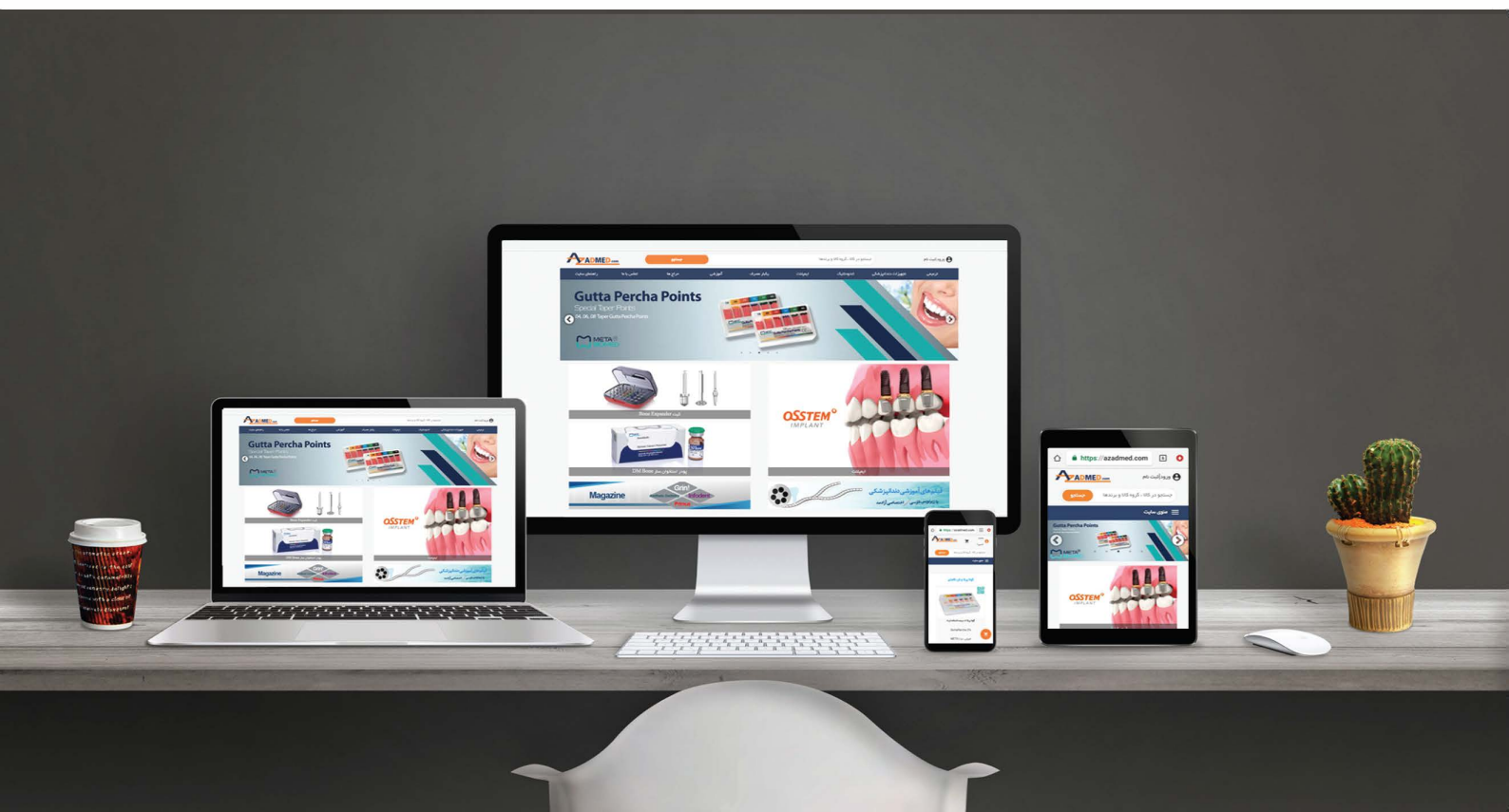




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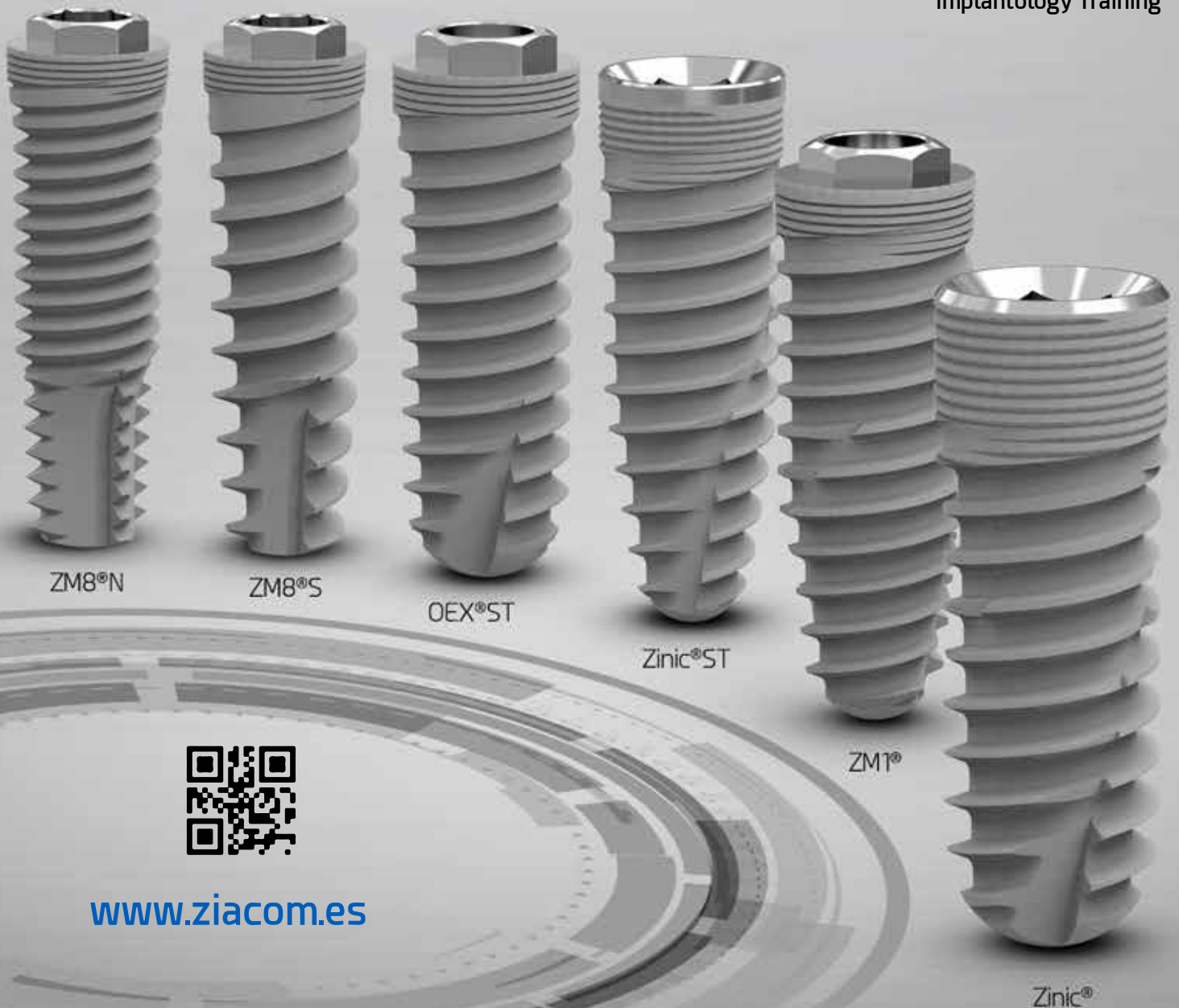
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Editorial

THE CHINESE CHALLENGE



China is notorious for its tangled bureaucratic web, and it has gained a reputation as a place where deals and contracts are often

treated more like suggestions than concrete agreements. In recent years, however, the Chinese business climate and regulatory structure have improved and experts and businesspeople say that with a little effort and knowledge, launching a venture in China can be easier than ever. Infodent's new project for this second half of the year is exclusively Chinese! We have in fact joined hands with Tecniche Nuove, worldwide leader in specialized magazines. The novelty is a highly scientific publication, "DoctorOs by Infodent", dedicated to a selected target of dentists, professors and scientific boards. The magazine, in English and Chinese, will circulate exclusively within the Chinese market to dentists, universities, dental clinics, scientific associations, exhibitions and congresses within the country. Specifically, our 50% acquisition of Tecniche Nuove-China (the remaining 50% owned by Ariesdue, controlled by Tecniche Nuove Italy), with offices in Beijing and Shanghai, will offer further support to all those companies wishing to reinforce their business in China. China "is the place to be" and whether selling, trading, investing or franchising, it offers opportunities in abundance to companies, large or small!

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highlights



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• TCS Thermoplastic Resins



TCS, an ISO 13485:2003 Certified Company was established in 2000 in USA and is now one of the leading manufacturers of flexible partial and full denture resins and equipment. **Unbreakable™** (nylon) and **iFlex™** (polyolefin) are extremely resilient high-performance materials used for the fabrication of RPDs, they both offer

uncompromising aesthetics and functionality. These materials are lightweight, durable, and can be repaired and rebased. Unbreakable™ is guaranteed unbreakable, has very low water absorption and has a proven history of success. iFlex™ is clinically unbreakable, stain-free, has virtually no water absorption, is easy to finish and polish, and is slightly more translucent than Unbreakable™. Karadent™ is a microcrystalline polymer ideal for full dentures, clear clasps and frameworks. The concept behind Karadent™ was to combine the unbreakable strength of nylons with the simplicity of acrylics. Karadent™ is available in standard pink and clear shades.



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highlights



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• TrollFoil Articulating Foil – simple perfection.



TrollFoil has been on the market for 20 years, proving itself with dentists every day. The double-sided foil is only 8 microns thick, and it has no problem marking wet or dry surfaces. It marks very accurately, even if it's a highly polished restoration. It marks excellent on ceramic.

TrollFoil is mounted in its own frame, no forceps needed.

TrollFoil can be used under a wide variety of clinical situations, including wet or dry teeth, limited opening, limited vestibular space, and metal and non-metallic restorations. You are able to verify occlusal contacts for an entire quadrant. TrollFoil is available in blue or red.

TrollDental is headquartered in the heart of Scandinavia. As a family owned Swedish company we follow the Scandinavian tradition of design and engineering.

We develop and manufacture products that are highly functional and elegant.

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• Fast and Compact FireCR Dental PSP Reader



Installing it takes just 15 minutes from box to first image. Its features ensure dentists fast and high-quality images and a safe investment with unlimited software upgrades. Its size of a shoebox fits into even the most space-challenged clinics.

3DISC Imaging's FireCR Dental PSP Reader supports true size 4c IP, which enables dentists to capture more teeth and roots on the

same image, without having to stitch smaller images together.

The FireCR Dental's IP-protecting feeding tray ensures a longer IP life cycle. The magnetized, horizontal feeding tray protects the IP by keeping it completely flat, avoiding to bend it during read-out.

