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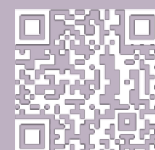
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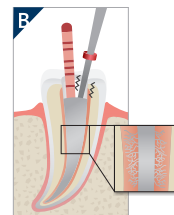
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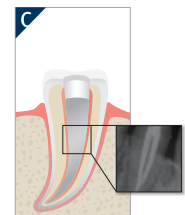
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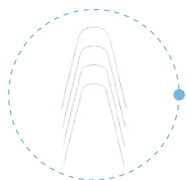
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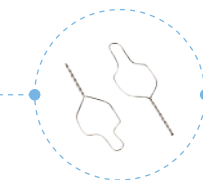
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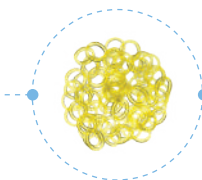
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The Power of Global Partnerships

In a rapidly evolving and interconnected world, the power of collaboration and partnership on a global scale has become increasingly essential for businesses seeking to thrive and expand their reach. Expanding beyond borders is essential for growth and success in the current global business landscape. Strategic alliances and partner relationships are key to this expansion. These collaborations offer unique synergies, allowing companies to share resources, expertise, and networks, fostering mutual goals in rapidly changing market dynamics and evolving customer behaviors. By reaching beyond local markets and forging mutually beneficial relationships with partners worldwide, businesses can unlock a myriad of opportunities and competitive advantages that pave the way for sustainable growth and success.

The benefits of collaborating and finding partners globally are manifold for businesses aspiring to accelerate growth, innovation and global market presence. Collaborating with partners internationally opens doors to new markets and customer segments that may have previously been inaccessible. Businesses can expand their reach and effectively cater to the needs and preferences of diverse audiences. Global collaborations with organizations from different countries foster a culture of innovation by bringing together diverse perspectives, expertise and resources. Businesses can exchange ideas, share best practices and co-create innovative solutions that address complex challenges and drive continuous improvement. Through strategic collaborations, companies can leverage the expertise, skills and capabilities of partner organizations to complement their own strengths and fill critical gaps.

Strategic partnerships and global collaborations contribute to enhancing brand visibility and credibility in new markets and regions. By associating with respected partners, businesses can leverage their partner's reputation, industry standing and market influence to amplify their own brand presence and value proposition. This synergistic relationship builds trust, credibility and goodwill among customers, suppliers and stakeholders, bolstering the overall brand image and market positioning.

But strategic alliances go beyond simple business agreements. Choosing the right partners is a critical step in global expansion. It involves carefully assessing capabilities and ensuring strategic and ethical alignment with your business's long-term goals. Creating these alliances involves deep knowledge and understanding of diverse markets. They must be built on trust, mutual respect, and a shared vision, with each party contributing unique value. For this, *Infodent International* is proud to announce its new collaboration with two U.S. based partners, *DrBicuspid* and *Inside Dental Technology (Conexiant)*.

DrBicuspid connects and empowers dental professionals to invaluable news, insights, and an engaged community. Since 2007, it has established itself as a premier resource for dentists, hygienists, assistants, office managers, and industry professionals, offering a vibrant community that empowers dental professionals to thrive. On the other hand, *Conexiant* brings over 25 years of experience in medical knowledge dissemination, consolidating the strengths of leading legacy businesses such as Pentavision, Harborside, Aegis Dental Network, Broadcast Med, and Digitell. With an audience of over 2.8 million verified healthcare providers and more than 1.5 million hours of healthcare education delivered, Conexiant has established itself as a key player in optimizing communication strategies for top-tier medical institutions, including over 60% of US News-ranked top hospitals. As the first company to broadcast a live surgery, Conexiant continues to pioneer innovative healthcare communication solutions.

Our combined synergies offer a platform for innovation and market penetration, an invaluable strategy for companies looking to extend their international reach. Utilizing partner companies' complementary strengths and resources to create a more formidable market presence and address gaps in expertise or resources that either company alone may not possess. Embarking on the global expansion journey is a multifaceted and dynamic process, however, by learning more about what you need, we can tailor our support to better reflect your needs.



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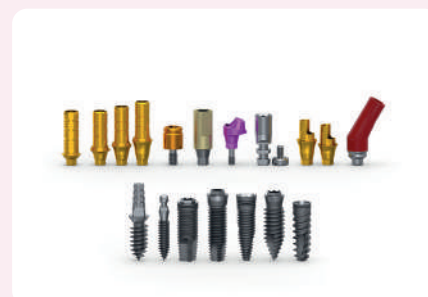
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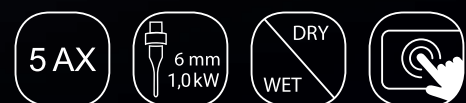


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Time travel into the future: Renfert invites you to IDS 2025

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PREMIUM HIGHLIGHTS

COMPANIES LOOKING FOR DISTRIBUTORS

At IDS 2025, Renfert (Hilzingen, Germany) will unveil three new products for daily use in dental offices and laboratories: the first fully mobile SILENT suction unit, the latest generation of the SIMPLEX dental 3D filament printing system and the extraordinary LIGHT 1 worklight. Even in the year of its 100th anniversary, the company remains true to its motto: making work easy.

What do a caricature artist, modern dental equipment and a 100th anniversary have in common? They are part of Renfert's presentation at IDS telling the story of a company that places people center stage. With SILENT XS, the company presents the first fully mobile, battery-operated SILENT suction unit that can be moved flexibly between treatment rooms or to the in-house laboratory; in the field of 3D printing, the new SIMPLEX 2 SX filament printer offers streamlined workflows for dental offices, dental labs and orthodontic practices; in

addition to filaments for model production, there are also brand new filaments for temporary prostheses and custom trays. The new LIGHT 1 worklight illuminates the work area homogeneously and glare-free, ensuring optimum visibility.

The importance of optimal light in dental technology will be demonstrated by two experts on Thursday, Friday and Saturday. A caricaturist will capture special moments and visitors receive their individual caricature as a lasting memory.

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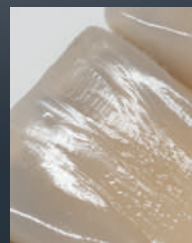


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Why EXTRA?

