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Inside:



- Focus on: **Tatarstan**



- **Vietnam** Market Updates



- Spotlight: **The African Smile in Danger**

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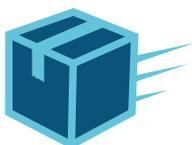
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Editorial



Africa - A Significant Challenge



We are closing the year launching a significant challenge to our readers for the new year to come by focusing our attention, readings and workshops on the African continent. Even if health care in most of Sub-Saharan Africa remains the worst in the world, private investors could still find interesting opportunities to improve access and increase the

financing and quality of health care goods and services throughout Africa.

Africa is 15 times the size of Greenland and the size of USA, China, India, Japan, Europe and Mexico put together but in terms of “dentists working”, it almost does not exist! Less than 10% of the population has access to primary dental care as demonstration of the lack of means awarded to the financing of the health system. In a region where public resources are limited, the private sector has a positive role to play by expanding access to health care, improving its quality and efficiency.

The private health sector is surprisingly large in Sub-Saharan Africa and constitutes an important, diverse component of the region’s health care systems. Of total health expenditure around 60%, predominantly out-of-pocket payments from its largely impoverished population, is financed by private parties. Private providers capture about half of that total expenditure, and their role is growing. The truth is that for-profit companies, non-profit organizations and social enterprises, along with insurers, providers and manufacturers, already play an important role in providing health care to the region. Local governments, donors and others in the international community can all take action to mobilize and expand a high quality private health care sector in Sub-Saharan Africa, thereby improving health systems overall.

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A further implementation of the private health care sector could lead to policy changes that governments and international donors should make to enable the private sector to take on an ever more meaningful role in closing Africa’s health care gap. It is important to acknowledge at the outset that many in the public health community oppose in principle a role for the private sector in health care. Indeed, there are legitimate concerns about the role of private providers. The private sector in Sub-Saharan Africa is diverse and fragmented and as a result, quality can be inconsistent. Moreover, the lack of regulatory and accreditation frameworks combined with a largely uninformed patient population can sometimes allow an unscrupulous minority to prevail over responsible providers—to the detriment of the reputation of all.

The poor investment climate has long discouraged entrepreneurs and investors. But improved political and economic conditions across Sub-Saharan Africa are now creating new investment opportunities and growing economies in the region will create increasing demand for health care goods and services. Vibrant local stock markets and an influx of new foreign investors attest to the increasing role of the private sector across all economic activities in Sub-Saharan Africa, and health care is no exception.

The unfulfilled economic potential in health care means that with relatively minor policy and attitudinal changes potential investors of all kinds will find numerous opportunities to reap returns. Just as importantly, those changes and the resulting investments will have a transformational impact on the development of the region and the health of its people. Africa deserves our support and despite the scope of Africa’s health challenge, we are optimistic about what can be achieved in the next few years. The German Dental Industry Association (VDDI) in collaboration with **Infodent International** will be organizing a workshop in Cologne on December 10th where the African market penetration will be discussed in details. The challenge is significant but not insurmountable!

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VIETNAM MARKET UPDATES

“Vietnam has an important asset to become one of the most interesting investment destinations globally: a population of 94 million people, half of whom are below 30 years, internet penetration at 40% and an increasing middle-class...”



THE AFRICAN SMILE IN DANGER

“Oral diseases are a major public health problem in the African region where, despite encouraging “official” GDP percentages, the number of poor people increases inexorably due to a massive population growth...”

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FOCUS ON THE ITALIAN DENTAL MARKET

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IV Cover

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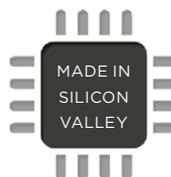
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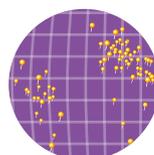
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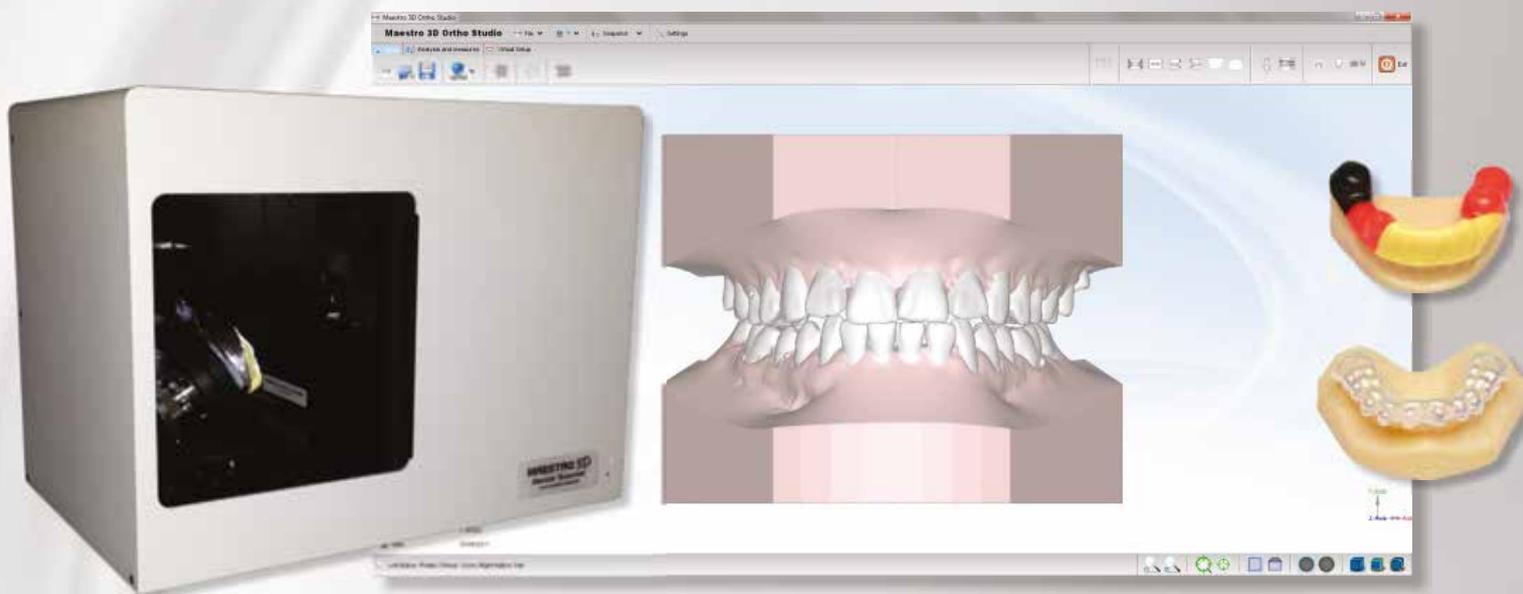
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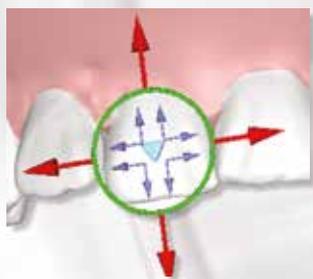
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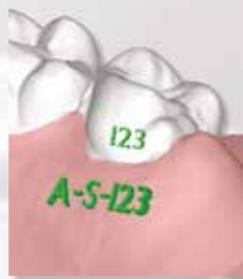


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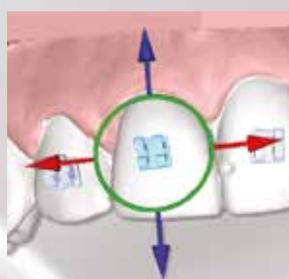
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IPR
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• TCS Flexible Partial



TCS, an ISO 13485:2003 Certified Company was established in 2000 in USA and is now one of the leading manufacturers of flexible partial material and equipment.

tcs® Unbreakable (nylon) and iFlex (polyolefin) are extremely resilient high-performance materials used for the fabrication of RPDs,

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The system fits into any mouth and allows for continuous aspiration. The wide extraction surface, that covers all parotid, sublingual and submandibular salivary glands, provides a highly efficient saliva ejection, while making cotton rolls largely superfluous.

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Equipped with a durable, rechargeable battery, the Beta provides over 4 hours of continuous use on a single charge. Unique design features include a patented 360-degree swivel needle, which allows the operator to change the angle of entry to any canal, making it especially convenient to use for hard to reach areas. Our B&L SuperEndo Beta is lightweight and ergonomic, even for those with larger or smaller hands, and is currently available in black, white, or pink.



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• Maestro 3D Open Dental Scanner



Maestro 3D is the scanner for dental applications. The system simplifies and automates the process of planning and production of personalized dental prostheses. Maestro 3D dental scanner allows the user to get in a simple and intuitive way, with a precision of 10 microns, the open STL files that will leave the user the free choice

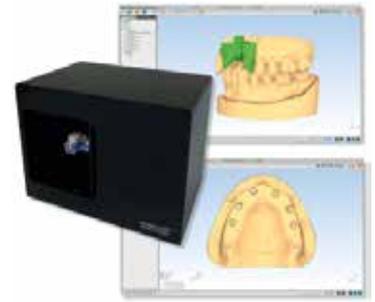
of the center of production. Maestro 3D Easy Dental Scan is the scan control software of the dental scanner.

Maestro 3D Ortho Studio is the software for orthodontics.

- Virtual Setup and Clear Aligner module: it allows to move the teeth of both arches evaluating distances and collisions and automatically build a set of virtual models ready to send to a 3d printer.

- The viewer version: is the software to view and inspect the models exported with Ortho Studio. (It's also available an Apple Ipad Viewer).

For more information contact AGE Solutions S.r.l.



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• Dentistry instruments News



A longer handle increases the safety for the operator and decreases the risk of cut, prick or tear the glove with the opposite tip to the working one during the use on the patient or switching between operators of the instruments. Directive 2010/32/UE "prevention sharp injuries in the hospital and healthcare sector" provides that measures have to be taken to prevent injuries and sticks. This directive underlines to consider that there is always a risk and that priority measure have to be taken in prevention measures. Double tips instruments can hurt operator's hand or tear his glove with the opposite tip of the working one. There's a possibility to injury during its use, handling or switching between Assistant-Dentist-Assistant. This is one reason, but not the only one, that led us to design this new line of instruments with longer handle. If you want to know more information about those instruments, please contact us at info@dentag.com

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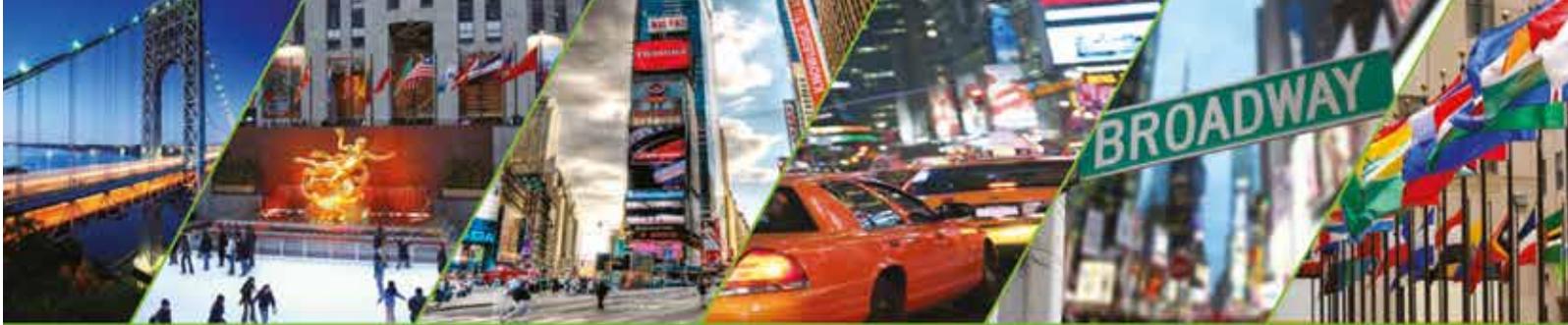


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Concentrated growth factors

a new medicine for tissue and bone regeneration.

Tissue regeneration is a continuing challenge both in biological and clinical terms. Regenerative medicine and tissue engineering are continuously making huge advances in the identification of new strategies in the field of tissue regeneration. In this field, platelet concentrates represent an interesting and innovative therapeutic alternative, as they provide a rich source of autologous growth factors involved in the induction of cell proliferation, in extracellular matrix remodeling and in the angiogenic mechanisms, that take place during the different stages of tissue regeneration.



Photo
Two CGF
Yellow part:
fibrin clots
Red part:
erythrocytes

Platelet preparations are obtained from patient's venous blood through a standardized protocol of centrifugation, that sometimes, using the addition of exogenous substances, allows to isolate a fraction rich in platelets and growth factors, called "platelet concentrate" or "platelet gel".

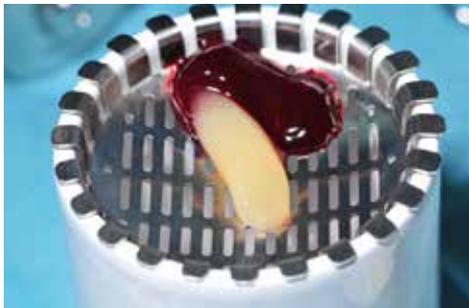


Photo
Fibrin clots

The platelet growth factors have extremely high efficiency in every biological process, in which it is necessary to stimulate tissue repair, growth and modulation of cell life and self-control of the immune system. The technique of platelet concentrates moves plasma rich in growth factors from the blood to the treatment area, speeding and tracking the natural processes of healing.



Photo
Fibrin clots

Concentrated Growth Factors (CGF), developed by Sacco in 2006, is a special type of platelet preparation with great potential for clinical application.

At the base of the regenerative process, three factors are particularly important: the scaffold (organic, natural or synthetic), growth factors and autologous cells. All these elements are present in the CGF which is obtained by a "one-step" centrifugation process of the blood samples, using a special centrifuge (Medifuge Mf 200, Silfradent srl, Forli, Italy), without the addition of exogenous substances. Its main characteristic lies in its consistency; in fact CGF is an organic matrix rich in fibrin, thus more dense than other platelet concentrates, able to "trap" a large amount of platelets, leukocytes and growth factors, (Rodella et al. 2011) showing regenerative properties and versatility.



Photo
CGF biological
membrane

These features, together with the simple and standardized centrifugation protocol MEDIFUGE, make the CGF a superior autologous product which can be used in different areas of regenerative surgery; for example in dentistry, maxillofacial surgery, cosmetic surgery and orthopedics.

Its clinical efficacy, has so far been demonstrated in various situations ranging from filling of extraction sockets (Tadić et al., 2014), to the filling of the cavities after cystectomy (Mirković et al., 2015), to interventions of sinus lift and augmentation of the crestal profile (Kim et al., 2014; Del Fabbro et al., 2013; Sohn et al., 2011). In addition, CGF features, make it suitable to be used both alone and with bone particulate or autologous biomaterials (Gheno et al., 2014). In conclusion, if it is true that the blood is the "source of life" for the organism, platelets in it play an important role in the body's regenerative processes.



Photo
Bone-Ring graft
material mixed
with CGF

The research, however, does not stop and Silfradent has still in progress studies at several universities in Italy (University of Bari, University of Brescia), Europe (ACTA Amsterdam University, Dental School-Medical University Vienna; University of Warwick - UK) and also outside Europe (IPK center Hospital Havana-Cuba; Almejiera center Hospital Havana-Cuba).

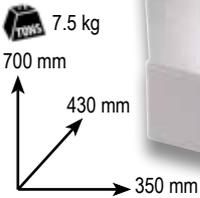
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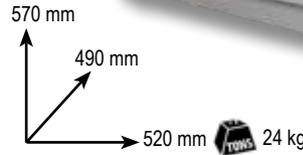


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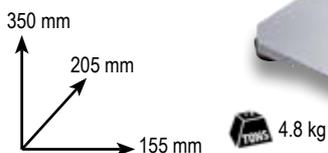
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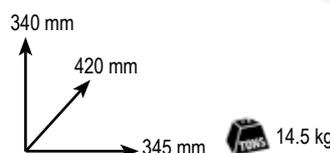
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Sanctuary Dental Dams are developed for the ease of use and comfort of patient. It is powder free and mint scented making the procedure more comfortable for the patient



Dental Dam Systems

Sanctuary Dental Dam Accessories



A new introduction into the market, Sanctuary Dental Dam Accessories offers innovative characteristics and further facilitates the use of Sanctuary Dental Dam.

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T-Scan® Novus™ Brings All-New Look and Feel to Computerized Occlusion

Tekscan, Inc. announced the launch of T-Scan® Novus™, the next generation of Tekscan's digital occlusal analysis system. T-Scan is used by clinicians and researchers who perform or study occlusal analysis in order to effectively measure the timing and force of teeth coming together in the mouth. A frame-by-frame movie of occluding teeth allows clinicians to identify problematic contacts that could damage dental work or contribute to pain, sensitivity, and periodontal or TMD issues. The new system features an ergonomically designed handpiece, sensors, and sensor supports—bringing an all-new look and feel to digital occlusal analysis. A software update (version 9.1) was released in tandem with the new system.

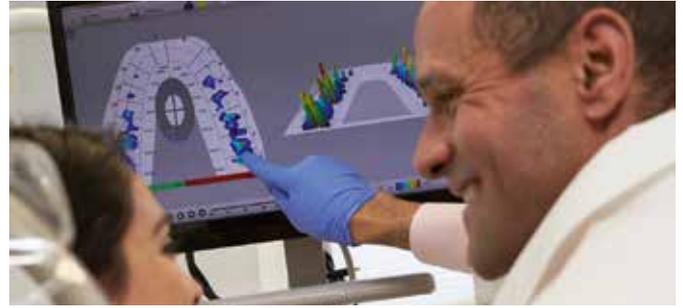
T-Scan is the only technology that shows the measured force and the timing of occlusal surfaces coming together. With T-Scan's digital bite force data, clinicians can pinpoint occlusal interferences, quickly remove them, and treat patients with greater accuracy. T-Scan is also a great visual aid that helps patients better understand their occlusion and the treatments that may be necessary to balance bite forces.

