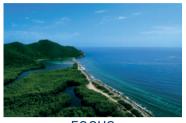
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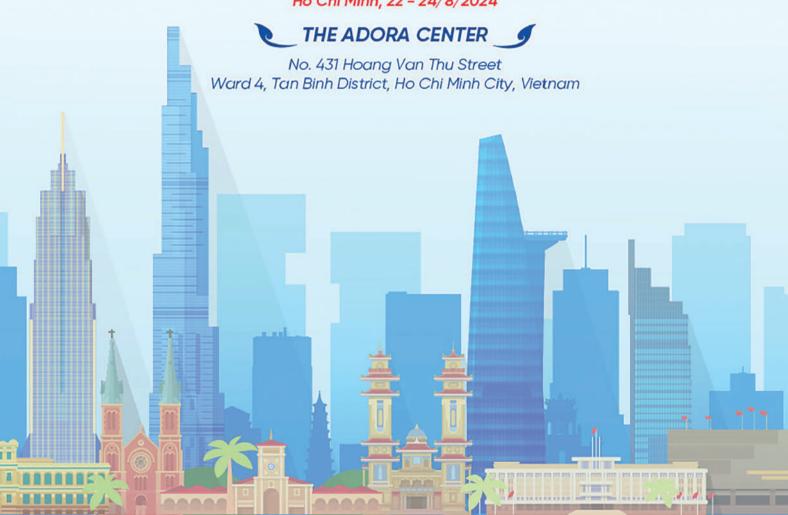


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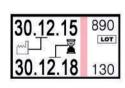
MARKET OUTLOOK Vietnam: One of the fastestgrowing economies in Asia



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It Is All About Technique

Autumn is fast approaching, and to my experience, most businesses take advantage of this period to finalize marketing budgets. Marketing is a fast-growing and a fast-paced business. With new technological advancements happening every day – better customer segmentation abilities, automation tools, new social media platforms —we can share ideas more widely and expand our audiences, more than ever.

In the last decade or so, cross-channel marketing has become a particularly powerful tool for creating effective advertising campaigns. Perfect for promoting any type of product or service, cross-channel marketing is a customerfocused marketing technique that uses multiple channels. From traditional printed advertising to social media and web banners, emails, texts, content marketing, apps, and search engine optimization (SEO).

The range of advertising mediums available to business owners today is limitless. Of course, crafting the best marketing campaign takes time, and finding out which advertisements have not been effective is also part of the game.

Of course, choosing the right advertising technique is essential to the success of any marketing campaign. It is important to consider budget, target audience, and objectives. For example, if you want to reach a large audience quickly, online advertising might be a better option for you. Alternatively, if you want to create a more personal, long-lasting connection with your potential customers, then offline advertising might be a better option. It can really be difficult to know where to begin with so many options available, but it can be even more complicated to build an effective marketing campaign.

In order to work, advertising must be credible, unique, and

Great advertising is
more than exceptional
creativity; it requires
strategic foresight
to understand how to
communicate your message
in a way that blends
strategic with creative
thinking

memorable. Like all effective marketing support, it must be built upon a solid positioning strategy. It must be based on cognitive psychology, social psychology, marketing, and behavioral science, which can influence consumers' perceptions and behaviors. It must be creative and capture the eyes, hearts, and minds of your customers. Finally, for any advertising campaign, enough money must be spent to provide a media schedule for ad frequency.

the most crucial element for ad memorability.

No matter what tools you will be using to optimize your approach, it is important to understand what advertisements are able, and unable, to accomplish. Several are the strategic questions you should be asking, and answering, yourself. Will it stand out and catch attention? Attention is an important criterion, and sometimes even the most innovative ideas just do not break through. Does the brand benefit come through? Effective adverts should clarify why people should trust the product that will deliver the benefit. Will people remember the brand and its benefit? If the focal message of the ad is not really about your brand, then consumers may fail to remember you at all. What will people take away from the message? People must be left with positive thoughts and connected to your business. Positive amplification is powerful. It can mean people like the ad, like the message, and like your brand.

Great advertising is more than exceptional creativity; it requires strategic foresight to understand how to communicate your message in a way that blends strategic with creative thinking. Creativity follows only after the strategy is clear. You need to understand what your customers really want from you and how your ad can speak to them in a distinct and memorable way. Does it sound too complex? For sure it is!

Infodent International has been operating in dental B2B communication since 1994. We have the necessary expertise to take care of all this. Each and every one in our team has a consolidated experience in a specific technique. We can communicate effectively on all the channels simultaneously, ensuring maximum profitability to your marketing investments. We can make the difference.

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SCAN TO





FEATURES and BENEFITS

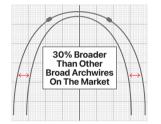
Norris 20/26® Brackets

- Nickel-Free Cobalt Chromium Alloy
- Integrated Hooks
- Universal Bicuspid Hooks
- 020 x 026 Slot
- Rounded Leading Edge Of Door

Norris Extra Broad Archwire

- Maximum Leveling & Alignment
- Treating Posterior Cross Bite
- Produces A Beautiful Broad Smile
- Pre-Stopped
- 19 × 25 "Rounded Rectangular"





Great For Aligners

Specifically for use alongside aligners, CS®5 Bondable seamlessly integrates into various orthodontic treatment plans for enhanced efficiency.



Low Force Spring Delivers 150 Grams Of Force

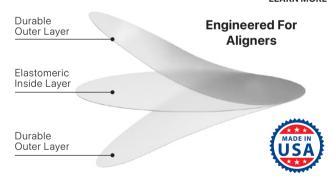
Gentle, Effective Correction

The low force spring which generates 150 grams of force, accompanied with low-profile Bondable pivot ensures predictable results.



Low Profile Bondable Pivot & Screw





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- Maximum surface area for a reliable bond strength.
- Base pad is contoured to fit the tooth at the gumline.
- Enhanced button head makes it easy to attach different sized elastics.
- Positioning dimple on the button head for precise placement.

Features & Benefits

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Around the world, Maxflex offers products and services covering clear aligner sheets, processing device, software, accessories, process optimization etc., enables orthodontic practitioners, clinicians and dental treatment providers to acquire the critical capabilities not only in diagnosing and planning treatment but processing and delivering the entire suite of clear aligners and services with advantages in cost, quality control, lead time and most importantly better patient outcome. Ultimately, Maxflex improves the lives of more patients with better accessibility to state of art clear aligner therapy which is otherwise not possible due to high cost and lack of capabilities from oral healthcare providers.



Tribest Dental Products

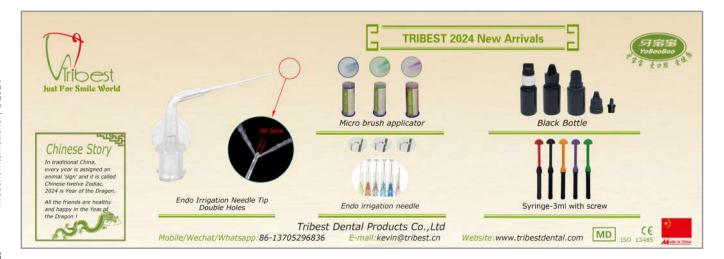
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Roen

ROEN Fixation System





ROEN has designed 4 fixation systems for oral surgery, DUAL PINS Hybrid pins for membrane and mesh fixation. S-LINE screws for blocks and mesh fixation. FIT-LOCK screws for mesh fixation. PINJECT classic pin.

Kits include manual drivers, CA drivers, burs (except for PINJECT) and refills.

