DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

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WHO endorses public health care

Geneva meeting shortened to fight new influenza virus

LEIPZIG, Germany/GENEVA, Switzerland: The improvement of primary health care and pandemic influenza preparedness are two of the main resolutions adopted at this year's World Health Assembly in Geneva in Switzerland. Last week, the 193 Member States adopted a final plan of action on public health, innovation and intellectual property, which includes an agreed list of stakeholders who will be involved in the process, as well as a time frame and indicators by which to monitor progress. The plan of action aims, amongst other things, to reduce exclusion and social disparities in health-care systems worldwide and to promote public policy reforms in order to integrate health into all public sectors.

The WHO World Health Report 2008 found striking inequities in health outcomes and the access to care. Globally, annual government expenditure on health varies from as little as US$20 per person to well over US$6,000. For 5.6 billion people in low- and middle-income countries, more than half of all health-care expenditure is through out-of-pocket payments.

WHO officials during the high-level consultation on influenza A(H1N1). (DTI/Photo Cédric Vincensini, WHO)

This year's meeting in Geneva was closed after only five days to give senior high officials the chance to return to their home countries and prepare for a possible influenza pandemic.

During the high-level consultation on the new H1N1 virus, WHO Director-General Dr Margaret Chan was called upon to consider criteria other than geographical spread when evaluating the phases of influenza pandemic alert. Dr Chan further stated that her decision to declare an influenza pandemic would consider the scientific information available and would be supported by advice from the Emergency Committee, a body of international experts established in compliance with the International Health Regulations. The Director-General outlined what might be seen, based on current knowledge, as the virus continues to spread over the coming weeks and months.

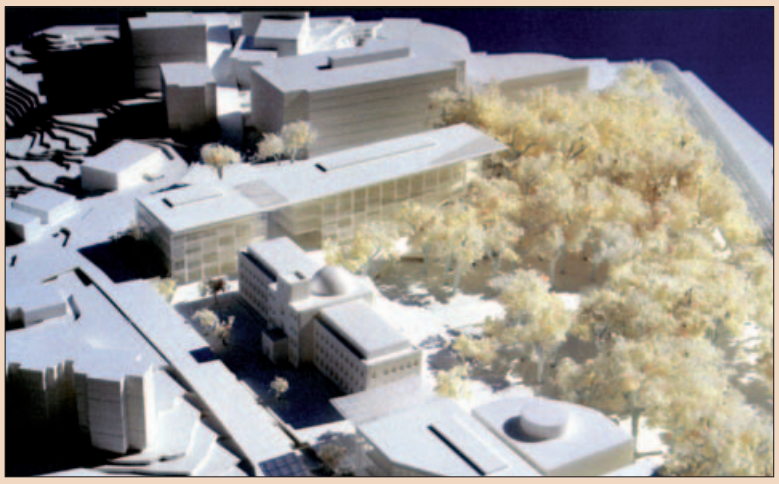
She called for close monitoring of the virus as cases begin to appear in the Southern Hemisphere, where the new virus will have opportunity to inter-mingle with other currently circulating influenza viruses as the seasonal winter influenza epidemics begin. DT

Czechs seek expertise in Japan

Scientists from the Masaryk University in Brno in the Czech Republic have signed a cooperation agreement with the Faculty of Dentistry at the Tokyo Medical and Dental University in Japan to co-develop new materials for use in dentistry.

According to the Czech News Agency ČTK, the researchers will focus on special titanium alloys for dental implants and determine whether the materials have a negative impact on general health. In addition, the two universities have announced that they will arrange the exchange of students on a regular basis.

Tokyo Medical and Dental University is the largest public dental school in Japan, with over 3,000 students. The university hospital treats 19,000 patients per year. DT



This photo shows a model of the new Oral Health Centre in Brisbane in Australia. Completion is scheduled for 2010. (DTI/Photo sourtesy of University of Queensland) ASIA NEWS, page 3

New college for Pakistan

Pakistan has opened the new Sheikh Khalifa bin Zayed Bin Al Nahyan Medical and Dental College in Lahore. The school is the first of many in the country to be opened this year to tackle the shortage of medical and dental personnel. DT

Devices for snoring fail

A survey by the UK watchdog *Which?* has shown that three-quarters of over-the-counter remedies for snoring do not work for their users. Among others, the magazine tested dental devices that hold the jaw forward to keep the airway open. DT

