Joining the Dental Tribune International Group

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 specialty magazines. The high demand for online information and educational tools will be met through DTI’s offerings, including their flagship publication Dental Tribune and five specialty 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, with the addition of 52 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 post-graduate textbooks, reference books and handbooks for various specialties, and ranges from basic subjects, such as anatomy, physiology, oral histology and dental hygiene, to more advanced subjects, such as maxillofacial surgery, periodontics, prostodontics 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. 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 post-graduate textbooks, reference books and handbooks for various specialties, and ranges from basic subjects, such as anatomy, physiology, oral histology and dental hygiene, to more advanced subjects, such as maxillofacial surgery, periodontics, prostodontics 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.

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.

Joining the Dental Tribune International Group

Naren Aggarwal
Dental Tribune

“We With Dental Tribune as our new title for general practitioners, we hope to benefit from an already existing network of 25 international publishers”
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 Salviczek 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 Salviczek: 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.

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

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 unfavourable 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 500 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 materials 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 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. However, the reason that this has become very successful.

It is also not a secret that many Indian dentists who have practiced 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 costs of materials are 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 doctors 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 the 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.
2009
Greater New York Dental Meeting

The Largest Dental Convention/Exhibition/Congress in the United States

NO Pre-Registration Fee!

MEETING DATES: NOVEMBER 27th - DECEMBER 2nd

EXHIBIT DATES: NOVEMBER 29th - DECEMBER 2nd

For More Information:
Greater New York Dental Meeting™
570 Seventh Avenue - Suite 800
New York, NY 10018 USA
Tel: +1 (212) 398-6922
Fax: +1 (212) 398-6934
E-mail: info@gnydm.com
Website: www.gnydm.com

Please send me more information about...

☐ Attending the Greater New York Dental Meeting
☐ Participating as a guest host and receiving free CE
☐ I speak _____________ and am willing to assist international guests

Name

Address

City, State, Zip/Country Code

Telephone       E-mail

Fax or mail this to: Greater New York Dental Meeting or visit our website: www.gnydm.com for more information.
India is in need of—and certainly wants—foreign expertise and this can only be achieved through the purchase of new products. However, merely selling advanced equipment will be not enough: doctors in India have to be trained in new methods and technologies.

In most Asian countries, manufacturers often struggle with the various registration procedures for their products. What is the case in India?

Dr Wamser: I have to admit that India is a country with a very high level of bureaucracy. The system introduced by the British in the 19th century was taken over and even extended by the Indians. Therefore, product registration is a requirement in India and will become a problem when industry players try to achieve it under time pressure. Companies that plan and provide all the necessary documentation will face no problems.

Mr Batra: We found out that it took many German companies actually longer, sometimes years, to register a product in China than in India, even though they had been on the market there for quite some time. There is certainly the risk that guidelines and regulations change and extend the registration process, but usually it goes smoothly. As far as dental products are concerned, we have learned that the registration of implants takes more time than the registration of dental units.

How competitive is the dental market in India?

Dr Wamser: To answer that question we have to look into other industries. There certainly is competition and the market in India is not necessarily uncharted territory. If you compare it with China once again, private business has been allowed in India for decades and small- and medium-sized enterprises have been producing and selling dental equipment for years. Their products, however, usually do not meet the requirements for quality and technology that we have here in Europe or the US.

Sounds promising...

Dr Wamser: Well, not really. Foreign manufacturers still try to enter the Indian market by dumping technology that was state-of-the-art 20 years ago. Doing so is a big mistake and will definitely backfire because the low-price sector clearly is and will be dominated by Indian companies.

So what are your recommendations?

Dr Wamser: There are not many standards in India as far as technology is concerned and this gives companies the chance to influence the future of dentistry in India. Manufacturers that enter the market early will be able to shape the market conditions there.

Being the first is the key?

Dr Wamser: If we talk about dentistry in India, we do not only look at the present state and today’s market potential but at development that will last for the next two or three decades. Manufacturers can choose to enter the market now as pioneers or later when the market will be fully developed.

