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DISCOVER MORE ON P. 46

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## HIGHLIGHTS

Companies looking for distributors



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Singapore's  
 Dental Market Growth



## OUTLOOK

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 No One Without It

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**HOT TOPIC**

Business Class Teeth



**47**

**MARKETING**

All About Digital Marketing

**50 DISTRIBUTORS' WALL**

**56 CALENDAR**



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**HELPFUL TIPS**

Given the current situation worldwide, we warmly invite you to double check trade shows dates, venues and booths location listed in this magazine



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# "Third Dimension" of a Trade Fair



2020 has quickly gone from a promising year for the trade events industry into one of the most damaging, and the estimated recovery period has already shifted back several times. There is a different account every day of what the future looks like. One day a vaccine will be available in September, the next in 18 months. The most challenging aspect is that nobody really knows, unless we don't experience some breakthrough announcement like a vaccine, herd immunity or cure, in the next two or three weeks.

In this terribly confusing scenario, *Infodent International* has been working hard to support its dental industry with digital visibility. Initially scheduled for end of year, we have promptly implemented our **Smart Medical Fair platform**, by giving our customers the support of a virtual trade fair, open all year round. Whenever we will go back to normal activities, or whatever the future might bring, our virtual trade fair will be there to support the industry. **Our digital experience is not meant to replace "face-to-face" events and interactions, essential for business, but rather enhance them, prolonging the marketing time to discover a brand, instead of rushing buyers at a trade show event.**

At present, dental trade shows have either been canceled entirely or pushed back to later in the year, with only a few making the leap to virtual. Educational sessions, conferences and seminars are making a relatively smooth transition to virtual as there is quite a lot of precedent for content-driven formats online already, but trade shows are arguably one of the most challenging events to virtualize. They are very sensory in nature, you use all five senses to feel and experience them, whether that is examining a new product or shaking someone's hand to build a relationship. They are built entirely around the in-person experience, including people's ability to walk around from one booth to the next and engage in constant, often unplanned interactions with both exhibitors and each other. Attendees might happen to find a new supplier next to the booth they were originally planning to visit.

Of course, certain product demos can also be scheduled and conducted virtually, and online events offer many opportunities to increase sponsorship and branding, extending their reach outside the show floor. Similarly, virtual events hinder exhibitors' ability to hand out tangible samples or branded products, and many attendees may find it necessary to physically see or try a product before they agree to a sale. Exhibitors will nevertheless face new advantages in a virtual format as they will save a lot of money while capturing focused customers with unlimited world visibility; they may also feel more comfortable managing the experience through their own online channels, where they will have more control over presentation and potentially less direct competition within an existing space or platform of people.

When looking at the pros and cons, it's not likely that virtual trade shows will take over live events anytime soon. But, if done as an augmented part of an in-person event, the blending of face-to-face and online interaction can certainly help to expand the audience reached. A hybrid third dimension is what we believe in. Taking the best that the technology has to offer while retaining all the benefits of face-to-face interaction. There is an opportunity for both sides to learn from each other.

**Smart Medical Fair** wants to focus on the time-period the selling of a product remains open online. A typical trade show lasts three to five days and is held in a specific location, our exhibitors can extend their visibility anytime during the year and all over the globe by constantly changing, adjusting and updating their virtual booth space, showcasing products and novelties to a selected remote audience, in line with our core business of connecting dental manufacturers with dental dealers worldwide.

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Leetrac. For more details or questions, please visit our website [www.bnlbio.com](http://www.bnlbio.com) or contact [customerservice@bnlbio.com](mailto:customerservice@bnlbio.com) (+ 1-844-265-2460).

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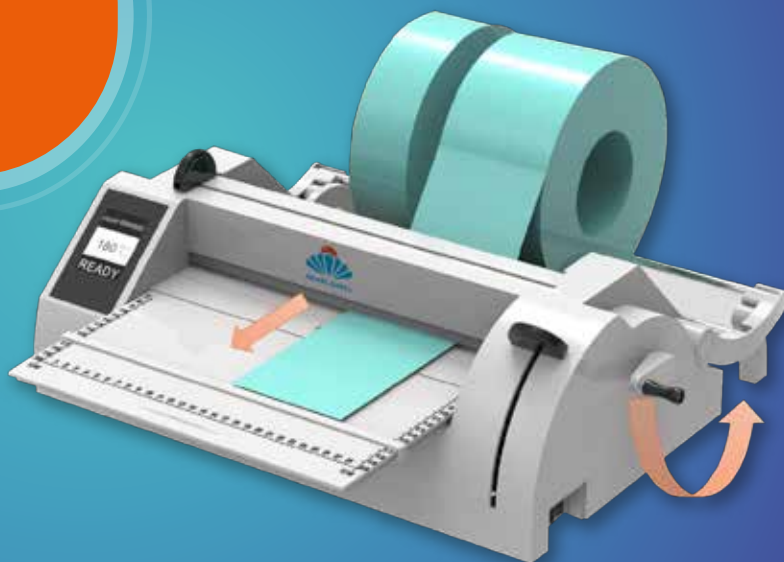


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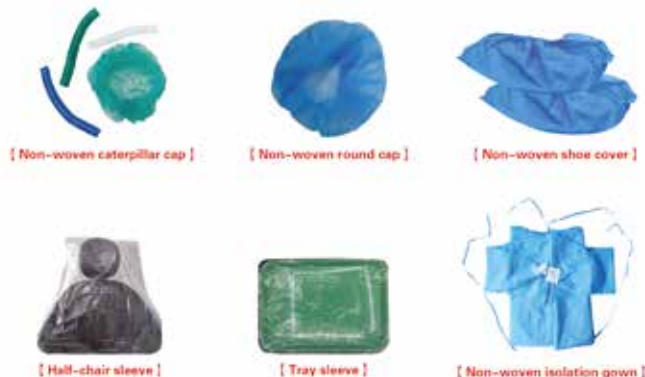
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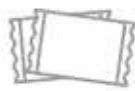
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A promotional banner for TKD dental instruments. It features three dental instruments: a BRAVIA XL turbine, a QUA turbine, and a NUCLEUS LED instrument. The background is a blue and white grid pattern. The text 'HIGH-PERFORMANCE DYNAMIC INSTRUMENTS' is prominently displayed in the center. The TKD logo is at the bottom right, along with the tagline 'SIMPLIFYING DENTAL MOTION'. Contact information for TeKne Dental srl is provided at the bottom right, including the website and email address. An ISO 13485 certification logo is also present.

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## DENTAL ALLOYS



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With multiple continuous casters and a massive cutting department, Hero is able to fill orders quickly. With over 40 years of experience, Hero provides quality and consistency.

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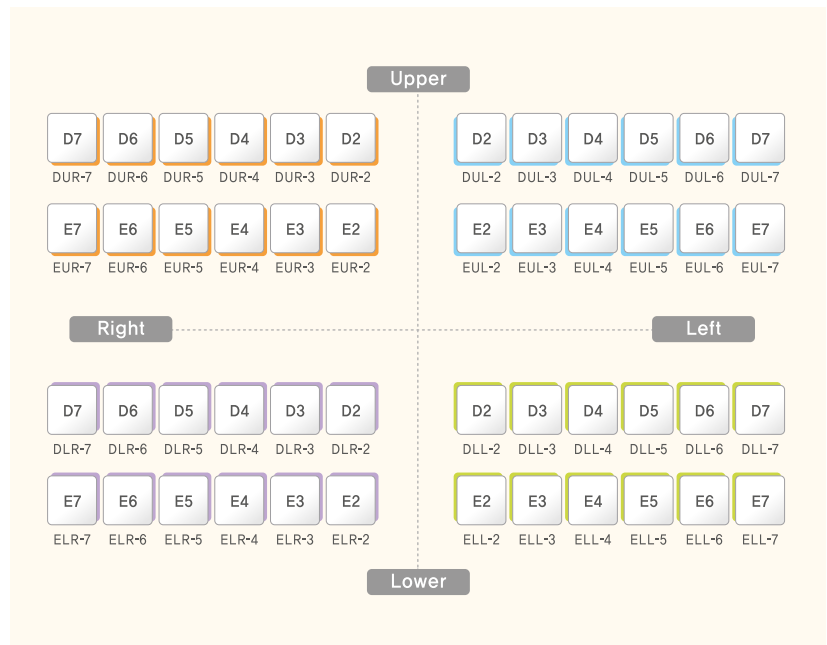
**I Crown Kit**  
pkg/96EA (48 Size x 2EA)



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## I Crown feature

1. Ergonomic design keeps natural shape
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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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## SISMA MYSINT 100 Dual Laser



MYSINT 100 is a metal 3D printer that allows the production of individual dental components starting from the digital data acquired from the patient, while optimizing the design of the elements and saving on raw materials. The possibility of exploiting small platforms with a Dual Laser system offers very high productivity, while guaranteeing excellent quality.

The MYSINT 100 series offers a range of compatible materials among the best performing on the market, also including biocompatible and certified materials. The inerting system makes it possible to use reactive materials, such as titanium alloys, in a totally safe manner, while guaranteeing optimal results. In fact, thanks to high-precision oxygen sensors and the patented gas flow system, the parts produced in MYSINT 100 are preserved by any oxidation phenomena.

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### Get more competitive.

Thanks to its two laser sources, **MYSINT 100 Dual Laser** allows for an increase of productivity up to 80%. Also, the new **MULTIPLATE system**, integrated in the work chamber, allows MYSINT 100 to print metal parts on multiple platforms in series.

