. Services are provided by Argentinian dentists funded by Todos Juntos. Dentaid supports projects around the world that improve access to safe, sustainable and affordable dental care. In addition to running its own oral health programmes, the charity funds schemes delivered by a range of partners and is delighted to support Todos Juntos with a grant of £2000.
"Sadly about 90 per cent of children living in the Argentinian slums suffer from tooth decay and many don't even own a toothbrush or toothpaste. They are considered to be a luxury item which is a problem we see in many countries around the world," said Dentaid's overseas project manager, Jacqueline James. "When we heard about Todos Juntos and their amazing work in Buenos Aires we were delighted to support them by making this grant. Many of these children would never be able to afford to see a dentist otherwise which affects their general wellbeing and life chances. Through a combination of treatment, training and education we are committed to helping people out of oral pain and we are sure this partnership will achieve that in Buenos Aries. Fiona Watson, founder of Todos Juntos Children's Trust, added: "It is never easy to fund a small grassroots charity so I am really excited about this partnership with Dentaid. Tooth decay is the number one chronic childhood disease worldwide and yet it is probably the most forgotten of all diseases. Joining hands with Dentaid might shed a bit more light on the slum children of Buenos Aires. Behind each child we help, behind every healthy smile we give, there are still ten more children waiting in line for treatment. It is just never ending, and grants to support dental charities are very hard to come by. But as the wonderful Angela Davis quote goes 'you have to act as if it were possible to radically transform the world and then you have to do it all the time'. We're doing just that, one smile at a time, 7000 smiles a year."

For press inquiries contact press officer at Dentaid Jill Harding on +44 1794 324249 or jill@dentaid.org.

Todos Juntos

dentaid
IMPROVING THE WORLD'S ORAL HEALTH

IFDEA

The International Federation of Dental Educators and Associations (IFDEA) is a global community of dental educators who have joined together to improve oral health worldwide by sharing knowledge and raising standards.

IFDEA contributes to improving global health by improving oral health. IFDEA serves as an axis of information, best practices, exchange programmes, news and professional development for the many regional dental education associations, academic dental institutions and individual dental educators worldwide.

IFDEA will achieve its mission by:
• Operating The Global Network for Dental Education, a web-based knowledge sharing resource for the dental education community.
• Facilitating a better understanding of issues of diversity and inequality in oral health care and education.
• Pooling international intellectual resources and expertise in dental education
• Developing an accessible repository of evidence-based and useful information to support dental educators, with highly quality assured contents and specific attention to their dissemination
• Disseminating relevant and current information to dental educators on a global basis.
• Providing assistance in helping dental educators to implement recent developments in educational methodologies, research, biomedical sciences, biotechnology, information technology, and clinical dentistry, also tanks to excellent companies in IFDEA included and constantly assessed in order to provide support in high quality assured dissemination
• Promoting international peer collaboration, consultation, and dialogue in seeking to address oral health challenges on a global basis, while respecting regional priorities and structures.

History
The International Federation of Dental Education Associations (IFDEA) was inaugurated in 1992 at a dental educators' meeting celebrating the quarter-centenary (400 years) of the University of Dublin, Trinity College.

IFDEA was established to serve as the representative, independent worldwide voice for dental education by promoting advancement in dental education with the ultimate objective of improving the oral health of the public. To achieve its mission, IFDEA worked to serve as a forum for the free interchange of ideas in the field of dental education and research with an international perspective; foster communication among dental educators worldwide; search for improved methods of teaching and learning in the area of health sciences; search for improved methods and strategies for training dental educators; and foster research in health sciences education.

Since its inception, IFDEA has held periodic meetings, usually in conjunction with the annual sessions of either the American Dental Education Association (ADEA) or the International Association for Dental Research (IADR).

In March 2004, IFDEA President Dr. Mariano Sanz and IFDEA Executive Director Dr. Richard Valachovic conducted a general meeting of IFDEA to consider a new vision for the organisation. The impetus to create a new vision was precipitated by a number of factors, including the following:
• The desire to expand membership to be inclusive of all academic dentistry worldwide;
• The need to develop new services and resources to benefit current members and attract new ones;
• The opportunity to utilize information technology in innovative ways to support IFDEA's mission and goals;
• The opportunity to build on the momentum from the 2001 (Prague) and 2004 (Singapore) Global Congresses on Dental Education I and II; and
• The desire to be of mutual assistance to fellow educators wherever they are based.
To achieve its new vision, it was clear to the group that

IFDEA would need to rethink both its strategy and its structure. From its inception, IFDEA's membership was composed of representatives from national, regional and international dental education organisations as well as representatives from the many corporate and industry groups committed to improving dental education worldwide. In many parts of the world, however, there are few or no organisations that represent dental education or research. Thus, a substantial number of the world's academic dental institutions and thousands of individual educators were ineligible to participate in IFDEA.

IFDEA contributes to improving global health by improving oral health.

A New Vision for IFDEA

In 2007, fifteen years after its inaugural meeting, IFDEA returned to Dublin to re-launch the organisation. At the conclusion of the Global Congress on Dental Education III on September 8th, Mary McAleese, President of Ireland, officially launched the International Federation of Dental Educators and Associations: The Global Network for Dental Education. The name change was more than semantic; it reflects IFDEA's new strategy to connect and engage the 30,000+ dental staff at more than 900 dental schools worldwide.