Extra light - only 4,5Kg

Extra small and compact - only cm22x18,5x33H (an absolute record-breaking size)

Extra large printing volume: 143x89mm

Extra speed: 100mm/H in Z with 80um layer**

Extra system of resin cooling/heating (**climatized resin**)

Extra system for resin temperature control

Extra resolution: 35 µm

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

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

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

Extra touch: display touch 5" 4K

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

Extra silent

Extra duration: DigiPrint Extra 4K has been designed to last. It has special fans guaranteed 80.000 hours of operation (9 years always ON on full blast)

Extra price: really competitive price level

**** with DigiPrint Extra 4K you can easily print: 2 models in 10 minutes / 10 aligners in 1 hour.**

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

The 1200+600Mpa multi-block balances aesthetics and stability with different transparency and strength for dentin and incisal, suitable for anterior-cases. 1100Mpa multi-block offers 45%-42% transparency from dentin to Incisal respectively, suitable for every case

"LUXEN" is renowned for its natural gradient, unlike others that just increase layers. Enabling dental technicians to express shades without additional work is quite competitive.

"LUXEN" is also famous for its high resistance to fractures, due to extensive expertise, high-quality materials, distinguishing it from Chinese blocks.

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Benefits

- A high intensity output of 2,400mW/cm2 and 10W LED offers short curing time and efficient polymerization
- 360° swivel light probe and silicone ring tip ensure patient comfort
- Dual-wavelength with 4 LED lamps can efficiently polymerize all dental materials

- Broadband spectrum of 385nm-515nm
- Wireless battery charging system eliminates any potential charging contract problems
- Five(5) versatile curing modes allow flexible curing time and power intensity including 1 second curing and Orthodontic curing mode
- Built-in Light Intensity Measurement Sensor provides peace of mind so clinicians can always verify if the intensity is within normal range

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Mestra Eolo Induction aspiration unit Ref. o8o533

© TALLERES MESTRAITUA

Its new "brushless" induction motor extends its useful life between 5 and 10 times compared to traditional models, with an innovative double filter system optimized for work in the dental laboratory. It can be mounted with HEPA filter. It easily adapts to the laboratory furniture, filling a minimum space. In addition, the ergonomic design facilitates its use and mobility.

The electronic control with LCD screen is equipped with protection systems against overloads or obstructions in the suction mouth and with a visual indicator of the filter filling level and the detection of the micromotors.

It allows manual or automatic operation synchronized with up to 3 different devices (sandblasters, micromotors, etc.). The detection and adjustment of micromotors is carried out by the electronic control itself, which allows detecting any micromotor, including those of the "brushless" type.

Dimensions: (H) 585 x (W) 210 x (D) 500 mm – 17 kg – 750 W.

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- 720° full-light curing with top and bottom light sources for complete coverage.
- Equipped with up to 36 high-power LEDs featuring multi-wavelengths (365nm/385nm/405nm).
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TITAN STEAM CLEANERS | Professional use



REF. 100202

TITAN 8 is the first option (ref. 100202).
Distilled Water is loaded directly into the boiler.

TITAN AUTOFILL (ref. 100203) it also has a pump
to suck distilled water from an external bottle.

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

Specifications: 100202 and 100203

Height 36 cm	•	Width 27 cm	•	Depth 42 cm
Power 2200 W	•	Voltage 220 V, 50/60 Hz		
Pressure 8 bar	•	Weight 12,5 kg	•	Boiler 3 L



REF. 100203

External bottle
not included.

Additional Information: 100202, 100203

They are supplied with the following accessories:

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

In models with direct connection to the water intake:

- ✓ Necessary hoses for water inlet/outlet connection.

Ref. 100202

- ✓ Manual filling.

Ref. 100203

- ✓ Manual filling.
- ✓ Autofill without previous cooling (external bottle).

ANODIZING UNIT

The anodizing unit for titanium is a simple device that allows you to process titanium dental elements quickly, easily and economically. The results are comparable to products belonging to a much higher category.

Specifications

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

Appearance:

The anodic layer can be colored with different shades, giving the titanium a more attractive appearance than the original taupe.



- ✓ Corrosion resistance.
- ✓ Wear resistance.
- ✓ Better adhesion and surface finish.
- ✓ Less release of metal ions.
- ✓ It works with a solution of water and sodium bicarbonate.

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



REF. 100295

Video
explanation



U.S. Dental Products at IDS March 25-29, 2025 Cologne, Germany

For the past 20 years, Koelnmesse Inc. has organized the USA Pavilion at IDS. Once again, in 2025, 80 U.S. dental manufacturers will showcase their latest innovations as part of a U.S. Group Exhibit in Hall 4.2, joined by six exhibitors from Canada and one from Mexico.

The USA Pavilion serves as a key destination for dealers and distributors seeking cutting-edge advancements from North America in areas such as abrasives, dental materials, dental chairs, implants, filling materials, orthodontics, lighting, and laser devices. Organized by Koelnmesse Inc., based in Chicago, with support from the Dental Trade Alliance (DTA), the USA Group Exhibit provides an efficient way to connect with North American exhibitors. Additional North American companies will also be present across all seven IDS halls.

A PDF version of the exhibitor directory will be available by the end of February 2025, featuring a comprehensive listing of all North American exhibitors, organized alphabeti-

cally and by product category. The printed version of the directory will be distributed at IDS across all information stations and throughout the USA Pavilion. For further details on North American exhibitors at IDS, please contact us at info@koelnmesse.us.

For show tickets and admission details: www.english.ids-cologne.de/trade-fair/tickets/
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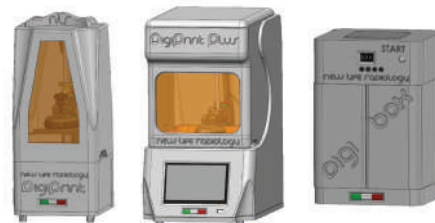
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- available also in 4K

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Strategic Partnership: Infodent International and Inside Dental Technology (Conexiant) Elevate Global Dental Marketing

Infodent International and Inside Dental Technology (Conexiant) have joined forces to enhance communication, marketing, and distribution strategies in the global dental and medical sectors. This collaboration brings together Infodent International's expertise in B2B and B2C marketing with Conexiant's leadership in digital advertising, content, and technology solutions.

Since 1994, Infodent International has been a leading publishing house and marketing agency specializing in helping manufacturers find dental and medical distributors worldwide. By leveraging a 360-degree marketing approach, Infodent maximizes business opportunities through three key communication channels: digital platforms, international

al events, and specialized publications. Services such as direct email marketing, video production, website and app development, and 3D animation enable companies to strengthen their brand presence globally. Additionally, Infodent organizes co-exhibitions, courses, webinars to create customized promotional strategies. Its widely recognized B2B and B2C publications include Infodent International, inews AEEDC, inews IDEM, inews IDS, Indomedix International, ImplantBOOK and Infomedix Odontoiatria Italiana.