British Asian kids avoid the dentist

Children of Bangladeshi, Indian and Pakistani origin in the UK visit the dentist less frequently than any other ethnic group, according to recent research. Three-quarters of all children under 16 in England have been for a check-up in the last year, but for all British Asian groups the statistics are low. The government claims that Bangladeshi children from deprived backgrounds, who often have a high amount of sugar in their diet, are the worst affected. The Department of Health is developing guidance notes for all Primary Care Trusts, aiming to provide ideas on promoting oral health care to the British Asian community. DT

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Asia News

HK company stocks up on face masks to fight swine flu pandemic

The Hong Kong-based biotech company Filligent announced the mobilisation of its anti-infective BioMask stocks to help combat the global spread of the H1N1 virus, also called swine flu. The mask, which was introduced to the public at the Asia Pacific Congress of Medical Virology in February 2009, is said to be the first medical face mask to kill viruses within seconds after contact, while retaining the breathability required by medical workers.

"Humanitarian organisations and governments are on the front line of containing infection, especially among children. We're allocating our resources to respond to their needs," said Filligent CEO Melissa Mowbray-d'Arbela. She added that BioMask was designed to withstand the rigours of pandemic logistics.

"We are working with retailers and humanitarian organisations to get the BioMask and our other anti-infective products out to the people as soon as possible," Ms Mowbray-d'Arbela said.

Filligent's BioMask is based on an 'intelligent filtration' technology and fabricated from a tested multilayer material that has highly targeted antimicrobial properties. According to the company, this patented BioFriend textile layer captures pathogens by mimicking the sites on human cells to which they normally attach and destroys them by disrupting their surfaces and cell walls. Many viruses, including influenza viruses, are known to bind to a terminal sialic acid residue on the surface of the human cell membrane.

The new strain of the swine flu virus that swept through Mexico and other parts of the world has killed about 100 people worldwide, primarily in North America and Mexico. Latest data of the World Health Organization showed 13,398 people in 48 countries were confirmed to have caught the virus. India and Turkey have confirmed their first cases of swine flu and Japan has recorded its first domestic case of the illness. Meanwhile, the Turkish Health Ministry says an American flying from the United States via Amsterdam was found to be suffering from the virus after arriving at Istanbul Airport en route to Iraq. Malaysia confirmed its second case of swine flu—a female student who was on the same flight as a 21-year-old man whom authorities a day earlier announced had tested positive.

The WHO has changed the current phase of pandemic alert to five, which is one step away from a global pandemic. In a press conference in May, Dr Keiji Fukuda, Assistant Director-General ad Interim for Health Security and Environment at WHO, said that despite all efforts to contain the outbreak, his organisation is expecting a large number of people to get infected worldwide.

"It would be a reasonable estimate to say that perhaps a third of the world's population would get infected with this virus," he said. DT

The BioMask will help dentists and physicians to hold off from swine flu, the company says. (DTI/Photo Courtesy of Filligent)

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Aussie university receives budget for new Oral Health Centre

Daniel Zimmermann
DTI

LEIPZIG, Germany/BRISBANE, Australia: The Australian government has provided for a new US$79.2 million Oral Health Centre at the University of Queensland in Brisbane in Australia. It will bring together the University's School of Dentistry and sections of Queensland Health's Oral Health Services for treating about 17,000 dental and cancer patients each year and thereby meeting the national dentist shortage, University officials said. The Centre is scheduled for completion in 2012.

The University has hailed the decision announced last night in the Federal Budget, which will help build Australia's largest and most advanced specialist oral health service and support up to 700 jobs in the construction, property, business, and manufacturing industries. The Centre will have up to 160 full-time equivalent staff and train an additional 20 dentists, as well as 15 oral health therapists each year. Students in these programmes will treat members of the public at the Oral Health Centre, under close supervision.

Vice-Chancellor Prof. Paul Greenfield welcomed the announcement as the start of a new era in dental care and education for Queensland. He said that plans for a new School of Dentistry date back 20 years.

"The new centre will substantially expand and improve oral health facilities and services for patients, particularly cancer patients and others with complex dental care needs," Prof. Greenfield added. "Patients will also benefit from research, which will target better treatment outcomes and prevention."

