



Population (2018)

44,688,864

Living in urban areas

91%

Nearly 65% of the population concentrated in the Centro region, particularly in the province of Buenos Aires, where 38.9% of the country's population lives, more specifically, in the Autonomous City of Buenos Aires (Ciudad Autónoma de Buenos Aires or CABA) and surrounding area

2.4 % of the population is indigenous, with 31 indigenous groups across the country



Focus

Argentina's Public Health Transformation

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Argentina's health sector has gone through major transformations in the years with a reduction of state involvement in social services in favor of privatization and decentralization of healthcare, resulting in increased fragmentation, inequity and inefficacy. Nonetheless, as the new government addresses current economic challenges, together with the enhancement of much needed public health policies based on equity and efficiency, opportunities will increase.

Nestled next to Chile to the west, Uruguay, Paraguay, Brazil and Bolivia to the east and north, the Argentine Republic is the second largest country in South America covering an area of 2,780,400 km² in the southern tip of the continent. Its capital, Buenos Aires, is located on the east next to Uruguay and the Atlantic Ocean. In the second half of the 19th century and first half of the 20th century Argentina received a huge influx of immigration from virtually all countries of Europe, intermixing with the existing population. In recent times,

immigration comes primarily from neighboring countries (Paraguay and Bolivia) with strong Amerindian ancestry. Currently, about 50% trace their origin to Italian immigrants and 25-30% to Spaniards. With a population of over 44 million, Argentina is a federal republic with a presidential system and 24 political jurisdictions (23 provinces and the autonomous City of Buenos Aires, site of the national government). Each province has its own constitution and elects its governing officials (but exist under a federal system).

Argentina's President
Mauricio Macri,
 since 2015

GDP (current US\$),
 2015 - **594** billion

GDP per capita
 (current US\$)
14,402

- Argentina's school system has a good reputation internationally. At just under 99%, the country has one of the highest levels of literacy among all Latin American countries
- Argentina has recently returned in force to the world stage, hosting the 2017 World Economic Forum on Latin America and the 12th World Trade Organization Ministerial Conference. In 2018, it is set to assume the presidency of the G20, the international forum that brings together the world's 20 leading industrialized and emerging economies
- Because of its geographic location and productive structure, Argentina is one of the countries most affected by global warming. If current trend continues, forecasts for the 2080s project potential increases of up to 4°C in the north of the country and 2°C in the south, bringing higher levels of hydric stress, drought and increased desertification

At the beginning of the 20th century, Argentina's economy boomed, but political and economic crisis were recurrent. The economic crisis was eventually brought under control by 2004 and economic growth resumed but poverty continues to be prevalent and the distribution of income remains highly unequal. In the first half of 2017, according to official statistics, 28.6% lived in poverty, while 6.2% were in extreme poverty. The Macri government has made some progress in the reforms towards an open market economy and is continuing in this direction but Argentina continues to have one of the most restrictive and repressed economies, with very high and inefficient public spending; ranking among the twelve countries with the highest tax burden and remaining one of the weakest emerging market economies. The significant economic setbacks of the 1990s increased concentration of wealth in fewer hands, affected employment and quality of life and rendered health systems less able to provide equitable services to most people. **Consequently, the policies of the last quarter of the 20th century drastically changed the landscape of the health system, which regressed from that of a publicly funded health system, to one in which the interests**

of private for-profit corporations became prevalent.

Structure of the Health System

Argentina's health system is one of the most fragmented and segmented in the Region of the Americas. It is organized around three main providers, the public and private sectors and the social security sector. **Its fragmentation is largely determined by the country's federal structure, in that each of the 23 provinces functions independently and has constitutional responsibility for the leadership, financing and delivery of health services. Consequently, there is no common framework for the respective responsibilities and functions in healthcare of the national government and of the provinces.** This fact, plus the lack of political will throughout the 20th century, allowed the primacy of the vested interests of private sectors and trade union bureaucracy to impede the development of a uni-

fied public national health system. During the economic crisis of the 1980s and 1990s, the public system was further reduced and health services further privatized and transferred to the provinces, increasing their fragmentation, segmentation and inequity. Reliance on the public sector is higher as income declines, and inversely for the private sector. Its mixed health system is a combination of:

