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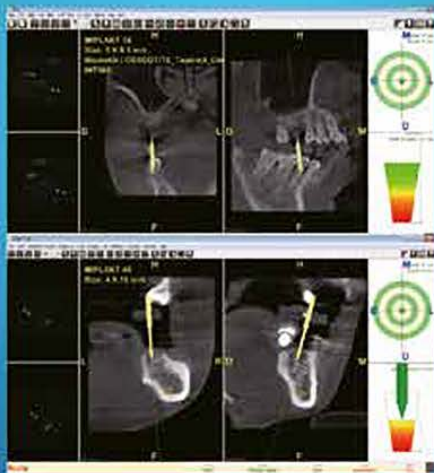
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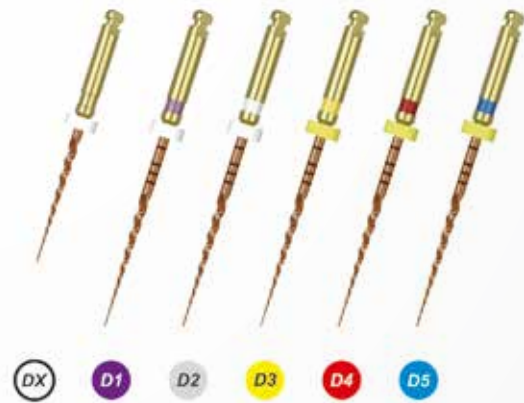


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THE REMAINING 9 OF 27 FACTORS CONSOLIDATING BUSINESS

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

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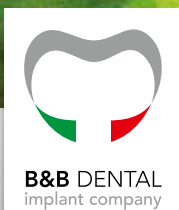
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The coating increases the tool life, has a very high resistance to corrosion, the cutting is smooth due to hard carbon lubricant and it allows to increase the autoclaving cycles.

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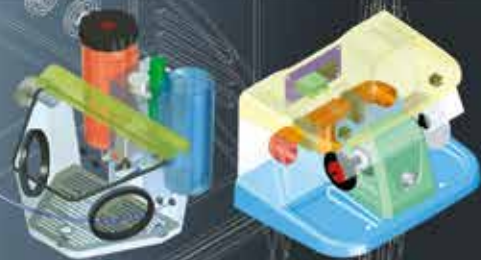
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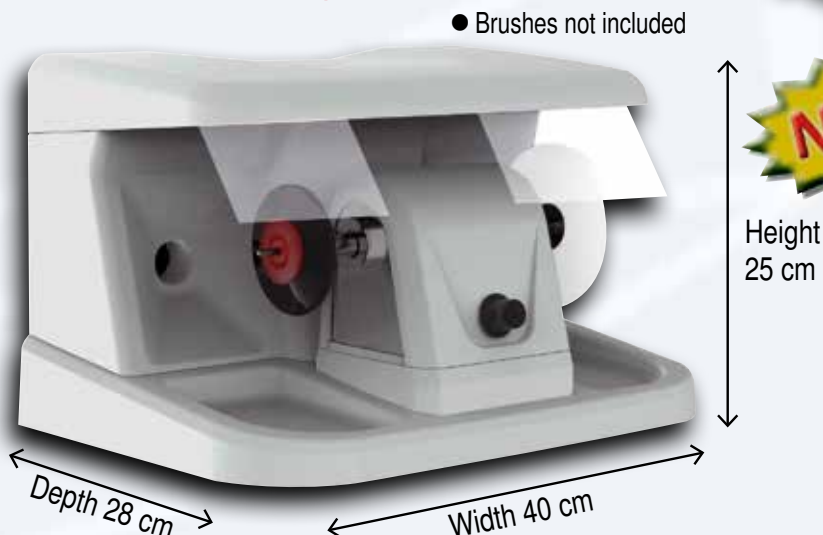
Gorbea polishing mini - box R-080508

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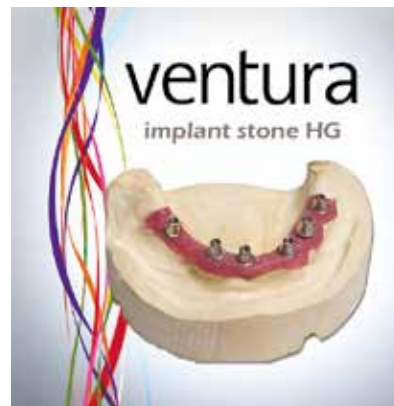
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use. The guides obtained through computer-aided stereolithography make osseointegrated implantology an easy-to-use technique in any clinical condition, even in case of severe atrophy of the jaw bones. Moreover, a brand new surgical kit has positively 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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• DenMat® Launches PeriOptix Loupes to the International Space Station



DenMat's Magnification and Illumination division is excited to announce that its product PeriOptix® was selected for use by astronauts aboard the International Space Station. PeriOptix® Panoramic Flip-Up loupes launched on a commercial resupply mission for NASA, aboard SpaceX's Dragon spacecraft on their ninth resupply flight, which successfully launched out of Cape Canaveral early morning

on July 18, 2016. Flip-up loupes, historically used by dental and medical professionals, will be used for various scientific experiments aboard the space station. These specific loupes were chosen because they are lightweight and can be shared with the different crew members over the next few years.

PeriOptix has been developing and manufacturing top of the line, innovative loupes and headlight systems. They recently introduced Firefly™, Cordless Headlight system. This selection by the ISS team is another exciting achievement in a long list of accomplishments and another testament to the quality and reliability of PeriOptix loupes.



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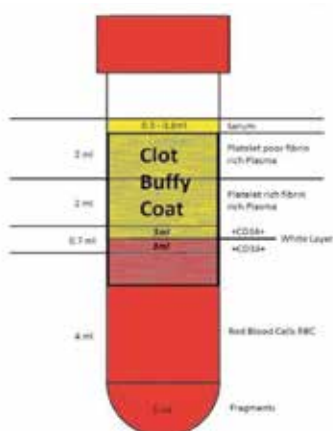


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BlancOne® reinvents teeth whitening

BlancOne's history started in 2010 with a new technology (Klox Technologies-Canada), the result of a decade's research with the aim of developing a new approach to the treatment of skin diseases, the regeneration of hard and soft tissues and the rejuvenation of the skin, but that, until that time had only produced one spin-off: tooth whitening. And thus BlancOne was born: a small thing for medical science but a great innovation for dental aesthetics.

For the first time, BlancOne succeeded in breaking with the concept that the efficacy of a whitening treatment is related to high percentages of peroxide and prolonged exposure times, the very parameters that cause the dentin hypersensitivity that is characteristic of conventional tooth whitening solutions.

BlancOne uses real photodynamic technology that instead of exploiting the heat of a lamp, is based on photon energy combined with special photoactivators that, "at the speed of light" split peroxide into highly-reactive atomic oxygen.

This hyperaccelerated activation means that the treatment takes just a few minutes, without raising the temperature on the tooth or dehydrating the enamel. The result is stable and does not cause dentin hypersensitivity; in actual fact, BlancOne treatments are the only whitening products on the market that are free from desensitising and remineralising agents.

After years of experience in the medical whitening sector, BlancOne succeeded in creating its first cosmetic line dedicated to chairside use, containing 16% carbamide peroxide, without requiring gum protection nor including desensitising agents and in compliance with Directive 2011/84/EU.

The cosmetic line features BlancOne TOUCH, a complete 20-minute chairside treatment including BlancOne STICK (home maintenance pen) and BlancOne CLICK, a quick 10-minute treatment to be performed at each hygiene session.

Fast, effective and with a cost of under 10 euros, BlancOne CLICK is a truly innovative solution: the ideal complement to hygiene treatments, an entry level whitening product that suits all pockets and promotes a complete treatment, TOUCH (CP 16% - 20 minutes) or ULTRA (HP 29% - 12 minutes), a powerful marketing tool for acquiring new clients and loyalising existing ones.

With tens of thousands of treatments performed in just a few months and an extremely high patient satisfaction rating (4.5

out of 5), BlancOne CLICK is already a best-seller in Italy and has created a new whitening market segment. Despite the fact that the European Directive has put the whitening market in the hands of dental practices, they have only partly exploited this great opportunity. With this in mind, BlancOne is developing a network of dental centres specialising in whitening treatments - BlancOne centres - that in just a few months have involved more than one thousand dental practices in Italy.

These centres provide novel whitening treatments able to offer individualised solutions and can make use of effective marketing instruments and a powerful digital support platform, most notably including the BlancOne PRO app.

BlancOne PRO is an application that has been specifically developed to promote the level of the practice and the value of the whitening treatment by making it possible to profile patients record their shade, photograph their smiles before and after the treatment and devise an individualised maintenance programme based on patients' lifestyles (smoker, tea/coffee drinker).

BlancOne PRO allows the practitioner to communicate with the patient before, during and after treatment, thereby creating a more engaging and gratifying whitening experience.

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RTI Surgical® Collaborates with American Dental Association on Proposed Technical Report No. 1089, Track and Trace for Human Cells, Tissues, and Cellular and Tissue-Based Products

ALACHUA, Fla. (Oct. 5, 2016) – RTI Surgical Inc. a global surgical implant company providing surgeons with safe biologic, metal and synthetic implants, commends the recent work of the American Dental Association (ADA) to improve track and trace of tissue implants used in dental surgeries. The ADA has released a technical report that will help to improve tracking and tracing within this critical area of healthcare, and RTI Surgical is proud to have worked with the ADA on this important effort. The proposed Technical Report (TR) 1089, Track and Trace for Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps), defines inventory management requirements in dental practices for HCT/Ps to ensure traceability from the donor to the recipient and the recipient to the donor. Its intent is also to facilitate reporting of potential adverse reactions to all parties involved in processing the HCT/P. The report may be purchased on the ADA website at <http://ebusiness.ada.org/ProductCatalog> under "Research and Standards." HCT/Ps are used in more than a million medical and dental procedures per year, including bone and gum grafting and repair, among many others. Most of these services are routinely performed in dental practices, hospitals, ambulatory surgery centers (ASC) and other medical facilities. While requirements exist for tissue banks and many health care facilities to have validated processes in place to track and trace HCT/Ps, there is a lack of appropriate standardized identification standards and a mechanism by which to collect, store and share HCT/P data for public health, clinical and research purposes. Not only will this data be useful for public health, clinical and research purposes, it will also improve tissue banks' efforts to connect donor families with recipients. "RTI has been working diligently, both individually and with the tissue banking community, to enhance and extend the requirements for standardized tracking and tracing of these important tissue implants. Making these important connections enhances donation and tissue transplantation," said Brian K. Hutchison, RTI president and CEO. "We anticipate TR 1089 will have far-reaching impact, given its applicability to other health care settings."