Research is to be conducted in restorative dentistry, paediatrics, orthodontics, oral radiology, oral medicine, periodontics, endodontics, special needs dentistry and other specialist areas. The centre will also house the largest dental library in Australia. DT

Open borders for Filipino dentists

Doctors and dentists from the Philippines will soon be able to practise in all member countries of the Association of Southeast Asian Nations (ASEAN), according to a new agreement recently signed by ASEAN education ministers in Phuket in Thailand. The agreement will make way for free movement of professional medical and dental labour from the Philippines to countries like Singapore, Indonesia or Vietnam. Currently, the Philippines has 8,500 dentists.

Similar arrangements have already been introduced by the ASEAN regarding architects, surveyors, engineers and nurses. In December 2006, for example, ASEAN economic ministers signed a mutual recognition agreement on nurses, which are amongst the Philippines' major human resource exports. The new agreement on physicians and dentists will be effective in August this year.

Under the agreement, physicians and dentists from the Philippines can apply for recognition in another ASEAN country, if they have a valid professional licence from the host country's Professional Regulation Commission or have been practising as a general medical practitioner or dentist in the host country for no less than five continuous years, Education Secretary of the Philippines Jesli A. Lapus said. He added that the agreement requires dentists to comply with requirements imposed by the host country and have no pending administrative or criminal case in relation to the practice of their profession.

"We welcome these developments because these are concrete steps to realising a true ASEAN community that is inclusive, harmonious, and borderless and one that expands the opportunities for personal growth and development for our countrymen," Lapus said. The ASEAN, with a combined market of about 550 million people, aims to achieve a single market by the year 2015, in order to be able to compete with other emerging markets in the region, such as China or India. The bloc has a combined gross regional product of US$1.1 trillion and total trade of about US$1.6 trillion. DT

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Dear reader,

Daniel Zimmermann
DTI

Being the Group Editor of DTI, I am in regular contact with dental publishers around the world and, occasionally, I am honoured to welcome new faces to our group. This year, for example, I am particularly looking forward to our new collaboration in India. Jaypee Brothers (JP), who joined the DTI network in March, is not only one of the biggest medical and dental publishers on the subcontinent, but also the perfect addition to our group. JP represents a country with a large population and the biggest output of dentists worldwide. I am sure that *Dental Tribune Asia Pacific* (DTAP) will benefit from their expertise and knowledge in the future.

On this occasion, you will find this year's first special—*Eye on India*—within DTAP. Inside you will find a number of exclusive features and interviews with experts that we hope will interest you. Amongst others, we spoke with Prof. Raman Bedi, who was born in India and held the position of Chief Dental Officer in the UK from 2002 to 2005. Our interview with the German consultants Dr Johannes Wamser and Mike Batra about the current market conditions in India revealed that the Indian dental market is indeed very attractive for foreign manufacturers of medical and dental equipment.

Unfortunately, another disturbing issue is still with us. Although the media frenzy about the swine flu outbreak has died down, the world is still far from having overcome the crisis. Over the last two months, the virus has found its way from North America through Europe to Asia. There, the World Health Organization has warned, it could combine with avian flu and mutate into a more virulent form, sparking an influenza pandemic that could be expected to circle the globe up to three times. Infection control has never been more important! DT

Daniel Zimmermann
Group Editor
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Dental Tribune welcomes comments, suggestions and complaints at feedback@dental-tribune.com

Aesthetics and the brain

Dr David L. Hoexter
DT US

The age-old question as to what constitutes beauty has been subjected to yet another wrinkle. Research has been presented showing that left-sided brain people perceive beauty differently than right-sided ones. Beauty is and has been perceived through the ages through individual eyes. Perhaps different cultures encourage different zones of desire and contentment; also, people of different ages may have different views. Whatever the cause or conditioning, our visions encourage that beautiful zone. Is it due to our youth's environment, perhaps where our mother's left side of the brain influenced our concepts early, relating to beauty?

When I was presenting cosmetic periodontal techniques in Sicily, Italy, at a congress dedicated to aesthetics in dentistry, Dr DeLucca, an exquisite prosthodontist with exceptional aesthetic prosthetic results, brought up factors and questions regarding the effects of aesthetics from the right and left sides of the brain as well as the male/female dominance in their respective spheres.

In general, the right side is usually related to males. The left side of the brain is, in general, attributed to the female gender. Its characteristics are said to be non-verbal, intentional, emotional, excellence in spacial relationships, and good colour perception.

