Dear reader,

In a few weeks’ time, dental professionals from the Asia Pacific region will once again have the opportunity to get a sneak peak of the latest innovations in dental products and technology, when the next International Dental Exhibition and Meeting (IDEM) opens its doors in Singapore. Held in a completely refurbished Suntec Center, the show promises to be bigger and better than ever before. The dental exhibition, for example, has been enlarged and is now being held in two separate halls. Subsequently, there will be a wider range of products on display including advanced biomaterials and integrated digital solutions. Educational offers are plenty without Middle East partner CAPP to present the Dental Technicians Forum at IDEM for the first time. Live presentations will be also available from the Dental Tribune Study Club, which is holding its live symposium for the third consecutive year. Study Club, which is holding its live symposium for the third consecutive year. Study Club, which is holding its live symposium for the third consecutive year.

The implementation of a universal health care scheme in January is widely considered a significant step forward for increasing the quality and access to medicines and medical treatment for the entire Indonesian population. Policymakers are committed to covering every citizen through the reform by 2019. But how may the recent introduction of universal health care coverage affect dentistry? Providing dental care to 240 million people who are widely geographically dispersed appears to be an overwhelming task. All stakeholders in Indonesia’s dental sector, including politicians, health care providers, and dental manufacturers and distributors, are now facing the critical task of having to redefine their role within this changing environment.

The latest figures demonstrate that the prevalence of dental diseases in the country remains considerably high. Previous government policies have not improved the oral health of Indonesians significantly. Universal health care coverage may reduce the economic barriers to accessing dental care, which will improve the country’s overall oral health status.

These efforts however will not diminish the uneven distribution of dental care services. At the moment, they are primarily concentrated in the western part of the country. Owing to this disparity, citizens who live in remote areas in the central and eastern parts of Indonesia have very limited access to a dentist.

Universal health care coverage is expected to increase dental care utilisation at public facilities, particularly primary care facilities, by the poor. Concerns of the Ministry of Health concerning the poor state of Indonesia’s health care facilities have encouraged the government to focus on better access to care. At the same time, the Ministry of Health aims to improve the quality of care, as it would not make sense to provide health care to everyone in the country if the quality remains poor.

The professionalism of dental health practitioners depends not only on their skills but also largely on the quality and availability of dental equipment. Currently, the majority of dental instruments and materials in Indonesia are imported. The absence of local production of price control regulations on dental instruments and materials might cause high and unstable costs, which could place the long-term success of universal health care coverage at risk. Analysing and overcoming these challenges is necessary to achieve efficient and effective dental care in the future.

An overwhelming task

Dr. Diah Ayu Maharani

The root canal system of a tooth is complex and pulp infection once established is often difficult for the body to eliminate. While root canal treatment remains the primary choice for treatment, the potential of pulp regeneration and revascularisation has been discussed lately. Many factors are vital to success. First, complete elimination of microbes is mandatory. Even in root canal treatment, this cannot be achieved fully, although a hermetic seal gives the body time to establish a calcific barrier.

In the presence of microbes, whether the cells from induced bleeding can function in an adult tooth is to be seen. It may be possible in partially vital pulp with no apical periodontitis. For such cases, an approach using stem cells has shown potential. Expecting revascularisation in an infected case simply by making “tiny cuts into the root canal system until the tissue starts to bleed” however is still a clinical fantasy because there is no pulp in the case of an established infection inside the tooth.

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