Source: http://www.rti.com/en_us/news/2016/rti-surgical-collaborates-with-american-dental-association-on-proposed-technical-report-no-1089-track-and-trace-for-human-cells-tissues-and-cellular-and-tissue-based-products

New Composite will Remineralise Decaying Teeth

A new bioactive glass composite claims to be able to remineralise teeth, replacing the minerals lost to tooth decay. More than eight million cavities are filled every year in the UK using amalgam. Biomin Technologies, the company behind the new bioactive glass composite, claims the composite will release fluo-

ride, calcium and phosphate into the surrounding tooth mineral, helping to remineralise the tooth after decay. 'Our scientists and dentists at Queen Mary replaced the inert tooth filling materials with our new bioactive glass,' Professor Hill, chair of Physical Sciences at the Institute of Dentistry at Queen Mary University of London, said. 'Not only did this bioactive glass composite remineralise the partially decayed teeth, but it also creates an alkaline environment that discourages the bacteria that caused the initial decay.' 'The new bioactive glass also fills in the gaps with tooth mineral thus preventing the oral bacteria that cause tooth decay from establishing themselves.' 'Research in the US suggests this will potentially prolong the life of fillings and slow secondary tooth decay because the depth of bacterial penetration with bioactive glass fillings was significantly smaller than for inert fillings.'

Source: <http://www.dentistry.co.uk/2016/09/28/new-composite-will-remineralise-decaying-teeth/>

Heartland Dental Selects Patterson Dental as Distribution Partner

Patterson Companies Inc. announced last October that Heartland Dental, the largest dental support organization (DSO) in the United States, has selected Patterson Dental as its distribution partner effective January 1, 2017. Heartland Dental supports more than 1,100 dentists nationwide. "Patterson Dental has focused on growth by building a leadership position around the combination of superior sales, service, support, and technology applications that we believe will be increasingly compelling to the full dental market," said Scott Anderson, chairman, president and chief executive officer of Patterson Companies. "We are excited to partner with a leader such as Heartland Dental that shares our values and the desire to bring best-in-class products and solutions to the dentists and teams they support." "We are extremely excited about this strategic relationship with Patterson and the added value it will bring to the dentists and team members we support," said Patrick Bauer, president and chief executive officer of Heartland Dental. "After a thorough process, we selected Patterson Dental because of their history of market-leading service, which dovetails with our experience in the evolving DSO space. Our partnership will benefit from Patterson's expertise in logistics, technical service, e-commerce, and technology, which enables our commitment to mutual growth." "Innovation is at the center of who we are as an organization and what sets us apart in the DSO space," said Rick Workman, DMD, executive chairman and founder of Heartland Dental. "This strategic relationship with Patterson will continue to accelerate that legacy. In addition to this being a critical element in enabling the dentists we support to bring excellent care to their patients, it's also an incredible opportunity for the community of Effingham, Illinois, and our respective teams based here."

Source: <http://www.dentistryiq.com/articles/apex360/2016/10/heartland-dental-selects-patterson-dental-as-distribution-partner.html>



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Focus on Peru

Author: Silvia Borriello



Buoyed by high commodity prices and market-friendly policies, Peru has been one of the best-performing and most stable economies in Latin America over the past decade. Rapid economic growth has, in turn, spurred an emerging middle class and notable social gains, with the poverty rate falling by more than half from 2004 to 2014. Nevertheless, the nation's poor still lack access to basic healthcare services. In recent years, the Peruvian government has implemented widespread reforms targeted at alleviating these problems. But the country still has a long way to go.

Peru is a presidential republic located in the central part of South America bordering on the north with Ecuador and Colombia, on the east with Brazil and Bolivia, on the south with Chile and on the west with the Pacific Ocean and its coastline of 2,414 km.

Divided into 25 regions, the Peruvian territory covers an area of 1,285,216 km². More than half of the Peruvian population (54.6%) lives on the coast. The Andean region is home to 32%, whereas only 13.4% of the total population lives on the Amazonian plains. Lima is the capital city of the Republic, accounting for nearly one third of Peru's total population.

Peru is the third largest country in South America after Brazil and Argentina, and ranks among the 20 largest countries in the world. The country's location facilitates the access to markets in Asia and the United States of America, which enables its projection as a linking bridge between markets in South America and Southeast Asia.

Today the challenge facing Peru, as well as other commodity-driven economies in Latin America, is how to diversify its economy, ensure inclusive economic growth and sustain years of poverty reduction amid falling demand for commodities.

Elevation Extremes in Peru

Lowest point: Pacific Ocean 0 m

Highest point: Nevado Huascarán 6,768 m

Ages in Peru

30.5% of the population are 0 to 14 years

63.1% of the population are 15 years to 64 years

6.4% of the population are 65 and older

Average age 27 years

Ethnic groups in Peru

45% indigenous Amerindian

37% Mestizo (mixed Native American and white)

15% White

3% Japanese, Chinese, black and others

In the 10 years to 2014 Peru became one of the fastest-growing economies in Latin America, with an average annual real GDP growth rate of 6.2%, second only to Panama (8.2%) and well ahead of Latin American and Caribbean average (3.4%).

The strong pace of economic growth during a decade-long, commodities-led economic boom tripled Peruvian GDP and led to a major reduction in the poverty rate, which fell from nearly half the population (49.2%) in 2006 to under a quarter (23.9%) in 2013. However, lower commodity prices and resulting lower export revenues for some of its key exports saw Peru's growth slow considerably in 2015, to an estimated 2.5% according to the IMF.




Even so, a recovery is expected to begin, with growth to reach 3.3% by end of 2016, on the back of increased mining activity and continued public spending on major infrastructure projects.

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Total population (2015)

31,377,000

Population density

23.7 persons per km²

Population growth

1.13%

Population living in urban areas

78%

Population living in rural areas

22%

Life expectancy at birth m/f (years, 2015)

73/78

Labor Force

over 16 million

Informal Employment

more than 70% of total workers

Gross national income per capita (PPP international \$, 2013)

11360

World Bank income classification

Upper middle

While Peru has made great efforts in reducing poverty it has some of the most rigid labor laws in the world, which have helped spawn a massive informal economy. About three quarters of Peruvian workers are employed outside the legal system.

Furthermore, while Peru has made great efforts in reducing poverty it has some of the most rigid labor laws in the world, which have helped spawn a massive informal economy. About three quarters of Peruvian workers are employed outside the legal system. With falling commodity prices taking their toll on Peru's export revenues and GDP growth, the focus on the Ministry of Production (PRODUCE) has turned to the diversification of the economy and provision of greater added value to production. PRODUCE has set the target of returning Peru to 7% growth rates through private partnerships that will develop the country's secondary and tertiary industries. Despite these efforts, the industrial sector is experiencing a slowdown. As diversification efforts continue, the education sector remains a top priority for the government thanks to large-scale reforms aimed at improving educational outcomes.

Meanwhile, a push to extend health coverage to more Peruvians has seen significant strides made towards achieving universal health coverage in the past decade. However, rising demand for healthcare is increasing the burden on already strained public facilities.

The reforms initiated under President Humala are expected to increase efficiency and improve service delivery in public facilities in the medium-term. In the meantime, a dynamic private sector is set to benefit from growing demand for private services and new opportunities for public-private partnerships.

Education (Education Ministry 2012)

Literacy 93.8% of population age 15 and older can read and write

85% of Peru's students attend public schools

15% of Peru's students attend private schools

Communication and Media (Inei 2013)

Telephone 29.4%

Mobile Phones 83.4 %

Radio 83.0%

Cable TV 34.3%

PC at home 31.3%

Internet connection at home 22.5%


The Healthcare System

In the years since the collapse of the Peruvian health sector in the 1980s and 1990s healthcare in Peru has made great strides. Victories include an increase in spending; more health services and primary care clinics; a sharp spike in the utilization of health services, especially in rural areas; an improvement in treatment outcomes and a decrease in infant mortality and child malnutrition. However, serious issues still exist. Peru has a decentralized healthcare system administered by 5 entities: the Ministry of Health (Ministerio de Salud or MINSA), which provides health services for almost 60% of the population; the Peruvian national health insurance company EsSalud (El Seguro Social de Salud), which provides for approximately 20% to the employed population while the Armed Forces (FFAA), National Police (PNP) and the private sector together provide

services to the remaining 10%. Such system contains multiple providers of services and insurance, often performing functions with a high degree of overlap and little coordination. Health workers often work several jobs in multiple subsectors. While around 80% of the population has some type of insurance, private insurance covers just a tiny percentage of the citizens (just over 2%) and programs such as MINSA and EsSalud are therefore crucial for Peruvians.

To carry out its goals, MINSA is mostly funded by tax revenues as well as external loans and user fees. It provides the bulk of Peru's primary healthcare services, especially for the poor. The SIS (Seguro Integral de Salud) is the Comprehensive Health Insurance mandated by the Ministry of Health that aims at protecting the health of Peruvians who do not have health insurance, giving priority to those vulnerable populations who are at poverty and extreme poverty.

EsSalud is Peru's equivalent of a social security program, providing health insurance to the employed population and their families, including formal sector workers, retirees. Funded by payroll taxes, it offers full coverage of services within its own health units that are located mainly in urban areas. **While the two national plans have been successful in providing more coverage and access to health services in the community, the waiting time to receive appointments or schedule an operation is generally very long. Furthermore, around 20% of the population does not have access to any healthcare services or facilities, regardless of their insurance coverage.** The role of non-governmental organizations (NGOs) has increased in the years, working with MINSA to improve infrastructure and make changes to health practices and insurance programs. Many work on the frontlines of healthcare, providing medication, education and support to Peruvians, especially in poor or less accessible areas where the need is greatest. Such programs have helped the Peruvian government combat diseases such as AIDS and tuberculosis, and have generally reduced mortality and improved standards of living.