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Alpha II



$\beta$ -mini

## DenTag



2020 - The year that will be portrayed in dark tones recalling the pandemic, the lockdown and all their negative consequences.

We respond to these dark times with a splash of colour by introducing this set of Gracey Curettes with coloured Titanium tips that make them recognizable at a glance. Despite the general mood, we wish to add a dash of joy and cheerfulness to the work of the people who so patiently, carefully, and bravely take care of our periodontal hygiene.

We chose EVO handles to make them lighter, safer and non-fatiguing. We made the handles white to keep them elegant, clean, and highlight the tips' colour. And our notorious quality standards remain unaltered. Also available stiff, short- and long-types.



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## Blossom Powder Free E-Z Don Nitrile Examination Gloves



We would like to introduce our new nitrile gloves that will resolve the challenges of putting on the gloves with wet hands!

The gloves are featured with **EZ-Don®** and enable users to don the gloves much easier than other gloves! These gloves are designed to shorten the process of donning

as well as to provide overall comfort fit with less resistance when donning the gloves with wet hands.



The advantages of **EZ-Don™** Gloves are :

- Easier Donning → Reduce wasted time when donning
- Better Fit → Improved glove fit even with wet hands
- Cost Saving → Less tearing of gloves

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## Baolai aims to develop the best dental piezo ultrasonic scaler in China

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MPT1 painless periodontal treatment device:

- Functions: Perio+Scaling+Endo

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COMPANIES LOOKING FOR DISTRIBUTORS  
HIGHLIGHTS

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## SABILEX: Microinjection machines - Cartridges - Materials - FLEXIBLE PARTIALS

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## Why choose TITANIUM GRADE 23?



Mesa has recently introduced in its range of products the Magnum Hyperone, made in Titanium Grade 23, also called Ti6Al4V ELI.

It is similar to Grade 5, also known as Ti6Al4V, that is the most widely used Titanium alloy in the medical industry. Specified in the ASTM F136 standard, the Titanium grade 23 is especially suitable for implants, thanks to its properties of biocompatibility, corrosion



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The main difference between the material mentioned above is that Ti6Al4V ELI contains reduced levels of oxygen (lower than 0.13%), nitrogen, carbon and iron.

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## I-View Gold



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## TRAYDEX 45 LED Light Curing Machine



This production is light-curing machine for dental laboratory use. It contains 16 levels of light intensity adjustment, 10 stages of duty cycle (flash cycle) and 5 secs to 995 secs time control.

### Four Advantages:

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2. **SAVE COST:** Stable Light Volume - High power LEDs with constant current circuit; there's no need to change UV fluorescent light tube.
3. **EASY TO USE:** Memory Setting - Multi-memory setting function; it's easy to recall the habitual settings.
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results in a quick and uniform curing cycle. This production is light-curing machine for dental laboratory use.

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## TCS Thermoplastic Resins & Equipment

### BPA/Metal Free Flexible Partial & Full Dentures



An ISO 13485 Certified Company

TCS, Inc. is a dental manufacturing company dedicated to providing dental laboratories with exceptional quality materials and equipment that are accessible and reliable. Forming strong partnerships is at the core of TCS brand, because for TCS, manufacturing is more than just a business, it is a collectivist culture.

With three resilient, high performing resins to choose from; Unbreakable™ (nylon), iFlex™ (polyolefin), and Karadent™ (microcrystalline polymer), TCS meets any removable department's needs allowing for the most reliable, functional, and uncompromising aesthetic restorations for patients with missing teeth.

#### TCS Resins:

- Unbreakable™ (nylon based) & iFlex™ (polyolefin based) - Ideal for Flexible Partial.

Available in 4 pink shades and natural.

- Karadent™ (microcrystalline polymer) - Ideal for full dentures, clear clasps, & frameworks. Karadent™ combines the strength of nylons with the simplicity of acrylics. Available in Standard Pink & Crystal Clear.

Additionally, TCS offers a variety of injection units and accessories for every size lab and budget.

#### Packaging:

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#### Contact:

Abraham Cortina, VP of Business Development and Sales. [abraham@tcsdentalinc.com](mailto:abraham@tcsdentalinc.com)  
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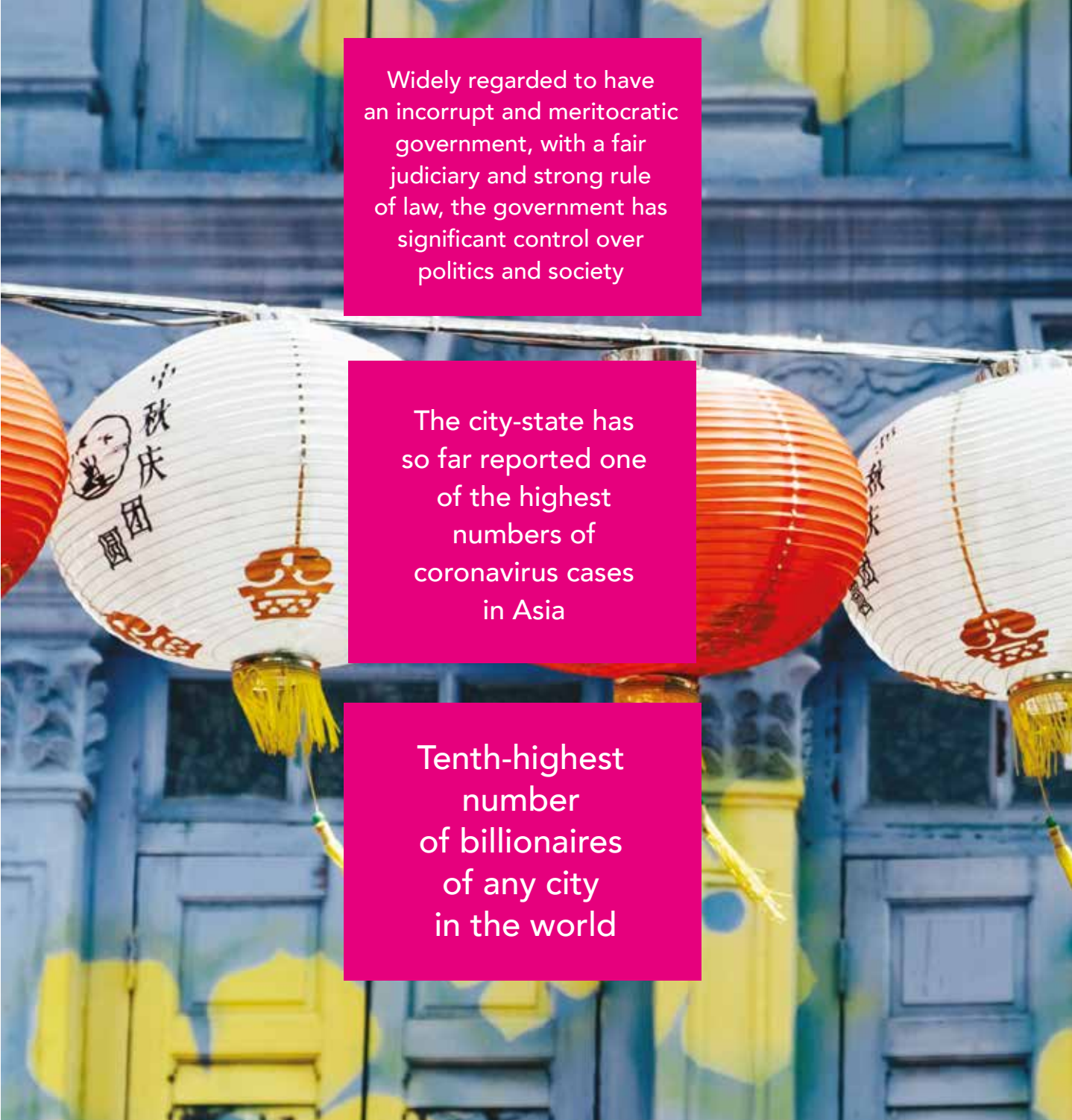
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## FOCUS

# Achieving More with Less, Singapore's Unique Healthcare System

Author: Silvia Borriello  
[silvia.borriello@infodent.com](mailto:silvia.borriello@infodent.com)

FOCUS

The background image shows a string of traditional Chinese lanterns in white and orange, hanging in front of a blue building with intricate architectural details. The lanterns have Chinese characters and a crown-like symbol on them. The scene is brightly lit, suggesting a festive or cultural event.

Widely regarded to have an incorrupt and meritocratic government, with a fair judiciary and strong rule of law, the government has significant control over politics and society

The city-state has so far reported one of the highest numbers of coronavirus cases in Asia

Tenth-highest number of billionaires of any city in the world



Singapore's economy is expected to shrink by between 4.0% and 7.0% this year, the third official downgrade in economic forecasts by the Ministry of Trade and Industry this year, also due to the Covid-19 outbreak

Seventh-highest GDP per capita in the world

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

The government of Singapore regulates both public and private health insurance in the country. **It offers universal healthcare coverage to citizens, with a financing system anchored in the twin philosophies of individual responsibility and affordable healthcare for all.** Coverage is funded through a combination of government subsidies (from general tax revenue), multi-layered healthcare financing schemes, and

private individual savings, all administered at the national level. The first tier of protection comprises government subsidies of up to 80% of the total cost of care provided in public hospitals and primary care polyclinics. This is supported by a group of savings and insurance programs known as the "3Ms" system—for Medisave, MediShield, and Medifund—which plays a critical role in maintaining the public's health and welfare.