(a) The remnants of an old welfare state with an extensive network of public hospitals and health centers. The public sector is composed of the national and provincial health ministries, plus a network of hospitals and primary care centers that provide free care to anyone who needs it, although these services are used mainly by persons in lower income groups, generally lacking social security coverage or cannot pay out-of-pocket for services. This sector is financed mainly through taxes, but users can be asked for a minimal fee for service. A very important free provision of drugs program operates through these pro-

Total private health care expenditures represent close to 3% of GDP, of which approximately two-thirds is in the form of direct payments



viders. This sector covers about 47% of the population, including patients that can afford to go private but choose to have procedures in a public setting due to the expense or high premiums in the private sector:

(b) A social health insurance system for formally employed workers. The compulsory social security sector has the highest fragmentation of all and is organized around national and provincial *obras sociales* (mutuals or social plans) administered by trade unions. There are more than 300 of such entities organized at national and subnational levels, charged with overseeing medical care for Argentine workers and their families. Most of the *obras sociales* operate mainly through contracts with private providers and are financed with compulsory contributions from employees (3%) and employers (6%). Health coverage level is fixed by law in the Mandatory Medical Program (Programa Médico Obligatorio - PMO), covering the cost of medical care and medicines in varying proportions; differences between the fixed fee and the actual cost of treatment is paid by the patient. In the past, these plans have usually covered around 42-45% of the population, although the percentage has fallen recently due to increasing unemployment – with more people resorting to provision within the public sector. In addition, through the Mandatory Medical Program (PMO), the National Institute of Social Services for Retirees and Pensioners (INSSyP) provides coverage for retirees in the national pension system and their families, covering 20% of the population.

(c) A concentrated for-profit private health insurance sector ('prepaid medicine'), providing services to middle-upper and upper classes. The private sector consists of health professionals and facilities that offer services to individuals who pay out-of-pocket, to beneficiaries of the *obras sociales* and private insurers through prepaid medical plans. This sector also includes more than 100 voluntary insurance entities known as medical prepay-

ment companies; they are financed through premiums paid by families or companies and by funds from contracts with *obras sociales*. Private insurance entities serve around 8% of the population and operate similarly to social insurance, using PMO as reference standard of minimum level of coverage. Total private health care expenditures represent close to 3% of GDP, of which approximately two-thirds is in the form of direct payments (particularly for the purchase of medications) by people at the time services are provided.

The national *obras sociales* and the medical prepayment companies, under the supervision of the Superintendency of Health Services (SSS, for its Spanish acronym) must meet the requirements of the PMO (Programa Médico Obligatorio), which provides a broad package of services and associated drugs. **The program covers 95% of outpatient, surgical, hospital and dental services, as well as mental health, rehabilitation and palliative care services. It does not apply to the private sector, however, which lies outside the medical prepayment system and the public sector;** the private sector is regulated at the provincial and municipal levels and provides services that are set by the various provincial ministries of health. The three health sectors are increasingly overlapping, with potential conflict of interests of health professionals.

The health system's fragmentation falls into three broad areas: *coverage* - since not all the population has access to the same health benefits and services; *regulatory functions* - since leadership and regulatory authority are spread throughout 24 jurisdictions and various sub-sectors; and *geographic disparities* - given the extreme economic-development differences from region to region. The national health authority—given the resources it administers and the country's federal structure— does not have sufficient power to impose legislative changes. The only way to effect such changes is through broad consensus, something that has been attempted through federal health plans and by strengthening the role of the Federal Health Council (COFESA).

The segmentation and fragmentation of the health system of Argentina are the main factors behind its low efficiency and its inequities in access and in quality of care. At the same time, segmentation and fragmentation has been the environment that the different players (organized medicine, owners of private hospitals, *obras sociales*, private health insurers, pharmaceutical and medical technology industries and others) have found and thrived on, maintaining the status quo and preventing the development of a unified national health system.