The Novus Handpiece has upgrades and improvements to improve efficiency in a clinical setting, such as an easier-to-hold handle, chairside adjustment buttons, handle latch redesign, wall attachment, and user-replaceable cord. The accompanying software release comes with user-inspired improvements, such as HIPAA-compliance improvements to the patient list, sensitivity adjustment wizard, election to disregard artifact from overjet/overbite from Class II occlusions, auto-typing (categorization) of multi-bite scans, more accurate ABCD (closure timing) lines, and improved implant loading alerts.

Dentists who want a modern, digital occlusal analysis system will find the hardware and software ideal for comprehensive exams, patient education, and case finishing in any dental application.

A sleeker, faster, more convenient way to measure occlusion.

T-Scan Novus is used in virtually every application in dental medicine where occlusal analysis is required. Dentists who specialize in prosthetics may use T-Scan to help them preserve crowns and bridges, identify the cause of rocking in dentures, and ensure implant longevity. Cosmetic applications include comprehensive bite analysis for full mouth reconstruction, identification of contact points with veneers, and maintaining a healthy occlusion throughout orthodontic treatment. TMD specialists may use T-Scan to adjust orthotic appliances or identify occlusal imbalances that could be contributing to symptoms.



"If practicing quality dentistry and occlusion is important to the dentist, T-Scan is an invaluable tool," says Donn Mettens, D.M.D. "It is absolutely key for the longevity of crowns, restoration, and rehab cases—but most spectacularly for the symptomatic patients. I'm just sorry I didn't get it sooner. Because of the quality of dentistry we practice, we have so many grateful and appreciative patients. I would never give up T-Scan."

While the clinical value of digital occlusal analysis benefits dentists and staff in a variety of applications, integrating T-Scan technology is different for every practice. Some larger practices use T-Scan on every new patient for a baseline occlusal record, or in the hygiene re-care department. Others may choose to use it on specific cases, like implant restorations or full mouth rehabilitations. The recent improvements to the system with the launch of T-Scan Novus make integrating the technology easier for practicing clinicians to evaluate occlusion. The handpiece can be hung in any operatory and transported between multiple operatories for easy access.

T-Scan Novus is not only a convenient tool to help in diagnosis and treatment, it's also a patient education and case finishing tool. "I am 82-years old and have suffered malocclusion most of my life," says patient Charles McPartland from Philadelphia, PA. "I have lost several teeth due to this. In Florida, I had a T-Scan bite analysis and adjustment. I never felt so good afterward. I'm going to find a T-Scan dentist in Philadelphia, because I'm tired of losing good teeth due to traditional occlusal indicators." Patients visualize their occlusal disorders on-screen and understand the need for treatment. Dentists use the data to pinpoint bite issues and non-visible indicators that could be contributing to symptoms. T-Scan Novus was under development for some time and over 17 clinicians were part of the initial beta test. The new system was released in September sparking interest among existing users and prospects alike.

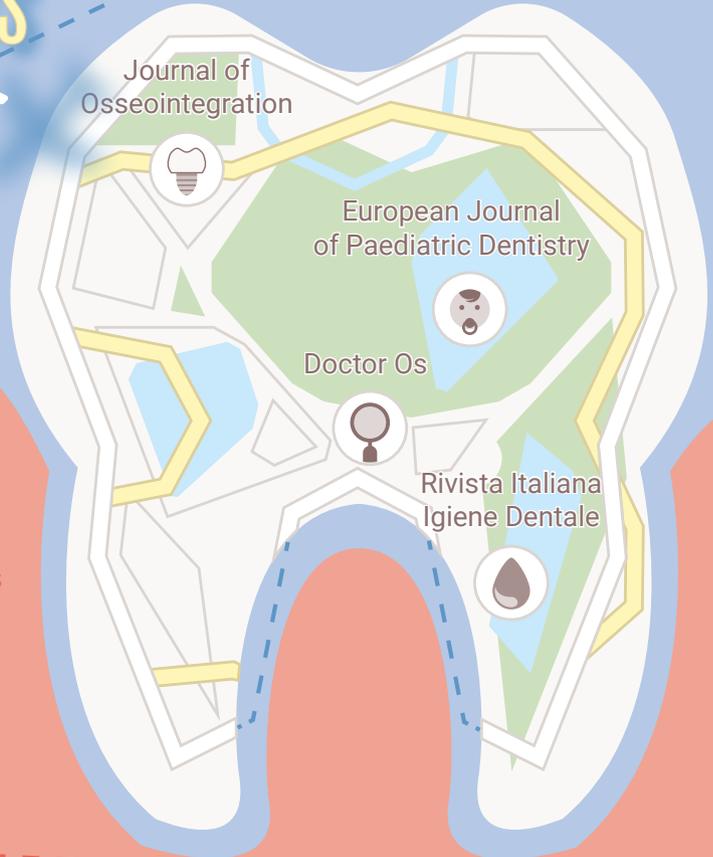
"T-Scan Novus is the biggest release this product has seen in over a decade," said Sarah Hutchinson, Project Manager for the Tekscan Dental Division. "The recent software upgrades bridge the gap between digital renderings and measured occlusal force, while the hardware has been redesigned to reflect the style and functionality of modern dental hardware you'd see in labs or operatories. T-Scan Novus looks as well as it performs and we couldn't be more excited about this launch."

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Republic of Tatarstan

Business Opportunities in a Thriving Russian Region

The Republic of Tatarstan is one of the biggest and most dynamically developing regions of the Russian Federation with tremendous potential for attracting foreign direct investment. Thanks to the effective work of the Government of Tatarstan in raising the attractiveness for investment and setting up support for investors, the republic holds a leading position among Russia's regions in terms of economic growth and ease of doing business.

Author: Silvia Boriello





The Republic of Tatarstan, a constituent republic of the Russian Federation, is one of Russia's most economically well-developed regions, located in the centre of a large industrial zone, 800 km east of Moscow, at the place where two biggest European rivers, the Volga and Kama, collide together. Located within the Volga Federal District, bordering eight Russian regions, the total area of the republic is 67,836.2 square km. Its territory stretches 290 km north to south and 460 km west to east.

The population of the republic is 3.8 million people; people before age 30 comprise 39.2% of the total population and above 60 is 17.2%. 7 of 11 largest cities in Russia and more than 50% of the country's population lie within 1000 km of Tatarstan.

The Republic is one of the most multinational territories of Russia, being home to more than 115 nationalities, eight of which over ten thousand people: Tatars (52.9%), Russians (39.5%), Chuvashes (3.4%), Mordvinians, Udmurts, Mari and Bashkirs. The educational level is relatively high, there are 435 people with at least secondary vocational education for every thousand. Its strategic location is enhanced with a developed logistics system. The Republic is situated at the intersection of several major transport routes: rail, air, water and overland transport corridors linking not only Russia but also Europe and Asia.

The capital is the city of Kazan, officially named the Third Capital of the Russian Federation and one of the largest economic, industrial, scientific and cultural centres in Russia. Kazan is 614.2 sq km in area with a population of 1.161 million people. 40.7% of the population is under the age of 30. Among the industries, the medical (OJSC "KMIZ"), optical devices (OJSC "KOMZ") and pharmaceuticals ("Tatkhimpharmpreparaty") are produced in the city.

One of Russia's major educational center, Kazan's student population is the third largest in Russia after Moscow and St Petersburg. The Academy of Sciences of the Republic of Tatarstan and Kazan Scientific Center of Russian Academy of Sciences, chain of scientific and research institutes work in the city. In the last five years, Kazan has ranked first in investment per capita among Russian cities with populations of over one million.

Among other main cities of the republic, Nizhnekamsk city, one of Russia's largest petrochemical centres. Almetyevsk city, the largest centre of crude oil production in Tatarstan. The "Druzhba" Oil Pipeline through which Tatarstan exports crude oil starts here and Elabuga city, one of Tatarstan's most promising cities with its Alabuga special economic zone (SEZ) for industry and manufacturing.

Dynamic economic growth

The economy of the Republic of Tatarstan is based on industry and agriculture. The industrial sectors make up the bulk of the gross regional product (about 40%). Oil predominates in Tatarstan's subsoil resources. In 2013, its Gross Regional Product (GRP) was \$47.2 billion, representing a 2% growth rate; the region's per capita GRP was at \$12,322. In 2012 the total value of shipped goods reached RUB 2,038.1 billion.

More data (2013)

-Inflation 6.40% VAT 18%

-Corporate Tax 20%

-Personal Tax 13%

-Social Taxes 30%

-Land Tax 0,3-1,5%

-Property Tax 2,2%

Over the past several years, Tatarstan is the most attractive region of Russia for investment with one of the lowest levels of risk amongst Russian's regions from the perspective of foreign investors. The flow of investment into Tatarstan in 2013 was \$894 million and accounted from 22 different countries, amongst them major investors from the UK and Germany. While Foreign Direct Investment accounted to \$408 million in 2013. Over 1,300 businesses with foreign investment are registered in the Republic of Tatarstan, of which 600 businesses are wholly owned by foreign investors.

Russia's ascension to the World Trade Organization (WTO) has opened new possibilities. 50% of Tatarstan's industrial output is sold as exports, 90% of which is towards WTO countries. Its foreign trade turnover in 2013 was estimated at \$27 billion, an increase of 72% from previous years. The most active trade partners proved to be Germany, Italy, Turkey, Czech Republic and Poland. Goods worth \$ 22.1 billion were exported, which is 74% higher than previous years. Imports increased by 75% and totaled \$ 5.0 billion.

FOCUS ON Tatarstan

Cover Photo

Kazan Kremlin
at sunset

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Human capital plays a crucial role in the economic prosperity of Tatarstan. According to 2013 statistics, the economically active population is 2.05 million people (53.7% of the total population) and the average monthly salary is RUB 26,012 (749 USD). Unemployment rate in 2013 was just below 4%.

World-class investment infrastructures

Tatarstan has taken a number of steps to raise awareness of its brand internationally and improve its investment climate. By creating a rock-solid regulatory framework, the Republic has passed a series of laws and cabinet resolutions enhancing legal protection that Russian law already provides to foreign financial holdings. At the same time, Tatarstan **Government has set out on a plan to diversify and modernize its economy**. Simultaneously, the Republic focused on building the necessary infrastructure to support an increased flow of foreign capital. A wide range of industrial, business and high tech parks spread in the Republic make entering the market to foreign investors hassle-free. **Tax benefits, free customs zone are just few of the advantages.**

Among the most important parks:

The Alabuga Special Economic Zone (SEZ) for industrial production within the Elabuga municipality. Established in 2005, it is one of the most effective examples of public-private partnership in Tatarstan. It serves as centre of attracting foreign and domestic investors and carrying out promising high-tech projects. Alabuga SEZ residents include major Russian and international companies. Specifically, investment projects in the medicine & pharmaceuticals sector include the construction of a plant for the production of pharmaceuticals and other consumables where the production of sterilized medical materials (infusion solutions) conforming to international standards (GMP) will be organized. The total budget for the project comes to RUB 7.5 million. Also, the creation of a facility for the production of ointments will be another investment with an overall project budgeted of 7.5 millions RUB. All essential industrial infrastructure is already in place at the Alabuga SEZ, also the “one-window” system combines the offices of 16 regulatory agencies under one roof within the SEZ’s administrative and business centre, letting residents interact with governmental authorities without leaving the SEZ.

Kazan Smart City a groundbreaking urban development project of the Government of the Republic of Tatarstan designed to spur investment into high technology, medicine, education and tourism attracting major multinational companies, transforming Tatarstan’s capital into an international business hub with ideal conditions for working and living. The medical cluster will cultivate an ecosystem of cutting-edge medicine and innovation in the private sector through internationally operated teaching hospitals, diagnostic and research centers, a medical techno park and medical equipment and biomedical manufacturing. It will focus on establishing a center of excellence in education, research, manufacturing and care. The establishment of the medical cluster comes as the Russian Federation has launched a strategic initiative to encourage the localization of the production of medical products within the country, providing an excellent platform for foreign companies that need to meet these requirements.

The Innopolis Innovation Centre (still under construction) is a project of a new city in Russia, specializing in IT business and training, bringing together young, highly qualified specialists from all over Russia to help in the development of innovation projects.

Healthcare, a general overview

Tatarstan’s medical institutions provide increasingly high quality medical treatment and diagnostic services. The republic is always introducing new state-of-the-art medical technologies, diagnostics methods, and hi-tech medical support systems, including transplants of human organs and tissues.

There are just over 124 hospitals, 163 polyclinics, 6 dispensaries, 201 independent outpatient facilities, 15 dental clinics, 5 preventive medical centers and 18,000 doctors in Tatarstan. According to the Ministry of Public Health and Social Development of the Russian Federation, the republic has a highly effective system of public health services and is named the best as far as medical aid is concerned. According to the Ministry of Regional Development of the Russian Federation, 45.5 % of the population in Tatarstan is satisfied with the quality of medical aid and it is one of the best indicators in the Russian Federation (average across the Russian Federation being 33 %). The capital Kazan has entered the top three Russian cities ranking, where most residents are fully satisfied with medical service.

The Republic’s reputation for dynamic development, political stability, low bureaucratic barriers, open dialogue with the government, a well-developed infrastructure and tax preferences are the major reasons to invest in Tatarstan

The non-commercial public-private partnership Educational Centre for Higher Medical Technology was formed in Tatarstan, the only organization of its kind in Russia. Tatarstan has 9 medical centres offering high-technology medical treatment. According to 2009 statistics, within the state order, high technology medical care has received 19,216 patients (14,761 people received in 2008). The financing of high technology medical care is at the expense of the budget of the Republic of Tatarstan (727 million rubles) and federal budget (162 million rubles).

In 2009, the launch of the national project "Health" with a total financing amounting to 2.4 billion rubles was carried out with the aim to work on prevention and to further modernize the healthcare system.

Newly implemented technologies and a successfully functioning Clinical Cancer Detection Centre, Republic Clinical Hospital, Republic Children's Clinical Hospital and Restorative Traumatology and Orthopedics Research Centre allowed to implement a number of worldwide known high-tech medical interventions in cardio surgery, blood-vascular surgery, neurosurgery, oncology, oncohematology, transplantation, traumatic surgery and other spheres. In 2006 the list of major medical establishments expanded to include the Interregional Clinics and Diagnostics Centre offering high-tech medical treatment to people from Tatarstan and neighbouring regions.

In addition to government-owned medical facilities, Tatarstan has numerous private clinics offering services in a wide variety of areas. Nevertheless, the private sector is still very limited. According to Russia's government "Health 2020" initiative, the role of private healthcare services should increase through more public-private partnerships. In 2008-2009 the Republic worked on creating 8 blood-vascular centers, becoming part of the federal blood-vascular program in 2010 and receiving financial support from the federal budget amounting to 236 million rubles. In 2010 the 9th blood-vascular centre started to operate in the Republican Clinical Hospital and other opened in 2011.

Tatarstan has 7 large medical clinics that serve as bases for clinical research and training. Training and retraining of medical personnel is carried out in two of the oldest education institutions of Russia, Kazan State Medical University (KSMU), one of the most respected medical schools in the country and Kazan State Medical Academy (KSMA), according to the universal plan defined by the Ministry of Public Health of Russia.

In 2009, the launch of the national project "Health" with a total financing amounting to 2.4 billion rubles was carried out with the aim to work on prevention and to further modernize the healthcare system by equipping hospitals and clinics and building new ones, conducting vaccination and health checkups programs and reforming the medical technology and devices sector. As a consequence, the depopulation rate plummeted to the lowest degree and, in the last few months, a growth of the population has been documented. Birth growth has reached 5.0%, the highest level of birth rate for the last 20 years with death rate going down to 2.3 %. The number of deaths from cardiovascular diseases, traumas, intoxications and casualties, tuberculosis has decreased hitting the lowest point for the last 20 years. Expected life expectancy of the people living in Tatarstan has approached the age of 71. The main local players in the market include Kazan Medical Instrument Plant, one of Russia's largest medical instrument companies and Tatkhimfarm-preparaty, a major pharmaceutical company with a chemical and pharmaceutical plant and the only catgut producer in Russia. Foreign investors in the industry include Saria Bio-Industries Alabuga and FAVEA (Czech Republic). Russian pharmaceutical industry cannot provide citizens with the necessary volume of medicaments, as such the need to buy very expensive imported medicaments and a consequent developing "hidden" pharmaceutical market.

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Key Facts

Climate:
moderate continental climate

Capital:
Kazan

Population:
3.8 million people

Area:
67,836.2 sq. km

Official languages:
Tatar & Russian

75.4%
of Tatarstan's residents live in urban areas

Predominant religions:
Islam & Russian Orthodox

Extractable resources: oil (around 0.8 billion tonnes); limestone and dolomite (66 million tonnes); building stone (35.3 million cubic metres); peat (over 35,000 ha); gypsum (72 million tonnes), brick earth (73.5 cubic metres), petroleum bitumen (12.5 billion tonnes)

Internet: there are over 2.6 million Internet users and over 8,000 users of 4G network service. 70% broadband Internet penetration, 68.4% of population Internet users.