Other features of 3DISC Imaging's FireCR Dental PSP Reader are the FireID RFID Reader, the intuitive QuantorDent Imaging Software and the QuantorTab app. It also supports Network and TWAIN interfaces. This all help dentists optimize their workflow and patient throughput.



www.3DISCimaging.com // info@3DISCimaging.com

• X-LINEAR DC



Unlike BEST X-DC, 0.7mm focus, wireless and with all functions integrated into the engine bloc, X-LINEAR DC, ergonomically designed with an oval shape and available as upmounted or downmounted (picture shows the downmounted version), is equipped with a touch keyboard switch with preset programs along the R10 scale.

With a 0.4mm focus, which allows to obtain high-resolution images of contrast, X-LINEAR DC has dual control (traditional wired + wireless). Both devices are prepared to work with any type of film, sensors and phosphor plates.

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• Computer-guide implantology: the new frontier of dentistry



B. & B. Dental S.r.l. is a leading Italian company in the field of oral implantology, manufacturer of dental implants and bone regeneration materials. Adhering to the new market needs and trends, a new software-based technique has been developed. It allows to obtain faster, safer and more precise diagnosis and treatment. Through advanced Computer-guided surgery techniques, patients may get treatment plans that turn mobile prosthetic teeth into fixed implant-supported teeth, in a single appointment, for immediate and completely risk-free use. The guides obtained through computer-aided stereolithography make osseointegrated implantology an easy-to-use technique in any clinical condition, even in case of severe atrophy of the jaw bones. Moreover, a brand new surgical kit has positively impressed the professionals for its functional simplicity. Successful courses are periodically organized by B.&B. Dental; they confirm the growing interest of an increasing number of dentists who wish to participate (for information please contact: commerciale@bebdental.it).

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highlights

• Dental Medrano



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suni

One x-ray generator for your entire practice - that's what you get with d'vinci pxi, Suni's latest imaging device. A portable, handheld x-ray generator that's lightweight and easy to use, d'vinci pxi lets you move between operatories to capture crisp, high-res images anywhere in your practice. d'vinci pxi has a high-capacity rechargeable battery that lasts for over 300 consecutive uses. It also comes with time-saving presets - which let you make on the fly adjustments to exposure time based on patient type or tooth- for even more imaging efficiency. It's the perfect imaging tool for a fast, efficient practice. And, when bundled with the SuniRay2 digital imaging sensor, it makes for the perfect low dose imaging system for your staff and your patients.



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• Looking for distributors

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Since its creation Ziacom Medical has developed its activity on two pillars: to offer quality products at competitive prices and expand its scope in a global market. Over ten years later, it has consolidated its position as a manufacturer, expanding its activity to countries such as Turkey, Iran and Colombia. For this reason, Ziacom maintains a constant search for distributors

worldwide. Ziacom manufactures and markets several lines of implants, both external and internal connections that respond to the different needs of implantologists experts. Similarly, its catalog includes all components and instruments necessary for an effective surgical practice. The list of services includes guided surgery, through its Zinic 3D software, CAD-CAM, 3D printing projects, and research and development of next-generation biomaterials.



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• Handpiece spare parts - SPIRO dental



SPIRO dental distributes dental replacement parts for handpiece and unit repair. Our products are suitable for a wide range of the world's best known brands. We are one of the most reliable and trustworthy suppliers with the focus on our clients needs and requirements.

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• The EVolution of species at DenTag



It is known that simple dental instruments such as curettes or double probes may injure the operator's hand or lacerate the glove (with the opposite working points). The possibility of injury is during use, handling or passing the instrument between Assistant-Dentist-Assistant while performing the procedures on the patient.

Directive 2010/32/EU - prevention from sharp injuries in the hospital and healthcare sector, also it states that it's necessary to prevent workers' injuries caused by all me-

medical sharps and pointed devices. Instruments with a handle 100, 105 mm are too short and the tips, even if they are turned contrary than working one, very often touch on the back of his hand.

Instead, what it can do as an additional preventive action is to choose, when buying or replacing, one instrument with a long handle. The longer instruments can be wrapped exactly like the other and, in the event that the dentist use cassettes or trays for sterilization of small size, it will be sufficient to put the instruments in the direction of the longer side. That's another reasons to choose new DenTag "EVO" family of instruments. Ask for more....

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• GCOMM



Discover our mission, our values, our daily commitment to dental care and innovation. G.Comm is an innovative company, focused on the production of components for dental units.

Our philosophy in designing our products is based on ensuring the well work of dentists and the well being of patients, always in total respect of sanitary regulations, hygienic conditions and environmental safety. Together with dental lights and electric micromotors, G.Comm supplies a full range of components for dental units: monitor arms, tray arms, instruments hoses, tubings, vacuum tubings, pneumatic valves, infection control devices, foot control, syringes, pressure regulators, control blocks, electro-pneumatic boards and many others. G.comm will also design and create your custom product under your specific request to help you find the best and finest solution to your dental unit. Currently working with over 25 different countries, G.Comm is now determined to grow larger and experience new markets all around the world.



• Iris View

IRIS View is a Surgery Light with integrated Full-HD Videocamera system up to 30 times Optical Zoom. The patented color mixing technology may allow the surgeon to adjust the color temperature (from 4200°K to 6000°K) to the optimal contrast when operating on soft tissue areas or change it to a natural daylight for color teeth matching. IRIS View is equipped with a keypad that has 3 preset programmes: Anti-Polymerisation Mode (to prevent hardness of composite in a very short time); Surgical Treatment Mode (to better distinguish the shades of the gums, blood and periodontium); Color Capture (facilitating the dentist's choices during tooth replacement operations). Moreover, IRIS View can be controlled via Wi-fi with the combination of an i-Pad through a Software (my-light) to be downloaded (Free Of Charge) from the App Store.

www.gcomm-online.com // info@gcomm-online.com



• Mesa



With over 40 years' experience and located in Northern Italy, MESA DENTAL ALLOYS manufactures more than 50 types of CoCr and NiCr alloys for PFM, partials, crowns and bridges, as well as discs and bars for CAD/CAM milling.

All products undergo stringent medical tests, in comply with the highest levels of security, materials and processing (ISO 9001: 2008) and following FDA regulations. MESA's alloys do not contain any toxic elements and are all highly resistant to corrosion. Their resistance, workability and biocompatibility are widely appreciated by dental technicians.

MESA commits to meet all customers' and market's needs: currently the company is committed to work personally with its international partners in organizing technical trainings on-site. The courses focus on all the main steps to properly use casting alloys to obtain the best Porcelain Fuse to Metal results. The courses have been met with success in China, Pakistan, India, Sri Lanka, Cambodia, Tajikistan and Kirghizstan.

MESA major priority: the health and well-being of patient and dental technician.

www.mesaitalia.it / info@mesaitalia.it / sales@mesaitalia.it



highlights



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• MaCo Dental Care launches two new implant lines.



Also this year, MaCo Dental Care unveils its ability to innovate. After a complete revolution of Seventeen, its main implant line with internal hex connection, implemented with platform switching system, the Italian company is ready to launch two new implant lines on the market. Conical Active is characterized by its 8° conical connection, an internal anti-rotational hexagon and a double principle

thread that ensures its stability in all types of bone. IM Macon, instead, is a short implant with tapered connection characterized by a great ease of use and the capability to ensure stability to the prosthetic components without tightening screw. In this way, implant systems manufactured by MaCo become eight, a great achievement for a company that has made reliability and versatility its strengths.



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• Leonardo - The Innovative Rapid Palatal Expander



Rapid palatal expander Leonardo has several innovative features thought to simplify the work of technicians and doctors, and to be easy to use for the patient. The main features are:

Stability. The two telescopic components of Leonardo's body are always overlapped for the maximal longitudinal and torsional rigidity and high stability, at its maximum opening. The inbuilt housing of the arms and their laser welding grant an

highest resistance and a perfect oral hygiene.

Compact dimensions: its body design minimize encumbrance into the mouth, and increase patient's comfort.

Easy-to-use:

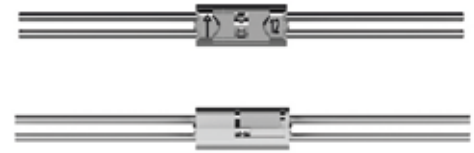
- chamfered hole to simplify the insertion of the opening tool;
- lateral screw for fast opening/closing in laboratory;
- graduate scale for an immediate reading of the opening level achieved

Safety:

- mechanical stop to prevent disassembling at the maximum open;
- mechanical anti-unscrewing system to avoid unwished opening into the mouth.

Leonardo is protected by international patents.

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highlights

MADE TO LAST



AT THE ROOT OF YOUR SUCCESS

B&B Dental is a leading Italian Company in the field of oral implantology. Specialized in the production of dental implants and bone regeneration material it was founded in 1992 by Dr. Claudio Banzi. B&B Dental is well-known for a continuous research and development of innovative and certified products, always absolutely original. Over 20 years of experience that make B&B Dental very appreciated by doctors and dental operators worldwide.

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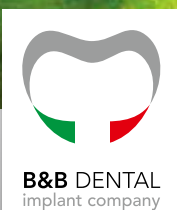
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DURAVIT
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Use of a RESIN-IONOMER for Subgingival Restorations (External Root Resorption)

Subgingival restorations are indicated for clinical situations such as external root resorption, fractured teeth, endodontic perforations and root caries. However, there is limited success in these cases due to the nature of the operative field and the working characteristics of the restorative materials. Consequently, many subgingival lesions are considered un-restorable and the teeth – hopeless.

External root resorption is a particularly challenging lesion because there is no generally accepted explanation for the condition and traditionally, no effective treatment. However, due to the development of bonding and adhesion, improved materials are now available to offer the clinician new treatment options for subgingival lesions.

In the mid-1990s, Dragoo presented the clinical application of a resin-ionomer (Geristore, DenMat), with emphasis on subgingiva and periodontal applications. 2-4 Geristore's biocompatibility was further investigated and reported as being superior to other materials tested.

It has been reported that Geristore can be successfully used:

- For subgingival and periapical lesions
- In close proximity to bone and in areas treated with periodontal regeneration

Studies reported that Geristore has been successfully used:

- To treat root perforations
 - For retrograde restorations
 - Furcation lesions
 - In association with guided tissue regeneration procedures
- restorative material used for subgingival restorations have been defined as:

1. Biocompatibility with tooth structures and surrounding periodontal tissues;
2. Adhesiveness to tooth structure even without the use of a bonding system;
3. Dual-cure set;
4. Compactness when set;
5. Radiopaque;
6. Insoluble in oral fluids.

Among the restorative materials available today, resin-ionomers most closely meet the above requirements. In this case, Geristore was chosen due to clinical reports of excellent biocompatibility and gain in clinical attachment in the area of restoration of a cracked tooth with Geristore.



Clinical Applications

- Subgingival restorations
- Base material/liner
- Pulp-capping agent
- Abfraction lesions
- Root resorption lesions
- Sealing root perforation
- Recementing crowns and bridges
- Cementing orthodontic brackets
- And many more!