ARGENTINA	Year 2000	Year 2012
Private expenditure on health as % of total expenditure on health	46.1	30.7
Out-of-pocket expenditure as % of private expenditure on health	63.0	65.5
Private prepaid plans as % of private expenditure on health	30.7	25.9

Source: World Health Statistics 2015

- Number of doctors (2013) - 167,934
- Physicians density per 1,000 population (2007-2016), comparative figures:
 - Argentina 3.9
 - USA 2.6
 - Brazil 1.9
- Nurses per 10,000 inhabitants (includes professional nurses and licensed nurses), 2004 - 3.8
- Number of healthcare facilities with hospitalization. All subsectors (2017) - 5,178
- Number of healthcare facilities without hospitalization. All subsectors (2017) – 20,326
- Radiotherapy units per million population (not specified if public and/or private), comparative figures, 2013:
 - Brazil 1.7
 - Argentina 2.8
 - USA 12.4
- Percentage of population not covered by *obra social* or medical plan, 2010 - 36.1%

Sources: Ministerio de Salud, Dirección de Estadísticas e Información de Salud (Argentina) / WHO – World Health Statistics 2016-2018

Furthermore, there is concentration of economic and political power in the trade unions as administrators of the *obras sociales* with little or no oversight and margin for corruption. There are 3.9 physicians and 3.2 hospital beds per 1,000 inhabitants in the country

overall, with significant differences between jurisdictions and a relative excess of highly skilled physicians, hospitals beds and medical technology in big cities. The Autonomous City of Buenos Aires, for example, has 10.2 physicians and 7.3 beds per 1,000 inhabitants,



compared with 1.2 physicians and 1.1 beds in the province of Misiones. The country has 5,178 inpatient health care facilities with a total of 161,570 hospital beds, about 50% of which belonging to the public sector. The national ministry of health administers only four national hospitals, the remainder are run by the provinces and municipalities. 47% of hospital beds are in the private sector, while the remaining 3% belong to *obras sociales*. **The public hospital network is open to anyone and nominally free of charge however, for the past several decades little has been done to strengthen the public system, which is clearly underfinanced and deteriorated with numerous access barriers and quality of care inequalities. Still, there are some niches of excellence in specific specialties, which are sought even by middle and upper classes.** In fact, one-third of the patients that receive care in the public sector have some type of social security coverage and 5.2% are covered by private health insurance. Public hospitals are further characterized by long waiting lists for treatment and surgery; adding to the pressure is the deficiency of primary care professionals and nurses which results in ineffective referring and overconsumption of primary care leading to higher (unnecessary) hospitalizations. Such fragmented healthcare system and a lack of "set" national standards for quality of care results in significant differences in terms of clinical practices and resources from province to province. For example, urban areas like Buenos Aires has a wide array of high quality and modern healthcare facilities to choose from, while rural provinces like Jujuy remain underserved, resulting in some of the poorer and rural populations not getting even their basic healthcare needs met. Outpatient facilities amount to 20,326 both public and private for outpatient care. **Although the largest number of beds belongs to the state subsector, in terms of medical care and billing, private services concentrate 2/3 of the economic movement.** Argentina has a tradition of excellence in academic medicine, human resources education and biomedical research. There are 21 public and 24 private medical faculties with high quality technical and scientific training. In recent years, private financing for scientific activity has steadily increased, though the public sector remains the most important source of funding; the National Scientific and Technical Research Council (CONICET) awards most of the country's fellowships for basic and applied research. Currently, 30.3% of the institution's researchers are working in the biomedical sciences, with their numbers having increased by more than 200% in the last 12 years.



Consolidated Public Health Expenditure, 2012

- Total public health expenditure (as % of GDP): 7.73%
- Public healthcare (as % of GDP): 3.00 %
- Obras Sociales (as % of GDP): 3.49 %
- INSSJyP - National Retired and Pensioners Social Services Institute (as % of GDP): 1.24 %

Source: *Elaboración propia en base a datos del Ministerio de Hacienda y Finanzas Públicas de la Nación. National Ministry of Public Finance*

Argentina spends on average 7 to 8% of its GDP on health care services, one of the highest levels in Latin America.

Although the population as a whole has access to the services offered by the public sector, the achievements seem meager compared to the resources allocated to the sector, with significant gaps particularly in distribution of coverage and access to services. Healthcare expenses are also rising rapidly and threatening the viability of public health insurance systems as well as inflating the out-of-pocket costs for patients. Among the reasons are ageing of the population, which is increasing need for care (e.g. chronic diseases) and contributing less in terms of financial resources; the increasing awareness of quality standards for care delivery; the limited tertiary care infrastructure and resources as well as inequalities in care provision and staff training between the public and the private sector. Per capita spending in the public sector is much lower than in the social security system, and both much lower than in the private sector. The latter serves the upper-middle and upper classes, who enjoy a level of medical care like that found for the wealthy in developed countries.