The autoclavable dispenser is a valuable tool to complete all systems except for PINJECT PINS. All screws and pins made in titanium grade 4 and are self threading (except for PINJECT PINS). S-LINE and FIT-LOCK are cross cut connection and **DUAL PINS** are allen key micro connection.

PINJECT pins have a patented connection wiht the applicator and once wihdrawn from the dispenser they are containted inside the applicator untill they are inserted into the bone.

microcopy

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Microcopy

Polished to Perfection

Dr. Baraa Srouji from the UAE, an expert in restorative dentistry, prefers Zirconia crowns for their unmatched durability. He relies on Microcopy's NeoDiamond **Z-Class** adjusters for a crown's precise fit, designed to effortlessly adjust this hard material.

After adjustments, he uses NeoShine Ceramic 2-Step Polishers to achieve a smooth finish. Dr. Srouji stresses that proper polishing is crucial, as an

unpolished crown can act like sandpaper, potentially damaging the enamel on the opposing tooth over time.

The NeoDiamond and NeoShine products work seamlessly together, delivering strong, long-lasting zirconia crowns that protect natural teeth and enamel.





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Dental Tech

BWS® implant surface: excellence in osseointegration



We have often talked about the types of implant systems and connections we have in our product portfolio. Today we want to talk about our implant surface and everything that revolves around this crucial phase.

A double sandblasting and etching processes allow to obtain optimal roughness values that make the adhesion of fibrin to the surface more tenacious and facilitate the bone healing process, significantly reducing the time.

After the surface treatment and the classic washings, Dental Tech Implants are additionally cleaned with Argon Cold Plasma to minimize carbon contamination.

This step further makes BWS® a sur-

face with reduced surface tension and increasing wettability (hydrophilicity), allowing blood to adhere perfectly to the surface microstructures during implant insertion.

Subsequently, the fixtures are checked with Scanning Electron Microscopes (SEM), packaged in controlled environments and with packaging impervious to microorganisms and finally sterilized with a gamma ray process which guarantees the destruction of all contaminating agents.

More information at:

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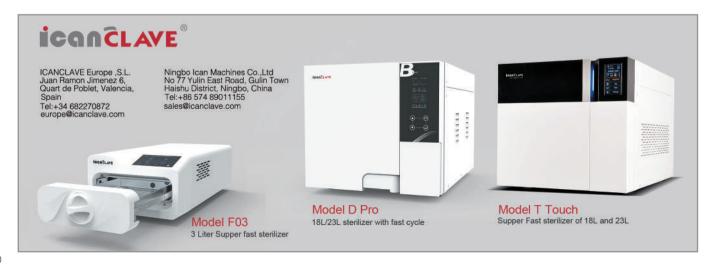
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Our CADCAM workflow offers all kind of options to solve any clinical case through our compatible dental components.

Our complete product range consists of all kind of abutments. CADCAM libraries, dental implants and bone grafting materials.

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*TOP&BOTTOM LIGHT SOURCE - Illuminate with uniform energy: No need to turn over the curing object during the process and get the positive outcome.

*MULTI-WAVELENGTH - 365nm/385nm/405nm combination: Allows to cure various materials in the market.

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Talleres Mestraitua

Mestra Eolo Induction aspiration unit Ref. 080533



Its new "brushless" induction motor extends its useful life between 5 and 10 times compared to traditional models, with an innovative double filter system optimized for work in the dental laboratory.

It can be mounted with HEPA filter. It easily adapts to the laboratory furniture, filling a minimum space.

In addition, the ergonomic design facilitates its use and mobility.

The electronic control with LCD screen is equipped with protection systems against overloads or obstructions in the suction mouth and with a visual indicator

of the filter filling level and the detection of the micromotors.

It allows manual or automatic operation synchronized with up to 3 different devices (sandblasters, micromotors, etc.). The detection and adjustment of micromotors is carried out by the electronic control itself, which allows detecting any micromotor, including those of the "brushless" type. Dimensions: (H) $585 \times (W) 210 \times (D) 500 \text{ mm} - 17 \text{ kg} - 750 \text{ W}$

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Miglionico

P19 by Miglionico: Ergonomics and Versatility

The **new P19** is characterized by a modern and eye-catching design developed to offer an even more harmonic workflow for the entire dental staff.

Thanks to the absence of the floor-space encumbrance of the chair, the total accessibility to the operating area makes it possible to adapt to any working mode, both for working standing or sitting, single or four-handed, from the 9 or 12 o'clock position.

The suspended patient chair, the independent and reduced base, and the thin upper part of the backrest optimize the leg room and allow both the dentist and their assistant to work as close as possible to the patient and the treatment area.

The P19 is available in the following versions:

- CONTINENTAL TOP DELIVERY SYSTEM
- INTERNATIONAL HANGING HOSES SYSTEM
- CART VERSION

The design of the unit is refined by an inbuilt LED system which visually signals the activation and status of the instruments and integrated functions to the dentist. This system comes with a controller to create a relaxing atmosphere for the patient and to intuitively interact with the functionalities of the unit.

The unit can also be equipped with a full multimedia package with a 3 or 5 axis movement monitor arm.

The monobloc cuspidor is covered in Gelcoat, which ensures great resistance to chemicals, absolute waterproofness, and makes the surfaces easy to wash and sanitize. A long-lasting shine makes it elegant, pleasant to the touch and with antibacterial and fireproof properties. It can be removed just like the chromed brass water dispensers for cup filler and cuspidor (also available in white), which enhance the design of the cuspidor itself.







The perfection of the details: Miglionico introduces its new P19

Some new features of the P19 unit are:

- Useful foot-switch which interrupts suction without having to reposition the suction hoses:
- The assistant's console comes as standard with an in-built tray and is installed on a pantographed assistant's arm that allows a wide range of movement;
- Third surgical suction cannula for conscious sedation fumes aspiration;
- Disinfectant compartment with magnetic cover to access the disinfectant tanks easily:
- Large hydro case that allows placing all accessories for disinfection and suction and makes it easier for technicians to access the technical compartment;
- Possibility of adding an application to install an X-ray unit or a microscope on the unit:
- 4 safety systems protect the unit from making dangerous movements for the patient, the dentist and other equipment.

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(an absolute record-breaking size) Extra large printing volume: 143x89mm Extra speed: 100mm/H in Z with 80um layer**

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Extra system for resin temperature control

Extra resolution: 35 µm

Extra FEP: ultra FEP provided by default. Thanks to this technology, this 3D printer is able to reach the incredible printing speed of 10cm in height per hour.

Extra wavelength: 405nm and 385nm* (*upon request)

Extra open system: DigiPrint Extra 4K works with any software

Extra touch: display touch 5" 4K

Extra "green": printed by the printers (biodegradable materials, no aluminum or milled steel parts)

Extra silent

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Extra price: really competitive price level

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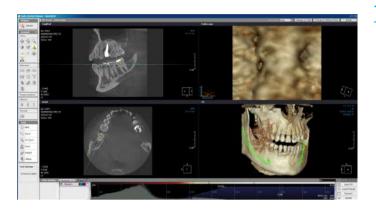


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- Dual-wavelength with 4 LED lamps can efficiently polymerize all dental materials
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TITAN AUTOFILL (ref. 100203) it also has a pump to suck distilled water from an external bottle.

- Made of stainless steel with high quality components.
- ✓ Digital pressure switch.
- Full and lack of water indicator.
- Connection cable with built-in differential switch.
- Drain tap with safety lock.