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focus



Despite measures that have been taken to reduce disparities between middle-income and poor citizens, vast differences still exist in access to health services between the relatively affluent urban districts (with 20% poverty) and poor rural districts (with 61% poverty). The infant mortality rates in Peru remain high considering its level of income. In 2011, 85% of births in urban areas took place in health facilities and 58% in rural areas – a vast improvement from a decade earlier (24% in rural areas and 58% in urban areas), yet still a large disparity. Peru's relatively high maternal mortality can be attributed to disparities such as these. Also, because of environmental issues such as poor sanitation and vector infestation, higher occurrences of communicable diseases are usually seen among poorer citizens. **In addition to allocating less of its GDP to healthcare than its Latin American counterparts, Peru demonstrates inequalities in the amount of resources that are set aside for poor and non-poor citizens. The richest 20% of the population consume approximately 4.5 times the amount of health good and services per capita than the poorest 20%.**

Indigenous health beliefs continue to be widespread in modern society. Today, approximately 45% of the Peruvian population is considered indigenous. Many indigenous people continue to carry out medical practices utilized by their ancestors, which makes the Peruvian medical system very interesting and unique. In many parts of the country, shamans (known as curanderos) help to maintain the balance between body and soul. Many are the plants used for all sorts of problems, from headaches to diarrhea to stomach ulcers, kidney stones, liver and skin problems, colds, bronchitis and tuberculosis. To treat many of these maladies, indigenous communities rely on a mix of traditional and modern medicine.

Infrastructures and Human Resources - In 2014, the National Registry of Health Establishments and Medical Services (Registro Nacional de Establecimientos de Salud y Servicios Medicos de Apoyo - RENAES) indicated there were 1,078 hospitals in the country. Hospitals pertain to one of 13 dependencies, the most important of which are Regional Governments (450 hos-

pitals, 42% of the total), EsSalud (97 hospitals, 9% of the total), MINSA (54 hospitals, 5% of the total) and the Private Sector (413 hospitals, 38% of the total). Lima, the capital city, accounts for 23% of the country's hospitals (250 hospitals).

There has been an increasing trend in the overall number of health workers despite an increase in health worker outmigration, but no significant difference in Human Resources for Health (HRH) densities with the exception of nursing, which has increased (9.7/10,000 in 2011), over the past decade due to the implementation of universal health insurance and associated policies. Current national HRH density is 17.8/10,000 population. Overall, inequitable geographic distribution of health workers continues, with Lima and coastal areas having the highest densities, and the areas of Piura (9.6), Lambayeque (10.7) and Loreto (10.8) having the lowest (2011). However, demographic differences in densities as well as urban/rural differences have begun to disappear due to implementation of the SERUMS plan, a decentralized HRH retention plan to distribute and retain health workers in remote areas. Private healthcare is preferred by people who can afford it, as public health institutions are incapable of providing a service for everyone in need, due to the lack of financial resources. The World Health Organization (WHO) has ranked Peru as having one of the least adequately financed healthcare systems in the world. This is a result of generally low earnings in the country; hence the incapability to pay the high benefit costs. Hospitals in Peru have good standards and the larger cities have multiple private health clinics, reasonably priced and with good quality medical service. Private hospitals tend to be better equipped than public ones, especially in Lima. The healthcare in other cities, such as Cusco, is also adequate; however rural areas usually lack medical facilities and services.

Prospects and Opportunities - Relative to the rest of Latin America, Peru does not spend very much on healthcare for its citizens. According to the World Bank, Peru's annual health expenditures in 2015 were 3% of GDP, lower than most other Latin American countries. In 2015, Peru's healthcare and medical

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sector budget exceeded US\$4.4 billion. In 2016, budgetary pressures from an economic slowdown saw the sector's budget decrease to US\$4.3 billion, though remaining among the highest-priority sectors. In May of 2008, the government passed the Public-Private Partnerships (PPPs) legislative decree, which aims at facilitating the private investment promotion process through the creation, development, improvement, operation and maintenance of public infrastructure or the provision of public services. The national social security agency, EsSalud, has inaugurated two PPP hospitals and will continue to bid new hospitals under this process. Also in 2008, the government enacted the Works for Taxes law (Obras por Impuestos). In accordance with this law, a private company may finance and implement public projects chosen by regional and local governments and then deduct the investment amount from its income tax. About 2.0 million people or 6.4% of the total population in Peru are 65 or older. There is a demand for quality elder care and treatment for cancer, cardiovascular diseases, and diabetes. In addition, the rising middle class in and around Lima has led to an increase in the urban population with higher expectations from their healthcare providers who are willing to pay for it.

In stark contrast to the public system, the private health care sector has been particularly dynamic, having experienced significant growth in the past five years buoyed by rising insurance penetration rates. Private investment in the sector peaked in 2014, reaching US\$400 million and adding some 1,100 hospital beds. The outlook for the private healthcare market is positive. However, the future of the healthcare industry is reliant on central and regional government investment. An important component of the reform package introduced in late 2013 by the government was the launch of a US\$2.7 billion program to reduce the considerable infrastructural gap. The program aims to modernize existing medical infrastructure, as well as build new additions. It is expected to add 7,000 new hospital beds and includes rehabilitation, construction and equipment of 206 primary care centers, construction of 170 provincial hospitals, construction of 23 regional hospitals and construction of 13 national hospitals.

The government's increasingly assertive stance towards prioritizing and enhancing the country's healthcare system plus the interest of private companies to invest more in state of the art equipment such as computed tomography (CT) scanners, robotic radio surgery systems, and gamma knives, will yield opportunities for foreign medical device manufacturers. These opportunities are augmented by the country's low export profile, where local manufacturing is limited to consumables, basic electro diagnostics and hospital furniture.

The figures below represent each product's share of Peru's 2015 total imports in this sector:

Description	%
Instrument and appliances for medical, surgical, dental	21.42
Needles and others	9.22
Artificial Joints, parts and accessories	7.58
Other ophthalmic instruments and appliances, parts	5.90
Apparatus base on X-ray, medical, surgical, veterinary	5.33
Electro-diagnostic apparatus and parts	4.85
Other artificial joints and parts and accessories thereof	4.03
Adhesive dressings and other articles having adhesive	3.97
Orthopedic or fracture appliances, parts and accessories	3.50
Ozone, oxygen, therapy, respiration apparatus and parts	3.12

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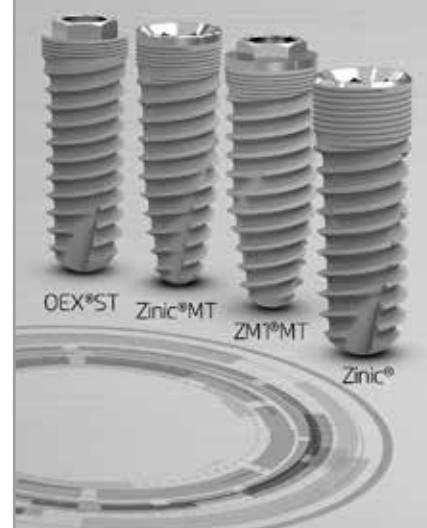
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Oral health problems are the second leading cause of healthcare visits in the country, with the majority of patients being children.

Best prospects include diagnostic imaging equipment as the country invests in its radiology infrastructure. Other prospects are emergency room equipment and products, orthopedics, patient aids, and dental products. To sell medical equipment and devices a sanitary registry is required. The Ministry of Health through the Dirección General de Medicamentos, Drogas e Insumos (DIGEMID) is the healthcare authority that regulates the importation of medical equipment and devices. It is mandatory to name a local distributor or representative since the registration will be issued to the Peruvian company. Public and private hospitals purchase new medical equipment. Used medical equipment is only permitted for individual physicians buying their equipment for their own use.

Dental Practice

With the increase in the number of dental schools in Peru, the number of dentists is also increasing. Until 1965, Peru had only three dental schools; currently, there are over 30 between public and private. According to an estimate based on the number of registered dentists, in 2000 Peru had approximately 9,000 dentists. In 2007, there were approximately 14,000 dentists registered under the Colegio Odontológico de Peru (COP).

Albeit the number of dentists is increasing, according to the World Health Organization the dentist-patient ratio in Peru at present is 1.2:10,000 compared with 5.2:10,000 in the UK, a statistic which only begins to describe the overall lack of availability of dental care in the country. Private dental health insurance is not common and there is no government-funded national dental health insurance system. Most adult dental services are provided at private practices with a fee-for-service payment system. The government oral healthcare budget is inadequate for meeting the increasing oral health needs of the population, particularly the treatment of dental caries, periodontal disease and provision of dentures. Peru has few orthodontists and treatment is too expensive for most people. Furthermore, as treatments at private practices are expensive for the population and public dentistry is limited, there are long waiting times for those unable to afford private dental fees. The shortage and unequal distribution of dentists and facilities limit access to oral health services in many parts of the country. Dentists in both public services and private practices are concentrated in Lima and other main cities and access to dental care is particularly difficult in rural areas. In these areas, the government dental service is the main provider of care. Those who wish to work for the government public dental

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service are requested to participate in a mandatory year of government service after graduation. With ever increasing costs for dental care and treatment in Northern America and Europe many people are looking for more affordable, but nevertheless top quality dental therapy abroad and Peru became, in the last few years, one of the top destinations for dental tourists. Because of services, property and living costs being much lower in comparison to many other countries, dental treatment in Peru can cost as little as one third to identical treatments in the United State, Mexico and other American, European or Asian countries and the registered Peruvian clinics have good quality level. Especially in Lima there are numerous first class dental clinics offering top notch dental treatment in any area including preventive, restorative and cosmetic dentistry, orthodontics and implantology for reasonable prices. Dentists are often specialists in their field and have studied and worked abroad or are trained according to international standards. Clinics catering for dental tourists are equipped with state-of-the-art technology, use the latest techniques and materials.