Also keep the persistence effect in mind. Dental graduates who practised on one particular device are likely to use that device or its successors for the rest of their professional lives. Being the first in the market can mean successful business for decades to come. Entering the market later means more competition or breaking into an already established market or system.

Thank you very much for the interview.
Mumbai prepares for major dental show

IDE M to address growing dental market opportunities in India

LEIPZIG, Germany/MUMBAI, India: Preparations for the first International Dental Meeting & Exhibition (IDEM) in Mumbai are in full swing. According to preliminary reports from the organizing Koelnmesse, more than 60 per cent of the available booth space at the Bombay Exhibition Center has been booked. The organizers have confirmed that countries like Switzerland, Italy, Korea, Germany and the US will have joint booth participation at the show, IDEM India is scheduled to take place from 25 to 25 October 2009.

IDEM India’s show concept is based on a major dental event that is organised by Koelnmesse in Singapore and takes place every two years. The last show in 2008 drew more than 6,000 trade visitors to the South Asian city-state and confirmed its role as a pivotal dental meeting in the Asia Pacific region. A survey revealed that more than 20 per cent of the exhibitors there are already serving Indian customers or are looking for a similar platform to address the Indian market directly.

Amongst Asia’s emerging market countries, India remains one of the countries with sustainable growth. The country currently has at least 40,000 practising dentists and a market volume of around US$440 million, which is three times higher than that of China. However, the tempo has slackened somewhat in India too, owing to the current situation in the global financial markets. For the current fiscal year 2008/09, analysts from the Centre for Monitoring Indian Economy corrected expectations from 8.2 per cent to 7.4 per cent after the Office of Statistics in India reckoned on only 7.1 per cent, which was confirmed in the most recent report by the company Germany Trade and Invest. However, compared with recent growth forecasts of only 2 per cent for countries in the EU or the US, the opportunities for making an entry into the Indian market are excellent.

IDEM India will feature not only a major dental exhibition, but also an academic conference where experts will have the opportunity to present on the latest topics in Indian and international dentistry. In addition, seminars and workshops will give visitors the opportunity to obtain selective training and continuing education. A Speaker’s Corner with product presentations by key industry players is also planned.

“With the IDEM show in Singapore we have proven that there are international successful trade shows in emerging markets,” said Oliver P. Kuhrt, Executive Vice-President of Koelnmesse. “The Indian market has enormous potential and we hope that IDEM India will become an important platform for the dental trade in the country, where they can contact existing and future customers.”

Kuhrt said that visitor advertising, which was begun during IDS Cologne in March and is targeted at dealers and professional users from India and the neighbouring countries in South-East Asia, will be increased in the coming months. Around 5,000 trade visitors from the Indian subcontinent are expected to attend the first IDEM India show, he added.

For further information about SciCan products please contact:
China, Taiwan, South Korea, Hong Kong, Vietnam
Patrice Liu on +86 20 81910672 or email pliu@sciican.com
Australia, New Zealand, India, Malaysia, Singapore, Thailand, Philippines
Eric Bernard on +61 11 418 1623 or email ebernard@sciican.co.za

Statim and Hydrim are registered trademarks of SciCan Limited

If it isn’t clean, it can’t be sterilised!

Hydrim and Statim, your perfect partners in the sterilisation process

Now you can eliminate the risk of hand washing instruments

Authorities now recommend that instruments cannot effectively be sterilised unless they have first been cleaned in a mechanical washer. Across Europe guidelines are under review to reflect this advice.

That’s why effective sterilisation begins with the Hydrim® CS51w or M2 instrument washer.

• Hydrim pre-wash removes proteins
• Hydrim uses two high pressure sprays to remove virtually all organic debris
• Hydrim is independently tested for 99.9% - 100% efficacy
• Hydrim perfectly prepares instruments for sterilisation
• Hydrim uses patented instrument protection system
• Hydrim helps protect the dental team against puncture injuries

Following the Hydrim wash cycle, the instrument basket can immediately be transferred into an S class Statim® autoclave cassette for the fastest sterilisation cycle available. Most instruments, including handpieces can now be sterilised between patients in a Statim2000S in only 8 minutes. The fast Statim S cycle process fully complies with the latest European standard EN13080 and AAMI guidelines.