The first tier of protection comprises government subsidies of up to 80% of the total cost of care provided in public hospitals and primary care polyclinics. This is supported by a group of savings and insurance programs known as the "3Ms" system

	Total Population 2018, million	GNI per capita, 2018 (current USD)	Current Health Expenditure, 2017 (% of GDP)
<b>Singapore</b>	5.63	58,770	4.44 %
<b>Indonesia</b>	267.66	3,840	2.99 %
<b>Malaysia</b>	31.52	10,590	3.86 %
<b>Thailand</b>	69.42	6,610	3.75 %
<b>Philippines</b>	106.65	3,830	4.45 %
<b>Vietnam</b>	95.540	2,360	5.53 %
<b>Cambodia</b>	16.24	1,390	5.92 %
<b>Laos</b>	7.06	2,450	2.53 %
<b>Myanmar</b>	53.70	1,310	4.66 %

GNI= Gross National Income / GDP = Gross Domestic Product  
Source: World Bank

**Medisave - is a mandatory national medical savings program that requires workers to contribute a percentage of their wages to a personal account, with a matching contribution from employers.** Funds in the account are used, under strict guidelines, to pay for health services such as hospitalization, day surgery and certain outpatient expenses, and health insurance for the account holder, as well as for family members.

**MediShield - is a low-cost catastrophic health insurance scheme to help policyholders meet the medical expenses from major or prolonged illnesses that their Medisave balance would not be sufficient to cover.** MediShield operates on a copayment and deductible system. The premiums for MediShield are payable by the insured through Medisave. Singaporeans are automatically enrolled in the program. As a catastrophic insurance program, MediShield generally does not cover primary care, prescription drugs, preventive services, mental healthcare, dental care, or optometry.

**Medifund - is the government endowment fund set up to aid the indigent. The fund covers citizens who have received treatment from a Medifund-approved institution and have difficulties affording their medical expenses despite government subsidies, Medisave, and MediShield coverage.** In 2013, the government set up Medifund Junior for needy children and extended Medifund to primary care, dental services, prenatal care, and delivery services. The ElderCare fund subsidizes care for low- and middle-income patients in intermediate and long-term care facilities.

**Private health insurance -** A range of private insurance plans are available from for-profit insurers to supplement MediShield coverage. Called Integrated Shield Plans, they are funded from individuals' Medisave accounts. Singaporeans also have the option of purchasing other types of private insurance, although premiums for these cannot be paid for with Medisave funds. Employers may also provide insurance to employees as a benefit.

**Differently from most countries, Singapore adopts a modified national insurance scheme, in which healthcare is funded jointly by insurance through MediShield,**

**plus revenue from taxes, plus savings from Medisave, a system unique in the world, nonetheless achieving similar, or even better, outcomes to most developed countries with less spending.**

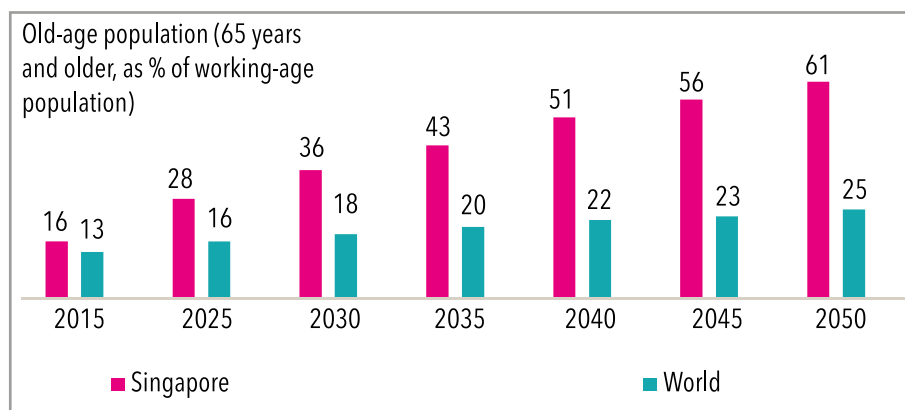
Singapore spends on average about 4.7% of its GDP annually on healthcare, providing universal coverage with multiple layers of care, compared to around 9% of GDP in the UK or 17% in the USA. Increasingly acknowledged for having achieved excellent healthcare outcomes at modest costs, Singapore's system seems to be functional compared to a pure national insurance scheme where healthcare is provided for free but creates over consumption and over-servicing. A confirmation comes from Singapore's second ranking in the Bloomberg Healthcare Efficiency Index 2016. Among its ASEAN peers, Singapore spends the most annually in healthcare on a per capita basis (USD 2,752, 2014 data) and this is expected to rise faster than GDP given the aging population and changes in demographics.

The government has numerous ways of keeping the healthcare "demand" in check, including copayments, deductibles, and restrictions on the uses of Medisave and MediShield for consultations, treatments, and procedures. These controls discourage unnecessary doctor visits, tests, and treatments.

Costs are controlled first and foremost by fostering and controlling market competition: the government directly regulates the market when it fails to keep costs down. It can also regulate prices for services provided in the public hospitals, as well as the number of public hospitals and beds. Within this environment, private-sector providers must be careful not to price themselves out of the market. At the same time, the government sets cost-recovery targets for each hospital ward class, thereby indirectly keeping public-sector hospitals from producing "excess profits."

The *Central Provident Fund* is the umbrella account under which Singaporeans save for retirement, housing costs, and medical care (through the "3Ms"). There have been periodic increases in both employee and employer matching contribution rates in recent years, including an increase in the Medisave employer contribution rate in 2015. Increases are intended to encourage low-wage workers to save more for their retirement and medical needs and to have better access to care, in addition to the government's additional contributions to Medisave accounts; the latter are also provided to the elderlies.

### Fast-growing Burden of an Ageing Population Old-age Population (65 years and older, as % of working-age population)



Source: U.N. Population Division, International Labour Organization, World Bank, International Monetary Fund, 2017

Within this environment, private-sector providers must be careful not to price themselves out of the market.

**The government is highly committed to Singapore's healthcare needs, installing a long-term plan to raise GDP spending on healthcare to 8% (up from the current 4.7%) and while medical spending was around 9m SGD in 2015, it is expected to reach 13 bln SGD in 2020.**

Singapore has strong fundamentals in healthcare excellence, providing strong infrastructure and universal health coverage. This emphasis on quality care has enabled the country to achieve high life expectancies, fourth in the world, and the lowest infant mortality in the world. The challenge is that it has one of the fastest aging populations in Asia, which will translate to a greater demand for specialized elderly care amid rising costs.

The private sector consists of private healthcare and private insurance. The increasingly large private sector provides care to those who are privately insured, foreign patients, or public patients who can afford what often amounts to high out-of-pocket payments above the levels provided by government subsidies. In 2013, private spending accounted for 69% of total health expenditures, of which 88% represented out-of-pocket spending, including that covered and reimbursed by employer health insurance benefits. Furthermore, the government uses the capacity of the private sector to reduce waiting times in the public sector.

**Government hospitals account for 80% of all hospital beds in Singapore while the private sector accounts for 20%.** Under Healthcare 2020, over 4,000 new public hospital and community hospital beds will be added. Currently, there are an estimated 12,000 hospital beds, equal to a rate of 2.2 beds per thousand people. Three quarters will come from the public sector with the private sector accounting for the rest.

Primary care is administered mostly by private providers. Twenty public polyclinics (multidoctor primary care clinics) provide subsidized outpatient care, immunizations, health screenings, pharmacy services, and sometimes dental care. **Although accessible to all Singaporeans, these clinics generally serve the lower-income population; the bulk of primary care is delivered by private general practitioner (GP) clinics.** The Singaporean healthcare system is strengthening its ties to private GP networks. The Community Health Assist Scheme, introduced in 2012, provides portable subsidies to Singaporeans from lower- to middle-income households to obtain treatment at private primary care providers. The scheme subsidizes visits to participating private clinics for acute conditions, specified chronic illnesses, specified dental procedures, and recommended health screening.

Medical devices are regulated under the Health Products Act and Health Products (Medical Devices) regulations. The *Health Sciences Authority* regulates the manufacture, import, supply, presentation, and advertisement of health products—including conventional drugs, complementary medicines, cosmetic products, medical devices, tobacco products, and medicinal products for clinical trials. Its mission is to ensure that all meet internationally benchmarked standards of safety, quality, and efficacy. Almost all medical devices are regulated. Class A medical devices supplied in a non-sterile state are exempted, however, Class A sterile, Class B, C, and D medical devices are subject to product registration requirements. Classification

## The strong local demand for a better health service has created an excellent market for foreign companies, which supply around 85% of health equipment in Singapore.

rules are adopted from the guidance developed by the Global Harmonization Task Force. The *Group Purchasing Office* consolidates drug purchases at the national level. One goal of this system is to keep drug prices affordable by containing the costs of pharmaceutical-related

expenditure. The *Group Purchasing Office* also purchases medical supplies, equipment, and informational technology services for the healthcare system.

The high level of population well-being and efficient medical system make Singapore

<b>Primary care facilities:</b>	
Public-Polyclinics	20
Private – General Practitioner Clinics	2,304

<b>Acute Hospitals*</b>	<b>Total 19</b>
public	10
not-for-profit	1
private	8

Note: \*Comprises both general hospitals and specialty centers (excluding Psychiatric Hospitals) with acute care inpatient facilities.

<b>Community Hospitals*</b>	<b>Total 9</b>
public	5
not-for-profit	4
private	0

Note: \* In Singapore, community hospitals are a class of hospitals that provide continuation of care after discharge from acute hospitals, including rehabilitation and therapy.