In the past 20 plus years of dentistry, aesthetics has changed the face of the profession. This is not meant to be a pun but an actual fact. At about the same time that cosmetic improvement was encouraged by our profession, the profile of the dental school population started to change. The number of female dental students became more predominant than ever before in the United States. Was this the left side of the brain making its mark?

The initiating pioneers in the dental aesthetic field, Drs Irwin Smigel and Ron Goldstein, forged awareness to the public as well as dentists, and encouraged the patient to request looking better orally. In turn, they encouraged the dentist to provide the services that stimulated dental companies to research and provide better aesthetically appearing, yet formidable, restorative materials. Did it take these pioneers the use of the right side of their brain to forge this field of aesthetics?

In other countries throughout the world, the number of female dental school graduates has been higher than males for years. In addition, 85 per cent is the common percentage of female dentists practicing in many such countries. In the US, that number hovers at about 50 per cent.

Does the right side of the brain dominate our field with the necessary precision that is demanded? Have the materials in dentistry today improved so much that there is compensation in techniques to allow the left side of the brain's activity to transcend and emit an aesthetic sensitivity for the patient's appearance? Can the individual dentist utilise the left and right side of his or her brain as noted in today's terminology by the expression 'crossover'?

Will the economic turmoil of today affect the demand by patients for cosmetic dentistry beyond the necessary health requirements? I know that for me to find the answer regarding the male/female, left and right brain relationships, I should smilingly have to ask my wife. DT

Contact Info

Dr David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia, and maintains a practice in New York City, USA. He can be reached at drdavidlh@aol.com.

Procedures against the Influenza A H1N1 Virus

Dr Enrique Acosta-Gio
Mexico

Evidently, there are still new cases of Influenza A caused by the H1N1 Virus. Throughout the world, the strategic response to the virus has been to slow and limit its spread. Basic measures for prevention and control of infection are the most effective means of achieving this.

The recommended procedures for preventing possible spread of respiratory infections include frequently washing the hands, covering the mouth with tissue when coughing or sneezing, avoiding physical contact with patients, using surgical masks and, if necessary, isolating infected patients.

Successful infection control is based on our execution of procedures and exercise of caution.

For our own safety, as well as our patients' health, all health workers should regard the following as potentially infectious: body fluids (with or without visible blood), mucous membranes, and non-intact skin—these are standard precautions.

Additionally, during the flu season or an influenza outbreak such as the recent one, dental professionals with viral respiratory diseases should suspend all clinical activities until they are healthy.

In order to avoid the exposure of the dentist to flu, it is recommended that patients with symptoms of a respiratory infection of viral origin continue their dental treatment when they are free of symptoms.

Resources for dental professionals on the Influenza A (H1N1) virus are available from the Organization for Safety and Asepsis Procedures at *www.osap.org/displaycommon.cfm?an=1&subarticlenbr=1216.* DT

Contact Info

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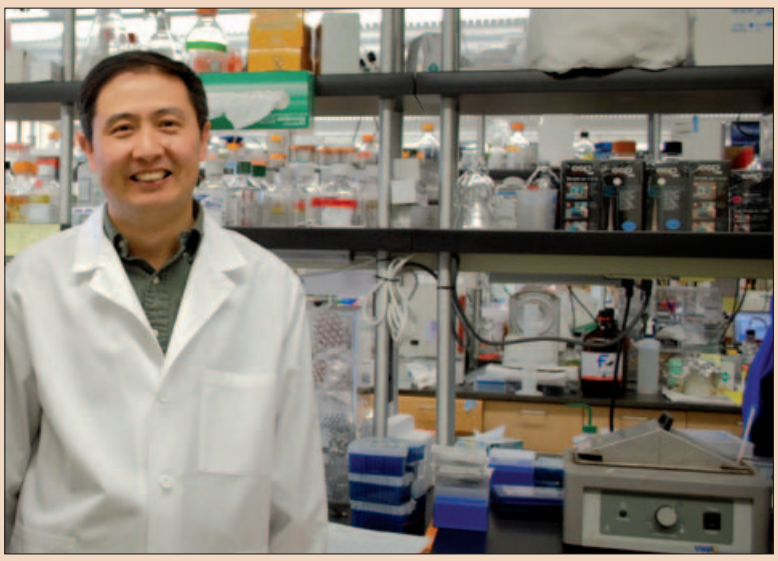
Scientists find someone new to target in periodontitis fight