On the other hand, Conexiant brings over 25 years of experience in medical knowledge dissemination, consolidating the strengths of leading legacy businesses such as Pentavision, Harborside, Aegis Dental Network, Broadcast Med,



and Digitell. With an audience of over 2.8 million verified healthcare providers and more than 1.5 million hours of healthcare education delivered, Conexiant has established itself as a key player in optimizing communication strategies for top-tier medical institutions, including over 60% of US News-ranked top hospitals. As the first company to broadcast a live surgery, Conexiant continues to pioneer innovative healthcare communication solutions.

By combining their expertise, Infodent International and Inside Dental Technology (Conexiant) aim to provide unparalleled marketing, content distribution, and business expansion opportunities for companies in the dental and medical fields. This partnership strengthens their commitment to driving growth and innovation in the global healthcare industry.

Product iNavigator Your Research Guide to Dental Lab Technology






Innovations in materials and processes are revolutionizing the manufacturing of restorative dental prosthetics. By understanding and utilizing these advancements, dental laboratories can enhance their services, effectively meeting and surpassing the expectations of dentists and their patients. For laboratory owners and managers, adopting the latest technological and material developments not only improves efficiency but also elevates the standard of care in restoring patients' oral health.

Before investing in new technology, it is crucial to conduct thorough research. The curated charts and resources in this special section of Infodent International magazine are designed to streamline the decision-making process.

Additionally, beyond the printed content in the following pages, an extensive range of information is available online at <https://insidedentaltech.com/idtnav2024>, ensuring you gain a comprehensive understanding of the innovations that can drive your laboratory forward.








We hope this guide—both in print and online—serves as a valuable resource in navigating the evolving landscape of dental technology, empowering you to make well-informed decisions.

INTRAORAL SCANNERS

COMPANY	3Shape Inc.	Align Technology	Align Technology	Amann Girschbach	Dentsply Sirona
					
Product	TRIOS 5 Wireless	iTero Element 5D Plus Imaging System	iTero Element Flex Certified Pre-Owned Scanner	Ceramill Map DRS	Primescan®
SPECIFICATIONS					
Scanner Type	LED Pattern Projection	Confocal Imaging	Confocal Imaging	Triangulation	Multiple
Wand Weight	10.5 oz	16 oz	16 oz	8	18 oz
Scanner Accuracy	-	<5 µm	<5 µm	< 5 µm	-
File Output	PLY, DCM, STL	STL	STL	STL	STL, OBJ, PLY
Tooth Surface Spray Required	-	No	No	No	No
Software Upgrade Fees	No	No	No	No	Yes
Full-Arch Scan Time	< 20 seconds	30 seconds	<1 minute	1	30 seconds
Lapsed Time Until Digital Model File Is Available	< 1 minute	5 minutes	5 minutes	< 1 minute	Up to 10 MB upload per second
Cloud Storage	Yes	Yes	Yes	Yes	-
Touch Screen Monitor	Yes	Yes	-	No	Yes
Caries Detection	-	-	-	Yes	-
Artificial Intelligence	Yes	-	-	Yes	-
INTEGRATION					
Open	Yes	Yes	Yes	Yes	-
Proprietary Partners	-	Invisalign Clear Aligners	-	-	-
In-House Training	Yes	Virtual in-class training	Virtual in-class training	2 days	Yes
Warranty	1 year*	1 year	3 years	5 years	Yes
Suggested Retail Price (U.S.A. prices)	\$25,900	-	\$15,000, Laptop not included, available in US only	\$31,318.80	\$44,995
Business Continuity Loaner Program	-	No	No	Yes	-

source: Inside Dental Technology, November/December 2024, <https://lsc-pagepro.mydigitalpublication.com/publication/?i=835411>

*Extended Warranty available

 Glidewell 					
fastscan.io™ Scanning Solution	i700 Wireless	Planmeca Emerald® S	Aoralscan 3	Virtuo Vivo™	FLNTScan R1
3D Video Blue Light	3D Video	Laser	Video Capture Hybrid with LED Pattern	LED Pattern Projection	3D Video
8.6 oz	11.6	8.1	8.46 oz	4.58 oz	7.4
10 µm	10 µm	< 5 µm	10 µm	-	10 µm
STL	STL, PLY, OBJ, Med- itmesh	STL, PLY, 3OXZ	STL, OBJ, PLY	STL, Proprietary, PLY	STL
No	No	No	No	No	No
No	-	No	No	No	Yes
<2 minutes	1-2 mins.	<1 minute	<1 minute	<1 minute	.5
< 1 minute	< 1 minute	< 1 minute	<30 seconds	< 1 minute	< 1 minute
Yes	Yes	No	Yes	Yes	Yes
No	No	No	No	Yes	Yes
Yes	No	Yes	-	No	No
Yes	-	Yes	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes	-
-	-	-	-	-	-
Virtual	-	Yes	Yes	1 day (optional)	1 day
Up to 4 years	1 Year (Can be extended to 4)	2 years	2 years/ optional 3 years	1 year	1 year
\$18,990 with portable cart, laptop, and monitor	\$21,900	-	\$11,999	\$15,995	\$7,500
No	-	-	No	No	Yes

Officially named United Mexican States, Mexico is a federal, representative, and democratic republic. The federation consists of 32 states, including the government of Mexico City, seat of federal government.

11th most populous country in the world, with over 128.5 million residents, 77% living in urban areas.

Upper middle-income economy, with one of the highest per capita incomes in Latin America, second largest economy in Latin America

Approximately 15 million people identify as Indigenous (12% of total pop.), speaking 68 languages and living often in small, isolated communities

State intervention in energy sector and public infrastructure projects, challenges from income inequality, corruption, and cartel-based violence

Highly integrated with the U.S. via trade and nearshore manufacturing, low unemployment, inflation gradually decreasing

Mexican Healthcare, Contrasts and Vulnerabilities

Although committing to a universal health care system, the necessary resources have not yet been made available, and a wholesale reform of the system remains pending.



9'
Reading time

Silvia Borriello

Editorial Director

silvia.borriello@infodent.com

As the second most populated country (after Brazil) in Latin America and the Caribbean, Mexico has one of the largest healthcare markets in the Americas and, in a country as economically unequal as Mexico, where 40% of wealth is held by 1% of the population, effective public healthcare can help act as an equalizer, bridging the gap in access to basic services, including those guaranteed by the Mexican constitution. In fact,

since the Mexican Social Security Institute (IMSS) was established in 1943, the Mexican public healthcare system has evolved and expanded to incorporate more members of the population and provide coverage for a wide range of services from disease screening and prevention to the treatment of catastrophic diseases and conditions.

