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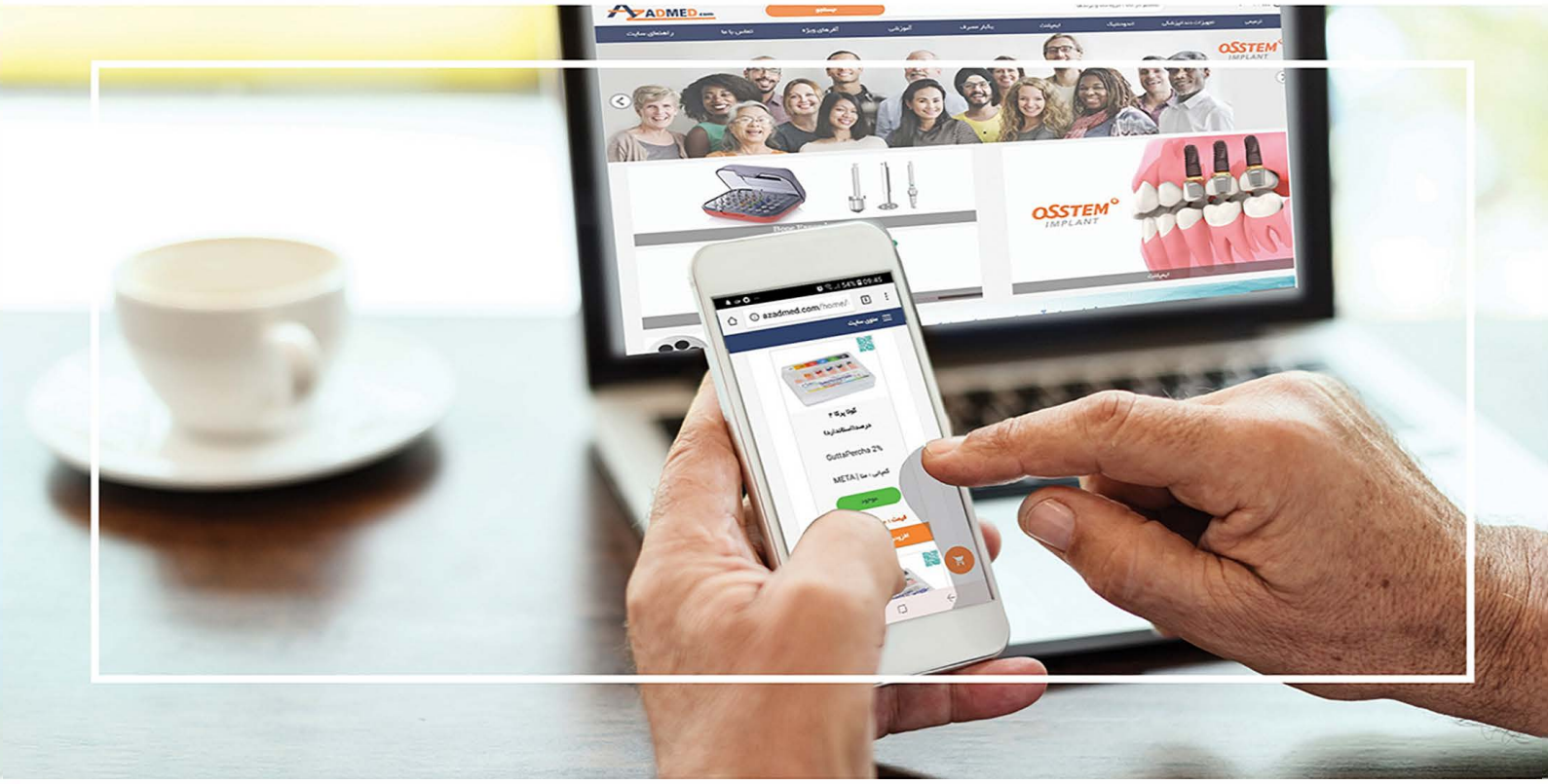

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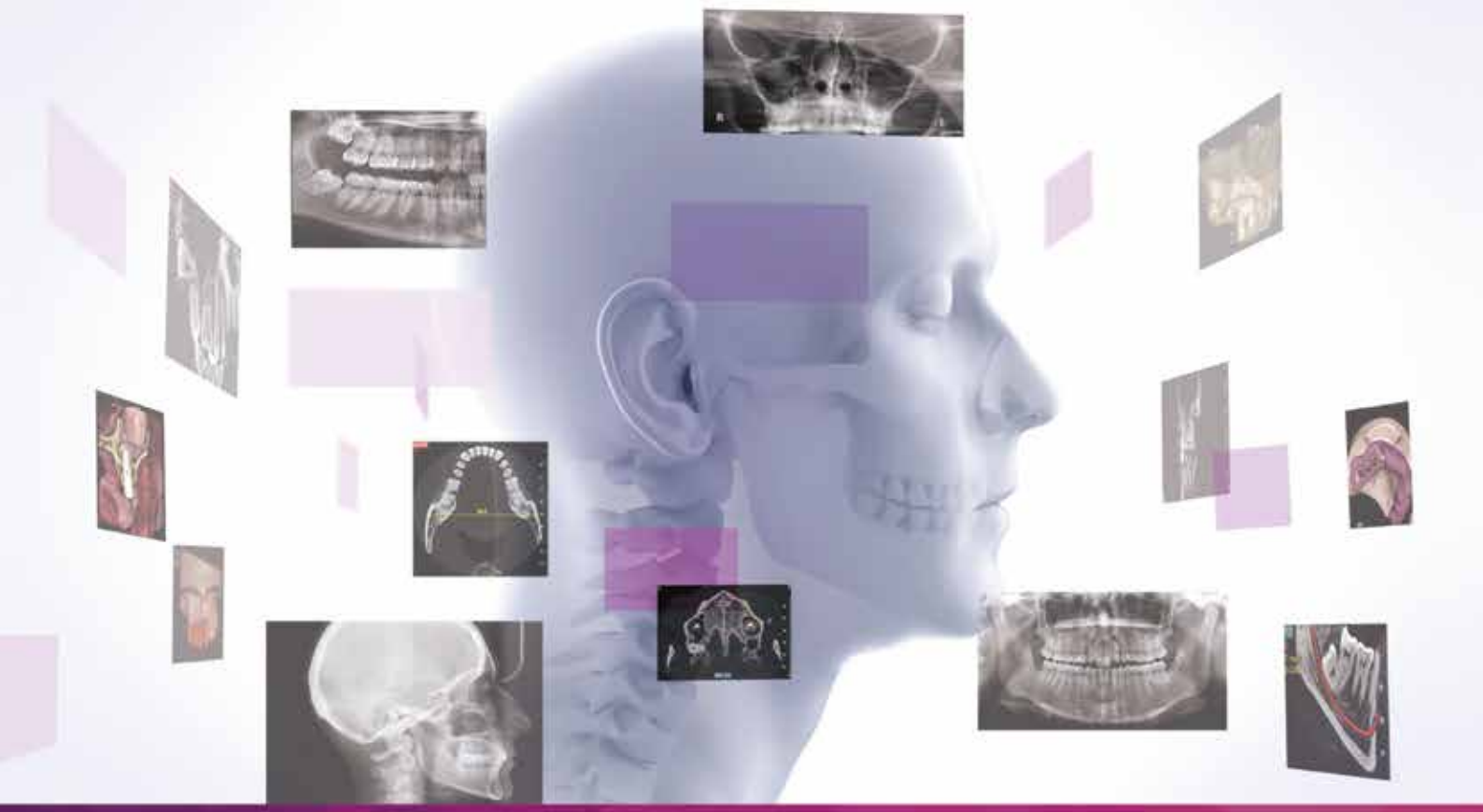

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WHAT ABOUT DIGITAL?