Specifications: 100202 and 100203

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Power 2200 W • Voltage 220 V, 50/60 Hz

Pressure 8 bar • Weight 12,5 kg • Boiler 3 L



REF. 100203

Aditional Information: 100202, 100203

They are supplied with the following accessories:

- ✓ Power cord with built-in protection.
- ✓ Fine and long replacement nozzle.
- ✓ Replacement safety cap and 2 gaskets.
- ✓ Funnel and measuring cup (300 ml).

In models with direct connection to the water intake:

✓ Necessary hoses for water inlet/outlet connection.

Ref. 100202

Manual filling.

Ref. 100203

✓ Manual filling.

 Autofill without previous cooling (external bottle).

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- Corrosion resistance.
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- ✓ Less release of metal ions.
- It works with a solution of water and sodium bicarbonate.

Specifications

Dimension: 207 x 245 x 160 mm • Weight: 2,73 kg Voltage: 10~65 V • Power supply: AC220~240 V, 50/60 Hz Power: 100 W • Anodizing time: 5 seconds

Solution of water (600 ml) and sodium bicarbonate (20 g)

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REF. 100295





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Sia Orthodontic Manufacturer

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Advantages:

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DENTALMAX, a prominent Korean zirconia block manufacturer, commands a dominant position in Korean market. Renowned for natural-like tooth shades zirconia blocks, backed by over a decade of experience. DENTALMAX has garnered widespread acclaim in Korean and Japanese markets.

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"LUXEN" is renowned for its natural gradient, unlike others that just increase layers. Enabling dental technicians to express shades without additional work is quite competitive. "LUXEN" is also famous for its high resistance to fractures, due to extensive expertise, high-quality materials, distinguishing it from Chinese blocks.

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THE PERFECTION OF THE DETAILS

Miglionico introduces its new P19

P19 is the name of the newcomer unit at Miglionico's. This year, the made-in-Italy dental units are more ergonomic, versatile, and adaptable thanks to new-generation materials specific to the medical field. Miglionico has been researching the needs of final customers forever, trying to satisfy them and suggest new solutions at the same time.

Design, ergonomics, hygiene, and quality alongside hi-tech solutions. That's how the new P19 was born: it features a suspended patient chair, a patented adaptive backrest, LED communication, and in-built multimedia systems. It's the unit you have been waiting for.

Miglionico is constantly seeking perfection in the details that mark the difference. However, they stay true to their characteristic artisanship, which is the strength of the company itself: the precision while creating their products, which are designed to anticipate the needs of the users and to ensure the comfort of all kinds of patients, whether paediatric or adult.





P19T: QUALITY, ERGONOMICS, HYGIENE AND DESIGN

The new P19T dental unit has a modern and eye-catching design developed to offer an even more harmonic workflow for the entire dental staff. The suspended patient chair, the independent and reduced base, and the thin upper part of the backrest optimize the leg room and allow the dentist and their assistant to work as close as possible to the patient. The delivery supports of the continental version are equipped with a tilting joint that allows them to sway on the sides and a patented instrument repositioning system. The design of the unit is refined by an in-built LED system, which visually signals to the dentist the activation and status of the instruments and integrated functions, and by the possibility of adding an application on the unit to install a microscope or an x-ray unit with wireless palmtop without needing any other installation points.









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Focus

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With capital Caracas, the country is the most highly urbanized in Latin America

Bolivar soberano, current monetary unit, introduced in 2018

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1st in South America and 8th in the world for proven gas reserves

Extremely rich in gold, diamonds, coltan and mineral resources of all kinds

Traditionally, petroleum represents more than 75% of Venezuela's exports



The Bolivarian Republic of Venezuela

A Much-Troubled Oil-Rich Country

"In many respects, Venezuela has not yet experienced economic and industrial development, corresponding to its real potential. The country offers great opportunities to business in every sector, especially in the energy, infrastructure, tourism and industrial sectors. The Maduro regime is focusing on reviving oil production and making piecemeal liberalization efforts to attract private investment, domestic and foreign, and jump-start an economy that has fallen back into recession"

Author: Silvia Borriello
Editorial Director
silvia.borriello@infodent.com

Former president Hugo Chavez, who died in 2013, styled himself a champion of the poor during his 14 years in office, pouring billions of dollars of Venezuela's oil wealth into social programs. However, years of economic mismanagement left Venezuela ill-prepared during the government of Chavez's successor, Nicolas Maduro, to weather the 2014 global drop in oil prices, sparking an economic and social decline that has resulted in reduced government social spending, shortages of basic goods, and high inflation.

Venezuela is engulfed in a profound economic crisis since 2013. According to data released by the Banco Central de Venezuela and the International Monetary Fund (IMF), between 2013 and 2020, the national economy recorded an over 80% contraction, inflation skyrocketed, shortages of basic goods became widespread, and unemployment and violent crime increased exponentially.

For the past 25 years Venezuela's government has been controlled by Chavismo, the socialist movement that began with the democratic election of Hugo Chávez in 1998 and has since grown more authoritarian. When Mr. Chávez died in 2013 his protégé Nicolás Maduro narrowly won the presidency. Mr. Maduro has control over the legislature, the military, the police, the justice system, the national election council, the country's budget and much of the media.

is attributable to various facts, including the collapse of the international price of oil and of the national production of hydrocarbons which represents the main item of national exports. Furthermore, since the dawn of the Chavista revolution. a feeling of ideological suspicion toward big capital and foreign investors has prevailed which, together with the lack of legal security and the arbitrariness of the local state system. have discouraged foreign investment in the country. Another noteworthy factor is the international sanctions regime applied to the country, due to continued concerns on human rights abuses, political manipulation of the judicial and electoral systems and corruption. This situation has been exacerbated by the imposition (as of 2015) of unilateral coercive measures by the US, which have further blocked the inflow of foreign capital and the rise of domestic capital, se-



The World Food Program reports that 59% of households in Venezuela don't have enough income to buy enough food.

Mr. Maduro's ruling party (PSUV - Partido Socialista Unido de Venezuela) has further expanded the state's role in the economy through expropriations of major enterprises, strict currency exchange and price controls, and over-dependence on the petroleum industry for revenues. Amid growing discontent, Mr. Maduro was re-elected in 2018 in a presidential election widely dismissed as neither free nor fair. The outcome of Venezuela's upcoming presidential election, on 28 July 2024, will be consequential for the future of the country's democracy. Even if already clear that the election won't be entirely free and fair, it will be the first Venezuelan election in more than a decade in which an opposition candidate has a reasonable, even if slim and improbable, chance at winning.

Nicolas Maduro's government has had to struggle with an economic and political crisis, that began a decade ago, and that has left Venezuela in a state of near collapse. **The crisis**

verely limiting the productive capacity of the local private sector due to difficulties in importing raw materials, machinery and intermediate goods. In recent years, most of the large foreign multinationals have thus shut down their operations in Venezuela, with the conspicuous exception of companies from ideologically or politically related countries (China, Russia, Turkey, Iran etc..) which, instead, have continued to operate and in some cases strengthening their presence in the local market.

A soaring inflation has eroded salaries and savings. Worsened living conditions have prompted more than 7.5 million of Venezuelans to emigrate, to escape from both economic hardship and political repression.