Source: Ministry of Health Singapore

	<b>2017</b>	<b>2019</b>
<b>Total no of doctors</b>	<b>13,386</b>	<b>14,279</b>
Public	8,573	9,030
Non-Public	4,107	4,439
Not in Active Practice	706	810
<b>No. of Specialists</b>	<b>5,338</b>	<b>5,881</b>
<b>No. of Non-Specialists</b>	<b>8,048</b>	<b>8,398</b>
Doctor to population ratio	1:419	1:399
Doctor per 1,000 population	2.4	2.5

	<b>2017</b>	<b>2019</b>
<b>Total No. of Nurses/Midwives</b>	<b>41,440</b>	<b>42,777</b>
Public	25,388	26,079
Non-Public	10,344	11,180
Not in Active Practice	5,708	5,518
Nurse to Population Ratio	1:135	1:133
Nurse per 1,000 population	7.4	7.5

Source: Ministry of Health Singapore



one of the most attractive countries for the medical device sector. **Singapore is also renowned for its role as a healthcare hub for the region, offering Asia's best healthcare system, and treating patients from neighboring Malaysia, Brunei, Indonesia, Thailand, Philippines, and more recently, from the Americas, Europe, and the Asia Pacific.** The device market in Singapore is expected to have reached a value of SGD 1,038.5 million, an important figure, especially in consideration of the limited size of the island and the number of inhabitants. The strong local demand for a better health service has created an excellent market for foreign companies, which supply around 85% of health equipment in Singapore. Market leaders are the United States, Germany, and Japan.

In 2018, imports of medical equipment and supplies to Singapore increased by 8% over the previous year due to an increased spending associated with the establishment of new hospitals and healthcare facilities. **Demand for medical equipment comes from public and private hospitals and clinics. The Health Ministry**

**is the largest consumer, accounting for nearly 70% of local demand.** At present, more than 75% of products imported into Singapore are subsequently re-exported.

As a matter of facts, according to Frost and Sullivan, Asia Pacific's healthcare market is estimated to contribute close to 33% of the global healthcare market and estimated to be valued at \$521 billion, with trends in the medical device industry in Asia mainly centered on imaging, cardiovascular, blood pressure monitoring and healthcare IT. **In addition, ASEAN has been developing a uniform system for registering and assessing medical devices across the ten-member countries. Various ASEAN economies have started adoption of the ASEAN Medical Device Directive (AMDD). This requires ASEAN countries to adopt uniform classification criteria for medical devices.** Although adherence to the basic principles of the AMDD in ASEAN will likely only take place in the next few years, this will allow manufacturers to easily access a common medical device market with market size of more than 600 million people.

Healthcare demand and spending is thus forecasted to increase in Singapore due to an aging population, heavier chronic disease burdens, advances in technology and rising expectations. A US\$5.6 billion budget was allocated to address infrastructure concerns in the short and long term, as well as healthcare provision and subsidies for the poor. Over the medium term, five new public hospitals and up to twelve more polyclinics will be built by 2030 to ensure that Singapore has adequate healthcare coverage. The National Centre for Infectious Disease opened in April 2019 a new 330-bed hospital for infectious disease to address the reality of increasing infectious disease threats due to more global travel and increased connectivity. A key feature is its high-level isolation unit for treating high-risk pathogens and bio-threat agents. In addition, a new 12-story, US\$135 million National Heart Center building, three times larger than the size of the existing one, is currently being built at the Singapore General Hospital and is scheduled for completion in 2020. Other infrastructure projects are scheduled to progressively come on stream between 2022 and 2036.

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**FOCUS**

# Singapore's Dental Market Growth

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FOCUS



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A 2016 report published  
by Lancet medical journal  
has placed Singapore in  
the top ranks for global  
healthcare, along with  
Iceland and Sweden.

According to a report by Business Monitor International, the Singapore market for dental products is expected to reach US\$ 38.7 million by 2020. This growth can be attributed to the rising middle-class that is increasingly demanding more and better-quality dental treatment.

Placed highly in key social indicators: education, healthcare, quality of life, personal safety and housing, with a home-ownership rate of 91%

Major financial and shipping hub, consistently ranked the most expensive city to live in since 2013, has been identified as a tax haven

Dental treatments are generally not claimable under the Medisave scheme (the mandatory national medical savings program) unless the treatment involves surgery and is performed due to medical reasons (gum surgery, sinus lift, bone graft, surgical removal of retained roots/fractured teeth, wisdom tooth surgeries, dental implants). **Non-surgical dental treatments such as extractions, root canal treatment, restorative (crowns, bridges, fillings), orthodontic treatment, dentures, teeth whitening etc. are not Medisave-claimable and are therefore paid privately.** Dentists, orthodontists and oral-surgeons practice in public and private clinics, hospitals, and medical centers throughout the island. You can search for a registered dentist, a dental specialist, dental hygienists, or dental therapists through the Singapore Dental Council (SDC) website.

In 2004, Nanyang Polytechnic (NYP) incorporated the Dental Hygiene curriculum into the diploma of Dental Therapy program, to meet the increased essential dental needs for the adult population. This diploma aimed to provide holistic education for the Oral Health Therapist (OHT) trainees to be skillful in both Dental Hygiene and Dental Therapy procedures. OHTs must be licensed by the Singapore Dental Council to practice in Singapore. They are trained to provide basic dental services such as scaling and polishing of teeth, fillings, and extractions of primary teeth for patients below 18 years of age as well as providing oral hygiene instructions. OHTs work under the direct and indirect supervision by the dentists. **Despite the first batch of OHTs graduated from Nanyang Polytechnic in 2005, it was only in 2008 that OHTs were granted to be licensed to practice in both public institutions and**

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

Source: Ministry of Health Singapore

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

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

**PUBLIC SURVEY**

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

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

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

**private practices under the Dental Registration Act.** There were 345 practicing OHTs in Singapore in 2013. Given the clinical remit of dual-qualified OHTs, their contribution to the treatment of dental diseases and maintenance of oral health for the Singapore population could be more expansive.

**Data shows that Singapore has a low ratio of dental professionals to clients, nonetheless the general status of dental and oral hygiene of Singaporeans is good, when compared to other countries around the world.** Attributed to this success is the Singapore's government's fluoridation of potable water initiative (with 0.7ppm of fluoride) in the late 1950s, preventive programs and the widespread use of fluoridated toothpaste among the general population. As a result of effective oral health measures, the dental work done by dental practitioners has shifted from the traditional "drill and fill" regime to one that focuses on enhancing the patient's aesthetic appearance. On the other hand, Singapore has a population that has tripled in 30 years, reaching 5.6 million in 2018. The aging population also continues to increase with 14.4% of citizens aged 65 and above as compared with 12.4% in 2014, determining a growing demand for more dental care. There is a greater need for more healthcare providers as oral diseases, such as caries and periodontal disease remain as one of the most prevalent problems. **At the same time, many dental needs are still not met, due to barriers such as time, high cost of treatment, lack of dental education and dental providers.**

According to a recent study, six in 10 Singaporeans did not have dental check-ups every six months as advised by dentists, and 43% visited a dentist only when they had problems like a toothache. There is still a lack of emphasis and knowledge with regards to oral health to the adult population in Singapore, particularly those of the older age groups. Motivation, which is derived from within, is said to have affected numerous programs which have attempted to enhance oral hygiene. **Lack of financial resources or insurance coverage is a serious barrier to access. It is well known that socio-economic status and level of education affects the periodontal status of a person. Also, compared to medical insurance, there are not many companies offering dental insurance plans to the public.** The perceived value of a person

On the other hand, Singapore has a population that has tripled in 30 years, reaching 5.6 million in 2018.

The aging population also continues to increase with 14.4% of citizens aged 65 and above as compared with 12.4% in 2014, determining a growing demand for more dental care.

is an important part of the belief system that causes lower utilization of dental services with 39% of Singaporeans visiting the dentist at least once in 2 years. There is also evidence that oral health behavior of children and adolescents could be influenced by family background particularly in relation to that of the parent's education level.

The emphasis of the public healthcare service is in preventive dentistry mainly targeted at pupils in schools. The implementation of the School Dental Service program, through a network of 233 static field dental clinics located in schools, a school dental service center as well as 30 mobile dental clinics, aimed at preventing and treating dental caries in school children (6-18 years), has proven to be extremely

successful. The DMFT (Decayed, Missing and Filled Teeth) Index of 0.41 among 12-year-old children puts the country on par with other similar industrialized nations. The preventive program includes basic dental care, scaling, polishing, fissure sealants and education on oral hygiene. Nonetheless, despite the results achieved, Singapore continues to struggle with early childhood caries. One study reported a prevalence of 40% among 3-6-year-old children, with a racial and lower socio-economic status predilection, while another study conducted among 18-48-month-old infants reported a caries prevalence of 48%. On this regard, a new dental research institute has been launched last November (2019) to tackle Singapore's oral health issues. In fact, a 2016 survey found that almost one in three Singa-

	Density of dentistry personnel (per 1000 pop.), 2007-2016
Cambodia	0.0
Indonesia	0.0
Laos	0.1
Malaysia	0.5
Myanmar	0.1
Philippines	0.0
Singapore	0.4
Thailand	0.3
Vietnam	-

Source: World Health Statistics, WHO

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

Source: Ministry of Health Singapore

oreans aged 60 and above - or 31% of the age group - were totally toothless. This is considerably higher compared with other developed nations, where on average only 17-20% of the same age group have no teeth at all and only 9% of those aged 80 and above have 20 teeth or more. To address this problem, the National Dental Research Institute Singapore (NDRIS), which is a collaboration between the National Dental Centre Singapore (NDCS) and SingHealth Duke-NUS Academic Medical Centre, taps NDCS' clinical and research capabilities and partnerships with other academic and research institutions and aims to driving oral health research in Asia.