For years, we have been engaged in the print vs digital debate and the never-ending question of "which is better?"
But what if we tell you that these two methods aren't enemies, but allies? There are a lot of opinions regarding print and digital means, as well as whether this argument has any validity at all. Some say print is dying. We say it gained a partner to expand its business.
Let's look at the facts. In 2018, a U.S. printing company, Freeport Press, conducted a survey where they received feedback from 1,226 magazine readers on their preferred format for publications. Their findings may surprise you! Approximately 41% of readers read 1-2 print magazines a month, 33% read 3 or more while only 28% read 1-2 digital magazines a month. 55% of respondents had not read a digital magazine in the past month.
You may think that print is the winner, right? Wrong. This is the assumption that has led many publications to miss out on key opportunities to grow–or even save–their business. Think about it. When you calculate 28% of 1,226 people, that's almost 343 people. That's 343 potential readers print magazines are missing out on.
So, what if print publications tapped into this resource? They could deliver digital versions of their magazine to subscribers with a click of a button. While the internet is a great resource and many people use it to quickly read up on the news and various niche stories, print magazines are viewed as more leisurely formats. Many readers classify sitting down and reading a physical magazine as a form of relaxation, taking their time to focus on it. It gives them a break from the screen they spend a good portion of their day staring at while at work.
Yet where it excels, it also lacks. Digital magazines have many advantages, one of the primary ones being convenience. They are easy to access, and whether you are on the computer or scrolling through the mobile phone, you won't have trouble reading a digital magazine if it's designed correctly. Digital magazines have unique advantages over their print counterparts. Just like a physical magazine has its own feel and smell, digital magazines carry an advantage unique to its platform: interactive features. You can view videos while you are reading, you can share it with your friends and family, and you can track analytics based on how your readership interacts with an issue.
The more you consider it, the more it seems ridiculous to choose one or the other when print and digital mediums work together so well. Isn't it time to start seeing their synergy? Both print and digital mediums have their place. Let them work hand-in-hand with you to grow your readership.
With unique advantages to each, you can build your publication strategy around the pros that work best for your target audience. But serious times call for serious journalism, something editors are paid to conjure up; that is what **Infodent International Press Office** is doing and working on. We believe to have found the right balance between physical and digital content. We believe in quality. A big change is taking place in the market. There's now too much writing online, and in an era of fake news, where you get your analysis from has never been more important. As newspapers and magazines are finding out, if you can publish writing that is consistently and significantly better than what can be found online, you'll gain loyalty from readers. We have, for this, created a digital platform as container of extraordinary amount of news and press releases from all over the world and from which we can draw on for dental world news, to double check the sources and to publish in both the digital and printed formats. We will turn general-interest daily news into an almost universally available commodity in the internet, so that it can be quickly shared, and readers can move on to the next morsel. On the contrary, specialist-focused journalism – which is still a service people value and think they can't get elsewhere - will remain our milestone on the Infodent International printed version. In this same context, a new digital interactive section will help distributors find new global business through our "Distributors Wall" on-line.
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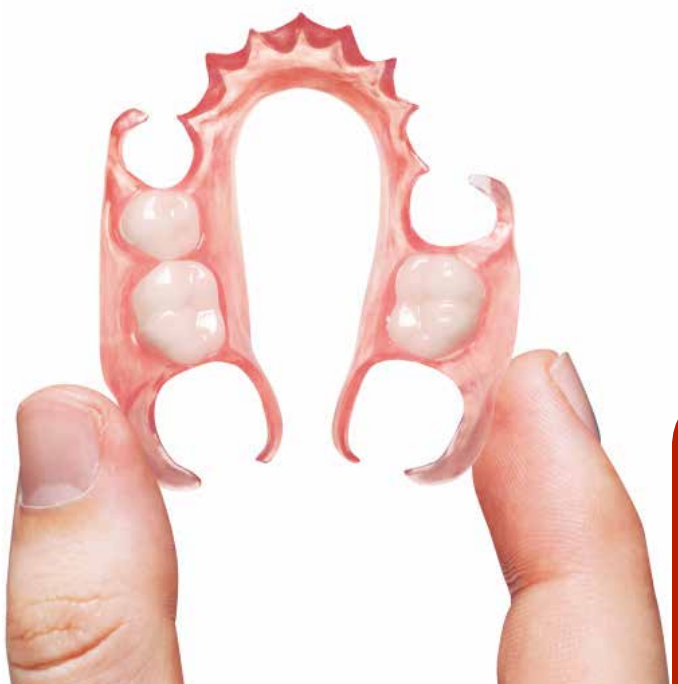

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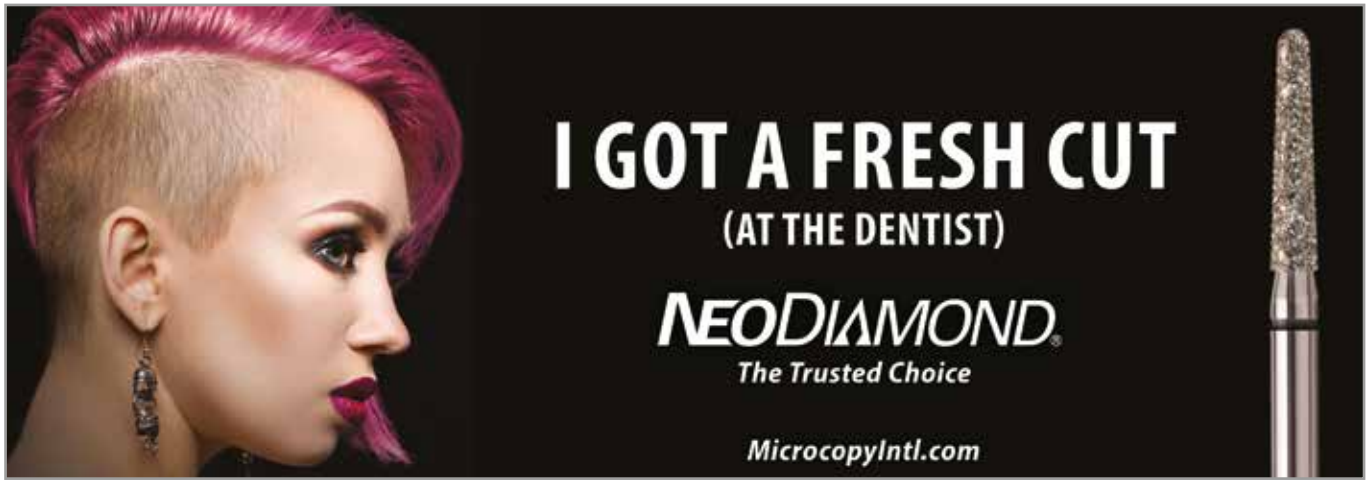

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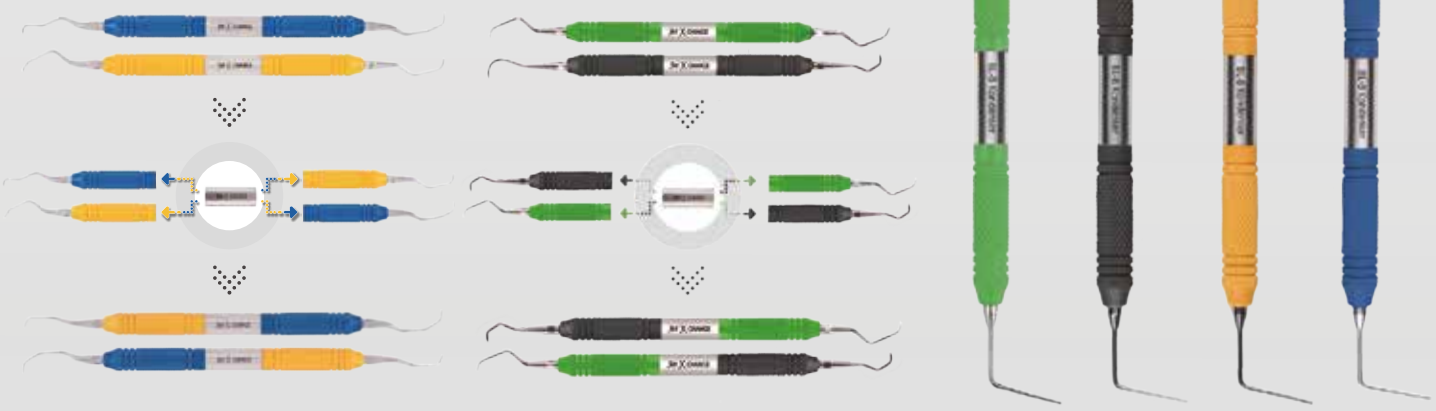

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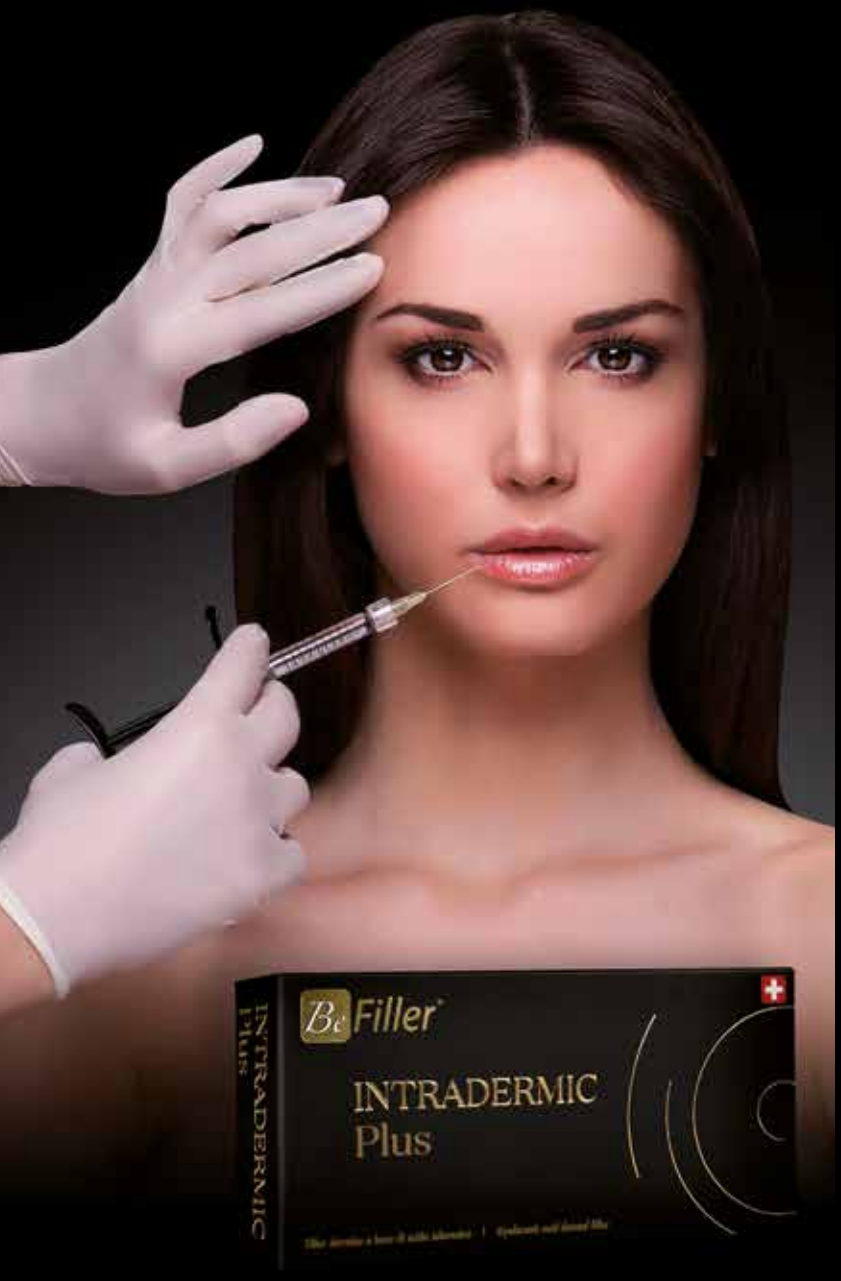