Nevertheless, a major concern among the dental community remains the high volume of unlicensed dentists. According to the Dental College of Lima, 10% (about 300) of the new dental clinics that open in Lima each year are illegal as well as nearly 3,000 dentists operating in the city. The majority of the illegal clinics can be found on the outskirts of big cities. The Dental College of Lima also estimates that 20% of "legally" licensed dental clinics end up being run by individuals without the proper training. Among them are technicians and dental students without legal certification for the job. Operating as a dentist without a license is punishable by up to 4 years in prison but the dental community would like to see the punishment increase.

Oral care at community level - As well as the inadequacies of existing infrastructures, many are the oral health issues poor Peruvians currently face. As is the case in many developing countries, Peru does not have sufficient resources to provide quality dental services to communities in need. The limited funding in the healthcare sector is often allocated to the more "prominent" issues – diseases such as tuberculosis, malaria, and hepatitis. As a result of the general lack of public resources, there has been a shift toward the privatization of oral health services. This shift, though aimed at improving quality and access, has led to a surge in less-affordable private practices with public hospitals focusing mostly on emergency care and pain relief. In addition as many procedures such as cavity fillings and tooth extractions are only available publicly at urban hospitals in the center of big cities, they may be difficult to come by for those who live outside of big cities.

Peru suffers from lack of portable purified water, which means that many local people rely on sugary drinks for their liquid intake. As a consequence, incidences of dental disease are high and visits to the dentist are rare, usually only when the pain becomes unbearable. Little concept of preventive medicine and lack of oral health education are among the causes of bad oral health. Much remains to be done to help improve the community's level of oral hygiene: expanding services and preventative education are some of the steps to be taken to improve existing conditions.

Early Childhood caries (ECC) - Oral health problems are the second leading cause of healthcare visits in the country, with the majority of patients being children. An astonishing 95% of Peruvian children aged 4 through 12 suffer from some type of buccal, or mouth, infections, according to the Orthodontist College of Lima. **When Peruvian children reach age 12, the majority of them will have, on average, cavities in at least six different teeth.** The Government is reacting with the launch of National Children's Week of Oral Health campaigns (Semana Nacional de la Salud Bucal del Escolar), with the hope that raised awareness will help diminish the rate of infections. Early Childhood caries is a serious public health problem that affects, in particular, children from low-income and disadvantaged communities. Untreated ECC can lead to serious adverse conditions affecting the psychological, social and physical development of

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children. Current care is often based on behavioral management in conjunction with invasive restorative interventions that sometimes require sedation or general anesthesia. This approach does not guarantee acceptable clinical outcomes, nor is it considered effective in preventing the occurrence of new caries lesions. Furthermore, treatment under general anesthesia is expensive and risky. The prevalence of ECC among 0-11, 12-23, 24-35 and 36-47 months-old infants from deprived areas of Lima is 10.5%, 27.3%, 60% and 65.5%, respectively. This high prevalence needs a multi-disciplinary approach. Collaboration with Primary Health Care Providers (PHCP) employed in the Peruvian Public Health Framework, such as nurses, would be advantageous. Nurses see mothers during pregnancy and after birth, at 3- or 5-month intervals, when their infants require immunization and well-child controls. Hence, adding good oral health education and maintenance activities to the duties of nurses would provide a huge potential for sustaining healthy dentition and reversing the current ECC situation. However, PHCPs, in most cases, have not been trained in oral healthcare and they do not counsel young children or parents about the prevention of ECC.

It has been suggested that providing preventive oral care for children at risk of ECC within the first year of life is crucial, as is providing oral health education. However, dental visits during early childhood are infrequent, owing to a number of factors that are country and culture dependent.

Dental Education in Peru - The history of dentistry in Peru goes back to 1868 after its independence from Spain (1821), when dental education was established as part of medical education at the Universidad Mayor de San Marcos. In 1920, dental education became independent from medical education. In the 1960s, Peru had only 3 dental schools: the Universidad Mayor de San Marcos, the Santa Maria de Arequipa, and the Universidad San Luis Gonzaga de Ica. Today, Peru has over 30 dental schools accredited by the Colegio Odontológico de Peru (COP). While many are located in Lima, the remaining dental schools are in other Peruvian cities such as Ica, Arequipa, Trujillo, Cerro de Pasco, Huancayo-Junin and Cusco. **Peruvian dental personnel include dentists, dental assistants and laboratory technicians. There are no laws or regulations in Peru regarding dental assistants or laboratory technicians. Examples of task performed by dental assistants include taking radiographs and impressions. There are no dental hygienists in Peru.** The admission of students to, for example, the Universidad Peruana Cayetano Heredia (UPCH) is based on two different procedures. One focuses on the results of a standard admission test and the other on results from a pre-university center, based purely on academic merit. However, not all dental schools have a pre-university center. **These different admission procedures guarantee any student access, irrespective of personal background.** Tuition for the national dental schools is free. However, fees for textbooks and dental models for bench-top practice are required. Tuition and fees for the private dental schools vary. Over 800 students are admitted to the Peruvian COP-accredited dental schools per year. An increase in the proportion of female students has

been achieved, in accordance with international trends. For example, at UPCH, each class is composed of students aged between 16 and 22. The male:female student ratio is 2.5:1. Some schools offer five-year programs and other six-year programs, which result in a Bachelor of Dental Surgery (B.D.S.) degree. After being awarded the B.D.S., either a thesis defense or a competency examination is required. Successful completion of either qualifies the candidate as a Doctor of Dental Surgery (D.D.S.). The D.D.S. degree is mandatory for practicing dentistry in Peru. Fifth- and sixth-year students participate mainly in patient care. This includes a ward round rotation in a medical hospital and a community health center. Dentistry is overseen by the Colegio Odontológico del Perú (COP). Currently, dental schools in Peru stipulate no single, standard curriculum. The Ministry of Higher Education, the Ministry of Health and the COP have been working together to promote scientifically based dental education. Dental education is taught mainly in Spanish but English is also necessary to read and understand the dental literature. At UPCH, gaining experience in low-income urban communities is the first stage and the rural internship is the second stage of working for the community. During the second stage, fifth-year students spend four months living in rural communities located in Peruvian highland or jungle towns. Each student is assigned to a community. Full-time dedication provides a more intense and sustained experience than that in the first stage spent in low-income urban communities. In these rural and remote areas with few roads, there are minimal supplies of electricity and running water; and only simple radio communication. During the day, the sun is very intense, and at night, temperatures drop to below freezing. Decades ago, there was a tragic event in which a dental student was killed in a terrorist attack during community service in the Peruvian highland. After this event, the rural internship was suspended, but was resumed in 2002. The new rural internship started around Lima but the area of service is gradually being expanded to remote areas further afield. Several postgraduate programs are also available in Peru. Specialists programs are clinically oriented and the duration of the programs varies. After successful completion of the specialist program, a candidate is eligible for the two-year master's degree program. Ph.D. programs are also available. Some graduates pursue post-graduate dental education in the UK, Spain and the U.S., Japan or other countries.

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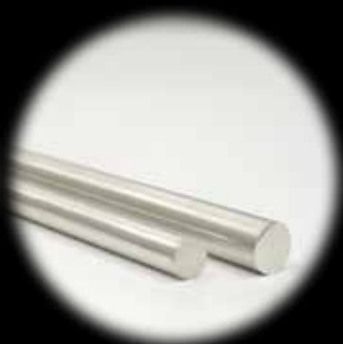
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Economies, too Tough for Terrorism to Destroy

Author: Silvia Borriello

The high-profile terrorist attacks in the United States, Bangladesh, Iraq, France and Istanbul, are only some of the more than 1,000 known terror attacks between the Nov. 13, 2015 attack in Paris and July 2016. Investors and businesses have dealt with the realities and tragedies of global terrorism since at least 2001, and the threat has only increased. While the human cost is no doubt devastating, there is plenty of debate on the economic impact.

No matter where a major terrorist attack occurs in the world, the feelings it elicits are universal - revulsion, shock, dread and uncertainty. Uncertainty reigns supreme in the immediate aftermath of a terrorist attack, with regard to such things as who were the perpetrators, how did they go about planning a major attack undetected, and finally, was the terror act an isolated instance or the first of a series. Despite the terrible bloodshed of Islamist terrorists, obsessed with causing as many deaths as possible, in terms of disrupting physical infrastructure or the economy, Isis might as well not have bothered. The attacks of September 11, 2001 had little long-term effect after the initial destruction of billions of dollars' worth of property and the senseless killing of thousands of productive workers. The 2008 financial crisis and the 2011 Japanese earthquake, which disrupted global supply chains, were more powerful. The death toll of the attacks within Europe was high but its financial reach was less even than an accidental explosion at a German chemical plant in 2012. That killed two workers and halted the production of a resin used in brake and fuel parts, which in turn inflicted supply shortages on US and European carmakers.

Killing people is terrifying but is insufficient in war: you must destroy infrastructure and degrade supplies, Islamist terrorism does not do that. It attempts to encourage a clash of civilizations by fomenting terrors in what Isis calls "the grey zone". In order to create long-term damage, terrorism has to be sustained, focused and targeted at a small area. The output of Spain's Basque region was estimated to have been reduced by 10 percentage points by a 20-year separatist campaign - much of it, unlike with Islamist terrorism, aimed at industrial targets.

Attacks such as that on the World Trade Center and the Madrid train bombing of 2004 did not curtail growth in global trade. The damping of trade growth, which dropped to 3% in 2013 compared with an average of 7.1% growth between 1987 and 2007, has other causes. The most significant, according to one International Monetary Fund study, is a leveling in supply chain

fragmentation and the "back and forth" of industrial components after a prolonged growth in outsourcing of US and European manufacturing to China and Asia. Globalization paused not because of terrorism or trade protectionism but because it had reached limits.