We believe that academic dental institutions have the unique responsibility to educate the world's future oral health providers and to prepare students to meaningfully contribute to improving oral health globally. Through its Global Network for Dental Education, IFDEA will support the international academic dental community – including individuals, institutions, and related organisations – in this important undertaking, by serving as an axis of information, best practices, exchange programmes, news and professional development, and by supporting and contributing to the work of the many regional dental education associations and individual academic dental institutions worldwide.

Sharing knowledge and experience is a two-way process that fosters better understanding and benefits both parties. By sharing knowledge within the global dental education community, we can raise standards and improve oral health worldwide, as well as recognise the incredible innovations to be found in under-resourced regions of the world.
Together, we can improve global health.

www.ifdea.org

Calendar

August September

29/08 - 01/09 2017

FDI 2017

Annual World Dental Congress - accompanied by World Dental Exhibition Infodent's Booth: Hall 7, booth A21- A22

Madrid - Spain

www.fdi2017madrid.org
Organised by:
GrupoPacifico
Marià Cubí, 4 | 08006 | Barcelona
Phone: +34 932.388.777
Fax: +34 932.387.488
Email: eventsfdi2017@pacifico-meetings.com

Venue: IFEMA - Feria de Madrid
Avda. del Partenón, 5.
28042 - Madrid (Spain)
Phone: +34 91 722 5000
North Convention Center: Documentation Delivery
Exhibition Area- Halls 3, 5, 7

14-16 09 2017

CEDE 2017

The 26th Central European Dental Exhibition

www.cede.pl

Poznan - Poland
Organized by:
EXACTUS
Al. Kosciuszki 17 Pl.
1st floor
90-418 Lodz

Phone: +48 42 632 28 66
Fax: +48 42 632 28 59
Email: info@exactus.pl, cede@cede.pl, info@cede.pl
Website: www.exactus.pl
Venue: Poznan International Fair grounds
Add: Glogowska Str. 14
60-734 Poznan
Poland

14-16 09 2017
CEDE 2017
Poznan - Poland

25-28 09 2017

Dental Expo Moscow 2017

42th Moscow International Dental Forum & Exhibition

www.dental-expo.com

Moscow - Russia
Organized by: Dental Expo Moscow, metro "Leninsky Prospekt", 5-th Donskoy proezd, dom 15/7, 2 podezd, 4th floor
119049 Moscow, P.O. BOX 27, ZAO "DE-5"
Moscow - Russia
Phone: +7 (499)-707-23-07
Email: info@dental-expo.com

25-28 09 2017

Dental Expo Moscow 2017

Director of Moscow exhibitions:
Ms Natalia Khokhlova
Email: rus@dental-expo.com
General manager:
Mr Ilya Brodetski
Email: brodetski@dental-expo.com
Venue: Fairgrounds Crocus Expo,
Pav. 2, Halls 5, 7, 8
Moscow, Russia

October

6-8 10 2017

World Dental Show 2017

Mumbai - India
MMRDA Gorunds
Bandra Kurla Complex
Bandra East
Mumbai
Maharashtra
India Email:info@wds.org.in
Website:http://wds.org.in

12-14 10 2017

Dental World Hungary 2017

17th Edition

www.dentalworld.hu

Budapest - Hungary

Event Organizer Hungary Kft.
Hungary 1012 Budapest, Kuny
Domokos utca 9

Phone: +36 1 202 2994
Fax: +36 1 202 2993
Email: info@dental.hu
Website: www.dentalworld.hu
Venue: HUNGEXPO Budapest
Fair Center
Add: 1101 Bp, Albertirsai ut 10
Budapest - Hungary

12-15 10 2017

Sofia Dental Meeting 2017

10th International Forum on Dental Medicine

www.sofiadentalmeeting.com

Sofia - Bulgaria

Str. Stoyan Zaimov 12
Sofia 1421, Bulgaria
Phone: +359 2 866 2257 //
+359 884 27 84 83
Email: sofiadentalmeeting@
gmail.com
sofiadentalmeeting@dir.bg
office@sdm.bg
Venue: Hotel Ramada
Maria Luiza 131 Blvd
1202 Sofia - Bulgaria

19-21 10 2017

BDIA Dental Showcase

Birmingham 2017

www.dentalshowcase.com

Birmingham - United Kingdom
The British Dental Industry
Association
Email: admin@bdia.org.uk
Phone: +44 1494 782873
Website: www.bdia.org.uk

Venue: NEC
Birmingham, UK

12-15 10 2017

Sofia Dental Meeting 2017

25-28 10 2017

DenTech China 2017

The 21st International Exhibition and Symposium on Dental Equipmant Technology and Products

http://2017.dentech.com.cn

Shanghai UBM ShowStar Exhibition Co., Ltd

9F, CIROS Plaza, No 388 Nanjing West Road, Huangpu
Shanghai, 200003 - China
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Marketing and Promotion:
Melinda Wang
Tel.: +86 21 6157 3926
Email: melinda.wang@ubm.com
Venue: Shanghai World Expo Exhibition and Convention Center
Shanghai - China

25-28 10 2017
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hospimed@hospigroup.biz

Co-expo Dental World Hungary
Interested in the Eastern European market and have no idea how to reach it? Join the Infodent International Co-exhibition service at the Dental World Hungary show, 12-14 October 2017. The perfect event to find distributors and partners attending the main event in the region.

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