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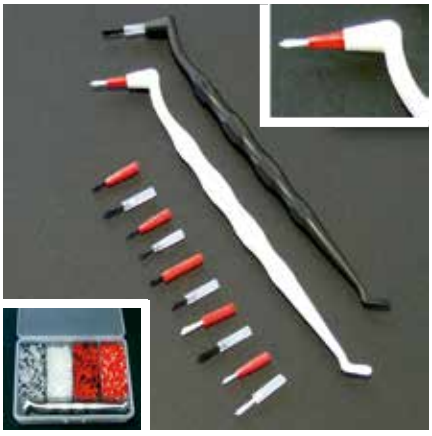

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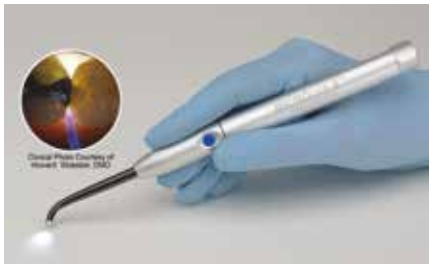

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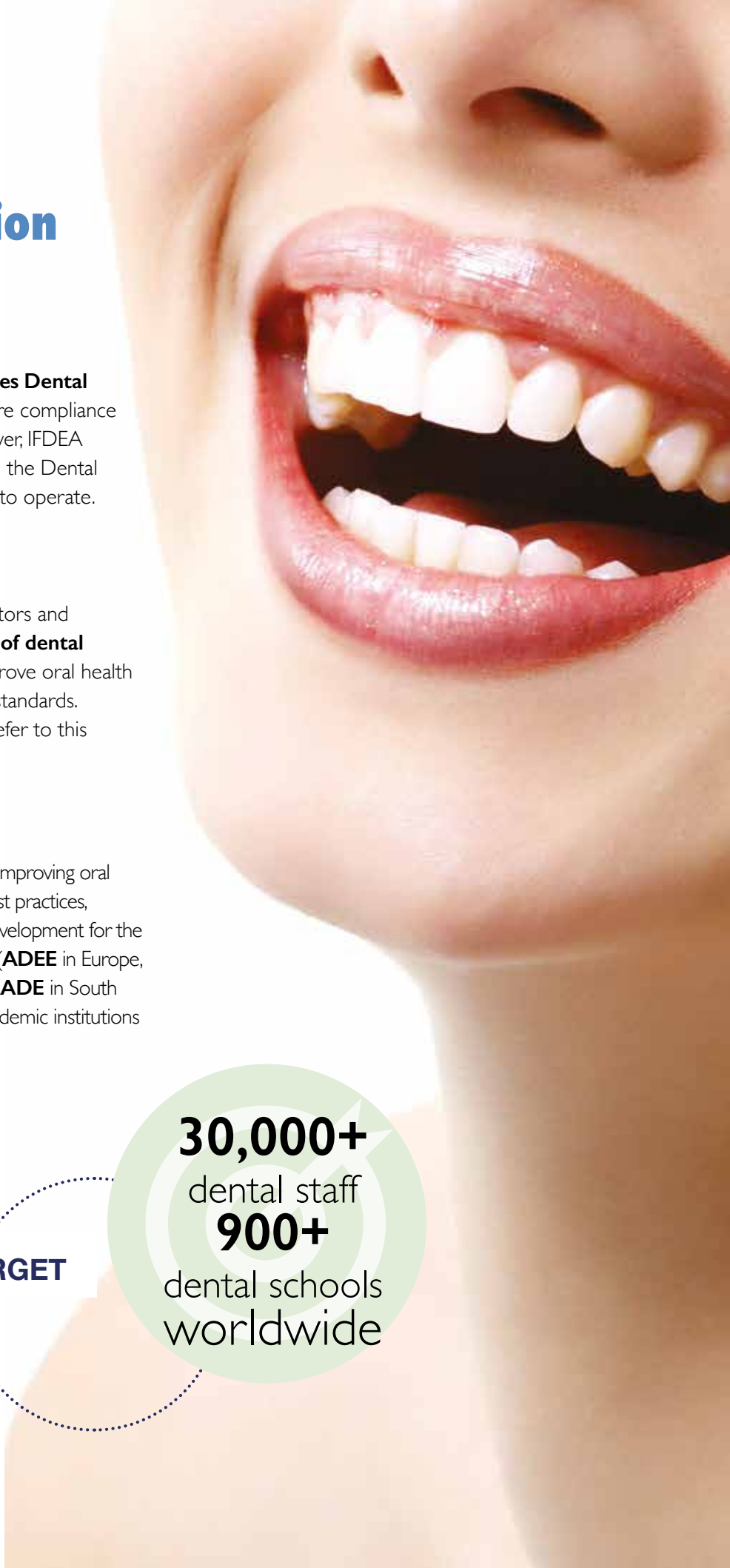

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GDP per capita

USD 6,609

Second-largest economy in Africa, 34th-largest in the world

Parliamentary Representative

DEMOCRATIC REPUBLIC

South Africa consists of **9 PROVINCES**, each with its own Legislature, Premier and Executive Council

Sweeping Changes in South African Healthcare

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Since first free elections in 1994, many were the efforts made by South African governments to combat health inequalities. As the government moves ahead with plans to implement mandatory national insurance to find solutions to universal, sustainable and effective healthcare services there are still extreme differences and disparities and a magnitude of challenges to face.

Total GDP (nominal)
386 billion USD
(2019 estimate, IMF)

Cyril Ramaphosa, President of South Africa serves both as head of state and as head of government, since 2017

The African National Congress (ANC) is the governing political party. Ruling party of post-apartheid South Africa since the election of Nelson Mandela in 1994, winning every election since then

Along with Egypt, South Africa accounts for 40% of the medical devices market in Africa

Member of the World Trade Organization (WTO), the G20 and BRICS (Brazil, Russia, India, China, and South Africa)

South Africa is well integrated into regional economic infrastructure as formalized by Membership in the Southern African Development Community (SADC). In addition, the Southern African Customs Union (SACU) agreement with Botswana, Namibia, Lesotho, and Swaziland facilitates commercial exchanges.

The Republic of South Africa, with a population of 57.3 million, is located at the southern tip of the continent and is one of Africa's most economically developed countries with the highest degree of modernization. Its executive capital is Pretoria, though Bloemfontein is its judicial capital and Cape Town is the legislative capital. The largest city is Johannesburg. A long history of political shifts and changes has made it one of the most multi-ethnic and multicultural nations. The constitution of South Africa recognizes 11 official languages, the fourth highest number on Earth.

The Republic of South Africa is also known as the "Golden Kingdom" because of its gold reserves, but it also produces platinum, manganese, vanadium and titanium. **Mining, manufacturing and agriculture are the three pillars of the economy. Gold mining, drilling equipment, rail manufacturing, automobile assembly and cardiac surgery are among the best in the world.** In addition, iron and steel, machinery, electrical goods, chemicals, food and other industries are also prolific. The tourism sector in 2017 experienced 12.8% growth, well above the global average of 8%.

Beyond the elimination of legislated racial policies, advances in South Africa over the past 20 years include substantial economic growth, an expansion of the black African middle class as well as enormous social progress, by bringing to millions of citizens access to key public services, such as education, health, housing and electricity. **An ambitious policy of redistributive grants has also been put in place, lifting a large share of the population out of poverty even if poverty rate, at about a third of the population, remains high compared to many emerging economies.** Social grants have reduced absolute poverty, but 45% of the population still lives on approximately $2 per day (the upper limit for the definition of poverty). More than 10 million people live on less than $1 per day.

Its legal framework is well regarded, and its judiciary is perceived as independent. The advanced banking system and deep financial markets have made South Africa a regional hub for financial services. The Johannesburg Stock Exchange (JSE) ranks among the top emerging market exchanges in the world. Nevertheless, growth has trended down markedly recently due to constraints on the supply side. Low growth has led to the stagnation of GDP per capita, and persistent high unemployment and inequalities. The economy faces many structural challenges while high inflation limits room for monetary policy support and high public debt constrains public spending.

Many doctors prefer to work at private clinics or abroad, since public clinics do not pay well and imply difficult general conditions.

Healthcare Context

Healthcare services and products in South Africa are provided by parallel running public and private healthcare systems. **The public system serves most of the population (80%) through government-run public clinics and hospitals, the wealthiest 17-20% of the population use the private system and are far better served.** The private health sector provides health services through individual practitioners who run private surgeries or through private hospitals, which tend to be in urban areas. The public health services are divided into primary, secondary and tertiary through health facilities located in and managed by the provincial departments of health. The provincial departments are thus the direct employers of the health workforce while the National Ministry of Health is responsible for policy development and coordination.