**Singapore provides some of the most advanced dental care in the region. With one of the highest per capita income in Asia, Singaporeans demand for the best and most sophisticated dental care is strong.** According to a report that highlighted the results of a survey conducted by the Singapore Dental Association, nearly 45% of the population visits the dentist at least twice a year although the report also highlights public con-

	2017	2019
<b>Total No. of General Dental Practitioners</b>	<b>1,943</b>	<b>2,107</b>
Public	365	379
Non-Public	1,516	1,664
Not in Active Practice	62	84
<b>Total No. of Dental Specialists</b>	<b>350</b>	<b>368</b>
Public	112	130
Non-Public	232	237
Not in Active Practice	6	1
<i>By Specialties (year 2020):</i>		
Dental Public Health		4
Oral & Maxillo-Facial Surgery		68
Pediatric Dentistry		27
Prosthodontics		67
Endodontics		49
Orthodontics		108
Periodontology		47

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

cern about the rising dental treatment fees. Besides serving a more affluent and demanding resident population, dental practitioners have also seen a marked increase in foreign patients seeking dental treatment in Singapore. Wealthy patients from Indonesia, Brunei, Thailand, Malaysia, Philippines, Hong Kong, Cambodia,

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

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

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

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

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

China, and Vietnam began to visit Singapore for medical care in the 1980s. To raise standards the Ministry of Health announced in November 2007 that dental specialists must meet certain criteria to stay registered. They must be recertified after eight to 10 years if they want to remain on a first-ever register which came into effect in January 2008. Under the new Dental Registration Act, the dentists must have 70 hours of continuing professional education over two years.

The DMFT (Decayed, Missing and Filled Teeth) Index of 0.41 among 12-year-old children puts the country on par with other similar industrialized nations.

## Singapore Dental Association

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## Singapore Dental Council

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The Singapore Dental Council is the self-regulatory body for the dental professions constituted under the Dental Registration Act (Chapter 76). Its key objectives are to promote high standards of oral health and to promote the interests of the dental profession in Singapore.

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Mount Elizabeth Medical Centre (Parkway Holdings Limited)  
Mount Elizabeth Novena Specialist Centre (Parkway Holdings Limited)  
National Dental Centre of Singapore (SingHealth Group)  
National University Hospital Dental Centre (NUHS Group)  
Novena Medical Centre  
Paragon Medical Centre  
Raffles Hospital  
Tan Tock Seng Hospital  
Thomson Dental Centre & Specialist Dentistry

For more info, Singapore Dental Association <http://sda.org.sg/links/>

### NEW NATIONAL CENTER FOR SPECIALIST DENTAL CARE, EDUCATION AND RESEARCH

With its opening on July 2019, the \$370 million National University Center for Oral Health Singapore (NUCOHS) becomes the second national facility in Singapore to offer specialized dental health services. The new national specialty center provides a comprehensive spectrum of dental care from orthodontics, to pediatric dentistry, periodontics, as well as oral and maxillofacial surgery, which addresses diseases and injuries to the face, mouth, and jaw. Together with the existing National Dental Centre Singapore in Outram Campus, NUCOHS will significantly increase capacity for subsidized specialist dental treatment for more severe or complex dental conditions.

In line with the rising demand, NUCOHS increased its capacity from 300 patients a day at National University Hospital's (NUH) University Dental Cluster to treating 500 patients a day when fully operational. This represents a 40 % increase from NUH's current patient capacity. The new center is equipped with patient-centric facilities to manage the oral health needs of elderly patients, as well as those with special needs and co-existing medical conditions rendering routine dental treatment that are more complex. Other than patient services, the 11-storey building also has training and research capabilities, as part of its partnership with the NUS Faculty of Dentistry. One floor is dedicated to research laboratories. NUCOHS can also accommodate the relocated NUS Faculty of Dentistry and increase annual undergraduate student intake from 60 to 80 by 2021.

**National University Centre for Oral Health Singapore**  
NUCOHS <https://www.nucohs.com.sg>

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# MARKET OUTLOOK

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# Healthcare in URUGUAY

## No One Without It

Population  
**3.4**  
 million

Uruguay stands out for being an egalitarian society, for its high income per capita, low level of inequality and poverty and the almost complete absence of extreme poverty

Classified as high-income country by the World Bank

GDP per capita (USD)  
**17,014**

In relative terms, its middle class is the largest in America, representing over 60% of its population.

According to the Human Opportunity Index (World Bank), Uruguay has managed to attain a high level of equal opportunities in terms of access to basic services such as education, running water, electricity and sanitation.

Institutional and political stability as well as low levels of corruption are reflected in the high level of public trust in government.





In the 1950s, The New York Times called Uruguay as 'Switzerland of South America.' A lot has happened since then, including a military rule but, over the last decade, stable democracy, effective social policies and reforms, as well as a healthcare on par with international standards has given the country solid bases, turning it into one of the most attractive nations to investors in Latin America.

For the first half of the 20th century Uruguay and Argentina had the most advanced levels of medical care in Latin America. Military rule from 1973 to 1985 adversely affected standards nonetheless, Uruguay's strong economic growth through the last decade (4.1% average GDP growth from 2003 to 2018) has allowed its healthcare sector to flourish again and the system is today run through two types of sub-sectors, public and private. **In 2007, the government created an Integrated National System of Healthcare (SNIS) which oversees both the public and private sectors. The SNIS regulates the right to health protection for all inhabitants of the country through a National Health Insurance system, which is financed by the National Health Fund (FONASA).** Thus, citizens in Uruguay can opt from a variety of healthcare options as public sector hospitals and clinics operate throughout the country and those who cannot afford treatment in the private sector choose the public healthcare system instead.

Public expenditure on healthcare has increased in the years to approximately 8.6-9% of GDP, with the public sector representing over 70% of these expenditures. **The public sector comprises two main programs: direct public healthcare for people living in poverty - a program that has existed since the end of the 19th century - and the National Health Insurance System, launched in 2007, which subsidizes the private healthcare of all workers, their spouses and dependent children under 18 years as well as pensioners and retirees. It currently covers some inactive workers and is moving towards universal coverage.** Coverage of the National Health Insurance System increased from 23% of the population in 2007 to over 70%; nevertheless a percentage of the population may still fall outside either because they belong to one of the special

schemes, or because they work in the informal sector of the economy and lack the resources to pay for a healthcare provider. Health sector funding is complex, mixed between public and private sources. Multiple funding comes from central government funds, user contributions and state transfers.

*Public Health* - The ASSE (*Administración de Los Servicios de Salud del Estado*) is the principal actor in the public sector, it is mostly funded by the national budget (taxes and nonbudgetary resources from sale of services), but also from healthcare premiums paid by FONASA (which funding comes primarily from employee and employer social security contributions), as well as general revenues covering imbalances. **Currently, the ASSE covers a little more than one-third of the country's population, or about 1.2 million people.** It mainly serves as a social safety net, providing comprehensive free care to low-income residents.

**FONOSA is an autonomous State entity created by the Frente Amplio government in 2007 to entitle all employees (public, private, self-employed) and pensioners to healthcare outside of the public health system.** The public system would still be free but was to be reserved for those outside of these broad categories. All legally registered employees, sole traders ("*Unipersonal*"), including the sub-category of "*Monotributistas*" for very small businesses, public employees, unions, pensioners (state and private) and retirees are entitled to private health coverage under FONOSA. Coverage extends to all family members, i.e. spouses and under 18 year of age and over if they are registered as disabled. The Fund, as a direct provider of health services, also covers care for workers during pregnancy and childbirth, as well as ordinary pediatric care up to age 6; dental and orthodontic care and social welfare up to age 9. It owns one hospital and several maternal and

child centers in the capital, Montevideo. In other parts of the country, the Fund contracts services to the Ministry of Public Health (MoPH) or Medical Assistance Institutions (IAMCs).

While initially private workers were not able to opt for the public health sub-system, all insured citizens can now select from either the private or public sector system.

*Private Health* - The principal actor in the private sector is the group of Collective Medical Assistance Institutions (IAMC- *Instituciones de Asistencia Médica Colectiva*). These are private institutions, but their principal source of financing comes from public funds from FONOSA. The population entitled to care under the IAMC subsystem breaks down as follows: 90% are FONASA members, 5% are individual members, which means that they pay directly out-of-pocket and 5% are collective members, who are entitled to benefits as a result of agreements between the IAMCs and other institutions.