Mexican healthcare system is characterized by the coexistence and overlapping of various private and public health schemes. The public sector covers most of the population and is divided into two main categories: (i) while contributors to social security are cared for by different institutions according to the type of organization they work for, (ii) the government offers basic medical services in local clinics to anyone who is not inscribed in a particular health program. Overall, Mexican healthcare system is considered of good standards, affordable and especially large cities have excellent hospitals and clinics, staffed by highly trained and often English-speaking doctors. Many Mexican doctors go to medical school or do extra training in the United States or Europe and many still perform house visits, a rarity in modern medicine. However, there is still a high number of people who cannot afford more than the most basic care. As well, the Mexican government has one of the lowest per capita healthcare expenditures of all OECD countries and, despite its public healthcare is used by most Mexicans, the private healthcare sector has grown considerably and is driven by increasing disposable income, the growth of medical tourism, and a demand for higher quality healthcare services.

Public Healthcare Delivery

In spite of the complex and elaborate provisioning and delivery system, public healthcare is provided to all Mexican citizens, as guaranteed by Article 4 of the Constitution and is fully or partially subsidized by the federal government. Coverage eligibility stems from employment status, and the delivery system depends on whether a beneficiary works in the public or private sector, and whether their employment is formal or informal. The system is

thus segmented across diverse public and private payers and providers consisting of three main components operating in parallel: 1) employment based social insurance schemes, 2) public assistance services for the uninsured supported by a financial protection scheme, and 3) a private sector that includes hospitals, clinics, service providers, insurers, and pharmaceutical and medical device manufacturers and distributors. The social insurance schemes are managed by highly centralized national institutions while coverage for the uninsured is operated by both state and federal authorities and providers.

In most cases, social insurance institutions own their health infrastructure and hire salaried employees, who are mostly unionized through institutional trade unions. These institutions deliver a wide range of promotional, preventive, curative and rehabilitation services, with few exceptions (for example, cosmetic surgery and prosthesis), but there are no defined benefit packages, which vary across the coverage schemes.

The over 96,000,000 Mexicans accessing public healthcare receive medical attention through 5 different avenues.

a) According to the National Statistics Bureau (INEGI), over 51% of public health coverage comes from IMSS, the Instituto Mexicano del Seguro Social (Mexican So-

Coverage eligibility stems from employment status, and the delivery system depends on whether a beneficiary works in the public or private sector, and whether their employment is formal or informal.

cial Security Institute), the system which covers formal employees working in the private sector as well as retirees, their families, and a small proportion of people with other forms of employment.

The IMSS program is a tripartite system funded equally by the employee, the private employer, and the federal government and currently covers around 68,659,149 people, according to IMSS. Further, within IMSS there exists the *IMSS-Opportunidades*, a program established out of the Program to Combat Poverty, which is specifically targeted towards aiding the poorest individuals in the country in both the health and educational fields. This program is completely funded by the government.

b) The *Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado* (ISSSTE), Institute for Social Security and Services for State Workers, attends to the health and social care needs of government employees at the local, state, and federal levels (as well as their spouses, and underage children), from public officials to public school teachers and police officers. Over 13 million people are covered by the ISSSTE.

c) PEMEX, the State-owned petroleum company, covers its employees and family members health services through a separate institution.

Current healthcare spending	90.6 bn USD
Healthcare expenditure as share of GDP (average)	5.4-5.5%

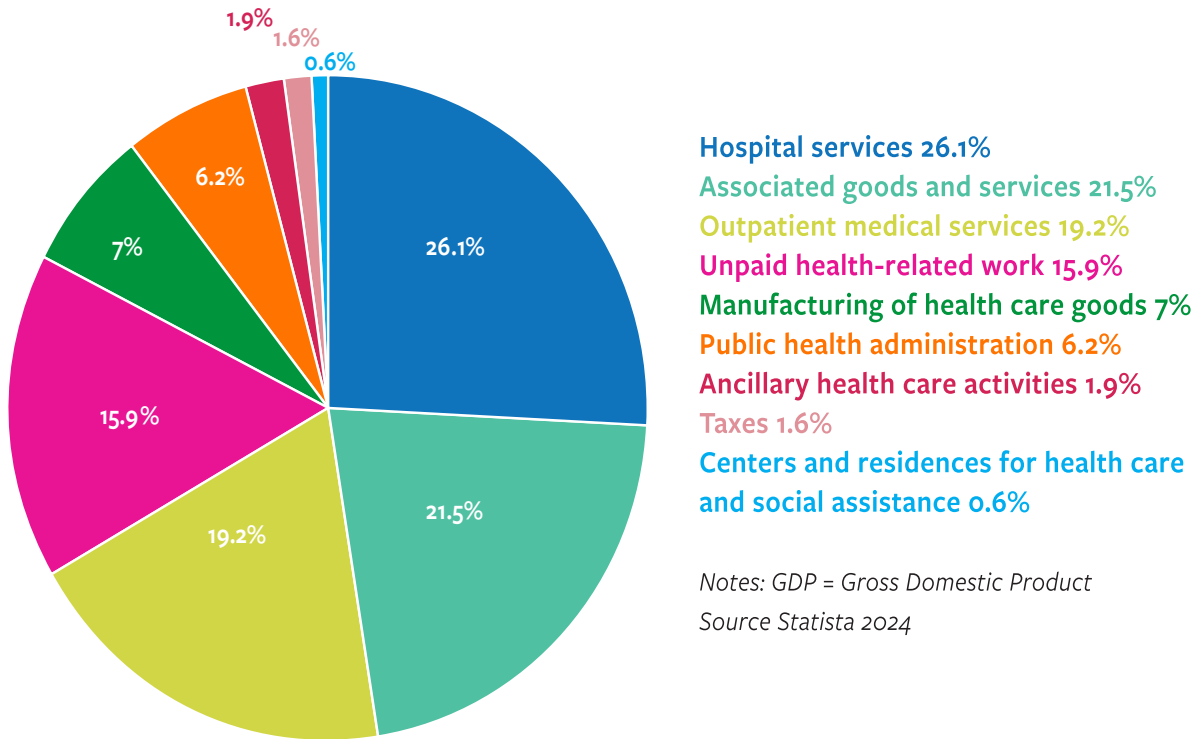
Note: Health spending is the final consumption of health care goods and services (that is, current health expenditure) including personal health care (such as curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (such as prevention and public health services as well as health administration), but excluding spending on investments.