The Bill of Rights in Section 27 of the Constitution of the Republic of South Africa of 1996 states unequivocally that access to healthcare is a basic human right. It guarantees everyone *"access to health care services"* and states that "*no one may be refused emergency medical treatment.*" Hence, all South African residents, including refugees and asylum seekers, are entitled to access free basic medical care. Thus, everyone can access both public and private health services, with access to private health services depending on an individual's ability to pay. **South Africa spends on average 8.4%-8.8% of its GDP on healthcare, or around US$437 per capita. Of that, approximately 42% is government expenditure while, a disproportionate 52% comes from private expenditure, even though private healthcare is only available to a very small section of the South African society (around 17.1%).** Most patients access health services through the public sector District Health System, which is the preferred government mechanism for health provision within a primary healthcare approach. There are more than 400 public hospitals and more than 200 private hospitals. The provincial health departments manage the larger regional hospitals directly. Smaller hospitals and primary care clinics are managed at district level. The national Department of Health manages the 10 major teaching hospitals directly. The Chris Hani Baragwanath Hospital is the third largest hospital in the world (3,400 beds) and it is located in Johannesburg. **Due to its chronically underfunded system, public hospitals and clinics are often lacking modern equipment and especially personnel.** Many doctors prefer to work at private clinics or abroad, since public clinics do not pay well and imply difficult general conditions. According to the General Household Survey 2017, conducted by Stats SA, the national statistical service of South Africa, about seven out of every 10 (71.2%) households used public-health facilities as their first point of access when household members needed healthcare services for an illness or injury. **In view of the introduction of the National Health Insurance (NHI) plan and as part of an effort to broaden access to treatment in a country where about 80% of the population lacks private insurance, the Government is maintaining, constructing or revitalizing the 872 primary healthcare (PHC) facilities available.** Also, at the end of March 2018, a cumulative total of 1,507 of the

In recent years, permission for senior full-time staff in the public sector to spend a limited proportion of their time working in the private sector has further diluted their public-service activities,leaving many people relying on a public system with too few doctors.

3,434 public health facilities assessed had attained Ideal Clinic status, which is an initiative that was started in July 2013 to improve quality and efficiency in PHC facilities in the public sector.

Although some of the provinces in South Africa contain large cities, the bulk of the population lives in rural communities (about 64.7%), which are however only staffed by some 30% of the doctors available and with only 3% of newly qualified doctors taking jobs there. The remaining 70% of doctors work full-time in the private. In recent years, permission for senior full-time staff in the public sector to spend a limited proportion of their time working in the private sector has further diluted their public-service activities, leaving many people relying on a public system with too few doctors.

In 2013, it was estimated that vacancy rates for doctors were 56% and for nurses 46%. South Africa has a total of 23 universities and 9 schools of health sciences. In addition, there are 9 provincial nursing colleges and several private nursing schools. Collectively, the medical schools have an annual output of medical graduates ranging between 1,200 and 1,300. This is viewed as grossly inadequate for a country with a population size of over 57 million. **There is realization by the Government that the health workforce plays a critical role in advancing the health system goals, largely driven by a policy position of improving access to healthcare for all citizens.** In line with South Africa's strategic objective to increase the production of human resources for health is the training of doctors in Cuba as part of bilateral agreements on public health between South Africa and Cuba signed in 1994, the Nelson Mandela/Fidel Castro Medical Collaboration Program initiated to relieve the acute shortage of human capacity in the public health sector. The Health Professions Council of South Africa (HPCSA), maintains a register of all medical doctors that are licensed to practice medicine in South Africa. **As of October 2018, there were 46,091 medical practitioners on the Medical and Dental Board register. This figure includes those in the medical profession who are specialists**. In line with the sentiments of #feesmustfall protesters who in 2015 sparked a nationwide revolt against high university fees as a barrier for deserving poor students, the Government's policy to fully subsidized higher education and training for poor and working-class students will further ensure access to more students to enroll in health studies.

Public sector people-to-doctor ratio, 2015 – 4,024 to 1

Public sector people-to-nurse ratio, 2015 - 807 to 1

Hospital beds 2.3 per 1000 inhabitants (OCSE, 2010)

The public sector uses a Uniform Patient Fee Schedule (UPFS) as a guide to billing for services by grouping patients into three categories defined in general terms, which include: full paying patients—patients who are either being treated by a private practitioner, who are externally funded, or who are some types of non-South African citizens—, fully subsidized patients—patients who are referred to a hospital by Primary Healthcare Services— and partially subsidized patients—patients whose costs are partially covered based on their income. There are also specified occasions in which services are free of cost.

Following the end of the Second World War, South Africa saw a rapid growth in the coverage of private medical provision, with this development mainly benefiting the predominantly middle-class white population. Membership of health insurance schemes became effectively compulsory, being such membership a condition of employment, together with the fact that virtually all whites were formally employed. **According to Stats SA's General Household Survey 2017, by September 2018, there were about 80 medical schemes in South Africa with over 8 million beneficiaries, representing a relatively small percentage of individuals belonging to a medical aid scheme.** Despite policy initiatives aimed at structuring affordable low-cost healthcare funding products, medical schemes have remained unaffordable to the majority of South Africans over the years, with scheme contributions by members increasing at an alarming pace and out-of-pocket (OOP) expenses by members showing double digit growth. According to the Council of Medical Schemes a third (33%) of total OOP expenditure is spent on medicine, meaning patients spend around R9 billion rand out of their pockets on medicine alone. OOP also constitutes a large proportion (18.6%) of total healthcare expenditure for individuals who were already making significant premium con-

tributions to medical schemes. While up to 25% of uninsured people pay out-of-pocket for private-sector care.

Since coming to power in 1994, the African National Congress (ANC) has implemented a number of measures to combat health inequalities in South Africa. These have included the introduction of free healthcare in 1994 for all children under the age of six together with pregnant and breastfeeding women making use of public sector health facilities (extended to all those using primary level public sector healthcare services in 1996) and the extension of free hospital care (in 2003) to children older than six with moderate and severe disabilities. **Furthermore, a National Health Insurance (NHI) initiative, aiming at eradicating financial barriers to healthcare access is now in a pilot phase prior to being implemented across the country in a phased approach from 2016 – 2025. The NHI system aims to ensure universal health coverage for all citizens and residents of South Africa, irrespective of socioeconomic status, to have access to good-quality, affordable health services.**

The NHI is speculated to propose that there be a single National Health Insurance Fund (NHIF) for health insurance that would buy services from accredited public and private facilities, which would then provide care for registered members. This fund is expected to draw its revenue from general taxes and some sort of health insurance contribution. Currently, most healthcare funds come from individual contributions coming from upper class patients paying directly for healthcare in the private sector. There is in fact a discrepancy between money spent in the private sector which serves the wealthy (about US$1,500 per head per year) and that spent in the public sector (about US$150 per head per year) which serves about 84% of the population. The NHI proposes that healthcare fund revenues be shifted from these individual contributions to a general tax revenue. Because the NHI aims to provide free healthcare to all South Africans, the new system is expected to bring an end to the financial burden facing public sector patients. The National Development Plan (NDP), appointed by former President Jacob Zuma in 2010, aiming to eliminate poverty and reduce inequality by 2030, expects South Africa to have, among other things, raised the life expectancy of South Africans to at least 70 years; produced a generation of under-20s that is largely free of HIV; achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-five mortality rate of less than 30 per thousand; achieved a significant shift in equity, efficiency and quality of health service provision. **Yet, disparities in South Africa are amongst the widest in the world. The persistence of such disparities is incompatible with improvements in population health and are associated with diseases of poverty such as HIV/AIDS and tuberculosis.** The top 10% of South Africans earn 58% of the total annual national income, whereas the bottom 70% combined earn a mere 17%.

South Africa, with 0.7% of the world's population, accounts for 17% of the global burden of human immunodeficiency virus (HIV) infection, continuing to be home to the world's largest number of people living with HIV. In 2003, after much government denial and slow response regarding funding for HIV and the acquired immunodeficiency syndrome (AIDS), considerable local and international pressure resulted in the government introducing an ambitious program to provide antiretroviral (ARV) therapy to patients with HIV infection. Access to ARV treatment through the public sector has changed historical patterns of mortality as the number of AIDS-related deaths has declined consistently since 2007. **Nonetheless, according to Stats SA, the total number of persons living with HIV has increased from an estimated 4.25 million in 2002 to 7.52 million by 2018.** An estimated 13.1% of the total population is HIV positive. Driven in recent decades by the spread of HIV infection, the incidence of tuberculosis has also increased from 300 per 100,000 people in the early 1990s to more than 950 per 100,000 in 2012. Despite notable progress in improving treatment outcomes for new smear-positive tuberculosis cases, the tuberculosis burden remains enormous.

2018 HEALTH INDICATORS

Life expectancy at birth, 61.1 years for males and 67.3 years for females

Infant mortality rate per 1 000 live births – 36.4

Under-five mortality rate per 1 000 live births – 45.0

Source: South African Government (Stats SA), https://www.gov.za/about-sa/health

Registered Persons, HPCSA, October 2018	
Dental Assistants	4,908
Student Dental Assistants	1,949
Oral Hygienists	1,226
Student Oral Hygienists	400
Dental Therapists	743
Student Dental Therapists	282
Dentists	6,466
Student Dentists	1,158
Medical Practitioners	46,091
Medical Students	13,158

Source: HPCSA, https://www.hpcsa.co.za/Publications/Statistics

Oral Healthcare

The oral healthcare system very much reflects general health. **The richest part of the population is privately insured, and oral care is comparable to the European standards but the majority of South Africans have no access to private services and are dependent on the government for oral healthcare; but just around 10% of the population uses public oral health services.** This underutilization is due to limited resources and inaccessibility. Consequently, oral diseases are widespread and affect large numbers of people in terms of pain, tooth loss, disfigurement, loss of function.