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Introducing LASOTRONIX Lasers for generations

LASOTRONIX is an innovative Polish company specialized in the design and manufacture of high-tech laser devices for the use in medical and dental sectors. With more than twenty years of experience in laser technology **LASOTRONIX** covers a wide range of dental applications thanks to a variety of diode sources and therapy accessories. Cutting-edge technology is the trademark they all have in common: one unit is set to equal five different devices, making the use of CO₂, Nd:YAG, low power diode lasers, PAD lamp or an ozone equipment as well as teeth whitening lamps. Applying the most powerful laser results in the shortest possible treatment time and low operating costs.

Only recently, **LASOTRONIX** has launched new diode based laser platform, especially designed for dentistry, the **SMARTTM** series with a variety of most effective wavelengths increasing a number of applications.

SMARTTM laser is offered as a combination of two lasers in one package: 10 W at 980 nm wavelength for a wide range of applications in Microsurgery, Endodontics, Periodontology, Pain Therapy and Whitening as well as 400 mW at 635 nm wavelength for cold therapies like Biostimulation and PAD (Photoactivated Disinfection). Combining two wavelengths in one device made **SMARTTM** laser unique and most advanced in the world for all soft tissue procedures in dentistry! Fast cutting and coagulation as well as „cold” stimulation and disinfection never was so easy and complex.



Thanks to thoughtful design, that allows integration with the dedicated workstation or a dental unit, as well as deep attention to the smallest details, **SMARTTM** laser meets the needs of every dental office and assures perfect convenience for operation. At the same time, small size of this incredibly versatile device makes it very easy to carry around, enhancing portability.

The laser unit also features very advanced, but at the same time intuitive user interface including an expandable database covering a set of predefined therapy protocols, which can be modified and assigned to a patient.

In addition, accessories such as wide range of fiber delivery systems, application end tips and a variety of surgical handpieces provide maximum versatility. As a result, **SMARTTM** laser is suitable for a vast number of therapies. Unique versatility and functionality of **SMARTTM** laser makes it an essential asset to any modern dental office.

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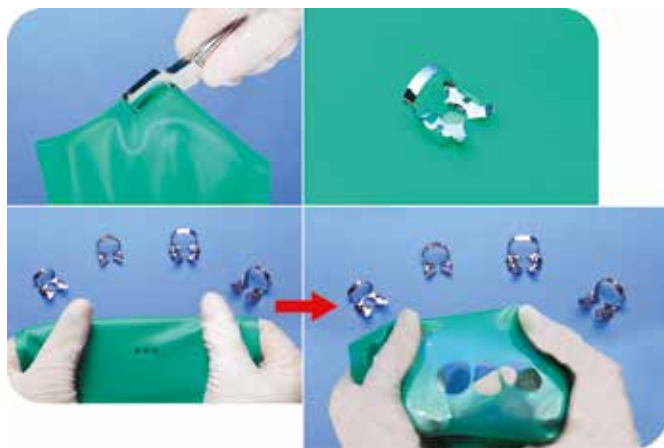
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Concentrated Growth Factors:

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 angiogenetic 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 MEDIFUGE
machine MF 200

Photo
Bone-Ring graft material
mixed with CGF

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, 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 (Ghenot 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.

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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CAMLOG and Henry Schein Krugg Sign Exclusive Distribution Agreement

Basel/Buccinasco, 20 April 2016 – CAMLOG plans to significantly increase its presence in Italy in 2016 and to provide enhanced service to dental professionals. Therefore, CAMLOG and Henry Schein Krugg have signed a distribution agreement. Exclusive distribution of CAMLOG products through Henry Schein Krugg in Italy will start in April 2016.

Henry Schein Krugg has been a leading supplier to the dental sector in Italy for over 30 years, distributing consumables, equipment and services to dental professionals. Headquartered in Buccinasco near Milan, the company covers the country with 14 affiliates and 160 sales representatives. The Centro Culturale Krugg conducts numerous courses and events each year, dedicated to education in the different dental specialties.

“Together with Henry Schein Krugg, we will be able to offer a premium implant system with a very attractive price-value proposition and an unmatched prosthetic offering, a complete portfolio in implantology, and also a seamless integration into the digital workflow to the Italian dental professionals,” said René Willi, Member of the Board of CAMLOG Biotechnologies AG.

Henry Schein has developed the solution concept ConnectDental and successfully introduced it in Italy.

ConnectDental helps practitioners navigate through their journey into digital dentistry – by offering the widest choice of trusted digital solutions, seamlessly integrating these solutions into the practice or laboratory workflow, and providing the education, training and support needed to ensure practice success and the best patient experience.

“We strive every day to enhance our position as trusted partner of our customers and to help them deliver quality care to their patients and increase the efficiency of its clinical or laboratory practice in the coming years. With the CAMLOG implant systems, we extend our implant dentistry portfolio with a very important and high-quality product that will become an integral part of our ConnectDental offerings,” said Riccardo Gandus, Managing Director of Henry Schein Krugg.

industry news

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Focus **Doing Business** **in Azerbaijan**

Author: Silvia Borriello

The country with its macroeconomic and political stability is considered one of the leading economies globally in terms of economic growth and an excellent logistics hub for any business entering the markets of the Caspian Sea region.

Capital: Baku

Language: Azerbaijani

Currency: Azerbaijani Manat (AZN)

Population: 9,552,500 (2014)

Literacy level: circa 99.6%

Internet users: 1,485,000

Azerbaijan is located on the western coast of the Caspian Sea to the south of the Caucasus Mountains and is bordered by Armenia, Georgia, the Russian Federation, Turkey and the Islamic Republic of Iran. It is divided into two parts, the main territory of Azerbaijan and the exclave autonomous republic of Nakhichevan, which are separated by Armenian territory. The country has considerable mineral wealth, including oil and gas reserves. At the beginning of the 20th century, Azerbaijan supplied almost half of the world's oil, and oil has remained central to the country's economy into the 21st century. In 2010, Azerbaijan entered into the top eight biggest oil suppliers to EU.

About 54.9% of Azerbaijan is agricultural land. The population is evenly distributed between urban and rural areas, with 53% residing in towns and cities. The workforce accounts for 4.7 million people; over 39% is employed in agriculture and related activities with 8% working in industry and construction. Azerbaijani labour is multilingual. Apart from Azerbaijani one can expect a local employee to speak Russian and Turkish. English is slowly but surely becoming the "office" language at least in Baku.

Reintroduced on the political map of the world after the collapse of the Soviet bloc, Azerbaijan regained its Independence only in 1991 and is now a Presidential Republic. A succession of weak governments ended in 1993 when veteran politician Heydar Aliyev was elected President. A decade of rehabilitation and growth started and from 1997 onwards major political reforms aimed at bringing Azerbaijan to international standards. Integration into European common space, the creation of a market economy and socially oriented policies are being continued by his successor Ilham Aliyev.

A record GDP growth was observed in 2006 accounting for 34.6%, which was the highest performance in the world and even in the period of global financial turmoil, Azerbaijan managed to maintain high economic growth rates. As a result, Azerbaijan's economy grew threefold in the past 10 years. Certainly, such rapid growth is associated with the development of oil and gas industries. At the same time, in order to reduce dependency on oil revenues, diversification of economy and development of non-oil industries became key strategic goal for the country. Presently, non-oil sectors make over 51% of the total GDP

Azerbaijan has made the gradual transformation from planned economy to full-fledged market economy based on a mature and active private sector.

with sustainable economic growth rates. Economic growth has a direct link to the reduction of poverty. The implementation of major reforms, including the State Programme on Poverty Reduction and Sustainable Development have contributed to reducing poverty by 8 times since 2003 and dropped to 6% at the end of 2012. These achievements would be impossible without a strong private hand. As a result of several stages of privatization policy, nowadays the share of the private sector in the economy is over 85%. Azerbaijani economy is the biggest in the region of South Caucasus making up 73% of its GDP.

During the last 18 years, almost 145 bln USD has been invested in Azerbaijan economy, where the shares of domestic and foreign investments are nearly equal. Moreover, increasing economic opportunities and financial means allowed Azerbaijan to emerge as a prominent foreign investor which actively invests in many countries, including those in close proximity like Georgia, Turkey, Kazakhstan, Russia, Ukraine and those a little further like Romania, Switzerland, Serbia, Montenegro, France, UK and more to come.

Azerbaijan has made the gradual transformation from planned economy to full-fledged market economy based on a mature and active private sector. Revolutionary legal reforms have enabled significant development of the private sector and made legislation more transparent and investor-friendly. Generally, Azerbaijani legislation establishes a very open national regime for Foreign Direct Investment (FDI), where foreign investors are welcome in any sectors that local investors are allowed to invest in. This regime also applies to the participation of foreign investors in the privatization of state-owned property. The Government has lifted limitations on foreign participation in the banking sector. There are no special permissions or specific registration requirements for foreign investment. Licensing has been substantially simplified, with foreign investors' interests in mind. No discrimination policy and guarantees, such as full repatriation of profits, compensation of damages and moratorium against adverse changes in legislation are some of the measures which create favourable conditions for investing.

Any FDI restrictions are strictly limited to national security matters. The introduction of "one-stop-shop" system of business registration in 2008 was designed explicitly to reduce the red tape, costs and paperwork associated with the process of business registration (registration is handled through a single state authority— the Ministry of Taxes of the Republic of Azerbaijan); business registrations increased

by 40% in the first 6 months. Moreover, Azerbaijan introduced a fully digitalized taxation system which is quite competitive even compared to developed countries. In 2012, because of its economic performance after the Soviet breakup, Azerbaijan was predicted to become "Tiger of Caucasus". According to the World Bank's Doing Business Report, Azerbaijan improved in seven of 10 indicators of regulatory reform, catapulting 64 places in the rankings, the biggest jump ever recorded. Moreover, Azerbaijan applies one of the simplest business registration procedures in the world and ranks 18th place in starting business among 185 countries. As for the Global Competitiveness Report 2012-2013 Azerbaijan is placed 46th in the world ranking of 144 countries.

Countries Rank, Global Competitiveness

Azerbaijan 46
Iran 66
Russia 67
Kazakhstan 51
Georgia 77
Armenia 82

Measures have been taken to establish Special Economic Zones (SEZ) where a concessional tax and customs regime will be introduced. In terms of trade regulation, there are no general trade barriers or prohibitions on the import of any types of goods and only a minimum level of non-trade barriers for international trade. The country is not yet a member of WTO, although the Government has started the accession process. The government has undertaken a number of steps to liberalize foreign trade. As of the end of 2011, the weighted average import tariff in Azerbaijan was 5.8% i.e. significantly below the international average. Import-export is one of the most rapidly developing business segments in Azerbaijan. In recent years, foreign trade has grown by an annual average of approximately 15%. The European Union remains the major destination for the export of Azerbaijani goods. Russia and CIS are the major importers.