Health Spending Per Capita, Comparison by Countries (US dollars)

USA	14,570 (2023)
Germany	5,832 (2022)
Mexico	610 (2021)

Sources: Eurostat, 2022 / Centers for Medicare & Medicaid Services (US) / World Bank

Distribution of the Health GDP in Mexico in 2022, by Segment



Public healthcare units (2019) of which:	22,831
Hospitals (124 highly specialized and 3,114 accredited private hospitals)	4,629

Registered physicians' offices (2024)	81,945
of which:	
76,754 with 0-10 employees	
4,206 with 11-50 employees	
548 with 51-100 employees	
437 with 101+ employees	

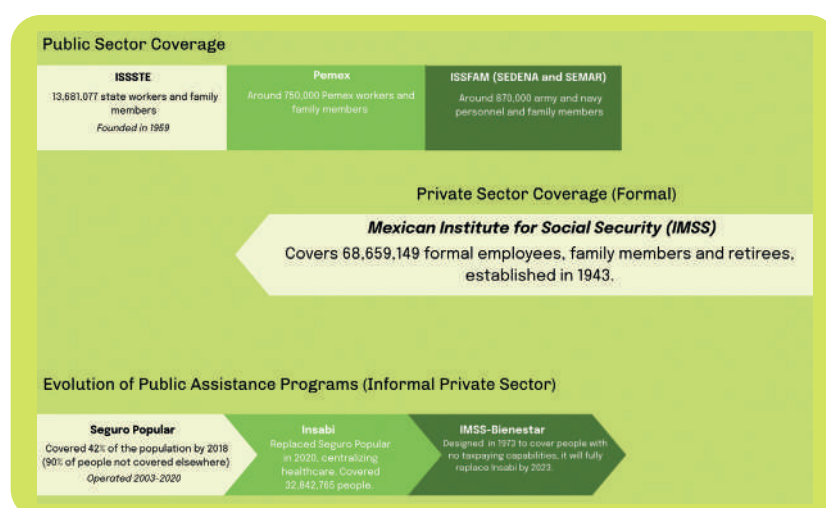
Source: Data México, Gobierno de México

d) The Ministry of National Defense (SEDENA) and the Secretariat of the Navy (SEMAR) offer medical attention to service members and their families through the Social Security Institute for the Mexican Armed Forces (ISSFAM).

e) An additional public healthcare insurance program, called *Seguro Popular*, was created in 2003 to subsidize individuals not covered by other programs (informal employment, self-employed, unemployed or those out of the labor force). The program originated in a 1983 amendment to Article 4 of the Constitution that read

“every person has the right to health protection,” but which for two decades the government struggled to realize. The system behind *Seguro Popular* slowly took shape as evidence accumulated about the economic and medical hardship of the uninsured, who made up almost half the country. It was an important affirmation of the principle that social protections should be expanded to all Mexicans, regardless of their work status, and not just those with formal employment. By 2018, *Seguro Popular* covered 42% of the population, generating massive improvements in health outcomes, however the program

was managed at state level and, because of its decentralized nature, was closed in June 2020 as susceptible to corruption, and parts of the system were dismantled. In 2020, the Institute of Health for Welfare (*Insabi* - *Instituto de Salud para el Bienestar*) replaced *Seguro Popular*. Under this system, public healthcare would be recentralized, and operated by both the Federal, and state governments. Transition to *Insabi* sought to address medication scarcity and expand access to healthcare, but its inability to do so has led to its elimination in 2022 and to the transition into *IMSS-Bienestar* (*Instituto Mexicano de Seguro Social y Bienestar*), an ambitious endeavor meant to assume a crucial role in reshaping Mexico's healthcare system, by providing healthcare services especially to underserved areas and vulnerable populations. The *IMSS-Bienestar* program, initially founded in 1973 to offer healthcare services to the most vulnerable and marginalized communities, many with no taxpaying capabilities, may offer Mexico the opportunity for significant improvement. It currently covers over 13 million people and will allegedly continue to grow through agreements between the states and the federal government. Since *Seguro Popular* closure, however, the percentage of the population covered declined sharply (by 16.8% between 2018 and 2020) and improvements in key indicators such as maternal mortality seem to have reversed. Patients are waiting longer to see doctors, paying more out of pocket, and encountering medicines shortages.



Funding for certain types of specialized care, such as childhood cancers, has also fallen.

Mexico's private health subsystem is large and growing, representing a significant component of the country's healthcare system, as a response to the limitations of the public sector within the context of an increasingly competitive economy and an ageing population. Underfunding and inefficiency have led to government health service shortages, providing the private sector with an opportunity for their fulfilment. Up to 45% of total outpatient consultations and 19.5% of hospital care are supplied by private providers. Public healthcare services are preferred for the more costly care while the private sector is often the first choice of care for minor conditions as well as for continued care among the wealthy, particularly those covered by private health

insurance. Private providers are also the main source of care for the uninsured. Among the patients covered by social insurance institutions, up to 32% of outpatient care and 14.1% of hospital care is provided by private providers. In the case of the non-insured, up to 33% of total outpatient consultations and 14.8% of hospital care is supplied by private providers.

Health Challenges

National health spending has grown in recent years (averaging 5.4% of GDP) but is lower than the Latin America and Caribbean average (7.4%) and considerably lower than the OECD average (8.8%). Public spending accounts for 58% of total financing, with private contributions being mostly comprised of out-of-pocket spending. The private sector, while regulated by the government, mostly operates independently.

Health challenges are not solely limited

to resources and services, the system faces challenges with obesity, diabetes and other chronic diseases, violence, as well as with health inequity, despite the efforts put forward by authorities to diminish inequalities. As revealed by the 2020 census, 70.9% of Mexicans are covered by public healthcare. While this represents significant coverage increases since the 1990s (partially spurred by Seguro Popular), entitlement to coverage does not always account for the quality or availability of medical attention, which often pushes people into the private healthcare sector, and leaves the most vulnerable populations with no access at all. Private sector services serve approximately 25-30% of the Mexican population (this includes the overlap between the two systems) and are in high demand. Currently, 2.3% of the population is insured through the private medical and accident insurance while over 32 million Mexicans (26.5%) have no access to any form of healthcare.

Many of the challenges facing Mexican healthcare date back in time and administrations. For example, Mexico faces an acute shortage of medical professionals. Every year, about 17,500 new physicians graduate from medical school and 12,500 new specialists are licensed. By 2023, the combined physician workforce was nearly 666,000 people. Of these, an estimated one third of licensed physicians do not provide direct healthcare services, suggesting that the actual number of practicing physicians

Private sector services serve approximately 25-30% of the Mexican population (this includes the overlap between the two systems) and are in high demand.