There are 6,466 dentists including 481 dental specialists registered within the Health Professions Council of South Africa (HPCSA). Dental specialists are mostly divided into maxillo-facial surgeons (30%), orthodontists (30%) and prosthodontists (17%). The number of dentists has increased at around 2% per annum and most dentists and dental specialists reside in the most metropolitan provinces of South Africa. In the past decade, the number of female dentists has almost doubled, and the number of Colored, Black and Asian/Indian dentists and dental specialists has increased sharply, which could be a result of increased admission of previously disadvantaged students to dental schools. Only one in six registered dentists works in the public sector. **There are fewer than 2.5 dentists per 100 000 people in the country. The situation is even more complicated when it comes to dental specialists, with only 160 in the public sector in the entire country. This translates into fewer than half a specialist (0.4) per 100 000 people.**

Number of Dental Practices by Province									
Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western cape	**TOTAL**
298	209	2,322	924	361	276	72	233	1,099	**5,794**

Source: https://www.medpages.co.za/sf/index.php?page=stats&countryid=1. Medpages Database. Both public and private practitioners are included, though private sector data is more complete than public sector (Medpages database is not the official statistics institution)

DENTAL SCHOOLS

• Cape Peninsula University of Technology
The Faculty of Health and Wellness Sciences
www.cput.ac.za/academic/faculties/healthwellness/departments

• Durban University of Technology -
The Department of Dental Sciences
www.dut.ac.za/faculty/health_sciences/dental_sciences

• Sefako Makgatho Health Scienes University
www.smu.ac.za

• University of Pretoria - Faculty of Health and Sciences
www.up.ac.za/school-of-dentistry

• University of the Western Cape
www.uwc.ac.za/Students/Admin/adminreq/Pages/Faculty-of-Dentistry.aspx

• University of the Witwatersrand, Johannesburg
www.wits.ac.za/course-finder/undergraduate/health/dental-science

The Competition Commission is a statutory body constituted in terms of the Competition Act, No 89 of 1998 by the Government of South Africa empowered to investigate, control and evaluate restrictive business practices, abuse of dominant positions and mergers in order to achieve equity and efficiency in South Africa in order to:
• Promote the efficiency, adaptability and development of the economy;

• Provide consumers with competitive prices and product choices;

• Promote employment and advance the social and economic welfare of South Africans;

• Expand opportunities for South African participation in world markets and recognise the role of foreign competition in the Republic;

• Ensure that small- and medium-sized enterprises have an equitable opportunity to participate in the economy; and

• Promote a greater spread of ownership, in particular to increase the ownership stakes of historically disadvantaged persons.
www.compcom.co.za

With more than 90% of South African dentists working in the private sector, treating only 17-20% of the population (those covered by some form of private health insurance), most South Africans look to the public sector for their healthcare needs; a public sector under immense pressure and ill-equipped. Consequently, public health dentists focus largely on extraction rather than any restorative procedures or prevention.

Due to the general lack of oral health facilities and workforce, exacerbated by an unequal distribution of dental services in the country, oral health disparities continue to widen, more so amongst the disadvantaged and vulnerable groups. To escalate matters further, the high burden of infectious diseases such as HIV and TB faced by the country impacts upon budgetary priorities reducing the availability of funding for oral health matters.

There are currently no oral health surveillance data being collected on a regular basis besides that of services provided. There are few school-based oral health programs in the country and regrettably, there is no monitoring and evaluation. These factors raise questions with regards to the reliability of what is now known about the state of oral health in the country. The last available National Oral Health Survey seems to have been conducted well over a decade ago (1999-2002). The results showed a general reduction in dental caries severity of the permanent dentition of 12-year-old children; they however also revealed that the greatest need for the treatment of dental caries in South African children was for preventive services, restorations and extractions. **Approximately 60% of primary school children suffered from dental decay and, more concerning, over 80% of these children remained untreated due to the overburdened oral health system and poor health seeking behavior.** Oral health needs vary widely from province to province. The greatest need was recorded in the Western Cape, where almost 80% of children needed oral healthcare and the lowest need in Limpopo province. It was further indicated that 32% of children required orthodontic treatment because of premature dental extractions. A considerable majority of adolescents and adults presented with gingivitis and periodontal diseases. With the high prevalence of HIV/AIDS, many of the infected patients also suffer oral HIV-associated lesions. The Dental Aesthetic Index was used to assess the prevalence of malocclusion and 32.3% of 12-year-old children needed definitive orthodontic treatment.

NATIONAL ORAL HEALTH SURVEY (1999-2002)

- **Caries free, 6-year-olds - 39.7%**
- **DMFT, 12-year-old group - 1.1 (from 2.5 in 1982)**
- **Children with signs of dental fluorosis - 20.2%**

According to a research by Oral-B in 2014 (survey of 1,000 male and female South Africans who live in South Africa and are the primary oral care shoppers, aged 18+), in which the vast majority of South Africans say that their oral health is important to them, 42% had not seen a dentist in the 12 months before being surveyed. About half of those who did visit a dentist also highlighted that they only did so because of a specific problem and not because it was time for a general check-up. High levels of oral diseases and curative treatment is economically draining for a country like South Africa, resulting in a greater need for highly skilled oral health professionals, expensive equipment, oral health facilities and the necessary financial resources. **An effective way to address these issues could be the need for a population-based system with a focus on prevention of oral disease and oral health promotion, as opposed to the existing curative-driven and individually focused system.** Among the expertise, dental public health specialists, also known as community dentistry specialists, are particularly trained to work for the public to assess the dental needs of the population. They are not primarily clinical specialists but rather focus on the oral health status of the whole population as opposed to that of individuals. They are trained to plan appropriate evidence-based interventions and preventive programs, to formulate, supervise and evaluate oral health policies and strategies to benefit the whole population and to manage the oral health services of the country. While there are 36 of these professionals registered within the HPCSA, their skills seem to be largely underutilized in the public health system arena, most of them being employed in academia institutions, primarily due to lack of employment opportunities in the public sector.

Furthermore, the current number of oral health professionals in South Africa is not enough and there is shortage of adequately trained oral health professionals to meet oral health needs of the population in the public sector. Provinces such as Limpopo and Northern Cape have few oral hygienists employed in the public sector. This is of concern because preventive and/or promotive community oral health services are driven primarily by oral hygienists.

Ratio Per One Oral Health Professional to Population in 2010, by Province

Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western cape
30,514	19,214	6,217	15,540	32,967	15,797	20,070	14,957	5,167

Source: Lehohla PJ. Mid-year population estimates by province. Statistics South Africa. Statistics release [serial online]. (P0302); 2010:4 [cited 2012 May 19]. Available from: http://www.statssa.gov.za/publications/P0302/P0302201 1.pdf

Fisher R. Oral health professionals' statistics by provinces. The who, what & where of health care. Medpages Statistics [serial online]. 2010:1– 2 [cited 2012 Jun 20]. Available from: http://www.medpages.co.za

About half of those who did visit a dentist also highlighted that they only did so because of a specific problem and not because it was time for a general check-up.

Even on the dental technology sphere, the current status quo regarding limited or non-existent accessibility to affordable services offered by dental technicians to ordinary South Africans is a real problem affecting millions of people, especially those from the previously disadvantaged background. In such a context, the proposed NHI becomes key. An increasingly-ageing population requires an efficient and more feasible prosthetic service, without compromising on standards, to meet the needs of the edentulous population in South Africa. **Within the framework of gloom economy is the difficulty for dental laboratory owners to employ graduates, or for graduates to set up their own dental laboratory. There is a mismatch between student graduate numbers and the graduates that enter and stay in the profession due to barriers in opening and running their own laboratories.** Furthermore, there is stiff competition, dominance and protectionist practices by established technicians. The concentration of technicians and technologists in urban areas further compounds the situation. On the positive side, however, is the Government's policy announcement to provide free tertiary education which will mean more students will enroll to pursue studies in dental technology. Up until now students, especially from disadvantaged backgrounds, had to either be funded through student loans (if they qualified) and had to endure harsh socio-economic conditions in universities.

REGISTERED DENTAL TECHNICIANS/ DENTAL			
Year	Total Registered	New Registrations	Deregistered
2016/2017	1,121	36	86
2017/2018	1,040	7	2

Source: https://sadtc.org.za/education/

Race	Gender	Geographical Location
Black: 126 Colored: 79 Indian: 83 White: 747 Other: 5	Female: 256 Male: 784	Eastern Cape: 41 Free State: 34 Gauteng: 476 Kwa-Zulu Natal: 152 Limpopo: 22 Mpumalanga: 33 North West: 31 Northern Cape: 10 Western Cape: 238 Overseas: 3

Source: https://sadtc.org.za/education/

	2017/18	2016/17
Lab Owners (Dental Technicians/Technologists)	622	660
Lab Owners (Dentists)	51	51
Dental Traders	9	9
University Lecturers	15	14
CDP Providers (Continuing Professional Development)	24	24
Graduates (Techniciansand Technologists)	91	93

Source: https://sadtc.org.za/education/

REGISTRATION OF DENTAL LABORATORIES			
Year	Total Registered	New Registrations	Deregistered
2017	641	24	35
2018	605	2	5

Source: https://sadtc.org.za/education/

Dental technology practitioners that practice in the Republic must be registered within the South African Dental Technicians Council (SADTC). According to the Council, the breakdown of the racial and gender profile of registered practitioners and students within the profession remains largely skewed. Three universities in South Africa offer training for dental technicians/ technologists as well as dental assistants (Cape Peninsula University of Technology, Durban University of Technology, Tshwane University of Technology).

Medical and Dental Industry

Even if actual growth does not match that of other African economies, South Africa is the most advanced, diversified and productive economy in Africa, enjoying relative macroeconomic stability and a largely pro-business environment. It is, for this, the primary business hub for the medical device industry in Sub-Saharan Africa as a substantial portion of medical device and lab equipment exports are sent to other parts of Africa.