Population Health

Argentina, as do other middle-income countries in the Region, faces poverty-related health problems. Improvements in living conditions, along with developments in vaccines and antibiotics and implementation of control programs especially among marginal populations, will help reduce indicators of morbidity and mortality from various communicable diseases. A noteworthy initiative to address poverty-related factors is "Toward Universal Health in the South American Chaco Population 2016-2019" a joint project developed by Argentina, Bolivia, Brazil and Paraguay primarily among indigenous, native, rural and mestizo populations.

The country is facing a dual scenario in which infectious diseases coexist with a steady increase in the prevalence of chronic, noncommunicable diseases and their risk factors.

A major challenge is still the creation of strategies to combat HIV/AIDS and tuberculosis. As the population in Argentina continues to age, the number of chronic diseases and morbidities is growing and increasing the demand for services in the healthcare system, resulting in increasing loss of coverage. The most

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coveted services are in orthopedics, dentistry and cardiology. Changing lifestyles are also contributing to the increased incidence of chronic illness such as overweight and obesity which are considered a challenge, requiring improvements in existing prevention programs. These factors coupled with the delicate economic climate will pose an increasingly significant challenge in the years to come.

Recent Reforms

In an attempt to address many of the mentioned challenges, old and new, the country has the advantage of a rich history of social policy, great human capacities and talent, solid institutions and a level of health spending higher than the regional average. The country is in fact taking measures towards a more integrated and equal health care system. Among the reforms, the Federal government's "Plan Remediar" provides free outpatient drugs by ensuring essential drugs to the more vulnerable population. Since its creation the plan has continuously expanded to include more varied medications and accessibility to more types of patients, with the aim of helping those living under the poverty line, not covered by a social

Total health expenditure per capita, comparable figures, 2015

Mexico	535 USD
Brazil	780 USD
Argentina	998 USD
Uruguay	1,281 USD
USA	9,536 USD

- Life expectancy at birth (2016) - 76.9 years
- Births attended by trained personnel, 2015: 99.6 %
- Maternal Mortality (per 10,000 live births), 2015 - 3.9 deaths, ranging from a high of 8.1 in Salta to a low of 1.9 in CABA, Santa Fe and La Pampa
- Infant Mortality (per 1,000 live births), 2015 - 9.7 deaths
- Neonatal mortality rate (per 1,000 live births), 2015 - 6.6 (Brazil 7.2, USA 3.7)
- Postnatal mortality rate (per 1,000 live births), 2015 - 3.1
- Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease between age 30 and exact age 70 (%), 2016: USA 14.6
Argentina 15.8
Brazil 16.6

Source: WHO-World Health Statistics 2018

Source: WHO-World Health Statistics 2017 and 2018/ Ministerio de Hacienda y Finanzas Públicas de la Nación. Argentina Ministry of Public Finance

work program. The Birth Plan or “Plan Nacer” has the main goal to decrease infant, child and maternal mortality rates as well as to provide incentive framework through a performance and accountability program called the “Maternal and Child Insurance Program (MCHIP)”, that links results to the allocation of resources in different provinces. New regulations on private insurance coverage (i.e. premium control) have come into force causing significant amount of discussions and hesitation in the industry. Many plans for investment and expansion have been put on hold and private investment is expected to decrease by over 50%. **To benefit trade, the new government has moved with significant speed to implement core reforms such as the unification of the USD exchange rate (removal of government exchange control), the agreement with international creditors, the elimination of import restrictions, modifications were also made to the original medical device law to achieve a more straight-forward and structured medical device registration process.** It has removed limitations on dividend repatriation and floating and has reformed the national statistics system. Growth will greatly depend on the overall investment climate and on government policy responses after reducing subsidies and combatting a 20-30% projected inflation.

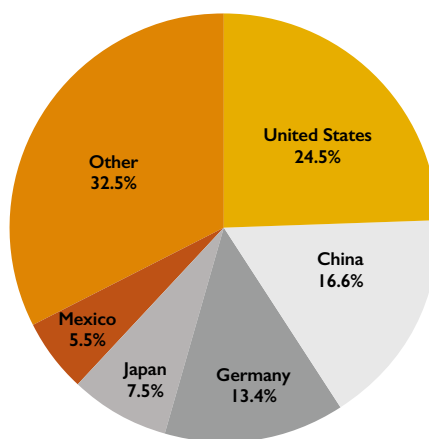
Market Trend

Argentina has unique economic, demographic and cultural characteristics that distinguish it from other Latin American countries and as the government addresses its current economic challenges, opportunities will increase.