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Life Expectancy at Birth	Internet Users	National Poverty Line
76 years	98.8 million (76% of pop.)	43.9% (2020) 55.7 million people

Sources: World Bank/ www.cia.gov

Total no. of licensed doctors, 2023	666,000 (of which around 324,292 are practicing doctors)
No. of General and Family Medical Practitioners	385,000 (of which around 115,004 practice the profession)
No. of Specialists Medical Practitioners	281,000 (of which around 209,288 practice the profession)

Source: WHO – Global Health Workforce Statistics Database/ The Lancet Regional Health Americas



is lower. The states with highest number of general practitioners and family doctors are Mexico City (41,400), the State of Mexico (37,100) and Jalisco (36,200). While there are 53,000 specialist doctors in the country's capital, 19,900 in the State of Mexico and 19,600 in Baja California. The concentration of providers in urban areas, where compensation and quality of life are better, worsens the physician shortage in rural regions where healthcare needs are greatest, disproportionately impacting vulnerable populations. While the Mexican government has proposed the hiring of Cuban doctors and the establishment of the National Recruitment and Hiring Session for Specialized Physicians, factors such as corruption, lack of security for doctors, and inefficient systems have not yet been addressed. Efforts to increase the internal supply of physicians face further challenges as only 15 of over 165 medical schools in Mexico are accredited by the COMAEM (Mexican Council for the Accreditation of Medical Education), leading to significant variability in the quality of medical education, thereby complicating efforts to develop a qualified domestic workforce to address the country's healthcare needs.

A general doctor in Mexico earns around MX\$10,125 (US\$485.31) per month, which is MX\$62.31 (US\$2.99) per hour worked. A specialist earns approximately MX\$18,000 (US\$862.78) per month or MX\$111 (US\$5.32) per hour, depending on their level of expertise and area of care. 72% of the total number of doctors work in the public sector. Meanwhile,

Mexico has a well-established regulatory framework and a robust healthcare system, providing a favorable environment for companies to operate. The country's proximity to the US also offers advantageous market access to North America.

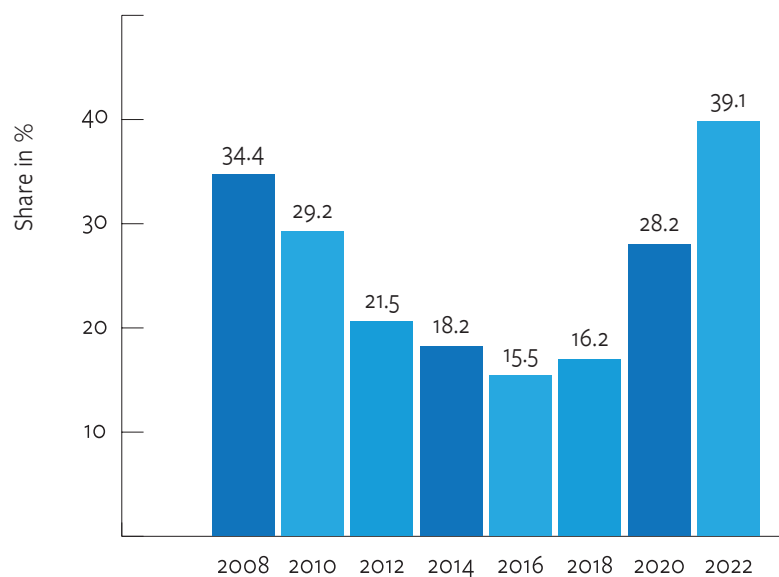
doctor specialists work largely in the private sector. Approximately 55% of these specialists are concentrated in Mexico City, State of Mexico, Jalisco, Nuevo Leon, Guanajuato, and Puebla.

Mexico has a well-established regulatory framework and a robust healthcare system, providing a favorable environment for companies to operate. The country's proximity to the US also offers advantageous market access to North America. Nevertheless, approval processes and bureaucratic procedures are burdensome, causing lengthy waits for registration and authorization of pharmaceuticals and medical devices. For anything applied to entering the country, whether a device, instrument, or pharmaceutical, a sanitary registration issued by COFEPRIS, the Federal Commission for Protection against Health Risks (Comisión Federal para la

Protección contra Riesgos Sanitarios) is mandatory. However, COFEPRIS is undergoing major restructuring due to alleged corruption concerns, which has caused a significant backlog of registrations, import permits, and Good Manufacturing Practices (GMP) certifications.

COFEPRIS regulates approximately 14% of Mexico's economy and it is estimated that it regulates 45% of every peso spent by Mexican households, primarily goods that fall into the following main categories: food and beverages, healthcare, personal care, and tobacco. Part of COFEPRIS' transformation strategy includes plans to digitalize its procedures and go paperless by 2030. In the meantime, companies continue to struggle with delayed response times.

Share of Vulnerable Population Due to Lack of Access to Health Services in Mexico



Source Statista 2024

Mexican Oral Health

Latin America is a region of stark contrasts, where wealth and prosperity coexist with vulnerability and extreme poverty. Mexico is one of the countries in Latin America with higher inequality in the region, as only 10% of the population concentrates 59% of the country's income and 1% accounts for 29%. These economic inequalities are associated with health, where people with lower socioeconomic status have the worst oral health conditions but the least access to healthcare services.

Dental health in Mexico is provided primarily by private services. Public services have dental offices in ambulatory care units, urban and rural, that provide limited services to their patients. In the public sector, the human resources contracted to provide oral healthcare services represent less than 20% of all dentists in Mexico. Thus public institutions grapple with high volumes of patients and short consultation times per dentist, ranging from 20 minutes in ISSSTE (Institute for Social Security and Services for State Employees) to 45 minutes in Ministry of Health units. However, Mexico has oral health policies such as the School Health Program as well as preventive health regulations for the iodization and fluoridation of salt. Public sector ambulatory care units monitor dental health at various stages of life, and monitoring oral health is also integrated into the National System of Health Records and the Epidemiological Surveillance System of Oral Pathologies (SIVEPAB), with 413 units throughout the country that provide epidemiological information on the most important oral problems. All these initiatives are regulated by the Official Mexican Standard for the Prevention and Control of Oral Diseases and are applied mainly in the public sector.

There is diverse, and not enough up-to-date information regarding dentistry professionals to generalize about trends in dental services in Mexico. However, according to *Data México, Gobierno de México* (Mexican Ministry of Economy), in 2021 the country had a total of 147,000 dentists (AMIC – The Mexican Industry Association, estimates around 100,000). The state with the largest number of dentists was the Federal District (39.05%), followed by Guadalajara and Monterrey. **However, the high percentage of inactive licensed dentists points to a severe problem, being Mexico, according to the Organization for**

Economic Cooperation and Development (OECD), among the countries with the lowest number of experts in dental care per 100,000 inhabitants. Furthermore, according to DENU, the Mexican National Statistical Directory of Economic Units, there were 72,707 registered dental offices/economic units in 2024 (59,930 in 2019). The states with the highest number were the State of Mexico (9,747), Mexico City (7,236), and Jalisco (4,660). According to data from the Economic Census, total income reached \$18.6B MX in 2019, being the states with the highest income Mexico City (\$2.84B MX) and the State of Mexico (\$2.02B MX). During the third quarter of 2024 the total dental workforce was 451,000 people, with average age 41.4, 31.7% of which men and 68.3% women.