Nonetheless, the deepening economic and social crisis, worsened by the Covid pandemic and the intensification of the sanctions regime, fostered in 2020-2021 the emergence of a new economic



policy orientation within the Bolivarian government, with the decision to veer toward a more "open" model. It is in this context that the ongoing process of dollarization of the Venezuelan economy and the launch of the "anti-bloqueo" Law (October 2020) should be read, with the explicit objective of attracting large foreign capital to the country by offering concessions and guaranteeing a favorable legal regime that offers confidentiality (this is especially to protect foreign companies wishing to invest in Venezuela from U.S. sanctions). In particular, the new "Center for International Productive Investment (CIIP)" should be the collection point as well as the showcase of projects open to (private) investment, identified with the help of the relevant ministries in the macrosectors of petrochemical industry, mining, gas, agriculture and tourism. In July 2022, by means of the "Ley Orgánica de las Zonas Económicas Especiales (LOZEE)", the Venezuelan Authorities established five special economic zones: Paraguaná (Falcon); Puerto Cabello-Morón (Carabobo), La

Depression.



Healthcare financing in
Venezuela proved to
be primarily private,
with a high and growing
share of out-of-pocket
expenditures, one of the
highest in the world

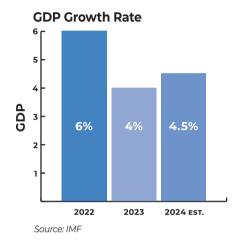
Infodent International | 3 2024

Guaira (La Guaira), Margarita (Nueva Esparta), and Tortuga Island (Miranda), which will benefit from tax and customs incentives and enjoy a particularly favorable legal regime for investment, both domestic and international. These regulatory interventions, very pragmatically, provide for the full reintegration of the private sector, domestic and foreign, into the national productive effort, the "revision of the governance mechanisms" of large public or

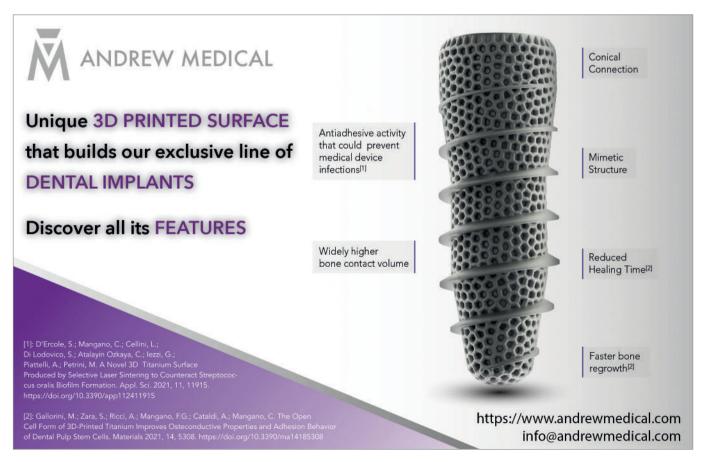
mixed companies (whose control and management will be able to pass to "foreign" companies), and the lifting of any restrictions on the exercise of business activities for private entities in strategic activities of the national economy. As of 2021, the economy started growing again but, yet, extreme poverty remains shockingly high and many of those without access to foreign currency continue to struggle.

In spite of political pressure from the

White House to conduct transparent presidential elections, since November 2022 Venezuela is witnessing a progressive easing of the sanctions imposed in 2019, especially in the energy sector. The tax burden in Venezuela is all in all low, but the bureaucracy is complicated, slow and arbitrary. Essential services (water, electricity, gas) are very cheap however the delivery of these services, also due to poor maintenance, is poor, with frequent blackouts or rationing of supplies.



Since retaining power, the Maduro regime continues to disregard and repress the voices of the Venezuelan people in their calls for a return to democracy.



Vulnerability of a Fragile Health System



Venezuela, which prior to 2014 was often regarded as one of Latin America's most developed countries, boasting a superior health system, in recent years has faced a devastating economic and political crisis. From economic collapse from inflation, to disputed election results and debate around foreign intervention, Venezuela has become known globally as a country in crisis reversing the many health improvements achieved in the previous century. Data show evidence of the inadequacies within the public healthcare system and warn of an ever-increasing crisis.

The Venezuelan health system comprises a public and a private sector. Public healthcare is free and accessible to everyone. Its public (or socialized) health system is run and paid for by the Venezuelan government. The public sector includes the Ministry of Popular Power for Health (MH) and several

social security institutions, salient among them the Venezuelan Institute for Social Security (IVSS). The MH is financed with federal, state and county contributions. The IVSS is financed with employer, employee and government contributions. These two agencies provide services in their own facilities. The

percentage of the population that relies solely on public healthcare is unclear, but it seems to be a significant majority. Private healthcare is also available and includes providers offering services on an out-of-pocket basis and private insurance companies.

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Named after Simón Bolívar, an early 19th-century Venezuelan revolutionary leader, the Bolivarian Revolution is an ongoing political process started by Venezuelan President Hugo Chávez, and his successor Nicolás Maduro. According to Chávez and supporters, the Bolivarian Revolution seeks to build an inter-American coalition to implement Bolivarianism, nationalism and a state-led economy.

ezuelan Constitution, which defines health as a fundamental social right and guarantees a free national universal healthcare system, a major objective of the Chavez government, following the Bolivarian Revolution, was improving healthcare for the Venezuelan people. Thus, in the early 2000's, Venezuela underwent large healthcare reforms, mostly centered around "Misión Barrio Adentro", – a social health reform program with an aim to provide free basic medical care to slums and rural areas. Within these changes, Venezuela centralized healthcare under government institutions, increased cooperation across different sectors within medicine, and improved access to care in poor communities. Thousands of new clinics, hospitals. and diagnostic centers across the country were built. The program also brought 30,000 Cuban medical professionals, exchanging oil for labor, into the country to support the program by implementing a Cuban-style healthcare system. These initiatives demonstrated a strengthening of health in Venezuela and a movement towards social medicine. In subsequent years, Venezuela became known

for its superior health system. Yet in less than a decade, Venezuela's reputation and health infrastructure has rapidly crumbled.

A Socio-Economic Crisis

Today, very little to save remains. A prolonged socio-political and economic situation has led to a series of restrictive public policies and government decisions that have profoundly and negatively impacted social and health indicators, leading the Venezuelan public healthcare system in a state of crisis. Anyone looking back, just a decade ago, at the country's recent history of radical improvements in health infrastructure and medicine. would be most surprised by what is going on in the country today. The political left in Latin America admired Venezuela's ambitious socialist project and hailed Venezuela's socialism as an appealing alternative to market-based approaches. Today, the accessibility of Barrio Adentro clinics has significantly decreased, making it difficult to obtain quality healthcare. When the Barrio Adentro missions were first announced in 2002, the government planned to build clinics in

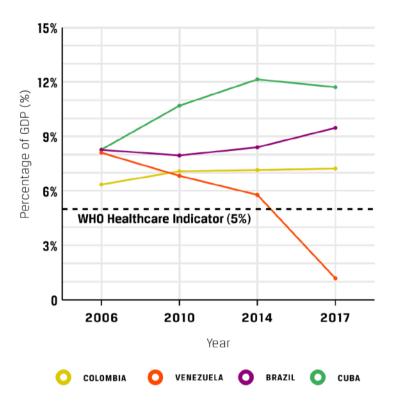
every neighborhood to cover about 250 to 350 families each, making healthcare more accessible to rural Venezuelans. By 2017 it was reported that 80% of the 13,496 neighborhood and comprehensive centers that had previously been built were closed. The clinics that are today open are inadequately staffed and stocked. The country is today incapable of responding to the everincreasing number of patients who require assistance.

Lack of investment in public healthcare has depleted the country of medical personnel, infrastructures, supplies, and equipment necessary to prevent, diagnose, and treat health conditions, and public medical facilities are under stress. Limited to no access to essential medicines (incl. very basic medications like antibiotics, sedatives, cancer treatment and pain killers) hinder treatment and care, and even the length of stay for inpatients. Additionally, waiting times can be long, medical equipment may be outdated, and a major or emergency operation may require medical evacuation of the country.