Markets detest uncertainty, which is why the immediate reaction of markets to a terrorist attack is initially invariably downward. But markets have proved enormously resilient to such attacks in the past, and after the initial negative reaction, the focus turns to economic fundamentals as conviction grows that such attacks are usually the work of radicalized elements acting in isolation. Using the stock market as one way to gauge the economy, consider the impact of four major terrorist attacks on the benchmark equity index of the nation where the attacks occurred.

These four attacks had mass casualties and include:

- the 9/11 attacks in the United States
- the March 11, 2004 train bombing in Madrid, Spain
- the July 7, 2005 subway blasts in London
- the November 26, 2008 attacks in Mumbai, India

The S&P 500 fell 5% at its low on September 17, 2001. The market despondency persisted for about a week. At its lowest point, the S&P 500 had tumbled 13.5% from its closing level on September 10, 2001—the day before the attacks. But by the end of 2001, the S&P had recovered and was actually up 5.1 percent from its September 10 close (while the S&P 500 and Dow Jones subsequently fell through most of 2002, the recession brought on by the tech bubble burst may have been the major contributing factor).

A similar trading pattern can be seen for the three other economies affected by terror attacks in the above table. All three indices ended the year substantially higher from the closing levels on the day before the attacks. The conclusion that can be drawn from these trading patterns is that investors treat terror attacks as one-off events, and as a result, their negative effect tends to only be temporary. Financial markets have proved time and again that they are remarkably resilient to acts of terrorism but the long-term social damage may be more difficult to assess. The latest terrorist attacks may dent Europe's economy if governments respond by reinstating border controls and weakening the Schengen agreement that allows free movement of people and goods. Given that the attacks in Europe have occurred at a time when the continent is already struggling with its worst refugee crisis since World War II, they may serve to fan the

Table: Impact of Four Major Terrorist Attacks on Reference Indices over Time

Location	Date	Reference Index	Percentage Index Change* at....	Percentage Index Change at....	Percentage Index Change at....
			Low on Attack Day	Subsequent low	Year End
New York	Sept. 11, 2011	S&P 500	-5.0%	-13.5%	5.1%
Madrid	March 11, 2004	IBEX 35	-3.1	-7.6%	9.5%
London	July 7, 2005	FTSE 100	-4.0%	N/A	7.4%
Mumbai	Nov. 26, 2008	Sensex	-0.4%	-2.6%	10.9%

*Index change refers to change from closing level of benchmark equity index on day preceding attack

** S&P 500 change refers to change on first trading day after 9/11 attacks (September 17, 2001).

*** IBEX 35 - the benchmark stock index for Spain's primary stock exchange

**** FTSE 100 - the London Stock Exchange index of 100 companies with the highest market capitalization.

flames of anti-foreigner sentiment and spur the rise of nationalist political parties, which may have dire consequences for regional and global geopolitics. The political risk is already on display in the United States and Europe in 2016, where there has been a rise in skepticism of foreign cultures, businesses, immigrant workers and refugees. Populist movements already won a victory of sorts in the United Kingdom, where anti-globalist and anti-trade sentiments helped pass Brexit. These kinds of major political events have an uncertain economic fallout on everything from currency to trade and diplomacy. Closing down borders to trade and immigrant workers reduces the size and diversity of economic transactions and limits productive resources.

There are two obvious industries especially vulnerable to the effects of terrorism: tourism and travel. In France, for example, tourism accounts for approximately 7 to 8% of total gross domestic product (GDP). On a broader scale, terrorism hurts inter-

national trade. This may be due to imminent threats, such as compromised trade routes and distribution systems, or because of the psychological and physical reactions to terrorism. This also means less foreign direct investment (FDI), especially in unstable countries.

The real threat of global terrorism from an investor's perspective is about the broader picture, not individual incidents. International investment and cooperation are lower in a world full of terrorism. Terrorism has its own logic. It fosters fear far in excess of the danger it presents. It does what its planners want. But set against natural events such as earthquakes, and the ebb and flows of industry and trade, even large attacks are economically minor. It is hard to keep in mind when faced with atrocities but it is the reality.

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Markets detest uncertainty, which is why the immediate reaction of markets to a terrorist attack is initially invariably downward.

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The Importance of Oral Health in the Philippines

Author: Silvia Borriello

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Oral health is a part of overall health. However, not many Filipinos may consider it as a priority. Only 60% of the world's population has access to proper oral care. In the Philippines, 7 million people have never even been to a dentist.

- According to the WHO and the Department of Health, 98% of Filipinos have dental caries, or any kind of dental decay which may range from permanent stains to actual teeth damage.
- 53% admit to visit dentists only when they experience pain.
- Around 7 million Filipinos, or 7% of the population, have never visited a dentist.
- The Philippines has the most number of denture wearers in Asia, with a total of 9 million denture wearers.
- Tooth decay or dental caries and periodontal diseases are the two most common health problems in the country.
- The Philippines has the second worst rate of decayed, missing and filled teeth in Asia, next only to Brunei.

According to the National Monitoring and Evaluation Dental Survey (NMEDS) conducted by the Department of Health (DoH) in 2011, 83 million people in the Philippines, based on the population of that year, suffer from tooth decay and 77%, or more than 7 out of 10 Filipinos, don't visit a dentist regularly. Among those who have visited their dentist, 53% admit to only visiting their dentist if their dental health issue gets too painful or difficult to bear and to not going to their follow-up check-ups. Various are the reasons as to why Filipinos don't go to their

dentist regularly or invest more time and effort in proper oral hygiene. Factors such as lack of money, time and awareness all contribute to the unfortunate prevalence of tooth decay and gum problems. Most of the 7 million not visiting a dentist is composed of families in the lower income bracket with the misconception that going to the dentist is expensive, even if basic dental care services are offered by local governments. According to the same study, this behaviour amongst Filipinos is the top reason behind the 9 million denture wearers in the Philippines, the highest number in Asia. Denture acquisition, particularly of partial dentures, has increased over the years due to the high incidence of caries. The majority of the nine million denture wearers are in the 35 to 69 year old age group. 84% of denture wearers reside in Metro Manila, with 9% in Cebu and 6% in Davao. Among the causes for such spike in denture wearing, the limited access to oral hygiene, expensive dentist fees and lack of awareness of importance of oral hygiene and its effects to self-confidence. According to statistics, for denture wearers, dental visits are even fewer and further between. Most think that oral healthcare ends at the final fitting of their dentures and that consulting their dentists again is not necessary. Many insist on using home remedies such as rewiring their dentures or using instant glues to fix issues with their dentures instead of visiting the dentist. Laziness and misconception that it will be more expensive leads Filipinos to solve their own denture issues by themselves. Filipinos' oral and dental healthcare practices seem to be limited to simple routines like brushing teeth using regular



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toothpastes and toothbrushes. Studies also discuss the fact that dentists are rarely a source of awareness in terms of oral care. It is reported that there is a forced relationship between dentists and patients who meet only during emergency cases. However, among the many reasons, the most damaging one is the loss of practice of revisiting the dentist for follow-ups. "We must create value for our teeth regardless of financial difficulties. In terms of dental relationships, people neglect returning to their dentists for maintenance purposes, doing so only when the damage has been too great to bear," said Dr. Danny Magtanong of the Philippine Prosthodontic Society (PPS). Magtanong, specialized in reconstructive dentistry and associate professor in prosthodontics at the UP College of Dentistry, also explained that Filipinos have become apathetic toward their teeth. According to the DoH's NMEDS survey, of the 98% affected with dental caries, almost half have gum disease (43%). Since 1995, the incidence of dental caries has not gone down—this lack in improvement is an indication that government, and the dental profession in general, are not doing their job efficiently, even if everyone is trying. Furthermore, the removal of the Bureau of Dental Health Services from the Department of Health is not helping to focus on the problems, lacking updated dental statistics and data. Another growing issue on oral health in the Philippines is the lack of oral care among the youth. According to the Philippine Dental Association (PDA), 97% of children aged six and below have some form of tooth decay. Six-year-old children have on average eight decayed teeth in their mouth with 40% of these teeth presenting caries with pulp involvement. The main reasons are an unhealthy diet and lack of access to appropriate levels of fluoride. The highest caries levels are found in highly urbanized areas where money for soft drinks and junk food is available, while caries levels in remote areas are lower, most probably owing to traditional nutritional habits. Oral problems that cause discomfort, pain and infection are 12 times more likely to hinder children from their school and daily activities.

- 20% of six-year-olds have never been to a dentist.
 - 78% of children under the age of 12 have some form of tooth decay.
 - 74% of 12-year-old children suffer from gingivitis. If not treated early, they become susceptible to irreversible periodontal disease as they enter adolescence and approach adulthood.
- Such figures demonstrate that the prevention of dental decay and basic oral care must be a priority; the Philippines are far

behind other countries in the Western Pacific Region. All of this can be prevented if only proper information and services are made available and more accessible to those who are not aware of how important oral health is. Worried health authorities are trying to bring down such alarming figures focusing mainly on the younger generation. The Department of Health's National Capital Region (DoH-NCR) office is leading oral hygiene campaigns with the intent of improving oral health conditions among pre-school children as well as school-aged children, recommending health facilities and schools to provide oral prophylaxis and permanent fillings to children aged 12 and below who have healthy but erupted permanent molars, focusing on prevention as a life-long oral health habit. Meanwhile, DoH-NCR is collecting data and information on dental health concerns in Metro Manila in a bid to identify health facilities in the region where people with oral health concerns can be helped. There are plans as well to ask help from the Philippine Health Insurance Corporation (PhilHealth – the universal health coverage system) to give special attention to oral health and include it in their case rate identification, separate from all other diseases. A lot has been done, but the country still has some way to go.

The Healthcare System - With an annual population growth of 1.54% per year the government is harnessing all available resources so that every Filipino can enjoy a decent way of life. Since over half of the population is in the rural areas, priority health services are directed towards this particular segment. Because of meager income among the rural population all health services are given free, except for major operations, medicines and dental procedures such as the construction of partial and full dentures, porcelain restorations, root canal therapy and major oral surgery. Older people in the rural areas still adhere to their beliefs and traditions to alleviate the pain of toothache, particularly in the areas which cannot be reached by dentists. Because their fees are minimal the services of quack doctors/dentists and faith healers are still sought. Due to high prevalence of untreated dental caries, interventions are deemed necessary and preventive dental health programs are being implemented throughout the country.