**Following the introduction of the private-hospital membership plans by the IAMCs, the most popular being *Mutualista*, a large number of people moved from the public healthcare system to the private medical care system with currently approximately two-thirds of the population receiving healthcare services from the IAMC sector.** *Mutualista* is an affordable private-hospital membership plan that comprises a monthly membership fee (around \$100 per month) and a small co-payment when the insured patient uses hospital's services. The hospital provides members everything from routine doctor visits to emergency room care and major surgery. **All hospital plans-including mutualistas-have various drug prescription discount programs, too. Non-emergency optometry and dentistry, as well as visits to a psychologist, are not included services with most plans.** Hospitals that offer *mutualistas* are private companies, each setting

its own standard regarding age limits and pre-existing conditions for non-employed members. In addition to private health-care options however, a healthcare plan is also available through the ASSE, the public healthcare system, by making monthly payments like a mutualista. The public system in this case is available to anyone, regardless of age and pre-existing conditions. The presence of the *mutualista* model puts less pressure on the public healthcare system in Uruguay, resulting less overcrowded and with improved quality over the years, becoming to acceptable quality. Service standards of the public hospitals in Montevideo seem to be generally lower than those in a mutualista but some citizens still use public services to have access to medications that are not available with a *mutualista*. The university hospital (part of ASSE), for example, has top medical specialists for specific diseases or conditions. Outside Montevideo, ASSE hospitals often have a better service reputation, with often more citizens using the public option. The IAMCs are independent organizations that compete with one another, they do have a high degree of autonomy. **The greatest constraint to that autonomy is that the State sets a price ceiling on monthly premiums. This might force some of them to recover the difference by charging higher prices for other services outside the “basic package”.** The IAMCs are scattered throughout the country. To a large extent, with the implementation of the Integrated National Health System, social segmentation has been overcome with regard to exercising the right to health, and there have been advances, though still insufficient, in reducing fragmentation. Nevertheless, this process is at a crucial juncture in terms of sustainability. The outcome will depend on how issues of funding, provision, care model, quality, leadership and overall regulation of the system are resolved.

**Oral Health** - Data on oral health in Uruguay are scarce however, social segmentation and fragmentation are still far from being overcome in oral health. Despite the achievements of inclusion in the health sector since 2007, with the creation of the National Integrated Health System (SNIS), the provision of dental services followed practically the same guidelines that existed before the health reform, included in the previous regulations of the Ministry of Health (Ordinance 48/1983, extended in 1987). **Thus, only a restricted set of dental procedures are included in the integrated healthcare system and the procedures laid down in SNIS are required compliance by public and private providers of SNIS. According to article 19 of Law 18,211/2007 users pay an additional value per procedure to the amount established by the government in partnership with private providers.** At the same time though, the political change that took place in Uruguay in 2005 brought the introduction of a new format in the design and implementation of social policies and programs to meet the needs of the vulnerable population. One of these institutional changes of great importance was the creation of the Ministry of Social Development (Mides – *Ministerio de Desarrollo Social*) to ensure the full exercise of the social rights to food, education, health, housing, healthy environment, work, social security and nondiscrimination. Mides created, between 2005 and 2007, the Plan of National Care to Social Emergency (Panes – *Plan de Atención Nacional a la Emergencia Social*), and, from 2008 on, the Equity Plan (*Plan de Equidad*). **Such policies aim to ensure the full exercise of citizenship rights to all Uruguayans and, especially, to those who are in a situation of social vulnerability.** This process includes the

Uruguay Works (UT – *Uruguay Trabaja*), a socio-labor integration program for unemployed adults belonging to households in socio-economic vulnerability. Thanks to the subprogram Oral Health Care (*Atención a la Salud Bucal*), for a time period of 9 months, they receive support from experts from Civil Society Organizations and are entitled to comprehensive dental care not routinely provided by the Health System of Uruguay.

**The provision of dental services within the Integrated Health System is in fact only limited to consultation, preventive procedures (health education; sealants; fluoride, demineralizing agents and cariostatic agent’s application), basic periodontal therapy, amalgam and resin restorations, extractions, surgery and medical imaging.** On the contrary dental care in UT social program ensures access to all dental procedures required by its participants, including prosthetic rehabilitations and more complex treatments. The care is financed by Mides via payment of a fee per participant. Since the start of the program however, it is observed that a significant number of people do not use the services or abandons the dental treatment without being discharged or, once the program ends (9 months) they are abandoned by the State itself, remaining without social protection, entailing the loss of their acquired rights.

At the macro level, social programs are part of the concrete interventions of the (government’s) social protection systems that provide coverage against risks that can affect the lives of individuals, such as illness, accidents, old age, poverty; and the expansion of the coverage of dental care in the adult population in Uruguay has been accomplished by programs similar to UT. In this environment, dentistry has been inserted as something “exceptional”. **As such, public oral healthcare of adults in Uruguay is the combination of access to basic services of the system with programs focused on integral care included into the social programs aimed at the most vulnerable sectors of society.** The option to expand the provision via social programs such as UT ends up reinforcing the idea that dental care is a benefit to program participants, who receive it not by their condition of citizens but for their exclusion situation. The data of the oral health condition related to dental caries (DMFT) of the UT participants who abandoned the dental treatment showed high levels of pathology, despite the free access to integral care. This result reinforces the understanding that oral

**Number of Health Professionals, by Department (affiliated with the University Professionals Retirement Fund, 2014)**

Doctors	Dentists	Chemicals Pharmacists	Midwives	Nurses	Psychologists	Other
16,317	4,974	2,550	656	6,198	5,652	4,365

Source: Caja de Jubilaciones y Pensiones de Profesionales Universitarios (CJPPU).  
 Note: doesn’t include members with no address information.  
 Includes active professionals and those that declare non-exercise of the profession.

Physicians ratio to population (2016)	3.74 /10,000 population
Dentists ratio to population (2017)	14.8/10,000 population

Source: [https://2016.export.gov/industry/health/healthcareresourceguide/eg\\_main\\_116248.asp](https://2016.export.gov/industry/health/healthcareresourceguide/eg_main_116248.asp)

**National Oral Health Survey (2010-2011)**

	35-44-year age group	65-74-year age group
Mean DMF-T	15.20	24.12
Mean number of decayed teeth	1.70	0.66
Mean number of restored teeth	4.11	2.59
Mean number of missing teeth	9.36	20.87

DMF-T = Decayed, Missing and Filled Teeth

health, while a necessity, is a social production, related to the individuals' social conditions of life, their historical traditions and representations about the body and the health-disease. **In addition to this, the response space to the needs in oral health starts to be market dentistry, private and liberal, to which most individuals have no ability to pay.** Incorporating integral dental care in the health system is the only possibility for Uruguay to transform oral health in effective right.

National studies show a still precarious oral health situation for Uruguayan adults and older people as dental assistance appears closely

linked to the socioeconomic status of individuals, where access to dentistry increases with income and education. According to the first Uruguayan National Oral Health Survey conducted between 2010-2011, the prevalence of caries, measured as an average on the DMF-T index, was 4.15 for young people, 15.2 for adults and 24.1 for older persons. In addition, more than two thirds of adolescents and young people (71.6%) went to the dentist in the last year (12 to 29 years). **Greater severity of dental caries and more decayed teeth are associated with lower socioeconomic status, use of public dental services and poor oral hygiene and oral conditions.** The na-

tional survey targeted Uruguayan adult population aged 35-44 and 65-74 years living in cities with  $\geq 20,000$  inhabitants. The samples were considered representative of the country's regions (capital area and countryside) and age groups. Despite a positive general decline in dental caries prevalence, social and economic inequalities have led to an increase in the most vulnerable groups. Subjects from the lowest socioeconomic status concentrate a higher burden of dental caries and consequently are more prone to tooth extraction. Meanwhile, wealthier individuals tend to seek regular private preventive care, with periodic routine appointments, resulting in fewer decayed teeth and lower DMF-T. **In Uruguay specifically, tooth extraction is the only treatment of caries for adults and elders provided by public healthcare services, since there are no preventive measures specifically targeting these population groups.** Since dental caries was also associated with use of public healthcare services and low socioeconomic status, the study indicates that the Uruguayan healthcare system is not prepared to treat oral health problems in disadvantaged people, even when this need is perceived. In the adjusted model, DMF-T was associated with

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older age, while the number of decayed teeth was higher in middle-aged adults. According to previous findings, this could be explained by the cumulative nature of the DMF-T index. Older adults probably experienced more dental caries over the course of life and treated caries according to their past needs and conditions. **Additionally, in the early 1990s, Uruguay adopted community water fluoridation and an important change in the dentistry school curriculum, focusing on a more preventive model with a humanistic and holistic approach, following the global trend.** These new circumstances may have created differences in oral health within the adult and elderly population. Presumably, the presence of more decayed teeth in adults could be explained simply by the presence of more remaining teeth, since the elders did not experience the paradigm shift in oral healthcare or the effects of fluoridation, thus being more susceptible to tooth extraction in the past, which may appear as higher DMF-T. **This study was the first to indicate that public dental services in Uruguay need to focus on vulnerable groups, with a preventive approach, as dental care reflects a practice based on surgical solutions to biological problems, especially in the poor.**

*Medical Market* - Uruguay imports almost all its medical equipment, as there is little local industry. Major market opportunities are for new, technologically advanced supplies and equipment. Medical device imports amounted to \$80 million in 2018, 3% directly by the government and 97% by more than 400 companies from the private sector (including hospitals, labs and clinics). **Future demand should remain stable as, compared to other Latin American countries, Uruguay has an aging society with 15% of the population being 60 years of age and over.**

The USA is the main supplier of medical devices in Uruguay, with 31% of the market share, followed by China (11%) and Germany (9%). Other important suppliers, but with less than 5% of the market share, are Switzerland, Costa Rica, Ireland, Argentina, Mexico, Japan and Brazil. Most international medical device and technology providers do not have subsidiaries in Uruguay and work with local representatives or distributors which serve both hospitals/clinics pharmacies/wholesalers shops etc. Uruguayan customers are increasingly purchasing through internet, mainly from the eCommerce platform Mercado Libre. To export a medical device to