Shortages to essential medicines and healthcare services have fur-

	2008	2018
cases of malaria	106	1.3 million
% of pop. with immunization to measles (children aged 18-24 months)	93%	74%
Confirmed measles cases		2,154
Malnutrition affecting children under 5 years		17%

Latin American Governments' Spending on Healthcare



ther increased the spread of infectious diseases and the rice in NCDs. Within a decade, measles, diphtheria, and malaria vaccinations have fallen below the essential immunization levels. In 2018, over one million cases of malaria were reported despite the disease being eradicated in Venezuela back in the 1940s. Maternal mortality increased by 65% between 2015 and 2016, and infant mortality increased by 30%. Venezuela also claims one of the highest rates of HIV and teen pregnancy in Latin America. The continued deteriorating situation results in migration of Venezuelans to acquire healthcare elsewhere, especially across the border to Colombia, the majority crossing the border for medicine or food

Since the height of the government healthcare program in 2006, healthcare spending has significantly dropped in recent years, from 8.1% of GDP to less than 1.18% in 2017, to rise to 3.8%-4.04% in 2020 and 2021 (WHO). Little annual government spending to healthcare and economic failures and mis-

management within the government, causing healthcare to become too dependent on a volatile oil economy, have been major factors to the crisis. Most of The Barrio Adentro facilities were closed or abandoned due to lack of continued government investments in the future of the oil industry (being Venezuela' GDP dependent on it) - namely, the monopolistic state-owned company Petróleos de Venezuela (PDVSA), which was the primary funder for Barrio Adentro. In addition, when the value of oil quickly dropped in 2014, the effects rippled across the country, taking a toll on social programs. Inflation, hit a record high at a 10 million percent inflation rate in 2019 (measured as a comparison between the former Venezuelan currency bolivar fuerte and the US dollar).

Despite some government's measures attempting to combat the economic crisis, healthcare costs continue to be inflated and primarily paid for by individuals. Since 2019, the worst year for Venezuela's economy, the government has resorted to increasing the minimum wage, which

has lowered inflation but has yet to influence the pricing and accessibility of healthcare. Out-of-pocket healthcare expenditure is around 62.99% in Venezuela, well above Latin America and the Caribbean's average of 28% and the worldwide average of 18% that year. While there is not a complete breakdown of what Venezuelans' out-of-pocketexpenditure goes toward, most of this cost is for private healthcare. Given the general lack of medical equipment, including medicine, many patients are forced to resort to the proliferating black market for medical supplies, as pharmacies and medical clinics are no longer able to stock these resources. This shortage affects the entire Venezuelan population, not just the poor.

Unclear and potentially falsified reporting makes it difficult to have precise and accurate data concerning the healthcare crisis. Lack of transparency masks the reality that Venezuela is in a fast descent towards a state of humanitarian and refugee emergency, further aggravated by the CO-VID-19 pandemic, which stretched the limits of an already weakened national health system. A national poll published by the Washington Post, provided numerical evidence of Venezuela's spiraling health crisis, substantiated by witnesses but not by official data, since none is available. The survey was conducted by Venezuela's opposition-led National Assembly and the independent Doctors for Health Organization and went directly to doctors in 104 public and 33 private hospitals in 22 of 25 states. It found that drug shortages increased 33% during the past five years, reaching 88% in 2018, and that only about 10% of hospitals have fully functioning emergency and operating rooms. Even providing basic services has become an insurmountable task, according to the poll, with doctors in 79% of hospitals saying water is frequently unavailable and in 96% saying their kitchens cannot adequately feed patients.

But the government of President Nicolás Maduro, denying that the country is mired in a humanitarian crisis, has rejected aid in mul-



tiple occasions. Doctors in more than 80% of the hospitals polled said their emergency rooms were experiencing intermittent failures. In 15% of hospitals, doctors said operating rooms weren't functioning, and in 80% they said rooms were often inoperative. 79% percent of hospitals said they lacked basic

surgical supplies such as gauze, gloves and compresses, and 84% reported having no catheters and tubes. 94% reported a frequent absence of X-ray equipment; 86% said they often could not perform ultrasounds; 96% said they often couldn't offer CT scans, and 100% said their laboratories were not

fully functioning given the scarcity of reagents.

In a National Hospital Survey, from the first half of 2022, covering 40 Venezuelan public hospitals, 47% reported shortage of supplies in emergencies and a 72% shortage of supplies necessary for operating rooms. Patients admitted for surgery are often asked to provide their own needles and antibiotics. Another survey on 40 Venezuelan hospitals revealed that between November 2018 and February 2019, 1,557 patients died because the hospitals did not have the supplies necessary to treat them. Additionally, in 2019, the UN stated that 300,000 Venezuelans' lives were at risk because they had been waiting for over a year to receive needed medicines. The CO-VID-19 pandemic exacerbated inequalities and deepened the only humanitarian crisis that is taking place in the Americas nowadays.

Lack of accessibility to adequate healthcare is further exacerbated by the frequent blackouts that plague the country, due to a failure to invest in maintenance for the Venezuelan national dam meant to provide electricity and power to most of the country. In March 2019 alone, hospitals lacked electricity for as much as 507 hours, or two-thirds of the month, with shortages lasting as long as a week. In 2018 a national hospital survey reported that 68% of Venezuelan hospitals experienced failures in their electricity supply.

Hospitals also lack consistent running water to provide sanitary environments for medical practices. In a 2019 national poll, intermittent water availability was reported by 70%

	Venezuela	Region of the Americas (average)	European Region (average)
Density of medical doctors (per 10.000 pop.)	16.6 (from 19 in 2001)	24.5	36.6
Density of nursing and midwifery personnel (per 10 000 pop)	20.0	82.1	83.4
Density of dentists (per 10.000 pop.)	1.3 (from 5.5 in 2001)	5.9	6.2
Life expectancy at birth, total years (2021)	71.2 (from, 74.1 years in 2000)		

Source: WHO- World health Statistics 2023

of hospitals, and an additional 20% of hospitals reported they had little to no water.

Shortage of Medical Professionals and Hospital Beds

Beyond the lack of funding, Venezuelan hospitals are in desperate need of medical professionals. Thousands of doctors and nurses from Venezuela have migrated due to low wages, inadequate supplies, and government corruption, leav-

ing hospitals and clinics severely understaffed. In 2014, 39,900 medical personnel were registered with the Pan American Health Organization (PAHO), but between 2012 and 2017, 22,000 physicians left Venezuela. Wages in 2019 were less than US \$10 a month for medical specialists and surgeons, and usually around US \$4–\$5 for regular physicians and nurses. Available hospital beds are far below recommended rates in Venezuela. In government-supplied public hospitals, doctors are re-

portedly only able to use 16,300 of the 45,000 hospital beds available, primarily due to a lack of supplies, medical personnel as well as lack of funding to provide care for more patients. In a nation of 28 million people where it is estimated there should be 100,000 beds available, the number of available beds in Venezuela falls below 25,000, including beds in private clinics. Intensive care unit (ICU), report claiming there are only 84 available ICU beds in the entire country.

Oral Health in Figures

Per capita current health expenditure in PPP (2019)	int\$ 385
Per capita expenditure on dental healthcare (2019)	US\$ 18
Total expenditure on dental healthcare in million (2019)	US\$ 494
Total productivity losses due to 5 oral diseases in million	US\$ 239

Note: Total productivity losses due to 5 oral diseases in million (US \$) = Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD. (Data source: Jevdjevic & Listl 2022.)