Sandra Shagat
USA

SAN DIEGO, CA, USA: Researchers at the School of Dentistry at the University of California, Los Angeles (UCLA) in cooperation with the University of Michigan and the University of California, San Diego have identified a potential new focus of treatment for osteoporosis, periodontitis and similar diseases. Dr Cun-Yu Wang, who holds UCLA's Dr No-Hee Park Endowed Chair in Dentistry No-Hee Park Endowed Chair in the dental school's Division of Oral Biology and Medicine, and his team suggested that inhibiting nuclear factor-kB (NF-kB), a master protein that controls the genes associated with inflammation and immunity, can prevent disabling bone loss by maintaining bone formation.



Dr Cun-Yu Wang in the Laboratory of Molecular Signaling in the division of oral biology and medicine at the UCLA School of Dentistry. (DTI/Photo courtesy of UCLA)

The NF-kB protein, a culprit in inflammatory and immune disorders, plays a major role in both osteoporosis and periodontitis, disrupting the healthy balance of bone destruction and formation. "Most studies focus on the part that NF-kB plays in the regulation of osteoclasts—bone-resorbing cells. For the past five years, we looked closely at the effect of NF-kB on osteoblasts—bone-forming cells," said Dr Wang. "We knew that NF-kB promoted resorption. What we discovered in our in vitro and in vivo studies is that this protein also inhibits new bone formation, giving us a fuller picture of its role in inflammation and immune responses."

The findings could offer new hope to millions who fight osteoporosis and periodontitis each year. The US National Institutes of Health estimates that in the US alone more than ten million people have osteoporosis, and many more have low bone mass, putting them at risk for the disease, as well as broken bones. According to the American Academy of Periodontology, mild to moderate periodontitis affects the majority of adults, while between 5 and 20 per cent of the population suffers from advanced periodontitis.

Many available treatments work to prevent further bone loss but are not able to increase bone mass. Dr Wang's research results support the idea that a new drug that prevents the action of NF-kB in cells may represent a major therapeutic advance. DT

(Edited by Claudia Salwiczek, DTI)

Gum disease and myocardial infarction may share genetic predisposition

The link between periodontitis and myocardial infarction likely has a genetic cause. German and Dutch scientists recently presented the first evidence of a shared genetic variant of both conditions on chromosome 9, at the annual conference of the European Society of Human Genetics in Vienna in Austria. The chromosome, which represents approximately 4.5 per cent of the total DNA in cells, has been found to be associated with other health disorders, such as bladder cancer and leukaemia.

A mutual epidemiological relationship between aggressive periodontitis and myocardial infarction has been shown in the past, but researchers were not certain of it. "We have examined the aggressive form of periodontitis, the most extreme form of periodontitis which is characterised by a very early age of onset. The genetic variation associated with this clinical picture is identical to that of patients who suffer from cardiovascular disease and have already had a myocardial infarction," said Dr Arne Schaefer from the Institute for Clinical Molecular Biology at Kiel University in Germany, one of the lead authors of the study.

Periodontitis affects over 90 per cent of adults over 60 and is the major cause of tooth loss in adults over 40. Because it has to be assumed that there is a causal connection between periodontitis and myocardial infarction, the condition should be taken seriously by dentists and thus diagnosed and treated at an early stage.

"Aggressive periodontitis has shown itself to be associated not only with the same risk factors such as smoking, but it shares, at least in parts, the same genetic predisposition with an illness that is the leading cause of death worldwide," warned Dr Schaefer. He added that knowledge of the risk of heart attacks could also induce patients with periodontitis to keep the risk factors in check and take preventive measures. DT

(DTI/Photo Sofia)

AD

Leukaemia drug helpful in treating head and neck cancer

Daniel Zimmermann
DTI

LEIPZIG, Germany: A new anti-leukaemia compound, currently being studied at the Albert Einstein College of Medicine of Yeshiva University in New York City in the US, has revealed promising results for treating head and neck cancer. According to a press note released by the university last week, the new class of chemotherapy agents, known as histone deacetylase inhibitors (HDAC), succeeded in killing tumour cells that had been removed from head and neck cancer patients and grown in the laboratory.