As of October 2014, Azerbaijan holds the highest foreign investment per capita among the Commonwealth of Independent States (CIS) countries. Germany, for example, has invested approximately \$760 million into the Azerbaijani economy, and approximately 177 German companies operate within Azerbaijan.

Healthcare in Transition

Major reforms implemented in recent years have enabled Azerbaijan's healthcare system to develop

in accordance with international standards and to significantly improve the reputation of Azerbaijani healthcare internationally.

Azerbaijan inherited an extensive and highly centralized Semashko system at independence from the Soviet Union. The Semashko system was organized around the principle of universal access to free healthcare. All healthcare workers were employed by the state, and private practice was not allowed. Following independence in 1991, the health system faced increasingly serious economic challenges in financing the inherited extensive services and the quality and access to services deteriorated.

In spite of the extensive network of health facilities there is a very low bed occupancy rate in Azerbaijan, fluctuating around 25–30% since the late 1990s. The number of doctors per capita has inevitably fallen since independence (at present there are 3.8 doctors per 1000 population. Average in the WHO European Region is 3.4) and there has been a significant reduction in the number of nurses per capita (7.3 to 1000 population. Matching the average WHO European Region level of 7.3). The Ministry of Health has found it difficult to obtain the right mix of medical specialties in the state sector and an adequate geographical distribution of staff. Recruitment and retention of medical staff in rural areas are long-standing issues and the flourishing private sector in Baku has also attracted many experienced healthcare professionals, thus draining the public sector.

There are approximately 30,766 physicians and 61,582 mid-level health care personnel (medical assistants "feldshers", nurses, midwives and other) in Azerbaijan. Of those, 28,489 physicians and 50,145 mid-level health workers are employed in healthcare system under the Ministry of Health. There has also been a significant reduction in the ratio of dentists and, in particular, pharmacists to population size since 1995.

Salaries in the public healthcare sector remain very low. According to the State Statistical Committee, the average salary was only 89.9 Azerbaijani new manat (AZN) in 2007, which is less than half the average salary in the country. Allocations for drugs and medical supplies have grown from less than 10% of the total healthcare budget in the late 1990s to 18% in 2008.

Health personnel employed in the Ministry of Health system by selected categories, 2007

focus

Health personnel Actual persons

Doctors	28,489
Nurses	30,041
Midwives	9,416
Feldshers	7,030
Laboratory technicians	3,658

Hospital staff

Doctors	14,984
Nurses	15,558
Midwives	4,241
Feldshers	2,042
Laboratory technicians	1,011

Primary care including polyclinics

Doctors	13,505
Nurses	14,483
Midwives	5,175
Feldshers	4,988
Laboratory technicians	2,647

Source: Unpublished data from the Department of Health Information and Statistics of the Ministry of Health, 2009.




Note: Feldshers are medical assistant

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With the expected imposition of mandatory health insurance, the system of financing the healthcare sector will be radically changed and fully updated.

Public health funding comes primarily from general government revenues, which includes money from the State Oil Fund and tax revenues.

Despite significant increases in public health expenditure in recent years, Azerbaijan is still characterized by relatively low levels of public health expenditure both in absolute terms and as a share of GDP. According to expenditure figures, public health expenditure represents 44% of total health expenditure. Estimates by WHO show less positive trends, with the share of public expenditure in total health expenditure as 29.3%. The majority of health expenditure comes from the population as out of pocket payments (OOP), reaching almost 62% of total health spending. Surveys indicate that the utilization of health services is related to socioeconomic status more than need and many households are under threat of catastrophic healthcare costs in the face of serious illness.

The vast majority of health providers are state owned, although the private sector has been flourishing in recent years, providing a growing share of health services especially in the capital. The payment mechanisms for the state owned providers are based on inputs (beds, staffing), which does not foster the

efficient use of resources. The Ministry of Health and the Ministry of Finance have agreed on new health financing reforms that will centralize funds and make room for greater provider autonomy and the introduction of contracting as the basis for new payment mechanisms, such as per capita payments in primary care and case-based payments for hospitals. These reforms will underpin the proposed introduction of mandatory health insurance. With the expected imposition of mandatory health insurance, the system of financing the healthcare sector will be radically changed and fully updated.

Although there is state support for private initiatives through low interest loans, the health sector has not been considered a priority area in this regard.

In rural areas where there is a low penetration of the private health sector, primary care usually starts from feldsher-midwife points (FAP), village doctor outpatient clinics (SVA - selskaya vrachetnaya ambulatoriya) and outpatient departments of small village hospitals (SUB - selskaya uchastkovaya bolnitsa), which are the main access point to the public system for rural residents. Primary care physicians then refer patients in need of secondary care to central district hospitals. The provision of high-quality healthcare in



rural areas is one of the main challenges facing the Azerbaijani health system. Among the biggest problems is the shortage of physicians, due to a combination of low salaries and existing physicians retiring and not being replaced.

In urban areas, patients visit polyclinics to obtain primary care services. Patients may then be referred either to a multi-profile city hospital or to a specialized tertiary facility. Urban polyclinics are typically large healthcare facilities where a group of primary care physicians work jointly with approximately 10–20 types of specialists and are supported by laboratory services and more specialized equipment for diagnostic and treatment. There are 141 separate adult and paediatric polyclinics in the country (unpublished data from the Ministry of Health, 2009).

As there is a disrupted referral system, patients can bypass primary care and go directly to the upper levels of care. Self-referral to specialist care is seemingly the preferred option because of the low professional status of primary care physicians and the perceived quality of primary healthcare services and infrastructure. Under such conditions, continuity of care and its integration by primary care physicians are seriously undermined. Almost all pharmaceuticals in outpatient settings are purchased directly by patients through out of pocket payments. However, drugs for the treatment of certain conditions are guaranteed free of charge by the state (including those for diabetes, TB, HIV/AIDS and others).

In private facilities, the fee-for-service charges have to be covered out of pocket or through voluntary health insurance. In big cities, the private sector effectively competes with public facilities as it has a perceived better quality of services and wider range of diagnostic and laboratory services. As a result, patients with the ability to pay generally prefer to go to private health facilities, which act as multispecialty clinics, often with inpatient surgical departments.

The Ministry of Health hopes to restructure completely the model of ambulatory care described above in coming years. The government considers family medicine as the future direction for primary health care development, which will be implemented first in rural areas.

Until around 2005, the urban primary care infrastructure suffered from low investment in capital infrastructure. The situation has improved since then, with polyclinics being rehabilitated and re-equipped. However, the capital investment is di-

rected primarily to facilities in Baku and major cities while polyclinics in most rural districts are still in need of major rehabilitation.

As with outpatient care, the organization of inpatient care differs between rural and urban areas. In each rural district, inpatient care is provided by a network of small village hospitals (SUBs) and a big central hospital that acts as a referral centre for the entire district. There are 349 SUBs in the country, with an average of 32 beds per hospital (unpublished data from the Ministry of Health, 2009). Many have not been renovated and provided with new equipment since independence. In view of the dilapidated infrastructure, the Ministry of Health has developed optimization plans for each district, which envisages the closure of most SUBs, transforming them into primary care centres. Central district hospitals are multi-profile inpatient facilities providing a broad range of secondary care, including emergency care, general surgical, obstetric, gynaecological, paediatric and other services. Central district hospitals also provide certain diagnostic investigations such as X-ray and ultrasound as well as laboratory services typically involving the basic clinical tests required in secondary care. There are 65 central district hospitals in the country, with an average of 217 beds per hospital (unpublished data from the Ministry of Health, 2009). Until around 2005, the central district hospitals suffered seriously from underinvestment in capital infrastructure, which affected the quality and range of services available at these facilities. The situation has improved since then and many district hospitals have been renovated or rebuilt.

As part of the optimization plans mentioned above, the Ministry of Health is planning to merge many specialized hospitals with central district hospitals to form a single multi-profile secondary inpatient facility in each district to achieve greater efficiency in resource utilization. Also, under the State Programme for Regional Development, SOCAR (State Oil Company) is funding the construction of new treatment–diagnostic centres with the aim of improving the access of rural populations to high-technology medical and diagnostic services such as computed tomography and magnetic resonance imaging, which were previously unavailable outside Baku.

In urban areas, inpatient care is provided by city hospitals, which provide a wider range of specialist services and more advanced equipment. Most of the city hospitals are located in the three biggest cities

The provision of high-quality health-care in rural areas is one of the main challenges facing the Azerbaijani health system.



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of the country (Baku, Ganja and Sumgayit). There are 142 city hospitals in the country, with an average of 113 beds per hospital (unpublished data from the Ministry of Health, 2009).

Another category of inpatient facility contains the specialized hospitals providing services for certain conditions. The most common types of specialized facility are maternity, TB, dermatovenereal, psychiatric, oncology and endocrinological clinics, which are parts of vertically integrated national systems typically led by a tertiary-level specialized scientific research institution or national centre. The specialized hospitals are not present in every district but are located based on regional principles to cover the entire country, while all tertiary level facilities are located in Baku. In addition to research, tertiary institutions also serve as teaching hospitals where the relevant clinical chairs of the Azerbaijan Medical University are located.

On this regard, the Government is promoting medical careers to the country's youth and graduates, sponsoring continued education for students to study in countries with established healthcare teaching institutions, including Turkey, Europe and the US.

Dental Care

Just like all health professional there has been a significant reduction in the ratio of dentists since Independence. According to the State Statistical Committee, there were 2,522 dentists in the country in 2007 (State Statistical Committee of the Republic of Azerbaijan, 2009). Dental care is delivered by a mix of public and private facilities. In 2007, the public sector under the Ministry of Health comprised 37 dental polyclinics, 666 individual dental offices and 46 dental prosthetic offices. In total, the Ministry of Health employed 1980 dentists (stomatologists), dental surgeons and orthodontists (unpublished data from the Ministry of Health, 2009). Also, there are dental clinics run by various line ministries for their employees, detailed information on which was not available. The private sector is represented by approximately 250 facilities, the majority of which are solo practices. Altogether, there are approximately 400 dentists working in the private sector (unpublished data from the Ministry of Health, 2009). Government reforms conducted in the country over the past few years have encouraged development in all sectors, including stomatology. The foundation of the Azerbaijan Stomatological Association (ASA) in 1997 and its circle of activity as a professional unity is a consequence of such development. The ASA entered the Federal Dental Institution (FDI) in a short period of time. In 2003 it was elected member of the European Regional Organization (ERO) of FDI.

With the regular publication of its magazine "Caucasian Dental News" the ASA plays an exceptional role in disseminating current achievements of stomatology and medicine as a whole and in the extension of relations with foreign partners and exchange of views. With the intent of extending dental knowledge at international level, the ASA organizes scientific-practical conferences with the participation of specialists from world leading companies and clinics on urgent issues on stomatology such as new methods in root canal treatment, the selection of modern dental devices, the design of dental clinic, the complex treatment of parodontal diseases, new achievements of orthodontia, surgical and orthopaedic basis of implantation etc. The Azerbaijan Stomatological Association maintains close relations with dental associations of the CIS, ERO and FDI or their member-states.