Top Sub-Saharan Destinations for Medical Devices from South Africa, 2017

Country	USD Millions
Namibia	31.46
Botswana	18.85
Uganda	9.80
Swaziland	9.69
Zimbabwe	9.55
Zambia	5.90
Kenya	5.85
Mozambique	4.82
Lesotho	3.91
Malawi	3.47
Tanzania	3.29
Mauritius	2.64
Democratic Republic of Congo	2.23

Source: AFH19_Industry_Insights_Medical_Devices_Market_REPORT.pdf by Africa Health, an Informa Experience

Even if underdeveloped and considerably restrained by funding issues, poor infrastructure and staff shortages, particularly in the public sector, South Africa's health market offers potential for growth, also influenced by national legislation related to the implementation of government's National Health Insurance program. This combined with the Competition Commission's market inquiry into private healthcare costs and further changing legislation will effect radical change to the purchasing and provision of private and public healthcare in South Africa. Despite recent cutbacks, the government sector is still the major purchaser of healthcare equipment and supplies. Opportunities will exist for exporters of medical equipment, especially new and innovative equipment, as extensive upgrades and development of hospital infrastructure is being considered. Nonetheless, the best prospects for advanced technology and equipment remain in the private sector as very sophisticated and boasts world class facilities with several centers of excellence. The government's encouragement of public private partnerships in the development of hospitals is a new area of growth.

There is limited medical device production in South Africa and the market is largely dependent on imports (around 90%). Local firms tend to be small or medium sized businesses with less than 50 employees and often combine distribution activity with manufacturing. Multinational companies often operate in a joint venture capacity with local firms. Most South African manufacturers specialize on producing basic medical equipment and supplies. According to an "Africa Health" report by Informa, a leading international events, intelligence and scholarly research group, the output by the domestic medical manufacturing industry is estimated to be around USD 200mn-USD 300mn, of which more than half is exported. Production is focused on bandages and dressings, medical furniture and low technology items. The import market is dominated by the United States and Germany followed by China, Switzerland, the United Kingdom and Japan in all categories, but particularly in orthopedics, prosthetics, patient aids, other devices and consumables. Buyers are increasingly looking towards sourcing from Asian markets to save on costs. China is making significant inroads, increasing by around 10% in terms of market share. Consistent with healthcare

South Africa Medical Device Market Value by Product Category, 2018

Devices	USD Millions
Consumables	241.00
Diagnostic Imaging	199.30
Orthopedics & Prosthetics	153.70
Patient Aids	156.00
Dental Products	41.30
Other Medical Devices	487.10
TOTAL	**1,278.40**

Source: AFH19_Industry_Insights_Medical_Devices_Market_REPORT.pdf

infrastructure upgrades, the demand for diagnostic imaging equipment is forecast to grow approximately 12% between 2016 and 2021. **Although dental equipment represents the smallest product area (3.6% of all medical imports), it grew at a CAGR of 10.2% in the past year even if access to good dental health remains a problem for most of the population in the public sector.** Because of the high quality of dental care available in private settings and in combination with its general tourism appeal, South Africa has seen an increase in dental tourism industry. First class surgeons work to extremely high standards in clinics, offering procedures at a fraction of the cost of European and US centers. Cape Town and Johannesburg are particularly popular. People are in fact not just visiting for simple treatments like fillings, whitening, dentures and implants but many come seeking wisdom tooth extraction, cleft lip and palate surgery and even surgery for the replacement of damaged or lost bone.

Regulations - The Department of Health has issued (2016) new regulatory requirements for medical and in vitro diagnostics (IVD) devices which will be overseen by a recently established regulatory authority, the South African Health Products Regulatory Authority (SAHPRA). This entity has adopted harmonization initiatives that will ultimately see an alignment of registration and product approval requirements with those of regulatory authorities in other regions.

Also, the National Treasury published new revised Preferential Procurement Regulations in January 2017, which came into effect on April 1, 2017, replacing the previous regulations from 2011. The revised preferential procurement regulations will help optimize procurement strategies in South Africa, although corruption remains a critical issue hindering effective procurement. Multinational medical device companies will aim to develop strategies that are in line with the country's socio-economic polices to counter the increasing preference for local suppliers. **The revised preferential procurement regulations will make it harder for foreign companies to win government tenders, making local companies more competitive.** Tenders are now geared further to supporting the government's broader objectives: favoring small, medium and micro enterprises (SMMEs), which complement the government's aims of employment creation and income generation using local suppliers.

Among Main Sources

-Extracts from "South African Dental Technicians Council", https://sadtc.org.za/education/
For full Annual Report 2017/2018, https://portal.sadtc.org.za/pluginfile.php/542/mod_resource/content/0/Annual-Report-for-2017-2018-FY_Final.pdf
-Extracts from "Market Insights: South Africa Medical Devices Market" for Africa Health Exhibition & Congress, by Informa, a leading international events, intelligence and scholarly research group. For full report: AFH19_Industry_Insights_Medical_Devices_Market_REPORT.pdf
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• The South African Dental Association (SADA)
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• South African Dental Therapy Association (SADTA)
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• South African Medical Devices Industry Association (SAMED)
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SAMED promotes, represents and safeguards the interests of the South African Medical Device and In-Vitro Diagnostics (IVD) industry, focuses on healthcare matters relevant to its members' interests. The association aims to provide member companies - local and multinational - with a collective, objective and credible platform to engage with stakeholders. SAMED's members include individual medical technology companies, associated members and associations

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Morocco's Challenging Healthcare

In the wake of the Arab Spring, Moroccan citizens approved, in July 2011, a new constitution that promised a range of new rights, including universal healthcare and access to quality health services.

The authorities have since taken steps to increase coverage, reduce costs, improve service quality and extend services in rural and otherwise isolated areas. Significant progress has been made but a number of critical challenges remain, including chronic staff shortages, particularly in the public health system; disparity in service quality; lack of financial resources; gaps in governance, especially regarding efforts to decentralize control of the public health system; and additional issues created by the burgeoning private health segment.

All Moroccan citizens are required to be members of a basic public medical scheme through one of two state-financed healthcare schemes: The Mandatory Health Insurance Plan (Assurance Maladie Obligatoire, AMO) or the Medical Assistance Regime (Régime d'Assistance Médicale, RAMED).

Introduced in 2005, AMO began as a payroll-based mandatory health insurance program for public and formal private sector employees, covering all employees for sickness, maternity, invalidity and retirement. The scheme is financed by contributions from employer and employees as well as retired workers and from the government providing around Dh100m (€9.3m) per year in funding for the scheme.

RAMED was later launched, as a pilot program, in 2009 for the purpose of providing healthcare to most disadvantaged citizens of low socio-economic status and has later expanded to cover all regions of the country. The scheme is based on the principle of social welfare and national solidarity and it is a publicly financed fund, primarily through tax revenue, with the government allocating around Dh1bn (€92.6m) annually to the measure.

The CNSS (Caisse Nationale de la Securite Sociale or National Social Security Fund) runs the AMO and guarantees the reimbursement of a part of the care costs, the other part being borne by the insured. Basic oral care and facial orthodontics for children are among the ser-

vices included in the current healthcare basket, which covers preventive and curative care related to the priority program of the State. The reimbursement rates are set at 70% and can be up to 90% for serious and debilitating diseases requiring long-term care or when the related services are provided in public institutions. The reimbursement of a dental prosthesis is made up to a ceiling of 3,000 MAD every 2 years. In parallel, the private insurance companies have different offers that vary from one company to another and from one client to another.

Despite significant progress towards universal coverage, out of an estimated population of 34.8 million in 2017, only 16.2 million Moroccans have medical coverage, corresponding to only around half (46.6%) of the Moroccan population, according to a 2018 health coverage report from the Office of the Higher Planning Commission (HCP), with disparities by gender, age and place of residence. In an effort to move towards universal healthcare and to reach at least 90% coverage by 2021 as per the Health Sector Strategy introduced by the government in 2017, Moroccan authorities are taking steps to extend insurance to those who fall into coverage gaps – many citizens have too high an income to receive help from RAMED, yet do not receive AMO through their employer and cannot afford private health insurance. Authorities are now working to further extend the program to include independent workers, such as craftsmen and those in the liberal profession. The government remains the primary healthcare provider as 70% of the population uses public hospitals.

The authorities have since taken steps to increase coverage, reduce costs, improve service quality and extend services in rural and otherwise isolated areas.

A further small but growing share of Moroccans are covered by private health insurance. **For citizen able to afford it, private health has long been an attractive alternative to the public system, it is well developed, and treatment is of better quality but, prices are quite high compared to average purchasing power.**

A legislative change in 2015 permitted non-medical professionals (including financial investors) to establish health facilities in Morocco for the first time, which has dramatically altered the landscape of health services, liberalizing the ownership of private clinics. **This reform has greatly expanded the range of potential investors in private facilities, while also making it easier for foreign health service providers to establish a local presence, creating a more competitive landscape**. Public-private partnerships (PPPs) have also become a main feature of Morocco's healthcare landscape, starting in the early 2010s. Through PPPs, the public health system can close gaps in coverage by acquiring treatments for its patients from private providers.

The depth and dynamics of the private healthcare sector give comfort to foreign

Physicians	**22,900 (2016)**
Dentists	**4,655 (WHO, 2014)**
Physicians density	**6.2 per 10,000 inhabitants (world bank 2018)**
Hospital beds	**11 per 10,000 inhabitants**

investors in terms of sizeable market potential. Out-of-pocket spending accounts for over 54% of total Moroccan healthcare spending. **Also, the Moroccan Ministry of Health, which is the first care provider in the country, with approximately 77% bed capacity, only receives 28% of total health expenditure, while private spending accounts for about 60%.** Growth dynamics are supported by several sustainable drivers. The rapid growth of the middle-income class has contributed to the increasing demand for quality infrastructure and services; which in turn have driven the need to expand the current capacity of private clinics.