Head and neck cancer refers to tumours originating from the upper aerodigestive tract, including the lips, oral and nasal cavity, as well as paranasal sinuses, pharynx, and larynx. It is the sixth most frequent cancer worldwide, comprising almost 50 per cent of all malignancies in some developing nations, such as India. In the US alone, approximately 30,000 new cases and 8,000 deaths are reported each year.

Until now, the common form of treatment has been radiation therapy, and in some cases also surgery or targeted therapy, which uses drugs or other substances to identify and attack specific cancer cells without harming normal cells. HDAC inhibitors, such as LBH589 tested at Einstein, appear to combat cancer by restoring the expression of key regulatory genes that control cell growth and survival to normal levels.

In addition, the researchers identified a set of genes whose expression levels change in response to the HDAC inhibitors, which could help doctors identify the patients most likely to respond to the drug. Plans call for testing LBH589 on head and neck tumour cells from more patients, so that the set of genes that respond to the drug can be more firmly established. DT

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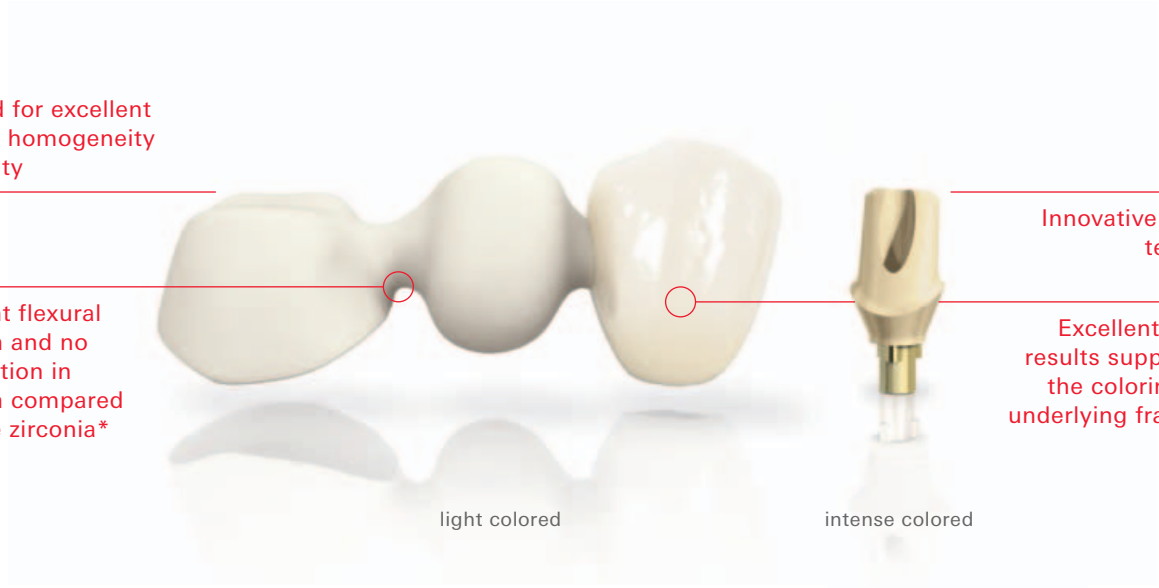

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IFED invites to Las Vegas Congress

Fred Michmershuizen
DTA

NEW YORK, NY, USA: The International Federation of Esthetic Dentistry (IFED), an international consortium of 30 aesthetic dental organisations, including the Asian Academy of Aesthetic Dentistry, has announced its 6th World Congress, to be held from 2 to 5 August at the Bellagio Resort in Las Vegas in the US.

According to the meeting organisers, the event will be the premier aesthetic dental meeting of the year. The meeting, titled *Passion, Esthetics and New Technology: The Future of Dentistry*, is chaired by Dr Vincent G. Kokich Sr., with the scientific programme developed by Drs Baldwin W. Marchack and Ronald E. Goldstein. The programme is designed to encompass the broad spectrum of dental aesthetics, including prosthodontics, periodontics, endodontics and general dentistry.

"I am very proud of this scientific programme," said Dr Kokich. "First of all, it will feature experts from all over the world in the area of aesthetics. Second, the topics are divided into various categories, including controversies, point/counterpoint, state of the art, panel discussion, interdisciplinary aesthetics, as well as extensive clinical documentation of the wonderful treatments that dentists and specialists from many different disciplines can offer in order to enhance dento-facial aesthetics. Since the lecturers will only have from 20 to 30 minutes to present their material, the programme will be very lively and will cover a broad range of topics."