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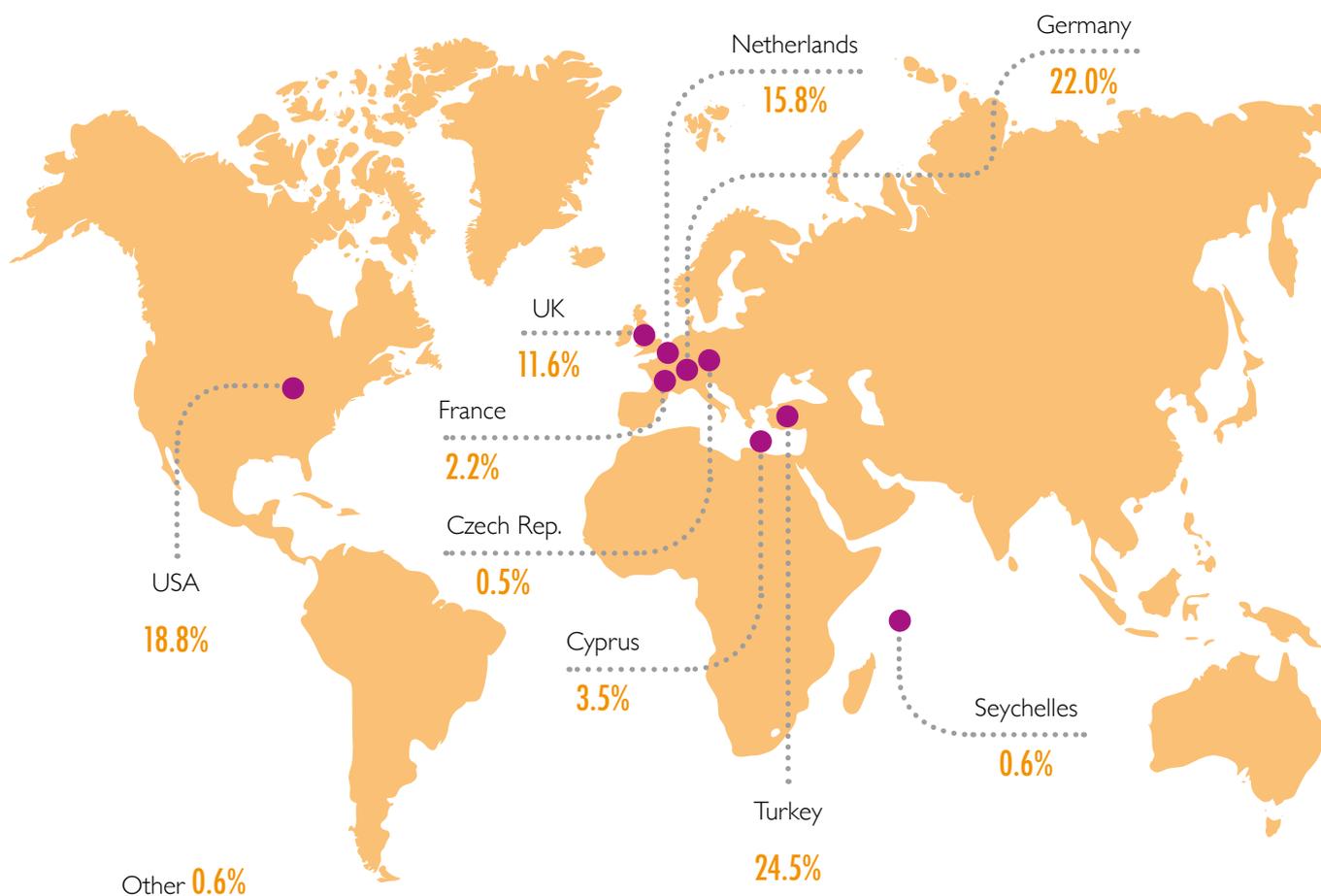


Political status:

THE REPUBLIC OF TATARSTAN is a constituent republic of the Russian Federation. Most of the Russian federal subjects are tied with the Russian federal government by the uniform Federal Treaty, but relations between the government of Tatarstan and the Russian federal government are more complex, and are precisely defined in the Constitution of the Republic of Tatarstan. The following passage from the Constitution defines the republic's status without contradicting the Constitution of the Russian Federation: "The Republic of Tatarstan is a democratic constitutional State associated with the Russian Federation by the Constitution of the Russian Federation, the Constitution of the Republic of Tatarstan and the Treaty between the Russian Federation and the Republic of Tatarstan On Delimitation of Jurisdictional Subjects and Mutual Delegation of Powers between the State Bodies of the Russian Federation and the State Bodies of the Republic of Tatarstan, and a subject of the Russian Federation. The sovereignty of the Republic of Tatarstan shall consist in full possession of the State authority (legislative, executive and judicial) beyond the competence of the Russian Federation and powers of the Russian Federation in the sphere of shared competence of the Russian Federation and the Republic of Tatarstan and shall be an inalienable qualitative status of the Republic of Tatarstan." Constitution of the Republic of Tatarstan, Article 1.

"The Republic of Tatarstan within the sphere of its competence shall enter into international and external economic relations with subjects and administrative-territorial units of foreign states, conclude international treaties, exchange representatives, participate in international organizations."

Foreign Investments by Country (2013)



Photo

Qol Sharif mosque in Kazan. Lenorlux / shutterstock

Since 1991 the program of obligatory medical insurance (OMI) is the form of social protection of citizen's rights in the sphere of healthcare. There are two different kinds of medical insurance – obligatory and voluntary. OMI provides free basic healthcare services giving equal possibilities to all citizens in getting medical and medicaments securing, in the volume and on the conditions defined by the OMI program. The list of available drugs and services to which citizens are entitled depends on the decision of each single region. Voluntary medical insurance (VMI) provides citizens with supplementary medical services not included in the program of OMI of Tatarstan (e.g. plastic surgery, gestalt therapy etc.).

OMI is carried out according to the "Program of Government Guarantees for Providing Free of Charge Medical Help for Citizens of Russian Federation". According to the law of Tatarstan, citizens can count on medical help and services in the volume pointed out in the OMI Basic Program. On the basis of this program administrations of cities and regions confirm territorial programs of OMI that cannot be of less volume than that of the Basic Program. Insurers in the OMI are: for not working citizens – local administration; for working citizens – employers; for individual workers, farmers – the state.

There are special organizations working as insurance companies in the OMI system – hospital funds; while voluntary medical insurance is carried out by other insurance companies possessing a state license for this kind of work.

Financing of medical institutions is realized through hospital funds that are departments of the Ministry of Finance of Tatarstan. So, first medical institutions provide medical help to the citizens according to the program of obligatory medical insurance. Then medical institutions pass the bills for their services to hospital funds that have to cover these bills. Hospital funds use the money from a social tax for covering the bills. One more responsibility of hospital funds is to control the rational use of financial means in the system of obligatory medical insurance.

In Russia 60-70% of financial means of the healthcare system is spent for inpatient medical help comparing to 30-35% in western countries. 75-80% of doctors work in inpatient hospitals comparing to 50% of doctors in western countries. The number of inpatient beds is very high (12 on 1000 of patients), the period of stay is also very long – 17 days comparing to 8-13 days in western countries. It should also be mentioned that 30% of inpatient beds is given to the

so called "social" patients, fulfilling not only medical functions but social functions, compensating the disadvantages of the social protection system. One of the reasons is lack of hospices, geriatric and rehabilitation centers.

A growing dental equipment and supplies market

Dentistry in the Republic of Tatarstan fully reflects the Russian dental market as a whole, becoming one of the most advanced and promising sectors of Russian medicine.

Being the Russian dental industry widely privatized there is minimal government-funded dental care treatment, as such it does not suffer from the significant funding constraints that can hamper other medical purchases in Russia. State dental clinics delivering a limited amount of free dental services obtain payment for them either from Obligatory Medical Insurance Funds or Voluntary Medical Insurance Programs. Private dental clinics or fee-for-service departments in state dental clinics, which supply the largest majority of dentistry services in the larger cities and urban areas, charge patients directly. With incomes growing in Russia, dentistry is becoming an important sector not only for high-income but for middle and low middle-income groups as well.

According to estimates there exist 12,500 dental clinics in Russia, 90% of which are private. In addition there are approximately 85,000 dentists, 25,000 technicians operating in state and private dental clinics. There are 4.5 dentists for every 10,000 people in Russia and 3,000 new dentists every year.

The price difference in state and private clinics could possibly be nearly 4-20 times. For example, a metal and ceramic prosthesis in a private clinic costs from USD 200 to USD 1000 whilst an identical one in a government/state clinic costs from USD 50 to USD 150. In the majority of state clinics patients spend approximately 1-5 USD for the treatment of one caries tooth, in private clinics the cost is USD 50-100. Private clinics purchase modern equipment, including dental lasers, modern x-ray equipment and tooth bleaching systems. Sophisticated private clinics provide implantation and oral hygiene treatments and are usually comparable to western standards. Implants and orthopedics treatments are the most required services in dentistry. Month-to-month returns of 1 dental office working with implants is USD 100 thousand.

Dentistry in the Republic of Tatarstan fully reflects the Russian dental market as a whole, becoming one of the most advanced and promising sectors of Russian medicine.

The rapid growth of the sector during the early and mid-1990s, interrupted by the August 1998 ruble crisis, has recovered and is estimated to continue. The yearly supply turnover of the Russian dental market is worth USD 1 billion; nevertheless, in spite of the continuous growth the turnover of hospitals and dental service providers is expected to shrink over the next few years due to predicted contraction of household and government spending on healthcare services, but growth should still remain above the EU average.

Private clinics, the primary purchasers of imported dental equipment and supplies, continue to provide a full range of dental services. Locally manufactured products are generally of lower quality than imported products and meet only about 20% of demand. Western materials, equipment and techniques are widely used in private clinics, narrowing the gap between the services available in Russia and other European countries. Around 80% of dental products are imported. Germany, France, Italy, U.S., Switzerland, Japan, Spain, and Finland are among the leading sellers in Russia. Dental products from Brazil, Argentina, Korea, and Turkey provide competition in the lower-price range. The demand for dental products in the mid-price range is steady, and both state-run and private clinics are continually upgrading their facilities and services. Thus, the market is receptive to dental equipment and materials that use the most advanced technologies and have a high quality/price ratio. European products are competitive in certain categories of equipment; furthermore, the geographic proximity plays an important role in their positioning on the market.

The Russian market is still receptive to imports of the following products:

- Dental chairs, cabinetry and delivery systems; equipment for dental laboratories; endodontic devices and supplies; polymerizing lamps and micromotors. There are no Russian producers of high-quality equivalents for these products. Private clinics consider that imported furniture, particularly dental chairs, is necessary for shaping their image to attract clients.
- X-ray equipment and supplies, intraoral x-rays, radiographs, modern ultrasound equipment and dental lasers.
- Anesthetics (local and topical) and syringes. Anesthetics are widely used in Russian dentistry and demand far exceeds domestic production capabilities. Moreover, Russian brands are widely considered to be low quality, so clinics prefer imported products.
- There is a growing demand for hygiene and scaling instruments, instruments and materials for modern aesthetic dentistry and tooth hygiene, teeth whitening and bleaching products. As the industry modernizes, the popularity of routine hygiene services is growing, creating demand for the materials and equipment necessary for all aspects of hygiene. Similarly, pediatric sealants, previously unknown in the Russian market, are coming into wider use.



Photo

The Farmers' Palace in Kazan. *ewastudio / shutterstock*

- The demand for endodontic materials and the need for removable and permanent prostheses, such as dentures and bridges, are currently strong and expected to grow.
- The present market for implants is weak because of the procedure's high price, as well as a lack of familiarity with the procedure among patients and doctors. As with prostheses, though, the generally poor level of dental health drives the potential growth in the field of implantology.
- Orthodontia. There are currently few firms in Russia importing or distributing orthodontic products, but both pediatric and adult orthodontics offer promising opportunities.
- Used equipment. There is a substantial demand for used dental equipment, particularly ultrasound equipment, dental complexes, panoramic tomography devices and other equipment and instruments for dental office. Mid and high-end clinics prefer to purchase new equipment as it is an integral part of the clinic's image. Therefore, the best potential end-users for refurbished equipment are state clinics.

There are about 500 distributors of dental products operating in Russia. The major distributors are located in Moscow and work in other regions through smaller local distributors or through regional representatives. Many big US and transnational European companies have their own local offices in Russia: Dentsply, 3M ESPE, Sirona, KaVo, Nobel Biocare, Colgate, Eastman Kodak, Procter and Gamble, Discus Dental, SS White, Philips/Sonicare, Oral B, Wrigley, Plandent Oy, Siemens etc.

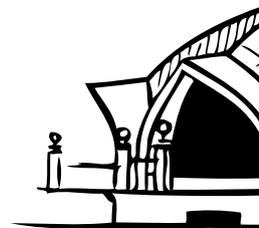
Established in 2013 a main player in the Republic is Tatarstan Export Corporation (TEC), a government-owned company focused on promoting and facilitating the export of goods and services of the Republic of Tatarstan on global markets. The enterprise presents its dental equipment and material at exhibitions on a regular basis. Dental products of Tatarstan mark are known not only in Russia, but also abroad. The enterprise delivers its products to the USA, Germany, Czech Republic, Italy, Turkey, India, Yemen, and other countries. Its products include: small dental units, flexible hose, crown removers, air scalers, push button air turbine handpieces, replacement cartridges, adapters for turbine handpieces, reusable carpool injector, handpiece pressure gauge, straight cone attachment and contra angle attachment.

There are strict product registration and certification procedures necessary for the release of dental equipment into the Russian market. The registration and certification can be complicated and time-consuming. It may require a regular market presence of the manufacturer or an authorized representative with competent Russian language skills and local market knowledge to be able to complete the process.

The Russian dental marketplace is highly regulated and structured. The best ways to enter are:

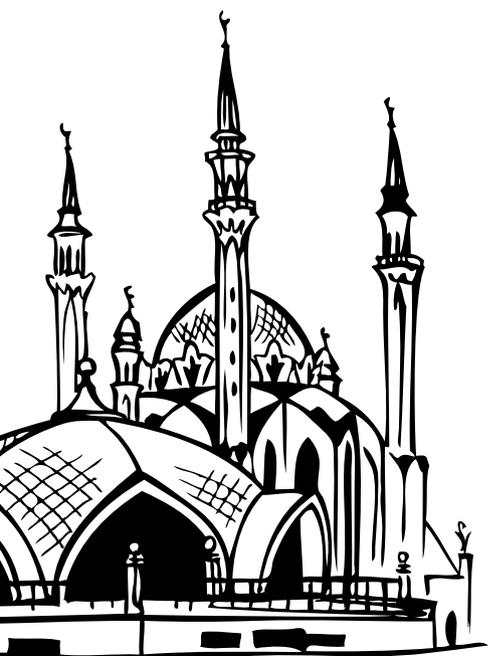
- Marketing products through professional dental industry associations, which play a significant role in controlling and developing the dental equipment and supplies market across Russia. The Russian Dental Association is the largest organization, with 69 regional divisions throughout the country. The Dental Industry Association (RDO – ROSI) is also very influential among its members, which include dental clinics, doctors and other stomatological professionals.
- Cooperation with Russian distributors
- A very effective way to reach dentists is by holding educational seminars featuring the manufacturer's product. In fields with complex procedures, such as implantology, orthodontics, and use of articulators, dentists have considerable interest in new materials and techniques, but lack the necessary training to incorporate these products into their practices. Venues for introductory seminars are major trade shows and dental symposia. The organization of seminars separate from trade shows is expensive and it would be difficult to gather professionals.
- joint productions, assembling of spare parts in factories based in Russia. It means a decrease in customs taxes on import.
- localization of production (construction of all necessary infrastructure from scratch/ cooperation with the Russian manufacturer/transfer of technologies)
- joining medical and pharmaceutical clusters
- buying/acquiring already existing business on the territory of Russia

Kazan State Medical University (KSMU), founded in 1814, is one of the founders of higher medical education in the territory of modern Russia. Throughout the XIX century the Medical Faculty of Kazan University remained the only institution of higher education that trained doctors for the Volga, Ural and Siberian regions. The Dental Faculty was established in 1954. KSMU functions on the basis of self-governance and belongs to the system of higher education and scientific research of the Ministry of Health Care and Social Development of Russian Federation.



Source:

-PwC Russia www.pwc.ru
 -TIDA -Tartastan Investment Development agency (www.tida.tatarstan.ru)
 -www.invest.tatarstan.ru
 - http://1997-2011.tatarstan.ru/?DNSID=00294259353e5eedef2a6b59964d4ac5&node_id=1400
 -FDI Magazine/FT Business
 -Tatarstan State Statistics service and IFM, Federal State Statistics Service
 -study: Chtchelkova Ioulia Alexandrovna Ph.D. student of Kazan State Technical University, Kazan, Russia.
 Shaydullina Leysan Fatihovna, Kazan State Medical University, Kazan, Russia
 -http://russianamericanbusiness.org/EN/web_CONTENT/articles/2005.01.20/group_02/1_articl/articl.shtml
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 -<http://www.dental-expo.com/eng/news.html>
 -<http://www.bricpartner.com/en/Ndli/more/Russian+Dental+devices,+equipment+and+supplies+market/idn/2300>



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Vietnam Market Updates

Vietnam has an important asset to become one of the most interesting investment destinations globally. Macroeconomic stability was restored in 2012, although the restructuring of the banking sector and State-owned enterprises remains a work in progress.

Author: Lara Pippucci



Vietnam

Vietnam has an important asset to become one of the most interesting investment destinations globally: a population of 94 million people, half of whom are below 30 years, internet penetration at 40% and an increasing middle-class, forecasted to double to 33 million by 2020; moreover, the gross domestic product (GDP) per capita is comparable to India and the Philippines, despite wages remain lower than in many other Southeast Asian countries.

Macroeconomic stability was restored in 2012, although the restructuring of the banking sector and State-owned enterprises remains a work in progress. GDP growth in the first quarter of 2015 was above expectations, at 6%. **The future benefits of the Trans-Pacific Partnership (TPP) and the Regional Comprehensive Economic Partnership (RCEP), currently under negotiation, will give Vietnam and other ASEAN countries improved access to Japanese and U.S. Markets,** as well as the new legislation taking effect in 2015 regarding foreign ownership of property, bankruptcy and enterprises should help restructuring and support growth.

Vietnam is also expected to benefit from China's move up the manufacturing value chain. **The geographical proximity to China make it attractive particularly for more labor-intensive manufacturing segments,** allowing them to continue to use their existing supply-chain network.

It's not a surprise that Vietnam has been targeted by increased foreign direct investment (FDI) flows to the Mekong region, accounting for over 7% of all FDI inflows to ASEAN in 2013 (14.4% excluding Singapore), the fastest growth except Myanmar and Laos. Within the Mekong region, Vietnam attracts the second-largest amount of FDI after Thailand. The manufacturing sector is the biggest recipient, accounting for 70% of FDI flows.