Mexico has one of the highest rates of

dental caries in the world. According to data from two national studies, around 50% of students aged 5-16 have or reported having dental caries. Other estimates mention that between 70% and 85% of 12-year-old children have caries in permanent dentition, and 50% of 6-year-old children have caries in primary dentition. According to the IMSS (Mexican Institute of Social Security), nine out of every 10 people in Mexico has dental cavities and other gum diseases such as periodontitis or periodontal disease. Eight of every 10 adults between 50 and 60 years of age only have 10 of their teeth. A large reason for this data is the lack of consistency with which Mexicans seek professional dental health services as well as geographical, economic and transportation factors, representing an important barrier.

Registered dentists, 2021 (Data México)	147,000
Percentage men/women	38.4% men - 61.6% women
Working hours per week	33
Average monthly salary	\$5.32k MX
Average age	39.8
No. of dental offices	72,707-80,000
Dentists per 10 000 pop., 2014-2019	1.4
No. of Dental Technicians, 2000	18,598
No. of Dental Assistants and Therapists, 2010	12,543

Source: *Data México, Gobierno de México/WHO – Oral Health Country Profile*

Economic Impact Related to Treatment and Prevention of Oral Diseases

Total expenditure on dental healthcare in million (US\$)	2,103
Per capita expenditure on dental healthcare (US\$)	17
Total productivity losses due to 5 oral diseases in million (US\$)	4,517
Affordability of fluoride toothpaste	Affordable
Number of labor days needed to buy annual supply of fluoride toothpaste per person	0.5

NOTES: Total expenditure on dental healthcare in million (US \$): Estimate of total annual national expenditure on dental healthcare in outpatient dental care (public and private) in 2019. Per capita expenditure on dental healthcare (US \$): Estimate of the annual national per capita expenditure on dental healthcare for outpatient dental care (public and private) in 2019. Total productivity losses due to 5 oral diseases in million (US \$): Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD. (Data source: Jevdjevic & Listl 2022.) Affordability of fluoride toothpaste (number of labour days needed to buy annual supply of fluoride toothpaste per person): Number of labour days needed to buy the recommended annual supply of fluoride toothpaste for one person based on the daily wage of the lowest-skilled government worker. Fluoride toothpaste is categorized as affordable if one day or less (≤ 1) of labour is needed and as unaffordable if more than one day (>1) of labour is needed to buy the annual supply for one individual. (Data source: WHO; 2019.) WHO – Oral Health Country Profile.

	Worldwide	African countries	Latin America	Mexico
Dental caries in primary teeth, est.	46.2%		56%	50%
Dental caries in permanent teeth, est.	53.8%		58%	
Dental caries among 12-year-olds		36.0%		70-85%

Oral Health Interventions as Part of Health Benefit Packages

Coverage of the largest government health financing scheme (% of the population)	51
Routine and preventive oral health care	yes
Essential curative oral health care	yes
Advanced curative oral health care	yes
‘Rehabilitation oral health care	yes

Inclusion of oral health interventions in public Health Benefit Packages: The extent to which oral health interventions are included in the largest government health financing scheme. The term “largest” is defined as having the highest total population eligible to receive services, while the term “government” is defined as including any public sector scheme for health service provision, including coverage for groups such as the general population, public sector employees and/or the military.

Interventions comprise:

- Routine and preventive oral health care.
- Essential curative oral health care (including non-surgical extraction and drainage of abscesses).
- Advanced curative oral/dental care (including resin composite and dental amalgam including x-rays, complex fillings, root canal treatment).
- Rehabilitative oral health care (including crowns and bridges, dentures, orthodontics, dental implants).

(Data source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021.) WHO – Oral Health Country Profile

Economic Impact Related to Treatment and Prevention of Oral Diseases

Prevalence of untreated caries of deciduous teeth in children 1-9 years	Prevalence of untreated caries of permanent teeth in people 5+ years	Prevalence of severe periodontal disease in people 15+ years	Prevalence of edentulism in people 20+ years
44.0%	23.6%	22.7%	9.5%

2019 data. WHO – Oral Health Country Profile

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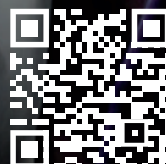
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Policies, Measures and Resources

Implementation of tax on sugar-sweetened beverages	yes
Existence of a national oral health policy/strategy/action plan (operational/drafting stage)	yes
Presence of dedicated staff for oral health working on NCDs at the MoH	yes

NOTES: Presence of technical/professional staff in the unit/branch/department working on NCDs in the Ministry of Health (MoH) dedicating a sizable portion of their time to oral health. (Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.) WHO – Oral Health Country Profile

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The congress, which will include both lectures on Endodontics, Perio - Prosthetics, Orthodontics, Esthetic Medicine, Pediatric Dentistry, Restorative Dentistry, Surgery as well as hands-on courses, will award participating dentists with up to 30 ADA CERP/ AGD PACE CE credits. Sessions, for the entire dental team will also be held so bring them along!

Early birds can benefit from an early-bird discount on the admission fee, before March 30, 2025.

Call for abstracts for electronic Poster Presentation: all abstracts must be sent

to aiosardegna@aio.it by March 30, 2025.

The congress is honored to have the guest participation of both the Dental AI Association www.dentalaia.org, the leading authority of artificial intelligence in dentistry, who will be inaugurating its first European Meeting as well as the distinguished Academy of Oral Surgery.

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Concurrently held with the AIO International Congress will be the 2025 Doctors' World Gala (DWG), a momentous occasion honoring Top Doctors from around the world in the fields of Dentistry, Medicine, Pharmacy, Optometry, Chiropractic and Medical Philosophy.

During this historic event achievement awards will be presented to 200 of the elected Top Doctors from 2024 and 2025 that will be added to the other 800 Top Doctors from over 120 countries already bestowed with this honor.

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ICD's Global Oral Health Leadership Institute Launched



The International College of Dentists (ICD), in partnership with Henry Schein, Inc., celebrated the launch of the Global Oral Health Leadership Institute (GOHL) at a distinguished dinner event held at the Harvard Club of New York City on Dec. 1, 2024. The evening marked a transformative moment for oral health worldwide, bringing together leaders, entrepreneurs and stakeholders committed to advancing oral health equity.