Universal Health Coverage - The Philippines has a universal health coverage system called PhilHealth (the Philippine Health Insurance Corporation), a government organization attached to

Population of the Philippines	102,773,817 (United Nations estimates 2016)
Country's share of world population	1.37%
Ranking in the list of countries by population	12th

Population density	343 per Km2
Total land area	298,192 Km2
Urban population	44.9%
Median age	24.4 years
Yearly growth rate	1.54%

the Department of Health. The agency's mandate is "to provide health insurance coverage and ensure affordable, acceptable, available and accessible healthcare services for all citizens of the Philippines." The system is designed to be a way for the healthy to help pay for the care of the sick, and for those who can afford medical care to subsidize those who can't. Premiums vary based on age and income.

In June 2013 the passage of the National Health Insurance Act of 2013 extended the national health insurance scheme, PhilHealth, to all Filipinos. As of the end of 2014, 86m Filipinos, or 87% of the population, were covered by PhilHealth. Universal coverage is the government's ultimate goal. PhilHealth's coverage may be wide, but it is not very deep. In the past, budgetary constraints have handicapped PhilHealth's ability to pay for all aspects of healthcare; in fact, the scheme covers only about a third of health expenses, and outpatient medications are almost never eligible for reimbursement. PhilHealth places limits on reimbursements for in-patient drugs and outpatient benefit packages. For these reasons and more, PhilHealth is used primarily by the poor and by people living in rural or deprived areas. In contrast, the approximately 30% of the population that can afford fee-for-service payments use private health care services, including health corporations, smaller providers, and health maintenance organisations (HMOs).

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The Remaining 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?

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Photo Close-up of female hand holding pen over business graph © Pressmaster

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

We are ending this collection with the remaining 9 of the 27 factors consolidating business. The first 18 have been listed in the two previous Infodent issues.

19) Doing something for others. Happiness is contagious. It becomes necessary to revise the enterprise's role and the management should further take care of environmental and working team wellbeing (climate analysis and environmental motiva-

tion). To find equilibrium and serenity in fairly critical times, where communication is always more “digital” and less physical as regards interpersonal relationships, some guidelines focusing on sharing, generosity, self esteem and care of oneself need to be followed. Factors generating materialism, selfishness and stress need to be tackled and reduced. Actions bringing benefits to others become important as wellbeing is contagious and increases the enterprise's performance.

20) Fixing realistic commercial growth targets, to avoid lack of motivation and loss of investors with consequent negative trends in market share, opportunities and penetration. If too demanding, the management can be helped to reach the target step by step. By anchoring the enterprise in its successes, it will be possible to strengthen the memory of such successes, making the constructive process internal growth in which to believe immediately visible. It may seem a banality, but the factors consolidating business start from here! Knowing that the enterprise believes in its management is fundamental for the team, as it helps the team to trust its capabilities in facing even new and difficult situations with no fear. Such trust can be boosted by giving further responsibilities. In any case, “easy winning” is damaging...

21) Supporting development. Supporting your enterprise means high Corporate Image with positive strengthening of the market and brand competition. All this can also be obtained through small strategies, among which, “Merchandising”, “this t-shirt

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with company logo is beautiful!", "your work backpack is much more beautiful than the others"... but it is important to avoid making the mistake of overstating the Team's capabilities: continuously telling everyone "you're a genius", for example, might become counterproductive. As evidence may bring to light the fact that anyone could in fact not really be at a much higher level than any other collaborator or colleague. And falling from a much higher position is painful.

22) Cultivating successful employees, acquired talents. Maintaining success within the enterprise doesn't necessarily go hand in hand with the abilities of each manager, employee or collaborator. Einstein was considered an average student by his professors! And he was not the only genius to be considered so. For such reason, to create successful managers, it is important to make them cultivate their talents and passions, without prejudices. What's better, an excellent manager or a terrible employee?

23) Keep measuring advertising. The features of modern enterprise management justify the need to create and control demand. For this, the use of sophisticated technologies, long-term objectives planning, market dimensions and competition growth, the rigidity and at the same time the vulnerability of organizations, force the enterprise, even before profit maximization, to pursue its own survival and autonomy, in order to maintain its market share, and only afterwards its growth. Only after achieving its stability it will move towards sales growth. For such reasons, enterprises invest in advertising, and simply calling it "information", thinking that it will reach rational individuals, capable, in any case, of "critical consumption", is not exact. Studies on Neuro-

science tell us that such an assumption is only apparently an act of due respect towards consumers and their intelligence. In most cases informing is not enough for enterprises. Advertising must be an exciting conviction! According to an old principle of function definition, an economist needed only to define the economic consequences of each fact, without investigating on the consumer's will formation and transformation, nor on his/her needs or preferences and choices. Today all this is strongly related to investing in advertising which is completely of economic nature, large and constantly increasing, an integral part of costs structure and of the strategies usually needed to run an enterprise.

24) The concepts of citizenship and community must be fully incorporated within management systems. In the interdependent world of tomorrow, highly collaborative systems will get the better of organizations characterized by antagonistic relations in which you either win or lose. Yet today, corporate governance structures increase conflict by advantaging some groups, such as senior executives and capitol contributors, at the expenses of others, usually employees and local communities. In the future, management systems will need to have a citizenship and community spirit, recognizing as such the necessary interdependence of all groups of stakeholders.

25) Reconstructing the management's philosophical foundations. Enterprises of tomorrow will need to be capable of adapting, innovating and inspiring, of maintaining a socially responsible behaviour and pursue operative excellence. To be able to transmit such qualities to enterprises, management experts and professionals must rebuild the basics of business management. To do so, they will need to search for new principles in the most



Photo Close-up of a modern business team using tablet computer to work with financial data © Pressmaster

scattered areas, such as anthropology, biology, design, political sciences, city planning and theology.

26) Eradicating the disease of formal hierarchy.

Even if hierarchy will always remain an organizational feature, there is an urgent need to limit the consequences associated to top management and authoritarian structures. Amongst the most common problems, the tendency to give far too much emphasis to experience rather than innovative thought, not to give followers enough to say regarding the choice of a leader, to perpetuate power disparities that cannot be justified by the skills gap, to push managers to centralize authority rather than distributing it and to undermine self esteem in individuals with little formal power. To overcome such flaws, the traditional organizational pyramid should be replaced by a "natural" hierarchy, in which status and influence are correlated to the contribution given to the enterprise rather than to the position in the company. Hierarchies should be dynamic, so that powers can be rapidly shifted to those who create value at the expense of those that don't. Lastly, rather than one single hierarchy, it would be appropriate to have several, each one as a barometer of expertise, crucial in some areas.

27) Reinventing strategy formulation process as an ongoing process.

In such a turbulent world, predictions are difficult and long-term planning has little value. Management processes trying to obtain the "best strategy" through analytical methods as top-down need to give way to models based on biological principles of variety (generating numerous options), selection (making low-cost experiments to quickly verify crucial hypotheses) and retention (focusing resources on the strategies with higher impact on the market). In the future, the management will no longer formulate a strategy but it will create the conditions in which new strategies can emerge and evolve.



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Dentaïd and Rotary Team Up to Train Dentists in Timor Leste

A new generation of dental professionals are providing care in Timor Leste thanks to a successful training programme funded by Rotary and delivered by international dental charity Dentaïd. Dental services in Timor Leste, which lies in the Indian Ocean, were affected by the country's bitter civil war with Indonesia and many people were suffering as they could not access dental care due to a shortage of dentists.

Rotary provided a £35,000 grant to facilitate the training of dental students at the University of Dili's dental school. It was the first course of its kind ever to be run in Timor Leste. The money also funded seven DentaïdBoxes – portable dental surgeries that can be operated without access to running water or electricity. Now, two years after the initial grant, the first dental assistants are preparing to graduate and are already volunteering their time to serve their communities in dental clinics. Working alongside qualified dentists, the trainees are gaining valuable clinical experience and expect to go straight into employment when they graduate in August.

Three further graduates are hoping to work alongside Dr Ross Brandon from Cooperativo Café Timor (CCT). CCT is a fair trade co-operative of coffee farmers established in 2000 which now has 19,600 members. The cooperative has a medical centre but, until now, has not had enough dentists and therapists to offer dental care. Cooperativo Café Timor will also benefit from the DentaïdBoxes which include a portable dental chair and everything required to establish a dental clinic in remote locations. Portuguese dentist Dr Avelino Carvalho will mentor and oversee the work of two graduates who will be employed by CCT and use the Rotary-funded equipment.

The Rotary funding will also allow a donation to be made to the Bairo Pite Clinic in the capital Dili where dental services are very stretched. The money will provide additional equipment in order to improve care. Dentaïd volunteer Simon Crewe recently went to Timor Leste to visit the trainees and see how the money was ensuring a new generation of dental professionals could treat people in their communities.

"As a charity that has a huge range of projects all over the world, the sustainability of our work is extremely important," said strategic director of Dentaïd, Andrew Evans. "Training has always been one of Dentaïd's key areas of work and we are delighted that people in Timor Leste will benefit from more dental assistants and therapists as a result of this project."

Sandy Dunn from the Rotary Club of Romsey Test said: "Before this project there were only four dentists to look after a population of over 1 million and all of the dentists were based in the island's capital, Dili. A team of UK volunteer dentists spent two weeks providing practical training for 20 student dental clinicians who were training at the island's only university. They are now completing their training and will ensure that a sustainable dental healthcare team will benefit the people of Timor Leste. The project also delivered seven mobile surgeries which will enable this new generation of dentists to operate in remote areas and bring pain relieving dentistry to areas of the island where people previously had no access to dental care."

For press inquiries please contact press officer at Dentaïd Jill Harding on +44 1794 324249 or jill@dentaïd.org



A Dentaïd volunteer overseeing the training of dental students at the university of Dili


 GNYDM 2016

Welcome to New York City!