• Statim, the world’s most popular autoclave, automatically sterilises all sold, hollow, wrapped and unwrapped loads.
• Statim is 5 times faster than typical B-cycle autoclaves
• Statim is validated to sterilise dental instruments including handpieces
• Statim’s performance is validated by biological and mechanical means
• Statim provides tracking and record keeping via printer or data logger

The compact Hydrim CS51w and Statim units are designed for benchtop use and are the perfect partnership for the sterilisation area even in the smallest practice. The floor standing Hydrim M2 can process about 100 instrument sets in a 10 hour day and is ideal for the larger, busy practice.
Medical tourism in India is growing by 20–30 per cent

Interview with Vivek Shukla, India

Vivek Shukla is a health care marketing professional from New Delhi in India. With a Master of Business Administration from the Lal Bahadur Shastri Institute of Management in New Delhi, he joined the health care industry in 1998 and has since helped more than 20 hospitals around India in terms of planning and development. Medical Tourism Group Editor Daniel Zimmermann spoke with him about the growing health care market in India and the effect of medical tourism on its future.

Daniel Zimmermann: You recently spoke at the 2nd European Congress on Health Tourism in Budapest in Hungary. Is the medical tourism market in Europe similar to that of Asia or did you note major differences?

Vivek Shukla: Medical tourism in Asia has two types of patients. On the one hand, there are patients from developed countries like the US, who are looking for high-quality treatment options that are cheaper than in their home countries. On the other hand, there are patients from underdeveloped countries looking for treatment options that are not available in their countries.

I believe many Europeans travel ‘within the continent’. In Asia, apart from patients travelling within the continent, a number of health tourists also comes from America, Africa, and other continents. The number of patients travelling from Europe to Asia is significantly lower compared with the health tourists coming from North America or Africa.

Medical tourism in Europe and Asia is booming. In your opinion, what is the reason for this growth?

Treatment costs have risen consistently. It does not matter if you are paying out of your pocket or your insurance company is paying for you. As long as someone is paying, and the treatment costs increase, sooner or later equivalent quality at cheaper prices will be considered as an option.

Also, the number of private health-care players has grown significantly, especially in India. In search for higher revenue and footfall, these players will certainly look beyond their borders.

What are the key differences between hospitals and dental offices in India and other countries in Asia, and how do the costs compare to Europe, Australia, or the US?

In India, general costs, like rent for office space and the cost of equipment, are considerably lower compared with Europe or the US. Therefore, the price of treatments can be considerably lower.

Overall, a good standard of living can be maintained in India at a lower cost than in developed countries. For example, groceries cost about 20 times less here in India than in Germany or France.

India is already a significant player in the field of medical tourism. Can you tell us how big the market is in India currently?

There is much speculation about the size of the market. The Indian government claims that about 200,000 visitors from developed India last year for medical treatment. One report suggested that the medical tourism market is growing by 20 to 30 per cent per year and will reach US$2 billion by the year 2012.

The Indian government recently introduced a medical travel visa, in order to track the number of medical travellers to the country. This will help in drawing conclusive evidence for the inbound numbers.

Can you already see the impact the medical tourism industry will have on the economy and especially the health-care system in India?

In India, the medical tourism initiative is driven by players from the private sector. There has been a continual rise in the number of private health-care ventures since 1990. Hence, the medical tourism business is growing to far greater than the number of private health-care businesses increases. Currently, the Compound Annual Growth Rate of the industry is estimated to be about 15 to 15 per cent per year, in spite of the slowdown.

Countries like the Philippines are currently running big campaigns on medical tourism. In India, the medical tourism initiative is driven by players from the private sector. There has been a continual rise in the number of private health-care ventures since 1990. Hence, the medical tourism business is growing to far greater than the number of private health-care businesses increases. Currently, the Compound Annual Growth Rate of the industry is estimated to be about 15 to 15 per cent per year, in spite of the slowdown.