## USEFUL CONTACTS

- Uruguayan Dental Association (la Asociación Odontológica Uruguaya, AOU) [www.aou.org.uy](http://www.aou.org.uy)
- National Chamber of Commerce and Service - [www.cnccs.com.uy](http://www.cnccs.com.uy)
- Ministry of Public Health - [www.msp.gub.uy](http://www.msp.gub.uy)
- Uruguayan Customs - [www.aduanas.gub.uy/innovaportal/v/7250/3/innova.front/decreto-n%C3%82%C2%B0-165\\_999.html](http://www.aduanas.gub.uy/innovaportal/v/7250/3/innova.front/decreto-n%C3%82%C2%B0-165_999.html)
- Registration procedure [www.gub.uy/ministerio-salud-publica/tramites-y-servicios/tramites](http://www.gub.uy/ministerio-salud-publica/tramites-y-servicios/tramites)
- List of products considered high or medium size by the MoPH - [www.msp.gub.uy/publicaci%C3%B3n/registro-de-productos-nomenclator](http://www.msp.gub.uy/publicaci%C3%B3n/registro-de-productos-nomenclator)

Uruguay, the device needs to be registered with the Uruguay Ministry of Public Health (MoPH) by a local representative (i.e. manufacturers, representatives, distributors and/or importers of the products). The import company must be registered at the MoPH. Importation of medical equipment of high or medium size needs prior authorization granted by the same entity and needs approval to be sold in the local market. Uruguay has a national policy on health technology that is part of the National Health Program. The National Health Technology Management Unit is the department which plans medical equipment allocation. This department must approve any incorporation of new technology, either for the public or private sector, considering the scientific information available, the need for its use and the rationality of its location and functioning. The registration takes around 12 months, expires every five years and is renewable with payment of a fee.

**Uruguay is a smaller market, compared to other Latin American countries, but with high purchasing power and little local competition. It has a favorable import climate and could be an interesting hub location for the export to other countries within South America.** Although Uruguay is member of Mercosur and there is a common external tariff (CET) applicable to imports from countries outside Mercosur, the country has its own tariffs on certain products, called exceptions to CET. These exceptions are applicable to medical devices and represent a reduction to the common external tariff and therefore to the importing costs on these products.

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## Hot Topic

# Business Class Teeth

**Author: Camilla Fiz**

*Molecular Biotechnology student*

Everybody wants to live in business class, but business class is not for all. In fact, few people live their dream life and what other people see of us at their first glance reflects our place in society.

The way we dress, the car we drive, and our look, they all tell a lot about who we are and who we would like to be. Similarly, the way we smile reveals something crucial about us. How much does our teeth represents us? Maybe more than we realize. Our teeth and how much we worry about their daily care reflect not only who we are, but also the society we live in. To have a business class life and business class teeth does not depend on us only, but also on our environment. Indeed, it also depends on several economic, financial, gender and educational factors. Consequently, our teeth can be an instrument to highlight inequalities in societies across the world.

In the United States you can discriminate rich and poor people even by the look of their smile. Intuitively, who has fewer teeth and lacks the access to health care will represent the poorest category of people. In this regard edentulism, the condition of being toothless, can be used for crosschecking the people access to the health care and their rate of poverty. A study conducted by Dye et al. observed the trend of edentulism from 1999 to 2014 of older people in the United States. Over the last years, the edentulism rate has plummeted by 75%, with special concentration in the nonpoor bracket of the population. In particular, the data collected on teeth-care suggests a clear augmenting gap among poor and nonpoor citizens [1]. The same trend is reflected in the poorest ethnic groups. In 2002 African Americans were affected by a higher incidence of dental disease, if compared to non-Hispanic whites Americans [2,3]. As for the significant increase in the rate



of disparities among white and black people in America over the last two decades [4], we could hypothesize that the dental care divergences based on ethnicity were widened too. Interestingly, these data link the regular mouth-care to social status and to economic factors, suggesting the role of teeth-care as a good predictor of social disparities.

Similarly to the United States, Europe follows the same path. Out of ethnicity divergences, most differences are due to economic reasons. In this regard health care access is

spread across Europe with many disparities that increase the gap among rich and poor countries. Indeed, in the richest countries, such as Germany, it is reported a homogeneous access to healthcare among the population, while the poorest ones, with Poland at the first place, are characterized by larger inequalities [5]. It means that the poorest Poles are not sanitary assisted with respect to the richest one. For a deepen analysis, also gender and educational factors can determine the dental care rate in European countries. European men with a higher education level

have access to a better dental care treatment compared to women [6].

In 2014, scholars combined three social aspects: the school enrollment, the life expectancy and the GDP per capita by crosschecking the teeth care rate across Europe with the Human Development Index (HDI). The resultant data agree with the previous ones, hence countries with a low HDI have a lower use of dental care as observed in Eastern European countries [6]. At last, the density of dentists in a certain country is crucial for the dental care use, even more than the behavioral factors. It means that the more dentists there are, the more population accesses to dental care services [6]. About the former, in the early 2000s a wide statistic on the population per dentists highlights several disparities across the world. Among the European countries, Austria and Poland are those with less dentists per population, while Sweden excels with a higher dental assistance. Instead, in the United States, the lack of a public health system assistance is reflected by a lower rate of dentists per population than the European average [7].

Based on this background, the access to dental treatment plays a crucial role in society, reflecting the country divergences and problems. In this regard, a homogeneous access to dental care could be a good start to fight social disparities, for instance ideally by extending the health coverage insurance or promoting the dental care prevention. In all Europe and in the United States there's a lot to cover in order to guarantee the health care to the poorest bracket of the population and the poorest countries. A complete teeth and an adequate dental treatment should be a primary right and not a privilege for white and rich people. Ideally, you should be considered for your merits and qualities, but not for your teeth.

Everybody wants business class teeth, and everybody should have a chance for it.

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# Marketing All About Digital Marketing

It's fair to say that digital marketing has entirely transformed the way companies connect and engage with their customers. With more consumers searching and buying online than ever before, digital marketing has become crucial, especially in such an unprecedented crisis, as the Covid-19 pandemic.

It's a fact of life that we live in a technology dependent world where we resort to the internet with whatever questions or needs we might have. If you turn on your smartphone, tablet or laptop, you won't have to look too far to find an event that is live and in progress. **As data becomes more affordable, it becomes clear that the future will become all about remote participation, gaining momentum in such an unprecedent time-period, where social distancing is the rule.** While the new coronavirus pandemic has already had a significant impact on the business community and the economy, your company still has plenty of opportunities to be there for your customers and prospects through the crisis: the internet has in fact enabled businesses to never stop interacting with targeted audiences in real time. According to surveys, virtual commercial transactions have surged by a 40% during the coronavirus crisis only within Italy, with 81% of all advertisement being digital. So, now is the time for companies to update their digital presence as well as marketing and communication strategies. For example, the role of webinars in marketing and sales strategies will likely be transformed forever. As we are forced to let go of our preference for face-to-face commercial communication, webinars offer professionals the opportunity to feel more connected with customers and prospects. Not to mention the cancellation or postponement of all significant B2B events that have led to a surge of virtual trade show platforms, all available from the comfort of our homes and offices.

**As a matter of facts, the major advantages of digital marketing, besides the fact that it does not require face-to-face**

**interaction, is that it is measurable and affordable.** An email blast or social media campaign can send your message to a wider audience, at the right time and in the right place, for a fraction of the cost of a TV or print ad, for example.

So, why not take advantage of everything that digital marketing has to offer?

## **You Can Have Trackable, Measurable Results**

Measuring your online marketing in real time by accessing timely data through web analytics tools and other online metric tools makes it easier to establish how effective and successful your campaign has been, and you can respond adjusting your strategy accordingly. If you organize a virtual event, a live streaming, a webinar or take part at a virtual trade fair, reporting and analytics track every move attendees make. You know how they came, what they did, with whom they chatted, what they tweeted, which videos or pdf they watched, etc.

## **It Drives New Inquiries with Global Reach**

A website, webinar or virtual trade show allows you to find new markets and trade globally for only a small investment. There are several ways of reaching new customers, from websites to video marketing, virtual events, and social media. Digital marketing also helps you to attract mobile customers, a huge and rapidly growing market. At the end of last year, mobiles devices (apart from tablets) generated 52.6% of global website traffic and during the Covid-19 pandemic within Italy, the mobile-laptop fork has

widen to 77% of sales through mobile devices against 23% on laptop.

## **Your Website is Active Day and Night**

A well-designed website will 'work' for you every hour of the day, every day of the year, allowing potential customers on the other side of the world to easily browse your services and products, watch videos, demos or tutorials outside of office hours. This means that, while your sales team is off the clock, your website is acting as a 24/7 salesperson and helping to bring business in.

## **Big Results with Little Money**

The trick is to be 'strategic' about your digital marketing campaigns. By clearly understanding the results of your data, you can carefully plan a well targeted omnichannel digital marketing campaign that can reach the right customer, increase your revenues, saving both money and time. It is no longer "one-size-fits-all" but you can tailor campaigns to specific demographics, such as age, location, interests, and gender, making them a lot more effective. This further puts small to medium businesses back into the game by giving them resources that were previously only accessible to larger corporations.

## **You Can Maximize Your Profits**

Besides being cost-effective, digital marketing has also proven to achieve a high return on investment (ROI). Marketers can quite easily obtain a good picture of which activities generate the highest number of quality leads and at what expense, effectively using the available marketing budget. Simply put, we can stop spending

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money in areas that are not working and focus on what is most likely to drive enhanced ROI.

### Build Brand Awareness

By carefully managing digital marketing, your brand can become accessible to new customers as well as familiar and recognizable to existing ones. By posting regularly, updating interesting content, answering questions and queries quickly, and responding to reviews and comments, positive or negative, you are actually improving brand loyalty and increasing brand awareness, showing customers that you care about what they say and think.