The meeting is also designed to appeal to an international audience, according to Dr Kokich. "Attendees from different countries will see a compilation of speakers that have never been assembled together previously on one stage," he said. "There will be speakers from many different countries, as well as the United States, to entertain and educate the audience."

A trade show featuring more than 100 global dental companies will be held in conjunction with the biennial meeting. DT

Joining the Dental Tribune International Group

Naren Aggarwal
DT India

We are excited to be the new licence partner of Dental Tribune International in India and to be able to introduce new publications in the country's yet under-represented segment of dental professional media. Indian dentists in private practice will now be able to access a wide range of information on current trends in dentistry through DTI's offerings, including their flagship publication *Dental Tribune* and five speciality magazines. The high demand for online information and educational tools will be met through DTI as well.

Our company Jaypee Brothers (JP) is India's largest publishing house with an operating revenue of US$28 million. The group has four decades of publishing experience and maintains ten regional offices throughout the country. The group is moving forward with a commitment to the medical and dental community to publish scientific content in all areas of science, and is continuing to expand its current range of publishing ideas. A dedicated in-house team of 80 professionals in the editorial and design division continually evolves the product and content quality, in order to meet new market demands and support growth plans.

Dental media by JP are also available worldwide in regions such as the Middle East, Eastern Europe, Africa and Southeast Asia. In the US, McGraw-Hill Publishers distributes JP titles on an exclusive basis, with a similar model in place for McGraw-Hill medical books in India. Overall, despite a deep global slowdown, JP registered double-digit growth in its business last year. In order to achieve a global presence and enhance its brand value through media and consumer interest in JP products, the group showcased its new products at over 40 international conferences in 2008.

"With *Dental Tribune* as our new title for general practitioners, we hope to benefit from an already existing network of 25 international publishers"

With the addition of 32 titles last year, and 55 new titles to be released this year to add to the existing 211 titles, the growth of JP's print portfolio in dental medicine has been consistent and rapid. The portfolio includes undergraduate and postgraduate textbooks, reference books and handbooks for various specialities, and ranges from basic subjects, such as anatomy, physiology, oral histology and dental hygiene, to more advanced subjects, such as maxillofacial surgery, periodontics, prosthodontics and restorative dentistry. The target readership of dental titles is dentists, dental assistants, dental hygienists, dental technicians and dental therapists. In addition, the dental titles are read in all 280 of the country's dental colleges.

The group is also expanding its journal portfolio and plans to achieve a list of 17 journals by next year. The *International Journal of Clinical Pediatric Dentistry* and the *International Journal of Clinical Implant Dentistry* are already in active circulation. New titles in orthodontics and cosmetic dentistry are under development.

With *Dental Tribune* as our new title for general practitioners, we hope to benefit from an already existing network of 25 international publishers and look forward to bringing their expertise to our large readership in India. DT

AD

DTAP 5/09

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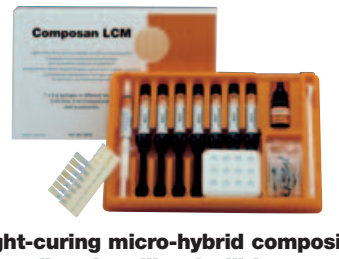

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DENTAL TRIBUNE Asia Pacific Edition

"India has much going for it"

Interview with Dr Johannes Wamser and Mike Batra, Dr Wamser + Batra GmbH, Germany

The Indian market with a population of more than 1 billion people and an emerging middle class offers enormous potential for all kinds of industries. Dentistry is one of them. Editor Claudia Salwiczek spoke with Dr Johannes Wamser and Mike Batra from German consulting company Dr Wamser + Batra GmbH about the current market conditions in India and why foreign manufacturers of medical and dental equipment should start to invest now.

Claudia Salwiczek (right) talks to Dr Johannes Wamser (middle) and Mike Batra (left). (DTI/Photo Daniel Zimmermann)

Claudia Salwiczek: Dr Wamser, you offer consulting services to companies that are interested in setting up in India. Why are you focusing on dentistry?