Its medical equipment and device market is dominated by imports, accounting for around 70% of the total market. Over 2,000 companies sell medical and dental products and equipment in Argentina, of which 25% are manufacturers and 75% importers. Brazil poses strong competition since imports enjoy a zero percent tariff under Mercosur. The United States is among the leading suppliers of imported medical products with a 27% market share with Japanese and European-made equipment, particularly in high-technology and precision. Domestic production has been growing, although in general, it is limited mainly to lower-middle range equipment and supplies. **For any medical product or equipment that cannot be manufactured locally, export opportunities continue to exist particularly if exporters can offer high quality products at competitive prices.** In this competitive market, the demand for simpler technology is predominantly met within the domestic market. Local dental companies offer value-priced products, with a great deal of tariffs and expenses preventing,

in some cases, international competitors from penetrating the market. Despite the delicate economic situation and the decreased availability of funds, there are still opportunities for investment in Argentina’s healthcare system driven by increased demand. The need for better cost/benefit relationships, updating of equipment and the transition to new pricing and service models present additional opportunities. Among the areas that are most in need of advancement are diagnostic equipment and minimally invasive procedure equipment. Furthermore, modernization is taking place reflecting an increase in medical tourism with Argentina offering high standards of cosmetic surgery at much lower prices that many European and U.S. centers.

2014 MARKET SHARE



Source: export.gov

Imported medical products need to be registered with ANMAT (Administración Nacio-

nal de Medicamentos, Alimentos y Tecnología Médica) through an authorized, local medical importer. The product registration process may take from 6 to 24 months. ANMAT, is the Argentine agency responsible for regulating registration of medical products, biological products, dental hygiene products, healthcare sanitation and disinfectants, personal hygiene, cosmetics and perfumes, foods and dietary supplements and medicines (www.anmat.gov.ar).

Perspectives in Oral Health

Argentina’s main challenges in dentistry are the need for therapeutic-technological advances as well as equal access to oral health treatment for the whole population. **There are between 48,000 to 50,000 dentists in Argentina (FDI/CORA figures), mostly occupied in private clinics with oral healthcare being basically on demand and very much depending on a patient’s health coverage (Obra Social or prepaid medicine).** Due to poor income standards, the bulk of the population does not have the financial means for expensive dental procedures; as a result, its dental market is disproportionately driven by cost-sensitivity. This is the case, for example, with implant fixtures and final abutments. In fact, while CAD/CAM custom abutments and computer-guided surgery are the most notable emerging technologies on the market in Latin America, Argentina sells the fewest units of CAD/CAM abutments, as a direct result of its economic incapacities. Nonetheless, growth is expected as the technology becomes more affordable and developed. **Its oral hygiene industry, after a phase of declining sales trend, is also expected to grow and expand in coming years due to increased demand by consumers as result of economic recovery. According to the World Bank, Argentina’s economy recov-**

Severe Chronic Periodontitis

Average prevalence among those 15 years or older per country, 2010 estimates

- **Argentina: more than 15.0%** (same as most Latina American countries like Chile, Brazil, Bolivia, Peru, Venezuela, Uruguay, Paraguay, Colombia, Ecuador)
- Between 10.1% - 15.0%: Italy, Germany, Switzerland
- 10% or less: Spain, France, U.K. USA

Oral Cancer

Incidence per 100,000 population of oral and lip cancer among those 15 years or older, 2012 estimates

- Between 5.0 - 6.9: USA, France, Germany
- **Argentina: between 2.5 - 4.9** (together with Uruguay, Brazil, Bolivia, Venezuela, Colombia, Italy, Spain, U.K.)
- Less than 2.5: Chile, Peru, Ecuador

Source: “The Challenge of Oral Disease, a Call for Global Action” The Oral Health Atlas, Second Edition FDI World Dental Federation 2015

Argentina's main challenges in dentistry are the need for therapeutic-technological advances as well as equal access to oral health treatment for the whole population.

ered and grew 2.9% in 2017 and throughout the first months of 2018 this recovery has continued. With rising disposable income along with economic recovery increasing the GDP per capita, the consumer's lifestyle changes, will lead to an increasing demand and choice of products which will also boost demand for sophisticated dental appliances. Growth will be greatly influenced by companies' promotional practices, such as innovation and advertisement as well as by the government's market-oriented policies. Among them, the government's welfare policies have helped the oral care market to grow as it has entered into a price agreement with leading companies that causes the prices of some oral care products to rise below the rate of inflation. **Although the market is expected to grow at lower pace during 2015-2020, in value terms compared to 2010-2015, the innovation and launch of new products along with online selling is expected to play a major role in boosting the oral care market.**