The medical device market is estimated at USD 236 million, with USD 181 million constituting imports. **Medical device imports supply approximately 90% of the market. Morocco does not manufacture medical equipment and the local production is limited to medical disposables.** The United States, Germany and France are the main suppliers. Recently, Italian products have been well accepted by the local population thanks to their good quality and attractive price however, there is an increasing demand for Turkish, Chinese and Korean equipment.

Public hospitals represent 85% of the demand and private clinics represent 15%. There are five University Hospital Centers in Rabat, Casablanca, Fez, Oujda and Marrakech and six military hospitals located in the large cities, such as Casablanca, Rabat, Fez and Marrakech. In addition, there are over 139 hospitals in the public sector; another 28 are being rehabilitated and equipped for a total of 65.1 million MAD. The private sector healthcare market is growing rapidly as there are more than 360 private clinics and 9,661 physician specialists in Morocco. In addition, the import of refurbished equipment is no longer allowed for both public and private entities. This is expected to improve the quality of medical equipment and offer a better quality of medical care to patients treated in Morocco.

The annual health budget, at approximately Dh14.3bn (€1.3bn), has changed little in recent years and accounted for just 5.7% of total public spending in 2017. This is less than half the 12% threshold the World Health Organization (WHO) recommends for countries such as Morocco that are trying to improve their health systems and it is behind its peer countries in North Africa such as Algeria and Tunisia that spend at around 10% of their national budgets on healthcare.

With so much at stake and with the implementation of appropriate measures, private and public healthcare in Morocco is a growing business for future investments for the healthcare industry.

In Morocco, low rates of toothbrush use are observed in studies of mothers and their children, demonstrating that children's oral health practices are dependent on their parents.

Oral Health - Oral health is an indicator for overall health and quality of life but, in Morocco, it is an overlooked aspect of hygiene and healthcare as many Moroccans neglect visiting the dentist on a regular basis to monitor and examine their teeth.

According to the National Order of Dentists, the current national average of dentists is one dentist for every 7,000 citizens, with a geographic concentration in large urban centers. Morocco's target for 2025 is to reach one dentist for every 5,000 people.

There is a high number of highly qualified dentists, many of whom have trained in France and the cost of good dentistry is remarkably inexpensive by European standards with many surgeries having all the modern equipment one would expect. Nonetheless, according to the National Order of Dentists, Morocco is also home to over 3,300 fake dentists, 1,800 of which are illegal even as only dental technicians. These therapeutic methods that do not conform to the rules of sterilization and safety, used by people who practice dentistry illegally, increase the severity of the oral health situation, also determining further burden on public healthcare by putting patients at risk of serious diseases such as hepatitis, tuberculosis, AIDS or even death. The Order of Dentists has asked the authorities to take urgent measures to deal with the fakes, claiming they are endangering "the image of the Moroccan dentistry." Fake dentists specifically target poor areas and neighborhoods where the population does not necessarily know the difference between a real and a fake dentist as well as isolated villages or remote mountain areas with no dentists. These interlopers carry out all sorts of operations, from extracting and removing teeth to deadening nerves for 40 or 50 dirhams (4-5 euros) compared with at least 200 charged by a doctor.

A national epidemiological research done by the Ministry of Health in 2012 in partnership with the Public Health Organization shows that 60% to 90% of children suffer from oral diseases. The risk of tooth decay is 81.8% by age 12, 86.7% by age 15, and 91.8% for those between 35 and 44 years old. Oral hygiene and the associated habits must be incorporated from a young age. In Morocco, low rates of toothbrush use are observed in studies of mothers and their children, demonstrating that children's oral health practices are dependent on their parents. In a specific study, carried out on 200 Moroccan school children and their moth-

ers, the mothers displayed very inefficient brushing techniques (brushing, frequency and duration, equipment and methodology, frequency of changing toothbrushes) and the correlation between the plaque index of mothers and their children suggested that mother's oral hygiene behaviors influenced their children's oral health. With regard to adolescents, a research group from the Department of Odontology at Mohammed V University in Rabat showed that of a study, conducted between 2012-2013 with 450 participants, 86% had at least one untreated dental cavity even though 82.3% of the study population had dental health covered by their insurance. This indicates that oral health in Morocco is not only related to medical insurance, but possibly other factors.

Morocco has a high prevalence of periodontitis in young people. The national epidemiological research also noted that gum disease can affect 42.2% at age 12, 59.8% at age 15 and 79.2% between 35 and 44. About 30% of people aged between 65 and 74 no longer have natural teeth. In 2016, a Moroccan study group concluded that the young Moroccan population is at high risk for developing aggressive periodontal disease. Therefore, it is plausible that, due to the nature of the disease, the same applies to older populations. A Spanish oral health research group conducted a study on patients with periodontitis, wherein 62% had aggressive periodontitis and 14% had chronic periodontitis. The bacteria co-responsible for developing periodontitis was present in 60% of a study population consisting of Moroccan adolescents. It is assumed that Moroccans are more susceptible to periodontitis; biological elements such as genetics and the oral flora play a role in contributing to the increased risk. **Likewise, a lack of proper oral hygiene, limited access to dental healthcare, the irregular use of toothbrushes and toothpaste in rural settings and low-income families and inadequate knowledge on significance of oral health factor play a fundamental role into this widespread public health issue.**

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Two-Ten Health

Dental care institutions are heavily investing in new innovative technologies. New technology should provide a smarter, easier way of working, but if all these new pieces of technology don't talk to each other, is it really smarter, or easier? Separate pieces of technology and software, which don't talk to each other, results in dentists having to juggle different systems and pull together data often duplicated, to get a complete picture – this is working smarter, but harder! A fully integrated workflow using a connected health solution removes these barriers and allows the technology to make the dentists job easier, better, fun, and more profitable, while improving patient care.

Two-Ten Health, the Dublin based dental software company, provides the connected health solution, Salud, to bridge this gap and facilitate a totally digital workflow. Salud is a leading dental management solution for dental universities, dental hospitals and dental chains worldwide. The company was established in 1995 to develop an electronic data-recording system for the Dublin Dental University Hospital. The success of this led to the identification of a market need for a product which had emphasis on enterprise and research capabilities to meet the unique requirements of Dental Hospitals worldwide.

Over the past 23 years, with implementations across 5 continents, Salud has evolved into a connected health solution which connects technology, software, disciplines, people, and facilitates a global community for research and sharing best practice.

This year will see the launch of Salud Dental, the next generation of the Salud offering, which will see the firm further implement their connected health strategy for Salud. "We have invested heavily in in the development of a solution which will exceed our clients expectations and raise the standard in digital dentistry." said Aine Hayes, Head of Commercial, Two-Ten Health.

Today Salud is in use in 7 languages, across 12 countries, which further reinforces Two-Ten's positive track record for producing solutions for different world market leaders in Dental care.

To find out more, visit www.saludtth.com

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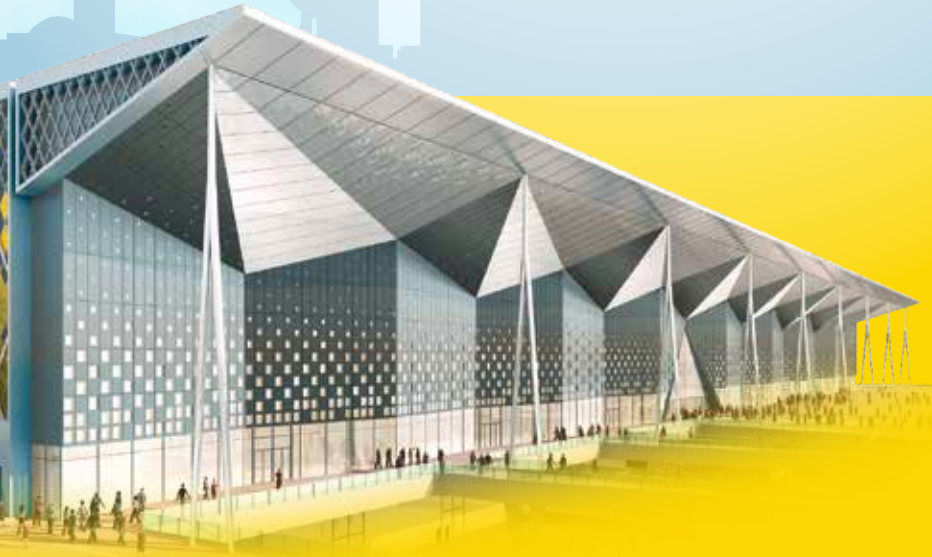

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Dental Salon

The 45-th Moscow International Dental Forum & Exhibition **DENTAL SALON 2019**, the brightest spring event for dentists, was successfully held 22-25 April and joined 29568 participants.

Manufacturers from Russia, Germany, South Korea, China, Austria, Belarus, Israel, Italy, Spain, Slovakia, Finland and Switzerland participated in the exhibition "Dental Salon 2019". 403 exhibitors presented to visitors over a thousand of brands from 35 countries.

Education is one of the most sought-after components of the exhibition. Among a large number of activities carried out on the stands, lectures and master classes in the field of orthopedics, implantology, dental laboratory and endodontics were the most widespread, but there were also new directions like nursing, preventive dentistry, infection control, and anesthesia.

You can choose and plan a visit of the stands for education on the exhibition website, using the schedule in the Events section. In total, over 4 days, 520 events took place at the exhibition stands. 37% of the surveyed visitors noted education and skills upgrading as one of the most important goals of visiting the exhibition.

About 2500 people took part in the scientific hearings, including representatives of the regional public associations of StAR and other regions from 80 regions of the Russian Federation.