The annual Azerbaijan International Stomatology exhibition (<http://www.stomatology.az/2016/>) is the only specialized dental event in the region. Meeting point for specialists from the international dental industry and manufacturers and distributors of dental equipment, materials and products. Stomatology Azerbaijan is held in parallel with Azerbaijan International Healthcare Exhibition- BIHE. Over its twenty year history, BIHE has made a significant contribution to the introduction of new medical technologies in Azerbaijan, becoming an important meeting place for representatives of state bodies, producers of medical equipment, heads of clinics, practicing doctors

and medical industry specialists. The latest products and modern technologies have entered the market as a result of the exhibition. The importance of the exhibition is shown by the support that BIHE has been afforded by the Ministry of Health of the Republic of Azerbaijan. The exhibition also had the support of the Azerbaijan Fund for the Promotion of Export and Investment (AZPROMO) and the National Confederation of Entrepreneur Organisations (Employers) of the Republic of Azerbaijan as well as the Azerbaijan Stomatological Association. BIHE has been awarded "Approved Event" status by the Global Association of the Exhibition Industry, which confirms its recognition as a high quality event and its recognition by the international community. Over the last two years, the exhibition has been actively developing its new "medical tourism" sector with the support of the Global Healthcare Travel Council (GHTC) and the Turkish Healthcare Travel Council (THTC).

Azerbaijan's market outlook is very positive, demonstrating investment potential to the healthcare industry. The growth of Azerbaijan's healthcare industry is a result of the Azerbaijani Government's continued healthcare reform and targeted investment in the sector. Its healthcare budget has been increased 10 times in the past decade and the country's healthcare infrastructure widely developed, with over 500 healthcare facilities being constructed or redeveloped during that period. Development is being further stimulated by the deficit of medical expertise, equipment and personnel in the country. Azerbaijan's

long-term plans focus on further developing its primary care and making coverage universal. The ongoing process provides a great opportunity for private investments. Furthermore, most of the modern technology and equipment used in the new and renovated hospitals are imported, which positions Azerbaijan as an attractive destination for healthcare vendors. The flourishing economy and growing healthcare system provide lucrative opportunities for the pharmaceutical sector, medical facilities and equipment, as well as personnel investments.

Sources:

-Azerbaijan Export and Investment Promotion Foundation (AZPROMO) - www.azpromo.az

(Aims to develop non-oil sectors via promotion of Azerbaijani products abroad and facilitation of foreign investments domestically)

-Azerbaijan Investment Company (AIC) - www.aic.az

(Aims to implement fixed-term equity investments in non-oil sectors along with local and foreign co-investors)

-For a detailed report on Azerbaijan Health System Review: World Health Organization <http://www.euro.who.int/en/countries/azerbaijan/publications/azerbaijan-hit-2010>

-<http://www.azernews.az/azerbaijan/86786.html>

-Azerbaijan Stomatological Association:

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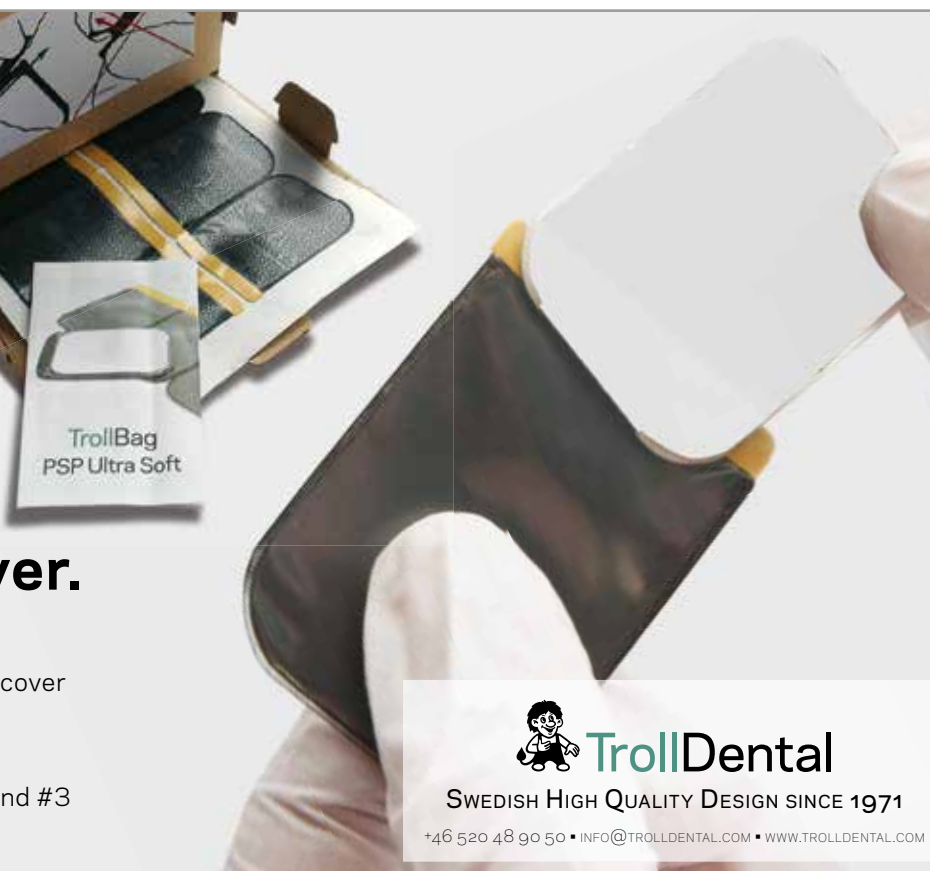
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The Value of Business Travel Improving Traveler Wellbeing and Corporate Productivity

Studies have reported on the harmful of increased stress on productivity. Addressing travel stress is fundamental not only to a company's duty of care responsibilities but also as a strategic component to ensure their travelers focus on what they are paid for: being productive. Traveling smarter rather than less will be the way to find the optimal point combining the actual costs of travel and the hidden ones.

Author: Baldo Pipitone

Many companies are still struggling with how to best define savings, service and value and asking travelers less frequently than expected to evaluate services provided by preferred suppliers.

Savings have dominated the focus for most travel managers in recent years but as more, and increasingly, younger travelers have hit the road, demands for service has intensified across the travel space. Yet corporate travel and procurement respondents clearly identify “savings” over “traveler satisfaction” as the most important factor to the value of their travel programs.

According to a BTN Group and American Express Business Travel survey (2015), nearly 82% of all respondents ranked savings within the top two on a scale of five in importance to the value of their managed travel programs, while 74% ranked traveler satisfaction as such. Even if travel professionals are still focused on savings, there is a growing demand for service: more than one-third of all respondents said travel management service delivery was more important than costs, as compared to the previous year. The majority of respondents rated service delivery as more, or somewhat more important than costs for Travel Management Companies (TMC) and duty of care providers, while 57% said so for online booking tools, 56% for hotels, 55% for airlines and 49% for both car rental and payment. Across all supplier categories, fewer than 7% of all respondents said service was not as important as costs.

An interesting study conducted by Carlson Wagonlit Travel (CWT) Solutions Group, has managed to quantify travel stress and its economic impact shedding light on the hidden economies of business travel caused by travel-related stress. The study included data from 15.3 million business trips booked and recorded by CWT, in conjunction with other sources of information within CWT as well as external data over a one-year period (2011-2012). The aim was to understand and measure how and to what extent traveler stress accumulates during regular business trips. Each trip was conceptually broken down into 22 potentially stressful activities covering pre-trip, during trip (transportation and destination-related elements) and post-trip. The components of the trip considered included: air bookings, hotel stays and car rentals, certain supplier information, such as hotel category or internet availability as well as airport codes, dates (booking, departure and return), flight time, connection information, fare paid, booking channel etc.

Table 1 (below) presents 22 of the 33 activities related to a typical business trip, made by a previous study by CWT. Nine of the top 12 – those with scores above 60/100 are incorporated in the table below. The remaining 11 factors, not included in the table, are either challenging to quantify (e.g. “eating healthy at destination”) or require certain data that was not available. Associated stress was measured based on the duration and the perceived stress intensity for each activity. In essence, each of the 22 steps of the trip were viewed as having two components: “stress-free” time and “lost time”.

Photo Low angle view of business people walking in railroad station
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Table 1. Stress-trigger ranking by perceived strength

STRESS FACTOR (SF)	STRENGTH SF	STRESS FACTOR (SF)	STRENGTH SF
Lost or Delayed Baggage	79/100	Reimbursement	51
Poor/No Internet Connection	77	Geopolitical Context at Destination	51
Flying Economy on Med/Long Haul	73	Long Stays (+3 nights)	51
Delays	72	Different Time Zone (jetlag)	49
Low Hotel Category	65	Getting to the Airport/Station	49
Last-Minute Requested Trips	63	Immigration Control at Destination	47
Travelling during Week-ends	61	Using an Online Booking Tool	42
Length of Journey to Reach Destination	61	Flying Economy on Short Haul	39
Flying Indirect versus Direct	61	Renting a Car	37
Getting through Customs and Security	54	Contacting a Travel Agent	37
Using Restricted Fares	52	Taking a Taxi	34

Source: CWT Solutions Group, Stress Triggers for Business Travelers, Traveler Survey Analysis (2012)

The overall results of the factors which produce the highest levels of stress have been identified as below:

Table 2. The actual lost time per trip (alt) for all 22 stress factors combined, as well as for the top five stress factors ranked by their contribution to alt.

STRESS FACTOR	ACTUAL LOST TIME (HOURS/TRIP)	STRESS FACTOR	ACTUAL LOST TIME (HOURS/TRIP)
All 22 stress factors combined	6.9	Travelling during week-ends	0.5
Flying economy class on med/long haul	2.1	Flying indirect vs. direct	0.4
Getting to the airport/station	1.1	Other factors	2.2
Flying economy class on short haul	0.6		

Source: CWT Solutions Group

The maximum possible lost time per trip (mplt) is 17.9 hours; of this, 11 hours are “stress-free” – available to the traveler to either work or rest. The traveler experiences stress over the remaining 6.9 hours (actual lost time per trip), on average. This is referred to as “lost time”, or time unavailable to travelers to work or rest. The largest contributions to this lost time arise from flying economy class on medium and long-haul flights (2.1 hours) and getting to the airport/train station (1.1 hours). The Travel Stress Index (TSI) is 38.5%. The financial equivalent of these 6.9 hours is USD 662 per trip (the financial equivalent should not be interpreted as the actual lost productivity, but rather as an estimation of the upper limit on lost productivity). To illustrate the magnitude of this financial equivalent, it amounts to 79% of the average plane ticket price. For example, for a client with a travel volume of 5,000 air trips per year, the

expected financial equivalent of actual lost time is USD 3.3 million.