Vietnam is being targeted by several big investment projects from other countries:

Korea: according to the South Korean embassy in Vietnam, Korea has over 4,000 businesses investing in Vietnam. The two countries now have a **"strategic partnership"** relationship under a free trade agreement that resulted in US\$28.8 billion bilateral trade in 2014. In 2011, Korea officially overtook Japan as the second largest supplier of goods to Vietnam after China. The key imports from Korea include electronic products, equipment and machines, parts and materials. **Currently Korea is the largest investor in Vietnam with US\$38 billion, mainly invested in processing and manufacturing, high-tech, real estate, catering, construction, IT and communication.** In the last months of 2014, some big South Korean projects were licensed in Vietnam, including the second phase of the US\$3 billion Samsung Thai Nguyen high-tech complex, US\$1.4 billion Samsung CE Complex and a US\$1 bn project invested by Samsung Display in Bac Ninh province.

Japan: according to the country's trade agency JETRO, **Vietnam is the second most attractive investment destination in the Southeast Asia region after Thailand.** A framework of economic cooperation was signed between the two countries in 2012, bringing Japanese business delegations to Vietnam to support Japanese manufacturers to build incubators in Long Duc Industrial Park (Dong Nai province) and Vietnam-Japan Tech Park (Vie-Pan). Moreover, human resource development initiatives were taken in cooperation between the two countries.

USA: In the first half of 2014, there were three business delegations, including corporations such as Boeing, Apple, AIG Exxon Mobil visiting Vietnam. Recently, a group of more than 30 enterprises of the US – ASEAN Business Council travelled to Vietnam to find opportunities for cooperation in the field of construction. **The TPP agreement is expected to turn the US into the leading investor and partner of Vietnam.** In 1997, Ford became the first foreign automaker with an automobile assembly line in Vietnam, with an investment of \$123 million. In 2014, Ford invested an additional \$6.1 million in its factory in Vietnam to prepare for assembly of the small SUV Ecosport. US investors are also diverting investment from China to Vietnam: in late 2014, Microsoft shifted its smartphone factories from China

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to Vietnam. To date, 39 production lines from plants in Komarom (Hungary), Beijing, Guangdong (China) and Reynosa (Mexico) have been moved to Bac Ninh province, turning Vietnam into a key point in the global supply chain of this group. With this shift, export sales of Microsoft Vietnam in 2014 reached \$2 billion. Microsoft has 15,000 employees in Vietnam but recently the company announced that it would invest \$3 billion in three years for staff development and support of young leaders in Vietnam. Intel is also disbursing \$1 billion of capital in Vietnam, while closing its assembly/test site in Costa Rica to shift to Asia. In late 2014, dual-core CPUs for fourth generation computers were manufactured at Intel Vietnam factory; it is expected that by the end of 2015, 80% of the chips used in computers worldwide will be manufactured in Vietnam. According to the Foreign Investment Department of the Ministry of Planning and Investment, as of February 2015, the US had 729 investment projects in Vietnam with total capital of approximately \$11 billion. In the past five years, bilateral trade between Vietnam and the US has doubled, from \$14.2 billion in 2010 to \$36.3 billion in early 2015.

The Vietnamese tax policy favours investors in posing a lighter burden on businesses than in China and Philippines. The current average VAT of 10% and corporate income tax of 22% are in line or lower than the surrounding countries. For smaller and medium sized FDI firms with annual revenue lower than US\$952,000, the CIT rate is even more attractive (20%). Regarding expropriation risks, investors are more confident towards Vietnam than China or Thailand, accounting for a better predictability.

However, Vietnam is much less attractive in terms of corruption, regulatory burden and quality of public services and infrastructure. Moreover, labour productivity remains a weakness of the Viet-

namese market. It is rated among the lowest in the Asia-Pacific region, lagging behind other neighbouring countries such as Malaysia and Thailand. Labour productivity is an important indicator of a country's competitiveness and economic development, and it needs scientific and technological investment to be enhanced. **Vietnam's rapid transition from an agricultural economy to a manufacturing hub meant a long reliance on cheap labour and low input costs that has caused a delay in such investments.**

One of the biggest deterrent for foreign investors is the foreign ownership limit on Vietnamese companies at 49%, and for many popular companies the limit is already full. The absence of a foreign board where companies can trade at a premium the local shares makes finding stocks difficult. As a percentage of GDP, the total market cap of Vietnamese equities is currently 30%. By comparison, Thailand and the Philippines are trading at 116% and 95% of their GDP respectively.

Relevant Figures

Total Area: 331,210 sq km

Major urban areas:

Ho Chi Minh City 7.298 million; HANOI (capital) 3.629 million; Can Tho 1.175 million; Haiphong 1.075 million; Da Nang 952,000; Bien Hoa 834,000 (2015)

Ethnic groups: Kinh (Viet) 85.7%, Tay 1.9%, Thai 1.8%, Muong 1.5%, Khmer 1.5%, Mong 1.2%, Nung 1.1%, others 5.3% (1999 census)

Languages: Vietnamese (official), English (increasingly favored as a second language), some French, Chinese, and Khmer; mountain area languages (Mon-Khmer and Malayo-Polynesian)

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Terraced Rice Field

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Religions: Buddhist 9.3%, Catholic 6.7%, Hoa Hao 1.5%, Cao Dai 1.1%, Protestant 0.5%, Muslim 0.1%, none 80.8% (1999 census)

Population: 94,348,835 (July 2015 est.)
Country comparison to the world: 15

Age structure:
0-14 years: 24.1%
15-24 years: 17.22%
25-54 years: 45.05%
55-64 years: 7.81%
65 years and over: 5.82%

Median age:
total: 29.6 years
male: 28.5 years
female: 30.7 years (2015 est.)

Population growth rate:
0.97% (2015 est.)country comparison to the world: 119

Birth rate:
15.96 births/1,000 population (2015 est.)
country comparison to the world: 121

Life expectancy at birth:
total population: 73.16 years
male: 70.69 years
female: 75.9 years (2015 est.)
country comparison to the world: 132

Death rate:
5.93 deaths/1,000 population (2015 est.)
country comparison to the world: 169

Net migration rate:
-0.3 migrant(s)/1,000 population (2015 est.)

Health expenditures: 6% of GDP (2013)

GDP (official exchange rate): \$186 billion (2014 est.)

GDP - per capita (PPP): \$5,600 (2014 est.)

Exports:
\$147 billion (2014 est.)
\$132.1 billion (2013 est.)
country comparison to the world: 34

Exports - commodities:
clothes, shoes, electronics, seafood, crude oil, rice, coffee, wooden products, machinery

Exports - partners:
US 20%, China 10.4%, Japan 10.3%, South Korea 5% (2014)

Imports:
\$138.6 billion (2014 est.)
\$123.4 billion (2013 est.)
country comparison to the world: 32

Imports - commodities:
machinery and equipment, petroleum products, steel products, raw materials for the clothing and shoe industries, electronics, plastics, automobiles

Imports - partners:
China 30.4%, South Korea 15%, Japan 8.9%, Thailand 4.9%, Singapore 4.7%, US 4.4% (2014)

Photo

Halong Bay, Vietnam
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Made in China

Starting a Business Under the New Law on Enterprises: Company Seals and Bank Accounts

The Law on Enterprises 2014, which came into effect on July 1, 2015, has altered the processes associated with one of the most intriguing features of doing business in Vietnam – the company seal, affixed by using a “chop”.

The chop will be familiar to those who have done business in China, where it is also an essential part of starting a business. The company seal must be affixed to official company documents, where it is similar to the place of a signature in other markets.

The new law allows enterprises to decide on the contents, form and quantity of its company seals. The seals must specify the name of the enterprise and its identification number. The business registration authorities in Vietnam must receive a copy of the seal design before the seal is used in an official capacity. The authority then posts the seal design onto the National Business Registration Portal.

Procedures for the management, use and retention of the seal must comply with the company’s charter. These procedures are expected to be clarified by the government according to a commitment to their elaboration in the Law on Enterprises. Previous procedures for applying for obtaining seal engraving permits are no longer valid.

Opening a Bank Account

The seal is necessary for opening a corporate bank account in Vietnam. When opening such an account, the following papers are typically required:

- A completed application form from the bank;
- A notarized copy of the account owner’s identification card;
- A notarized copy of the company’s business registration certificate; and
- A notarized copy of the company’s seal specimen.

The precise processes vary from bank to bank. Some banks also require a notarized copy of the company charter, and a notarized copy of the chief accountant’s identification card. Different banks require different minimum deposit amounts.

Investors Missing Out on Benefits of Vietnam’s Free Trade Agreements

HCMC – Vietnam has a range of free trade agreements (FTA) in place, and even more currently in the negotiation phase. However, many investors are still unaware of the potential benefits of these trade deals for their businesses. In fact, many investors are unaware that Vietnam even has an applicable FTA that could be of use to them.

Over the past few years, Vietnam has been quite active in signing bilateral trade agreements with countries throughout the world. Additionally, due to its membership in the Association of Southeast Asian Nations (ASEAN), Vietnam has become a party to a number of FTAs that the regional trade bloc has signed.

Wading one’s way through the legalese that many of these FTAs use to spell out their rules and regulations can often be headache inducing. This frequently is one of the most cited reasons why businesses fail to take advantage of the benefits available to them. Therefore, it is strongly suggested that businesses and investors consult with a legal and tax professional with strong experience in the region. This will allow a business to have a reliable, and clear, source of information on this complex topic.

Key free trade agreements that Vietnam has already signed and which are in effect include the following:

Chile-Vietnam Free Trade Agreement:

Reduces tariffs and a number of tax categories.

Japan-Vietnam Economic Partnership Agreement:

Around 92 percent of commodities are exempt from tariffs in each member state’s market.

Vietnam-Customs Union of Russia, Belarus, and Kazakhstan Free Trade Agreement:

Reduces export duties on many goods to zero from 10 percent and simplifies many procedures.

Republic of Korea-Vietnam Free Trade Agreement:

Reduces or eliminates tariffs on over 90 percent of all goods.

ASEAN Free Trade Area:



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Imposed the Common Effective Preferential Tariff (CEPT) Scheme. Over 99 percent of the products in the CEPT Inclusion List (IL) for Brunei, Indonesia, Malaysia, the Philippines, Singapore, and Thailand, have been reduced to the 0-5 percent tariff range. Cambodia, Laos, Myanmar and Vietnam, are moving slower but are expected to reach the 99 percent level for their respective CEPT ILs within the next few years.

ASEAN-Australia and New Zealand Free Trade Agreement: Tariffs eliminated on 99 percent of all goods.

ASEAN-India Comprehensive Economic Cooperation Agreement: Reduces tariffs on a range of goods.

ASEAN-Japan Comprehensive Economic Partnership: Eliminated tariff rates on tariff lines and trade value for many goods.

ASEAN-People's Republic of China Comprehensive Economic Cooperation Agreement: Includes a zero percent tariff on 90 percent of traded goods.

ASEAN-Republic of Korea Comprehensive Economic Cooperation Agreement: Reduces tariffs on a range of goods traded between members.

Vietnam has also recently reached an agreement in principle on an FTA with the European Union (EU). The deal, which is expected to be finalized before the end of this year, will eliminate tariffs on over 99 percent of all items, among other benefits.

Additionally, Vietnam is currently in negotiations on a number of other trade agreements, these include:

ASEAN-Hong Kong, China Free Trade Agreement Regional Comprehensive Economic Partnership (RCEP): Includes the 10 ASEAN nations and Australia, China, India, Japan, New Zealand, and South Korea. Expected to significantly reduce tariffs.

Trans-Pacific Partnership (TPP): Twelve nations, including the U.S. and comprising a region with US\$28 trillion in economic output. Will remove tariffs on almost US\$2 trillion in goods and services exchanged between the signatory countries.

Dezan Shira & Associates can service companies which are looking to further develop their operations in Vietnam. The firm can help companies establish a direct office in the country and can guide them through the affiliated tax, legal and HR issues that come with doing so. To arrange a free consultation, please contact us at vietnam@dezshira.com

This article was first published on Infodent International. Since its establishment in 1992, Dezan Shira & Associates has been guiding foreign clients through Asia's complex regulatory environment and assisting them with all aspects of legal, accounting, tax, internal control, HR, payroll and audit matters. As a full-service consultancy with operational offices across China, Hong Kong, India and emerging ASEAN, we are your reliable partner for business expansion in this region and beyond. For inquiries, please email us at info@dezshira.com. Further information about our firm can be found at: www.dezshira.com.

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First Impressions

By: George Freedman

Opalescence GO Ultradent

One of the most common problems with at-home bleaching treatment is patient compliance. Patients are definitely on board with the process of whitening their teeth, and they are generally comfortable with the procedure; it is the required step-by-step method that causes complications. Most patients do not effectively hear (or remember) the in-office instructions that are provided with a home treatment or maintenance product, and they are unlikely to read the accompanying printed information. In the face of confusion, they simply choose not to use the product.

Therefore, the fundamental key to all home whitening products is simplicity and ease-of-use. Ultradent has introduced its innovative Opalescence GO, the professional alternative to the numerous, and mostly marginally effective, over-the-counter whitening products. First and foremost for office scheduling and auxiliary interest, no impressions or custom trays are needed; Opalescence GO is ready (and easy) to use right out of the package. The tooth whitening gel contains potassium nitrate (helps to reduce bleaching sensitivity which rarely occurs) and fluoride (strengthens enamel and reduces dental caries).

Opalescence GO is a simple and pleasant tasting material that can be used for starting tooth whitening or offering whitening touchups to those who have completed their treatment. The technique is stress-free: Opalescence GO's prefilled whitening trays fit comfortably over the teeth. There are two concentrations available: 10% and 15%. The wear time for the 10% carbamide peroxide is 30-60 minutes per day, while the 15% requires only 15-20 minutes. The clear trays are not readily visible, allowing patients to whiten their teeth inconspicuously in the midst of other activities. Opalescence GO is available in three flavors: mint, peach, and melon.



Uveneer

Practitioners are often called upon to restore the facial surfaces of an anterior or premolar. Whether the treatment is an extensive Class IV, direct veneer, or an immediate implant provisional, the size, the color, and particularly the 3-dimensional contour must all be perfectly developed to align to the parameters of the existing dentition. The dentist's major challenge is to accomplish these tasks free hand.

The customary clinical procedure is to overbuild the restoration, and then to slowly, laboriously, and carefully shape the composite restorative material to the ideal form. This is often stressful, time-consuming, and technique-sensitive. The recently introduced Uveneer is a unique, innovative, template system that re-creates the ideally contoured and polished facial surface of anterior teeth in one single step.

The Uveneer kit consists of two sets of 8 maxillary and 8 mandibular translucent templates (first premolar to first premolar) in both medium and large sizes. The non-adherent Uveneer templates can be used with any composite. Unlike pre-fabricated composite veneers, Uveneers are autoclavable and reusable, not limited by sizing or shade, and very low in cost-per-use.

The clinical process is very simple: place the composite on the bonded facial surface; press the translucent Uveneer template over the composite; light cure. Remove the template, remove any excess composite, refine the margins, and the composite veneer is done.

The remarkably rapid results are predictably symmetrical, complementing the smile, and do not require facial polishing. Uveneers are indicated for single or multiple anterior composite veneers, correcting diastemas, extensive Class IVs, provisional veneers and implants, and for direct chairside mock-ups. The Uveneer Kit are used over and over again, making them practical, easy, and economic.



Clearfil S3 bond plus Kuraray

Dental adhesion is the foundation of bread and butter restorative dentistry. The practitioner must have full confidence in the ability of the bonding agent to adhere securely to the remaining tooth structures, both enamel and dentin, and to provide an adhesive interface to the overlying composite.

Today's bonding agents are also expected to be technique insensitive, easy to apply, and to eliminate any residual sensitivity. Ideally, they should be indicated for a wide array of clinical procedures to minimize the number of bonding kits necessary in the operator. Kuraray has recently introduced CLEARFIL S3 BOND PLUS, a light-cure, self-etching, one-step, fluoride-releasing bonding agent based on their CLEARFIL SE BOND's MDP technology which provides a water resistant chemical bond to dentin and enamel without etching.

A new catalyst provides even higher bond strengths along with improved working time. S3 BOND PLUS is indicated to bond light-cure composites, for root surface treatment, as well as cavity sealing. It is also excellent for paedodontic restorative procedures where clinical speed and patient comfort are very critical. CLEARFIL S3 BOND PLUS is a single bottle liquid with minimal technique sensitivity that radically simplifies bonding procedures.

The application is rapid and straightforward. No shaking. No mixing. No scrubbing. No multiple applications. Simply brush on once, air dry and light-cure. There are virtually no reports of post-operative sensitivity. S3 BOND PLUS is also indicated for post cementation and dual-cure core buildups when used with CLEARFIL DC CORE PLUS without any additional catalysts. It can also be utilized for the surface treatment of porcelain or composite resin prosthetic appliances and to repair fractures of composite or ceramic crowns and bridges intraorally.



Quick Splint

Many patients present with hard-to-pinpoint oral pain; the discomfort can be hard or soft tissue related, single source or multifactorial, and may be very difficult for the patient to describe accurately. Ideally, the practitioner requires an easily delivered tool that can assist in diagnosing, treating, protecting, and healing.

Quick Splint offers an improved, custom-fit, interim bite plane that takes minutes to fabricate and has many practical clinical applications. It is an anterior bite plate that covers the upper or lower front teeth from bicuspid through bicuspid, inhibiting the destructive forces of parafunctional tooth clenching, allowing the pericranial musculature an opportunity to relax during sleep (or waking hours), protecting the teeth and restorative work. QuickSplint is a 2-component device: a hard plastic shell enclosing a softer custom-made lining (fast-set, heavy body VPS) that conforms to the supporting teeth.