The points (credits) in the framework of the continuous medical education were received by conference participants in all the specialties approved in accordance with the program.

See you in Moscow at the 47th Moscow International Dental Forum and Exhibition "Dental Salon 2020", 27-30 of April 2020

Stomatology St. Petersburg

STOMATOLOGY
St. Petersburg

The largest in South-West of Russia exhibition in the field of dentistry - spring exhibition **"Stomatology St. Petersburg 2019"** was held 14-16 of May 2019 in Saint Petersburg. 74 companies from Russia, Armenia and China participated in the exhibition.

Among the exhibitors were present such companies as N.Sella, "Coral" Distribution Center, GVM Transit, Olympus Dental, SIRONA DENTAL SYSTEMS, Techno-Dent Group, North Carolina, Euro-Med Neva, VERTEX / ASEPTA, GlaxoSmithKline Helsker, Amrita, Raudentall, Trate, Farmadental, Dentalstom, Arkom, Profix Plus, Microworld and many others.

For the first time, in the exhibition participated such companies as Asteria, Symphony Materialoff, TRI DENTAL IMPLANTS, Kvale, Ivoklar Vivadent, "Dentservice" Dental Laboratory, Sealing Materials Plant, Antogyr, Nearmedic, TRIHAWK, Center for Postgraduate Education of Medical Specialists. The exhibition was visited by 3,399 specialists, most of the visitors were private and public dental clinics, companies selling wholesale and retail products for dentistry, dental laboratories, and pharmacies.
As part of the event program of the exhibition, **more than 25 events** took place: conferences (including those accredited in the system of continuous medical education), seminars and workshops for specialists. On the 16th of May a scientific-practical conference "Innovative methods in dentistry" was held. **More than 80 chief doctors** of dental clinics in the region participated in the conference. Gala Dinner "Stars of Dentistry" was held as part of the exhibition for the first time.

The organizers of the exhibition "Stomatology St. Petersburg" are the company MVK, St. Petersburg office, and VK "DENTALEXPO". Among all common projects the organizers also hold the **international exhibition "Dental-Expo St. Petersburg", which will be held on October 29-31, 2019 in the ECC "EXPOFORUM".**

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China Dental Show

28th Aug-31st Aug 2019 National Exhibition and Convention Center (Shanghai)

fdi FDI World Dental Federation

CDS 2020 will be held along with FDI 2020 in Shanghai

www.chinadentalshow.com

Co-organizers:

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Worldwide Upcoming Events

Calendar

Here our trade shows selection.
Discover all worldwide dental exhibitions at
www.infodent.com/calendars/tradeshow

August

28-31 08 2019

CDS - China Dental Show

Shanghai - China

Organized by: Chinese Stomatological Association (CSA) and Reed Sinopharm Exhibitions Co., Ltd. - 15th Floor, Tower B, Ping An International Finance Center, No.1-3, Xinyuan South Road, Chaoyang District, Beijing, P.R. China
Phone: +86 10 84556607
Contact person: Ms. Sherry Wang
Phone: +86 010 8455 6615
Email: boxiao.wang@reedsinopharm.com
Venue: National Exhibition and Convention Center Shanghai - China
www.chinadentalshow.com

September

05-07 09 2019

FDI 2019

Infodent Booth:

Hall F, Stand 5171

San Francisco, CA - USA

FDI World Dental Federation
Avenue Louis Casaï 51 - P.O. Box 3
1216 Geneva-Cointrin
SWITZERLAND
Telephone: 41 22 560 81 50
Email: info@fdiworldental.org
Venue: Moscone Center San Francisco
San Francisco, CA - USA
www.fdiworlddental.org

13-15 09 2019

IDEC 2019

Infodent Booth: D13

Jakarta - Indonesia

Organised by: Koelnmesse Pte Ltd
Jl. Cikatomas 1 no 7
Kebayoran Baru
Jakarta Selatan - Indonesia
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Worldwide Upcoming Events

September

19-21 09 2019

CEDE 2019 - The 28th Central European Dental Exhibition

Infodent Booth: Hall 8a, Stand B2.3

Poznan - Poland

Organized by: EXACTUS
Al. Kosciuszki 17 lp.
90-418 Lodz
Phone: +48 42 632 28 66
Fax: +48 42 632 28 59
Email: info@exactus.pl, cede@cede.pl, info@cede.pl
Website: www.exactus.pl

Venue: Poznan International Fair grounds
Add: Glogowska Str. 14
60-734 Poznan - Poland

www.cede.pl

26-28 09 2019

Dental Fair Prague 2019

Prague - Czech Republic

Organized by: Incheba Expo Praha s.r.o.
Prague
Czech Republic
Phone: +420 604 833 239
Website: www.incheba.cz

Contact person: Ing. Marcela Benesova
Email: m.benesova@incheba.cz

Venue: Prague Exhibition Grounds
Prague
Czech Republic

www.incheba.cz/en/home

cede 2019

28. Central European Dental Exhibition

Poznań, Poland, 19–21.09.2019

3. Polish Dentistry Union Congress

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Worldwide Upcoming Events

October

03-06 10 2019

Sofia Dental Meeting 2019 - 12th International Forum on Dental Medicine

Sofia - Bulgaria

Sofia Dental Meeting
str. Stoyan Zaimov 12
Sofia 1421, Bulgaria
Phone: +359 2 866 2257 // +359 884 27 84 83
Email: sofiadentalmeeting@gmail.com
sofiadentalmeeting@dir.bg
office@sdm.bg

Venue: Hotel Ramada
Maria Luiza 131 Blvd
1202 Sofia
Bulgaria

www.sofiadentalmeeting.com

December

01-04 12 2019

Greater New York Dental Meeting 2019 (GNYDM) - 95th Annual Session

New York City - USA

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New York, NY 10036
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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
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ufi Approved Event

Transforming the Lives of Children in a Smile

The South African Academy of Aesthetic Dentistry (SAAAD) proudly supports Smile Foundation, a significant, innovative, positive and open-minded organisation in South Africa dedicated to bringing smiles to children with facial anomalies

Smile Foundation is a South African, non-profit organisation that brings professional people together for the purpose of providing expert surgical intervention. The non-profit organization assists children with any type of facial condition, to receive corrective plastic and reconstructive surgery within South Africa, helping children who suffer from treatable facial deformities such as Cleft Lip and Palate, burn victims, Moebius syndrome (facial paralysis) and other conditions. SAAAD's partnership with Smile Foundation is instrumental in ensuring that together they can offer a child all the necessary treatments to make their dream smile a reality. On average, the Smile Foundation assists between 180 - 200 children around the country. The majority (75%) of these are cleft lip or cleft palate patients and require dental assistance at some point during their surgical process.

How did it all start?

One child, one letter and one phone call gave birth to the Smile Foundation 19 years ago. Formed in 2000 as The Smile Fund after a personal request from Mr. Nelson Mandela to help Thando Manyathi smile, to date more than 3,000 children's lives have been changed.

Tata asked Marc Lubner (renowned businessman in South Africa who later became Executive Chairman and co-founder of the foundation) to help him secure surgery for a young child suffering from a rare medical condition causing facial nerve paralysis (known as Moebius Syndrome). Thabile Malambo Manyathi relentlessly wrote letters monthly to Nelson Mandela appealing for assistance to help her child Thando go overseas to have a highly specialized procedure known as Facial Reanimation surgery, which would correct the Facial Paralysis with which she was born. As fate would have it, Thabile's desperate plea found its way into Madiba's personal pile of letters, and without a second thought he made the call. The Lubner Family inspired by Thando saw the bigger picture. There was no sustainability in sending one child overseas, so why not bring the skills home? With that Dr Ron Zucker and Dr Craig Van Der Kolk were invited to South Africa to transfer the skills of this technique to South Africa.

A surgeon George Psaras, then Head of Department of Plastic and Reconstructive Surgery at the University of Witwatersrand was the first surgeon in the country to learn this very specialized skill. The Independent Newspaper group joined forces and the Star Smile Fund was born. In 2007 the Smile Fund's growth necessitated the organization's establishment as a Section 21, and the re-launch as The Smile Foundation. The Smile Foundation is a non-profit organization that together with the country's Academic Hospitals, highly skilled doctors and tenacious nurses – literally put smiles on the faces of hundreds of children around the country on an annual basis.

Providing Plastic and Reconstructive Surgery for children living with facial conditions the Smile Foundation offers a holistic approach to Ubuntu. This includes investing in the infrastructure of the public healthcare system through academic skills development for medical personnel, funding of equipment utilized by the Departments of Plastic and Reconstructive Surgery, and assisting each child with pre and post-surgical care to transform the lives of these children who are often ostracized living with their facial conditions. The Smile Foundation is the consequence of Mr. Nelson Mandela's belief and passion for children, that together anything can be achieved – any life can be changed.

What type of assistance are we looking for from dental professionals?

- Basic Dental: regular preventative and restorative care
- Orthodontics at a later stage once they're older
- Prosthodontic Care: artificial teeth, dental appliances, dental bridges, 'speech bulbs', palatal lifts
- Assistance with hypodontia/extra teeth/ dystrophic teeth

The Smile Foundation could not change the lives of so many children without the help of generous corporates, both large and small, as well as a number of individuals who help to fund the cause. Smile Foundation's Chief Patron, the late honorable Nelson Mandela had passionately supported the Foundation and his wish is to reach as many children in need as possible. The late Madiba was proudly associated with the charity as he believed that the future of his nation is in the hands of its children.

Smile Foundation
www.smilefoundationsa.org
South African Academy of Aesthetic Dentistry - www.saaad.co.za/saaad/charity-affiliation

Sources: extracts from Smile Foundation website and from SAAAD website

www.idem-singapore.com

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