Greater New York Dental Meeting Dates:

Scientific Meeting Dates:

Friday, November 25 – November 30

Exhibit Floor Dates: Sunday, November 27 – November 30

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Need to complete your CE? The Greater New York Dental Meeting offers hundreds of educational programs introducing world renowned speakers who are some of the most highly regarded educators in the field of Dentistry.

The 2016 Meeting includes Specialty Programs with choices of 400 seminars, hands-on workshops, essays and scientific poster sessions including: Pediatric Dentistry, Implants, Orthodontics, Endodontics, Oral Surgery, Forensics, Periodontics, CPR, Ethics and so much more! Don't miss courses for the Administrative Staff including Practice Management, Coding, Billing and social media.

The 2016 Lineup of Specialty Programs & Events!

- **The 3rd Annual World Implant EXPO:** The Greater New York Dental Meeting continues its Annual World Implant Congress to facilitate the education of dental professionals to all aspects of Implantology. The exhibit floor will be expanded to include the sale of implants, associated materials and technology solutions.
- **International Diabetes Symposium:** This unique program focuses on a team approach to patient care. The symposium

describes the roles and responsibilities of each health team member in providing patient-centered, coordinated care; closes gaps in knowledge that are essential to communication and collaboration between health professionals; promotes the development of strong health teams; and introduces cross-cutting ways to enhance the skills and efficacy of the inter-professional health team. Saturday, Nov. 26th from 8:30 – 4:30PM

- **The 2nd Annual Global Orthodontic Conference** will include companies involved with orthodontic products, technology, materials and equipment as well as incorporate a full educational program for specialists and general practitioners focused on orthodontics. Sunday, Nov. 27th – Wednesday, Nov. 30th.

- **Two Day Standard Proficiency Laser Workshop Certification** includes comprehensive presentation of laser science, a basic understanding of all dental laser devices, laser-tissue interaction, safety and the operation of a variety of laser instruments. Offered Monday, Nov. 28th & Tuesday, Nov. 29th

- **Dental Laboratory Education** presented at the Greater New York Dental Meeting for the Laboratory Technician with specialized education, demonstrations, digital dentistry and technology for technicians and dentists' in a side-by-side integrated, hands-on experience. Learn about 3D printing, implant overdentures, case design for removable prosthetics and so much more!

- **Technology Education.** The Technology Education includes CAD/CAM, Cone Beam and Lasers with sessions of education daily from Sunday through Wednesday. Anticipate purchasing tickets early, last year the program sold out months before the Meeting!

- **Pre-Dental Conference** is offered on Sunday, Nov. 27th from 1-3PM. The Pre-Dental Conference offers a unique networking experience between prospective Dental Students and Admissions' personnel. The GNYDM along with its sponsors will offer services to help students discover available opportunities offered.

red through available Dental programs and explain the admissions' process. If you know anyone interested in starting a career in Dentistry, this is the program they should attend.

- **New Dentist's Program** focuses on startup strategies and pathways to practice ownership for the new dentist. The program is offered on Saturday and Sunday. The Specialized New Dentist Program is designed for those who graduated in the last 10 years.

- **Women's Program:** Updates, information and optimal care on various female health topics.

- **Education for Hygienists & Dental Assistants** on the Exhibit Floor each day of the Meeting

- **Social Media Pavilion** with Seminars and Workshops daily: Saturday - Wednesday

- **Friday, Nov. 25th Opening Session** with Dr. Gerard J. Chiche presenting "Smile Design, Bonding and Esthetic Materials Update" at the Jacob K. Javits Convention Center.

- **Botox, Dysport and Dermal Filler Seminars and Demonstrations:** These unique hands-on workshops/demonstrations introduce procedures on actual patients to teach Dentists' skills on how to use Botox/Dysport and Dermal Fillers in their practices: offered Sunday – Wednesday.

- **International Programs** offering educational courses in Chinese, French, Italian, Korean, Portuguese, Russian and Spanish. This year, there is a designated workshop room for live Portuguese translation for all morning and afternoon sessions.

- **Sleep Apnea Extravaganza:** 5 Days on the latest research and awareness in Dental Sleep Medicine. Learn how to establish Dental Sleep Medicine protocols in your practice, identify patients at risk, integrate medical practice systems and treat patients successfully.

- **Invisalign EXPO:** 4 Days of Invisalign programming is offered for the entire dental team; learn how to incorporate Invisalign into your practice. Sunday – Wednesday.

- **The "Live" Dentistry Arena** is a revolutionary concept offering **9 Free "Live" Patient Demonstrations** right on the exhibit floor. In 2016, the GNYDM will be revamping the operator to include even larger screens projecting "Live" patient demonstrations and an updated audio visual system all in a 500 seat arena! See this ground-breaking concept only at the Greater New York Dental Meeting. Attendees also have the chance to earn up to 24 hours of FREE CE credits.

In addition, earn FREE certified education credits by walking through the 4 day exhibit floor or attending the scientific poster session on Sunday. Attendees can also learn about Hospital Residency Programs throughout the Northeast by attending the Sunday, Residency Fair.

Visit the Greater New York Dental Meeting website, www.GNYDM.com or visit their Social Media sites for more information and updates on programs. Don't miss the largest Dental Event in the United States and the world's most attractive city decorated for the holiday season.

Jayne McNiff Spicciatie, GNYDM



Stomatology



16 May 2016, St. Petersburg. On 11-13 May, 2016 the 19th International exhibition Stomatology St. Petersburg was held at EXPOFORUM, St. Petersburg, Russia.

This year 66 companies, including large industry representatives such as *JOHNSON & JOHNSON, SUNGO GROUP, OLYMP, VLADMIVA, AVANTA INVEST, ADIN DENTAL IMPLANT RUS, ALVIK MEDEXPRESS, ALTOR MEDICA, AMRITA, ARKOM, VERTEX, GLAXOSMITHKLEIN, JYM TRANSIT, CORAL, CORMED-R, LESNOY BALSAM, MEGA DENT, MEGALIANCE, OMEGA-DENT, OSSTEM, POLIDENT, RAUDENTALL, SENTOR SOFTWARE SPECKOMPLEKT, SPIDENT, SPLAT, STOMA-SERVIS, STOMA-UNIT, STOMADENT, STOMDEVICE, T-MED, TECHNO-DENT-GROUP, TS-DENTA, STRAUMANN, EUR-MED NEVA, YUNIDENT, YUPAK* have presented their expositions. Within three days 3.162 people visited the exhibition.

A saturated business program is an integral part of the Stomatology St. Petersburg exhibition. This year programme attracted over 1000 listeners. Within three exhibition days the following events were held:

- XXI International Conference of Maxillofacial Surgeons and Stomatologists 'Modern technology in dentistry';
- All-Russia scientific-practical conference with international participation "Fundamental and applied problems of periodontology";
- seminars, workshops, presentations and other events.

The exhibition organisers are PRIMEXPO, part of the ITE Group, and DENTALEXPO. The joint projects include international exhibition 'Dental-Expo St. Petersburg' which will be held on 27-29 October, 2016 in EXPOFORUM.

The 20th International exhibition Stomatology St. Petersburg will be held on 16-18 May, 2017 at EXPOFORUM, St. Petersburg, Russia.

16-18 May 2017
EXPOFORUM, St. Petersburg, Russia

stomatology-expo.ru
dental-expo.com/stomatology



The 41st Moscow International Dental Forum

Moscow 2017

The 41st Moscow International Dental Forum



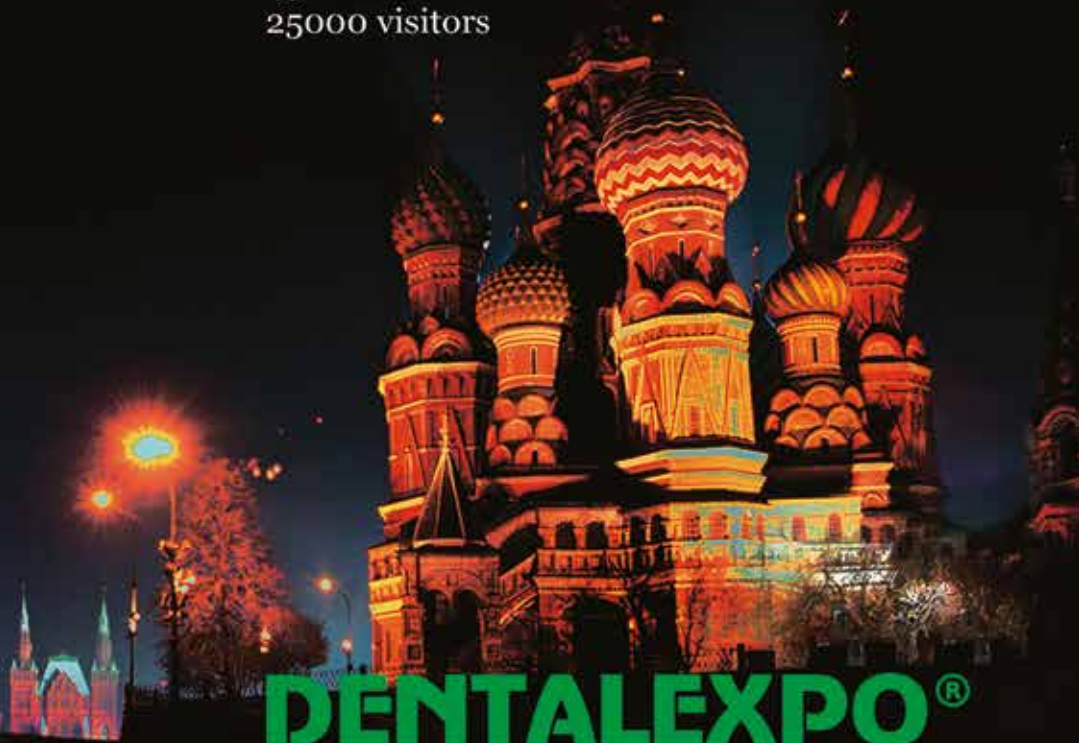
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Sidex



Welcome all of the dental community to SIDEX 2017!