The Global Oral Health Leadership Institute is designed to develop and empower oral health leaders to systemically advance oral health care, access and policy at all levels, especially in underserved communities. Dr. Ian Doyle, ICD Global President, highlighted the expanded mission of the Institute, noting its focus on collaboration, inclusion and innovation. "This is not just a continuation of an impactful program," he stated, "but an evolution aimed at addressing today's most pressing global health challenges through leadership, policy and advocacy."

Dr. Sara Hurley, GOHL Institute Program Director and former Chief Dental Officer of England, previewed the past, present and future vision of the program, emphasizing the interconnectedness of oral health with broader health and socio-economic systems. "Oral health is a social justice issue," she remarked. "Through the GOHL Institute, we aim to nurture leaders prepared to tackle disparities, navigate complex global systems, and champion equitable access to care."

The celebratory event showcased the unique interdisciplinary approach of GOHL, which brings together experts from dentistry, public health, industry and academia. Delegates from Harvard University, King's College London and industry partners such as Henry Schein were recognized for their pivotal roles in shaping the program and their support for the GOHL Institute's predecessor, the Senior Dental Leaders Program (SDL). Attendees included SDL alumni, ICD global leaders from 20 countries, and prominent industry and media figures.

Stan Bergman, Chairman of the Board and CEO of Henry Schein, Inc., spoke on the company's 20-year partnership with the program and its commitment to advancing oral health initiatives globally. Henry Schein's financial and technical contributions have been instrumental in transitioning the program into the dynamic GOHL platform.

"The power of public-private partnerships, coupled with visionary leadership, can unlock the potential to improve oral health worldwide," said Mr. Bergman. "Initiatives like the Global Oral Health Leadership Institute exemplify our shared commitment to prioritizing oral health as an integral part of overall well-being. Together, we can bridge the gap in global oral health and create a healthier future for all."

The inaugural cohort of GOHL Institute delegates is a diverse group of practitioners, educators, industry entrepreneurs, and humanitarians representing 10 countries and various backgrounds. The 2025 program will kick off in January, focusing on leadership development, project-focused interdisciplinary collaboration, and the creation of a sustainable global network of leaders and alumni. Dr. Hurley

expressed her hope for the future stating, "The leaders emerging from this program will transform how the world thinks about oral health, making it a priority, a right and a reality for all."

The dinner's celebratory tone reflected the bold ambitions of the GOHL Institute and the collective commitment of its supporters to shape a healthier, more equitable future. The event concluded with a call to action: to leverage the collective expertise and passion in the room to make a lasting impact on global oral health through development and support of the program.

About the Global Oral Health Leadership (GOHL) Institute:

www.icd.org/gohl-institute

About the International College of Dentists (ICD): www.icd.org



[L/R] Argirios Pissiotis (Past Global President, ICD), Ira Titunik (USA Section President, ICD), Brett Kessler (President, American Dental Association), Stan Bergman (Chairman of the Board and CEO of Henry Schein, Inc.), Carol Summerhays (Consultant, Henry Schein, Inc.), Robert Faiella (President-Elect, American College of Dentists), Ian Doyle (Global President, ICD), Joseph Kenneally (Secretary General, ICD).

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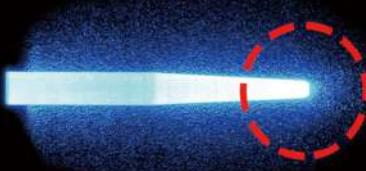
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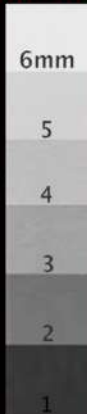
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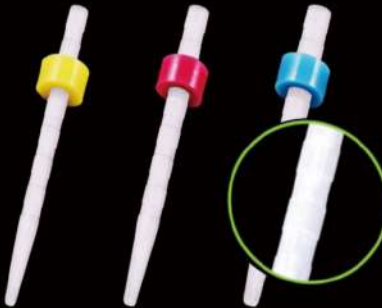




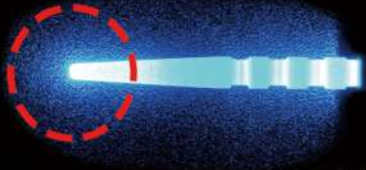
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Project Stretch, Mexico

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

For about 15 years, teams have been participating in a Project Stretch program in Teacapan, Mexico, a small fishing village on the Pacific coast. The year before the first trip, a Canadian who spent his winters in Teacapan came to Massachusetts to request that Project Stretch send volunteers to his village. The town had no dentist for a population of several thousand and he was concerned that the 2,500 children were having significant dental problems.

The first year Project Stretch sent a "scout" team of two dentists, a dental assistant and a dental hygienist to evaluate the location and decide if a dental program would be viable. The team examined about 1500 kids and provided toothbrushes, oral hygiene instruction and fluoride treatments to them all. The exams were carried out in the schools visited, using a classroom set aside for clinical use. The team also worked with high school students to teach them to become dental health educators, so they could teach the younger children about prevention of dental disease. American and Canadian hosts provided housing for the week and invited the team to share meals with them during our stay. It was quickly determined that Teacapan was a perfect location for a Project Stretch program and the team made plans to return the following year.

Within a few years the program was able to install two dental chairs and other equipment in a space donated by "Amigos de Teacapan," a group of North American and Mexican volunteers interested in improving the lives of their neighbors. Project Stretch ran golf tournaments, yard sales and other events to raise money for the trips to the town and dental supply companies gener-

ously donated supplies for the effort. Each team member brings a suitcase with their clothing and another with dental supplies, toothbrushes, toothpaste and other dental items.

At the same time the clinic was being established, an American couple who spend the winter in Teacapan became motivated to support a child from a nearby community who might otherwise not be able to continue in school. They went to the local principal and asked him to identify a promising student whose family circumstances would have required him to leave school and go to work in the chili fields. A boy was chosen and this couple paid for his education through high school, with the stipulation that he maintain a B+ average or better. The student then decided that he would like to become a dentist, so they paid his tuition to college and dental school as well! Dr. Luis is now starting a dental practice in his hometown, as well as helping with Project Stretch in Teacapan. He treats patients alongside Project Stretch during outreach trips and sees patients at the clinic on other days to keep dental services available throughout the year.

It is rewarding to think that this outreach program has reached so many lives in a positive way and the team plans to continue this commitment to Project Stretch.



Project Stretch

Project Stretch was founded in 1988 by a small group of dental professionals interested in providing vital dental services to needy children. It is a private, voluntary, 501(c)(3) non-profit organization supported by fundraising events as well as contributions from private citizens and corporations. Dentists, dental students, dental assistants, dental hygienists and other volunteers donate their time and talent to provide dental services that have brightened children's smiles around the world.

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