The lost time greatly depends on the type of trip taken: an increase in the transportation time typically generates an increase in the lost time. The average actual lost time values by trip type are:

- 5.2 hours for domestic trip
- 5.6 hours for continental trips
- 16.6 hours for intercontinental trips

The study indicates that the impact of stress can be reduced, but not entirely eliminated. By analyzing the TSI (Travel Stress Index – a correlation between stress and productivity) on a client-by-client basis the study found out that companies can expect to control, on average, 32% of the actual lost time. This can be achieved through a combination of steps geared toward reducing the stress factor which acts over a time duration (Ti) (e.g. flying direct versus indirect)

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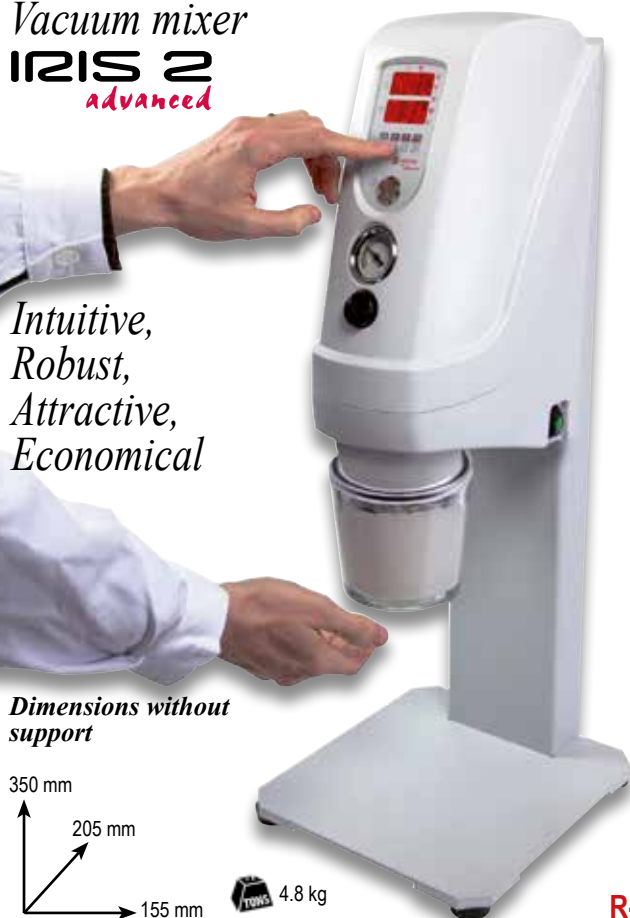
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While lost time cannot be completely eliminated, there appears to be significant room for improvement. Indeed, companies can expect to control up to 32% of the lost time, on average.

and/or reducing the percentage of stress (e.g. internet connectivity to stay fully informed while on-the-go). The “stress-free” time may be used either to work or to rest. If work is carried out, it represents a direct productivity gain. Rest is also expected to increase productivity, though indirectly: resting “now” leads to productivity “later”. This indirect relationship cannot be readily quantified. By the same token, lost time cannot be precisely converted into lost productivity. However, we can calculate a maximum productivity loss if we consider that the entire lost time could have been converted into productive time. Putting an upper limit on productivity loss gives us a reference point for discussing the impact of travel on productivity.

Understanding the mechanism of stress and its impact on both a traveler and the wider organization sets a new frontier in business travel optimization. While lost time cannot be completely eliminated, there appears to be significant room for improvement. Indeed, companies can expect to control up to 32% of the lost time, on average.

Looking at business travel from this angle requires a different approach:

- Beyond the purely transactional aspect of the trip, companies should recognize business travel as a strategic mean to grow and compete effectively in the marketplace.
- Business travel has an impact on a company's most important asset: its employees. For these reasons, a broader stakeholder umbrella may be required in making travel policy decisions. This includes Human Resources and Responsible Business communities, as well as Procurement and Travel Management departments already involved in managing business travel today. The Travel Stress Index is a decision-making tool to help companies assess and adjust their travel policies, and move from “travel policy” to “traveler policy”. It will provide an alternative approach to help companies make savings and address their duty of care responsibilities.

After all business travel generates a substantial economic force worldwide. Frequent business travelers have a strong view of the impact of travel on company performance. According to a study conducted by Oxford Economics, nearly 60% of interviewed travelers responded that increasing spending on business travel would have a positive impact on both revenue and profitability and that such an increase would have a positive impact on employee productivity. Productivity gains may take various forms including new sales, customer retention, collaboration, em-

ployee satisfaction, networking, industry knowledge and idea sharing. Maintaining strong customer relationships is fundamental to any successful business.

Nearly three-in-four (74%) of survey respondents stated that meetings with clients have high impact on customer retention, while not meeting with customers would have dramatic effects. Respondents believe that, on average, 42% of customers would eventually be lost without in-person meetings.

Travel and sales success are inextricably linked. Business travelers surveyed stated that prospects are nearly twice as likely to become customers with an in-person meeting as without one. It would be interesting to consider traveling more during a recession when in-person meetings provide a much-needed competitive advantage. Conferences and conventions provide a concentrated opportunity to interact with customers. “Seeing customers” was cited most frequently (62%) as a benefit of attending these events. Virtual meetings are gaining in acceptance however; according to respondents, they do lack the effectiveness of in-person meetings. A majority (60%) of survey respondents stated that virtual meetings are less effective for meetings with prospects, while 29% said they are equally effective and only 10% suggested they are more effective.

The returns of all types of business travel in terms of customers and prospects tend to be directly evident on a balance sheet. However, business travel yields a range of indirect benefits to company performance which are realized over a longer period of time. Many of these benefits fall within the category of building and strengthening teams — both internal and external. Internal meetings are considered to have a high impact among business travelers as a mean of sharing ideas (76%), staff communication (74%) and job performance (70%). Along these same lines, conferences and conventions scored highest among business travelers in providing industry insights (78%) and developing industry partnerships (76%).

Reasons and Costs behind Unsuccessful Trips

Understanding the value of business travel and its ROI (return-on-investment) is of primary interest to the travel industry. A CWT Solutions Group analysis revealed that 88% of business trips are considered successful by travelers. Given that success is by far the norm for business trips, what causes some trips to fail?

Number of meetings attended during the trip - If the return on a given trip is the sum of the returns of the meetings which took place during that trip, then more meetings will generate more value and implicitly fewer failed trips. A trip with only one meeting

produces an unsatisfactory result 19% of the time. This is reduced when the number of meetings increases to 6 or more. Statistically, every additional meeting reduces the probability of an unsuccessful trip by about 10%. More meetings (or time spent in meetings) lead to a better ROI.

Related to the number of meetings is the time spent in meetings during the trip. In 38% of the unsuccessful trips the cumulative meeting time was four hours or less. When the cumulative meeting time is one hour or less, the probability of an unsuccessful trip is 28%. This probability is reduced to 8% when meetings take up a total of two days or more.

Length of stay - The probability of low-result trips reduces with increasing length of stay. There are two factors which make the length of stay relevant for business success. The first one is that during a longer trip a traveler is able to fit more meetings and thus derive more value. The second factor is advanced booking; longer trips tend to be booked earlier and so more time is available to travelers for meeting planning and preparation.

Advance booking - has a strong impact on the probability of a bad trip. The longer the trip is booked

in advance, the less likely it is to fail. The date of planning the trip is also important. Early planning allows travelers sufficient time to book their trips and arrange their meetings. A trip booked less than 3 days in advance has a 21% chance of being unsuccessful. The probability of a low outcome decreases three-fold when the advance booking period is increased from less than 3 days to 15 days or more.

Trip type - The probability of having an unsuccessful trip is the highest for domestic travel (14%). For continental and intercontinental trips this probability is 12% and 9%, respectively. Explaining this decrease is the fact that international trips are typically longer and booked earlier, so more meetings can be better arranged and prepared.

Traveler job level - Besides the trip conditions, it is important to consider factors related to the traveler, such as seniority. The highest rates of unsuccessful trips (15-16%) were observed for employees at the administrative or associate levels. The probability decreases to 11% and 7% for the manager-level and director-level employees, respectively. The trend reverses at the level of vice-president and above (11%); this is related to the higher demand

Nearly three-in-four (74%) of survey respondents stated that meetings with clients have high impact on customer retention, while not meeting with customers would have dramatic effects.

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Table 3

Scenario for increasing trip success	Unsuccessful trips (%)	Unsuccessful trip spend (USD)	Savings (USD)
Each trip has a minimum of two meetings	10.5%	USD 525,000	USD 75,000
Each trip has over four hours in combined meeting time	10.4%	USD 520,000	USD 80,000
Each trip has a minimum of two meetings and over four hours in combined meeting time	8.8%	USD 440,000	USD 160,000

Source: CWT Solutions Group

for frequent travel on corporate executives, which ultimately reduces the advance booking and meeting preparation time.

Predictability to failure - Are lower results anticipated before the trip? For the trips showing average and below-average returns travelers were asked if these low results were expected before the trip. There is a sizeable fraction of travelers who foresee the low results prior to the trip. For the lowest-rated trips the low return had been anticipated by 68% of the travelers. The lower the success of a trip, the more likely it is for the traveler to have anticipated it prior to the trip.

Other factors - Trip failure rates are not significantly impacted by:

- Traveler gender: Male and female travelers are equally likely to have an unsuccessful trip;
- Traveling alone or with colleagues;
- How often the traveler visits the destination;
- Traveler's geographical region (failure rates are within 10%-13% for all regions).

To assess the financial impact of unsuccessful trips, CWT Solutions Group has taken the case of a company with 1,000 travelers, taking a total of 5,000 air trips annually:

- Assuming an average cost (air ticket and hotel accommodation) of \$1,000 per trip, the total travel spend is \$5,000,000.
- In a previous study the rate of unsuccessful trips was found to be 12%. Assuming they account for a proportional amount of travel spend, this represents \$600,000.

Table 3 presents three scenarios for reducing trip failure. By requiring each trip to have at least two

meetings and over four hours of combined meeting time, the unsuccessful trip spend is reduced by \$160,000 (or 27%).

To summarize, more than a quarter of the unsuccessful trips could be eliminated by increasing meeting quantity and time.

To sum up all said the studies demonstrate that business travel is a worthy investment and that when a meeting is unsuccessful, it is mainly due to a lack of preparation (40%) or a lack of a clear agenda (16%). While some of the findings are intuitive, the results presented here enhance knowledge and understanding of business travel success, allowing companies to better manage travel as a strategic activity supporting corporate goals.

Sources:

- CWT Solutions Group/ Carlson Wagonlit Travel Survey - global consulting company specialized in travel program optimization, helping corporate travel and procurement professionals to make savings and deliver more value through their travel programs. www.cwt-solutions-group.com / www.carlsonwagonlit.com

- BTN Group / American Express Global Business Travel survey https://www.amexglobalbusinesstravel.com/wp-content/uploads/WP_AmexGBT_BTN_Balancing_Service_Costs_Final.pdf

- Oxford Economics - one of the world's leading providers of economic analysis, forecasts and consulting advice. Founded in 1981 as a joint venture with Oxford University's business college, Oxford Economics enjoys a reputation for high quality, quantitative analysis and evidence-based advice

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The First 9 of 27 **Factors Consolidating Business!**

Is it possible to foresee success?
Is it possible to know if we have elaborated a good or bad strategy ahead of time?