DENTAL SCHOOLS

Dental Schools per country (2014)

- 50 or more: USA, Brazil

- Between 10 - 49: Italy, U.K, France, Germany

- Between 2 - 9 Argentina, Chile

Source: "The Challenge of Oral Disease, a Call for Global Action" The Oral Health Atlas, Second Edition FDI World Dental Federation 2015

Number of Dentists	35,944 (SOURCE: WHO, 2001)	48,000 - 50,000 (SOURCE: FDI/CORA. 2018)
Dentists every 10,000 inhabitants	9.3	SOURCE: Ministerio de Salud, 2004 (Argentina)

Global availability of dentistry personnel

Number of dentists and other oral health personnel per 1 million people, comparable data (latest available 2000-2013)

1,000 or more	Brazil, USA, Canada, Cuba
Between 500-999	Argentina, Uruguay, Paraguay Italy, France, Germany, U.K.
Between 100-499	Peru, Bolivia, Spain

Source: "The Challenge of Oral Disease, a Call for Global Action" The Oral Health Atlas, Second Edition FDI World Dental Federation 2015



There is little data available on oral health in Argentina, however it seems that dental caries, gingival affections, malocclusions and oral cancer are pathologies that still put at risk the oral health of a high percentage of the country's population, particularly in less accessible contexts.

A survey, published in 2010, to determine the oral health situation of a population of six-year-olds in a city of Buenos Aires province (Berisso) shows that the overall prevalence of caries was 70% for both temporary and permanent dentition, higher than in other Argentinean studies performed in the 1980s and 1990s. This fact implies deterioration compared to an earlier time in similar territories and far from the World Health Organization global goals. Furthermore, oral health indexes in Berisso were worsening in children from higher to lower socio-economic positions and the differences between employees' children and manual workers' children were statistically significant in caries indexes for

permanent dentition. The results of this study show that there is an urgent need to strengthen the effectiveness of proven preventive actions to prevent the further deterioration of oral health. The study was carried out on 804 schoolchildren from public and private schools. For temporary dentition, the prevalence of tooth decay was 67.9% and for permanent dentition was 16.3%. The restoration index was 17.6% for permanent dentition. 54% of children had never attended a dentist and 46% had attended once or more. For children who had attended a dentist, 71% attended state public services, 27% private services and 2% attended both. According to research, there are 9 state universities and 5 private universities in dentistry. More than 90% of students attending college in Argentina attend public universities that are highly subsidized by the government. Tuition is free to all students regardless of their financial status and academic achievements. There are no dental hygienists in Argentina.

Universidad De Buenos Aires (Public University)	DENTAL SURGEOM (60 Months)	Marcelo T De Alvear 2142, Piso 3, 1122 Buenos Aires Province: Capital Federal	Tel +54 1 964 1200/1238/1239 http://www.uba.ar/
Universidad Nacional De Cordoba (Public University)	DENTAL SURGEOM (60 Months)	Estafeta N°32-Ciudad Universitaria, Pabellon Argentino 5000, Cordoba Province: Cordoba	https://www.unc.edu.ar/
Universidad Nacional Del Nordeste (Public University)	DENTAL SURGEOM (60 Months)	Calle Cordoba 794 - 3400 Corrientes Province: Corrientes	http://www.unne.edu.ar/
Universidad Nacional De La Plata (Public University)	DENTAL SURGEOM (60 Months)	Avda 51 Entre 1 Y 1151900 La Plata Province: Buenos Aires	https://unlp.edu.ar/
Universidad Nacional De Rosario (Public University)	DENTAL SURGEOM (60 Months)	Santa Fe 3160 - 2000 Rosario Province: Santa Fe	https://www.unr.edu.ar/
Universidad Nacional De Tucuman (Public University)	DENTAL SURGEOM (60 Months)	City: San Miguel De Tucuman Province: Tucuman	Tel +54 81 227 589 http://www.unt.edu.ar/
National University of Cuyo (Public University)	DENTAL SURGEN (60 Months) DENTAL ASSISTANT (24 months)	City: Mendoza Province: Mendoza	http://www.uncuyo.edu.ar/
National University of Lomas de Zamora (Public University)	TECHNICIAN IN DENTAL PROSTHESIS (48 months)	City: Lomas de Zamora Province: Buenos Aires	http://www.unlz.edu.ar/
National University of Formosa (Public University)	TECHNICIAN IN DENTAL PROSTESIS (36 months)	City: Formosa Province: Formosa	http://www.unf.edu.ar/
University of Mendoza (Private University)	DENTAL SURGEOM (60 Months)	City: Mendoza Province: Mendoza	http://www.um.edu.ar/es/
John F. Kennedy Argentinian University (Private University)	DENTAL SURGEOM (60 Months)	City: Buenos Aires Province: Capital Federal	https://www.kennedy.edu.ar/
Catholic University of Cordoba (Private University)		City: Cordoba Province: Cordoba	https://www.uccor.edu.ar/home/
Catholic University of La Plata (Private University)	DENTAL SURGEOM (60 Months)	City: La Plata Province: Buenos Aires	https://www.ucalp.edu.ar/
University of Salvador (Private University)	DENTAL SURGEOM (60 Months)	City: Buenos Aires Province: Capital Federal	http://medi.usal.edu.ar/medi_inicio