Dr Wamser: We are not exactly focused on dentistry and offer our services to many industries. The common denominator is simply India. In our company, you will find a number of professionals that have much experience in doing business there, such as managers from German companies who worked and lived in India for a couple of years. The reason that we are dealing with dentistry now is trivial. India has much going for it!

Could you please explain this to us?

Dr Wamser: Sure. Currently, a small but powerful social class is developing in India that is influenced by international media and is able to fly to London or Dubai occasionally to do shopping. This developing part of the population is placing high demands on the Indian health care system, which unfortunately is still underdeveloped in most parts of the country. India is still a classical example of a developing nation with low standards in clinics and the education of medical personnel. This is changing now only in a small segment that offers high-quality products and services, but not throughout the country.

Modern dental clinics have multiplied in India. (DTI/Photo Courtesy of Meera Dental Hospital)

So there is no mass market for medical or dental equipment in India?

Dr Wamser: I have to agree because the number of doctors and clinics that want to purchase advanced technology and are able to use it is manageable. However, the number is sufficient to make the market attractive for foreign manufacturers.

"There is a large gap between what is currently available there and what people are willing to pay for good health care"

There is a large gap between what is currently available there and what people are willing to pay for good health care. In my opinion, foreign manufacturers would be able to sell their technologies in India at a price range comparable to Europe or the US.

Could you please briefly explain the health care system in India?

Mr Batra: Similar to other markets, the health care system in India is divided into the public and private sectors. In the past, we accompanied a number of German medical companies that were focusing on private clinics, which have multiplied in the big cities like Delhi, Mumbai and Bangalore. As these clinics are brand new, the risk of infection with Methicillin-resistant *Staphylococcus aureus* is minimal or non-existent, which is something these clinics regularly exploit for their advertising.

I suppose the conditions in public hospitals paint a different picture?

Mr Batra: Indeed. Public hospitals are generally uninteresting for most foreign manufacturers of medical equipment because the price and quality levels are different from what they offer in their markets. For example, it is common for 300 people to share a room that only has the capacity of 100 beds. Syringes are re-used twice or even three times, which makes these hospitals perfect breeding grounds for diseases like hepatitis C. Patients also have to bring or buy wound dressing material from the clinics, and bedside care is often provided by a family member instead of a nurse.

Is medical treatment free?

Dr Wamser: In most cases, the treatment is free and patients only have to pay for materials and medicine. The public health care system is state subsidised and financed, but as you can imagine, these financial means are not sufficient for the 1.2 billion people living on the subcontinent.

What about dentistry?

Mr Batra: There are certain basic procedures like normal check-ups that are free. Dentures, however, must be paid out of pocket and this is where street dentists usually come into play. We focus mainly on the private sector, which has experienced quite an upswing in the last four to five years. In this sector, the technological standard, the dentist–patient ratio and the quality of bedside care is comparable to Western countries. At the moment, a number of private clinics with capacities of 1,000 to 1,500 beds are being built that are aimed primarily at dental tourists.

And these clinics mainly treat foreign patients...

Dr Wamser: They do at a very high level of quality but also at a reasonable price. Many private clinics have dental departments that were established especially for overseas patients, which help them with travel arrangements, such as booking flights, transport from the airport and getting visas. I have to say that this has become very successful.

Street dentist in Bangalore, India. (DTI/Photo Matthew Logelin)

It is also not a secret that many Indian dentists who have practised in England or the US are now using the opportunities that these clinics offer and return to practise in India for a while.

What's the price range of these clinics?

Dr Wamser: Dental services are 60 to 70 per cent cheaper than in Europe or North America but the cost of materials is more or less the same. These clinics are independent and can offer less expensive services because they do not have to pay opportunity costs, for example.

India is often compared to China when it comes to economic development. What potential does the Indian dental market really have?

Dr Wamser: On the one hand, we have a mass of people that offer dental services on the streets but who have never had any dental education. On the other hand, we have a small segment of well-educated and foreign-trained dentists who work in many of the private dental clinics. The group of street dentists or those with small practices are not able to buy expensive equipment; therefore, it falls upon the private sector and hospital chains to invest in new equipment. Meeting this growing demand is a significant opportunity for foreign manufacturers of dental equipment.

What should be done?

Dr Wamser: India needs a big leap forward to reach the same level of technological development that Western countries have achieved in two decades. This includes all sectors, such as high-quality equipment, sterilisation methods and hygiene standards.

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