It serves as an interim solution (several weeks-several months) for keeping bite-forces at bay that can be used for up to several months. Customize the semi-rigid Quick Splint tray with a fast-set VPS directly in the mouth as the patient bites down, seating and leveling the tray and developing the necessary retention on the arch. As the patient wears the splint, and discomfort is decreased, it is easier to diagnose the etiology of the pain more accurately, whether it is parafunction, myogenous, endodontic, or TMJ.

QuickSplint is then utilized for trial therapy, to verify both the suspected etiology and the intended treatment. It is also used for protecting the dentition from occlusal trauma during, and after, treatment. QuickSplint also contributes to healing after implant, surgical, and endodontic treatments. QuickSplint is the fast, effective, inexpensive, and billable solution to oral pain.



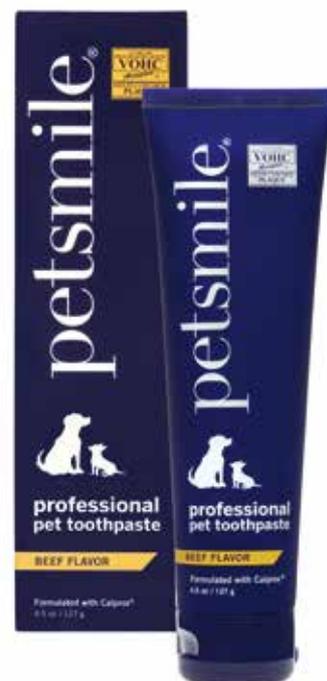
Petsmile Professional Toothpaste

Anyone who has ever had a pet knows one thing for sure – they are family. And, you want to do what's best for family. Unfortunately, many pet parents do not realize the tremendous importance of regular brushing. We brush our teeth every day.

We stress the importance to our patients. So why don't we consider it important for our pets? Periodontal disease is the most common clinical condition in cats and dogs even though it is completely preventable. It's also the main reason for that very unpleasant 'doggie breath'. With that in mind, the makers of Supersmile, the #1 whitening toothpaste recommended by cosmetic dentists, created a revolutionary new product for your pet that fights gingivitis.

Petsmile Professional Toothpaste is the first dental care toothpaste for pets accepted by the Veterinary Oral Health Council (USA). Its unique Calprox formula is clinically proven to inhibit the formation of plaque between brushings. And unlike other toothpastes in its category, Petsmile works on contact to dissolve the protein pellicle on your pet's teeth. It safely eliminates stains without sensitivity and provides long-lasting germicidal protection, prevent decay and tooth loss. As pets age, it becomes increasingly more dangerous to anesthetize them for a cleaning at the veterinarian, not even considering the high cost of doing so.

Petsmile is easy to use. It can be applied with the innovative Petsmile Swabs, a toothbrush, or simply by using your finger. The natural movements of the pets' tongue, lips and cheeks will spread the paste throughout the mouth in seconds, assuring maximum benefit. They will love the London Broil Beef flavor, and you'll love their fresh breath.





Dr. Freedman offers a brief summary of new and exciting products and technologies in dentistry, based upon his clinical experience"

George Freedman, DDS, FAACD, FIADFE, FASDA

Dr. George Freedman is a founder and past president of the American Academy of Cosmetic Dentistry, a co-founder of the Canadian Academy for Esthetic Dentistry and a Diplomate of the American Board of Aesthetic Dentistry. He is a Visiting Professor at the MClInDent programme in Restorative and Cosmetic Dentistry, BPP University in London. His most recent textbook, "Contemporary Esthetic Dentistry" is published by Elsevier. Dr. Freedman is the author or co-author of 12 textbooks, more than 700 dental articles, and numerous webinars and CDs and is a Team Member of REALITY. Dr. Freedman was recently awarded the Irwin Smigel Prize in Aesthetic Dentistry presented by NYU College of Dentistry. He lectures internationally on dental esthetics, adhesion, desensitization, composites, impression materials and porcelain veneers. A graduate of McGill University in Montreal, Dr. Freedman is a Regent and Fellow of the International Academy for Dental Facial Esthetics and maintains a private practice limited to Esthetic Dentistry in Toronto, Canada.

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The African smile in danger

Author: Jean-Pierre EUDIER



Oral diseases are a major public health problem in the African region where, despite encouraging “official” GDP percentages, the number of poor people increases inexorably due to a massive population growth. Like all diseases, they affect primarily the disadvantaged and socially marginalized populations, causing severe pain and suffering, impairing functionability and impacting quality of life.

«You are not an African because you're born in Africa. You are an African because Africa is born in you.»

Marimba Anu

As in many other countries in the world, chronic diseases and injuries are overtaking communicable diseases as the leading health problems. This rapidly changing global disease pattern is closely linked to changing lifestyles including diet rich in sugars, poor unbalanced diet and increased uncontrolled self-medication. These lifestyle factors also significantly impact oral health, and oral diseases qualify as major public health problems owing to their high prevalence and incidence in all African regions.

Traditional treatment of oral diseases is known to be extremely costly in industrialized countries and is neither affordable nor accessible in most low and middle-income countries of Africa and oral disease-management is not part of health budgets available.

Africa has been my second university¹. It cannot be described in few words but must be experienced to understand it. Non-Africans have no idea of the diversity, the wealth of knowledge, the school of patience and all other fundamental human qualities you grab from this continent known as the “land mother” of humanity. Earth of Africa, hostile sometimes, generous nevertheless, rich in wisdom and in skills but threatened (plundered) by the greed of the modern man. The run after easy money, lead by mediocrity and misfortune, is killing our mother's smile. Our “modern” civilisation puts this jewel in danger. On the sinking Titanic, instead of fighting to get a better cabin it is time to sit under the meeting palaver tree and think how to survive the disaster to come. What is the place for dentistry among the endless needs in elementary health care priorities submerging the continent?

«You don't become bright by looking at the light but by diving into obscurity. But this work is often unpleasant, thus unpopular.»

Carl Gustav Jung

The problems affecting improvement of dental health in Africa have to be identified and described from an holistic point of view, and to help solving these problems, we must accept to name them and set up a strategy to motivate dentists, offering the dental staff a better quality of life for the benefit of the population and public health.

What is the “real Africa”?

Flooding the article with figures and biased statistics will not help the reader to build up to itself an opinion. As everyone knows: “Statistics are to the economist what the lamp post is to a drunk person, he uses it more for support than illumination.”

If numbers are needed, several website are useful as: <http://perspective.usherbrooke.ca/> where you can collect quite “accurate” figures. Among them, it is strange to compare the evolution between 1960 and today of the GDP of South Korea with the GDP of most of the African countries. Today South Korea is a wealthy, well-organized, modern industrialized country while the GDP of many African countries show a flat EEG. This is a worrying but tragic reality explained by Bernard Lugan² as follows:

“The image of Africa is deformed by percentages of disembodied or artificial GDP percentages, “experts” and media lie to Africa when they claim that Africa is growing and that a “middle class” was born there. Unfortunately, not only the continent does not develop, but, in the South of Sahara, it is stepping back in an economy of trading posts.

In the XVIIIth century, slave drivers ruled the continent; in 2015, the slave drivers are oil, gas and mining companies. As before, this economy benefits only a small part of the local population when the majority struggles to survive.”

This description, dry and rough, reflects regrettably more the reality than the figures appearing since few years in the international economic media. Africa is diverse and non easily understandable. The following description deserves to be read entirely³:

¹ I graduated as a dentist in 1974. I made my first professional experience during the 1974/1975 war in Vietnam where I practiced nomad dentistry in orphanages, refugee camps and leprosy. As a dentist in the French Navy, I worked in Djibouti¹, Mayotte¹ and I visited other African harbours. In 1978, freshly married, my wife and I decided to go to Zaire¹. We decided to go there the same weekend of the battle of Kolwezi¹. My wife was 8-months pregnant, and we had the opportunity to travel around Africa for 6 months. Then we decided to live in Kinshasa for 10 years. After 40 years, my heart always beats for Africa and two of our sons run a company dedicated to dentistry in Africa.

The real Africa is hidden beneath a veneer of poverty and hunger and death, a cancerous mass on the face of the world that the rest of the world name homogenous "Africa". The real Africa is submerged underneath corruption and greed, underneath tyranny and an ostentatious elite, underneath the faces of the people they cannot feed. The real Africa is buried beneath shantytowns rife with dirt and diseases, where children are forced to grow up much too quickly to survive... The real Africa is concealed under a no-man's land of desert, bare and dry and unable to sustain green and healthy life.

...Africa is also the land of spontaneous smile, the heart of different peoples, different languages, different cultures; different identities that all call this land their home... The real Africa can be smelt the minute you step off a plane onto African soil and feel the air calling you, beckoning you home. The real Africa is the chaos and the calm side by side as honking cars zoom past on streets that run parallel to cows grazing peacefully in a field. This is the real Africa, the one you never show. This is the place I call home. (Unknown author)



1

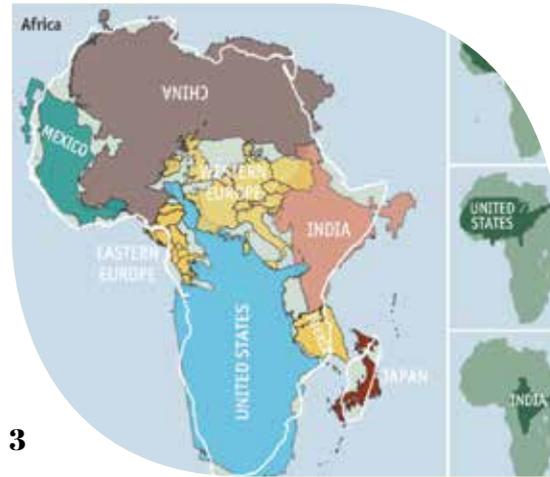


2

Impacting factors on which the dental profession has no power:

Among the most obvious pictures, the following representations of Africa help to give a clear idea of a worrying reality.

When we see Africa on a Mercator projection⁴, it always looks as big as Greenland. In fact Africa is 15 times the size of Greenland or the size of USA + China + India + Japan + Europe + Mexico.⁵



3



4

Fig 1 & 2:

Les aventures du Monganga ya minu ya liboma na Congo = Les aventures du dentiste fou au Congo.

Fig 3:

The real size of Africa.

Fig 4:

Number of dentists working per 100.000 inhabitants.

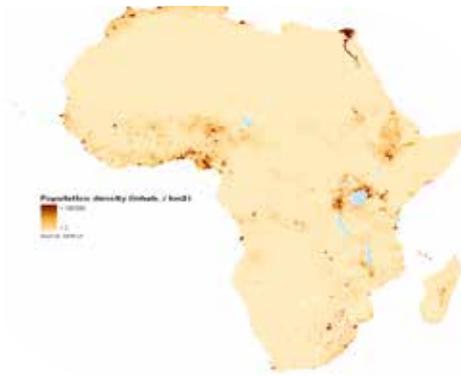
But if you represent Africa vs the world in term of "dentists working", Africa almost does not exist. In addition to this, the entire population is sprayed all over the continent with strange higher concentration of population on the Mediterranean coast, in the Delta of Niger and in landlocked countries like Ethiopia, Uganda, Rwanda and Burundi.

² https://en.wikipedia.org/wiki/Bernard_Lugan

³ <https://melfunktion.files.wordpress.com/2013/05/the-real-africa.jpg>

⁴ https://en.wikipedia.org/wiki/Mercator_projection

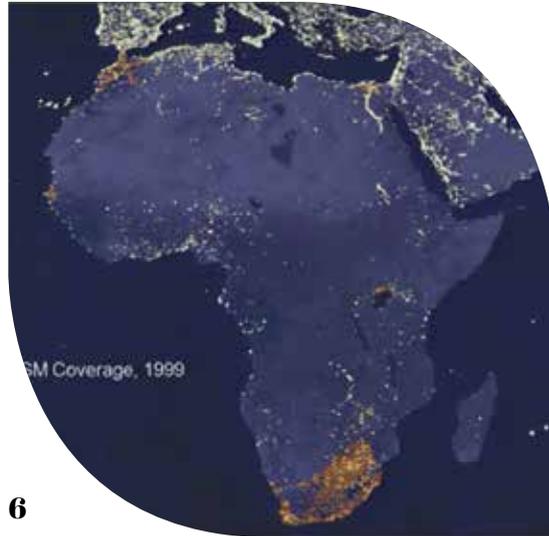
⁵ World mapper. <http://www.worldmapper.org>

**Fig 5:**

The dental profession, as the population is sprayed all over the continent.

5**Fig 6:**

Africa seen at night from the cosmos..

**6**

«There are more people who are going to die from Ebola, but not have Ebola.»

Paul Farmer,
Harvard professor
and co-founder of
the Boston-based
charity Partners in
Health.

The total population, equivalent to the population of India is sprayed on a 10 time larger area and with similar socio-economical problems increase with the number of countries. 57 different countries with boundaries artificially drawn by former colonial rulers, managed (plundered) by oligarchs, worried about protecting their privileges and where all the democratic experiments have led to murderous and destructive conflicts. The rare infrastructures inherited from the colonies collapse. The increasing drift from the land towards overcrowded chaos of the mining camps and growing slums making them more lawless, generating rampant banditry, gambling, prostitution and violence.

This chaotic drift from the land to the unhealthy and unhygienic cities stresses the already worrisome sanitary crises⁶. Health issues, usually linked to parasitism and unsafe water are today aggravated by nutritional deficiencies and malnutrition increasing the risk of acquired immune deficiency syndrome

(AIDS) and also all the new NCD (Non Conventional Diseases) growing inexorably among a population stressed by wars and conflicts. In front of this accumulation of sanitary crisis, obesity, diabetes, cardio-vascular diseases appear now and the dental profession is unable to reach the position they deserve as a medical speciality.

What is the room left for dentistry? – The brewers have developed a juicy and performing network allowing 95% of the African population to have access to soft drinks and meanwhile less than 10% has access to primary dental care (Fig 9). This sad comment illustrates the lack of means awarded to the financing of the health system. Between Ebola crisis and Oral Health issues, public health representatives allocates scarce allowances and focus mostly on water related diseases, malaria and immunization programs.

The very few dental facilities worthy of the name exist in every major town. They are linked within a few hours to European capitals where wealthy dentists regularly collect their everyday needs, as they don't have to care about costs since their patients are often expatriates, diplomats or international officials. Some others are managed by NGO and charity organisations sponsored by generous donors from outside the country who keep sending outdated non-repairable equipments. In the meantime, most of the dentists working in public health facilities struggle to survive and where the few motivated dentists practice with limited means. Many of these facilities are located in suburbs where water and electricity are available only few hours a week⁷, invaded by insolvent people to whom they prescribe painkillers or antibiotics. The happy few have the tooth pulled when they can pay the needle and anaesthetic. And when aesthetic problems occur, only wealthy Africans can afford travelling to higher dentistry standards abroad.

Who cares? That is how more children die annually from complications of dental caries than from any other disease. This could be cured very easily on large scale if public health authorities would consider dental decay, a major issue impacting general health far beyond believes as important as measles or malaria instead only a cosmetic one. The only difference is that oral diseases kill slowly and silently.

⁶ It is difficult to understand and not politically correct to investigate into this Ebola outbreak. Millions of US\$ have been allocated to VHFC (Viral Hemorrhagic Fever Consortium) and other Researchers from many institutions including Harvard University, Tulane University, The Scripps Research Institute, Irrua Specialist Teaching Hospital, and Kenema (Sierra Leone) Government Hospital to develop assays, vaccines and other. Visit: <http://vhfc.org/>

A special mention has to be given to Noma.

The only article you can find on NIH website on Noma was first published in 1995 with the aim to unify existing information and to promote wider knowledge and awareness among the population. What has been achieved since 1995? Only very few European NGO are struggling to repair the few surviving children. Today you can find over 1000 publications on Ebola creating fear and anxiety in our "modern countries" and calls for controversial vaccines and none on noma.



7



8

Impacting factors on which the dental profession has a relative power:

The national dental associations have to get better organized. Dentistry must be recognized as a major medical speciality. Teaching must be adapted to the socio-economic realities of the continent. Due to the absence of insurances, allow public health dentists to collect the cost of material they use.

Invite the local industry as breweries, mining, oil companies, to sponsor dental clinics open to general public where primary but efficient dental care will be performed according to the state of the art.

Encourage as much as possible nutritional education, preventive care, hygiene instruction, interceptive ART and Minimum invasive dentistry treatment with copper cements and/or glass ionomers delivered by oral-health-co-workers, avoiding too many mutilating teeth extractions never compensated.

Fig 7:

In Africa less than 10% of the population has access to primary dental care when 95% has access to soft drinks

Fig 8:

Université des Montagnes Bagangte-Cameroon) "You do not train pilots who are going to fly light aircrafts to the bush on Airbus or Boeing simulators".

As any drug or medication, charity and donations have on long term negative side effects and can become... deadly poisons.

⁷ Production of 28 Gigawatts in Sub-Saharan Africa = Production of Argentina or Spain Poor Reliability Entreprises experience power outages on average 56 days per year⁷ Costing 2 to 3 times more in Africa compared to world. « 2/3 of African population does not have access to electricity »

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Set up a policy to import affordable, robust and reliable dental equipments. Rank dental facilities according to the level of treatments provided and provide equipment accordingly. Supervise the donations of materials and equipments, usually offered for good intention but often unsuitable as outdated, out of order and not repairable due to lack of spare parts.

Set up a banking system of loans suitable with the level of investment of the dentist's needs^{8,9}.

Considering the low number of dentists in each country, economy of scale is almost impossible to realize. Encourage dental associations to supervise and mutualise the importations of dental equipments and consumables. Enhance training of bio-engineers, dental nurses, dental lab technicians and all other necessary coworkers involved in dental clinics.

Stop smuggling of unsuitable material (equipment), offering poor quality and being even dangerous. Encourage procurement through fast, reliable cost effective channels through competent local representatives having the necessary confidence from manufacturers and distributors abroad.