Source: <http://studyargentina.com/program/dentistry.html>

TRADE EXHIBITIONS

Dental Exhibition - Expodent

Date: June 6-9, 2018
Exhibition Venue: La Rural, Buenos Aires
Organized by C.A.C.I.D. (Cámara Argentina del Comercio e Industria Dental)
<http://cacid.com.ar/home/ppal>
<http://expodentbuenosaires.com.ar/>

ExpoMedical

“16th International Show for Products, Services and Equipment”

Date: September 26-28, 2018
Exhibition Venue: Centro Costa Salguero, Buenos Aires
www.expomedical.com.ar

ETIF

“10th Congress and Exhibition for Pharmaceutical, Biotechnological, Veterinarian and Cosmetic Science and Technology”

Date: October 16-18, 2018
Exhibition Venue: Centro Costa Salguero, Buenos Aires
http://www.etif.com.ar/index_en.php



USEFUL CONTACTS

C.A.C.I.D.

Argentine Chamber of Commerce of the Dental Industry

Address: Pasteur 765 3° Piso I
C.A.B.A

Phone: +54 11 4953 3867

Fax: +54 11 4952-9376

E-mail: info@cacid.org

<http://cacid.com.ar/home/ppal>

CORA -

Confederación Odontológica de la República Argentina

(Argentinian Dental Confederation)

Total Members: 7,098 members

President: Dr. Guillermo Rivero

Address: Av. San Juan 3062

C1233ABS Buenos Aires, Argentina

Phone: +54 11 4308 5083

E-mail: secretaria@cora.org.ar

www.cora.org.ar

Asociación Odontológica Argentina

(Argentinian Dental Association)

Address: Junín 959 (C1113AAC)

Ciudad Autónoma de Buenos Aires

Phone: (+54 11) 4961.6141

Fax: (+54 11) 4961.1110

E-mail: aoa@aoa.org.ar

www.aoa.org.ar

CADIEM -

Argentine Chamber of Importers and Manufacturers of Medical Equipment

Address: Hipólito Yrigoyen
636 Piso 6

Oficina "B" CP: 1086 C.A.B.A.

Phone: +54 11 4342 3107 / 4342 6017

www.cadiemargentina.org.ar



Sources:

-Extracts from: "The Health System in Argentina"

By Dr. Alice Gerges Geagea, Director of Health Education. Lebanese Health Society, Published in Human & Health, no. 29 – Autumn 2014

-Extracts from Pan American Health Organization / WHO: <https://www.paho.org/salud-en-las-americas-2017/?p=2706>

PAHO is the specialized international health agency for the Americas. It works with countries throughout the region to improve and protect people's health.

PAHO engages in technical cooperation with its member countries to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters. PAHO wears two institutional hats: it is the specialized health agency of the Inter-American System and also serves as Regional Office for the Americas of the World Health Organization (WHO), the specialized health agency of the United Nations.

- Pan American Health Organization, "Transformando los servicios de salud hacia redes integradas: elementos esenciales para fortalecer un modelo de atención hacia el acceso universal a servicios de calidad en la Argentina".

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