No. of Dentists, 2017	4,116
Dentists per 10.000 pop.	1.3
No. Dental prosthetic technicians	N/A
No. Dental assistants and therapists	N/A

Source. WHO-Oral Health Country Profile

Prevalence of untreated caries of deciduous teeth in children 1-9 years	41.0 %
Prevalence of untreated caries of permanent teeth in people 5+ years	30.3 %
Prevalence of severe periodontal disease in people 15+ years 24.5 %	
Prevalence of edentulism in people 20+ years	8.6 %
Lip and oral cavity cancer, all ages (2020), number of new cases	601
Lip and oral cavity cancer, incidence rate (per 100 000 population)	1.9

Source. WHO-Oral Health Country Profile

Among main sources:

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Sustainability in Dentistry: a dream or a reality riddled with holes?



Gerhard Konrad Seeberger FDI Past President

Experience in daily practice shows that examination gloves, due to defects as perforations, inconsistent thickness, pinholes, missing parts, inclusion of foreign material, etc., although labelled with an AQL of 1.5, would ask for a new AQL category of 60 and higher. In addition, reversing gloves turned inside out take precious time away from a highly skilled intellectual professional, the dentist, aiming at contributing to reduce the burden of oral diseases, other NCDs and infectious diseases. Disposable bendable suction tips change function and become, once bended, "obstruction tips", due to low quality and inconsistent plastic material. Disposable face masks have regained acceptable quality levels recently, but, although more expensive today, are still not back to quality levels before COVID-19.

Disposable gloves, suitable for general clinical, emergency, first aid and frontline use, different from other disposables, such as suction tips, are categorized in diverse Acceptable Quality Levels, AQL, ranging from 0,65, (6,5 defects per thousand) for medical surgical grade to 10 (100 defects per thousand) for low-cost. European

Standard EN455 states that Medical Examination Gloves shall meet an AOL score of 1.5. WHO engaging in reaching Sustainable Development Goal SDG 3 Good Health & Wellbeing until 2030, recognizes technical specifications defined in European Standards EN455 and EN374, International Standard Organization's standard. ISO 11193-1. Food and Drug Administration's Class 1 standard, American Society for Testing Materials Standards, ASTM D6319, D3578, D5250, D6977, and optional additional or an alternative equivalent set of standards. Prices for examination gloves meeting these standards were up to 140 US\$ per 1000 gloves in 2022 during the peak of the COVID-19 pandemic, and are down today to an average of 18 US\$, with a low of 14 US\$ if from China.

dental profession. Although professional and public awareness, education and knowledge is not a barrier to sustainability in dentistry anymore, half of the 17 Sustainable Development Goals of the 2030 Agenda will face regression, if other key-players involved into WHO's One Health approach will not react. Shouln't we inform the forementioned bodies, as we do when it is about pharma-vigilance?

We, the dental profession and our teams are ready since quite some time to stick with all approaches, deals, goals and projects to make this world and its people healthier and wealthier. We know that we will not be left alone. But we would like to see support more consistent and earlier.



Mercury: Council and Parliament Strike a Deal to Completely Phase Out Mercury in the EU



Alain Maron, minister of the Government of the Brussels-Capital Region, responsible for climate change, environment, energy and participatory democracy

The Council and European Parliament's negotiators reached a **provisional political agreement** on a proposal to phase out the use of dental amalgam and prohibit the manufacturing, import and export of a number of mercury-added products, including certain lamps. The proposal addresses the residual remaining uses of mercury in products in the EU, with a view to establishing a mercury-free Europe.

Main elements of the agreement

While current rules already forbid the use of dental amalgam for treating teeth in children under 15 years old and pregnant or breastfeeding women, the amendments extend **the prohibition** to include everybody in the EU. The co-legislators maintained the Commission's proposed date for the total phase-out in the EU, 1 January 2025, except when the use of dental amalgam is deemed strictly necessary by the dental practitioner to address specific medical needs of the patient. However, they introduced an eighteen-month derogation for those member states where low-income individuals would otherwise be socio-economically disproportionally affected. No later than one month after the entry into force of the revised regulation, those member states will have to well justify their use of the derogation and notify the Commission of the measures they intend to implement to achieve the phase-out by 30 June 2026.

While the Council and Parliament maintained the prohibition to export dental amalgam from 1 January 2025 as proposed by the Commission, they agreed to introduce a ban on the manufacturing and import in the EU from 30 June 2026. The text of the amendment provides for a derogation to allow the import and manufacturing of dental amalgam that is used for patients with specific medical needs. A general review of the exemptions for the use of dental amalgam will be performed by the Commission by 31 December 2029, taking into account the availability of mercury-free alternatives.

Additionally, the amendments address the release of mercury into the atmosphere by **crematoria**. By 31 December 2029, the Commission will carry out a review of the implementation and impact of guidelines in member states on how to abate emissions from crematoria. The review should also include an assessment of the need to phase out remaining mercury uses and to expand the list of mercury waste sources. Six additional mercury-containing lamps will also be made subject to a manufacturing, import and export ban as from 31 December 2025 and 31 December 2026, depending on the type of lamps.

Next steps

The provisional agreement will now be submitted to the member states' representatives within the Council (Coreper) and to the Parliament's environment committee for endorsement. If approved, the text will then be formally adopted by both institutions, following revision by lawyer-linguists, before it can be published in the EU's Official Journal and enter into force.

when released into the environment, mercury can severely endanger our lungs, brain, and kidneys. EU policies so far have been instrumental in significantly reducing the use of and exposure to this highly toxic chemical. With today's agreement with the Parliament, we are targeting the remaining use of mercury to make the EU mercury-free.

Background

The EU mercury regulation is one of the key EU instruments transposing the Minamata Convention, an international treaty signed in 2013 to protect human health and the environment from the adverse effects of mercury. The 2017 regulation covers the full-life cycle of mercury, from primary mining to waste disposal, contributing to the ultimate EU objective to limit and phase out the use, manufacturing and export of mercury and mercury-added products over time, as spelled out in the EU strategy on mercury.

In July 2023, the Commission proposed a targeted revision of the regulation to address the remaining use of mercury in the EU, in line with the EU's zero pollution ambition. The proposed amendments call for the complete ban of the use, manufacture and export of dental amalgam for dental treatment and of certain types of mercury-added lamps. The European Parliament and Council adopted their negotiating positions on 17 and 30 January 2024, respectively.



Ms. Silvia BorrielloEditorial Director
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Ego and Arrogance

Welcome to Infodent International's "Leadership and Business Skills Improvement Column".

This new and unique column addresses how business owners, company executives, and sales personnel can improve their communication and business skills to be more successful in sales and in conversations with their clients.

Silvia - Welcome Dr. Edwab. It is so nice to speak with you today so we can discuss how leaders and managers can appear confident and not arrogant.

Dr. Edwab - Hi Silvia. It is great to be here. As a leader of organizations, member of numerous boards, and a full Professor at the Jack Welch Management Institute Online MBA Program confidence, ego and arrogance are an extremely important topic for current leaders and future leaders to understand.

Silvia - Wow. I never really focused on how they are related in the workplace. Dr. Edwab - Yes, it is important as many times how we think we appear before our team members is the direct opposite of how they perceive us. Does your team describe you as confident, decisive, intelligent, charismatic, empathetic and a good listener? Or do they look at you as absent, arrogant, not empathetic or compassionate, verbally abusive, a micromanager and a poor listener?