Include training of maintenance, management, logistic, regulations, custom issues side by side with clinical studies. Training bio-engineers, oral-health-co-workers and managers is today probably more important than teaching implantology!

Behave as a beehive: No money, no honey vice & versa

In Africa, if the high number of patients is a "gold mine" to train medical doctors, training dentists is much more complicated. This long, complex and costly training requires heavy and diverse equipments subject to importations. The products subject to strict pharmaceutical regulations and basic heavy and/or hazardous products with very low added value is a burden and nevertheless essential on a daily basis. This business got in hands of smugglers and "suitcase businessmen", because they were able to avoid complicated bureaucratic procedures.

It is advisable to question the necessity to train only dental surgeons at the same level as their colleagues in the developed countries or if it is necessary to train dental therapists able to face the daily challenges

of an outstanding poor population? This provoking dilemma deserves nevertheless to be questioned.

Training dental therapists to carry out primary dental care techniques allowing an immediate health improvement and decent income; offering them, through continuing education access to a full training is a challenge to be evaluated as training academically students who will never get the first cent to purchase a costly working tool and will end as a taxi driver due to lack of solvent patients and of a non-existent insurance system.

Facing scarce allowance and an exploding demand, it could be wiser and more efficient to build dental therapists dedicated to primary dental care than more dentists for insolvent patients?

Whatever the choice is, both trainings have a heavy cost and everybody is deaf to calling for funds. Neither government nor professional institutions nor dental industry partners are ready to support this necessary path.

In this context, the Congolese national dental association (ANCD) launches the original idea to associate the image of the beehive to finance their continuing education program.

Beekeeping in Africa is a great opportunity to maintain population in rural area and to stop migrations to over-crowded towns. Beekeeping gives a regular and daily income to many families. Instead cutting trees to produce charcoal, farmers collect and sell honey. At the same time, bees pollinate trees helping reforestation and regeneration of soils.

From another point of view, beehive by-products as wax and propolis have an application in dentistry. Propolis-added cements are being developed for their positive action against bacteria, creating inside the tooth a "bacteria-free and friendly environment" helping healing of the pulp. And the last but not the least, honey is a wonderful substitute to refined sugar and supports better nutrition.

With the help of beekeepers, the ANCD is collecting wax to be exported to help financing the continuing education and simultaneously creates awareness among the population about the danger of sugar consumption.

An investment in
knowledge always
pays the best
interest

Benjamin Franklin

⁸ No banking system adapted to middle class investors. In Europe and USA almost 80% of the middle class has access to credit and less than 7% in Africa

⁹ http://www.caim-int.info/resume.php?ID_ARTICLE=E_AFCO_227_0153

This initiative has to be encouraged and might allow the Congolese dentists to finance their education independently from greedy sponsors, expecting a quick return on investment.

Conclusion:

It is time to talk the truth to African dentists as they face a coming disaster from which they cannot escape. When the younger generation risks their lives, many in deadly boat trips to the so-called "European paradise" to escape hunger and death, skilled dentists have no future on their continent and migrate to USA or Europe for a better life. We have to dive deeply into the reality, change the paradigms, accept to name the problems and stop hiding behind curtains and closed eyes.

Finding the staff and resources to manage all health issues is no small problem. As far as dentistry is concerned, the highest priority among the priorities is to develop a strategy to improve the dental education at different levels according to the needs.

The bush lovers exist, the skilled persons exist but they don't meet. Many "African bush lovers" have experienced ways to improve dentistry and some succeeded locally, but most of them, without an holistic approach of African realities, failed as they do not get the needed financial support. How can we raise these necessary funds to help to fill the gap and change the dangerous downward spiral?

To play a symphony we need a conductor to guide the different instruments. Thanks to Pr. Charles Pilipili, Vice Dean of the Faculty of medicine and School of dentistry at UCL in Bruxelles who has been recently given the responsibility to organize the continuing education program of the FDI in Africa. He brings the focus back to patient benefiting products as urgent for dental caries management.

Thanks to Dr Jacques Melet (Trust as a management tool for the profession) and to Dr Nicola Minotti (Management of the dentinal interface) for their encouraging lectures during IDEA Dakar.

Thanks to Pr. Jo Frenken for his contribution to ART. They all deserve our support and respect.

Another world is to be invented. A world where we shall have to work, produce, exchange and consume differently, fostering the cooperation and the balance rather than the competition and the exploitation.

This is our challenge and this can only be achieved by supporting the education and the continuing education.

Together we can do more: support FDI CE program in Africa.

FDI's Continuing Education Programme in the African region is making a lot to facilitate the knowledge transfer; but together we can do more. Support the work of Pr Pilipili – -program director — with a donation.

You will contribute to cover the expenses to bring in Africa the help they need. As a company, with a 1000€ minimum donation, you will be allowed to use the logo on your institutional communication.

For donation and information please contact :
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Focus on the Italian Dental Market

Author: Lara Pippucci

RELEVANT FIGURES

- **Population:** 61,855,120 million (July 2015 est.)
- **Birth rate:** 8.74 births/1,000 population (2015 est.)
- **Life expectancy at birth:** 82.12 years
- **Health expenditures:** 9.1% of GDP (2013)
- **GDP - official exchange rate:** \$2.148 trillion (2014 est.)
- **GDP - real growth rate:** -0.4% (2014 est.)
- **GDP - per capita (PPP):** \$35,500 (2014 est.)
- **Industrial production growth rate:** -0.2% (2014 est.)
- **Exports:** \$500.3 billion (2014 est.)
- **Imports:** \$448.3 billion (2014 est.)
- **Unemployment rate:** 12.8% (2014 est.)
- **Taxes and other revenues:** 46.5% of GDP (2014 est.)
- **Public debt:** 134.1% of GDP (2014 est.)
- **Inflation rate (consumer prices):** 0.2% (2014 est.)



According to a recent sector analysis conducted by UNIDI in cooperation with the consulting firm Keystone, the Italian dental industry employs approximately 6,000 workers. More than half of them work in the manufacturing industry, while the retail and wholesale distribution sectors employ respectively around one third and one sixth of the total workforce. Despite the crisis and some slight variation occurred over the last year, the number of employees is substantially stable.

The largest share of the Italian dental production value is for the **segment of equipment and devices for dental practices, that accounts for one quarter of the total.** It is followed by consumable products, accounting for a slightly lower share and implantology (at a more distant 13%). Apart from x-ray devices, sterilization, hygiene products and consumables for dental technicians, respectively at 9, 7 and 6%, the other categories (precious and non precious metal alloys, equipment and devices for dental technicians, furnishing and lighting) remain around a range of 3 to 4%. Last come the pharmaceuticals and orthodontic products between 1.5 and 2%.

Comparing the growth forecasts for single product segments, it is interesting to note that the **most relevant increase rates for 2014 over 2013 are reported for equipment and devices with almost 4% growth forecasted in 2014 (from €355 to 370 million).** Moreover, consumable products as a whole enjoy good prospects with growth expected to be just one percentage point below the equipment segment (slightly less than 3%, from

€225 to 231 million). The consumables for specialties such as implantology and orthodontics are a little less performing with growth limited to 1.7%, remaining substantially stable around €108 million.

At the other end of the chart we may find a negative trend for precious and non-precious alloys, plunging by 8% from €28 to 26 million, and services, whose value is expected to drop by 11% from 10 to 9 million.

The manufacturing sector is mainly destined to exports, accounting for over 60% of the total production value (roughly €740 mn), while the domestic market accounts for less than 40%. These figures confirm the latest years' trend towards an increasing export-oriented focus for the Italian dental manufacturers. **It is also worth noticing that the Italian market as a whole, with an estimated value of over €1 billion, is supplied by imports for slightly over 60% of its value.** This figure completes the previous picture, signaling the impact of the reduced domestic demand on the manufacturing industry, that tends to sell more in foreign markets than in Italy.

In particular, the remarkable difference between the export and domestic market is evident in the comparison of both sectors across the years 2010-2013. In this period, while sales towards the domestic market dropped by a total Compound Annual Growth Rate (CAGR) of almost 2% (with 3% peaks in 2011-13), **the value of exports increased at a CAGR of 6%, reaching €465 million in 2013 and expected to increase to €490 million**

in 2014. The export sector registered a 34% growth between 2008 and 2014, meaning a CAGR of almost 5% during this period.

The composition of the Italian dental exports reveals that the most successful product segment remains equipment and devices for the dental practice (30%), followed by consumables for the dental practice (26%) and x-ray devices (13%). Their growth in 2014 was expected to be quite variable, with 6% increase for equipment, 4% decrease for consumables and 13% growth for implantology, a rather surprising figure but accounting only for a segment of limited size.

It is also interesting to see how the ratio of equipment and products sold to the domestic market was essentially the same of the exported products in 2008, when the two sectors accounted respectively for 48 and 52% of the total production value. The latter has therefore gained 10 percentage points in just about five years, showing how the contracting internal demand combined with the increasing international recognition gained by the Italian dental production shifted the balance in favour of export-oriented production.

This is particularly true for some product segments such as equipment and devices for dental practices (including furnishing) and hygiene/sterilisation, where export-oriented production accounts for almost two-third of the total, or x-ray equipment, where it becomes the prevalent destination with 84% export incidence. However, there are other products that show a reverse trend, namely implantology, orthodontics and precious/non-precious metal alloys, whose production is aimed at the domestic market with shares ranging from 70 to 85% (for implantology, the most remarkable product segment showing such a contrasting datum).

The distribution sector was the one suffering the most the contraction of internal demand, as it couldn't compensate the loss with sales in other markets. The trend between 2008 and 2014 was negative by 1.7%, with much of the drop concentrated in the period 2008-10 and 2011-12, but the introduction of new foreign technologies into the market has helped the sector regain some margin.

The largest share of the wholesalers are in the product segments of consumables for the dental practice (over 30%), implantology (26%), followed by consumables for dental technicians and equipment for the dental practice at much lower shares

The largest share of the Italian dental production value is for the segment of equipment and devices for dental practices, that accounts for one quarter of the total.



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(9% and 11%). Wholesalers in segments such as orthodontics, x-ray and alloys remain around 4-5%, followed by very limited numbers in the remaining categories (furnishing and lighting, pharmaceuticals, hygiene/sterilisation, equipment for dental technicians).

When it comes to imports, after two significant drops occurred in 2009 and in 2012, a sustained 4% growth up to €380 million is forecasted for 2014, supported in particular by the new applications and technologies in the x-ray and CAD/CAM sector. At the same time, sales for large multinationals in implantology and pharmaceuticals stand quite still in terms of annual growth. The biggest import segment is consumables for the dental practice (over 30%), followed by implantology (22%). **These two categories alone contribute to more than half of the total value of dental imports, with combined €190 million.** Moreover, the categories of consumables for dental technicians, x-ray, equipment for the dental practice and dental technicians and orthodontics account for shares ranging from 8 to 11%.

The end-user market shows some signs of recovery after a series of negative years between 2008 and 2013, but they are still timid. The trend over the last five years is negative as well, but not as much as the industry feared in the midst of the crisis, with CAGR of -1.3%. The sales value follow quite closely the trends and shares of the import value, with sales concentrated in the same categories of consumables and implantology (respectively accounting for €315 and €241 million), with the addition of the segment of equipment for the dental practice, reporting a value of €135 million in 2013. Other important segments in terms of sales value are consumables for dental technicians, x-ray devices and orthodontics (€87 million for the first, around €68 million for the other two segments). Among the remaining categories, only three (equipment for dental technicians, precious/non-precious alloys and hygiene/sterilisation) reported a sales value above €30 million.

In the first quarter of 2015, distributors' spending trends showed a continuation of the preference for consumables rather than devices or equipment (respectively, almost 2% growth on the last quarter of 2014, against 0.3%).

In general terms, the recent crisis has determined a selection among the companies operating in the Italian dental sector. Only one-in-three companies is growing (from 70% in 2005), while there has been an increase in the number of shutdowns (from 1% in 2005 to 10% in 2013). This trend is even visible in the export sector, where the share of companies that registered any growth showed a parallel decrease. In this context, however, the size of the company seems to bring an advantage in keeping on a growing path.

As for the future outlook, the general sentiment is surely improved in comparison to the last few years, but diffidence remains tangible due to the close relationship of the domestic dental market

Market survey 40 QUESTIONS TO ITALIAN DENTISTS

1. Where is your dental practice located?

• Piedmont-Aosta-Liguria	14.7%
• Lombardy	19.4%
• Triveneto (Veneto, Friuli-Venezia Giulia and Trentino-Alto Adige/Südtirol)	14.3%
• Emilia-Tuscany	17.9%
• Central Italy	15.5%
• Southern Italy and Islands	18.2%

2. Is it a multispecialty dental practice?

In the past few years the number of multispecialty dental practices is significantly decreased (from 66% in 2011 to 49% in 2015). Despite multi-specialty practices can give patients the ability to have all of their dental needs met in one location eliminating the need to commute to various offices to have specialized treatment, dentists still prefer to offer more specific solutions to their patients.

• YES	49%
• NO	51%

3. Is it a group dental practice?

Of all dental practices in Italy, 88% are single-handed practices while 12% are multi-partner practices.

• YES	12%
• NO	88%

4. Do you own the dental practice?

• YES	88%
• NO	11%
• NO OPINION	1%

5. Do you only work in the private sector?

• YES	93%
• NO	7%

6. How old is the owner of the dental practice?

Most of the Italian dentists are older than 45 years old and only 4% are younger than 35 years old. The average age of Italian dentists is rather high respect to other European countries.

• YOUNGER THAN 35 YEARS OLD	4%
• FROM 35 TO 44 YEARS OLD	13%
• FROM 45 TO 55 YEARS OLD	29%
• OLDER THAN 55 YEARS OLD	54%

7. Have you followed in your father or mother footsteps becoming a dentist?

Only 14% of the interviewed people followed in a family tradition while 86% represent a new entry in the dental field.

• YES	14%
• NO	86%

8. Is the owner a man or a woman?

There is a significant increase in the number of women-owned dental practices (from 12% in 2013 to 22% in 2015). This is a positive aspect even if a substantial quota for women is still far away.

- MEN-OWNED DENTAL PRACTICES 78%
- WOMEN-OWNED DENTAL PRACTICES 22%

9. Which of the following continuing dental education options do you prefer?

There is a significant decrease in the number of dentists attending online continuing education courses (from 63% in 2013 to 47% in 2015). The most part of dentists prefer to attend congresses or theoretical- practical courses.

- ONLINE COURSES 47%
- CONGRESSES/THEORETICAL-PRACTICAL COURSES 53%

10. Are you a member of a Scientific Society?

There is a significant decrease in the number of dentists who are members of scientific societies and this is a constant trend.

- YES 20%
- NO 80%

11. How many years ago did you renovate your dental practice in terms of building and equipment renovation?

Only 4% of the survey group has never renovated their dental practice while 45% of dentists renovated it more than 5 years ago.

- NEVER 4%
- LESS THAN 1 YEAR AGO 13%
- FROM 1 TO 2 YEARS AGO 12%
- FROM 3 TO 5 YEARS AGO 25%
- OVER 5 YEARS AGO 45%
- NO OPINION 1%

12. How big is your dental practice?

There are not significant changes respect to the previous survey but we can note a constant increase in the size of dental practices, especially medium-sized and big dental clinics.

- LESS THAN 30 m² 1%
- FROM 30 m² TO 70m² 27%
- FROM 70 m² TO 150m² 64%
- OVER 150m² 6%
- NO OPINION 2%



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13. How did you invest in your dental practice?

Due to the negative impact of the economic recession on their business, many dentists prefer to replace old equipment (63%) than investing in new technologies (36%).

- DENTAL EQUIPMENT 63%
- NEW TECHNOLOGIES 36%
- NO OPINION 1%

14. Why did you invest in your dental practice ?

The most part of dentists wanted to offer a better service to their customers and stay up-to-date on new dental trends. Nowadays dental clinics are more and more customer-oriented and investing in the dental practice is an excellent customer retention marketing strategy.

- TO OFFER A BETTER SERVICE 25%
- TO STAY UP-TO-DATE 10%
- FOR BOTH REASONS 64%
- NO OPINION 1%

15. How many dentists work in your dental practice?

- | 48%
- FROM 2 TO 3 44%
- FROM 4 TO 6 8%

16. How many dental assistants work in your dental practice?

- NONE 21%
- | 40%
- FROM 2 TO 3 37%
- FROM 4 TO 6 2%

17. Where did your dental assistants study?

- DENTAL ASSISTANT COURSE 39%
- PROFESSIONAL NURSING DEGREE 4%
- INTERSHIP 57%

18. Do you have secretaries?

- YES 27%
- NO 73%

19. Does your staff attend continuing education courses?

- YES 79%
- NO 21%

20. Do you cooperate with dental specialists working outside your dental practice?

- YES 51%
- NO 49%

21. Would you use internet for online consulting?

- YES 52%
- NO 45%
- NO OPINION 3%



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22. Do you use a Management Software?

- YES 48%
- NO 52%

23. Do you use paper or electronic medical records?

- PAPER MEDICAL RECORDS 56%
- ELECTRONIC MEDICAL RECORDS 43%
- NO OPINION 1%

24. Do you take care of patients usually treated in other dental clinics who are looking for specific treatments?

- YES 43%
- NO 56%
- NO OPINION 1%

25. How many dental laboratory technicians do you work with?

- 1 28%
- 2 44%
- 3 22%
- MORE THAN 3 6%

26. How many implants did you insert last year?

- NONE 12%
- LESS THAN 50 57%
- FROM 50 TO 100 18%
- FROM 101 TO 150 3%
- OVER 150 2%
- NO OPINION 8%

27. How many dental crowns did you insert last year?

- NONE 2%
- LESS THAN 70 47%
- FROM 70 TO 100 24%
- MORE THAN 100 9%
- NO OPINION 18%

28. Do you still use amalgam fillings?

- YES 24%
- NO 76%

28a. In which percentage do you use amalgam fillings?

