Countries in Asia less than average in health care spending

Daniel Zimmermann

LEIPZIG, Germany: Asian countries have been found to spend less of their GDP’s for health care than most other countries in Europe and the U.S. According to a new health care report by the Organisation for Economic Co-operation and Development (OECD) in Paris, only New Zealand provided more money for health care than the average of all observed countries, Japan, Korea and Australia, however, spent less than the OECD average of 8.9 per cent of GDP.

The US currently spends more on health care than any other country—almost two and a half times greater than the OECD average of US$2,984, adjusted for purchasing power parity. Luxembourg, France and Switzerland also spend far more than the OECD average. At the other end of the scale, health-care expenditure in Turkey and Mexico is less than one-third of the OECD average.

The latest edition of Health at a Glance demonstrates that all the countries observed could do better in providing good quality health care. Key indicators presented in the report provide information on health status and the determinants of health, including the growing rates of child and adult obesity, which are likely to drive higher health spending in the coming decades.

Based on new data on access to care, the report demonstrates that all OECD countries provide universal or near-universal coverage for a core set of health services, except the US, Mexico and Turkey.

Malaysians reject public dental services

Claudia Salwiczek

HONG KONG/LEIPZIG, Germany: Auala Lampa’s Deputy Director of Health Dr Ahmad Bujang has urged Malaysians to have their teeth checked once or twice a year and children at least every six months, despite the present problems in government dental services. Given the current dental status of Malaysians, dental checks are important, as early detection of dental diseases like caries or gingivitis allows for more effective treatment, he said.

Dr Bujang was responding to a statement released by the Ministry of Health in November claiming that only 6 per cent of adults in the country use government dental services.

Public dentistry in Malaysia falls short compared to other countries in the region, especially in rural areas, where only 60 per cent of dental officer posts are filled. According to latest government figures, the current ratio of public dentists to the population is only 1.15,245, while the ratio for both public and private dentists combined is 1.7,941. This leaves patients to wait for long periods for treatment, as public dental clinics operate according to appointments.

The Ministry of Health has announced that it will address the problem by employing re- tired and foreign dental officers, while also improving the service scheme of public dental officers in order to retain those already employed in government service. In the long run, the government aims to achieve the projected target ratio of 1:4,000 by facilitating dental education in Malaysia and abroad.
Asia will assure future growth, 5M’s Buckley says

Daniel Zimmermann

NEW YORK, NY, USA/LEIPZIG, Germany: George Buckley, Chief Executive Officer of 3M, has announced that his company intends to take advantage of more overseas opportunities in regions like Asia Pacific in the coming business year. Speaking to investors in New York in early December, he said that he expects revenues to grow by 11 to 15 per cent in emerging markets like China and India. Owing to the worst economic downturn in 80 years, the company’s US sales suffered significantly this year.

Despite the outlook of a slow economic recovery, Buckley outlined his company’s ongoing commitment to investing in its core businesses while continuing to focus on cash generation in light of the still uncertain global economy. 3M, with US headquarters in St. Paul in Minnesota, offers a wide array of dental products through its division 5M ESPE, including adhesives, dental cements and products for restorative and aesthetic dentistry.

According to latest estimates, 3M sales are expected to reach between US$24.5 and US$25.5 billion in 2009, with organic sales volumes growing by 5 to 7 per cent and currency effects adding 2 to 3 per cent to sales for the year. The company also expects that 2010 earnings will be between US$4.85 and US$5.00 per share, a slight increase compared to 2009.

Waiting lists in dental clinics trouble S’pore

Daniel Zimmermann

HONG KONG/LEIPZIG, Germany: Representatives of the Ministry of Health and the National Dental Centre (NDC) in Singapore have rejected criticism about long waiting lists for special dental procedures in governmental dental clinics. In a public letter posted on the Dental Tribune Association’s website in December, Dr Kwa Cheung Teck, Executive Director of the National Dental Centre, and Chief Dental Officer Patrick Tseng said that for patients seeking elective specialist treatment, the NDC generally offers an appointment within two weeks. They admitted, however, that there is a waiting list of patients requiring elective crown and bridge work, root canal treatment or dentures.

In Singapore, special dental treatments are subsidised only when patients are referred from governmental dental clinics. The national medical saving scheme, called Medisave, which is supposed to help individuals set aside part of their income to meet future personal or immediate family’s hospitalisation, only covers one-day surgical procedures.

The Ministry of Health has rejected demands to extend the scheme for private clinics to reduce waiting times. Recent feedback on delayed procedures came from patients asking for non-emergency elective treatments, such as braces and dentures, a government official said. She added that heavy subsidy without means-testing for these procedures will inevitably lead to long queues.

“Medisave should be treated as a financial reserve so that treatment needs are met,” Dr Anagar Cheng, a consultant dental surgeon at a private dental clinic in Singapore, told Dental Tribune Asia Pacific. “The key is to identify those dental treatments that should be regarded as needs versus the non-urgent optional treatments like tooth whitening, which should be taken out of the equation. There is no doubt that governmental clinics will be able to cope with the public demand with time.”

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