Published in Dental Tribune Asia Pacific Edition

Vivek Shukla: Medical tourism in Asia has two types of patients. On the one hand, there are patients from developed countries like the US, who are looking for high-quality treatment options that are cheaper than in their home countries. On the other hand, there are patients from underdeveloped countries looking for treatment options that are not available in their countries.

I believe many Europeans travel ‘within the continent’. In Asia, apart from patients travelling within the continent, a number of health tourists also comes from America, Africa, and other continents. The number of patients travelling from Europe to Asia is significantly lower compared with the health tourists coming from North America or Africa.

Medical tourism in Europe and Asia is booming. In your opinion, what is the reason for this growth?

Treatment costs have risen consistently. It does not matter if you are paying out of your pocket or your insurance company is paying for you. As long as someone is paying, and the treatment costs increase, sooner or later equivalent quality at cheaper prices will be considered as an option.

Also, the number of private health-care players has grown significantly, especially in India. In search for higher revenue and footfall, these players will certainly look beyond their borders.

What are the key differences between hospitals and dental offices in India and other countries in Asia, and how do the costs compare to Europe, Australia, or the US?

In India, general costs, like rent for office space and the cost of equipment, are considerably lower compared with Europe or the US. Therefore, the price of treatments can be considerably lower.

Overall, a good standard of living can be maintained in India at a lower cost than in developed countries. For example, groceries cost about 20 times less here in India than in Germany or France.

India is already a significant player in the field of medical tourism. Can you tell us how big the market is in India currently?

There is much speculation about the size of the market. The Indian government claims that about 200,000 visitors from developed India last year for medical treatment. One report suggested that the medical tourism market is growing by 20 to 30 per cent per year and will reach US$2 billion by the year 2012.

The Indian government recently introduced a medical travel visa, in order to track the number of medical travellers to the country. This will help in drawing conclusive evidence for the inbound numbers.

Can you already see the impact the medical tourism industry will have on the economy and especially the health-care system in India?

In India, the medical tourism initiative is driven by players from the private sector. There has been a continual rise in the number of private health-care ventures since 1990. Hence, the medical tourism business is growing to far greater than the number of private health-care businesses increases. Currently, the Compound Annual Growth Rate of the industry is estimated to be about 15 to 15 per cent per year, in spite of the slowdown.

Countries like the Philippines are currently running big campaigns on medical tourism. In India, the medical tourism initiative is driven by players from the private sector. There has been a continual rise in the number of private health-care ventures since 1990. Hence, the medical tourism business is growing to far greater than the number of private health-care businesses increases. Currently, the Compound Annual Growth Rate of the industry is estimated to be about 15 to 15 per cent per year, in spite of the slowdown.

Published in Dental Tribune Asia Pacific Edition

"Patient rights and legal protection are very important issues"

Do Indian doctors compete more with their Asian counterparts or with their colleagues in the industrialised world?

The environment is fairly competitive. India has about 650,000 doctors. Most of them deal with high patient numbers, as the country has a large population. These doctors compete mostly with other doctors in Asia, and medical tourists have a choice between India, Thailand, Singapore, and other destinations in Asia. This is where direct competition takes place.

There are initiatives in the European Union that aim to give patients seeking cross-border medical care more rights. Will we see similar developments in Asia in the future through, for example, bilateral or multilateral free trade agreements?

Sooner or later this will happen. It is just a matter of someone taking the lead and introducing these initiatives. Patient rights and legal protection are very important issues. Countries that are flexible and open to these concepts will have advantages in the long run.

What role will employers and insurance companies play in these developments?

I think they will play a major role. Patients will demand more security and rights. They will pressure on the insurance companies and employers. In order to save costs and payouts, the insurance companies and employers will have to heed the demands of the patients. Low cost should not result in low quality.

Let us take a look into the future. How big will the medical tourism sector in Asia be in 10 to 15 years?

This depends on many factors. Some of the most important factors include the cost of treatment in the Western world, political stability in areas like Nigeria, and the legal rights of medical tourists.

There is a high probability that the medical tourism market will grow further in the Asian region. In the long run, the number of players will be reduced. At the moment, everyone is trying to jump on the bandwagon. After a while, only those with robust plans and government backing will survive.

Thank you very much for the interview.