Silvia - I never thought about how different it is how leaders and managers see themselves as compared to what people really think about them. Please tell us more.

Dr. Edwab - Effective leadership requires a balance of technical skills, emotional intelligence and self-confidence. You are candid, honest, and can handle challenges and stress in a calm manner. Leaders who have confidence deal with problems immediately and do not put

them off for another day. Plus, leaders who demonstrate confidence enjoy teaching and coaching so they can elevate the skills of their team members and not feel threatened in the process.

Silvia - Now I see what you are saying. So self-confidence facilitates a highly creative, productive, and performing team.

Dr. Edwab - Yes. Self-confidence is not just a personal attribute or skillset. It is a facilitator that creates collaboration and relationships within the workplace.

Silvia - What about arrogance?

Dr. Edwab - In my opinion, arrogance is associated with ignorance. Leaders and managers who are arrogant many times are unconscious and oblivious on how they are detrimental to team effort and the needs of their people. They are self-centered where everything is about them. They take no responsibility for failures; only responsibility for successes. They are not honest and have no humility. They talk more than listen. They think their strong opinions display confidence. Arrogant leaders think they are always right and alternative viewpoints are wrong.

Silvia - You mentioned arrogant leaders don't listen. Can you explain that?

Dr. Edwab - Listening is part of communication skills and communication is an essential leadership skill needed for success. Arrogant leaders don't

communicate well. They don't clearly explain expectations and goals, they are not transparent, do not offer support, are absent, and do not provide feedback. This discourages team members to take risks, be creative and collaborative.

Silvia - So how do you become more confident and avoid being seen as arrogant?

Dr. Edwab - By continuously encouraging and accepting feedback, you will learn about yourself. Examine your negatives and failures and also look at your positives and successes. When you look at all of these, you become a better leader which keeps your ego under control. If you only focus on the good, your ego could get inflated so you must always also focus on the bad so you can learn and grow. Continuous improvement makes you not only a better leader, but lets you understand you are not perfect. That is how you avoid arrogance and an inflated ego.

Silvia - As always, thank you so much Dr. Edwab for your discussion on helping us keep our egos under control and appearing confident in front of our team members and colleagues and avoiding being labeled as arrogant and untrusting. I know we have just learned a lot about ourselves. As always, we are all looking forward to our next interview and another topic so we all can become better leaders.

Political stability, strategic public-private partnerships, major economic and political reforms have transformed the healthcare landscape of the country. Despite a low average per capita income, Vietnam has reached impressive milestones ahead of schedule, not on the scale of investment in healthcare, which remains low, but rather on how the government uses its resources, including the country's intellectual capital.



Over the past 30 years Vietnam's average economic growth rate of over 6% per year has been second only to China, in Asia.

Between 2002 and 2018, GDP per capita increased by 2.7 times. Vietnam will move to 20th largest economy by 2050.

A young country, 70% of the population is under 35, only 5.6 % of the population aged 65 and older.

Booming and optimistic middle class, grown in recent years from 12 to 33 million people.

SOCIALIST REPUBLIC OF

VIETNAM

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	2019	2020	2021	2022	2023	2024 est.	2025 est.
Population (million)	95.8	96.6	97.5	98.2	98.9	99.5	100.1
GDP (bln € at current prices)	296	303	313	371	381	381	395
GDP growth rate at constant prices (% change)	7.4	2.9	2.6	8.1	5	5.70	6.10
GDP per capita at current prices (US\$)	3,465	3,584	3,79	4,160	4,341	4,505	4,794
Unemployment rate (%)	3.1	3.9	4.3	2.8	2.7	2.7	2.8
Export goods & services (% of GDP)	82.30	77.1	88	88	84.30	94.50	94.70
Import goods & services (% of GDP)	76.50	70.9	81.4	80.80	76.20	82.40	89

Note: latest data 2023. Import and Export are considered FOB. Source: Processing by the MAECI Economic Observatory on Economist Intelligence Unit data, taken from InfoMercatiEsteri report, Ita - Italian Trade Agency

Institutional System	Socialist Republic
Type of Health System	Mixed public-private provider system based on mandatory social health insurance
Population covered by Social Health Insurance	87.7%
Total health expenditure as % of GDP, 2020 (World Bank)	4.7 %
Total healthcare spending per capita, Current USD, 2021 (World Bank)	166,23
Population living below national poverty line (%)	4.8% (from 9.2% in 2016)

STRENGHTS

- Domestic market in rapid demographic and social change. Population expected to expand to 120 million by 2050.
- High levels of macroeconomic stability.
- International integration: 16 free trade agreements with some 70 nations, including the EVFTA, most ambitious agreement ever done by the EU with an emerging economy.
- Manufacturing hub. The sector is driven by foreign investments attracted by the incentives and by the availability of young, lowcost labor.
- 5.7% average GDP invested in infrastructures upgrade, including high-tech. Highest in Southeast Asia.

Dentist to popula- tion ratio	1:25,000
No. of Dentists*	3 ,600
No. of public dental clinics, 2020	1,790- 1,960

^{*}Very scarce data, varying according to sources

Prevalence of caries in general population	67%
Periodontal disease in general population	72%
7–17-year-olds with dental caries	85%
2-6-year-olds with dental caries, 2015- 2018	90%

Source: National Oral Health Survey

Efforts are underway to reduce bureaucracy and corruption.

- International attention remains high on rights to freedom of expression, association, and dissent.
- Shortage of skilled labor force.



WEAKNESS

Healthcare is one major focus of the Vietnamese government, committed to achieving universal health coverage by 2030, with intent to reach 95% of the Vietnamese population by 2025.

There are remarkable population health outcomes despite a comparably low healthcare spending, as result of the country's continuing investments in its health system, coupled with multisector initiatives aimed at addressing the social determinants of health, i.e., access to clean drinking water, sanitation facilities, education, and better nutrition to reduce maternal and child undernutrition.

Among the priorities are eliminating disparities mainly between urban and rural regions; developing primary care and preventive services. The idea of early detection, prevention and prompt intervention are not instilled in most Vietnamese, with many only seeking professional medical care when they become severely ill.

Dental care – is mainly cure-oriented. Oral health date is very scarce, however, there is lack of dental professionals and resources, and a high prevalence of oral health problems, with almost 90% of Vietnamese suffering from dental problems. Hanoi and Ho Chi Minh City representing 80% of the entire dental market. Dental equipment is quite entirely supplied by imports. Domestic manufacturing is limited to furniture and simple equipment. The US, Japan, and Germany account together for 50-60% of the market. Mid-end products are mostly from South Korea and European countries including France, Italy, and Switzerland, while China and other Asian suppliers provide low-end products. The rapid socio-economic changes will increase awareness on oral health. The dental tourism industry is expected to grow by 250%. Around 100,000 foreigners visit Vietnam each year for dental procedures, raking in over \$150 million in revenue, according to the Vietnam National Administration of Tourism

Dentition Status of Adult Population (+ 18)

	DMFT Average	Prevalence (%)
Total	4.98	81.3 %
Last Dental visit: Never		74.5%
2+ years ago Past 2 years		84.4% 91.4%

Little variation among urban and rural residents

DMFT=decayed, missing and filled teeth - Source: National Oral Health Survey

Permanent Dentition Status of Vietnamese Children

	Mean DMFS	Prevalence (%)
Total	2.47	53.1 %
Last Dental visit: Never 2+ years ago Past 2 years		48.4 52.0 60.7

Source: National Oral Health Survey

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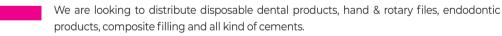