After the international success on the “Basic 56 Principles for Startups”, we are now dealing with the 27 factors consolidating business. For a competitive enterprise in the healthcare sector, specifically in the dental, research, development and business control are absolutely essential areas to consolidate success. By identifying a list of factors it will be possible to concentrate on the really important main areas, avoiding waste of efforts and resources. Their explication will be the outcome of the involvement of the whole team at different communication level. Synergy is basic to lead the company or the single project towards common objectives. BUT let's see which are the 27 factors consolidating business.

They correspond to a limited number of areas in which an enterprise needs to focus to reach positive results and to guarantee a constantly growing, competitive and positive return.

The factors consolidating success enable the creation of a simplified scheme of the enterprise's competitive reality, by selecting the different keys of the organizational and management model, according to a rational criterion, as such measurable.

The factors consolidating success have some basic features which we have split in macro categories:

1) Internal-External Features. Apparently it means monitoring the environment in which the company operates, in real terms it means analyzing the market evolution, anticipating its moves. We can in fact say that the enterprise is represented by its own environment. A constant monitoring of internal and external environmental features is essential. Its context such as customers, competitors, social and political factors, the economic situation should all be considered as part of the enterprise, just like its employees, the equipment and operators. Such method of analysis uses the information available more efficiently by taking advantage of the territorial component. In this way enterprises could use out sourcing managers with a good knowledge of the markets acting in a strategic way, ahead of market trends, while analysis made by traditional evaluation tools would not allow to learn about local reference markets and to analyze trends connected to demand.

2) Subjective Features: consisting of the aspects satisfying the needs of the people offering services, at all levels, to the enterprise.

1. Remuneration
2. Job security
3. Working time
4. Features of the physical working place
5. Relations with colleagues and managers
6. Recognition of merits/professionalism
7. Career perspectives
8. Freedom in organizing one's own work
9. Work differentiation
10. Decisions participation

The critical factors of success are those limited number of areas in which the enterprise needs to focus to reach positive results

3) Objective Features: consisting of the enterprise's internal and external operating conditions.

1. Defining the commercial potential and the competitive pressure of the markets in which the enterprise is operating, according to its offer;
2. Identifying where to open a point of sale according to the target focus;
3. Evaluating the performances of one's own distribution and commercial network according to the territorial potential;
4. Rationalizing sales network while optimizing commercial presence;
5. Planning targets for the enterprise's sales network in relation to the potential and competitiveness of the territories in which it is operating;
6. Starting actions to increase customers' loyalty and increase market share;
7. Directing communication investments in the areas with the highest potential.

4) Sources of the Critical Factors of Success.

Definition (Rockart): "The critical factors of success are those limited number of areas in which the enterprise needs to focus to reach positive results so as to ensure to the enterprise a positive competitive outcome". In this way, it is possible to outline a simplified scheme of the enterprise competitive reality by selecting different key models according to a rational criterion, determined by the following 8 factors:

1. Profitability,
2. Market positioning,
3. Productivity,
4. Product supremacy,
5. Personnel growth,

6. Employers' behaviour,
7. Social responsibility,
8. Balance between long and short term targets

5) Sector Structure, is another strategic element of success (technologies in use, needs to satisfy).

1. Demand analysis;
2. Competition analysis;
3. Best site;
4. Channel of distribution analysis;
5. Market research support;
6. Opening of new subsidiaries;
7. Customer Relationship Management;
8. Balancing the sales network in the different areas;
9. Optimization of commercial coverage.

6) Competitive Strategy, sector positioning and geographic localization are choices made by big enterprises and in many cases by smaller ones as well. It is important to consider all three basic components for a competitive strategy (Porter ignores segmentation and Abell does not consider the tools to acquire competitive advantage). Abell's concepts on operative space and segmentation can be distinguished between:

- mass market strategies (enterprises competing in a broad market space with an undifferentiated mass offer using the same competitive tool to make most of their revenues)
- segmentation strategies (enterprises dividing such big space in homogeneous segments with an undifferentiated offer, using diversified competitive tools)



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-focus strategies (enterprises focusing their resources on few segments using different competitive tools for each segment)
 -segmented focus strategies (enterprises focusing on just one small segment or several small segments using the same competitive tool)

7) Environmental Factors Innovative Marketing (customers' orientation, economic and socio-political trends). In the very last few years it seems like marketing has evolved towards new operative and methodological approaches. More and more often we hear about non-conventional marketing, alternative marketing, future or edge marketing, alternative communication means. Words such as word-of-mouth, viral, experiential, tribal marketing, ambient advertising, referral program. The fast changes of society but most of all mass diffusion of new means of communication have amplified to the highest degree the peculiarities of post-modern society, as such a revision of the already outdated theories of marketing has become necessary. Today the scenario is completely different: a new reference model (in postmodern society there is in fact a return to social rooting values versus a modern era where a growing individual affirmation prevailed); a system going through a crisis such as the industrial-television one which has created, in the past, important global brands; finally, a new audience which feels more and more producer of contents and ideas as well as just consumer, regaining possession of a power which was previously only in the hands of the enterprises. The tools, theories and techniques used until now by marketing people have become inadequate to intercept people which are always more indifferent to advertisement. The new era marketing is moving from advertising, which focused on persuading

consumers, to advertainment, a brand communication focusing on entertaining the audience, on astonishing it more and more, on stimulating conversation, starting mechanisms of viral diffusion.

8) Quality Audit calls for Continuous Improvement. The main activity following an enterprise's self-assessment/self-diagnosis phase is planning for improvement, but in order to reach most benefits and the highest added value, it is essential to consider improvement as a structural activity, developed according to specific planning and targets, systematic, piloted and revised during its realization, as a real process in which every phase is defined and in which restraints, timings, responsibilities, resources, indicators and targets are identified.

9) Human Resources Self-Assessment by Centres of Responsibility. The main phases in the process of definition and development for improvement as a logical consequence of human resources self-assessment. It is important to realize that most organizations usually do not have the necessary resources to take care of the potential improvements identified by self-assessment. Focusing attention on crucial improvements (so called "vital few") will in fact allow to adequately spot the factors with maximum impact on the organization's performance or on its capability to carry out its goals. As such the need to classify by priority the potential improvements identified during the phase of self-assessment. From an organizational point of view, a centre of responsibility is any organizational unit (department, office etc.) that, through its actions and by using resources, influences the entire outcome of the enterprise. In order to control the enterprise's management, the resources managed by a centre of responsibility for the fulfilment of

Defining the operating results of a responsibility centre in a specific time frame enables to compare and establish if its economic dynamic is in line with the estimated budget or with previous results

Photo Mixed group in business meeting - Shutterstock | Monkey Business Images ©

their duties need to be under direct control of the centre itself, managed by one single manager who needs to take every single decision concerning expenditures. There are different types of centres of responsibility: costs centres, with immediate and direct influence only on the costs involving production; revenues centres, concerning only commercial areas in an enterprise, focused on sales, managing both revenues and costs strictly linked to sales (commercial costs such as commissions, transport expenses, travel and transfer expenses etc.); profit centres, with a wider responsibility compared to costs and revenues centres as they concentrate on the margins obtained by the sales of products (revenues as well as production and commercial costs); investment centres, responsible for the correct management of capital (investments relating to business structures such as factories and similar). Defining the operating results of a responsibility centre in a specific time frame enables to compare and establish if its economic dynamic is in line with the estimated budget or with previous results so as to proceed with possible adjustments. Every responsibility centre is therefore characterized by its own parameters of evaluation, originating from a process of decomposition of the enterprise targets into area targets (or sub-targets): costs centre will deal with a specific amount of costs compared to a specific amount of production; revenues centre with a specific turnover to reach through an appropriate mix of products, markets and prices; profit centre on the operative margin (a typical example of profit centre is the management of a business division); investment centre on the return of invested capital (ROI) within the centre (such as, for example, an enterprise general management or its Board of Directors).

...to be continued...

Baldo Pipitone



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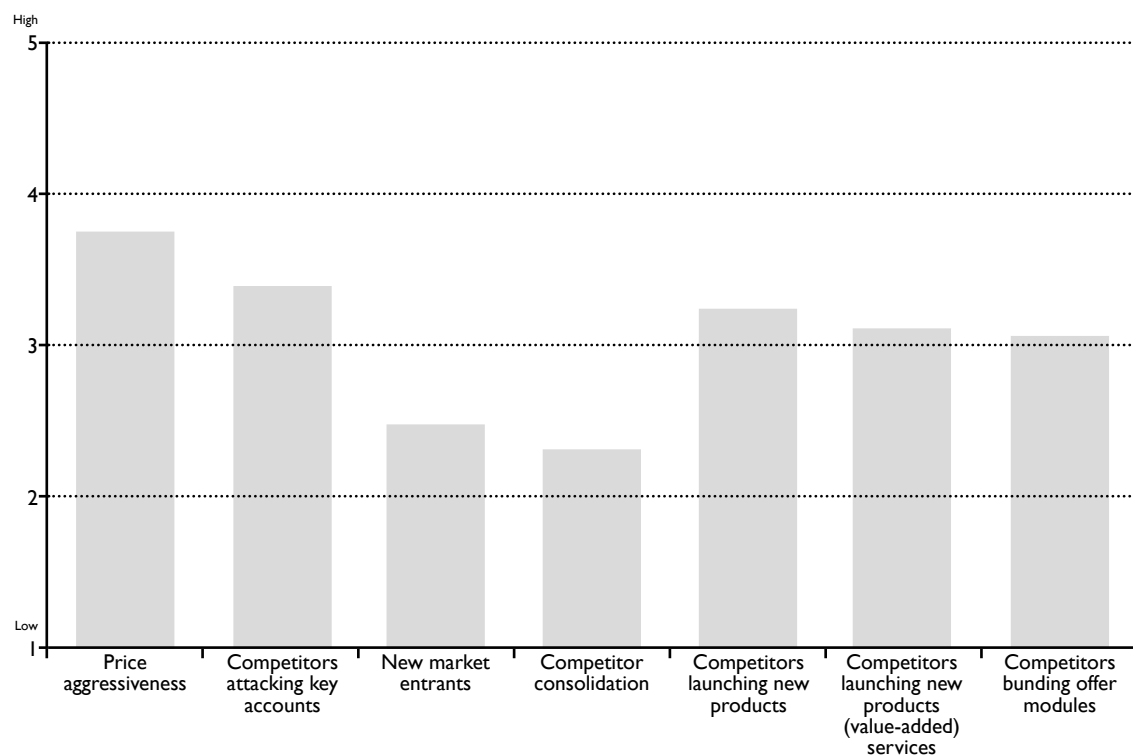
Better Channel Management Needed.