- LESS THAN 5% 50%
- FROM 5 TO 10% 20%
- FROM 11 TO 30% 23%
- FROM 31 TO 60% 4%
- MORE THAN 60% 3%

29. Do you use rubber dams for procedures such as composite fillings?

- I ALWAYS USE RUBBER DAMS 25%
- IN 75% OF CASES 21%
- IN 50% OF CASES 22%
- IN 25% OF CASES 11%
- I DON'T USE RUBBER DAMS 19%
- NO OPINION 2%

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30. Do you use metal-free dental implants?

- YES 92%
- NO 8%

30a. In which percentage?

- LESS THAN 10% 12%
- FROM 10 TO 30% 11%
- FROM 31 TO 60% 14%
- FROM 61 TO 99% 31%
- 100% 29%
- NO OPINION 3%

31. Do you use precious or non-precious dental alloys?

- NON-PRECIOUS DENTAL ALLOYS 8%
- PRECIOUS DENTAL ALLOYS 34%
- BOTH PRECIOUS AND NON-PRECIOUS DENTAL ALLOYS 42%
- NO OPINION 16%

32. Did teeth whitening continue to be a popular dental request over the past two years?

- INCREASE IN DEMAND 25%
- UNCHANGED DEMAND 43%
- DECREASE IN DEMAND 22%
- I DO NOT OFFER TEETH WHITENING 10%

33. Do you use class B autoclaves?

73% of the survey group uses class B autoclaves while 18% uses other types of autoclaves.

- CLASS B AUTOCLAVES 73%
- OTHER TYPES OF AUTOCLAVES 21%
- NO OPINION 6%

34. Do you know CAD/CAM Systems? As in the past survey, 95% of the survey group know CAD/CAM systems which nowadays are essential for dentists.

- YES 95%
- NO 4%
- NO OPINION 1%

35. Do you promote and advertise your dental practice?

Even if promotional and marketing strategies are more and more important for businesses to develop, 76% of Italian dentists did not promote or advertise their dental practice last year. In a very aggressive online marketing background, this choice could be a disadvantage.

- NO 76%
- YES 24%

36. How do you promote and advertise your dental practice?

61,7% of Italian dentists use Internet to promote and advertise their dental practice (from 14% in 2011). During the last two years Internet (especially the social media channel) consolidated itself as a very powerful marketing platform that has changed forever the way we do business.

- NEWSPAPERS AND MAGAZINES 28.3%
- BILLBOARDS 16.7%
- MAILING 13.3%
- ONLINE ADVERTISING 61.7%
- OTHER 13.3%

37. Did you have any dispute with your clients last year?

In most cases dentists didn't have any dispute with their clients during the past year (91%) and this is because they want to establish a long-term relationship with their patients. The WOM (Word-of-mouth advertising) is important for every business, as each happy customer can steer dozens of new ones your way.

- NO 91%
- YES, ONE DISPUTE 5%
- YES, MORE DISPUTES 3%
- NO OPINION 1%

38. Do you offer a free of charge first check up appointment?

Generally speaking the majority of dentists offers a free of charge first check up appointment in order to establish a customer oriented relationship with their clients.

- YES 68%
- NO 8%
- SOMETIMES 23%
- NO OPINION 1%

39. Did the global financial crisis affect your business?

One in five dentists states that the global financial crisis affected his business activity (78% from 83% in the last survey). This fact shows a weak economic recovery after years of negative growth.

- YES 78%
- NO 21%
- NO OPINION 1%

40. Which is your action plan to combat the crisis?

The majority of the interviewed people still opted for containing costs to combat the crisis (-12% from 2013) but the number of dentists who decided to offer special prices and dental-care packages for families is increasing more and more.

- PRICE REDUCTION 33.8%
- COST CONTAINMENT 40,5%
- SPECIAL OFFERS AND DENTAL-CARE PACKAGES FOR FAMILIES I 5.3%
- NEW SERVICES 12.2%
- ADVERTISING 9.5%
- PAYMENT DELAY 1.4%
- OTHER 3.2%
- I DON'T HAVE ANY ACTION PLAN 9.5%

Sources:



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CDS 2015

China Has Offers Matching All Budgets

In an exclusive interview with Prof. Wang Xing, President of China Stomatological Association (CSA), he tells us why China Dental Show (CDS) 2015 is the only place that brings together latest technology offerings and key knowledge exchange programs, all under one roof.

1) CSA has been collaborating with China Dental Show (CDS) since many years now. How has this collaboration been mutually beneficial?

This collaboration is much more than mutually beneficial. CSA has an in-depth understanding of the domestic stomatological industry with a vision to cultivate the entire Chinese market in terms of

training, education and also keeping all stakeholders informed by sharing latest news updates and technology from across the world. We have collaborated with many organizations and we realized that Reed Sinopharm Exhibitions (RSE) has similar goals, thanks to their vast experience of over 30 years in the health sector. Moreover, RSE is well-known among the trade community around the world because of its parent company Reed Exhibitions and its publications.

2) What are your expectations from CDS 2015 in terms of product portfolio and quality of technology?

The expectations are high from the industry who are now used to the latest technology, innovative products and high-profile conferences at the China Dental Show. As an industry leader today, CDS 2015 is playing an important role by offering a comprehensive program for local dentists to upgrade their knowledge on the latest products, policies and dental technology. Today, our members who are primarily dentists are extremely busy attending to ever-evolving patient needs. With a ratio of 1 dentist for every 8,000 patients, there is no way a dentist can make adequate time for skill building and professional networking. Hence, CDS 2015 has come to become an Annual Meeting where over 20,000 members can socialize within 4 days.

3) What is the idea behind this year's theme Digital Dentistry? What can visitors expect on this topic from the high-profile seminars and conferences organized by CSA?

Digital technology has made a huge presence in today's lifestyle. Hence, it is no surprise that Digital Dentistry is the logical evolution of the stomatological industry also. The challenge before us is to keep pace with these rapid changes in dental technology. Innovations are emerging from China and overseas almost every month, owing to the latest technology registration policies. We are delighted to see that our selected theme has been received very well, evinced by the quick registrations for more than 400 technical sessions at CDS 2015.

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We always choose out themes carefully, forecasting industry trends over a 3-year period. This ensures that all our members are well-informed and educated on a given subject before proceeding to the next one. From knowledge-sharing lectures to practical training workshops, our educative programs at CDS 2015 are comprehensive and in-depth. With more than 3 months to go, we have already planned the educative conferences with high profile speakers from over 20 countries.

4) What makes CDS different from other dental trade shows in the world? How does it reflect on the Chinese dental industry?

CDS is unique for these three reasons:

1) It reflects our association's principle that education and information exchange comes before business. China is a huge market with varying demands, needs and budgets. Hence, our members need to be well updated and trained before they select the right products. Thus, every three years we select a new theme developed by the CSA Committee Board.

2) CDS 2015 plays host to the CSA Annual Meeting which is a must-attend event for all our members. It is the only opportunity for members from across China to meet socially and professionally.

3) The new venue at National Exhibition & Convention Center in Shanghai is more user-friendly with buyers and exhibitors meeting on the same level without spending much time travelling across the fairgrounds. Hence, CDS 2015 is sure to be an invigorating experience for all visitors and participants.

5) Why do you think China is the best place to source for dental technology?

China is definitely the right place to source for all business needs as we have offers for all budgets. Nowadays, we are receiving feedback from international buyers that Chinese products have improved in terms of quality and technology. But we still maintain our competitive pricing advantage. I think China has tremendous potential as a business and investment destination for those foreign brands that have a larger entrepreneurial vision in Asia.

1/ The Chinese Stomatological Association (<http://www.cndent.com/site/html/English/>)

The Chinese Stomatological Association (CSA) is a national academic voluntary non-profit organization of scientific and clinical practitioners in stomatology, as well as enterprises and institutions and social organizations relevant to stomatology. Together they are the link and bridge between the government and the scientific and clinical community of stomatology, and are also the social force developing the Stomatological science for China. The CSA is the only first-grade national Stomatological academic society registered at the Department of Civil Affairs, which is under the supervision of the Ministry of Health. CSA is dedicated to the dental industry in China, running 21 sub-societies and 3 sub-committees, which cover all the dental-related specialties. Over 1,000 leading dentists from all over the world are serving as board members and councilors of these committees and they represent the highest level in academic research and



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technical skills. The Association was founded on 07 November 1996, formerly known as the Oral Science Society of Chinese Medical Association, which was established in 1951.

2/ Reed Sinopharm Exhibitions
 (<http://en.reed-sinopharm.com/>)

Reed Sinopharm Exhibitions (RSE) is China's leading pharmaceutical healthcare exhibition and conference organizer, committed to fostering world-class business events platforms that attract and work with the best pharmaceutical and healthcare enterprises in the industry. With strong roots in both pharmaceutical/healthcare and events management, our vision is to help align industry with favorable government policies and global trends that promise a 'golden age' for China's industry over the coming decades.

Reed Sinopharm Exhibitions is a joint venture between the Chinese market's largest pharmaceutical and healthcare industry group – Sinopharm Group, and world leading event organizer – Reed Exhibitions.

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3/ Sinopharm Group
 (<http://sinopharm.todayir.com/html/index.php>)

Established in 1998, Sinopharm Group is now the largest pharmaceutical state owned organisation in China. The group covers

the entire vertical pharmaceutical industry from R & D to the distribution throughout China and its 10 operational subsidiaries in 4 continents.

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4/ Reed Exhibitions (<http://www.reedexpo.com/>)

Reed Exhibitions is the world's leading event organiser with 500 events in 40 countries and an unrivalled network of offices and international sales promoters at its disposal. Reed Exhibitions' portfolio of exhibition and conferences serves 43 industry sectors across the Americas, Europe, the Middle East and Asia Pacific. In 2013, six million participants attended Reed Exhibitions' events globally.

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The second week in October at the Holešovice exhibition grounds belonged to teeth and dental care

From 8 to 10 October 2015, the 23rd PRAGODENT international dental fair was held at the Incheba Expo Prague exhibition grounds. For professionals, this was a truly extraordinary event, because it was the largest and the only comprehensive trade fair specialized in the field of dentistry held in the Czech Republic. Dentistry, as a field, constantly and very quickly moves forward. Major professionals could not miss the selection of modern technologies and efficient processes that were presented. The total attendance over three days reached nearly 9,000 people.

"Every year, the Pragodent fair is a long-awaited and acclaimed highlight of the season for dentists and professionals from related disciplines," says Jarmila Šmídová, a marketing specialist of the exhibition organizer. "This year, 176 direct exhibitors and 678 companies from 37 countries presented their products and services in Holešovice," she adds.

At the exhibitors' stands, visitors could explore the full range offered by the dental market for dental offices and laboratories, as well as software equipment, tools for prevention, hygiene and work safety, pharmaceutical products and specialized publications for dentists. There were also many innovations that would be included in the necessary equipment of dental offices and laboratories in the near future.

In addition to the traditional exhibition section, most visitors did not miss the fifth jubilee Dental Summit for dentists, dental technicians and dental hygienists, which was organized as part of the accompanying programme under the auspices of the Association of Dentists (AZL). It offered a diverse collection of topics, as well as the knowledge and practical experience of 23 lecturers from 8 countries. There were also live demonstrations of treatments in the demonstration offices.

For more information visit www.pragodent.eu.

Event Organizer

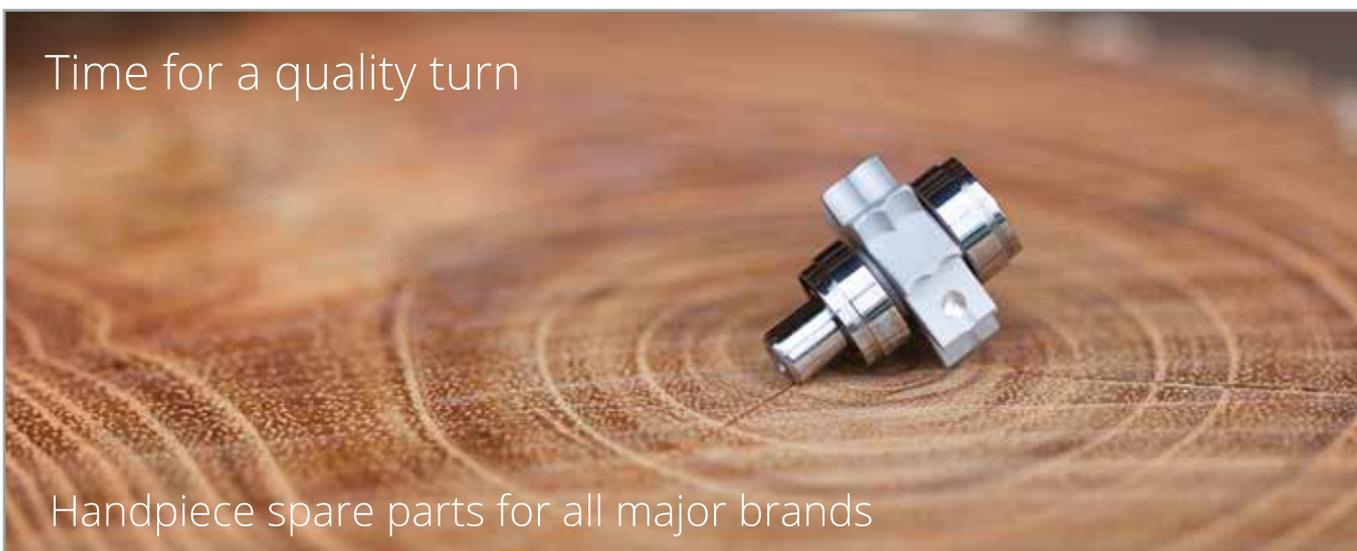
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Dental Expo 2015



FINAL REPORT

«Crocus Expo» 38th Moscow international dental forum and international exhibition «Dental-Expo 2015» took place from September, 28 till October, 1 2015 in Moscow in the International Exhibition Centre. Exhibition was sponsored by S.T.I.dent (exclusive representative of SEPTANEST®), and COLGATE. Internet shop Dentman.ru sponsored online registration. The main information partners of the forum in Russia are periodicals «Stomatology today» and «Dental Tribune», Dental Tribune International GmbH and Infodent International.

At the opening ceremony of the dental Forum participants were addressed by Vladimir Sadovski, The President of Dental Association of Russia, Oleg Yanoushevitch, Chief Dentist of Ministry of Health of Russia, The President of the Association of Doctors of Russia and Rector of MSMSU, Anatoly Kulakov, director of the Dental Research Institute of Dentistry and Oral Surgery of Ministry of Health of Russia, corresponding member at the Russian Academy of Medical Sciences, Leontiev V.K, academician at the Russian Academy of Medical Sciences, honoured scientist of The Russian Federation, as well as Pavel Dobrovolsky, the President of Russian Dental Industry Association. Also the representatives of the sponsors: A. Kulusov, director of the professional department of the company Colgate- Palmolive Russia, N. Babayan, CEO of S.T.I.dent as well as I. Brodetski, CEO of the exhibition company «DENTALEXPO» welcomed the guests and the participants of the Forum.

The Congress was prepared and held with the support of the department for children dentistry of Dental Association of Russia, MSMSU, EAPD, companies «Dental Seminar» and «Secrets of effective management». During the Forum The Association of studying the color in dentistry and The Association of Laser Dentistry of Russia their programs. The Association of studying the color in dentistry presented an annual Symposium «Color issues in the aesthetic stomatology». The Association of Laser Dentistry of Russia presented several courses on implantology, orthopaedy and orthodontia. In the theme «endodontia» within the project ENDOPOINT the leading Italian Professor Flavio Palazzi, author of the conception EMIA - Minimal invasive en-

dodontia, visited Moscow. The Course of Dr. Palazzi is «Minimal invasive approach in endodontia». The new scientific conception of the predictable treatment» attracted more than 200 people.

The Exhibition «Dental-Expo 2015» became another pointer of the situation in the Russian dentistry and of the public sentiments. The shock of the beginning of the year gradually faded into insignificance, the feeling of pessimism that dominated in spring disappeared. The industry and dentists were seriously preparing to meet each other and the result was not slow to arrive - the work was humming on the stands, visitors showed great activity as usual. This result was achieved due to the fact that the information for visitors (the number of visitors for all 4 days amounts to more than 700) about the events of the Forum was beforehand available on the website of the exhibition, in the pre-exhibition reporter, in active information mailout of the exhibitors.

Exhibition booths became even more aesthetically interesting and useful for the work with the visitors. Very often arise problems connected with the use of acoustics on the booths. Taking into account the great amount of events held on the stands it lowers the effectiveness of the information flow. Organizing committee attracted the participants' attention to this fact and, evidently, the companies will take this into consideration at the future exhibitions. 486 companies from 22 countries in 3 exhibition halls represented the products of more than 1000 manufacturers.

The visitors spent several days to familiarize with the exposition. As assistance service for the visitors Organizing committee offered a brochure with plan of the halls with the list of exhibitors and also a free mobile application Dental-Expo which included exhibitor catalogue, interactive plan of the exhibition with the navigation function that can pave the way and the event program. On the website of the exhibition there were beforehand published the catalogue and the plan of the exhibition. Dental-Expo 2016 is one of the main advertising instruments for the modern business and at the same time the biggest information place for specialists for the knowledge exchange.

At the exhibition it is possible not only see a wide range of products, materials and technologies from manufacturers from many countries. A small stand «From teeth to teeth» in the hall 7 lets find a job or offer a business of equipment for sale. The participation in the program was and is free of charge for everyone. The first results of the exhibition and the forum were evaluated as successful by the majority of participants. This allows us to be optimistic about the future and to prepare for the **next exhibitions, which will be held in February (DENTAL-REVIEW 2026, 8-10.02.2016) and in April (DENTAL-SALON 2016, 18-21.2016)**

See you soon at the exhibition!