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FDI World Dental Federation
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Phone: +41 22 560 81 50
Email: info@fdiworlddental.org

Venue:

- The Istanbul Congress Center (ICC)
 Floor B4-B5
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 Şişli Maçka, İstanbul
- The Istanbul Lütfi Kırdar International Convention Exhibition Center (ICEC) Rumeli Upper-Lower Level Address: Gümüş Cad. No:4 34367 Harbiye, İstanbul

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SEPTEMBER

26-28/09/2024

Sofia Dental Meeting 2024

Sofia - Bulgaria

Organiser: SDM Association Address: str. Stoyan Zaimov 12 Sofia 1421, Bulgaria

Phone: +359 2 866 2257 // +359 884 27 84 83 Email: sofiadentalmeeting@gmail.com sofiadentalmeeting@dir.bg office@sdm.bq

Venue: Grand Hotel Millennium Sofia Vitosha 89B Blvd, 1463 Ivan Vazov Sofia - Bulgaria

www.sdm.bg

OCTOBER

08-10/10/2024

Central Asia Dental Expo 2024 (CADEX)

Almaty - Kazakhstan

Organised by: CADEX (Central Asia Dental Expo) Phone: +7 707 950 11 12 / +7 707 823 53 67

Contacts:

Saule Nursapaeva (General manager) Email: manager@cadex.kz Phone: +7 707 823 5367

Venue: ATAKENT Expo 9-10-11 Pavilion Timiryazev Str. Almaty, 050057 Kazakhstan

https://en.cadex.kz/











OCTOBER

24-26/10/2024



31st Annual Congress -Joint Meeting IAO-EAO-SIdP

Milan - Italy

EAO Congress organisation and scientific secretariat office 38 rue Croix des Petits Champs, 75001 Paris - France Phone: +33 1 42 36 62 20 Email: info@eao.org

Contacts: (Exhibition) Vincent Laudun v.laudun@eao.org - +33 1 42 36 62 21

Venue: MiCo - Milano Convention Centre Piazzale Carlo Magno, 1 20149 Milan - Italy

https://congress.eao.org/en/



OCTOBER

24-27/10/2024

DenTech China 2024

Shanghai - China

Shanghai Informa Markets ShowStar **Exhibition Company Limited** 29/F, K11 Atelier, 300 Huai Hai Road Central, Huangpu District Shanghai, 200021, China

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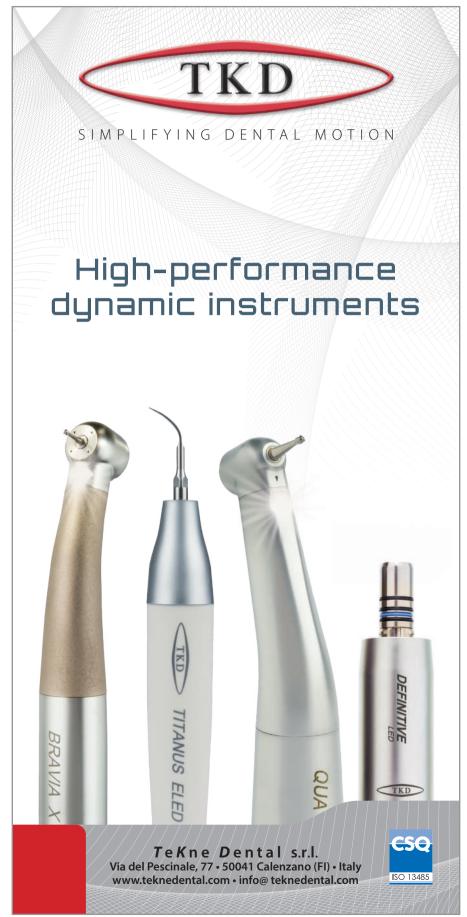


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29/11-04/12/2024

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Dental Meeting 2024
(GNYDM)

New York City - USA

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- Exhibit Dates: November 30th December 3rd

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Project Stretch Guatemala



In 1988. Dr. Jess Kane. Dr. David Tesini and Dr. John Ficarelli formed a dental outreach program to provide preventive dental care to children in need. Project Stretch, Dentistry Reaching Out to Children has been fortunate to be involved in bringing dental healthcare to children in Massachusetts, other areas in the United States and other countries over these past 30+ years. The mission of Project Stretch is to not only treat the acute needs of the children seen in clinic, but to provide broad-based dental health education, preventative services, fluoride rinse programs and the tools communities need to sustain these goals. Project Stretch strives to get local volunteers involved, which helps instill a sense of ownership and continuity.

Our Guatemala Program launched in 2017 when Dr. Bob Moreau of MA presented the idea of partnering with a local nonprofit, Worthy Village, established in Guatemala, to provide ongoing dental care to the communities in extreme need on Lake Atitlan, Guatemala.

Project Stretch now partners with Worthy Village to provide full dental care to hundreds of children on an annual, on-going basis.

A 10-day long dental clinic is held 2-3 times/year in the village of Panajachel on Lake Atitlan. The clinic is set up and run out of the Worthy Village Wellness Center, trucking in children from the surrounding rural areas. In these villages, we see extreme tooth decay, gum abscesses and very poor dental hygiene.

The clinics are held in the local schools, or at the Wellness Center, and provide to all children under the age of 18. Profiles are created, and children have an on-going record with Project Stretch.

The dental clinics provide full dental care to these children, from dental cleanings, to extractions, fillings, etc., these children are able to get the help they need, and a solution to the pain they face on a daily basis.

The program also trains local leaders to be Dental Hygiene Educators, allowing sustainability in the program and community monitoring progress.

How can you help?

Collecting items such as toothbrushes, toothpaste and dental floss and sending them our way – this is a huge way to support this program. Organize a volunteer trip and come down to help out with this program! Visit our volunteer page for more info!

Project Stretch was founded in 1988 by a small group of dental professionals interested in providing vital dental services to needy children.

Project Stretch is a private, voluntary, 501(c)(3) non-profit organization supported by fundraising events as well as contributions from private citizens and corporations. Dentists, dental students, dental assistants, dental hygienists and other volunteers donate their time and talent to provide dental services that have brightened children's smiles around the world.

Project Stretch currently has continuing programs in the United States, Mexico and Honduras.

Contacts info@projectstretchdentistry.org www.projectstretchdentistry.org



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Infodent International 3/2024 Trimestrale di informazione tecnico-scientifica anno XXI - numero 87 – agosto / ottobre 2024 Registrazione al Tribunale di Viterbo VG98/02 aut. trib. VT n°496 del 16/02/2002

Editorial Director: Silvia Borriello

Newsroom: Nadia Coletta, Manuela Ghirardi, Claudia Proietti Ragonesi



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01100 Viterbo - Italy

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Printer: Graffietti Stampati s.n.c. Strada Umbro Casentinese Km 4,500 01027 Montefiascone (VT)

Spedizione in Italia: Poste Italiane s.p.a.

PP Economy - DCO/DCVT/N° 5 fb del 24/05/2002

Spedizione in A. P.— art.1 D.L. 353/2003 Conv. In L. n. 46/04-CDSUVT G. C.

Spedizione all'estero: IFS Italy s.r.l.

Viale dell'Industria, 58/A 20037 Paderno Dugnano (MI)

P.IVA: IT08577970968

Licenza Postale Generale n.3502/2014 rilasciata dal Ministero dello Sviluppo

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Questo numero è stato chiuso in tipografia il: 22/07/2024

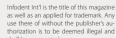
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