### It Can Work As "Social Currency"

You can create engaging campaigns using content marketing tactics. This content (images, videos, tutorials, articles) can gain social currency, being passed from user to user and becoming viral.

High-value content created with your target audience in mind can ensure that your brand is seen as being both reliable and approachable. Writing articles, press releases and blog posts, making videos, tutorials or organizing webinars that reflect and address their interests and pain points will encourage more engagement and highlight you as an expert within your industry.

### Content Marketing and Hyper Personalization

Hyper personalization is becoming the norm and personalized messages make customers feel a lot more valued. Your digital tracking can equip you with the ability to create content that addresses customers' interests and preferences. The more you understand about your customers outside of their demographics, the more strategic you can be in creating content, language and imagery that converts them into long-term customers. You can position your product or service as a solution to your audience's specific needs. On-demand content consumption is on the rise and strategic marketers continue to hone on providing a customized experience to their customers. Where tracking behavior is one possibility conducting surveys can also capture detailed information to gather enough insights about your audience for an even more effective customized follow-up strategy.

### It Improves Conversation Rates

The best thing about implementing digital marketing? It can be immediate. If you have a website, if you organize a webinar or participate to a virtual trade fair, your customers are only a

few clicks away from making a purchase. People no longer need to phone, or physically travel to come to your store to make a conversion. Your website is your store. Your website should offer potential customers everything they need to know about your product and services. You can embed unique codes that allow you to track who, when and how people saw your ad or product, as well as what they did after this. Did they visit your website? And if so, which page did they view? Did they visit your virtual booth or followed your webinar? Did they download content? Place an order? With digital marketing you can monitor your conversion rate to see which leads turned into revenue.

Online shopping statistics show that companies with strong omnichannel engagement retain 89% of their customers. So, at a time like this, with limited face-to-face interaction, digital marketing channels are more important than ever and if we are long-term-minded marketers, we should wisely adapt our communication strategy to the current situation. Establishing that brand-customer trust is invaluable to the longevity of your business now and long beyond Covid-19, so why not take the time now to set yourself up for long-term success? Digital marketing is a great way to do just that!

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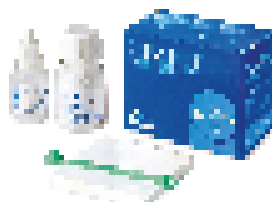
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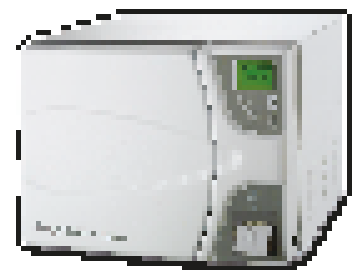
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● DS-3000E Dental Aerosol Suction System Dust, Saliva, Blood, etc. generated during scaling or prep may be sprayed indoors in the form of aerosols, causing infections in hospital staff and patients. For this reason, dentists may use extra-oral suction system of IDS Ltd. to prevent aerosol infection. Protect yourself and patients from aerosol infection with DS-3000E dental aerosol suction system. **IDS Ltd.** - South Korea - P. +82 2 2025 1150 / 3 **info@ids.co.kr** - **www.ids.co.kr**

● Skan-X Radiology Devices S.p.A., once called C.E.I., is one of the oldest European modern factories of X-ray tubes, having been founded in Bologna/Italy in 1956. Skan-X realizes stationary-anode tubes for: Dental, Medical, Non-Destructive Testing applications. Skan-X is a Qualified Laboratory for the Italian Ministry of University Studies and Research.

**Skan-X Radiology Devices S.p.A.** - Italy

**www.ceixray.com**

● Sacred International specialises in state of the dental, orthodontic and implant instruments. Manufacturing since 1987, our main goal is to provide ease for our valued customers by supplying high-end instruments, crafted with the utmost attention to detail. We maintain high levels of innovation, mastery and technical prowess to deliver integrated solutions.

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**danyal@sacred.com.pk**

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● DynaFlex is a world-class manufacturing and distribution company located in St. Louis, Missouri offering a full range of high-quality Orthodontic products. DynaFlex is seeking International Distributors for our product line and looking to expand distribution opportunities worldwide. Contact Ralph Esguerra, V.P. of International Sales. **DynaFlex** - USA - P. +1 760 300 9764 - **RalphE@DynaFlex.com**

● Looking for an easy entry into digital dentistry? Medit's reliable solutions are coupled with an open CAD/CAM system, so you never have to worry about compatibility issues. Regardless of specialization, the i500 intraoral scanner ensures high quality results for all use cases, while the T-Series tabletop scanners deliver unrivalled speed. Contact: **www.medit.com/contact-us** Medit - South Korea +82 2 2193 9626

**sabine.schatzer@medit.com**

● Rapid Shape® is a German company specializing in the development and manufacture of cutting-edge systems for additive printing. Close cooperation with leading international sales, material and technology partners, is Rapid Shape's drive to offers 3D printing systems that are able to map a complete, networked end-to-end workflow and set new standards in speed, reliability and precision. **Rapid Shape GmbH** - Germany +49 7033 309878 24

**sarah.fauss@rapidshape.de**

**www.rapidshape.de**

● Retainer Buddy is looking for South American distribution - Retainer Buddy is a unique holder for all retainers and clear aligners. It keeps retainers and aligners safe during eating, tooth brushing, and other activities. Our fun Retainer Buddy encourages kids and adults to store their retainers and aligners safely.

**Lullubee Labs, Inc.** USA **tiffany@lullubee.com** - **www.lullubee.com**

● Dexcowin was the very first company to produce a hand-held x-ray device in 2004, we are located in Seoul, South Korea. We have offices in Japan, USA and The Netherlands. We are looking for new distributors in Europe, Middle East and Africa.

Check **www.dexcowin.com** and contact

**henk.peusken@dexcowin.eu**

**Dexcowin** - Korea, South

● DWS is a manufacturer of a wide range of high performance SLA 3D printers for dental clinics and laboratories. The company developed a portfolio of 26 materials for crowns, bridges, partials, digital impression models, orthodontic arches, surgical guides (class I)\* and models. New in the range are special materials for permanent restorations, restorations in zirconium oxide, masks and templates, impression trays, bites and splints. Learn more at **www.dwssystem.com** - Write to **customercare@dwssystem.com** - **DWS Srl** - Italy



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● Join the MK-dent Partner Network. For more than 25 years, MK-dent pioneered dental solutions and brought them to market with a worldwide network of dedicated partners. We are looking for entrepreneurs who are confident in running a successful business and passionate about the MK-dent brand.

**MK-dent** - Germany - **info@mk-dent.com**

**www.mk-dent.com/become-a-partner**

● S.I.N. Implant System has been operating in the market since 2003 offering the best dental implant lines in the world, as well as prosthetic components. The company is present in over 20 countries with excellence in product quality guaranteed and proven through international certifications, such as FDA and CE.

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**international@sinimplante.com.br**

**www.sinimplantsystem.com.br**

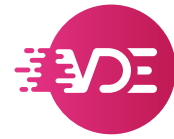
● UP3D TECH - Featured Products: CAD/CAM hardware & Software - UP3D Tech offers a full dental CAD/CAM solution with affordable price and local supports. Main products are dental scanner and dental milling machine. Besides, onsite training and immediate aftersales are available! **Shenzhen UP3D Technology Co., Ltd.** China - +1 21 3431 7704

**info@up3d.cn** - **www.up3ds.com**



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# Calendar

Here our trade shows selection.  
Discover all worldwide dental exhibitions at  
[www.infodent.com/calendars/tradeshows](http://www.infodent.com/calendars/tradeshows)

## OCTOBER

05-11/10/2020

### EAO DIGITAL DAYS 2020

#### 29th Annual European Association of Osseointegration Congress

Germany

\*\* To adapt to the current situation, the EAO

Board has decided to transform the 2020  
Berlin Congress into a fully digital meeting.

EAO Congress organisation and scientific  
secretariat office  
c/o Colloquium  
13-15 rue de Nancy  
75010 Paris - France  
Phone: +33 1 44 64 15 15  
Fax: +33 1 44 64 15 16  
E-mail: [eaocongress@clq-group.com](mailto:eaocongress@clq-group.com)  
Website: [www.eao.org](http://www.eao.org)

<http://congress.eao.org/en/>

## NOVEMBER/DECEMBER

27/11-02/12 2020

### Greater New York Dental Meeting 2020 (GNYDM) - VIRTUAL 96th Annual Session

New York City - USA

Greater New York Dental Meeting  
200 W. 41st Street, Suite 1101  
New York, NY 10036  
Tel: +1 212 398 6922

E-mail: [info@gnydm.com](mailto:info@gnydm.com)  
Website: [www.gnydm.com](http://www.gnydm.com)  
Referent: Dr. Robert R. Edwab  
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E-mail: [exhibits@gnydm.com](mailto:exhibits@gnydm.com)  
Exhibition venue: Jacob K. Javits Convention  
Center - 655 West 34th Street  
New York, NY 10001 - USA  
[www.gnydm.com](http://www.gnydm.com)

\*\*The Greater New York Dental Meeting  
will hold its own version of a virtual event,  
beginning as usual, the day after  
Thanksgiving.

**Given the current situation worldwide, we warmly invite you to double check trade shows dates, venues and booths location listed in this magazine.**

25  
YEARS

UAE International Dental Conference &  
Arab Dental Exhibition

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