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IDEM Singapore 2016



IDEM Singapore 2016 Strives for Clinical Excellence

The International Dental Exhibition and Meeting (IDEM) Singapore 2016 returns for its 9th edition with a bigger exhibition space. The conference theme this year, "Striving for Clinical Excellence", is built upon the common goal of all dentists – both general and specialist, acknowledging the professional journey, that learning is never finished and that each practitioner can always do better for a patient's oral health. The conference will be held from April 8th to 10th at the SUNTEC Singapore Convention and Exhibition Centre.

With the huge success in 2014, there will be a further expansion of 2,000 sqm of the exhibition space. For the first time, exhibitors and trade fair visitors can expect to see a larger space for Exhibition, Scientific Conferences and Forum sessions, which will be held over three levels, i.e. levels 3, 4 and 6 of the SUNTEC Singapore Convention and Exhibition Centre. The exhibition will be taking up a total of 18,000 sqm and is expected to draw in 550 exhibitors (dental manufacturers, distributors and traders) and approximately 8,500 participants, an increase of 8% from the number of attendance in 2014. 11 country pavilions will be returning to join IDEM Singapore 2016. Moreover, the Brazilian Association of Industries of Medical, Dental, Hospital and Laboratory Equipment (ABIMO) have also confirmed that they will once again join IDEM Singapore with a Brazilian Pavilion in 2016. This will bring the total number of country pavilions represented at IDEM Singapore 2016 to 12. The main scientific conference will have a roundtable summary on the first and last conference day. In addition, the supporting forums targeted at the three specialist groups, i.e. New Dentists, Dental Technicians and Dental Hygienists and Therapists, will also be returning. Witnessing another first for this year, the Association for Oral Health Therapists (Singapore) has joined as the organising partner for the Dental Hygienists and Therapist Forum.

"Since its inception in 2000, IDEM Singapore has grown by leaps and bounds. There has been a steady increase in the number of participants for this biennial event and as the world's top trade fair organiser, Koelnmesse is proud that our organisation has played a key role in bringing dental healthcare professionals,

manufacturers and distributors into a converging point for those who are aiming to become a player in the Asian markets. Asia, as a region, with the growing affluence of its population continues to attract interests from various stakeholders and we will strive to continue providing outreach opportunities for dental professionals," said Mr. Michael Dreyer, Vice President, Asia Pacific, Koelnmesse Pte Ltd, organiser for IDEM Singapore 2016.

IDEM Singapore 2016 is jointly organised by Koelnmesse and the Singapore Dental Association.

Online registration for trade visitors and conference delegates is now open. Detailed session and speakers' information can also be found online. Please visit the website www.idem-singapore.com for more information.

About IDEM Singapore

IDEM Singapore, a specialised dental trade fair accompanied by a professional congress, has developed since its premiere in 2000 into the No. 1 dental event in the Asia-Pacific region. At IDEM Singapore 2016, participants will meet key decision-makers, strengthen valuable contacts with customers and partners, and explore the potential of an exciting growth market. For more information, please visit: www.idem-singapore.com.

IDEM Singapore 2016
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Free Admission for All to Two Roundtables

Exhibition visitors and conference delegates are invited to join two roundtables on April 8 and 10. A panel of speakers will discuss the topics of professional development and how attendees can apply new knowledge gained at IDEM Singapore. Audience participation in these roundtable discussions will be highly encouraged and facilitated by the latest in interactive mobile technology, turning the roundtable into an interdisciplinary conversation and evaluation of the journey to excellence.

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FDI 2015



Highlights from FDI 2015 Bangkok

Highlights of the FDI Annual World Dental Congress (AWDC), held in Bangkok, include the transfer of the two-year FDI Presidency to Dr Patrick Hescot (France); the welcome of seven new FDI members; elections to the posts of President-Elect, Treasurer and Councillor; two sessions of FDI's World Oral Health Forum; and the launch of the FDI-Colgate Caries Prevention Partnership (CPP).

The new FDI President, Dr Patrick Hescot, a French national, has been involved in FDI work for over 20 years. He is a former President of the FDI European Regional Organization (ERO), served on the FDI Council since 2007 and was designated President-Elect in 2013.

Commenting his election, he said "To take on the mandate of FDI President requires energy and commitment as well as a dedication to close collaboration with my friends and colleagues in national dental associations worldwide."

New members

FDI welcomed four new regular members—Colegio Estomatológico de Guatemala; Egyptian Dental Syndicate; Ethiopian

Dental Professionals' Association; and Sociedad Cubana de Estomatología (re-instated)—and three affiliated members—Pierre Fauchard Academy (USA); International Academy of Periodontology (USA); and Global Scientific Dental Alliance (UAE).

Following FDI elections, Dr Kathy Kell (USA), formerly Treasurer, is the new President-Elect, Dr Jack Cottrell (Canada), formerly Councillor, is the new Treasurer and Dr Alvaro Roda (Uruguay) was re-elected, and Prof. Li-jian Jin elected to the FDI Council.

FDI 2016 Poznan

The AWDC also saw the official ceremony to transfer the FDI's Annual World Dental Congress from the Dental Association of Thailand (organizer of the 2015 event) to the Polish Dental Society (responsible for the 2016 event), which took place during the FDI General Assembly on 24 September.

Speaking on behalf of the congress organising committee at an earlier interview, President of the Polish Dental Society Prof. Bartłomiej W. Loster said: "We feel honoured and privileged to be chosen as the host country for the 2016 FDI Annual World Dental Congress. We look forward to welcoming delegates from all over the world to Poznan, a city of history and style."

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DENTSPLY and Sirona Announce Merger Agreement

September 2015 - Dentsply International Inc. ("DENTSPLY") and Sirona Dental Systems Inc. ("Sirona") announced that boards of directors of both companies have unanimously approved a definitive merger agreement. The combination will create a combined company with the largest sales and service infrastructure in dental with 15,000 employees globally. The combined company, supported by its platforms in consumables, equipment and technology, will offer a set of complementary offerings and end-to-end solutions to enhance patient care. Dental professionals across the globe will be supported by the largest sales and service infrastructure in the industry, supported by leading distributors, to deliver a product range that will meet the increasing global demand for digital dentistry and integrated solutions.

The combined company will be called Dentsply Sirona and trade on the NASDAQ under the symbol XRAY. The global headquarters will be located in York, Pennsylvania, the location of Dentsply's current headquarters, while the international headquarters will be located in Salzburg, Austria.

Upon closing of the transaction, Jeffrey T. Slovin, President and CEO of Sirona, will serve as CEO of the combined company and will be a member of the Board of Directors. Bret W. Wise, Chairman and CEO of Dentsply, will serve as Executive Chair-

man of the combined company. The Executive Chairman will work in collaboration with the CEO to execute the corporate strategy and to integrate the companies and cultures. From Dentsply, Christopher T. Clark and James G. Mosch will serve as President and Chief Operating Officer, Technologies and President and Chief Operating Officer, Dental and Healthcare Consumables, respectively. From Sirona, Ulrich Michel will serve as Executive Vice President and Chief Financial Officer. The Board of Directors will consist of 11 members, six of which (including Mr. Wise) are current Dentsply directors and five of which (including Mr. Slovin) are current Sirona directors. Additional senior leadership positions at Dentsply Sirona will be named at a later date consisting of representatives from both companies. The transaction, which is expected to be completed in the first quarter of 2016, is subject to the receipt of certain regulatory approvals and other customary closing conditions and approvals. The proposed transaction will create the world's largest manufacturer of professional dental products and technologies with scale and breadth across all major geographies and competitive offerings in each of the major dental categories.

Source: Dentsply Sirona press release - <http://investor.dentsply.com/phoenix.zhtml?c=76841&p=irolnewsArticle&ID=2088066&lang=en>

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Dental Lasers market expected to grow to 2019

The dental lasers market is estimated to grow at a compound annual growth rate (CAGR) of 8.4% from 2014 to 2019. The market for dental lasers has seen periodic technological advances, which greatly drives the market growth. The laser systems which were previously bulky are now available in small and portable models; they are handy and convenient to use. A few are also available in a structure similar to that of a dental handpiece. The latest models of these devices make use of modern fiber-optic delivery systems.

The use of dental lasers eliminates the use of surgical instruments such as handpieces, dental drills and also dental anesthetics. Dental lasers ensure less bleeding at the site of surgery, less trauma to the patient and an overall good experience to the patient. Since most of the tedious stages of dental surgery are eliminated, the overall procedural time is also effectively reduced.

The major key players in dental lasers market are AMD Lasers (U.S.), Biolase, Inc. (U.S.), Fotona D.D. (Slovenia), Ivoclar Vivadent AG (Liechtenstein), Danaher (U.S.), Sirona (U.S.), Syneron Dental (Israel), Zolartek (Canada), CAO Group Inc. (U.S.) and the Yoshida Dental Mfg. Ltd. (Japan).

The rising middle class population, rising aging population, increasing awareness for oral hygiene, reduced treatment time and operating cost, increasing disposable income, rising demand for cosmetic dentistry are the major growth drivers for the dental laser market.

Source: <http://www.micromarketmonitor.com/market-report/global-dental-lasers-reports-6445631245.html>

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The Free Trade Issue

African leaders have agreed to create the continent's largest free-trade zone, covering 26 countries in an area from Cape Town to Cairo. The deal, signed in Egypt, is intended to ease the movement of goods across member countries which represent more than half the continent's GDP.

Three existing trade blocs - the Southern African Development Community (Sadc); the East African Community (EAC) and the Common Market for Eastern and Southern Africa (Comesa) - are to be united into a single new zone. With this agreement comes into fruition a century-old dream to link the continent from the Cape to Cairo. And on paper it looks like a progressive step for a continent that has seen average growth rates of 5% in recent years. However, it needs parliamentary endorsements from all member-nations and once governments start reading the fine print, the mood may change. Many of them have small economies that produce few exportable goods. A free-trade protocol would mean they would have to compete with larger industries that could threaten their economies.

Africa's many regional blocs have not really aided continental trade so far and the African Development Bank has often said that the focus should rather be on developing infrastructure.

Nevertheless, if it is implemented in a reasonable time-frame and there is sufficient political will to follow through, then it marks a new beginning for local trade.

The idea behind the pact - known as The Tripartite Free Trade Area (TFTA) - is to remove trade barriers on most goods, making them cheaper, and stimulating \$1tn worth of economic activity across the region of more than 600 million people. However, the deal in Egypt is the first step and it will need to be approved by each country's parliament, before the wheels are set in motion. It is hoped that this will happen by 2017.

In the past 15 years, there has been an unprecedented number of free trade agreements (FTAs), both bilateral and, increasingly, among large economic blocs. In many cases, FTAs have seen trade between the parties soar, while tighter economic ties also generally has strengthened political and security relationships.

This is most evident in the European Union, which has become the world's largest trading partner, accounting for about 16% of world imports and exports in 2013, giving it an enormous scale of economic advantage. Now a 28-member bloc (albeit with threats to pull out in some member countries), the EU is the world's largest exporter of manufactured goods and services, and the biggest export market for about 80 countries.

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The Association of South East Asian Nations (ASEAN) has also grown to become the seventh largest economy in the world, if considered as a single entity. In the meanwhile, 12 Pacific nations, including the US, are attempting to finalise a free trade deal that would bind 40% of the world's economy.

However, the Middle East and North Africa (MENA) has been slow to integrate, both intra-regionally and internationally. The Greater Arab Free Trade Area (GAFTA) saw tariffs between 17 Arab states rapidly decline from an average 15% in 2002 to 6% in 2009. But it has failed to bring down trade costs. In fact, it remains cheaper for some Arab states to trade with Europe than between themselves. Bilateral trade costs for industrial products between the Maghreb states and France, Italy and Spain is half that of trading with the GCC, Jordan, Iraq, Lebanon or Syria.

The cost difference also is negligible for trade between Egypt and the rest of MENA versus parts of Europe.

The six member states of the Gulf Cooperation Council (GCC), which came into effect in 1981, are well ahead of the rest of MENA in terms of both intra-regional and international trade, however, despite its proximity, costs are still two-fifths higher than between France-Italy-Spain.

Source: <http://www.bbc.com/news/world-africa-33076917>
www.arabianbusiness.com



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Dentaid appeals for dentists to help in Calais migrant crisis



International charity Dentaid is appealing for dentists who are registered to practice dentistry in France to provide essential treatment for thousands of migrants living in refugee camps near Calais.

One of the charity's trustees, Jonathan Gollings, has recently returned from France where he saw the desperate need for dental care in the camps. Hundreds of people, including many children, are suffering dental pain after travelling across Europe to find work or flee war and persecution. Many have serious dental problems with an average of eight people a day arriving with an abscess.

French law states that any dentist who works in the camps must be registered in the country and have permission to practice in Calais. Dentaid is now appealing for any UK dentists who registered to practice in France, or French dentists, to volunteer their skills.

Dentaid provides equipment and DentaidBoxes – entire dental surgeries that fit into a wheelie bin and can be operated without electricity and water - to countries all over the world where people are suffering due to a lack of dental care.

The charity also sends teams of volunteer dental professionals

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to Asia, Africa and South America – but is now keen to help closer to home in the wake of the migrant crisis and provide emergency dentistry for those in pain.

“We have been approached because there is a desperate need for dentistry in the refugee camps at Calais,” said strategic director of Dentaid, Andy Evans. “We are hoping we can find a team of dentists who are registered to practice in France so we can make a real difference. Dentaid is a charity that is committed to eradicating dental pain all over the world whatever people’s circumstances are.”

Dentists who have permission to practice in France and particularly the Calais region are asked to contact Dentaid on 01794 324249. To find out more about the charity visit www.dentaid.org.



For press inquiries please contact Jill Harding, press officer at Dentaid, jill@dentaid.org.



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The Big Skill Share Appeal



Today we're launching our Big Skill Share Appeal. It is the next milestone in our work – and we thought that you'd like to hear a little bit more about our plans and where we're heading!

Bridge2Aid has now provided access to safe emergency dental care to over 4 million people in Tanzania. It's a fantastic achievement.

We have done this with volunteers from the UK dental community training rural health workers. We are saving lives and freeing millions more from the prospect of misery and pain. However we need to go further – and we have a unique plan.

We've already taken a massive step in the right direction, but we need to take a great leap forwards because the rural population of Tanzania alone is 35 million people. Our Big Skill Share is a game changer, a huge next move. In essence it goes back to the story about the man and the fish. Give a man a fish and you've given him a meal – teach a man to fish and you feed him for life. **We're just taking it one step further – teaching the 'fishermen' how to teach others too!**

The Big Skill Share is Phase 2 of our model – we return to the District Dental Officers who we've been working alongside on our training programmes and give them the skills to teach emergency dental skills themselves. This is where we see our

core value of sustainability really come to life. It's a model that becomes self sufficient, and it's the only realistic way that our work can tackle such a vast problem.

Our model:

PHASE 1 – Groundbreaking: UK dental volunteers begin training Tanzanian health workers in emergency dental skills

PHASE 2 – The Big Skill Share: UK volunteers teach District Dental Officers how to train in emergency dental skills – 'training the trainer'

PHASE 3 – Sustainable Change: Tanzanian trainers train Tanzanian health workers emergency dental skills supported by Bridge2Aid expertise.

This unique model means that training in emergency dental skills can become a rapid roll-out where millions and millions of people in some of the poorest parts of the world have access to vital treatment. As our programme takes off in Tanzania we are then able to offer training into more countries where there is an urgent need.

The Big Skill Share is key to solidifying the success of our Tanzanian programme and we need your help to make it a reality. By donating to our great leap forwards you'll be changing the lives of people in this country forever. With your contribution



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we can build on the training programmes we've already run and embed this change for good. Please help with our vital work by donating by the pink 'make a donation' button at the top right of our Webpage www.bridge2aid.org. With your help we can help millions more out of pain.

Our Fundraising Philosophy

In the light of the recent government commissioned review of charity fundraising we'd just like to reassure all of our supporters that we do not operate in any of the ways that have been brought to light as causes for concern in this report. Bridge2Aid is a small charity and we base all of our fundraising around relationships. We are supported by people who know what we do – and we care about those who are part of making our work so amazing.

So we don't buy in lists of contacts, we don't cold call, we don't do massive mail-outs, we don't ask third parties to fundraise for us, we don't employ door-to-door or street fundraisers, we don't employ companies to phone you at the time of the evening when you're just settling down to relax.

But we are a charity. Without the support and donations that are given we would not be able to do the work that we do, and this work is vitally needed. So we do ask for money, we do try to engage people's hearts and minds. We try to share stories and statistics to let people know why we are doing the work that we do, and how we are changing the landscape of oral health in some of the poorest parts of the world.

It is impossible to overstate the importance of our supporters and we would like to thank you from the bottom of our hearts for your continued efforts, donations, fundraising and volunteering.

We'd love to hear from you!

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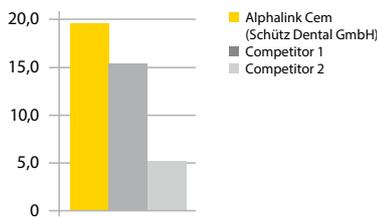
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Greater New York Dental Meeting 2015 - 91st Annual Session

(New York – USA)

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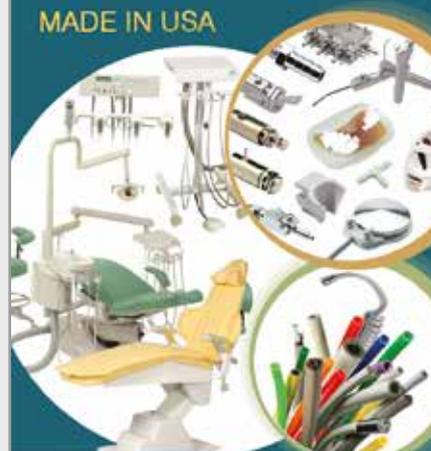
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January

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(Riyadh – Saudi Arabia)

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(Marrakech – Morocco)

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(Sao Paulo – Brazil)

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2016

February

April

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(Seoul - South Korea)

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Infodent International 1/2016

Publishing Date: February 2016

Circulates: February - March - April

Some of the Upcoming Contents:

- *Focus on Diabetes*
- *Industry News*
- *Business Opportunities*

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