Organized by SDA(Seoul Dental Association), SIDEX(Seoul International Dental Exhibition & Scientific Congress) is becoming a world-leading exhibition beyond not only Korea but Northeast Asia. Every year, SIDEX is boosting satisfaction ratings of visitors by a fruitful composition. Also, the number of visitors both at home and abroad is increasing.

SIDEX continues a steady growth as a large-scale dental exhibition joining with over 300 exhibitors and 1,000 booths from around the world. In this reason, many buyers recognised that SIDEX is a good place to communicate with buyers from the world. Moreover, the SIDEX's own advantage is high interest and participation of dentists who are real consumers of dental equipment by combining exhibition and scientific congress. SIDEX which creates a synergy effect based on the combination of an international exhibition and scientific congress, was a festival which would double the enjoyment of those in the dental community at home and abroad. The reason why all of dental industry around the world focus on the SIDEX 2017 is to see development of dental industry at a glance as well as to experience the latest dentistry.

The SIDEX have a long history of 14 years!

Although we took the first step to cover domestic exhibitors in Korea, now international exhibitors such as Japan, China, USA and Europe etc. participated in and they got good results they wanted to. Also in SIDEX 2017, which would be used as a setting for launching new products by domestic dental manufacturers, and for showing the current state of overseas state-of-the-art dental material industry, almost 1,000 booths will be provided. Scientific Congress become international by preparing interpretation lectures in English, Japanese and Chinese. Finally, it led to a large of foreign visitors. We are currently making every effort preparing SIDEX 2017, so that we could satisfy the academic demands of our members by providing not only various academic lectures which could be applied clinically right away but also sophisticated symposiums where people could deliberate on the recent trends of dental science.

The SIDEX, which have a high level of exhibition culture and several years worth of know-how, will prepare for our 14th show called SIDEX 2017.

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Hope you enjoy the biggest show in dental industry at COEX.

President of the Seoul Dental Association
Kwon Tae-Ho

Pragodent



Dental Care Specialists have met at the Holešovice Exhibition Grounds

The second week in October at the Prague Exhibition Grounds in Holešovice traditionally belonged to the International Dental Fair PRAGODENT. It took place already for the 24th time, this year in the period from 6th to 8th October. It was attended by the overall majority of domestic companies from the field, and top world companies were also present through their Czech representations. This year there were 229 exhibitors in the fair and nearly 6,000 visitors came there within the three days period. Dentistry is the fast developing field and this event is an ideal opportunity for professionals who want to keep up with the latest trends, procedures and techniques. In addition, PRAGODENT is the only complex specialized fair in the field of dentistry organized in the Czech Republic.

The expositions included a complete offer of the dental market for dental offices and laboratories, instruments for prevention, hygiene and safety at work or pharmaceutical products. A selection of specialist publications for professionals and the latest software that brings dentistry to a completely new level were not missing.

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FDI Madrid 2017



The FDI AWDC returns to Madrid in 2017

In 2017, FDI returns to Spain to hold its Annual World Dental Congress (AWDC). It is an exciting prospect to be hosted by a founder member and enthusiastic and active supporter of FDI: the Spanish Dental Association (Consejo General de Colegios Odontólogos y Estomatólogos de España).

Madrid has already played host to three AWDC, including one of the earliest Annual Sessions in 1903, on the invitation of Dr Florestan Aguilar of Spain. He was an FDI founding father, former President and Secretary-General, and towering presence for over 30 years in our federation's early work.

The FDI AWDC is one of the world's oldest international events under the name of one of the world's oldest medical-sector organizations. It is the 'must-attend' international meeting point for sharing policy, information and ideas on dentistry and oral health. It is also a highly reputable source of continuing education allowing dentists and other oral health practitioners to stay abreast of the latest technology and practices. It regularly offers courses by speakers from over 30 countries, 'hands-on' lessons and other innovative sessions such as 'Meet the Expert', where participants have the opportunity to interact with renowned international speakers.

The AWDC has also developed a reputation as a venue for debate on the pressing issues facing oral health and dentistry in the modern world, notably during the World Oral Health Forum. The Forum, first introduced in 2013, focuses on the very latest socio-economic and political questions pertaining to health, oral health and related subject. Other hot topic session will also feature on the 2017 schedule.

The AWCD also plays host to the World Dental Parliament where some 300 national delegates joint sessions of the General Assembly, FDI's supreme legislative and governing body, which sets policy and monitors progress, and Open Forums, where debate takes place in a less formal atmosphere.

Madrid is an exciting prospect for exhibitors to display their equipment, products and services in a mature and growing oral

health market. According to 2016 statistics by Eurostat, of the just-under 330,000 practising dentists in Europe, nearly one-tenth are in Spain (32,429), making it the continent's fourth largest dental market. Annual sales of dental equipment are well in excess of EUR 65 million, while growth in the dental market is estimated at 2% per year.

The World Dental Exhibition has been an integral part of the AWDC ever since 1929, when an Oral Health Exhibition first took place in association with the 23rd FDI Annual Session in Utrecht (Netherlands). The dental profession and the dental industry are essential partners in delivering oral health to populations around the world. Their symbiotic relationship is even more important today as new materials and technology are developed rapidly to accommodate the latest treatment philosophies.

The renowned IFEMA Feria de Madrid is a prime event venue and clear benchmark in the international show and conference sector. With some 500 events organized annually, it plays a vital role in the local and national economy as a key vector for promoting Madrid, hence Spain.

The Spanish capital, Madrid, with a population of just over 3 million, is one of the world's leading conference and tourism destinations. It is famous for its rich cultural heritage, baroque architecture, elegant boulevards, beautifully-landscaped parks as well as its starred restaurants and bustling night-life. Spain is justifiably revered for its professionalism in both tourism and congresses. FDI and the Spanish Dental Association expect the 2017 Annual World Dental Congress to be a particularly well-attended event, with thousands of professionals from around the world.



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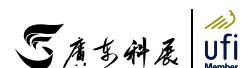
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business opportunities

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business opportunities

November

17

• 17-19/11/2016

Central Asia Dental Expo (CADEX) - 1st international Dental Exhibition

(Almaty - Kazakhstan)

Contact:

Saule Nursapayeva (Project manager)

Almaty, Kazakhstan

Phone: +77 07 8235367

Email: manager@cadex.kz

Website: www.cadex.kz

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• 22-26/11/2016

ADF 2016 The French Dental Association Annual Meeting

(Paris - France)

Association Dentaire Francaise

7 rue Mariotte

75 017 Paris

France

Phone: +33 1 58 22 17 10

Fax: +33 1 58 22 17 40

Venue: Palais des Congrès

Add: 2 place de la Porte Maillot

75017 Paris - France

www.adf.asso.fr

25

• 25-30/11/2016

GNYDM 2016 Greater New York Dental Meeting 92nd Annual Session

(New York City - USA)

Greater New York Dental Meeting

570 7th Avenue, Suite 800

New York, NY 10018

Tel: +1 212 398 6922

Fax +1 212 398 6934

E-mail: info@gnydm.com

Website: www.gnydm.com

Referent: Dr. Robert R. Edwab

(Executive Director)

E-mail: execdirector@gnydm.com

Exhibits Manager: Ms. Carla M. Borg

E-mail: exhibits@gnydm.com

Exhibition venue:

Jacob K. Javits Convention Center

655 West 34th Street, New York,

NY 10001, USA

Infodent Booth: 1004



December

1

• 01-03/12/2016

**Vietnam Medi-Pharm 2016
The 23rd International Hospi-
tal, Medical and Pharmaceu-
tical Exhibition in Hanoi**

(Hanoi - Vietnam)

Organizer: Vietnam National Trade Fair
& Advertising Company - VINEXAD
9 Dinh Le, Hoan Kiem, Ha Noi
Tel: +84 4 3855 5546 / 3934 0474
Fax: +84 4 3825 5556
Email: medipharmexpo@vinexad.com.vn
Website: www.vinexad.com.vn

Venue: Hanoi International Exhibition
Center (ICE)
Add: 91 Tran Hung Dao Str.,
Hoan Kiem Dist.
Hanoi - Vietnam

hn.medipharmexpo.com

8

• 23-25/12/2016

**Expodent International
India 2016**

(New Delhi - India)

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Industrial Area
Bidadhi 562109 Karnataka India
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+91 80 28023001

Email: info@expodent-india.com
Website: www.expodent-india.com

Contact Person: Mr Bushan
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January

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• **25-29/01/2017**

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(Boston - USA)

Massachusetts Dental Society
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Southborough, MA 01745 - USA
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Website: www.yankeedental.com

Exhibition Venue: Boston Convention & Exhibition Center
Add: 415 Summer Street,
Boston, MA 02110
USA

www.yankeedental.com

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• **28-29/01/2017**

Famdent Show Indore 2017 - Scientific Conference & Trade Fair

(Indore - India)

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7/102, Sapphire Court, Azad Nagar,
Behind Apna Bazaar,
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400053, India
Phone: +91 22 2673 2260 / 2674 2425
Mobile: +91 98672 84470 / 99309
50880
Email: info@famdent.com
Website: www.famdent.com

Venue: Brilliant Convention Centre
Vijay Nagar, Indore, Madhya Pradesh -
452010

www.famdent.com

February

7

• **07-09/02/2017**

AEEDC 2017 - The 21st edition of the UAE International Dental Conference & Arab Dental Exhibition Infodent Booth: Hall 3 stand G04

(Dubai - United Arab Emirates)

INDEX Conferences & Exhibitions
Sina Building Block B, Office 203.
P.O. Box: 13636, Dubai - UAE
Phone: +971 4 3624717
Fax: +971 4 3624718
Email: index@emirates.net.ae
Website: www.index.ae

Venue: Dubai International Convention and Exhibition Centre

www.aeedc.com

Infodent Booth: Hall 3 stand G04



March

2

• 02-05/03/2017

**Dental South China 2017
- The 22nd Dental South
China International Expo**

(Guangzhou - China)

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Technology Exhibition Company

Address: c/o Department of Science
& Technology of Guangdong
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Website: www.dentalsouthchina.com

- Exhibiting Contact: Cherry Wu,
Christine Su, Hui Li

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Venue: Area C, China Import & Ex-
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• Infomedix International

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n°4/2016 Issue

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