The Difficult Market Climate in the Medtech Industry is Forcing Established Players to Rethink Their Sales Approach, a Short Simon-Kucher Study Shows

Currently, the medtech sector seems to be stable, and industry representatives are mildly optimistic about the coming months: they expect revenue and profit growth numbers to be similar to the previous year. However, increasing competitive market dynamics and price pressure are putting a strain on medtech companies, pushing them to improve their price management, sales effectiveness, and channel management. These are the findings of the Medtech Barometer 2016 conducted by the global strategy and marketing consultancy Simon-Kucher & Partners. For the short survey, the pricing experts asked European, top-level decision makers from leading medical technology companies in all key sub-sectors about their business outlook for 2016, their major commercial challenges, and current industry trends. This year's survey focuses on appropriate channel management. "Overall the market has stabilized, that's the good news", says Joerg Kruetten, Executive Vice President and Head of Simon-Kucher's Global Life Sciences Practice. "But medtech companies definitely need to handle their direct and indirect channel management more effectively if they want to avoid price erosion and ensure they can get the right products to the right customer and patient groups."

Competitive dynamics

Degree of dynamism



Source: Simon Kucher & Partners Medtech Barometer 2016

“Medtech companies will have to take a new, active and holistic approach to multi-channel management” says Meca, summarizing the results.

Increasing Competitive Aggression is the Key Challenge in Stabilizing Markets. The vast majority of respondents expect the overall market situation to be better than or at least remain the same as in 2015. More than half of respondents are also somewhat optimistic that market prices will remain overall stable in Europe – a clear improvement to the previous year, when they expected prices to drop. However, the industry representatives also acknowledge that the fewer players in the sector now fight more aggressively for their market shares. On top of this, there is still a certain quantity of new entrants that regularly shake up the market. The result: increased price and commercial aggression.

Some respondents point out that certain market players do not compete on quality or performance. Instead they strongly decrease their prices. Furthermore, companies seem to be directly attacking competitor accounts in order to gain market share. Some of the companies are even trying to offset the foregone profits with hidden fees and costs to the customer. In the long term, however, these trends can lead to price wars – if no appropriate counter measures are taken.

Professional Direct and Indirect Sales Management Needed. Under these market constraints, efficient channel management becomes increasingly important and only one-third of respondents consider themselves to be proficient in this area. “When we look at how companies have developed their channels, we see that to a large extent methods have involved exploiting short-term channel opportunities instead of following long-term strategies”, explains Carlos C. Meca, PhD, Director in Simon-Kucher’s medtech team. As far as direct sales channels are concerned, the importance of alternative channels such as e-commerce or telesales is expected to double in the next two to four years. Also the customer engagement quality and consistency across the channels need to be enhanced. The study results underline a strong need for improvement in defining an overall consistent channel strategy and optimizing the overall footprint across the channels so that sales teams are not spread too thin and important segments are fully exploited.

When it comes to indirect multi-channel environments where middlemen play a key role in the value chain, professional cross-channel marketing and

smart pricing become increasingly important. As the study results show, here companies need to significantly improve in three key areas: defining an overall consistent channel strategy, coordinating their sales, marketing and prices across the different channels, and optimizing their overall footprint.

Time to Leave Well-Trodden Paths. "Medtech companies will have to take a new, active and holistic approach to multi-channel management" says Meca, summarizing the results. The key outcomes of the study show that market players need to focus particularly on increasing the effectiveness of existing channels, taking advantage of those now emerging, and systematically managing channel interdependencies. "Smart industry players should also see the competitive market environment with increased price pressure from new competitors and powerful customers as an opportunity to rethink the marketing and sales role in their value chain", Kruetten recommends. "Sooner or later they will have to do it anyway – and sooner is definitely the better choice."

A summary of the study is available upon request.

*The **Medtech Barometer** is an annual study conducted by Simon-Kucher & Partners among C-level executives, regional and BU heads, and senior functional executives representing all key sub-sectors of the medtech industry including consumables, devices, equipment, diagnostics and dental. With approximately 30 top-level respondents in 2016, the study reveals current commercial trends and challenges in the medtech industry and shows how players are addressing specific burning topics.

Joerg Kruetten is Executive Vice President of Simon-Kucher & Partners and Head of the Global Life Sciences Practice. **Carlos C. Meca, PhD**, is a Director in Simon-Kucher & Partners' medtech team.

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ACDI 2016



Morocco had the honor and privilege to host, organize and chair the first edition of the African Dental Expo (ADE) organized on the sidelines of the African Congress of Dentistry & Implantology (ACDI) in Marrakech, Morocco from the 26th to the 30th of January 2016. The theme chosen for this edition was "The African Smile".

The African Society of Dentistry and Implantology (ASDI) organized this international dental congress and exhibition which was held in great conditions and which reached all the goals that the organizing and scientific committee had set. It provided an opportunity for all African professionals of dentistry as well as all the dental organizations to work together and share their expertise.

47 Asian, American, African and European countries participated to this unprecedented event through 150 lectures, 80 displayed communications, 40 workshops, an institute of leadership, a round table on the "legal frame of dental volunteer work", a dental technician day and an exhibition of the dental industry which included the participation of a hundred exhibitors that came to share with the professionals of dental medicine their latest innovations.

During this major event, the 2nd Conference of Dean of Dental School of Africa also took place with the participation of fifty deans of dental schools. This conference is the continental representative structure of academic and clinical dentistry gathering thoughts, proposals and political dental decisions in order to enhance and increase relationship and partnership projects between dental schools.

This first edition was an immense success for the African continent as all objectives have been met, and wonderful professional, fraternal and friendly bonds have been created. Industrials, lecturers and over 1500 participants from the four continents have trusted the organizers, by giving their time and money in order to be present at this event and share their knowledge and expertise, as well learn and witness the exceptional growth of the African dental market.

The African Society of Dentistry and Implantology is organizing the second edition of the African Congress of Dentistry and Implantology and the African Dental Expo in Cairo, Egypt on 2018. The ASDI counts on the honorable collaborations built and their continuity to give a stronger future to African dental medicine promoting the image of dentistry and raising the level of African dentistry.

africansocietyofdentistry@gmail.com





My name is Rafi Romano, a specialist in Orthodontics, worldwide speaker and editor of 5 textbooks in Esthetic dentistry and lingual and esthetic orthodontics. I have attended hundreds of dental meetings around the world but rarely had the opportunity to combine outstanding speakers at a reasonable fee and an amazingly beautiful location.



As International Scientific chairman of the next SDM meeting in Sofia on 6-9 October 2016, I have decided together with Prof. Filchev and his team to make it the biggest international event of the year, not only in Bulgaria but in all Europe. The challenge was enormous since this meeting grows each year. We are expecting more than 2000 people from all over Europe to attend the meeting with more than 75 international speakers, 100 exhibitors during 4 days of lectures, workshops, live demonstration arena and many social events. All speakers are among the most sought after among dentists, and all of them agreed to come to the SDM this year to make it unforgettable!

ALL disciplines will be covered in the meeting including Prosthodontics, Restorative dentistry, Implantology, Periodontics, Orthodontics, Lab Technician, Pediatric dentistry, Face aging and more. Interdisciplinary teams from different countries will share their knowledge and experience with the participants: Fradeani- Italy, Bichacho- Israel, Lasserre- France, Nader- Lebanon. Lectures will be followed by workshops with hands-on practice in small groups. The live arena will entertain top clinicians such as Prof. Hurler from Germany who will broadcast live surgery and will answer questions from the audience. Numerous social events will give the scent and atmosphere of beautiful Bulgaria to all attendees and their spouses. See you in Sofia!!


Rafi Romano, Tel Aviv



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Dental Salon 2016



The 39th Moscow International Dental Forum & Expo DENTAL SALON 2016 went successfully in Moscow at the fairgrounds Crocus Expo. The exhibition and forum are usually indicators of trends in the profession and in the dental market as a whole. This time the April Forum and Exhibition evidently added some optimism to the skeptics. The exhibition proved once again that "Dental-Salon" and "Dental-Expo" are considered one of the most beautiful exhibitions in the exhibition centre Crocus Expo not without reason. The exhibition attracted new participants, long-expected certified novelties appeared. According to the opinions of the majority of participants, the exhibition was successful, exhibitors were satisfied with the results and with the quality and energy of the visitors. At the same time the visitors were very glad to have a wide variety of products and the opportunity to get additional experience and knowledge. The sponsors of the exhibition were the companies "Dentlmen.Ru" and "Rocada Med", which is present on the dental market for 25 years. In the end in the exhibition Dental-Salon 2016 participated 405 companies and more than 1000 brands were present. During the work of the exhibition about 26 000 people came to visit the event, and the total number of participants of the Forum and Exhibition exceeded 30 000.

It worth saying that not only participants announced novelties at Dental-Salon 2016. The organizers of the exhibition presented a new communication service for exhibitors and visitors – Expodat. The visitors were proposed to use a "Stand visitor card" or simply an electronic visiting card. The exhibitors used a special terminal that contains all the information about the products presented on the booth. With the aid of this service guests of the booth where the terminal Expodat was located could momentarily save the information about products and services of the company in their member area, saving their own and managers' time without collecting paper advertisement.

Within a framework of the 39th Moscow international dental forum more than 700 various educational and presentation events for dentists were held. Key conference of the Forum - XXXV Russian research and practice conference of the Russian Dental Association "Actual problems of dentistry" for the first time presented symposiums that are accredited in the system of continuous medical education in six dental specialties of the main seven. In total more than 400 people attended research and practical events of the Russian Dental Association.

It can' help emphasizing the evident success of the 2nd international endodontic congress "Endpoint 2016" that presented



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an authoritative program at the level of a serious European congress. 12 top speakers from 4 countries attracted about 400 listeners. And the geography of the listeners was very varied from Russia to Australia where the global endodontic congress IFEA will be held this summer.

Dental Tribune International – an absolute leader of the world dental press gave a serious international support to the congress. President of the holding Torsten Oemus participated in the opening of the congress and evaluated it very high encouraging to hold such congresses not only in Russia, but also in other countries. According to the results of the survey, the listeners were also very satisfied with the quality of the scientific program and the organizers heard many thanking words.



Next anniversary exhibition “Dental-Expo 2016” and the 40th Moscow international dental forum will be held 26-29 September 2016 in the international exhibition center “Crocus Expo”. The program is already being prepared. The dentists can expect many interesting things.
Don't miss it!

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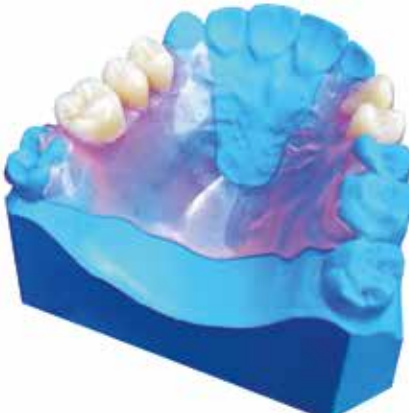
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• 11-13/05/2016

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• 17-19/05/2016

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• **26-28/05/2016**

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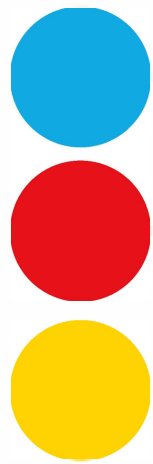
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